

# Understanding the Relationship between Prevention and Intervention Strategies to Stop Sexual Violence

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Sexual violence is a significant public safety and public health challenge that touches the lives of everyone, directly or indirectly. In Minnesota, United States, alone over 61,000 residents were sexually assaulted in just one year (2005).<sup>[1]</sup> In that same year sexual violence cost Minnesota approximately \$8 billion or \$1,540 per resident; this is 3.3 times the costs incurred by alcohol-impaired driving.<sup>[2]</sup> Despite growing awareness, sexual violence remains an *endemic* problem, meaning that it has become an expected occurrence – essentially a social norm that Minnesota shares with other states and the United States shares with other countries.

This is a stunning realization: Our society recognizes that a sizeable number among us will become the victim of a serious and life-altering crime. But we don't have to accept this norm. In order to shift it we must engage in a variety of responses that run the systemic continuum from primary prevention (stopping sexual violence before it starts) to intervention (including secondary and tertiary prevention approaches that address the short and long-term consequences of sexual violence after it has occurred).<sup>[3]</sup> This is more difficult than it sounds because many policy makers, responding to public demand to crack down on sex offenders, tend to focus almost exclusively on intervention strategies.<sup>[4]</sup> Punishment remains the simpler, politically expedient response of choice while engaging in the tougher, far-reaching discussions that entail more than a quick fix is what's needed. The problem of sexual violence requires multiple approaches in support of a comprehensive solution.

While no one in the anti-sexual violence movement is suggesting that offender accountability is unimportant – justice must continue to be served on behalf of victims and communities – there is a growing awareness that retributive solutions only aimed at containing the “worst of the worst” are at best a limited response that address just a part of the problem by removing *known* offenders (remember, sexual assault is an underreported crime – there are far more undetected offenders). In reality there is no one-size-fits-all approach to sexual violence because the crimes themselves are as varied as the perpetrators who commit them.<sup>[5]</sup> We must expand upon our strategies to account for these distinctions. According to Dean Eric Janus of William Mitchell College of Law, located in St. Paul, Minnesota, “A key problem with Minnesota's policy is that we have not asked the right questions. We've asked ‘How can we lock up the most dangerous?’ We should be asking, ‘How can we prevent the most violence?’ We should be intensely studying the issue and allocating scarce resources to a mix of programs and approaches whose prevention efficacy has empirical support.”<sup>[6]</sup>

In other words, we should be exploring ways to increase the efficacy of our interventions by also implementing prevention policies. This approach takes a certain amount of courage and patience because prevention strategies require a more long-term commitment – the results of prevention activities are not always immediately apparent, unlike intervention activities that may yield measurable data about convictions within a shorter period of time.

Intervention cannot succeed without a concurrent commitment to primary prevention directed toward both individual and societal change – we need more long-term *anticipatory* strategies in addition to *reactive* strategies in order to meaningfully enhance our existing system response. Taking a broader view also allows for earlier and stronger intervention strategies that identify and hold accountable those who may not be the “worst of the worst” yet – or who may never attain that status but nonetheless represent a threat to their victims and potential victims. This includes appropriate penalties for repeat offenders as well as increased access to treatment both within the corrections system as well as in the community.<sup>[7]</sup>

So why exactly is primary prevention as important as intervention? This is often the question posed by those who wish to prioritize intervention responses. A primary prevention strategy focuses on the “norms, values or belief systems that contribute to sexual violence.”<sup>[8]</sup> Some of these norms include “objectification and oppression of women,” “unhealthy constructs of manhood, including domination and control,” and “making it ‘normal’ to commodify or objectify children in sexual ways.”<sup>[9]</sup> The process of shifting norms occurs in a variety of venues and encompasses a wide array of examples. Indeed, the “spectrum of prevention” is a six-tiered approach that includes “influencing policy and legislation, changing organizational practices, fostering coalitions and networks, educating providers, promoting community education, and strengthening individual knowledge and skills.”<sup>[10]</sup> Policy recommendations related to prevention include better funding for victim services so advocates have time to educate the community about sexual violence as well as serve victims who are already affected. Support for comprehensive sexual health education in schools that includes discussions about healthy sexuality and the meaning of consent is another example. Community outreach activities include engaging in difficult but important discussions with others about the harmful effects of pornography or the sexually toxic images in media and advertising. Businesses can participate by ensuring that workplaces have internal policies and training in place to address sexual harassment and other harms. The opportunities to engage in prevention activities are limited only by the imagination, as the Minnesota Coalition Against Sexual Assault learned when it hosted nearly 200 community, business, faith and public policy leaders at The Minnesota Summit to Prevent Sexual Violence in December 2009, the first of its kind in the country.<sup>[11]</sup>

It is difficult to change behaviors, attitudes and beliefs, but it is possible to do so. Just consider societal shifts in recent decades with regard to smoking, drinking

alcohol during pregnancy, legal protections for people with disabilities, the role of women in leadership positions within the workplace and government, and the list goes on. These changes can be gradual – and sometimes agonizingly slow – but when the right elements come together and gather momentum then change can also occur quite quickly. It requires a commitment by those who have the power to make change to listen to those who seek it, and it also requires a commitment by those who seek change to hold those in power accountable to make the right decisions and ensure that goals are met.

Sexual violence is a problem that must be addressed in a deliberate, multi-layered and sometimes creative manner. In our challenging economy, budget constraints more often than not drive the discussion. As a result, decisions are often borne out of short-term rather than long-term thinking – the need to just *do something* with the limited resources we have available. But we cannot afford to continue our course of intervention without making prevention a priority as well. Intervention and prevention are not diametrically opposed constructs. One simply cannot exist without the other. And without effective policies supporting both approaches the goal of ending sexual violence will remain unmet.

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[1] Minnesota Department of Health, *Costs of Sexual Violence in Minnesota* 6 (July 2007) (hereinafter *Costs*). Four out of five of the victims were female. *Id.*

[2] *Costs*, *supra* note 1, at 13. The costs include medical care, mental health care, lost work, property damage, suffering and lost quality of life, sexually transmitted infections, pregnancy, suicide acts, substance abuse, victim services/out of home placement, investigation/adjudication, sanctioning/treatment, earning loss while confined, and primary prevention (note primary prevention dollars were provided only by federal and not state sources). *Id.*

[3] Minnesota Department of Health, *The Promise of Primary Prevention of Sexual Violence: A Five-Year Plan to Prevent Sexual Violence and Exploitation in Minnesota* 44 (June 2009) (hereinafter *Promise*).

[4] *Costs*, *supra* note 1, at 10-13. For instance, Minnesota spent \$130.5 million on people known to have perpetrated sexual violence in one year, as opposed to \$90.5 million on those who were assaulted; only \$823,000 in *federal* funds (no state funds) supported prevention efforts. *Id.*

[5] Eric Janus, *Failure to Protect: America's Sexual Predator Laws and the Rise of the Preventive State* 2 (2006). "We have come to think of these men as archetypical sex offenders and have shaped our public policy responses as if all sex offenders fit this mold." *Id.*

[6] Eric Janus, *Examining Our Approaches to Sex Offenders & The Law: Minnesota's Sex Offender Commitment Program: Would an Empirically-Based Prevention Policy Be More Effective?*, 29 WM. MITCHELL L. REV. 1083, 1085 (2003).

[7] For example, according to recent testimony presented on February 11, 2010 to the Minnesota House of Representatives Public Safety Finance Community by the Department of Corrections, 77% of offenders are released from prison without treatment. Although not all inmates want to participate in or actually complete treatment, there are many who want to participate but cannot due to a shortage of treatment beds.

[8] *Promise*, *supra* note 4, at 6.

[9] *Id.*

[10] Prevention Institute, <http://www.preventioninstitute.org/home.html> (last visited Feb. 28, 2010) cited by Minnesota Department of Health, *The Promise of Primary Prevention: A Five-Year Plan to Prevent Sexual Violence and Exploitation in Minnesota Executive Summary* 1.

[11] See <http://theminnesotasummit.wordpress.com/> (last visited Feb. 28, 2010).