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Effective Empowerment-Based Training Is One Approach Identified in CDC's STOP-SV Technical Package as Part of Comprehensive, Multi-Sector Prevention of Sexual Violence: A Response to Ullman(2020)

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Abstract

In this response to Sarah Ullman's 2020 Journal of Aggression, Maltreatment, and Trauma article, *Rape Resistance: A Critical Piece of all Women's Empowerment and Holistic Rape Prevention*, the author highlights the importance of a holistic and comprehensive strategy for sexual violence prevention that involves many approaches across the social ecological model, as outlined in the Centers for Disease Control and Prevention's STOP SV technical package, including effective empowerment-based training approaches. She describes that more work is needed to evaluate and identify evidence-based approaches, including those that address prevention within marginalized groups and those grassroots approaches that are already being implemented but have not been evaluated. She ends by stressing that the field has much to gain from this kind of collective, multi-sector effort.

Keywords

Sexual violence; exposure to violence; assessment/evaluation; sexual assault; sexual abuse; rape; empowerment; prevention

I could not agree more with Sarah Ullman's main thesis described in her article, *Rape Resistance: A Critical Piece of all Women's Empowerment and Holistic Rape Prevention* (Ullman, 2020) that a holistic and comprehensive strategy for sexual violence prevention needs to involve many approaches across the social ecological model and more work is needed to address prevention of marginalized groups such as people of color, sexual and gender minority persons, or disabled persons. Sexual violence is a complex and often hidden problem that will not be prevented by one approach but rather, a combination of numerous

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evidence-based approaches that can simultaneously address individual factors, relationships, norms, the community, schools and other settings in which it occurs, and the policies that perpetuate it.

Although Ullman (2020) states in the introductory paragraph to her piece that “some continue to argue against teaching rape resistance and self-defense training,” the source of these arguments is unclear and the paper does not appear to cite any examples of scholars or prevention professionals arguing *against* the use of effective rape prevention approaches of any type. I continue to believe that we as a field will be best positioned to make progress in preventing rape and other forms of sexual violence if we argue strongest for numerous approaches that have empirical evidence that they work.

To that end, my colleagues and I at the Centers for Disease Control and Prevention (CDC) published *STOP SV: A Technical Package to Prevent Sexual Violence* in 2016 that compiles the best available evidence for the prevention of sexual violence (Basile et al., 2016), and in it we describe five strategies that have the most evidence of effects on reducing sexual violence. These strategies include 1) promoting social norms that protect against violence, 2) teaching skills to prevent sexual violence (including empowerment-based training), 3) providing opportunities to empower and support girls and women, 4) creating protective environments, and 5) supporting victims/survivors to lesson harms. In the technical package we stress the importance of a comprehensive approach that not only involves multiple sectors working together, but also includes numerous strategies and approaches that ideally would be implemented simultaneously. For example, teaching social-emotional learning skills to adolescents has been shown to reduce sexual harassment and other forms of aggression in the schools where it's been tested (Espelage et al., 2015), but individual skills alone are not going to be enough to reduce and prevent sexual violence that we know is perpetrated against millions of Americans in their lifetimes across different settings and at different life stages. Teaching individual skills along with efforts to change norms that support and condone sexual violence, provide opportunities to empower women and girls, address risks in the physical environments where sexual violence occurs, while simultaneously supporting sexual violence survivors to lesson harms and decrease the likelihood of revictimization can collectively bring us closer to a sexual violence-free society.

Empowerment-based training is highlighted in CDC's STOP SV technical package as one of four approaches that have evidence of effectiveness under the teaching skills strategy, and Senn et al. (2015) *Enhanced Assess, Acknowledge, Act* (EAAA) program is offered as an example of an empowerment-based training with rigorous evidence of effectiveness. It is unfortunate that Ullman (2020) did not cite CDC's STOP SV technical package as support for her thesis that numerous evidence-based approaches are needed for real progress in preventing sexual violence, including approaches that utilize empowerment-based training to support rape resistance. Ullman (2020) did cite my invited 2015 commentary in which I was asked to respond to Senn et al.'s (2015) rigorous evaluation. I want to clarify what I was trying to convey in my commentary because I think it may have been misunderstood. My point was that while Senn et al.'s findings were an important contribution in our quest to increase the evidence base for the prevention of sexual violence, they should not be

the only approach we employ. That was not meant to take away from the importance of EAAA specifically or empowerment-based training more generally; it was a call for a comprehensive approach that includes programs, policies, and practices that have evidence that they work. EAAA should be part of that approach. However, a comprehensive approach will need to include other approaches as well, and yes, that may include bystander approaches. Of course, evidence-based bystander approaches are not necessarily better or more important than evidence-based empowerment-based approaches or vice versa; they are not mutually exclusive. It is unfortunate and hurts the field when these two approaches, or others, are falsely framed as alternatives instead of mutually beneficial. Both approaches have strengths and weaknesses and advance sexual violence prevention from a different angle (and a different social ecological level). Importantly, both approaches have been used in programs shown to be effective. Therefore, it follows that both should be part of a comprehensive approach that also includes many other efforts, particularly ones that address aspects of the environments and communities where sexual violence occurs, given the gaps in evidence at these outer ecological levels and their great potential to have broader public health impact. Different evidence-based approaches at different levels of the social ecology are all essential components and tools in a comprehensive strategy to address sexual violence.

I am not sure why Ullman (2020) says in her piece that “bystander intervention has become the most popular and widely utilized prevention strategy endorsed by the Centers for Disease Control (CDC),” and repeats that these kinds of programs are the only ones endorsed by CDC as primary prevention, because that is not supported by the fact that CDC includes numerous primary prevention approaches in the STOP SV technical package. What CDC has done, which may have been misconstrued, is invested in funding rigorous evaluation of approaches that have less empirical support and fall within CDC’s mission of primary prevention, including relationship and community level approaches. A focus on primary prevention is what distinguishes CDC’s work from that of other federal agencies. Further, CDC has focused on the prevention of perpetration to achieve a population-level impact on sexual violence, which is the unique goal of public health compared to other fields (DeGue et al., 2012). But separate from the perceived role of CDC in the popularity of bystander programs, perhaps Ullman (2020) is right in saying that the reason for their popularity is because they are more palatable and fit better with traditional gender roles that prescribe that women and girls be helped rather than help themselves. Although that may be the case, bystander approaches can and have included social norms components that have promoted norms against violence and against rigid gender roles and hostility toward women, which should serve to counter the “helping women” aspect that has unfortunately been attached to them by some. Ullman’s (2020) characterization of bystander approaches as not seeking to “alter underlying social norms” does not match published evidence on these kinds of programs (Banyard et al., 2007; Gidycz et al., 2011). Indeed, bystander approaches are not just about intervening acutely to protect potential victims; an important component of bystander approaches is intervening within peer groups (i.e., the relationship level of the ecology) on the norms and attitudes that support sexual and other types of violence (Basile et al., 2016).

Equally critical to changing norms and attitudes that perpetuate sexual violence, empowerment-based training and self-defense training more generally have an undeniable historical context as described by Ullman (2020). Feminist advocacy and theory have contributed greatly to the field's thinking about why sexual violence occurs and how to prevent it through increasing women's empowerment, autonomy and freedom. It is important to acknowledge, as Ullman (2020) does, the feminist movement that first brought attention to violence against women many years ago and provided a foundation for the field's current work to prevent sexual violence. Indeed, those feminist tenets are reflected not only in empowerment-based training approaches but also approaches that empower and support girls and women through strengthening economic supports for women and families and increasing leadership skills and opportunities for girls. As the STOP SV technical package describes, these types of approaches have some evidence that they can reduce sexual violence or its risk factors. As such, these kinds of approaches that empower women to prevent sexual violence should be components of a holistic sexual violence prevention strategy.

My overarching point, which I think is consistent with Ullman's (2020) overarching point, is that it is not one or the other (e.g., empowerment-based training versus bystander training, or self-defense training versus social change); rather, it is all of the above. We as a field can continue to evaluate and identify evidence-based approaches, including those that address prevention within marginalized groups and those grassroots approaches that are already being implemented but have not been evaluated yet. We have so much to gain from this kind of collective effort and much ground to lose by pitting one approach against another.

I want to close by stressing what we know from the prevalence data on sexual violence. We know that it can occur at any stage of life, but what is indisputable is that it overwhelmingly occurs early in the lifespan, either under the age of 25 or under the age of 18 (Smith et al., 2018). Therefore, if we want to achieve primary prevention of sexual violence and stop it before it starts, which is CDC's mission, it is important to focus on adolescents and on preventing perpetration. This may partially explain what CDC funds in the area of sexual violence prevention. But other federal funding entities have other foci and collectively we can prevent sexual violence by funding research and evaluation of both victimization and perpetration prevention to identify what works and implement it as part of a comprehensive strategy. As we describe in the STOP SV technical package, a collective effort is needed that goes beyond public health and primary prevention of perpetration. This collective effort can address sexual violence victimization and perpetration at all the life stages and in all the environments in which it occurs, including childhood, adolescence, college years, and adulthood. Numerous sectors working together have the best chance of achieving this kind of holistic prevention of sexual violence that we all seek.

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References

Banyard VL, Moynihan MM, & Plante EG (2007). Sexual violence prevention through bystander education: An experimental evaluation. *Journal of Community Psychology*, 35(4), 463–481. 10.1002/jcop.20159

Basile KC, DeGue S, Jones K, Freire K, Dills J, Smith S, Raiford JL (2016). STOP SV: A technical package to prevent sexual violence. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>

DeGue S, Simon T, Basile KC, Yee SL, Lang K, & Spivak H (2012). Report from the CDC: Moving forward by looking back: Reflecting on a decade of sexual violence prevention through public health (2000–2010). *Journal of Women's Health*, 21(12), 1211–1218. 10.1089/jwh.2012.3973

Espelage D, Low S, Polanin JR, & Brown E (2015). Clinical trial of Second Step® middle-school program: Impact on aggression & victimization. *Journal of Applied Developmental Psychology*, 37(1), 52–63. 10.17105/spr-15-0052.1

Gidycz CA, Orchowski LM, & Berkowitz AD (2011). Preventing sexual aggression among college men: An evaluation of a social norms and bystander intervention program. *Violence against Women*, 17(6), 720–742. 10.1177/1077801211409727 [PubMed: 21571742]

Senn CY, Eliasziw M, Barata PC, Thurston WE, Newby-Clark IR, Radtke HL, & Hobden KL (2015). Efficacy of a sexual assault resistance program for university women. *New England Journal of Medicine*, 372(24), 2326–2335. 10.1056/NEJMsa1411131 [PubMed: 26061837]

Smith SG, Zhang X, Basile KC, Merrick MT, Wang J, Kresnow M, Chen J (2018). The National intimate partner and sexual violence survey (NISVS): 2015 Data Brief – Updated Release. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Ullman SE (2020). RapeResistance: A critical piece of all women's empowerment and holistic rape prevention. *Journal of Aggression, Maltreatment & Trauma*, 1–21. 10.1080/10926771.2020.1821851