

# Best practice in the prevention of sexual violence and sexual harassment: a literature review

By Michael Flood, July 2020.

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## 1.1 Systemic

Best practice in the prevention of sexual violence and sexual harassment requires a *systemic* approach. Policy and programming must address the root causes of these forms of violence, be implemented in a comprehensive and coordinated fashion, and be guided by the best available evidence on violence and violence prevention.

### 1.1.1 Address societal drivers

#### System level

- Efforts to prevent sexual violence and harassment must address the established **drivers, risk factors, or determinants** of this violence. Sexual violence has causes that are societal, cultural, relational, and individual [1]. Prevention efforts should be directed to modifiable **risk and protective factors** at multiple levels of society.
- Prevention efforts must **address the gender-related drivers** of sexual violence and sexual harassment, drawing on a feminist and intersectional analysis of gender and power [2-6] and aiming to build gender-equitable relations and communities.
- While much prevention has addressed risk and protective factors only at the individual and relationship levels, contemporary efforts must also **address community-level factors**, aiming to produce social and structural change. They must address drivers at **all levels of the social ecological framework** [3, 7].
- Primary prevention of sexual violence requires change in **norms** (understandings of what other people do and what people are expected to), **practices** (behaviours and interactions), and **structures** (systems and organisations that arrange our norms and practices) [8].
- Prevention efforts must address the **distinct drivers of sexual violence and sexual harassment**, those factors that shape these specific forms of violence.
- Some prevention efforts also may work ‘across the silos’, addressing **multiple and overlapping forms of violence**, as they may co-occur, their risk and protective factors may overlap, and prevention strategies may be beneficial across them [9-15]. Some may also make connections to prevention and health promotion in other, related fields, such as alcohol abuse [14].

#### Initiative level

- Initiatives must address the **individual, relational, cultural, and societal factors** that increase or decrease the likelihood of sexual violence perpetration, victimisation, and/or bystander inaction. These include gender-inequitable and violence-supportive attitudes,

norms regarding sexual consent and coercion, notions of male sexual entitlement, rape-supportive peers, child maltreatment and parental conflict, and so on [4, 5, 16].

- Initiatives must be **informed by feminist analysis** of gender, power, and other determinants of sexual violence and sexual harassment [2, 3, 6, 8, 17, 18].
- Too many initiatives only seek to increase knowledge or change attitudes [19]. Program content should also **focus on changing behaviour, particularly violence perpetration, and the social and sexual relations and institutional and cultural conditions** that perpetuate violence [20]. Education programs should include curricula addressing not only participants' attitudes and knowledge but relevant behaviours and skills [4, 9, 19].
- While many programs have targeted individual and relationship level factors, such as attitudes, a greater proportion of initiatives must **target community-level factors**, including social norms and the characteristics of settings and institutions [13, 19].
- Specific initiatives may focus on specific forms of sexual violence or sexual harassment, in specific settings, or among specific populations.

### 1.1.2 Be comprehensive

#### System level

- Primary prevention requires a **comprehensive approach**, using **multiple strategies** to address sexual violence and harassment, and doing so in **multiple settings** and at **multiple levels** (Casey *et al.* 2009; Nation *et al.* 2003).
- Prevention should incorporate strategies addressing individuals, peer groups, and communities and have multiple strategies addressing the same outcome.
- Effective prevention will involve the development of **comprehensive prevention packages** incorporating multiple approaches.

#### Initiative level

- More effective interventions are likely to be comprehensive. **Multi-level, ecological interventions** will have a greater impact on attitudes, behaviours, and social norms (Casey *et al.* 2009). They address a variety of factors associated with violence at different levels of the social order, and the interrelatedness of both these factors and the strategies addressing them maximizes the resulting change [21].
- Prevention efforts in institutions and organisations should be embedded in a **whole-of-institution approach**.

### 1.1.3 Be supported by leadership, coordinated, sustained, and implemented at scale

#### System level

- Primary prevention must be supported by **political, sector-specific and civil society leadership**, including both high-level governmental support and the involvement of violence prevention organisations [17].
- To be effective at the level of communities and the nation, prevention strategies must be **coordinated**, to enable mutually reinforcing initiatives across multiple sectors and settings. Efforts must be guided by plans of action, based on coordination and partnership among stakeholders, and supported by long-term **funding** [17].

- Capacity-building, via investment in **workforce and organisational development**, is necessary to build expertise in prevention policy-making and programming [17, 18, 22, 23].
- Prevention strategies must be **implemented at scale**. Efforts must be scaled up to create greater impact, by expanding effective interventions' size and scope, replicating and adapting interventions, and expanding geographic coverage [24].

### Initiative level

- Prevention programs focused on particular strategies or settings ideally are **one component of wider, comprehensive approaches**.
- Initiatives should consider the **applicability, transferability, and fidelity** of evidence-based programs, and the settings and institutions most strategic for scaling up prevention work [24].

#### 1.1.4 Be based on evidence

### System level

- Prevention activities must be **guided by the best available evidence**, regarding both the problems they address and the ways to address them [25]. Efforts should be **informed by scholarship** on the etiology of sexual violence [4, 5, 7] and on its prevention [1, 3, 13, 16].
- Prevention requires a coordinated **system for monitoring, accountability, reporting, and evaluation** [17].
- Prevention efforts must be guided by **quality assurance mechanisms**, such as standards of practice, criteria for program funding, and accredited training [17]. Evidence-based practice should be supported through the **dissemination** of guides to evidence and standards of practice [26].
- Policy-makers must encourage the development and evaluation of effective prevention strategies, building the evidence base including via support for **rigorous impact evaluations**, including collaborations between practitioners and researchers [3] and coordinated data collection [18].

### Initiative level

- Effective interventions are **theory-based**: guided by scholarship regarding the etiology of violence (the risk factors or drivers) and the best methods for changing these [25, 27]. Programs should incorporate a conceptual framework and a logic model or theory of change [6, 7, 28], including the use of theories of attitudinal and behavioural change [19, 29].
- Initiatives ideally include **robust evaluations of impact**. Minimum standards for quantitative evaluations include assessment of impact on both attitudes and behaviors, standardised measures, and pre- and post-test data, while further desirable features include the use of both quantitative and qualitative data; long-term follow-up; measures of moderators of impact, contexts, program implementation and fidelity; and experimental or quasi-experimental designs incorporating control or comparison groups or settings [30].

## 1.2 Coverage

### System level

- Primary prevention efforts need to **reach everyone** across the Australian community. Prevention requires an inclusive, universal approach that reaches all Australians, combined with focused effort for those at greater risk [17]. Effective sexual violence prevention thus combines **universal and targeted approaches**.
- Policy makers should ensure prevention work has sufficient **coverage** across all domains, is coordinated and mutually reinforcing. This means taking a **multi-sectoral and multi-technique approach** [8].
- Prevention requires **partnerships** across relevant sectors including health, justice and education, and among diverse organisations, institutions, researchers, communities and individuals, to enable efficiencies and consistency in practice [8]. Partnerships should include women's organisations including women's health and gender equality organisations; partnerships between violence prevention agencies and mainstream organisations such as workplaces and schools; and links to organisations addressing sexual diversity, disability, and other areas of disadvantage.

### Initiative level

- Initiatives should be **relevant** to the communities and contexts in which they are delivered. They are informed by knowledge of their target group or population and their local contexts [25].
- Initiatives should be **inclusive** in both their planning and implementation. They should be accessible, and include stories or images with a diverse representation of society.
- Initiatives should be **tailored** to some degree to their target populations and settings. This may involve tailoring of content, delivery, messengers, or other features of the initiative. Tailoring can be in tension with program fidelity, particularly when transferring programs proven in one context to another context.
- Initiatives should show an **intersectional** approach, responsive to the intersections of multiple forms of disadvantage and privilege [8, 17].
- Programs should use a **participatory and community-driven approach** to inform the development, implementation and governance of prevention activities, particularly in specific ethnic communities and Aboriginal and Torres Strait Islander communities [6, 8, 17], in other settings such as sports, the military, and elsewhere [7, 19], and in community-level initiatives in general [7].

### Targeting

- Targeted initiatives are a necessarily complement to universal strategies intended to reach all parts of society. Primary prevention also should involve initiatives **targeted to specific population groups, settings, and developmental stages** that: a) show heightened risks of sexual violence perpetration or victimisation; b) have distinct risk factors for sexual violence; and/or c) are particularly likely to generate change. Although the population groups below should be included in universal prevention efforts, they should also be the subject of targeted initiatives.
- Some **population groups** to whom initiatives should be addressed include:

- *Children and young people:* Programs among younger age groups can generate lasting change in their sexual and intimate relations, as adolescence is a key period for developing sexual and intimate attitudes and behaviours. Individuals who perpetrate sexual violence often first do so in adolescence, and first experiences of victimisation also often are during adolescence [19].
- *Men and boys:* Although most men do not perpetrate sexual violence, when it occurs it is perpetrated overwhelmingly by men [31]. Prevention efforts should engage men and boys, to lessen their likelihood of perpetration, to harness their positive influence on other boys and men, and to address key drivers of sexual violence including traditional masculine norms of sexual entitlement
- *Women and girls:* Initiatives should engage women and girls in sexual violence resistance or self-defence education, given the strong evidence of its efficacy in producing decreases in victimisation [32-34].
- More **specialised approaches** may be required for communities affected by multiple forms of discrimination and inequality, including Aboriginal and Torres Strait Islander communities, immigrant and refugee populations, people with disabilities, and ethnic minority communities [17].
- Initiatives must be **appropriately timed**, for example, targeting not just university-aged populations but also younger cohorts [19], targeting different university cohorts [14], and so on.
- A wide variety of **settings** may be valuable sites for primary prevention, again based on the rationale above. Potential settings include secondary schools, universities and university halls of residence, other institutional settings, and sources of violence-supportive social norms such as media and pornography [35].

### 1.3 Maturity

#### System level

- Prevention efforts should include **investment in both established** interventions and strategies demonstrated to be effective **and new, innovative interventions and strategies** that have promise for prevention.
- Prevention efforts must be comprehensive and sustained, but also **accountable**. At the national and jurisdictional levels, this includes the setting of specific **goals and targets**, the **allocation of responsibilities** and identification of means of ensuring accountability [16]
- In order to develop a coordinated prevention strategy at a system level, a comprehensive approach for **monitoring, reporting and evaluating initiatives** is necessary [8]. All participating stakeholders should be able to report on progress against shared objectives and targets. Having targets or standards may also assist government to assess applications or determine whether to replicate an existing program in a new social context.
- In order to evaluate initiatives, there should be agreed-upon **indicators, targets, and timeframes** [36]. These targets may sit across multiple levels of the ecological framework, and they can be tailored to the specific populations and settings for the initiative [8].

- Effective, comprehensive, and consistent prevention requires **collaboration and partnerships**: across government areas including justice, health, and education; with non-government and community stakeholders; among stakeholders in the violence sector; and between practitioners and researchers [3, 8, 37].

#### Initiative level

- Prevention initiatives should involve processes of **integrated evaluation and continual improvement** [18]. Practitioners and prevention organisations should engage in **reflective practice**, critically assessing their positions, roles, and settings to contribute to learning and improvement [8].
- Programs should seek to **evolve along the evidence continuum** over time, by developing more rigorous evaluation designs to establish or strengthen their effectiveness [19, 38].

### 1.4 Funding

#### System level

- Funding should comprise a mix of **long-term and short-term** funding. A **long-term funding** mechanism should be in place to increase the **capacity** and quality of primary prevention initiatives and to support best practices across settings [8]. In contrast to sporadic, project-funding funding, this will allow more sophisticated implementation and assessment of efforts' long-term impacts [36].
- **Short-term funding** may be useful to support the **research and evaluation** of innovative practices and build the evidence base [8].
- Whether and how to fund prevention initiatives should be guided by **quality standards** [6, 39].
- **Invest in innovation**. Governments and other stakeholders should be open to innovative and theory-informed prevention efforts that may leverage long-term change [3].
- Funding for initiatives should include specific or even standardised portions **dedicated to impact evaluation**.
- Policy-makers should **consider the cost effectiveness** of prevention initiatives [40], balancing the need for sufficient implementation to achieve intended outcomes with the need for long-term sustainability and scalability, and recognising that brief or low-cost interventions simply may not have impacts [19].

#### Initiative level

- Practitioners and organisations should seek to **collaborate within and across organisations**, to avoid duplication of efforts, and to provide initiatives that are complementary, synergistic, and connect their work to larger strategies or efforts [8].
- Funding and resources should be allocated specifically to **impact evaluation**.

### 1.5 Instruments

#### System level

- Sexual violence and harassment are the outcome of a complex interplay of individual, relationship, community, institutional, and societal factors, and violence prevention too must **work at multiple levels** [41-43].
- Prevention efforts should draw on **a spectrum of prevention strategies**. Although this spectrum can be represented in different ways, key forms of intervention include: (1) direct participation programs (community education); (2) community mobilisation and strengthening; (3) organisational development; (4) communications and social marketing; (5) civil society advocacy; and (6) law and policy [17, 21].
  - There is a wealth of evidence regarding the impact of efforts across the spectrum of prevention to prevent and reduce domestic and sexual violence, with 12 reviews since 2010 documenting that **strategies at every level can be effective** [1, 3, 9, 44-51].
  - One stream of intervention, **face-to-face education**, has been implemented extensively e.g. in schools and universities and thus evaluated extensively, as 18 reviews since 2010 document [1, 46, 52-66].
  - Strategies at other levels – including **community development and mobilisation, workplace change, communications and social marketing, civil society advocacy, and legal and policy reform** – also are effective or promising.
  - Only a small number of initiatives have been shown in rigorous impact evaluations to have lessened sexual violence perpetration or victimisation [1, 19].
- The prevention field should be encouraged to move away from the use only of strategies at the smallest scales of the ecological model or spectrum of prevention, and towards the implementation of strategies that operate **across the individual, relationship, community, and societal levels** [7, 38, 67]. This requires a paradigm shift, away from low-dose education-only programming and toward investment in the development and rigorous evaluation of more comprehensive, multi-level strategies aimed at a wider range of populations [19].
- Policy-makers should **use law and policy to support and build capacity for** sexual violence prevention.

### Initiative level

- In choosing and implementing initiatives, practitioners should **draw on the evidence base** regarding effective strategies and effective practices for these.
- Practitioners should aim to move away from brief, one-off, and didactic psychoeducational interventions, **increasing their duration, dosage, and intensity**, complementing them with other strategies, and integrating them into comprehensive initiatives.
- There should be greater use of more intensive and comprehensive ‘**prevention packages**’ that incorporate multiple approaches targetting potential perpetrators, potential victims, and potential bystanders [1].
- Prevention efforts in particular institutions – whether schools, universities, sporting organisations, or workplaces – should be embedded in **a whole-of-institution approach**, involving the adoption of comprehensive and multi-pronged intervention strategies [68].
- The field should shift towards **greater use of community-level strategies**, targeting risk and protective factors not just at the individual or peer levels but at the community

or organization level and seeking to modify community and contextual supports for and structural enablers of violence [7, 13, 38, 67].

- Initiatives must address not only risk factors but also **protective factors**, those factors that lessen the likelihood of perpetration or victimisation. **‘Positive’ or ‘strengths-based’ approaches** are necessary to build skills in sexual consent and respect, healthy relationships, and prosocial bystander action, and at the community level, to build environments characterised by positive social norms and gender-equitable relationships, thus supporting positive changes in individuals’ attitudes and behaviours by enhancing community resources and strengths [7, 8].
- Initiatives should seek to be **gender transformative** by addressing the causes of the gender-based inequalities that underpin sexual violence and **transforming harmful gender roles, norms and relations** [8]. While this standard has been articulated particularly for initiatives aimed at men and boys [9, 39, 69-71], all prevention initiatives should seek to create more gender-equitable relations.

## 1.6 Mode and dosage

### System level

- There is a need for a **multi-faceted and sustained** approach to prevention, so that society engages with prevention initiatives in **various ways, in various settings and at various times**.
- Prevention initiatives should be delivered in **all settings**, including education and care settings, workplaces, community leisure spaces, health and community services, faith-based contexts, media and entertainment, public spaces and legal settings [8].

### Initiative level

- Prevention initiatives must be **engaging** – they must involve participants in processes of change. Educational strategies are more likely to be effective if they involve participants in **active learning** [72] – if they are interactive, participatory, and include small-group learning, role plays, critical reflection, and behavioural rehearsal [19, 29, 73].
- Programs should include **skills development**, with skills-focused programs showing positive and sustained effects on physical and sexual dating violence perpetration and victimisation [74, 75].
- Initiatives must have **sufficient duration** to produce change. They are more likely to be effective if they are **longer, more regular, and involve multiple points of contact** with reinforcing messages.
  - Greater program duration is associated with greater program impact [6, 19, 52, 61, 62, 76-81]. Brief, one-session educational programs will not generate lasting effects on risk factors or behaviour [82].
  - Communication and social marketing interventions have greater impact if they are more intensive, involve exposure to messaging through more than one component, and/or are complemented by on-the-ground strategies [47, 83].
- Educational initiatives should be delivered by **skilled and trained staff** [6, 19, 25, 39, 68], educators who are competent, committed, and able to connect effectively with participants [8]. Practitioners must have both content expertise and skills in participatory learning strategies. Both professional presenters and peer educators can be

effective. There is mixed evidence regarding their relative effectiveness [51, 77, 84, 85], but in organisations such as schools, universities, and so on the use of staff educators is more compatible with a whole-of-institution and sustainable approach to prevention [28].

- In education programs, there are both advantages and disadvantages to **both mixed-sex and single-sex classes** [28]. Evidence regarding their relative effectiveness is mixed [51, 52, 77, 85-88], depending in part on effectiveness for whom and the outcomes under consideration. The weight of evidence regarding sexual assault prevention is in favour of single-sex classes [52], particularly because of the need to address issues of consent, gender, and sexuality in differing ways with male and female audiences, and the optimum strategy may be a sequenced mix of mixed-sex and single-sex classes. Both male and female educators can be effective [28, 89, 90].

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