The Public Health Approach to the Prevention of Sexual Violence

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This paper presents the public health approach to the prevention of sexual violence. The public health approach addresses primary, secondary, and tertiary levels of prevention. An explanation of each level of prevention is given as it relates to the area of sexual violence. Additionally, the public health approach attempts to shift the focus of prevention from potential victims to potential perpetrators. The four steps of the public health model are presented with examples of how the Centers for Disease Control and Prevention are applying this model to sexual violence prevention.

KEY WORDS: public health; sexual violence; prevention.

INTRODUCTION

There is undoubtedly agreement among professionals and lay persons that sexual violence is a criminal activity. Our society, through the criminal justice system, has institutionalized a series of actions to follow an accusation of sexual offense, which is meant both to hold the alleged perpetrator accountable for his or her behavior and to punish the individual if convicted of the offense. The criminal justice approach to violence prevention is clearly one that deals with violence after the fact. A complementary approach emphasizing prevention efforts that decreases the probability that violence will occur in the first place is the public health approach. Though the conceptualization of sexual violence as a public health issue is relatively recent, the public health approach clearly offers the potential to diminish the number of violent sexual offenders encountered by the criminal justice system.
system, as well as diminish the number of nonincarcerated sexual offenders in the general population.

Public health may be defined as what society does to assure that conditions exist in which people can be healthy. In the case of violence, health is defined as the prevention of deaths and injuries caused by violence. Public health practitioners address three levels of prevention: primary, secondary, and tertiary (Prothrow-Stith, Spivak, & Sege, 1997). In the case of sexual violence prevention, the tertiary level of prevention pertains to prevention efforts with hard core offenders. The work of professionals involved in the tertiary prevention of sexual offenses would likely be dealing with men and women who have offended repeatedly and have behaviors that are very well entrenched.

The secondary level of prevention focuses on efforts with persons who have recently begun to engage in sexual offending and may involve such things as early identification and intervention. One may assume that for many of these individuals, sexually offending behaviors may be more malleable than for those who have been offending for years. Finally, the primary level of prevention focuses on stopping the problem behavior before it starts (Foege, Roesenberg, & Mercy, 1995). If persons who are likely to offend can be identified before the offending commences, and if there is an understanding of what factors motivate or cause sexual offending, then programs targeting these individuals and the causes of their behavior can be developed so that acts of sexual violence are prevented before an offense can occur. All three levels of prevention will enhance the likelihood of a decreased incidence of sexual violence.

Clearly, the criminal justice approach falls under tertiary and, to lesser degrees, secondary and primary prevention efforts. An abuser comes to the attention of the appropriate authorities, is tried, and is convicted. He is imprisoned as punishment for his crime. It is hoped that the punishment is onerous enough to prevent him from reoffending once he is released from prison. Additionally, imprisonment guarantees the prevention of sexual violence during the period of incarceration and may deter other potential offenders by virtue of punishment. However, one limitation of this approach is that there is no direct attempt to alter the conditions or attitudes that led the abuser to the point of abuse.

Clinicians working with sexual offenders, ranging from first-time offenders to repeat offenders, attempt to prevent recurrences of sexual violence by treating the abuser’s psychological or biological imbalances. Again, however, abuse has already occurred. The target is to prevent repeated incidents.

As a complement to the criminal justice response, the public health approach to violence focuses mainly on primary prevention rather than on treatment. Though there is recognition that intervention must be provided for those persons who are already perpetrating sexual violence, public health practitioners and researchers are searching for ways to prevent such violence from occurring in the first place. There is a need to look harder for ways to end the violence, to move beyond locking