Preventing Sexual Violence in Rhode Island: A Plan for the State 2011 - 2016

Executive Report of the Rhode Island Sexual Violence Prevention Planning Committee (SVPPC)
Definitions you might find helpful when reviewing this document

**Primary Prevention:** According to the Prevention Institute, primary prevention is “a systematic process that promotes healthy environments and behaviors and reduces the likelihood or frequency of violence against women occurring.” Primary prevention is taking action before violence occurs.

**Sexual Violence (SV):** is any sexual contact that is forced against someone's will. These acts can be physical, verbal or psychological. Sexual violence includes intentional touching of the genitals, anus, groin, or breast against a person's will or when a person is unable to give consent, as well as voyeurism, exposure to exhibitionism, or undesired exposure to pornography. The perpetrator of SV may be a stranger, friend, family member or intimate partner.

**Universal Population:** prevention efforts target an entire population, without regard to whether or not an individual may have experienced or perpetrated abuse. The goal is to prevent the onset of abuse by providing skills and knowledge.

**Selected Population:** prevention efforts target a subset of the population considered at risk by virtue of their membership in a particular segment of the population. Selected population efforts target the entire subgroup regardless of the degree of risk of any individuals in the group.
Sexual violence in Rhode Island needs to end. We are ready to end it — are you?

Sexual violence (SV) throughout this nation is at epic proportions. It is estimated that one in four girls and one in six boys will be sexually assaulted before they turn 18.* The impact this epidemic has on Rhode Island and its citizens is profound and long-lasting. Those affected by sexual violence are at a great risk for a myriad of issues including developmental delays, post-traumatic stress disorder, substance abuse, eating disorders, depression, self-harm and many others.

In 2008, the Rhode Island Department of Health and Day One, in collaboration with the US Centers for Disease Control and Prevention, joined a national effort to build capacity to end sexual violence. To begin these efforts, a group of dedicated educators, victim advocates and health professionals came together to develop this Sexual Violence Primary Prevention Plan (SVPPP) 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 critically look at strategies that will prevent SV in Rhode Island, recognizing it as the first step in the long term process of SV prevention.

What follows is an Executive Summary of the full SVPPP. The full version of the report is available at www.dayoneri.org. We hope you will take some time to review this report and consider how your own agency, organization or school can use evidence-based strategies to assist in preventing sexual violence in Rhode Island — before it starts.

What protects Rhode Islanders from violence?  
What puts them at risk for perpetrating violence?

While not all perpetrators are male and not all victims are female, the majority of sexual violence is perpetrated by men and the majority of victims are female. As a result, it is important for us to examine the risk and protective factors that contribute to both perpetration and victimization.

There are many risk factors that contribute to the perpetration of sexual violence. Our state’s current economic crisis, high unemployment rate and low educational achievement help put men at particular risk. In addition, the traditional view of men as dominant, the widespread belief in rape myths and the culture of violence that men are subjected to, often from the time of infancy, can help foster male attitudes and beliefs that support violence.

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 Rhode Island College School of Social Work, published “The Status of Women in Rhode Island – A Mid-Decade Report 2006.” 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.”

On a societal level, the state’s small size, availability of services and the existence of a network of prevention programs and service providers may serve as protective factors to keep it safer.

**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/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>Lack of parental supervision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression/hopelessness</td>
<td>Parental substance use/abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Impulsivity</td>
<td>Parental depression</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor peer relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective Factors</td>
<td>Problem solving skills</td>
<td>Parental supervision</td>
<td>Availability of services</td>
</tr>
<tr>
<td></td>
<td>Sense of self-efficacy</td>
<td>Caring/respectful relationships</td>
<td>Support/belonging</td>
</tr>
<tr>
<td></td>
<td>Good peer relationships</td>
<td>Social support</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Target Populations

Based on Rhode Island 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.

Universal Population: Girls and Boys, Ages 11-17

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

**Objective 1.1:** Conduct an assessment of current programming that focuses on at-risk youth and protective factors.

**Action Steps:** Partner with the Department of Health and work with the Rhode Island Youth Suicide Prevention Project to integrate sexual violence prevention into community assessment of programs available to at-risk youth.

**Objective 1.2:** 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.

**Action Steps:** 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 existing policies, or create policies where none currently exist.

**Objective 1.3:** Monitor the implementation of existing policies (Lindsay Ann Burke Act, Safe & Drug Free Schools) in middle and high school to ensure each student receives education on the primary prevention of sexual violence.

**Action Steps:** Acquire school health regulation compliance reports and review them with the Rhode Island Department of Education.

In the 2009 Youth Behavioral Risk Survey (YRBS), conducted by the Rhode Island Department of Health, 7% of public high school youth reported that they had been forced to have sex with someone against their will. 11% reported that they had experienced dating violence in the past year.
GOAL 2: Change boys’ and girls’ attitudes, beliefs, and behaviors that support and condone sexual violence.

Objective 2.1: Promote healthy social norms regarding sexual violence and other high risk behaviors among youth.

Action Steps:
- Expand the Your Voice, Your View Project (a project of Day One).
- Raise awareness of sexual violence through a public media campaign (collaborate with DELTA and other partners).
- Expand the use of Mentors in Violence Prevention (MVP).
- Coordinate and develop messages across Day One’s internal activities (Rape Prevention Education (RPE), Preventative Health and Health Services (PHHS) grant, etc.).
- Coordinate external activities through DELTA’s educators’ group.

GOAL 3: Increase the state capacity to address sexual violence prevention

Objective 3.1: Day One will increase its education department’s capacity to offer primary prevention programming.

Action Steps: Identify funding to increase Day One’s education department staffing.

Objective 3.2: Expand capacity of schools to implement sexual violence prevention programming.

Action Steps: Develop a train-the-trainer program with lead teachers at Your Voice, Your View schools.

Social - Ecological Model

The ecological model supports a comprehensive public health approach that not only addresses an individual’s risk factors, but also the norms, beliefs, and social and economic systems that create the conditions for the occurrence of sexual violence.
**Selected Population: Boys 11—17**

**GOAL 1:** Increase prevalence of respectful behavior.

**Objective 1.1:** Promote perceptions of masculinity and other forms of strength as nurturing and respectful (as opposed to violent) throughout the state.

**Action Steps:**
- Support DELTA’s work to cultivate a minimum of two male spokespersons/champions to publicly challenge norms regarding masculinity and violence.
- Implement the White Ribbon Campaign.
- Implement programs that address respectful behaviors, gender roles, and bystander intervention with boys working in schools and community-based organizations.

**Objective 1.2:** Increase capacity of mentoring programs to address the ways that gender roles influence relationships.

**Action Steps:**
- Provide culturally relevant training to parents/caregivers and mentoring volunteers on gender stereotypes and healthy relationships.
- Develop tools to evaluate success of training.

**Selected Population: Males who are members of male dominated groups (e.g. sports, military, fraternity) and associations that encourage competition and traditional roles**

**GOAL 1:** Increase knowledge, attitudes, and skills to prevent violence against women.

**Objective 1.1:** Promote perceptions of masculinity as nurturing and respectful (as opposed to violent) throughout the state.

**Action Steps:**
- Cultivate spokesperson to promote the issue among targeted population.
- Create a media campaign.
- Support efforts of existing groups, such as One in Four.

**Objective 1.2:** Promote positive role-modeling among male peer groups.

**Action Steps**
- Encourage programs that promote bystander intervention (MVP program) targeting athletes, coaches, etc.

**Objective 1.3:** Decrease prevalence of the acceptance of rape myths.

**Action Steps:**
- Support college and university based programs that decrease rape myths, such as Bryant University’s *Sex Without Consent*.
- Evaluate impact of strategy and ensure cultural relevancy.
What Can We Do?

The SVPPC conducted a series of three meetings, one for each population, to research and recommend evidence-based and/or evidence-supported prevention strategies. The following 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.

Evidence Supported Strategies:

Your Voice. Your View. — The Your Voice. Your View. Media Contest and educational workshops are public health injury-prevention strategies 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.

Sexual Violence Prevention Policies — Targeting sexual violence prevention policies at the societal level leads to a decreased acceptance 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 acceptance 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.

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.

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. 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.

Things your school or organization can do NOW!...

- Have a conversation with a friend or relative about ending sexual violence.
- Contact Day One for more information on how your high school students (teens 13-19) can participate in the Your Voice. Your View. Media Campaign
- Organize student athletes and student leaders at your college or university to take part in the MVP movement.
- Ensure there is a sexual harassment policy in place within your organization or place of business, and then make sure your staff/colleagues are well trained on the policy.
- Plan a prevention education program at your school, organization or place of business.
- Contact any of the agencies listed on page 9 for more information or technical assistance.
Quick Links and Resources

Day One — www.dayoneri.org
- Full Sexual Violence Primary Prevention Plan — www.dayoneri.org/SVPPP.pdf
- Professional Training Opportunities — www.dayoneri.org/professionaltraining.htm

Victims of Crime 24-hour Helpline — www.rivictimsofcrime.org or 1-800-494-8100

Rhode Island Department of Health — www.health.ri.gov

Centers for Disease Control and Prevention — www.cdc.gov

Rhode Island Coalition Against Domestic Violence — www.ricadv.org

CDC Office of Women's Health — www.cdc.gov/women/

National Sexual Violence Resource Center — www.nsvrc.org

National Online Resource Center on Violence Against Women — www.vawnet.org

Prevent Connect — www.preventconnect.org

Rape, Abuse and Incest National Network (RAINN) — www.RAINN.org


For more information or help implementing a sexual violence prevention policy or program within your organization, contact Day One at (401) 421-4100 or visit us at www.dayoneri.org.

2008-2010 Sexual Violence Prevention Planning Committee Members:

Jametta O. Alston, Rhode Island Child Advocate
Linda Barovier, Program Manager for the Rhode Island Strategic Prevention Framework, Rhode Island Office of Health and Human Services
Raymonde Charles, Program Associate, Rhode Island Kids Count
Channavy Chhay, Project Manager, Solutions for Children, Youth and Families, United Way of Rhode Island
Heather Cosimini, Sexual Assault Services Coordinator, Johnson & Wales University
Pat Jaehnig, Coordinator of Justice & Peace Education, Roman Catholic Diocese of Providence
Hilary Jones, Ph.D., Research & Education Specialist, Day One
Tom Lavin, Ph.D., Director, Counseling Center at Rhode Island College
Sandra Malone, Coordinator of Prevention Education, Day One
Heather McAfoose, Sexual Assault Response Coordinator, Naval Station Newport
Beatriz Perez, Manager, Safe Rhode Island, Rhode Island Department of Health
Lucy Rios, Director of Prevention, Rhode Island Coalition Against Domestic Violence
Marlene Roberti, Director of Policy and Education, Day One
Toby Simon, Director of the Women's Center, Bryant University
Annie Silvia, HIV/Sexuality Specialist, Rhode Island Department of Education
Wendy Verhoek-Oftedahl, Ph.D., Assistant Professor and Epidemiologist, Department of Community Health, Brown University
Trish Washburn, Youth Development Program Coordinator, Rhode Island Department of Health