

**SEXUAL VIOLENCE PREVENTION:
Building Leadership and Commitment to Underserved Communities
April 3, 2003**

Unanswered Questions From the Satellite Broadcast

- 1. How do you balance using the public health model in sexual violence prevention without making women's issues smaller? That is in terms of giving them more rules about what not to do (e.g. things to do to be safe), blaming the victim.**

The public health model does not place the burden or responsibility of sexual violence prevention on individual girls or women. Rather, the model suggests a broader viewpoint and should be used as a framework for the development of prevention strategies. As Dr. Gerberding mentioned, by applying the public health approach, we can move beyond focusing on individual and family risk factors and look to multilevel approaches. That is, the public health approach draws upon the knowledge of several disciplines including medicine, epidemiology, criminology, sociology, psychology and education. We can look at how community and social system factors like poverty, social norms, public policy, and media influence the risk of violence. The public health approach emphasizes a collective or coordinated response to the problem. For more information or examples using the public health approach to prevention please refer to the World Report on Violence and Health (WHO, 2002).

- 2. What are the systematic differences of reporting among Latinas?**

There may be systematic differences in reporting among Latinas that result from issues such as language differences, shame or fear of being deported. Additionally, some researchers have suggested that Latinas may be less likely to report because of cultural beliefs that can serve as barriers. There are a number of cultures among Latina women such as Puerto Rican, Cuban or Mexican. Traditions, beliefs and values, from gender roles to religion, vary within each of these cultures. The extent to which the variations of culture impact on sexual violence, either facilitating or preventing reporting, is described by one researcher Lisa A. Fontes (1995), "Sexual Assault in Nine North American Cultures – Treatment and Prevention."

3. How do you encourage high school and college students to come forward if they have been sexually assaulted when under the influence of drugs and alcohol, when fearful of the ramifications (i.e. legal)?

Individuals must understand that there are no circumstances where sexual assault is appropriate or acceptable. It is important for victims of sexual assault to get needed support even when fearful of the ramifications of alcohol and drug use. Encourage victims to go to a safe place and call a family member, a trusted friend, the police or a local rape crisis center. Victims of sexual assault should be informed that:

- Rape is a crime
- The assault was not their fault regardless of when or how the assault occurred
- They have safety and medical needs
- They have options and support of their decisions
- There are advocates for them when dealing with courts, medical care, or law enforcement

Alcohol or drug use is not an excuse for or constitute sexual assault. During consultation, rape should be the priority topic. Generally the rape crisis center staff will address the sexual assault first and may at later time address drug and alcohol intervention.

It is imperative to minimize the barriers of reporting sexual assault. Much of the research shows that alcohol and drug use are only two of many factors that can contribute to victimization and perpetration. As sexual violence prevention educators, it is of primary importance not only to educate people about the risks associated with sexual assault, but also the definitions and types of sexual assault. Again, encourage victims to immediately seek out information and support. To locate a rape crisis center near you, contact RAINN (www.rainn.org) 1-800-656-HOPE.

4. How do programs represented get their funding?

CDC's Rape Prevention and Education Program (RPE) funds state health departments directly. For further information regarding this program, you can contact the RPE Coordinator for the state that you are interested in. Please refer to the following website for contact information www.cdc.gov/ncipc/res-ops/rpe-coordinators.htm

CDC does not directly fund any of the programs highlighted in the broadcast. For specific information about these programs please refer to their websites:

www.paar.net

www.arte-sana.com

www.tapestri.org

www.ciri.com/about_ciri/anjc.htm

5. Several questions were received inquiring about sexual assault against males. We have combined the response by providing an overview of sexual assault against men and boys.

According to the World Report on Violence and Health (2002)...“Sexual violence against men and boys is a significant problem. With the exception of childhood sexual abuse, it is one that has largely been neglected in research. Rape and other forms of sexual coercion directed against men and boys take place in a variety of settings, including in the home, the workplace, schools, on the streets, in the military and during war, as well as in prisons and police custody.” In prisons, forced sex can occur among inmates to establish hierarchies of respect and discipline. Sexual violence by prison officials, police and soldiers is also widely reported in many countries. Such violence may take the form of prisoners being forced to have sex with others as a form of “entertainment,” or to provide sex for the officers or officials in command. Elsewhere, men who have sex with other men may be “punished,” by rape, for their behavior which is perceived to transgress social norms.

The Findings from the National Violence Against Women Survey (2000) found that out of 8,000 men surveyed, 3 percent reported a completed or attempted rape in their lifetime. When this is applied to the US population overall, it equates to 1 in 33 US men having been a victim of a completed or attempted rape.

There are several organizations that can provide information and services for men who have been sexually abused such as the *National Organization on Male Sexual Victimization (NOMSV)* and *Male Survivor*. To find more information on issues related to male sexual violence, we recommend that you contact the *National Sexual Violence Resource Center (NSVRC)* at www.nsvrc.org.

6. How can we use the war as a context for talking about sexual violence, and should we?

The World Health Report (2002) references organizations that provide medical and counseling support to rape victims during times of war. One organization released guidelines on the prevention of and response to sexual violence among refugee populations. The guidelines include support services, staff training, and public awareness campaigns.

Without a doubt the events related to war affect our nation in many ways and will continue to do so. It will be difficult to adjust to the changes and consequences of war. Some talk about sexual violence as a byproduct of war, but in reality sexual violence takes place every day. It is crucial that we continue our work and strive forward to prevent sexual violence because so many lives depend on it.

7. For Pittsburgh Action Against Rape (PAAR): Have they developed a curriculum or material for either provider training or consumer groups that can be shared with others interested violence against women and disability?

Yes, most of their curriculum was adapted from the Safe Place program in Austin and The Circles Curriculum from the Jane Stanfield company. PAAR has also developed a resource directory entitled, *Referral Information for Working with People with Disabilities*. This resource directory was designed to give victim service providers access to basic information about serving people with disabilities who have been victimized. PAAR has several training specialists within their organization. To locate this directory and other information related to persons with disabilities and victimization, please visit PAAR's website, www.paar.net.

8. For Tapestri: If the existence of trafficking a person is unknown in a region, what are some methods of outreach to discover the presence and source of trafficking and the whereabouts of victims?

There are several organizations available to local communities that focus on sexual exploitation and trafficking of women. Such organizations include Tapestri, Escape: The Prostitution Prevention Project, and the Coalition Against Trafficking in Women. There are several channels that provide information and/or services regarding sexual exploitation or trafficking. It is important to check newspapers, the internet, local universities, advocacy groups, law enforcement agencies, and your local rape crisis centers to obtain such information. For example, presented on the broadcast, there was a woman who sought services from Tapestri after reading about the organization in the newspaper. The Prostitution Research and Education website provides information on prostitution and trafficking at www.prostitutionresearch.com

9. For Meet and Greet: Did the door staff at the bars that were used as escorts undergo security checks through state law enforcement?

The teams of volunteers are escorted to all locations by plain clothed Anchorage Police Officers. There are security personnel at most of the bars but they are employed by the bar and do not escort the volunteers. The bar offers escort services for their patrons in general not just during the time of the Alaska Federation of Natives Conference. The bar establishments in the Anchorage area are members of the local Beverage Association. Please refer to the National Licensed Beverage Association at www.nlba.org for guidelines regarding staffing policies.

10. Are sexual assault survivors at an increased risk for suicide?

There are a number of physical and mental health consequences of sexual violence. The effects of such violence on the victim's health can become serious with lasting results, which include but are not limited to, gynecological problems, depression, eating disorders, drug and alcohol abuse, and suicidal behavior (NCIPC Rape Fact Sheet). Sexual assault can be traumatizing, painful, and induce feelings of shame to the victims, which could lead to suicidal behavior (WHO, 2002).

11. For Meet and Greet: Did they notice any change in the number of sexual assaults during the conference in October or overall?

Yes, the number of sexual assaults has decreased during the week of the Alaska Federation of Natives conference since the implementation of the Meet and Greet, maybe as much as 80%. Unfortunately, formal research of the decline in assaults has not been conducted. The overall number of sexual assaults in Anchorage decreased during 1999 but has been on the rise each year since that time.

12. How rampant is sexual violence or assault committed by women against women and among the gay population?

Consistent with reports for the Department of Justice and the National Violence Against Women Survey, men perpetrate the vast majority of sexual violence, (i.e. over 90%). However, sexual assault can happen to anyone including those in the LGBT community. Research on sexual violence in same sex relationships is limited to studies of small, unrepresentative samples of gay and lesbian couples. According to the National Coalition of Anti-violence programs in 2000, there were over 4000 violent incidents against LGBT throughout the United States. Of those incidents, 80 were reports of sexual assault or rape.

13. There are 2 populations what have not been addressed yet -- males in general and also LGBT. Can you speak to this omission?

There are a number of populations that were not addressed by the satellite broadcast. We did not purposely omit any of them. This broadcast was a starting point for CDC to address underserved communities. It is our intention to continue to build upon this initial effort by addressing other unreached and underserved communities at the National Sexual Violence Prevention Conference to be held in May 2004. Please refer to the web at www.cdc.gov/ncipc for more information regarding the 2004 conference.

The CDC has been hosting a series of nation-wide conference calls with experts on male perpetration and organizations working with men and boys to prevent perpetration.

14. Are there any programs taking place in the high school arena?

There are a number of programs that incorporate sexual violence awareness and prevention targeting youth. Contact your state RPE Program Coordinator to learn what programs are in place in your state.

15. What are some additional protective factors against sexual violence?

Various forms of violence, such as suicide, youth violence, elder abuse and child maltreatment share some similar risk and protective factors for perpetration and victimization. This area is continually being researched and in some cases factors will differ based on the target population. As stated during the broadcast educating the community and those who can protect potential victims (i.e., teachers, physicians, parents) is a start to addressing factors that protect against victimization and perpetration. Although most research to date has focused on risk factors, more research is needed to identify additional protective factors.

Factors that can put individuals at risk for becoming perpetrators or becoming victimized include:

- Social or cultural norms that facilitate perpetration (i.e., Machismo, Marianismo)
- Personal attitudes and beliefs
- Association with peers exhibiting high-risk behaviors (i.e. alcohol use, aggression)
- Lack of family connectedness
- Poor attachment to parents
- Poor attachment to schools (i.e., involvement in activities)

A list serve has been set up for the purposes of continuing or expanding the dialogue regarding this satellite broadcast. The list serve will be available until July 3, 2003. To participate in the list serve discussion please subscribe by sending an email to requests@lists.pcadv.net and place in the subject field or message area the following: subscribe svprevention.

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