Invited Commentary | Public Health

Now Is the Time to Invest in Child and Adolescent Sexual Violence Prevention Programming
Michele L. Ybarra, PhD, MPH

The findings of Piolanti et al suggest that sexual violence prevention programs may be effective in reducing the perpetration and the experience (ie, as a target of the perpetration) of sexual violence for adolescents age 10 to 19 years. This is one of the first meta-analyses of adolescent sexual violence prevention programs that address behaviors within as well as outside intimate partnerships. More than 35,000 adolescents were represented in the 20 English language studies that were analyzed, of which 11 were conducted in North America, 2 in Europe, and 7 in sub-Saharan Africa. Three of 4 prevention programs were delivered in school-based settings, and 1 of 3 was targeted to a specific gender. Sexual violence outcomes across studies spanned experiences from sexual harassment to forced sex. Despite these differences in settings, targeted populations, and outcomes, the 12 studies that targeted adolescent perpetration were associated with a 17% reduction in violence, and the 16 studies that targeted adolescent experiences were associated with a 13% reduction in violence. Thus, empowering children and adolescents with the tools to reduce sexual violence before they reach adulthood appears to have a measurable prevention impact.

As noted by the authors, previous meta-analyses have largely found null effects of sexual violence prevention programs. Extant literature has principally examined prevention programs delivered to college-aged youth and adults. Perhaps earlier intervention in childhood and adolescence has a greater impact because sexual behavior is more malleable in these earlier stages of sexual maturity and behavioral development. Once behavioral patterns have emerged and solidified, which is more likely to happen in adulthood, they may be harder to break than had they been intervened upon before they began.

In this regard, it is noteworthy that interventions delivered to high school students and at school appear to have a particularly strong impact. Perhaps this is because the content is being delivered at a teachable moment when the information is most salient and more easily applied. Younger youth are less likely to be in situations where sexual violence might occur and so the content may feel more abstract. This does not mean that prevention programming with adolescents in grade school and middle school should be deprioritized. Indeed, early exposure to information about how to reduce sexual violence has the potential to prime young people such that they may be better able to learn and apply these concepts when they are older. Early exposure could also have secondary effects in areas that are more developmentally relevant, such as bullying. For example, Jemmott et al found that an intervention focused on HIV prevention behaviors reduced sexual violence as well. Here, I am suggesting that prevention programs aimed at reducing sexual violence likely also affect secondary outcomes, and this may be particularly true for younger adolescents and children who are less likely to be having sex but are nonetheless tasked with navigating interpersonal relationships. Certainly, analyzing and disseminating findings related to these secondary outcomes is necessary to ensure we have a fuller perspective of the benefit of these prevention programs.

Early prevention has the added benefit of reducing the number of people who are affected by sexual violence. Sexual violence is costly. Rape alone is estimated to have a public health burden of $3.1 trillion across all survivors living in the United States. Nearly 1 in 10 young people reporting sexual violence perpetration in adolescence, waiting until young adulthood to begin arming people with the skills necessary to prevent sexual violence is simply too late and too costly from a public health perspective.
Although many potentially influential factors were examined, including facilitator type and whether the intervention was delivered during school hours, there are opportunities to build upon this work in future meta-analyses. For example, understanding whether the type of sexual violence targeted (eg, unwanted touching vs unwanted penetration) explains variance in observed outcomes could inform which interventions may be better suited for specific outcomes. Understanding whether prevention programs that target sexual violence within dating relationships have differential impact on outcomes compared with those that target sexual violence in all relationships could inform the development of universal vs targeted programming in the future.

Some findings bear replicability. For example, I find it counterintuitive that dosage, measured both in terms of program length and number of sessions, was unrelated to behavior change. In general, program length is a balance between being long enough to ensure sufficient exposure to affect new behaviors vs being so long that drop out and subsequent scale up become short- and long-term challenges, respectively. Perhaps this null finding is because there was moderate heterogeneity and some of the sample sizes for subgroup analyses were smaller, resulting in a potential lack of power. Examining this in future studies will help further contextualize this finding.

As reflected both in the methods of the Piolanti et al study as well as the definition articulated by the Centers for Disease Control and Prevention, sexual violence reflects a broad range of unwanted behaviors. Important gaps in the literature include understanding both downstream impacts as well as the cost benefit of sexual violence prevention programs that target behaviors across the range of sexual violence. For example, even though previous research suggests that those who engage in sexual harassment do not necessarily transition to more serious forms of sexual violence overtime, including rape and coercive sex, perhaps prevention programs that target these more serious forms of sexual violence nonetheless also affect reductions in other forms, such as sexual harassment, because of shared skills that are targeted (eg, understanding consent, developing a sense of empathy, ability to perspective take). Moreover, quantifying the cost benefit of these programs may bolster the argument for their funding. Although fewer people experience rape compared with other forms of sexual violence, it is more costly. In this regard, perhaps programs that target a reduction in forced sex have the greatest cost benefit. On the other hand, because more people are impacted by sexual harassment, perhaps the greatest cost benefit is realized in affecting this behavior. A cost benefit analysis would likely reveal that prevention programs targeting sexual violence across the spectrum—from noncontact to penetration—are beneficial because they target different people and, therefore, have an additive impact.

In summary, the findings from Piolanti et al support the call for increased funding and implementation of effective, evidence-based sexual violence prevention programs with children and adolescents. The study also provides reason to fund the development and testing of programming that may be more scalable, such as those delivered via technology.

ARTICLE INFORMATION
Published: November 8, 2022. doi:10.1001/jamanetworkopen.2022.40901

Open Access: This is an open access article distributed under the terms of the CC-BY License. © 2022 Ybarra ML. JAMA Network Open.

Corresponding Author: Michele L. Ybarra, PhD, MPH, Center for Innovative Public Health Research, 555 N El Camino Real, Ste A347, San Clemente, CA 92672 (michele@innovativepublichealth.org).

Author Affiliation: Center for Innovative Public Health Research, San Clemente, California.

Conflict of Interest Disclosures: None reported.

Additional Contributions: Kimberly Nelson, PhD, provided thoughtful feedback on later drafts of this article.
REFERENCES


