Moving Upstream

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

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Starting Young & Sustaining: *Developmentally appropriate primary SV/IPV prevention*

Brad Perry, MA, Sexual Violence Prevention Coordinator
Virginia Sexual & Domestic Violence Action Alliance

Two significant challenges for sexual and intimate partner violence (SV/IPV) primary prevention work are: 1) Reaching people with our prevention initiatives before they fully internalize unhealthy norms/policies/modeling often prevalent in the world around them, and 2) Tailoring our prevention initiatives to various groups in such a manner that the initiatives' messages resonate with, and are used by, the target groups. A key variable in both of these challenges is the developmental level of target groups. While it can be assessed according to numerous dimensions, a person's/group's development level is probably most simply and commonly assessed by their age or age range. Age is often used to estimate the extent to which a person, or group of similarly aged people, might have internalized the various risk factors around them. Likewise, age - or grade level - is one of the most obvious ways in which we can classify individuals when attempting to shape messages, materials, and approaches in ways that are relevant to different groups. It is for these reasons that this article will focus primarily on the *age appropriate* aspects of working to ensure that our prevention work is *developmentally appropriate*.

For many years, SV/IPV prevention work has been mostly directed toward 15-20 year-olds, and often delivered via high schools and college campuses. This population makes sense given that SV/IPV prevention work has largely consisted of educational sessions about gender roles, skills and attitudes related to flirting, dating, and sexuality, and knowing what to do in potentially harmful situations. Many teens are old enough to understand these tangible adult-oriented issues, and usually have the capacity to comprehend the advanced words we sometimes use to describe them. Likewise, most teenagers are thought to be young enough that they have not yet fully internalized the unhealthy messages about gender, violence, and sexuality often abundant in their social environments. Working with 15-20 year-olds has also been considered more convenient in many localities because of issues of access. Schools are frequently the delivery point for youth-focused SV/IPV prevention initiatives, and prevention specialists discovered that they were usually more able to access colleges (especially incoming students) and high schools than elementary and middle schools.

Additionally, organizations in charge of implementing SV/IPV primary prevention initiatives - sexual and domestic violence agencies - have traditionally viewed this work in a context of dating and intimate relationships, and promoted it to school systems accordingly. Not surprisingly local school systems, perhaps already predisposed to limit access by any non-school personnel to younger populations of students, only connected SV/IPV prevention work to populations of students who were of a dating age, which typically meant high school students. Of course, there are also plenty of local school systems that don't allow *any* access to organizations seeking to implement SV/IPV primary prevention initiatives, but that is another issue and beyond the scope of this article.

While engaging young people of any age with SV/IPV prevention projects is certainly worthwhile, both research and experience from the field have indicated a need to do this work with populations of people younger than 15 years-old, and prior to the ages where they are likely to

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Inside this issue:

Funder's Forum
Funding and Training Announcements from VDH!

Teen Dating Violence Curricula Showcases
The Virginia Department of Health Division of Injury and Violence Prevention will be offering showcases of curricula to address teen dating violence. The showcase will provide training on multiple curricula, a resource CD of most of the curricula and supplemental resources such as brochures and posters. Some of the curricula to be covered are: Safe Dates, Choose Respect, RELATE, Love Is Not Abuse, Virginia Teen Dating Violence Facilitator's Guide

The Showcases will be held in: Richmond - February 3 / Virginia Beach - To Be Announced / Fairfax - March 13 / Roanoke - TBA

Registration will open up January 15. To be one of the first to receive information about registration, be sure to sign up for the VDH sexual violence list server at www.vahealth.org/civp/sexualviolence and click on email list. Space is limited for these free showcases.

Mini-grants Available
The Virginia Department of Health's Division of Injury & Violence Prevention is offering ten mini-grants of up to $1,500 to government and/or not-for-profit organizations to plan and implement regional/community-based training forums on health care and domestic violence. The deadline for applications is Friday, January 9. The full mini-grant announcement, guidelines, and application may be accessed online at www.projectradarva.com under News and Events.

Primary Prevention Trainings
Need more information on primary prevention? Attend one of the upcoming trainings on primary prevention. Six trainings will be held around the state: Richmond - February 2 / Virginia Beach - February 23 / Fairfax - March 12 / Lexington - to be announced / Abingdon - to be announced / Emporia area - to be announced

To be one of the first to receive registration information, be sure to sign up for the VDH sexual violence list server at www.vahealth.org/civp/sexualviolence and click on email list. Space is limited for these free trainings..

Promising Practices
Developmentally Appropriate Practices for Social Change

Rachel Patman, Independent Consultant for The Family Resource Center
Wytheville, VA

My sister and I were children, and our family was making our yearly pilgrimage to Grandma's when an announcer interrupted, reporting a rape. My parents quickly switched the dial, but not quite soon enough. "What does rape, mean?" my younger sister asked.

The car was dead silent. And then, she broke the silence again, saying, "Oh yeah, that's where a guy jumps out of the bushes, tears your beads off and kisses you like mad!"

It was then that my mother realized that we all watched soap operas when she wasn't looking. More frightening, however, is that the media had already begun to shape her children's ideas about human sexuality, gender relations and sexual violence.

This early formation of attitudes and beliefs around issues affecting sexual assault prompted Family Resource Center to refocus some of our prevention efforts on younger children. Traditionally, prevention programs for dating and sexual violence have been aimed specifically at teenagers. While our program retains some focus there, we have also made working with younger children a priority, because the earlier we can address the factors that lead to healthy relationships, the more likely children are to grow up forming them.

We sought to address the protective factors that lead to the formation of healthy relationships and inhibit the risk factors for the formation of abusive relationships, and we examined developmental norms in determining the content for a comprehensive primary prevention program. Although many educational theories related to developmentally appropriate practices shaped the creation of our program, this article will highlight two major influences: the work of Jean Piaget and Benjamin Bloom.

Piaget's stages of cognitive development heavily influenced the choice of topics and creation of activities in Family Resource Center's primary prevention program. Piaget theorized four basic stages of cognitive development. The "sensorimotor" stage, from infancy to age two, is characterized by learning through the senses. The "preoperational" stage, from ages two to seven, is marked by concrete thinking and inability to empathize or see others' viewpoints.

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start dating or having sexual relations. Public health researchers might refer to this key developmental threshold as "prior to the onset of the problem behaviors" – in primary SV/IPV prevention the problem behaviors are sexual harassment, rape, various forms of dating abuse, etc. Knowledge from prevention specialists in the field seems to support a shift to younger populations. The experience of a local SV/IPV prevention specialist at a local RPE-funded sexual & domestic violence agency is indicative of this sentiment: "Sometimes I feel like I'm several years too late. Some of these high schoolers have already learned some pretty negative patterns of relating with one another by the time I reach them" (Perry, 2006).

Understanding how to effectively access and engage younger populations of youth will likely require SV/IPV prevention projects to expand the content associated with their primary prevention initiatives. Retooling primary SV/IPV prevention initiatives for younger children often means adding a promotion paradigm to prevention efforts (see *Moving Upstream - Volume 3, Issue 3* for a more in-depth discussion of this). Two Virginia-based sexual & domestic violence agencies have expanded their primary prevention projects in precisely this manner, and can serve as excellent examples: Family Resource Center in Wytheville, VA (see their article in this issue of *Moving Upstream*), and The Collins Center in Harrisonburg, VA (see *Moving Upstream - Volume 4, Issue 1* for a description of their "Care For Kids" project which focuses on promoting healthy sexual development in children).

The enhanced impact provided by focusing on younger populations will only be fully realized if these prevention efforts are delivered in a comprehensive manner (see *Moving Upstream Volume 3, Issue 2* for a deeper discussion of "comprehensive"). The extent to which healthy relationship skills and healthy sexuality become internalized in young people is strongly related to both how soon such lessons are instilled, and how many layers of their social environments reinforce these lessons. Ideally, primary prevention efforts should engage: Family members and other important role models around young people; Community networks like churches, schools, daycares, and workplaces networks; and Social institutions such as government. When numerous settings and layers of a child's social environment are mobilized to support healthy relationships and healthy sexuality, the child will receive these lessons earlier and in a manner that is constantly reinforced. Such an approach creates a buffer against subsequent negative influences and makes the child more likely to thrive (Scales & Leffert, 1999).

"Early formation of attitudes and beliefs around issues affecting sexual assault [and domestic violence] prompted Family Resource Center to refocus some of our prevention efforts on younger children."

- Rachel Patman

Appropriately Timed

In the field of public health, the term "appropriately timed" refers to the concept that prevention initiatives will be more effective if they are directed toward people within a certain developmental range, and in such a manner that their content and format are tailored to this developmental range. Nation, et al.'s (2003) review of effective prevention approaches for substance abuse, risky sexual behavior, school failure, and juvenile delinquency makes a strong case for "appropriately timed" prevention strategies. In their review of pertinent research literature, they conclude that prevention strategies, "should be timed to occur in a child's life when they will have maximal impact. Unfortunately, many programs tend to be implemented when children are already exhibiting the unwanted behavior or when the programs are developmentally less relevant to the participants….Prevention programs should be timed to focus on changeable precursor behaviors prior to the full-blown problem behavior being prevented (Dryfoos, 1990)….This suggests that the elementary school to middle school transition may be an important window for intervention" (p. 453).

Nation, et al. (2003) also provide a programmatic example of why it is important to reach people with prevention strategies before they engage in a given set of problem behaviors. Discussing a teen-focused HIV/AIDS prevention program, they explain, "The program was effective in reducing risky [sexual] behavior among all adolescents except those who were sexually active prior to beginning the program (Kirby, Barth, Leland, & Fetro, 1991)" (p. 453). In this case, the appropriateness of the program's timing was linked to both the age and the variable sexual experiences of the population they intended to impact. There would likely be a similar effect in primary SV/IPV prevention work. However, how would we maximize the impact of our typically underfunded and under-resourced prevention initiatives by putting a greater programming emphasis on those persons who have not yet become sexually active? It is neither practical nor ethical to attempt this by separating youth who are already sexually active from those who are not. But as previously mentioned, taking into account a group's predominant age can serve as a "shorthand" way to achieve appropriate timing.

If the goal is to reach youth before they become sexually active with their peers, then perhaps prevention initiatives could start with a younger demographic and be designed to engage the group's predominant level of sexual development. As participants grow older, many of them will mature into new levels of sexual development, and the content and approach of prevention programs would change accordingly to remain relevant. Some participants would still decide to become sexually active, but such activity should theoretically be low-risk if the prevention initiative began at an early stage of sexual development, was implemented in a comprehensive manner, and was responsive to participants' developmental needs.

Another concept contained within Nation, et al.'s (2003) principle of "appropriately timed" addresses maximizing the impact of preven-

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-tion initiatives by ensuring that they match the developmental levels of a given population. Nation, et al. state, "Several reviews indicated that programs needed to have materials that were tailored to the intellectual, cognitive, and social development of the participants (Zigler et al., 1992). The importance of [this concept] was most clearly indicated in studies of adolescent sexual behavior, in which changing the message of the intervention according to the developmental stage of the participants was associated with positive outcomes (Miller & Paikoff, 1992)" (p. 453). An example of this concept is the manner in which a well-designed scholastic curriculum changes as the developmental level of the students presumably progresses. In Virginia, Project Horizon's violence prevention project provides at least 4 educational sessions for each grade, K-6. The curriculum used for these multiple visits grows with the children throughout their scholastic life. Each year, the sessions are designed to take the knowledge and skills of participants a step further than the previous year, and every 2-4 years the language, themes, and scenarios of the sessions advance according to the expected social skills of the students. As the children become more mature so do the topics, until eventually they are older and learning about dating and sexual violence, root causes, etc.

Virginia's Primary Prevention Guideline #6

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. The hope is 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.

In Virginia's prevention guidelines document, Guideline #6 corresponds to the all of the concepts discussed thus far. [NOTE: Guideline #6 is still in draft form at press time.]

Guideline #6: Develop prevention strategies that are developmentally appropriate.

- Because attitudes, beliefs, and habits begin forming early in life, the opportunity to instill lessons about healthy relationships and healthy sexuality begins at birth. Effective prevention strategies impact developmental stages prior to the emergence of unhealthy behaviors.

- Effective prevention strategies impact early developmental stages by engaging young people directly, and by engaging adults of all ages to create environments promoting the development of healthy relationships and healthy sexuality.

- Effective prevention programs are developmentally relevant, continuing throughout the lifespan, and are tailored to the intellectual, cognitive, and social development of a given group.

The group developing the *Guidelines* decided that the term "developmental" was preferable to "timing" because the key variable that primary SV/IPV prevention projects hope to impact are people's developmental paths - specifically those paths that correspond to sexuality and relationships. Additionally, because preventing SV/IPV and promoting their healthy alternatives are connected to pervasive, deeply held human concerns like gender, relationships/conflict, and sexuality, the *Guidelines* group wanted Guideline #6 to be emphatic about the importance of starting prevention efforts as young as possible. This sentiment is reflected in the first point.

"If primary prevention initiatives are comprehensive, concentrated, sustained, and begin in early childhood, then concerns about whether they might occur too early or late are largely moot."

Virginia's Guideline #6 follows the concepts contained in Nation, et al.'s (2003) article, with one exception. The Nation, et al. article quotes from a study by the Institute of Medicine stating, "'If the [prevention initiative] occurs too early, its positive effects may be washed out before onset; if it occurs too late, the disorder may have already had its onset'" (p.453). While this additional point about the overall timing of a prevention initiative is important to generally consider, it is not highlighted in Virginia's *Guidelines for the Primary Prevention of Sexual Violence & Intimate Partner Violence* for two reasons. First, the *Guidelines* emphasize concentrated, long-term prevention programming (see *Moving Upstream - Volume 4, Issue 2* for more information), which precludes the type of "short-burst" prevention efforts apparently studied by the Institute of Medicine. Secondly, the *Guidelines* advocate a more general "start young" approach and encourage organizations implementing primary SV/IPV prevention programs to focus on pre-K through middle school youth. This concept is in accordance with other findings in the Nation, et al. article, best summarized by their conclusion that, "Early intervention allows programs to have a chance to affect the developmental trajectory of the problem behavior" (p. 453). Thus, if primary SV/IPV prevention initiatives are comprehensive, concentrated, sustained, and begin in early childhood, then concerns about whether they might occur too early or late are largely moot.

The various concepts contained within the principle of "developmental appropriateness" can be better understood through programmatic applications. One excellent example of a primary IPV/SV prevention project being informed by developmental appropriateness is Family Resource Center's multi-session cur-

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riculum for grades K-12. See the "Promising Practices" column in this issue of *Moving Upstream* for a more thorough description. The previously mentioned "Care For Kids" project is also a terrific illustration of this principle. On a national level, the CDC's *Choose Respect* shows how these concepts can be applied across multiple levels of the social ecology.

Developmental Appropriateness Applied: The CDC's *Choose Respect* Project

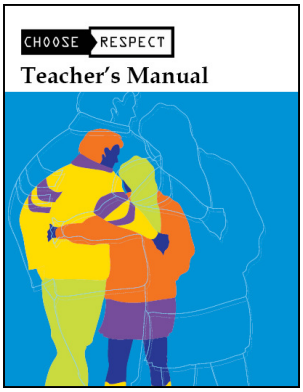
[NOTE: Much of the following information was accessed from CDC conference materials and the *Choose Respect* website: www.chooserespect.org.]

Choose Respect is an initiative to help adolescents form healthy relationships to prevent dating abuse before it starts. This national effort is designed to motivate adolescents to challenge harmful beliefs about dating abuse and take steps to form respectful relationships. Unhealthy relationship behaviors can start early and last a lifetime, thus *Choose Respect* reaches out to young adolescents (ages 11 to 14) because they're still forming attitudes and beliefs that will affect how they treat others. The initiative also connects with parents, teachers, youth leaders and other caregivers who influence the lives of young teens.

Choose Respect is designed to encourage positive action on the part of adolescents to form healthy, respectful relationships by:

- Providing effective messages for adolescents, parents, caregivers and teachers that encourage them to choose to treat themselves and others with respect.
- Creating opportunities for adolescents and parents to learn about positive relationship behaviors.
- Increasing adolescents' ability to recognize and prevent unhealthy, violent relationships.
- Promoting ways for a variety of audiences to get information and other tools to prevent dating abuse.

The messages and products of *Choose Respect* were developed using social marketing methods and consumer research, placing great value on feedback from young people. These findings revealed that many youths resent the "middle-aged" paradigms used in many teen dating violence prevention efforts. They suggested more emphasis be placed on gossiping, pushing, and other behavioral trends that are related to levels of violence. The content of *Choose Respect's* materials reflect this feedback. The look and format of *Choose Respect* products, such as posters, radio/TV ads, video, and the interactive healthy relationships game were also designed to engage the social and intellectual status of most middle-school-aged youth, particularly the interactive game (http://www.chooserespect.org/scripts/materials/gamecards/gamecards.asp). Materials for parents and teachers, such as the video discussion guide, the community action kit, and certain sections of the website, appear to be consistent with adult learning principles in that they are thorough, readily utilized, and flexible, offering numerous ways to incorporate this information into the lives of young adolescents.



Example of CDC's *Choose Respect* materials.

To access previous issues of Moving Upstream, go to:

www.vsdvalliance.org/secPublications/newsletters.html

...and click on the issue you want to download!

Conclusion

The consideration of human development is vital to effective primary SV/IPV prevention. Prevention initiatives will improve as we learn to better incorporate the interplay between a person's development and the attitudes, beliefs, and skills they acquire through their interactions with their world. If we can work with the significant elements of young people's social environments to provide the mindsets, skills, and opportunities needed to experience healthy sexuality and engage in healthy relationships - and if we can sustain this work across key stages in their lives - then we will foster a strong buffer against negative influences, and help them to live safer, happier lives.

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Virginia Sexual and Domestic Violence
ACTIONALLIANCE

Please send questions/comments to:

VSDVAA
Attn: Brad Perry
Phone: 434-979-9002
E-mail: bperry@vsdvalliance.org

Promising Practices: Family Resource Center (continued from Page 2)

Beginning to understand abstract concepts typifies the third stage of "concrete operations", which includes ages seven to eleven. Children in this stage empathize, see others' perspectives and are beginning to exercise more sophisticated problem solving techniques. Finally, the stage of "formal operations", including ages twelve through adulthood, is marked by the use of abstract thinking skills. In all stages, learners do not move abruptly from one type of learning to the next, but rather in a pattern of utilizing more abstract thought as skills are acquired and rehearsed.

Because Family Resource Center's program begins with preschool and continues through high school, the curriculum takes all of Piaget's stages into account. For example, because children in the pre-operational stage have trouble empathizing with others, activities for preschoolers on the topic of feelings focus on appropriately expressing personal feelings, rather than the feelings of others. The program does not ignore the topic of empathizing with others, but rather waits until the next stage (around age seven), to really begin working with the concept. This way, the curriculum builds up to the concept at the age when children are cognitively ready to develop empathy as a protective factor.

The curriculum's treatment of respecting differences was also created with these stages in mind. The preschool material focuses on valuing concrete differences, emphasizing that boys can be friends with girls, children who are short and tall can play together, and so forth. While this type of activity may seem unrelated to sexual assault prevention, it lays the groundwork for further discussion of valuing differences in second grade, where children discuss difference-based bullying, and in fifth grade where children practice respecting others' viewpoints, even if they are different from their own. If children can begin practicing this skill in elementary school, they have a much better chance of later using it to respect differences of opinion in their dating relationships. Respecting differences is a protective factor that can begin developing in preschool and continue throughout life.

Complementing the work of Jean Piaget for this project, the work of Benjamin Bloom serves to further inform Family Resource Center's prevention program. Bloom theorized three "domains" of learning: the cognitive (meaning mental skills), the psychomotor (meaning physical skills), and the affective (meaning growth in attitudes and feelings). Because an important aspect of primary prevention is about changing attitudes, feelings and ultimately social norms, I will highlight the affective domain here. This domain organizes social learning into a five level pyramid: receiving, responding, valuing, organizing and internalizing.

"Receiving" means that when social learning occurs, new ideas must be listened to openly. This means that, learning cannot begin without a captive audience, which is why every single lesson we design has an introductory activity with the goal of getting the students' attention so they are willing to openly hear and interact with the information. For example, when teaching preschoolers to use hands to help others and not to hurt, we begin with a game that allows each child to show something fun he or she can do with his or her "helping hands". This activity invites them to respond, participating actively in what it means not to use hands to hurt.

The next level of learning involves assigning value or personal opinion to a given subject. For example, in the second grade curriculum children hear the story, The Paper Bag Princess, a tale about a princess who decides not to marry her betrothed prince because he is unkind to her. Then, children create paper bag puppets and write on their bags ways they would like to be treated by others. This activity allows children to assign the value of what it means to be "treated like royalty" in a relationship.

The organizational level follows the valuing level. This level requires a high level of abstract critical thinking skills, and is therefore included in the curriculum for older students, with the material for younger grades building up to it. The organizational level involves refining and qualifying personal beliefs based on interaction with new information. It also involves resolving conflicts that arise from exposure to new information that is deemed valuable at the previous level. Perhaps the best examples of this level in the curriculum are the sessions addressing assertive communication with teenagers. The curriculum defines assertive communication as communication that values both the self and others. Students are given a variety of scenarios in which to offer suggestions for assertive communication possibilities, like having a friend ask to cheat on a test or facing peer pressure to go skinny dipping. As students create responses, they are resolving the conflicts inherent in valuing self and others at the same time.

Bloom's final level of the affective domain involves internalizing values. This is the level at which social change occurs, and what Family Resource Center hopes to accomplish by creating such a comprehensive primary prevention program. This is not the part you see in the classroom, and it's a bit difficult to quantify. Nonetheless, we can see it when children write essays about the importance of valuing themselves in response to the lesson about self esteem. We do value it when teachers remind preschoolers to use their feeling words by singing songs from the curriculum. And we can feel confident in our efforts by knowing we have given young people a better set of tools for developing healthy relationships than your average soap opera.