Sexual Violence Prevention: Beginning the Dialogue



DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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Prevention: Beginning the Dialogue

One day, a fisherman was fishing from a river bank when he saw someone being swept downstream, struggling to keep their head above water. The fisherman jumped in, grabbed the person, and helped them to shore. The survivor thanked the fisherman and left, and the hero dried himself off and continued fishing. Soon he heard another cry for help and saw someone else being swept downstream. He immediately jumped into the river again and saved that person as well. This scenario continued all afternoon. As soon as the fisherman returned to fishing, he would hear another cry for help and would wade in to rescue another wet and drowning person. Finally, the fisherman said to himself, "I can't go on like this. I'd better go upstream and find out what is happening."

This public health analogy of "moving upstream" to prevent tragedies from occurring downstream is taught in many public health courses and is relevant for our dialogue on sexual violence prevention. It is presented as a catalyst for discussion and to convey how important it is to have strong teams along the river building safe passages.

The Centers for Disease Control and Prevention (CDC) could not begin to address sexual violence prevention without the years of hard work and dedication of survivors, advocates, prevention educators, and other professionals. Their efforts ensure the provision of crisis intervention, victim advocacy, and social and mental health services that are critical to the long-term well being of those affected by sexual violence. One of the tenets of the public health approach is building partnerships and identifying the strengths and expertise that partners offer to help frame solutions to a public health problem. CDC's niche is to be part of the team working at the top of the river: building safe passages and keeping people from being pushed into the river. The Rape Prevention and Education (RPE) grant program should be a major contributor to this effort. We also know that we are working in partnership with others along the river making sure that anyone who falls in will survive.

Purpose

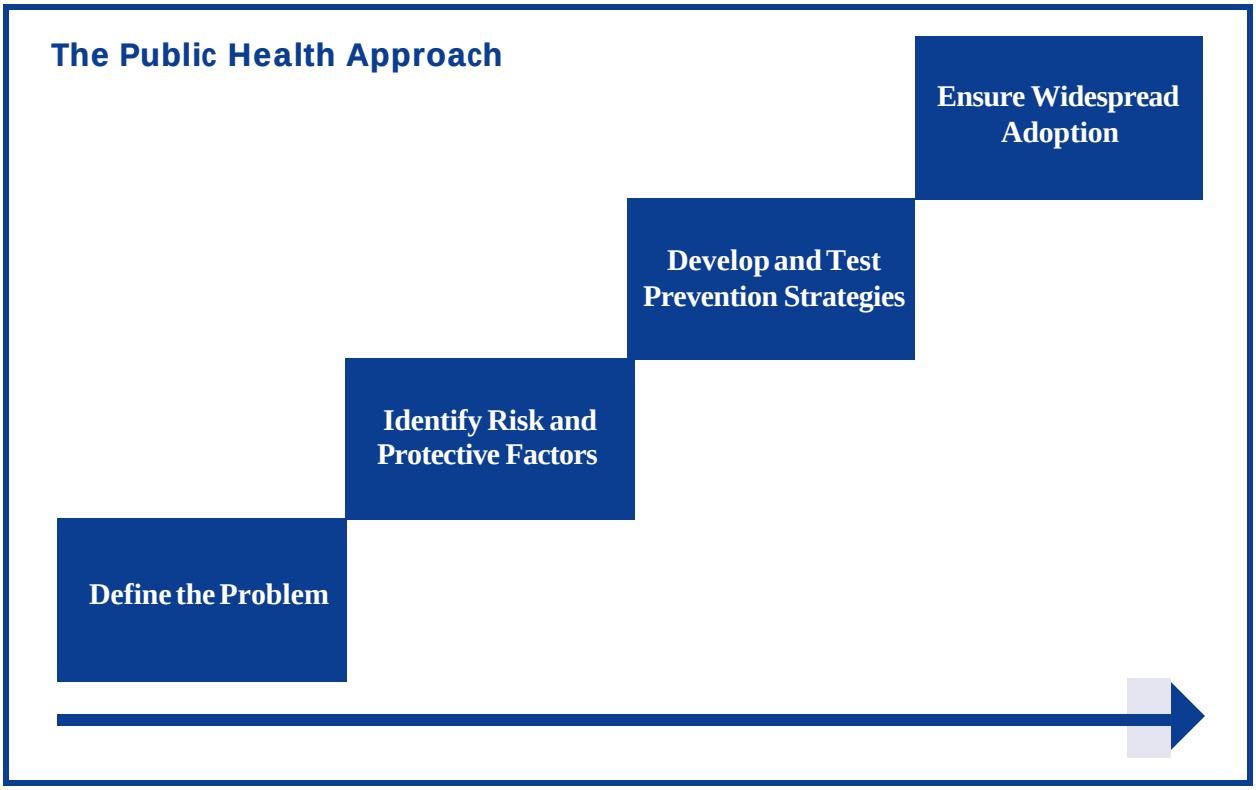
This document is intended to begin the dialogue about what it means to move upstream. Over the past few years — since CDC's Injury Center became the administrator of the RPE program — we have been asked repeatedly to define what we mean by "prevention." How does prevention look, and where should recipients of RPE funds focus their efforts and resources? Our working definition of sexual violence prevention for the RPE program is population-based and/or environmental and system-level strategies, policies, and actions that prevent sexual violence from initially occurring. Such prevention efforts work to modify and/or entirely eliminate the events, conditions, situations, or exposure to influences (risk factors) that result in the initiation of sexual violence and associated injuries, disabilities, and deaths. Additionally, sexual violence prevention efforts address perpetration, victimization, and bystander attitudes and behaviors, and seek to identify and enhance protective factors that impede the initiation of sexual violence in at-risk populations and in the community.

CDC convened an internal working group to review theoretical frameworks and to define and describe prevention concepts and strategies that were compatible with the public health approach and would benefit entire communities affected by this issue. CDC also solicited input from advocates and others working in the sexual violence field (see inside front cover for the list of reviewers).

We would like RPE grantees to use these prevention concepts and strategies as a foundation for planning, implementing, and evaluating activities conducted with RPE funds. In addition, we would like RPE grantees to share this document and discuss its content with traditional and nontraditional partners, particularly those who work at the local level with communities. Discussions with key stakeholders and community leaders (including public health agency leadership) will also help build support for prevention activities.

The Public Health Approach to Prevention

As a recipient of RPE funds, you have probably heard us talk about the "public health approach" to sexual violence prevention. Similar to other disciplines, public health promotes specific principles as the foundation for work within the field. Four public health principles—health of the public, data-informed approaches, cultural competency, and prevention—are central to this document and to our ongoing discussion of sexual violence prevention.



Public health is ultimately concerned with approaches that address the health of a population rather than one individual. This is generally referred to as a population-based approach and is one of the principles that distinguishes public health from other approaches to health-related issues (e.g., medicine focuses on helping the individual). Based on this principle, a public health prevention strategy demonstrates benefits for the largest group of people possible, because the problem is widespread and typically affects the entire population in some way, either directly or indirectly. The public health approach also depends upon collective action (Krug, Dahlberg, Mercy, et al. 2002). It is a community-oriented approach that takes the onus from victims and advocates and encourages the entire community (women, men, and youth) to prevent sexual violence.

Data-informed, evidence-based approaches are also a central concept in the field of public health. According to this principle, all phases of program planning and implementation should be based on the best information available. Below are some examples of how data can be used in all four steps of the public health approach.

- **Define the Problem.** Data can provide answers to questions of how much sexual violence is happening, where it is happening, and who are the victims and perpetrators. Data sources may include the criminal justice system, emergency rooms, rape crisis centers, and general public surveys. These data can be used in many ways such as applying for resources, focusing the delivery of prevention programs, and tracking the success of various efforts over time.

- **Identify Risk and Protective Factors.** Findings from research studies can reveal some of the factors that may put people at risk for sexual violence perpetration and victimization or protect them from harm. Those who design sexual violence prevention programs can use this information to plan the content of their program by focusing on activities that address those risk and protective factors.

- **Develop and Test Prevention Strategies.** Data gathered from the experiences of practitioners working with various groups and through community assessments, stakeholder interviews, and focus groups may be useful for designing prevention programs that increase program acceptability among the intended audience. In addition, information gathered during program implementation can be used to document successful and unsuccessful implementation; demonstrate program accomplishments; and identify areas needing improvement. Promising programs and curricula should undergo rigorous evaluation before they are widely disseminated.

- **Ensure Widespread Adoption.** Once data supports an effective prevention strategy, the goal is to establish the prevention strategy as a standard in the field of sexual violence prevention. Prevention strategies known to be effective should be adopted and implemented in a variety of settings, and should replace ineffective strategies. Dissemination techniques that can promote widespread adoption and implementation of the new standards include training, networking, technical assistance, and process evaluation to assure fidelity. Dissemination should also include outcome evaluation to assess the effectiveness of strategies with new populations.

A key principle that cuts across all areas of the public health approach is cultural competency. It is essential that core activities such as collecting and analyzing data, designing and implementing programs, and determining what works be conducted within the context of the unique aspects of various populations and communities. Guidance from the population is key in the design, implementation, and evaluation of a prevention program. Also, simply translating the materials for a given intervention into a different language does not constitute a culturally-appropriate or relevant strategy as it does not address the different ways communities talk and think about sexual violence.

The concept of prevention is central to the field of public health. The remainder of this document focuses on prevention and how these public health principles can be applied to programmatic decision-making in the field of sexual violence.

Prevention: WHEN do we intervene?

Public health *interventions are often grouped into three prevention categories based on when the intervention occurs. Sexual violence interventions can be divided into the following three categories:

- **Primary Prevention:** Approaches that take place *before* sexual violence has occurred to prevent initial perpetration or victimization.

- **Secondary Prevention:** Immediate responses *after* sexual violence has occurred to deal with the short-term consequences of violence.

- **Tertiary Prevention:** Long-term responses *after* sexual violence has occurred to deal with the lasting consequences of violence and sex offender treatment interventions.

**In this document, "intervention" describes any prevention or service-related activity.*

While the major purpose of interventions that take place after violence has occurred is to reduce or ameliorate the negative effects of the violence, some of these approaches may have the advantageous effect of preventing a reoccurrence of violence. Categorizing prevention by WHEN an intervention occurs is a less than perfect fit when looking at violence, and therefore we often simplify this discussion by talking about interventions to prevent violence *before* it ever occurs and those that take place *after* violence has already occurred.

Prevention: WHAT is the focus?

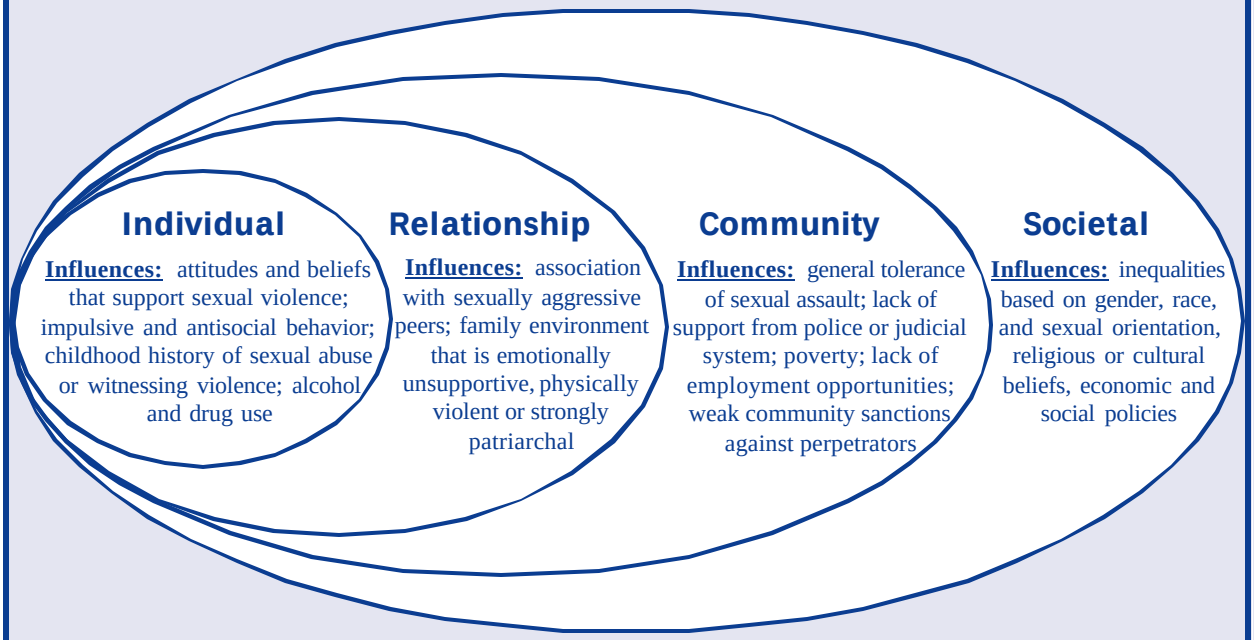
To prevent sexual violence, we have to understand what circumstances and factors influence its occurrence. There are many different theoretical models that attempt to describe the root causes of sexual violence: biological models, psychological models, cultural models, and grassroots, feminist, power-based models. Each of these models contributes to a better understanding of sexual violence and helps experts build programs that sustain protective factors and reduce modifiable risk factors. The CDC working group (see inside front cover) chose to use an ecological model as part of the framework for our discussion because it allows us to include risk and protective factors from multiple domains. Thus, if there is evidence from psychological models about individual risk factors and from feminist models about societal risk factors, it can all be incorporated in the same ecological model. Building such a model offers a framework for understanding the complex interplay of individual, relationship, social, political, cultural, and environmental factors that influence sexual violence (Dahlberg and Krug 2002) and also provides key points for prevention and intervention (Powell, Mercy, Crosby, et al. 1999). We use the four-level ecological model presented in the *World Report on Violence and Health* for this discussion (Dahlberg and Krug 2002); however, there are a variety of ecological models that have been developed (see, for example, Heise 1998).

The examples in Table 1 illustrate the levels of the ecological model. The examples of risk factors are also taken from the chapter on sexual violence in the *World Report on Violence and Health* (Jewkes, Sen, Garcia-Moreno 2002) and are not a comprehensive list of risk factors for sexual violence perpetration. There is a lack of research on protective factors so no such examples are presented in the model.

- **Individual-level influences** are biological and include personal history factors that increase the likelihood that an individual will become a victim or perpetrator of violence. For example, factors such as alcohol and/or drug use; attitudes and beliefs that support sexual violence; impulsive and other antisocial tendencies; preference for impersonal sex; hostility towards women; and childhood history of sexual abuse or witnessing family violence may influence an individual's behavior choices that lead to perpetration of sexual violence (Dahlberg and Krug 2002). Interventions for individual-level influences are often designed to target social and cognitive skills and behavior and include approaches such as counseling, therapy, and educational training sessions (Powell et al. 1999).

- **Interpersonal relationship-level influences** are factors that increase risk as a result of relationships with peers, intimate partners, and family members. A person's closest social circle—peers, partners, and family members—can shape the individual's behavior and range of experience (Dahlberg and Krug 2002). Interventions for interpersonal relationship-level influences could include family therapy, bystander intervention skill development, and parenting training (Powell et al. 1999).

Table 1. The Ecological Model



- **Community-level influences** are factors that increase risk based on community and social environments and include an individual's experiences and relationships with schools, workplaces, and neighborhoods. For example, lack of sexual harassment policies in the workplace can send a message that sexual harassment is tolerated, and that there may be few or no consequences for those who harass others. Interventions for community-level influences are typically designed to impact the climate, systems, and policies in a given setting.

- **Societal-level influences** are larger, macro-level factors that influence sexual violence such as gender inequality, religious or cultural belief systems, societal norms, and economic or social policies that create or sustain gaps and tensions between groups of people. For example, rape is more common in cultures that promote male sexual entitlement and support an ideology of male superiority (Dahlberg and Krug 2002). Interventions for societal-level influences typically involve collaborations by multiple partners to change laws and policies related to sexual violence or gender inequality. Another intervention would be to determine societal norms that accept violence and to identify strategies for changing those norms (Powell et al. 1999).

The ecological model supports a comprehensive public health approach that not only addresses an individual's risk factors, but also the norms, beliefs, and social and economic systems that create the conditions for the occurrence of sexual violence.

Prevention: Integrating the WHEN and the WHAT

The following matrix provides examples of how interventions to prevent violence before it occurs, and interventions that take place after violence has happened, can be implemented across all levels of the ecological model. Distinguishing interventions by "before" and "after" violence has occurred serves to highlight the salient differences between the two approaches.

Table 2. The WHEN and WHAT Matrix

	Individual	Relationship	Community	Societal
Before	Implement and evaluate discussion groups among men that explore prevalent notions of masculinity and their relationship with sexual violence; healthy and respectful relationships; and men's role in preventing sexual violence.	Implement and evaluate a discussion group based intervention with male peer groups (e.g., fraternities, athletic teams) to change group norms that support and condone sexual harassment and violence. Men will learn to hold their peers accountable for attitudes and behaviors that support sexual violence.	Engage youth as agents of change to affect their school's climate of tolerance for sexualized bullying by leading classroom-based conversations and school-wide special events.	Assist in educating legislators about the importance of economic and educational policies that promote the economic status of women and reduce inequalities in employment.
After	Provide offender treatment services for perpetrators. Provide crisis intervention services for sexual assault survivors.	Provide services to family members of sexual assault survivors to assist them in resolving the impact of the assault and to help them be sensitive and supportive of the survivor.	Develop police protocols for responding to and investigating reports of sexual assaults. Hold "Take Back the Night" rallies to raise community awareness of the scope, nature, and impact of sexual violence.	Assist in educating legislators about the importance of mandatory legislation that ensures all survivors of sexual assault the provision of a forensic medical exam at no charge.

Prevention: WHO is it for?

Prevention strategies are often developed based upon the group for whom the intervention is intended. Using this type of differentiation, sexual violence interventions can again be divided into three categories:

- Approaches that are aimed at groups or the general population regardless of individual risk for sexual violence perpetration or victimization are called **universal** interventions. Groups can be defined geographically (e.g., entire school or school district) or by characteristics (e.g., ethnicity, age, gender).

- Approaches that are aimed at those who are thought to have a *heightened risk* for sexual violence perpetration or victimization are referred to as **selected** interventions.

- Approaches that are aimed at those who have already *perpetrated* sexual violence or have been *victimized* are called **indicated** interventions.

Prevention: Integrating the WHAT and the WHO

The following matrix demonstrates how universal, selected, and indicated approaches can be implemented across the ecological model. Comprehensive prevention programs are multifaceted and address multiple cells within the matrix. CDC acknowledges that some of the programs and services designed for victims may also prevent reoccurrences of victimization and perpetration. However, we still consider these activities "indicated" because the primary goal of many of these programs is to address the important need to prevent the short- and long-term negative consequences of the violence. As a primary goal, the public health community wants to prevent new incidents from occurring, so in keeping with this, we have provided some examples of strategies and activities for both universal and selected approaches within the ecological model.

It is important to note that the cells in the matrix are not isolated from one another and may overlap. For example, women could be defined as an entire population for a universal approach or as a high-risk group for a selected approach. Either approach could be appropriate, but the course of action taken should be based on data or other considerations outlined in "How to Make Programmatic Decisions about Prevention Approaches" on page 10.

Because this document is geared toward the RPE program, no examples for indicated approaches were included.

Table 3. The WHAT and WHO Matrix

NOTE: The example strategies in this matrix further describe prevention concepts and strategies. CDC looks forward to working with grantees to develop innovative and effective ways to prevent sexual violence that address individual, relationship, community, and societal influences for universal and selected populations.

	Individual	Relationship	Community	Societal
Universal	Approaches are aimed at *everyone* in the population of interest, regardless of risk, and are designed to impact **individual factors** that increase the likelihood of being a victim or perpetrator of sexual violence (SV). *Example:* a) Develop, implement, and evaluate a comprehensive, faith-based educational program with multiple sessions and clear outcomes that will teach people about sexual violence and dispel the rape myths, attitudes, and beliefs that condone SV. b) Evaluate and implement effective curriculum on dating and SV that is delivered to high school students in grades 9-12.	Approaches are aimed at *everyone* in the population of interest, regardless of risk, and are designed to impact factors that increase the risk of SV as a result of **relationships** with peers, intimate partners, and family members. *Example:* a) Develop, implement, and evaluate a program for little league coaches to build/develop skills to interrupt and address inappropriate comments and behaviors among athletes that promote a climate condoning bullying, sexual harassment and SV. b) Partner with a local PTA to develop, implement, and evaluate a skills-building program for parents to help them address attitudes and behaviors in their children that promote SV.	Approaches are aimed at *everyone* in the population of interest, regardless of risk, and are designed to impact **community and social environments** that increase the risk of SV. *Example:* a) Implement and enforce sexual harassment policies in schools, workplaces, and other institutions. b) Help communities implement environmental safety measures such as adequate lighting and emergency call boxes. This complements community education and enforcement of policies that prohibit inappropriate behavior such as stalking and threatening or coercing community residents. c) Hold annual meetings or press conferences to alert communities about the latest statistics on SV to rally support for prevention.	Approaches are aimed at *everyone* in the population of interest, regardless of risk, and are designed to impact the **larger, macro-level factors** that influence SV, such as gender inequality and religious, cultural, social, or economic factors. *Example:* a) Conduct strategic planning activities with partners and policymakers using data from a variety of sources such as emergency rooms, crime reports, rape crisis centers, etc. to help determine where, when, and to whom prevention activities should be focused. b) Promote and enforce full implementation of the Title IX law. c) Establish and enforce policies for colleges and universities to accurately report SV on campus and provide rape prevention programs to students and staff.

	Individual	Relationship	Community	Societal
Selected	Approaches are aimed at those in the population **at heightened risk for SV victimization or perpetration** and are designed to impact **individual factors** that increase the likelihood of victimization or perpetration. Example: a) Implement and evaluate a program for high school boys to address alcohol/drug use and the ability to give and receive clear consent for sexual activity. Multi-session, classroom-based, peer-led discussions with messaging reminders from peers or media (posters, PSAs, etc.) should be included. b) In partnership with an immigration and refugee center, develop, implement, and evaluate a culturally-appropriate awareness campaign for immigrants and refugees that dispels rape myths and the beliefs and attitudes that condone SV as they integrate into a community.	Approaches are aimed at those in the population **at heightened risk for SV victimization or perpetration** and are designed to impact factors that increase the risk of SV as a result of **relationships** with peers, intimate partners, and family members. Example: a) Implement and evaluate a program that addresses potentially high risk components of "Greek life," specifically fraternities where male-peer support for obtaining sex by facilitating intoxication (alcohol/drug) is acceptable. b) Implement and evaluate a skill-building program for parents of youth convicted of inappropriate sexual behavior to help them address attitudes and behaviors that promote SV.	Approaches are aimed at those in the population **at heightened risk for SV victimization or perpetration** and are designed to impact **community and social environments** that increase the risk of SV. Example: a) Develop, implement, and evaluate a program in neighborhoods with a high density of alcohol advertising and advertising that sexualizes/objectifies women to demand the removal of such advertising as a means of changing the social environment that supports sexual violence. b) Establish and enforce employee and volunteer screening and training policies for caregivers of persons with disabilities.	Approaches are aimed at those in the population **at heightened risk for SV victimization or perpetration** and are designed to impact the **larger, macro-level factors** that influence SV, such as gender inequality, and religious, cultural, social, or economic factors. Example: a) Work through mass media (PSAs, editorials, documentaries, insertion into programming, etc.) to promote societal norms that support prevention, endorse help seeking (treatment and counseling) behaviors, and lessen the stigma for individuals that identify themselves as being a potential perpetrator. b) Educate policymakers to support efforts that are designed to address and ameliorate the consequences of children's exposure to violence, including family violence, school violence, and youth violence (as part of an overall comprehensive sexual violence prevention plan).

	Individual	Relationship	Community	Societal
Indicated	Approaches are aimed at those in the population **who are victims or perpetrators of SV** and are designed to impact **individual factors** that increase the likelihood of re-victimization or re-perpetration.	Approaches are aimed at those in the population who are **victims or perpetrators** of SV and are designed to impact factors that increase risk of re-victimization or re-perpetration as a result of **relationships** with peers, intimate partners, and family members.	Approaches are aimed at those in the population who are **victims or perpetrators** of SV and are designed to impact community and social environments that increase the risk of re-victimization or re-perpetration.	Approaches are aimed at those in the population who are **victims or perpetrators** of SV and are designed to impact the **larger, macro-level factors** that influence the likelihood of re-victimization or re-perpetration, such as gender inequality, and religious, cultural, social, or economic factors.

Making Programmatic Decisions About Prevention Approaches

None of the categories presented within the matrix (i.e., the what and who of prevention) are superior to the others. In fact, each has its own advantages and disadvantages (Powell et al. 1999). Universal, selected, and indicated interventions all contribute to a comprehensive prevention strategy. However, CDC's strength lies in supporting universal and selected strategies focused on preventing sexual violence before it occurs. These strategies provide the maximum benefit for the largest number of people and work to modify and/or entirely eliminate the event, conditions, situations, or exposure to influences (risk factors) that result in the initiation of sexual violence. Additionally, these prevention efforts identify and enhance protective factors that may prevent sexual violence in at-risk populations and the community at large. CDC decisions about the RPE program are guided by this prevention approach.

We all have limited resources and difficult decisions to make about which programs to implement. The following questions highlight some of the issues to consider when deciding where to focus your RPE program resources:

What are the mission and goals of the funding agency?

- If you are applying for funds to support prevention activities, certain types of prevention may be more or less suitable, depending on the mission of the funding agency. For example, criminal justice sanctions and offender treatment programs that focus on perpetrator accountability may be more appropriate for funds from an agency with a criminal justice mission. The public health approach to prevention focuses on improving the health of populations rather than a single individual. Therefore, as a public health agency, CDC is more likely to focus on universal and selected approaches with an emphasis on preventing sexual violence *before* it occurs.

Do the mission and goals of your agency support rape prevention and education?

- The compatibility of your organization's mission and goals with those of various funding agencies may drive your decisions about the types of grants and cooperative agreements for which you apply and for the types of prevention activities you plan to conduct.

Where are current resources being focused and where are the gaps?

- Resources for all levels of prevention are limited within the field of sexual violence prevention. Analyzing how federal, state, and local funds are allocated and used can show where the largest gaps exist within the matrix. At this time, the majority of federal and state funds are designated for indicated approaches—*after* the sexual violence has occurred. Funds that allow for universal and selected ("before") approaches can provide a unique opportunity to develop a more comprehensive strategy and to focus on the problem "upstream." (For example, rather than implementing a one time pre/post-tested training session geared towards children in schools, develop a more comprehensive systems approach to address school environments, policies and procedures, and behaviors and attitudes that support or condone sexual violence). At the current program level, priority is often given to secondary and tertiary approaches to violence prevention to provide much needed services to victims and to hold perpetrators accountable (Krug et al. 2002). While this focus is understandable because the human need is so great, it can leave a gap in primary/universal and selected approaches to prevention.

What do we know about who is at risk for sexual violence perpetration and who is vulnerable to sexual violence victimization?

- Research in the area of risk and protective factors for sexual violence is still evolving and does not yet offer specific strategies. However, some approaches are more appropriate than others, depending on who is at risk (Powell et al. 1999). If everyone is at equal risk, a universal approach is more appropriate. If a certain group has been accurately identified as the source of many or most new incidents of sexual violence, a selected approach may be more appropriate. For a synopsis of known risk factors, please refer to the *World Report on Violence and Health* (Krug et al. 2002).

What data are available to help you make decisions?

- One of the basic principles of the public health approach is to use data to make programmatic decisions. Data can come from a variety of sources including public health surveillance, research, and program evaluation.
- Do you have evaluation data for current programs or for those you plan to implement in the future? Evaluation data are a critical part of the program planning, development, implementation, and improvement cycle. These types of data ensure that you are accomplishing what you set out to do and that you know when a part of your program needs some improvement. It is important for programs to incorporate outcome data to evaluate efforts and to provide evidence that you are making a difference. Outcome data may also be helpful for garnering additional resources and support for your efforts.

Who are your partners?

- Sexual violence is a complex and multifaceted issue that requires a broad-based, multisystem response from a wide array of individuals, groups, and agencies. Because sexual violence affects all sectors of our communities, many groups and agencies are engaged in prevention efforts. As you look at the allocation of current resources and identify gaps, look for ways to partner with other groups and agencies to make limited resources go further, especially among those groups and organizations that represent and include members of underserved populations. Many states were able to develop broader, more comprehensive initiatives by partnering and sharing staff and other resources.

Are the programmatic activities permissible?

- Congress legislated that RPE grant funds may be used for the following seven permitted uses:

    1. Educational seminars
    2. Hotlines
    3. Training programs for professionals
    4. Informational materials
    5. Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities
    6. Education to increase awareness about drugs used to facilitate rape or sexual assault
    7. Other efforts to increase awareness in underserved communities and awareness among individuals with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102).

- Given our discussion about the public health approach to prevention, states are encouraged to think broadly. They should consider implementing universal or selected interventions across the ecological model that are permissible program activities.

These are just a few of the issues that programs struggle with when making decisions. There are obviously other things to consider such as the cost of various programs; the level of evidence on effective approaches; the capacity of your organization to carry out various approaches; and your organization's access to and experience working with various populations, etc.

Summary

This initial discussion of public health approaches to sexual violence prevention lays the foundation for future dialogue about ways RPE programs can individually and collectively identify strategies and opportunities for maximizing the effectiveness of limited program funds. This dialogue could not begin without acknowledging the important and ground-breaking work of survivors, advocates, prevention educators, and other professionals who have worked tirelessly to bring the issue of sexual violence to the forefront. CDC places great value in developing partnerships and working creatively to move "upstream."

We know that prevention works through our experience in addressing other public health issues. The spectrum of sexual violence prevention is broad and multifaceted, and requires the skills and approaches from many disciplines and areas of expertise. Through the RPE program, CDC hopes to contribute to sexual violence prevention by promoting efforts to modify or eliminate the individual, relationship, community, and societal influences that result in perpetration, victimization, and bystander attitudes that allow sexual violence to occur. In particular, CDC seeks those efforts designed especially for general populations (universal efforts) or those at heightened risk (selected efforts) to ensure that the greatest number of people benefit from the prevention of sexual violence.

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