

PETER SHUMLIN
Governor



State of Vermont
OFFICE OF THE GOVERNOR

**Governor's Task Force on the Prevention of Domestic and Sexual Violence
Recommendations – September 2013**

Introduction from Governor Peter Shumlin

Home should be a place where all Vermonters feel safe, secure, and supported. Violence or abuse in the home affects not only the victims and witnesses of abuse – it shatters some of our most cherished principles of family and community, as well as the fundamental right of each Vermonter to control her or his own life.

As Governor, one of the most important priorities I have is working to ensure that all Vermonters and families are safe and healthy in their communities, that they have opportunities for fulfilling employment and education, and that vulnerable Vermonters have access to the protection and help they need.

Essential to these goals is the prevention of domestic and sexual violence. We have to work even harder to curb the violence that continues to undermine the safety and wellbeing of Vermonters – at home, at school, at work and in their local communities. It is with this in mind that I created the Governor's Task Force on the Prevention of Domestic and Sexual Violence two years ago.

The recommendations of the Task Force all center on one overarching call to action to increase Vermont's efforts at preventing domestic and sexual violence by addressing the roots of such violence while we continue to strengthen our immediate response and recovery efforts.

An increased recognition of the importance of prevention will allow us to intercede early and avoid harm to Vermonters. At the same time, we will continue to make sure we do all we can for survivors, families, and witnesses in those cases in which these unacceptable acts of violence do occur.

I thank the Task Force on the Prevention of Domestic and Sexual Violence for developing this comprehensive set of recommendations. I know their work will help communities as well as our non-profit, private, state, and federal partners strengthen efforts to prevent and respond to domestic and sexual violence in Vermont, and will contribute to the safety and health of our state and its residents.

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter Shumlin', with a long horizontal line extending to the right.

Peter Shumlin
Governor

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Prevention of Domestic & Sexual Violence Task Force

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ACKNOWLEDGEMENTS

The Governor's Prevention of Domestic and Sexual Violence Task Force would like to express our deepest gratitude to the many people who provided us with valuable information; from our guest speakers (listed in the appendices) to the countless agencies, organizations and individuals who took time to complete our surveys and participate in our interviews, to our reviewers and editors.

We would also like to thank our own organizations and agencies for allowing us, as individuals, to participate on the Task Force. This report was produced with countless hours of donated time from these agencies.

A special thanks goes to Lilly Talbert from the Vermont Commission on Women for her time and skills in editing and formatting of this report.

In addition, we thank the State of Vermont for the opportunity to share our learning and for the support for improving our prevention systems across the state.

And finally, we thank the victims and survivors who are with us every day, inspiring us to do all that we can to end the epidemic of domestic and sexual violence.

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EXECUTIVE SUMMARY 2

PURPOSE

The Governor's Prevention of Domestic and Sexual Violence Task Force was formed by Governor Peter Shumlin through Executive Order No. 16-11 (see appendices) on November 11, 2011. The Task Force was charged with developing recommendations for the administration to enhance primary prevention efforts for domestic and sexual violence in Vermont. Task Force members hailed from a variety of state and private entities with a stake in violence prevention (see membership list in sidebar).

METHODOLOGY

During the life span of the Task Force, members formed a number of workgroups to collect and analyze data about existing prevention resources, unmet needs, and priorities within the prevention community. This work included:

- A survey of prevention practitioners to establish the current landscape of Vermont's violence prevention programs;
- Benchmarking of successful social change campaigns in other domains of public health (for example, seatbelt usage and shaken baby syndrome);
- A survey of men's attitudes about violence against women;
- A review of prevention work on college campuses;
- An employer survey;
- A review of available state and national data; and
- A review of military practice.

FINDINGS

This work created more than 70 recommendations which were synthesized into seven priority action areas that are

GOVERNOR'S PREVENTION OF DOMESTIC AND SEXUAL VIOLENCE TASK FORCE

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foundational to coordination and sustainability, have broad impact, and leverage current opportunities and energy. Within each priority area there are low- or no-cost activities proposed along with recommendations that will require greater investment in prevention infrastructure in the State. A review of resource availability found that tangible products like posters are more likely to be funded than staff time for planning and collaboration. This creates a tension for preventionists who are committed to developing promising practice but who lack the basic infrastructure to support this work. Without designated prevention funding, program administrators are faced with the untenable choice between funding critical services to victims of violence and diverting funds for prevention.

RECOMMENDATIONS

- 1. Support the creation and implementation of a comprehensive state plan to prevent domestic and sexual violence.** The plan should, at a minimum: identify focus areas for researchers, practitioners and funders; articulate actionable and measurable outcomes; create shared definitions and evaluation tools; and align with other public health prevention initiatives.
- 2. Support and help develop a statewide, multi-pronged prevention campaign which:**
 - a. is informed by a coalition of practitioners, researchers, and community stakeholders;
 - b. targets specific populations with strategic messages; and
 - c. uses multiple platforms to promote prevention messages, including both traditional and new media.
- 3. Build capacity for bystander engagement strategies for all ages.**
- 4. Increase the engagement of men in domestic and sexual violence prevention by:**
 - a. providing education, training and support for men interested in working to end violence;
 - b. creating a clearinghouse for men to locate opportunities to play a role in the work at both the local and statewide level; and
 - c. facilitating the formation of men's outreach teams in collaboration with community-based programs working to end violence.
- 5. Strengthen Vermont college campuses' response to prevention of domestic and sexual violence by providing:**
 - a. tools for planning ongoing, multi-component education;
 - b. materials targeted to Vermont's college students; and
 - c. best practice prevention topics and support resources.

6. Enhance data collection and accessibility through the creation of a central data collection site.

7. Establish a Violence Prevention Program Coordinator at the State level.

Each of these recommendations is discussed further in this report. It is this Task Force's hope that ongoing discussion between the State and domestic and sexual violence prevention community will continue to develop and enhance implementation and alignment of prevention activities throughout Vermont.

INTRODUCTION & OVERVIEW 3

Domestic and sexual violence affects all Vermonters and is a problem that we cannot keep behind closed doors. The statistics paint an untenable picture of prevalence both nationally and here in our state. Vermont has made great strides in addressing these issues by increasing and coordinating services and advocating for enhanced legal responses and safety nets that hold perpetrators accountable and support victims' safety.

As responses to the needs of victims and offenders have expanded, the primary prevention movement has also expanded in Vermont. From the early days of Take Back the Night Marches to increasingly evaluated, comprehensive, youth-focused educational curricula being implemented to address sexual harassment, bullying, dating violence, consent and healthy relationships and sexuality development; and the increase of trainings for adults on how to recognize and prevent child sexual abuse; the prevention field has eked out a small foothold against the constant tide of violence. There is still much to do.

In this report we will discuss some of the work that has been done in Vermont and the recommendations of the Governor's Prevention of Domestic and Sexual Violence Task Force for enhancing our prevention supports and systems in the state.

IN VERMONT:

In 2012, the Member Programs of the Vermont Network Against Domestic and Sexual Violence:

- Answered 12, 507 hotline calls
- Served 1,527 victims/survivors of sexual violence.
- Provided 32, 390 shelter night stays to 1, 065 individuals
- Had to turn 264 people away from shelter due to lack of capacity

[Source: VNADSV 2012 Annual Report](#)

The Vermont Department for Children and Families accepted 2,536 reports of child abuse for investigation in 2012. 323 children were found to be victims of sexual abuse.

[Source: 2012 Report On Child Protection in Vermont](#)

Over half of all homicides in Vermont in the past decade have been domestic violence related.

[Source: Domestic Violence Fatality Review Commission's Report, 2013](#)

NATIONALLY:

1 in 4 women have been the victim of severe physical violence by an intimate partner while 1 in 7 men experienced severe physical violence by an intimate partner.

[Source: The National Intimate Partner and Sexual Violence Survey; Centers for Disease Control and Prevention, 2010.](#)

In the U.S., 1 in 5 women and 1 in 71 men will be raped at some point in their lives.

[Source: National Intimate Partner and Sexual Violence Survey. Centers for Disease Control and Prevention, 2011.](#)



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CREATION OF THE TASK FORCE

We could not have agreed more with Governor Shumlin 's sentiments towards prevention when he put forth Executive Order No. 16-11, establishing the Governor's Prevention of Domestic and Sexual Violence Task Force in November of 2011:

WHEREAS, prevention of domestic and sexual violence is essential to fostering safe and healthy community;

WHEREAS, Vermont should be a national leader in the realm of effective, comprehensive and coordinated domestic and sexual violence prevention efforts;

WHEREAS, the State of Vermont should provide statewide leadership in partnership with concerned citizens and non-profit organizations in ensuring effective, comprehensive, and coordinated domestic and sexual violence prevention efforts throughout the state;

Governor Shumlin, Executive Order 16-11

With 11 appointed members (*see membership biographies in the appendices*), the Task Force set out to fulfill its mission to:

- Evaluate Vermont's existing public and private prevention resources and programs;
- Identify programmatic and/or geographic gaps in prevention services;
- Identify opportunities for increased coordination of efforts among public and various non-profits to avoid redundancies and maximize outreach;
- Make recommendations to advance Vermont's prevention framework and promote effective, comprehensive and coordinated efforts.

This is the Task Force's final report to Governor Shumlin and the People of Vermont. Within this report you will find:

Seven priority recommendations discussed.

This work unearthed more than 70 recommendations which were synthesized into 7 priority action areas that are foundational to coordination and sustainability, have broad impact, and leverage current opportunities and energy.

Area specific workgroup reports that include:

- A survey of prevention practitioners to establish the current landscape of Vermont's violence prevention programs;
- Benchmarking of successful social change campaigns in other domains of public health (for example seatbelt usage and shaken baby syndrome);
- A survey of men's attitudes about violence against women;
- A review of prevention work on college campuses
- An employer survey;

- A review of available state and national data;
- and a review of military practice.

Each workgroup report discusses the methodology utilized by the work group, the list of key informants, workgroup participants, a summary of findings and a complete list of recommendations submitted by the workgroup.

As the Task Force started to look at the compiled recommendations it was clear that there was an alignment and overlap and we were able to identify emergent themes around which our recommendations were built. Clear needs were identified by stakeholders and desires for enhancing prevention articulated that reach across the field. Each one of the recommendations from the workgroups is valuable and we encourage readers to read each workgroup report provided in the appendices. Before we discuss each of the recommendations more thoroughly, we wanted to provide the contextual framework under which we did our work and acknowledge some of the limitations of our research.

PREVENTION: CHALLENGES IN FRAMING

The primary prevention of domestic and sexual violence is an emerging public health field, gaining increased momentum over the past 10 years. Practitioners and prevention communities continue to learn about and create a common understanding of best practice strategies and methodologies as the field grows.

There are three “layers” of prevention that are often referred to: Primary, Secondary and Tertiary. Service delivery, intervention, treatment and legal response fall into the secondary and tertiary levels of prevention. For the purposes of this Task Force, we limited our scope to look at primary prevention, preventing violence before it occurs in the first place.

It isn't completely possible to draw a hard line between primary, secondary or tertiary prevention though; they all knit together and overlap. When primary prevention educators go to a classroom, they too often hear disclosures of abuse and must be prepared to respond.

When a woman, displaced from her home by violence, comes with her children to a health clinic for services and, while there, receives information about how to talk to her children about consent in age appropriate ways, primary prevention sneaks in. For any primary prevention effort to be successful, the response to victims and offenders must be in place.

PRIMARY PREVENTION:
strategies that stop violence
before it initially occurs

SECONDARY PREVENTION:
the *immediate responses to*
violence

TERTIARY PREVENTION:
long-term approaches that oc-
cur *in the aftermath of violence*

[Source: Veto Violence, Center for Disease Control, 2002](#)

For many of the stakeholders to whom we talked through the course of our work, it was clear that there was energy and a commitment to working on all three levels of prevention, but that primary prevention was often not getting as much attention as response (secondary and tertiary prevention). What we heard was that planning, implementing and evaluation activities for long-term social change is challenging when organizations are struggling to meet the daily needs of the people they are working with already. Dedicated funding was lacking for primary prevention activities which reduced these organizations' capacity to engage in this level of work.

In primary prevention, programming focuses on individual behavior and social change work which addresses the cultural norms and risk-factors that permit sexual and domestic violence to happen at such alarming rates. In our conversations and experiences as a task force, we found that it was much easier for people to think about what to do to support victims than how to create the kind of deep community change called for by primary prevention. There are no quick fixes or easy answers in primary prevention; it takes both vision and patience to see the positive and sustained effects of prevention programming at this level.

Primary prevention is something that is measured as a cumulative effect. Programming needs to be multi-pronged and to saturate a community with prevention messages. We cannot just teach the children and expect the world to change. We have to bring the whole community along so that youth, and all people, get clear and consistent messages to push back against a culture which glorifies sex, sexism and violence.

Herein lays one of the greatest challenges for preventionists. Communities can be resistant to change and do not always want to admit that problems exist; there is often a general lack of awareness of the issues. We still see too much victim blaming and shaming, and domestic and sexual violence continue to be two of the most under-reported crimes nationally¹. For prevention programming to be effective, communities must be ready to engage in community-wide change initiatives and learn new ways of holding individuals and systems accountable.

One model that is frequently referred to in prevention is the Social Ecological Model². This model illustrates the venues we must be directing our change efforts towards to create sustainable social change: Individual, Relationship, Community and Society. Prevention programming at each of these levels supports programming happening in another level. These efforts work together like gears, building momentum and sustainability creating successful social change. The Governor's



1 <http://www.rainn.org/get-information/statistics/reporting-rates>

2 <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

Prevention of Domestic and Sexual Violence Task Force looked at each of these bands as we conducted our investigations and we hope that our recommendations reflect this.

DISENFRANCHISED POPULATIONS: ACKNOWLEDGING OUR LIMITATIONS

As the Task Force started to put together our work and conclude our investigation into gaps in our prevention landscape, it became clear that one of our largest gaps throughout the state was the inclusion of disenfranchised populations in our prevention efforts. People from disenfranchised populations - new Americans, people with disabilities, members of the LGBTQ community and ethnic minorities – need to be included in Vermont’s violence prevention efforts due to their:

increased vulnerability to perpetrators of violence

- cultural isolation
- barriers to services available to the general population

Including people from these minority groups requires proactive action – extra efforts must be made to include representative from these groups in planning prevention activities to ensure their communities see themselves in the work. As a Task Force, we did have representation from the LGBTQ and disability community, but we acknowledge our lack of representation from the immigrant and new American community and other minority groups.

People with disabilities, deaf and hard of hearing:

People with disabilities need to be included in all domestic and sexual violence prevention programs because they are victims of violence twice as often as the general public, according to the most recent national survey of victims of crimes³. The U.S. Census shows that 20% of Vermonters are living with disabilities, a figure consistent with the national population. People with developmental disabilities experience the highest rate of victimization of any group of persons and are more likely to spend time in medical institutions, spend more time with one-on-one personal care providers, be alone on school buses, and be reliant on others for their independence, thus making them more vulnerable to predators.

While including people with disabilities in mainstream prevention efforts is vital, experience suggests that peer to peer prevention work constitutes best practice for minority groups. People with disabilities must be doing violence prevention work as trainers, program developers, leaders in the disability rights and advocacy community.

LGBTQ:

There is a definite need for domestic and sexual violence prevention education for lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities which is culturally relevant in its messaging and imagery. Vermont has one of the largest LGBTQ populations in the United States, owing in great part to the significant number of long-standing legal protections for LGBTQ communities and the rather socially liberal tendency of much of the general population.

³ [National Crime Victimization Survey, 2010](#)

While LGBTQ victims of violence require the same scope of services as do heterosexual victims, there are significant areas of vulnerability within LGBTQ lives that create the need for prevention programming that focuses on state and culturally sanctioned discrimination against LGBTQ people: discrepancies between availability of culturally competent services and options for heterosexual and LGBTQ survivors; relevant outreach to LGBTQ communities and the ways in which LGBTQ lives differ across the lifespan from heterosexuals; and how all of this impacts safety planning.

Examples of particular concerns within the LGBTQ communities regarding culturally relevant violence prevention education needs include:

- Differences between young and old victims in regard to their relationship with systems. eg: youth who are not 'out' to parents but are dependent on them; elders who are out and being abused by care providers they are reliant on.
- Differences within the broad category LGBTQ, e.g.: Transgender victims and male victims and shelter needs; lack of batterer intervention groups for lesbians; the use of heterosexism in battering.
- State and culturally sanctioned discrimination: the Defense of Marriage Act's impact on immigration and how that impacted a batterer's ability to inflict harm; mainstream providers who believe that 'treating everyone the same' is an effective and non-discriminatory approach to victim services.
- Outreach materials do not reflect LGBTQ lives and when they do, the services available may not be up to speed. In other words, adding LGBTQ images without doing the work of shifting policies and procedures.

Prevention Education must address these and a number of similar issues in order to truly be effective. It is imperative that LGBTQ service providers be intentionally included in this work.

Immigrants and New Americans:

One of the larger gaps in our prevention work in Vermont is the inclusion of immigrant and refugee communities in our prevention efforts. Our communities are becoming more and more diverse and we must look at ways to provide enhanced prevention programming to everyone. This Task Force did not have the capacity, nor see our lack of representation in time to be able to provide more information about enhancing services to this part of our citizenship. We encourage future planners to be thoughtful about the inclusion of representative voices from immigrant and new American communities in future prevention planning work.

With these frameworks and limitations in mind, we present our recommendations for enhancing prevention programming throughout Vermont.

RECOMMENDATIONS 4

The Task Force examined more than 70 recommendations compiled through seven Task Force workgroups, discussions with key informants, and highlights from the *Sexual Violence Prevention Task Force's 2012 School Assessment Summary of Findings and Recommendations*¹ and other relevant reports. Each workgroup's specific recommendations are included in the individual workgroup report section found later in this document. Through analysis of these individual recommendations, the Task Force identified, aligned and prioritized emergent themes. The following seven recommendations highlight priority action areas which:

- Are foundational to coordination and sustainability;
- Have broad impact; and
- Build on and leverage current opportunities and energy.

In brief, our seven priority recommendations are:

- | | |
|-------------------|---|
| Recommendation 1: | Support the creation and implementation of a comprehensive statewide plan to prevent domestic and sexual violence |
| Recommendation 2: | Support and help develop a statewide, multi-pronged prevention campaign |
| Recommendation 3: | Build capacity for bystander engagement strategies for all ages |
| Recommendation 4: | Increase the engagement of men in domestic and sexual violence prevention |
| Recommendation 5: | Strengthen Vermont college campuses' response to prevention of domestic and sexual violence |
| Recommendation 6: | Enhance data collection and accessibility |
| Recommendation 7: | Establish a Violence Prevention Program Coordinator at the State level |

1 Sexual Violence Prevention Task Force's 2012 School Assessment Summary of Findings and Recommendations, http://education.vermont.gov/documents/EDU-Health_Ed_VTSVPTF_2012_School_Assessment_Summary.pdf



More in-depth discussion of each recommendation is below. Before we further discuss those recommendations, it is vital that this Task Force addresses the underlying issue affecting all of our findings: **There must be an increase in sustainable funds available for prevention efforts.**

With each individual and group we talked to and through our surveys and workgroup research, the need for adequate funding reverberated. Practitioners feel trapped in a landscape that demands higher levels of data collection and evaluation but neglects to provide enough funding for those specialized undertakings in addition to programmatic activities. Deliverables such as posters are funded but the collaboration and planning time to create the messaging is not. Innovative social change work is requested, but support for comprehensive programming is limited and restrictive. State and community-based preventionists are working in a climate of scarcity.

We have all heard the old folk idiom: “An ounce of prevention is worth a pound of cure.” Vermont needs to ask itself what the price is we are willing to pay and on which end of the problem. As currently evidenced, there is only so much that can be accomplished without adequate funding. While Vermont thrives on our built relationships and collaborative projects to further our goals, we are seeing belts tightened and capacity become limited and some partners, who have been at the table for a long time, begin to pull away as they are stretched too thin with staffing cuts and reductions. We are seeing a deficit in programming implementation funding, capacity for the boots on the ground work that needs to be done, and community level prevention activities. Collaborations are having a much harder time keeping participants at the table and engaging new stakeholders and when we lose these relationships we lose our shared thinking and collective knowledge, our common language, and our coordination of efforts. Without adequate funding, our sustainability and efficacy of prevention projects are deteriorated.

Increasing funding for prevention efforts now will save many dollars down the line and prevent the further victimization of many Vermonters. The research on this is irrefutable. Just as we invest in early childhood educational efforts so that those children are supported in their lifelong learning and ability to give back to our state, we need to invest in the physiological and social well-being and safety of all citizens. For Vermonters to reach their fullest potential and contribute positively to the state, they must be safe and free from oppression and violence.

We want to stress that funding for prevention must not be redirected from funding for victims’ services. It would be unethical to place the financial burden of prevention on the backs of current victims. Instead, we need to identify other funding sources we can align with, such as leveraging the influx of tobacco prevention or adolescent pregnancy prevention funds with which our efforts already overlap and where the same prevention models and theories are in use. We must examine our funding resources to allocate increased funding for violence prevention efforts. We envision a State government that

demonstrates value in this necessary work through supported and sustained funding for prevention efforts in both State agencies and community initiatives.

It is with this underlying need for increased funding in mind that we present these recommendations for the enhancement of primary prevention of domestic and sexual violence efforts in Vermont. The Task Force provides this information as guidance for future planners. Vermont will need to engage in a thoughtful planning process involving multiple stakeholders across sectors around each recommendation to ensure viability and sustainability of any prevention effort.

RECOMMENDATION 1:**Support the creation and implementation of a comprehensive statewide plan to prevent domestic and sexual violence.**

Vermont needs a comprehensive statewide prevention plan which is specific to sexual and domestic violence across the lifespan and:

- identifies key areas for State and community-based practitioners, researchers and funders to focus their work;
- articulates actionable and measurable outcomes, “SMART2” objectives and action steps;
- leverages State, national and private resources for research;
- has sustained financial and administrative support for long-term coordination;
- creates shared definitions and measurement tools for evaluation activities; and
- aligns with and is supported by other health and prevention initiatives and State plans.

Learning from previous prevention plans:

To date, there have been two sexual violence focused prevention plans in Vermont. The first was the 1995 *Vermont Action Plan for An Abuse Free State*. State agencies and community practitioners identified strategic and measurable objectives for the intervention and prevention community to work towards. Stakeholders who were involved in the creation discussed with the Task Force the benefits of coming together to create common language and direction. They attributed some of today’s ongoing strength and coordination of child abuse prevention activities to the accomplishments of this plan.

The second was the *Vermont Approach: A Strategic Plan for Comprehensive, Collaborative Sexual Violence Prevention*; a five-year strategy initiated in 2006. The Vermont Approach had funding to support both the development of the plan and coordination of implementation through a mix of Federal and private grants and an allocation in the State budget. A coordinator was hired and housed at the University of Vermont’s Social Work Department as part of the Anti-Violence Partnership. The final report on the Vermont Approach can be found on the University’s website³.

Due to the availability of funding, the Vermont Approach was able to provide support to a number of workgroups that formed to carry the strategies forward. As part of this

² <http://www.cdc.gov/HealthyYouth/evaluation/pdf/brief3b.pdf>

³ Vermont Approach: a Strategic Plan for Comprehensive, Collaborative Sexual Violence Prevention Final Report, 2011, <http://www.uvm.edu/~socwork/msw/pdfs/VT%20Approach%20Final.pdf>

work, new stakeholders were brought to the table for critical conversations and many new relationships were developed through the course of the collaboration.

In 2006, the Vermont Approach was tasked by the legislature with coordinating the Sexual Violence Prevention Task Force (SVPTF), which had the mandate of supporting the implementation of sexual violence prevention education in Vermont schools K-12. This laid fertile ground for the SVPTF to be ready to respond quickly to the 2009 Act 1 initiative and create the *Technical Assistance Resource Guide (TARG) for schools incorporating sexual violence prevention into their health education curriculum*⁴, a new mandate for Vermont schools. Funding for coordination for the SVPTF ended in 2010 as the Vermont Approach 5-year plan ended, yet the multi-agency task force still meets monthly and continues to develop new resources and information for enhancement of school-based sexual violence prevention education. The sustainability of the SVPTF is attributed to both the support it received from the coordinator in the early years through Vermont Approach funding and strong State support which mandated participation from particular State agencies.

At the closure of the Vermont Approach's five-year plan period, the leadership body of the collaboration developed four recommendations for the future of prevention work in Vermont (see text box below), which highlighted the need for ongoing, collaborative leadership and funding. Additional lessons learned from the Vermont Approach include the need to connect statewide plans to the work happening at the community level; the importance of statewide collaboration and engaging new stakeholders; and the need for the plan to have tangible, measurable and achievable objectives which align with the capacity to meet them.

VERMONT APPROACH GOALS (2006-2010):

- (a) to achieve comprehensive sexual violence prevention that is multi-dimensional and includes, but is broader than, a solely educational approach;
- (b) to strengthen and sustain the efficacy, collaboration, and coordination of sexual violence prevention policy makers, practitioners, researchers, funders, & organizations;
- (c) to strengthen and sustain institutional commitment to, and involvement in, preventing sexual and related forms of violence and minimizing counterproductive institutional practices; and
- (d) to strengthen and sustain local communities' commitment to, and involvement in, preventing sexual and related forms of violence and minimizing counter-productive community relations.

Strategies:

- Providing Statewide Leadership,
- Developing Community SVP Efforts and New Community SVP Allies,
- Changing Media Representations,
- Contributing to the SVP Capacity of State and Local Institutions,
- Educating Professionals, Families and Individuals,
- Learning from and Developing the Vermont Approach, and
- Generating Income and Budgeting Resources.

⁴ http://education.vermont.gov/new/html/pgm_health_ed.html

RECOMMENDATIONS FROM THE FINAL REPORT OF THE VERMONT APPROACH: A STRATEGIC PLAN FOR COMPREHENSIVE, COLLABORATIVE SEXUAL VIOLENCE PREVENTION

1) *Sexual Violence Prevention Advisory Board- Sexual violence prevention needs an ongoing state Sexual Violence Prevention Advisory Board to:*

- *Carry the ball on sexual violence best practices*
- *Increase capacity of alignment of SVP stakeholders*
- *Lead collaborative, coordinated statewide action agendas for SVP stakeholders to embed in their work*
- *Sustain mechanisms for increased SVP stakeholder and ally communication / conversations*

2) *Sexual Violence Coordinated Community Response Council: Vermont should establish a statewide Sexual Violence Coordinated Community Response Council (on par with the DV Council model) to:*

3) *Provide support for the Sexual Violence Prevention Task Force/ TARG/ ACT 1 work through to 2013, according to statute*

4) *Grapple with the reality that SVP requires sustained state funding – to flow to local/regional programs*

<http://www.uvm.edu/~socwork/msw/pdfs/VT%20Approach%20Final.pdf>

Connecting to other State plans:

Along with these sexual violence specific prevention plans, other State plans should be coordinated with violence prevention efforts more effectively. The State had prioritized addressing child abuse and assaults by intimate partners as key objectives under the “Injury” strategy in *the Healthy Vermonters 2010* report, published in 2000⁵. The report card released with the *Healthy Vermonters 2020* report in 2013 indicates the goal to reduce physical assaults by intimate partners was met but not the reduction of substantiated child abuse rates⁶.

Neither of these objectives was included in the *Healthy Vermonters 2020* health plan⁷, even though crime statistics show that between 1994 – 2010, 51% of all Vermont homicides were domestic violence related⁸ and the Vermont Department for Children and Families (DCF) reported in 2010 they received a report of suspected child abuse and neglect, on average, once every 33 minutes and had 724 substantiated unique child victims of abuse⁹.

The State also produces the *State of Vermont Primary Prevention Report* under Act 79

5 Healthy Vermonters 2010, <http://healthvermont.gov/pubs/hv2010/hv2010.pdf>, Vermont Department of Health, 2000, Pg. 28

6 http://healthvermont.gov/hv2020/documents/hv2020_hv2010reportcard.pdf

7 <http://healthvermont.gov/hv2020/index.aspx>

8 State of Vermont Domestic Violence Fatality Review Commission report, 2011, <http://www.atg.state.vt.us/assets/files/2011%20Domestic%20Violence%20Fatality%20Review%20Commission%20Report.pdf>

9 2010 Report on Child Protection In Vermont, Vermont Agency of Human Services, Department for Children and Families http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/2010_Child_Protection_Report.pdf

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(Title 33 V.S.A. 3301 - 3305) every two years, which is submitted by the Children and Family Council for Prevention Programs on behalf of Vermont agency partners. While we applaud these efforts to align prevention goals across State agencies and departments, domestic and sexual violence prevention continues to lack attention. In 2008, the Primary Prevention Report identified “Safety: Vermonters live in safe families and communities” as a priority prevention outcome, however, the opportunities identified in the report do not address this outcome directly and instead focused on health and outdoor recreation, engagement and downtown development, and safety and seat belts¹⁰. The 2010 version of this report updates and expands on the 2008 initiatives with information around Act 1 child sexual abuse prevention initiatives but without attention to adult experiences of violence¹¹.

The authors of the 2010 plan report highlight key findings that this Task Force concurs with:

- Most prevention-focused funds come from federal sources. It is important that those funds are used to support state and locally identified prevention needs, and used as long-term investments in sustainable and effective prevention practices.
- Nothing can be accomplished well in isolation. Collaboration across departments and agencies is most effective in establishing prevention strategies.
- Effective prevention doesn’t always require more money – much can be accomplished by working together to achieve shared goals.
- Prevention strategies are most effective when integrated in to State services; prevention is not an ‘add-on’ or ‘extra’ work. Prevention may be viewed as the creation of environmental conditions that enable wellness, success, security and safety for all. ¹²

We must leverage and integrate these plans more effectively and work towards addressing domestic and sexual violence across the life span in all Vermont health and prevention plans. There is much research showing that victimization of domestic and sexual violence is linked to a myriad of other health-related indicators including tobacco, drug and alcohol use, suicide, obesity, homelessness and runaway youth, teen and unintended pregnancies and more¹³. While they are not the sole cause of these negative health impacts, they can be a major contributor. Investing dedicated resources in violence prevention efforts addresses the root cause of many other health issues with which Vermonters grapple.

¹⁰ State of Vermont Primary Prevention Report, 2008 <http://humanservices.vermont.gov/boards-committees/cfcpp/publications/state-of-vermont-primary-prevention-report-2008/state-of-vermont-primary-prevention-report-2008/view>

¹¹ State of Vermont Primary Prevention Report, 2010 <http://humanservices.vermont.gov/boards-committees/cfcpp/publications/2010-state-primary-prevention-plan/view>

¹² ibid

¹³ Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence, Morbidity and Mortality Weekly Report. February 2008. Centers for Disease Control and Prevention <http://www.cdc.gov/mmwr/PDF/wk/mm5705.pdf>

RECOMMENDATION 2:**Support and help develop a statewide, multi-pronged prevention campaign.**

Throughout our research, we were told that individual and community awareness of strategies to prevent sexual and domestic violence was low. We were encouraged in the *Male Attitudes of Domestic and Sexual Violence Survey* to learn that men hold broad definitions of behaviors considered sexual and domestic violence which go beyond physical harm, such as consistently talking about a partner in a negative way or controlling their actions. Men also acknowledged the high rates of sexual and domestic violence in the state. However, when asked about their personal responsibility to act, many men reported they would not intervene until the immediate threat of physical harm was present.

These results show a disconnect between Vermonters' understanding of violence and their personal responsibility to act. The men surveyed felt comfortable, or at least willing, to intervene in obvious acts of violence. Yet, taking actions and addressing individual and community behaviors and social norms which may prevent violence from occurring was outside of their grasp.

We can begin to bridge this disconnect by creating a public health campaign focused on primary prevention education and health promotion. Such a campaign will offer individuals guidance around practical actions they can take to promote non-violence across the lifespan. To be most effective, this campaign must be:

- A. Informed by input from Vermont's community of prevention practitioners, key state agency representatives, researchers, marketing professionals and other strategic informants from the business community.** Ideally, this would ensure that statewide messages are aligned with individual and community prevention initiatives. Additionally, this will ensure that materials and messages are usable by the whole community of practice, create buy-in and leverage opportunities for shared "marketing" of the messages.
- B. Targeting specific populations with strategic messages.** Men ages 18 and older are a broad target population, which need specific messages created and tailored to key sub-groups of men, particularly men between the ages of 18-24 and 55 and older. An ideal public health campaign would have messages that were relevant to a number of target groups.
- C. Using multiple platforms to promote the messages, including social and traditional media.** We do not recommend a one-time media blitz or awareness-month event, but rather a multi-pronged campaign, which is evaluated, incremental and sustained over a number of years.

The Task Force identified examples of creative and well-designed violence prevention-focused campaigns carried out in Vermont. The organizers of the campaigns identified having limited funding and the campaigns were implemented by singular organizations without much collaboration. These campaigns therefore lacked the level of saturation needed to catch the ongoing attention of Vermonters and the ability to align with other practitioners to disseminate consistent and mutually supportive messages.

In 2009, we saw an example of a successful, collaborative prevention campaign thanks to leadership and funding from the State. In the wake of the abduction, rape and murder of Brooke Bennett by her uncle, Michael Jacques, the State directed the Department for Children and Families (DCF) to create a public health campaign that addressed child sexual abuse prevention for parents. DCF engaged stakeholders and invited representatives from the prevention practitioner community to co-create the campaign.

The result was the *Step Up: Protect Kids from Child Sexual Abuse* campaign¹⁴, which was comprised of PSAs for television and radio, a poster, web page and a booklet for parents. This work was aligned with other prevention initiatives under Act 1: AN ACT RELATING TO IMPROVING VERMONT'S SEXUAL ABUSE RESPONSE SYSTEM and reflected best-practice prevention messages. Prevention practitioners used the booklet in their community-based prevention activities and assisted in distribution. This is a great, although underfunded, example of a locally created public health campaign created by and for Vermonters.

Domestic and sexual violence are social issues that need to be addressed using an approach that targets a broad range of Vermonters and includes both individual education as well as social norms change initiatives such as a statewide awareness campaign. We can look to other examples of State public health campaigns that have been multi-pronged for guidance around coordination, development and implementation. Examples of these include: Vermont's drinking and driving campaign, the Vermont Department of Health's breast-feeding awareness campaign and methods used to address tobacco use and seat belt safety.

¹⁴ <http://dcf.vermont.gov/stepup>

RECOMMENDATION 3:**Build capacity for bystander engagement strategies for all ages.**

As the violence prevention field has grown, new priorities in education have been shown to be highly effective. Among these is bystander engagement prevention programming. As discussed in Recommendation 2, findings from the Male Attitudes survey indicate a disconnect between behaviors that men consider domestic and sexual violence and their willingness to address those behaviors when witnessed. Based on the literature, we expect we would find this to be true in a survey of general attitudes of all adults. Vermonters know that domestic and sexual violence is a problem and they care deeply about the issue yet they are uncertain about what to do about it and face barriers that prevent them from taking appropriate action.

Too many Vermonters will be victims of sexual and domestic violence; however, most Vermonters are not perpetrators. Research shows that perpetrators harm multiple victims; it is not a one-to-one ratio of victim and perpetrator. While it is essential to include targeted perpetrator prevention strategies in anti-violence education, we also need to think more broadly about engaging all people.

Best-practice bystander education programming provides tools which enable people to address individual behaviors and social norms that are root causes and risk factors for violence in our communities. These include:

- *Hostility towards women*
- *Hypermasculinity*
- *Strong patriarchal relationship or familial environment*
- *Emotionally unsupportive familial environment*
- *General tolerance of sexual violence within the community*
- *Weak community sanctions against sexual violence perpetrators*
- *Societal norms that support male superiority and sexual entitlement*
- *Societal norms that maintain women's inferiority and sexual submissiveness*
- *Weak laws and policies related to gender equity*¹⁵

Very rarely does a perpetrator of domestic or sexual violence commit the crime without exhibiting prior behaviors that indicate a devaluing of women or children. We need to support conversations in our communities about how we act upon warning signs and how we collectively create environments that reduce societal-level risk factors. Violence is a community problem. Engaged bystander education removes the burden of safety from the individual and gives the community a role to play in its prevention. Through this work, we create sustainable social change.

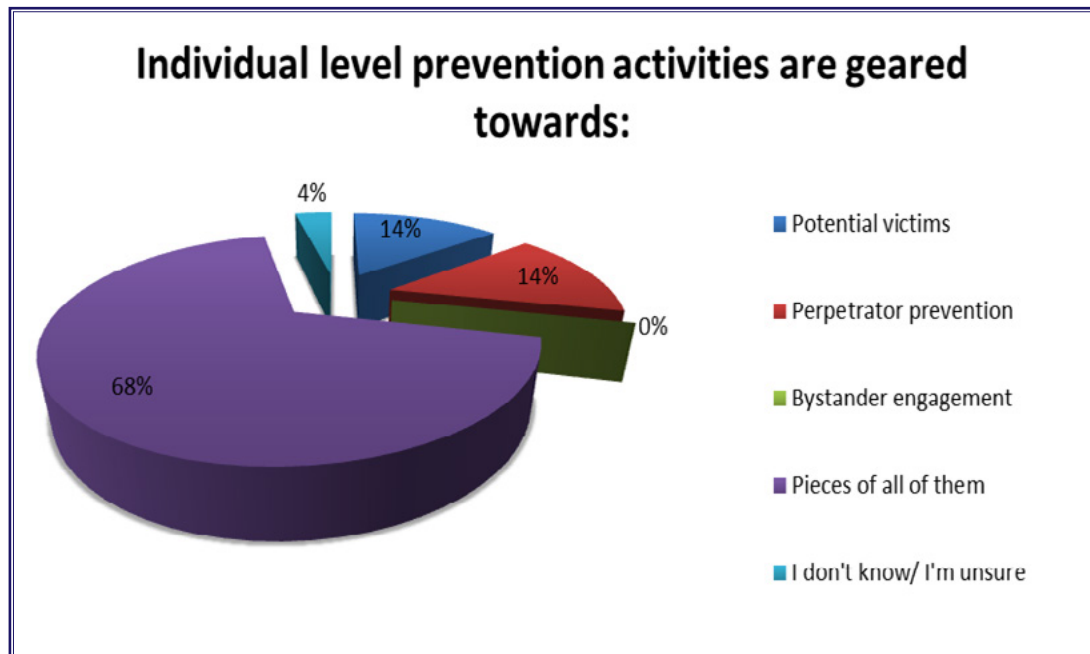
¹⁵ Sexual Violence Risk and Protective Factors, Centers for Disease Control, <http://www.cdc.gov/ViolencePrevention/sexualviolence/riskprotectivefactors.html>

There have been ripe opportunities in the state for increasing our response to the bystander. In 2009, Act 1 changed the definition of comprehensive health education provided in the Vermont's public k-12 schools to include:

How to recognize and prevent sexual abuse and sexual violence, including developmentally appropriate instruction about promoting healthy and respectful relationships, developing and maintaining effective communication with trusted adults, recognizing sexually offending behaviors, and gaining awareness of available school and community resources.

16 V.S.A. § 131(11)

Bystander programming fits squarely within 'promoting healthy and respectful relationships' and 'recognizing sexual offending behaviors.' Yet, without adequate resources to respond to these educational needs, many practitioners have not been able to develop and implement bystander-engagement programs to support our school communities in fulfilling Act 1 mandates.



Victims= 14%, Perpetrator= 14%, Bystander = 0%, Pieces of all = 68%, Unsure=4%

In the *Governor's Prevention of Domestic and Sexual Violence Task Force's Prevention Practitioner Survey Findings, Analysis and Recommendations* report, included in the appendices of this document, the chart in Figure 2 on page 7 and shown below reveals none of the survey respondents reporting having standalone bystander initiatives. The survey also found that while bystander engagement strategies have been a piece of many school, college and community-based efforts to prevent violence, they only rose to the top five areas covered by prevention practitioners for the high school audience. More support for community partners will be needed for comprehensive programming and curricula to be identified or developed and made available to communities. Additionally, making health education a requirement for high school graduation could

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encourage schools to increase the amount of time they dedicate to health education to include more bystander engagement and violence prevention components in their curriculum.

Another opportunity to strengthen our support for the bystander is in the Domestic Violence in the Workplace policy initiative that is already underway in the Agency of Human Services. As part of rolling out new State policy¹⁶, employees at all levels will be or are currently receiving “domestic violence 101” training so they can recognize the signs of perpetration and victimization and know when to report to their supervisor. This awareness is a key first step. The policy response is only triggered when actual violence has already occurred. The State should leverage this educational opportunity to include bystander engagement strategies to give employees skills to address the root causes and early warning signs that might prevent violence from occurring to begin with.

The *Effects of Domestic Violence on the Workplace: A Vermont survey of male offenders enrolled in batterer intervention programs*¹⁷ report, released in November 2011, found that 93% of respondents suggested it would be helpful for supervisors to confront an employee whom they suspect is abusive toward their intimate partner. Supervisors are not the only ones who can support this accountability in workplaces; all employees have a role that should be supported through bystander engagement.

Engaged bystander education should also be infused in the work that the Vermont National Guard (VTNG) is doing to address domestic and sexual violence. The Task Force’s Military workgroup findings and recommendations address this:

VTNG has clearly been working on its response to domestic and sexual violence within the installation and in documents they refer to “early prevention”; however, these initiatives seem more focused on resources, referrals, support for victims and holding offenders accountable. We would like to see the VTNG incorporate more primary prevention education and bystander engagement strategies to prevent first time perpetration included in their practices.

In all the places we can, we need to strengthen our collective response to the bystander and support the creation of comprehensive programs that provide bystander engagement education to people of all ages so that they know how to address warning signs and support victims. Through bystander engagement strategies, we create a culture of accountability that breaks down the silence surrounding domestic and sexual violence and engages the community in the real work of social change.

These efforts should be included in part of a comprehensive prevention plan as outlined in Recommendation 1. Prevention practitioners and stakeholders would benefit from a collaboration tasked with coordinating and increasing capacity for bystander education efforts across the state. Our activities will be most effective when we have aligned messages that build on and support one another in all venues in which they are delivered.

¹⁶ <http://humanservices.vermont.gov/domestic-violence/sov-dv-policy.pdf>

¹⁷ http://www.uvm.edu/crs/reports/2011/VT_DV_Workplace_Study_2011.pdf

RECOMMENDATION 4:**Increase the engagement of men in domestic and sexual violence prevention.**

The burden for prevention has long been carried by women. If one were to ask a group of women what they do and think about to keep themselves safe, they will brainstorm a long and creative list of precautions they take to help protect themselves from harm. A group of men asked the same question will usually have a difficult time answering as they have not been told they are vulnerable and in need of constant vigilance and protection. The cultural story is that domestic and sexual violence is a women's and children's issue. Due to this, many men have been reticent to engage with this work and see it as their own.

We will never create the change we need to significantly reduce violence if only half of the population is engaged. We must flip our approach to prevention of domestic and sexual violence; we must find ways to encourage and support male engagement in prevention.

There was obvious energy and enthusiasm for this approach evident across the work of the Task Force. Not only was there a designated workgroup charged with examining male attitudes, the need for male engagement was repeated in the practitioner survey and by a number of guest speakers, as well as in the collective expertise of Task Force members. The majority of men in Vermont are not violent, but that same majority is too often silent to gender-based violence that occurs here.

We also know there are limited resources available for the kind of learning, planning and supporting that this work would require. Beyond this, there is an overall lack of capacity including staff time, expertise and the availability of technical assistance and resources practitioners could utilize.

This recommendation dovetails with Recommendation 3 around engaged bystander education. Additionally, there are prevention topics that we feel would benefit from a male-engagement approach, including:

1. How to build and sustain supportive and healthy relationships starting in elementary schools, reinforced through college and into adulthood.
2. Healthy sexuality education that includes information on the elements of consent¹⁸ and accepting refusal.
3. Social norms about gender stereotypes and the effects on relationships and masculinity.
4. Awareness of local domestic and sexual violence services and supports.
5. Information about the prevalence of domestic and sexual violence and the impact on the whole community.

18 Vermont Network Against Domestic and Sexual Violence Consent Handout, <http://www.vtnetwork.org/wp-content/uploads/Consent-Handout-10-12.pdf>

In addition to the work prevention educators can do, Vermont needs its male leaders to take a visible public stand against domestic and sexual violence. They need to be role models in promoting conversations and actions that address the root causes of violence, and they need to encourage other men to engage in prevention efforts which create cultural transformation and hold men accountable. The creation of this Task Force has been a remarkable step in this direction.

Learning from our neighbors:

Much can be learned from the successful efforts of programs across the country. The Men's Initiative for Jane Doe Inc. (Massachusetts' Coalition Against Sexual Assault and Domestic Violence) is an example of engaging men. In 2000, The Men's Initiative was established to help encourage men and boys to become involved in prevention and education work through community organizing and strong collaborations with direct service anti-violence programs. Jane Doe Inc. has used this initiative as a way to raise funds for it and its member agencies.

The Men's Initiative works in three main areas:

- provide education, training, and support for all men interested in direct participation
- create a volunteer clearinghouse to identify opportunities where men can play a role on the statewide level as well as within their local communities
- facilitate the formation of men's outreach teams in collaboration with community based programs; efforts range from personal support groups, auxiliary fundraising committees for shelters for battered women and mentoring programs for boys and young men. Jane Doe Inc.'s annual White Ribbon Day, now in its sixth year, has become a catalyst for fundraising and increased awareness.

RECOMMENDATION 5:**Strengthen Vermont college campuses' response to prevention of domestic and sexual violence.**

Prevention activities are vital on college campuses where the dangerous mix of young adults, freedom from parental and adult supervision, and alcohol and drugs can all contribute to increased rates of sexual violence perpetration and victimization. Young women between the ages of 16 and 24 experience the highest rates of intimate partner violence and sexual assault¹⁹, most of it perpetrated by males who are their peers or only slightly older.

This Task Force found that campuses are engaged in a wide variety of prevention activities. The commonalities of programming were that it:

- primarily occurs during freshman orientation,
- consists of sexual violence prevention education that focuses on risk reduction rather than health promotion, and
- lacks information about dating violence.

Variances included:

- different levels of connection to local domestic and sexual violence service providers, and
- approaches to leadership efforts: some were student-led and others were employee-led, some were led out of the women's center and some from the campus' safety department. We know that the approach to leadership has a significant impact of adoption of policy and practice.

All college personnel who were charged with prevention with whom we spoke showed eagerness to enhance their capacity, as well as connect with others around their prevention programs. This is a key group of stakeholders that presents a ripe opportunity for engagement. The Task Force also identified a lack of capacity within community-based prevention practitioners to provide support and technical assistance to campuses around their prevention efforts, though many expressed a desire to do so.

We recommend the creation of a collaboration between campuses, key prevention practitioners and other stakeholders. This collaboration should be supported and charged with the creation of a toolkit that provides guidance and resources around best and promising practices for college-based domestic and sexual violence prevention programming. Toolkit components should include:

- Tools for planning ongoing, multi-component education
- Materials targeted to Vermont's college students
- Best practice prevention topics and support resources including:
 - ◆ education for men on their roles in preventing violence and promoting health (see

¹⁹ Department of Justice, Bureau of Justice and Statistics, "Intimate Partner Violence in the United States, 1993-2004." December 2006

recommendation 4)

- ◆ healthy relationships and dating violence
- ◆ engaged bystander intervention (see recommendation 3)
- ◆ gender equity
- ◆ policy, reporting and response protocols
- ◆ a directory of community and state based response, referral and prevention resources.

The collaboration should create and support formal and informal forums where college personnel and practitioners can share resources and information. This could be as simple as an email group with administrative support or as extensive as an annual symposium on campus gender-violence prevention.

One of the activities carried out under the Vermont Approach was the coordination of an annual college campus Sexual Violence Prevention Institute, which took place for three consecutive years and saw attendance more than double in that time. It is unfortunate that this Institute was not able to find a sustainable path to continue once the plan's funding ended. It was evident that colleges were eager to talk to each other and access more resources and information to support their prevention activities.

The Task Force was encouraged to see that the University of Vermont's annual Dismantling Rape Culture conference, which has statewide attendance, has begun to offer a workshop track that is specific to campuses' prevention efforts. UVM should continue to include this track and bring more stakeholders into their planning process to better serve the needs of this specific community in Vermont. While this is one potential venue for campuses to connect with each other around their prevention efforts, additional methods should be created and supported.

Campus-based prevention work is often done in isolation from other campuses and prevention practitioners. Practitioners and key stakeholders should be brought together in formal and informal forums to share information and coordinate efforts. Currently, there is no one agency or organization that has the capacity or directive to provide the needed leadership and support, yet it is critically needed.

**RECOMMENDATION 6:
Enhance data collection and accessibility**

As funders increase the requirements for assessment and evaluation data in grant proposals and programs, a statewide, single point-of-access database would enhance the ability for Vermont preventionists to fulfill this need and enhance their ability to measure short and long term effectiveness of their programs. An accessible and comprehensive database would allow for more competitive private and federal grant applications, hopefully resulting in an increase in funds flowing into the state and increase understanding of what works in Vermont's prevention programs.

The State of Vermont needs to develop a central data collection site and clearinghouse where different departments and agencies can upload and access data on incidents and prevalence, risk and protective factors and other evaluation and assessment-based data.

The database should:

- Include statistical information such as DCF statistics, Youth Risk Behavior Survey results, School Health Profiles, Behavioral Risk Factor Surveillance System, crime statistics and other State-based reports.
- Be accessible to all State agencies as well as community partners and all Vermonters.
- Align definitions and measures across different agencies' and departments' reports.
- Serve as a collection point for prevention outcomes defined in State funded initiatives.
- Provide for longitudinal tracking of data points over time and provide baseline data, which practitioners can use to develop measurements for long-term efficacy of prevention programs.

In addition, the State should routinely and actively monitor and track statewide surveillance data on the perpetration and prevention of domestic and sexual violence in Vermont through existing surveys, including the Behavioral Risk Factor Surveillance System and the Youth Risk Behavior Survey.

RECOMMENDATION 7:**Establish a Violence Prevention Program Coordinator at the State level.**

We began by stressing the need for funding as the foundation on which the other recommendations rest. We present our final recommendation visualizing it as the roof which covers and holds us all together.

There is a multiplicity of prevention programs implemented across State agencies and departments and among community partners. These efforts should be coordinated by one central body that is not limited by the boundaries of any one department's purview, but instead can see the big picture. Through this position, greater connections across programs would be realized. A position at this level will provide:

- Coordination of data collection as aligned with Recommendation 6.
- Training and technical assistance around evaluation for State grantees and departments.
- Coordination of state prevention and health plans as outlined in Recommendation 1.
- Coordination of flow of information between decision makers and community-based practitioners.
- Alignment of similar objectives or programs being worked on by different entities to leverage shared resources.

This position will be instrumental in working to create a community of practice for prevention practitioners across Vermont and facilitating information and resource sharing. This position will be most effective if based within the Secretary of the Agency of Human Services office. There is a model for this kind of coordination position already established in the AHS Director of Housing and the Director of Integrated Family Services. This Task Force envisions a Director of Prevention position situated at a similar level.

CONCLUSION

The Governor's Prevention of Domestic and Sexual Violence Task Force found many strengths and supports for primary prevention efforts already in place in Vermont. We were inspired by the dedication and tenacity of prevention partners in forwarding their work, even while their efforts have been historically underfunded and resources limited. Vermont has built its capacity through the creation of a shared vision for the direction of prevention work across the lifespan.

As we move forward in our efforts, it is time to broaden our focus to include support for statewide coordination, planning as well as implementation, and broad-based education for social change. We have broken the silence around the epidemic of domestic and sexual violence in our communities; it is now time to engage all Vermonters in prevention efforts such that our citizens are supported in reaching their fullest potential, free from violence in all forms.

5-1

WORKGROUP REPORTS

COLLEGE PREVENTION ASSESSMENT

Workgroup Goal: Identify what dating, domestic and/or sexual violence prevention, safety and awareness activities are happening on Vermont college and university campuses. Identify areas of need.

Workgroup Participants: Lilly Talbert, Kim Brittenham, Bethany Pombar

Methodology/ Process: Workgroup contacted most appropriate campus staff to address institutional led or supported prevention efforts at 19 out of 22 public and private colleges and universities in Vermont. Workgroup contacted participants via email initially and responses were by email or through follow-up phone interviews.

Questions:

1: Does < college/university> address dating and/or sexual violence in a freshman orientation program? Please describe:

2: Please describe any ongoing violence prevention or awareness activities on campus.

3: Does <college/university> have a relationship with the local domestic and sexual violence crisis service provider? Please describe:

4: Is violence a problem on campus? What would help you enhance prevention efforts?

List of Key Informants:

Bennington College	Middlebury College
Burlington College	Norwich University
Castleton State College	School for International Training
Champlain College	St. Michaels College
Community College of Vermont	Sterling College
Goddard College	University of Vermont
Green Mountain College	Vermont Law School
Johnson State College	Vermont College of Fine Arts
Landmark College	Vermont Technical College
Lyndon State College	

List of Recommendations:

College is a time of transition and establishing autonomy. It is an especially opportune time to reach young men and women with prevention messages, both because they are expanding their worldviews



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and because they are one of our most vulnerable populations when it comes to sexual and dating violence: nearly 70% of female victims first experience intimate partner violence before age 25, and nearly one out of every five women attending college will be victimized by a perpetrator of sexual assault.

The workgroup was impressed by the variety of prevention activities taking place on Vermont campuses. There were student-lead groups building awareness around gender norms and expression, presentations during student orientations, awareness reference materials made available and creative outreach events pushing back against a culture in which sexual violence is rampant. There was a strong commitment from key campus personnel to address these issues. Overwhelmingly, people we talked to wanted to be able to do more than they had the capacity to do. There was great congruity in recommendations that could increase effectiveness of prevention activities.

We recommend that Vermont Colleges and Universities and the entities that support prevention work should:

1) Increase campus-wide efforts to increase awareness and prevention of dating violence and bystander interventions in addition to what sexual violence prevention work they may be doing. Many colleges indicated they were addressing sexual violence in some way but only a few were talking about dating violence or healthy relationships.

2) Allocate specific funding for prevention efforts including residential and other staff training, reference materials appropriate to the college-age population, and **facilitate collaborations** between the college community and local violence prevention advocates.

3) Institutionalize the inclusion of dating and sexual violence prevention through the creation and adoption of campus prevention plans and policies adopted by the college's administration. Multiple departments and campus personnel should have responsibilities for planning and implementing a prevention and response protocol. Prevention plans and policies must be transparent and accessible to the entire campus community and adhere to best practice prevention theories.

4) Forge a collaboration between Vermont prevention practitioners and college campuses to create a toolkit with best and promising practices for college-based sexual and domestic violence prevention. This kit should be provided to all Vermont colleges and university campuses and should include follow up training and ongoing technical assistance.

Kit components:

- Tools for planning ongoing, multi-component education
- Reference materials targeted to Vermont's college students
- Best practice prevention topics and support resources including:

- ◆ education for men, on their roles in preventing violence and promoting health
- ◆ healthy relationships and dating violence
- ◆ bystander intervention
- ◆ gender equity
- ◆ Policy, reporting and response resources
- ◆ Directory of community and state based response, referral and prevention resources.

5) Train residential staff regularly in recognizing and responding to dating and sexual violence and sexual harassment; and bystander interventions around harassment and gender oppression.

6) Develop, publicize and sustain venues for ongoing collaboration for all campus personnel charged with implementing violence prevention activities. The venue could be an online resource, as well as a biennial statewide campus violence prevention summit.

SUMMARY OF FINDINGS:

Question 1: Does < college/university> address dating and/or sexual violence in a freshman orientation program? Please describe:

All colleges asked except for CCV indicated that they were addressing dating and/ or sexual violence in freshman orientation programs. CCV is a community college that does not have a freshman orientation or a residency program.

One college reported trying to use two different outside agencies (neither of them direct service providers) and when they found they didn't fit, went back to doing it on their own.

Topics covered in Vermont college campus freshman orientations include:

- Sexual respect: what is consent, that you can't have consent with alcohol (2)
- Resources at the college and how to access them (3)
- Access to outside direct service provider (4)
- Safe dating ideas
- Policies (3)
- Reporting (4)
- Healthy relationships: healthy communication, boundaries, local domestic violence and sexual assault resources, personal limit setting, sexual orientation and gender identity, safe sex
- Bystander intervention
- High risk alcohol and drug use (sexual violence is 'touched on' in this context) (2)
- Sexual harassment/sexual misconduct (2)

- Non-discrimination policies
- Hazing (for targeted populations of the student body)
- Gender equality (5)
- Sexual assault/ violence (4)
- Diversity
- Date-rape under the influence of alcohol
- Dating violence (2)
- Introduction to campus safety and personal safety

Topics Covered in Orientation, out of 19 campuses interviewed:

- All colleges reported covering sexual violence during orientation, but for some, activities did not extend beyond making a policy available (in one case, it was only a sexual harassment policy and not a sexual violence policy).
- 9 mentioned covering dating violence or gender-based violence
- 4 mentioned gender equity and diversity in orientation or ongoing prevention activities
- 1 mentioned covering bystander intervention
- 3 specifically mentioned covering harassment or hazing
- 3 colleges were doing education around sexual violence linked to alcohol use. One of these was doing so in a best practice way: connecting it to consent and the inability for someone to get consent from someone who has been drinking. Two of these covering it in a way that might be victim blaming: one connecting it to date-rape and alcohol use; the other framing it as a high risk activity.
- 2 campuses presented workshops but only seemed to be covering resources and policy.

Format of Orientation:

- 4 colleges had multiple components to their orientation. One of these only seemed to cover sexual violence (not dating violence). The other three covered both.
- 2 campuses reported using a skit or performance to facilitate discussion, both only addressed sexual violence and one in the context of alcohol use.
- 4 campuses appear to only make a policy available, though one has a general Q & A session in orientation around campus safety - they report sexual and dating violence rarely come up in this session.
- 7 report doing a workshop, lecture or short “program” (under 2 hours) on these issues during orientation.
- 7 campuses were clearly doing orientation activities that would be considered primary prevention (before violence occurs).
- 3 campuses are doing activities preventionists would classify as awareness only.

Question 2: Please describe any ongoing violence prevention or awareness activities on your campus.

Staff/RA training:

Yes, mentioned: 9

None mentioned: 10

Campus-wide awareness activities:

Yes, mentioned: 11

None mentioned: 8

Just resources:

Yes, mentioned: 7

None mentioned: 12

Policy/procedures:

Yes, mentioned: 9

None mentioned: 10

Who is responsible for this topic on campus?

Faculty or Staff: (9)

Mixed faculty; campus safety staff; staff who train RAs and women's center; staff; mix of health and women's center – and faculty and staff; Women's Center; wellness center on campus and residential life counselors for individuals; staff; a staff contact at each campus

Mix of students/faculty/staff: (6)

Student run org with faculty assistance; an oversight committee composed of students, staff and faculty members and Women's Center; faculty, staff and students; staff and students; student and faculty mix; RA counselors and campus climate committee – needs to be on radar of Public Safety

Outside provider: (2)

Mentioned local domestic and sexual violence service provider

Student only: (1)

Student club

No one: (1)

Question 3: Does < college/university> have a relationship with the local domestic and sexual violence crisis service provider? Please describe:

- 9 colleges clearly stated they refer to Vermont Network Against Domestic and Sexual Violence programs
- 6 mentioned co-hosting events or trainings with the Network program
- 6 mentioned the local Network program as intern or volunteer placement site for students
- 5 mentioned other forms of collaboration, including shared grant work or coordinated community responses
- 2 did not mention a relationship with a local Network program, but did list other organizations
- Other partners besides network programs that were mentioned:
 - ◆ Sexual Assault Nurse Examiners
 - ◆ Local health center
 - ◆ Local mental health provider
 - ◆ Regional hospital
 - ◆ Local law clinic

Question 4: Is violence a problem on your campus? What would help you enhance prevention efforts?

Part 1: Is violence a problem on your campus?

Total colleges in list: 19

Acknowledge violence is a problem: 11

Acknowledge violence occurs on campus: 14

Did not respond to question 4: 2

Acknowledge underreporting: 2

Answers indicate possible underreporting: 4

One interviewee acknowledged the problem and said, “I have a sense it happens much more often than we know about. Wish we knew why people aren’t reporting.” And another said, “Violence on campus is an issue to the extent that one singular report is too many.”

- While reports were low across the board, most campus acknowledged the problem. However, almost all of them did so in a way that said it was a problem for all colleges.
- Fall semester came up as being a time of higher rates of reports by two campuses.
- Many respondents acknowledged that reports are probably much lower than actual rates.

Part 2: What would help you enhance prevention efforts?

- Funding for staff training and resources
- Training topics for students
- Training for faculty and RAs on diversity, consent, substance abuse, sexual harassment, sexual assault, and encouraging student-led initiatives
- Social marketing campaigns on campus
- Building a Vermont college community of practice
- Resources in form of specific tools (prevention and response outreach materials for Vermont and home states) and resource center or clearing house (for quicker acquisition of specific resources, programming suggestions and consultation)
- Closer connection to community violence prevention workers
- Four colleges made specific connections between substance abuse and violence and want prevention, perhaps to extend to preventing substance abuse in order to prevent violence
- Smaller colleges have less resources meaning staff are expected to fill several roles and have less finite/specialized training so violence may actually be a larger problem on the smaller campuses due to lack of resources going to violence prevention and response
- Non-residential colleges rely on outside community resources, to deal with violence prevention work rather than taking responsibility for student behaviors -- and seem less likely to make connection between violence happening off campus impacting student's ability to learn/engage/be safe and strong college community members

IN THEIR OWN WORDS...Colleges told us they need:

"The ability to do more outreach and programming."

"Tools & outreach materials for educating students and staff, esp. for smaller colleges."

"The ability to empower students to get violence-response resources while on campus and while home in other states."

"A clearinghouse of ideas for programming."

"A quicker way to find resources."

"Anything the state could help us with would be great."

"Staff training on sexual harassment"

"More resources, programs and policies which are both preventative and supportive in nature."

"Folks who could present to RAs or others in residence halls & community members in small groups."

"Mandatory diversity training."

"An advocate on campus on a limited basis might be helpful."

"A way to encourage student-led initiatives."

"Staff from [our local service provider] on campus more often."

"Education and training."

"Additional funding for staff in order to do more/better prevention work."

"Better funding would definitely help us enhance our prevention efforts."

“Money – to hire on-campus advocate/programmer.”

“Grants to establish a women’s center on campus.”

“Money to send more staff/students to trainings and to get trainings on campus.”

“PR materials that are student-friendly which would create greater awareness of these issues, informing them of what resources are available, positive steps people can take (e.g., posters focused on men taking a stand against gender-based violence).”

“To make community prevention resources transparent and build a statewide educational campaign around prevention.”

“To educate students about consent and about what constitutes sexual violence and assault.”

“More visible policies and procedures.”

“Make sure that we’re having these important conversations with men as well as women.”

Workgroup Goal: Identify what data is currently collected, by whom, how it is shared, and what gaps exist in data collection in Vermont.

Workgroup Participants: Ilisa Stalberg, Michelle Fay, Linda Johnson, Bethany Pombar

Methodology/ Process: The workgroup utilized a tool developed by the CDC's Rape Prevention Education grant, the Evaluation Capacity Assessment, to help identify gaps and action steps towards enhancement of statewide data collection access and use. In addition, we identified national data sources which provide some relevant state-level data.

List of Key informants: The workgroup largely relied on the expertise and experiences of workgroup members, in addition to Priscilla White from the Vermont Department for Children and Families' Center for the Prevention and Treatment of Sexual Abuse.

Summary of Findings:

There are a variety of data sources available on the national and state level which tracks the number of incidents of domestic and sexual violence being reported. Preventionists said that though these measures are important, they may not align with the kind of data that prevention work needs to measure and plan for shorter-term efficacy of programming. There was concern over the lack of information on risk and protective factors, which are critical to prevention work. Additionally, many national surveys were not able to extrapolate Vermont specific information due to Vermont's population size. For data collected by State agencies and other state partners, the reports use different time periods, definitions, and report forms which make it hard to align the information to get a full picture of current incidents. Information was also spread out over a number of different Agency websites and not presented in a consistent manner.

The workgroup identified a number of national and state data sources, list below. In addition, we have included the Evaluation Capacity Assessment report completed by the workgroup. The attached RPE Evaluation Capacity Assessment Action Plan identifies the actions steps that need to be taken to build and enhance Vermont's preventions system. In addition to those steps, the workgroup submits the below recommendations.

List of Recommendations:

Please see the attached Evaluation Capacity Assessment Action plan for a full list of recommendations.



In addition to the recommendations found there, the workgroup identifies the need to frame the issue: ***Why do we need data for prevention?*** Data is critical to prevention programming. Understanding the scope and nature of the problem and tracking and evaluating this will enable Vermont to:

- Track/surveillance of domestic and sexual violence over time;
- Measure the impact of prevention programming;
- Highlight areas in need of further prevention programming, identify target populations;
- Ensure that program development is grounded in best practice and/or effective strategies;
- Assess what risk and protective factors are being addressed through prevention programming;
- Define baseline data to measure effectiveness and ensure limited resources are appropriately targeted.

NATIONAL DATA SOURCES

Behavioral Risk Factor Surveillance System

<http://www.cdc.gov/brfss/>

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. The health departments of the 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands conduct the survey. CDC offers two optional modules to the BRFSS, an 8-question module on sexual violence and a 7-question module on intimate partner violence. In Vermont, domestic violence questions were last asked in 2009 and sexual violence questions were last asked in 2005.

Domestic Violence, Sexual Assault and Stalking Data Resource Center

<http://www.jrsa.org/dvsa-drc/index.html>

Links to state level research: <http://www.jrsa.org/dvsa-drc/vermont/index.shtml>

There are currently several national criminal justice data files available to the public. Although not specific to domestic or sexual violence, these data sets often contain related information. These data do not provide identifying information but can be used for general and aggregate analysis.

National Incident-Based Reporting System (NIBRS) Data

<http://www.icpsr.umich.edu/icpsrweb/NACJD/NIBRS/>

NIBRS data are released annually by the Federal Bureau of Investigation. Unlike summary data, NIBRS data provide detailed information on the offense, victim(s), offender(s), arrestee(s), and property involved in an offense incident. NIBRS data are available from the National Archive of Criminal Justice Data (NACJD).

National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP)

<http://www.cpsc.gov/en/Safety-Education/Safety-Guides/General-Information/>

[National-Electronic-Injury-Surveillance-System-NEISS/](#)

NEISS-AIP provides nationally representative data about all types and causes of nonfatal injuries treated in U.S. hospital emergency departments. CDC uses NEISS-AIP data to generate national estimates of nonfatal injuries, including those related to sexual violence.

National Violent Death Reporting System

<http://www.cdc.gov/ViolencePrevention/NVDRS/index.html>

CDC has funded 18 states and established the National Violent Death Reporting System (NVDRS) to gather, share, and link state-level data on violent deaths. NVDRS provides CDC and states with a more complete understanding of violent deaths. This enables policy makers and community leaders to make informed decisions about violence prevention programs, including those that address intimate partner violence.

National Intimate Partner and Sexual Violence Survey

<http://www.cdc.gov/violenceprevention/nisvs/>

The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (NCIPC), in collaboration with the National Institutes of Justice (NIJ), and the Department of Defense (DoD) has developed a telephone survey, the National Intimate Partner and Sexual Violence Survey (NISVS). Beginning in 2010, NISVS will collect ongoing population-based surveillance data, generating accurate and reliable incidence and prevalence estimates for intimate partner violence, sexual violence, dating violence and stalking victimization. Data are not available at the state level, particularly for states with a small population, such as Vermont.

Youth Risk Behavior Surveillance System

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

CDC's Youth Risk Behavior Surveillance System monitors health risk behaviors that contribute to the leading causes of death and disability, including intimate partner violence (in the form of teen dating abuse), among young people in the United States.

The National Survey of Family Growth

<http://www.cdc.gov/nchs/nsfg.htm>

The National Survey of Family Growth gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health. The survey results are used by the U.S. Department of Health and Human Services and others to plan health services and health education programs, and to do statistical studies of families, fertility, and health.

Pregnancy Risk Assessment Monitoring System

<http://www.cdc.gov/PRAMS/>

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of CDC and state health departments. PRAMS collects state-specific, population-based data

on maternal attitudes and experiences before, during, and shortly after pregnancy. Data on physical abuse during and after pregnancy are collected.

National Crime Victimization Survey

<http://bjs.ojp.usdoj.gov/index.cfm?ty=dcdetail&iid=245>

National Crime Victimization Survey (NCVS) is the primary source of information on criminal victimization in the United States. Each year, data are obtained from a nationally representative sample of 77,200 households comprising nearly 134,000 persons on the frequency, characteristics, and consequences of criminal victimization in the United States. The survey enables the Bureau of Justice Statistics to estimate the likelihood of victimization by rape, sexual assault, robbery, assault, theft, household burglary, and motor vehicle theft. This information is provided for the population as a whole as well as for segments of the population such as women, the elderly, members of various racial groups, city dwellers, or other groups. The NCVS provides the largest national forum for victims to describe the impact of crime and characteristics of violent offenders.

Firearm Injury Surveillance Study (FISS)

<http://www.cdc.gov/MMWR/preview/mmwrhtml/ss5307a1.htm>

Data for the CDC Firearm Injury Surveillance Study are collected as part of the National Electronic Injury Surveillance System (NEISS), by the U.S. Consumer Product Safety Commission (CPSC). In June 1992, CDC established an interagency agreement with CPSC to begin collecting data on nonfatal firearm-related injuries to monitor the incidence and characteristics of persons with nonfatal firearm-related injuries treated in hospitals. Data are available from NACJD, Study 4353.

Court Statistics Project

<http://www.courtstatistics.org/>

The National Center for State Courts has developed an online search tool that includes data on domestic relations.

Clery Act data from colleges

<http://ope.ed.gov/security/>

The Campus Safety and Security Data Analysis Cutting Tool was designed by the US Department of Education to provide rapid customized reports for public inquiries relating to campus crime and fire data. The data are drawn from the Campus Safety and Security Statistics website database to which crime statistics and fire statistics (as of the 2010 data collection) are submitted annually, via a web-based data collection, by all postsecondary institutions that receive Title IV funding (i.e., those that participate in federal student aid programs). This data collection is required by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act and the Higher Education Opportunity Act. Data are available at the state/institution level and include criminal offenses (forcible and non-forcible sex), hate crimes, etc., and are available annually (most recent year posted is 2011).

VERMONT SPECIFIC DATA:

Vermont Crime Online Statistics

<http://vcic.vermont.gov/crime%20statistics/Vermont%20Crime%20On-Line>

Accounting of all Vermont crimes as reported by local and state law enforcement agencies. Data can break down to county or town level, find type of incident and relationship between perpetrator and victim. The definitions of aggravated domestic assault are broad and are not limited to intimate partner violence.

Vermont Center for Crime Victim Services

<http://www.ccvv.state.vt.us/>

Annual report data show the number of cases by fiscal year and victims' compensation data by crime category.

Vermont Department of Health (see National Sources for more detail)

Behavior Risk Factor Surveillance System:

<http://healthvermont.gov/research/brfss/brfss.aspx>

Youth Risk Behavior Survey:

<http://healthvermont.gov/research/yrbs.aspx>

Pregnancy Risk Monitoring System:

<http://healthvermont.gov/research/PRAMS/prams.aspx>

Vermont Department for Children and Families

dcf.vermont.gov/reports

Annual reports on child protection in Vermont, 2006 to present, includes data on incident reports and substantiated cases by age, gender, and relationship of abuser, family factors, and the child protection registry. Data are available at the state and district level.

Vermont Department of Corrections

Legislative report outlines information on incarcerated Vermonters with minor children.

Vermont Network Against Domestic and Sexual Violence

www.vtnetwork.org

Data are available on the number of hotline calls to all Vermont Network domestic and sexual violence programs. Data are also available from the Sexual Assault Nurse Examiners' program upon request.

Vermont Department of Health
Rape Prevention and Education Grant | Evaluation Capacity Assessment
Action Plan

ACTION STEPS FOR EVALUATION CAPACITY BUILDING

Action Step (What will be done)	Person(s) Responsible (By Whom: Staff and Leadership responsibilities)	Date Completed (By When)	Resources Required (At what costs)	Communication/ Collaborators (Who else should know about this)	Benchmark (Timeframe for anticipated completion)
Develop a <i>new</i> Sexual Violence Prevention State Plan with an emphasis on evaluation	RPE leadership from Vermont Department of Health (VDH) and state coalition (VT Network)	October 31, 2014	Coordinator Space and accommodations for planning meetings Publishing/printing	All members of Vermont's Sexual Violence Prevention system	November 1, 2013 to October 31, 2014
Develop 3 to 4 shared outcomes across the prevention system	RPE leadership from Vermont Department of Health (VDH) and state coalition (VT Network)	October 31, 2014	Coordinator Space and accommodations for planning meetings	All members of Vermont's Sexual Violence Prevention system,	November 1, 2013 to October 31, 2014
Develop statewide data resources on incidence/prevalence and risk and protective factors (perpetrators and victims) <ul style="list-style-type: none"> ▪ BRFSS ▪ YRBS ▪ School health profiles ▪ UVM Center for Rural Studies ▪ Vermont Agency of Human Services data (Corrections, Children and Families) 	RPE leadership from Vermont Department of Health (VDH) and state coalition (VT Network)	November 1, 2013 through October 31, 2018	Potential costs to adding BRFSS questions = \$7,000 per question No costs associated with YRBS or school health profiles Substantial (unknown) costs to commission additional research on sexual violence	Members of Vermont's Sexual Violence Prevention system	November 1, 2013 through October 31, 2018

Action Step (What will be done)	Person(s) Responsible (By Whom: Staff and Leadership responsibilities)	Date Completed (By When)	Resources Required (At what costs)	Communication/ Collaborators (Who else should know about this)	Benchmark (Timeframe for anticipated completion)
<p>Enhance and enable a community of practice for prevention practitioners across Vermont</p> <ul style="list-style-type: none"> ▪ Statewide Listserv ▪ Bi-annual Prevention symposium ▪ Collection and access point for shared planning and evaluation tools ▪ Training/TA <p><i>Consider Ohio and other states as model.</i></p>	RPE leadership from Vermont Department of Health (VDH) and state coalition (VT Network)	October 31, 2018	<p>Exploration of best suitable “home” for information.</p> <p>Potential website development or online access point.</p> <p>Coordinator to build system and provide continual uploading of new info</p> <p>Coordinator to maintain listserv</p>	All members of Vermont’s Sexual Violence Prevention system	November 1, 2013 to October 31, 2018
<p>Collection point for shared prevention resources and data</p> <ul style="list-style-type: none"> ▪ Outputs ▪ Outcomes 	RPE leadership from Vermont Department of Health (VDH) and state coalition (VT Network)	October 31, 2014 Ongoing	<p>Website development</p> <p>Coordinator to build system and provide continual uploading of new info</p>	Members of Vermont’s Sexual Violence Prevention system	November 1, 2013 to October 31, 2014

Action Step (What will be done)	Person(s) Responsible (By Whom: Staff and Leadership responsibilities)	Date Completed (By When)	Resources Required (At what costs)	Communication/ Collaborators (Who else should know about this)	Benchmark (Timeframe for anticipated completion)
<p>Develop/provide evaluation tools that can be used across the prevention system to measure programmatic efficacy and community indicators</p> <p>Community and state assessment tools which exist already include:</p> <ul style="list-style-type: none"> ▪ Community assessment tool (2012 RPE) ▪ Male attitudes survey ▪ RPE local capacity assessment 	<p>RPE leadership from Vermont Department of Health (VDH) and state coalition (VT Network)</p> <p>Evaluation Consultant</p>	<p>October 31, 2015</p> <p>Ongoing</p>	<p>2-year Technical assistance contract</p>	<p>Members of Vermont's Sexual Violence Prevention system</p>	<p>November 1, 2013 to October 31, 2015</p>
<p>Provide training and technical assistance to sexual violence and IPV prevention partners and allied agencies across the state:</p> <ul style="list-style-type: none"> ▪ Developed evaluation tools ▪ Using available data sources ▪ Program planning ▪ Development of outcomes ▪ Measuring outcomes/tools ▪ Analyzing evaluation results ▪ Putting evaluation into practice 	<p>RPE leadership from Vermont Department of Health (VDH) and state coalition (VT Network)</p> <p>Evaluation consultant</p>	<p>October 31, 2015</p> <p>Ongoing</p>	<p>2- year Technical assistance contract</p>	<p>Members of Vermont's Sexual Violence Prevention system</p>	<p>November 1, 2013 to October 31, 2015</p>

Workgroup Goal: Identify and examine prevention activities within Vermont’s public, private and non-profit employers and suggest recommendations to enhance efforts.

Workgroup Participants: Chris Dinnan, Mark Carignan, Ron Redmond

Methodology/ Process:

Our efforts were guided by three studies of violence in the workplace:

- January, 2012 study, “Effects of Domestic Violence on the Workplace: A Vermont survey of male offenders enrolled in batterer intervention programs.” Michele Cranwell Schmidt, MPA, Center for Rural Studies, University of Vermont; Autumn Barnett, Spectrum Youth & Family Services
- Alberta Council of Women’s Shelters Study: Violence in the Workplace, June 2009.
- December, 2011 study: Safe at Home, Safe at Work? National Domestic Violence and the Workplace Survey, Australia.

We first contemplated the practicality and feasibility of building a simple on-line survey for Vermont employers and/or employees. Given limited time and resources, we determined we could be most effective by interviewing key employers across the state.

To accomplish this, we met with Lisa Ventriss, President of Vermont Business Roundtable, a nonprofit, public interest organization, comprised of 120 CEOs of Vermont’s most active and committed for-profit and not-for-profit employers. It was our belief Roundtable members represented the very best of Vermont’s employers, and therefore would be most receptive to our questions.

We discussed the possibility of surveying Vermont CEO’s, presidents and owners. Ventriss recommended first reaching out to a core group of respected business leaders across the state to assess their company’s own training and education programs and build support among them for a statewide effort of more consistent training and education. Further, when a research study is undertaken, she recommended grouping companies by number of employees: 25 and below; 26 -100; 101-500; and 501 or more. She suggested dividing companies into four sectors: Trades, Manufacturing, Tourism, Professional and business services, FIRE (Finance, Insurance and Real Estate).



With input from the Vermont Business Roundtable, we reached out to specific Vermont employers and used this outline to guide our interviews: company's policies; thoughts, observations about how family violence impacts the workplace in Vermont, as it relates to absenteeism, tardiness, productivity at work, safety of employees morale of employees; and how to raise awareness among Vermont employers.

Key Informants:

- Lisa Ventriss, President of Vermont Business Roundtable
- Vince Bolduc, Sociology/Anthropology Department Chair, Professor of Sociology and Anthropology St. Michael's College
- Don George, President & CEO, Blue Cross Blue Shield
- Rebecca Towne, Chief Talent Officer at Green Mountain Power
- Don Mayer, Owner & CEO, Small Dog Electronics, South Burlington, VT
- Jeff Corrigan, VP Human Resources, Brattleboro Retreat, Brattleboro, VT
- Barbara Sondag, Town Manager, Brattleboro, VT

Summary of Findings:

1. Our informants thought that Vermont employers have a limited responsibility to address domestic and sexual violence.
 - They have a responsibility to know their employees generally, to monitor them for personal/professional problems, and to know what resources to refer them to.
 - They have a responsibility to know relevant issues that can arise with employees and be educated in how to detect them and respond.
 - This must be done with an eye toward an employee's right to privacy and to not have an employer interfere with their private non-work lives.
 - Often domestic violence issues only come out when a supervisor speaks to an employee about attendance or work-related deficiencies.

2. In a perfect world, Vermont employers could play a role in domestic and sexual violence prevention but that in reality, such an expectation is unrealistic. Due to many training and policy requirements, many of which are mandated by law, employers are stretched thinly already. In order to implement domestic and sexual violence training/policy, something else would have to be reduced or removed.

3. Employers surveyed do not have a policies specifically related to domestic and sexual abuse. They do have workplace violence policies that address sexual harassment, threats, and actual workplace violence. Domestic abuse has had a direct influence at Small Dog Electronics and Brattleboro Retreat. These experiences heightened the organizations' awareness and sensitivity. Both employers struggled somewhat as to how to address this situation. Small Dog, initially, turned to Planned Parenthood for advice. Both used their established EAP programs.

List of Recommendations:

1. **More leaders** of for-profit companies, and public and non-profit organizations, **need to speak out against domestic and sexual violence at public events, and through testimony at the Vermont Legislature.** Leadership and collaboration from and with the heads of Vermont’s companies and organizations will increase the efficacy of efforts to influence a reduction in domestic and sexual violence among Vermont employees.
2. Business leaders must empower their key staff – particularly their human resources departments – to **increase training and education and create and implement sexual and domestic violence workplace prevention and response policies.**
3. The business community and prevention community should collaborate to enable and support key business leaders in launching a **private-sector initiative to raise awareness of the impacts of domestic and sexual violence in the work place** and what can be done about it. This initiative could run parallel to the recommendations to support a statewide awareness campaign targeted to men, and a follow-up male attitudes survey.

In the greater Boston area, public, private and non-profit employers have created a coalition against domestic and sexual violence, Employers Against Domestic Violence www.employersagainstdomesticviolence.org. It is a non-profit, membership organization uniting Massachusetts employers with experts in the fields of domestic and workplace violence prevention. Committed to proactively addressing the causes and effects of violence in the workplace, EADV identifies and recommends national and local best practices in the areas of public policy, prevention, intervention and training in order to help employers address the effects of violence on the workplace. EADV promotes more productive workplaces that remain intolerant of all forms of violence by supporting comprehensive and safe interventions for those affected by violence.

4. Make domestic and sexual violence a “pocket book” issue with Vermont employers. Conduct a state-wide study of Vermont employees to identify the degree of impact that domestic and sexual violence is having on workplace productivity. Specifically, **gather and measure data about the financial impact of domestic and sexual violence at it relates to absenteeism, tardiness, productivity at work, employee safety and morale or other measurements.** With support from an economist, develop metrics that measure the dollar impact on Vermont employers.
5. **Support the efforts of the Vermont Council on Domestic Violence around domestic violence in the work-place training initiatives,** including promotion of the results of the January, 2012 study, EFFECTS OF DOMESTIC VIOLENCE ON THE WORKPLACE: A Vermont survey of male offenders enrolled in batterer intervention programs by Michele Cranwell Schmidt, MPA, Center for Rural Studies, University of Vermont and Autumn Barnett, Spectrum Youth & Family Services.

6. The State of Vermont should continue and prioritize its efforts to implement the domestic violence model policy within Agency of Human Services and all other State agencies.

Workgroup Goals:

Our Male Attitudes Survey goals were to provide:

- guidance for service providers to develop future training and education programs;
- a benchmark to measure improvements/declines over time in male attitudes in Vermont towards the prevention of domestic and sexual violence against women;
- a tool for local and statewide non-profits for fundraising, grant-writing and other purposes.

Workgroup Participants: Bethany Pombar, Mark Carignan, Ron Redmond, Kim Brittenham, Chris Dinnan

Methodology/ Process: A survey was conducted by a professional polling institute in Vermont on Male Attitudes Regarding Domestic and Sexual Violence. The Vermont Network Against Domestic and Sexual Violence provided \$5,500 to support the poll through the Vermont Department of Health's Rape Prevention Education grant from the Centers for Disease Control. A Request for Proposal for the initiative was developed and circulated. A proposal from the Castleton Polling Institute at Castleton State College was accepted. The proposal included almost \$3,000 additional in-kind funds, bringing the total cost of the task to \$8,429. Further survey methodology and detailed findings can be found in the full survey report attached.

Key Informants: The Castleton Polling Institute surveyed 341 adult males in Vermont by telephone. These men range in age from 18 to 90 years old and were from all 14 counties in Vermont. Additional participant information:

- ◆ 65 percent of respondents were married or living with a partner.
- ◆ 39 percent have at least one child less than 18 years of age living at.
- ◆ 51 percent (56% above age 25) have a college degree.
- ◆ 35 percent of respondents belong to a church or faith community.
- ◆ 19 percent are active military or veterans.

Summary of Findings: The complete report from the Male Attitudes Survey regarding Domestic and Sexual Violence can be found attached.

We find that the male population is a compelling target at which to aim education and outreach efforts in order to prevent sexual and domestic violence. If we can have an impact on men's attitudes, beliefs, and thinking patterns, we have a good chance to change their behavior, whether that behavior is physical violence or laughing at a sexist joke. We believe that enlisting/engaging men in future prevention efforts will be a compelling



strategy as they are the primary perpetrators. It is time for men to step up and make a difference!

Recommendations:

One key finding of the survey was that “the relationship between age and attitudes is non-linear. Throughout the data, we find the more progressive views among men in their 30’s, 40’s, and 50’s. Young men (under age 30) and older men share similar attitudes that put more of the responsibility for violence, abuse, or harassment on women rather than on men.” See Figure 9 on page 13 of Survey Data Report.

1. Prevention practitioners need to **target men 18 - 24 years of age with prevention efforts aimed specifically at them**. This is particularly compelling as the majority of criminal offenses are committed by men in this age category. High schools and colleges would be logical institutions within which to increase our prevention efforts. Strategies to reach this specific age group other than those that are school-based need to be explored.
2. Efforts need to be made to **target men over age 55 to challenge their attitudes about women**. Men in this age category are typically in positions of power and authority and are also in positions where they influence the attitudes of younger men. The strategy for outreach and education of this group would be different than for younger men and may include speakers at male-dominated civic organizations, PSAs, etc. We recommend creating a campaign that provides resources and addresses social norms of men over 55 that challenges them to examine their roles in prevention as mentors, fathers, grandfathers, business leaders and community decision makers.

Another key finding of the survey was that a majority of respondents defined domestic and sexual violence broadly to include behaviors beyond physical violence. When presented with a hypothetical situation asking them at which point they would intervene, however, their response rate was much lower than what might be expected based upon the rate that they defined specific behavior as domestic or sexual violence. See Figure 7 on page 10 of Survey Data Report.

3. Prevention and awareness campaigns targeting Vermonters need to **draw attention to the many ways abuse in relationships manifests itself**, including belittling and controlling behavior and other forms of non-physical abuse as well as physical violence; **and the role men can play in prevention as bystanders**, both intervening when they see a wide range of abusive behavior and when they see red flags for violence, like a man “hitting on” a woman who is visibly intoxicated or when a friend is telling sexist jokes.

Another finding from the survey that we believe is very revealing and worth emphasizing is that 48% of the men surveyed reported that they think accusations of rape are often false (6%) or sometimes false (42%). 51% reported that they think that accusations

of rape are rarely false and 1% that they are never false. As an estimated 2% of rape reports nation-wide are false, the “correct answer” would be that accusations are rarely false. The fact that almost half the respondents did not gravitate to the “rarely false” category is concerning.

4. Special efforts need to be made to incorporate information regarding rape and sexual violence in broader prevention and educational programs. **The realities of rape (instead of rape myths) need to be a central aspect of outreach aimed at men.** See Figure 10 on page 14 of the Survey Data Report.

The Survey Data Report reveals another interesting aspect of Vermont men’s attitude about how common violence against women is in the United States and in Vermont. 88% of respondents reported that violence against women is either very common or somewhat common in the United States, while only 77% thought the same of violence against women in Vermont. While we do not have the data to support whether violence against women is more or less prevalent in Vermont than in the nation as a whole, the fact that men believe that it is less of a problem in Vermont than elsewhere is problematic. See Figure 1 on page 3 of the Survey Data Report.

5. **The creation and adoption of best practice male education resources and awareness campaigns needs to be a priority for Vermont.** Education should address:

- How to build and sustain supportive and healthy relationships starting in elementary schools and reinforced through college age.
- Healthy sexuality education that includes information on consent and accepting refusal.
- Social norms about gender stereotypes and the effects on heterosexual relationships and masculinity.
- Awareness of local domestic and sexual violence services and supports.
- Information about the prevalence of domestic and sexual violence and the impact on the whole community.

MALE ATTITUDES REGARDING DOMESTIC AND SEXUAL VIOLENCE SURVEY DATA REPORT

EXECUTIVE SUMMARY

In the fall of 2012, the Castleton Polling Institute was engaged by the Governor's Prevention of Domestic and Sexual Violence Task Force to conduct a survey of Vermont adult men regarding their attitudes towards sexual and domestic violence.

The goals of the survey were to provide:

- guidance for service providers to develop future training and education programs;
- a benchmark to measure improvements/declines over time in male attitudes in Vermont towards the prevention of domestic and sexual violence against women;
- a tool for local and statewide non-profits for fundraising, grant-writing and other purposes.

The Governor's Prevention of Domestic and Sexual Violence Task Force is pleased to officially release the findings from this survey to the State and our communities.

SURVEY RESULTS:

The full report is available for download at <http://www.vtnetwork.org/publications/>
You can also request an electronic copy via email from prevent@vtnetwork.org

Key informants

The Castleton Polling Institute surveyed 341 adult males in Vermont by telephone ranging in age from 18 to 90 years old and representing all 14 counties in the state.

- 65 % of respondents were married or living with a partner
- 39 % have at least one child less than 18 years of age living at home
- 51% (56% above age 25) have a college degree
- 35 % of respondents belong to a church or faith community
- 19 % are active military or veterans

Key findings

While there are many areas indicated for increased education, awareness and male responsibility within the results, it is clear that men do care about the issues of domestic and sexual violence. Many men talked about the need for more education around the issue. Many men shared their own experiences of witnessing or experiencing violence. Clearly this was an issue that touched their lives. However, the survey also identified conflicts in awareness versus behavior. To overcome the epidemic of violence in our communities, these conflicts must be addressed and males encouraged to hold each other accountable for perpetration of all forms of sexual and domestic violence.

A majority of respondents defined domestic and sexual violence broadly to include behaviors beyond physical violence. Yet when presented with a hypothetical situation asking them at which point they would intervene, their response rate was much lower than what might be expected based upon the rate that they defined specific behavior as domestic or sexual violence. Respondents generally reported that the imminent threat of or actual physical harm would need to be present before they became engaged bystanders.

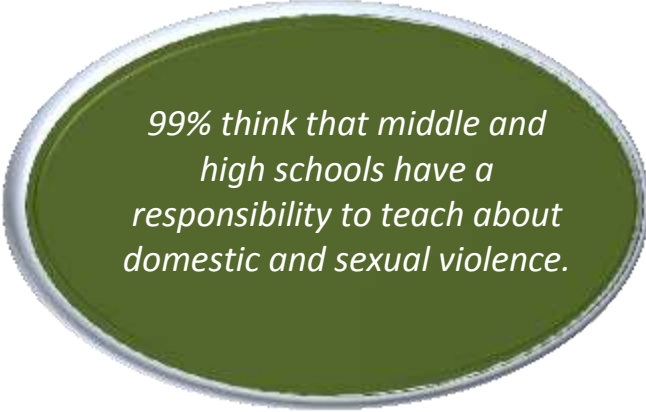
48% of the men surveyed reported that they think accusations of rape are often false (6%) or sometimes false (42%). Comparatively, 51% reported that they think that accusations of rape are rarely false and 1% that they are never false. National research shows us that only an estimated 2- 8% of rape reports nation-wide are actual false reports, and that these reports are often cases where no perpetrator was named or accused^{1,2}. Therefore, the “correct answer” would be that accusations are rarely false. The fact that almost half the respondents did not gravitate to the “rarely false” category is concerning. Additionally, it was found that men with no college degree were most likely to believe that rape accusations are more frequently false.



Another revealing finding was that 88% of respondents reported that violence against women is either very common or somewhat common in the United States while only 77% thought the same of violence against women in Vermont. While we do not have the data to support whether violence against women is more or less prevalent in Vermont than in the nation as a

¹ McDowell, C.P. & Hibler, N.S. (1987). False allegations (Chapter 11, p.275-299). In R.R. Hazelwood & A.W. Burgess (Eds.), Practical Aspects of Rape Investigation: A Multidisciplinary Approach. New York: Elsevier.

² Lonsway, Archambault, Lisak (2009). False Reports: Moving Beyond the Issue to Successfully Investigate and Prosecute non-Stranger Sexual Assault. In the Voice, Vol. 3, No. 1. The National Center for the Prosecution of Violence Against Women.



99% think that middle and high schools have a responsibility to teach about domestic and sexual violence.

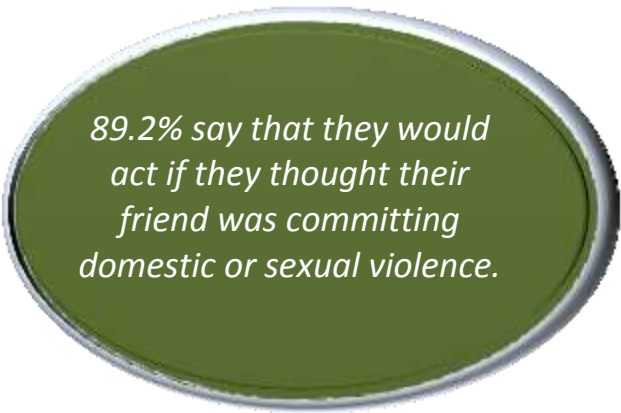
whole, the fact that men believe that it is less of a problem in Vermont than elsewhere is problematic and may lead to the reduction of the issue being a priority to address.

The survey also revealed that the relationship between age and attitudes is non-linear. Throughout the data, we find the more progressive views among men in their 30's, 40's, and 50's. Young men (under age 30) and older men share similar attitudes to each other, attitudes which put more of the responsibility for violence, abuse, or

harassment on women rather than on men who perpetrate.

Men who were between the ages of 18-24 (60%) and above 55 (60-61%) had a dramatic increase over men of other ages (average 45%) in believing that women who wear tight or revealing clothing are always inviting sexual comments or other advances.

We can also see the responses for the percentages of men reporting on their personal responsibility to act. Only 16.5% reported feeling it was their responsibility to act when a friend is talking about his partner in a very negative way, only 35.6% would feel the need to intervene if they saw another man trying to hook up with someone in the bar who appeared extremely drunk, and less than half of respondents (39.7%) would intervene when a woman was being harassed in a public space. However, if the immediate threat or actual threat of physical danger exists, between 73-90% of men would act. Additionally, 89.2% say that they would act if they thought their friend was committing domestic or sexual violence, but we must infer from other results that they really mean that they would act only if the threat of bodily harm was present.



89.2% say that they would act if they thought their friend was committing domestic or sexual violence.

Many men who were surveyed saw the responsibility of education around domestic and sexual violence falling on a number of community institutions including middle and high schools (99%), families (93%), businesses and employers (85%) and government (80%). Nearly three-fourths (72%) saw peers as having a responsibility to teach about domestic and sexual violence. These results hearten us, the ground is fertile for an increase in bystander education through which we encourage peers to hold each other accountable for aggressive, hurtful and abusive actions.

Overall, the attitudes of Vermont male adults are largely progressive and supportive of the prevention of domestic and sexual violence, but it is important to note that attitudes are not always borne out by behaviors. There is still much work to be done to broaden the understanding of the impacts of types of violence that are not physical, like harassment and name calling; and to give men tools to address domestic and sexual violence when they see it, encouraging earlier intervention.

The Governor's Prevention of Domestic and Sexual Violence Task Force would like to thank the male respondents who took the time to answer the survey questions and the Castleton Polling Institute for their many hours of in-kind work they donated to the project, as well as the Vermont Network Against Domestic and Sexual Violence and the Vermont Department of Health for financial support.

Male Attitudes Regarding Domestic and Sexual Violence

Survey Data Report

Richard L. Clark and Rebecca Casey

Castleton Polling Institute

Prepared for the Vermont Governor's Prevention of Domestic and Sexual Violence Task
Force

CASTLETON POLLING INSTITUTE

Amplifying the Voices of Vermont



Overview of Survey

Domestic and sexual violence is a prevalent and pernicious reality in our society. Occurrences of domestic and sexual violence can be found in all demographics and regions throughout America, and Vermont is by no means less susceptible to this social ill. While perpetrators and victims of domestic and sexual violence can be either gender, the majority of cases have a male perpetrator and a female victim. With that in mind, the Male Attitudes Survey was proposed to address the attitudes of men about domestic and sexual violence, mostly as it victimizes women.

This survey and report was initiated by the Vermont Governor's Prevention of Domestic and Sexual Violence Task Force (GPDSVTF) and supported by the Vermont Network Against Domestic and Sexual Violence and the Vermont Department of Health with funding from the Centers for Disease Control and Prevention, Rape Prevention and Education cooperative agreement. The goals of this project (as stated in the Request for Proposals) are as follows:

1. "To provide guidance for service providers to develop future training and education programs;
2. To provide a benchmark to measure improvements/declines over time in male attitudes in Vermont towards the prevention of domestic and sexual violence against women;
3. To provide a tool for local and state-wide non-profits for fundraising, grant-writing and other purposes." (GPDSVTF RFP, May23, 2012).

To this end, the Castleton Polling Institute surveyed 341 adult males in Vermont by telephone. The households were selected through random digit dialing, using a sample frame that only included landlines. Once a sampled household was reached, the respondents were selected by asking for the youngest adult (over 17 years of age) male in the household. The average length of the survey was about 19 minutes.

The results of this study create a better understanding of the independent variables associated with various attitudes. We hope this information helps the GPDSVTF to better understand how to target messages and education around these issues in Vermont.

Respondent Demographics:

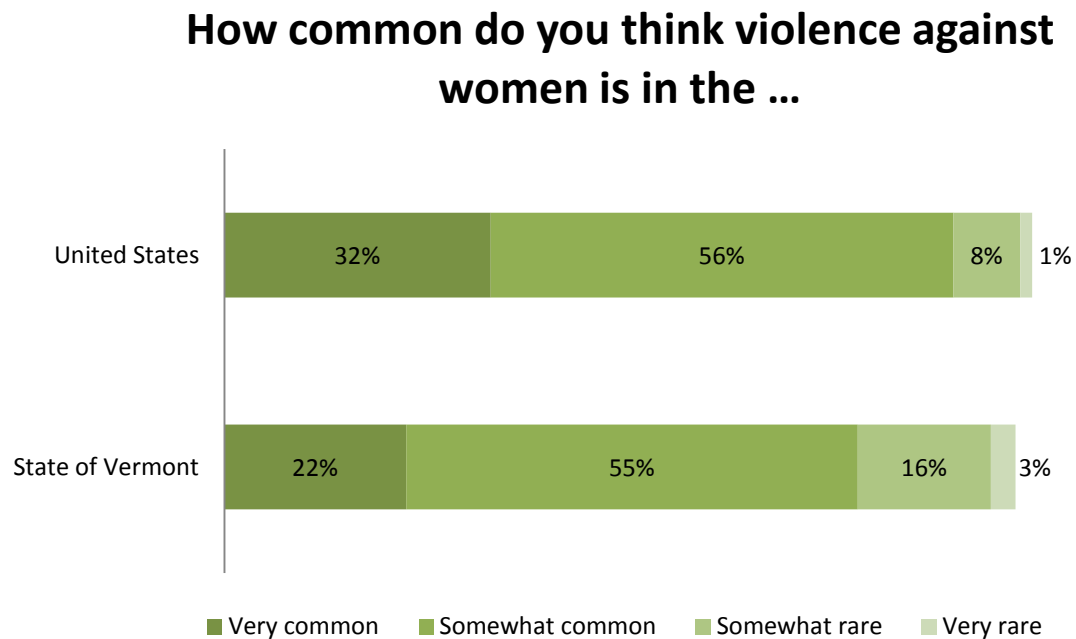
The Male Attitude Survey measured the responses of Vermont adult males on a wide array of topics, all related to domestic and sexual violence. The sample of respondents are largely representative of the Vermont male adult population.

- The age range of respondents is from 18 years old to 90 years old. The average age for all respondents is 47 years old.
- The survey was stratified to assure that there is representation from all 14 counties in Vermont.
- The percentage of respondents married or living with a partner is 65 percent.
- 39 percent have at least one child under 18 years of age living at home (higher than the expected 28 percent).
- 51 percent (56% above age 25) have a college degree (higher than the expected 33 percent).
- 35 percent of respondents belong to a church or faith community.
- 19 percent are active military or veterans.

Survey Data

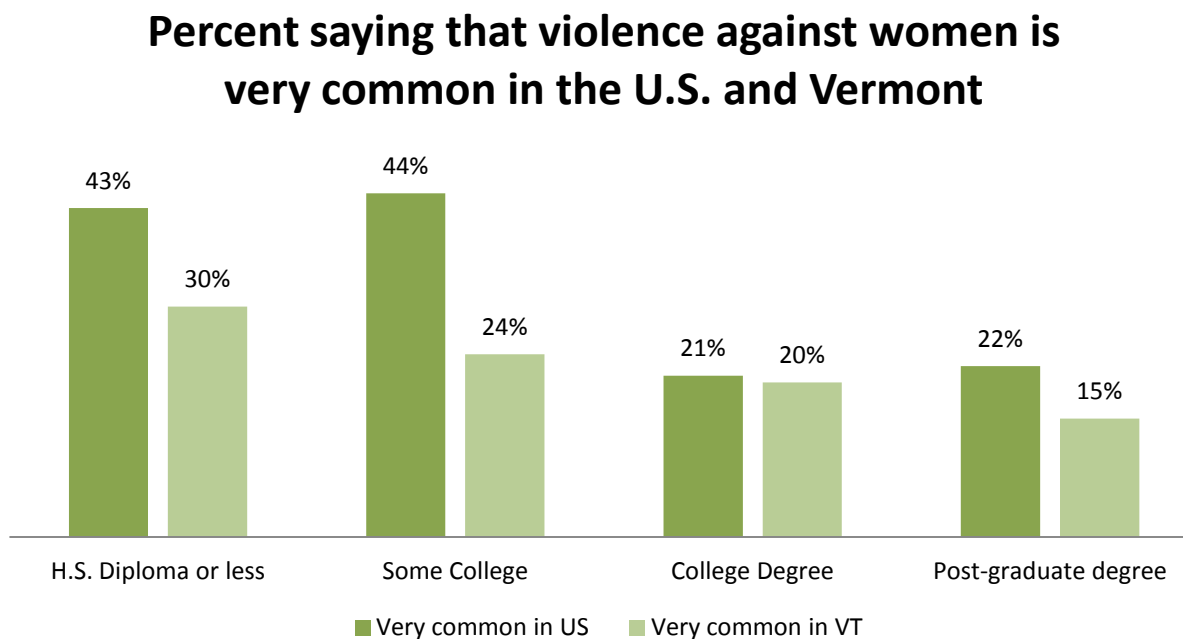
The survey began by asking how common is violence against women in the United States and in the State of Vermont. This question sets a baseline of how big of a problem men think this issue is, and they help us understand to what extent Vermont males see the issue as less relevant in our state as opposed to the rest of the nation. Figure 1 shows that while a majority of men think that violence against women is common in both the nation and in the state, the perception is that the problem is greater in the nation as a whole than it is in Vermont.

Figure 1. Extent of the problem nationally and statewide



Additionally, Figure 2 demonstrates that those with lower levels of formal education are more likely to think that the problem of violence against women in the United States as a whole exceeds that in Vermont.

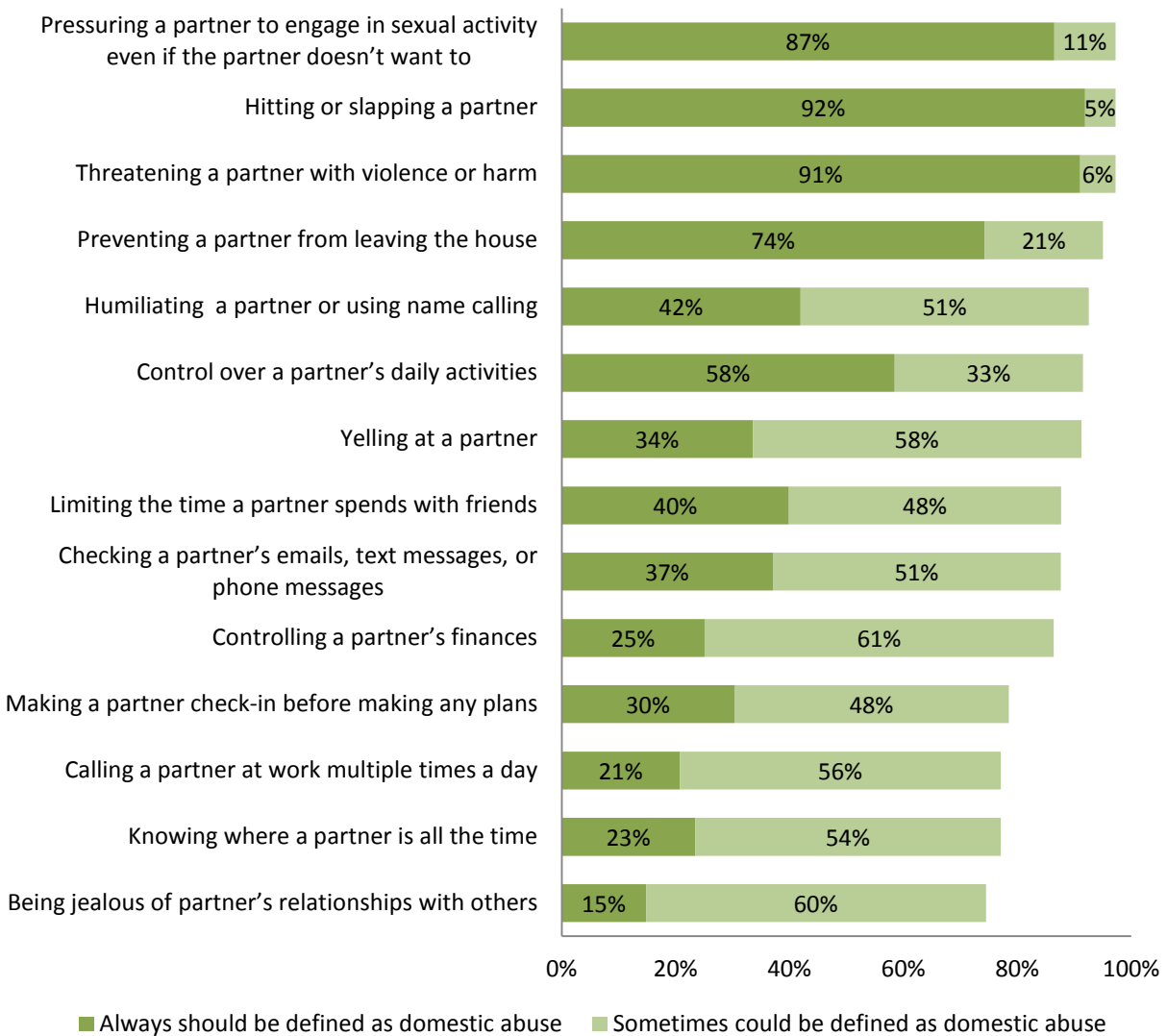
Figure 2. Perception of the extent of violence against women, by education



A majority of respondents defined domestic abuse broadly to include behaviors beyond physical violence. They were asked about various behaviors and asked to respond to them as being always domestic abuse, sometimes domestic abuse, or rarely or never domestic abuse. Some standout statistics are 86.5 percent of men believed pressuring a partner to engage in sex is **always** defined as abuse. 73 percent believe preventing a partner from leaving the house is **always** defined as abuse. And 58 percent believe controlling a partner's daily activities is **always** defined as abuse.

Figure 3 illustrates the percentages of respondents who define a list of behaviors as either always or sometimes abusive.

Figure 3. Defining behavior as “always” or “sometimes” abusive (responses of “never” or “no opinion” are not shown)



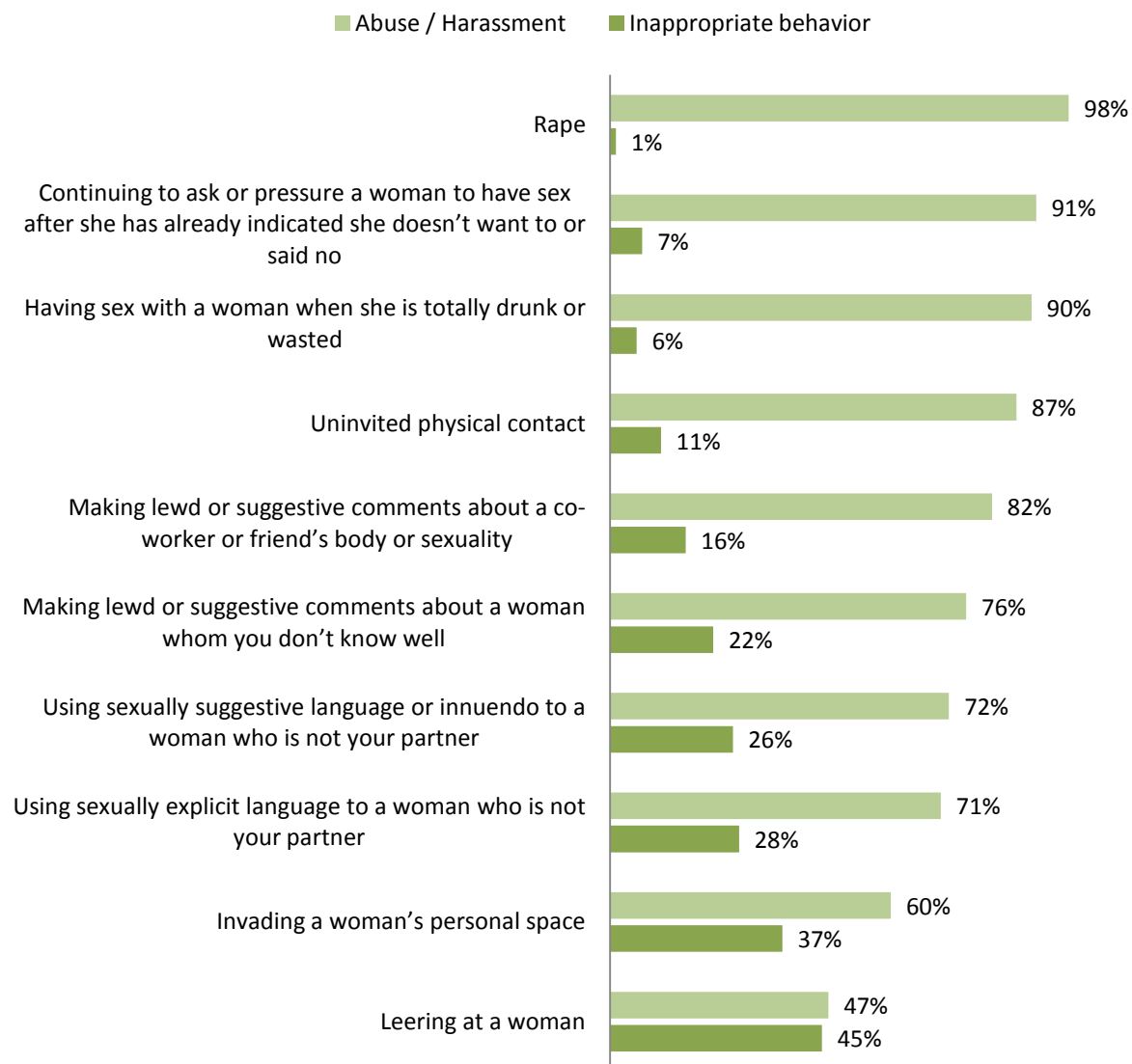
A significant percentage of respondents found some of the behaviors that we listed rarely or never rise to the level of being abusive. As Table 1 shows, these are behaviors that may be understood as keeping in contact with a partner (maybe prying) but not likely to be understood as violent. Still, it is important to note that a majority of respondents recognize that this behavior can rise to the level of being abusive.

Table 1. Defining behavior as never or rarely abusive

Behavior	Pct
Being jealous of partner's relationships with others	22.4%
Calling a partner at work multiple times a day	19.0%
Knowing where a partner is all the time	18.3%
Making a partner check-in before making any plans	18.3%
Controlling a partner's finances	10.6%
Limiting the time a partner spends with friends	9.0%
Checking a partner's emails, text messages, or phone messages	9.8%

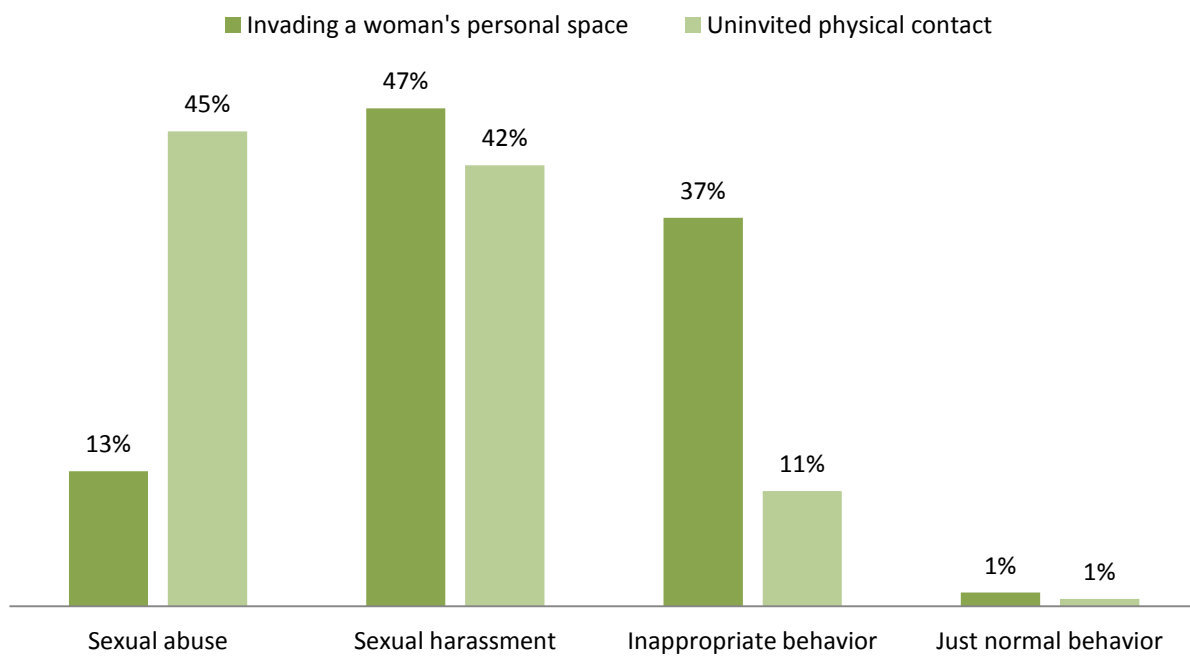
The Male Attitudes Survey asked respondents to distinguish among sexual abuse, sexual harassment, inappropriate behavior, and normal behavior by reading a list of behaviors and asking respondents to categorize each. The list of behaviors was randomly ordered to avoid question-order biases. As Figure 4 clearly illustrates, every item of behavior is more likely to be seen as either abuse or harassment than as simply inappropriate behavior.

Figure 4. Defining behavior as abuse, harassment, or inappropriate (responses of “no opinion” are not shown)



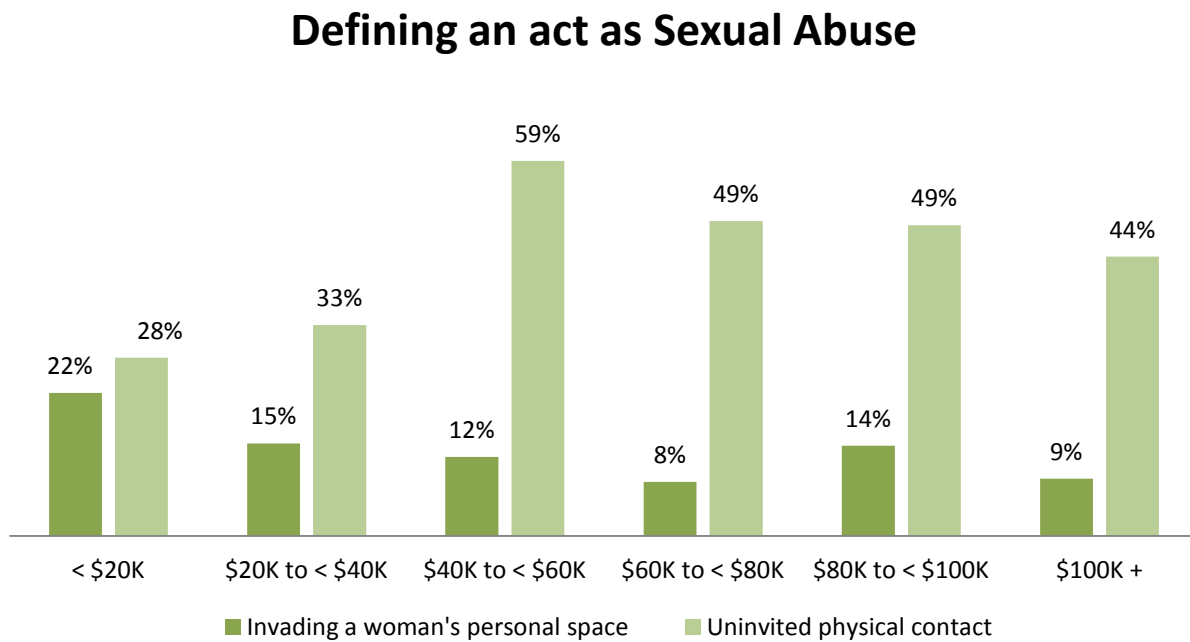
Contact is shown to be a greater offense than proximity, as Figure 5 illustrates. While a plurality of respondents (45 percent) define uninvited contact (such as slapping a woman's behind, or an uninvited kiss or hug) as sexual abuse, only 13 percent of respondents would consider invading a woman's personal space as abuse.

Figure 5. Differentiating between contact and proximity



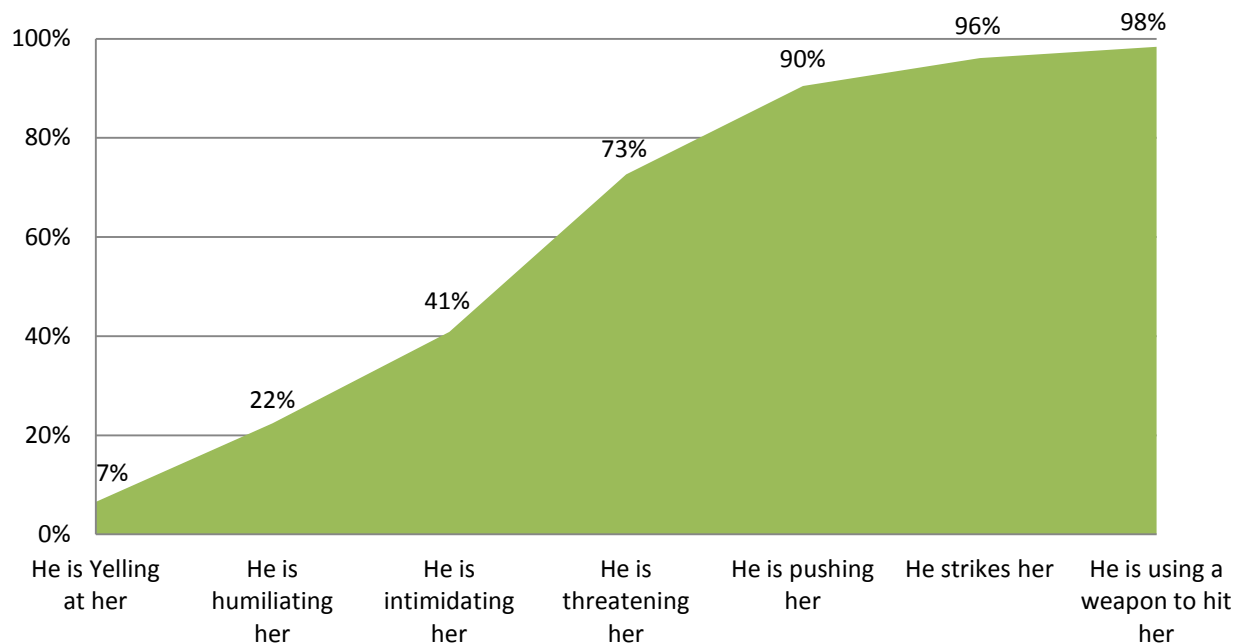
The distinction between contact and proximity increases appears to be influenced by income (see Figure 6). As income increases, the percent of men who think invading a woman's personal space is sexual abuse declines, while those who think uninvited physical contact is sexual abuse increases until the \$40-\$60 range then drops and seems to plateau.

Figure 6. Differentiating between contact and proximity, by income level



The respondents were read a hypothetical situation where a man and a woman who were in a public area got into an argument. The interviewer read escalating behaviors, and the respondents were asked to stop the interviewer at the point they feel they would intervene, if they would have intervened at all. The first behavior was the man yelling at the women. Only 7 percent of men would intervene at this point, even though 33 percent reported in a prior question that this was always domestic abuse, and 57 percent said this could sometimes be defined as domestic abuse. Another interesting point to look at is 73 percent of respondents said they would intervene at the point of hearing the man threaten the women, even though 91 percent of the men interviewed said this behavior should always be defined as domestic abuse. At the point in the hypothetical scenario where a man is using a weapon to hit the woman, 98 percent of men interviewed said they would get involved at this point. Figure 7 illustrates the points where respondents say that they would intervene; only 2 percent do not intervene at any point.

Figure 7. Point at which respondents say that they would intervene in a hypothetical situation



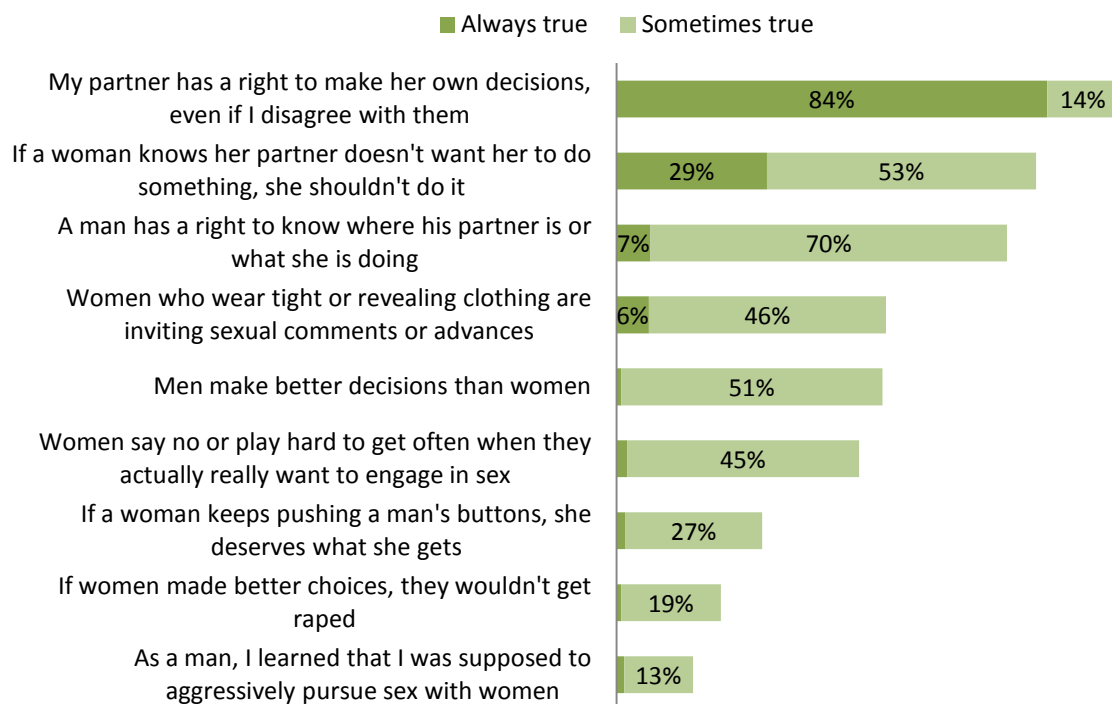
Respondents were read a list of situations and asked if they thought it was always, sometimes, or never their responsibility to do something. Table 2 shows some of the situations in which the men said it was **always** their responsibility to do something. Only 16.5 percent of men think it is always their responsibility to do something when a friend is talking about his partner in a very negative way. And only 28 percent think it is their responsibility to do something when a friend tells a sexist or anti-gay joke.

Table 2. Percent saying it is "always" their responsibility to act

It is always your responsibility to act ...	Pct
When you think your friend is committing domestic or sexual violence	89.2%
When you witness domestic or sexual violence happening to a stranger	85.0%
When you know a friend is scared of being hurt by their partner	83.2%
When a coworker or employee is scared of being hurt by their partner	73.2%
When you see someone harassing a woman in a public space by cat calling or making sexual comments	39.7%
When you see someone at the bar trying to hook up with someone who appears extremely drunk	35.6%
When a friend tells a sexist or anti-gay joke	28.8%
When a friend is talking about his partner in a very negative way	16.5%

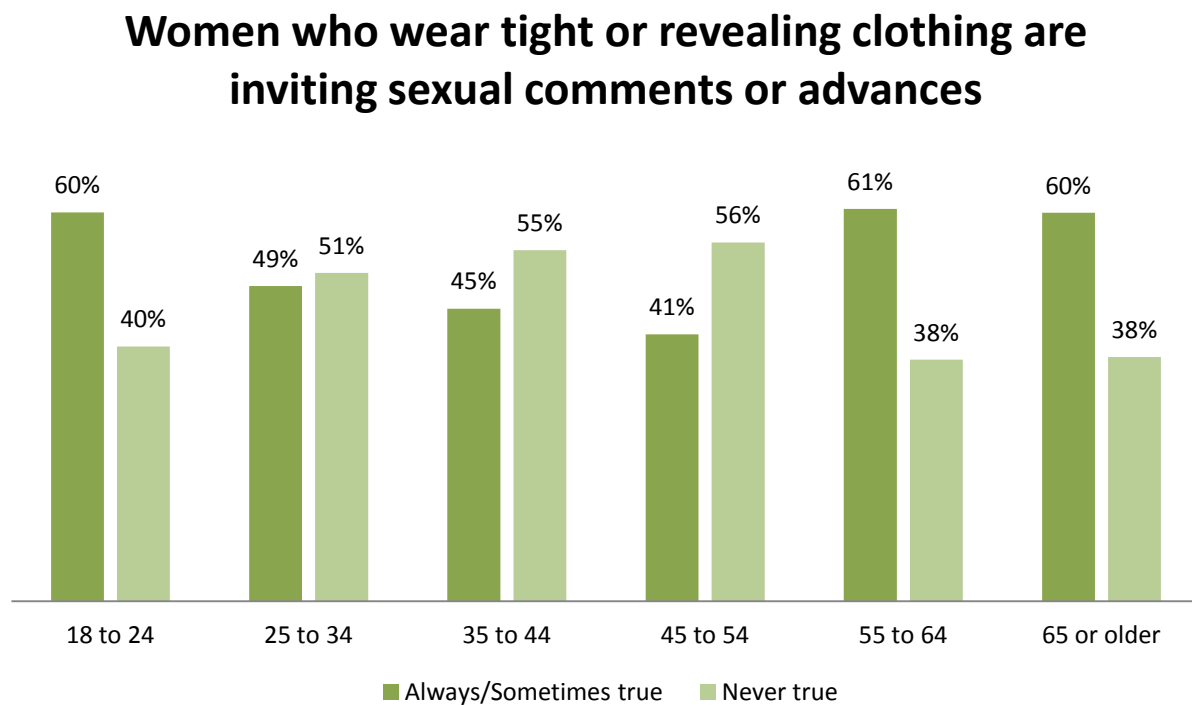
Respondents were asked to evaluate the truth of a series of statements related to women or to relationships between men and women. Responses to these statements reflect upon male attitudes about the proper relationships between partners of opposite sexes. While 98 percent of respondents acknowledged as always true (84 percent) or sometimes true (14 percent) that their partner has a right to make her own decisions, 52 percent said that it is always true (6 percent) or sometimes true (46 percent) that a woman wearing revealing clothing is inviting sexual comments or advances. Figure 8 illustrates the relative assessment of the statements given. Like all other sets of statements or lists of behaviors, these were randomly ordered to eliminate any order bias.

Figure 8. Assessing the relative truth of a statement about women and relations between men and women



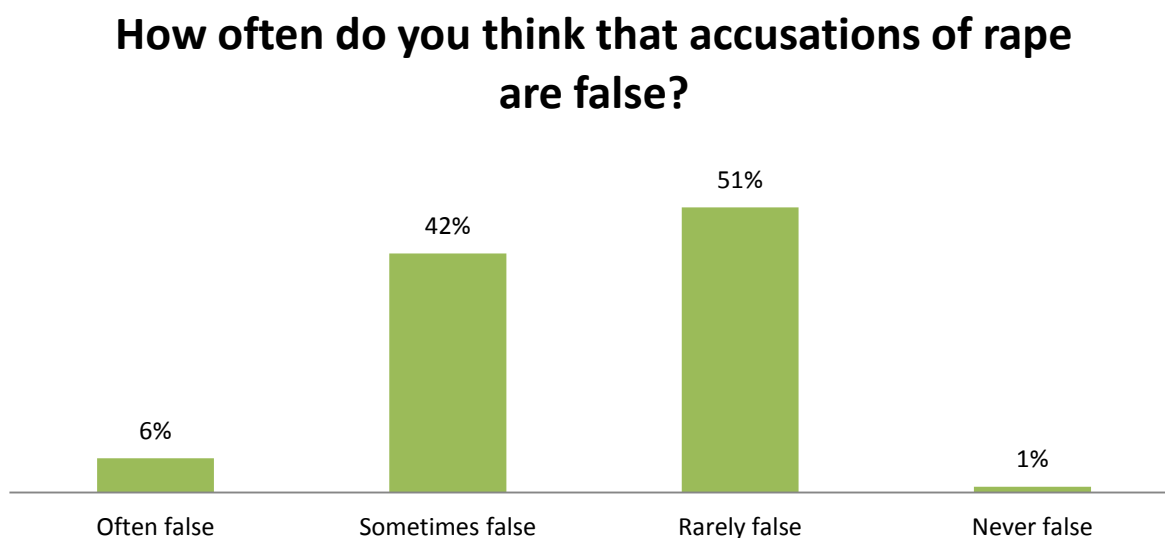
The relationship between age of the respondent and attitudes about women who wear revealing clothing is comparable to many differences we see by age. The survey's youngest and oldest respondents tend, throughout the survey, to have the less progressive attitudes, as they pertain to women and relationships, while men between 25 and 54 have more progressive views. Figure 9 illustrates this persistent finding.

Figure 9. Attitudes about women who wear revealing clothing, by age



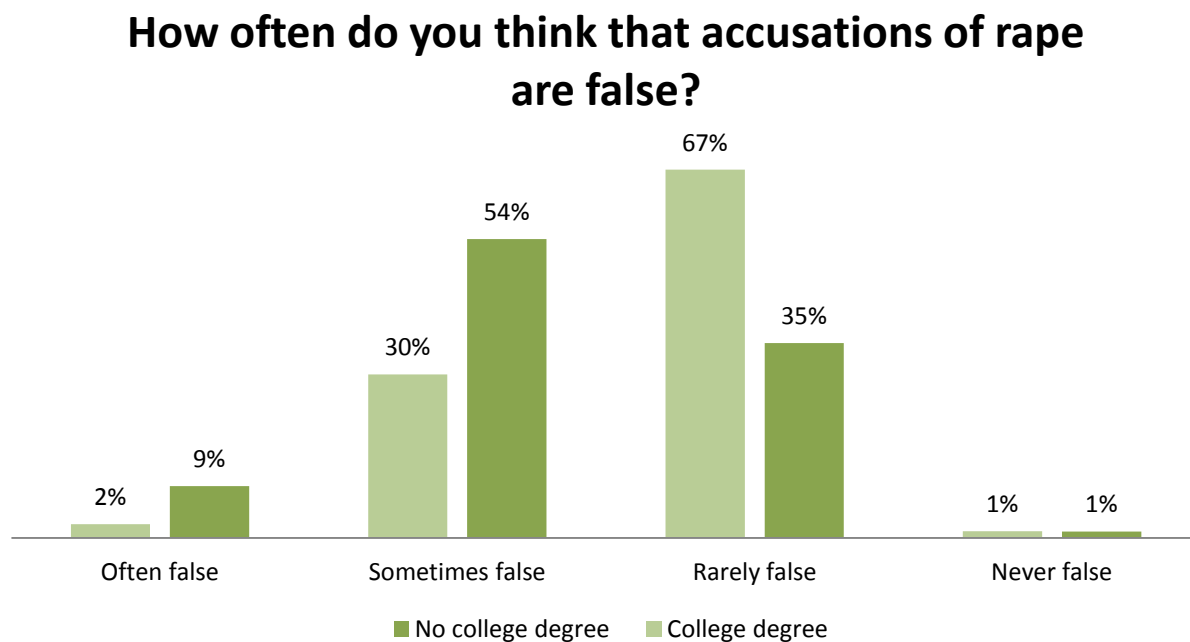
To measure the extent to which men think that accusations of rape are false, the survey used two independent measures. The sample was randomly assigned to receive either a closed-ended question—which asked how often accusations are false with the options of either often, sometimes, rarely or never—or respondents were asked what percent of accusations of rape they believe are false. Six percent of the respondents said that rape accusations are often false, with another 42 percent saying that they are sometimes false. Figure 10 illustrates these data.

Figure 10. Perception of the degree to which rape allegations are false



A slim majority (52 percent) said that rape accusations were either rarely (51 percent) or never (1 percent) false. Figure 11 illustrates the finding that the degree to which men believe rape accusations are false is influenced by their level of education; men with a college degree have a tendency to believe that the frequency of false rape accusations is lower than men without a college degree.

Figure 11. Perception of the degree to which rape allegations are false, by education



For the randomly selected sample that was asked what percent of rape accusations are false, the average response was 20 percent, and the median response was 15 percent. Three percent of respondents said that 0 percent of rape accusations were false and an additional 6 percent said that 1 percent are false. The modal response in the closed-ended question was rarely (51 percent), and the modal response in the open-ended question was 10 percent are false (offered by 21 percent of all respondents in this half of the sample). It is difficult to reconcile 10 percent with rarely, but it is reasonable to surmise either (a) that males think that the prevalence of false rape accusations are not rare, or (b) that males think that 10 percent of all rape accusations being false amounts to a rare occurrence.

In an open-ended question, we asked men to say where they learned what they know about sexual and domestic violence. Many respondents gave multiple sources from which they learned. A majority of respondents (52 percent) said that they learned what they know from social organizations such as

church, school, and family. Nearly as many (47 percent) said that they learned what they know through reading and the media. It was common for military members and vets to say that they learned what they know from their military service. Twenty-five percent said that their knowledge was derived from professional experience, and about the same number (24 percent) said that they learned what they know through direct, personal experience. The responses from this latter group bear special scrutiny.

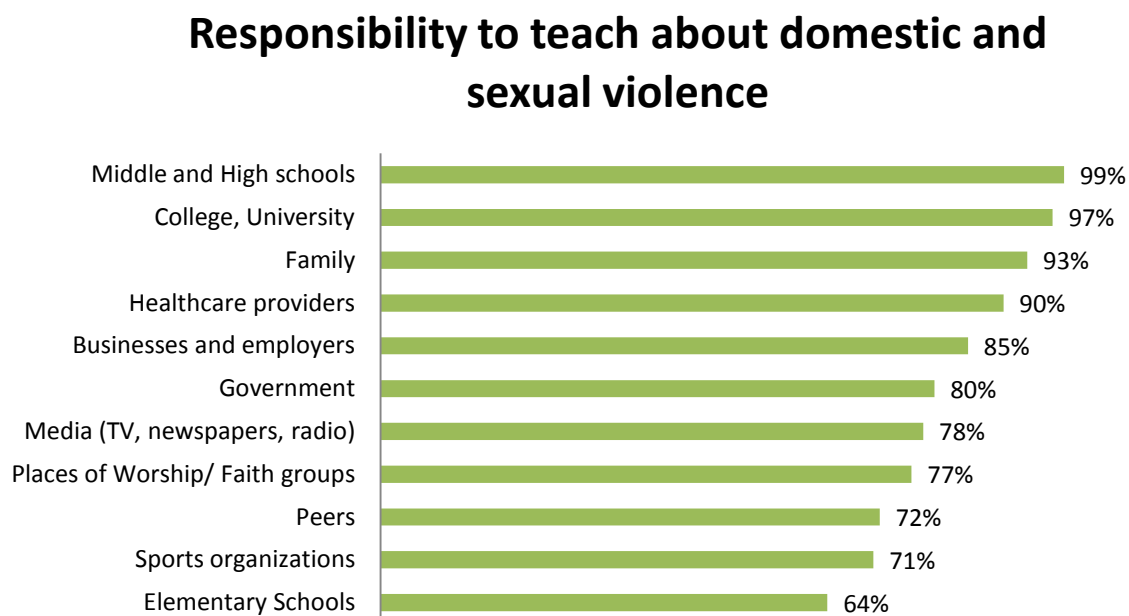
As an example of personal experience, one respondent said, “When I was a kid my father used to abuse my mother, and I had friends in the same situation and one of my teachers used to come to school with black eyes and my sister had a boyfriend who was abusive. I went to a place that had classes for women where they teach you to fight back.” While several respondents did not give details of personal experience, some offered the clarification that they had a sister or girlfriend who had experienced abuse. One respondent opened up about his own experiences to our interviewer, saying he had “first-hand experience as a victim, (and) watching others.”

While many respondents cited their upbringing and being raised by women, one put it succinctly as such: “I was raised by my mother...I learned from women. It's just common sense.”

In a second open-ended question, respondents were asked what resources they could name to assist people who face domestic or sexual violence. Two-thirds of all respondents gave non-specific, non-government resources, such as women’s shelters or churches, although 24 percent cited specific resources, such as Lorrie’s House, PAVE, and the Howard Center. Forty percent cited law enforcement or 911 as a resource. Half of all respondents listed more than one resource. Finally, 12 percent could not or refused to name any resources at all.

As far as who has the responsibility to teach about domestic and sexual violence, respondents cite many groups or organizations, with colleges, high schools, and middle schools being the most cited. It is important to note, however, that only 64 percent (still a sound majority) believe that these issues should be taught in elementary school; presumably, respondents think it is a conversation for adolescents and adults but less so for children. Figure 12 illustrates the relative differences in responsibility.

Figure 12. Percent of respondents who believe that an institution has the responsibility to teach about domestic and sexual violence



Conclusions

Generally, we find the attitudes of Vermont male adults, as they pertain to domestic and sexual violence, largely progressive and supportive of fighting this social ill; however, it is important to recognize that attitudes are not always borne out by behaviors.

Throughout the data, three factors seem to be related to attitudes about domestic and sexual violence: age, education, and relationship status.

The relationship between age and attitudes is non-linear. Throughout the data, we find the more progressive views among men in their 30's, 40's, and 50's. Young men (under age 30) and older men share similar attitudes that put more of the responsibility for violence, abuse, or harassment on women rather than on men.

Education appears to have a positive factor on male attitudes, although it is not a huge factor. While we find consistent differences between those with higher levels of education and those with less formal education, those differences are rarely large, but they are consistent.

Lastly, in a linear regression model, where an indexed score of attitudes was assessed, the greatest predictor of attitudes is whether the man is in a committed relationship or not. Males in relationships generally express more progressive attitudes, while single, divorced, and separated men express attitudes that are more likely to define behavior less stringently and are more likely to put the responsibility for behavior on the women involved.



WORKGROUP REPORTS

MILITARY PREVENTION PRACTICE

Workgroup Goal: Identify and examine prevention activities within Vermont’s military installations and suggest recommendations to enhance efforts.

Workgroup Participants: Bobbi Gagne, Bethany Pombar

Methodology/ Process: Workgroup members talked to key informants via formal written correspondence, phone calls and meetings. The workgroup focused primarily on Vermont’s local installation and how to support the implementation of national initiatives.

List of Key informants:

- Angela N. Lakey, Joint Force Headquarters, Sexual Assault Response Coordinator
- Zoe Gascon, Vermont Network Against Domestic and Sexual Violence
- Major Marci T. Hodge, ANG Sexual Assault Prevention and Response Program Manager

Summary of Findings:

NOTE: This report was completed in the Spring of 2013. Many changes in practice have already taken place as the local National Guard continues to enhance implementation of national initiatives.

NATIONAL BACKGROUND:

The epidemic of sexual assault in the military has garnered much national attention in the last few years and brave survivors, both men and women, have been coming forward to share their stories and speak about barriers to justice. As the depth of the problem came to light, the U.S. Department of Defense worked to create a holistic response, one which not only increased supports to victims but also worked towards primary prevention, evidenced by a 2006 Department of Defense INSTRUCTION memo (NUMBER 6495.02; June 23, 2006) with the subject of “Sexual Assault Prevention and Response Program Procedures”:

5.3.3. Develop programs, policies, and training standards for the prevention, reporting, response, and program accountability of sexual assaults involving Service members...

The Sexual Assault Prevention and Response Office (SAPRO) was created and “is responsible for oversight of the Department’s sexual assault policy. SAPRO works hand-in-hand with the services and the civilian community to develop and implement innovative prevention and response programs.” (www.sapr.mil)



GOVERNOR’S

Prevention of Domestic & Sexual Violence Task Force

SARP created awareness materials and took on a national and on-going training initiative for all military service people. “The key to prevention is ensuring everyone understands their role and responsibilities in preventing sexual assault. A consistent, vigorous training and education element is crucial.” (www.sapr.mil/index.php/training)

The National Guard took up this DoD call to action as outlined on the website of the Joint Chief of Staff: <https://www.jointservicesupport.org/sapr/default.aspx>

“Mission: The National Guard Bureau is committed to eliminating incidents of sexual assault by instituting a comprehensive policy that focuses on increasing awareness through prevention and education, victim centered support, intimidation free reporting, thorough investigation, and accountability for those who commit sexual crimes.”

Goals of the National Guard’s Sexual Assault Prevention and Response Program include*:

- Establish sexual assault training and awareness programs to educate soldiers and airmen
- Create a climate that encourages victims to report incidents of sexual assault through the chain of command

**This is shortened from a longer list which focused largely on victim response and perpetrator accountability.*

National prevention response has been three-fold:

- 1) Train military personnel in bystander intervention, using the “wing man”/ battle buddy/ bystander intervention and battle preparedness framework.
- 2) Ensure that victims and potential victims know their rights and are responded to effectively and sensitively.
- 3) Create a culture of accountability around sexual assault perpetration and a culture where victims feel safe to come forward with reports.

FINDINGS FROM VERMONT:

The Vermont National Guard (VTNG) and Air Force have created the Military- Civilian Coordination Team to focus on military-civilian community partnerships and response to sexual assault. This group hosted a two-day training in the winter of 2012/13 where they brought together sexual assault advocates from across Vermont with military staff to align their responses to military victims of assault and mutually inform each other’s practices.

While having a coordinated response to sexual assault is a crucial component of comprehensive prevention, more could be done to frame primary prevention within the VTNG, in order to do this, capacity needs to be increased. The VTNG does not have the same capacity for taking on the training components of the national initiative as larger

installations with full-time service people stationed together do.

In our written response from Lt. Lakey, she writes:

With the majority of the SAPR Program resources coming from Camp Johnson, it can be difficult to reach southern and northeastern armories across the State. With these limited resources, for both the VTNG and civilian organizations, further collaboration at the state level will be considered for the VTNG Program.

We applaud the VTNG's efforts to provide education. *"A concerted effort has been made to provide face-to-face training as well as statewide video teleconferencing,"* LT. Lakey reports. *"A Sexual Assault Prevention and Response (SAPR) Counsel has been formed which meets on a regular basis to evaluate prevention efforts; both successes and weaknesses."*

We appreciate that the VTNG is thinking comprehensively about their prevention practices, and not only focusing on training or response, but looking across the institution:

"Thinking strictly in terms of prevention practices, the JFHQ SARC primarily utilizes the Spectrum of Prevention and focuses the majority of the program around changing organizational practices and fostering coalitions within the sexual violence prevention movement."

On the national level, the attention has been largely on sexual assault prevention and response. We asked the VTNG about domestic violence prevention work as well: *"The prevention strategies that the VTNG SAPR Program implements for domestic violence prevention are quite similar, but are not nearly as in depth. With the National Guard being a separate entity from its active duty components, it lacks not only guidance for our domestic violence programs, but also resources."*

However, we are impressed with their draft Domestic Abuse and Violence Policy and Protocol documents they provided to the Task Force which read: *"The purpose of this policy is to heighten awareness of domestic violence and to promote the use of early prevention strategies to avoid or minimize the occurrence of domestic violence and its effects in the Vermont National Guard (VTNG)."*

While the Vermont National Guard does not have criminal jurisdiction over sexual assaults or domestic violence offenses that happen on or off base, they do require active duty members to self-disclose any violations, which they follow up with periodic criminal background checks. These measures may not go far enough. *"The SAPR office recognizes the need for accountability measures when service members are charged with domestic violence offenses. Upon implementation of a domestic violence plan supported by the leadership, we can begin to have discussions with civilian counterparts on the possibility of creating a reporting protocol that might allow for the Vermont National Guard to*

become aware of civilian convictions.” And “one of the SAPR Program’s long-term initiatives is to investigate a relationship with a Memorandum of Understanding with the State’s Attorney Office that might allow for reciprocal reporting of sexual assaults involving Vermont National Guard members.”

It was apparent that the VTNG is invested in efforts to prevent sexual and domestic violence on many levels. It was also apparent that the Guard was doing nearly as much as it can within the limited capacity it has. All and all, we think the VTNG is making great progress on a large initiative and that these efforts will take time regardless of capacity. The State of Vermont should continue to look for ways to increasingly support these efforts.

Recommendations:

- 1) Though there is a lot of information available online regarding a national response to sexual assault in the military, this is not reflected or linked to from the Vermont National Guard website (vtguard.com). We recommend the **VTNG makes information regarding sexual assault prevention and response available on the website.**
- 2) VTNG has clearly been working on its response to domestic and sexual violence within the installation and in documents they refer to “early prevention”; however, these initiatives seem more focused on resources, referrals, support for victims and holding offenders accountable. We would like to see the **VTNG incorporate more primary prevention education and bystander engagement strategies to prevent first time perpetration.**
- 3) The **VTNG should partner or consult with primary prevention experts** like the Prevention Specialist at the Vermont Network Against Domestic and Sexual Violence to align VTNG efforts with other state and national work and leverage resources to support initiatives.
- 4) The **State should provide directive and capacity** to the VTNG and state prevention partners **to increase collaboration around the primary prevention of sexual and domestic violence.**
- 5) **VTNG should align sexual assault prevention messages with domestic violence prevention messages** to increase reach and maximize limited resources.
- 6) To help support Vermont’s fire arms prohibitions for people with domestic violence offenses, the VTNG should **create MOU with the VT Courts to share information about convictions that require the offender to be prohibited from gun possession if the offender is a known Guard member.** These reports should not include any victim identification information.

5-VI

WORKGROUP REPORTS

PREVENTION PRACTITIONERS

Workgroup Goal: Identify primary prevention's key strengths and resources, potential gaps in services and service delivery and make recommendations for enhancing these activities throughout the State.

Workgroup Participants: Bobbi Gagne, Bethany Pombar, Linda Johnson

Methodology/ Process: Using the CDC's Social Ecological theoretical model to guide our survey design, we created a Prevention Practitioner's Survey and distributed it broadly via email to practitioners in Vermont. We examined the results and analyzed the data.

Key Informants: We distributed the survey electronically to more than 150 potential respondents and received more than 40 surveys back. These folks included statewide and local organizations, public and private organizations and agencies. We had scant responses from Chittenden County and more diverse geographic participation from other counties.

Summary of Findings: Please see attached report.

Recommendations: Without a doubt, the strongest recommendation the Task Force can make based on these results is to ***dramatically increase dedicated funding to enhance and support prevention efforts across the board.*** Time and again, practitioners voiced this need and linked the deficit of funding to their inability to reach more audiences and strengthen their programs. Underlying all the following recommendations is this need. With that in mind, the following are recommendations for addressing gaps and enhancing capacity and coordination of prevention activities across the state.

1. Culturally specific prevention programs for ethnic and immigrant communities should be created and delivered to communities in Vermont.
2. More resources for engaging and working with men should be available, including resources for specific male dominated groups like coaches and military.
3. Practitioners could increase bystander leadership education for middle school and up, providing tools for action.
4. Schools report doing a lot of education around bullying and harassment. Community-based prevention providers and schools should coordinate and collaborate around those efforts to ensure that gender and sexual harassment are adequately being covered.

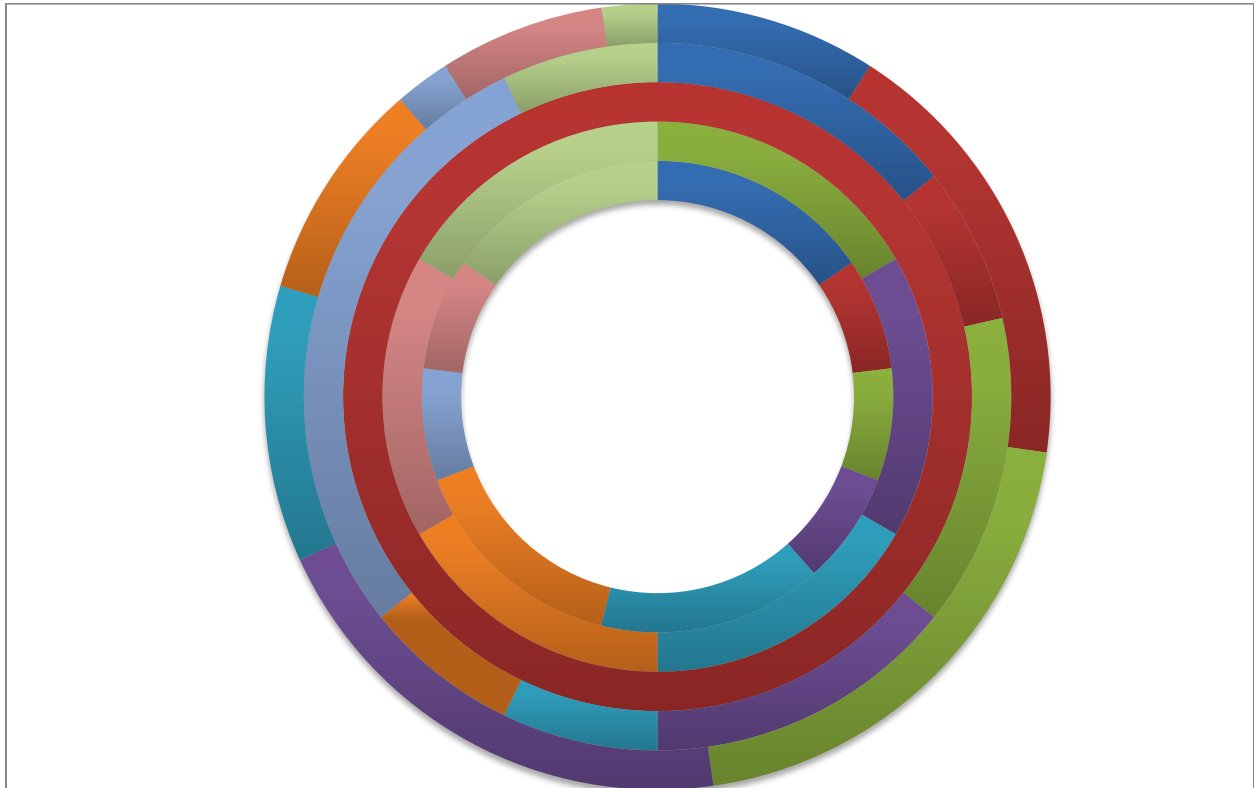


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5. Practitioners should incorporate prevention research and theory, like the 9 Principles of Effective Prevention and the Spectrum of Prevention, into prevention programs.
6. The State should create and maintain a centralized data collection system or resource which would inform prevention program development and evaluation.
7. Evaluation tools for prevention activities should be created and disseminated. These would ideally create common definitions of topic areas (ie, what does “bystander education” mean) and prevention activities and create a community of shared data and outcome evaluations allowing practitioners to learn from each other’s work.
8. Practitioners should increase community level outreach and education by using a variety of media and social media tools. On the statewide level, agencies and organizations should create consistent statewide prevention messaging that address community and societal norms and target adult audiences.
9. Create opportunities to engage youth to inform and lead community awareness campaigns and peer mentorship.
10. Established a formalized and networked community of practice to connect prevention practitioners, share resources and create opportunities for deeper coordination and collaboration around prevention issues.
11. Create stronger mechanisms to facilitate the flow of information from community and state prevention practitioners to policy and decision makers.
12. Institutionalize prevention work as a priority and as a base of support for success. It is recommended that organizations look at their policies and structure to integrate prevention within the organization more centrally.
13. Organizations and agencies working together in communities should look for ways to increase collaboration, and opportunities for training and cross-training around prevention issues.
14. Prevention practitioners should increase attention on policy response, specifically when working with schools or other youth serving organizations. These policies should ensure effective and safe responses which hold perpetrators accountable and support victims. For prevention efforts to be effective, response practices needs to be in place.

**Governor's Prevention of Domestic and Sexual Violence Task Force
Prevention Practitioner Survey Findings, Analysis and Recommendations**



March, 2013

BACKGROUND AND METHODOLOGY

The Governor's Prevention of Domestic and Sexual Violence Task Force (GPDSVTF) was established in January of 2011 to:

- Evaluate Vermont's existing public and private prevention resources and programs;
- Identify programmatic and/or geographic gaps in prevention services;
- Identify opportunities for increased coordination of efforts among public and various private non-profits efforts to avoid redundancies and maximize reach;
- Make recommendations to advance Vermont's prevention framework and promote effective, comprehensive and coordinated efforts.

As part of these efforts, the Task Force designed and delivered a survey for self-identified prevention practitioners in Vermont. The survey was designed to gather information about prevention efforts in four categories:

- I. General Demographics
- II. Implementation
- III. Organizational Support
- V. Success and Recommendations

For our survey purposes, we were specifically interested in Primary Prevention. Primary Prevention, as defined by the Center for Disease Control, includes approaches that take place *before* sexual or domestic violence has occurred to prevent initial perpetration or victimization. Though we were also interested in learning from Vermont's community of practitioners about other types of prevention work happening like increasing adults' ability to recognize and respond to child abuse.

The Task Force disseminated an online survey through email connections to many audiences including direct service providers, family centers, youth serving organizations, and other identified state and community partners.

This report is laid out with a summary of findings and analysis followed by recommendations towards the end. If you have comments or questions regarding the survey, please contact Bethany Pombar at Bethany@vtnetwork.org.

SUMMARY OF FINDINGS

WHO WE HEARD FROM

- 42 respondents, at least one from each county, with 24% from Washington County and 27% statewide.

The Task Force believes that this is a strong number of respondents representing a number of different organizations. Though there was unequal distribution with only one organization from Chittenden County responding. The Task Force could have done more follow up and solicitation of specific prevention practitioners. Regardless, the Task Force believes that there was a strong enough cross-section from around the state to give an accurate view of the current priorities in prevention activities.

AUDIENCES RECEIVING PREVENTION ACTIVITIES

Respondents were allowed to select more than one audience that they target prevention activities towards. Figure 1 below shows all responses.

The top 4 audiences:

- ◆ Parents/ guardians (81.6%)
- ◆ High school youth (68.4%)
- ◆ Elementary youth (65.8%)
- ◆ Middle school youth (60.5%)

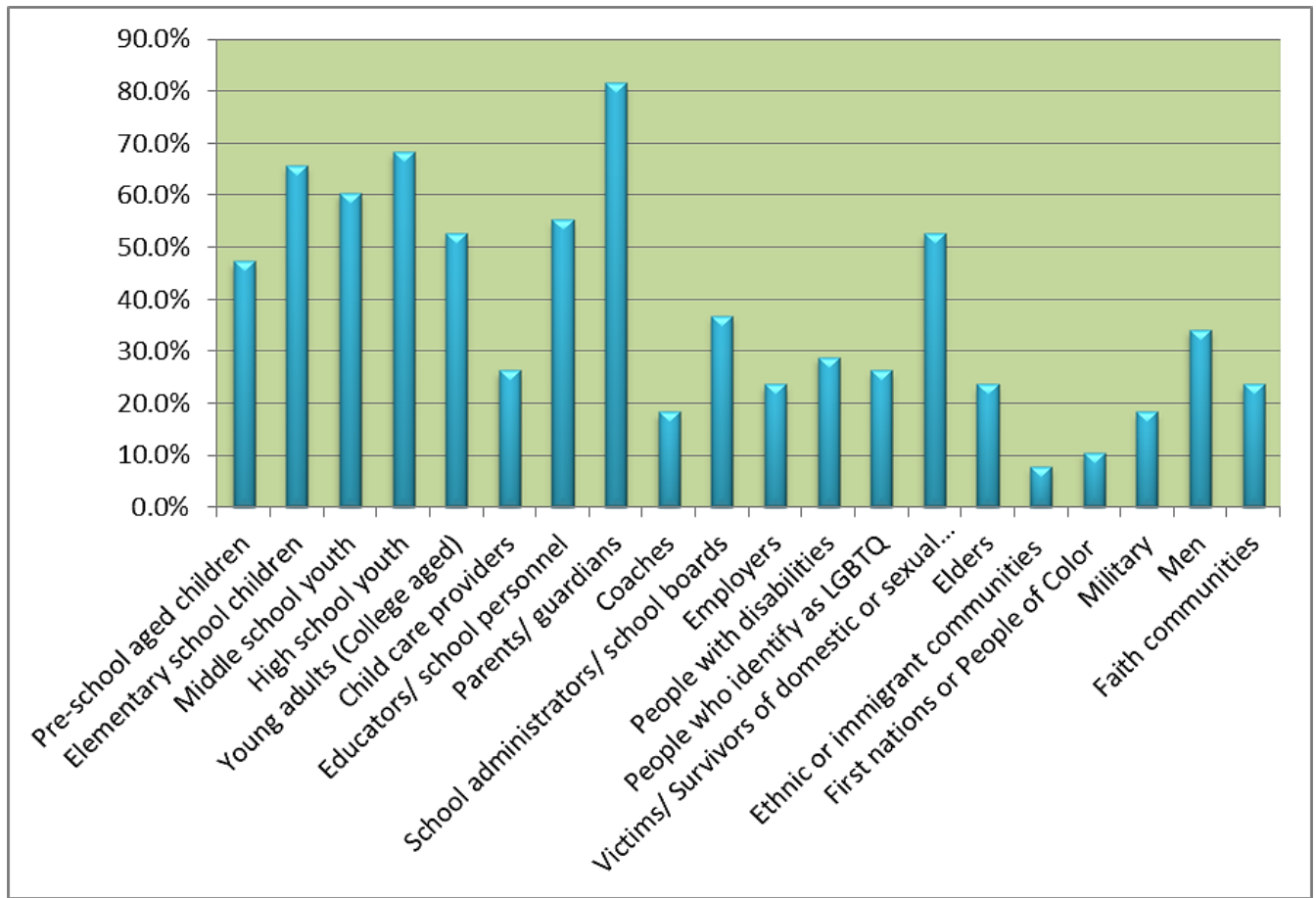
The bottom 4 target audiences:

- ◆ Ethnic or immigrant communities (7.9%)
- ◆ First nations or people of color (10.5%) (though two comments in the “other” category focus on Abenaki, including those would still place this group in the bottom 4)
- ◆ Military (18.4%)
- ◆ Coaches (18.4%)

- While prevention activities address a wide number of audiences, children and their parents or guardians receive the most targeted prevention activity.

- Minority and marginalized populations were being targeted with prevention activities, though at a much lower rate than mainstream populations.
- The majority of practitioners responded to addressing multiple audiences instead of focusing only on one.

Figure 1 below represents all responses and audiences.



STRENGTHENING INDIVIDUAL KNOWLEDGE AND SKILLS

What topics are addressed in prevention activities geared towards youth and adults who support them?

5 topics ranked highest in each audience group:

<i>Not covered</i>	<i>Pre-Kindergarten</i>	<i>Elementary</i>	<i>Middle school</i>	<i>High school</i>	<i>Young adult/College</i>	<i>Child care providers</i>	<i>Educators/School</i>	<i>Parent/Guardians</i>
Self defense	Practicing communication skills	Practicing communication skills	Practicing communication skills	Understanding the dynamics of a controlling relationship	Understanding the dynamics of a controlling relationship	Describing signs of child abuse	How to support someone who needs help	Describing signs of child abuse*
Understanding media msgs about gender and violence	Identifying personal boundaries	Identifying personal boundaries	Identifying safe adults to talk to	Practicing communication skills	Practicing communication skills*	Awareness of Community resources for support	Understanding the dynamics of a controlling relationship	Comparing and contrasting healthy vs. unhealthy relationships*
Rules for interactions with strangers*	Identifying and communicating feelings*	Identifying and communicating feelings	Identifying and communicating feelings*	Comparing and contrasting healthy vs. unhealthy relationships	Comparing and contrasting healthy vs. unhealthy relationships*	Practicing communication skills*	Describing signs of child abuse*	Awareness of Community resources for support
Gender role stereotypes*	When and how to ask for help when needed*	When and how to ask for help when needed*	When and how to ask for help when needed*	When and how to ask for help when needed*	Relationship between alcohol and other drugs and sexual violence**	Comparing and contrasting healthy vs. unhealthy relationships*	Comparing and contrasting healthy vs. unhealthy relationships*	Practicing communication skills**
Male	Differentiating	Explaining how	Understanding	Bystander roles	Explaining how	<i>(too many ties)</i>	Identifying	When and how

accountability: boys' and men's role in ending sv*	between appropriate and inappropriate touch*	bullying, hazing and harassment affect others*	the dynamics of a controlling relationship*	and responsibilities*	bullying, hazing and harassment affect others**	<i>for this rank position)</i>	personal boundaries	to ask for help when needed**
(* and ** indicated tie for rank position)								Understanding the dynamics of a controlling relationship**

- The effects of bullying harassment and hazing rose to the top 5 covered in middle school and with the young adult/ college age but not in high school.
- Practitioners seem less focused on risk reduction only models like self-defense and “stranger danger and more focused on building individual skills like communication, awareness and asking for help.
- There was not much indication of societal or cultural level prevention messages like examining gender stereotypes and media messages being taught.
- The significant majority of practitioners are delivering appropriately timed activities which align with child and youth development, there was some concern over what education around *differentiating between appropriate and inappropriate touch* actually looked like in the Pre-K group. Research suggests that building individual skills is more effective for this age group rather than awareness and ability to identify inappropriate touch. We do not have enough information in this report to identify what that education might look like.

- Concern over what the relationship between alcohol and other drugs and sexual violence education looks like in colleges, is it telling women they make themselves vulnerable when they drink too much without putting any responsibility on men to not try to initiate sexual activity with someone who is inebriated, or without bringing in the “active bystander” role? We do not have enough information in this report to let us know what direction it may go in.
- Bystander education only made the top 5 in the high school category.

What type of audiences are individual level prevention activities mostly geared toward?

- 68% say they address pieces of all audiences (victim, perpetrator, and bystander).
- No respondents reported doing stand-alone bystander work.

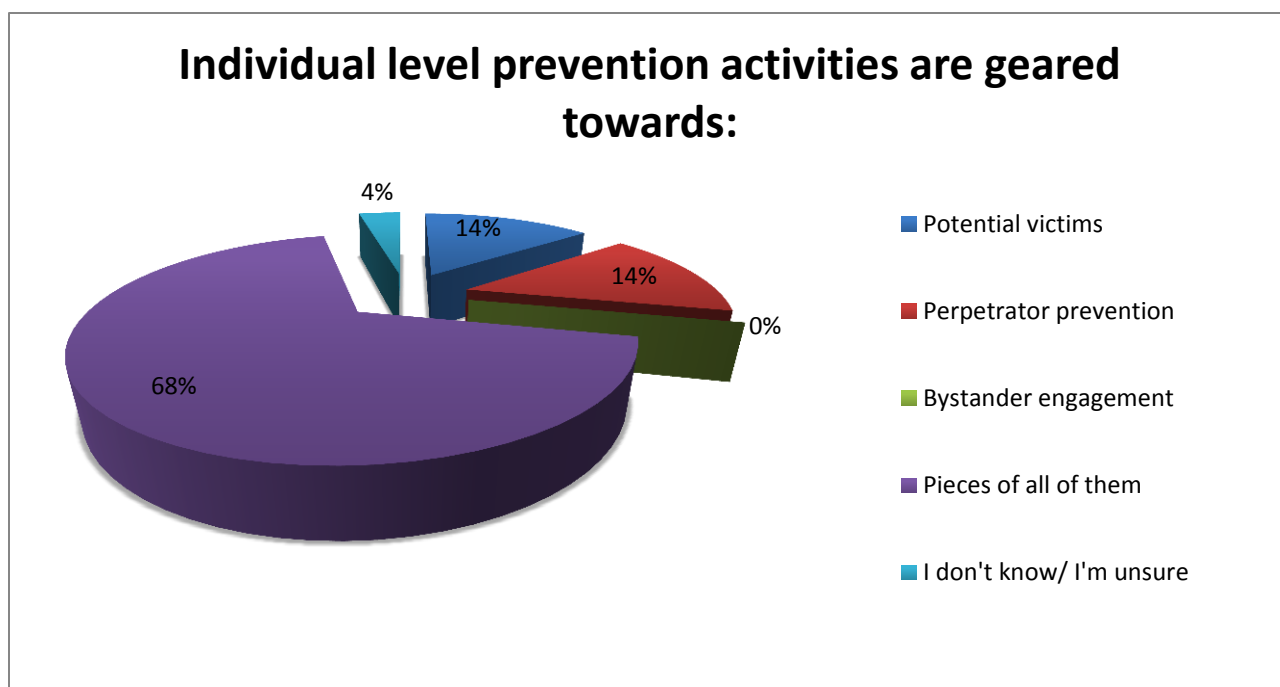


Figure 2, prevention audience group

Activities practitioners' report works best in their individual level prevention efforts:

- Multi-session education; more than one learning opportunity and follow-up sessions.
- Small group sizes.
- Parent and adult connection: Parents and other adults and youth should get the same information so parents can support youth learning. Parents were seen as a very important part of most efforts.
- Interactive, with various teaching techniques; peer discussion, in-person teaching, written materials.
- Collaborations and connections with other agencies and schools, training personnel and providing resources.
- Utilizing peer education models. Groups like men and youth hear the information better from each other than an 'outsider.'

What would help strengthen your individual focused prevention activities?

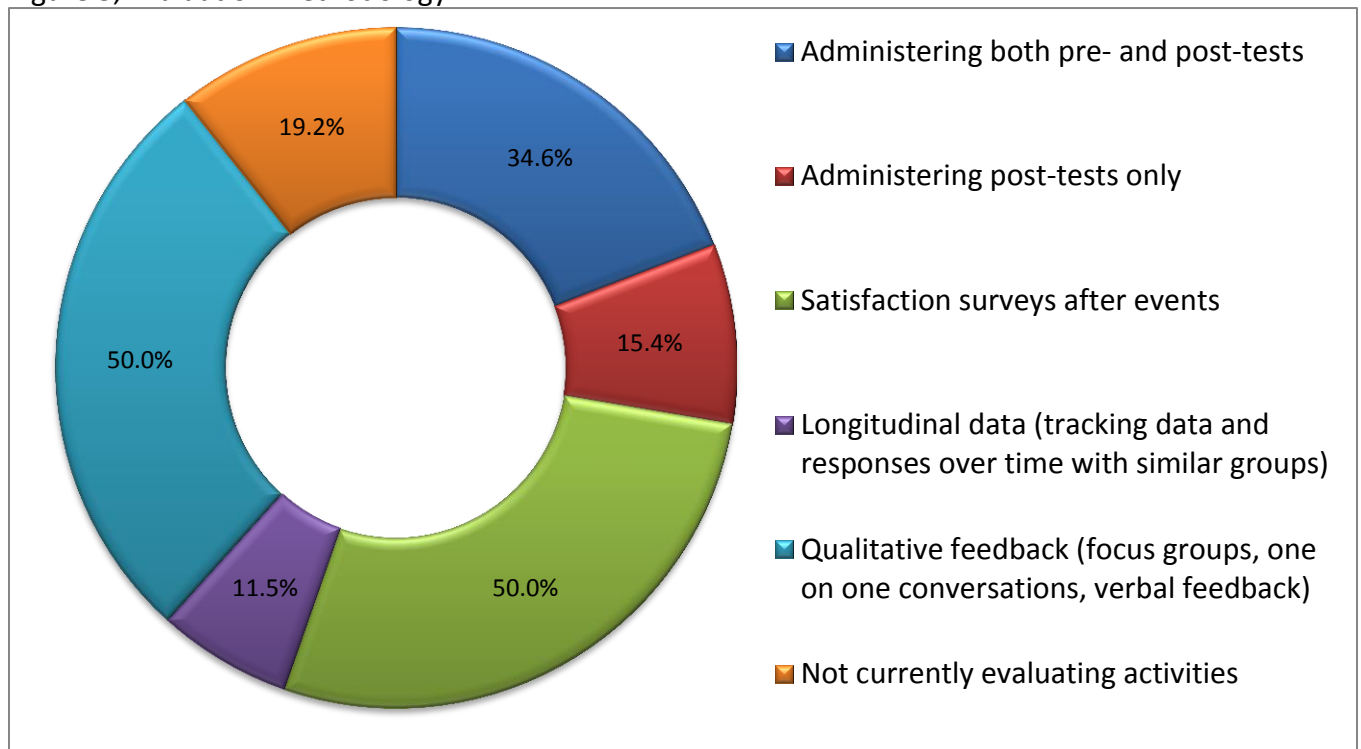
- More time for strategic planning and coordination and collaboration with other stakeholders.
- Funding.
- More access to materials and resources to support the work that are professionally developed and shared with other agencies across the state.
- Better centralized data collection systems that collect baseline data sets while maintaining confidentiality and are available across agencies and to the public.

How are you evaluating your prevention activities?

- Many respondents acknowledged they could be doing more or were just at the beginning of a process to move to outcome evaluations.
- Many respondents were creating their own data collection tools like satisfaction surveys.
- Respondents reported looking at other data sources like the Youth Risk Behavior Survey.

- Only 11.5% of respondents reported doing any longitudinal data tracking.
- 20% of practitioners reported not doing any evaluation currently.

Figure 3, Evaluation Methodology



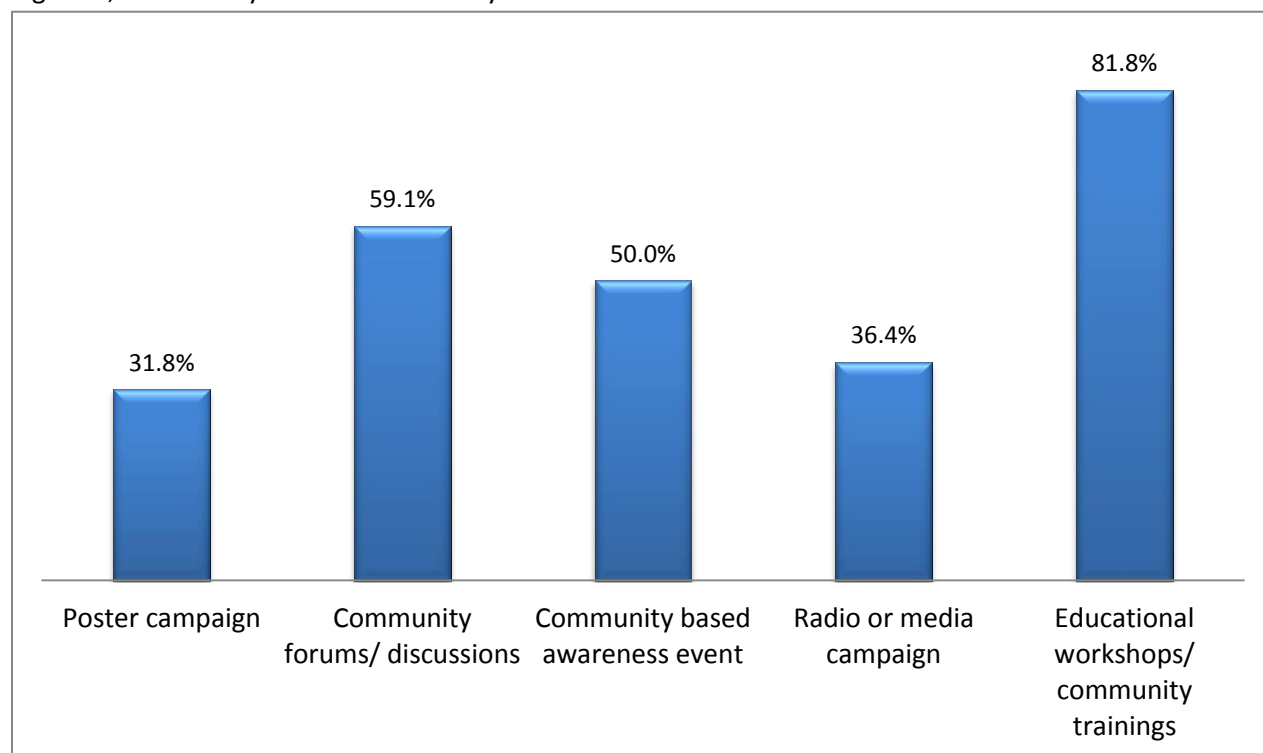
What gaps in individual level prevention efforts would you like to see addressed in the state or your community?

- Funding was the consistent theme, funding for staff and resources in their own organizations as well as for additional trainings and state resources like the Child Trauma Coordinator position at the Department for Children and Families.
- A third of responses focused on the need to continue to strengthen school-based prevention education and increase prevention practitioner coordination of efforts. There were echoes of this sentiment shared: it is time for schools to start “prioritizing the social education as much as the academic.”
- Many respondents wanted to encourage prevention education in earlier ages while making more opportunities for parents.

PROMOTING COMMUNITY EDUCATION

In the past year, what types of community level outreach or education activities has your organization engaged in?

Figure 4, Community Education Modality



It is important to note that only 50% of overall survey respondents answered this question. There was no option for “none” so we may fairly assume that 50% of respondent organizations are not doing any prevention or awareness activities at the community level.

Which of these activities do you feel is more effective or valuable?

- Public awareness campaigns that use a combination of print, radio, social media and posters were seen as very important parts of prevention efforts, though respondents also mentioned their lack of capacity to do these kinds of campaigns consistently.
- Individual, audience-specific educational workshops and discussion groups, specifically around parents and teens, were seen as a vital part of practitioners’ community awareness practices.
- Having face-to-face time with the community was an identified priority by survey respondents.

What would you like to see happening on either the state or local level to help better educate the community?

- Collective, collaborative and coordinated awareness campaign planning that addresses social norms.
- More work with men and sports entities.
- Youth driven campaigns and input from culturally specific entities.
- Opportunities for statewide conversations. - strong, consistent long-term public conversations about what health looks like.
- More parent education supported by entities like the PTA/O or other parent groups.

What positive changes have you seen because of your efforts?

- When prevention trainings happen, we see an increase in reports and referrals. A secondary benefit of long term prevention activities.
- Increased awareness of domestic and sexual violence issues with one respondent noting: "greater awareness evolves in to change of behavior."
- Increased capacity to do more through the ripple effect and increased opportunities for collaboration.
- More opportunities with other community groups, more doors open; if we go to group a, then we get access to group b.

EDUCATING PROVIDERS

How many hours, on average, do you provide prevention training to the following groups of providers?

Respondents were given a list of pre-identified providers and asked if they provided 1-5 hours, 5-10 hours, 10-15 hours, 15-20 hours, more than 20 hours, or none. The identified provider groups were:

- Childcare providers
 - Elementary teachers
 - Middle school teachers
 - High school teachers
 - Health care providers
 - State service providers
 - Mental Health providers
 - Disability service providers
- Middle and high school teachers received the most education from prevention practitioners, followed by elementary teachers.
 - Mental health and disability service providers received the least amount of training.
 - Fewer organizations provided training to child care providers, but more of them that did provided more than 20 hours.
 - 1-5 hours was the most common length of time spent educating providers; however the next most common category was 20 or more.

What provider groups need more prevention education?

- Almost every provider group one could think of was mentioned, these were the ones that came up most:
 - Health care and mental health providers
 - Child care providers
 - Educators
 - Criminal justice system

FOSTERING COALITIONS AND NETWORKS

What collaborators are you working with that you feel are vital to your prevention activities?

Many collaborators were listed and it was clear collaborative relationships were considered as an essential part of prevention work for many practitioners; although it is of note a little over half of the respondents skipped answering this section.

Almost every sector was mentioned as vital to the work, the list below are the entities that were mentioned numerous times:

- Schools/ school personnel
- Statewide agencies, both government and non-profit: specifically the Agency of Education, Department for Children and Families, the VT Network Against Domestic and Sexual Violence and Prevent Child Abuse Vermont
- Faith communities
- Parent child/ family centers
- Community-based direct service providers

What do you gain from these relationships?

Themes in responses included:

- Access to information and knowledge that enhanced prevention efforts and broaden thinking.
- Support and connections to resources and audiences that wouldn't be accessed without the collaboration.
- Sharing of a common purpose and common ground.

What challenges do you encounter in collaborations in your community?

- Struggling for the same resources and dollars to carry out our work.
- Limited resources and time
 - *“Trying to interact with systems that are maxed out while being maxed out ourselves.”*
- There can be conflicting paradigms.

- Individuals within an organization can be hard to work with because they don't understand the issues.
- Lack of institutional support for the collaboration.
 - *"We make great headway with one person and grow a collaboration around that relationship, but when they leave the collaboration falls apart because it lacked broader support from the organization."*

Who do you wish you could work with more?

- Public health community on the state and local level.
- People who can assist with or provide research and evaluation to help with more local data.
- Schools, but looking at district, school board, and administration, not just boots on the ground personnel.
- Child care providers.
- Lawmakers/ legislators/ policy makers. There is a desire for a better flow of information from the workers on the ground to policy makers.
- Community partners who may be non-traditional partners; prevention should be seen as a community issue, not just a service provider issue.

CHANGING ORGANIZATIONAL PRACTICES

Please describe any practices your organization has changed to better support prevention activities within the agency:

- Increase education to staff and agency personnel.
- Dedicated prevention staff that isn't doing direct service also or...
- Restructuring to create more space for education and training as a priority within the work.
- Infusing a trauma informed and trauma prevention approach into the work of multiple agencies.
- Diffusion of the public health/ population change outcomes into state agencies.
- An examination and change of policies and practice within the organization that supports prevention.

Are there other practices you think your organization could adopt that might enhance organizational support of prevention efforts?

- Overwhelmingly, what practitioners wanted was more training, more cross-training, more time for discussions about work being done.
- More prevention materials to aid in training and website development.
- Respondents want to see more prevention on their websites.

INFLUENCING POLICY & INFORMING LEGISLATION

Have your prevention efforts included public policy advocacy or lobbying?

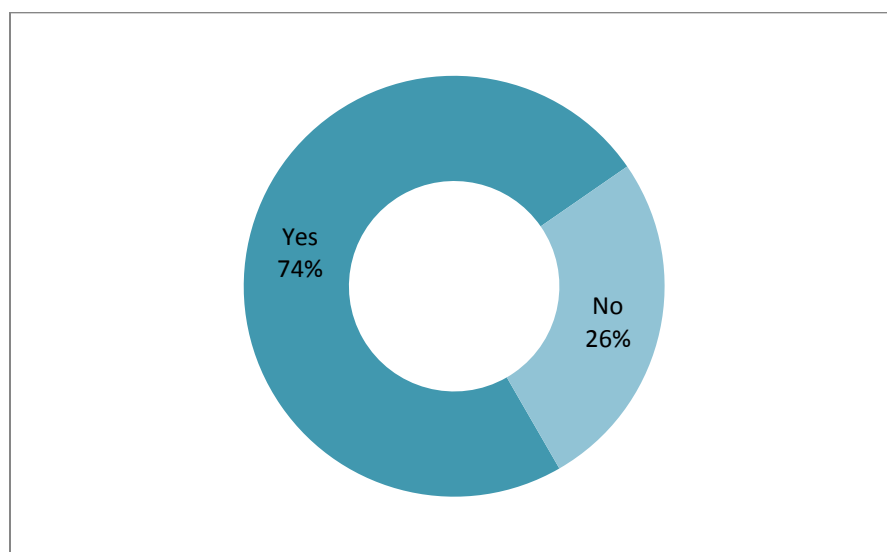
- Very limited, only 25% of respondents answered this question. Some noted that they are doing it through work with other organizations or collaborators and not doing it directly on their own.
- Respondents noted that many grants prohibit lobbying, though most allow for public policy education; however there was a lack of capacity and resources around effective policy education.

Do you offer training or technical assistance to organizations or entities in your service area around policy response?

- Most respondents acknowledged that they were not including policy response in their prevention activities. Where it is happening is specifically around schools and not with other kinds of entities.

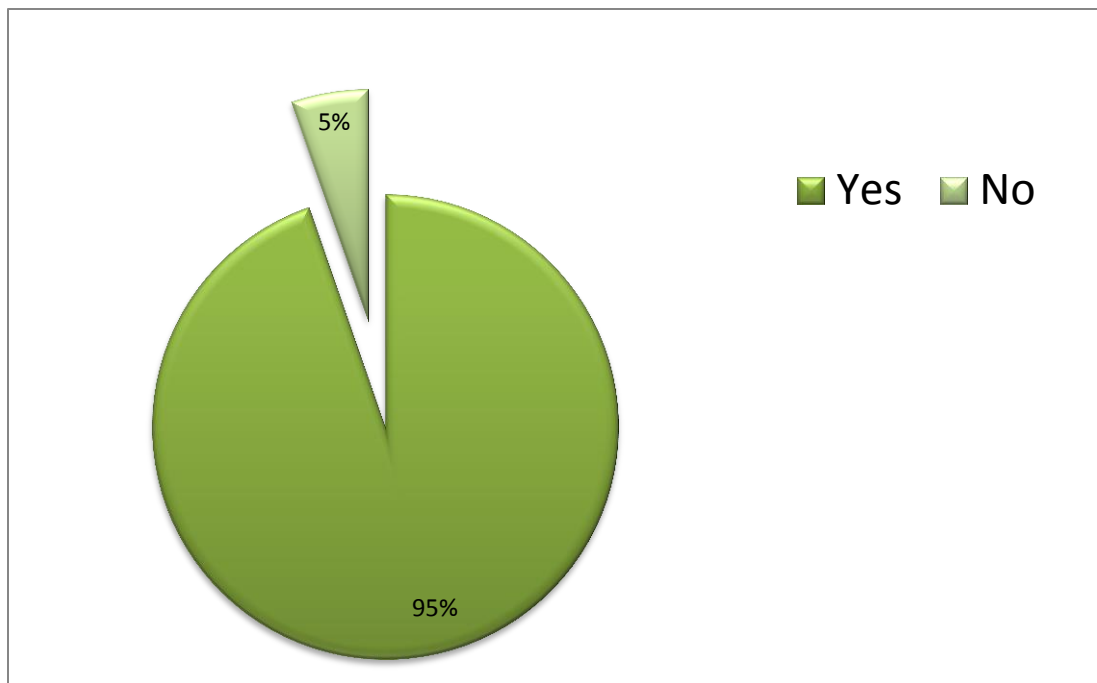
INSTITUTIONAL SUPPORT

Is prevention in your mission or vision statement?



Even though 26% of respondents report not having prevention in their mission or vision statement, they still took the time to fill out the survey and still saw their place in prevention work.

Is prevention information represented on your website or other outreach materials?



- 50 % of total survey respondents answered this question; of that almost all indicated prevention was represented in their outreach materials.
- Comments from practitioners suggested that they would like more support on used of social media to promote their messages.

SUCCESSES AND RECOMMENDATIONS FROM PRACTITIONERS

What is working well in the prevention community in Vermont? What can we be proud of in Vermont's approach to prevention?

- Vermont's collaborative nature was clear. We have really increased our collaborations and are seeing great returns from that work.
- Collaboration leads to shared understanding and improving practices throughout systems.
- What we see from previous responses though is that cross training and collaborations are not necessarily going hand in hand.
- We see a lot of collaboration around children, but are missing the lifespan issues- older teens, young adults, adults and elders- does this say something about prevention leaving off where we become less comfortable? Children are easy to rally around.

What are your recommendations for improving prevention efforts in your community or within the state?

- Respondents were very clear with their ideas for improvement, reviewers decided to include samples of the responses to this questions instead of just pulling out themes.

We believe the "Step Up" PSA's have been quite powerful on radio and television. Continued broadcast is recommended, as this media campaign reaches far and wide. We also recommend oversight for implementation of Act One, even if it's as simple as sending a survey out to schools asking what implementation steps they have taken (or plan to take), when, by whom and what audiences they have reached in their efforts.

We also believe visuals for child-serving organizations should be placed where parents and staff can readily see them. This communicates to parents/guardians that child personal safety, and specifically child sexual abuse, is being addressed within the school or organization. The visuals (i.e. posters) also serve as an invitation for parents/guardians to ask about organizational policies and procedures, question behaviors and if necessary, report violations of policies/procedures and/or inappropriate behaviors. Additional visuals for children should be posted throughout the school/organization reinforcing healthy social and personal relationships, along with who/where to obtain assistance if needed.

Lastly, encourage schools and child-serving organizations to evaluate programming

<p>they implement to ensure it is effective and/or identify weaknesses and improve upon them.</p>
<p>Policy makers need to be mindful of what is happening 'on the ground.' Ensure that the voices of those doing the prevention work every week are represented when policies are being adopted or revised.</p>
<p>More work with attorneys and mental health workers and more regulation in healthcare agencies.</p>
<p>Increasing program, educational and intervention, for young men and boys.</p>
<p>I would love to see an expanded version of this. Maybe a quarterly get together of prevention practitioners throughout the state, a time when preventionists can share what they are working on, connect to others and get feedback.</p> <p>I also think that we need to look at how to support collaborations around prevention on the community level. How do we identify stakeholders and get them to the table?</p> <p>Finally, I think that all non-profits could use help with evaluation and assessment. This is new work for many in our movement and I believe that there are some state resources that could help with this (potentially out of VDH). We need to increase buy-in and efficacy for these efforts.</p>
<p>More support from state agencies to nurture collaboration among concerned agencies/individuals/organizations.</p>
<p>Increase funding. Build on the prevention efforts out there. Use the community work that VDH has been doing for years now.</p>
<p>Increase our capacity to have better data and better access to data.</p> <p>Support for a coordinator for statewide efforts, (The Department for Prevention of Domestic and Sexual Violence!)</p>
<p>Make prevention part of health reform.</p>

RECOMMENDATIONS

Without a doubt, the strongest recommendation the Task Force can make based on these results is to dramatically increase dedicated funding to enhance and support prevention efforts across the board. Time and again, practitioners voiced this need and linked the deficit of funding to their inability to reach more audiences and strengthen their programs. Underlying all the following recommendations is this need. With that in mind, the following are recommendations for addressing gaps and enhancing capacity and coordination of prevention activities across the state.

1. Culturally specific prevention programs for ethnic and immigrant communities should be created and delivered to communities in Vermont.
2. We need more resources for engaging and working with men, including resources for specific male dominated groups like coaches and military.
3. Practitioners could increase bystander leadership education for middle school and up, providing tools for action.
4. Schools are doing a lot of education around bullying and harassment, community providers could work to coordinate with those efforts and ensure that gender and sexual harassment are being covered in those venues.
6. Practitioners should continue to look at prevention research and theory like the 9 Principles of Effective Prevention and the Spectrum of Prevention and use those theories and models to develop prevention programs that align with them.
7. The State should look at creating and maintaining a centralized data collection system or resource which could help prevention programs with development and evaluation.
8. Resources geared to increase evaluation of prevention activities should be created and disseminated. These would ideally create common definitions of topic areas and prevention activities and create a community of shared data and outcome evaluations so the community of practitioners can learn from each other's work.
9. Practitioners should look for ways to increase community level outreach and education, using a variety of media and social media tools. On the statewide level, agencies and organizations should consider collaboration around creating consistent statewide prevention messaging that address community and societal norms and target adult audiences.

10. Create opportunities to engage youth as leaders to create and drive community awareness campaigns and peer mentorship.
11. A stronger community of practice should be established to connect prevention practitioners, share resources and create opportunities for deeper coordination and collaboration around shared prevention issues.
12. Create stronger mechanisms for increasing the flow of information from community and state based prevention practitioners to policy and decision makers so that needs and priorities are more thoroughly informed.
13. Organizations described an increased institutionalization of prevention work as a priority and as a base of support for success. It is recommended that Organizations look at their policies and structure to integrate prevention within the organization more centrally.
14. Organizations and agencies working together in communities should look for ways to increase collaboration, and opportunities for training and cross-training around prevention issues.
15. Prevention practitioners should increase attention on policy response, specifically when working with schools or other youth serving organizations, these policies should ensure effective and safe responses which hold perpetrators accountable and support victims. For prevention efforts to be effective, the response needs to be in place.

Appendices 1:

Full responses to “What would you like to see happening on either the state or local level to help better educate the community?”

<p>More positive media about the small steps each individual can take to make a significant difference in children's lives. Perhaps showcase success stories.</p>
<p>Statewide cable TV public access film showings. Statewide radio PSA campaigns during October and April. Statewide outreach to sports organizations, athletic directors, coaches, in support of local agency prevention efforts (increased prevention advocate staff trainings, trainings for coaches, athletic directors and players). Increased outreach to parents and parent organizations. -- all of these translate to the local level.</p>
<p>not sure</p>
<p>funding to combat the political influences which indicate women and children as less important or otherwise not credible</p>
<p>Community awareness for entire community with specific emphasis on boys and men that addresses the culture and climate of sexual violence, bystander intervention, identifying the difference between healthy and unhealthy relationships.</p>
<p>Statewide / professional Providers seeking out community (cultural/ethnic) input</p>
<p>I would love to see more coordinated outreach campaigns, I would love to see the VDH leading a public health campaign with input from community partners. In local communities, I think it would be great to have more community forums, but capacity is so limited.</p>
<p>More work through parent organizations to increase awareness/educate--probably groups like PTO's, etc.</p>
<p>Parents need to be held accountable for the behavior of their under aged children. If a child, person under the age of 18, is found in violation of the law then the parents need to be summoned to explain why their efforts to address the issue(s) have been ineffective. It's their responsibility to address first and foremost, not the community's. Secondly, the language between the law and the efforts of prevention, intervention, treatment and recovery need to be in sync. As of this moment "harm reduction" (as an example) isn't in the law. There needs to be continuity in the messages from all levels and all points within those levels. Standardized/consistent messages are necessary</p>

<p>Social media campaigns about child development. A state-wide conversation about violence in the home, and the fact that war veterans actually account for a very small percentage of the PTSD in our communities. Across the state, 13% of the population reports having at least four types of trauma in their background (2010 VT BRFSS) - physical, emotional, sexual or having grown up with substance abuse, mental illness or an incarcerated family member. That translates to 13% of the Vermont population that has a 4- to 12-fold increased health risk for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, > or = 50 sexual intercourse partners, and sexually transmitted disease; and 1.4- to 1.6-fold increase in physical inactivity and severe obesity (Am J Prev Med. 1998 May;14(4):245-58. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS.). We need a strong, consistent, long-term public conversation about the stages of child development and what constitutes trauma for the developing child. Emotional abuse may be among the most ignored types of trauma - many parents don't realize that using fear as a regular means of scaring a 2 year-old into compliance is brain-damaging.</p>
<p>A yearly state prevention summit to create and sustain a strategic plan.</p>
<p>I would like to see some more educational based workshops.</p>
<p>More funding to hold more trainings for people and for more people to come to the trainings</p>
<p>Youth driven campaigns</p>
<p>Better reporting.</p>

5-VII

WORKGROUP REPORTS

SOCIAL CHANGE CAMPAIGNS

Workgroup Goal: Identify successful Vermont-based social change campaigns that have raised societal awareness and/or created measureable change in behavior in the public; assess successes and challenges; determine resources needed; determine other factors impacting campaign delivery. Campaigns assessed did not have to be violence-related.

Workgroup Participants: Lilly Talbert, Melissa Murphy, Michelle Fay, Kim Brittenham

Methodology / Process: Workgroup determined list of State agencies and community organizations to survey and created list of 12 questions. Eight interviews were conducted face-to-face in roughly one-hour meetings; three interviews were conducted via phone, and one by email.

Key Informants:

Vermont State Agencies & Departments (5): Department of Children and Families, Department of Health, **Agency of Natural Resources (Environmental Conservation Division)**, Department of Public Safety **and Governor's Highway Safety Program.**

Advocacy Groups (3): Planned Parenthood of Northern New England, Prevent Child Abuse Vermont, and Vermont Network Against Domestic and Sexual Violence.

Summary of Findings:

- While considerable education and behavior-change efforts have been made over the years, the agencies interviewed were hesitant to call their efforts formal “campaigns.”
- State-specific issues initiated the campaigns for most; agencies largely used and adapted nationally-created tools.
- Campaign materials were distributed primarily through existing networks -- hospitals, schools, municipalities – to reach target audiences, and more widely to the general public by posting to department and community partner websites and via press releases to media outlets.
- Everyone reported use of social media networking tools to deliver messages as the only means available to them when there was no funding.



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- Interviewees had a hard time assigning specific dollar amounts to campaigns or social change efforts.
- State agencies and advocacy organizations have successfully collaborated with each other on social change initiatives.
- There is no state administrative body which coordinates or archives these efforts.
- Success was attributed to: using peer-to-peer social platforms; the work of student interns; the use of local marketing firms and photographers to reflect the look and feel of Vermont and balance diversity imagery; ability to respond locally with local people; funding for materials and incentives; existing relationships providing a conduit to the audience; and experienced informed staff with access to specialists and research capabilities.
- Interviewees reported that one of the more notable challenges in a violence prevention campaign is that it is hard to change behavior in a person when that person is surrounded by family members, friends, or those who participate in the behavior which needs to change.

Recommendations:

1. The Governor's office should support fully funding a formal, on-going statewide domestic and sexual violence prevention campaign created collaboratively between key State and community based stakeholders.

The campaign should include:

- positive messages
- men as positive role models
- examples of healthy behavior to be replicated
- opportunities and techniques people can use to practice the positive behavior
- incentives for people to change behavior, for example: becoming a better neighbor/partner/father/brother
- local talent to produce materials and products that reflect the local Vermont look and sound and in which the audience can "see themselves"
- social media to disperse messages and stretch funding
- care in identifying audience
- a strong resonating message
- addressing the barriers people will face in changing their own attitudes about violence against women

The campaign should coordinate:

- timing with national efforts or campaigns for greater
- tailor those national messages for local need and diversity
- local “boots on the ground” support in communities
- multiple messages using many mediums if reaching multiple audiences

2) The violence prevention campaign should be coordinated with other State agencies prevention messages, ideally by a State-based staff situated at a governmental level allowing them to coordinate prevention work throughout and across agencies.

SUMMARY OF SOCIAL CHANGE CAMPAIGN INTERVIEWS

Campaigns:

While considerable education and behavior-change efforts have been made over the years, the state agencies we talked with were hesitant to call these formal campaigns. There are endeavors that have been more formal and organized and are referred to here as “campaigns” even though they do not contain all the elements of a formal funded behavior-change campaign. At times, both state agencies and advocacy organizations have collaborated with each other on the same campaigns. There appears to be no one state administrative body coordinating campaigns between agencies or archiving them. Some of the campaigns have been deemed successful by the entity responsible for the campaign, although there is no consistent evaluation tool used.

Successful Campaigns:

Campaigns reported to be successful by the Department of Health include a smoking cessation campaign aimed at pregnant women, an alcohol education campaign aimed at parents, and the campaign to end abuse of children by shaking in collaboration with an advocacy organization. Within the Agency of Natural Resources, the Environmental Conservation Division points to campaigns to end illegal burning of trash and reduction of mercury as successes. The Department of Public Safety, which includes the state police, emergency management and fire safety, hasn’t taken responsibility for any specific campaigns, but finds success in monitoring local safety issues and responding locally and specifically to those needs through use of the media and positive role modeling.

Of the advocacy organizations interviewed, Planned Parenthood pointed to successes in its selection of national calendar-based education/awareness campaigns to run in Vermont which include AIDS and HIV transmission and infection, cervical cancer prevention, birth control methods and use, and improving healthy communication in relationships. Prevent Child Abuse Vermont outlines success in all its child abuse and family support campaigns, highlighting seven in detail. The VT Network reported successful outreach campaigns that included multiple components such as posters, social media, and print and radio spots that were coordinated at the state level but disseminated through area member programs.

Successful Campaign Components -- Key Elements:

- DOH benefitted from using a local photographer over several years to reflect and balance diversity imagery with the very local nature of Vermont.
- DPS values its ability to respond locally with local people.
- ANR attributes success to funding being available for materials and incentives to replace old mercury products as well as existing relationships providing a conduit to the audience. Additionally, experienced and informed staff had access to professional development opportunities specific to social marketing for environmental behavior change.
- ANR also found success by using marketing firm which helped them define their target audience and use their funds most effectively.
- PPNNE finds use of peer-to-peer social media platforms make its campaigns successful.
- PCAV attributes success to staff skill sets and persistence, conducting follow up calls on evaluations, and being research-based.
- VT Network attributes success to finding proactive messaging and utilizing relationships and collaborations with state and local partners to assist in dissemination and support.

Unexpected Challenges:

Institutional complexities, creating systems that are too burdensome to navigate, and lack of continued funding to administer campaigns are barriers faced by all those interviewed.

- DOH reported the rigor of state grant systems is a challenge as well as getting stakeholder input and feedback.
- PPNNE found unexpected resistance from college institutions to support collaboration.
- DPS is challenged by system of having 320 troopers all with permission to write and distribute their own press releases.
- The personal nature of a behavior needing to change may be one of the most notable challenges a violence prevention campaign may face. DNR realized how personal the issue of trash burning was to people because everyone had a family member (uncle, grandpa etc) who burned trash and DNR didn't want kids to learn new info and go home and tell their parents they are bad people.

Successful Campaign Details:

Duration:

Duration of campaigns varied widely, from monthly to four years in length.

Collaboration:

- Both DOH and DPS valued highly the cooperation and coordination with each other's agencies and with community partners.
- ANR does not collaborate with other state agencies on its internally-driven campaigns, but relies heavily on its local municipal partners in solid waste management to get its message out.
- PPNNE attributes campaign strength to collaborations between MTV, Kaiser Foundation and the Centers for Disease Control, which included in-kind and direct funding.

Target Audiences:

- Campaigns mentioned target audiences of: children, college students, mothers, young fathers, parents, municipal employees, perpetrators of crime and the public at large.

Messages & Media:

Multiple messages were included in single campaigns. Everyone reported use of and reliance on social media networking tools to deliver messages, due to low/ no cost of distribution.

- DPS only uses social media due to lack of funding.
- ANR created materials using a budget (\$25k) but also relied on free PSAs for TV, radio and web messaging.
- PPNNE has access to printed materials from national office, and has a limited print budget. PPNNE makes the most of social media sites, especially Facebook for its young adult audience.

Campaign Materials:

- Two State agencies used Vermont-based marketing resources (ANR/private firm & DOH/photographer) and attributed campaign success to the ability to pay for these services.
- DPS relies on nationally-produced materials and tools timed for local distribution when the need is identified locally.
- PPNNE relies on its national parent organization for materials. PCAV and the VT Network produce materials in-house with guidance from experts.

Material Distribution:

To reach target audiences campaign materials are distributed primarily through existing networks -- hospitals, schools, municipalities. Materials are distributed to the general public by posting to department and community partner websites and via press releases to media outlets. There was no reported reliance on printed material mailings or television advertising, with interviewees attributing this to lack of funds for these forms of distribution.

Funding:

Interviewees had a hard time assigning dollar amounts to campaigns.

- DOH had federal funding through USDA for breastfeeding campaign. DNR had state funding through Solid Waste Mgmt budget (\$25,000) for trash burning cessation campaign.
- DPS has no funding for campaigns.
- PPNNE has very little funding for campaigns.
- PCAV has state funding for the prevention of Shaken Baby Syndrome/Abusive Head Trauma campaign.
- The VT Network has no direct funding source for multi-component campaigns.

Violence Prevention Messages:

Of the agencies and organizations interviewed, three were aware of violence-prevention messages being included in the social change campaigns of their organization.

- DPS distributes messages on elder abuse, stalking, sexual assault and domestic violence awareness by circulating national branded messages through local and state social media networks.
- All of PCAV and the VT Network's messages are violence prevention messages.

Campaign Evaluation:

Evaluation tools don't appear to be used widely; however the Department of Health used hospital and WIC numbers to evaluate upward changes in behavior of breastfeeding mothers.

- DPS has a staff person who monitors weekly crime statistics. Lack of funding was cited by DNR as reason for no evaluation of its education campaign efforts.
- PPNNE relies on social media shares, tweets, hits to track increases in awareness. PCAV uses outside experts and pre and post training evaluations as well as placing phone calls to determine success.

Local Issue / Federal Funding Opportunity:

Local issues initiate the campaigns for the DOH, ANR and DPS with DPS using nationally-created tools adapted for local use.

- PPNNE relies on national campaigns materials and larger national promotion and builds on the conversation generated through those larger more global resources and adapts them to fit Vermont audience.
- PCAV relies on funding from state and private donation and fees for training.
- The VT Network relies on federal and state grants to support outreach and change campaigns and looks to both national and local initiatives to align messaging.

6

APPENDICES

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GOVERNOR'S

Prevention of Domestic & Sexual Violence Task Force


STATE OF VERMONT
EXECUTIVE DEPARTMENT
ADDENDUM TO EXECUTIVE ORDER NO. 16-11
[Governor's Prevention of Domestic and Sexual Violence Task Force]

The Governor's Prevention of Domestic and Sexual Violence Task Force, originally established by Executive Order No. 02-11, and presently governed by Executive Order No. 16-11, shall report its findings and recommendations by September 15, 2013. The Task Force shall sunset on September 15, 2013, unless this Order is renewed.

This Order shall amend Executive Order 16-11 (codified as No. 15-10), and shall take effect upon signing.

Dated June 27, 2013





Peter Shumlin
Governor

Addendum to Executive Order No. 16-11

STATE OF VERMONT
Executive Department

EXECUTIVE ORDER

[Governor's Prevention of Domestic and Sexual Violence Task Force]

WHEREAS, prevention of domestic and sexual violence is essential to fostering a safe and healthy community;

WHEREAS, Vermont should be a national leader in the realm of effective, comprehensive and coordinated domestic and sexual violence prevention efforts;

WHEREAS, the State of Vermont should provide statewide leadership in partnership with concerned citizens and non-profit organizations in ensuring effective, comprehensive, and coordinated domestic and sexual violence prevention efforts throughout the state;

NOW, THEREFORE, BE IT RESOLVED THAT I, Peter Shumlin, by virtue of the power vested in me as Governor, do hereby establish the Governor's Prevention of Domestic and Sexual Violence Task Force, an advisory Task Force to the Governor.

I. Composition

The Task Force will consist of up to 11 members, all of whom shall be appointed by the Governor and serve at the Governor's pleasure. All members of the Prevention of Domestic and Sexual Violence Task Force established pursuant to Executive Order 02-11 shall be members of the Task Force pursuant to this revised executive order.

The Governor shall annually appoint one member to serve as Chair. The appointed Chair pursuant to Executive Order 02-11 shall Chair the Task Force pursuant to this revised executive order.

II. Task Force Charge

The Task Force is charged with:

1. evaluating Vermont's existing public and private domestic and sexual violence prevention resources and programs;
2. identifying programmatic and/or geographic gaps in prevention services;
3. identifying opportunities for increased coordination of efforts among public and various private non-profit efforts to avoid redundancies and maximize the reach of Vermont's prevention resources; and
4. making recommendations to advance Vermont's prevention framework and promote effective, comprehensive, and coordinated domestic and sexual violence prevention efforts throughout the state.

The Task Force shall report its findings and recommendations by July 1, 2013.

III. Task Force Process

The Task Force shall meet as needed. The Governor's office shall provide staff support to the Task Force. Members of the Task Force shall receive no compensation for their service.

IV. Effective Dates

This executive order shall take effect upon signing, and rescinds and supersedes Executive Order 02-11. The Task Force shall sunset on July 1, 2013, unless this order is renewed.

Dated this 17 day of November, 2011.



A handwritten signature in black ink, appearing to read "Peter Shumlin", is written over a horizontal line.

Peter Shumlin, Governor

Executive Order No. 16-11

GPDSVTF MEMBER BIOGRAPHIES

Kim Brittenham is the Civil Rights Manager for the Vermont Center for Independent Living, a statewide disability rights organization. Brittenham works to improve access to violence-response services and prevent violence against people with disabilities. She sits on the NCIL Task Force Against Abuse & Violence, consults for the National Resource Center on Domestic Violence, and was appointed to the Vermont Agency of Education Bullying & Harassment Advisory Council. Brittenham is a past Commissioner for the Vermont Commission on Women and a former advocate at CIRCLE (formerly BWSS). Her film work includes, “Little House In the Big House” a documentary telling the stories of four incarcerated women.

Sergeant Mark Carignan has served with the Brattleboro Police Department for 11 years as a patrol officer, narcotics detective, and currently, as a patrol sergeant. From 2009 through 2011 Carignan was assigned as the Domestic Violence Investigator for the Windham County State's Attorney's Office. Carignan has a BA in Political Science from the University of New Hampshire and a Masters in Public Administration from Norwich University.

Chris Dinnan has worked for the Vermont Department of Corrections for almost 25 years, specializing in the areas of volunteer management, community development and restorative justice administration. He currently supervises nine Probation & Parole Officers at the Rutland P&P Office and oversees domestic violence supervision and programming at that office. He has served as a board member with the Rutland County Women’s Network & Shelter and as liaison of the Rutland County Domestic Violence Task Force. Chris has a Masters degree in Public Administration from the University of Vermont.

Michelle Fay grew up in Shoreham, VT on her family’s dairy farm. Fay currently serves as the Executive Director of Umbrella, support and advocacy center for women and families in the Northeast Kingdom. In 2012 she was elected to Represent St. Johnsbury (Caledonia-3) in the Vermont Legislature, and serves on the House Judiciary Committee. Fay holds a BA in Sociology from the University of Vermont, and an MPA from the Harvard Kennedy School.

Bobbi Gagne is the Executive Director of the Sexual Assault Crisis Team (SACT) covering Washington County Vermont, she has been the Executive Director of SACT for twenty years. They provide a 24/7 hotline, support groups, legal and medical advocacy, and opened and operates the first shelter created for male and female victims of all forms of sexual violence and male victims of domestic violence. Gagne works closely with Norwich University and the VT National Guard Sexual Assault Response Coordinator, is a member of the Washington County MDT, a member of the Vermont Network Against Domestic and Sexual Violence for over twenty years. Gagne is a nationally recognized expert in child sexual abuse. She has worked in the field of sexual violence for twenty years and speaks frequently on issues surrounding sadistic abuse,

incest and human trafficking, and sexual assault throughout both the United States and Canada. She has trained other professionals, medical staff, law enforcement and the public.

Paul Hochanadel currently works for the Department of Vermont Health Access as Director of Operations for Vermont Health Connect, Vermont's health insurance marketplace. Prior to that, he spent 11 years at Spectrum Youth and Family Services with their batterers intervention program. Hochanadel began as a group facilitator and coordinator, and at his departure he was serving as Director of Violence Intervention & Prevention Programs. In addition to ensuring the continual operation of Spectrum's batterers' intervention groups, he led Spectrum's effort to work with the Department of Corrections to develop and implement policy that holds domestic violence offenders accountable while supporting the safety of women and children. Hochanadel has served as Chair of the Vermont Council on Domestic Violence. He received a BA from Seattle University in 1993, and an MA from UVM in 2001. In 2009 Paul completed the Snelling Center's Vermont Leadership Institute.

Linda Johnson has served as the Executive Director of Prevent Child Abuse Vermont for 26 years. She is a member of the National Coalition to Prevent Child Sexual Abuse and Exploitation, and was appointed by the Governor to be a member of the Vermont Council for Children and Families Prevention Programs, the Governor's Prevention of Domestic and Sexual Violence Task Force and the Vermont Sexual Violence Prevention Task Force. Linda was also appointed by the Commissioner of the Vermont Department for Children and Families to the Vermont Citizen's Advisory Board to the Department for Children and Families. Johnson founded The Partnership for an Abuse Free State, which successfully nurtured several initiatives including STOP IT NOW!, Care for Kids, and the Sexual Abuse Free Environment for Teens Program™ (SAFE-T™). She has presented nationally at numerous conferences on the prevention of child abuse.

Melissa Murray is the Executive Director of Outright Vermont, and works with and on behalf of Vermont's queer youth. Melissa is a queer mama and a social justice activist. She has worked in a variety of social justice movements, including anti-violence, racial justice, reproductive health, and queer rights. Murray holds a BA in Women's Studies and a Masters in Social Work, both from the Ohio State University.

Bethany Pombar has been with the Vermont Network Against Domestic and Sexual Violence for the past 10 years; starting as the Training and Outreach Coordinator and, for the last four, serving as the Prevention Specialist. She coordinates prevention strategies, program development and capacity building activities statewide. Her focus is on healthy sexuality and relationship education, bystander engagement and health promotion as social justice issues. She currently serves as co-chair of the Vermont Sexual Violence Prevention Task Force and is a member of the National Intimate Partner Prevention Council's Steering Committee. She holds a

B.S. in Prevention and Community Development and in 2011 completed the Snelling Center's Vermont Leadership Institute.

Ron Redmond is executive director of the Church Street Marketplace District, a pedestrian mall and business improvement district in Burlington, Vermont. Prior to joining the Marketplace in 1998, Redmond spent the first 20 years of his career in corporate public relations, advertising and marketing. He holds a B.A. in Journalism & Public Relations from the University of Southern California and an M.S. in Administration & Management from Saint Michael's College.

Ilisa Stalberg, MSS, MLSP is the Director of Preventive Reproductive Health and the Vermont Department of Health. Stalberg has been with VDH since 2010 and oversees programming related to family planning, adolescent pregnancy prevention, and domestic and sexual violence. She is the program administrator for the Centers for Disease Control Rape Prevention Education grant which funds state and community-level sexual violence prevention. She co-chairs VDH's Domestic Violence Advisory Group and is a member of the Agency of Human Services Domestic Violence Steering Committee, the Vermont Sexual Violence Prevention Task Force, and the Vermont Fatality Review Commission. Stalberg has her Master's in Social Service and Law and Social Policy from Bryn Mawr College.

Lilly Talbert is the Communications and Program Coordinator at the Vermont Commission on Women, a non-partisan state commission charged with reducing discrimination and encouraging opportunities for women. Talbert has been an active member on the Vermont Council on Domestic Violence, the Domestic Violence in the Workplace workgroup, the Victim Rights Committee and has taken part in many other initiatives to improve the safety and security of Vermont women and girls. Talbert holds a BA from UVM and has a background in marketing, public relations and graphic design.

PRESENTERS

Breana Welch Holmes, MD is the Director of Maternal and Child Health for Vermont. After finishing her pediatric residency at Seattle Children's Hospital and a chief resident year at University of Massachusetts Medical School, she had a rural private practice in Middlebury, Vermont, focusing on adolescent health from 1997-2008. In 2008, Holmes left her clinical practice to teach *Health Literacy and Decision Making* at Middlebury Union High School. In 2010, she became director of the Maternal and Child Health division which includes the statewide WIC program, School Health, Child Development Clinic, Children with Special Health Needs as well as Family Planning, Sexual Violence Prevention, Injury Prevention and federally funded Nurse Family Partnership for home visiting of first time pregnant moms. The Maternal and Child Health Division is part of Integrated Family Services as well as several other public health programs which affect children and families.

Dr. Holmes is a national member of the Council on School Health for the American Academy of Pediatrics, on the pediatric faculty at University of Vermont College of Medicine and a school physician for several Middlebury area schools.

Heather Holter is the Coordinator of the Vermont Council on Domestic Violence (Council), a multi-disciplinary group which provides leadership for Vermont's statewide effort to eradicate domestic violence. The Council facilitates opportunities for dialogue, advocacy, education and support among state agencies, advocacy groups, and the public, with a focus on supporting strategies for improving the statewide coordinated response to domestic violence and addressing systemic obstacles to victim safety and offender accountability. Holter has been active in the movement to end violence against women for nearly 20 years and has expertise in working with both survivors and offenders, designing and providing direct services, creating policies that cross disciplines, and providing leadership to multi-disciplinary groups.

Sarah Kenney is the Associate Director of Public Policy Vermont Network Against Domestic and Sexual Violence.

From 1998 to 2002, Sarah worked at the Women's Rape Crisis Center, and prior to that, served as a volunteer at the WRCC while working for then-Congressman Bernie Sanders. Kenney holds a BA in Political Science from St. Michael's College and earned a MA from the University of Hawaii through the fellowship program at the East-West Center. She is a 2002 graduate of the Vermont Leadership Institute at the Snelling Center for Government.

Donna McAllister has been with the Vermont Agency of Education as Health Education Consultant for the past 5 years. The focus of her work is to work with school based health educators to improve health education. A graduate of Montclair State College with a BA in Home Economics and from Southern New Hampshire University with a Masters in Education. Since the passage of Act One, she has worked closely with DCF in making sure school personnel understand the requirements of the legislation and provide guidance in developing implementation plans. Presently she is a Co-Chair of the Sexual Violence Prevention Task Force.

Theresa Lay-Sleeper, MA, is the Juvenile Justice Specialist for the State of VT. She is the state liaison to the Office of Juvenile Justice Delinquency Prevention, and works with the state delinquency prevention advisory group, the Children and Family Council for Prevention Programs to:

- monitor State compliance with core protections for youth in contact with the justice system
- develop an evidence based comprehensive prevention plan
- prioritize prevention and early intervention funding opportunities in communities, and measure the outcomes of funded projects

- recommend or advise on systemic and legislative action that benefits children, youth, and families and is in keeping with best practice and prevention priorities

Priscilla White began her career in Child Advocacy and Prevention as the Prevention Educator/Outreach Coordinator for O.U.R. House of Central Vermont. She then stepped into the Executive Director position and worked for the program for seven years. White worked closely with many community organizations within Washington County advocating for children, non-traumatizing investigations and the prevention of child sexual abuse. In 2007 she came to the Department for Children and families where, as Child Victim Treatment Director, she focuses on ensuring appropriate treatment for children in FSD care, implementation of Act One mandates around education on the dynamics of child sexual abuse, coordinating the Children's Justice Act Task Force and is Program Manager for clinical contracts for treatment of child sexual abuse. White has a BA in Political Science and Secondary Education from Johnson State College.

HISTORY OF SEXUAL AND DOMESTIC VIOLENCE PREVENTION IN VERMONT

- 1973:** First Rape Crisis Center opens in Burlington: WAR (Women Against Rape), now known as HOPE Works
- 1974:** First program to support battered women opens in Burlington, Women Helping Battered Women
- 1977:** Women Helping Battered Women opens first domestic violence shelter in Vermont
- 1976:** Parents Anonymous of Vermont, now known as Prevent Child Abuse Vermont was founded
- 1982:** Vermont Treatment Program of Sexual Abusers (VTPSA) Established
- 1985:** Sexual Abuse Advisory Committee Created
- 1986:** Vermont Network Against Domestic and Sexual Violence established, a coalition of crisis service programs throughout the state
- 1987:** Juvenile Sexual Offender Task Force created
- 1988:** Legislature appropriated funds to create the Vermont Center for the Prevention and Treatment of Sexual Abuse (VCPTSA) to provide statewide coordination of all sexual abuse victims and sex offender prevention and treatment services
- 1990:** Final draft of *Guidelines for System of Investigation & Treatment of Juv. Sex Offenders* completed
- 1995:** VT Integrated Action Plan for An Abuse Free State created at the request of Gov. Howard Dean
- 1995:** Prevent Child Abuse Vermont's SAFE-T, {Sexual Abuse Free Environment for Teens Program}, written and piloted in Colchester Middle School.
- 1996:** Statewide Batterer's Intervention Program Coalition formed and created standards for Batterer's Intervention Programming, developed by a core committee of Corrections staff, domestic violence victim advocates and batterer intervention providers. They were the first effort in Vermont to create a consistent set of expectations for programs that provided services to men who batter and reflected a national trend in this regard.
- 1997:** Child Sexual Abuse Victim/Victimizer Prevention Training for Early Childhood Educators, Parents and Children begins and reaches all regions of Vermont. {Care for Kids, Nurturing Healthy Sexual Development; Understanding Sexual Behavior in Children; Plugged-In; and Overcoming Barriers to Protecting Our Children from Sexual Abuse}.

- 2000:** Statewide Sexual Violence Summit held. Three work groups were formed: 1) Healthy Sexuality (grew into Joyful sexuality work) 2) Media Literacy 3) Zero Tolerance
- 2001:** Joyful Sexuality (later became known as *WholeSomeBodies*) workbook released.
- 2001:** VT Anti-Violence Partnership formed to bring together researchers, academics and the advocacy community
- 2004:** State Sexual Violence Prevention Plan Work Group formed
- 2005:** Statewide Sexual Violence Summit: *Crossing the Lines* held to gather information from prevention practitioners to inform the creation of a statewide prevention plan
- 2006:** the *Vermont Approach: a 5-year strategic plan for Comprehensive, Collaborative Sexual Violence Prevention in Vermont* was released
- 2006:** Act 192 (H.856) *Enhancing Sentences for & Preventing Risks Posed by Dangerous Sexual Offenders* established funding for a coordinator for the VT Approach and the creation of the Sexual Violence Prevention Task Force with the directive to achieve three primary goals:
- 1) inventory the sexual violence prevention programs being presented in schools
 - 2) evaluate what is being offered by schools in sexual violence prevention education, and create a “toolkit” of standards, guidelines, resources and evaluation samples;
 - 3) contribute to the current practice and training of professionals who carry out or could carry out sexual violence prevention programs in the schools
- This law also changed the age of consent law, it was just “16 years old” but changed to be 16 years old unless both people were between the ages of 15 and 18
- 2008:** The Sexual Violence Prevention Task Force releases the report, *A Snapshot of Sexual Violence Prevention in Vermont: Programs offered by K-12 schools and community-based agencies*

Key findings:

- 65% of responding schools did not know about the consent law change (100% of community agencies did)
- Partnerships with individuals in schools best in for community partners
- Grade 5/6 and 9-12 where most SVP work happening- but only 6 hours per school year.
- *“But what seemed more important to those of us looking at capacity building was this:*

What we heard too much of from all stakeholders was that most prevention was happening based on individual relationships between school personnel and advocates, and that when an advocate or teacher left, so did the prevention.

We can't sustain quality and consistency by relying on random partnerships, no matter how strong, between particular school personnel and community based professionals.

Not surprisingly, we were seeing this same thing happen with organizations and entities working on the state level- we were building individual relationships but lacked formal structures, which the SVPTF was essential in shoring up."

2009: Act 1 (S.13), An Act Improving VT's Sexual Abuse Response System passed

Out of Act 1, three major projects were developed to help support schools and communities prevent sexual violence:

- * Protect Kids
- * Commit to Kids
- * TARG

The legislature also directed the Sexual Violence Prevention Task Force to conduct a statewide educational campaign around the age of consent law

Additionally, the legislature changed the definition of health education (16 V.S.A. §131 (11)) to include the study of:

"how to recognize and prevent sexual abuse and sexual violence, including developmentally appropriate instruction about promoting healthy and respectful relationships, developing and maintaining effective communication with trusted adults, recognizing sexually offending behaviors, and gaining awareness of available school resources."

The legislation also included directives for school personnel and childcare professionals to be trainings in recognizing and responding to child sexual abuse

2009: Shift in federal RPE funds in the state to support priorities of the SVPTF, working with school communities around the implementation of Act 1

2009: PCAV develops and implements TECHNICOOL, Technology Safety for Grades 4 through 8, their Parents, Educators and Caregivers

2010: Act 85 (S.272) Human Trafficking passed

2010: Release of the Technical Assistance Resource Guide

2010: Vermont Network Against Domestic and Sexual Violence creates Prevention Specialist position

2011: The Governor established the Prevention of Domestic and Sexual Violence Task Force through Executive Order 16-11.

2012: Act 156, Prevention, identification, and reporting of child abuse and neglect at independent schools passed

2012: Act 94 (S.122) Human Trafficking & Prostitution passed

2013: PCAV develops and begins implementation of TECHNICOOL for High School Students, Parents and Educators

2013: PCAV develops and pilots WE CARE-ELEMENTARY, {a sexual abuse prevention program for Grades 3 through 6, their parents and educators, in Sutton, Glover and Rutland elementary schools}

COMPILATION OF ALL WORKGROUP RECOMMENDATIONS

<p>COLLEGE CAMPUS PREVENTION ASSESSMENT WORKGROUP</p>	<p>We recommend that Vermont Colleges and Universities and the entities that support prevention work in these forums should:</p> <ol style="list-style-type: none"> 1. Increase campus-wide efforts to increase awareness and prevention of dating violence and bystander interventions in addition to what sexual violence prevention work they may be doing. Many colleges indicated they were addressing sexual violence in some way but only a few were talking about dating violence or healthy relationships. 2. Allocate specific funding for prevention efforts including residential and other staff training, reference materials appropriate to the college-age population, and facilitate collaborations between the college community and local violence prevention advocates. 3. Institutionalize the inclusion of dating and sexual violence prevention through the creation and adoption of campus prevention plans and policies adopted by the college’s administration. Multiple departments and campus personnel should have responsibilities for planning and implementing a prevention and response protocol. Prevention plans and policies must be transparent and accessible to the entire campus community and adhere to best practice prevention theories. 4. Forge a collaboration between Vermont prevention practitioners and college campuses to create a toolkit with best and promising practices for college-based sexual and domestic violence prevention. This kit should be provided to all Vermont colleges and university campuses and should include follow up training and ongoing technical assistance. <p>Kit components:</p> <ul style="list-style-type: none"> ◆ Tools for planning ongoing, multi-component education
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	<ul style="list-style-type: none"> ◆ Reference materials targeted to Vermont’s college students ◆ Best practice prevention topics and support resources including: <ul style="list-style-type: none"> - education for men on their roles in preventing violence and promoting health - healthy relationships and dating violence - bystander intervention - gender equity ◆ Policy, reporting and response resources ◆ Directory of community and state based response, referral and prevention resources. <p>5. Train residential staff regularly in recognizing and responding to dating, sexual violence, and sexual harassment as well as training in bystander interventions around harassment and gender oppression so staff have the skills to address violence.</p> <p>6. Develop, publicize and sustain venues for ongoing collaboration for all campus personnel charged with implementing violence prevention activities. The venue could be an online resource, as well as a biennial statewide campus violence prevention summit.</p>
<p>DATA COLLECTION WORKGROUP</p>	<ol style="list-style-type: none"> 1. Develop a <i>new</i> Sexual Violence Prevention State Plan with an emphasis on evaluation. 2. Develop 3 to 4 shared outcomes across the prevention system. 3. Develop statewide data resources on incidence/ prevalence and risk and protective factors (perpetrators and victims) <ul style="list-style-type: none"> ▪ BRFSS ▪ YRBS ▪ School health profiles ▪ UVM Center for Rural Studies Vermont Agency of Human Services data (Corrections, Children and Families)

4. Enhance and enable a community of practice for prevention practitioners across Vermont
 - Statewide Listserv
 - Bi-annual Prevention symposium
 - Collection and access point for shared planning and evaluation tools
 - Training/TA

Consider Ohio and other states as model.

5. Collection point for shared prevention resources and data
 - Outputs
 - Outcomes
6. Develop/provide evaluation tools that can be used across the prevention system to measure programmatic efficacy and community indicators. Community and state assessment tools which exist already include:
 - Community assessment tool (2012 RPE)
 - Male attitudes survey
 - RPE local capacity assessment
7. Provide training and technical assistance to sexual violence and IPV prevention partners and allied agencies across the state:
 - Developed evaluation tools
 - Using available data sources
 - Program planning
 - Development of outcomes
 - Measuring outcomes/tools
 - Analyzing evaluation results
 - Putting evaluation into practice
8. In addition to the recommendations found there, the workgroup identifies the need to frame the issue: ***Why do we need data for prevention?*** Data is critical to prevention

	<p>programming. Understanding the scope and nature of the problem and tracking and evaluating this will enable Vermont to:</p> <ul style="list-style-type: none"> ▪ Track/surveillance of domestic and sexual violence over time; ▪ Measure the impact of prevention programming; ▪ Highlight areas in need of further prevention programming, identify target populations; ▪ Ensure that program development is grounded in best practice and/or effective strategies; ▪ Assess what risk and protective factors are being addressed through prevention programming; ▪ Define baseline data to measure effectiveness and ensure limited resources are appropriately targeted.
<p>EMPLOYER SURVEY WORKGROUP</p>	<ol style="list-style-type: none"> 1. More leaders of for-profit companies, and public and non-profit organizations, need to speak out against domestic and sexual violence at public events, and through testimony at the Vermont Legislature. Leadership and collaboration from and with the heads of Vermont’s companies and organizations will increase the efficacy of efforts to influence a reduction in domestic and sexual violence among Vermont employees. 2. Business leaders must empower their key staff – particularly their human resources departments – to increase training and education and create and implement sexual and domestic violence workplace prevention and response policies. 3. The business community and prevention community should collaborate to enable and support key business leaders in launching a private-sector initiative to raise awareness of the impacts of domestic and sexual violence in the work place and what can be done about it. This initiative could run parallel to the recommendations to support a statewide

	<p>awareness campaign targeted to men, and a follow-up male attitudes survey.</p> <p>4. Make domestic and sexual violence a “pocket book” issue with Vermont employers. Conduct a state-wide study of Vermont employees to identify the degree of impact that domestic and sexual violence is having on workplace productivity. Specifically, gather and measure data about the financial impact of domestic and sexual violence at it relates to absenteeism, tardiness, productivity at work, employee safety and morale or other measurements. With support from an economist, develop metrics that measure the dollar impact on Vermont employers.</p> <p>5. Support the efforts of the Vermont Council on Domestic Violence around domestic violence in the work-place training initiatives, including promotion of the results of the January, 2012 study, EFFECTS OF DOMESTIC VIOLENCE ON THE WORKPLACE: A Vermont survey of male offenders enrolled in batterer intervention programs by Michele Cranwell Schmidt, MPA, Center for Rural Studies, University of Vermont and Autumn Barnett, Spectrum Youth & Family Services.</p> <p>6. The State of Vermont should continue and prioritize its efforts to implement the domestic violence model policy within Agency of Human Services and all other State agencies.</p>
<p>MALE ATTITUDES SURVEY WORKGROUP</p>	<p>1. Prevention practitioners need to target men 18 - 24 years of age with prevention efforts aimed specifically at them. This is particularly compelling as the majority of criminal offenses are committed by men in this age category. High schools and colleges would be logical institutions within which to increase our prevention efforts. Strategies to reach this specific age group other than those that are school-based need to be explored.</p>

2. Efforts need to be made to **target men over age 55 to challenge their attitudes about women.** Men in this age category are typically in positions of power and authority and are also in positions where they influence the attitudes of younger men. The strategy for outreach and education of this group would be different than for younger men and may include speakers at male-dominated civic organizations, PSAs, etc. We recommend creating a campaign that provides resources and addresses social norms of men over 55 that challenges them to examine their roles in prevention as mentors, fathers, grandfathers, business leaders and community decision makers.

Another key finding of the survey was that a majority of respondents defined domestic and sexual violence broadly to include behaviors beyond physical violence. When presented with a hypothetical situation asking them at which point they would intervene, however, their response rate was much lower than what might be expected based upon the rate that they defined specific behavior as domestic or sexual violence. See Figure 7 on page 10 of Survey Data Report.

3. Prevention and awareness campaigns targeting Vermonters need to **draw attention to the many ways abuse in relationships manifests itself**, including belittling and controlling behavior and other forms of non-physical abuse as well as physical violence; **and the role men can play in prevention as bystanders**, both intervening when they see a wide range of abusive behavior and when they see red flags for violence, like a man “hitting on” a woman who is visibly intoxicated or when a friend is telling sexist jokes.

Another finding from the survey that we believe is very revealing and worth emphasizing is that 48% of the men surveyed reported that they think accusations of rape are often false (6%) or sometimes false (42%). 51% reported that

they think that accusations of rape are rarely false and 1% that they are never false. As an estimated 2% of rape reports nation-wide are false, the “correct answer” would be that accusations are rarely false. The fact that almost half the respondents did not gravitate to the “rarely false” category is concerning.

4. Special efforts need to be made to incorporate information regarding rape and sexual violence in broader prevention and educational programs. **The realities of rape (instead of rape myths) need to be a central aspect of outreach aimed at men.** See Figure 10 on page 14 of the Survey Data Report.

The Survey Data Report reveals another interesting aspect of Vermont men’s attitude about how common violence against women is in the United States and in Vermont. 88% of respondents reported that violence against women is either very common or somewhat common in the United States, while only 77% thought the same of violence against women in Vermont. While we do not have the data to support whether violence against women is more or less prevalent in Vermont than in the nation as a whole, the fact that men believe that it is less of a problem in Vermont than elsewhere is problematic. See Figure 1 on page 3 of the Survey Data Report.

5. The **creation and adoption of best practice male education resources and awareness campaigns needs to be a priority for Vermont.** Education should address:
- How to build and sustain supportive and healthy relationships starting in elementary schools and reinforced through college age.
 - Healthy sexuality education that includes information on consent and accepting refusal.
 - Social norms about gender stereotypes and the effects on heterosexual relationships and masculinity.
 - Awareness of local domestic and sexual violence

	<p>services and supports.</p> <ul style="list-style-type: none"> • Information about the prevalence of domestic and sexual violence and the impact on the whole community.
<p>MILITARY PREVENTION PRACTICE WORKGROUP</p>	<ol style="list-style-type: none"> 1. Though there is a lot of information available online regarding a national response to sexual assault in the military, this is not reflected or linked to from the Vermont National Guard website (vtguard.com). We recommend the VTNG makes information regarding sexual assault prevention and response available on the website. 2. VTNG has clearly been working on its response to domestic and sexual violence within the installation and in documents they refer to “early prevention”; however, these initiatives seem more focused on resources, referrals, support for victims and holding offenders accountable. We would like to see the VTNG incorporate more primary prevention education and bystander engagement strategies to prevent first time perpetration. 3. The VTNG should partner or consult with primary prevention experts like the Prevention Specialist at the Vermont Network Against Domestic and Sexual Violence to align VTNG efforts with other state and national work and leverage resources to support initiatives. 4. The State should provide directive and capacity to the VTNG and state prevention partners to increase collaboration around the primary prevention of sexual and domestic violence. 5. VTNG should align sexual assault prevention messages with domestic violence prevention messages to increase reach and maximize limited resources.

	<p>6. To help support Vermont’s fire arms prohibitions for people with domestic violence offenses, the VTNG should create MOU with the VT Courts to share information about convictions that require the offender to be prohibited from gun possession if the offender is a known Guard member. These reports should not include any victim identification information.</p>
<p>PREVENTION PRACTITIONER WORKGROUP</p>	<p>Prevention Practitioner Workgroup</p> <ol style="list-style-type: none"> 1. Culturally specific prevention programs for ethnic and immigrant communities should be created and delivered to communities in Vermont. 2. More resources for engaging and working with men should be available, including resources for specific male dominated groups like coaches and military. 3. Practitioners could increase bystander leadership education for middle school and up, providing tools for action. 4. Schools report doing a lot of education around bullying and harassment. Community-based prevention providers and schools should coordinate and collaborate around those efforts to ensure that gender and sexual harassment are adequately being covered. 6. Practitioners should incorporate prevention research and theory, like the 9 Principles of Effective Prevention and the Spectrum of Prevention, into prevention programs. 7. The State should create and maintain a centralized data collection system or resource which would inform prevention program development and evaluation. 8. Evaluation tools for prevention activities should be created and disseminated. These would ideally create common definitions of topic areas (ie, what does “bystander

education” mean) and prevention activities and create a community of shared data and outcome evaluations allowing practitioners to learn from each other’s work.

9. Practitioners should increase community level outreach and education by using a variety of media and social media tools. On the statewide level, agencies and organizations should create consistent statewide prevention messaging that address community and societal norms and target adult audiences.
10. Create opportunities to engage youth to inform and lead community awareness campaigns and peer mentorship.
11. Established a formalized and networked community of practice to connect prevention practitioners, share resources and create opportunities for deeper coordination and collaboration around prevention issues.
12. Create stronger mechanisms to facilitate the flow of information from community and state prevention practitioners to policy and decision makers.
13. Institutionalize prevention work as a priority and as a base of support for success. It is recommended that organizations look at their policies and structure to integrate prevention within the organization more centrally.
14. Organizations and agencies working together in communities should look for ways to increase collaboration, and opportunities for training and cross-training around prevention issues.
15. Prevention practitioners should increase attention on policy response, specifically when working with schools or other youth serving organizations. These policies should ensure effective and safe responses which hold perpetrators

	accountable and support victims. For prevention efforts to be effective, response practices needs to be in place.
SOCIAL CHANGE CAMPAIGN WORKGROUP	<p>1. The Governor’s office should support fully funding a formal, on-going statewide domestic and sexual violence prevention campaign created collaboratively between key State and community based stakeholders.</p> <p><i>The campaign should include:</i></p> <ul style="list-style-type: none"> • positive messages • men as positive role models • examples of healthy behavior to be replicated • opportunities and techniques people can use to practice the positive behavior • incentives for people to change behavior, for example: becoming a better neighbor/partner/father/brother • local talent to produce materials and products that reflect the local Vermont look and sound and in which the audience can “see themselves” • social media to disperse messages and stretch funding • care in identifying audience • a strong resonating message • addressing the barriers people will face in changing their own attitudes about violence against women <p><i>The campaign should coordinate:</i></p> <ul style="list-style-type: none"> • timing with national efforts or campaigns for greater • tailor those national messages for local need and diversity • local “boots on the ground” support in communities • multiple messages using many mediums if reaching multiple audiences <p>2. The violence prevention campaign should be coordinated with other State agencies prevention messages, ideally by a State-based staff situated at a governmental level allowing them to coordinate prevention work throughout and across agencies.</p>