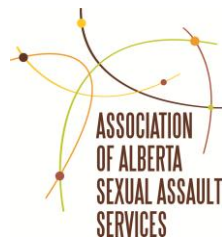


# **SURVEYING THE LANDSCAPE: SEXUAL VIOLENCE PLANS FROM AROUND THE WORLD**

January 2013

Prepared in partnership by:

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The Project to End Domestic Violence; and the Association of Alberta Sexual  
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## **BACKGROUND**

The Association of Alberta Sexual Assault Services (AASAS) is a provincial umbrella organization dedicated to creating awareness of issues involving sexual abuse and sexual assault and striving to ensure all Albertans have access to healing and recovery programs, services and supports. Part of AASAS' role is to work with the Government of Alberta to develop effective policies and sustainable program funding for sexual assault services across Alberta.

Shift: The Project to End Domestic Violence was initiated by the Brenda Strafford Chair in the Prevention of Domestic Violence, in the Faculty of Social Work, at the University of Calgary. Shift is aimed at significantly reducing domestic violence in Alberta using a primary prevention approach to stop first-time victimization and perpetration. In short, primary prevention means taking action to build resilience and prevent problems before they occur.

In 2011, AASAS and Shift leadership began discussing the importance of undertaking a similar, parallel process for addressing sexual violence in Alberta. Both organizations committed time and energy toward pursuing this goal, and AASAS dedicated funds to move the work forward in partnership with Shift.

In 2012, Shift: The Project to End Domestic Violence supported the Government of Alberta in the development of its new strategic framework, "Family Violence Hurts Everyone: A Framework to End Family Violence in Alberta." A key strategy identified within the framework was developing a sexual violence action plan for Alberta.

This report was created in partnership by AASAS and Shift: The Project to End Domestic Violence to facilitate discussion with the Government of Alberta around the primary prevention of sexual violence and to inform the development of a sexual violence action plan for Alberta. While this report focuses on sexual violence prevention, subsequent efforts will focus on sexual health strategies to create a fulsome sexual violence and sexual health prevention plan for Alberta.

Both organizations acknowledge that domestic violence and sexual violence are not entirely separate and independent issues. Both are serious social issues, often interconnected and requiring comprehensive prevention strategies. However, there are also highly specialized areas within each respective issue that must be acknowledged and responded to.

The purpose of this research report is threefold:

- To present a synopsis of the scoping review of sexual violence plans from around the world;

- To provide an overview of common elements among all plans reviewed; and
- To identify areas for inclusion into developing a sexual violence action plan for Alberta.

## METHODS

To understand the strategies employed by different jurisdictions to address sexual violence, a scoping review of plans from around the world was conducted.

At a general level, scoping studies aim to rapidly map the key concepts underpinning a research area and the main sources and types of evidence available. They “can be undertaken as stand-alone projects in their own right, especially where an area is complex or has not been reviewed comprehensively before” (Mays et al., 2001: 194 as cited in Arksey & O’Malley, 2005). While there are several reasons for conducting scoping reviews in a particular area (Arksey & O’Malley, 2005), our purpose was threefold:

- To understand other jurisdictions’ efforts in this area;
- To understand and summarize similarities and differences between sexual violence plans; and
- To identify evidence for effective sexual violence prevention strategies on a macro level to develop a sexual violence action plan for Alberta.

This review focused entirely on sexual violence action plans, frameworks and/or recommendations for action published by national organizations, government bodies and international NGOs. Documents reviewed addressed, in whole or in part, prevention measures for sexual violence.

The main search strategy used was:

- Searches of government, non-government and research institute websites for frameworks, action plans and recommendations;
- Search terms included, “sexual violence prevention plans,” “sexual violence primary prevention plans,” “sexual violence action plans,” “sexual violence frameworks,” and “sexual assault action plans”; and
- Only those plans available in English were reviewed.

For a complete list of plans reviewed, please see Appendix A: Summary of Documents Reviewed.

### ***Determining Evidence-Based and Promising Programs and Strategies***

This review focused almost exclusively on primary prevention components of sexual violence plans. For this reason, risk reduction and intervention programs and strategies were not included in the assessment. We recognize there are many promising and evidence-based programs and/or strategies used in dealing with victims and perpetrators of sexual violence, such as coordinated community responses, flexible

reporting strategies such as the *Third Option* and *B.C Protocol*<sup>1</sup>, sexual assault response teams, etc. When we conclude that an action plan does not specifically identify evidence-based or promising programs, we are **not** referring to those interventions outside of a prevention focus.

Certain criteria were used to determine whether specific prevention programs and strategies identified in action plans and frameworks were evidence-based or promising, as follows:

**Evidence-Based Program:** Well-defined programs that have demonstrated their efficacy through rigorous, peer-reviewed evaluations and have been well-documented. These programs have been endorsed by government agencies and well-respected research organizations (Small, Cooney & O'Connor, 2009). These programs are not only well-defined and effective; but they have shown long-term benefits and have been replicated across a range of populations and contexts successfully (Center for the Study and Prevention of Violence, 2012).

**Promising Practice:** Programs and strategies are considered promising if there is emergent evidence of their effectiveness showing minimally positive changes in knowledge or attitudes (World Health Organization, 2010).

## FINDINGS AND IMPLICATIONS

This scoping review included a total of 38 documents. The majority (22) of these documents were produced by national and provincial/state governments outlining their strategies and frameworks for addressing and preventing sexual violence. Of the 22, almost 67 per cent (17) were developed by U.S. States with support from Centers for Disease Control and Prevention (CDC) funding through the Rape Prevention and Education (RPE) initiative. An additional eight documents from non-governmental organizations were reviewed, which offered theory and research-based recommendations on elements to be included in sexual violence prevention plans.

Of the 12 non-governmental documents reviewed, one specifically outlined a framework and recommendations for ending sexual violence against Aboriginal women in Canada.

While almost all plans identify the need for evaluation and performance monitoring, there were no evaluation reports or updates available for any of the 38 plans. The plans available showed that one national plan was only operational for two years, and no recommendations were implemented at the time of its dissolution (New Zealand Family Violence Clearinghouse, 2012).

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<sup>1</sup> The Third Option was a Calgary Sexual Assault Response Team pilot initiative. The Third Option is a protocol that allows victims of sexual assault the opportunity to defer the decision to report to police without foregoing the option of evidence collection.



**Table 1: Number and Type of Sexual Violence Plans Reviewed**

National	Provincial/State	Municipal/County	NGO Recommendation
4	18	4	8

Of the 25 plans reviewed<sup>2</sup>, most were strictly focused on primary prevention. Most were U.S. state action plans (17); there was one county plan reviewed. Another six plans were recommendations from various non-governmental organizations, and one sexual violence action plan was at the municipal level. The 25 plans focused on primary prevention are:

- Alaska: *Alaska’s Primary Prevention of Sexual Violence Strategic Plan* (Alaska Department of Health and Human Services, 2009);
- American College Health Association: *Shifting the Paradigm: Primary Prevention of Sexual Violence* (American College Health Association, 2008);
- Connecticut: *The State of Connecticut: Sexual Violence Prevention Plan 2009-2017* (Connecticut Department of Public Health, 2010);
- Indiana: *Indiana’s Commitment to Primary Prevention: A State Free of Sexual Violence 2010-2015* (State of Indiana, 2010);
- Massachusetts: *Massachusetts Sexual Violence Prevention Plan 2009-2016* (Department of Public Health, 2009);
- Michigan: *Preventing Intimate and Sexual Violence in Michigan 2010-2015* (Michigan Domestic and Sexual Violence Prevention Steering Committee, 2010);
- Minnesota: *The Promise of Primary Prevention of Sexual Violence: A Five Year Plan to Prevent Sexual Violence and Exploitation in Minnesota* (Minnesota Department of Health, 2009);

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<sup>2</sup> Additional plans reviewed for this document: *Working towards the prevention of male sexual violence against women: Sexual Violence Taskforce report and action plan*. (City of Yarra Sexual Violence Prevention Taskforce, 2006); *Time for action: The National Council’s plan for Australia to reduce violence against women and their children 2009-2021*. (Commonwealth of Australia, 2009); *Tackling sexual violence and abuse: Action plan 2010-2012* (Department of Health, Social Services and Public Safety and Department of Justice, 2010); *South Africa violence prevention model and action plan*. (Government of South Africa, n.d.); *Changing attitudes, changing lives: Ontario’s sexual violence action plan*. (Ministerial Steering Committee on Violence Against Women, 2011); *NWT family violence action plan: Phase II (2007-2012)*. (Northwest Territories Health and Social Services, 2009); *Comprehensive strategy on combating sexual violence in DRC*. (Office of the Senior SV Advisor and Coordinator, 2009); *Aboriginal sexual violence action plan*. (Ontario Federation of Indian Friendship Centres, 2011); *Sexual and gender based violence in Africa: Key issues for programming*. (The Population Council, 2008); *Ramsey County action plan for sexual violence prevention and intervention*. (Ramsey County, 2009); *UN action against sexual violence in conflict: A strategic framework 2011-2012*. (United Nations, 2011); *Prevention and response to sexual and gender-based violence in refugee situations*. (UNHCR, 2001); *National framework for sexual assault prevention*. (Urbis Key Young, 2004). Further in text we refer to these plans by the country/state/province/city name.

- National Association of Sexual Violence Services: *Framing Best Practice: National Standards for the Primary Prevention of Sexual Assault Through Education* (Carmody et al., 2009).
- National Sexual Violence Resource Center: *Sexual Violence and the Spectrum of Prevention: Towards a Community Solution* (Davis, Parks & Cohen, 2006)
- Nebraska: *Sexual Violence Prevention Plan of Nebraska* (Nebraska Department of Health and Human Services, 2010);
- New Jersey: *New Jersey Sexual Violence Primary Prevention Plan* (State Prevention Team, 2009);
- New Mexico: *Building Capacity For Preventing Sexual Violence In New Mexico: A Three Year Strategic Plan* (Woelk, 2009);
- New York State Department of Health: *Sexual Violence Prevention Plan: Preventing Sexual Violence in New York State* (New York State Department of Health, 2009);
- North Dakota: *North Dakota Intimate Partner and Sexual Violence Prevention Plan* (ND Department of Health, 2009);
- Ohio: *Pathways in Prevention: A Roadmap for Change* (Seltzer, Cline & Ortega, 2009);
- Oklahoma: *State Assessment and Comprehensive Plan for Sexual Violence Prevention in Oklahoma 2010-2015* (Oklahoma State Department of Health, 2010);
- Oregon: *Recommendations to Prevent Sexual Violence in Oregon: A Plan of Action* (Oregon Department of Human Services, 2006);
- Rhode Island: *Preventing Sexual Violence in Rhode Island: A Plan for the State 2011-2016* (Rhode Island Sexual Violence Prevention Planning Committee, 2011);
- South Carolina: *State of South Carolina Primary Prevention of Sexual Violence: Strategic Plan 2009-2017* (The South Carolina Department of Health and Environmental Control, 2009);
- Tasmania: *A Primary Prevention Framework to Reduce Family Violence and Sexual Assault in Tasmania 2012-2015* (Community Development Division, 2012);
- VicHealth: *Preventing Violence Before it Occurs: A Framework and Background Paper to Guide the Primary Prevention of Violence Against Women in Victoria*. (VicHealth, 2007);
- Virginia Sexual and Domestic Violence Action Alliance: *Guidelines for the Primary Prevention of Sexual Violence and Intimate Partner Violence* (Virginia Sexual and Domestic Violence Action Alliance, 2009);

- Washington State: *Synergies: Strategies for Enhancing the Capacity of Organizations, Communities and Individuals to Prevent Sexual Violence in Washington State* (Guy Ortiz, 2009);
- Winona County: *Winona Country Community Health Services: Sexual and Domestic Violence Primary Prevention Action Plan*. (Winona County Sexual and Domestic Violence Prevention Committee, 2008);
- World Health Organization and London School of Hygiene and Tropical Medicine [WHO]: *Preventing Intimate Partner and Sexual Violence Against Women – Taking Action and Generating Evidence* (WHO, 2010).

### ***Prevention Approaches***

Each plan and/or proposed framework reviewed is based on underlying approaches and models that, while different, are overlapping and complementary ways of understanding and addressing sexual violence.

The public health approach to sexual violence prevention is a science-based, population-driven, interdisciplinary approach which emphasizes primary prevention and uses the social ecological theory to frame prevention strategies (WHO, 2010).

Many of the sexual violence action plans reviewed use a “pure” public health approach, as most are funded by the Centers for Disease Control through the RPE program as a requirement of funding.<sup>3</sup> While other plans may not formally use the social ecological model, they do present strategies at the individual, relationship, community and societal level.

The Spectrum of Prevention is another popular approach or model evidenced in many plans, such as Oklahoma and the National Sexual Violence Resource Center.

The remaining national and international plans and NGO reports rely on mixed models and build their frameworks around their own stated and strategic goals. National and provincial/state action plans are primarily structured in the following way:

- Overview of data outlining the scope of the problem;
- Statement of goals;
- Statement of strategies designed to achieve those goals;
- Description of outcome measures and targets in each strategy area.

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<sup>3</sup> Many of the U.S. State plans were funded through the RPE program or EMPOWER program from the Centers for Disease Control, which stipulates use of a public health approach to sexual violence prevention. The RPE program provides funding for the development of comprehensive sexual violence prevention strategies and the development of a comprehensive sexual violence primary prevention plan for their state. The EMPOWER program provides funding for RPE recipients to build capacity to evaluate and sustain sexual violence prevention strategies (Centers for Disease Control and Prevention, 2010; Centers for Disease Control and Prevention, 2010a).

The focus of each plan differs as well. Some nations and organizations focus more specifically on sexual assault, sexual harassment and coercion. (For a full listing of plans with this focus, see Appendix A). For example, the Ontario Sexual Violence Action Plan focuses on sexual exploitation in the forms of human trafficking, technology and the internet. Some plans, such as North Dakota, Ohio and Virginia, specify intimate partner or domestic violence in addition to sexual violence. Other plans, such as Australia and New Zealand, have a broader focus, choosing to target sexual and gender-based violence against women and children. Broader still are those plans that discuss other aspects of violence prevention in tandem with their sexual violence work, such as South Africa.

Interestingly, of all the sexual violence action plans, none focus on female genital mutilation (FGM). While New Zealand does mention sexual and reproductive health strategies within their plan, it is unclear as to whether those strategies specifically address FGM.

### ***Common Prevention Elements and Strategies***

While there are many commonalities amongst the strategies identified in the sexual violence plans, there are some significant areas of difference, particularly in regards to target populations and settings. This finding is in contrast to the findings of a recent review of domestic violence action plans<sup>4</sup>, where there is little variation among target populations and chosen prevention strategies (Wells, Claussen & Sandham, 2012). Perhaps this is because the scope of sexual violence is broader than intimate partner or domestic violence (e.g., sexual exploitation, sexual assault outside of intimate partner relations, human trafficking, etc.).

The elements identified below are most commonly found across the sexual violence action plans and frameworks reviewed (for a matrix of commonly used strategies, see Appendix B).

#### ***Coordination and Collaboration***

By far, the most commonly cited prevention strategy was coordination and collaboration, with 26 of the 34 plans identifying it as a key strategy. While most plans target service providers in relation to this strategy, Washington State proposes that coordination and collaboration needs to occur with the community. Ultimately, their goal is to shift ownership of solutions from the social service sector to the greater community.

Ohio's coordination and collaboration strategy proposes coordination of their school-based approaches for sexual violence prevention programming (Seltzer, Cline & Ortega, 2009).

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<sup>4</sup> For more information, see Wells, L.M., Claussen, C., & Sandham, S (2012) *Surveying the Landscape: Domestic Violence Plans from Around the World*.

### *Public Awareness*

Public awareness as a sexual violence prevention strategy is present in almost all plans reviewed (23 out of 34), but the strategy varies in level of importance within each of the plans. Many different facets of public awareness are used to raise awareness of the issue of sexual violence in the general public and/or targeted groups or to raise awareness of resources available to individuals faced with sexual violence.

Many plans suggest that raising public awareness is best achieved through strategic campaigns involving the media, although demonstrating outcomes related to such strategies is often difficult. However, there are a small number of successful campaigns that have evidence of producing promising outcomes (End Violence Against Women Coalition, 2011).

### *Changing Societal Attitudes*

Strategies to change societal attitudes are related to strategies to increase public awareness, with the exception that these strategies are more complex. Strategies to change societal attitudes are especially pronounced in plans using the social ecological model or Spectrum of Prevention to frame their strategies. Both models argue that social and cultural norms shape behaviour and therefore are critical elements of environmental change because sexual violence is rooted in social norms.

Some sexual violence plans cite the importance of media in shaping societal norms and therefore include strategies to work with media. The Prevention Institute in California suggests that mass media has the potential to significantly impact societal norms on sexual violence, both positively and negatively (Parks, Cohen and Kravitz-Wirth, 2007).

In many of the plans, such as those of Oklahoma, South Carolina and New Jersey, media training and/or literacy is proposed as a strategy to increase media responsibility in the reporting of sexual violence. The underlying rationale for this strategy is the hypothesis that more sensitive and appropriate representation of the issue in the media will help to shift socio-cultural norms related to sexual violence (State of South Carolina, 2009).

### *Improved Policy and Legislation*

While many plans identify the need for improved policy and legislation (22 of the 34 reviewed), most strategies were specifically aimed at ensuring the existence of sexual violence prevention curriculum in schools. In addition to legislation around curriculum, a number of other strategies were presented, such as:

- **Alaska:** Alaska's plan stipulates that by 2014, health education standards will be adopted that promote healthy relationships in accordance with evidence-based guidelines for K-12 (Alaska Network on Domestic Violence & Sexual Assault, 2010).

- **Australia:** Australia's *Violence Against Women Action Plan* outlines strategies to strengthen media and internet standards to address sexualized and denigrating representations of women. In addition, the plan specifies a number of additional policies to prevent violence, such as the implementation of healthy relationship education into the national curriculum (Commonwealth of Australia, 2009).
- **New Jersey:** New Jersey's plan specifically outlines state- and system-level sexual violence policy changes targeted to three particular populations: individuals with developmental disabilities and inmates with correctional facilities; parents and caregivers; and young males (State Prevention Team, 2009).

#### *Gathering Comparable and Standardized Data*

Almost all action plans and frameworks (23 of the 34 reviewed) identify the need for comparable and standardized data. While most of the strategies discuss "building the evidence base" in very broad terms and offer few details, (Ministry of Community Development, 2012), Australia's plan includes significant formalized methods for gathering and making sense of data in this area. This plan proposes the development of a "National Center of Excellence" that would be responsible for:

1. Providing a central point for monitoring and reporting on the effects of the Plan of Action;
2. Providing a national resource for developing policy and benchmarks;
3. Developing and promoting "gold-standard" practice to reduce violence against women and their children across Australia;
4. Creating an international primary point of contact for Australia's response to sexual assault and domestic and family violence; and
5. Establishing alliances with international observatories to grow and expand the nation's knowledge base.

#### *School-based Education*

A significant number (19 of the 34) of sexual violence prevention plans and frameworks identify school-based curriculum changes and program implementations as prominent prevention strategies.

The weight of school-based curriculum changes and program implementation can vary from single statements such as "support school-based initiatives promoting healthy families and healthy relationships" (Northwest Territories Health and Social Services, 2009, p. 4), to identifying school-based education as a major component of a sexual violence prevention plan (Commonwealth of Australia, 2009). In the sexual action plan for Oklahoma, it specifies that school-based educational settings are a key focus for prevention strategies and it identifies sexual harassment prevention and sexual assault prevention programming in schools (Oklahoma State Department of Health and Oklahoma Coalition Against Domestic and Sexual Violence, 2010). Within the Ohio

sexual violence action plan, mandatory dating violence prevention programming for grades seven through 10 is a significant strategy.

### ***Emergent Prevention Elements and Strategies***

In addition to the many elements that are commonly identified as ‘essential’ across plans, there are a number of promising strategies that appear in only a few of the plans that warrant further attention.

### ***Evaluation of Action Plan***

Of the sexual violence action plans reviewed, only five specifically identified evaluating the action plan as a prominent strategy. The State of Minnesota, for example, has a section of their sexual violence plan that identifies strategies for turning the plan into action (Minnesota Department of Health, 2009). In the section entitled, “Strengthen the Leadership Structure” (Minnesota Department of Health, 2009, p. 32), the Minnesota plan outlines measurement as a key responsibility of the newly-formed leadership team, which comprises representatives from each of the organizations and entities involved in creating the sexual violence action plan.

As mentioned, no evaluations documenting the status of any of the plans reviewed in this scoping document are currently available.

### ***Changing Organizational Practices***

Very few action plans identify strategies to change organizational practices (7 of 34). Of those that do, there is considerable variation in the specificity of those strategies. For example, the State of Ohio identifies that one of its goals is to have three government agencies, private sector and/or non-profit organizations adopt sexual harassment workplace policies (Seltzer et al., 2009).

In Connecticut, a more general organizational practice strategy is outlined. For example, the plan specifies that entities funded through the Rape Prevention Education program will model environments that promote gender equity and intolerance of gender discrimination as a key objective (Connecticut Department of Public Health, 2010).

### ***Community Level Engagement***

Only 13 of the 34 plans reviewed identify strategies for community-level engagement. Many of the 13 plans use a variety of strategies to engage community, with most of the strategies being somewhat broad and non-descript in nature.

The sexual violence plan for Washington State, however, clearly identifies the need to shift ownership of solutions from social service providers to the community (Guy Ortiz, 2009). To accomplish this, the plan outlines using the community development approach to promote social change in the area of sexual violence prevention. Sexual violence service agencies receiving state funding must engage in community development activities with targeted under-served and unserved communities.

Ultimately, the long-term goal is that the communities will have the tools, resources and abilities to prevent sexual violence themselves.

### *Sexuality Education*

Increasingly, researchers are looking towards integrating sexuality education and sexual assault prevention education (Carmody, 2009). International research supports a shift in approaching sexual violence prevention education that will have closer links to positive sexuality education. These areas have traditionally been developed separately and offered by different groups of professionals with little cross-over in message and approach (Powell, 2007).

Australia, Belfast, Massachusetts and Tasmania identify integration of sexual and reproductive health programs as key components in their overall school-based education strategies. Additionally, Alaska, Oklahoma and Virginia all mention the need for integrated sexual health and sexual violence prevention efforts, but acknowledge that bringing sexual health into schools is often challenging due to structural constraints (e.g., sexual health not being offered in schools) and larger family and societal norms (e.g., parents' fear of sex) (Alaska Department of Health and Human Services, 2009).

### ***Common Target Populations for Prevention Strategies***

In addition to the common strategies across sexual violence action plans, there are also some shared common target populations identified in the action plans.

### *Boys and Men*

Of the 34 plans, almost half identify boys and men as a key population for sexual violence prevention strategies. In many plans, age ranges were used to further narrow down points across the lifespan at which strategies would be implemented. Risk factors are also identified by population and age group. For example, one of the goals in the New Jersey plan is to “increase opportunities for healthy community connectedness for young males (middle, high school and college level) who have been exposed to family violence” (State Prevention Team, 2009, p. 39).

Rhode Island's plan identifies two strategies that focus on boys and men: a universal school-based strategy aimed at both girls and boys age 11-17, and a targeted strategy directed at boys 11-17 and males who are members of male dominated groups (i.e., sports and military) (Rhode Island Sexual Violence Prevention Planning Committee, 2011). Within the targeted strategy, efforts are focused on:

- Promoting positive (non- violent) perceptions of masculinity;
- Increasing the capacity of mentoring programs to address the ways that gender roles influence relationships;
- Promoting positive role-modelling among male peer groups; and
- Decreasing the prevalence of the acceptance of rape myths.



### *Ethno-Cultural Communities*

Most of the strategies targeting ethno-cultural/immigrant communities focus on either developing culturally appropriate prevention strategies (e.g., Connecticut, Ohio, Oregon) or training members from diverse communities on sexual violence prevention (e.g., Minnesota).

The plans that provide more detailed strategies particular to ethno-cultural communities tend to be those that propose both prevention and intervention strategies. Specific ethno-cultural strategies are generally found within the intervention portion of the action plans, such as: ensuring appropriate translation services for criminal justice proceedings (Ontario) and availability of culturally competent sexual assault services (Belfast).

### ***Emergent Target Populations for Prevention Strategies***

The literature on sexual violence risk and protective factors identifies a number of populations at particular risk of sexual violence victimization (Russell, 2008; VicHealth, 2007; WHO, 2010). Several sexual violence action plans identify specific strategies for these at-risk populations.

### *Aboriginal Communities*

Aboriginal women are at greater risk of victimization than non-Aboriginal women, suffer more severe forms of abuse and face particular barriers to addressing violence (VicHealth, 2007).

The etiology of violence within Aboriginal communities differs from other communities in its connection to residential school exposure and other inter-generational trauma (Bopp, Bopp & Lane, 2003). As a result, sexual violence must be viewed in the context of the unique historical and present-day experiences of Aboriginal communities in order to comprehend the root causes, risk and protective factors and strategies for prevention (Bopp et al., 2003; VicHealth, 2007).

Taking into account these factors, a number of jurisdictions identified the need for prevention strategies specific to Aboriginal communities, particularly those with higher Aboriginal populations (e.g., Alaska, Australia National Council, New Mexico, Minnesota, New Zealand and Tasmania).

In addition to the National and State plans that include Aboriginal communities, a sexual violence plan was also developed by Aboriginal stakeholders (Ontario Federation of Indian Friendship Centres, 2011).

### *Gender and Sexually Diverse Communities<sup>5</sup>*

The literature is overwhelmingly focused on heterosexual sexual violence, although this is slowly starting to change. Risk of victimization includes both victimization from same sex partners and victimization as a result of homophobic sexual violence (Urbis Key Young, 2004).

Several sexual violence action plans (Connecticut, Massachusetts and New York) identify targeted strategies for gender and sexual minorities, although these strategies rarely target these populations directly; instead, they are focused on building the capacity of service providers to meet the needs of these communities in regards to sexual violence prevention.

### *Men in Correctional Facilities*

Men in correctional facilities have been identified in the literature as being at increased risk of sexual violence (Russell, 2008). New Jersey's sexual violence prevention plan acknowledges this high level of risk and targets prevention strategies at this population. The plan outlines institutional and agency strategies to prevent sexual violence, specifically amendments to the Prison Rape Elimination Act (PREA) and enhanced screening and supervision for correctional facility employees (State Prevention Team, 2009).

### *Older Adults*

Out of all the plans, only Ontario's sexual violence action plan identifies a strategy that targets older adults. Results from community consultations revealed that experiences of older women are not always well understood by those they turn to for support (Government of Ontario, 2011). As a result, Ontario intends to increase awareness of sexual violence against older women as part of World Elder Abuse Awareness Day.

### *People with Disabilities*

Research shows that women with disabilities are at significantly greater risk of sexual violence victimization than women without disabilities (Russell, 2008; VicHealth, 2007). Several plans specifically identify strategies that target people with disabilities, particularly those with developmental disabilities (Connecticut, Massachusetts, New Jersey, and Ontario).

Overall, strategies tend to identify the increased need for service provider capacity to promote healthy sexuality in this population, as well as research to identify evidence-informed strategies that can be built into educational programs.

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<sup>5</sup> This term is defined as follows: Sexual diverse (also known as minorities) refer to gay, lesbian and bisexual individuals, while gender diverse (minority) refers to transsexual, transgender and two-spirited individuals (K. Wells, personal communication, December 12<sup>th</sup>, 2012).

### ***Use of Evidence-based and Promising Practices***

In almost all plans, the outlined strategies are not specific enough to identify particular programs and/or initiatives. Because of this, it is difficult to ascertain whether prevention and intervention activities are “evidence-based” or “promising.” Out of all the programs identified in the plans, only two are considered to be evidence-based (see Methods, page 6, for criteria):

- The Fourth R (Alaska and Ontario)
- Safe Dates (Nebraska and New York)

Several other programs are considered to be promising practices:

- Be Safe (Massachusetts)
- Choose Respect (Alaska and Nebraska)
- Men of Strength Clubs component of Men Can Stop Rape (New York)
- Mentors in Violence Prevention (Massachusetts, New York, Rhode Island)
- Expect Respect (Virginia Sexual and Domestic Violence Action Alliance)

### ***Research-Based Prevention Strategies***

In addition to evidence-based programs (based on established criteria outlined in Methods, page 6), several other initiatives and strategies are deemed promising based on research and evaluation in the area. These include:

- **Alcohol reduction/limitation strategies:** Research has identified an association between alcohol and sexual violence, with evidence suggesting links to both increased occurrence and severity of violence (Krebs, Lindquist, Warner, Fisher & Martin, 2009; WHO, 2010). Several plans (Australia, North Dakota and Ontario) developed alcohol strategies to prevent sexual violence. Ontario, for example, focused on legislative changes around liquor acts which allowed women to take their drinks with them into the bathroom at bars, thereby ensuring their drinks are not left unattended and at risk of tampering (Ministerial Steering Committee on Violence Against Women, 2011). Reducing the physical availability of alcohol to the general population has also shown to be effective in reducing rates of violence against women (Anderson, Chisolm & Fuhr, 2009).
- **Effective public awareness campaigns:** Media is identified as exerting a powerful influence on norms (Parks et al., 2007). As such, media awareness campaigns are a common approach to the prevention of sexual violence. While media campaigns/public awareness play a prominent role in almost all sexual violence plans, only a handful have been evaluated and show evidence of attitudinal and behaviour change (Australia).<sup>6</sup>

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<sup>6</sup> See Shift’s report “A Preliminary Scan of Evidence-Based Social Marketing Campaigns to Reduce Domestic Violence” for full details.

- **Trauma-Informed Prevention Strategies:** Prevention strategies must be based on an understanding that any population selected for prevention activities will include people who have already experienced sexual abuse or who have abused others. Research shows exposure to traumatic events, such as witnessing or experiencing physical or sexual abuse, can have many negative effects throughout childhood and adolescence, including: depression, anxiety, nightmares, behavioural difficulties, etc. Prevention strategies that are trauma-informed have shown to be effective (National Child Traumatic Stress Network, n.d.). Trauma-informed strategies and systems are those that recognize and respond to the impacts of traumatic stress, infusing and sustaining trauma awareness, knowledge and skills throughout practices and policies. In its sexual violence action plan, Massachusetts clearly stated that trauma-informed principles underlie their sexual violence prevention strategies (Department of Public Health, 2009).

### ***Evidence of Effectiveness***

While many of the plans identify outcomes and indicators for each goal, none of the plans has made an evaluation and/or performance monitoring report publicly available (aside from evaluations of Safe Dates and Fourth R).

As of 2010, the State of New Jersey began the process of developing evaluation tools for their selected sexual violence prevention strategies (State Prevention Team, 2009). In July of 2012, the state released their 2010-2018 evaluation and sustainability plan. This plan is primarily focused on building evaluation capacity and supporting program improvement, although outcome evaluation of top funded programs is also intended to be conducted.

## **CONCLUSION**

This report presents an analysis of sexual violence plans from around the world. While there are many variations among the plans based on local need and context, a number of similarities are shared by all.

Key elements emerged, with the most prevalent being:

1. Enhancing collaboration and co-operation among systems;
2. Raising public awareness;
3. Changing societal attitudes and norms;
4. Implementing school-based education; and
5. Improving policy and legislation.

A number of areas emerged as being important; specifically: strategies for the evaluation of the action plans, changing organizational policies and community-level engagement. Most plans targeted men and boys, as engaging this population is critical in preventing sexual violence (Rich, Utley, Janke, & Moldoveanu, 2010; WHO, 2010).

Presently, evidence about the effectiveness of prevention strategies is limited (WHO, 2010). Review of the 34 plans demonstrates that very few identify specific evidence-based programs; instead, they outline general strategies including recommendations to offer or enhance appropriate programming in a specific area (e.g., ensuring appropriate school-based curriculum to children and youth). Furthermore, there were no available evaluations of the action plans as a whole. This lack of evaluation data makes it challenging for others in the field to understand which strategies have the greatest preventative impact.

In spite of this void, a number of plans do propose the use of strategies shown to be necessary in the prevention of sexual violence (VicHealth, 2007; WHO, 2010). Ensuring healthy relationship programming, utilization of whole school approaches and effective media campaigns are all strategies that research demonstrates are effective in the prevention of sexual violence (Davis et al., 2006; Parks et al., 2007; State of Victoria, 2009; WHO, 2010).

Due to lack of evidence in this area, the generation of research and solid evaluation data are top priorities (WHO, 2010) to ensure prevention initiatives are based on solid evidence. Furthermore, collecting data about the scope and nature of sexual violence is critical to offer the most appropriate strategies at the most appropriate time. Data of this nature is also critical in determining whether the chosen prevention strategies are truly making a difference in the rates of sexual violence.

Prevention of sexual violence is no simple task. As review of these plans demonstrates, it requires multiple strategies at many different levels. However, these efforts are critical to ensuring that families and communities are free from sexual violence.

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## APPENDIX A: Summary of Documents Reviewed

### *National Action Plans*

<b>National Action Plans</b>	<b>Year Released</b>	<b>Focus (i.e., prevention – intervention)</b>	<b>Language</b>	<b>Approach</b>	<b>Model Used</b>	<b>Use of Evidence-based Prevention Strategies</b>	<b>Plan Evaluation or Performance Report</b>
Australian Government	2009	Prevention	Violence against women	Public health	Ecological	Yes	None available for sexual violence (only domestic violence)
Australian Government, Office of the Status of Women	2004	Prevention	Sexual assault	Mixed	Spectrum of prevention	Yes	None available
New Zealand	2009	Prevention	Sexual Violence	Public health	Ecological model,	Yes	None available
South Africa	Unknown	Prevention	Violence prevention	Human rights	Ecological model	Yes	None available

***State, Provincial and/or Municipal/County Plan***

<b>State/Provincial Action Plans</b>	<b>Year Released</b>	<b>Focus</b>	<b>Language</b>	<b>Approach Used</b>	<b>Model Used</b>	<b>Use of Evidence-based Strategies</b>	<b>Plan Evaluation or Performance Report</b>
Alaska Department of Health and Human Services	2009	Primary prevention	Sexual violence	Public health	Ecological	Yes	None available
City of Belfast (UK)	2010	Mixed	Sexual violence and abuse	Mixed	Mixed	Yes	None available
City of Yarra (MN)	2006	Prevention	Sexual violence	Public health	Ecological	Yes	None available
Connecticut, USA	2009	Prevention	Sexual violence	Public health	Ecological model; Spectrum of prevention model	Yes	None available
Indiana, USA	2010	Prevention	Sexual violence	Public health	Ecological model, Spectrum of Prevention model,	Yes (development and testing)	None available
Massachusetts, USA	2009	Prevention	Sexual violence	Public health	Ecological	Yes	None available
Minnesota, USA	2009	Prevention	Sexual violence and sexual Exploitation	Public health model	Ecological	Yes	None available
Nebraska, USA	2010	Prevention	Sexual violence	Public health	Ecological	Yes	None available
New Jersey, USA	2009	Prevention	Sexual violence	Public health	Ecological	Yes	None available
New Mexico, USA	2009	Prevention	Sexual violence	Public health	Ecological		None available
New York State Department of Health, USA	2009	Prevention	Sexual violence	Public health	Ecological model; Spectrum of Prevention model	Yes	None available
North Dakota, USA	2009	Prevention	Sexual violence	Public health model	Ecological	Yes	None available
Ohio, USA	2009	Prevention	Sexual violence	Public health	Ecological	Yes	None available
Ontario, Canada	2011	Mixed	Sexual violence	Mixed	Mixed	Yes	None available
Oregon, USA	2006	Prevention	Sexual violence	Public health	Ecological model, Spectrum of Prevention model	Yes	None available

<b>State/Provincial Action Plans</b>	<b>Year Released</b>	<b>Focus</b>	<b>Language</b>	<b>Approach Used</b>	<b>Model Used</b>	<b>Use of Evidence-based strategies</b>	<b>Plan Evaluation or Performance Report</b>
Ramsey County, Minnesota, USA	2009	Both	Sexual violence	Public Health	Ecological	None specifically identified	None available
Rhode Island, USA	2011	Prevention	Sexual violence	Public health	Ecological	Yes	None available
South Carolina, USA	2009	Primary prevention	Sexual violence	Public health	Ecological	Yes	None available
Tasmania, Australia	2012	Primary prevention	Sexual assault	Public health	Ecological	Yes	None available
Virginia State, USA	2009	Primary prevention	Sexual violence	Public health	Ecological and Spectrum of Prevention	Yes	None available
Washington State, USA	2009	Prevention	Sexual violence	Public health and feminist	Ecological	Yes	None available
Winona County Community Health Services, USA	2008	Primary prevention	Sexual violence	Public health	Ecological	None specifically identified	None available

**NGO Frameworks**

<b>NGO Recommendations</b>	<b>Year Released</b>	<b>Focus (i.e., prevention – intervention)</b>	<b>Language</b>	<b>Approach Used</b>	<b>Model Used</b>	<b>Use of Evidence-based strategies</b>	<b>Plan Evaluation or Performance Report</b>
American College Health Association, USA	2008	Prevention	Sexual violence	Feminist	Ecological	Yes	None available
Centers for Disease Control & Prevention (CDC), USA	2004	Primary prevention	Sexual violence	Public health	Ecological model, Spectrum of Prevention	Yes	Yes, on selected activities
National Association of Services Against Sexual Violence, Sydney, AU	2009	Primary prevention	Sexual assault	Public health	Ecological	Yes	None available
National Sexual Violence Resource Centre, USA	2006	Primary prevention	Sexual violence	Public health	Spectrum of Prevention	Yes	None available
Population Council, Africa	2008	Mixed	Sexual and gender-based violence	Human rights	Mixed	None specifically identified	None available
Ontario, Federation of Indian Friendship Centres	2011	Mixed	Sexual violence	Social justice/feminist	Aboriginal	None specifically identified	None available
UN Action Against Sexual Violence in Conflict	2011	Prevention	Sexual violence	Human rights	Mixed	None specifically identified	None available
United Nations High Commissioner for Refugees	2001	Prevention	Sexual violence	Human rights	Mixed	None specifically identified	None available



## APPENDIX B: Commonly Used Strategies

### *Common Strategies National Plan*

National Action Plans	Changing Societal Norms	Raising Public Awareness	School-Based Education	Collaborate and Coordinate Services	Training of Professionals	Leadership	Policy	Community Engagement	Generate and Streamline Data	Inclusion of Men	First Nations	Ethno-Cultural	Other Populations
Australian Government	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes	Yes	Yes
Australian Government, Office of the Status of Women	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes
National Sexual Violence Resource Centre, USA	Yes	Yes	Yes	Yes	Yes		Yes	Yes					
New Zealand	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	
South Africa	Yes	Yes	Yes		Yes	Yes		Yes	Yes	Yes			
<b>Total Number of Plans that Include Element</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>2</b>

**Common Strategies State, Provincial and/or Municipal/County Plan**

State and/or Provincial Action Plans	Changing Societal Norms	Raising Public Awareness	School-Based Education	Collaborate and Coordinate Services	Training of Professionals	Leadership	Policy	Community Engagement	Generate and Streamline Data	Inclusion of Boys and Men	First Nations	Ethno-Cultural	Other Pops
Alaska Department of Health and Human Services	Yes		Yes	Yes	Yes	Yes	Yes	Yes			Yes		
City of Belfast		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes		Yes	
City of Yarra				Yes		Yes	Yes	Yes					
Connecticut, USA	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes
Indiana, USA	Yes								Yes				
Massachusetts, USA		Yes	Yes	Yes	Yes	Yes	Yes		Yes				
Minnesota, USA	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Nebraska, USA	Yes	Yes							Yes				
New Jersey, USA	Yes	Yes		Yes	Yes		Yes		Yes	Yes			Yes
New Mexico, USA		Yes		Yes	Yes	Yes					Yes		
New York State Department of Health, USA	Yes	Yes		Yes	Yes	Yes			Yes	Yes			Yes
North Dakota, USA	Yes	Yes	Yes		Yes	Yes			Yes				
Ohio, USA		Yes		Yes	Yes		Yes		Yes	Yes		Yes	
Ontario,	Yes	Yes	Yes	Yes	Yes	Yes		Yes		Yes	Yes	Yes	Yes
Oregon, USA	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes		Yes	
Ramsey County, Minnesota, USA		Yes	Yes	Yes	Yes		Yes						
Rhode Island, USA	Yes	Yes	Yes		Yes		Yes			Yes			
Tasmania, Australia	Yes	Yes	Yes	Yes	Yes		Yes		Yes	Yes	Yes		

State and/or Provincial Action Plans	Changing Societal Norms	Raising Public Awareness	School-Based Education	Collaborate and Coordinate Services	Training of Professionals	Leadership	Policy	Community Engagement	Generate and Streamline Data	Inclusion of Men	First Nations	Ethno-Cultural	Other Pops
Washington State, USA	Yes	Yes		Yes	Yes		Yes	Yes	Yes			Yes	
Winona County Community Health Services, USA		Yes		Yes	Yes		Yes	Yes					
<b>Total Number of Plans that Include Element</b>	<b>13</b>	<b>17</b>	<b>11</b>	<b>16</b>	<b>17</b>	<b>10</b>	<b>14</b>	<b>6</b>	<b>13</b>	<b>10</b>	<b>5</b>	<b>7</b>	<b>5</b>

**Common Strategies NGO Frameworks**

NGO	Changing Societal Norms	Raising Public Awareness	School-Based Education	Collaborate and Coordinate Services	Training of Professionals	Leadership	Policy	Community Engagement	Generate and Streamline Data	Inclusion of Men	First Nations	Ethno-Cultural	Other Pops
American College Health Association, USA	Yes	Yes	Yes	Yes	Yes		Yes			Yes (as positive role models)			Yes
Centers for Disease Control & Prevention (CDC), USA	Yes	Yes	Yes		Yes		Yes	Yes	Yes	Yes			Yes
National Association of Services Against Sexual Violence, Sydney, AU			Yes	Yes	Yes							Yes	Yes
Population Council, Africa				Yes				Yes		Yes (as victims)			
Ontario, Federation of Indian Friendship Centres	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
UN Action Against Sexual Violence in Conflict		Yes		Yes			Yes		Yes				
United Nations High Commissioner for Refugees		Yes	Yes	Yes	Yes				Yes			Yes	Yes
<b>Total Number of Plans that Include Element</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>5</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>4</b>