## RISK \& PROTECTIVE FACTORS

This chart maps out risk and protective factors and social determinants of health along various points in the social ecological model. Understanding these factors and determinants at the societal, community, and individual/relationship levels can increase the effectiveness of sexual violence prevention efforts.

| The Social Ecological Model | Risk Factors | Protective Factors | Social Determinants | Putting it all Together |
| :---: | :---: | :---: | :---: | :---: |
| illustrates how factors influence each other at different levels ${ }^{1}$ | are a set of behaviors or conditions that increase the risk for sexual violence perpetration <br> are behaviors or conditions that reduce or buffer against the risk for sexual violence perpetration <br> of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age ${ }^{4}$ |  |  |  |
| Societa ${ }^{3}$ <br> (e.g. laws, systems, the media and widespread social norms) | - Societal norms that: <br> - support sexual violence <br> - support male superiority and sexual entitlement <br> - maintain women's inferiority and sexual submissiveness <br> -Weak health, economic, gender, educational, and social policies <br> - High levels of crime and other forms of violence | (At this time there are no evidence-based findings on societal-level protective factors for sexual violence; additional research can help fill this gap) | - Social norms and attitudes (racism, sexism, ableism, and other forms of oppression) <br> - Socioeconomic conditions <br> - Cultural attitudes, norms, and expectations <br> - Governmental, corporate, and non-governmental policies <br> - Social institutions (e.g. law enforcement) | Sexual violence is inextricably tied to oppression. Focusing on risk and protective factors and social determinants of health can help clarify how anti-oppression efforts can be part of prevention. |
| Community ${ }^{3}$ <br> (e.g. neighborhoods, schools, faith communities, and local organizations) | - Poverty <br> - Lack of employment opportunities <br> - Lack of institutional support from police and judicial system <br> - General tolerance of sexual violence within the community <br> -Weak community sanctions against sexual violence perpetrators | -Community support/ connectedness <br> - Coordination of resources and services among community agencies <br> - Access to mental health and substance abuse services | - Equitable access to educational, economic, and job opportunities <br> - Community engagement <br> - Social support and integration, support systems <br> - Built environment, such as buildings, sidewalks, bike lanes, and roads <br> - Physical barriers, especially for people with disabilities | Working in collaboration with communities around shared risk and protective factors can be an effective way to stretch limited funding, strengthen partnerships, and increase reach. |
| Individua\| ${ }^{2}$ <br> (e.g. a person's attitudes, values, and beliefs) and <br> Relationship ${ }^{2}$ <br> (e.g. relationships with family, partners, friends, and peers) | -Family environment characterized by physical violence and conflict <br> - Emotionally unsupportive family environment <br> - Poor parent-child relationships <br> - Association with sexually aggressive, hypermasculine, and delinquent peers <br> -General aggressiveness and acceptance of violence <br> - Adherence to traditional gender role norms <br> - Hypermasculinity and lack of empathy | - Connection/commitment to school <br> - Connection with a caring adult <br> - Affiliation with pro-social peers <br> - Emotional health and connectedness <br> - Empathy and concern for how one's actions affect others | - Having resources to meet daily needs like healthy foods \& warm clothing <br> - Social support and social interactions <br> - Equitable access to quality schools and transportation <br> - Equitable access to information and services in various languages <br> - Equitable access to health insurance and health care | Every individual exists within larger communities and our shared society. It is vital to link individual and relationship-level risk and protective factors to those at the community and society level, as well as related social determinants of health. Making these connections can create more effective change. |

## What are risk and protective factors?

Risk factors are a set of behaviors and/or conditions associated with a greater likelihood of sexual violence perpetration, and protective factors are behaviors and/or conditions that may reduce or buffer against the risk for sexual violence perpetration. These are contributing factors and might not be direct causes. Not everyone impacted by risk factors goes on to use violence against others.

## Why are they important to use in our work?

## Risk and protective factors can connect us to others doing complementary work

There are risk and protective factors common to many public health issues, such as suicide, bullying, and teen dating violence. There are even connections with efforts to increase healthy families and communities, create pay equity and economic justice, and end racism and other forms of oppression. We can work together around shared risk and protective factors to stretch limited funding, create and strengthen partnerships, and increase reach.

## Risk and protective factors can connect larger societal issues and oppression to our prevention work

We choose how to behave based on our beliefs and values, which are shaped by our relationships, families, communities, and societal norms. Because primary prevention aims to prevent sexual violence before it even has a chance to happen, we must influence all the areas that shape our beliefs and values. This means that focusing on societal issues like pay equity, anti-oppression, and healthy communities is also a way to prevent sexual violence.

## Risk and protective factors can help us talk about our prevention work

Referencing risk and protective factors can be a helpful way to show that our prevention work is based in evidence. It can help us connect our work to specific behaviors, values, and systemic norms associated with a lower prevalence of sexual violence. It can also help us highlight the connections between social determinants of health and sexual violence prevention.

## Additional Resources:

Centers for Disease Control and Prevention. (n.d.). Connecting the dots: Exploring the overlaps between multiple forms of violence and working toward collaborative prevention.
Retrieved from https://vetoviolence.cdc.gov/apps/connecting-the-dots/
Wilkins, N., Tsao, B., Hertz, M., Davis, R., \& Klevens, J. (2014). Connecting the dots: An overview of the links among multiple forms of violence. Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

## References

'Centers for Disease Control and Prevention. (2019). The social-ecological model: A framework for prevention. Retrieved from https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html
${ }^{2}$ Tharp, T. T, DeGue, S., Valle, L. A., Brookmeyer, K. A., Massetti, G. M., \& Matjasko, J. L. (2012). A systemic qualitative review of risk and protective factors for sexual violence perpetration. Trauma, Violence, \& Abuse, 14, 133-167. doi:10.1177/1524838012470031
${ }^{3}$ Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., \& Lozano, R. (Eds.). (2002). World report on violence and health. Retrieved from the World Health Organization: https://www.who.int/violence_injury_prevention/violence/world_report/en/full_en.pdf?ua=
${ }^{4}$ World Health Organization. (n.d.). Social determinants of health. Retrieved from https://www.who.int/social_determinants/sdh_definition/en/
NSVRC would like to thank Linda Dahberg, Senior Advisor to the Director, CDC's Division of Violence Prevention for review and contributions to this publication.
Thank you to our external reviewers: Darin J. Dorsey, Laurie Hart, Jessica Grzywacz, Diana Mancera, JP Przewoznik, and Glorina Stallworth.

