**Position statement:**

**Talking about prevention: Definitions, models, and involvement**

Adopted by the Association for the Treatment of Sexual Abusers (ATSA)

Executive Board of Directors September 22, 2014

---

**Introduction**

Sexual violence is a major public health issue that affects everyone, directly or indirectly, and results in long-term social and economic costs. The Association for the Treatment of Sexual Abusers (ATSA) recognizes the harm caused by sexual violence and offers an informed approach to help prevent it. We are committed to being a part of the solution to protect vulnerable individuals in our communities. We believe proactive prevention strategies can address individuals at risk to sexually abuse before anyone is traumatized by sexual violence. ATSA offers expertise, information, resources, and insight into preventing the perpetration of sexual violence. This document details how we define prevention and the specific contributions ATSA and its members make toward creating a safer and healthier society.

**Definitions of prevention**

Communities, organizations, and individuals define prevention approaches and strategies in different ways. As a result, there exists no widely accepted definition of prevention. Prevention is approached from different perspectives such as health, treatment, law enforcement, victim advocacy, child welfare, and/or education. Policymakers tend to address prevention from a range of concerns about community and individual safety. All of these perspectives are valuable and important.

Different terms and language indicate differing frameworks, philosophical and political perspectives, cultural variations, and professional ideologies. Some are global in scope, whereas others are much more specific. As a growing number of ATSA members become involved in programs, campaigns, and interventions that address problematic sexual behaviors (regardless of whether the behavior is criminal), promote sexual health, and prevent sexual harm before it happens, ATSA believes it is necessary to clarify the terms we use so we can promote a common language that increases our understanding of and ability to address this important issue.

Within a public health framework, prevention typically is categorized as primary, secondary, and tertiary.

- **Primary prevention**: The ATSA Prevention Committee recommends using the Centers for Disease Control and Prevention’s (CDC) public health definition for primary prevention – approaches that take place before sexual violence has occurred to prevent initial perpetration or victimization (CDC, 2004).
- **Secondary and tertiary prevention**: Clearly defining secondary and tertiary is more difficult as there are discrepancies in definitions. The Institute for Medicine defines secondary prevention efforts as those focusing on populations known to be vulnerable, before sexual violence has been perpetrated, whereas the CDC definition addresses the immediate response to sexual violence after it has been perpetrated. ATSA follows an alternative two-category solution offered by the CDC, that prevention strategies can be grouped into those that are implemented before or after sexual violence has been perpetrated.
Social-ecological model of prevention

It is clear that sexual violence is a complex issue and results from multiple influences on human behavior, such as how an individual relates to those around him or her, their biology, and range of environmental influences. The social-ecological model (SEM) allows us to examine influences on an individual as well as the influences of relationships, organizations/community, and the larger society on sexual decisionmaking. The chart to the right illustrates the SEM.

Comprehensive prevention

Prevention before sexual abuse is perpetrated (and anyone is harmed) is the ultimate goal. To that end, it is essential to frame all prevention strategies within a comprehensive approach that includes a full continuum of effective practices to stop sexual violence both before and after it has been perpetrated.

According to ATSA’s strategic plan, a public health model that promotes the prevention of sexual abuse requires the active participation of multiple disciplines and of individuals from all sectors of the community. To maximize the impact of our work to prevent sexual abuse, we will continue to build strategic alliances with key stakeholders in all sectors of the field of sexual abuse. We will strengthen our commitment to collaboration by bringing together the different perspectives of our internal and external stakeholders – members, chapters, private and public agencies, community members, government officials, researchers, legislators, and public policy advocates.

ATSA members are involved in a variety of prevention strategies, such as providing training for state coalitions of sexual assault programs and supporting a trauma-informed approaches for adolescent sexual health. ATSA’s Prevention Committee focuses a great deal of effort on highlighting primary prevention strategies. To ensure all prevention efforts are recognized for their importance in stopping sexual violence, we are committed to using a comprehensive framework that promotes prevention before and after sexually abusive behavior. Understanding the full range of opportunities for such important work by ATSA members and others can influence the trajectories of our careers and enhance the safety of our communities.

Comprehensive prevention occurs across the full lifespan of individuals in a range of ways through their relationships, in their communities and workplaces, and throughout society at large. A comprehensive multidisciplinary approach for prevention ensures all efforts are viewed as part of this larger framework. The following chart, grounded in the social-ecological model, can help identify different skills and roles that ATSA members can and do bring to preventing sexual violence before and after someone is harmed.
**ATSA members’ involvement in prevention**

ATSA members are in a unique position to participate in sexual violence prevention efforts because of the information we have about the men, women, boys, and girls who cause the harm. Employing a common definition of prevention clarifies the goals we collaboratively work toward, enhances community understanding, and increases acceptance of the important services ATSA members add to the mix of effective services. Preventing the perpetration of sexual violence before anyone is harmed is the key to reducing the deeply personal and extensive health costs of sexual violence.

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Relationships</th>
<th>Community</th>
<th>Society</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before</strong></td>
<td>Integrate sexual health, healthy relationship information, and consent into all health and relationship programs.</td>
<td>Assist existing bystander campaigns with including information on preventing the perpetration of sexual violence.</td>
<td>Establish new standards for youth-serving organizations that focus on preventing perpetration of sexual abuse.</td>
<td>Promote public policies directed toward healthy sexual relationships. Promote laws requiring youth-serving organizations that receive public funding to establish safety policies.</td>
</tr>
<tr>
<td><strong>After</strong></td>
<td>Provide effective treatment services for adults and adolescents who have sexually abused, including discussions on healthy sexuality and self-regulation.</td>
<td>Establish support groups for the families of adults and adolescents who have sexually abused.</td>
<td>Collaborate with victim advocacy programs to ensure adequate services and a voice in sex offender management. Develop community engagement programs about healthy sexual relationships and how to prevent sexual offending.</td>
<td>Promote empirically based public policies that have been shown to prevent further sexual abuse and to safely integrate sex offenders back into the community.</td>
</tr>
</tbody>
</table>

*ATSA thanks the members of the ATSA Prevention Committee – Cordelia Anderson, Karen Baker, Brian Bill, Adam Brown, Jon Brown, Maia Christopher, Katie Gotch, Carmen Gress, Elizabeth Griffin, Jannine Hebert, Keith Kaufman, Raymond Knight, David Lee, Becky Palmer, David Prescott, Steve Sawyer, Joann Schladale, Joan Tabachnick, Jane Theriault, Sally Thigpen, and Gwen Willis – for their work developing this document.*
Appendix A: Definitions of Prevention

While ATSA addresses prevention before and after harm has occurred, other entities continue to use other terms and definitions. Some of those definitions are included here for reference and comparison.

**General prevention definitions**

**The Centers for Disease Control and Prevention**

Prevention strategies: WHEN do we intervene? Public health interventions often are grouped into three prevention categories based on when the intervention occurs. Sexual violence interventions can be grouped into the following three categories:

- **Primary** approaches that take place before sexual violence has occurred to prevent initial perpetration or victimization;
- **Secondary** responses immediately after sexual violence has occurred to deal with the short-term consequences of violence; and
- **Tertiary**, or long-term, responses after sexual violence has occurred to deal with the lasting consequences of violence and sex offender treatment interventions.

Prevention strategies: WHO is it for? Public health interventions often are 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:

- **Universal** interventions are approaches aimed at groups or the general population regardless of individual risk for sexual violence perpetration or victimization. Groups can be defined geographically (e.g., an entire school or school district) or by characteristics (e.g., ethnicity, age, gender).
- **Selected** interventions are approaches aimed at those who are thought to have a heightened risk for sexual violence perpetration or victimization.
- **Indicated** interventions are approaches aimed at those who already have perpetrated sexual violence or have been victimized.

Prevention strategies: WHAT is the focus? To prevent sexual violence, we have to understand what circumstances and factors influence its occurrence. Using the social-ecological model, these include:

- Individual influences,
- Interpersonal/relationship influences,
- Community influences, and
- Societal influences.

**The Institute of Medicine**

- **Universal** prevention attempts to stop harm from ever happening in the general population.
- **Selective** prevention focuses on groups believed to be at risk of harm.
- **Indicated** prevention provides interventions when harm already has occurred.
In its purest form, crime prevention looks at people (usually infants, children, and young teens) who are not involved in criminal activity and asks, “What can we do to make sure they never come into conflict with the law?” Crime prevention also looks at places and situations which are not yet troubled by much criminal activity and asks, “How can we make sure crime never becomes a significant problem here?” The CDC and Institute of Medicine definitions are widely used in the public health community to explain a variety of prevention strategies. These definitions also are used to help define a target audience for a proposed prevention program or initiative. The CDC definition distinguishes between before and after sexual abuse has been perpetrated and focuses on the timing of prevention efforts. The Institute of Medicine focuses on who should be the target of specific efforts.

**Primary prevention definitions**

The following definitions focus on public health definitions of primary prevention.

**World Health Organization**

In a public health framework, primary prevention means reducing the number of new instances of intimate-partner violence and/or sexual violence by intervening before any violence occurs. The impact of primary prevention is measured at the population level by comparing the frequency with which either victimization or perpetration occurs. This approach contrasts with other prevention efforts that seek to reduce the harmful consequences of an act of violence after it has occurred, or to prevent further acts of violence from occurring once violence has been identified. Primary prevention relies on identification of the underlying, or upstream, risk and protective factors for intimate-partner violence and/or sexual violence, and action to address those factors. Its aim is to reduce rates of intimate-partner violence and sexual violence.

**The Prevention Institute**

Primary prevention is a systematic process that promotes healthy environments and behaviors and reduces the likelihood of an incident, condition, or injury before it occurs in the first place.

**The National Network Ending Sexual Violence Together in New Zealand**

Primary prevention involves activities that seek to prevent sexual violence before it occurs by educating people about the issue of sexual violence and by promoting safe and respectful environments, behaviors, and social norms. Primary prevention is about changing the soil conditions our communities are growing in, not just pointing out harmful attitudes and behaviors, or pulling out sexual violence. Primary prevention is about working out what our communities need to build healthy sexual encounters and relationships by fostering social norms of respect and equity in terms of gender, race, class, sexuality, and disability – respect between people and respect between peoples.

**California Coalition Against Sexual Assault Project Prevent Connect**

Primary prevention involves developing comprehensive strategies that stop violence before initial perpetration or victimization. Ending sexual and domestic violence requires social change. Primary prevention is the work to create that social change. Primary prevention is creating a future free of abuse and promoting the behaviors and norms we want.
References


