Moving Upstream

Virginia's Newsletter for the Primary Prevention of Sexual Violence

Virginia Prevention Funding Update
Jennifer Woolley, Sexual Violence Advocacy Coordinator
Virginia Sexual & Domestic Violence Action Alliance

This year, VSDVAA worked with Senator Janet Howell and Delegate Phil Hamilton to introduce budget amendments that, if passed, would have provided $1,244,000 per year for two years to expand and enhance sexual and domestic violence primary prevention programs. These budget amendments were introduced, in part, as a response to the multiple bills and budget requests to expand Virginia's sex offender management programs. VSDVAA advocates promoted the message that, while sex offender management systems are important, Virginia should also invest in primary prevention programs and stop the violence before it starts. Such prevention programs would not only reduce the cost to the state of intervention programs such as law enforcement, victim advocacy, prosecution, incarceration and sex offender management, but would also prevent citizens from experiencing the trauma of sexual and/or domestic violence. Unfortunately, our amendments failed to make it out of the House and Senate committees that review the budget, while tens of millions of dollars have been recommended for sex offender management. While this ends our legislative efforts for 2006, we will begin working on the strategies for 2007 as soon as the session ends, in March, 2006!

For more information, or to get involved in advocating for prevention funding, contact Stacy Ruble at (866) 3-VSDVAA or publicpolicy@vsdvalliance.org.

Beyond Consent: Healthy Sexuality & Sexual Violence Prevention (Part 2)
Brad Perry, MA, Sexual Violence Prevention Coordinator
Virginia Sexual & Domestic Violence Action Alliance

Part 1 of this series introduced the concepts of healthy and unhealthy sexuality, and suggested that primary sexual violence prevention efforts could be enhanced by applying a healthy/unhealthy sexuality analysis. Through this analysis, one can discover goals that are much more expansive than exclusively preventing sexual violence. Part 2 of this series will address how healthy sexual interactions might look, how a healthy sexuality perspective can inform primary sexual violence prevention efforts, and how such a perspective creates the opportunity for broader alliances.

Healthy Sexuality In Practice
In Part 1, the healthy sexuality analysis was compared to the related "healthy relationship" framework found in primary intimate partner violence prevention. A given healthy relationship exists on a foundation of "healthy" principles and actions shared by the individuals in it, and reinforced by factors in their environment. These positive attributes naturally create a buffer against violence and abuse. For example, individuals in a healthy relationship would likely:
- View each other as inherently deserving of respect;
- Recognize and value each other's contributions to the relationship;
- Respect differences of opinion;
- Be honest about feelings and actions;
- Enjoy each other's company and have fun together.

Safety can be thought of as a by-product of such healthy relationship components. By promoting these components we can simultaneously prevent intimate partner violence, and foster more satisfying relationships between people.

Funder's Forum:
RPE Contractors' Annual Meeting Recap
Jayne Flowers, Sexual and Domestic Violence Prevention Specialist
Center for Injury & Violence Prevention, Virginia Department of Health

The Virginia Department of Health/Center for Injury and Violence Prevention (CIVP) held the Rape Prevention and Education (RPE) annual contractor's meeting on January 24-25, 2006. All fifteen of the sexual assault crisis centers that participate in RPE primary prevention programs were represented at the annual meeting. In addition to reviewing each agency's programs and discussing the requirements of the contracts, the participants were involved in sessions related to "Distinguishing Primary Prevention from Outreach," "Project RADAR," and "Involving Men in Prevention." Participants also provided information on perceived training needs related to prevention issues or staff development. A list of these needs will be maintained by Jayne Flowers, RPE contract monitor for CIVP. As CIVP often provides training for allied professionals, if you have any suggestions for her regarding topics of interest or recommended presenters please send them to Jayne at: jayne.flowers@vdh.virginia.gov.

Promising Practices:
Building Access to Schools From the Ground Up
Betty Jones, PEACELINE Educator
Women's Resource Center of the New River Valley in Radford, VA

Ten years ago the Women's Resource Center of the New River Valley (WRCNRV) had in its strategic plan the development and implementation of a school-based prevention program. The goal at that time was to create developmentally appropriate programs on various interpersonal violence issues. These programs would contain information about child abuse, prevention of sexual abuse and sexual assault, and prevention of domestic and dating violence. Each student at each grade level would participate in one or more programs every year. Little did the WRCNRV know that within eight years all five school districts in our catchment area would be participating, and the WRCNRV would be presenting approximately 350 programs in an academic year to over 7,000 students in seven high schools, five middle schools, and seven elementary schools. The rest of this article will outline the process the WRCNRV followed that opened the doorway into the schools.

The first step was to set the intention and put it in writing in positive action terms: The WRCNRV intends to (1) develop curriculum for chosen grade levels, (2) relate the curriculum to Virginia's Standards of Learning, (3) develop support for the program in the community and school systems, (4) create a well developed package to take to each school superintendent, and (5) gain permission to have the WRCNRV staff present the program on an on-going basis as part of the Family Life Education (FLE). After the intention was set, the next step was to identify stakeholders.

Stakeholders identified were teachers, guidance counselors, school nurses, school administrators, school board members, parents, community members, students, sexual assault survivors, domestic/dating violence survivors, and the staff, volunteers and board members of the WRCNRV. A meeting date was set, and stakeholders were invited to attend. A Strategic Planning Coordinating Committee was formed from identified stakeholders. The Committee developed a three year Strategic Plan that became the roadmap for the process of developing and implementing a school-based violence prevention curriculum. The Committee identified critical issues such as, optimal age or grade level for materials, disclosures, and funding. Throughout the process, focus groups were used to obtain input from stakeholders not adequately represented on the Strategic Planning Coordinating Committee. Focus groups were conducted with students, parents and school personnel. The focus groups with the students were most helpful in the development of the content and format areas of the curriculum. With a grant from the Virginia Department of Health, the WRCNRV and the Strategic Planning Coordinating Committee forged ahead and hired someone to write the curriculum.

The curriculum was to be written in an educational model format (lesson plans), with clear goals for each session. Based on the focus group information, the curriculum was to include role plays, discussions, use of videos, content on stereotyping, information about healthy relationships and healthy decision making, safety planning, and where and how a student can get help if they are in a violent relationship or have been sexually assaulted. Three lessons plans for grade levels 6 through 12 were to be created. Goals for these lessons were to correspond with the FLE curriculum. Once the curriculum was written, the next step was to take it to each of the five school districts.

The WRCNRV staff, along with the contacts that had been made through the planning process, started approaching School Boards to present the curriculum. In addition to the School Boards, the curriculum had to be approved by the FLE Committee in the five school districts. The FLE Committee is made up of parents, teachers, students and school administrators. Copies of the curriculum were made

Schools (cont. from 2)

available to School Board Members, FLE Committee members, teachers, and school administrators. After all questions were answered and presentations made, the curriculum, which was named *Peaceline*, was approved as part of the FLE curricula in all five school districts. Then the work of implementing it began.

It is not enough that the School Boards and FLE Committees approved and "bought into" *Peaceline* . The real success of *Peaceline* depended on - and still depends on - individual teachers and principals accepting it as a vital part of their mission to educate students. Time continues to be spent building these relationships in individual schools.

Some of the concerns of school personnel that we continue to deal with are disclosures during and following a program, classroom management, flexibility and timing of programs to accommodate the academic schedules. Assurances are made that the WRCNRV presenter will handle disclosures made at the time of the programs, and that one of our two children's counselors, who are already in the school doing counseling, will handle the follow-ups. Teachers need to be able to trust that the presenter will conduct the class in an appropriate, supportive, and responsible manner. Time, lesson plans, and observation have gone a long way in building trust with teachers that each class will be conducted in a responsible, respectful manner. Scheduling in a school must always be at the convenience of the school's academic schedule, and it helps to remember that we are there as an invited guest.

Getting in the schools and remaining in the schools is an on-going process. Every year there are new principals, guidance counselors, and teachers who have to recognize the value of a school-based prevention program in their classrooms (after all they are being asked to give us their teaching time). It helps to take the time to visit with school personnel, and always have a copy of the curriculum that they can take with them. Some quick tips for success with school access: Be available to address questions and concerns. Follow through, and be impeccable with your word; be there when you say you're going to be there and teach what you say you're going to teach. At the end of the academic year, be sure to say, "thank you" and "looking forward to working with you next year."

> *"The real success of [a school-based curriculum] depends on individual teachers and principals accepting it as a vital part of their mission to educate students.*
> *Time continues to be spent building these relationships in individual schools ."*

Healthy Sexuality (continued from Page 1)

When considering how healthy sexuality might look in practice, it is useful to narrow the focus to the characteristics of a given healthy sexual *interaction*. This view enables an examination of concrete behaviors, feelings, and attitudes, in contrast to the more broadly conceived healthy sexuality components described in Part 1. Examining healthy sexuality in this concrete manner is not meant to reinforce the unhealthy tendency of overemphasizing the physical aspect of sexuality. Rather, articulating how healthy sexuality might look in a given sexual interaction provides a clearer vision of what we are working toward, and supplies a context more familiar to most of us. For the sake of simplicity, this article will limit the context to sexual interactions between 2 partners.

Similar to healthy relationships, the particular beliefs, emotions, and actions of each partner and the norms in which individuals' beliefs, emotions, and actions exist), form the basis of healthy sexual interactions. For example, individuals engaging in a healthy sexual interaction would likely:

- View sexual interactions as something adults share **with** one another instead of do **to** one another (each partner connects to the other's humanity in a similar manner to their own humanity, resulting in a genuine respect for each other's wishes - staying psychologically connected to the heightened intimacy rather than "turning off" and treating the interaction as more of a transaction);

- Value honest, proactive communication about each other's likes, dislikes, expectations, etc. (this is particularly relevant if the partners have had few or no sexual interactions, but could also apply to maintaining sexual fulfillment/pleasure in an on-going relationship - the very act of proactive communication can stimulate the non-physical elements of each partner's sexuality as well);

- Value positive sexual expression in whatever form it takes (this entails respecting sexual diversity; note that the presence of the word "positive" means that sexual coercion, exploitation, abuse, and deception are by definition excluded - this could also mean connecting more deeply with the emotional, intellectual, spiritual, and social elements of one's own and one's partner's sexuality);

- Promote physical sexual health by proactively taking the necessary precautions.

It is reasonable to assume that if these healthy sexuality characteristics were present, people would be **less** likely to behave in a sexually violent/abusive/manipulative manner, and **more** likely to enjoy the interaction. The characteristics here have hopefully been articulated in such a manner that they are narrow enough to define what can produce positive sexual interactions, but broad enough that individual sexual autonomy and preference are left undisturbed.

"Since a healthy sexuality approach is inherently rooted in promoting well-being rather than evading harm, questions about how to develop one's own experience of sexuality, and/or improve one's sexual interactions (i.e., beyond just staying safe) are able to be effectively addressed."

"[We must work toward] a culture where people experience sexuality in a state of well-being – a culture incompatible with sexual violence because of a deeply shared belief that sexuality is a precious part of everyone's unique humanity."

Healthy Sexuality (continued from Page 3)

It should be noted that while many of the characteristics of healthy sexuality overlap and/or complement the components of healthy relationships, it is still important to differentiate between the two. Sexual interactions occur, and can still be healthy according to the definitions put forth herein, outside of an ongoing relationship. That is, both partners can still view each other as equals, honestly express their thoughts and feelings, value each other's autonomy and expressions of sexuality , and generally enjoy the interaction, even if they have only just met. Because of our culture's unhealthy sexual landscape (discussed in Part 1), it might be uncommon for healthy sexual interactions to occur without the basis of an ongoing relationship, but that does not mean that an ongoing relationship is required. Indeed, one would hope that **all** sexual interactions would be defined by prudence, connection, respect, honesty, and mutual enjoyment regardless of the amount of personal history between partners. While the presence of an ongoing relationship - especially one in which the two people love one another - might cause sexual interactions to feel especially fulfilling to the partners, such a condition is not *essential* to a person feeling good about their own sexuality, or experiencing safe and enjoyable sexual interactions.

Numerous parts of our culture claim to be arbiters of "healthy" sexual interactions, but they are typically promoting the same corrupt, distorted norms about sexuality discussed in Part 1. One need only browse a copy of Maxim magazine, or attend a True Love Waits seminar, to see how these tired unhealthy sexual norms are recycled and recast as the "one true path" to sexual fulfillment. Healthy sexual interaction, as defined by the characteristics presented herein, is rarely discussed in our culture due to general discomfort with sexuality, fears about the consequences of bucking sexual/gender conventions, and the pervasiveness of unhealthy sexual norms that make it difficult to even fathom the characteristics of a genuinely healthy sexual interaction.

It is crucial that those of us working to prevent sexual violence create opportunities for people to critically examine these conventions, and articulate what healthy sexual expression looks like for them. However, such an approach is inherently difficult, because it would likely be seen by many parts of our culture to be, at best, uncomfortable, lascivious, and radical, and at worst, disgraceful, immoral, and heretical.

It is perhaps because of the personal and cultural challenges associated with implementing initiatives from a healthy sexuality paradigm that our prevention efforts have historically concentrated exclusively on sexual violence. There are advantages to keeping the focus on that which we want people to avoid. Being *against* sexual violence provides a concrete goal: the elimination of sexual violence. It also provides a common bond amongst everyone affected by, and/or concerned about this widespread social problem, which in turn provides a relatively less controversial basis on which to organize a social movement.

However, the "against" perspective also has disadvantages, primarily that it can hamper our ability to conceive of the positive. Conceptualizing and promoting alternative ways to live and promoting the behaviors you want people to adopt is fundamental to realizing social change. But eliminating a tangible social problem like sexual violence can seem more clear-cut than fostering healthy sexuality, and thus we inadvertently overlook an entire paradigm vital to our cause.

Healthy Sexuality & SV Programs
Despite the increased sophistication of sexual violence prevention initiatives over the years, there are still relatively few projects overtly linking the promotion of healthy sexuality and the primary prevention of sexual violence. The Canadian-based "Care For Kids" program (also used by Prevent Child Abuse Vermont) is one of the only examples of such an initiative. Groups such as, Stop it Now!, the Vermont Network Domestic Violence and Against Sexual Assault, and various university projects have also researched, written, spoken, and/or created media campaigns about the link between healthy sexuality and sexual violence prevention. However, there do not appear to be any sustained initiatives seeking to both promote healthy sexuality across the lifespan and prevent the underlying causes of sexual violence. More commonly, programs do neither, and instead fall back into the more familiar territory of avoidance.

Sexual violence avoidance programs (SVAPs) focus on teaching people to recognize signals that precede a potential sexual assault, and react appropriately. It is perhaps easier to understand how a healthy sexuality perspective could enhance our current state of sexual violence prevention programming by contrasting this more common SVAP approach with a hypothetical

Healthy Sexuality (continued from Page 4)

approach rooted in a healthy sexuality analysis.

SVAPs for men typically stress the importance of recognizing and respecting a partner's "no," while programs for women usually impart advice on how to avoid sending "mixed messages" or how to escape a potentially dangerous situation. It is not the intention of this article to dismiss such programming as wholly ineffective or obsolete. To the contrary, some programs of this type often seem to be well-received. However, such programs are intended to only impact a specific set of behaviors related to a sexual interaction, or potential sexual interaction, and thus do not typically address the larger context of sexuality and/or gender in which these behaviors exist.

The drawback of teaching skills to avoid sexual violence without addressing this larger context is twofold. First, as previously discussed, focusing only on avoiding a potential problem is insufficient. Prevention experts and social change activists have long established that describing/promoting the skills you want others to adopt is imperative to meaningful change. The second issue concerns building skills without tying them to a greater purpose. In my experience, people can leave SVAPs having completely missed the point.

A given SVAP for men might emphasize such topics as, "the penalties for sexual assault," "how to know if your partner is uncomfortable," "the various forms of 'no'," and "what to do if your partner tells you 'no'." While this information is important, it is not enough. For instance, it does not provide real incentives for being respectful, nor does it build any skills on how to be respectful (which would likely prevent your partner being uncomfortable in the first place). Furthermore, none of this information is placed in a context that counteracts norms of unhealthy sexuality (e.g., the predominant view that sexual interactions should be adversarial - see Part 1), or promotes norms of healthy sexuality. Even men who listen attentively to the information in the SVAP described above could still be left with one or more of the following kinds of reactions:

1) "I don't want to get in trouble because I didn't correctly interpret her 'no' cue. How can I influence/persuade/manipulate her to let me do what I want to do? What can I get away with before she thinks to tell me 'no'?"

2) "So I recognize that I shouldn't push, and that I should ask her before just barging for-

ward with what I want. But how? It seems so awkward."

3) "I don't engage in any of that coercive behavior, so this program didn't teach me very much."

A given SVAP for women might emphasize such topics as, "how to stay safe from sexual assault," "sending clear signals" (e.g., "say 'no' and 'mean' it"), "warning signs of dangerous situations," "how to get out of a dangerous situation," and "what to do if you've been sexually assaulted." As with the men, this information is important, but it is insufficient for the same reasons already explained. Women who absorb all of the information in such a SVAP could still be left with one or more of the following kinds of reactions:

1) "So what am I supposed to do? Never go out to parties, date, or hook-up with anyone?"

2) "What if I like a person and I want to go somewhere alone to fool around? Maybe I don't want to have sexual intercourse or maybe I do, but don't I have the right to say 'yes' to things I want to do, and 'no' to things I don't? I'd also like to be able to tell him/her what I want to do instead of always waiting to be asked, but will that mean I'm a slut?"

3) "I practiced almost all of those tips and I was still sexually assaulted. / I'm not the 'kind of girl/woman' who gets sexually assaulted. - This program doesn't have much to offer me."

A program incorporating a healthy sexuality perspective would be better able to manage these reactions for both men and women. It would provide content that causes people to question the entire manner in which our culture views sexuality, initiating a deeper exploration of healthy sexuality and putting any skills/tips/rules into a constructive context. Also, since a healthy sexuality approach is inherently rooted in promoting well-being rather than evading harm, questions about how to develop one's own experience of sexuality, and/or improve one's sexual interactions (i.e., beyond just staying safe) are able to be effectively addressed. Additionally, healthy sexuality is a concept about which people are generally open to learning more, so programs emphasizing it might be able to reach a wider audience.

A program such as this could provide the characteristics of a healthy sexual interaction - and illustrate how to ensure such characteristics are present - while concurrently highlighting the

Selected Healthy Sexuality Resources on the Web:

Sexuality Information and Education Council of the U.S.: www.siecus.org

Alan Guttmacher Institute: www.guttmacher.org

Planned Parenthood Federation of America: www.plannedparenthood.org

National Gay & Lesbian Taskforce: www.thetaskforce.org

Parents and Friends of Lesbians & Gays: www.pflag.org

World Association of Sexology: www.worldsexology.org

Coalition for Positive Sexuality: www.positive.org

Advocates for Youth: www.advocatesforyouth.org

Go Ask Alice!: www.goaskalice.columbia.edu

American Social Health Association (info for teens): www.iwannaknow.org

Healthy Sexuality (continued from Page 5)

benefit to both partners that comes from mutually fulfilling sexual interaction. This information could then lead to a deeper examination of the broader components of healthy sexuality (see Part 1). Imagine facilitated discussions on how attitudes about sexuality are shaped; activities in which each person learns how to connect with their own emotional, intellectual, spiritual, social, and physical experience of sexuality; skill-building exercises on how to translate this connectedness to others in any type of sexual interaction. Combined with strategies to impact the spheres of influence in which these individual experiences exist (i.e., family and peer groups, community and cultural norms, policies about sexuality education, etc.) such a program would help foster the protective factors of healthy sexuality, thus supporting safer *and* satisfying sexual interactions. Challenging our culture's unhealthy sexual status quo, while simultaneously promoting the alternative tenets of healthy sexuality provides a powerful impetus for creating a sexually healthy status quo.

Shared Obstacles = Opportunities For Alliances

It will be difficult to encourage people to overhaul their experiences of sexuality through a lens of well-being, rather than a lens of shame, fear, and power. Doing so directly confronts our culture's unhealthy sexual status quo, and therefore threatens to upset the numerous interests that benefit from it. The abrupt firing and subsequent smearing of former U.S. Surgeon General Jocelyn Elders (in response to her suggestion that masturbation be openly addressed and de-stigmatized in sexuality education) is one of the clearest single illustrations of the power and intensity possessed by those who are invested in this status quo. Numerous scholars and activists have written about the origin of this unhealthy sexual status quo, and why/how certain interests are invested in it, so this article will not seek to explore that issue any further. (See work by J. Irvine, P. R. Sanday, A. Dworkin, and J. Kilbourne for more information.) The relevant lesson for those of us who want to positively redefine this status quo is that we need to forge alliances in order to surmount these formidable barriers to change.

The healthy sexuality paradigm has the potential to be the "big tent" under which various movements can build a coalition. To find potential allies, one simply needs to look for others working to end various aspects of our unhealthy sexual status quo - others who are trying to promote healthy sexuality. Groups working to advance gender equality, sexual health and safety, reproductive rights, gay/lesbian/bi/transgender (GLBT) rights, and media literacy are all potential partners in this cause.

There are many common challenges that can act as catalysts to forge alliances between these multiple segments of the healthy sexuality advocacy community. One of the most ubiquitous examples is the abstinence-only-until-marriage (AOUM) movement. The AOUM movement is an organized and well-funded interest group dedicated to upholding "traditional" notions of sexuality. These traditional notions are often synonymous with the qualities of unhealthy sexuality discussed in Part 1. The AOUM movement specifically seeks to shut down comprehensive sexuality education, and generally hopes to impede people from questioning these traditional views, thereby preventing any exploration on the part of the individual into their own unique experience of sexuality. Below is a collection of prospective reasons as to why opposing AOUM programming might be important to three distinct groups. This example is meant to illustrate how a single manifestation of our unhealthy sexual status quo can simultaneously impact a range of related interests.

Sexual violence prevention workers: Access to schools is sometimes denied because educating students about sexual violence prevention assumes that the students are having sex which contradicts the school's abstinence-only program. Also, AOUM programs tend to promote the "gatekeeper" role (see Part 1) by shaming girls who engage in pre-marital sex. Lastly, most AOUM programs minimize the experiences of youth who have survived sexual violence by stressing that everyone has control over their own sexual decision-making.

GLBT rights advocates: AOUM programs promote heterosexual marriages as the only acceptable setting for sexual interactions. This obviously excludes people who are gay or lesbian, since they cannot legally marry. Additionally, some high schools have banned GLBT student advocacy groups under the pretense that these groups implicitly endorse pre-marital sex, since marriage is not currently an option.

Sexual health and safety educators/advocates: Studies of AOUM programs show that they are ineffective in preventing sexually transmitted infections (STIs) and teen pregnancy. The Centers for Disease Control and Prevention found that virginity pledges - the crux of many AOUM programs - have no impact on the rates of STIs. A related study found that teens who made such pledges were 30 percent less likely to use condoms when eventually engaging in sex. Additionally, some school systems have completely shut out all other approaches to sexuality education (e.g., comprehensive sexuality education) in favor of AOUM. The unconditional, and often dogmatic, nature of the AOUM perspective does not allow for other approaches.

Once we see how our goals and challenges are connected to the goals and challenges of others, we can create meaningful alliances. Eventually, we all might be able to organize under a shared vision of healthy sexuality promotion. The stakes are high; nothing less than the right and ability to create spaces where a person can explore their own sexuality in a positive, healthy manner. Doing so is crucial to achieving a culture where people experience sexuality in a state of well-being – a culture incompatible with sexual violence because of a deeply shared belief that sexuality is a precious and beautiful part of everyone's unique humanity.

Thank you to Fran Henry for having the courage and foresight to introduce the concept of healthy sexuality to the sexual violence prevention movement. Special thanks to Jayne Flowers for her invaluable contributions to Parts 1 and 2 of this article.