



Moving Upstream

Virginia's Newsletter for the Primary Prevention of Sexual & Intimate Partner Violence

VA's Primary Prevention Conference!

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This issue of Moving Upstream addresses the concept of "sufficient dosage" - the importance of developing highly concentrated, sustained primary prevention initiatives that are able to effectively impart our messages. The feature article also examines a practice-informed interpretation of this concept by sharing an excerpt of *Virginia's Guidelines for the Primary Prevention of Sexual Violence & Intimate Partner Violence*. This document is still a work in progress, but I thought it might be helpful to include an excerpt from our most current draft.

Also, I would like to take a moment to follow-up our previous issue of *Moving Upstream*, to which we received overwhelmingly positive feedback. Thank you! Since the release of that issue, I've found a wonderful resource on the topic of adding a healthy sexuality paradigm to primary sexual violence prevention. Moira Carmody is an Associate Professor at University of Western Sydney in Australia, and leads the ARC Research Project on Sexual Ethics and Violence Prevention. Her work is outstanding, and I highly recommend visiting her project's website: www.sexualethics.org.au. A huge thanks to Moira for getting in touch!

Finally, I want to remind everyone about Virginia's *Building Healthy Futures II: Strategies for Effective Primary Prevention of SV/IPV* on October 15-16, 2008 in Richmond, VA. It features a keynote address by Loretta Ross (SisterSong), and innovative sessions from a variety of national and Virginia-based trainers. Please contact me at bperry@vsdalliance.org if you want a registration brochure and have not yet received one.

Making An Impression: *Sufficient Dosage & SV/IPV Prevention*

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Human beings are faced with hundreds of behavioral choices each day. These decisions are based on our conscious wills, unconscious habits, and the larger forces in our social and physical environments that constrain the options available to us in the first place. Prevention education for sexual and intimate partner violence (SV/IPV) has traditionally focused on teaching people to make healthy or non-violent choices, and/or to unlearn abusive habits. As discussed in previous issues of *Moving Upstream*, it is also crucial to impact the social environment influencing these choices/habits, since the messages an individual receives about gender, violence, and interpersonal relationships from parents, older peers, media, culture, and policies could counteract even our best educational efforts. (See *Moving Upstream Volume 3, Issue 2* for a discussion of the Social Ecological Model and the Spectrum of Prevention - 2 frameworks for organizing the various points of influence in social environment.) Another important consideration in the quest to prevent SV/IPV and positively impact sexuality and intimate relationships is the amount of saturation we can provide for our messages.

Since the 1930s, educational psychologists have studied the factors influencing how people acquire new skills and knowledge (see for example: Thorndike, 1932). Decades of scholarship have yielded several principles of learning that describe how people process, retain, and use information. Two of the principles, "Exercise" and "Intensity," are particularly relevant to the high degree of message exposure needed to support healthy or non-violent behaviors, and/or inhibit abusive behaviors. The principle of Exercise states that information is best remem-

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Funder's Forum

Choose Respect Training / Stop It Now! in C-ville

Rebecca Odor, MSW, Director of Sexual & Domestic Violence Prevention Division for Injury and Violence Prevention, VDH



The Virginia Department of Health has new resources and tools for educating teens and parents/adults on healthy dating relationships. The materials are from the Choose Respect initiative of the Centers for Disease Control and Prevention, and include posters, pocket guides (in English and Spanish), a video "Causing Pain: Real Stories of Dating Abuse and Violence," and a Video Discussion Guide. The guide includes PowerPoint slides and step-by-step directions for presenting the video to different audiences. Attend a training and receive the free resources on October 7 in Eastern Virginia. More information is at www.vahealth.org/civp/sexualviolence or contact Robert Franklin at Robert.Franklin@vdh.virginia.gov. Visit www.chooserespect.org to learn more about the national Choose Respect initiative.

Also be on the lookout in the next year for information on the Choose Respect Playbook. The "Playbook" uses a coordinated, community wide approach to implement activities on all levels of the social ecological model and establish a supportive environment where youth are encouraged to develop healthy relationship skills.

The Virginia Department of Health in collaboration with the Collins Center of Harrisonburg will present a community dialog with a panel consisting of survivors of child sexual abuse, a recovering sex offender and a treatment provider. The dialogue will be presented in Charlottesville on September 4. These dialogues can help reframe how to address child sexual abuse by presenting new ways to understand both perpetrator dynamics and the role of adults as agents of change and by providing practical tools for recognizing warning signs and responding to both victims and potential perpetrators. For more information about the dialogues, be sure to join the VDHsvlist list server at www.vahealth.org/civp/sexualviolence or contact Rebecca K. Odor at the Virginia Department of Health at 804-864-7740.

Promising Practices

The Haven's RPE Project

Building strong relationships with intensive programs

Gene Bigham, Prevention Program Coordinator
The Haven in Warsaw, VA

All organizations conducting primary prevention programs have faced the challenge of choosing their target audience and developing a program to reach that audience. One of the programs we do is a 24 session primary violence prevention program, Building Strong Relationships (BSR), with men at Haynesville Correctional Center (HCC). The purpose of this paper is to discuss how this program was developed and what it entails.

Several years ago we attended the first of Bob Franklin's Speaker's Bureau trainings which was conducted by Men Can Stop Rape. Even though we had no funding at that time, we were highly motivated to find an adult male audience, preferably a high risk group, to work with for primary prevention of violence against women. We proceeded to adapt the Men Can Stop Rape program, with their permission, into a program consisting of 5 one hour sessions. We were not very original when we named our program Men Can Stop Violence Against Women.

In the meantime we were still looking for a high risk male audience as our primary target audience. Our attention turned to nearby Haynesville Correctional Center (HCC), a Security Level 2 facility housing approximately 1000 men. These men were serving sentences for both violent and non-violent crimes. Some were guilty of sex crimes. Certainly, given the prison setting, these men are a high risk group for violence against women both before and after their incarceration. In considering this population, our research indicated these men could be an excellent audience for a violence prevention program. Studies such as "Incarcerated Men and Their Children" (Mendez, 2001), indicate incarcerated men are very concerned about how their mistakes have injured their families. Incarcerated men also indicate a responsiveness to programs that help them improve their relationships with their families. In treatment terms incarcerated men can reach a "Contemplation Phase" regarding treatment programs. This means they recognize a problem exists and are thinking about change.

We were not sure how the men would react to our 5 session Men Can Stop Violence Against Women program, but we wanted to give it a try. We contacted the HCC Programs Director and met with her and her staff to discuss what we wanted to do. We were pleased to see we knew one of the counselors working at the prison from her previous employment at the community services board. We kept our message very positive and emphasized the positive relationship aspect, and let the program title and PowerPoint stress the violence aspect. We were approved and presented our first 5 session program to approximately 40 men in the facility cafeteria. The attention, participation, and interest exhibited by the men was outstanding. Each session had homework which required the men to talk to one person (not from the attending group) about one thing we discussed in the session. We began the following session by checking in on how the home-

Sufficient Dosage & SV/IPV Prevention (from Page 1)

bered if it is repeated and practiced. Information is retained longer and used more readily when a person has been able to engage in meaningful repetition and application of it, and is able to determine its utility.

The principle of Intensity is closely related to Exercise, and states that lucid, exciting learning experiences are more effective than tedious, rote experiences. The principle of Intensity also emphasizes that knowledge and skills are best internalized when opportunities for the realistic application of new information are provided. In Western culture, Exercise and Intensity are used to inform a multitude of teaching/training settings. For example, anyone who has worked as an advocate for SV/IPV victims has likely experienced a long and rigorous training process in which key concepts were reinforced over multiple lessons (Exercise) using challenging, everyday examples (Intensity), followed by repeated opportunities to apply, practice, and refine these concepts (Exercise) in vivid, realistic role-play scenarios (Intensity).

For SV/IPV prevention work, the principles of Exercise and Intensity are important because they help us understand how we can increase the effectiveness of initiatives by maximizing exposure to our messages and lessons. In order for these principles to be fully activated so that meaningful learning can take place, participants must be provided with adequate time to process new information and opportunities to practice putting it into action. Great attention must be paid to how long and over what period of time a person is exposed to our messages, and how the message is “rolled out,” or presented in a manageable and relevant manner for the learners.

Sufficient Dosage

In the field of public health, the idea that prevention initiatives will be more effective if they are sustained over a certain amount of time, and “delivered” regularly in a concentrated manner, is referred to as “sufficient dosage.” This concept has been most frequently applied to prevention education efforts that focus on building the knowledge and skills of individuals - variables at the Individual Level of the social ecology. Nation, et al.’s (2003) review of effective prevention approaches for substance abuse, risky sexual behavior, school failure, and juvenile delinquency defines sufficient dosage as, “the need for participants to be exposed to enough of the [prevention initiative] for it to have an effect. Dosage, or program intensity, may be measured in quantity and quality of contact hours. Aspects of dosage include the session length, number of sessions, spacing of sessions, and the duration of the total program” (p. 452). Length of message exposure, frequency and number of exposures, and the duration of this frequency are key considerations in determining the amount of dosage exhibited by a given prevention initiative. See Figure 1 on page 4 for a graphic representation of these elements of sufficient dosage.

While Nation and his colleagues frame sufficient dosage in the context of prevention education focused on personal learning (e.g., the emphasis on building the knowledge and skills of individuals through “sessions”), this useful concept can also be applied to prevention efforts that address outer levels of the social ecology. The current draft of the Centers for Disease Control’s Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement CE07-701 shows how dosage can be considered at multiple levels of the social ecology. In their explanation of how prevention practitioners could determine whether or not the dosage of an initiative is sufficient, the CDC states:

“Dosage is measured differently depending on which level of the social ecology a strategy is being implemented. Dosage for an individual level [strategy focused on building knowledge and skills] might be measured by session length (i.e., time needed per session to complete all the activities in that session), number of sessions, and duration (i.e., total time period to complete the strategy, such as a semester or summer). Dosage for a community level social marketing campaign might be measured by newspaper tracking that reports the volume of coverage and how often the coverage accurately reflects the campaign’s message; by television tracking that reports what stations aired a PSA and the estimated audience size at the time and date the PSA was aired; by website monitoring that reports number of hits to a website, navigation patterns, popular and unpopular content areas, who accessed the site, and how long they stayed.”

These examples of how dosage might “look” at the Community Level illustrates that working to concentrate and sustain messages can be a comprehensive endeavor spanning all levels of the social ecology. The *Expect Respect* program described below provides another example of sufficient dosage at multiple levels of the social ecology.

Virginia’s Primary Prevention Guideline #3

Virginia’s “Guidelines for the Primary Prevention of Sexual Violence & Intimate Partner Violence” are the product of a 2-year collaboration between VSDVAA staff, member agencies, and the Virginia Department of Health to build the prevention capacity of Virginia communities. It is hoped that the guidelines document will help Virginia’s sexual and domestic violence agencies - and possibly other community organizations - develop effective primary prevention initiatives. The guidelines are based on a combination of research and experience, borrowing heavily from the concepts and format outlined in Nation, et al.’s (2003) article as well as work conducted under the CDC’s DELTA project that sought to apply Nation’s work to IPV primary prevention.

“Length of message exposure, frequency and number of exposures, and the duration of this frequency are key considerations in determining the amount of dosage exhibited by a given prevention initiative.”



Sufficient Dosage and SV/IPV Prevention (from Page 3)

In Virginia’s prevention guidelines document, Guideline #3 retains the core concepts of “sufficient dosage,” though the wording has been changed to both sound less “medical” and to better reflect SV/IPV prevention work.

Guideline #3: Develop prevention strategies that are concentrated, and can be sustained and expanded over time.

- Effective prevention programs emphasize high contact/exposure with participants within a concentrated time-frame. Research has shown that one-time programs focused on raising awareness rarely produce behavioral change.
- Effective prevention programs include strategies for reinforcing the key messages over time. These follow-up strategies should remain consistent with the original messages in their theme/rationale, and can be accomplished through a variety of activities promoting the continued use of the information and skills.

Programmatic Components Checklist:

- ◇ Are there multiple opportunities (sessions, points-of-contact, etc.) for delivery of program content?
- ◇ Over the course of how many days or weeks are these activities implemented - how long does the initiative take to complete? Is that an adequate amount of time to change knowledge, attitudes, and behaviors?
- ◇ Are there follow-up activities occurring after the “completion” of the original activities? If so, do they seem connected to the theme/content of the prior information?

Virginia’s Guideline #3 relies heavily on the concepts contained in Nation, et al.’s article, with one additional provision addressing the reinforcement of key themes and consistency of rationale over time. This stipulation is included to discourage “scattershot” prevention efforts - the use of various and unrelated (or only marginally related) prevention activities packaged as a cohesive strategy. Scattershot prevention can yield high message saturation and contact time, but tends to be disjointed, failing to meaningfully impact the intended audience because of its numerous and various take-home messages. The notion that any new material in a saturated prevention initiative should reinforce and build upon previous themes/rationale is a broader interpretation of the portion of Nation, et al.’s (2003) article discussing the need to build upon “prior skills”:

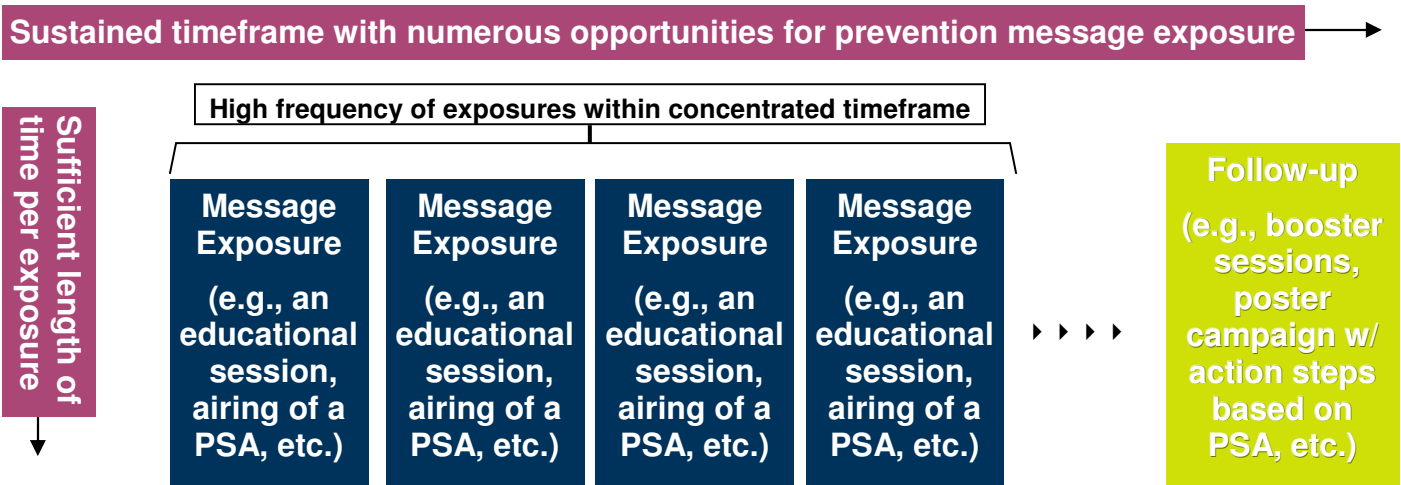
“In addition to initial exposure to the [prevention strategies], effective [prevention work] generally include[s] some type of follow-up or booster sessions to support durability of impact...studies indicated that the effects of many preventive interventions tend to gradually decay over time (Zigler, Taussig, & Black, 1992). This suggests that booster sessions focusing on prior skills learned or on new developmentally appropriate skills are needed to maintain positive outcomes.” (pp. 452-453)

The importance of conducting follow-up activities is emphasized in a more general sense in Guideline #3 under the final point of the Programmatic Components Checklist. Developmental appropriateness is covered by a separate guideline in the Virginia document.

The Nation, et al. (2003) article also found that, “[dosage] needs to be gauged to the risk faced by the individual: The greater the needs or deficits of the participants, the greater the dosage or intensity of the [prevention initiative]” (p.452). In the experience of the Virginia statewide guidelines development team, such a principle is probably self-evident to any local prevention projects possessing the resources to assess risk for first-time perpetration amongst a group of potential prevention program participants. For the sake of brevity, the tenet

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Figure 1: The Elements of Sufficient Dosage



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that a prevention project should increase its efforts with individuals/groups more likely to become perpetrators was not included in Guideline #3. See Gene Bigham's article in this issue of Moving Upstream for an example of one local prevention project's highly-saturated prevention programming with a group they deemed high risk. Just how accurately our field can currently assess risk for first-time perpetration is debatable, but is beyond the scope of this article.

Sufficient Dosage Applied: *SafePlace* in Austin, TX

Much of the following information was used with permission from the *Expect Respect* website: www.safeplace.org/site/PageServer?pagename=program_scl_schoolservices

Expect Respect, a project of *SafePlace* in Austin, TX, is a comprehensive prevention program designed to raise awareness of dating violence, teach skills for healthy relationships, develop youth leadership, and increase safety and respect on school campuses. It is an excellent example of a consistent and highly concentrated initiative operating at multiple levels of the social ecology, featuring relatively long intervals of contact with participants for sustained periods of time. At the Individual Level, *Expect Respect*'s 90-minute groups for at-risk boys and girls meets once per week for 24 weeks, and focuses on raising expectations and skills for healthy relationships, increasing safety and respect on school campuses, and supporting youth leadership in violence prevention. Follow-up activities throughout the rest of the school year include meetings about how the knowledge and skills are being used by the youth to develop violence prevention projects in the school.

At the Relationship Level, *Expect Respect* trains teens to become peer leaders. The "SafeTeens" youth leadership training helps students in 7th-12th grade learn how to take a stand against violence in interpersonal relationships. The 8 lessons (which often occur in the same school settings hosting the weekly *Expect Respect* groups) increase students' knowledge of the characteristics of healthy and abusive relationships. The first 6 sessions focus on how to recognize and confront potentially abusive situations. The last 2 sessions help students acquire the skills needed for peer support, advocacy and community action. After completing the lessons, students identify a problem relating to violence in their school or community and create a prevention project. The messages and skills conveyed in the peer leader training tie back into the school-wide *Expect Respect* curriculum, which are in turn frequently reinforced by the peer leaders in informal situations.

SafePlace's example of highly concentrated prevention efforts extends to its Community Level initiatives. It provides training and technical assistance to engage all members of the school community in teaching and supporting positive relationship behaviors, improving the school climate, and increasing student safety. Activities include training on school policy concerning bullying, sexual harassment, and dating violence, assessing school climate, and engaging students and caring adults in school-wide prevention activities. These activities typically come from *Choose Respect*, a prevention initiative developed by the Centers for Disease Control and Prevention. *Choose Respect* consists of a variety of educational materials that are designed to encourage youth to form healthy, respectful relationships, and to prevent dating abuse. *SafePlace* helps implement *Choose Respect* on select school campuses through faculty/staff orientation, facilitator training for teachers and counselors who agree to conduct further activities (usually teachers connecting these lessons to their academic subjects areas), parent seminars, and assistance with campus-specific awareness activities. The amount of contact with a school's faculty, staff, and parents is relatively high, considering the scheduling and time-commitment obstacles typically associated with engaging these groups. Faculty and staff receive an initial in-service training, followed by additional trainings for those agreeing to impart *Choose Respect* messages via their daily interactions with the students. Parents receive training through PTA/PTO meetings, parent support staff in the schools, and identified "parent leader groups".

Conclusion

It takes significant investments to plan and implement a highly concentrated, sustained primary prevention initiative at multiple levels of the social ecology in any given setting. For many local sexual and domestic violence agencies, coordinating a sufficiently concentrated initiative would probably mean having to focus all of their prevention resources on a single setting in order to achieve a sufficient level of dosage across multiple levels of the social ecology. For some sexual and domestic violence agencies, such an approach might go against core beliefs developed from years of expanding their victim services to as many communities as possible. However, as discussed in the opening of this article, human beings are faced with hundreds of behavioral choices each day and influenced by forces that often run counter to the promotion of healthy relationships and healthy sexuality. If we want our primary prevention programs to gain efficacy, we will have to saturate a receptive setting with cohesive, comprehensive initiatives, creating "model" programs. We can prove the value of our work by showing that our prevention initiatives have a significant positive impact if adequate resources are applied to a given setting.

"If we want our primary prevention programs to gain efficacy, we will have to saturate a receptive setting with cohesive, comprehensive initiatives."



SafePlace's Barri Rosenbluth



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The Haven's RPE Project (continued from Page 2)

work went. The results were overwhelming, with men talking to fellow inmates, staff, family, and in one case, a young man writing a letter to his younger brother. The prison staff was continually telling us how much discussion was going on throughout the facility. We were invited back very quickly and completed another 5 session program which was equally successful. All of the feedback sheets requested a longer program and the staff reported a waiting list for the next presentation.

It was during this time when Douglas Nelson, a mental health therapist with the CSB and one of our program facilitators, became immersed in a coed batterer intervention program being conducted in Fairfax County. The program consisted of 12 weekly 2 hour sessions from Dr. Stosny's Compassion Workshop. Stosny was reporting a 74% completion rate for people ordered into the program and for those completing the program an 86% violence free rate after one year based on victim reports. Douglas firmly believed we could use the Compassion Program as a primary prevention tool. The program had been shown to be an intensive and effective program for ensuring strong relationships through self regulation of anger and violence. The major skills and concepts learned in this very disciplined and didactic program are:

- Sensitivity to internal experience of self and loved ones
- Internal causes of abusive behavior
- Self regulation as the only route to personal power
- Well-being and self esteem depend on compassionate behavior
- Perspective taking in disputes (Value While Disagreeing)

We again met with HCC officials to present a plan to do the 12 session program for groups of 15-18 men three (3) times per year. The men chosen for the program would have to be screened to ensure they had no record of domestic/sexual violence. We also focused on our facilitators Colleen Jordan, Michelle Lewis and Douglas Nelson, their qualifications and the fact they would normally co-facilitate the sessions. The mental health counselors at HCC, having seen our previous program, were very supportive and the new 12 session program was approved.

Each group session is conducted by co-facilitators reading from a program manual which is distributed to every participant. The group discussion is very closely controlled and if need be, limited to ensure focus is maintained. Each session has homework, sometimes very extensive, which must be completed prior to the next session. The facilitators spend the equivalent of a full session reviewing and analyzing the homework and providing individual comments and suggestions. When we contrast the work we do with these men with the 5 session healthy relationships program we do with middle/high school students, one of our facilitators observed that the HCC program is far more intensive and impactful. The results of the 12 session program have been excellent with the HCC staff continually giving us very positive feedback on men who have completed the program.

We were doing fine and then we were exposed to Tony Porter's message on "well meaning men" and the need to re-socialize men. This caused us to once again look at our 12 session Compassion Program to see if we could improve it and make a further contribution to re-socializing the men we are working with. To that end, we developed an additional 12 weeks of sessions adapted from Emerge, Men Can Stop Rape and other men's programs. These sessions cover parenting (4 sessions), communication, accountability, dishonesty, the effects of DV on children, ending relationships respectfully, and other subjects. HCC once again approved our request and we began our 24 week program. The program has been extremely well received. We have also chosen 3 of the men who have completed the 24 week program to be peer facilitators who co-facilitate with our staff. This is working really well and the peer facilitators are proving to be an extremely positive influence on the men in the groups.

Obviously, the success of this program is due to the absolutely outstanding performance and dedication of our facilitators who truly care about the men we are serving and the contribution we want to make in preventing violence against women—thank you Michelle Lewis, Douglas Nelson and Colleen Jordan.

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To access previous issues of *Moving Upstream*, go to: <http://www.vsdvalliance.org/secPublications/newsletters.html> and click on the issue you'd like to read.

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