Rhode Island State Sexual Violence Prevention Plan

Created by the Rhode Island Sexual Violence Prevention Planning Committee
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Introduction

Purpose of the plan

The purpose of this Sexual Violence (SV) Primary Prevention Plan is to help Rhode Island move one step closer to preventing SV from occurring within the state. Members of the Sexual Violence Prevention Planning Committee (SVPPC) developed this plan by integrating public health principles and social change concepts in an effort to alter cultural norms, attitudes, beliefs, and behaviors that support SV. The Rhode Island SVPPC launched this statewide endeavor to collectively analyze what would prevent SV in RI, recognizing it as the first step in the long term process of SV prevention.

The Sexual Violence Prevention Planning Committee

The SVPPC is supported with grant funds from the RI Department of Health for Rape Prevention Education through a cooperative agreement with the U.S. Centers for Disease Control and Prevention (CDC). Prevention of first time perpetration and first time victimization of SV is the ultimate goal of the SVPPC. The Committee embarked on an 18-month planning process using the Getting to Outcomes (GTO) framework to help identify populations most at risk for SV Perpetration. Ultimately, the SVPPC was charged with selecting evidence-supported primary prevention strategies that decrease risk factors and enhance protective factors across the spectrum of prevention (individual, relationship, community and societal levels). State readiness and capacity to implement prevention strategies, cultural relevance and appropriateness, and proven outcomes were some of the considerations of the SVPPC.

The SVPPC received assistance from Rhode Island’s Domestic Violence Prevention Enhancement Leadership Through Alliances (DELTA) Project, also supported with CDC funds. The DELTA Project has received similar guidance from CDC, however because their work began prior to that of the SVPPC, many of their documents had already been completed when similar document requirements came to the SVPPC (such as the DELTA’s SWOT analysis). DELTA and the SVPPC share some key members, and therefore decided that there was no reason to duplicate work that had already been done, and as a result, the decision was made to share many of the documents from DELTA with the SVPPC for our own planning purposes.

Historically, there have been more resources available for IPV than for SV. DELTA and RPE are parallel processes, but there is some overlap in the sexual violence piece, including some shared risk and protective factors. We are making this a separate plan because there are some distinct differences that are specific to sexual violence. As mentioned, in the areas where this information overlaps, DELTA was gracious enough to allow us to use their documents. For more information about the DELTA project contact the Rhode Island Coalition Against Domestic Violence (RICADV).

Definition of Sexual Violence

The SVPPC of RI’s definition of SV includes the following types of violence (adapted from Basile and Saltzman, 2002):
1. A completed sex act without the victim’s consent, when a victim has withdrawn prior consent, or involving a victim who is unable to consent or refuse. A victim is unable to consent or refuse due to age, illness, disability, being asleep or under the influence of alcohol or other drugs.
2. An attempted (non-completed) sex act without the victim’s consent, when a victim has withdrawn prior consent or involving a victim who is unable to consent or refuse.
3. Abusive sexual contact which is defined as intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, mouth, inner thigh, or buttocks of any person without his or her consent, or forcing another person who does not consent to touch one’s own genitalia, anus, groin,
breast, mouth, inner thigh, or buttocks, or such activities with a person who is unable to consent or refuse, or has withdrawn prior consent.

4. Non-contact sexual abuse/exploitation using any kind of communication (including electronic, verbal, or print) for the purpose of the following: voyeurism; intentional exposure of an individual to exhibitionism; pornography; verbal or behavioral sexual harassment; threats of sexual violence to accomplish some other end; taking nude photographs of a sexual nature of another person without his or her consent or knowledge, when a victim has withdrawn prior consent; or of a person who is unable to consent or refuse; and all use and distribution (including but not limited to internet use and distribution) of child pornography.

Mission and Vision of the SVPPC

In addition, it is important to know both the mission and vision statements of the SVPPC in the completion of its work:

Vision: A Rhode Island free from all types of sexual violence.

Mission: Our state will have the capacity to develop, implement, evaluate, and sustain, strategies to prevent the first-time perpetration of sexual violence.

The importance of primary prevention

It is essential that Rhode Island prioritize primary prevention of SV by allocating resources and building capacity to implement and evaluate prevention programs. For the past 30 years, Rhode Island has devoted millions of dollars to providing intervention services to victims and survivors of sexual violence and domestic violence and their families. The Violence Against Women movement has made huge strides throughout this time by passing legislation that maintains victim safety by influencing systems and creating policy to minimize barriers for victims, by shifting victim blaming attitudes through social marketing and communications, by educating RI residents on issues related to SV, and by providing life saving interventions like helplines, hospital and court advocacy, support groups, and trauma counseling services. Despite these accomplishments, there is no clear evidence that the prevalence and incidence of SV has decreased. This is because we have been providing these vital intervention services without the complementary piece: primary prevention.

In order to achieve social change and create a world that is free from violence, we need to allocate resources to primary prevention work as well as intervention. Primary prevention provides the opportunity to examine what is at the root of the problem -- the underlying attitudes, beliefs, and norms that support SV -- and implement prevention strategies that address those risk and protective factors. Primary prevention also provides the community with the opportunity to take ownership of the issue, because community mobilization is required to create the necessary social change. Primary prevention calls for collaboration across sectors of the community (sexual violence and domestic violence advocates, religious leaders, community based organizations, business owners, educators, state agencies, youth, parents, etc.) to collectively address SV and shift norms so that communities will not tolerate sexual violence.

In the past much of the focus on prevention work was on risk reduction—asking potential victims to engage in behaviors to reduce their risks of future victimization. However, over the past ten years, there has been an increasing emphasis for Day One, Rhode Island’s only agency focusing specifically on issues related to sexual assault to focus on prevention of perpetration, rather than putting the onus of prevention on victims.

With this in mind, Day One has included topics such as gender stereotypes, oppression and multiculturalism, rape myths, social norms, men’s responsibility for sexual assault, and bystander
intervention into its programming. In addition, based on the work of the Illinois Coalition of Sexual Violence, Day One began implementing the Your Voice, Your View media contest. Now in its fourth year, the contest asks high school students to create public service advertisements on the issue of sexual violence prevention. After attending prevention workshops, students get into groups of 3-4 students (with at least one male in each group) and work to create the ad. This creates an opportunity to discuss this sometimes-taboo topic with their peers, and to think creatively about how to best convince other peers to change their attitudes and behaviors through the ad. After the winning ad is chosen, it is then played on the local FOX station and several cable stations (MTV, BET, Comedy Central, ESPN, etc.) as a means to reach peers across the state.

Needs and Resources Assessment

Sexual Violence in Rhode Island

Geography

Rhode Island's first permanent settlement was established at Providence in 1636 by English clergyman Roger Williams and a small band of followers who had left the Massachusetts Bay Colony to seek freedom of worship (RI Facts and History, 2009). Rhode Island, smallest of the 50 states, is one of six New England states. Rhode Island is bordered on the North and East by Massachusetts, on the South by the Atlantic Ocean, and on the West by Connecticut.

Rhode Island is known for its beautiful coastlines on the Narragansett Bay. Rhode Island covers an area of 1,214 square miles (RI Facts and History, 2009). Its distances North to South are 48 miles and East to West 37 miles. The bay cuts inland to Providence, where it receives the Blackstone River; it contains several islands, including Aquidneck Island, Conanicut Island, and Prudence Island. Rhode Island has 38 islands in all (City Data, 2009).

The coastline between Point Judith and Watch Hill is marked by sand spits and barrier beaches, sheltering lagoons and salt marshes. Rhode Island has many small lakes, and the rolling hilly surface of the state is cut by short, swift streams with numerous falls. Although more than half of Rhode Island is covered with forests, it is highly urbanized. Providence is the capital and the largest city; other important cities are Warwick, Cranston, Pawtucket, and Newport (Columbia Electronic Encyclopedia, 2007).
Population

Rhode Island’s population is just over one million (1,032,662), with 9.5% of its families living below the poverty level (American Community Survey, 2005). Between 2000 and 2004 the percentage of children in poverty increased nationally and in three New England states, Rhode Island, Maine, and New Hampshire (RI Kids Count, 2006). The percentage of children in poverty in Rhode Island increased from 16% in 2000 to 21% in 2004. Nearly one third of Rhode Island’s population is made up of individuals under the age of twenty-four (31.8%), and 18% of its population made up of persons over the age of sixty (American Community Survey, 2005). The majority of Rhode Island households are occupied by one to two individuals (62%), with just over half the population (51%) earning an annual household income of a minimum of $50,000. One out of two RI residents are married, 30% have never been married, nearly 10% have been divorced, and another 10% have been either widowed or separated.

Rhode Island is an ethnically diverse state made up of 39 cities and towns. While 83% of the population is white, Rhode Island also has 11% Latino, 6% black, 3% Asian residents (American Community Survey, 2005). According to the International Institute of RI, there are 130,517 foreign-born individuals residing in Rhode Island, the majority of whom were born in Portugal, Dominican Republic, and Guatemala. It is also estimated that Rhode Island has an undocumented population of 20,000 to 35,000 (International Institute, 2007).

The educational achievement of individuals over the age of 25 is that 16.5% have less than a 12th grade education, 29.2% have a high school diploma or equivalent, 17.9% have a Bachelors Degree, and 11.4% have an advanced degree (American Community Survey, 2005). Approximately 20% of the total population speaks a language other than English. The unemployment rate for Rhode Island is 10% (Providence Journal, 2009), and in 2004, the majority of children living in RI had one or both parents in the labor force (RI Kids Count, 2006). In 2004, there were 29,256 children in families with no parent in the labor force. Children in families with a single mother represented 81% of these families.

The state of Rhode Island is currently undergoing a financial crisis, with one of the highest unemployment rates in the U.S. (9.3%) (Providence Journal 11/21/08) and a budget deficit of nearly $400 million (Providence Journal 12/3/08). The Housing Act of 2004 requires a State Strategic Plan to meet RI's Housing needs and reinforces the requirements for cities and towns to achieve 10% threshold of subsidized low or moderate income housing units (RI Kids Count, 2006). Currently, there 1481 licensed daycare facilities in RI. The average cost of daycare ranges based on the age of the child to $6,902 to $10,557.

Rhode Island is one of the top 5 states with the highest percentage of veterans experiencing severe housing cost burden, paying more than 50% of their income for rent, which puts them at a high risk for homelessness (Homeless Research Institute, 2007). Veterans, who represent only 11 percent of the civilian adult population, comprise 26 percent of the homeless population, despite the fact that, as a group, they typically have a lower poverty rate than the general population. In Rhode Island, homeless veterans make up 12.8% of the homeless population.

The population of Rhode Island is not anticipated to grow substantially in the next decade although modest, steady growth is projected as employment opportunities increase in the state. According to the US Bureau of the Census, by 2025, the population in RI is projected to reach 1,141,000, with the largest growth is projected to occur in Providence and Washington Counties. “Urban flight” is expected to create increasing concentrations of low-income families in urban areas. The proportion of the state population that is non-white is projected to increase to roughly 30% by the year 2030, with the most significant growth occurring in the Latino population of 192%. The school-age population is also projected to increase by the year
2030, although a sharp decrease in the number of school-age children is anticipated for 2015. As baby boomers age, the elderly population of Rhode Island will increase, with peaks projected in 2015 and 2030.

**Assets of Rhode Island**

One of Rhode Island’s strengths is that it has an extensive network of prevention programs, service providers, and local coalitions that address an array of behavioral issues. These agencies include Day One, the Rhode Island Coalition Against Domestic Violence (RICADV), its six member agencies and Sisters Overcoming Abusive Relationships (SOAR). Day One has been focusing on prevention work for over six years—longer than most other sexual assault agencies. It has been working on bystander intervention and has been actively targeting men and boys in its programming. As mentioned, Day One just began their fourth year of the Your Voice, Your View Media Contest, which asks high school students across the state to create anti-sexual assault public service announcements targeting their peers. Rhode Island communities have a history of working collectively to address social injustice and public health concerns like substance abuse through the creation of the substance abuse prevention task forces. Funding sources have assisted in establishing these collaborative efforts within governmental agencies such as the Youth Development Advisory Council and the Governor’s Children’s Cabinet, and establishing these collaborative efforts across allied professionals and organizations as with the Child and Adolescent Violence Prevention Advisory Council, the Violence Against Women Law Enforcement Training Committee and Task Force, and the Victims of Crime Helpline.

The state has a variety of institutions that have self-sustaining initiatives to prevent sexual violence. Many local colleges and universities provide training to their students on this topic, including: Brown University, the University of Rhode Island, Providence College, Bryant University, and Johnson & Wales University. In addition, there are several agencies which, by their commitment of staff members to the SVPPC, show their continued support of sexual violence prevention. These agencies include: Rhode Island Kids Count, Office of the Child Advocate, Office of the Attorney General Task Force to End Sexual Violence, Catholic Diocese of Providence, Rhode Island Department of Education, Rhode Island Department of Health. Lastly, there are private companies who consistently support the work of Day One including: Citizens Bank, GTech, CVS, FOX Providence, and Cox Communications.

Rhode Island’s small size has many benefits for its citizens. It has facilitated statewide collaboration, data collection, and increased accessibility to law and policy makers. RI’s size makes it easy to attend meeting and facilitates in depth knowledge of state resources.

Rhode Island has a number of statewide data collection systems that can be used to understand a variety of public health concerns. Systems include the Domestic Violence and Sexual Violence Monitoring Unit (DVSA), the School Accountability for Learning and Teaching (SALT) Survey, the Behavioral Risk Factor Surveillance survey (BRFSS), the Youth Risk Behavior survey (YRBS), Infoworks! RI, and RI Kids Count. In 2005, the Rhode Island Department of Education (RIDE) received a three-year grant from the US Department of Education to create an integrated data system that will enhance the state’s capacity to plan and implement appropriate services addressing the prevention of substance abuse, violence, and other youth risky behaviors. A single data warehouse to collect and store data from across state agencies will be created by RIDE by 2012, facilitating the development of a more accessible system for data analysis and dissemination. The ultimate goal of this system will be to enhance the capacities of schools and communities to use data in their planning processes. Two exceptional elements of this project will be (1) the creation of a set of web-based analytic tools based on *Risk and Protective Factors*, which will enhance the planning value of the data.
collected within a prevention framework, and (2) a series of regional trainings for schools and communities that teach the principles of data-driven planning, specifically when addressing substance abuse, school crime and violence.

Another asset for Rhode Island is that there are primary prevention programs already being implemented by Day One, the RICADV member agencies, and the Katie Brown Educational Program. The Rhode Island Department of Health has also been building primary prevention capacity through initiatives like the Men 2 Be program (funded by the RI Mentoring Partnership). In addition, Day One’s experience with sexual violence prevention has given it the foundation to implement training and TA for other organizations across the state to increase the state’s capacity to prevent sexual violence, though staff need additional assistance and training before beginning such work.

Rhode Island is recognized by the National Network to End Domestic Violence as a national model for its media campaigns and strategic communications work in the area of IPV and domestic violence. Rhode Island is also noted as a model for its healthcare provisions for low-income families through the RiteCare Program. In 2008, Governor Carcieri launched an aggressive campaign to dismantle the RiteCare Program; advocates are working hard to have it restored.

As Day One is the only agency in the state specifically providing programming on sexual violence, the assessment of its capacity as an agency provides a good view into the programming and capacity of the state. Currently the Education Department at Day One is staffed by Sandra Malone, MA (counseling), Coordinator of Prevention Education, a veteran of the agency who has been providing prevention programming through Day One for over 15 years. She is responsible for organizing the Department’s activities, program development, and she provides trainings and workshops in schools and agencies throughout the state. Hilary Jones, Ph.D. (behavioral science psychology), is the Department’s Research and Education Specialist. She has been with the agency four years and also provides trainings and assesses current sexual violence prevention research, in addition to managing the Department’s internal evaluation efforts. The Education Department is overseen by Marlene Roberti, MA, Director of Policy at Day One.

Training and technical assistance for Day One’s Education Department staff is provided by Beatriz Perez, MPH, Manager, Safe Rhode Island, RI Department of Health. Ms. Perez has been working in the area of violence prevention for over 20 years and has provided oversight to the Rape Prevention Education Program for over 15 years.
Rhode Island’s Challenges

Social norms are a major barrier to the primary prevention of sexual violence in Rhode Island. Social norms still condone some forms of SV. For example, media portrayals of women continue to demean, objectify, and glorify violence against women. These images perpetuate negative attitudes towards women and can be found on billboards throughout RI, on television, magazines, and other media mediums. In Rhode Island there are 21 strip clubs, ten of which are located in Providence alone, and at least 25 escort services. Rhode Island law also states that prostitution is legal indoors (with Nevada as the only other state in the U.S. also holding this law). While prostitution itself is controversial in its treatment of women and their agency in this work, the connection between sex trafficking and prostitution within the state is well-established.

Provincial attitudes, stereotypes, stigmas associated with SV are pervasive. There is some individual and institutional resistance to learning about SV, particularly in the more rural parts of the state (RURAL Grant Survey, 2005).

Currently there is concern among nonprofit directors that investing in prevention will dilute funding for critical intervention services. This concern is not unfounded, as in 2008 domestic violence court advocacy and children who witness programs experienced a 50% cut in state funding. In the face of these cuts, most SV/IPV decision-makers in our state are selecting to maintain intervention services as best they can in order to meet the needs of victims who are in crisis, and selecting to forgo prevention. The de-prioritization of prevention is also evident in the absence of primary prevention as a core service of the domestic violence network. While Rhode Island has been the beneficiary of a few of state primary prevention capacity building grants such as the State Incentive Grant to reduce underage drinking (funded by US Department of Health and Human Services [HHS]), the DELTA Project (funded by CDC), and the Rape Prevention Education Grant (funded by CDC), there is a need for continued primary prevention capacity building across the state. The criminalization of this issue makes it difficult to frame the prevention message in a way that advocates can hear. There is a lack of alternative solutions to deal with offenders besides the Sexual Offender Treatment Program (SOTP) run by Peter Loss at the Adult Correctional Institute (ACI), because as a movement, advocates are seeking to find justice in the court room. Advocates and those that control resources need to shift their thinking.

There is also a lack of coordination among governmental agencies, and across other nongovernmental support networks, which is yet another challenge in Rhode Island. There is a need for increased communication among our extensive network of prevention programs, service providers, data collection systems, and local coalitions to reduce duplication of efforts.

Funding and evaluation for prevention programs is very limited in Rhode Island. In order to make the case for primary prevention, we need to be able to demonstrate that prevention strategies work. While only a small percentage of funding for Rhode Island’s sexual assault prevention programming is provided by state funds, and considering the current budget crisis in the state, partner agencies who receive a higher proportion of their funds through the state are significantly less capable of directing their efforts to issues that may not be directly related to their agencies’ missions.
Sexual Violence Prevention in Rhode Island

A program assessment was sent via email to community organizations throughout the state of Rhode Island with the intention of finding out which organizations were already providing sexual assault prevention programming, and identifying the recipients of said programming (see Appendix A for specific results of this survey). In addition, information was gathered regarding programming that was provided to individuals within the community about other health-related issues.

Fifty-four individuals from 40 agencies in 18 Rhode Island cities and towns participated in the survey. A total of 30 surveys were completed. Thirteen participants stated that their agencies provided sexual violence primary prevention programming. Participants stated that their organizations are generally supportive of the primary prevention of sexual violence, but there is little funding to do the work, and that more staff members, education, and training are needed.

In addition, there are certain populations that are more likely to receive services than others. While most agencies provide services targeting Black, White, Asian, and Latino individuals, there are few services targeting Native Americans, Cape Verdeans, or Portuguese individuals. Also, services were much more likely to target women (79%) than men (48%). People who have been physically abused, people who cannot read, LGBT individuals, and HIV infected individuals receive fewer targeted services than other individuals, with incarcerated individuals, homeless individuals, and older adults (65+) receiving the fewest specific services.

Of those organizations that do provide sexual violence primary prevention programming, most provide school-based education, though many provide community, peer-to-peer, or other types of programming as well. However, of all the agencies completing the survey, many (66%) don’t provide training in sexual violence primary prevention to their own staff. Most participants stated that this is due to a lack of funding, or the fact that sexual violence is not the primary focus of their agency’s work.

A similar assessment was completed by Day One, the only RPE-funded agency within Rhode Island, which functions as the state’s only rape crisis center. Findings from this survey provide information regarding the work that is being supported by RPE. The agency’s Education Department works with urban, suburban, and rural populations, predominantly on issues of sexual violence prevention, IPV prevention, and bullying prevention. The Department spends approximately a quarter of its time conducting educational seminars, another quarter on evaluation of prevention activities, and approximately one-third of its time on planning prevention activities. The remainder of the Department’s time is spent on preparation of informational material, train-the-trainer programs (predominantly with student life staff at local colleges and universities), increasing awareness about sexual assault as a means of prevention, creating/maintaining public service campaigns/social norms, and administrative activities. The survey indicated that the agency is generally aware of and in support of primary prevention work; however, more staff training is needed.

The main primary prevention strategies implemented by the Department include the Keeping Kids Safe Program and the Your Voice, Your View Project. The Keeping Kids Safe Program consists of four one-hour sessions and is predominantly implemented with middle school students. The topics covered include: oppression; gender stereotypes; definitions and laws related to sexual violence; the definition of consent; the difference between flirting and sexual harassment; healthy vs. unhealthy relationships; and bystander intervention. While the program has been implemented in schools for nearly 20 years, it has changed dramatically over the past five years, with an increased emphasis on primary prevention and men’s
responsibility in prevention. The Your Voice, Your View Campaign is an extension of the refocusing of the Department. Now in its fifth year, the campaign asks high school students throughout the state to create anti-sexual assault public service announcements for television. The project focuses on four levels of the ecological model: individual (by educating students on sexual assault through free sexual assault prevention workshops provided by the Department to participating classes); relationship (by asking students to work in groups to create the advertisements with 3-4 classmates, including at least one male; and societal (by airing the winning ads on local television stations throughout April, Sexual Assault Awareness Month).

In addition to these strategies, the Department also worked with Johnson & Wales University last year to bring masculinity and violence prevention specialist, Jackson Katz, to Providence. Katz spoke to groups of both student/community members, and professionals about the importance of reshaping masculinity as a means of prevention violence against women. Lastly, the Department provides adult professional trainings on topics including: Sexual Violence 101; Child Sexual Abuse 101; Street Harassment, Sexual Harassment, and the Continuum of Sexual Violence; Intersections: Multiculturalism and Sexual Assault; and Internet Safety and Sexual Violence.

The Department has also increased its emphasis on accountability and evaluation, and is working closely with both the Department of Health and an external evaluator to increase the effectiveness of its programming. The Department’s external evaluator, Wendy Verhoek-Oftedahl, Ph.D., is a specialist in the field of violence prevention, but recently relocated to Canada, decreasing her availability. In the future the Department’s Research and Education Specialist, Hilary Jones, Ph.D., who has, up until recently managed the Department’s internal evaluation will take on the primary responsibility for the Department’s evaluation efforts.

Day One’s sexual prevention program is supported predominantly with funding from the Department of Health through a cooperative agreement with CDC for Rape Prevention Education (RPE). Day One also receives two grants from the Department Of Health for sexual violence prevention through the Preventative Health and Health Services Block Grant, another CDC funding source.

The Prevalence of Sexual Violence in Rhode Island

Data on the incidence and prevalence of sexual violence should always be heeded with caution, as the majority of sexual abuse and sexual assault is never reported. However, it is important to look at what is known in the state with regards to sexual violence so as to create a picture of the work that needs to be done. A report by Kilpatrick (2003) extrapolated from national data that one in eight adult women in Rhode Island has suffered a forcible rape in her lifetime. At 13.4%, this number is very similar to the national prevalence rate of 13.8%. Other recent data seems to support this number, with several data sources indicating a range of 10-13% of individuals reporting an experience of sexual assault. These prevalence estimates, in combination with data from Day One and other state agencies provides support for the importance of primary prevention in the state.

- Uniform Crime Report
  - 656 incidents of Sexual Assault (2007)

- Domestic Violence/Sexual Assault Forms
  - Sexual Assault & Child Molestation = 308 (2006)
    - Percent committed by strangers (2004)= 15.2%
    - Percent committed by non-strangers (2004) = 84.8%
Department of Children, Youth, & Families
  - 302 indicated cases (2007), some children were victims more than once
    - In 71% (215) of the 302 allegations, the victims was a female
    - 57% of all victims (50% of females, and 75% of males) were under the age of 12

Day One Data
  - Sexual Assault Response Team – 90 clients (2007)
  - Hospital/Police Go-Outs – 232 (2007)
  - Children’s Advocacy Center – 216 child clients (2007)
  - Sexual Assault Kits Completed-- 250 (2007)
  - Education Department Data (2005-6)
    - Day One Education Department Data= 12% (n=1000) of students stated that they had ever been forced into sexual activity (including any type of touching or physical contact); 10% stated they had ever experienced a sexual assault. (2006)
      - 34% believed that “If a girl/woman dresses seductively and walks alone at night, she is asking to be sexually assaulted.”
      - 19% believed that “It is okay for a male to force a female into sexual activity if they have dated for a long time.”
      - 35% believed that “It is okay for a male to force a female into sexual activity if she led him on.”
      - 13% believed that “It is okay for a male to force a female into sexual activity if they have been drinking.”
      - 45% believed that “It is okay for a male to force a female into sexual activity if they are married.”
      - 28% stated that “I have experienced sexual jokes or comments at school.”
      - 21% stated that “I have had sexual rumors spread about me by peers at school.”
      - 9% stated that “I have been forced to kiss someone.”
      - 5% stated that “I have been forced to do sexual activities other than kissing by peers at school.”
      - 19% stated that “I have experienced grabbing or touching of private areas of my body at school.”
      - 2% stated that “I have forced someone to do sexual activities other than kissing.”
      - 7% stated that “I have grabbed or touched someone else’s private areas of the body.”
      - 38% stated that they knew someone who had been forced into sexual activity (including any type of touching or physical contact).
      - 39% stated that they knew someone who had experienced a sexual assault.
      - 12% stated that they had ever been forced into sexual activity (including any type of touching or physical contact).
      - 10% stated that they had ever experienced a sexual assault.
      - 10% stated that they had ever experienced abuse from a boyfriend or girlfriend.

According to the YRBS, in 2007, 10% of Rhode Island’s high school students stated that they had been forced to have sex with someone against their will. This is a statistically significant increase from 6% in 2001 and 8% in 2005.
  - Percentage of students who have been physically forced into sexual intercourse when they did not want to (2005):
- TOTAL = 6.4% (n=2,353)
- Total male = 5.9% (n=1,099)
- Total female = 6.8% (n=1,234)
- Total Black = 10% (n=170)
- Total Hispanic/Latino = 5.1% (n=484)
- Total White = 5.9% (n=1,453)
- Total all other races = 15.7% (n=112)
- Total multiple races = 11% (n=103)

- BRFSS data (2005)
  o 1.70% (n=44) -- In the past 12 months, has anyone exposed you to unwanted sexual situations that do not include physical touching?
  o 1.48% (n=33) -- 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 without your consent?
  o 0.80% (n=16) -- In the past 12 months, has anyone ATTEMPTED to have sex with you after you said or showed that you didn't want to or without consent, BUT THE SEX DID NOT OCCUR?
  o 0.58% (n=14) -- In the past 12 months, has anyone HAD SEX with you after you said that you didn't want to or without your consent? (info breaks down to relationship to and gender of attacker, but the n is too small to look at in greater detail)
  o 7.89% (n=259) -- Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, but the sex DID NOT OCCUR?
  o 4.87% (n=178) -- Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?
  o 4.99% (n=177) -- Have you EVER experienced any unwanted sex by a current or former intimate partner?

Attempted and completed rapes combined prevalence estimate = ~13%
### Reported Forcible Sex Offenses on College Campuses in RI

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown University</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>9</td>
<td>1</td>
<td>8,125</td>
</tr>
<tr>
<td>University of Rhode Island</td>
<td>2</td>
<td>15</td>
<td>16</td>
<td>18</td>
<td>8</td>
<td>10</td>
<td>15,062</td>
</tr>
<tr>
<td>Salve Regina University</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2,590</td>
</tr>
<tr>
<td>Rhode Island School of Design</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2,259</td>
</tr>
<tr>
<td>Johnson &amp; Wales University</td>
<td>9</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>10,310</td>
</tr>
<tr>
<td>Bryant University</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>9</td>
<td>9</td>
<td>3,651</td>
</tr>
<tr>
<td>Providence College</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>5,361</td>
</tr>
<tr>
<td>Roger Williams University</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>9</td>
<td>9</td>
<td>4,575</td>
</tr>
<tr>
<td>Rhode Island College</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>8,939</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24</td>
<td>34</td>
<td>39</td>
<td>46</td>
<td>41</td>
<td>41</td>
<td></td>
</tr>
</tbody>
</table>

- Infoworks! School Data 2007-8

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Sexual Harassment Suspensions</th>
<th>Stalking Harassment Suspensions</th>
<th>TOTAL Suspensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary</td>
<td>46</td>
<td>0</td>
<td>46</td>
</tr>
<tr>
<td>Middle</td>
<td>204</td>
<td>8</td>
<td>212</td>
</tr>
<tr>
<td>High</td>
<td>90</td>
<td>3</td>
<td>93</td>
</tr>
<tr>
<td><strong>Total Suspensions</strong></td>
<td>340</td>
<td>12</td>
<td>352</td>
</tr>
</tbody>
</table>
Risk and Protective Factors of Sexual Violence Perpetration

There are many individual, relationship, community and societal level risk factors associated with perpetration of sexual violence. For this planning process, the SVPPC focused risk factors below in Table 1, as supported by the World Health Organization (WHO) in the context of Rhode Island.

Table 1. Factors increasing men’s risk of committing rape

<table>
<thead>
<tr>
<th>Factors increasing men’s risk of committing rape</th>
<th>Individual factors</th>
<th>Relationship factors</th>
<th>Community factors</th>
<th>Societal factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and drug use</td>
<td>Associate with sexually aggressive and delinquent peers</td>
<td>Poverty, mediated through forms of crisis of male identity</td>
<td>Societal norms supportive of sexual violence</td>
<td></td>
</tr>
<tr>
<td>Coercive sexual fantasies and other attitudes and beliefs supportive of sexual violence</td>
<td>Family environment characterized by physical violence and few resources</td>
<td>Lack of employment opportunities</td>
<td>Societal norms supportive of male superiority and sexual entitlement</td>
<td></td>
</tr>
<tr>
<td>Impulsive and antisocial tendencies</td>
<td>Strongly patriarchal relationship or family environment</td>
<td>Lack of institutional support from police and judicial system</td>
<td>Weak laws and policies related to sexual violence</td>
<td></td>
</tr>
<tr>
<td>Preference for impersonal sex</td>
<td>Emotionally unsupportive family environment</td>
<td>General tolerance of sexual assault within the community</td>
<td>Weak laws and policies related to gender equality</td>
<td></td>
</tr>
<tr>
<td>Hostility towards women</td>
<td>Family honour considered more important than the health and safety of the victim</td>
<td>Weak community sanctions against perpetrators of sexual violence</td>
<td>High levels of crime and other forms of violence</td>
<td></td>
</tr>
<tr>
<td>History of sexual abuse as a child</td>
<td>Witnessed family violence as a child</td>
<td>society factors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

While there are a variety of data systems in place to find information about these risk and protective factors, there are still many gaps to fill. In addition, data is not readily or concisely available regarding these topics. This paucity of research makes it difficult to create a full picture of the factors leading one to commit a sexual assault, and therefore it is also difficult to measure the effectiveness of potential primary prevention interventions.
Table 2: Individual-level Risk Factors for Sexual Violence Perpetration in Rhode Island

<table>
<thead>
<tr>
<th>Individual-level Risk Factors</th>
<th>RI Data</th>
<th>Source</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and other drug use</td>
<td>--Youth alcohol use= 43%</td>
<td>--RI Kids Count (2007)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>--Adult binging= 16%, males (24%), females (8%), similar across race</td>
<td>--BRFSS (2005)</td>
<td></td>
</tr>
<tr>
<td>Coerceive sexual fantasies and attitudes and</td>
<td>No data</td>
<td></td>
<td>More data needed</td>
</tr>
<tr>
<td>other beliefs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impulsive and antisocial tendencies</td>
<td>--Children adjudicated at the RI Training School= 113</td>
<td>--RI Kids Count (2008)</td>
<td>--Not necessarily representative of all individuals with impulsive and anti-social tendencies; more data needed</td>
</tr>
<tr>
<td>Hostility towards women</td>
<td>--Of 1000 high school students across RI:</td>
<td>--Day One Education Department Data (2005-6)</td>
<td>--Other factors may contribute to a general hostility towards women. Because some researchers believe that this may be one of the major factors leading to sexual violence, a more complete understanding of the beliefs of individuals within the state is necessary</td>
</tr>
<tr>
<td></td>
<td>--34% believed that “If a girl/woman dresses seductively and walks alone at night, she is asking to be sexually assaulted.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>--19% believed that “It is okay for a male to force a female into sexual activity if they have dated for a long time.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>--35% believed that “It is okay for a male to force a female into sexual activity if she led him on.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>--13% believed that “It is okay for a male to force a female into sexual activity if they have been drinking.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>--45% believed that “It is okay for a male to force a female into sexual activity if they are married.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preference for impersonal sex</td>
<td>--High school students who have had sex with four or more people during lifetime= 13%, males (17%), females (9%)</td>
<td>--YRBS (2005)</td>
<td>--While number of partners may not specifically show a preference for impersonal sex, it may indicate such a tendency—more specific data</td>
</tr>
</tbody>
</table>
is needed
--Efforts targeting this risk factor should focus predominantly on males

| History of sexual abuse as a child | --Experienced sexual abuse as a child= 10.7%  
--High school students whose first sexual intercourse was prior to age 13= 6%, males (9%), females (2%) | --ED data (2005)  
--YRBS (2005) |  |
| Witnessed family violence as a child | --Of reported DV incidents, children who heard DV incident= 24%  
--Of reported DV incidents, children who witnessed DV incident= 22% | --DV Monitoring Unit (2008) |  |

Table 3: Relationship-level Risk Factors for Sexual Violence Perpetration in Rhode Island

<table>
<thead>
<tr>
<th>Relationship-level Risk Factors</th>
<th>RI Data</th>
<th>Source</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate with sexually aggressive and delinquent peers</td>
<td>--No data</td>
<td>--More data needed</td>
<td></td>
</tr>
</tbody>
</table>
| Family environment characterized by physical violence and few resources | --Of reported DV incidents, children who heard DV incident= 24%  
--Of reported DV incidents, children who witnessed DV incident= 22%  
--People who live below poverty line= 11% | --DV monitoring Unit (2008)  
--American Community Survey (2006) | |
| Strongly patriarchal relationship or family environment | --No data | --More data | |
| Family honor considered more important than the health and safety of the victim | --No data | --More data needed, perhaps on acculturation? | |
| Emotionally unsupportive family environment | --Answered “rarely” or “never” to the question, “How often do you get the emotional support you need?” = 9.6% | --Talk to friends/family a few times per year or less = 1.2% | --BRFSS (2005) |

Table 4: Community-level Risk Factors for Sexual Violence Perpetration in Rhode Island

<table>
<thead>
<tr>
<th>Community-level Risk Factors</th>
<th>RI Data</th>
<th>Source</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty mediated through forms of crisis of male identity</td>
<td>--People who live below poverty line = 11%</td>
<td>--American Community Survey (2006)</td>
<td>--How to operationalize “crisis of male identity”?</td>
</tr>
<tr>
<td>Lack of employment opportunities</td>
<td>--Unemployment rate = 10%</td>
<td>--Providence Journal (2009)</td>
<td></td>
</tr>
<tr>
<td>Lack of institutional support from police and judicial system</td>
<td>--No data</td>
<td></td>
<td>--More data needed</td>
</tr>
<tr>
<td>General tolerance of sexual assault within the community</td>
<td>--No data</td>
<td></td>
<td>--How to quantify?</td>
</tr>
<tr>
<td>Weak community sanctions against perpetrators of sexual assault</td>
<td>--Convicted sex offender average time spent in prison = 14 years</td>
<td>--Renzi (2008)</td>
<td></td>
</tr>
</tbody>
</table>

Table 5: Society-level Risk Factors for Sexual Violence Perpetration in Rhode Island

<table>
<thead>
<tr>
<th>Societal-level Risk Factors</th>
<th>RI Data</th>
<th>Source</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social norms supportive of sexual violence</td>
<td>--Middle school students in RI (n=365) who agree with the statement “I do not like it when I hear sexually”</td>
<td>--Day One Education Department</td>
<td></td>
</tr>
</tbody>
</table>
Table 6: Shared risk and protective factors for violence

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Individual Level</th>
<th>Relationship/Family Levels</th>
<th>Community and Societal Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School failure</td>
<td>Dysfunction</td>
<td>Witnessing violence (media, policies)</td>
</tr>
<tr>
<td></td>
<td>Aggressiveness</td>
<td>Witnessing violence at home</td>
<td>Community attitudes related to violence, suicide and gender roles/sexuality</td>
</tr>
<tr>
<td></td>
<td>Substance use/abuse</td>
<td>Parental substance use/abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression/ hopelessness</td>
<td>Parental depression</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Impulsivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor peer relationships</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

While limited research is available on protective factors for sexual violence, the literature suggests for youth some examples of protective factors are connectedness with school, friends and adults in the community and emotional health (Centers for Disease Control and Prevention, Sexual Violence: Fact Sheet, 2007).

However, there are a number of risk and protective factors that are common to all types of violence. Table 6 presents the various shared risk and protective factors that occur at multiple social ecology levels for all types of violence (Krug et. al, 2002).
### Protective Factors

<table>
<thead>
<tr>
<th>Problem solving skills</th>
<th>Parental supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of self-efficacy</td>
<td>Caring/respectful relationships</td>
</tr>
<tr>
<td>Good peer relationships</td>
<td>Social support</td>
</tr>
<tr>
<td></td>
<td>Availability of services</td>
</tr>
<tr>
<td></td>
<td>Support/belonging</td>
</tr>
</tbody>
</table>

### The Status of Women

The status of women in a society may be a factor for sexual violence victimization. The Women’s Fund of Rhode Island in conjunction with the Poverty Institute at the RI College School of Social Work published “The Status of Women in Rhode Island – A Mid-Decade Report 2006”. In this report, the status of women is determined by assessing women’s well being in political participation, employment and earnings, social and economic autonomy (including health insurance, educational attainment, business ownership and poverty), reproductive rights and health. According to this report, Rhode Island women continue to face political, economic and social barriers to equality. “Women are more likely to be poor, to lack health coverage and to work part time than they were five years ago. Rhode Island women continue to earn less money than men and are more likely to work in low-paid service and administrative jobs. Furthermore, while the state’s women vote at the same rate as men, they are underrepresented in elected and appointed office.”

Even though there is no consensus on whether the status of women protects against sexual violence, literature suggests that higher levels of equality between women and men is associated with lower levels of intimate partner violence and sexual violence (Whaley, 2001). The Status of Women in Rhode Island Report suggests that there are many areas in which strategies need to be developed to elevate the status of women, and that the status of women in Rhode Island is currently poor.

While there is little information comparing Rhode Island’s policies on gender equality to those of other states, information about their economic status compared to men and compared to women in other states is available. As of 2002, women’s median income in Rhode Island was $31,200, or 12th in the nation (Institute for Women’s Policy Research, 2004). Rhode Island women also rank 27th in their ratio of earnings to men compared to other states, with the average woman earning 75% compared to the average man (in the District of Columbia, women earn 92.4% compared to men, and in Wyoming, women make 66.3% compared to men). In addition, Rhode Island ranks 17th in the percentage of women in managerial occupations, with 34.1% of women holding such positions. The state ranks 31st, with 24.6% of business owned by women. Lastly, Rhode Island ranks 22nd in the nation with 89.3% of women living above the poverty line, with a ranking of 46th, 43rd, and 48th for Asian American, Other Ethnicities, and Hispanic women, respectively.

Collective efficacy is defined as the degree to which a community is able to effectively mobilize to regulate local crime (Sampson, Raudenbush, & Earls, 1997). Collective efficacy is thought to be related to the number and quality of relationship networks and level of participation in community-based organizations among community residents. One researcher found that neighborhoods with higher levels of collective efficacy had lower intimate homicide rates and non-lethal partner violence (Browning, 2002). Identified as both an asset and challenge by RI leaders, RI has an extensive network of community-based organizations and state level networks. Unfortunately the quality of those relationships is subject to change based on funding, budget cuts, and the leadership of organizations and government.

Another potential avenue for promoting health and well-being is positive youth development, which aims to develop individual and environmental assets among youth. Research suggests that positive youth development is associated with positive short and long-term outcomes for youth (Catalano, Berglund, Ryan, Lonczk, & Hawkins, 2002). The Search Institute’s 40 Developmental Assets is a promising framework for promoting positive youth development. The 40 Developmental Assets consist of 20 internal assets (e.g., achievement motivation) and 20 external assets (e.g., family support). The 40
Developmental Assets are consistent with the social-ecological model that is central to the public health approach to prevention.

Research has shown that children who possess a higher number of the 40 Developmental Assets are more likely to experience positive outcomes such as school achievement and less likely to experience negative outcomes such as drug abuse, violence, and early sexual activity (Fisher, Imm, Chinman, & Wandersman, 2006). Research has not yet demonstrated that the 40 Developmental Assets are protective factors specifically against IPV and/or SV perpetration, however, there is a theoretical basis for implementing strategies that promote positive youth development as a means to reduce the risk of IPV and/or SV among youth.

Rhode Island Needs Statements

After analyzing RI’s data, the SVPPC identified several state needs in order to build the state’s sexual violence prevention capacity. While this state plan will not address all of the identified needs, the SVPPC felt strongly that it was important to document these needs now for future state planning efforts.

In order to address unemployment, a risk factor for perpetration of sexual violence, RI needs to increase awareness of and access to educational and job training opportunities for adults, which may be quite the challenge to a state with a huge deficit and a 10% unemployment rate. Despite this, it is important that Rhode Islanders with less than a high school degree are reached, as they are one of the subgroups of the entire RI population with the least access to resources. Measures to increase RI youth’s attachment and connectedness to school may also result in decreasing the high school dropout rate.

In order to elevate the status of women in RI, a protective factor for sexual violence victimization, RI needs to increase economic security for women. This may be achieved by ensuring equal pay for women and men employed in the public and private sectors, increasing affordable housing, and increasing affordable daycare facilities and assistance in Rhode Island.

Consistent with mainstream images of masculinity, Rhode Island needs to decrease perceptions that equate being masculine with being violent. The promotion of other expressions of masculinity as nurturing and respectful may combat existing norms. Grassroots organizing efforts to challenge gender norms, the cultivation of male activism, and social marketing campaigns may assist with shifting social norms and attitudes.

RI also needs to promote social competencies and positive identity for Rhode Island youth. Acquiring skills like decision-making and peaceful conflict resolution may serve as protective factors for intimate partner violence victimization and perpetration for youth. The Lindsay Ann Burke Act, which specifies that RI public schools must provide education about dating abuse and sexual violence to middle and high school aged youth, will facilitate the dissemination of education and training materials on promoting healthy relationships. School administrators and faculty, community-based organizations that serve youth and parents and will need information and training on teen dating violence, healthy relationships, and changing social norms and attitudes.

In terms of statewide primary prevention capacity, RI is in need of coordination and consistency across data collection systems as well as increased accessibility of this data to community based program planners. There is also a need to expand the capacity of prevention programs practitioners across fields (i.e. violence, substance abuse, sexual violence, teen dating violence, suicide prevention, etc.) so that prevention programs address behavior change and not just change in knowledge and attitudes. Community-based prevention program practitioners need to understand and value primary prevention concepts and
principles in order to increase the effectiveness and quality of their prevention programs. In addition, there is a need for more comprehensive prevention strategies that address not only individual attitudes towards sexual violence, but that also focus on changing relationship and community norms through innovative initiatives.

Technical assistance and training on primary prevention of sexual violence and evaluation is needed in order to achieve change in prevention program designs and implementation. Currently there is very limited funding for primary prevention and evaluation in Rhode Island; increased funding and governmental support is critical in order to achieve an increase in the state’s prevention capacity. State level policy and social marketing may also assist with shifting perceptions that sexual violence is preventable.

Rhode Island Universal and Selected Populations

Target Populations

Based on RI needs and resources assessment findings, the following populations were identified by the SVPPC as target groups for the state’s sexual violence prevention plan, based both on need and on the state’s capacity to implement change within the given populations. In addition, the committee took into consideration specialties and foci of current prevention programming and ability to fund potential projects. Specifically, as Day One is the main agency responsible for sexual violence prevention within the state, the group decided to focus on goals and target populations that aligned with its current activities and abilities (leading to a focus on middle and high school students), as well as relationships with other groups who already have a sexual violence prevention infrastructure in place (namely colleges, police departments, and the military).

Rhode Island Goals/Outcomes, Objectives, & Strategies

Universal Population: Girls & Boys, 11-17

Goal 1: Change the organizational policies and practices that influence the climate/culture that supports sexual violence

---Objective 1: By January, 2013, conduct an assessment of current programming that focuses on at-risk youth and protective factors

---Strategy 1: Partner with the Department of Health

---Activity 1: Work with the RI Youth Suicide Prevention project to integrate sexual violence into community assessment of programs available to at-risk youth

---Activity 2: Evaluate impact of strategy and ensure its cultural relevancy

---Objective 2: By January, 2015, ensure that sexual violence prevention policies are in place in all partner schools and community agencies. When working with schools and community agencies, Day One and partner agencies will help those groups integrate the primary prevention of sexual violence into their policies, or create policies where none currently exist

---Strategy 1: Identify schools and community agencies who receive programming from Day One and partner agencies, and help those groups integrate the primary prevention of sexual violence into their policies, or create policies where none currently exist

---Activity 1: Complete an assessment of sexual violence prevention capacity within each agency

---Activity 2: Assist groups in creating policies
Goal 2: Decrease boys’ and girls’ attitudes, beliefs, and behaviors that support and condone sexual violence

Objective 1: By January 2011,

Strategy 1: The Your Voice, Your View Project
- Activity 1: Two workshops
- Activity 2: Media campaign
- Activity 3: Teacher training (train-the-trainer)
- Activity 4: Media training (students creating ads)
- Activity 5: Offer White Ribbon Campaign to participating schools
- Activity 6: Evaluate impact of strategy and ensure its cultural relevancy

Strategy 2: Collaborate with DELTA and other partners
- Activity 1: Meet with partners
- Activity 2: Create message for campaign
- Activity 3: Disseminate message through local media outlets
- Activity 4: Evaluate impact of strategy and ensure its cultural relevancy

Strategy 3: Mentors in Violence Prevention (MVP)
- Activity 1: Identify qualified local trainers, and if they are not already trained as an MVP trainer, send them to training or hire MVP trainer to train them locally
- Activity 2: Trainers will train others in implementation of MVP
- Activity 3: Evaluate impact of strategy and ensure its cultural relevancy

Strategy 4: Coordinate and develop message across Day One’s internal activities (Rape Prevention Education, Public Health and Human Services grant, etc.)
- Activity 1: Assess current activities
- Activity 2: Identify strong and effective primary prevention message
- Activity 3: Redevelop activities to reflect new message
- Activity 4: Evaluate impact of strategy and ensure its cultural relevancy

Strategy 5: DELTA’s educators’ group will coordinate external activities
- Activity 1: Assess current practices of educators
- Activity 2: Coordinate implementation by locale and topic
- Activity 3: Evaluate impact of strategy and ensure its cultural relevancy

Goal 3: Increase state capacity to address sexual violence prevention

Objective 1: By January 2011, Day One will increase education Department capacity

Strategy 1: Day One will increase Education Department staffing by one
- Activity 1: Evaluate the agency’s capacity to hire additional staff
- Activity 2: Reorganize budget and/or apply for grants to facilitate changes
- Activity 3: Evaluate impact of strategy and ensure future employees are culturally competent

Objective 2: By January 2012, expand capacity of schools to implement sexual violence prevention programming
---**Strategy 1**: Train-the-trainer with lead teachers at Your Voice, Your View schools
---**Activity 1**: Identify participating Your Voice, Your View schools and teachers
---**Activity 2**: Hold training sessions with participating staff
---**Activity 3**: Evaluate impact of strategy and ensure its cultural relevancy

**Selected Population: Boys, 11-17**

**Goal 1**: Increase prevalence of respectful behavior
---**Objective 1**: By January 2011, promote perceptions of masculinity and other forms of strength as nurturing and respectful (as opposed to violent) throughout the state
---**Strategy 1**: DELTA will cultivate a minimum of two male spokespersons/champions to publicly challenge norms regarding masculinity and violence
---**Activity 1**: Coordinate with DELTA to make sure that sexual violence is included in messaging
---**Activity 2**: Evaluate impact of strategy and ensure its cultural relevancy
---**Strategy 2**: Implement the White Ribbon Campaign
---**Activity 1**: Identify high schools and colleges to target for the campaign based on Your Voice, Your View participation and campus activities and support
---**Activity 2**: Provide participating schools with White Ribbon training and materials
---**Activity 3**: Evaluate impact of strategy and ensure its cultural relevancy
---**Strategy 3**: Implement programs that address respectful behaviors, gender roles, and bystander intervention with boys working in schools and community-based organizations
---**Activity 1**: Your Voice, Your View
---**Activity 2**: MVP
---**Activity 3**: One in Four
---**Activity 4**: Evaluate impact of strategy and ensure its cultural relevancy

---**Objective 2**: By January 2012, increase capacity of mentoring programs to address the ways that gender roles influence relationships
---**Strategy 1**: Parents/adult contacts
---**Activity 1**: Train in gender stereotypes and dynamics of healthy relationships
---**Activity 2**: Evaluate impact of strategy and ensure its cultural relevancy
---**Strategy 2**: Teen parents
---**Activity 1**: Train in gender stereotypes and dynamics of healthy relationships
---**Activity 2**: Evaluate impact of strategy and ensure its cultural relevancy
---**Strategy 3**: Mentoring
---**Activity 1**: Train in gender stereotypes and dynamics of healthy relationships
---**Activity 2**: Evaluate impact of strategy and ensure its cultural relevancy

**Selected Population: Males who are members of male dominated groups and associations that encourage competition and traditional roles**

**Goal 1**: Increase knowledge, attitudes, and skills to prevent violence against women
---**Objective 1**: By January 2012, promote perceptions of masculinity as nurturing and respectful (as opposed to violent) throughout the state
---**Strategy 1**: Cultivate spokesperson
---**Activity 1**: Research potential spokesperson
---**Activity 2**: Conduct focus groups on spokesperson
---**Activity 3**: Evaluate impact of strategy and ensure its cultural relevancy
---**Strategy 2**: Media campaign
---**Activity 1**: Identify PR firm
---**Activity 2**: Conduct focus groups
Activity 3: Develop message
Activity 4: Create dissemination strategy
Activity 5: Implement campaign
Activity 6: Evaluate impact of strategy and ensure its cultural relevancy

Strategy 3: One in Four
Activity 1: Work to support Rhode Island College’s One in Four program
Activity 2: Evaluate impact of strategy and ensure its cultural relevancy

Objective 2: Promote positive role-modeling among male peer groups
Strategy 1: Bystander intervention (MVP program) targeting athletes, coaches, etc.
Activity 1: Include bystander intervention message in all programming
Activity 2: Evaluate impact of strategy and ensure its cultural relevancy

Objective 3: Decrease prevalence of the acceptance of rape myths
Strategy 1: Toby Simon’s program and/or similar
Activity 1: Work with Toby Simon to implement programming
Activity 2: Evaluate impact of strategy and ensure its cultural relevancy

Evidence Supported Strategies

The SVPPC conducted a series of three meetings, one for each population, to research and recommend evidence based and/or evidence supported prevention strategies. Meetings were convened September – October 2009. RPE staff researched prevention strategies relevant for each target population and presented findings at each meeting. Committee members collectively completed the GTO Strategy Assessment worksheet and used this as the basis for discussion about each strategy. Ultimately, decisions were made collectively. Selected strategies were identified as having the greatest potential to further plan goals and objectives given state resources, feasibility, political climate, and the promising results of strategies currently being implemented in our state, including strategies identified in the DELTA plan.

Working with Men

In order to decrease perception that being masculine means being violent among men in Rhode Island the SVPPC recommends the use of six primary prevention, evidence supported strategies described below. Additionally, the SVPPC recommends researching funding opportunities for working with men in primary prevention of sexual violence, and the cultivation of in-state male spokespersons that will help challenge traditional gender norms regarding masculinity and promote males as nurturing individuals and gender equity.

Universal Population: Girls and Boys 11-17
Selected Population: Boys 11-17

Your Voice. Your View. Educational Workshops and Media Contest
Currently in its fourth year of funding, the Your Voice. Your View. Media Contest and Educational workshops is a public health injury prevention strategy being implemented in Rhode Island. Teens from high schools across the state participate in the media contest and educational workshops and develop television messages to encourage their peers to get involved in preventing sexual violence. Winning ads portray adolescent boys intervening in situations where their male peers are behaving in sexually inappropriate ways and provide information to dispel rape myths, as belief in rape myths is a risk factor for sexual violence perpetration. The winning ads are announced and viewed at a press conference. This year’s winning ad was seen through the month of April on FOX, MTV, BET, ESPN, and other cable channels. Your Voice. Your View. Reaches approximately one thousand students each year through its educational workshops at the individual level of the social ecological model and at the relationship level through group activities. Thousands more view the winning ad on television providing the type of environmental reinforcements necessary to have societal level impact. Preliminary evaluation results are promising. Your Voice. Your View. Has a positive impact on male and female urban and suburban youth.
Both males and female participants appear to have significantly increased knowledge of what constitutes sexual violence and an improved understanding of consent issues compared with students who did not participate in the program. Behavioral intent to intervene in situations where someone may be at risk was generally high. Focus groups assessing the impact of the winning ad in the media contest found that the ad was perceived to clearly convey the message intended, dispelling the rape myth that rapists are strangers.

**Sexual Violence Prevention Policies**
Targeting sexual violence prevention policies at the societal level leads to a decreased acceptability of sexual violence from individuals, which is mandated from within the system at the institutional level. For this reason, strong, and well-implemented prevention policies are key to prevention.

**Mentors in Violence Prevention**
Mentors in Violence Prevention (MVP) targets student athletes and other student leaders with educational training on sexual violence and dating violence prevention predominantly focusing on bystander intervention, which changes social norms for the acceptability of violence. The MVP program has been found to be evidence-based, and reaches students at both the individual and relationship level through its workshops and activities. Additionally, student participants may become trainers who go on to bring this important information to their peers.

**White Ribbon Campaign**
This strategy targets men, is at the societal level of the spectrum of prevention, and complements individual and relationship level strategies. The White Ribbon Campaign entails a personal pledge to never commit, condone or remain silent about violence against women and girls. Men wearing a white ribbon send a powerful message to their communities that they do not tolerate violence against women and their role in preventing it. While the White Ribbon Campaign has not been evaluated, it does challenge a societal level risk factor for IPV perpetration, traditional gender norms.

**Cultivation of Male Spokespersons/ Champions for Norms Change**
Based on the work of Albert Bandura, Social Learning Theory captures the interplay between the environment, personal factors and behavior. Emphasis is placed on the mental processes a person uses to make sense of their social environment, and how this leads to behavior. Albert Bandura first demonstrated the importance of role models in behavior change during the 1960s with his famous "Bobo Doll" experiment, where children acted violently simply because they saw an adult act violently first. The reverse is also true. A male spokesperson that is a positive role model for boys and men can act as a champion for norms change at the societal level. Especially when the male spokesperson engages in traditionally masculine activities like sports, boys and men will be more likely to follow his lead when he speaks about something that might be seen as un-masculine -- treating girls and women with respect.

**Capacity Building for Mentoring Programs**
Mentoring programs such as Big Brothers/Big Sisters of America, considered a model program for youth violence prevention, lend support for using this model to promote the prevention of first time perpetration of sexual violence. Mentoring programs support a model of change through role modeling supported by Social Learning Theory. Building capacity of local mentoring initiatives such as Men 2B -- a strategy identified in the DELTA plan -- through training the trainers of mentors will enhance the training curriculum and support future mentees during the critical developmental period of adolescence when sexual attitudes about women are being formed. Such training builds men's capacity to be confident, effective role models for youth by promoting positive rather than negative behaviors/risk factors such as sexual harassment, machismo, and disrespect towards women.

**Selected Population:** Males who are members of male dominated groups and associations that encourage competition and traditional roles
Rhode Island Sexual Violence Prevention Planning

Next Steps

The SVPPC will create an executive summary, logic model, and plan for dissemination, implementation, and evaluation by April 2010.

References

Mary Cunningham, Meghan Henry, Webb Lyons Vital Mission: Ending Homelessness Among Veterans, November 2007 Homeless Research Institute at the National Alliance to End Homelessness

Women age 16 to 24 are most vulnerable to intimate partner violence, according to a new report released by the U.S. Department of Justice's Bureau of Justice Statistics (BJS). Intimate Partner Violence and Age of Victim, 1993-99


Appendix A

Responses to Non-RPE Funded Agency Sexual Violence Prevention Survey
What type of organization/agency is this?

54 participants answered this question

Agency Locations
In an attempt to understand your agency and programs you provide, please indicate to what extent the following populations are served by your agency?

- **Ethnicity**—most agencies provide specific services for White, Black, Asian, and Latino individuals, but few agencies provide specific programming for Native American, Cape Verdean, or Portuguese individuals
- **Sex**—agencies stated they were more likely provide services to females (79.2%) than males (48.3%)

Additional categories—few agencies provided specific services to the following populations:

- People who have been physically abused
- People who cannot read
- Substance using people
- Pregnant substance using women
- LGBT individuals
- HIV infected people
- Incarcerated people*
- Homeless people*
- Older adults (65+)*

*categories with fewest specific services

Of those agencies that do sexual violence prevention, respondents provided the most programming to:

- College women and men
- Girls statewide of all ethnic backgrounds
- Youth 13-18
- Those affected by hate crime; law enforcement
- Youth grades 6-12 and staff who work with them
- Women, infants, and children
- White women who have been physically abused
- Latino population

Approximately what percentage of all the people your agency serves is:

- Male: 39%
- Female: 61%
What type of prevention/health promotion programs does your organization provide (check all)?

28 participants answered this question

What type of prevention/health promotion programs does your organization provide (check all)?

35 participants answered this question
How important is sexual violence prevention to addressing the main issue your organization is working on?

28 participants answered this question
What type of organizational support for the primary prevention of sexual violence does your agency provide?

<table>
<thead>
<tr>
<th>Support Provided</th>
<th>Agreement Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>My organization <strong>committed to and supportive of activities</strong> for the primary prevention of SV.</td>
<td>Agree (78.6%)</td>
</tr>
<tr>
<td>My organization <strong>commits personnel</strong> to activities for the primary prevention of SV.</td>
<td>Agree (53.6%)</td>
</tr>
<tr>
<td>My organization <strong>commits unrestricted financial resources</strong> to activities for the primary prevention of SV.</td>
<td>Disagree (50.0%)</td>
</tr>
<tr>
<td>My organization is <strong>knowledgeable</strong> about the primary prevention of SV.</td>
<td>Agree (75.0%)</td>
</tr>
<tr>
<td>My organization has a <strong>mission statement</strong> which includes ending, preventing, or eliminating SV.</td>
<td>Half agree, half disagree</td>
</tr>
<tr>
<td>The <strong>leadership</strong> of my organization has a strong understanding of primary prevention of SV.</td>
<td>Agree (57.1%)</td>
</tr>
<tr>
<td>My organization <strong>recruits and trains volunteers</strong> to participate in activities for the primary prevention of SV.</td>
<td>Disagree (50.0%)</td>
</tr>
<tr>
<td>All staff members see primary prevention of SV as an <strong>essential part of our organization’s work</strong>.</td>
<td>Half agree, half disagree</td>
</tr>
<tr>
<td>Most staff members see SV prevention <strong>program planning</strong> as an essential part of our organization’s work.</td>
<td>Half agree, half disagree</td>
</tr>
<tr>
<td>Most staff members see using <strong>evidence-based approaches</strong> as an essential part of our organization’s SV prevention work.</td>
<td>Half agree, half disagree</td>
</tr>
<tr>
<td>Most staff members see SV prevention <strong>evaluation</strong> activities as an essential part of our organization.</td>
<td>Half agree, half disagree</td>
</tr>
<tr>
<td>My organization regularly <strong>provides training to staff</strong> about issues</td>
<td>Disagree (53.5%)</td>
</tr>
</tbody>
</table>

To what extent is the prevention of sexual violence a goal for your agency?

- **Very important** (39.3%)
- **Somewhat important** (25.7%)
- **Not at all important** (25.0%)

28 participants answered this question.
related to SV prevention.

Does your agency provide training in the primary prevention of sexual violence to your staff?
- Yes: 34%
- No: 66%

Select the response below that best represents your organization’s approach to balancing primary prevention of SV and intervention work:

- focuses ONLY on intervention with survivors: 13.3%
- focuses MOSTLY on prevention: 6.7%
- focuses ABOUT EQUALLY on intervention and prevention: 16.7%
- focuses MOSTLY on prevention with survivors: 10.0%
- provides referrals: 30.0%
- DOES NOT focus on either: 16.7%
- other: 6.7%

Has your staff received training in the primary prevention of sexual violence?
- Yes: 29%
- No: 71%
If your staff has NOT received training in the primary prevention of sexual violence, the following is a list of reasons why agencies have NOT provided education or training opportunities for their staff. (Please check all the reason(s) that apply to your agency.)

- Not enough money or funding: 50%
- Lack of staff: 20.8%
- Not a priority for our agency: 54.2%
- Not enough space to provide training: 8.3%
- Not a problem for people we serve: 12.5%
- No staff to do development and training: 20.8%
- Cannot provide equal opportunity services to people we serve: 0%
- No staff to do evaluation: 4.2%
- Other: 20.8%

Please tell us which sexual violence primary prevention programs you are familiar with:
- 9 of 19 respondents were not aware of any SVP programs
- Those who were aware mentioned: Day One DV agencies, Lindsay Ann Burke, MOST clubs, MVP, Young Men's/Women's Lives, Byron Hurt film, film called “No” on Youtube, Enough Abuse, Stop it Now!
How can staff training enhance your services and programs for individuals who may become victims or perpetrators of sexual violence?

• Knowledge/awareness/training
• Awareness of “red flags”, symptoms in students
• Make people aware of programs
• Self protection skills, community awareness skills, youth education programs
• Increase sensitivity—gives permission to talk
• How to handle disclosures
• Many responded that they were unsure

Is there anything else not addressed by this survey that you would like us to consider regarding education and training needs or your agency and staff?

• How SV fits in with bigger abuse prevention planning process and vision
• Relationship between bullying and SV
• Budget problems lead to lack of training