

State of Vermont  
Department of Health  
Division of Maternal and Child Health  
108 Cherry Street - P.O. Box 70  
Burlington, VT 05401  
healthvermont.gov

Agency of Human Services

[phone] 802-863-7333  
[fax] 802-863-7229

March 11, 2016

Dear Colleagues:

*Vermont's Plan to Address Sexual Violence through Primary Prevention 2015-2020* is a collaboration of the Vermont Department of Health, the Vermont Network Against Domestic and Sexual Violence and the State Sexual Violence Prevention Plan Advisory Team.

The Vermont Department of Health receives funding from the Centers for Disease Control and Prevention (CDC) to support the implementation of the Rape Prevention and Education Program. This work is carried out with the Vermont Network Against Domestic and Sexual Violence, the statewide domestic and sexual violence coalition. The plan has grown out of this collaboration and is guided by the CDC public health approach to prevent sexual violence by encouraging comprehensive, innovative strategies, with a focus on primary prevention, which aim to address the individual, relationship, community and societal factors that create conditions that lead to sexual violence, and other interrelated forms of violence.

As the leaders of the two organizations responsible for implementing and evaluating the plan, we understand the importance of ensuring that Vermonters are safe and healthy, and that support and services are available to those who experience the trauma of sexual violence.

We look forward to working in partnership to continue to strengthen sexual violence primary prevention efforts in our state.

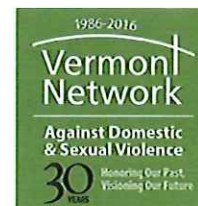
Sincerely,



Harry Chen, MD, Commissioner  
Vermont Department of Health



Karen Tronsgard-Scott, MA  
Executive Director, Vermont Network Against  
Domestic and Sexual Violence



# Vermont's Plan to Address Sexual Violence Through Primary Prevention 2015-2020



---

**W**e want to offer a special thank you to Bethany Pombar, former Prevention Specialist at the Vermont Network Against Domestic and Sexual Violence. Bethany convened advisory teams, conducted research, vetted prevention tools and curricula and numerous other activities in the name of prevention of sexual and domestic violence in Vermont. Her passion for prevention is at the heart of these efforts.

We want to thank survivors of sexual and domestic violence whose stories remind us daily of the need for prevention.

The Plan was compiled by Kim Swartz, Director of Preventive Reproductive Health, Division of Maternal and Child Health, Vermont Department of Health and Doreen Fournier Merrill, Community Change Coordinator, Vermont Network Against Domestic and Sexual Violence. Contributions were made by Karen Tronsgard-Scott, Executive Director of the Vermont Network Against Domestic and Sexual Violence, Rebecca Gurney, evaluation consultant for the Vermont Rape Prevention and Education Grant, and Ilisa Stalberg, Deputy Director of the Division of Maternal and Child Health, Vermont Department of Health.

The Plan is supported by Cooperative Agreement Number CE002447 from the Centers for Disease Control and Prevention (CDC). The contents outlined in this document are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

---

## Table of Contents

<b>Acknowledgements</b> .....	2
<b>Executive Summary</b> .....	3
<b>Introduction</b> .....	4
Background: Vermont Focus on Prevention .....	4
Statewide Capacity to Support this Plan .....	5
The Vermont Network .....	5
The Vermont Department of Health .....	5
Pilots .....	6
Sexual Assault Crisis Team of Washington County .....	6
The Advocacy Program at Umbrella .....	6
The Magnitude of the Problem .....	6
<i>Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner</i> .....	6
<i>Intimate partner violence among high school students, YRBS, 2013</i> .....	7
Findings from Community Needs Assessments & Focus Groups .....	7
Norwich University- SACT .....	7
Northeast Kingdom- Umbrella .....	8
Focus Groups with College Representatives and Youth Advocates .....	9
Visioning Session with the State Prevention Advisory Team .....	9
Intended Populations and Settings for this Plan .....	10
Vision of the State Prevention Plan .....	10
Mission of the State Prevention Plan .....	10
Goals & Strategies .....	10
Evaluation Plan .....	11
<b>Table 1. Vermont State Plan for the Prevention of Sexual Violence Goals, Strategies, and Results</b> .....	12
<b>Table 2. Evaluation Plan: Indicators and Methods</b> .....	13
<b>Appendices</b> .....	18
Definitions .....	18
<b>The Public Health Approach</b> .....	18
Primary Prevention .....	18
The Social-Ecological Model .....	19
Risk and Protective Factors Related to Domestic and Sexual Violence Perpetration .....	20
Resources .....	21
State Resources .....	21
National Resources .....	21

## Acknowledgements

*We want to thank the State Sexual Violence Prevention Plan Advisory Team for their knowledge and support that has informed the development of the State Sexual Violence Prevention Plan.*

**Amy Bremel**

CHANGE Coordinator, Castleton College

**Josh Edelbaum**

Former Coordinator of the Father Initiative, Visiting Nurses Association  
Fatherhood Initiative

**Michelle Fay**

Former Executive Director, Umbrella

**Kim Fountain**

Executive Director, Pride Center of Vermont

**Darlene Furey**

Prevention Specialist, The Advocacy Program at Umbrella

**Bobbi Gagne**

Executive Director, Sexual Assault Crisis Team

**Rebecca Gurney**

RPE Evaluation Contractor

**Kerry Holden**

Former Prevention Program Specialist, The Advocacy Program at Umbrella

**Heather Holter**

Coordinator, Vermont Council on Domestic Violence

**Linda Johnson**

Executive Director, Prevent Child Abuse Vermont

**Theresa Lay-Sleeper**

Juvenile Justice Coordinator, Vermont Department for Children and Families

**Alexandria Manousos**

Prevention Program Specialist, Sexual Assault Crisis Team

**Donna McAllister**

Health Education Consultant, Agency of Education

**Barb McCall**

Director of Health and Wellness Education, Middlebury College

**Doreen Fournier Merrill**

Community Change Coordinator, Vermont Network Against Domestic and Sexual Violence

**Josh Miller**

Fatherhood Coordinator, Family and Children's Services, Vermont Nursing Association

**Andrea Nicoletta**

Peer Education Coordinator, Planned Parenthood of Northern New England

**Skye Peebles**

Program Development Coordinator, Green Mountain Self Advocates

**Bethany Pombar**

Former Prevention Specialist, Vermont Network Against Domestic and Sexual Violence

**Thato Ratsebe**

Director of Communications and Health Education, Association of Africans Living in Vermont

**Dru Roessle**

Performance Improvement Manager, Agency of Human Services

**Jean Sienkewicz**

Former Program Coordinator, Pride Center of Vermont

**Ilisa Stalberg**

Deputy Director, Division of Maternal and Child Health, Vermont Department of Health

**Kim Swartz**

Director of Preventive Reproductive Health, Division of Maternal and Child Health, Vermont Department of Health

**Lilly Talbert**

Communications and Program Coordinator, Vermont Commission on Women

**Karen Topper**

State Coordinator, Green Mountain Self-Advocates

**Karen Tronsgard-Scott**

Executive Director, Vermont Network Against Domestic and Sexual Violence

**Sarah Warrington**

Director, Women's Center, University of Vermont

**Priscilla White**

Child Victim Treatment Co-Director, Center for the Prevention and Treatment of Sexual Abuse, Department for Children and Families

**Willow Wheelock**

Training and Education Coordinator, WomenSafe

**Sydney White**

Public Health Nurse, Office of Local Health, Rutland, Vermont Department of Health

## Executive Summary

**S**exual violence is a significant public health problem affecting millions of individuals in the United States and around the world. Efforts to prevent sexual violence before it occurs (i.e., primary prevention) are increasingly recognized as a critical and necessary complement to strategies aimed at preventing re-victimization or recidivism and ameliorating the adverse effects of sexual violence on victims.<sup>1</sup> Vermont has a long established coordinated community response to sexual violence. Despite this, sexual violence in Vermont remains high. In an effort to stem the tide of violence, stakeholders convened to make recommendations for primary prevention in Vermont.

The overall vision of this Plan is informed by a year of data collection and planning sessions, and is framed around five goals. To achieve the vision that ***every Vermonter lives in a home and community that is free from sexual violence and the oppressions upon which it is based***, five goals were established:

- 1) Youth and young adults ages 14-24 in schools, colleges, and community settings gain skills to prevent sexual violence.
- 2) Communities employ positive social norms that deter and prevent sexual violence.
- 3) Communities engage in sexual violence primary prevention.
- 4) Vermont's sexual and domestic violence system strengthens its capacity for effective prevention programming.
- 5) Vermont colleges, universities and educational institutions have resources and leadership to engage in primary sexual violence prevention.

This Plan is a continuation of work that has been ongoing in Vermont to prevent sexual violence. Multiple stakeholders will be working collaboratively to implement the Plan, which is intended to be fluid, revised as evaluations are conducted, and assessments are made. The more we learn the better chance we have at succeeding in our mission.



## Introduction

This Plan is the result of a yearlong information gathering process led by the Vermont Network Against Domestic and Sexual Violence (Vermont Network), Vermont's domestic and sexual violence state coalition, in partnership with the Vermont Department of Health. The process to develop this Plan has engaged multiple stakeholders through a series of focus groups, community needs assessments, attitudes surveys, local community advisory committees, as well as a State Prevention Plan Advisory Team. The foundation for this Plan grew out of the efforts of the Governor's Task Force on the Prevention of Domestic and Sexual Violence<sup>2</sup>, and a series of recommendations offered by the Task Force. This Plan is meant to guide sexual violence prevention work in Vermont. The model that Vermont has adopted is to work with two pilot communities, led by two Vermont Network member program agencies, to support the adoption of prevention strategies that have grown out of local community needs assessments. The lessons learned from these pilots will be shared more broadly across other member programs of the statewide domestic and sexual violence coalition, as well as other partners who comprise the larger sexual violence prevention system in the state.

### Background: Vermont Focus on Prevention

Rape, and other forms of sexual violence, is preventable. Recognizing this, Congress passed the Violence Against Women Act in 1994. This landmark legislation established the Rape Prevention and Education (RPE) program at CDC. The goal of the RPE program is to strengthen sexual violence prevention efforts at the local, state, and national level. CDC's role in sexual violence prevention is unique; no other federal agency is working to advance the primary prevention of sexual violence—to prevent violence before it begins. By working to prevent sexual violence before it begins, RPE grantees have reached out to new audiences including coaches, boys and men, and the entertainment industry, and have developed innovative prevention strategies, which have spread across the country.<sup>3</sup>

The Vermont Network Against Domestic and Sexual Violence and the Vermont Department of Health have a history of strong collaboration across a variety of programs and projects, and have worked in close partnership for more than a decade to address sexual and domestic violence throughout Vermont. Over the years, these efforts have ranged from supporting the development of curriculum, such as *WholeSomeBodies*<sup>4</sup>, to train adults working with

children on how to increase primary prevention of sexual violence through health promotion, supporting the Vermont Network's *Consent Campaign*<sup>5</sup>, an innovative, statewide initiative launched in 2011, aimed at supporting consent education in middle and high schools throughout Vermont, to supporting the creation of the *Relationship Status Booklet*, a resource that promotes healthy relationships in adolescents, among others efforts.

*The Vermont Approach: A Strategic Plan for Comprehensive, Collaborative Sexual Violence Prevention* was created in 2006 and was accepted by CDC as Vermont's comprehensive primary prevention plan (RPE 07-701). Although the funding of the Vermont Approach has ended, the statewide commitment to and the work of sexual violence prevention continues across the sexual and domestic violence system in the state, across state agencies and community-based organizations that work with local communities to prevent and respond to sexual violence.

In 2011, Vermont Governor Peter Shumlin created the Governor's Prevention of Domestic and Sexual Violence Task Force (Governor's Task Force) by Executive Order. Membership consisted of a multidisciplinary team of public and private partners including law enforcement, business organizations, sexual violence advocacy and support organizations, and state agencies.

The Governor's Task Force was charged with identifying statewide gaps and identifying prevention solutions. This task force was established to:

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

The Task Force conducted a comprehensive review of the research, key informant interviews with stakeholders both within and outside of state government and inside and outside of the sexual violence movement, and several broad-based surveys. Members collected and analyzed data about existing prevention resources, unmet needs, and priorities within the prevention community. The 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; survey of men's attitudes about violence against women; review of prevention work on college campuses; employer survey; review of available state and national data; and review of military practice. The Task Force released its final report in September 2013, and outlined the following seven recommendations:

- 1) Support the creation and implementation of a comprehensive state plan to prevent domestic and sexual violence.
- 2) Support and help develop a statewide, multi-pronged prevention campaign.
- 3) Build capacity for bystander engagement strategies for all ages.
- 4) Increase engagement of men in domestic and sexual violence prevention.
- 5) Strengthen Vermont college campuses' response to prevention of domestic and sexual violence.
- 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.

The current State Plan development process has been co-led by the Vermont Network and the Vermont Department of Health, and supported by a State Prevention Plan Advisory Team. The extensive research conducted by the Governor's Task Force has informed the development of the prevention plan.

## Statewide Capacity to Support this Plan

### The Vermont Network

The Vermont Network is a private nonprofit corporation established in 1986 that serves as the statewide leader of the movement to end domestic and sexual violence and is the collective voice for social change on behalf of domestic and sexual violence survivors. The Vermont Network is a statewide coalition of Vermont's fourteen domestic and sexual violence programs with a statewide office in Montpelier, the state capital. The member programs provide comprehensive domestic and sexual violence services to each county in Vermont. The statewide office provides technical support to programs and engages in state and national policy development. As a whole, the Vermont Network is committed to effecting change in policies, in systems, and in culture, toward the goal of ending domestic and sexual violence. This objective is reflected in the initiatives supported and driven by Vermont Network programs and state office staff.<sup>6</sup>

### The Vermont Department of Health

The Vermont Department of Health's vision is healthy Vermonters living in healthy communities, and its mission is to protect and promote optimal health for all Vermonters. This Plan is guided by a commitment to health equity as outlined in the Vermont Department of Health's Strategic Plan "to reduce health disparities in communities that experience a disproportionate burden of disease..." and to build the capacity of communities to respond to public health needs, in this case specifically related to sexual violence.<sup>7</sup>

The Rape Prevention and Education program encourages the development of comprehensive prevention strategies through a continuum of activities that address all levels of the *social ecological model*.<sup>8</sup> This model supports a comprehensive public health approach that addresses the norms, beliefs, and social and economic systems that create the conditions for the occurrence of sexual and domestic violence. The model considers the complex interplay between individual, relationship, community and societal factors, and addresses risk and protective factors from multiple domains.<sup>9</sup>

The Vermont Department of Health receives funding from CDC in order to support the implementation of the Rape Prevention and Education program, which is situated in the Division of Maternal and Child Health at the Health Department. This work is carried out in close collaboration with the Vermont Network and funding is used to support a Community Change Coordinator at the Network, Prevention Specialists at two Network member agencies, and an evaluation consultant.

The work of the Division of Maternal and Child Health is guided by a strategic framework that includes being grounded in a core set of principles that include being: family-centered, evidence-based and data-driven. The framework that guides the work is based on the Life Course model which is a theoretical model that takes into consideration the full spectrum of factors that impact an individual's health, not just at one stage of life, but through all stages of life. Life course also points to broad social, economic and environmental factors as underlying causes of persistent inequalities in health.<sup>10</sup>

The CDC's Rape Prevention and Education program encourages the development of comprehensive prevention strategies through a continuum of activities that address all levels of the social ecological model.



## Pilots

With a change in funding allocations from the CDC in 2013 for the RPE program, Vermont received an increase in its level of funding. As a result, the Vermont Network was given the opportunity to provide more funds to work on prevention efforts to two Vermont Network member programs selected through a competitive proposal process; this follows the CDC model of concentrating efforts with a smaller cohort over a longer period of time to enhance prevention efforts. The Sexual Assault Crisis Team of Washington County in Barre, Vermont and the Advocacy Program at Umbrella in St. Johnsbury, Vermont won the RPE contracts. The work began in earnest in 2014.

### Sexual Assault Crisis Team of Washington County

The Sexual Assault Crisis Team of Washington County (SACT) was created in 1984 and is a non-profit organization, whose goal is to provide free and confidential gender inclusive services to victims and survivors of sexual violence and their non-offending family members, including a 24 hour, seven days a week crisis hotline, emergency shelter, legal and medical advocacy, support groups, and prevention awareness to address sexual violence in the community.<sup>11</sup>

### The Advocacy Program at Umbrella

Umbrella began in 1976 to address a broad range of issues impacting women and families, including violence against women, child care and gender equity. Umbrella is comprised of four programs to meet the agency's goal of ensuring that communities in Caledonia, Essex, and Orleans Counties offer safety, support and options for self-determination to women and families. The four programs of Umbrella include the Advocacy Program, Kingdom Child Care Connection (KCCC), The Family Room, and Cornucopia. Kingdom Childcare Connection serves as the local child care resource and referral agency for Vermont's Northeast Kingdom. Additionally, KCCC provides resources for child care centers, families, and guardians regarding best practices for child care and oversees certifications for child care centers. Umbrella's vocational training program, Cornucopia, assists women in transition in learning job skills to gain independence and success in their community. Umbrella also provides child-centered supports for parents seeking to establish or re-build their relationship with their children through The Family Room program. Lastly, the Advocacy Program serves survivors of intimate partner violence, sexual violence, dating violence, and stalking, and their children. They provide free and confidential services including safety planning, emergency housing, ongoing support, support groups, prevention, system advocacy and economic justice programming. The work of the RPE grant is conducted by the Sexual Violence Prevention Specialist in the Advocacy Program at Umbrella.<sup>12</sup>

## The Magnitude of the Problem

Sexual violence is defined as a sexual act committed against someone without that person's freely given consent. Sexual violence may involve one or more persons forcing, pressuring, coercing, threatening, or otherwise manipulating another person into sexual acts or activities against her or his will and without her or his consent. There are many types of sexual violence, such as rape, incest, childhood sexual abuse, date/acquaintance rape, intimate partner violence, sexual harassment, bias-motivated crimes against victims who identify as lesbian, gay, bisexual, transgender, queer or questioning, sex trafficking, among others. Sexual violence can affect women, men and children throughout their lives, and impacts individuals, families, and communities.

Sexual violence is a major public health problem. According to CDC's 2010 National Intimate Partner and Sexual Violence Survey (NISVS), in the United States, nearly 1 in 5 women and 1 in 71 men have been raped in their lifetime, while 1 in 2 women and 1 in 5 men have experienced severe sexual violence victimization other than rape at some point in their lives. For many, victimization starts early in life. According to NISVS, approximately 80% of female victims experienced their first rape before the age of 25 and almost half experienced their first rape before age 18. Among male victims, 28% were first raped when they were 10 years old or younger. NISVS also found that early sexual victimization increases women's risk of adult victimization: approximately 35% of women who were raped as minors were also raped as adults compared to 14% of women without an early rape history.<sup>13</sup>

NISVS released a 2010 report on the findings of Victimization by Sexual Orientation that indicates that individuals who self-identify as lesbian, gay and bisexual have an equal or higher prevalence of experiencing intimate partner violence, sexual violence and stalking as compared to self-identified heterosexuals.<sup>14</sup>

### Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner (U.S., 2010)

Women	Men
Lesbian . . . . . 44%	Gay . . . . . 26%
Bisexual . . . . . 61%	Bisexual . . . . . 37%
Heterosexual . . . . . 35%	Heterosexual . . . . . 29%

According to the 2014 Behavior Risk Factor Surveillance System, nearly 1 in 5 (16%) women and 9% of men in Vermont reported an intimate partner had ever hit, slapped, pushed, kicked or physically hurt them in any way. More than 1 in 7 (13%) of adults reported that an intimate partner had ever tried to control their daily activities. Nearly one

Nearly 1 in 5 (16%) women and 9% of men in Vermont reported an intimate partner had ever hit, slapped, pushed, kicked or physically hurt them in any way. 13% of adults reported that an intimate partner had ever tried to control their daily activities. 19% of women and 5% of men reported an intimate partner had ever threatened them or made them feel unsafe in some way.

quarter (19%) of women and 5% of men reported an intimate partner had ever threatened them or made them feel unsafe in some way. Adults with some college education or less are significantly more likely to report having experienced physical harm by a partner than those with a college degree: 14% with high school or less, 13% some college, 10% college or above. Those adults in homes making less than \$25,000 per year are significantly more likely than those in homes with more income to report being physically hurt by an intimate partner: close to a quarter

(21%) of those with incomes at or below \$25,000.<sup>15</sup>

The 2013 Youth Risk Behavior Survey for Vermont shows that nearly 1 in 10 (9%) Vermont students in dating relationships were physically hurt by someone they were dating or going out with. Ten percent of females and 8% of males reported being physically hurt. Nine percent of females had ever been forced to have sexual intercourse when they did not want to. Females were significantly more likely than males (3%) to report being forced to have sex.<sup>16</sup>

**Intimate partner violence among high school students, Vermont YRBS, 2013**

	Overall	Female	Male
Physically hurt	9%	10%	8%
Physically forced to have sex	6%	9%	3%

The Vermont Network Member Programs worked with 6,957 victims in 2014. Nearly three quarters experienced intimate partner violence, 18% experienced sexual violence, 6% experienced stalking and 5% experienced another type of family violence. 1,229 were victims of sexual violence. Of these victims, more than half experienced rape while 4% experienced attempted rape and 2% were the victims of sex trafficking. In addition, 13% of the victims experience child sexual abuse and 13% were adult survivors of child sexual abuse. A quarter of of the victims dealt with other types of sexual violence. In addition to a number of advocacy services, staff accompanied victims of sexual assault to medical facilities to offer support during Sexual Assault Forensic Exams.<sup>17</sup>

Between 1994 and 2014, there were 125 adult domestic violence fatalities in Vermont. Half of all Vermont homicides

were domestic violence related.<sup>18</sup>

According to the 2011 Behavioral Risk Factor Surveillance System (BRFSS)/Adverse Childhood Experiences (ACE), 4% of Vermont adults report that before the age of 18, someone at least 5 years older than them or an adult, forced them to have sex at least once; and 10% of Vermont adults reported that as children, someone at least 5 years older than them or an adult touched them sexually.<sup>19</sup>

**Findings from Community Needs Assessments & Focus Groups**

The Vermont Network worked with the two local RPE-funded programs to conduct community needs assessments to ascertain attitudes and beliefs about sexual violence in each community. In the winter of 2015, SACT surveyed faculty, staff and students on the Norwich College campus in Northfield, Vermont. In the fall of 2014, Umbrella surveyed adults from a cross section of the community and youth from a local high school in St. Johnsbury, Vermont. Based on the results of the community needs assessments, each program identified prevention strategies and developed plans to implement them over the remaining four years of the five-year RPE project.

**Norwich University - SACT**

SACT prevention efforts focus on Norwich University, a small military college with both military and civilian students. SACT is working in partnership with the Norwich campus community to increase sexual violence prevention through a portfolio of coordinated strategies to promote individual and campus-community wide behavior change.

**Findings**

127 respondents completed the Adult Sexual and Domestic Violence Attitudes Assessment at Norwich University. The survey assessed domains related to attitudes and beliefs about sexual and dating violence, asked respondents to identify behaviors within a spectrum of sexual and dating violence, asked about respondents' likelihood of doing something in response to witnessing behaviors, assessed sources of information they are most likely to access, and gathered descriptive characteristics about respondents. Eighty-four percent of survey participants were college-aged; 94% were between the ages of 18—22 and represented all classes (first year students through seniors). The remaining six percent of respondents were over 23 years old or did not identify their age. Eighty percent of respondents were male; 15% were female; 5% did not identify a gender. Ninety-three percent of the respondents identified as heterosexual; 5% identified as gay or lesbian.

Respondents generally demonstrated attitudes and beliefs that do not support sexual violence within the campus community. Seventy-seven percent of the

respondents agreed (ranging from somewhat to strongly) that teaching boys and men about communication helps prevent violence, and seventy-five percent agreed they would be able to assist someone they know who is experiencing sexual violence. However, seventy-two percent of respondents agreed (ranging from somewhat to strongly) that the most effective prevention strategy is teaching women and girls to keep themselves safe. Only one-third of respondents agreed that sexual or dating violence is a problem on campus.

The data suggest that consent is an important issue regarding sexual activity and 39 percent of respondents agreed that talking about consent helps prevent sexual violence; in all eighty-four percent agreed somewhat to strongly. However, nine percent responded that “having sex with someone when they are drunk or high” is normal behavior, and nine percent were unsure whether “pressuring someone for a sexual photo, text or video” is within the spectrum of sexual violence.

Forty-eight percent of respondents were most likely to use the internet for information about relationships and dating or sexual violence; twenty-three percent were most likely to talk with other adults about these topics. Respondents were least likely to get this information from books and brochures.

In terms of the continuum of violence, respondents consistently identified the most overt physically and sexually violent behaviors. In many examples, respondents were more likely to label a behavior as “inappropriate” than to categorize it as sexual or dating violence (yelling at a partner, limiting time a partner spends with friends, being jealous, checking a partner’s texts and emails). More than one in four respondents considered “being jealous of a partner’s relationships with others” as normal behavior in a relationship.

More than half (59%) of students were not sure about whether or not they “could do something to prevent sexual violence within my community.” Forty-three percent agree or strongly agree that they “could prevent sexual violence within my own friendship group.” 90% of respondents said they would always “do something if they witnessed sexual violence happening to a stranger” and 90% would always “do something if they believed their own friend was committing sexual violence.” Most respondents agreed that they would act at least sometimes or always when faced with an incident of sexual violence or harassment. Twenty-two percent would never do something or were not sure whether they would do something if “a friend told a sexist or anti-gay joke.”

### **Strategies**

The SACT prevention specialist met with campus representatives to develop an advisory committee to plan prevention activities on campus. This committee includes the Dean of Students, Commandant of Cadets, members

of the School of Nursing, Student Life, Title IX coordinator, athletics and representatives from the President’s office. The advisory committee reviewed the data to formulate strategies for future prevention programming. The SACT prevention specialist has received training in the *Bringing in the Bystander* curriculum<sup>20</sup> and has begun conducting trainings on campus. Based on the survey findings, SACT will also conduct a social media campaign as part of its prevention efforts, and work with staff and administrators to be more effective resources for students.<sup>21</sup>

Forty-three percent of the respondents agreed or strongly agreed that they had the ability to change the behaviors of peers in their community, so engaging bystanders in positive ways will be another strong focus for campus prevention efforts. At an institutional level, Norwich administration will work with SACT to review their policies to ensure that they are doing everything they can to provide students, faculty, and staff with a safe community to learn in, which includes providing training to faculty and staff.

## **Northeast Kingdom - Umbrella**

### **Findings**

The Umbrella prevention specialist conducted the Adults and Youth Attitudes Assessment. 246 adults and youth responded to the survey. Most adult respondents were between the ages of 30 and 60 and were surveyed either at the workplace, a church or via social media. Youth were surveyed at school or via social media. The survey assessed domains related to attitudes and beliefs about sexual and dating violence, asked respondents to identify behaviors within a spectrum of sexual and dating violence, asked about respondents’ likelihood of doing something in response to witnessing behaviors, assessed sources of information they are most likely to access, and gathered descriptive characteristics about respondents. 70% of respondents were adults and 30% were youth. 29% of the adult respondents were male and 70% were female. Of youth respondents, 80% identified as female, 15% as male and 5% as “I do not know” or other. Youth respondents had an age range from 13 – 18 years old, and an average age of 16. Of the adult respondents, 85% identified as heterosexual, 9% as gay or lesbian, 4% as bisexual and 1% as “I do not know” or other. Of the youth respondents, 88% identified as heterosexual, 9% as bisexual and 3% as “I do not know” or other.

Most adults and youth recognized overt signs of sexual, dating and domestic violence. Both adults and youth identified that sexual violence most often occurs between people who know each other, and that men more often commit sexual violence. Most youth and adult respondents agreed or strongly agreed that victims of domestic and sexual violence tell the truth and that victims may stay in a relationship despite a strong desire to leave. Adult



.....  
**Adults and youth indicated they learn about sexual and domestic violence from others in the community. Adults seek information from peers and family members while youth from a trusted adult or teacher.**  
.....

respondents recognized domestic violence as a concern in the community, but were less likely to agree that “sexual violence is a problem in my community.” Most youth were not sure whether sexual violence is a problem in schools, and most respondents were not aware of the prevalence of intimate partner violence among youth. Adults and youth indicated that they were not sure whether or not a peer

or family member had experienced sexual or domestic violence in their lives.

Both youth and adults identified overt forms of violence as domestic or dating violence but did not identify subtle forms of violence (i.e. humiliation, name calling, frequent phone calls or emails or requiring a partner to check in) as dating or domestic violence. Survey results suggest that community members are unclear about more covert behaviors associated with violence.

Adult respondents were somewhat confident that they “can prevent sexual and domestic violence in their own lives”, but youth felt less empowered to prevent violence. Men and women were equally likely to believe it is always or sometimes their responsibility to act when they witness violence, including incidents where a friend or a stranger is the victim. Both youth and adults felt confident in their ability to respond to a friend or family member who discloses violence, but both were unsure where to refer the person in the community.

Adults and youth indicated that they learn about sexual and domestic violence from others in the community. Adults seek information from peers and family members, while youth seek information from a trusted adult or teacher.

**Strategies**

Based on these findings, Umbrella’s prevention strategies focus on providing information and training on the continuum of violence, with an emphasis on covert behaviors, using bystander engagement education. Because community members identified each other as a resource for information, efforts will be focused at the community level regarding the types and prevalence of abuse, resources in the community, and how to intervene. Training adults and youth to identify abuse and understand safe ways to intervene is a primary strategy. Because youth identified trusted adults as resources, Umbrella will work to prepare adults to talk with youth about sexual, dating and domestic violence. Umbrella will implement a violence prevention program for youth to engage them in strategies to prevent violence in their own lives, and among their peers and communities.

Umbrella convened a Sexual Violence Prevention Community Advisory Team that includes representatives from over 15 stakeholder organizations, as well as community members. The prevention specialist has established relationships with several area schools and is focusing efforts on increasing capacity in prevention at the organizational level. The Umbrella prevention specialist received training in the *Green Dot*<sup>22</sup> curriculum and is identifying other bystander and healthy relationships curricula that will be offered for adults to be prepared to discuss and intervene with youth affected by sexual, dating or domestic violence.<sup>23</sup>

**Focus Groups with College Representatives and Youth Advocates**

Building upon the work of the Governor’s Task Force, two groups were identified to provide perspective on prevention efforts in the state, youth advocates and college and university campus personnel. Youth advocates from the member programs of the Vermont Network participated in a focus group in December 2014 to assess prevention efforts they engage in across Vermont. The youth advocates use a number of prevention curricula and reach school age children through college level young adults. Concerns from this discussion include the need for school and campus collaborations to either strengthen or begin a collaboration to discuss prevention programming in schools and on campuses; there are limited resources for staff to fully engage in prevention activities; and most curricula is still relatively untested. Youth advocates want evidence-based tools that change social norms and attitudes towards sexual, domestic and gender-based violence.<sup>24</sup>

Campus personnel gathered to discuss prevention activities across the state in October 2014 in which over half of the state’s colleges and universities were represented. Three themes emerged from the discussion: 1) the need for a systemic approach to the prevention of sexual violence on campus including policy work and a strategic framework to link student retention and academic success to freedom from sexual violence; 2) training for administration, faculty, staff and athletic personnel using tools that work for different sized campuses and work to engage men and offer appropriate bystander interventions; and 3) the development of leadership through an intercollegiate network to support each other in the work and share strategies to engage administration in the process.<sup>25</sup>

**Visioning Session with the State Prevention Advisory Team**

The State Prevention Plan Advisory Team was convened twice by the Vermont Network and the Vermont Department of Health to support the development of the sexual violence prevention plan. Stakeholders represented

multiple agencies working toward prevention and hail from various Agency of Human Services' departments, including health and children and family services, as well as the Agency of Education, and the Vermont Commission on Women; multiple sexual and domestic violence advocates; colleges and universities; in addition to non-profit, community based organizations, both statewide and local including: Prevent Child Abuse Vermont; Visiting Nurses Association (VNA) Fatherhood Initiative; Pride Center of Vermont; Center for the Prevention and Treatment of Sexual Abuse; Green Mountain Self Advocates; and Vermont Council on Domestic Violence.

The July visioning session of the Advisory Team formed the basis for the prevention plan. As part of this visioning session several strengths and opportunities were identified and include a strong base for collaboration between agencies; a commitment to prevention; strong mechanisms for sharing information and resources. Areas to improve include a need for more evaluation of prevention work and research on best practices; ability to have conversations about domestic and sexual violence; need for more complex understanding of the impact of violence on whole community; organizational capacity issues; need for inclusion of many voices and culturally appropriate responses.<sup>26</sup>

## Intended Populations and Settings for this Plan

The national, state and local community level data indicate the need to focus prevention efforts on building the capacity to enhance primary prevention of sexual violence among youth and young adults. To stem the tide of victimization, this plan will focus on youth ages 14-24 in school or in college, as well as youth not in school. The State Prevention Advisory Team input and community needs assessments and focus group findings highlight the need to ensure that Vermont's sexual violence prevention strategies connect to multiple levels of vulnerability and oppression by recognizing and addressing the specific needs of vulnerable populations: youth with disabilities, lesbian, gay, bisexual and transgendered youth, New American communities, native youth, and those who are part of a racial or ethnic minority.

In addition, there will be an emphasis on identifying and working with adults who are in the lives of Vermont youth to foster *Askable Adults*. Askable Adults are trusted adults who are approachable, who listen, and who have the right set of skills and knowledge to support youth and young adults. As the community needs assessment in the Umbrella community revealed, young people turn to their parents and teachers for information. Askable Adults can also be community members who are perceived as trusted adults. The concept of Askable Adults has been used in sexual health education and this plan extends it more broadly to healthy relationships.<sup>27</sup>

The settings in which strategies identified will be implemented include high schools, colleges and the broader community to engage youth not in school. "Not Alone", the report from the White House Task Force to Protect Students from Sexual Assault reports that one in five women are sexually assaulted each year on college and university campuses.<sup>28</sup> This points to the need and urgency to develop and implement coordinated prevention strategies specific to the college and university setting.

To reach populations not in the high school or campus setting, the team will work with community partners, organizations, leaders and elders to determine appropriate settings in the broader community.

## Vision

*Every Vermonter lives in a home and community that is free from sexual violence and the oppressions upon which it is based.*

## Mission

*The Vermont Network and the Vermont Department of Health work collaboratively, comprehensively and strategically to strengthen the ability of communities to prevent sexual violence. This will be achieved by changing society norms and behaviors and strengthening coordination, collaborations and systems.*

## Goals

- 1) Youth and young adults ages 14-24 in schools, colleges, and community settings gain skills to prevent sexual violence.
- 2) Communities employ positive social norms that deter and prevent sexual violence.
- 3) Communities engage in sexual violence primary prevention.
- 4) Vermont's sexual and domestic violence system strengthens its capacity for effective prevention programming.
- 5) Vermont colleges, universities and educational institutions have resources and leadership to engage in primary sexual violence prevention.

In keeping with the public health model for the primary prevention of sexual violence, strategies to address these goals are formulated at the individual, relationship community, organizational/institutional, and societal levels across the social ecology. Each strategy is connected to the plan's short and intermediate goals, and long-term vision, as shown in Table 1. Discrete activities within each strategy will be determined by RPE and local pilot program leaders, based on available data and best practice information. In all, the plan aims to have a comprehensive impact on Vermont's communities, institutions, and social norms that result in increased safety and well-being for all.

## Evaluation Plan

In order to make effective use of RPE and stakeholder resources, to test local primary prevention methods and strategies, and to inform the larger evidence base related to sexual violence prevention, activities carried out under the Vermont Plan to Address Sexual Violence through Primary Prevention will be evaluated. The overarching purpose and goals of the Rape Prevention and Education Program are to:

- Increase RPE-funded work that is evidence based or evidence informed
- Increase the use of the public health approach for program planning and implementation
- Ensure that programming is reaching the intended audience
- Identify promising strategies for further evaluation

The RPE guiding evaluation questions are:

- Are RPE-funded organizations implementing strategies according to effective prevention principles?
- Are RPE funded organizations selecting and implementing strategies based on the public health approach?

To this end, both process and outcome evaluation measures will be used to evaluate the strategies implemented to achieve the plan goals. Evaluation results will be reported annually throughout the life of the plan, and strategies will be refined based on these findings. A detailed RPE State Plan Evaluation Plan is included in Table 2.



Table 1

<b>Vermont State Plan for the Prevention of Sexual Violence Goals, Strategies, and Outcomes</b>			
<b>Objectives and Strategies Across the Social Ecological Model</b>	<b>Short-term Outcomes (Years 1-3)</b>	<b>Intermediate Outcomes (by 2020)</b>	<b>Long-term Vision</b>
<p><b>Individual Level</b></p> <p>1. Vermont youth and young adults ages 14-24 have knowledge, skills, and information to address the precursors to violence and increase bystander behaviors.</p>	<p>Vermont's sexual and domestic violence system strengthens its capacity for effective prevention programming.</p>	<p>Youth and young adults ages 14-24 in schools, colleges, and community settings gain skills to prevent sexual violence.</p>	<p>Decrease sexual violence perpetration and victimization in Vermont.</p>
<p><b>Relationship Level</b></p> <p>1. Community Dialogue Leaders actively lead local prevention conversations.</p> <p>2. Askable Adults use accurate information to support prevention among youth.</p>	<p>Vermont colleges and universities have resources and leadership to engage in primary sexual violence prevention.</p>	<p>Communities employ positive social norms that deter and prevent sexual violence.</p>	<p>Increase protective factors and decrease risk factors for sexual violence.</p>
<p><b>Community/Institutional Level</b></p> <p><i>RPE funded programs, Network member programs and partners</i></p> <p>1. In years 2-3, RPE funded programs implement local prevention strategies rooted in public health evidence-informed practices.</p> <p>2. In years 3-5, Network member programs' and partners' organizational capacity for prevention programming increases.</p> <p>3. In years 4-5, Network member programs and partners implement local prevention strategies rooted in public health evidence-informed practices.</p> <p><i>Colleges and Universities</i></p> <p>4. Intercollegiate workgroup informs and leads campus-based primary sexual violence prevention.</p> <p>5. Vermont colleges and universities develop model policies.</p> <p>6. Vermont colleges and universities train students and administrators.</p> <p><i>Public Health System</i></p> <p>7. Data is used to inform, monitor and evaluate sexual violence prevention efforts and practices in Vermont.</p> <p>8. The Vermont public health system promotes prevention of sexual violence.</p> <p><i>Sexual Violence and Domestic Violence System (SV/DV)</i></p> <p>9. Enhance collaboration and integration across the SV/DV system to strengthen prevention strategies.</p> <p>10. SV/DV systems consistently address the unique needs of vulnerable populations in primary prevention activities.</p>	<p>Communities engage in sexual violence primary prevention.</p> <ul style="list-style-type: none"> <li>• Short-term focus on RPE funded programs/communities.</li> <li>• Long-term focus on Vermont communities more broadly.</li> </ul>		<p>Promote safety, equality, and respect for youth and adults in Vermont.</p>
<p><b>Society Level</b></p> <p>1. Develop a Statewide media campaign aimed at changing social norms.</p>			

Table 2

<b>Evaluation Plan: Indicators and Methods</b>	
<b>Vermont RPE State Plan Evaluation Plan</b>	
<b>Goal/Evaluation Question</b>	<b>Objectives, Indicators and Methods</b>
<b>Plan Goal #1</b>	<b>Youth and young adults ages 14-24 in schools, colleges, and community settings gain skills to prevent sexual violence.</b>
<b>To what extent do Vermont youth ages 14-24 demonstrate prevention behaviors?</b>	<p><b>1. Vermont youth ages 14-18 in high school have knowledge, skills, and information to address the precursors to violence and increase bystander behaviors.</b>                      Indicator 1: # of youth trained/ engaged                      Indicator 2: Evidence of increased knowledge &amp; skills                      Indicator 3: Youth demonstrate efficacy to use of bystander behaviors</p> <p><b>2. Vermont youth ages 18-24 on college campuses have knowledge, skills, and information to address the precursors to violence and increase bystander behaviors.</b>                      Indicator 1: # of youth trained/ engaged                      Indicator 2: Evidence of increased knowledge &amp; skills                      Indicator 3: Youth demonstrate efficacy to use of bystander behaviors</p> <p><b>3. Vermont youth ages 18-24 in community settings have knowledge, skills, and information to address the precursors to violence and increase bystander behaviors.</b>                      Indicator 1: # of youth engaged                      Indicator 2: Evidence of increased knowledge &amp; skills                      Indicator 3: Youth demonstrate efficacy to use of bystander behaviors</p> <p><b>4. Askable Adults use accurate information to support prevention among youth.</b>                      Indicator 1: # of adults trained/ reached                      Indicator 2: Adults demonstrate accurate information and efficacy to convey it to youth.                      Indicator 3: Adults demonstrate times/ situations where information is conveyed.</p>
<b>Data Sources</b>	Training registration/sign ins; Youth, Community Dialogue Leader, Askable Adult training pre/post-tests;
<b>Data Collection</b>	Surveys delivered by programs/ individuals delivering prevention programming to each audience, at the time of training.
<b>Timeline</b>	All results compiled annually.
<b>Results Communication</b>	At project conclusion and periodically as key findings are identified that will inform ongoing activities and strategies.

Vermont's Plan to Address Sexual Violence through Primary Prevention, 2015-2020

Goal/Evaluation Question	Objectives, Indicators and Methods
<b>Plan Goal #2</b>	<b>Communities employ positive social norms that deter and prevent sexual violence.</b>
<b>How have community social norms related to sexual violence improved?</b>	<p><b>1. Develop a Statewide media campaign aimed at changing social norms.</b>                      Indicator 1: # of sites (programs/ campuses/ communities) implementing campaign.                      Indicator 2: # of individuals reached by campaign messaging at implementation sites.                      Indicator 3: Relative reach/ audience (approx. #s, # of channels) of social media marketing, publications, print, and other media dissemination.                      Indicator 4: Comparison of key social norms data from pre/ post campaign assessment.</p>
<b>Data Sources</b>	Implementation reports from community-based implementation sites; Media dissemination results; Surveys/Focus Groups in focus populations
<b>Data Collection</b>	Establish mechanism for implementation sites to report back about campaign use; At conclusion of media strategy (or at end of each phase if strategy is multi-year/ multi-level), conduct surveys/ focus groups to understand changes in social norms. This could include repeating Youth/ Adults attitudes surveys among focus populations.
<b>Timeline</b>	All results compiled at intervals in accordance with selected media strategy and implementation plan. At minimum, to include annual reporting regarding media campaign activities and reach, with social norms data comparisons in project year 5.
<b>Results Communication</b>	At project conclusion and periodically as key findings are identified that will inform ongoing activities and strategies.

Goal/Evaluation Question	Objectives, Indicators and Methods
<b>Plan Goal #3</b>	<b>Communities engage in sexual violence primary prevention.</b>
<b>How well are communities engaged in SV prevention?</b>	<p><b>1. In years 2-3, RPE funded programs implement local prevention strategies rooted in public health evidence-informed practices.</b>                      Indicator 1: RPE work plans connect prevention strategies to evidence.                      Indicator 2: # and description of interventions delivered.                      Indicator 3: # of individuals reached through community-based approaches.                      Indicator 4: Community-level indicators of “engagement” in prevention.</p> <p><b>2. In years 4-5, Member programs implement local prevention strategies rooted in public health evidence-informed practices.</b>                      Indicator 1: # of member programs trained to use evidence-informed practices in prevention strategies.                      Indicator 2: # and description of interventions delivered.                      Indicator 3: # of individuals reached through community-based approaches.                      Indicator 4: Community-level indicators of “engagement” in prevention.</p> <p><b>3. Community Dialogue Leaders actively lead local prevention conversations.</b>                      Indicator 1: # of Community Dialogue Leaders trained.                      Indicator 2: # of sessions/ conversations convened.                      Indicator 3: Quantitative/ qualitative results of conversations.</p>
<b>Data Sources</b>	Local RPE annual work plans and reports, including summaries of local community-level surveys and assessments;
<b>Data Collection</b>	Collected by RPE-funded programs in fulfillment of project deliverables;
<b>Timeline</b>	All results compiled annually.
<b>Results Communication</b>	At project conclusion and periodically as key findings are identified that will inform ongoing activities and strategies.

Goal/Evaluation Question	Objectives, Indicators and Methods
<b>Plan Goal #4</b>	<b>Vermont's sexual and domestic violence system strengthens its capacity for effective prevention programming.</b>
<p><b>Is the SV system well-equipped to provide effective prevention programming?</b></p>	<ol style="list-style-type: none"> <li><b>1. Enhance collaboration and integration across the SV system to strengthen prevention strategies.</b>                      Indicator 1: Stakeholders across SV system are connected to one another.                      Indicator 2: Stakeholders across SV system have mechanisms to share best practices, program results, emerging needs.                      Indicator 3: Stakeholders across SV system affirm that the “system is working” to support SV prevention in Vermont.</li>   <li><b>2. The Vermont public health system promotes prevention of sexual violence.</b>                      Indicator 1: VDH effectively leads efforts to promote sexual violence prevention through RPE funding administration.                      Indicator 2: VDH acts as a liaison between Vermont SV systems, state agencies, and CDC and other national SV primary prevention resources to identify and share best practices and resources (# of contacts, meetings, resources shared, distribution channels)                      Indicator 3: VDH establishes/ maintains surveillance systems to monitor progress of sexual violence primary prevention.</li>   <li><b>3. SV systems consistently address the unique needs of vulnerable populations in primary prevention activities.</b>                      Indicator 1: Organizations and individuals representing identified priority populations are engaged as experts, leaders and partners in efforts to strengthen sexual violence prevention systems.                      Indicator 2: Organizations and individuals representing identified priority populations affirm that the “system is working” within and for their communities.</li>   <li><b>4. Data is used to inform, monitor and evaluate sexual violence prevention efforts and practices in Vermont.</b>                      Indicator 1: Data sources are identified, including baselines regarding populations, social norms, incidence rates;                      Indicator 2: Annual data summary of key sexual violence indicators is prepared.                      Indicator 3: Data is used by RPE funded programs and the Network to establish targets for prevention activities;                      Indicator 4: # of member programs and partners who receive training in effective use of data for primary prevention.                      Indicator 5: #/% of member programs and partners who demonstrate using state and local data to establish program activities, goals, and budgets.</li>   <li><b>5. In years 1-5, RPE funded programs’ organizational capacity for prevention programming increases.</b>                      Indicator 1: RPE funded programs receive \$\$, technical assistance and training to support prevention programming.                      Indicator 2: RPE funded programs report capacity enhancements (in operations, staffing, finances, mission, programs, community partners, community presence) that advance primary prevention.</li> </ol> <p style="text-align: right;"><i>continued on next page</i></p>

Vermont's Plan to Address Sexual Violence through Primary Prevention, 2015-2020

Goal/Evaluation Question	Objectives, Indicators and Methods
<b>Plan Goal #4</b> <i>(continued)</i>	<b>Vermont's sexual and domestic violence system strengthens its capacity for effective prevention programming.</b>
<b>Is the SV system well-equipped to provide effective prevention programming?</b>	<b>6. In years 3-5, member programs' organizational capacity for prevention programming increases.</b> Indicator 1: #/% Member programs learn about effective prevention programming from RPE funded pilots. Indicator 2: #/% of Member programs assess organizational capacity for primary sexual violence prevention.
<b>Data Sources</b>	Surveillance data/ VDH sources; RPE annual reports; Stakeholder interviews/ focus groups; Member program training participation records.
<b>Data Collection</b>	Baseline surveillance data established at project beginning and compared annually thereafter; Stakeholder/ member/ other systems surveyed/ interviewed periodically and at conclusion of project.
<b>Timeline</b>	All results compiled annually.
<b>Results Communication</b>	At project conclusion and periodically as key findings are identified that will inform ongoing activities and strategies.

Goal/Evaluation Question	Objectives, Indicators and Methods
<b>Plan Goal #5</b>	<b>Vermont colleges and universities have resources and leadership to engage in primary sexual violence prevention.</b>
<b>How has the State Plan strengthened Vermont colleges' primary prevention approaches and systems?</b>	<b>1. Intercollegiate workgroup informs and leads campus-based primary sexual violence prevention.</b> Indicator 1: # of colleges engaged in workgroup. Indicator 2: # of meetings/ events. Indicator 3: Workgroup products (trainings, curricula, conferences, professional networks) Indicator 4: Examples of college resources/ leadership that have been informed or supported as a result of State Plan activities.
<b>Data Sources</b>	Workgroup meeting agendas/ notes; annual workgroup activity report & other products
<b>Data Collection</b>	By workgroup/ RPE administrator.
<b>Timeline</b>	All results compiled annually.
<b>Results Communication</b>	At project conclusion and periodically as key findings are identified that will inform ongoing activities and strategies.



## Appendices

### Definitions

#### Domestic Violence and Intimate Partner Violence

Is a pattern of abusive behavior used by one person to gain and maintain power and control over an intimate partner or an ex-partner. It occurs in both dating and long-term relationships. Tactics may include physical, sexual, emotional, and economic abuse, isolation, coercion, and intimidation. Over time, domestic violence results in a significant gap in power and personal freedom between an abusive partner and a victim or survivor. Abuse impacts every aspect of a relationship and of a survivor's life including mental and physical health, friend and family relationships, parenting, and financial status. It also has long-lasting effects on the family and community. Domestic violence occurs at similar rates in same-sex and heterosexual relationships. In heterosexual relationships, most perpetrators of domestic violence are men abusing female partners. Abusers and survivors of domestic violence may be of any age, gender or gender identity, sexual orientation, race, culture, class, economic status, ability, education or any other group of people.<sup>29</sup>

#### Teen Dating Violence

Teen dating violence is defined as the physical, sexual, psychological, or emotional violence within a dating relationship, including stalking. It can occur in person or electronically and might occur between a current or former dating partner.

Dating violence is widespread with serious long-term and short-term effects. Many teens do not report it because they are afraid to tell friends and family. A 2011 CDC nationwide survey found that 23% of females and 14% of males who ever experienced rape, physical violence, or stalking by an intimate partner, first experienced some form of partner violence between 11 and 17 years of age. A 2013 survey found approximately 10% of high school students reported physical victimization and 10% reported sexual victimization from a dating partner in the 12 months before they were surveyed.<sup>30</sup>

#### Bystander

Bystanders are individuals who witness emergencies, criminal events or situations that could lead to criminal events and by their presence may have the opportunity to provide assistance, do nothing, or contribute to the negative behavior. A positive bystander model calls for prevention

efforts that take a wider community approach rather than simply targeting individuals as potential perpetrators or victims. In the context of prevention programs, pro-social or empowered bystanders are individuals whose behaviors intervene in ways that impact the outcome positively.<sup>31</sup>

### The Public Health Approach<sup>32</sup>

#### Primary Prevention

The Vermont Network and the Vermont Department of Health are committed to working on the prevention of sexual violence. There are three types of prevention activities:

- Primary prevention: Activities that take place before violence has occurred to prevent initial perpetration or victimization.
- Secondary prevention: Immediate responses after violence has occurred to deal with the short-term consequences of violence.
- Tertiary prevention: Long-term responses after violence has occurred to deal with the lasting consequences of violence for the victim/survivor, as well as offender treatment interventions.

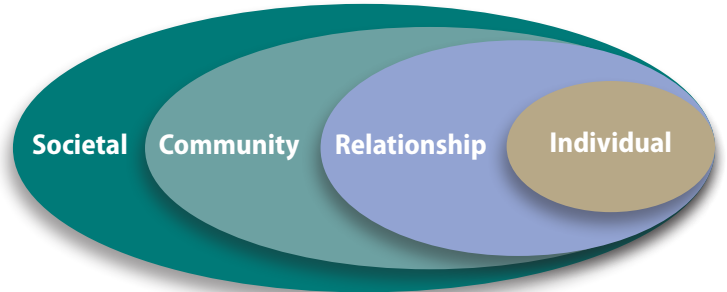
Primary prevention is the cornerstone of the RPE program and is the focus of this plan. The CDC defines sexual violence primary prevention as simply to stop violence from happening in the first place. The CDC Rape Prevention and Education Program (RPE) has an overarching purpose to prevent sexual violence perpetration and victimization by implementing primary prevention strategies. In line with this, Vermont has worked to advance this goal by supporting RPE funded organizations to implement sexual violence prevention strategies that adhere to general principles of effective prevention strategies. These include:

- Preventing first-time perpetration and victimization;
- Reducing modifiable risk factors while enhancing protective factors associated with sexual violence perpetration and victimization;
- Using the best available evidence when planning, implementing, and evaluating prevention programs;
- Incorporating behavior and social change theories into prevention programs;
- Using population-based surveillance to inform program decisions and monitor trends; and
- Evaluating prevention efforts and using the results to improve future program plans.

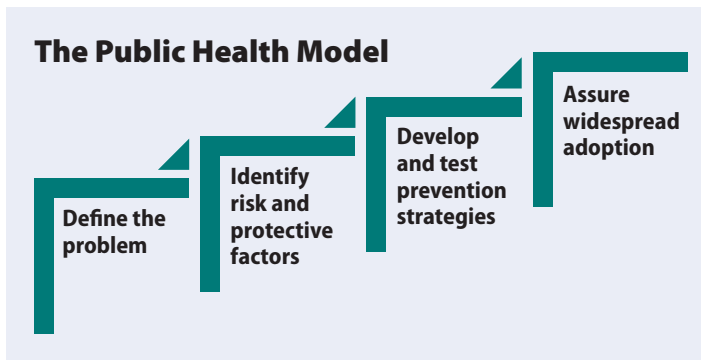
The public health perspective asks the foundational questions: Where does the problem begin? How could we prevent it from occurring in the first place? To answer these questions, public health uses a systematic, scientific approach for understanding and preventing violence. There are multiple steps in the public health approach, with each step informing the next. Many people, organizations, and systems are involved at each step along the way.

.....  
**The public health perspective asks the foundational questions: Where does the problem begin? How could we prevent it from occurring in the first place?**  
 .....

Prevention strategies should include a continuum of activities that address multiple levels of the model. These activities should be developmentally appropriate and conducted across the lifespan. This approach is more likely to sustain prevention efforts over time than any single intervention.



The four levels are described as follows:



**Individual**

The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse. Prevention strategies at this level are often designed to promote attitudes, beliefs, and behaviors that ultimately prevent violence. Specific approaches may include education and life skills training.

**Relationship**

The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle-peers, partners and family members-influences their behavior and contributes to their range of experience. Prevention strategies at this level may include parenting or family-focused prevention programs, and mentoring and peer programs designed to reduce conflict, foster problem solving skills, and promote healthy relationships.

**Community**

The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level are typically designed to impact the social and physical environment – for example, by reducing social isolation, improving economic and housing opportunities in neighborhoods, as well as the climate, processes, and policies within school and workplace settings.

- Step 1: Define and Monitor the Problem** — Use data sources to define the problem; decide which risk and protective factors of the target population will be addressed
- Step 2: Identify Risk and Protective Factors** — Select strategies that address the target population and risk and protective factors across the socio-ecological model
- Step 3: Develop and Test Prevention Strategies** — Identify strengths, challenges and weaknesses and share lessons learned
- Step 4: Assure Widespread Adoption** — Move to outer layers of the socio-ecological model; spread to larger population; share data across system and sectors <sup>33</sup>

**The Social-Ecological Model**

Because the ultimate goal is to stop violence before it begins, prevention requires understanding the factors that influence violence. Vermont's work is grounded in the CDC four-level social-ecological model to better understand violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to address the factors that put people at risk for experiencing or perpetrating violence.

## Societal

The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.<sup>34</sup>

## Risk and Protective Factors Related to Domestic and Sexual Violence Perpetration

Risk factors are associated with a greater likelihood of sexual violence (SV) perpetration. They are contributing factors and may or may not be direct causes. Not everyone who is identified as “at risk” becomes a perpetrator of violence. A combination of individual, relational, community and societal factors contribute to the risk of becoming a perpetrator of SV. Understanding these multilevel factors can help identify various opportunities for prevention. Protective factors may lessen the likelihood of sexual violence victimization or perpetration by buffering against risk. These factors can exist at individual, relational, community, and societal levels.<sup>35</sup>

CDC conducted a systematic review of risk and protective factors for sexual violence perpetration and identified a number of factors at the individual and relationship levels<sup>36</sup> that have been supported by other research. Research examining risk and protective factors at the community and societal levels remains limited.

An analysis of the independent and crosscutting risk and protective factors related to intimate partner violence, sexual violence and teen dating violence outlined in *Connecting the Dots* is captured below.<sup>37</sup> With so few protective factors identified, it is imperative that these factors are strengthened. The goals and strategies in this plan are intended to improve the prevention system in Vermont in order to effectively address risk factors.

### Risk Factors Related to SV, IPV and Teen Dating Violence Perpetration

#### Society

- Cultural norms that support aggression towards others
- Weak health, educational, economic, and social policies/laws
- Harmful norms around masculinity and femininity

#### Relationship

- Social isolation/lack of social support
- Family conflict
- Poor parent-child relationships
- Association with sexually aggressive, hypermasculine peers

#### Community

- Neighborhood poverty
- Diminished economic opportunities/high unemployment rates
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

#### Individual

- History of violent victimization
- Witnessing violence
- Substance use
- Lack of non-violent social problem-solving skills
- Poor behavioral control/Impulsiveness

### Protective Factors Related to SV and Teen Dating Violence Perpetration

#### Intimate Partner Violence Only

#### Community

- Coordination of resources and services among community agencies

#### Sexual Violence Only

#### Relationship

- Connection/commitment to school

#### Teen Dating Violence Only

#### Relationship

- Family support and connectedness
- Connection to a caring adult
- Association with prosocial peers
- Skills in problem solving

Source: Adapted from *Connecting the Dots*, CDC, 2014

## Resources

### State Resources:

- Sexual Violence Prevention Task Force resources, including the Technical Assistance Resource Guide (TARG): <http://education.vermont.gov/sexual-health/sexual-violence-prevention>
- Vermont Network Against Domestic and Sexual Violence: <http://www.vtnetwork.org/>
- Vermont Department of Health: <http://healthvermont.gov/dsvs/model.aspx>
- Prevent Child Abuse Vermont: <http://www.pcavt.org/>
- The Governor's Task Force on the Prevention of Domestic and Sexual Violence

### National Resources:

- Centers for Disease Control and Prevention (CDC), Rape Prevention and Education Program (RPE): <http://www.cdc.gov/violenceprevention/rpe/>
- Futures Against Violence: <http://www.futureswithoutviolence.org/>
- Veto Violence <http://vetoviolence.cdc.gov/>
- No More: <http://nomore.org/>
- PreventConnect: <http://www.preventconnect.org/>
- National Sexual Violence Resource Center <http://www.nsvrc.org/>
- Not Alone: <https://www.notalone.gov/>

## Data Sources: Intimate Partner and Sexual Violence, Vermont

### Primary Data Sources

*Vermont Department of Health staff representing Health Surveillance can be available to provide updated information on at least an annual basis*

Dataset	General Information on Data Availability
<b>BRFSS - Behavioral Risk Factor Surveillance System</b>	Collected on an ongoing basis. Data released annually – typically.
<b>PRAMS-Pregnancy Risk Monitoring System</b>	Collected on an ongoing basis. Data released annually, typically with ~16-18 month lag. Typically receive data summer each year.
<b>YRBS- Youth Risk Behavior Survey</b>	Collected biannually in winter of odd years. Data release in following fall.
<b>Hospital Discharge Data</b>	Collected on an ongoing basis, released approximately annually.
<b>SIREN-Vermont Statewide Emergency Medical Services</b>	Intend to provide annual summary reports as of 2016.
<b>WIC-Women, Infants, Children</b>	Intake question pregnant and new mothers-victims of DV.
<b>National College Health Survey Data</b>	Collected biannually in fall of even years. Data released in following winter/spring.

**Data Currently Available from Each Source**

Data Source	Questions	When Available
<p><b>BRFSS</b> (intimate partner violence)</p>	<p>(IPV - Q1) Are you in a safe place to answer these questions?</p> <p>(IPV - Q2) Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?                      1. Yes, more than 12 months ago                      2. Yes, less than 12 months ago                      3. No</p> <p>(IPV - Q3) Has an intimate partner ever threatened you or made you feel unsafe in some way?                      1. Yes, more than 12 months ago                      2. Yes, less than 12 months ago                      3. No</p> <p>(IPV - Q4) Has an intimate partner ever tried to control your daily activities, for example who you could talk to or where you could go?                      1. Yes, more than 12 months ago                      2. Yes, less than 12 months ago                      3. No</p>	<p><i>2014 data is available; previously asked in 2009</i></p> <p><i>Asked in 2014; available summer 2015. Previously asked in 2009</i></p> <p><i>Asked in 2014; available summer 2015. Previously asked in 2009</i></p> <p><i>Asked in 2014; available summer 2015. Previously asked in 2009</i></p>
<p><b>BRFSS</b> (sexual violence)</p>	<p>(SV - Q1) Are you in a safe place to answer these questions?</p> <p>(SV - Q2) In the past 12 months has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?</p> <p>(SV - Q3) In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touch? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?                      (SV - Q4) Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?</p> <p>(SV - Q5) Has this (Q4) happened in the past 12 months?</p>	<p><i>Asked in 2015; available summer 2016. Previously asked in 2005</i></p> <p><i>Asked in 2015; available summer 2016. Previously asked in 2005</i></p> <p><i>Asked in 2015; available summer 2016. Previously asked in 2005</i></p> <p><i>Asked in 2015; available summer 2016. Previously asked in 2005</i></p>
<p><b>PRAMS</b> Questions</p>	<p>During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?</p> <p>During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?</p>	<p><i>Asked in 2015; available summer 2016. Previously asked in 2005</i></p> <p><i>2011 data available; 2012 available late winter/early spring 2015</i></p>



**Data Currently Available from Each Source**, *continued*

Data Source	Questions	When Available
<p><b>YRBS</b> Questions</p>	<p>During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?</p> <p>During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon)</p> <ol style="list-style-type: none"> <li>1. I did not date or go out with anyone during the past 12 months</li> <li>2. 0 times</li> <li>3. 1 time</li> <li>4. 2 or 3 times</li> <li>5. 4 or 5 times</li> <li>6. 6 or more times</li> </ol>	<p><i>Asked prior to 2013</i></p> <p><i>Asked in 2013 and 2015; 2015 data will be available in late fall 2015</i></p>
<p><b>Hospital Discharge Data</b></p> <p><b>SIREN</b></p>	<p>2012 data on Vermont residents hospitalized at Vermont hospitals was presented as part of STAT. Data has not been updated through 2013 as of yet. 2010 data for all Vermont residents recently became available and also has not been looked at.</p> <p>No further update at this time</p>	
<p><b>National College Health Survey – Vermont Specific Data</b></p>	<p>Within the last 12 months, were you sexually touched without your consent?</p> <p>Within the last 12 months, was sexual penetration attempted (vaginal, anal, oral) without your consent?</p> <p>Within the last 12 months, were you sexually penetrated (vaginal, anal, oral) without your consent?</p> <p>Within the last 12 months, have been in an intimate (coupled/partnered) relationship that was emotionally abusive (e.g., called derogatory names, yelled at, ridiculed)</p> <p>Within the last 12 months, have you been in an intimate (coupled/partnered) relationship that was physically abusive (e.g., kicked, slapped, punched)?</p> <p>Within the last 12 months, have you been in an intimate (coupled/partnered) relationship that was sexually abusive (e.g., forced to have sex when you didn't want it, forced to perform or have an unwanted sexual act performed on you)?</p> <p>Within the last 12 months, have you experienced any of the following when drinking alcohol:</p> <ul style="list-style-type: none"> <li>• Someone had sex with me without my consent?</li> <li>• Had sex with someone without their consent?</li> <li>• Had unprotected sex?</li> </ul>	<p><i>Completed in 2014; data available by spring 2015</i></p> <p><i>Completed in 2014; data available by spring 2015</i></p> <p><i>Completed in 2014; data available by spring 2015</i></p> <p><i>Completed in 2014; data available by spring 2015</i></p> <p><i>Completed in 2014; data available by spring 2015</i></p> <p><i>Completed in 2014; data available by spring 2015</i></p> <p><i>Completed in 2014; data available by spring 2015</i></p>

**Other Potential State and Program Data Sources:**

Vermont Network Against Domestic and Sexual Violence  
Annual Reports

Sexual Assault Nurse Examiner (SANE) Program

Nurse Family Partnership and other home visiting data

Police data

Crime Victims (VCIC)

Department of Probation and Parole

DV Fatality Review Board

Spectrum Youth Services (IDAP and DV Solutions/ batterer  
intervention data)

Workplace data (see 2012 report)

**National Data Sources:**

ACEs (national and VT- 2010 and 2011)

National Violent Death Reporting System

National Intimate Partner and Sexual Violence Survey and  
Sexual Orientation Report

National Coalition of Anti-Violence Programs — annual  
report on Lesbian, Gay, Bisexual, Transgender, Queer, and  
HIV-Affected Intimate Partner Violence and annual report  
on hate violence.

## References

1. Degue, S. et al. A systematic review of primary prevention strategies for sexual violence perpetration. *Aggression and Violent Behavior*, Volume 19, Issue 4, July–August 2014, Pages 346–362.
2. <http://governor.vermont.gov/sites/governor/files/Gov%20Prevention%20of%20Domestic%20and%20Sexual%20Violence%20Taskforce%20Report.pdf>
3. <http://www.cdc.gov/violenceprevention/rpe/>
4. <http://www.vtnetwork.org/wp-content/uploads/WholeSomeBodies-Facilitator-Guidebook-11.13.pdf>
5. <http://www.vtnetwork.org/wp-content/uploads/VT-Consent-Campaign-Guidebook-and-Appendices-2nd-edition.pdf>
6. [www.vtnetwork.org/about/](http://www.vtnetwork.org/about/)
7. [http://healthvermont.gov/hv2020/documents/strategic\\_plan\\_2014-2018.pdf](http://healthvermont.gov/hv2020/documents/strategic_plan_2014-2018.pdf)
8. <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>
9. Id.
10. <http://www.amchp.org/programsandtopics/LifecourseFinal/Pages/default.aspx>
11. <http://sactvt.org/>
12. <http://umbrellanek.org/>
13. <http://www.cdc.gov/violenceprevention/nisvs/>
14. <http://www.cdc.gov/violenceprevention/nisvs/specialreports.html>
15. [http://healthvermont.gov/research/brfss/documents/summary\\_brfss\\_2014.pdf](http://healthvermont.gov/research/brfss/documents/summary_brfss_2014.pdf)
16. <http://healthvermont.gov/research/yrbs/2013/>
17. <http://www.vtnetwork.org/wp-content/uploads/VermontNetworkAnnualReport20142.pdf>
18. <http://ago.vermont.gov/assets/files/Criminal/2015%20DV%20Fatality%20Report.pdf>
19. Data provided by Vermont Behavioral Risk Factor Surveillance System Program, November 2015
20. <http://cola.unh.edu/prevention-innovations/bystander-prevention>
21. *Data Assessment Summary Report, Adult Sexual and Domestic Violence Attitudes Assessment*, SACT, March 2015.
22. <https://www.livethegreendot.com/>
23. *Data Assessment Summary Report, Adult Sexual and Domestic Violence Attitudes Assessment*, Umbrella, February 2015
24. *Youth Advocates Focus Group Summary Report*, January 2015
25. *Engaging College Campuses Focus Group Summary Report*, December 2014
26. State Prevention Plan Advisory Team Meeting 1 Report, July 2014
27. <https://www.optionsforsexualhealth.org/education/askable-adult>
28. <https://www.notalone.gov/assets/report.pdf>
29. <http://www.vtnetwork.org/education>
30. [http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/teen\\_dating\\_violence.html](http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/teen_dating_violence.html)
31. *Bystander Toolkit: Before It's Too Late: Taking Action to Prevent Domestic Violence Homicides in Vermont Communities*, 2008 Vermont Network Against Domestic and Sexual Violence, et al.
32. <http://www.cdc.gov/violenceprevention/overview/publichealthapproach.html>
33. [http://www.cdc.gov/violenceprevention/pdf/ph\\_app\\_violence-a.pdf](http://www.cdc.gov/violenceprevention/pdf/ph_app_violence-a.pdf)
34. [http://www.cdc.gov/ViolencePrevention/pdf/SEM\\_Framework-a.pdf](http://www.cdc.gov/ViolencePrevention/pdf/SEM_Framework-a.pdf)
35. <http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>
36. <http://www.ncbi.nlm.nih.gov/pubmed/23275472>
37. [http://www.cdc.gov/violenceprevention/pdf/connecting\\_the\\_dots-a.pdf](http://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf)



Against Domestic and Sexual Violence

P.O. Box 405  
Montpelier, VT 05601

[www.vtnetwork.org](http://www.vtnetwork.org)



**DEPARTMENT OF HEALTH**

108 Cherry Street  
P.O. Box 70  
Burlington, VT 05402

[www.healthvermont.gov](http://www.healthvermont.gov)