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Prevention Is Possible: Aligning Priorities to End Sexual Violence

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PREVENTION IS POSSIBLE: ALIGNING PRIORITIES TO END SEXUAL VIOLENCE

Donna Dunn†

I. INTRODUCTION 869
II. SEXUAL VIOLENCE IN THE PUBLIC FORUM 873
III. HOW THE PUBLIC (MIS) UNDERSTANDS SEXUAL VIOLENCE .. 875
IV. UNDERSTANDING PRIMARY PREVENTION 877
V. DOING PREVENTION WORK EFFECTIVELY 877
A. *Environments* 878
B. *Norms* 879
C. *Risk and Protective Factors* 881
VI. EFFECTIVE APPROACHES TO IMPLEMENTING PREVENTION STRATEGIES 883

I. INTRODUCTION

The prevalence of rape, sexual assault, and child sexual abuse in our communities is not disputed. How we are responding to prevent sexual violence, aid victims, and hold offenders accountable in the aftermath, however, is very much in debate in Minnesota and across the country.[1]

In the early 1970s, women began breaking the taboo and speaking out about the lifelong impact of sexual violence.[2] Over time we have learned more about the myriad ways that sexual violence is manifested—within homes and families, in intimate

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1. *See generally* Karsjens v. Jesson, 6 F. Supp. 3d 916 (D. Minn. 2014).

2. *See* SUSAN BROWNMILLER, AGAINST OUR WILL: MEN, WOMEN AND RAPE 390 (1975).

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relationships, and within institutions like preschools, middle and high schools, colleges and universities, the military, faith communities, and so on. We have established task forces to study sexual assault; identified best practices and victim-centered responses based on our growing understanding of the nature of sex-offending behavior, the role of community responders, and the needs of survivors who seek justice; and we have supported policy directives to address sex offender management and public safety. Largely absent in the public discourse, however, has been strategic and evidence-based planning committed to the primary prevention of sexual violence, stopping the harm before it happens. Fortunately, this may be changing, as there is growing interest in primary prevention emerging from many sectors.[3]

Sexual violence, including rape, sexual assault, child sexual abuse, and sexual exploitation, happens at predictably high rates in our communities. The Minnesota Department of Health estimated in its report, *Costs of Sexual Violence in Minnesota*, that in 2005 there were more than 61,000 women, men, adolescents, and children who had experienced rape or other sexual assault.[4] This is enough to overfill the TCF Bank Stadium on the University of Minnesota campus by 9,000 people.[5] Given the rate of repeat victimization, these people were subjected to more than 77,000 assaults.[6] Seventy-eight percent of those victims were female, nearly twenty-nine percent were under the age of eighteen, and females between the ages of thirteen and eighteen were the most likely to be victimized of all subgroups.[7] In 2010, the Centers for Disease Control and Prevention (CDC) issued the results of its first national household survey, the *National Intimate Partner and Sexual Violence Survey*

3. *See generally Key Findings from "A Systematic Review of Primary Prevention Strategies for Sexual Violence Perpetration" Written by Sarah DeGue et al.*, NSVRC (2014), http://www.nsvrc.org/sites/default/files/publications_nsvrc_guide_key-findings-systematic-review-primary-prevention-strategies.pdf [hereinafter *Key Findings*] (discussing a recent study by the National Sexual Violence Resource Center that advocates for a greater focus on primary prevention strategies).

4. MINN. DEP'T OF HEALTH, COSTS OF SEXUAL VIOLENCE IN MINNESOTA 4 (2007), *available at* http://www.pire.org/ documents/mn_brochure.pdf.

5. *See* Rochelle Olson, *Vikings' Move to TCF Will Be a Tight Squeeze*, STAR TRIB. (Minneapolis), Jan. 11, 2014, at 1A, *available at* LEXIS (stating that TCF Bank Stadium holds 52,000 people).

6. MINN. DEP'T OF HEALTH, *supra* note 4, at 4.

7. *Id.* at 6.

(*NISVS*).[8] Over eighteen percent of adult women reported that they had experienced a completed or attempted forced or alcohol-related rape in their lifetime, and over forty-four percent of women had experienced other forms of sexual violence including coercion, unwanted sexual contact, and non-contact sexual experiences.[9] These findings are consistent with four previous and similar surveys, which cite that between thirteen percent and eighteen percent of adult women have been forcibly raped in their lifetime.[10] The consistency of the data over at least fifteen years of these five surveys would indicate that the prevalence of forcible

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8. MICHELE C. BLACK ET AL., THE NATIONAL INTIMATE PARTNER AND SEXUAL VIOLENCE SURVEY: 2010 SUMMARY REPORT (2011), *available at* http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf; *see also* MIKEL L. WALTERS, JIERU CHEN & MATTHEW J. BREIDING, THE NATIONAL INTIMATE PARTNER AND SEXUAL VIOLENCE SURVEY (NISVS): 2010 FINDINGS ON VICTIMIZATION BY SEXUAL ORIENTATION (2013), *available at* http://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf.

9. BLACK ET AL., *supra* note 8, at 18. *NISVS* defines forcible rape as

> any completed or attempted unwanted vaginal (for women), oral, or anal penetration through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physically harm and includes times when the victim was drunk, high, drugged, or passed out and unable to consent. Rape is separated into three types, completed forced penetration, attempted forced penetration, and completed alcohol or drug facilitated penetration.

Id. at 17.

> [Coercion] is defined as unwanted sexual penetration that occurs after a person is pressured in a nonphysical way. In *NISVS*, sexual coercion refers to unwanted vaginal, oral, or anal sex after being pressured in ways that included being worn down by someone who repeatedly asked for sex or showed they were unhappy; feeling pressured by being lied to, being told promises that were untrue, having someone threaten to end a relationship or spread rumors; and sexual pressure due to someone using their influence or authority.

Id.

10. DEAN G. KILPATRICK ET AL., DRUG-FACILITATED, INCAPACITATED, AND FORCIBLE RAPE: A NATIONAL STUDY 2 (2007), *available at* https://www.ncjrs.gov/pdffiles1/nij/grants/219181.pdf; NAT'L VICTIM CTR. & CRIME VICTIMS RESEARCH & TREATMENT CTR., RAPE IN AMERICA: A REPORT TO THE NATION 2 (1992) [hereinafter RAPE IN AMERICA]; PATRICIA TJADEN & NANCY THOENNES, FULL REPORT OF THE PREVALENCE, INCIDENCE, AND CONSEQUENCES OF VIOLENCE AGAINST WOMEN: FINDINGS FROM THE NATIONAL VIOLENCE AGAINST WOMEN SURVEY 13 (2000); Kathleen C. Basile et al., *Prevalence and Characteristics of Sexual Violence Victimization Among U.S. Adults, 2001–2003*, 22 VIOLENCE & VICTIMS 437, 437–48 (2007) (presenting survey data collected from July 2001 through February 2003).

rape is largely unchanging. The rate of sexual abuse against males is also predictably high. In a 2005 CDC study with participants in the San Diego area, sixteen percent of males reported sexual abuse including rape and other unwanted sexual contact before the age of eighteen.[11] In epidemiological terms, the data is showing us the norm, or expected and reliable rate, of rape.[12] The data captured in these recent reports, and across the decades, further identifies that the majority of all perpetrators are not strangers. Anyone can be a victim or a perpetrator. There are no demographic boundaries, and victims of sexual assault remain among the most silent victims with fewer than twenty percent ever reporting the crime to law enforcement.[13] Behind these numbers, however, is the story of the impact of sexual violence on the individual, the family, community, and society. Sexual violence carries with it a constellation of physical, emotional, and mental health consequences for the survivors. Rape is thought to be "the most severe of all traumas,"[14] and survivors of rape have been found to be more likely to report multiple negative health experiences, including chronic pain, poor physical and mental health, PTSD symptoms, and ongoing fear for their safety.[15] Victims routinely fear public exposure of their experience, scrutiny of their behavior, being disbelieved or shamed, being blamed, and losing status or acceptance within family or community.[16] Regarding childhood sexual abuse, recent attention to the results of the longitudinal *Adverse Childhood Experiences Study* (*ACE Study*), conducted jointly by the CDC and Kaiser Permanente's Health Appraisal Clinic in San Diego, shows evidence of long term, later-life negative health and well-being

11. Shanta R. Dube et al., *Long-Term Consequences of Childhood Sexual Abuse by Gender of Victim*, 28 AM. J. PREVENTIVE MED. 430, 433 (2005).

12. Epidemiologists do not call this rate of experience, although high, an epidemic, because the rate is consistent over time. An epidemic would be indicated if there was a spike in prevalence to a new high. *See Epidemiology Glossary*, CENTERS FOR DISEASE CONTROL & PREVENTION, http://www.cdc.gov/reproductivehealth/Data_Stats/Glossary.htm (last visited Jan. 26, 2015) (defining an "epidemic" as "[t]he occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time").

13. RAPE IN AMERICA, *supra* note 10, at 5–6 fig.7.

14. Rebecca Campbell et al., *An Ecological Model of the Impact of Sexual Assault on Women's Mental Health*, 10 TRAUMA VIOLENCE & ABUSE 225, 225 (2009).

15. *See* WALTERS, CHEN & BREIDING, *supra* note 8, at 29–31.

16. RAPE IN AMERICA, *supra* note 10, at 9–10.

outcomes connected specifically with childhood abuse, including child sexual abuse, neglect, and family dysfunction.[17]

In the face of this evidence, where is the call for prevention—for keeping this harm from happening? To answer that question, it is informative to trace the trajectory of this issue into the public forum, to look at how the public generally understands the roots of sexual violence, and to demystify primary prevention.

II. SEXUAL VIOLENCE IN THE PUBLIC FORUM

When the stories of survivors began emerging over thirty years ago there came with it a clarion call for support, understanding, and justice for victims.[18] The personal became the political, with stories of rape, child sexual abuse, and betrayal, mostly involving women and children, becoming the basis for political organizing and action by women's groups. In the mid-1970s, what had been handled quietly as a private or family issue (at best), or simply ignored (at worst), became a newly uncovered problem for communities to face.[19] Like many states, Minnesota took this on by examining and updating its statutes regarding rape.[20] The statutes were rewritten, creating gender-neutral language, and identifying and responding to the various ways that power and relationship status contribute to criminal sexual conduct.[21] Simultaneously, the legislature supported funding for community-based advocacy services for victims to provide a safe and confidential local resource

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17. *Injury Prevention and Control: Division of Violence Prevention*, CENTERS FOR DISEASE CONTROL & PREVENTION, http://www.cdc.gov/violenceprevention/acestudy (last visited Jan. 28, 2015); *see* Vincent J. Felitti et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study*, 14 AM. J. PREVENTIVE MED. 245, 249–56 (1998).

18. *See generally* STEPHEN J. SCHULHOFER, UNWANTED SEX: THE CULTURE OF INTIMIDATION AND THE FAILURE OF LAW (1998).

19. *See* JOAN TABACHNICK & ALISA KLEIN, A REASONED APPROACH: RESHAPING SEX OFFENDER POLICY TO PREVENT CHILD SEXUAL ABUSE 8 (2011), *available at* http://www.atsa.com/sites/default/files/ppReasonedApproach.pdf.

20. *See* Caroline Palmer & Bradley Prowant, *Re-Thinking Minnesota's Criminal Justice Response to Sexual Violence Using a Prevention Lens*, 39 WM. MITCHELL L. REV. 1584, 1593 (2013) (discussing the enactment of Minnesota's modern criminal sexual conduct statutes).

21. *See* Act approved June 5, 1975, ch. 374, 1975 Minn. Laws 1243, 1244–51 (codified as amended at MINN. STAT. §§ 609.341–.351 (2012)).

for survivors to speak their truth and find assistance and support.[22] Largely due to the availability of sexual assault advocacy centers and mental health providers who started working in new and more effective ways with survivors, the reality of the devastation of sexual assault and child sexual abuse was uncovered over time.[23] Survivors, advocates, and communities began to demand a response.[24]

That response became focused primarily on managing those sex offenders who were identified and prosecuted by the criminal justice system.[25] Over the past thirty years there has been a dramatic increase in public policy measures intended to protect communities by increasing incarceration and monitoring offenders in order to improve responses to victims and prevent child sexual abuse.[26] It appears that many of these singular and focused measures are thought to have created unintended consequences that have silenced victims, distracted policy makers and the public, focused on a small minority of those who caused harm, and offered little opportunity for addressing constructive early intervention or prevention.[27] While effective monitoring and control of sex offenders is critical, this reliance on the criminal justice system's response has set a course that has resulted in a narrow menu of public policy options in which there is little room to ensure effective services for victims and funding for prevention strategies.[28] Additionally, sex offender management has become an increasingly expensive budget item in Minnesota. The cost of responding to

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22. *See* MINN. STAT. § 611A.211 ("The commissioner of public safety shall award grants to programs which provide support services to victims of sexual assault. The commissioner shall also award grants for training, technical assistance, and the development and implementation of educational programs to increase public awareness of the causes of sexual assault, the solutions to preventing and ending sexual assault, and the problems faced by sexual assault victims.").

23. *See* TABACHNICK & KLEIN, *supra* note 19, at 8–10.

24. *See generally id.* at 8 (discussing legislative initiatives that address sexual assault and child sexual abuse).

25. *See id.* at 9.

26. *Id.* at 2.

27. *See id.* at 25–28 (discussing unintended consequences such as lack of stability for offenders returning to their communities, an inability for offenders to find housing and employment, increased sentences, and families experiencing the horror that a victim may refrain from reporting abuse by a family member due to the public stigma).

28. *See id.* at 42–43 (advocating for a holistic approach to addressing sexual assault and sexual abuse crimes).

offenders in 2005 was over $130 million.[29] Today, the cost of housing and treating only those 703 individuals who have been civilly committed is close to $80 million annually.[30] With all of our efforts focused on enhancing the criminal justice response and little to no efforts aimed at stopping the supply of perpetrators, we will continue to follow a public policy agenda with a dramatically growing price tag. Undoubtedly, the expectation was that a tougher response by the criminal justice system would have a deterrent effect and perpetration would decrease.[31] The growing recognition that ramping up the criminal justice response to sex offenders has not significantly affected the prevalence of sexual violence has sparked interest in a call for primary prevention.[32]

III. HOW THE PUBLIC (MIS)UNDERSTANDS SEXUAL VIOLENCE

Public perception of the roots of sexual violence is also a significant barrier to broad mobilization of primary prevention. The National Sexual Violence Resource Center commissioned the FrameWorks Institute to study current perceptions held by the public regarding sexual violence.[33] The researchers interviewed experts in the field of sexual violence prevention to learn how those experts understand and communicate about sexual violence.[34] The study notes this significant disparity:

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29. MINN. DEP'T OF HEALTH, *supra* note 4, at 4 (finding that the state of Minnesota spent $130.5 million on criminal justice and perpetrator treatment programs in 2005).

30. *Sex Offender Treatment Frequently Asked Questions,* MINN. DEP'T HUM. SERVICES, http://mn.gov/dhs/people-we-serve/adults/services/sex-offender-treatment/faqs.jsp (last updated Dec. 8, 2014). In contrast, Minnesota has dedicated less than $2 million in state funds and $2.4 million in federal funds for the current fiscal year to fund all of the statewide advocacy programs. *See* E-mail from Chris Anderson, Crime Victim Grants Coordinator, Office of Justice Programs, Minn. Dep't of Pub. Safety, to author (Mar. 16, 2015, 11:44 AM CST) (on file with author).

31. Since only a small percentage of sexual offenders are ever identified to the system, it is clear that dealing more and more harshly with those who are identified will not stop the problem. *See generally* CHERYL HOLM-HANSEN ET AL., CRITICAL ISSUES IN SEXUAL ASSAULT 4 (2007) ("Research suggests that more than half of all sexual assaults are not reported to the police or other authorities.").

32. *See id.* at 24–25.

33. MOIRA O'NEIL & PAMELA MORGAN, AMERICAN PERCEPTIONS OF SEXUAL VIOLENCE: A FRAMEWORKS RESEARCH REPORT 3 (2010).

34. *Id.*

> While experts look to larger social and cultural patterns to explain why sexual violence is pervasive, the public sees the problem as resting within the minds, hearts and actions of individuals. That is, how the occurrence of sexual violence is shaped by larger social and cultural systems is largely out of the purview of the average American.[35]

In the public's view, sexual violence is "a problem solely and fundamentally created by individual moral failings on the part of the perpetrator and, on the part of the victim, the lack of responsibility to ensure one's safety."[36] Some study participants stated: "Predators are like jungle animals," and "[t]hey're mentally disturbed violent people. . . . They're sick people."[37] The public perception that perpetrators are the monsters or misfits in the above description ignores the fact that most perpetrators often look and act like everyone else; are known to the victim in the vast majority of cases; and are often friends, family members, teachers, members of the clergy, coaches, co-workers, and other professionals.[38] This frame of understanding perpetrators only as highly flawed individuals raises obstacles for communities that are looking for effective prevention solutions.[39] This frame serves to reinforce the notion that the only way to prevent assault is to deal with the individual and to separate those who harm, or "others," from the public, or "us." This frame is also problematic in that it would seem to make perpetrators of sexual assault easy to recognize, and victims then responsible for being careless in the choices they make that put them at risk. The absence of critical thinking about the larger social context, as it is understood by field experts, short circuits strategies that could address this problem at its roots.

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35. *Id.* at 5. "Experts described a 'ripple effect' of sexual violence: they listed the costs to the criminal justice and health care systems, the decline in worker productivity, and general feelings of unease among all community residents when violent acts occur, among other impacts." *Id.* at 10.

36. *Id.* at 4.

37. *Id.* at 16 (internal quotation marks omitted).

38. HOLM-HANSEN ET AL., *supra* note 31, at 9.

39. *See generally Sexual Violence: Prevention Strategies*, CENTERS FOR DISEASE CONTROL & PREVENTION, http://www.cdc.gov/violenceprevention/sexualviolence/prevention.html (last updated Dec. 17, 2014) ("[L]ittle is known about what works to prevent sexual violence.").

IV. UNDERSTANDING PRIMARY PREVENTION

Not unpredictably, in the zeal to hone the criminal justice response to sexual assault / child sexual abuse, prevention has become an afterthought in policy direction and practice.[40] For many who are charged with making or implementing public policy, primary prevention often seems esoteric and unmeasurable while sex offenders are seen to be untreatable.[41] Additionally, being able to count outcomes to criminal justice policy (e.g., number of people charged, arrested, convicted, placed in prison or on probation, etc.) seems a lot easier than counting the outcomes of effective prevention.[42] That notwithstanding, there is a long history in communities and in the anti-sexual assault advocacy world of support for community-based, risk-reduction strategies such as self-defense classes for women, good/bad/confusing touch programs for children and young people, and enhanced security including escorts and increased lighting in environments deemed risky for women. Those strategies often are welcomed because they are concrete and easily understood as a response to the threat of sexual violence. But, they reflect the paradigm that addresses protecting potential victims from harm by perpetrators, helping others identify the signs of sexual violence after it has happened, and intervening when danger is imminent. While those are not without value, the essence of primary prevention is to identify and act on the forces and influences that cause one to use sexually oppressive, violent or to exploitive behavior to harm another. The goal is to stop perpetration before it happens.

V. DOING PREVENTION WORK EFFECTIVELY

Primary prevention then requires a shift in this focus and a different theory of change. Increasingly, the advocacy and sex

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40. *See Prevention Policy: Advocating to End Sexual Violence*, MINN. COALITION AGAINST SEXUAL ASSAULT, http://www.mncasa.org/prevention-policy (last visited Jan. 28, 2015) ("Policy makers tell [Minnesota Coalition Against Sexual Assault] that they don't often hear from constituents that prevention is a priority and that constituents want policy makers to make it a priority, too.").

41. *See generally* O'NEIL & MORGAN, *supra* note 33.

42. *See generally Key Findings, supra* note 3, at 6 ("While rigorous evaluation designs may not always be feasible in the field, preventionists should work towards using the strongest evaluation design possible to determine whether a strategy is actually working.").

offender management communities are turning to the public health model as a paradigm within which to form primary prevention strategies.[43] The public health model not only attends to the needs of the individual, but also looks broadly for strategies, audiences, approaches, and tools to create sustainable change.[44] This model begins by uncovering the broad risks to general health (e.g., tobacco use, contaminated drinking water, lead paint) and determining a range of responses designed to prompt a change in behavior.[45] The public health model brings together the factors that affect the *environments* in which individuals live, an examination of the *norms* or commonly held attitudes and beliefs that shape behaviors, and an understanding of *risk and protective factors* that are linked to the likelihood of causing harm with strategies for effectively launching collaborative initiatives.[46]

A. *Environments*

The Prevention Institute of Oakland, California illustrates the power of environmental factors by looking at the social-ecological model, which is central to a public health approach to prevention: "[I]ndividual well-being is nested within family, community, and societal levels. Influences at any level can either increase or decrease the risk of perpetration or victimization."[47] Successful primary prevention strategies should be adapted to target multiple levels of the social ecology.[48] Addressing only the individual or family ignores powerful influences of the larger community and

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43. Kurt Bumby et al., *The Comprehensive Approach to Sex Offender Management*, CENTER FOR EFFECTIVE PUB. POL'Y 3 (2010), http://www.csom.org/pubs/ managing %20sex%20offenders-%20a%20toolkit%20for%20legislators.pdf ("The use of research-supported strategies from the fields of public health and violence prevention should serve as the foundation of this fundamentally important work.").

44. *The Public Health Approach to Violence Prevention*, CENTERS FOR DISEASE CONTROL & PREVENTION, http://www.cdc.gov/violenceprevention/overview /publichealthapproach.html (last visited Jan. 29, 2015).

45. *Id.*

46. *See generally* ANNIE LYLES ET AL., PREVENTION INST., TRANSFORMING COMMUNITIES TO PREVENT CHILD SEXUAL ABUSE AND EXPLOITATION: A PRIMARY PREVENTION APPROACH (2009), *available at* http://www.atsa.com/pdfs/Policy /PreventionInstituteTransformingCommunities.pdf.

47. *Id.* at 3.

48. *See id.*

society that impact individuals.[49] Likewise, creating strategies or messages targeting the larger community or society may seem unreachable, irrelevant, or too vague for an individual or family to embrace.[50] Some examples of significant environmental factors that may occur in the family, community, and society that can impact behavior include the commercial sexualization of children, ready access to images of unhealthy sexuality including illegal child pornography and legal adult pornography, lack of resources to create constructive conversation about healthy sexuality, lack of effective early intervention and restorative strategies for dealing with those displaying problematic sexual behavior, and promotion of traditional roles for men and women.[51] All of these environmental factors can and must be addressed at the individual level, familial level, and within the broader context of society.[52] The reinforcement of alternative environmental factors that support, for example, evidence based and comprehensive sex and healthy relationships education; abundant media images of caring, nurturing, trusting, and loving contact; and social support for individuals reaching their full potential without regard to traditional expectations based on gender across the ecology increases the likelihood that prevention strategies will be more sustainable and effective.[53]

B. Norms

Most primary prevention approaches focus on the dominant social norms that are known to contribute to sexual aggression or to deter intervention.[54] Overall, norms include attitudes, beliefs, and standards that are assumed to be the customary, acceptable, and expected ways we understand our society to function.[55] While social norms are powerful behavior modifiers, over time, harmful norms can adapt by introducing and robustly supporting policy or

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49. *See id.* at 6.
50. *See id.* at 15.
51. *Id.* at 2.
52. *Id.*
53. *Id.*
54. *Id.* at 1. To "deter intervention" refers to instances when potentially harmful behavior is not challenged by bystanders because it is deemed to be normal behavior and/or a private matter and intervention is seen to be socially inappropriate.
55. *See id.* at 6.

procedure change.[56] For example, public smoking was an unchallenged norm until recent years.[57] Changes in law and practice have rendered the norm of public smoking no longer an acceptable way of behaving.[58] Likewise, addressing the norms that contribute to, condone, or ignore sexual violence through policy, practice, and procedure is an important primary prevention strategy. The work of the Civil Rights Movement in the 1960s, the Women's Rights Movement in the 1970s, and the Gay Rights Movement in 2013 also demonstrates how policy change can prompt behavior and attitude change.[59]

Regarding the normalization of sexual harm, the Prevention Institute has identified the five most commonly identified norms that need to be addressed to prevent sexual violence at its core: (1) traditional male role models that promote domination, exploitation, risk-taking, and control; (2) limited roles for women as well as objectification and oppression of women; (3) power that is based on claiming and maintaining control over others including women, children, and marginalized people; (4) tolerance for violence and aggression as acceptable and normal problem-solving behavior; and (5) a strongly held belief that individual and family privacy, which fosters silence and secrecy, is sacrosanct.[60] Strategies that take into account dismantling these harmful norms begin to get at the root causes of sexual violence and child sexual abuse. The recent White House initiative to address the rape of students on college and university campuses is an example of the use of policy and procedure to challenge and change campus norms.[61] Institutions are being required to not only study their response policies to incidents of rape, but also to evaluate their campus

56. *Id.* at 9.

57. *See* Ctr. for Pub. Program Evaluation, *Social Norms and Attitudes About Smoking 1991–2010*, ROBERT JOHNSON WOOD FOUND. 8 (2011), http://www.rwjf.org/content/dam/web-assets/2011/04/social-norms-and-attitudes-about-smoking.

58. *Id.*

59. *See generally How the Civil Rights Movement Launched the Fight for LGBT, Women's Equality*, PBS NEWSHOUR (Sept. 2, 2013, 12:00 AM), http://www.pbs.org/newshour/bb/nation-july-dec13-civilrights_09-02/.

60. *See* LYLES ET AL., *supra* note 46, at 6.

61. *See* WHITE HOUSE TASK FORCE TO PROTECT STUDENTS FROM SEXUAL ASSAULT, NOT ALONE: THE FIRST REPORT OF THE WHITE HOUSE TASK FORCE TO PROTECT STUDENTS FROM SEXUAL ASSAULT 2–5 (2014), *available at* http://www.whitehouse.gov/sites/default/files/docs/report_0.pdf.

environments and develop campus-wide prevention strategies.[62] The prevention focus of this work is aimed at norm change and many campus organizations are starting to engage in bystander empowerment as a strategy to prevent harm.[63]

Sexual assault is pervasive because our culture still allows it to persist. According to the experts, violence prevention cannot just focus on the perpetrators and the survivors. It has to involve everyone. And in order to put an end to this violence, we as a nation must see it for what it is: a crime. Not a misunderstanding, not a private matter, not anyone's right or any woman's fault. And bystanders must be taught and emboldened to step in to stop it. We can only stem the tide of violence if we all do our part.[64]

C. *Risk and Protective Factors*

Through the good work of many who have been studying youth development, including the CDC and Minnesota's Search Institute,[65] we have increased understanding of the factors in a youth's life that can place them at increased risk for harmful behavior or can help them build assets that are linked with healthy development.[66] These risk and protective factors are closely tied to social norms and are the elements that contribute to either increasing or lessening the likelihood of sexual violence perpetration.[67] Risk and protective factors can be understood as individual, familial, community, and societal factors—again crossing the breadth of the social ecology. Risk and protective factors can offer a clear focus for primary prevention activities in communities. The CDC cites multiple risk factors for perpetration across the social ecology of the individual, family/relationship,

62. *Id.*

63. *See id.* at 2.

64. *See* WHITE HOUSE COUNCIL ON WOMEN AND GIRLS, RAPE AND SEXUAL ASSAULT: A RENEWED CALL TO ACTION 5–6 (2014), *available at* https://www.whitehouse.gov/sites/default/files/docs/sexual_assault_report_1-21-14.pdf.

65. *See About Search Institute*, SEARCH INST., http://www.search-institute.org/about (last visited Mar. 13, 2015); *Sexual Violence: Risk and Protective Factors*, CENTERS FOR DISEASE CONTROL & PREVENTION, http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html (last updated Dec. 17, 2014).

66. *See 40 Developmental Assets for Adolescents*, SEARCH INST., http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18 (last visited Mar. 2, 2015).

67. *See Sexual Violence: Risk and Protective Factors*, *supra* note 65.

community, and society.[68] A sample of factors across the whole includes alcohol and drug use, hostility toward women, childhood history of abuse, associating with delinquent peers, an emotionally unsupportive familial environment, general community tolerance of sexual violence, weak community sanctions against sexual violence perpetrators, societal norms that support sexual violence, weak laws and policies related to gender equity, societal norms that support male superiority, and sexual entitlement.[69] Strategies designed to block or interfere with these risk factors can build powerful assets that prevent one from adopting sexually harmful behaviors.[70] One strong protective factor that any primary prevention strategy should adopt is that youth need strong and supportive relationships from multiple caring adults in their lives. Ensuring that parents and other relatives, friends, teachers, coaches, faith leaders, and youth leaders understand their role as protectors and nurturers of assets to build strong youth is a critical part of prevention.[71] Youth who experience effective sanctions in school and community that address harassment and violence, who engage in youth-led organizing, who relate to pro-social peers, who bond with caring adults, who are well informed about healthy sexuality, who have a sense of belonging, and who have learned effective critical thinking and problem solving skills are better able to withstand risk.[72] Keeping these risk and protective factors at the core of prevention work can help serve as a screening tool.[73] As communities and institutions evaluate emerging prevention ideas, the question should be posed: to what extent does what we are proposing interfere with risk factors and strengthen protective factors?[74]

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68. *Id.*

69. *Id.*

70. *See id.*

71. *See* MAURY NATION ET AL., APPLYING THE PRINCIPLES OF PREVENTION: WHAT DO PREVENTION PRACTITIONERS NEED TO KNOW ABOUT WHAT WORKS? 7 (2005).

72. *See generally* Maury Nation et al., *What Works in Prevention: Principles of Effective Prevention Programs*, 58 AM. PSYCHOLOGIST 449 (2003).

73. *See Sexual Violence: Risk and Protective Factors*, *supra* note 65.

74. *See generally id.* (listing the relevant risk and protective factors to be considered).

VI. EFFECTIVE APPROACHES TO IMPLEMENTING PREVENTION STRATEGIES

How we choose to do this work is as important as what work we choose to do. Some important starting points include understanding primary prevention as a mechanism for preventing first-time perpetration of sexual violence; knowing how the environment of the individual, family, community, and society can impact the development of healthy youth; understanding the role of social supports that normalize sexual violence; and knowing what factors can create or protect against risk.

Consistent with addressing sexual violence prevention with systemic, rather than individual solutions, the public health model focuses on community-change strategies to extend our reach and sustainability.[75] Experts understand that the roots of sexual violence exist within social beliefs and constructs, which have normalized or condoned that behavior.[76] Therefore, it follows that prevention strategies will be more effective when they are likewise situated in a community context. Community change strategies involve mobilizing broadly in communities to gain ownership and prompt action, building coalitions of a broad spectrum of individuals and organizations to achieve common goals that engage and inspire a community, educating the public on the evidence associated with potential organizational and public policy solutions to prevent sexual violence, and engaging community members in reinforcing positive social norms including respect, equality, civility, healthy relationships, and healthy sexuality.[77] Crafting solutions that mobilize community members and institutions to find their role in prevention increases the sustainability of the work.

Many who are interested in leading primary prevention work expect or hope to find a program, curriculum, or concrete protocol to follow.[78] Unfortunately, the field of primary prevention of sexual violence is new and few evidence-based programs or curricula are available.[79] However, there is a good body of

75. *See* WORLD HEALTH ORG., WORLD REPORT ON VIOLENCE AND HEALTH 168–74 (Etienne G. Krug et al. eds., 2002), *available at* http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf.

76. *See generally* O'NEIL & MORGAN, *supra* note 33.

77. *See* WORLD HEALTH ORG., *supra* note 75, at 161–62.

78. *See generally* NATION ET AL., *supra* note 71.

79. *About Us*, BLUEPRINTS FOR HEALTHY YOUTH DEV., http://www.blueprintsprograms.com/about.php ("Blueprints for Healthy Youth Development

knowledge about what strategies to use to organize approaches that will most likely be successful. For example, *What Works in Prevention* describes nine characteristics that are associated with effective prevention programming and can inform a new approach to community-based strategies.[80] These nine characteristics are: (1) comprehensive programing with multiple activities, settings, and audiences that go beyond awareness raising; (2) varied teaching methods including active skill building; (3) sufficient dosage including multiple exposures to content over sufficient time in order to impact knowledge, attitudes, beliefs, behavior, and skills; (4) theory driven strategies based on evidence or logical rationale; (5) programming that fosters positive relationships between youth and adults; (6) appropriately timed and age appropriate activities; (7) socio-culturally relevant programs that fit within the cultural beliefs and practices of specific groups as well as community norms; (8) well trained staff who have had sufficient supervision to demonstrate competency; and (9) systematic outcome evaluation to measure the extent to which a program is working.[81] It has been well supported by research that a one-time only presentation to a school group is insufficient for changing attitudes and behaviors.[82] Attention to how these nine characteristics are met is important in the design of any prevention programming where the focus is to prompt desired change that decreases the likelihood that sexual violence will be perpetrated.

The fields of sexual violence victim advocacy, sex offender management, and primary prevention are young and developing. We have the benefit now of emerging research about people who sexually abuse, including research on the causative and correlative factors related to sex offending. We are seeing innovative and cross-disciplinary responses to sexual assault and abuse that are strengthening the resolve to use collaborative approaches for prevention. The legislature in Minnesota earmarked funds for the first time in 2014 to support community primary prevention

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provides a registry of evidence-based positive youth development programs designed to promote the health and well-being of children and teens.") (last visited Mar. 13, 2015).

80. Nation et al., *supra* note 72, at 450 (discussing nine characteristics associated with effective prevention programs).

81. *Id.* at 450–54.

82. NATION ET AL., *supra* note 71, at 5.

partnerships.[83] The December 2013 report issued by the Department of Human Services' Sex Offender Civil Commitment Advisory Task Force called for increased high-level commitment to support the development of evidence-based primary prevention.[84] Fortunately, there is broad agreement in our communities and among leaders that sexual violence, child sexual abuse, rape, and sexual exploitation should be prevented, and there is growing commitment from the victim advocacy and sex offender management communities to work together to this end.

As an advocate, I watched a trial come to a very good conclusion for the victims involved. Their testimony was strong and compelling. The responders—law enforcement, prosecutors, and medical professionals—did their jobs with sensitivity and skill. The jury took on its role admirably. Yet what should have felt like a victory left me with the strong realization that we all would have been better off if this night of violence had never happened in the first place. The victims were still putting their lives together. The convicted offender will never leave prison. And, the community learned about its vulnerability. While in many ways it was a good outcome, a better outcome can still be envisioned.

83. Act of May 30, 2014, ch. 312, art. 5, § 3, subdiv. 3(c), 2014 Minn. Laws 2085, 2141.

84. Memorandum from Hon. Eric J. Magnuson, Chair, Sex Offender Civil Commitment Advisory Task Force, to Lucinda Jesson, Comm'r of Human Servs. 2 (Dec. 2, 2013), *available at* http://cbsminnesota.files.wordpress.com/2013/12/sotf-report.pdf.