

Primary Prevention of Sexual Violence in North Carolina: A Public Health Approach

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Sexual violence is a serious public health problem that takes a large toll on health and well-being in North Carolina. National data indicate that as many as 1 in 6 women and 1 in 33 men experience rape or attempted rape at least once in their lifetime, whereas many more experience some other form of sexual violence, such as harassment, peeping, and threats [1]. In North Carolina, approximately 10% of women reported having experienced sexual violence after the age of 18 years [2]. Of these, 38% reported being assaulted by partners or spouses; 15%, by acquaintances; and 16%, by strangers. According to the North Carolina Council for Women and Domestic Violence Commission, the 75 rape crisis centers across North Carolina served 6,527 victims of sexual assault and received 22,671 crisis calls from April 2007 through March 2008 [3]. The number of North Carolinians who experience sexual violence is likely much higher than these figures indicate, because a number of factors (eg, fear, self-blame, and social stigma) associated with sexual violence lead to significant underreporting and because data collection systems often do not include some of the most vulnerable populations. The prevalence of sexual violence and its consequences for victims, families, friends, and society make sexual violence a serious public health problem in North Carolina.

In 2010, the North Carolina Division of Public Health's Sexual Violence Prevention Team (NCSVPT), an interdisciplinary group of stakeholders representing universities, domestic violence and rape crisis centers, community educators, the North Carolina Coalition Against Sexual Assault, and public health practitioners, released a statewide plan for preventing sexual violence in North Carolina. The state's Sexual Violence

Prevention Plan includes a number of priority actions essential for preventing sexual violence in North Carolina. These activities address North Carolina's population as a whole, with particular attention to subpopulations at higher risk for sexual violence. They include increasing sustainable primary prevention programming (ie, approaches that take place *before* sexual violence has occurred) at the local, regional, and state levels; developing better data collection systems to track sexual violence and its associated risk and protective factors; increasing the capacity of public school districts, colleges and universities, and local and state agencies to address sexual violence; and reducing rates of sexual violence perpetrated against people with intellectual disabilities, through stronger state laws, policies, and procedures.

The Rape Prevention and Education (RPE) program in North Carolina is based in the North Carolina Division of Public Health. The program is responsible for distributing funds to North Carolina communities to support programming for sexual violence prevention. The RPE program works closely with the North Carolina Coalition Against Sexual Assault and other state-level partners to steward efforts to increase the capacity and sustainability of programming, through training, technical assistance, and evaluation. The most-promising programs for preventing sexual violence address the multiple levels of influence that individuals encounter daily as a result of their own choices, the lessons learned in their relationships, and the norms maintained by their communities and society.

In all 3 regions of the state, RPE-funded programs are fielding community-based task forces, assessing their communities'

In addition to supporting these individual-focused strategies, promising evidence supports an approach that targets sexual assault bystanders, which is an innovative intervention combining individual- and community-level change strategies [8]. This approach leverages the fact that, although most people will be neither victim nor perpetrator of violence, nearly all people share a desire to live in communities that are violence free. Thus, the bystander approach teaches the majority of the population how to recognize and respond to situations that involve violence and how to—safely—intervene to prevent violence. Moreover, bystander interventions engage participants as supportive allies for violence survivors and teach participants to challenge social norms that support violence, such as how to diplomatically confront a coworker who tells jokes about rape or battered women. In summary, promising evidence exists for primary prevention interventions aimed at eradicating violence against women. Despite such promise, the small number of

evidence-based preventions is worrisome, given the prevalence of partner violence and sexual assault.

Secondary prevention. Secondary prevention interventions for partner violence and sexual assault aim to prevent survivors' revictimization by reducing the perpetrators' violence and by establishing the survivors' safety. As with primary violence prevention, we have limited empirical evidence supporting the effectiveness of secondary-prevention interventions [9]. There are secondary prevention interventions for partner violence with promising—albeit limited—evidence. Nonetheless, these prevention interventions offer a starting place for building the state's capacity for violence response. Secondary preventions with promising evidence include survivor advocacy (eg, legal advocacy services, such as helping survivors secure protection orders), shelter services (eg, emergency and transitional housing for survivors and children), and group-counseling interventions for violence perpetrators [9].

needs and strengths, and implementing and evaluating strategies designed to change attitudes, behaviors, and community norms supportive of sexual violence.

In the piedmont region, RPE prevention coordinators are working with student leaders and school staff to adapt and conduct prevention curricula in middle schools and high schools, basketball camps, and college campuses. Results of preliminary evaluation of the program are being used to improve the quality of the educational sessions and to create buy-in among community members for primary prevention.

RPE programs in the western part of the state are experiencing success in the area of community mobilization. Highly motivated task force members have developed primary prevention strategies customized to their communities, such as a social-marketing campaign for college students and training in sexual violence prevention for all county school employees.

In eastern North Carolina, RPE programs are taking a 2-pronged, comprehensive approach to primary prevention. Prevention coordinators train mixed-gender teams of college students to deliver educational sessions to middle school health-education classes. Selected teachers and parents receive their own training in sexual violence prevention and serve as vital partners who reinforce primary prevention messages after the educational sessions are completed.

The NCSVPT and the RPE program are continuing to strengthen the approaches to primary prevention developed during the strategic planning process, through program evaluation, continuous quality improvement, and increased engagement of key individuals, agencies, and organizations. For more information about the RPE program and available funding for efforts to prevent sexual violence in North Carolina, or to obtain a copy of the Sexual Violence Prevention Plan, contact Jen Przewoznik at jen.przewoznik@dhhs.nc.gov or 919.707.5431. **NCMJ**

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Further, limited evidence shows that couples counseling may be a promising intervention for those with low levels of conflict and violence [9]. However, this strategy is contentious among advocates against domestic violence, given the real concerns about counseling professionals' capacity to ensure participants' safety. In addition, National Institute of Justice researchers found that some secondary prevention interventions, such as arrest or restraining orders against the batterer, can lead to retaliatory abuse without providing survivors with increased, meaningful protection [11]. However, the investigators warned against wholesale abandonment of such secondary preventions. Instead, they recommended tailoring services to survivors' individual needs and risks.

Similar to the case with secondary preventions for partner violence, only limited research has examined safety services for survivors of sexual assault, even though such services appear helpful [12]. Among the treatment approaches examined, evidence supports a mental health treatment

called prolonged exposure as being efficacious for treatment of sexual assault survivors who have PTSD [13]. Likewise, a growing body of research shows that cognitive behavioral therapy offers promising treatment approaches for reducing and preventing recidivism among sexual offenders [14].

In summary, limited, preliminary evidence supports the utility of secondary prevention interventions. However, the dearth of evidence on the efficacy of services for domestic violence and sexual assault survivors (ie, secondary preventions) created to help these individuals recover and to reduce perpetration of violence presents serious barriers for effective practice, policy, and funding advancements for these fields. Research suggests that sexual assault in particular has received especially limited funding and policy attention, and greater focus on this issue is urgently needed [15].

Current North Carolina Prevention Efforts

North Carolina is well positioned to address the critical