

PRIMARY PREVENTION OF SEXUAL VIOLENCE AMONG WOMEN

One in four women in New Mexico experiences a completed or attempted rape during their lifetime (Caponera, 2014), compared with one in five women in the United States generally (Black et al., 2011). According to the 2005 Survey of Violence Victimization in NM, most survivors of rape (78%) are female whereas the majority of perpetrators (85%) are male (Caponera, 2014).

Violence affects women and girls globally, regardless of culture or class. Gender inequality and oppression are key to understanding the high rates of sexual violence against women and girls. The effects of sexual violence endure across the life course, and are associated with an increase in high risk behaviors including tobacco and alcohol use and an increased risk of depression, eating disorders, and suicidality (Basile & Smith, 2011). Chronic conditions such as obesity (Mason et al., 2013) and heart disease (Rich-Edwards et al., 2012) are also more likely to affect those who have a history of sexual violence.

Increasingly, researchers have called for prevention of sexual violence as the best way to address this global public health problem (Basile & Smith, 2011). Effective prevention efforts attempt to change norms around gender expression for both females and males, increase economic and educational opportunity for women, and enlist men in recognizing their ability to change sociocultural norms that contribute to the idea that sexual violence is normal and expected and to prevent sexual violence from occurring through bystander intervention (Ellsberg et al., 2014).

- Service provider data for 2013 show that more females (58%) than males (43%) sought therapeutic services in the year of their assault, 20% of the time, women who delay getting therapeutic services for a year will wait more than 20 years before seeking counseling (Caponera, 2014).
- Law enforcement data from 2013 indicate that 47% of reported rapes committed against females resulted in a suspect arrest (Caponera, 2014).
- In two-thirds (64%) of cases brought to the attention of service provider, survivors were victims of incest (Caponera, 2014).

Social determinants: Social determinants of health include societal factors that contribute to health. For example, poverty may make it more difficult to avoid unsafe environments; social norms around gender roles, inequality, and expression are directly related to sexual violence (Bott, 2010); and norms of secrecy and privacy contribute to spousal sexual assault and child abuse (Davis et al., 2006). Community responses of disbelief and victim-blaming not only cause harm to survivors,

NM Law enforcement reports (2013) that of all survivors where gender was reported, **84%** were female.

(Caponera, 2014)

Of those who sought sexual assault services in NM in 2013, for **90%** the abuser was known to the victim and **32%** were family members.

(Caponera, 2014)

Only **17%** of rapes in New Mexico were reported to police.

(Caponera, 2014)

but also perpetuate a permissive environment that allows future perpetration. Programs that focus on victims protecting themselves, especially child victims, do not reduce victimization (Finkelhor, 2009). Only by changing the societal factors that permit sexual violence will we be able to substantially reduce sexual violence.

Evidenced-Based and Promising Practices:

Research on prevention of sexual violence of women is in the evidence-building stage. Most interventions that have been rigorously evaluated target adolescents (e.g., Safe Dates; Casey, n.d.). The best way to stop sexual violence is through primary prevention strategies – preventing sexual violence before it occurs. Successful prevention efforts combine multiple strategies aimed at reducing risk factors for sexual violence perpetration and victimization related to cultural norms, beliefs and behaviors at the individual, relationship, community and society levels (Davis et al., 2006). Strategies may include programs, policies and environmental changes. Effective prevention programs are comprehensive; employ a variety of teaching methods; provide multiple sessions; are based in behavior-change theory; foster the development of positive relationships; are appropriately timed; and are developed in conjunction with the targeted community so practices are culturally and socially relevant (Nation et al., 2003).

- **Men as Partners (MAP):** This program specifically promotes gender equity as an important component of reproductive health through detailed experiential exercises for men or mixed groups exploring gender and power, healthy relationships, sexuality, violence, and fatherhood.
<http://www.engenderhealth.org/pubs/gender/index.php>
- **Bystander Intervention:** Programs such as Step Up! Sexual Assault Bystander Intervention, Know Your Power, Green Dot Campaign, Mentors in Violence Prevention, and Red Flag Campaign teach bystanders ways to recognize potentially abusive or violent situations and safely intervene.

<http://www.nsvrc.org/projects/150/bystander-intervention-resources>

- **Coaching Boys Into Men:** This program utilizes the unique role coaches play in youth’s life by providing high school athletic coaches with training and resources to promote respectful behavior among their players and help prevent relationship abuse, harassment, and sexual assault.
<http://www.futureswithoutviolence.org/engaging-men/coaching-boys-into-men/>
- **Safe Dates:** This program prevents dating abuse by educating teens about the difference between caring, supportive relationships and controlling, manipulative, or abusive dating relationships.
<http://www.hazelden.org/web/public/safedates.page>

Research continues on effective sexual violence prevention programming and policies. Go to <http://www.cdc.gov/violenceprevention/sexualviolence/index.html> for the most up-to-date information.

Gaps:

- More rigorous studies on long-term outcomes associated with prevention programs
- More studies on effects of prevention programs on perpetration rates
- More studies on sexual violence prevention among marginalized women (e.g., poor, rural, Native American, immigrant and refugees, LGBTQ, incarcerated women, women subjected to sex trafficking)
- More prevention involving community-mobilizing strategies for prevention of sexual violence (Casey, n.d.)

Community Resources:

New Mexico Rape Crisis Centers and Mental Health Center Sexual Abuse Program Coordinators: Contact for individual centers can be found at the New Mexico Coalition of Sexual Assault Programs website: <http://nmscap.org/>

“If we stay silent we are teaching our daughters to be silent.”
- Focus Group Participant