



C. Primary Prevention of Sexual Violence

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PURPOSE

This section was designed to build a basic understanding of the public health concept of primary prevention and its relevance to the elimination of sexual violence. It discusses:

- The public health’s approach to sexual violence prevention (C1);
- The continuum for the prevention of violence (C2);
- The impact of primary prevention on sexual violence (C3);
- The socio-ecological model’s application to sexual violence prevention (C4); and
- Applying the knowledge gained in this section (C5).

It is critical every sexual violence prevention educator is knowledgeable on these issues.

The World Health Organization and London School of Hygiene and Tropical Medicine (2010), concisely explained the enormity of the problem, its far-reaching consequences and the power of the primary prevention approach in addressing the problem. They noted that sexual violence, along with intimate partner violence (p. 1):

“...affect a large proportion of the population—with the majority of those directly experiencing such violence being women and the majority perpetrating it being men. The harm sexual violence causes can last a lifetime and span generations, with serious adverse affects on health, education and employment.

The primary prevention of these types of violence will therefore save lives and money—investments made now to stop intimate partner and sexual violence before they occur will protect the physical, mental and economic well-being and development of individuals,

families, communities and whole societies.”



Remember that acquiring new knowledge and putting it into practice is a process. *You are not expected to “know” the information in the toolkit all at once.* Instead, you can work through toolkit sections at your own pace, building your knowledge base as you go and considering how new information fits into your programming efforts.



Note: As a supplement to this section, it is suggested that you view a series of audio-slide presentations by PREVENT of the University of North Carolina Injury Prevention Research Center (through www.prevent.unc.edu). In particular, see the following:

Module 1: Orientation to Violence Prevention (2005)

- Part 1: Moving Upstream: The Story of Prevention (30 minutes)
- Part 2: The Public Health Approach to Violence Prevention (30 minutes)
- Part 3: The Socio-Ecological Model: A Pathway to Prevention (30 minutes)

Module 2: Scope of the Problem (2007)

- Part 5: Sexual Violence (25 minutes)

C1. PUBLIC HEALTH'S APPROACH TO SEXUAL VIOLENCE PREVENTION

The Association of Schools of Public Health (n.d.) describes public health as “the science of protecting and improving the health of communities through education, promotion of healthy lifestyles and research for disease and injury prevention.” Rather than focusing on one individual at a time, it addresses the health of the whole population (PREVENT, 2005b). Public health involves an organized effort to “prevent, identify and counter threats to the health and safety of the public” (Turnock, 1997). Unquestionably, sexual violence is one of those threats.

EXPLANATION OF KEY TERMS

It is helpful to be familiar with a few prevention terms in advance:

Public health: Activities that society undertakes to assure the conditions in which people can be healthy, including organized efforts to “prevent, identify and counter threats to the health and safety of the public.”

Prevention: In the public health field, violence prevention is a systematic strategy or approach that reduces the likelihood of risk of victimization or perpetration, delays the onset of adverse health problems, or reduces the harm resulting from conditions or behaviors.

Levels of prevention: Prevention efforts exist on a continuum—primary, secondary and tertiary prevention. **Primary prevention** approaches seek to prevent violence before it occurs. **Secondary prevention** approaches seek to identify those who are already affected by violence and reduce the severity of the impact. **Tertiary prevention** approaches take place after a violent event

that aim to lessen its long-term effects and reduce the chances of reoccurrence. Together, these efforts seek to bring about change in individuals, relationships, communities and society by promoting factors that buffer against violence.

Directed prevention interventions categorize approaches by the targeted audience. **Universal prevention interventions** are directed at groups or the general population regardless of individual risk for violence perpetration or victimization. **Selected prevention interventions** target those who are thought to have a heightened risk for violence perpetration or victimization. **Indicated prevention interventions** are directed at those who have already perpetrated violence or have been victimized. **Socio-ecological model of violence prevention:** This model explains the occurrence of violence and helps identify potential prevention strategies on four levels: individual, relationship, community and societal. A fifth level may also be considered: institutional. Factors at one level are often influenced by factors at other levels. Primary

Risk factors: Characteristics that increase the likelihood of a person becoming a victim or perpetrator of violence. **Protective factors:** Those factors that decrease the likelihood of a person becoming a victim or perpetrator of violence, as they provide a buffer against risk.

Bystander intervention: A strategy in the prevention field to mobilize bystanders to intervene when they see acts of violence or situations that are likely to escalate to violence. Such interventions can help redirect the peer pressure toward healthy and respectful social norms.

The public health perspective asks foundational questions: Where does the problem begin? How could we prevent it from occurring in the first place? (Centers for Disease Control and Prevention or CDC).

Public health relies on solid evidence, drawing upon knowledge from many disciplines including medicine, epidemiology, sociology, psychology, criminology, education and economics (World Health Organization & London School of Hygiene and Tropical Medicine, 2010). This interdisciplinary approach to data reveals the where, when, who, why and how about the nature of the problem at hand (PREVENT, 2005b). That evidence can then be used to identify the extent of the problem and the factors that need to be addressed to reduce the occurrence and severity of the problem, and to guide related program and policy development (PREVENT, 2005b). Public health also emphasizes a culturally appropriate response to health problems—recognizing that cultural practices and beliefs can influence the way data on the problem should be collected and how prevention programs are developed and disseminated (PREVENT, 2005b).

From the public health perspective, sexual violence is viewed as a preventable problem. Data indicates it is caused by the interplay of multiple factors, rather than due to a single factor. Notably, this approach does not identify actions of victims as a cause of sexual violence.

Because sexual violence is a multi-faceted problem, the public health approach to sexual violence emphasizes an equally multi-faceted response involving many sectors of society (World Health Organization & London School of Hygiene and Tropical Medicine, 2010). Today, many communities are moving toward

multidisciplinary collaboration to not only intervene when sexual violence occurs, but to collectively consider how to best prevent it from occurring in the first place. Key players in this response include community-based organizations, criminal and civil justice systems, state and local health departments, schools, health care systems, social services, media, policy-making bodies and workplaces (PREVENT, 2005b).

PREVENTION PRINCIPLES

(This section was adapted from several other WV FRIS toolkits and training modules.)

Three key principles discussed in this section are critical when doing sexual violence prevention work (adapted from [VetoViolence](#)):

- ✓ **A public health approach** to help you move from the problem of interpersonal violence to the potential solutions;
- ✓ **A focus on primary prevention—** strategies to stop violence before it initially occurs—to reduce the factors that put students at risk for experiencing and perpetrating violence and increase the factors that buffer students from risk; and
- ✓ **A social-ecological model** to explain the complex web of factors that may contribute to or buffer against violence and to develop more comprehensive programming strategies.

C2. CONTINUUM FOR THE PREVENTION OF VIOLENCE

From a public health perspective, there are three levels on the prevention continuum that focus on **WHEN** an intervention has an effect on a specific problem (PREVENT, 2005a). These three levels of prevention are primary, secondary and tertiary.

On the issue of sexual violence, you need to be aware that **each level on the prevention continuum has a different focus** (PREVENT, 2005a):

- **Primary prevention** includes approaches that take place **BEFORE** violence has occurred to prevent initial perpetration or victimization. An example is a middle-school program to prevent sexual violence in dating situations that does the following: teaches students about healthy relationships and healthy sexuality; educates parents and school staff on how to nurture these student behaviors; and encourages the development of school policies that support these behaviors and include consequences for noncompliance (Valle et al., 2007).
- **Secondary prevention** includes immediate responses **AFTER** violence has occurred to deal with the short-term consequences. Examples related to sexual violence might include crisis intervention, advocacy and medical care for a victim, SANE (sexual assault nurse examiner) programs to improve the collection of forensic evidence and the development of SARTs (sexual assault response teams) to create a collaborative multidisciplinary response.

- **Tertiary prevention** includes long-term responses **AFTER** violence to deal with the lasting consequences, with the goal of lessening the long-term effects and reducing the chances of reoccurrence. Tertiary prevention is designed to address problems through policies, programs and services for people who have already experienced a problem (e.g., those who have been victimized by sexual violence). Examples are the provision of counseling services for survivors of sexual violence, self-defense classes and sex offender treatment programs.

Violence prevention interventions can also be divided into the following three categories, based on **WHO** is at risk for victimization or perpetration and to whom primary prevention efforts should be directed (Centers for Disease Control and Prevention—CDC, 2004; PREVENT, 2005a):

- **Universal interventions** are directed at groups or the general population regardless of individual risk for sexual violence perpetration or victimization. Examples of universal interventions might include taxes on alcohol, public awareness campaigns about violence, enforcing alcohol and gun laws, and reducing media violence. In universal interventions, everyone is protected whether they experience increased risk factors and everyone shares the burden of the intervention.
- **Selected interventions** target those who are thought to have a heightened risk for sexual violence perpetration or victimization. Selected interventions might include activities targeting adolescents who use drug and/or alcohol, sexuality education for persons with intellectual disabilities, and university programs addressing high-risk components of Greek life.

- **Indicated interventions** are directed at those who have already perpetrated sexual violence or have been victimized. Examples of indicated interventions might be counseling services and crisis intervention for victims, incarceration of perpetrators, or school-wide discussions following school-based sexual assault.

Keep in mind that primary prevention targets universal and selected approaches, since their focus is to stop violence before it occurs (PREVENT, 2005a).



In *Sexual Violence Prevention: Beginning the Dialogue* (2004), the CDC offers a matrix (page 6) with examples of interventions to prevent violence and interventions that take place after violence has happened.

C3. IMPACT OF PRIMARY PREVENTION ON SEXUAL VIOLENCE

“There is an often quoted parable that tells of a man and woman fishing downstream. Suddenly a person comes down the river struggling for life. The fisherfolk pull her out. Then another comes and again must be rescued. This happens all afternoon and the fisherfolk are getting very tired from constantly pulling people from the river.

When they go upstream, they find that people are drawn to the edge to look at the river, but there is no safe way to do this. Many of them fall. The fisherfolk go to the community leaders and report the number of people who have fallen into the river. They also report that this is due to the lack of a protective barrier on the cliff. Community leaders build a wall behind which people may safely view the water. Some still fall, but there are many fewer victims to rescue.”(CDC, 2004; PREVENT, 2005a)

The community above employed a primary prevention strategy to stop the problem from happening in the first place, instead of expending all resources and energy on rescuing people who have fallen into the river (PREVENT, 2005a). In addition to the barrier, the community might also place a warning sign near the cliff and publicize related safety tips.

Risk and Protective Factors

A primary prevention approach typically employs a variety of strategies to counteract the root causes of a specific problem (PREVENT, 2005a), addressing related risk factors and promoting protective factors:

- **A risk factor** is a behavior or condition that increases vulnerability to a specific condition (see below).
- **A protective factor** is a behavior, social influence or policy that reduces vulnerability to a specific condition or other behaviors.

The presence of a risk factor associated with sexual violence does not mean that a person will always experience violence or always become a perpetrator. Similarly, a single protective factor does not necessarily prevent violence. However, **the presence of multiple protective factors can decrease the chance of victimization and/or perpetration** (Perry)

In an earlier example of primary prevention activities that focused on reducing risk for sexual violence in teen dating situations, healthy relationships and healthy sexuality were protective factors which the programming was promoting. (See *D. Getting Started* for risk/protective factors specific to the target population of this toolkit.)



Violence prevention is not a one-time program or event, one skill-building session or one protocol.

Violence prevention is an ongoing, multi-faceted process, requiring investment of the whole school and integration into the community infrastructure.

Awareness/outreach, risk reduction or prevention? (Curtis & Love, n.d.).

Sexual violence prevention activities are often confused with awareness/outreach activities and risk reduction efforts. But using a public health model, they clearly are different.

- Activities that raise **awareness** of sexual violence (e.g., a media campaign) can help build support for primary prevention efforts. However, awareness itself does not create the changes in attitudes or behaviors that lead to this form of violence. Outreach is connected to awareness in that it is geared to help those in the targeted population know where they can find services if they or someone they know is sexually assaulted.
- **Risk reduction** focuses on helping potential victims change their behaviors to avoid being sexually assaulted or to stop an attack in progress (self-defense classes, campaigns to inform the public about drug-facilitated sexual assault and how to reduce the likelihood of being drugged at a party or bar, etc.). Whereas risk reduction programs assume that sexual violence itself is the issue to be addressed, primary prevention seeks to change a variety of conditions (e.g., aggression, lack of empathy) that influence someone's decision to rape.

C4. SOCIO-ECOLOGICAL MODEL'S APPLICATION TO SEXUAL VIOLENCE PREVENTION

To prevent sexual violence, it is critical to understand *WHAT* factors influence its occurrence (CDC, 2004).

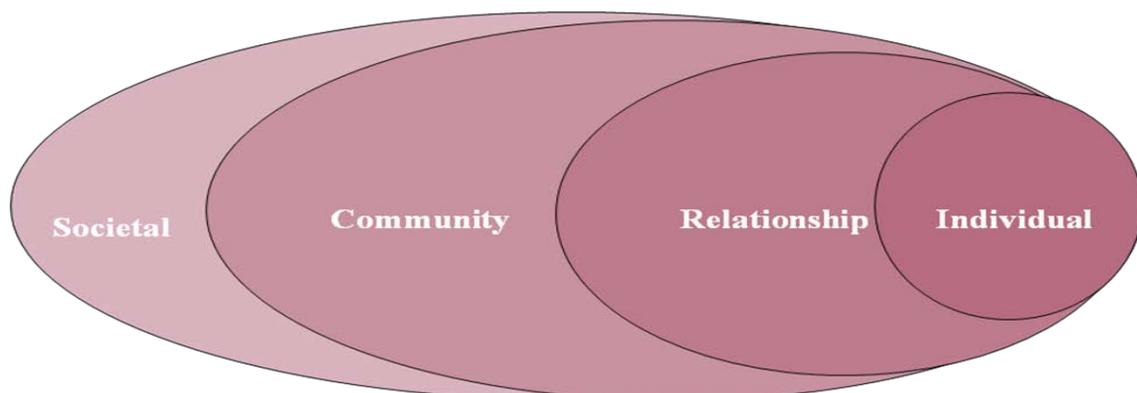
The public health approach is driven by a socio-ecological model that outlines how the health status of an individual is influenced not just by that individual's attitudes and practices, but also by personal relationships and community and larger societal factors (PREVENT, 2005c). The World Health Organization (WHO), in *World Report on Violence and Health* (Krug et al., 2002), used a variation of this model to discuss violence prevention. See below for a graphic illustration of this model, as found in Chapter 1 (p. 12) of the WHO report.

The CDC, based on the discussion in Krug et al. (2002), used this socio-ecological model to delineate specific risk factors for perpetration of sexual violence. Levels include (CDC, 2004):

- **Individual level**—biological and personal history factors that increase the likelihood of becoming a perpetrator of violence. Risk factors include but are not limited to: alcohol and/or drug use; attitudes and beliefs that support sexual violence;

impulsive and other antisocial tendencies; preference for impersonal sex; hostility towards women; and childhood history of sexual abuse or witnessing family violence (Krug et al., 2002). An individual may also be influenced by demographic characteristics such as age, income and education (PREVENT, 2005c).

- **Relationship level**—factors that increase risk because of relationships with peers, intimate partners and family members. These relationships can shape an individual's behavior and range of experience (Krug et al., 2002).
- **Community level**—settings in which social interactions occur (e.g., schools, churches, neighborhoods and workplaces) and characteristics of these settings that are associated with becoming perpetrators of violence. For example, the lack of workplace policies on sexual harassment can send a message that this type of violence is tolerated.
- **Societal level**—broad societal factors that help create a climate in which violence is encouraged or inhibited. Risk factors include but are not limited to gender inequality, religious or cultural belief systems, societal norms and economic or social policies that create or sustain gaps and tensions between groups of people.



In the “nested” model shown on C9, **risk factors work together to influence culture and behaviors related to sexual violence** (CDC, 2004). The model highlights the pivotal role that societal factors play in influencing behaviors and interactions between people and entities (PREVENT, 2005c).

Curtis and Love (n.d.) offer another way to look at the socio-ecological model that involves mapping the risk factors for perpetration of sexual violence onto a tree:

“Tree roots distribute nourishment to the trunk, branches and leaves. The **societal level issues** of oppression and norms that support inequality **correspond to the roots** because they influence every other level. In this case, the roots send information and expectations to the other parts of the tree. Additionally, these norms hold in place factors and behaviors at the other levels, just as roots anchor a tree. The other levels of the ecological model correspond to the different pieces of the tree as follows: the **community level to the trunk**, the **relationship level to the branches** and the **individual level to the leaves** of the tree. If we think about the process of creating lasting change, we can see how treating the whole system through the roots is more effective than focusing on the leaves or branches. If only the leaves, branches or trunk are treated, then the tree may still be unhealthy. We must become prevention gardeners and tend to the roots of the tree. We can work for change at the root level by addressing issues of oppression and creating equity across all groups. ***If we make the roots healthy, the tree will take care of the trunk, branches and leaves.***”

Ideally, multiple prevention strategies and activities simultaneously occur at the different levels of the socio-ecological model. For example, a six-week bullying-prevention program in the elementary school focusing on bystander behavior (individual level) could occur at the same time the local rape crisis center is sponsoring an anti-bullying awareness week that promotes recognizing positive behaviors (societal level). ***The key is to understand how different levels of the model can reinforce different aspects of a prevention message and to utilize multiple levels in prevention efforts.***



In *Sexual Violence Prevention: Beginning the Dialogue* (2004), the CDC offers a matrix (pages 8-10) with additional examples of strategies to prevent sexual violence that address individual, relationship, community and societal influences for universal and selected populations.

Examples of approaches to sexual violence prevention based on the socio-ecological model and promotion of protective factors ([The Social Ecological Model](#), Washington Coalition of Sexual Assault Programs)

- ✓ **Individual level programming** that promotes healthy beliefs and rejection of social norms that support oppression—educational sessions that encourage individuals to challenge violence, sexism, racism, homophobia, etc. Comprehensive sexuality curricula that promote healthy sexual relationships.
- ✓ **Relationship level programming** that builds skills to interrupt and address inappropriate comments and behaviors that support violence—peer or bystander programs that give students tools to change the climate of their social circles by rejecting or intervening when they hear

or witness behaviors that support violence or sexism.

- ✓ **Community/institutional level programming** that reinforces the school's expectation of student conduct.
- ✓ **Societal level programming** that targets law makers to increase funding for prevention activities in schools and communities enforcing a zero-tolerance for violence.

The Sexuality Information and Education Council of the United States (2004) offers examples of **levels of the socio-ecological model if healthy sexuality were a successful part of sexual violence prevention** (National Sexual Violence Resource Center, 2012):

- ✓ Individuals would know that the human development process includes sexual development, which may or may not include reproduction or sexual experience;
- ✓ Relationships would be based on honest communication, respect and consensual sexual interactions;
- ✓ Individuals would express their sexuality while respecting other's rights;
- ✓ Communities would work to prevent sexual violence by advocating for legislation that was in line with their values related to sexuality; and
- ✓ Society would promote access to age-appropriate and accurate information on sexuality and work to enhance individuals' ability to create and maintain healthy relationships.

Characteristics of Effective Prevention Programs

In *What Works in Prevention: Principles of Effective Prevention Programs* (Nation et al., 2003), the below **characteristics were**

consistently associated with effective prevention programs:

1. **Comprehensive:** Strategies should include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target problem.
2. **Varied teaching methods:** Strategies should include multiple teaching methods, including some type of active, skills-based component.
3. **Sufficient dosage:** Participants need to be exposed to enough of the activity for it to have an effect.
4. **Theory driven:** Preventive strategies should have a scientific justification or logical rationale.
5. **Positive relationships:** Programs should foster strong, stable, positive relationships between children and adults (for the college population, between students and mentors/authority figures as well as among students).
6. **Appropriately timed:** Program activities should happen at a developmental stage in a participant's life that can have maximal impact;
7. **Socio-culturally relevant:** Programs should be tailored to fit within cultural beliefs and practices of specific groups as well as local community norms.
8. **Outcome evaluation:** A systematic outcome evaluation is necessary to determine whether a program or strategy worked.
9. **Well-trained staff:** Programs need to be implemented by staff members who are sensitive, competent and have received sufficient training, support and supervision.

C5. APPLYING THE KNOWLEDGE

Questions to Consider...

Are the following primary prevention activities? (These examples are from the *Prevent Facilitator Toolkit* (2009) by PREVENT of the University of North Carolina Injury Prevention Research Center).

1. *A training program for clergy on promoting healthy, non-violent relationships among their church members.*

Yes, the above activity is an example of primary prevention because the training is designed to prevent initiation of violence through clergy outreach to parishioners.

2. *Programs for parents of adolescents to deal with dating relationships of their children.*

Yes, the above programs can be all three levels of prevention. They are **primary** if they help parents steer their children to healthy and respectful relationships. They could be **secondary** to the extent they help parents identify troubled relationships and help their teens change relationships before violence erupts or move into the early stages of violent relationships. They could also be **tertiary**, if they help parents focus on teens who have been in violent relationships and need help getting out of them or finding services for recovery.

3. *Programs run by coaches to address male roles in violence against women.*

Yes, the above programs could be primary or secondary levels of prevention. They are **primary** if coaches role-model pro-social behaviors and encourage or require athletes to model appropriate behavior for other students. They are **secondary** to the extent that coaches help athletes who have initiated violent behaviors or violence-related behaviors (e.g., treating women with disrespect) to alter their behaviors.

4. *Lectures to high school students about how to get out of a dating violence situation.*

No, but the above activities could be secondary or tertiary levels of prevention. They can be **secondary** if the focus is on helping students identify that their relationships are becoming more violent, even though violence may be just beginning or involve precursors of violence (e.g., threats). They are **tertiary** to the extent the focus is on leaving a violent relationship.

5. *Conflict resolution education for high school students.*

Yes, this could be either primary or secondary levels of prevention. It would be primary if the program is directed at helping youth develop positive, respectful behaviors. It is secondary if the program works with youth who have already exhibited violent tendencies, by helping them develop more positive interaction skills.

6. *Rape crisis hotline.*

No, this would be on the tertiary prevention level. A hotline is for helping people who have already been victimized by sexual violence.

7. *Media campaigns in the community to promote nonviolence in relationships.*

Yes, these could be primary prevention activities, if the campaigns target the formation of positive relationships and the prevention of violence from starting.



Test Your Knowledge

Instructions: Read each question below and circle the best answer. (These questions are used with permission from the *Prevent Facilitator Toolkit* (2009) by PREVENT, University of North Carolina Injury Prevention Research Center).

1. Primary prevention may be defined as which of the following?
 - A. Addressing the #1 violence problem in your community
 - B. Stopping violence from happening in the first place
 - C. Providing services to those who have already been victimized
 - D. All of the above
2. Which of the following interventions could be considered primary prevention?
 - A. Universal and indicated
 - B. Selected and indicated
 - C. Universal and selected
 - D. None of the above
3. Which of the following is an example of an intervention at the primary prevention level?
 - A. Providing counseling to victims of sexual violence
 - B. Setting up a 24-hour crisis hotline
 - C. Implementing a media campaign to promote nonviolence in relationships
 - D. Conducting an anger management course with sex offenders
4. If an individual has one or more risk factors associated with the occurrence of violence, it is inevitable that he or she will perpetrate violence.
 - A. True
 - B. False
5. At what level of the socio-ecological model would economic policies be an influence?
 - A. Individual
 - B. Relationship
 - C. Community
 - D. Societal
6. At what level of the socio-ecological model would implementation of a school policy on sexual harassment be a possible intervention?
 - A. Individual
 - B. Relationship
 - C. Community
 - D. Societal
7. At what level of the socio-ecological model might bystander intervention training for fraternity and sorority members be a possible intervention?
 - A. Individual
 - B. Relationship
 - C. Community
 - D. Societal

Answers:

1-B; 2-C; 3-C; 4-B; 5-D; 6-C; 7-B.

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