

NASASV

National Association of Services Against Sexual Violence



Framing Best Practice: National standards for the primary prevention of sexual assault through education

**Social Justice and Social Change Research Centre
University of Western Sydney**



Dedication

This document is dedicated to the women, children and men who have experienced sexual assault, and all those who have supported them and who work to prevent sexual violence.

Citation for this report

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The approach taken in the research project, and discussion provided in this document, is the work of the research team and does not reflect the views of the Federal Government or NASASV.

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FORWARD

Violence against women remains a significant global, social and legal issue that continues to be resistant to prevention. In 2008, the Rudd Labor Government identified the prevention of violence against women as a priority for action. Recent national figures suggest that 1 in 4 women over 15 years experience some form of sexual violence (Australian Bureau of Statistics, 2006) and that violence against women represents a significant risk factor for the health and mental well-being of women aged between 15-45 years (VicHealth, 2004). Added to this are the enormous social, economic and health consequences of sexual and family violence for individuals and communities, which have been estimated to exceed \$8 billion per annum (Access Economics, 2003, 2004).

This project was commissioned by the National Association of Services against Sexual Violence (NASASV) and the Office for Women, located in the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, to complete a one-year project to develop and trial a National Sexual Assault Prevention Education Framework. NASASV identified the following set of principles, which guided the methodology of the SAPE project:

- That primary prevention work must be underpinned by a clear gender analysis and feminist understanding of why sexual assault occurs.
- That the goal of primary prevention is to achieve behaviour change.
- That primary prevention work must target men and women and include the broader community including strategies to engage parents/caregivers.
- That projects which are based on risk management and stranger danger are not primary prevention.
- That primary prevention programs target a range of delivery locations including schools.
- That primary prevention uses a range of practices to respond to geographical and cultural differences across Australia.

The development of this framework was conducted by a research team led by Associate Professor Moira Carmody (Research Co-ordinator) from the Social Justice Social Change Research Centre (SJSC) at the University of Western Sydney, Australia. The SJSC

Research Centre undertakes multi-disciplinary, theoretical and applied research on social justice issues and processes of social change. The Centre focuses on engaged research with communities, public policy, social practice, and theory, including a particular emphasis on issues that affect socially and economically diverse communities, and on evaluations of social policies and programs. It is also committed to the ongoing exchange of resources, expertise and knowledge between members of SJSC and its associates, community groups and interested individuals, locally, regionally, nationally and internationally.

Our research indicated that the most useful framework or guiding principles for the field can be achieved by the development of standards for sexual assault prevention education. For the purpose of developing standards for promising practice in Australian sexual assault prevention education, a collaborative partnership was developed between SJSC and the Victorian Health Promotion Foundation (hereafter VicHealth). VicHealth have provided strategic advice in the development of the Standards and assistance in the conceptual development and recommendations for the implementation of the NASASV education framework. A reference group from NASASV was established to guide the research project which included a representative from the Safety Branch in the Office for Women.

This report will provide a comprehensive discussion of the research underpinning the framework, along with some of our analysis of the 32 fieldwork interviews we completed with workers and other key individuals in most states in Australia. In addition, feedback received from participants during a National Roundtable held in December 2008 has informed the content of this report.

Associate Professor Moira Carmody – Research Co-ordinator

March 31st 2009

RECOMMENDATIONS

1. NASASV endorses the 6 National Standards for Sexual Assault Prevention Education described in this report as the framework for increasing the capacity of the sector to deliver high quality primary prevention education programs.
2. NASASV seeks endorsement of the National Standards for Sexual Assault Prevention Education by the Hon Tanya Plibersek, Minister for Women, and their incorporation into the process of implementing the national rollout of Respectful Relationships Prevention Education in both school and other settings where young people meet.
3. NASASV, in consultation with Minister Plibersek and the National Council to Reduce Violence against Women and their Children, recommend to state and territory governments the use of the National Standards for Sexual Assault Prevention Education in both the development and support of sexual assault services, as well as in education settings in implementing sexual assault prevention education.
4. NASASV supports the call for the establishment of a National Centre of Excellence for the Prevention of Violence against Women as proposed by the National Council. It is proposed the Centre will include a specific hub focused on the development of violence prevention education. Its purpose will be to provide best practice research evidence, funding for program development, practitioner networks to support sector development and practice improvement, the development of accreditation processes for prevention education programs, mechanisms for comprehensive training of educators and mechanisms for evaluation of program effectiveness.
5. Community based prevention organisations and sexual assault services, including NASASV, need to be recognised as key partners in the development of a national approach to sexual assault prevention education.
6. The federal government needs to develop an ongoing funding mechanism to increase the capacity of the community sector to provide high quality sexual assault prevention education programs, the training and supervision of staff and ongoing

evaluation of programs and their impact on behavioural change and the primary prevention of sexual violence.

7. Funding needs to be provided by state, territory and federal government to increase the competencies of educators in facilitating sexual assault prevention education. Sexual assault prevention educators need to have competencies in: knowledge about primary prevention concepts including theories of attitude and behaviour change; knowledge about the problem of sexual violence and the ability to respond to disclosures, adult education and group-work skills; in addition to skills in working with ethical dilemmas.
8. Funding bodies are encouraged to adopt a capacity development approach to program funding such that successful and unsuccessful grant applicants will receive feedback regarding areas for development within their program and strategies to achieve these. Prior to final allocation of funds, negotiation will occur with applicants in order to improve the likely quality of programs.
9. Additional consultation needs to focus on informing an implementation strategy for prevention work in Aboriginal and Torres Strait Islander communities.
10. Funding be provided to NASASV to enable them to provide training for the prevention education sector on the application of the Standards.
11. Research partnerships between universities, government departments and non-government agencies need to be strengthened to increase the capacity of all these agencies to address prevention education, especially in the areas of evaluation and theoretically robust program development.
12. The National Standards for Sexual Assault Prevention Education should be reviewed in 3 years following national implementation across the sector.

1. The National Sexual Assault Prevention Education Project (SAPE)

Overview

The purpose of the National Sexual Assault Prevention Education Research Project (SAPE) was to identify best or promising practice models for doing sexual assault prevention education in the Australian context. This project aimed to build upon existing prevention education activities to provide a framework that can be implemented across Australia by prevention educators, service providers, policy makers and funding bodies. Our approach to this task was to consider the best models that could easily be used by practitioners in the field. We have concluded that the development of Standards for best practice will assist in developing, implementing and evaluating educational programs that focus on the primary prevention of sexual assault. Borrowing from the *No to Violence Manual for Quality Practice* (2006), we acknowledge that there is significant diversity of practice and philosophy guiding sexual assault prevention education programs in the community. While this diversity is important, it is argued that the effectiveness and safety of programs will be enhanced by implementation of national standards for such programs. In addition, it has been argued that development and use of program indicators and standards will assist programs to analyse their work (Michau, 2005).

One of the chief objectives of this project was to identify existing prevention programs: that have incorporated men as well as women; that are targeted to culturally and sexually diverse groups; and that address the specific needs of regional women and men and people with disabilities. A key component of the consultation process was to identify programs that included some form of evaluation, particularly programs that have included steps toward assessing behavioural change. Another important element of the research was to identify some of the barriers to wider implementation of primary sexual assault prevention education.

2. Method of the SAPE project

The SAPE project is being carried out in a number of stages:

2.1. Conducting a literature review of the field of sexual assault prevention education.

Four categories of literature were reviewed: international strategic frameworks; meta-reviews of violence prevention education activity; best and promising practice literature in violence prevention education (with a specific focus on sexual assault); and critical literature relevant to the violence prevention field (August 2008 – January 2009). Literature reviewed was

limited to programs targeting high-school aged young people and adults, and excluded programs targeting primary aged children.

The SAPE research team's review of literature on sexual assault prevention education focused on asking a series of critical questions:

- How has the field of sexual assault prevention education evolved?
- What theories of the causes of violence and social change underpin current developments in violence prevention education?
- In what settings should programs be delivered?
- What is currently considered best practice in the delivery of sexual assault prevention education?
- How does program evaluation occur?
- How are educators working in sexual assault prevention trained to do this work?
- How can sexual assault prevention education be adaptive to different experiences and worldviews in the community, including those influenced by culture, location, ability, sexuality, socio-economic status and religious faith?

2.2. A National mapping of Australian programs was conducted (September – November 2008).

This provided an overview of the current state of program development and delivery. From this overview, a selection of programs to be consulted in fieldwork interviews was identified. The research team is very aware that there are many programs provided under the broad banner of violence prevention. These include programs that have a primary focus on domestic violence prevention and 'healthy' or respectful relationships. Some of these include material on sexual assault, others do not. The focus of our research, as determined by the funding body, has been specifically on how sexual assault is being addressed through educational strategies. As such, it fell outside the brief of the project to consider these other forms of education. However, it is clear that there is a need for a separate research project into the effectiveness of these programs.

Criteria were developed for choosing which programs would be consulted. These criteria were developed through a close reading of trends concerning 'best' or promising practice in violence prevention education drawn from Australian and international literature. These were then applied to mapping existing Australian programs. The criteria used to select programs for the purposes of doing our field consultations were:

- Programs that are delivered *over an adequate time period*. With a few exceptions, programs that take the form of one-off information sessions were excluded. A brief form of delivery has been criticised in the literature (Flood, 2005/2006; Imbesi, 2008b; Lee, Guy, Perry, Sniffen, & Mixson 2007) on the basis that attitude and behaviour change does not result from brief information giving sessions.
- Programs that have a *skill-based or behavioural change emphasis*. A strong argument made in the literature is that programs that merely provide information don't work to prevent sexual violence (Carmody, 2009; Carmody & Carrington, 2000; Heppner, 1995; Schewe, 2002; Wolfe & Jaffe, 2003).
- Selecting programs that have been *appropriately evaluated*, where possible. The need for programs to be evaluated in order to discern their promise, or success, is clear (Braaf, 2008; Carmody & Carrington, 2000; Ellis, 2004; Morrison, Hardison, Mathew, & O'Neil, 2004; Schewe, 2002; Tutty, et al., 2005; Whitaker, et al., 2006). However, because the violence prevention education field is in its infancy, and many programs may be new or are still emerging, the project team were flexible around these criteria.
- Selecting programs that are *delivered in community settings*, where possible. An important observation made in the literature is that school-based prevention programs fail to reach key population groups, including marginalised young people (Ellis, 2004; VicHealth, 2007; Wolfe & Jaffe, 2003). Therefore, we were keen to extend our search to include programs in school settings and beyond.
- Selecting programs that *target specific needs of diverse population groups*. An important aim of the SAPE project is to be purposefully inclusive of people with disabilities, from diverse cultural, religious and sexual groups, and those from rural communities. A deliberate attempt was made to identify and include programs targeting these groups.

A list of the violence prevention educational programs consulted for the SAPE project purposes appears in Appendix A.

2.3. Field interviews.

Field interviews were conducted with 31 individuals following UWS Ethics Committee approval in mid September. A key component of the SAPE project has been to consult with Australian professionals who are involved with writing and/or delivering individual violence prevention education programs. Consulting workers in the field is central for the purposes of the project in so far as these interviews informed us about 'the current state of play' in the

Australian field of sexual assault prevention education. These included targeted sexual assault prevention education program writers who provided in-depth information about the development of promising practice programs (the criteria used to choose these programs are discussed above). Field interviews were also conducted with educators from the sexual health and disability fields and experts working with migrant and refugee communities (September – November 2008).

2.4. Analysis of field data.

This was conducted through reference to key issues identified in the sexual assault prevention education literature relevant to best practice. Two rounds of data analysis were undertaken. First, and for the purposes of giving a snapshot of the Australian sexual assault prevention education field at the Roundtable in December 2008, a content analysis was done with reference to the Standards. The findings of this analysis are given in Appendix B. Secondly; a thematic analysis of interview data was conducted. This process involved asking the data these questions: 'What do program coordinators and other key mentors perceive as barriers to developing best practice in sexual assault prevention education?'; and, 'What are the perceived strengths and opportunities in the Australian sexual assault prevention education field?'

2.5. Consultation with Roundtable participants.

Program coordinators and key mentors in the violence prevention field were asked to give critical feedback during conversations held at the SAPE National Roundtable held in Sydney, December 2008. These conversations assisted the project team in refining the standards and indicators, and with writing recommendations for developing best practice in the Australian Sexual Assault Prevention Education field.

2.6. Collation of all data and writing of the National Sexual Assault Education Standards.

The full research report and publications arising from the project will be finalised between February and June 2009.

2.7. Dissemination of the Framework.

The SAPE project's *Framing Best Practice: National Standards for the Primary Prevention of Sexual Assault through Education* was presented to NASASV on January 31st 2009.

NASASV intends to launch the National Framework in April 2009 and move to trialling a number of programs that meet the national Standards.

3. The evolution of sexual assault prevention education

In order to understand current developments in the sexual assault¹ prevention education field, it is important to consider the development of social campaigning and other prevention efforts that have occurred in relation to the problem of sexual assault. Understanding this historical context is particularly important at this time of conceptual shift in the field, given there are tensions apparent between old and newer ways of conceiving best practice in gender based violence prevention.

From its inception, the international anti-rape movement has sought to provide services for victims, as well as raise awareness about sexual assault through public education campaigns (Koss & Harvey, 1991). In other words, this movement has always been committed to stopping violence happening in the first instance; at the level of what is referred to in public health discourse as primary prevention. In the Australian context, it is also recognised that sexual assault prevention education has evolved from feminist community organisations raising awareness about violence against women (Carmody & Carrington, 2000; Chung, O'Leary, & Hand, 2006). There are some defining assumptions in these early feminist awareness raising campaigns: that rape is a result of, and tool for, patriarchal social norms; that men are typically aggressive and women are passive; that women must manage the risk and threat of violence; and that the central problem was men's behaviour (Cargill, 2008; Carmody, 2003; Lees, 1997). A feature of radical feminist approaches to sexual assault prevention was resistance to 'institutionalising' prevention efforts via the apparatus of the state (Campbell, Baker, & Mazurek, 1998) and scepticism that an institutionalised crime and control response will make men accountable for sexual violence. This stance can be compared with efforts made by liberal feminists in the area of sexual assault throughout the 1970s who lobbied for legislative reform, service for victims and training of professionals working with victims. In the Australian context, the political activity of feminist bureaucrats (or femocrats) has been instrumental from the 1980s onward in shaping government policy and legal reform in the area of gender violence (R. Phillips, 2006; Spongberg, 1998).

Feminist campaigns have adapted over time to grapple with what is now recognised as diversity in women's experiences and behaviours relevant to sexual assault and other forms

¹ Sexual assault is also known as rape, sexual violence and gender based violence (Australian Government Office for Women 2006).

of violence against women (Carmody, 2009; Mason, 1997). In the US context, Campbell et al (1998) make the observation that feminist community organisations have been remarkably adaptive in weathering developments in the sexual assault field, while continuing to do social change intervention. This observation seems relevant also in the Australian context. Indeed, the main criticisms of early feminist approaches to preventing sexual assault have come from within feminism. Feminist writing had, for some decades now, brought attention to the need to focus on women's agency in social and private spaces (Hollander, 2005; Segal, 2000). They argued there was a need to avoid "*totalising femininity (in a way) that robs women of any agency or ability to exert power, express desire, take control, resist, prevent or avoid their victimisation in intimate sexual encounters with men*" (Carmody, 2003, p. 202).

An important body of criticism has emerged concerning early rape prevention efforts and earlier rape prevention assumptions. While feminists were clear that a patriarchal society created the conditions which promoted and condoned rape, some rape prevention education unwittingly focused education on women managing the risk of becoming a victim (Carmody & Carrington, 2000; Neame, 2003). This risk-avoidance discourse can be seen when messages are given to young women to stay away from certain places, or dress conservatively. Sparks & Bar On (1985) made this distinction over 20 years ago when they wrote that "*knowledge that one can fight if attacked is a very different kind of security from enjoying a certainty that one will not be attacked at all*" (p.9). In contrast to placing the onus for preventing sexual violence on men or on society at large, giving risk avoidance messages in violence prevention education continues to make women responsible for their own safety. Effectively, this excludes any sense of responsibility for preventing sexual violence from men as a gender or the broader community. A further problem with using risk avoidance messages in sexual assault prevention education is the failure to accommodate this crucial fact: in most cases, women are in a relationship with or an acquaintance of the person who perpetrates violence toward them. As Neame argues, "*the most important critique of the rape avoidance strategy is its reliance on a limited conception of rape, as a surprise attack by a stranger in a public space*" (2003, p. 9). Focusing solely on risk avoidance as a strategy for prevention does little to prevent sexual assault in the context of marriage, in an ongoing intimate relationship, or in a family.

Since the 1990s there have been organised attempts in Australia to develop specific violence prevention educational programs. Organised violence prevention educational programs implemented in schools are now recognised as the most prevalent form of doing sexual and domestic violence prevention in Australia (Mulroney, 2003). These programs have most commonly developed as a result of collaboration between women's community

based organisations, and health or youth organisations (Chung, et al., 2006). Typically, these programs involve curricula that include debunking rape myths, teaching consent (including providing information about legal statutes regarding sexual consent), teaching young women how to keep safe, and providing information about services for victims. Similar to the US experience, many of the programs in this period primarily targeted women to reduce their risk of experiencing sexual assault.

In 2002 the World Health Organisation (WHO) released the *World Report on Violence and Health* (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002) to be followed by the release of *The Guide to Implementing the World Report on Violence & Health* (Butchart, Phinney, Check, & Villaveces, 2004). A key feature of the implementation guide is primary prevention of interpersonal violence. This means prevention focused on 'before the fact' of violence and using an approach directed at whole population groups. According to the WHO, primary prevention efforts must be multi-sectoral and based on empirical evidence about the causes, consequences and prevention of violence (Butchart, et al., 2004). The WHO approach to preventing interpersonal violence has significantly shaped Australian health and social policy. This is clearly evident in publications by VicHealth. The VicHealth report, *Preventing Violence before it occurs: A Framework and Background Paper to Guide the Primary Prevention of Violence against Women in Victoria* (2007), principally promotes a public health approach to the prevention of violence against women, but it also situates prevention within human rights and criminal justice frameworks. This VicHealth Framework was developed on the basis of an international literature and evidence review that identified what have been the most effective strategies for prevention, as well as priority areas, population groups and sites, with prevention education positioned as one strategy amongst multi-sectoral responses. A significant shift which might indicate the benefit of public health assumptions in the gender violence prevention field is the confidence now expressed that the violence problem can be stopped. There now seems to be optimism in the field that the violence can be stopped; violence is no longer considered as random, but as something that can be predicted and therefore prevented. As a recent report by VicHealth states, "*The prevention of violence against women is not an aspirational goal, rather, it is well within our reach*" (VicHealth, 2007, p.5).

There appears to have been an acceptance in the Australian violence against women field that the public health approach to violence prevention is similar to previous initiatives, or sufficiently politically aligned, to be considered an appropriate prevention approach. It is evident that public health terminology and a number of public health assumptions now imbue the field of violence prevention education in Australia. The broader uptake of the term

'healthy' relationships in the Australian violence prevention field is testimony to this shift. The fact that programs now discuss features in 'unhealthy' relationships, as distinct from discussing features of 'healthy' relationships, is also testimony to the impact of public health in the violence prevention education lexicon. The assumption that a line can be drawn between so-called 'healthy' and 'unhealthy' relationships, together with the assumption that professionals working in the field can make a demarcation between the two, seems bound up with claims emergent from the public health movement (Evans, 2008).

The primary prevention of violence therefore has a strong influence on sexual assault prevention education. In the following section we discuss what is meant by public health use of the term prevention and how it impacts on prevention education.

3.1 What is primary prevention?

Primary prevention efforts complement work with victims and survivors, but do not replace or take priority over it. Activities to prevent and respond to sexual violence can be classified in a number of ways. One of the most common is a three-part classification of activities according to when they occur in relation to violence:²

- Before the problem starts: *Primary* prevention
 - Activities which take place *before* sexual violence has occurred to prevent initial perpetration or victimisation.
- Once the problem has begun: *Secondary* prevention
 - Immediate responses *after* sexual violence has occurred to deal with the short-term consequences of violence, to respond to those at risk, and to prevent the problem from occurring or progressing.
- Responding afterwards: *Tertiary* prevention
 - Long-term responses *after* sexual violence has occurred to deal with the lasting consequences of violence, minimise its impact, and prevent further perpetration and victimisation.

Primary prevention strategies are implemented before the problem ever occurs. In relation to sexual violence by boys and men against girls and women, primary prevention strategies aim to lessen the likelihood of boys and men using violence or girls and women suffering

² This summary combines and modifies the accounts given by the CDC (2004, p.3) and Chamberlain (2008, p.3). See both documents for more sophisticated matrices of various strategies of prevention.

violence in the first place. They strive to circumvent violence before it occurs (Cornelius & Resseguie, 2007, p.363). They are successful when the first instance of sexual violence is prevented (Foshee, et al., 1998, p.45).

Primary prevention strategies seek to remove the causes or 'determinants' of sexual violence, to prevent the development of risk factors associated with violence, and/or to enhance the factors protective against violence (Chamberlain, 2008, p.3). To give some examples, prevention efforts may address rape-supportive attitudes and norms through public information and awareness campaigns in mass media or in particular contexts such as sports and workplaces, education programs, or 'edutainment'. They may address gender inequalities and patriarchal power relations through policies promoting gender equality, skills training in respectful relationships, or community development and the mobilisation of women's and men's networks for change (Harvey, Garcia-Moreno, & Butchart, 2007).

Secondary prevention focuses on early identification and intervention, targeting those individuals at high risk for either perpetration or victimisation and working to reduce the likelihood of their further or subsequent engagement in or subjection to violence. Secondary prevention aims "to identify the problem before it becomes evident and to intervene as soon as possible to *prevent* the problem from occurring or progressing" (Chamberlain, 2008, p.3). It is intended to reverse progress towards sexual violence and to reduce its impact. For example, activities may focus on reducing opportunities for sexual violence by supporting the men who are at risk of perpetrating violence. Secondary prevention efforts are successful "when victims stop being victimized [e.g. by leaving violent relationships] or perpetrators stop being violent" (Foshee, et al., 1998, p.45).

Tertiary prevention is centred on responding after sexual violence has occurred. Activities focus on responding to or treating the problem by minimising the impact of violence, restoring health and safety, and preventing further victimisation and perpetration (Chamberlain, 2008, p.3). Mostly, these activities include: crisis care, counselling and advocacy; referral for victims and survivors of sexual violence; efforts to prevent additional abuse (Chrisler & Ferguson, 2006, p.245); and criminal justice and counselling responses to perpetrators of violence aimed at punishment, rehabilitation, and the prevention of further violent behaviour.

Some would suggest that 'tertiary' activities are not strictly about 'prevention' but are really forms of 'intervention', as they take place after sexual violence already has occurred. Certainly, tertiary activities such as work with perpetrators or victims should not be all we do

in the name of prevention. However, they do contribute directly to the prevention of sexual violence. For example, rapid and coordinated responses to individuals perpetrating sexual violence can reduce their opportunities for and likelihood of further perpetration, while effective responses to victims and survivors can reduce the impact of victimisation and prevent revictimisation (Chamberlain, 2008, p.4).

Tertiary responses also contribute indirectly to prevention. For example, when community members perceive that the criminal justice system intervenes in and punishes domestic violence, they are also more likely to have supportive attitudes towards victims and towards legal responses to violence (Salazar, Baker, Price, & Carlin, 2003). Tertiary activities therefore are legitimate components of the prevention spectrum. Their effective and systematic application complements and supports primary prevention.

In a second method of classifying prevention activities, efforts are grouped according to the population they address. Again, this is a three-part classification. *Universal* prevention measures are aimed at the general public or at all members of a specific group such as adolescents or young men. *Selective* measures are aimed at individuals or groups that have a higher risk of developing a problem. For example, a school program may be aimed at young people who have histories of delinquency or other risk factors relevant to sexual violence. *Indicated* measures are aimed at high-risk individuals or groups that have detectable signs of the problem, in other words, who show any identifiable risk factor or condition that makes it highly likely that they are experiencing or perpetrating sexual violence (Chamberlain, 2008, p.4-5). Thus, a universal strategy targets an entire population without regard to their exposure to sexual violence, a selective strategy targets those who have a heightened risk of becoming a victim or perpetrator of sexual violence, and an indicated strategy targets those who are victims or perpetrators (Centers for Disease Control and Prevention., 2004, p.6).

In so far as there exists some overlap between these two methods of classifying prevention activities, it should be noted that this is not always the case:

Universal preventive measures are usually primary prevention strategies... Selective prevention measures typically focus on secondary prevention strategies while indicated prevention measures usually involve tertiary prevention strategies directed to high-risk groups (Chamberlain, 2008, p.5).

While the classification of prevention work into three types – primary, secondary, and tertiary – is widely used, there are some complications to note. First, the distinction between primary and secondary prevention is blurred. In some instances this is because the rationale

for the activity spans both primary and secondary prevention. For example, an education program among young people in school may be seen as primary prevention in seeking to prevent sexual violence in young people's relationships before it occurs, but as secondary prevention in targeting a group seen as at higher risk of both perpetration and victimisation. In addition, while primary prevention efforts are intended to prevent initial perpetration or victimisation, in many cases the actual activities take place with groups which include individuals who have *already* perpetrated or experienced sexual violence. This is also true of work with secondary school classes: in any general class, there are likely to be some individuals who have assaulted or been assaulted. This means that prevention workers must be prepared to respond to instances of disclosure, whether of victimisation or perpetration, drawing on strategies and resources which are associated more strongly with secondary and tertiary prevention activities.

Second, in some accounts there are only two categories of prevention, not three, corresponding to efforts before or after violence has occurred. Here the third category, 'tertiary', is merged with the second, such that only two categories of activity are used, primary and secondary. 'Secondary' prevention then becomes a wider term for activities which aim to stop violence from recurring, e.g. by targeting known perpetrators or victims (Whitaker, et al., 2007).

4. The Australian sexual assault prevention education field

The development of best practice models of primary prevention education in the field of sexual assault is in its infancy in Australia. Indeed, specific educational programs targeting the primary prevention of intimate violence have been developed for only a little over a decade in Australia. In this time, both government and non-government agencies have increasingly recognised the importance of *primary* prevention, and as a result have developed a range of educational programs aimed at preventing sexual violence. Many organisations have received little or no additional funding to extend their work into primary prevention. Programs have frequently been driven by passionate individual workers or organisations and there has been little to guide either in how to do this work effectively from a national level. The development of national Standards is an important initiative to provide guidance grounded in international and local research concerning the question of promising practice in sexual assault prevention education.

Appendix C provides a snapshot of the Australian Sexual Assault Prevention Education Field. The data is based on 16 programs which were analysed against the Standards. The purpose of this was to provide an overview of what is currently happening in the field and to

assess the usefulness of the Standards. This approach is consistent with broader discussions within the public health field about 'what works' to prevent violence before it occurs. The public health model advocates an *evidence base* for program development, and for programs to be evaluated using quasi-scientific methods (McMahon, 2000; Pierce, 2005).

Further, public health advocates have promoted taking an inter-sectoral and ecological approach in prevention education. What they mean by this is for programs to be situated within a coordinated range of mutually reinforcing strategies across the spheres of culture, society, community and interpersonal relationships (Krug, et al., 2002; VicHealth, 2007). There is some evidence that prevention programs are increasingly adopting an ecological approach, as exemplified by efforts to embark on the development of a 'whole-of-school' violence prevention program (Fergus, 2006; Imbesi, 2008b). As a consequence of public health coming on board with gender violence prevention, together with the broader trend toward 'evidence-based' practice in the human services field, there is increased pressure for prevention programs targeting sexual violence to demonstrate the effectiveness of their educational strategies.

Closer scrutiny of the question of 'what works' to prevent sexual assault is also being explored in academic circles. In the field of sexual assault prevention education, some Australian academics have discussed the benefits of promoting ethical sexualities, and positive gender norms as a prevention strategy (Carmody, 2005, 2006, 2009; Carmody & Carrington, 2000; Flood, 2005/2006; Pease, 2008). Focusing on the positive or the ethical in sexual relationships in violence prevention education signals a significant shift away from the preventive strategy of focusing on risk avoidance or individualised safety management (Chung, et al., 2006; Keel, 2005a; Neame, 2003). Another scholastic development in the field of sexual assault prevention is a shift to engage men and boys in positive ways and to encourage them to move away from hyper masculinity (Berkowitz, 1994; Flood, 2003; Flood, 2006; Katz, 1995; Pease, 1995). Additionally, there is increasing recognition that programs need to not only be inclusive of women and men, but must be adaptive to the different experiences and worldviews in the community, including those influenced by culture, location, ability, sexuality, socio-economic status and religious faith (Urbis Keys Young., 2004; VicHealth, 2007).

A key challenge facing the field at this time is how to move beyond an understanding of the issue of sexual assault, to the ways in which it may be prevented. While raising awareness of the issues around sexual violence has occurred since the late 1970s, there is increasing evidence that awareness alone will not prevent sexual assault before it occurs. Attitudes are

poor predictors of behaviour, and intolerance towards violence is not actually linked with a decline in violence rates (Ajzen & Fishbein, 2005, p.175). Programs may be pinning their success on the ability to effect attitude change in populations, however, it should be understood that this does not equate with effecting behaviour change in the targeted population. In the United States, where rape prevention education has been delivered in tertiary colleges for a number of decades, achieving behaviour change rather than just attitude change remains challenging.

A further challenge facing the sexual assault prevention field is the issue of evaluation; including the question of what should be evaluated and the question of how to go about conducting program evaluation. There is a strong and consistent argument in the international literature that educational primary prevention activity targeting sexual assault and domestic violence has been poorly evaluated (Ellis, 2004; Morrison, et al., 2004; Ozer, 2006; Tutty, et al., 2005; VicHealth, 2007; Whitaker, et al., 2006). To date, most program evaluations have been limited in their conception and implementation, and therefore limited in their usefulness to build a best practice knowledge base in the field. Our review of existing Australian programs reviewed as part of this research indicated 43% (n=7) had been externally evaluated and the same percentage used pre and post test forms of evaluation. Only 18% used pre and post test evaluations to assess skill development or behavioural change. (Further discussion of evaluation issues is discussed under standard 5).

5. The need for National Standards for Sexual Assault Prevention Education

The above developments, together with the Federal Government's increased interest in the prevention of sexual and other forms of violence against women, create a climate for growing the capacity for sexual assault prevention education in Australia. To maximise this opportunity it is clear the field needs policy and pedagogical direction, as well as increased resources to seriously make an impact on reducing sexual violence in our communities. The National Standards for Sexual Assault Prevention Education is one part of this policy process that also links to the VicHealth (2008) examination of respectful relationships programs in Victorian schools. Both these initiatives will inform the National Plan to Reduce Violence against Women and their Children, to be completed in early 2009. A key element of the national plan is the development and introduction of Respectful Relationships education across Australia, which was an election commitment of the Labor Government and will begin to be rolled out in 2009.

The following sections outline proposed National Standards for Sexual Assault Prevention Education. This new policy direction focused on primary prevention through educational activities is one part of a multilayered strategy to prevent sexual violence which operates alongside secondary and tertiary levels of work.

5.1 How to use the prevention education standards

The proposed best practice model for sexual assault prevention education comprises 6 standards. These standards are intended to be aspirational and achievable. It is indeed the case that some Australian prevention programs already demonstrate strengths across all 6 standards of good practice. For other programs, the standards will suggest areas of refinement and reconceptualisation.

There are a number of ways in which the standards can assist the sexual assault prevention education field to increase its capacity to deliver high quality prevention education. Firstly, the six standards and their related indicators show the range of issues that need to be considered when embarking on the development of new education programs. The standards interlock and inform each other and need to be comprehended in this manner. A second use of the standards is to allow program coordinators and organisations to review existing programs and assess areas of strengths and weaknesses in current programs in relation to the standards. Our review of a sample of prevention programs nationally indicated only half of the programs were actively designed to build participant skills and work towards behavioural change. The standards will provide a method for programs to consider how existing educational efforts can be reshaped to work more effectively towards primary prevention.

Currently there is no national policy approach to how prevention education is funded. Many sexual assault services organisations develop programs without additional funding for prevention education. Others receive funding for short term projects through competitive grant applications from health and criminal justice agencies, partnerships with academics and private funding bodies. To date, there has been little to guide these funding bodies on how to assess the potential effectiveness of proposals. As a result a diverse range of methods are used, often resulting in unrealistic expectations of short term project funding. The standards provide a method for funding bodies to assess applications, or assess the strengths of replicating an existing program in a new social context. The application of the standards therefore encourages a more comprehensive and consistent approach to prevention education nationally. The advantage of a national approach is that it will build a

body of evidence about prevention education activity and assist in future planning and policy development.

The standards will also provide an opportunity for communities, organisations, and individual educators to assess their current prevention activities and to build on existing knowledge and practice. The standards demonstrate that prevention work is complex and requires adequate resourcing to realistically achieve primary prevention. They will also provide opportunities for educators to build evaluation methods that provide feedback on program effectiveness and ongoing refinements. For funding bodies, the standards have the potential to inform evaluation strategies of programs they fund. For researchers, they assist in shaping research projects to explore the complexity of prevention education and its application to diverse populations.

As indicated above, the prevention education field is at a critical point in terms of further expansion and building the capacity of the sector for primary prevention. The standards in their current form can help shape new directions in program development. However, they are intended to be seen as dynamic and refined regularly as the field develops more practice and research knowledge.

6. The National Standards for effective sexual assault prevention Education

We propose 6 standards to enhance the field of sexual assault prevention education and increase the ability to achieve primary prevention. These standards are drawn from an extensive review of international and Australian research and practice evidence on sexual assault prevention. Each standard is followed by a series of indicators. They are designed to be read and applied together in a dynamic and reflective process of prevention work. In the following section each standard is followed by indicators of how to achieve these standards. The six (6) standards are:

- 1** Using coherent conceptual approaches to program design
- 2** Demonstrating the use of a theory of change
- 3** Undertaking inclusive, relevant and culturally sensitive practice
- 4** Undertaking comprehensive program development and delivery
- 5** Using effective evaluation strategies
- 6** Supporting thorough training and professional development of educators

While standards indicate best practice goals, they also create space for new and emerging ideas of practice. We recognise that no one program is suitable for all locations or with all groups and that it is necessary to create room for program development to be tailored to the needs of local population groups and the skills and interests of different educators. The standards aim to provide a method for the field to make informed judgments about the most potentially effective education programs in local settings.

The following section provides an overview of the standards and indicators. This section is followed by a detailed discussion of the research evidence supporting each of the standards and the issues the field needs to consider in working with the standards.

Standard 1: Using coherent conceptual approaches to program design

Rationale

The theoretical or conceptual approach used in a program provides the basis for understanding why sexual violence occurs and the prevention pathway that should be used to reduce sexual violence. There are a range of different conceptual approaches to program design. Whatever approach is taken, a gender analysis³ of sexual assault is foundational to any program.

Objective

To articulate the theoretical approach upon which the program is based, demonstrating a clear rationale and research evidence relevant to the target population.

Indicators

- A quality program would include a coherent articulation of one or more recognised theoretical concepts relevant to the purposes of sexual assault prevention.
- Theoretical approach will include an understanding of the gendered nature of society and the over representation of men among perpetrators of sexual violence.
- Theoretical approaches should support achievement of positive behaviours in relationships, as well as responsibility for behaviour.

³ See discussion on pages 30-34 for why we recommend a gender analysis as opposed to a feminist analysis.

Standard 2: Demonstrating the use of a theory of change

Rationale

Sexual assault prevention programs are to be based on models of attitude change, skills development and behavioural change. Theories of change are widespread in the fields of educational and social psychology, addressing individuals, groups, communities and society. Much has been learned about how to facilitate individual behavioural change through education, and it is known that different interventions can lead to different changes in the target population. Programs should demonstrate a conceptual link between the activities being undertaken and the proposed change outcomes of these activities.

Objective

To maximise consistency between program aims and the attitude change, skills development, or behaviour change strategies used in programs.

Indicators

- An understanding of the social, cultural and individual factors that may result in sexual assault occurring.
- Articulation of the program's role in working towards primary prevention.
- Articulation of the behaviour change theory models influencing the program and the logical relationship with addressing the factors identified with the occurrence of sexual assault.
- Understanding of the differences between attitude change, skill and behaviour change and their impact on achieving primary prevention.

Standard 3: Undertaking inclusive, relevant and culturally sensitive practice

Rationale

All sexual assault prevention education programs portray the nature of the violence problem, and promote notions about the appropriate means to achieve change. The specifics of these notions and means are culturally-based. Program developers need to be aware of the culturally-based elements of programs and strive to make programs inclusive, relevant and sensitive for all participating population groups. Programs which are developed for one population group may not be suitable for other groups without meaningful adjustment.

Objective

To ensure the specific needs of different and significant population groups are central to building primary prevention models and programs.

Indicators

- Explicit discussion and description about the assumptions within a program which are inherent at both surface and deep structure levels⁴.
- Development of an initial profile of the target group.
- Consultation with mentors, community leaders or representatives from the population group leading to a consideration of the specific content needs that are relevant to the population group. This may lead to surface and/or deep structure changes.
- Ensuring the specific needs of population groups are embedded in the theoretical approach, theory of change, content and delivery, evaluation, and the training and development of prevention programs and educators.
- Development of distinct educational programs for 'selective interventions' with at risk groups.
- Ensure evaluation methods specifically support collection of data about the degree to which the specific program design met the needs of the target population group.

Standard 4: Undertaking comprehensive program development and delivery

Rationale

Sexual assault prevention education programs incorporate decisions about **who** the program is targeted at and delivered by; **what** will be the specific activities and structure of the program; **where** the program will be delivered to reach the target group; **when** the program will be run, and over what period. These decisions are sometimes based on organisational purpose, philosophy and resources.

Program design needs to address the indicators below and demonstrate how research literature and practice knowledge have informed program design decisions.

Objective

To develop programs based on best practice research evidence from international and local literature, and practice knowledge.

⁴ Program aspects such as language used, characters in role-plays and scenarios, or the type of physical activity or conceptual processing involved may be considered 'surface structure'. Underling assumptions concerning relationships, community, family, personal decision making, and theory of the causes of violence may be considered to be 'deep structure'.

Indicators

- Education activities are linked to theory of change and key concepts.
- Program activities are sufficiently diverse and engaging to achieve educational outcomes.
- Decisions regarding duration and intensity of programs to be made explicit.
- Decisions regarding target populations of programs are made explicit.
- Rationale provided for decisions regarding settings of programs.
- Mechanisms for addressing the needs of survivors of sexual assault are provided in the program.
- Rationale for decisions regarding gender of participants and facilitators is provided.
- Discussion of how diversity is addressed by the program is provided.
- Rationale for decisions regarding staffing of program (in addition to gender of facilitators) is provided.
- Understanding of context and engaging key people in the setting where a program will be conducted, including building partnerships and consultation on local needs, is demonstrated.
- Rationale provided for the context of the program and how this may affect the program's delivery and effectiveness.
- Perceived benefits or impacts of program adaptation is demonstrated.

Standard 5: Using effective evaluation strategies

Rationale

Evaluation is a tool for learning and a process supporting accountability. There is a range of evaluation strategies that can be used depending on the information sought. Program evaluation is a specific skill set and the development of effective evaluation strategies may require consultation with people with specific expertise in this area.

Objective

To collect adequate data that indicates the effectiveness of a program in achieving its stated objectives, leads to recommendations for refinement and/or future rollout, and gauges its impact on participants and contribution to primary prevention.

Indicators

- Articulation of clear and realistic processes and intended program outcomes to be evaluated.

- Demonstration of how evaluation is built into program design.
- Discussion of evaluation approaches to be used and rationale for use is evident. Ideally, both quantitative and qualitative methods should be used.
- Provision of a strategy for long term evaluation follow-up, or which identifies barriers to such a strategy, is documented.
- Consideration of contextual matters that may influence evaluation outcome is documented.
- Identification of methods to be used to disseminate findings beyond reporting to funding bodies is documented.

Standard 6: Supporting thorough training and professional development of educators

Rationale

The success or otherwise of a particular program, and the sustainability of prevention education in a community, is enhanced by the knowledge, skills and stance of educators. These educators need resources and support specific to their prevention role.

Objective

To ensure sexual assault prevention education programs are delivered by well prepared and supported professionals or peer educators.

Indicators

- Programs need to identify how educators will be resourced with knowledge of sexual assault including a gender analysis, knowledge and skills to address survivors of sexual assault and how to access support services, and knowledge of prevention education theories and practices.
- Programs need to demonstrate how educators will access skills based training to prepare educators to deliver prevention programs, where the facilitators do not already have these skills.
- Training provided to educators needs to include both education skills and moral/ethical stance to work.
- Programs using peer educators need to provide a rationale for their use, adequate training and methods for ongoing support.
- Programs need to demonstrate their rationale for choice of facilitator and the facilitator's qualifications and experience relevant to program delivery.

- Programs delivered by teachers need to address their specific needs and articulate methods to work in partnership with community-based violence prevention workers.
- Programs need to demonstrate ongoing supervision of workers and attention to their safety.
- Programs need to encourage networking with other educators doing similar work or with mentors.

7. Why these standards? Research evidence to support the standards

This section summarises findings from the research literature to demonstrate the rationale for the standards. It is not intended to provide a comprehensive overview of relevant literature, of which there is a large volume. Rather this section demonstrates key elements needed to develop quality prevention education programs. This is followed by a discussion of some of the issues the research evidence raises for educators to consider in planning primary prevention education programs.

Standard 1: Using coherent conceptual approaches to program design

Theories of sexual violence serve not only to provide explanations of why this problem occurs; they also indicate the appropriate focus for prevention efforts. In the development of any program, the way that the focus issue is understood will inform what is done about it (Berns, 2001; Schewe, 2002). Understanding the relationship between how we know about a problem and how we go about solving a problem might be commonsense, however, this relationship is not always recognised in violence prevention education programs. Despite the fact that programs are ‘doing’ certain prevention activities, the theory base for why a certain prevention strategy is used is not always articulated. Morrison et al. (2004) identify that the majority of SAPIs (sexual assault prevention interventions) do not clearly rely on a theory-based foundation, and those that do so cite a variety of theories. Further, Mulroney (2003) also argues that “prevention programs rarely make explicit the theory base underpinning their approach” (p. 4).

There are a number of key theories or philosophies that have guided primary violence prevention education including: critical gender and feminist theories; ecological theories; human rights approaches; social learning theories, victimology and crime and deterrence approaches (see Appendix C

for an overview of the range of conceptual theories currently being used by educators). In

Interviewer: “...what sort of approaches to prevention did you take and the sort of theories behind it?”

Participant: “Well, using social constructionist ideas, inviting young men to be part of workshops and community development ideas around sexual assault prevention and relationship violence prevention...”

The paradigms that I’ve seen to be important in working in these areas are following with the competency words of safety, respect, responsibility and accountability...”

Field interview, South Australia

the following paragraphs these are discussed briefly. It should be understood, however, that theories can overlap or be used in combination in programs. This overlap is understandable; however, it is potentially problematic when it causes confusion of purpose and conflict between key concepts.

Public health influenced programs take a multidimensional view of the causes and origins of sexual assault and other violence. Public health approaches incorporate concepts from individual and social psychology, social marketing and feminism. It considers risk and protective factors contributing to vulnerability for, or protection against, sexual assault (Davis, Fujie Parks, & Cohen, 2006). These are seen as occurring across all levels of the ecological⁵ system (Butchart, et al., 2004; Harvey, et al., 2007; VicHealth, 2007) and includes gender⁶ inequality and social structures which lead to disadvantage and poverty, exposure to victimisation in childhood, substance misuse, and relationships in which power imbalances are used in detrimental ways (Harvey, et al., 2007). It suggests that to create lasting change there needs to be action across these ecological levels. Public health approaches strongly encourage an evidence based approach to program development and delivery.

Whether or not programs make explicit a 'feminist' stance, the contribution of feminist theorists and practitioners is integral to the field of sexual assault prevention. One of the most consistently identified needs when addressing sexual assault is changing harmful gendered attitudes and norms concerning women and relationships (Lee, et al., 2007; Urbis Keys Young., 2004; VicHealth, 2007) which are seen as a foundation upon which sexually abusive behaviour rests. Central to the challenge of sexual assault prevention education is bringing about behaviour change in the area of gendered power relations. See for example (Butchart, et al., 2004; Carmody, 2009; Flood, 2006; Hollander, 2005; Pease, 2008; Urbis Keys Young., 2004; VicHealth, 2007).

The field of sexual assault prevention traces its primary origins to feminist analyses of gender. However, within feminist theory and practice there are a range of approaches that have developed over time. This was reflected in discussions at the National Roundtable:

⁵ The ecological model was used by Krug et al. (2002) in their World Report on Violence and Health. This was a seminal document for the violence prevention field and was followed with the Preventing Violence: A Guide to Implementing the Recommendations of the 'World Report on Violence and Health' (Butchart et al., 2004). In these documents there were four levels in which factors contributing to violence were located. These levels are the individual, the relationship (interpersonal), community, and societal (Butchart et al., 2004).

⁶ While some public health approaches position gender as one of many factors, the VicHealth framework positions gender inequality and gendered relations as key determinants of violence against women

One group suggested that the 'F-word', and a feminist understanding of sexual assault, needed to underlie all aspects of the program design. However, there was some debate around how a feminist approach could be integrated into the program content:

“Using the 'F word', and being explicit about a feminist approach will not be translatable to some program deliverers working with diverse groups; either in terms of incomprehension or hostility from some groups in the community. We do not need to use F-word explicitly, but we need to be upfront about using feminist conceptual framework in guiding the National SAPE framework and in the training of program educators. If we dropped out the feminist analysis, it could mean that the training is about policing women.”

Group discussion: Recorded at the National Sexual Assault Prevention Roundtable, Sydney, 2008

The above group discussion highlights the tension between a clear feminist conceptual approach and how to ensure the key elements of this approach are presented in such a way that it engages participants and community members. One way to provide a more inclusive approach to the gendered reality of violence is to consider highlighting a gender analysis rather than an explicit analysis using feminism as the organising principle. This approach acknowledges the impact of gender conditioning and practices and how these impact differentially on women and men. It also recognises that gendered violence is socially and individually learnt, and as such is open to change. Primary prevention is therefore potentially increased by naming the ways in which women are particularly vulnerable to gendered practices of men and social institutions. It also provides a way for men to hold up to scrutiny their own gender socialisation and how they can uncritically accept it or perform gender differently.

Utilising a feminist analysis, but writing from a human rights context, Fergus and Lappin (2008) identify that prevention programs “usually disseminate information about the legal rights and services available to women experiencing violence” and that education programs in the prevention field would “teach young Australians to recognise and reject violence and discrimination, so that they can build healthy relationships” (p. 31-32).

Building closer connections between sexual health and violence prevention is emerging as a new area of research and practice. Over a decade ago, US theorist Sharon Lamb argued that sexual violence prevention education and sexual health education be integrated on the basis that these fields have similar aims. Lamb (1997) wrote (1997) that “*sex educators must take as their goal the prevention of abuse, not by placing responsibility on girls to avoid victimisation but by teaching boys how to express themselves sexually in moral, that is, considerate and respectful ways*” (p. 301). This approach recognises that sexual health is

more than 'plumbing' and safe sex (avoiding STIs and unplanned pregnancy) and that there is much to be gained by embracing a comprehensive approach to relationships and sexual intimacy. This allows greater consideration of ethical and respectful relationships and attention to the knowledge and skills needed for sexual intimacy that encourage mutual consent and negotiation (Carmody, 2009). There is emerging international research that supports a shift in approach to sexual assault prevention education having closer links with positive sexuality (for example see: Cargill, 2008; Perry, 2005, 2006a, 2006b, 2007; Powell, 2007, 2008).

Program content informed by crime prevention theories may include processes designed to inform participants of the legal definitions of sexual assault, the processes by which criminal proceedings can be evoked and followed through, and service support options.

Faith based sexual and relationship education programs are underpinned by moral understandings of human relationships that have emerged from interpretation of religious texts (for example, the Bible or the Koran). These programs may employ a range of strategies to communicate this moral or value position (for example, social learning approaches or social marketing).

It is evident that programs can be based on a range of theoretical and conceptual positions. The purpose of the standards is not in suggesting which approach is 'best'⁷, but rather in naming the importance of articulating the theoretical and conceptual positions underpinning program design. Without this articulation a program may fall into the trap of lacking theoretical clarity, which has the effect of programs having "multiple agendas" (Ellis, 2008, p. 125-153). A lack of clarity about the underpinnings of the program may result in confused objectives, alienating certain populations and a lack of coherence between intended outcomes and the reality of the program.

To illustrate this point, consider a program designed to be delivered to young women, based on a gendered understanding of sexual violence, recognising the majority of victims are women and the perpetrators are men known to them. Using this organising principle, there are several directions that can be taken in program development. A program could use human rights concepts, asserting that it is women's right to live without fear or violence. It could use a social construction of gender approach considering men's sense of entitlement to sex and women's sense of needing to comply with men's wishes. Or, an assertiveness training and self defence program could be developed. The latter may appear to make

⁷ It does, though, acknowledge that some theories and concepts are preferable to others. For example, programs which make women responsible for their own safety are seen as undesirable.

women safe, though, may have the unintended consequence of making women responsible for their safety leading to 'risk avoidance' strategies which have been critiqued in the literature (Carmody, 2003, 2009).

If this program were extended to engage young men, one might ask 'how will you engage young men in this program in a way that does not position them as potential perpetrators, resulting in defensiveness and tuning out to the prevention messages?'

A more complex use of gender analysis would acknowledge the gendered nature of sexual violence, while recognising that there are many ways to perform masculinity. It would recognise that some (young) men could use sexual coercion and force, at the same time as recognising not all men support the cultural norms that support violence against women. This more inclusive approach may result in male participants being seen as potential allies and men who stand up against violence against women.

This is only one example, but it highlights the point that educators need to understand the crucial importance of how acknowledged and unacknowledged conceptual ideas about violence and its solution significantly impact on all the other activities of program design and implementation. Prevention education is never a value neutral exercise. Therefore we need to be able to name what theories and concepts underpin our programs and the rationale for these, and understand the consequences of the choices we make.

Standard 2: Demonstrating the use of a theory of change

A key contribution of this research project is in highlighting the need for sexual assault prevention education programs to use a theory of change, to articulate this theory in program materials, and to be consistent in the use of this change approach in programs activities. Because sexual assault prevention education is inherently a practice that is about facilitating learning and affecting change, it is pivotal that program writers have a clear sense of how activity in programs is related to how people coming to programs can learn.

In the social psychology field there are a number of behaviour change theories which are used to develop health-promoting and prevention programs. In the health promotion arena different behaviour change models tend to focus either on individual, group or structural/environmental processes. However, the inter-relationships between these levels is also recognised. The most well developed models of behaviour change focus on the individual; including cognitive and social learning models (Bandura, 1986, 2004) and specific

theories including the Theory of Reasoned Action (Ajzen & Fishbein, 1980). There has been less attention given at the group or community level in bringing about behavioural change. However, there are recent developments in behaviour change theory that look beyond the individual, including social ecological change modelling theories (Bartholomew, Parcel, Kok, & Gottlieb, 2001), bystander approaches (Banyard, Plante, & Moynihan, 2004), and the Social Norms approach (Breinbauer & Maddaleno, 2005).

The efficacy of these different behaviour change models are yet to be tested in the Australian sexual assault education prevention field. International literature relevant to violence prevention education does not argue the superiority of using one behaviour change model over another in programs.

From their review of adult learning and behavioural change literature⁸, Dyson and Flood (2008, p.8-9) highlight key principles for behavioural change education (in the context of doing violence prevention with adult men). Dyson & Flood conclude that prevention programs need to be: respectful using an asset based model; goal oriented; relevant; practical; mindful of men as autonomous and self directed; focussed on the environment and changing social norms; capacity building (and building a sustainable culture of responsibility); and working to increase receptiveness.

The challenge for a prevention program that targets a population group where there is a significant age range, for example across the teenage years (12-18 year olds), is in recognising and responding to the different developmental needs within this group. Different behavioural change strategies are suitable for different groups. The importance of implementing developmentally appropriate prevention programs for pre-adolescent and early adolescent young people is clear, as it is during these stages that young people are most susceptible to sexual coercion and abuse (Breinbauer & Maddaleno, 2005, p.268).

Similarly, the challenge of achieving desirable and sustainable behavioural change in the area of sexual assault is clear. It is now widely accepted that programs which merely provide information about risks associated with sexual violence will do very little to actually prevent the problem in terms of bringing about needed behavioural change (Carmody, 2009; Lee, et al., 2007; Yeater & O'Donohue, 1999). Despite this, our research found that only 43% of Australian programs reviewed had explicit activities and theories about trying to achieve behaviour change.

⁸ This review was commissioned by the AFL (Australian Football League) to ensure the development of their education program with elite footballers was informed by international standards of best practice in sexual violence work with adult men.

While it is important that sexual assault prevention education programs have an information-based component, to be considered a *primary* prevention education program, programs must go beyond information provision to include attitude change and skill and behavioural development (also discussed in Standard 4). The challenge of achieving behaviour change in the area of sexual violence and intimate relationships is tied to the fact that knowledge or skills imparted by an educator can only go so far towards affecting change. An outside influence, such as an education program, is limited in the extent to which it can impact on the worldview and practices of any individual.

In the following section we discuss some of the different theoretical approaches to achieving behaviour change.

Theories of Change and Logic Model

Theories of change may be represented diagrammatically as 'logic models'. According to Hughes (2008, p.1) "*a logic model of a project is basically a diagrammatic representation of a theory of change, which shows the ways in which project resources, processes and activities are intended to transform inputs into the desired outcomes*". In other words, a logic model spells out the problem, the approach to addressing it (both conceptually and practically), the intended effect, and the desired outcomes (see Diagram 1).

Regarding theory-driven program design and disability:

"... they looked at those from the perspective of the work they do with their students with moderate to severe intellectual disability, and found that they were still too cognitively challenging.

So they needed something that was both more concrete and more simple, and by looking to fill that gap, you could create a tool that is useable by people with mild intellectual disability, with autism and probably even for children in early childhood, with or without disability, because of the design assumptions that have been made.

So they did a lot of background research on sexual exploitation, a lot of background research on the evidence – the empirical evidence – for effective teaching approaches for this target audience, and then started pulling together a program.

It has worked from established teaching methods that have empirical research behind them. It doesn't mean that other things can't be effective, but if they weren't empirically validated, then they said we actually want to work from the stuff that we can say works."

Field interview, Canberra

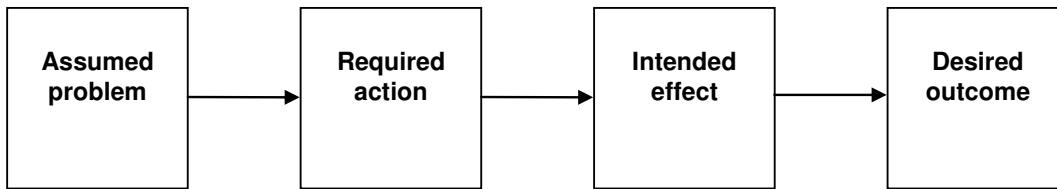


Diagram 1: A simplified program logic model (Hughes, 2008, p.1)

The purpose of using a logic model is to sharpen the planning and implementation of a program or intervention and increase clarity about the relationship between methods and ends in an intervention (Judge & Bauld, 2001). Articulating a theory of change via a logic model may assist programs in doing process and outcome evaluations (see Standard 5 for definitions of these terms).

In the field of sexual assault prevention a strategy of peer education within an educational setting may be represented by the following logic model (Diagram 2).

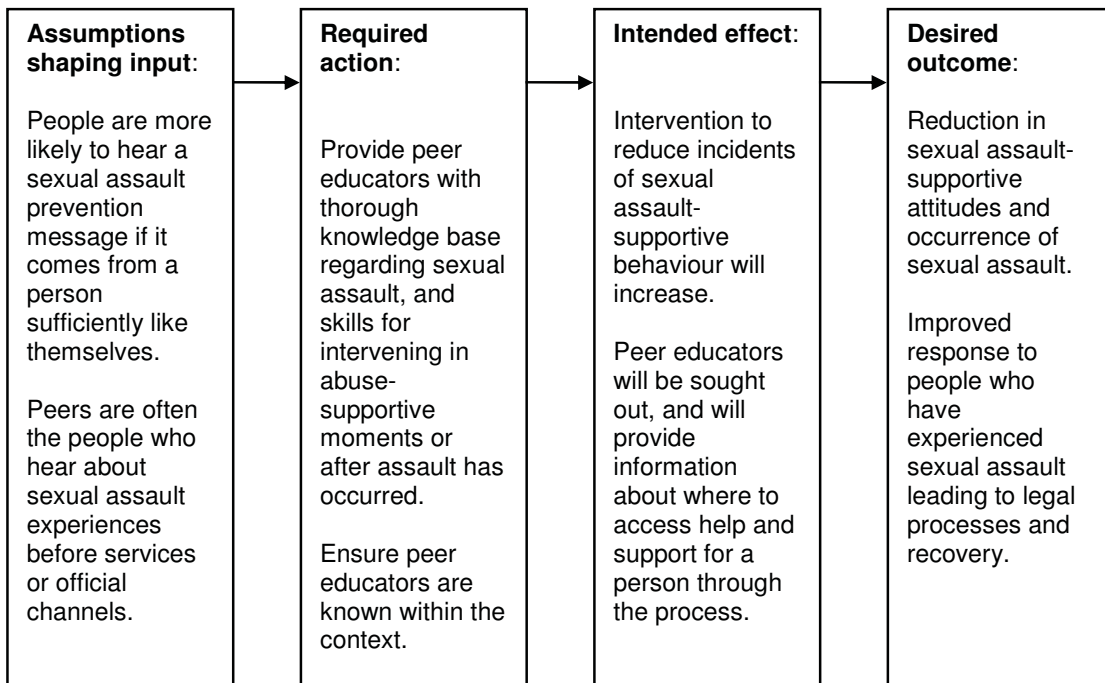


Diagram 2: A hypothetical sexual assault prevention program using peer education strategy

Some authors have argued, though, that the outcomes of a program are not simply a matter of linear movement from content inputs to successful outputs. Their effectiveness and/or success may be contingent upon a range of variables such as the charisma of the presenter, the disposition and existing level of awareness of the participants, the level of support within the host context, etc. Rogers (2008) argues that interventions which are either complicated (having many parts) or complex (being uncertain and emergent) are not suited to representation in this form of simple logic model which was developed more for production than for social change. For complex interventions, which sexual assault prevention may be considered to be, Rogers (2008) identifies the potential to use either multiple and continually revised models, or models using broadly stated objectives and processes.

Standard 3: Undertaking inclusive, relevant and culturally sensitive practice

Including culturally sensitive practice as a best practice standard is done to challenge the idea that cultural diversity can be located on the periphery of practice concerns. This standard recognises there are significant differences between population groups in Australia and that these differences have the potential to affect the outcome of mainstream sexual assault prevention education programs. These differences include faith or worldview, language and culture, (dis)ability, geographic location, and sexuality. In considering cultural diversity in the field of sexual assault prevention education, it must be recognised that cultures are different not only in terms of language, dress and rituals, they are different also along major value and normative dimensions (Blake & Katrak, 2002; Gallois & Callan, 1997). While sexual assault is an issue for all population groups, and the legal definitions covering it the same for all people, the significance of cultural differences regarding sexual assault should not be underestimated in program development.

There are several reasons why sexual assault prevention education programs need to be sensitive to cultural diversity. An important reason lies in the recognition that some population groups experience higher levels of sexual assault than other groups (Payne, 1990; Urbis Keys Young., 2004). Aboriginal and Torres Strait Islander Australians⁹ experience sexual assault at a significantly higher rate than the general population (J Phillips & Park, 2007). There is some literature indicating that women with a cognitive impairment also experience sexual assault at significantly higher rates than the general population (Goodfellow & Camilleri, 2003; J Phillips & Park, 2007), and that more generally women with disabilities have heightened vulnerability to abuse (WWDA, 2008). Sexual assault is an

⁹ While it is preferable to use the term 'Aboriginal and Torres Strait Islander' Australians, in this document the cited authors, and participants in the field interviews, have also used the terms 'Aboriginal' and 'indigenous'.

“ongoing fact of life on the streets” for homeless young people, many of whom have experienced child sexual abuse (Neame & Heenan, 2003). The incidence of sexual assault among women from non-English speaking backgrounds is difficult to estimate (J. Phillips & Park, 2006), however the lack of culturally appropriate service provision from mainstream sexual assault services, police and the criminal justice system towards overseas-born Australian women has been recognised (Neame & Heenan, 2003).

Further to the actual higher incidence of sexual assault in some population groups, it has also been found that some cultural groups are more likely to have inaccurate or restrictive views about what constitutes sexual assault and will attach different meanings to the problem of sexual assault. A recent study by VicHealth found that people from culturally and linguistically diverse communities were found to “define violence more narrowly than their English-speaking background counterparts” (VicHealth, 2007, p.54). Indigenous populations and some faith-based populations will attach different meanings to the experience of sexual assault. Sexual assault prevention education programs for indigenous people should be included in the broader context of family violence or community violence as this context is more reflective of indigenous approaches to relationships and interconnections (Urbis Keys Young., 2004). In Muslim and some Christian traditions, males are considered to be responsible for women and women are expected to be modest. In this context, a man may seek revenge for a female family member’s rape - sometimes by blaming or shaming the victim – perceiving they themselves have suffered an injury and must defend their honour (Russo, Koss, & Ramos, 2000; Shalhoub-Kevorkian, 1999a, 1999b). Sexually diverse populations may also respond differently to the experience of sexual assault. For example, fear of having one’s sexuality disclosed can be a barrier to reporting sexual assault (Vickers, 1996).

An important aspect in working toward culturally sensitive practice is a consideration of the cultural expertise and competency of the program deliverers. This was raised as a critical aspect of a sexual assault prevention program working with an immigrant population operating in NSW:

“We encountered difficulty getting members of the Egyptian community to speak about HIV, let alone sexual assault. So, standard 3 will be a major issue for migrant communities. That is, raising awareness first among migrant program deliverers about the issues of sexual violence will be a very challenging exercise, given that all aspects of sexual violence are only spoken about in very conservative ways.”

Group discussion: Recorded at the National Sexual Assault Prevention Roundtable, Sydney, 2008

An additional reason why sexual assault prevention education needs to be sensitive to cultural diversity is the recognition that cultural differences often result in material and social disadvantage (Hayes, Gray, & Edwards, 2008) Undoing discriminatory responses to diversity is a matter of social justice; therefore developing inclusive, relevant and culturally sensitive practice is matter of ethical practice.

The failure to recognise and respond to diversity in sexual assault prevention education has the potential to make programs **irrelevant** (for example, discussing complex relationship interactions with a younger age group), **unacceptable** (promoting casual sex as a norm is not appropriate when working with Muslim young people (Sanjakdar, 2004), **discriminatory** (if a program is not adaptive to the needs of participants with an intellectual or physical disability), or **dangerous** (if assumptions are made that assume all participants are heterosexual or that this is the only 'acceptable' sexuality within the community and therefore render the experience of same sex sexual violence as less significant). Same sex attracted young people face particular challenges in the context of homophobic violence and heteronormative assumptions. Programs that unwittingly assume that all participants are opposite sex attracted are failing to understand that enforcement of heterosexual norms may exacerbate feelings of isolation, mental health problems and physical violence from their peers (Hillier, Mitchell, & Mulcare, 2008). Educators need to also be considerate of religious norms and values if they are to make the prevention message relevant. In the context of doing education about sexuality with Muslim young people there is a need for Muslim educators to *"develop their own resources because nothing, nothing in terms of the current resources were applicable. Nudity for instance is not an option to present to the students, or anything about the human form, because it deviates from the principle of modesty in Islam"* (SAPE Project participant, 2008).

Violence prevention programs therefore need to ensure they address the particular needs of diverse groups in a way that does not place them at further risk of violence or stigma. Furthermore, programs should be adapted to the structure, values and norms of the setting in which they will be implemented (Hill, 2008, p.463). Regarding Indigenous communities, Cripps & McGLade (2008) write "[b]efore discussing solutions, one must understand the context in which violence occurs and how it is understood by Indigenous communities across the country" (p. 242).

This standard is somewhat different from the others as specific knowledge about 'what works' with diverse populations is underdeveloped in literature relevant to sexual assault prevention education. To develop inclusive, relevant and culturally sensitive practice we

propose that programs firstly be aware of, and in program material be explicit about, the values, beliefs, assumptions and theories used in the program. Programs must also be conscious and explicit about the physical and/or cognitive abilities required to undertake the program. With this awareness, program facilitators as well as target audiences will be more readily able to identify issues in programs that might represent significant differences, including those that require adaptation for the target audience. However, this is challenging and in many ways uncharted territory.

“If we live in a pluralistic society, how can you really honestly engage in inclusive conversations with all, with every student in the classroom? How can you really be sensitive to that? How can (educators) learn about the cultural beliefs and practices of students, how are they going to accommodate that learning in a pluralistic classroom?”

Field interview, Victoria

Strategies for inclusive education

A key issue in working to achieve more inclusive, relevant and culturally sensitive practice is to understand that individuals, communities and subgroups within communities are at different levels of understanding of sexual assault and the need for prevention. To do this, understanding of local needs and circumstances may be undertaken. It is important for program practitioners to acknowledge that all educational contexts will be different. Therefore, a consultation and/or assessment of readiness are appropriate for all settings, not only those with cultural and linguistic diversity.

One model for building understanding of local circumstances is the Community Readiness Model (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). This model begins with key informant-based assessment of a community. This information is used to chart the community's readiness to change, in a similar way to how the Transtheoretical, or Stages of Change Model, charts a person's readiness to change (Edwards, et al., 2000). The Community Readiness Model proposes 9 levels of 'readiness' and suggests that intervention should be oriented towards moving the identified community from one stage or level to another (Edwards, et al., 2000; Findholt, 2007). This model has a strong community participation ethos which encourages the development of "community specific and culturally relevant" interventions (Jumper-Thurman, Edwards, Plested, & Oetting, 2003). It has been used by programs addressing intimate partner violence and also with diverse communities in North America including work with Native Americans (Edwards, et al., 2000). It may provide

a useful framework when considering implementing sexual assault prevention education programs in a local context.

Using the community readiness model may indicate that a community had 'no awareness' of the need for the prevention of sexual violence. This would suggest that a beginning intervention might be directed towards raising the level of awareness in the community. The impact of this prevention activity would then be evaluated and advocates would work with supportive partners to try and move the community to a high level of prevention activity.

In many Aboriginal communities, community readiness for prevention education will only be successful if healing takes place to address the intergenerational trauma caused by abuse, neglect and family violence.

“There’s way too much trauma in community already. People can’t deal with going to another group or going to talk about this stuff because it’s too painful. So people say it’s too painful to verbalise as well, to talk about this sort of stuff. So we then say to them there are other ways that you can do that, through art or through some other activity. It doesn’t have to be a verbal thing and it’s not about counselling so it’s about educating people about what you can do as well. They think that straight away healing is about I’ve got to talk about what I’ve gone through.

And that’s not what it’s about and they, I suppose have this expectation that they have to do it overnight as well, that it’s a process they have to go through overnight. It’s just too hard and we’ve got all this other stuff on and they want you to be more focussed on the priorities that they have set down for themselves.”

Field interview, Western Australia

There are a number of other strategies prevention education programs can adopt to achieve inclusive, relevant and more culturally sensitive practice. Nation et al. (2003, p.453) recommend that cultural tailoring of existing programs goes beyond *surface structure* language translation to *deep structure* modifications which are sensitive to cultural factors that influence the development of and receptiveness to the intervention. It is not merely terminology that should be altered to accommodate diversity. [For further discussion of program adaptation see Standard 4.]

The benefit of having a program facilitator who is 'similar' to the program participants has also been recognised in the literature (Schewe, 2002, p.116). Fergus and Lappin (2008) acknowledge the importance of doing consultation with stakeholders as a means of developing culturally sensitive practice (discussed further below) and for programs to

“ensure that initiatives aimed at meeting the needs of (diverse) groups are fully informed by the experiences of those who are affected and/ or have experience in the area” (p.17).

When working with Australian indigenous communities, it is important that prevention activity is driven by these communities and not imposed from outside the community (ASTI Social Justice Report, 2007, p.26). VicHealth (2007) have suggested a range of strategies that can be used to increase program effectiveness with diverse, including indigenous, communities. These include: ensuring that the structural inequalities and barriers faced by various communities are addressed; the development of partnerships with the communities including involving community leaders; and ensuring cultural and linguistic appropriateness and relevance. Some countries, including New Zealand, have responded to this challenge through developing a bi-focal approach to sexual assault prevention which accommodates important differences between indigenous (Maori) and non-indigenous (Pakeha) worldviews (McGregor, Seminar Presentation, National SAPE Roundtable, December 5, 2008)¹⁰. In the New Zealand prevention experience a parallel process is being undertaken to develop different strategies, but with a shared vision for preventing sexual violence in Maori and Pakeha communities.

There is a compelling argument for consulting with cultural mentors or ‘insiders’ when developing violence prevention education programs for indigenous and recently migrated populations (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2008; Hill, 2008; Sharobeem, personal communication, December 5, 2008). Making meaningful opportunities to consult with parents in recently migrated families has also been recognised as important for the purposes of culturally sensitive practice (Chalmers & Rosso-Buckton, 2008). When working with indigenous communities, processes of development and implementation must take into account community protocols for communication, approval, and identification of key people (Urbis Keys Young., 2004). Meaningful program adjustment for the purposes of culturally sensitive practice requires engagement with individuals and representatives of groups at the local level, and can lead to ongoing partnerships that might contribute to program sustainability. Wegner et al. (2007, p.1095) argue *“involving stakeholders in the process of adaptation (can) ensure ownership and investment in a programme, which is important for sustainability”*.

¹⁰ Counter to the view that different approaches should be developed to achieve culturally relevant programs, Elliott & Mihalic (2004, p.51) write, *“the a priori assumption that these effects [gender and race/ethnicity effects] are always present and that every program must have a separate treatment or curriculum for each sex and racial/ethnic group is unwarranted”*. These authors review US prevention education programs and argue that tampering with program structure and content decreases program effectiveness.

We are conscious of the resources that are required to undertake extensive community consultation with diverse communities for the purposes of making programs more culturally relevant. The possibility of agencies consulting well with representatives from diverse population groups is restricted by funding and time constraints. Also, spending vast sums on doing extensive consultations is not always desirable. There are many stories of positive intercultural exchange in the human services, involving workers who are flexible and insightful when working with people from other cultures. However, there are also stories of intercultural misunderstanding and culturally 'unsafe' practice when mainstream organisations work with diverse cultural communities. It is these unsafe cultural practices or poor practices when working with diversity that this standard aims to challenge. Clearly, the challenge of working well with diversity is an area that needs further discussion and debate.

To learn about whether the processes of localisation and cultural adaptation of a program have been useful, requires an evaluation approach that specifically considers issues of diversity. These would involve understanding where communities are starting from (effectively base-line data developed through initial consultation), and evaluation of the strategies that worked for that community, and those which did not (for further discussion of evaluation see Standard 5 below).

As one participant in the field interviews suggested, program development is often dependent on the integration of 'experience', 'theory' and 'working knowledge':

So that's a lot of processing, in a sense....We just kept working at it – you keep working at it till you hope that you're actually using all of that experience, that theory, that anecdotal knowledge, working knowledge, bringing those things...that's what I think is really important – that the process of developing these programs is crucial to the outcome.

Field Interview, NSW

Standard 4: Undertaking comprehensive program development and delivery

There are many issues to consider in the development and delivery of good practice violence prevention education programs. A summary of key issues considered in the literature is given below.

Different presentation methods

Schewe (2002) writes that “*to maximise learning, programs should include several presentation methods*”. Programs should deliver information using various means including interactive exercises, cooperative learning, discussions, role plays, behavioural rehearsal, skills and opportunities for reflection (Dusenbury, Falco, Lake, Brannigan, & Bosworth, 1997). Using different strategies and means in a program can affect change outcomes at the levels of individual and group knowledge, skill and behaviours. As considered in Standard 2, strategies used in a program should be informed by the theory of change the program is based on.

Awareness raising activities are used to make participants aware of the social and legal definitions of sexual assault, statistics regarding prevalence and perpetration of sexual assault, experiences of survivors and options for accessing help (Schewe, 2002). Awareness raising can take the form of one-off sessions for the presentation of information. This may be an important component of a behaviour change program, but is insufficient on its own (Breinbauer & Maddaleno, 2005; Dyson, Mitchell, Dalton, & Hillier, 2003). For the purposes of doing primary prevention, information sessions are seen as being ineffective or less effective (Hilton, Harris, Rice, Krans, & Lavigne, 1998, p. 737), having a limited effect on the systems or attitudes which support sexual violence (Banyard et. al, in Lynch & Fleming, 2005).

Attitude change activities are undertaken based on the recognition that attitudes that support sexual assault are a key factor in its occurrence (Carmody, 2009; Ellis, 2008; Flood, 2006; Lee, et al., 2007; Urbis Keys Young., 2004). Attitude change activities include engaging participants in exposing and deconstructing commonly held beliefs regarding sexual assault (Flood 2006), or engaging participants in empathy building activities (Tutty, et al., 2005) such as hearing the stories of men and women who have experienced sexual assault and cognitive dissonance activities. Cognitive dissonance includes activities which engage the participants in a new behaviour (such as developing an anti-violence poster), a process which can bring about changes in attitudes (Schewe, 2002).

Skills development and behavioural change strategies in violence prevention programs invite participants to practice and commit to non-abusive and respectful relationship skills and attitudes (Ellis, 2008). A bystander educational model has specific skills and behaviour change components (Banyard, et al., 2004; Flood, 2007). Harvey et al. (2007) state that the effect of programs is increased when they include skill building, and activities which require active participation.

Duration of programs

The number, length and spacing of program sessions is referred to in some literature as “dosage” (Nation, et al., 2003; Pease, 2008). Program duration might also be considered as an aggregate of the length of all sessions. Some programs also provide or consider follow-up and/or ‘booster’ sessions (Perry, 2008).

There appears to be consensus in the literature that multiple sessions are required if education programs are to generate behavioural and attitudinal change (Flood, 2005/2006; Harvey, et al., 2007; Meyer & Stein, 2004; Nation, et al., 2003; Schewe, 2002; Tutty, et al., 2005). As Flood (2005/2006, p.29) summarises:

“To generate sufficient ‘intensity’ to produce change, effective educational programs require both length and depth. Interventions need to be short enough to be practical, but long and intensive enough to be effective. One-off and one-hour workshops may be attractive to over-burdened schools or organisations, but they are unlikely to produce substantial and persistent change... On the other hand, while there are practical and financial constraints on lengthy and intensive educational programs, they are more likely to produce lasting change.”

Alongside recognition of the need for programs to be of a longer duration and heightened ‘intensity’, other issues need to be considered. First, length alone is no guarantee of program effectiveness. Various other factors interact with program duration to influence impact. Second, the current lack of comprehensive evaluation of programs means that we do not know what level of program duration is sufficient to ensure a significant positive impact. Third, the relationship between program duration and response may be complex, leading to difficulty in predicting the long term trajectory of change.

It should also be noted that provision of a theoretically robust brief program, or one which does not meet all of the standards’ aspirational indicators, may still have some beneficial outcomes. These include building a working relationship between the program provider and the host location, raising participants’ awareness of the nature of sexual assault (especially legal definitions¹¹ and where to go for help), and being one small action towards the long-term goal of preventing sexual violence.

¹¹ Ryan (1999) reports that young people referred for counselling for abusive or concerning sexual behaviours stated that they did not know their behaviour was illegal. In addition, during a number of field interviews conducted in this research informants reported young people’s (especially young and adult men’s) keenness to know the legal definitions of sexual abuse/assault.

Target Populations

The target group most commonly considered when developing sexual assault prevention education is young people attending high school or tertiary institutions. Adolescence and young adulthood are targeted for prevention programs because they are key transition points in the life cycle. A number of scholars are supportive of the view that prevention initiatives directed at children and young people have the greatest potential to shape attitudes, knowledge and behaviour. This is because they come at a time of life when there is a greater openness to positive influences which can affect life long behaviours (Butchart, et al., 2004; Urbis Keys Young., 2004; Wolfe, Jaffe, & Crooks, 2006). Rosewater (2003, p.9) suggests that young people are an important target population as “*patterns of intimate relationship violence have not had as much time to develop*” for this age group.

One factor that lends support to targeting children and young people for primary prevention education is that children as young as 12 have been found to have rape tolerant attitudes (Flood & Pease, 2006; Urbis Keys Young., 2004).

In distinction from literature that focuses on targeting young people in primary prevention activity, there have been some studies on the value of targeting adult population groups. The World Health Organisation (Butchart, et al., 2004) has documented the value of targeting parents and people who have responsibility to care for children. Rosewater (2003) reports some success in preventing intimate partner violence through programs that engage young fathers concerning their values, their influence in the lives of their children, and their sense of being role models for their children. Sexual assault prevention education programs are currently being conducted with football codes (both National Rugby League, and Australian Football League) in Australia. Work with the National Rugby League is currently being evaluated.

Roundtable discussions pointed to the benefits of engaging in partnerships with community groups to widen the focus of prevention activities:

“Program development is focussed on schools however it would be helpful to have examples of other settings to shift the focus to include the broader community. For example, sporting clubs. (We need) a whole community approach and how to engage everybody in the process; the role of partnerships (traditional and non traditional) around social issues and also building links with research organisations to achieve greater results.”

Group discussion: Recorded at the National Sexual Assault Prevention Roundtable, Sydney, 2008

There have also been a number of successful Australian primary prevention initiatives relevant to health and wellbeing targeting adults, particularly in the area of HIV/AIDS prevention (Parnell, 1992). This work is ongoing and evolving (see, for example, Imrie & Frankland, 2008) and accessing practice wisdom from this field could prove beneficial in the area of sexual assault prevention.

Settings for program delivery

There is a strong rationale for undertaking violence prevention education in a school environment. Schools are sites in which children and young adults spend much of their time, making them “a mass and captive audience” (Ellis, 2008, p.125). Schools have scheduled sessions, ready-made groups, and in relation to evaluation, they allow the repeated collection of data over “event-bounded timeframes” (Hilton, et al., 1998, p.737). Therefore, sexual violence prevention education in schools can reach young populations relatively easily, and can be linked to existing curricula, processes and pedagogy (Hassall & Hannah, 2007).

Schools have further advantages for violence prevention. Experience in prevention programs addressing violence, substance abuse, and delinquency among young children suggests that schools are particularly well placed to facilitate, or be the site for, partnerships between young people, parents, teachers, and others such as social workers and counsellors (Hassall & Hannah, 2007). Furthermore, to the extent that parent-teacher collaborations are part of school-based violence prevention, they increase investment in and thus the effectiveness of the program (Wolfe, et al., 2006) and they engage and strengthen ‘natural’ communities (Webster-Stratton & Taylor, 2001). For both primary and secondary prevention efforts, locating programs in schools increases their accessibility and is less stigmatising than services provided, for example, in mental health settings (Hassall & Hannah, 2007).

A program in the Northern territory underlined the importance of engaging with whole school culture in program delivery:

“I would say it’s more valuable to work on changing one school culture and making something sustainable than running all over town and doing bits and pieces”.

Field interview, NT

Programs which use a ‘whole of school’ approach conceive that classroom activities are but one aspect of prevention intervention. Other aspects include building relationships and

partnerships (with students, school personnel, parents/carers, and other community members), looking at school policy and procedures, and seeking to make a difference to the overall school culture (Dyson, et al., 2003; Imbesi, 2008a). CASA House (2008) recommendations regarding a whole of school approach include:

- Having support from the highest levels of school management/administration.
- Having 'sufficient lead time' for consultation, clarification and planning to be conducted.
- Ensuring professional development for staff is provided regarding both content and process issues, as well as building relationships between school staff and the agency.
- Engaging a cross-section of the school community to ensure the right people are there to meet the various requirements to achieve prevention goals.
- Having a timeframe which allows for phased or step-by-step introduction of the prevention program (Imbesi, 2008a, p.143-44).

The obvious disadvantage with a too heavy focus on school based program implementation is the fact that some children and young people do not attend school or have disrupted or contingent attendance at school. These children may be more at risk of using or experiencing violence (Carmody, 2009; Ellis, 2004; Powell, 2007; VicHealth, 2007; Wolfe & Jaffe, 2003). Efforts should be made to reach populations of young people who do not attend school. These include homeless young people, children living in poverty or in families receiving welfare or with incarcerated parents, children leaving juvenile detention or foster care, young parents, and girls and young women under protective services care (Rosewater, 2003). In reaching these populations, it should be recognised that young people spend time in other locations such as sporting organisations; faith based social groups, Scouts, and other educational settings (eg. TAFE and university). While schools remain a key setting for violence prevention education, the goal of bringing about a significant cultural change requires targeting young people and adults in a range of settings.

A further disadvantage of school based prevention programs can be resistance or ill-fit between violence prevention pedagogy and school pedagogy. Bradford (2006) observes that school principals and teachers can be uncomfortable and unfamiliar with the content of violence prevention education programs, and that this can hamper prevention efforts. Related to this problem is evidence that schools can be resistant to using a gender analysis or feminist approach in programs. Schools are increasingly being asked to undertake welfare and wellbeing programs additional to their curriculum content, which may have the effect of

'overburdening' in schools or schools having a lack of time and resources to contribute to violence prevention programs (Weissberg & O'Brien, 2004).

Sex segregation¹² in program delivery

The value of segregating young women and young men participating in sexual assault prevention education has been recognised in the literature (Dyson & Flood, 2008; Flood, 2006; Harvey, et al., 2007; Keel, 2005a, 2005b; Schewe, 2002; Urbis Keys Young., 2004; Wolfe & Jaffe, 2003). Supporting arguments for this practice include:

- Men have a different role and positioning in the prevention of sexual assault when compared to women. Sexual assault is more likely to be perpetrated by men, and more likely to be experienced by women.
- Attitudes associated with sexual assault are significantly related to the construction of masculinity and affect men and women differently.
- Men will be more comfortable talking about their attitudes and actions with other men.
- There is value in using different teaching strategies for different sexes; women should learn about risk and protective strategies and young men should learn about the impact of sexual assault on victims (Dyson & Flood, 2008; Flood, 2005/2006; Morrison, et al., 2004; Schewe, 2002).

In addition, sex segregation when discussing sensitive topics is sound practice when working with some population groups including indigenous and immigrant communities.

However, there is not a general consensus in the literature that sex segregation is always beneficial. Further, there is limited supporting evidence showing better outcomes when using the strategy of sex segregation (Anderson & Whiston, 2005; Ellis, 2008; McKenzie, 2007).

Another significant issue is gender matching program facilitators with program participants. A number of scholars have discussed the importance of matching male facilitators with male participants. Kimmel (1994) observes that men's attitudes and behaviour are shaped in powerful ways by their male peers, and Berkowitz (2004) has discussed the positive ends in which male-male influence can be harnessed in all-male groups. Flood (2005/2006) has also

¹² 'Gender segregation' is the general term in the sexual assault prevention field for programs which separate young men and young women in program delivery. But these programs generally separate participants on the grounds of their biological sex (males in one group, females in another) rather than on their degree of fit with masculinity or femininity. While not wanting to deny the significance of biological sex on the social construction of individuals, one might ask about the other physical or identity features which are not considered in this question. For example, how does single sex group composition position hetero-normativity? How does single sex grouping support the multiple positions within gender that people occupy? In what ways are significant cultural differences rendered invisible when attention is focussed on biological sex differences?

noted, though, that there is a greater risk that all-male groups might collude with sexism and violence. Both Flood and Berkowitz discuss the importance that men in sexual assault prevention must acknowledge women's work and leadership, and never compete with nor undermine women's efforts.

Peer Education

Ellis (2008) comments that while youth peer education is an increasingly popular approach, there is little evidence suggesting this model enhances a program effectiveness. This model of program delivery is based on the premise that peers are a significant influence on behaviour and that program participants are more likely to accept the message if the people who are presenting it are more like themselves (Wissink, 2004).

The youth peer education model requires peer educators to be conversant with the problem of sexual assault, familiar with the program content, and skilled in managing the group processes which are involved in the program. Training and on-going support for peer educators seems crucial to support them across these

"We believed that it was important to educate students in the area of sexual harassment and assault so that they could then go out to fellow students and in their own student ways educate people and confront people again in their own way with those sorts of issues for sexual harassment and assault."

Field interview NSW

roles, given the limited experience youth peer educators will have in professional development. Therefore, there is a need to ensure there are clear rationales and resources for peer educators and for it not to be seen a 'cheaper' option that excludes a coordinated approach to prevention.

Program implementation in the social context

The context of any sexual assault prevention education is a pivotal issue as this context will affect the implementation and running of the program, as well as program sustainability. The time and resources available to conduct or support the program, the degree to which the policies and procedures support the aims of the program, and the degree to which the organisational climate is supportive and enabling (Ozer, 2006), will influence whether the messages of the program and skills learned remain only within the confines of the program, or are reinforced in interactions in general. The US Prevention Institute states "*in communities that respect youth, demonstrate consistently high levels of support and*

expectations, and model non-violence, more positive outcomes can be expected' (Culross, Cohen, Wolfe, & Ruby, 2006, p.9).

The success of programs will be increased when program providers have a thorough understanding of the context in which the program is delivered, both its culture (in the broadest sense of the term) and circumstances. Further, the success of the program will be heightened when the goals and processes of the program and the context are aligned. Ozer's (2006) review of programs suggested that effectiveness of a program is contingent upon both high quality implementation and high level of system support. Various authors propose that reducing sexual violence will require changing attitudes, beliefs and behaviours, not only at the individual level, but also in communities and their systems and structures (Dyson & Fox, 2006; Lee, et al., 2007; VicHealth, 2007).

Developing an understanding of the social context in which a program is to be delivered ideally involves program coordinators undertaking consultations to build an understanding of the local culture and practices, in addition to building ongoing partnerships or collaborative working relationships with people in the context.

Violence prevention education should perhaps be considered less as a one-off or time-limited intervention, but as something which is taught across the life course (Hassall & Hannah, 2007). Human action is influenced by a myriad of forces at interpersonal, group and social levels, and at different stages of life there are new social and interpersonal pressures that human agents will respond to. In the field of sexual assault prevention education, social norms and gender-based attitudes have been recognised as key factors contributing to sexual violence (Flood, 2005/2006; Lee, et al., 2007; Urbis Keys Young., 2004). In recognition of the significant role social context has, prevention education programs need to focus not only on engaging the behaviours of individuals, but also the structures and cultures of the organisations within which the individuals live, learn and work (Armstrong, Hamilton, & Sweeney, 2006; Culross, et al., 2006).

Adapting programs for local conditions

The issue of exporting an existing program and implementing a replication of this program in another context remains a question for debate and discussion in the Australian sexual assault prevention education field. While some authors argue that replication of a good practice program in another context is possible and desirable for the purposes of fidelity

(Fergus & Lappin, 2008; Hill, 2008), others recognise replication-adaptation processes can be deleterious for program effectiveness (Elliott & Mihalic, 2004). It may be the case that two different program development methodologies will be accepted in the field: the first where a program develops in context in a 'grassroots' fashion and borrows from and adapts existing program material¹³; and second, where a best practice program is disseminated and replicated in different national contexts. In both development methodologies, we recommend the standards should be considered.

"There will be tension (if it's the case other services will) be coming in and telling us how to do things where we already do put in the education and you have to value the field that people have. You have to meet with them where they're at and go from there and build on the skills that they have rather than if you're imposing something then it kind of undermines the work that's already happening...People need to have ownership".

Field interview, Vic

The intention behind program adaptation, using the material of an existing program and altering content and structure, appears to be based on the reasoning that different settings will have unique cultures, circumstances, needs, and wants, and that these have an impact on the ways that the individuals in a group will respond to the program and the degree of relevance that the program will have for them. Adaptation can involve many things: adjustment of language; variation of characters in scenarios to be more representative of local participants; changes to the degree of physical activity or conceptual processing involved, etc.; or changes to the very structure of the program including the underling assumptions about people, community, family, personal decision making, etc. These can be considered as the difference between surface and deep structure changes. However, often educators pressed for time may simply like a particular activity they saw in a program and incorporate it out of the context for which it was developed.

The impact of not adhering to the theoretical underpinnings of a program model which have informed educational activities within the program can seriously jeopardise the potential impact of a specific program. Some programs are based on a particular theoretical model and specific research evidence and have developed reasoned activities associated with this. These are designed to build one upon the other to lead to a particular end. Such programs are simply less amenable to adaptation. In addition, some programs have localisation or adaptation as one of the intended processes.

¹³ Programs should be careful about copyright laws, and pay respect to the authorship of materials, when borrowing from other programs.

Elliot and Mihalic (2004) argue that program adaptation is not the only way to engage with the needs of local context. These authors suggest:

- local consultation to assist with choosing a best practice program which has been disseminated.
- informing or training locals in the content of this program.
- support from the original program developers regarding implementation.
- providing regular information updates regarding progress of the program are measures that can be taken to enhance replicating an existing program in a local context.

We recommend that prevention practitioners undertake consultation with developers of a program before adaptation is attempted. This consultation should seek to understand the likely impact of adaptation upon program integrity.

A program in NSW underlined the benefits of engaging in community partnerships on the issue of prevention:

“It was much more than a classic prevention, intervention. It was about the (partner) actually really looking at the culture from top down as well as bottom up. And to our knowledge it’s the only professional organisation that’s asked those questions.”

Field interview, NSW

Standard 5: Using effective evaluation strategies

In simple terms, the development of a program evaluation strategy involves the identification of what to measure, how to measure it, and when to measure it (Whitaker, et al., 2006). The purposes of evaluation include testing what works (Tutty & Bradshaw, 2004) accountability to funding bodies – attempting to show that the funds invested achieved, or went a reasonable way to achieving, the stated program goals – and ongoing learning through building the knowledge base of a particular program and the field in general (Shapiro & Rinaldi, 2001; Urbis Keys Young., 2004).

Current Evaluation Issues

Despite the apparent simplicity and importance of evaluation, there is a consistent identification of the paucity of effective evaluation in the field of sexual assault prevention

(Ellis, 2004; Flood, 2005/2006; Harvey, et al., 2007; Morrison, et al., 2004) The problems with program evaluation in the field of violence prevention education are consistently recognised in the literature. These problems include:

- Program evaluations being limited in their conception and implementation (Ellis, 2008; Harvey, et al., 2007; Morrison, et al., 2004; Whitaker, et al., 2006) and therein limited in usefulness for building the knowledge base in this field.
- Evaluations being implemented too soon after a program's completion result in the inability to understand maintenance of any change in the longer term (Flood, 2005/2006; Whitaker, et al., 2006).
- The over-emphasis on participant satisfaction evaluation, and lack of focus on program outcomes (Urbis Keys Young., 2004).
- Lack of use of validated measurement tools (Morrison, et al., 2004; Perry, 2006b; Tutty, et al., 2005).

In addition, it has been recognised that questionnaires created by program developers or implementers may not be a valid measure of what is seeking to be known (Tutty, et al., 2005). Morrison et al. (2004) identify that questionnaires regarding attitudes may suffer from respondents knowing the 'right' answer, thus participating in 'socially desirable responding', and thereby creating a skewed view of their real attitudes. Perry (2006a) echoes this point in saying that programs that seek to change attitudes are likely to load certain ideas and beliefs as the acceptable ones.

Reasons for this situation appear to be both technical – poor design and implementation (Flood, 2005/2006) – and practical – organisations lacking the resources and expertise (Morrison et al, 2004). Further exploration of these problems and discussion about evaluation methods can be found in Flood (2006) Perry (2006a), and Tutty et al (2005).

A large amount of discussion at the Roundtable pointed to the need for separate and additional funding to achieve adequate levels of program evaluation:

“The issue remains in terms of evaluation, if this is a bar we need to meet – how is evaluation going to be funded? At the moment there is a shift in how workers themselves view evaluation, as it is now seen as an important component. However, workers need to understand evaluation and integrate this aspect of program delivery into their program work. Given the 'funnel' system that currently operates with funding in the sexual assault sector, the amount for evaluation will cut into the overall funding. As a result, there really needs to extra funding available to implement any new programs”

Group discussion: Recorded at the National Sexual Assault Prevention Roundtable, Sydney, 2008

Types of Evaluation

The RESOLVE Alberta Canadian resource manual for school based sexual assault prevention programs identifies four different types of program evaluation, each serving different purposes, and providing different types of knowledge (Tutty, et al., 2005).

Needs assessments provide information on the degree and nature of the identified issue within the community or population group in question, prior to the intervention/program. [This may not be ‘evaluation’ as such, though one can see its importance for informing later measures of change. As such, it is clearly part of the evaluation cycle].

Process evaluations examine differentials in delivery, participant characteristics and program uptake. Process evaluations help to answer questions such as ‘what about this form of delivery, helped or hindered program success?’ or, ‘for which children, and under which conditions, is this program effective?’ Such evaluation seeks to elucidate the causal links between program activities and program outcomes.

Customer (participant) satisfaction studies provide an opportunity for participants to give feedback to program developers and presenters about what they did and did not like about the program. They provide important information, but should not be the sole form of evaluation. Australian practitioners at present sometimes appear to confuse the terminology of “customer satisfaction” studies with “process” evaluation.

Outcome (or impact) evaluations seek to ascertain the effectiveness of the program in achieving its goals – ‘did it change what it sought to change?’ Outcome evaluations can be undertaken immediately after a program and over longer time periods to determine the degree to which change was maintained. Outcome evaluations require that the program goals are both clearly articulated, and realistic.

It is important to maintain a conceptual distinction between the means (process) and the ends (outcomes) of a program, and remember that these require different measures, even though they are interrelated. For example, it is possible to evaluate the outcome of a program and show a positive effect, such as increased understanding of the seriousness of sexual assault, while finding that the aspect of the program which facilitated the change (process) was different from what was expected.

Perry (2006b) proposes that it is preferable for programs to undertake ongoing process evaluation which seeks to understand and then achieve the best possible program, rather than only undertaking impact evaluations after completion of the program. This is echoed by Braaf (2008) who says *“It is more useful to ask questions about whether the intervention addressed user needs, was appropriately designed for the target groups, and was executed efficiently safely and respectfully”*. Other authors argue that program evaluation should provide information which elucidates the *causal* processes through which the program achieves change (Ozer, 2006; Whitaker, et al., 2006). Balance in approaches is also required. However Urbis Keys-Young (2004) reported that in Australia there was an over-emphasis on process evaluation over outcome evaluation. In addition, outcome evaluations should be conducted over extended time periods to ascertain the longer term impact of the program (Banyard, Moynihan, & Plante, 2007; Banyard, et al., 2004; Carmody, 2009; Flood, 2005/2006). We recognise that evaluation can use a significant amount of program budgets. Where these initial budgets are small, then the capacity to do basic evaluation is hampered, let alone long term follow-up. With that consideration in mind, we argue that the ideal situation at present is for programs to undertake both outcome (impact) and process evaluation where possible. This will assist with knowledge development within the field.

In addition to the types of evaluation described above, there are also different approaches based on different practice traditions. Psychological or prevention science practitioners may be more likely to opt for “rigorous evaluations” (VicHealth, 2007, p.43) and “science-based methodologies” (Butchart, et al., 2004, p.41) utilising control and comparison groups (for examples, see Banyard et al., 2007; Wolfe, 2006). This approach is often more in keeping with public health frameworks and the nature of the evidence these seek. Community intervention practitioners may use other, ‘softer’, approaches such as community collaborative approaches (for example Shapiro & Rinaldi 2001).

Due to the inability to control for confounding variables which may have an impact on program outcomes (Perry, 2006b, p.6) advocates “functional objectivity” over “laboratory objectivity” – that is, taking a pragmatic approach which acknowledges that in social research you can not control for all confounding variables. Echoing this approach, other authors involved in the evaluation of complex community interventions call for pragmatism in methods (Judge & Bauld, 2001) and expectations (Sanderson, 2006). These authors encourage evaluation processes which are evolving through iterative processes, and adapting to the potentially shifting nature of the context within which an intervention is being implemented (Judge & Bauld, 2001; Sanderson, 2006). It is also argued that evaluations

should consider contextual factors which may have an influence on change (Perry, 2006b) or upon the program (Ozer, 2006).

Development of an evaluation strategy:

“We actually, before the...project started, went and did two days training with Latrobe University on evaluation assessment.

And...we worked through what was going to be the assessment package or the research package and evaluation of the project.”

Field interview, South Australia

Regarding program context and linked to the issue of diversity, Jumper-Thurman et al. (2003) propose that evaluation methods are culture-bound and a particular community may have both different priorities for evaluation, as well as different ways of gathering and representing knowledge. This issue is particularly important for programs which have undertaken local adaptation or consultative development.

Incorporation of Evaluation into Program Development

To increase the likelihood of effective evaluation, it should be integrated into the program at the program development stage (Keel, 2005a; Mulroney, 2003) ensuring adequate resources are allocated to it. In addition, program outcomes and processes should be reasonable and stated in a clear fashion (Tutty 2004), potentially through the use of a logic or program model (see Standard 2). To support this, development of an evaluation plan should be integrated into program development (Keel, 2005; Mulroney, 2003). Where possible, the involvement of the program evaluator at the program design stage can assist with testing the logical connections between the means and ends of the program and provide feedback on the measurability of these (Weiss, 1997, cited in Judge & Bald, 2001). There is also an important link to be made between internal, ongoing program evaluation and program design, as the following example illustrates:

A program developer in NSW argued that continual feedback throughout, and following, program delivery was most useful in integrating positive changes to the whole design:

“In the process the feedback from the educators helped me refine the program. So it was a very dynamic sort of process, because they’d provide feedback every week on how things sort of worked, and then also there was feedback from the young people who took part in the groups, around the activities. So we looked at all of that when we were pulling the whole thing together. We had one set of educators who ran two groups, so they were quite useful in being able to actually look at the kind of differences, and because the first group they ran was the female group and the second group was mixed, it had some different sorts of feedback. So there were a lot of those kinds of things, apart from the fact of the formal evaluation. I think that it’s constantly evolving and dynamic. I mean, there have probably been 25 versions of that program, before it got to print.”

Field interview, NSW

Another aspect of evaluation planning, which can be considered in the program development phase, is the dissemination of findings. Dissemination can occur through publication or presentation (e.g. at conferences) and is important for both avoiding repetition of mistakes, and program duplication (Shapiro & Rinaldi, 2001). It can also assist with funding applications and program building.

Standard 6: Supporting thorough training and professional development of educators

The provision of professional development for workers facilitating sexual assault prevention education is an area needing redress for the sake of building capacity in the field. There is a sizeable body of research that suggests it is an educator’s skill, or use of self, that is the most important element of successful violence prevention program delivery (Berkowitz, 2004; Bowden, Lanning, Pippin, & Tanner, 2003; Dyson & Fox, 2006; Nation, et al., 2003). In the US and UK, the need for specialised and accredited training programs has been recognised due to the difficulty of accessing adequately trained professionals in the primary violence prevention field (Carmona, 2005; Ellis, 2004).

There is a paucity of detail about the preparation, training and support of violence prevention educators in the literature. This lack of information may be a result of the primary violence prevention field being relatively new. Because Australian sexual assault prevention programs are primarily developed by professionals who have worked with victims of violence, there may be an assumption these workers do not require further training and skills to deliver prevention education. Another issue precluding acknowledgement that violence

prevention educators need specific training may lie with assumptions embedded in public health. In so far as the public health approach assumes that 'expert' professionals are delivering evidence-based or factual information in primary prevention education (Peterson & Lupton, 1996), the need for workers to have capabilities beyond technical skill and knowledge may not be recognised.

A recent US study (Martin, et al., 2008) found that violence prevention educators most commonly have a background in tertiary prevention (counseling victims, providing court support and victim advocacy), and that educators have not been trained in prevention education concepts and strategies. They found that while educators are keenly committed to doing primary prevention work, and are skilled in responding to disclosures of violence, they are less skilled in primary prevention concepts. These authors advocate for prevention educators to access action-oriented adult learning and face-to-face training to assist learning about effective design, implementation and evaluation of primary prevention education. Unlike the US, where educators can potentially access training programs including the PREVENT program run by the US Center for Disease and Injury Prevention Institute, Australia currently has no national or centrally based training programs for violence prevention educators. To date, Australian sexual assault prevention educators have had little opportunity to increase their skill and knowledge via centralised avenues specific to *primary* prevention education. One small indicator of a change in this area is that a short course in the primary prevention of violence against women is being developed by VicHealth.

It is evident from our field interviews, and research by Evans (2008), that the meanings attached to the term 'worker training' in the Australian violence prevention education field are inconsistent. In some situations, new educators, including peer educators, "run through" program content and exercises and this is referred to as 'training'. 'Training' might alternatively refer to a situation where a new worker learns not only about knowledge components in the work, but also about classroom management, group facilitation, and about how to facilitate respect and nurture in an educational setting. That different meanings are attached to the word 'training' is of significance; clearly, some methods of training new workers are far more extensive than others.

“I think they would have needed to have done a lot more than unfortunately the usual kind of funding with those trainings. Because it’s not those little short training things can give you the right answer but what they can’t give you is the time when there is no right answer. And that’s the thing that I had wrong. You know, you just have to go in some situations where someone really angry just gets up and vents at some workshop. You just have to go yeah, you know, that’s really unfair. But that’s very hard thing to be able to do.”

Field interview, NSW

In addition to the recognition that educators in the field of primary violence prevention may be inadequately trained, questions have been raised about the pedagogical approach used to train prevention educators. In the UK, Ellis (2004) observes that training given to violence prevention educators is often limited to giving information about violence. Here, “*the focus is placed on knowledge and understanding of issues rather than on skills to facilitate learning*” (Ellis, 2004, p.5). In this mode of ‘training’ there is little emphasis on building the capacity for workers to teach skills (for example, relationship skills such as negotiation or assertiveness) in program delivery. This is a problem in so far as it can be recognised that doing primary prevention in the area of sexual assault is a practice far more sophisticated than merely raising people’s awareness.

The purpose of primary prevention in relation to sexual assault is to enhance people’s knowledge *and skills* concerning non-violent and desirable ways of being in relationships (Lee, et al., 2007). The practice of primary prevention education involves providing schemas of what can be in relationships (Gilgun, 2003). It follows, then, that program facilitators need a capacity to teach non-violent and desirable relationship skills. The pedagogical significance of including knowledge and skill competencies when training new educators seems particularly important for programs using a peer educator model. In these models, there is a risk of placing too much emphasis on knowledge components of peer educator development (for example, so peer educators get the age of consent ‘right’), and assuming that peer educators automatically have relationship skills to connect with young people, and to even teach these skills, by virtue of their peer status.

One strategy that has been suggested to enhance the educational quality of school-based violence prevention programs is to employ an educational professional to assist in the development and / or delivery of programs. The Ellis UK review (2004) found that when teachers are not involved in violence prevention program development, programs were less likely to affect long-term change. For school based programs delivered by community

agencies, having the support of the principal or a resident teacher is invaluable. Support of school staff assists access to the curriculum, and facilitates a 'whole of school approach' (Imbesi, 2008b). However, caution has been expressed also about relying on teachers in schools to deliver violence prevention education. Bradford (2006) argues "*for many principals and teachers (gender violence) is unfamiliar and uncomfortable territory*". She recommends there be extensive training and support for teachers delivering gender violence prevention education, which is additional to their existing educational skill.

Evans' (2008) doctoral inquiry into the moral dimensions of promoting desirable relationships in violence prevention education argues another facet of program facilitation that deserves consideration. In interviews with twelve violence prevention educators, Evans found there was agreement about several 'ideal' facilitation characteristics (including having skills in human engagement, knowledge about violence, and 'life experience'). However, there was disagreement about how violence prevention educators should use knowledge when promoting so-called 'healthy' relationships. Several participants were sceptical or dismissive about a practice style whereby workers assume they have 'expert' knowledge about what is 'healthy' in relationships. Other participants assumed they had the ability and expertise to provide information about what is healthy or desirable in relationships. Evans's thesis argues there are implicit moral dimensions when promoting desirable relationships in violence prevention education. In so far as this might be recognised, she argues that workers need to be trained well in how to work sensitively with moral and ethical dilemmas.

"I think that whole primary prevention language and the prescriptive idea of (telling people how not to be and how to be in relationships) actually carries the same categories of power and control that violent men use. Instead, the work (should be) helping people find the language, to be very client driven"

Evans, 2008, Research interview

8. Conclusion

This research project has come at a time when the Australian sexual assault prevention education field is looking for guidance about how to progress best practice prevention education. The increased focus internationally on the prevention of all forms of intimate violence has been mirrored in the Australian federal government's commitment to the issue. This climate assisted the leadership of NASASV to advocate for sexual assault prevention education based on sound evidence and practice which resulted in securing government funding for this research project.

The 6 National Standards developed by the research team in response to the need to provide guidance to the field are designed to inform the process and future development of sexual assault prevention education. Their central aim is to give confidence to education providers, communities, organisations and policy makers that the prevention education being provided is based on principles and standards grounded in research evidence and practice wisdom. They can assist educators in knowing how effective the prevention education is in working towards behavioural and cultural change. Not all programs are currently able to achieve all the standards, but the proposed increased national funding for prevention education will increase the possibility of high quality effective programs.

It is proposed that the next phase of development will be the trialling of the standards by a number of sexual assault education programs. This will provide an opportunity for the application of the Standards by educators in the sexual assault prevention education field. We look forward to working with educators as they work with the Standards to achieve the prevention of sexual violence in our communities.

9. References

- Aboriginal and Torres Strait Islander Social Justice Commissioner (2008). *Social justice report 2007*. Sydney: Australian Human Rights and Equal Opportunity Commission.
- Access Economics (2003). *Exceptional returns: The value of investing in health R&D in Australia*. Canberra: Australian Society for Medical Research.
- Access Economics (2004). *The cost of domestic violence to the Australian economy*. Canberra: Office of the Status of Women. Australian Government.
- Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. New York: Prentice-Hall.
- Ajzen, I., & Fishbein, M. (2005). The influence of attitudes on behaviour. In D. Albarracin, B. Johnson & M. Zanna (Eds.), *The handbook of attitudes*. London: Lawrence, Erlbaum Associates.
- Anderson, L. A., & Whiston, S. C. (2005). Sexual assault education programs: A meta-analytic examination of their effectiveness. *Psychology of Women Quarterly, 29*(4), 374.
- Armstrong, E. A., Hamilton, L., & Sweeney, B. (2006). Sexual assault on campus: A multilevel, integrative approach to party rape. *Social Problems, 53*(4), 483-499.
- ASTI Social Justice Report (2007). Sydney: Australian Human Rights and Equal Opportunity Commission.
- Australian Bureau of Statistics (2006). *Personal safety survey*. Canberra: Australian Bureau of Statistics.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. (2004). Health promotion by social cognitive means. *Health Education & Behavior, 31*(2), 143-164.
- Banyard, V. L., Moynihan, M. M., & Plante, E. G. (2007). Sexual violence prevention through bystander education: An experimental evaluation. *Journal of Community Psychology, 35*(4), 463-481.
- Banyard, V. L., Plante, E., & Moynihan, M. M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology, 32*(1), 61-79.
- Bartholomew, L. K., Parcel, G. S., Kok, G., & Gottlieb, N. H. (2001). *Intervention mapping: Designing theory and evidence-based health promotion programs*: Mayfield Pub. Co.
- Berkowitz, A. D. (1994). *Men and rape: Theory, research and prevention programs in higher education: New direction for students*. San Francisco: Jossey-Bass.
- Berkowitz, A. D. (2004). Working with men to prevent violence against women: An overview (part one). *National Resource Center on Domestic Violence, 1-7*.

- Berns, N. (2001). Degendering the problem and gendering the blame: Political discourse on women and violence. *Gender & Society, 15*(2), 262-281.
- Blake, S., & Katrak, Z. (2002). *Faith, values and sex and relationships education: Addressing the issues*. London: National Children's Bureau.
- Bowden, R. G., Lanning, B. A., Pippin, G., & Tanner, J. F. (2003). Teachers' attitudes towards abstinence-only sex education curricula. *Education, 123*(4), 780-790.
- Braaf, R. (2008). Evaluating domestic and family violence programs and services. *Australian Domestic & Family Violence Clearinghouse Newsletter, 31*, 5-8.
- Bradford, M. (2006). Educating for positive gender relationships: Excerpts from the promoting positive gender relationships report. *Queensland Centre for Domestic and Family Violence Research Newsletter, 4*(4), 6-9.
- Breinbauer, C., & Maddaleno, M. (2005). *Youth: Choices and change: Promoting healthy behaviors in adolescents*. Washington, D.C: Pan American Health Organization.
- Butchart, A., Phinney, A., Check, P., & Villaveces, A. (2004). *Preventing violence: A guide to implementing the recommendations of the world report on violence and health*. Geneva: Department of Injuries and Violence Prevention, World Health Organisation.
- Campbell, R., Baker, C. K., & Mazurek, T. L. (1998). Remaining radical? Organizational predictors of rape crisis centers' social change initiatives. *American Journal of Community Psychology, 26*(3), 457-483.
- Cargill, J. (2008). Creating change in the prevention of sexual violence: Stage 1 report. The Wellington Sexual Abuse Network Education Project.
- Carmody, M. (2003). Sexual ethics and violence prevention. *Social & Legal Studies: An International Journal, 12*(2), 199-216.
- Carmody, M. (2005). Ethical erotics: Reconceptualizing anti-rape education. *Sexualities, 8*(4), 465-480.
- Carmody, M. (2006). Preventing adult sexual violence through education. *Current Issues in Criminal Justice, 18*, 342-356.
- Carmody, M. (2009). *Sex and ethics: Young people and ethical sex*. Melbourne: Palgrave Macmillan.
- Carmody, M., & Carrington, K. (2000). Preventing sexual violence? *Australian and New Zealand Journal of Criminology 33*(3), 341-361.
- Carmona, R. H. (2005). Health professional training in youth violence prevention: A commentary by the surgeon general. *American Journal of Preventive Medicine, 29*(5), 173-174.
- Centers for Disease Control and Prevention. (2004). *Sexual violence prevention: Beginning the dialogue*. Atlanta, G.A: Centres for Disease Control and Prevention.
- Chalmers, S., & Rosso-Buckton, A. (2008). *Are you talking to me? Negotiating the challenge of cultural diversity in children's health care*. Sydney: Centre for Cultural Research, University of Western Sydney.

- Chamberlain, L. (2008). *A prevention primer for domestic violence: Terminology, tools, and the public health approach*: VAWnet: The National Online Resource Center on Violence Against Women.
- Chrisler, J. C., & Ferguson, S. (2006). Violence against women as a public health issue. *Annals of the New York Academy of Sciences*, 1087(1: Violence and Exploitation Against Women and Girls), 235-249.
- Chung, D., O'Leary, P. J., & Hand, T. (2006). Sexual violence offenders: Prevention and intervention approaches. *ACCSA Issues No. 5* (June 2006).
- Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior*, 12(3), 364-375.
- Cripps, K., & McGlade, H. (2008). Indigenous family violence and sexual abuse: Considering pathways forward. *Journal of Family Studies*, 14(2-3), 240-253.
- Culross, P., Cohen, L., Wolfe, A., & Ruby, J. (2006). *Creating safe environments: Violence prevention strategies and programs*. Oakland, CA: Prevention Institute.
- Davis, R., Fujie Parks, L., & Cohen, L. (2006). *Sexual violence and the spectrum of prevention*. Enola, Pennsylvania, USA.
- Dusenbury, L., Falco, M., Lake, A., Brannigan, R., & Bosworth, K. (1997). Nine critical elements of promising violence prevention programs. *Journal of School Health*, 67(10), 409-414.
- Dyson, S., & Flood, M. (2008). *Building cultures of respect and non-violence: A review of literature concerning adult learning and violence prevention programs with men*. Melbourne: AFL Respect & Responsibility Program & VicHealth.
- Dyson, S., & Fox, C. (2006). *An evaluation of the sexual health and relationships (SHARE) project 2003 - 2005*. Melbourne: La Trobe University.
- Dyson, S., Mitchell, A., Dalton, D., & Hillier, L. (2003). *Factors for success in conducting effective sexual health and relationships education with young people in schools: A literature review*. Adelaide: Australian Research Centre in Sex, Health & Society.
- Edwards, R. W., Jumper-Thurman, P., Plested, B. A., Oetting, E. R., & Swanson, L. (2000). Community readiness: Research to practice. *Journal of Community Psychology*, 28(3), 291-307.
- Elliott, D. S., & Mihalic, S. (2004). Issues in disseminating and replicating effective prevention programs. *Prevention Science*, 5(1), 47-53.
- Ellis, J. (2004). *Preventing violence against women and girls: A study of educational programmes for children and young people*. London: University of Warwick for Womankind Worldwide.
- Ellis, J. (2008). Literature review: Better outcomes for children and young people affected by domestic abuse: Directions for good practice. In C. Humphreys, C. Houghton & J. Ellis (Eds.), *Primary prevention of domestic abuse through education*. Edinburgh: Scottish Government.

- Evans, S. (2008). Promoting the 'good' : Moral dimensions in violence prevention education. Unpublished Thesis (PhD). University of Western Sydney, Australia.
- Fergus, L. (2006). *An evaluation of the respect, protect, connect program*. Eastern Centre Against Sexual Assault. Victoria, Australia.
- Fergus, L., & Lappin, K. (2008). *Setting the standard: International good practice to inform an Australian national plan of action to eliminate violence against women*. Sydney: Amnesty International Australia.
- Findholt, N. (2007). Application of the community readiness model for childhood obesity prevention. *Public Health Nursing, 24*(6), 565.
- Flood, M. (2003). Lust, trust and latex: Why young heterosexual men do not use condoms. *Culture, Health & Sexuality, 5*(4), 353-369.
- Flood, M. (2005/2006). Changing men: Best practice in sexual violence education. *Women Against Violence, 18*, 26-36.
- Flood, M. (2006). *The debate over men's versus women's family violence*. Paper presented at the Australian Institute of Judicial Administration Family Violence Conference, Adelaide.
- Flood, M. (2007). *Background document for preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*. Melbourne: Victorian Health Promotion Foundation.
- Flood, M., & Pease, B. (2006). *The factors influencing community attitudes in relation to violence against women: A critical review of the literature*. . Melbourne: VicHealth. Victorian Health Promotion, Foundation.
- Foshee, V. A., Bauman, K. E., Arriaga, X. B., Helms, R. W., Koch, G. G., & Linder, G. F. (1998). An evaluation of safe dates: An adolescent dating violence prevention program. *American Journal of Public Health, 88*(1), 45-50.
- Gallois, C., & Callan, V. J. (1997). *Communication and culture: A guide for practice*. London: Wiley.
- Gilgun, J. (2003). *Wimps, punks & sissies: Men's role in the prevention of family violence*. Paper presented at the Keynote address to the Dakota Fatherhood Summit, North Dakota, U.S.A.
- Goodfellow, J., & Camilleri, M. (2003). *Beyond belief, beyond justice: The difficulties for victim/survivors with disabilities when reporting sexual assault and seeking justice: Final report of stage one of the sexual offences project*. Victoria, Melbourne: Disability Discrimination Legal Service.
- Harvey, A., Garcia-Moreno, C., & Butchart, A. (2007). *Primary prevention of intimate-partner violence and sexual violence: Background paper for WHO expert meeting may 2–3, 2007*: World Health Organization.
- Hassall, I., & Hannah, K. (2007). *School-based violence prevention programmes: A literature review*. New Zealand: Institute of Public Policy.

- Hayes, A., Gray, M., & Edwards, B. (2008). *Social inclusion: Origins, concepts and key themes*. Canberra: Australian Institute of Family Studies for the Social Inclusion Unit, Department of the Prime Minister and Cabinet.
- Hepner, M. J. (1995). The differential effects of rape prevention programming on attitudes, behavior, and knowledge. *Journal of Counseling Psychology, 42*(4), 508-518.
- Hill, N. L. (2008). Adolescent substance use prevention interventions outside of classroom settings. *Child Adolescent Social Work Journal, 25*, 451–467.
- Hillier, L., Mitchell, A., & Mulcare, H. (2008). "I couldn't do both at the same time": Same sex attracted youth and the negotiation of religious discourse. *Gay and Lesbian Issues and Psychology, 4*(2), 80-93.
- Hilton, N., Harris, G. T., Rice, M. E., Krans, T. S., & Lavigne, S. E. (1998). Antiviolence education in high schools: Implementation and evaluation. *Journal of Interpersonal Violence, 13*(6), 726-742.
- Hollander, J. A. (2005). Challenging despair: Teaching about women's resistance to violence. *Violence Against Women, 11*(6), 776-791.
- Hughes, C. (2008). The social norms analysis project: Results, insights and future priorities. *Tasmanian Institute of law enforcement studies, 7*, 1-16.
- Imbesi, R. (2008a). *CASA house sexual assault prevention program for secondary schools (sappss)*. Melbourne: CASA House, The Royal Women's Hospital.
- Imbesi, R. (2008b). Engaging young people in leadership roles in the prevention of sexual assault: The CASA house peer educator project. *AWARE Newsletter ACSSA*(16).
- Judge, K., & Bauld, L. (2001). Strong theory, flexible methods: Evaluating complex community-based initiatives. *Critical Public Health, 11*(1), 19-38.
- Jumper-Thurman, P., Edwards, R. W., Plested, B. A., & Oetting, E. R. (2003). Honoring the differences: Using community readiness to create culturally valid community interventions. In G. Bernal, J. Trimble, A. K. Burlew & F. T. Leong (Eds.), *Handbook of racial and ethnic minority psychology* (pp. 591–607). Thousand Oaks, CA: Sage.
- Katz, J. (1995). Reconstructing masculinity in the locker room: The mentors in violence prevention project. *Harvard Educational Review, 65*(2), 163-174.
- Keel, M. (2005a). Prevention of sexual assault: Working with adolescents within the education system. *ACSSA Newsletter, 8*, 16-25.
- Keel, M. (2005b). Working with adolescents in the education system to prevent sexual assault. *Family Matters 71*(Winter).
- Kimmel, M. S. (1994). Masculinity as homophobia. In H. Brod & M. Kaufman (Eds.), *Theorising masculinities*. Thousand Oaks, California.
- Koss, M. P., & Harvey, M. R. (1991). *The rape victim: Clinical and community interventions*. Newbury Park, CA: Sage.
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). World report on violence and health. Geneva. *World Health Organization, 212*.

- Lamb, S. (1997). Sex education as moral education: Teaching for pleasure, about fantasy, and against abuse. *Journal of Moral Education, 26*(3), 301-315.
- Lee, T., Guy, L., Perry, B., Sniffen, C., & Mixson, S. (2007). Sexual violence prevention. *The Prevention Research, 14*(2).
- Lees, S. (1997). *Ruling passions: Sexual violence, reputation, and the law*. Philadelphia: Open University Press.
- Lynch, A., & Fleming, W. (2005). Bystander approaches: Empowering students to model ethical sexual behavior. *Journal of Family and Consumer Sciences, 97*(3), 27-33.
- Martin, S. L., Coyne-Beasley, T., Hoehn, M., Mathew, M., Runyan, C. W., Orton, S., et al. (2008). Primary prevention of violence against women: Training needs of violence practitioners. *Violence Against Women, 15*(1), 44-56.
- Mason, G. (1997). Boundaries of sexuality: Lesbian experience and feminist discourse on violence against women. *Gay and Lesbian Law Journal, 7*, 41-59.
- McKenzie, M. (2007). Backlash and beyond: Shifts in community attitudes to domestic violence. *DVIRC Quarterly, Edition 1*(Autumn), 16-22.
- McMahon, P. M. (2000). The public health approach to the prevention of sexual violence. *Sexual Abuse: A Journal of Research and Treatment, 12*(1), 27.
- Meyer, H., & Stein, N. (2004). Relationship violence prevention education in schools: What's working, what's getting in the way, and what are some future directions. *American Journal of Health Education, 35*(4), 198-204.
- Michau, L. (2005). *Good practice in designing a community-based approach to prevent domestic violence*. Vienna, Austria: UN Division for the Advancement of Women.
- Morrison, S., Hardison, J., Mathew, A., & O'Neil, J. (2004). *An evidence-based review of sexual assault preventive intervention programs*. Washington D.C: National Institute Justice. U.S Department of Justice.
- Mulrone, J. (2003). Australian prevention programs for young people. *Australian DV & FV Clearinghouse Topic Paper*, 1-21.
- Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., et al. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist, 58*(6/7), 449-456.
- Neame, A. (2003). Differing perspectives on 'preventing' adult sexual assault. *ACSSA Newsletter*(2), 8-14.
- Neame, A., & Heenan, M. (2003). What lies behind the hidden figure of sexual assault? *Issues of prevalence and disclosure, 1*, 1-16.
- No To Violence: The Male Family Violence Prevention Association. (2006). *Men's behaviour change group work a manual for quality practice*. Melbourne, Australia.
- Ozer, E. J. (2006). Contextual effects in school-based violence prevention programs: A conceptual framework and empirical review. *Journal of Primary Prevention, 27*(3), 315-340.

- Parnell, B. (1992). Changing behaviour. In E. Timewell, V. Minichiello & D. Plummer (Eds.), *Aids in Australia* (pp. 185-205). Sydney: Prentice-Hall.
- Payne, S. (1990). Aboriginal women and the criminal justice system. *Aboriginal Law Bulletin*, 2(46), 9-10.
- Pease, B. (1995). Men against sexual assault. In W. Weeks & J. Wilson (Eds.), *Issues facing Australian families: Human services respond (2nd edition)*. Melbourne: Longman.
- Pease, B. (2008). Engaging men in men's violence prevention: Exploring the tensions, dilemmas and possibilities. *Australian Domestic and Family Violence Clearinghouse, Issues Paper 17*, 1-20.
- Perry, B. (2005). Beyond consent: Healthy sexuality & sexual violence prevention (part 1). *Virginia's Newsletter for the primary prevention of Sexual Violence*, 1(3), 4-6.
- Perry, B. (2006a). Beyond consent: Healthy sexuality & sexual violence prevention (part 2). *Moving Upstream: Virginia's Newsletter for the primary prevention of Sexual Violence*, 2(1), 3-6.
- Perry, B. (2006b). Empowerment evaluation, getting to outcomes, and primary sexual violence prevention programs. *Moving Upstream: Virginia's Newsletter for the primary prevention of Sexual Violence*, 2(2).
- Perry, B. (2007). Community development: A promising practice for sexual violence prevention. *Moving Upstream: Virginia's Newsletter for the primary prevention of Sexual Violence*, 3(1).
- Perry, B. (2008). Making an impression: Sufficient dosage & SV/IPV prevention. *Moving Upstream: Virginia's Newsletter for the primary prevention of Sexual Violence*, 4(2).
- Peterson, A., & Lupton, D. (1996). The new public health: A new morality. *The new public health: health and self in the age of risk*. Sydney: Allen & Unwin, 1-27.
- Phillips, J., & Park, M. (2006). *Measuring domestic violence and sexual assault against women: A review of the literature and statistics*. Canberra: Parliamentary Library. .
- Phillips, J., & Park, M. (2007). *Measuring domestic violence and sexual assault against women: A review of the literature and statistics*. Canberra: Parliamentary Library.
- Phillips, R. (2006). Undoing an activist response: Feminism and the Australian government's domestic violence policy. *Critical Social Policy*, 26(1), 192-219.
- Pierce, R. (2005). Thoughts on interpersonal violence and lessons learned: Fact or fiction. *Journal of Interpersonal Violence*, 20(1), 43-50.
- Powell, A. (2007). Youth 'at risk'? Young people, sexual health and consent. *Youth Studies Australia*, 26(4), 21-28.
- Powell, A. (2008). *Generation y: Re-writing the rules on sex, love and consent*. Unpublished thesis (PhD). Melbourne University, Melbourne.
- Rogers, P. J. (2008). Using programme theory to evaluate complicated and complex aspects of interventions. *Evaluation*, 14(1), 29.

- Rosewater, A. (2003). *Promoting prevention targeting teens: An emerging agenda to reduce domestic violence*: Family Violence Prevention Fund.
- Russo, N. F., Koss, M. P., & Ramos, L. (2000). Rape: Cultural definitions and health outcomes. In J. M. Ussher (Ed.), *Women's health: Contemporary international perspectives*. Leicester: BPS Books.
- Salazar, L. F., Baker, C. K., Price, A. W., & Carlin, K. (2003). Moving beyond the individual: Examining the effects of domestic violence policies on social norms. *American Journal of Community Psychology*, 32(3), 253-264.
- Sanderson, I. (2006). Complexity, 'practical rationality' and evidence-based policy making. *Policy & Politics*, 34(1), 115-132.
- Sanjakdar, F. (2004). Developing an appropriate sexual health education curriculum framework for Muslim students. In v. Driel (Ed.), *Confronting Islamaphobia in educational practice*. UK: Trentham Books, Stoke on Trent.
- Schewe, P. A. (2002). Guidelines for developing rape prevention and risk reduction interventions. In P. A. Schewe (Ed.), *Prevention violence in relationships: Interventions across the lifespan*. Washington DC: American Psychological Assoc.
- Segal, L. (2000). Empowering women sexually. In J. Ussher (Ed.), *Women's health: An international reader* (pp. 114-124). London: The British Psychological Society.
- Shalhoub-Kevorkian, N. (1999a). Law, politics, and violence against women: A case study of Palestinians in Israel. *Law & Policy*, 21(2), 189-211.
- Shalhoub-Kevorkian, N. (1999b). Towards a cultural definition of rape: Dilemmas in dealing with rape victims in Palestinian society. *Women's Studies International Forum*, 22(2), 157-173.
- Shapiro, D. L., & Rinaldi, A. (2001). Achieving successful collaboration in the evaluation of sexual assault prevention programs: A case study. *Violence Against Women*, 7(10), 1186-1201.
- Sharobeem, E. (2008). Personal communication: National sexual assault prevention education roundtable. In S. Evans (Ed.). Sydney.
- Sparks, C. H., & Bar On, B. (1985). A social change approach to the prevention of sexual violence toward women. *Prevention of Sexual Violence*, 83(8).
- Spongberg, M. (1998). Rape. In B. Caine (Ed.), *Australian feminism: A companion*. Melbourne: Oxford University Press.
- Tutty, L., & Bradshaw, C. (2004). School-based violence prevention programs: How well do they work? In C. Ateah & J. Mirwalt (Eds.), *Within our reach: Policies, programs and practices to prevent abuse across the lifespan* (pp. 47-60). Halifax, NS: Fernwood.
- Tutty, L., Bradshaw, C., Thurston, W. E., Barlow, A., Marshall, P., Tunstall, L., et al. (2005). *School based violence prevention programs: Preventing violence against children and youth (revised ed.)*. Calgary: Resolve Alberta.
- Urbis Keys Young. (2004). *National framework for sexual assault prevention*. Office of Status of the Women, Federal Government. Canberra, Australia.

- VicHealth (2004). *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*. Melbourne: Victorian Health Promotion Foundation.
- VicHealth (2007). *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*. Carlton, Victoria.
- Webster-Stratton, C., & Taylor, T. (2001). Nipping early risk factors in the bud: Preventing substance abuse, delinquency, and violence in adolescence through interventions targeted at young children (0–8 years). *Prevention Science, 2*(3), 165-192.
- Wegner, L., Flisher, A. J., Caldwell, L. L., Vergnani, T., & Smith, E. A. (2007). Healthwise South Africa: Cultural adaptation of a school-based risk prevention programme. *Health Education Research, 23*(6), 1085–1096.
- Weissberg, R. P., & O'Brien, M. U. (2004). What works in school-based social and emotional learning programs for positive youth development. *The ANNALS of the American Academy of Political and Social Science, 591*(1), 86.
- Whitaker, D. J., Baker, C. K., Pratt, C., Reed, E., Suri, S., Pavlos, C., et al. (2007). A network model for providing culturally competent services for intimate partner violence and sexual violence. *Violence Against Women, 13*(2), 190.
- Whitaker, D. J., Morrison, S., Lindquist, C., Hawkins, S. R., O'Neil, J. A., Nesius, A. M., et al. (2006). A critical review of interventions for the primary prevention of perpetration of partner violence. *Aggression and Violent Behavior, 11*(2), 151-166.
- Wissink, L. (2004). Reshaping the future: Student peer support for sexual harassment and assault. *Association for University and College Counselling Journal (AUCC)*. *British Association for Counselling and Psychotherapy*(Spring).
- Wolfe, D. A., & Jaffe, P. G. (2003). Prevention of domestic violence and sexual assault. *VAWnet 8*(2004).
- Wolfe, D. A., Jaffe, P. G., & Crooks, C. V. (2006). *Adolescent risk behaviors: Why teens experiment and strategies to keep them safe*. New Haven: Yale University Press.
- WWDA (2008). *Update report: March/April*. Tasmania: Women With Disabilities Australia.
- Yeater, E. A., & O'Donohue, W. (1999). Sexual assault prevention programs: Current issues, future directions, and the potential efficacy of interventions with women. *Clinical Psychology Review, 19*(7), 739-771.

Appendix A: List Of Programs Consulted

Organisation Interviewed	Specific Program	State
Sexual Assault Resource Centre (SARC)	Understanding and teaching about sexual assault and abuse	WA
Department of Health Western Australia	Aboriginal Healing Project	WA
Ruby Gaea	Mentors in Violence Prevention (MVP)	NT
Boys & Relationships SA	Boys Talk	SA
Noarlunga Health Services, SA	Keep Safe, Stay Cool	SA
SHine (Sexual Health Information Networking & Education), SA	SE & X (Sexuality, Expression & Xploration)	SA
SHine (Sexual Health Information Networking & Education), SA	SHARE (Sexual Health and Relationships Education)	SA
Mildura, VIC	Positive Relationships Successful Lives	VIC
Brophy Family & Youth Services	Healthy Relationships program	VIC
CASA House	Sexual Assault Prevention Program for Secondary Schools (SAPPSS) Peer Educator Project	VIC
SECASA with Women's Health in the Southeast (WHISE)	Respect, Protect, Connect	VIC
Australian Football League (AFL)	Respect & Responsibility	VIC
Micah Inc.	Getting What You Want	QLD
CHOICEZ Media	It's Your Choice	ACT
YWCA, ACT	Relationships Things	ACT
Canberra Rape Crisis Centre	Education program	ACT
Violence Against Women Strategy, New South Wales	Negotiating Consent	NSW
University New England, NSW	SHAPES (Sexual Harassment and Assault Prevention Education)	NSW
NAPCAN, NSW	Love Bites	NSW
The Benevolent Society, NSW	Kinks and Bends	NSW
University Western Sydney, NSW	Sex and Ethics	NSW
University of New South Wales, NSW	Playing By the Rules (National Rugby League program)	NSW
YWCA South East Region	Y-ise Up Living Safely Program	NSW

Appendix B

List of SAPE National Roundtable Participants by state

Name	Organisation	State
Alan Jenkins	Mary Street Adolescent Program	SA
Frances Rigney	Shine	SA
Jane Flentje	Shine and Share	SA
Vanessa Swan	National Council and NASASV	SA
Angela Walsh	Love Bites	NSW
Annie Parkinson	WWDA	NSW
Isabel McCrae	White Ribbon	NSW
Karen Willis	NSWRCC and NASASV Chair	NSW
Dr Kath Albury	UNSW and NRL	NSW
Nancy de Castro	ACON	NSW
Nicolas Parkhill	ACON	NSW
Dr Eman Sharobeem	Immigrant Women's Health Service	NSW
Trudi Peters	Love Bites	NSW
Dr Antonia Quadara	ACSSA	VIC
Deb Bryant	West CASA & NASASV	VIC
Kiri Bear	Partners in Prevention	VIC
Renee Imbesi	CASA House	VIC
Dr Patsie Frawley	Office of the Public Advocate	VIC
Dr Sue Dyson	ARCHS – La Trobe University	VIC
Di Macleod	Gold Coast Centre Against Sexual Violence Inc & NASASV	QLD
Pauline Woodbridge	National Council and WESNET	QLD
Rachel Kayrooz	National Council	QLD
Dorinda Cox	National Council	WA
Judi Stone	Perth SARC	WA
Libby Lloyd	Chair National Council	ACT
Janet Stodulka	FaHCSIA	ACT
Carmel McBride	Office for Women	ACT
Karen Doyle	CHOICEZ	ACT
Tessa Walsh	YWCA of Canberra	ACT
Veronica Wensing	Canberra Rape Crisis Centre & NASASV	ACT
Dr Melanie Lotfali	Ruby Gaea Centre Against Rape	NT
Michelle Pinto	Ruby Gaea Centre Against Rape & NASASV	NT
Eloise Gurr	Laurel House. Northern Sexual Assault Group Inc	TAS
Dr Kim McGregor	Rape Prevention Education Auckland	New Zealand
UWS Research Team & Vic Health partners	Assoc. Professor Moira Carmody, Susan Evans, Christopher Krogh, Georgia Ovenden, Amy Hoffmann, Dr Mel Heenan , Dr Michael Flood	
KPMG	Liz Forsyth - Facilitator	

Appendix C

A snapshot of the Australian Sexual Assault Prevention Education Field (with reference to the National Standards)

A content analysis of SAPE project interview data was undertaken in November 2008. The data focused on during this analysis was transcripts of interviews undertaken with prevention program coordinators and facilitators working with 16 programs¹⁴, and less with transcripts of interviews undertaken with key others not working directly with programs. During the content analysis we searched for, counted the presence of, and interpreted ideas and concepts in transcripts that explicated the Standards.

The diagrams (graphs and tables) below show the findings of this analysis. A brief comment is provided below each diagram to explain (and make meaning) of the diagram in the context of our project findings. The diagrams below follow the sequence of the Standards 1-6¹⁵.

Standard 1: Conceptual approaches to program design.

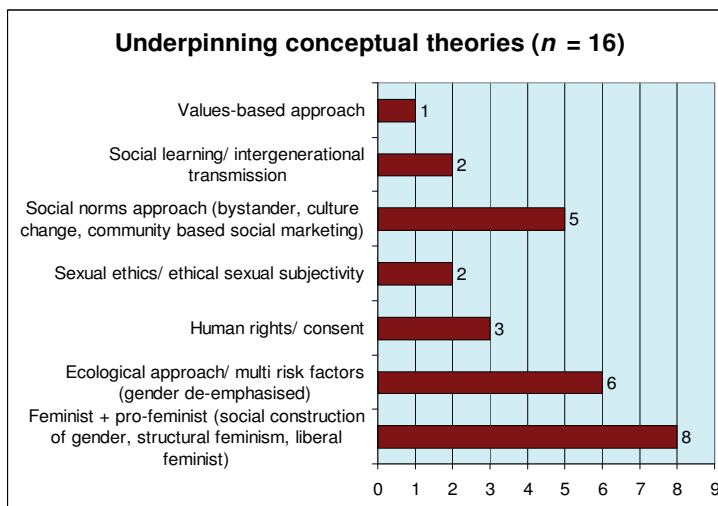


Diagram 1 - Key theory or conceptual approach underpinning programs

Comment: We asked interviewees working with 16 prevention education programs about the theoretical framework/s underpinning programs. Few interviewed were able to give more than a simple description of the key theories and/ or concepts underpinning programs. This table shows the theory or conceptual approach of 'best fit' described in interviews.

¹⁴ The process for selecting this sample of prevention education programs is described in section 2 of this report.

¹⁵ Data relevant to Standard 3 *Inclusivity, Relevance and Cultural Sensitivity* was not coded quantifiably and does not appear in this snapshot.

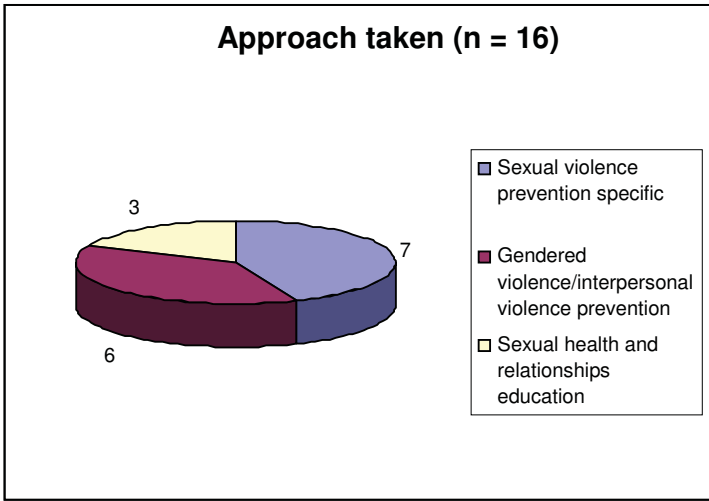


Diagram 2 – Problem area focused on in programs

Comment: While all 16 programs in this sample have a significant focus on sexual assault, this was not the central problem focused on in programs. Nine programs in this sample focus more broadly on ‘interpersonal violence prevention’ or ‘sex and relationships’ (sexual health) promotion. Seven programs in the sample are sexual assault prevention specific.

Standard 2: A theory of change

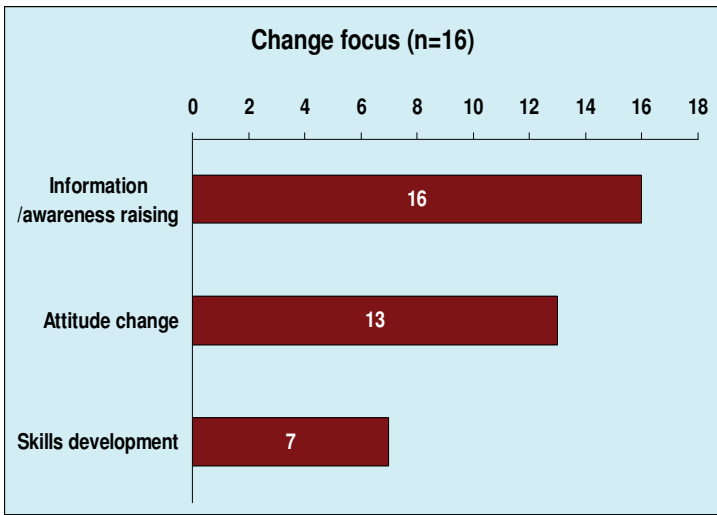


Diagram 3 – Level of change programs seek to achieve

Comment: Not all 16 programs work toward skill development and behavioural change. Only 7 programs have explicit educational activities that seek to change behaviour or skills. The remaining programs focus only on knowledge and attitude change among participants.

Standard 4: Program development and delivery

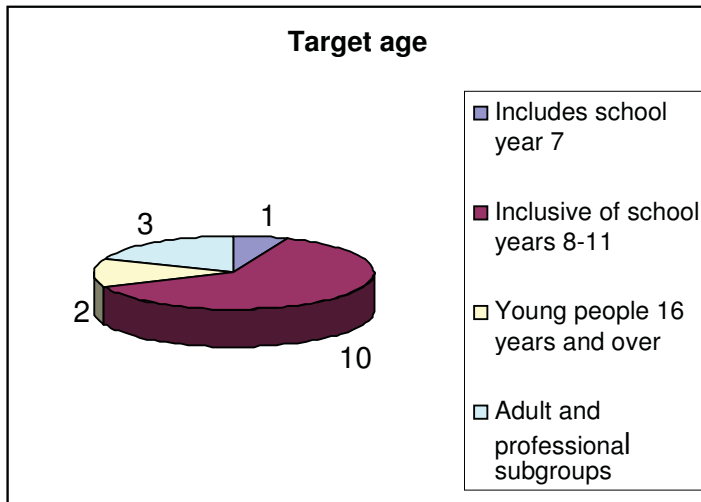


Diagram 4 – Target age group participating in programs

Comment: Most programs have been developed to target young people in schools who are between the ages of 13-18 (however no programs work with Year 12 students). Three programs in the sample target young adults participating in tertiary education and sports settings.

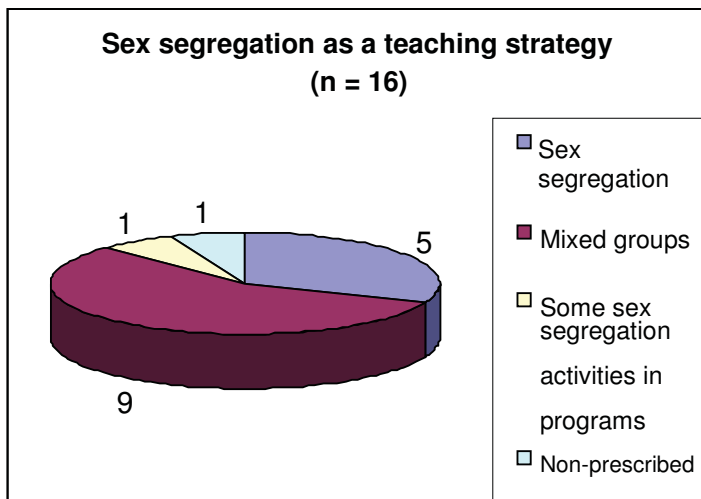


Diagram 5 – Employment of sex segregation during program delivery

Comment: A greater number of programs in this sample organise for mixed gender groups during program delivery. Five programs use the strategy of sex segregation during program delivery.

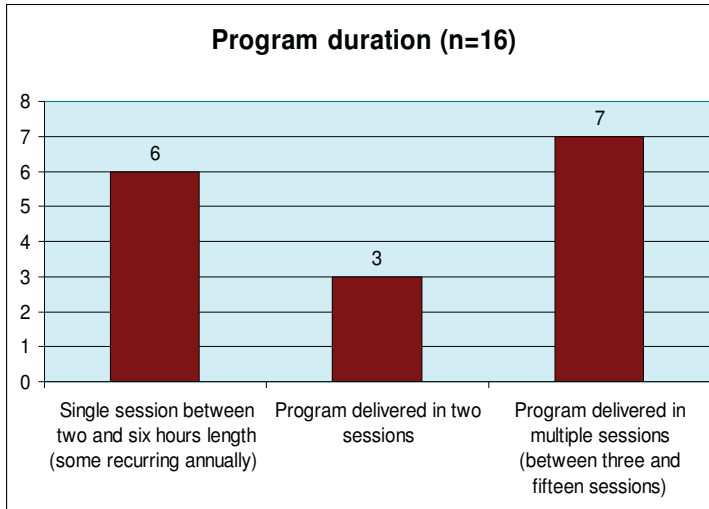


Diagram 6 – Typical length of program delivery (number of sessions)

Comment: Despite program manuals suggesting an established duration mode for program delivery, program length is often adjusted to meet the demands or limitations of settings. For example, a program may have been developed to run over 6 sessions, however, it is generally delivered in the format of two ‘double-periods’ in the high-school setting. This graph shows the typical duration of programs interviewed. Nine programs are typically delivered in one or two sessions.

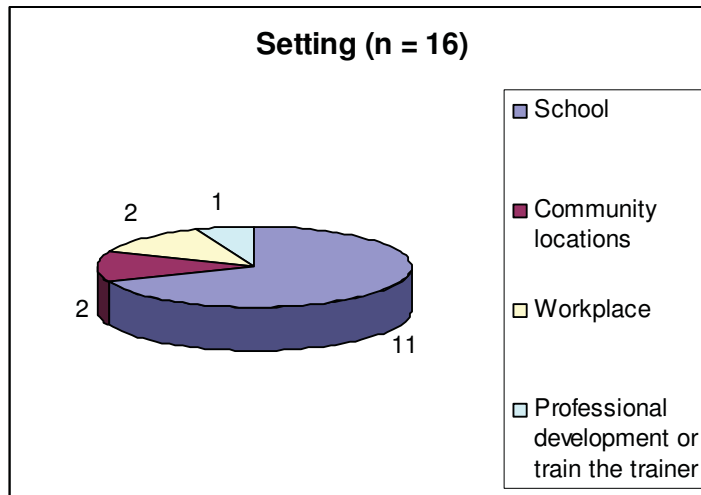


Diagram 7 – Typical setting where program is implemented

Comment: The majority of programs in the sample (11) are delivered in a mainstream school setting.

Standard 5: Evaluation Strategies

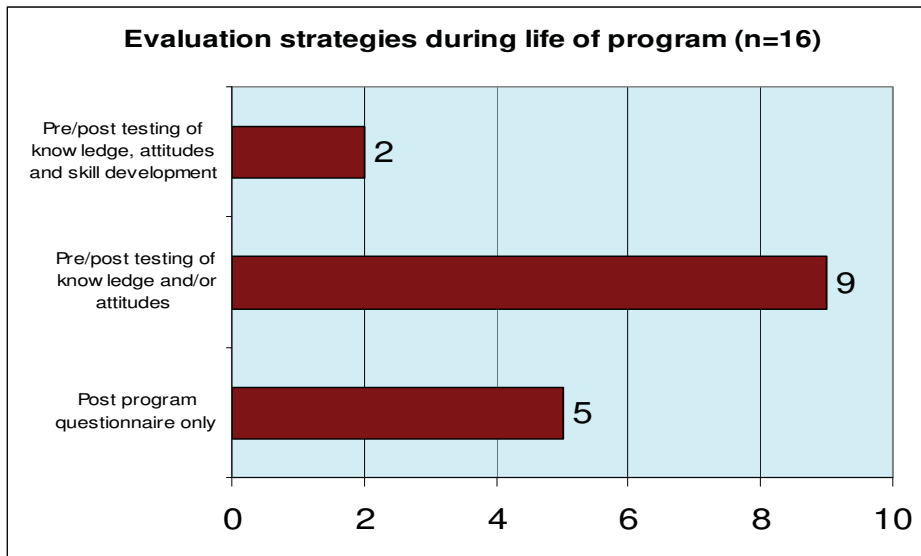


Diagram 8 – Program evaluation mode

Comment: All program coordinators were asked to describe their ‘on the ground’ and formal strategies for program evaluation. Some interviewees discussed a discrepancy between what actually occurs with evaluation mode discussed in program manuals. Five programs in the sample only undertake post-program evaluation regarding participant satisfaction and/or attitude and knowledge change (for example, use a survey with questions like ‘what did you enjoy? What did you learn?’) Nine programs used a pre-post evaluation strategy that measured changes in knowledge and/ or attitude. Two programs conduct pre and post testing of knowledge and attitude in addition to skill development.

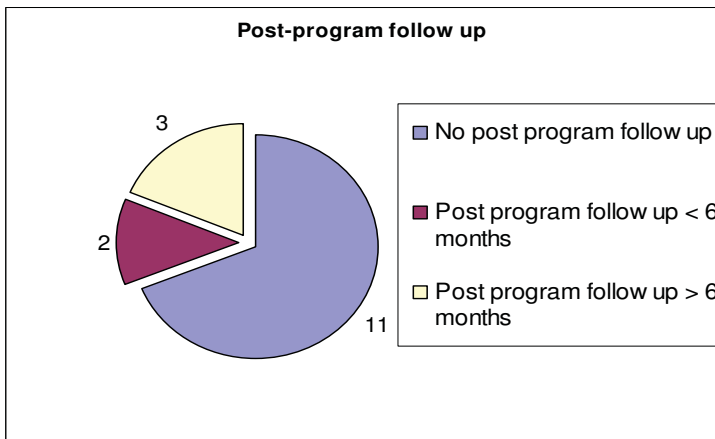


Diagram 9- Post-program evaluation and follow-up

Comment: Five programs in the sample undertake evaluation or follow up after program completion, however, this practice varied in terms of technical rigour and time frames. The 3 programs that undertake post-program evaluation more than six months after the life of the program demonstrate a greater capacity to assess lasting impact that the program may have had for participants. One program in the sample undertook rigorous a quantitative and qualitative evaluation six months following the program that involved measurement of lasting attitude and behaviour change.

Standard 6: Training and professional development of educators

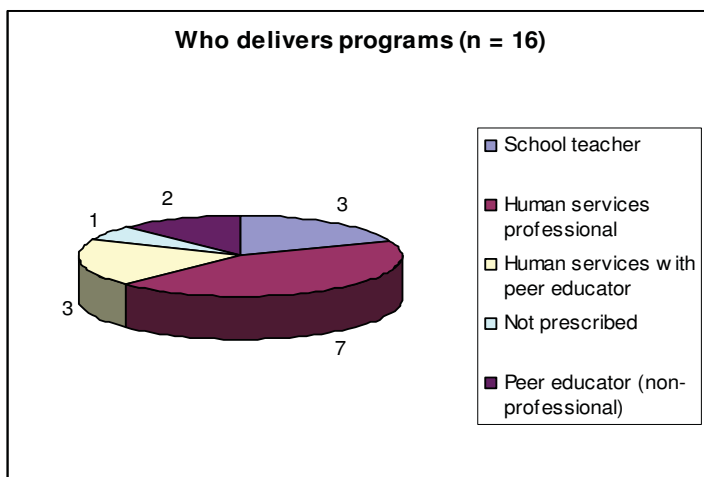


Diagram 10 – Professional background of program facilitators

Comment: Interviewees were asked about the professional background of people facilitating prevention education programs. Most programs are delivered by a human service professional working in an organisation outside the program setting (eg. a sexual assault counsellor from a local agency coming into a school to deliver program). Other programs are facilitated by a teaching professional who has been trained by a human service worker in how to deliver the program. Two programs use a peer educator model.

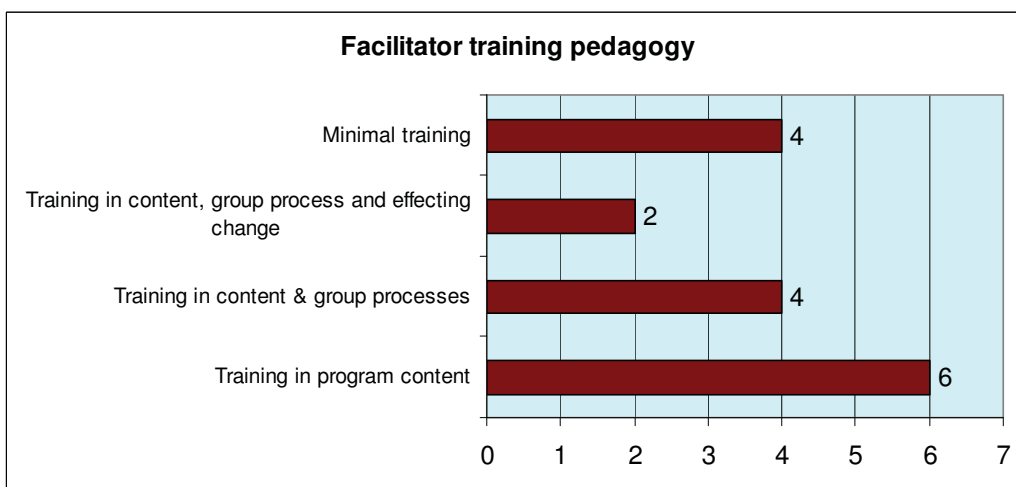


Diagram 11 – Approach taken and issues engaged when training new facilitators

Comment: Training pedagogy refers to the educational approach, educational assumptions and methods used when preparing new program facilitators. In interviews, we learned that new facilitators are trained primarily in the program content in addition to having (limited) training in group skills and group management skills. Two programs interviewed undertook more extensive training with new educators; in terms of length and engagement. In three programs training occurs in an informal way only (for example, 'learning on the job'). One program specifically addressed the ethical stance of educators as a key element of the training.