A 101 Guide for Sexual Violence Primary Prevention

UTAH DEPARTMENT OF HEALTH

Violence & Injury Prevention Program

101 Guide

What's in this Guide?

FYI

Sexual violence is a significant public health problem which affects the lives of millions of people in the United States. Sexual violence can lead to serious short and long-term health consequences including physical injury, poor mental health and chronic physical health problems. These health consequences contribute to a substantial public health burden. In 1994, with the passage of the Violence Against Women Act by Congress, the Rape Prevention and Education (RPE) program was established by CDC. The RPE grant program provides funding to state health departments in all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the Commonwealth of Northern Mariana Islands. The basis for the RPE program is to use a public health approach for the primary prevention of sexual violence - which means stopping violence before it begins. Recipients of this funding are guided by a set of principles that include:

- Preventing first-time occurrence of sexual violence;
- Reducing risk factors and enhancing protective factors linked to sexual violence perpetration and victimization;
- Using the best available evidence when planning, implementing, and evaluating prevention programs;
- Incorporating behavior and social chaneg theories into prevention programs so that behavior patterns, cultural values, and norms contributing to sexual violence will change over time;
- Analyzing state and community data, such as health and safety data, to inform program decisions and monitor trends; and
- Evaluating prevention efforts and using the results to improve future program plans.

In 2007, the Utah Department of Health Violence & Injury Prevention Program (UDOH VIPP) received RPE funding from the Centers for Disease Control and Prevention. In 2014, the funds became a 5-year award (about $350,000 per year) and the UDOH VIPP was able to partially fund 15 different agencies across the state to implement sexual violence primary prevention strategies. In 2016, the Utah legislature appropriated $600,000 in one-time funding for one year to the UDOH VIPP from a surplus in Temporary Assistance for Needy Families (TANF) funding through the Department of Workforce Services. The goals of the sexual violence primary prevention program at the UDOH VIPP meet purposes three and four of the TANF funding. Purpose three is to prevent and reduce the incidence of out-of-wedlock pregnancies; purpose four is to encourage the formation and maintenance of two-parent families. The UDOH VIPP was able to partially fund 21 agencies, which brought the total number of agencies in Utah funded for the primary prevention of sexual violence to 29. In addition, the prevention service area increased to include nearly every county in Utah.

Funded Programs
(2017)

The organizations and the service areas currently receiving funding from the UDOH VIPP to implement primary prevention of sexual violence activities are:

- **Boys and Girls Clubs of Greater Salt Lake**, *Salt Lake County*
- **Citizens Against Physical and Sexual Abuse (CAPSA)**, *Cache and Rich Counties*
- **Carbon County Family Support Center**, *Carbon and Emery Counties*
- **Canyon Creek Women's Crisis Center**, *Iron, Beaver, and Garfield Counties*
- **Centro de la Familia**, *Salt Lake County*
- **Centro Hispano**, *Utah County*
- **Confederated Tribes of the Goshute Reservation**
- **Center for Women and Children in Crisis**, *Utah, Wasatch, and Juab Counties*
- **Davis Applied Technology College**, *Kaysville*
- **DOVE Center**, *Washington and Kane Counties*
- **Men's Antiviolence Network of Utah**, *Salt Lake County and statewide*
- **New Hope Crisis Center**, *Box Elder County*
- **New Horizons Crisis Center**, *Sevier, Sanpete, Millard, Piute, and Wayne Counties*
- **Prevent Child Abuse Utah**, *statewide project*
- **Peace House**, *Summit and Wasatch Counties*
- **Pacific Islander Knowledge 2 Action Resources (PIK2AR)**, *Salt Lake County*
- **Restoring Ancestral Winds, San Juan and Sevier Counties**, *statewide project*
- **Rape Recovery Center**, *Salt Lake County*
- **Safe Harbor**, *Davis County*
- **Seekhaven**, *Grand County*
- **South Valley Services**, *Salt Lake County*
- **The Family Place**, *Cache County*
- **Tricounty Health Department**, *Daggett, Duchesne and Uintah Counties*
- **Talk to a Survivor**, *Salt Lake County*
- **Utah Coalition Against Sexual Assault**, *statewide technical assistance provider*
- **Urban Indian Center of Salt Lake**, *Salt Lake County and the Wasatch Front*
- **Utah Navajo Health System**, *San Juan County and the Navajo Nation*
- **Weber State University**, *Ogden*
- **Your Community Connection (YCC)**, *Weber and Morgan Counties*

The UDOH VIPP is regularly seeking out and applying for funding to increase the capacity to implement primary prevention programs and strategies. Statewide, the opportunities for local organizations in Utah to apply for funding to implement sexual violence prevention occur periodically, but there are no pre-determined dates when funding announcements will be released. If you are interested in future funding, stay engaged and keep checking back to the UDOH VIPP website: health.utah.gov/vipp/

Scope of the Problem

According to the 2010 National Intimate Partner and Sexual Violence Survey...

80% of female victims of completed rape, experienced their first rape before age **25**

1/5 of female victims & **1/14** of male victims experienced stalking between ages **11 & 17**

27.8% of male victims of completed rape, experienced their first rape before age **10**

According to the FBI, Utah ranks **9th** in the nation for reported rape

According to the 2013 Utah Youth Risk Behavior Survey...

22.7% Of Utah students reported being verbally or emotionally harmed one or more times

6.9% Of Utah students reported being physically hurt on purpose one or more times

10.7% Of Utah students reported being physically hurt on purpose one or more times

**27.9%** Of Utah students reported experiencing some form of dating violence OVERALL

21.9% of Utah students were bullied on school property

16.8% of Utah students were electronically bullied

Females were more likely to report being verbally and emotionally harmed, being electronically bullied, and being sexually forced to do things they didn't want to compared to **males.**

Teen dating violence, intimate partner violence, and sexual violence disproportionately affect some communities more than others, including LGBTQ+ communities, racial and ethnic minorities, and high-risk populations.

The Basics:
Public Health Approach
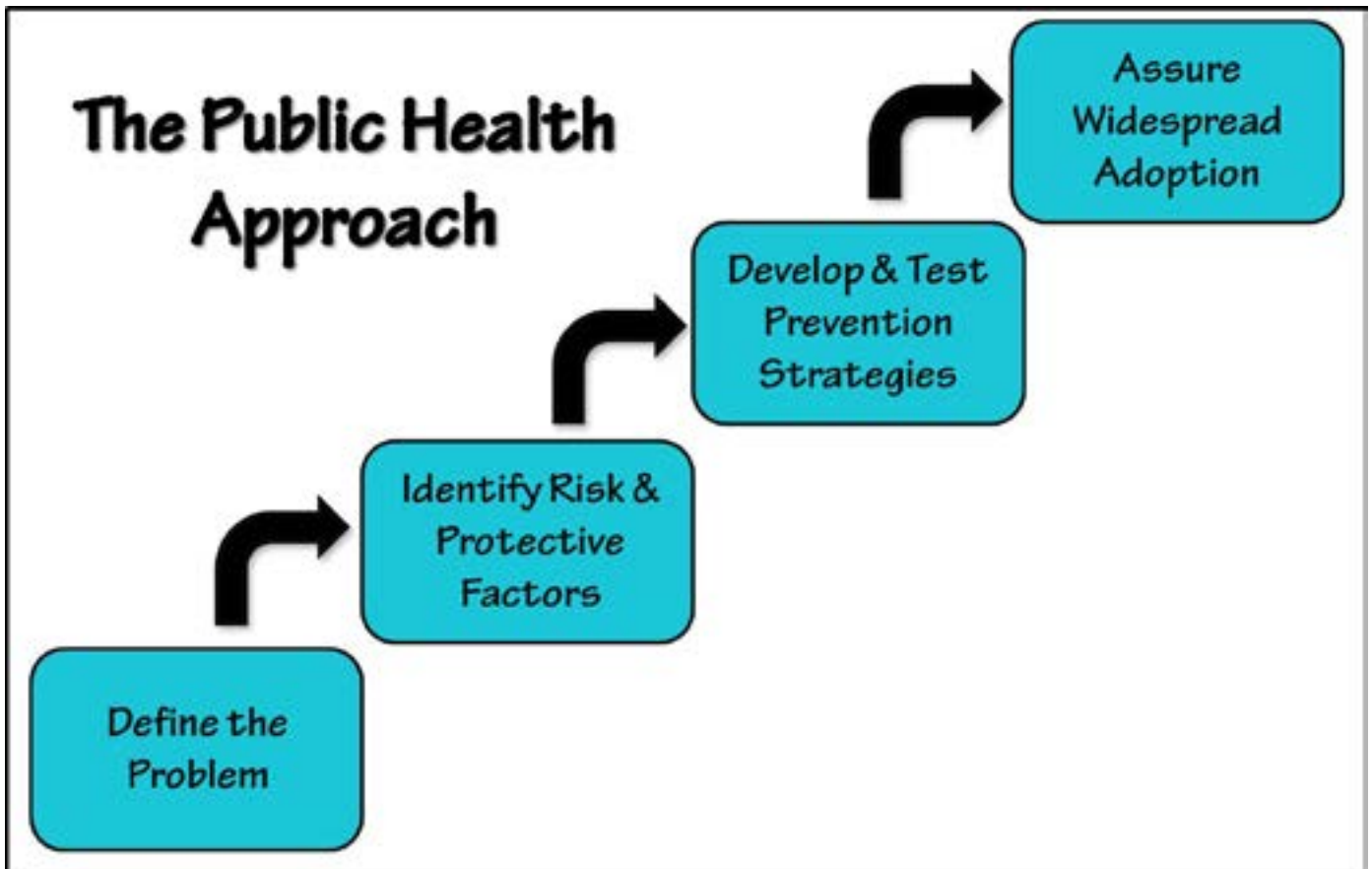
1. **Define the Problem** - collect data and information that gives you a complete picture about the magnitude, scope, characteristics, and consequences of sexual violence.

2. **Identify Risk & Protective Factors** - establish WHY violence occurs by determining causes and correlates for sexual violence, factors that increase or decrease risk, and factors that could be modified through preveniton interventions.

3. **Develop & Test Prevention Strategies** - find out what works to prevent sexual violence by designing, implementing, and evaluating prevention interventions.

4. **Assure Widespread Adoption** - once a prevention program has been proven effective, it should be implemented and adopted more broadly and continue to evaluate effectiveness in different communities. Dissemination techniques may include training, networking, and technical assistance.

The UDOH VIPP uses the public health approach to address sexual violence. For more information on the public health approach and violence prevention, visit:
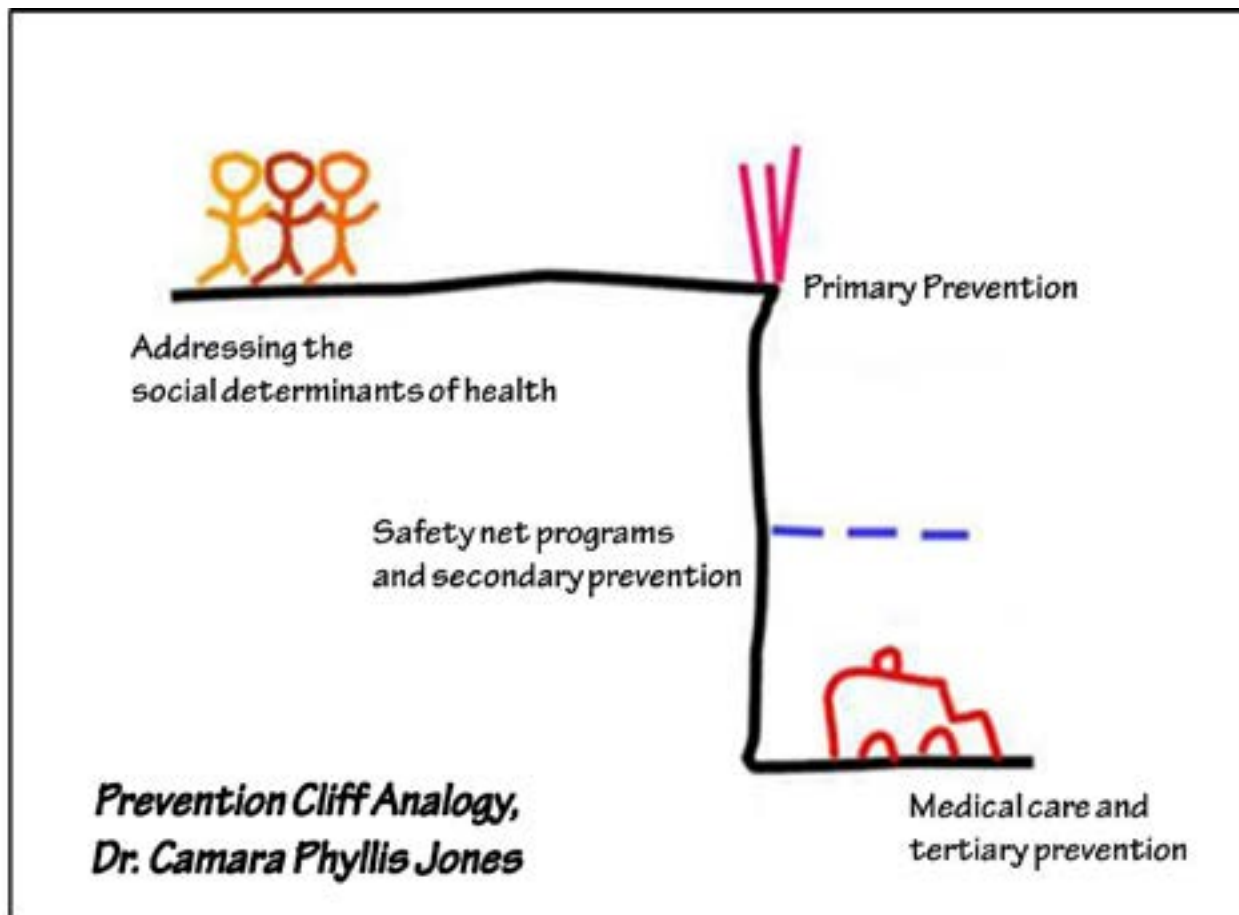www.cdc.gov/violenceprevention/overview/publichealthapproach.html

The Basics:
What is Prevention?

Primary Prevention - aims to prevent disease/injury BEFORE it ever occurs. This includes, identifying and preventing experiences of violence and exposure to risks that can cause injury or violence, altering unhealthy or unsafe behaviors that can lead to injury or violence, increasing protective factors that buffer against injury or violence, and improving resilience to injury or violence should exposure occur.

Secondary Prevention - aims to reduce the impact of a disease or injury that has ALREADY occurred. By detecting and treating injury or experience of violence as soon as possible to halt or slow its progress, encouraging personal strategies to prevent reinjury or recurrence, and implementing programs to return people to their original health and function, including immediate and comprehensive victim services.

Tertiary Prevention - aims to soften the impact of an ongoing injury or experience of violence that has lasting effects. This is done by helping people manage long-term, often complex health and mental health problems, including trauma, as well as injuries, in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

Addressing the social determinants of health

Primary Prevention

Safety net programs and secondary prevention

Medical care and tertiary prevention

Prevention Cliff Analogy, Dr. Camara Phyllis Jones

For more information on the cliff analogy by Dr. Camara Phyllis Jones, please visit:
http://ow.ly/j3aT308A2iC

The Basics:
The Social Ecological Model

The social ecological model (SEM) shows the interaction between individual, relationship, community, and societal factors. It helps us to understand the range of factors that can put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level. Besides helping to clarify these factors, the model also suggests that in order to prevent violence, it is necessary to act across multiple levels of the SEM at the same time. This approach is more likely to sustain prevention efforts over time than any single intervention.

Social Ecological Model

Societal | Community | Relationship | Individual
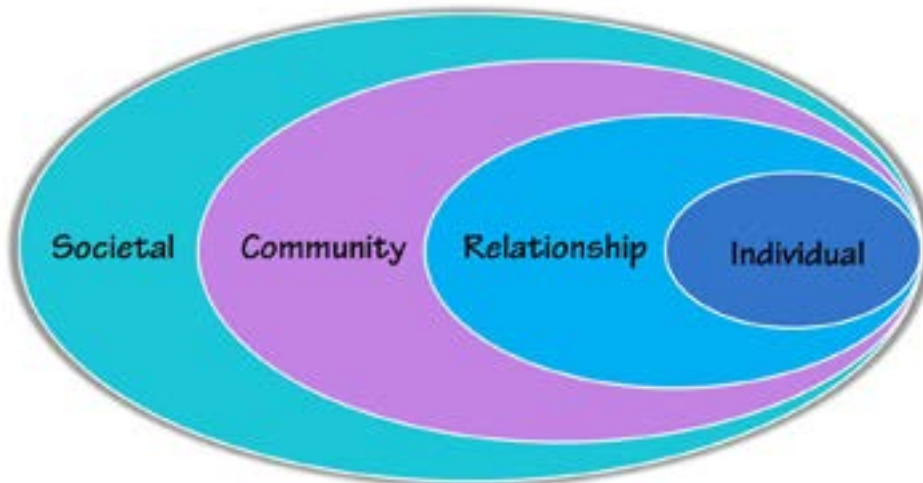
INDIVIDUAL LEVEL: biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence (i.e. age, education, income, substance use, or history of abuse).

> *Strategies:* promoting attitudes, beliefs, and behaviors that ultimately prevent violence, such as healthy relationships education and life skills training.

RELATIONSHIP LEVEL: close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle - peers, partners and family members - influences their behavior and contributes to their range of experiences.

> *Strategies:* parenting or family-focused prevention programs; mentoring and peer programs designed to reduce conflict, foster problem-solving skills, and promote healthy relationships.

COMMUNITY LEVEL: settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and the characteristics of these settings that are associated with becoming victims or perpetrators of violence.

> *Strategies:* impact the social and physical environment – for example, reducing social isolation, improving economic and housing opportunities in neighborhoods, as well as the climate, processes, and policies within school and workplace settings.

SOCIETAL: broad societal factors that help create a climate in which violence is encouraged/facilitated or inhibited.

> *Strategies:* Address these factors, including social and cultural norms that support violence as an acceptable way to resolve conflicts; and health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society.

For more information about the social ecological model from the CDC, visit: www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html

The Basics:
Risk & Protective Factors

RISK FACTORS: characteristics that increase the likelihood of a person becoming a victim or perpetrator of violence

		Type of Violence Perpetration							
		Child Maltreatment	Teen Dating Violence	Intimate Partner Violence	Sexual violence	Youth Violence	Bullying	Suicide	Elder Maltreatment
RISK FACTORS									
Individual Level	Low educational achievement	X	X	X		X	X	X	
	Lack of non-violent problem-solving skills	X	X	X	X	X	X	X	X
	Poor behavioral control/ Impulsiveness	X	X	X	X	X		X	
	History of violence victimization	X	X	X	X	X	X	X	X
	Witnessing violence	X	X	X	X	X	X	X	
	Psychological/mental health problems	X	X	X		X		X	X
	Substance use	X	X	X	X	X	X	X	X
Relationship Level	Social isolation/ Lack of social support	X	X	X		X	X	X	X
	Poor parent-child relationships	X	X	X	X	X	X	X	
	Family conflict	X	X	X	X	X	X		
	Economic stress	X		X		X		X	X
	Associating with delinquent peers		X	X	X	X	X		
	Gang involvement		X	X	X	X			

The Basics:
Risk & Protective Factors

	Type of Violence Perpetration							
	Child Maltreatment	Teen Dating Violence	Intimate Partner Violence	Sexual violence	Youth Violence	Bullying	Suicide	Elder Maltreatment
RISK FACTORS								
Community Level — Neighborhood poverty	X		X	X	X		X	
Community Level — High alcohol outlet density	X		X		X		X	
Community Level — Community violence	X			X	X	X		
Community Level — Diminished economic opportunities/ high unemployment rates	X		X	X	X		X	
Community Level — Poor neighborhood support and cohesion	X	X	X		X		X	
Societal Level — Cultural norms that support aggression toward others	X	X	X	X	X			X
Societal Level — Media violence				X	X	X	X	
Societal Level — Societal income inequity	X		X		X	X		
Societal Level — Weak health, educational, economic, and social policies/laws	X		X	X			X	
Societal Level — Harmful norms around masculinity and femininity	X	X	X	X	X	X		

The Basics:
Risk & Protective Factors

		Type of Violence Perpetration							
		Child Maltreatment	Teen Dating Violence	Intimate Partner Violence	Sexual violence	Youth Violence	Bullying	Suicide	Elder Maltreatment
PROTECTIVE FACTORS									
Individual Level	Skills in solving problems non-violenty	X	X			X		X	
Relationship Level	Family support/ connectedness	X	X			X	X	X	X
	Connection to a caring adult		X			X		X	
	Association with pro-social peers		X			X	X		
	Connection/ commitment to school		X		X	X	X	X	
Community Level	Coordination of resources and services among community agencies	X		X				X	X
	Access to mental health and substance abuse services	X						X	
	Community support/ connectedness	X		X	X	X		X	X

PROTECTIVE FACTOR:
characteristic that decreases the likelihood of a person becoming a victim or perpetrator of violence because it buffers against risk

For more information about shared risk and protective factors from the CDC, visit: www.cdc.gov/violenceprevention/pub/connecting_dots.html

Spectrum of Prevention

The Spectrum of Prevention is similar to the Social Ecological Model in that there are multiple, interconnected levels that help guide prevention work. The Spectrum of Prevention was designed by Larry Cohen at the Prevention Institute. The model helps us to design and implement more comprehensive prevention strategies.

Spectrum of Prevention

6	Influencing Policy & Legislation	Develop strategies to change laws & policies to influence outcomes
5	Changing Organizational Practices	Adopt regulations and shape norms to improve health & safety
4	Fostering Coalitions & Networks	Convene groups & individuals for broader goals and greater impact
3	Educating Providers	Inform providers who will transmit skills & knowledge to others
2	Promoting Community Education	Reach groups of people with information and resources to promote health & safety
1	Strengthen Individual Knowledge & Skills	Enhance an individual's capability of preventing injury or illness and promote safety

You can find more information about this resource by visiting: www.preventioninstitute.org/publications/spectrum-prevention-developing-comprehensive-approach-injury-prevention

Principles of Prevention

The following characteristics have been consistently associated with effective prevention programs.

Comprehensive
Strategies should be **multi-faceted** to **address a wide range of risk and protective factors** of the target problem. **Address multiple areas of a person's life**, such as health, education, social connections, social conditions, environments, etc.

Varied Teaching Methods
Everyone learns differently. Include active, skill-based components, to focus on develpoing skills that enable participants to avoid problem behaviors; cognitive skills; communication skills, skills to negotiate resisting problem behaviors, etc.

Sufficient Dosage
Effective programs provide **more contact with participants** than ineffective programs. Include follow-up or booster sessions with original prevention program. One-time prevention interventions focused on awareness-raising are not enough.

Theory-Driven
Prevention strategies should have a **scientific justification**, or be **based in evidence** for effective programs. Programs should be based on a theory about how problem behaviors develop or how and why a strategy is likely to change behavior.

Positive Relationships
Programs should **foster strong, stable, positive, and safe relationships between children and adults.** Additionally, support positive parent-child relationships; opportunities for youth to establish strong relationships with at least one adult role model or mentor who is invested in their well-being.

Appropriately Timed
Programs should happen at an approrpriate time hat can have a maximal impact in a participant's life, and be **tailored to the intellectual, cognitive, and social development level**. Programs should focus on risk factors/behaviors BEFORE those risk factors/behaviors develop.

Socioculturally Relevant
Programs should be tailored to fit within cultural beliefs, practices, unique circumstances, and community norms, of specific groups. Modifications should be made beyond language and audio-visual adjustments. **A one-size-fits all approach does not work**.

Outcome Evaluation
Evaluation can be used to **provide feedback ongoing** and at stages along a program's implementation. Evaluation is important for determining whether a program is effective and for adjusting materials accordingly to **ensure effectiveness**.

Well-Trained Staff
Programs need to be implemented by **sensitive, competent staff** members who have received **sufficient training, support, and supervision**. Ongoing training and technical assistance for staff is critical.

Core Competencies
& Program Elements

For Prevention Educators

Key Concepts

- Risk and protective factors
- Social-ecological model
- Role of oppression as a root cause of SV
- Right message – right audience
- Learning styles and strategies
- Principles of effective prevention
- Theories of behavior change
- Importance of promoting healthy behavior
- Anti-oppression work – relation to prevention

Personal Attributes & Strengths

- Desire to work with a community on finding solutions
- Knowledge of community systems and resources
- Realistic expectations and patience
- Flexibility, creativity, and spontaneity
- Passion for social justice and sexual violence prevention
- "Big-picture" orientation to problem-solving
- Organizational skills and ability to balance multiple tasks and challenges
- Experience, skill and comfort with systems advocacy framework

Important Skills

- Ability to comfortable discuss the nature and scope of sexual violence
- Ability to explain sexual violence as a public health issue
- Ability to communicate relationship between sexual violence and other forms of oppression
- Ability to knowledgeably discuss sexual harassment in school, work, and other settings
- Understand and use people-first language
- Ability to conduct evaluation and assessment
- Ability to build collaborative partnerships
- Effectively address training goals and objectives
- Critical thinking skills
- Group discussion facilitation
- Crisis Intervention

For Prevention Programs

Core Elements

- Based in a trauma-informed, strengths-based approach
- Confidentiality standards and guidelines
- Mandatory reporting education & support
- Address gender socialization and frameworks
- Commitment to collaboration and trust in community partners to organize and sustain sexual violence prevention efforts
- Systems advocacy framework

Presentation Tips

You may already be an expert presenter! In order to keep your presentation skills up-to-date, here are some tips for getting up in front of a group. The list is not exhaustive, so talk to your colleagues and partners for more tips on presenting.

Basics

- Practice and be prepared.
- Arrive early.
- Turn your cell phone OFF!
- Keep an eye on the time & stick to the allotted time. Do your best to cover all the material in the allotted timeframe.
- Have a backup plan in case something goes wrong.

Presence

- If you have slides, don't read from them - they should prompt you into a dialogue with your audience.
- Speak clearly and at a moderate pace.
- Project your voice so everyone in the room can hear you.
- Try to always face your audience.
- Make eye contact with your audience and smile.
- Speak with enthusiasm. If you're passionate about the subject, your audience will sense that and be more engaged.
- Show confidence in body language and stance.
- Don't fidget.

Content & Activities

- Establish ground rules/group norms - these are agreements from the group for the session ahead; definitely solicit any input from the youth in the audience.
    - Examples: *"Speak up, step back"*, *"Respect"*, *"Participate"*, *"One diva one mic"*, *"Confidentiality"*, *"Right to pass"*, *"Openness"*
- Offer a self-care disclaimer when discussing difficult topics.
- Incorporate activities into your presentation that appeal to a variety of senses (visual, tactile, auditory, kinesthetic). Example: Role play as an activity is a good way to reinforce learning and incorporate practice.
- Give clear and complete instructions for any activities before participants begin.
- Manage your classroom. Keep participants on track and engaged; move around the room when they are doing group activities; and mitigate chaos by redirecting back to the presentation topic.

Clarity

- Know what the teacher/school is seeking from your presentation. Make sure to touch base with them beforehand.
- Know the school's policies, particularly regarding what can and cannot be said in the classroom. Know students' reporting rights under Title IX.
- Think about possible questions that will come up and prepare an answer. Some questions may be inappropriate, so be prepared to respectfully decline questions. Provide answers that are truthful, medically-accurate, and factual. Don't make anything up. If you don't know the answer, say that and let them know you'll find out, and then find out and follow up.

Difficult Questions

Timing of Questions

Determine when during your presentation you will invite questions and allot adequate time.

- Leave enough time for question and answer (10-15 minutes is generally a good amount of time).
- Maintain control of the presentation by deciding to define what types of questions you invite, perhaps by prompting, *"Does anyone have questions about the four themes I outlined today?"*
- Practice categorizing questions to make sure you have time to cover the information in your presentation.

Categorizing Questions

There are different types of questions that you may want to categorize such as:

1. Questions that seek clarification of something that has just been said – you should answer those immediately.

2. Questions that ask a related question about something that you plan to cover later – you can answer those later in your presentation and say something like, *"I'll park that for now and cover it later in the presentation, but if you don't think I have covered it by the end, remind me and I'll go over it."*

3. Questions that are best dealt with after the presentation because most of the audience probably won't be interested, or it's outside the topic of the presentation – you can make a note of the question and come back to the questioner afterwards. For questions that may be outside of the topic of discussion you can say something like, *"I'm afraid that question falls outside of our discussion today, but perhaps we can follow up after the presentation?"*

Things to Avoid

1. Answering the question you wished you'd been asked, rather than the question that was actually asked.

2. Making a second mini presentation with a lengthy response.

3. Passing the blame if an audience member offers a question that includes critique. Acknowledge the value if the idea is good, or make a polite rebuttal and move on if not.

4. Providing defensive answers – even when a question puts you on the spot, remain calm and in control.

Difficult Questions

Responding Effectively

1. Listen to all parts of the question to avoid misinterpreting.

2. Understand the question. If you are not sure, you can clarify the question by paraphrasing back to the questioner before you answer.

3. Communicate and involve the audience. Make sure the entire audience has heard the question by repeating it loudly and clearly. They will be more engaged with your response. Avoid extended dialogue with only the questioner.

4. Respond. Direct your answer to both the questioner and the entire audience. Keep your response focused to allow time for more questions. Make sure you've answered the question by confirming with the questioner, *"Does that answer your question?"*

5. Thank the person for asking the question.

6. Allow follow-up questions. Offer your contact information so participants can follow-up with any additional ideas or questions.

7. Provide answers that are truthful, medically-accurate, and factual.

8. Be honest, if you do not know the answer. Tell the audience that you do not know but will research the answer and follow-up. Write down the question so you will remember exactly what you are going to research, as well as the questioner's contact information. DO NOT make something up and pretend you know the answer when you don't.

9. You can provide small sheets of paper for people to jot down questions during the presentation. You can also use this to facilitate anonymous questions and to answer questions from folks who may not feel comfortable speaking up.

10. Maintain your professionalism and never lose your temper. If you find a question rude or think it has been asked to trip you up, stop and take a moment to gain your composure. If they have asked a question it is generally because they want to know the answer.

Facilitating Disclosures

It is possible that when you work with youth and adults, some of them will have already experienced victimization. Being prepared for a disclosure and responding in a supportive and effective way is important.

A disclosure is not always easy to identify. People may not use words like "violence", "assault", or "rape" to define their experience and

> A dislcosure means to tell another person about an incident or experience of violence. This may be a recent incident, or it may have occurred in the past, or it might be ongoing. Reasons for disclosures include support-seeking.

describe unwanted sexual experiences. Instead, someone may offer more indirect hints such as, *"My sibling keeps bothering me,"* or *"I have a friend who has a problem, but it's a secret."* Learn to recognize disclosures, and link individuals to help and support when disclosures arise.

Strategies that increase likelihood of disclosing:

1. Establish safe environments and nurture consistent, positive relationships through open and respectful communication.

2. Ensure youth have the skills needed to describe a situation that makes them uncomfortable and that they feel they have permission to use these skills.

3. Teach youth about healthy sexual development.

Recognizing signs of abuse and disclosures:

- Disclosure may not be obvious and can be missed.
- Disclosure is often a process, rather than a one-time event.
- While full disclosure sometimes happens, more often information is provided a little at a time. The process might span hours, weeks, months, or years, as youth test the reactions to their hints by the adults around them.
- An accidental full disclosure can occur.
- A young person is likely to seem hesitant, confused, uncertain, or agitated during a disclosure. A young person may disclose, then retract it and deny abuse. None of these things mean you should disregard the information.
- A disclosure may come from a young person as a concern about someone else they know or a friend.
- Much of what a young person expresses is through their behaviors rather than verbalizations. It is important to know what behaviors to look for that may signal that something is amiss. Some examples of behavioral changes might include mood and eating habit changes, a decline in academic performance, or development of new or unusual fears or fascinations.

How To Respond to a Disclosure of Abuse

- Find a place that is private to talk to the person, make sure you will not be interrupted.

- Don't sit behind a desk. Sit near the person to put them at ease.

- Don't touch the person without permission. Touch may be associated with physical and/or emotional pain.

- Remain calm.

- Listen.

- Support the person. State clearly that you believe them and validate their experience.

- Affirm that the victim/survivor is blameless.

- Recognize and respect the variety of feelings the person may be experiencing. Every person can be different in how experience trauma and how they express feelings about what happened.

- Accept difference of opinion. Do not react with judgment or disgust.

- Enable the victim/survivor to regain control.

- Encourage the young person to tell you what happened but don't press for details.

- Honor the person's method of disclosure. If someone is making a disguised disclosure (for instance, claiming that the abuse happened to someone else), encourage the person to tell you about the situation.

- Respect and honor the person's relationships which may include the reported offender.

- Try to get enough information to determine the young person's safety. This may be difficult if the person disclosing does not see safety as part of the issue. This is sometimes possible in talking about power and control issues, or discussing how this behavior may emerge with others beyond the person disclosing and the situation/person they are disclosing about.

- The most important first step is to stay with the content of what you are hearing. Don't rush to the "we have to report" part of the conversation. Spend time really listening and neither getting upset nor jumping to problem-solving.

- Give accurate information. Be transparent that you may need to file a report following the Utah mandated reporting statute. Be transparent that you are required report certain things. Communicate to the victim/survivor information about what is likely to happen as a result of a disclosure, including how the process works. (*See more information about Utah Mandatory Reporting requirements on the next page.*)

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Mandatory Reporting Requirements

Failure to report in a mandatory reporting situation will result in a class B misdemeanor offense.

Age/Type of Person	Consensual/Nonconsensual	Report
13 years old & younger	Both	Yes
14-18 years old	Nonconsensual	Yes
14-15 years old	Consensual	No
	*If the abuser is more than 4 years older	*Yes
	**If they have intercourse or any other sort of penetrative sex	**Yes
16-17 years old	Consensual	No
	*If the abuser is more than 7 years older	*Yes
	**If the abuser holds a relationship of special trust, such as adult teachers, employers, religious leader, etc.	**Yes
18-65 years old	Nonconsensual	No
65 years old & older	Nonconsensual	Yes
Vulnerable Adult – *A person who is unable to provide for their basic needs, protect themselves, manage their resources, or manage their own daily living activities*	Nonconsensual	Yes

Sexual Violence: Anytime a person is forced, coerced, or manipulated into unwanted sexual acts, either attempted or completed.

Domestic Violence: A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

Mandatory Reporting Requirements

Crime	Definition	Report
Child Abandonment	Parent or legal guardian of ceases to maintain physical custody of the child; fails to make reasonable arrangements for the safety, care, and physical custody of the child; and fails to provide the child with food, shelter, or clothing	Yes
Child Abuse	Physical injury means an injury to or condition of a child which impairs the physical condition of the child, including: a bruise or other contusion of the skin; a minor laceration or abrasion; failure to thrive or malnutrition; or any other condition which imperils the child's health or welfare and which is not a serious physical injury	Yes
Domestic Violence in the presence of a child	Having knowledge that a child is present and may see or hear an act of domestic violence	Yes
Sexual exploitation of a child or vulnerable adult	Knowingly producing, possessing, or possesses with intent to distribute material that the person knows is vulnerable adult or child pornography or forcing a child or vulnerable adult to view pornography	Yes
Endangerment of a child or vulnerable adult	When a person knowingly or intentionally causes or permits a child or vulnerable adult to be exposed to, inhale, ingest, or have contact with a controlled substance, chemical substance, or drug paraphernalia	Yes
Abuse, neglect, or exploitation of a child or vulnerable adult	Emotional, physical, and/or financial abuse of a child or vulnerable adult	Yes

How to report:

Utah Aging and Adult Services: **1.800.371.7897**

Utah Child Abuse/Neglect Hotline: **1.855.323.(DCFS) 3237**

Your local police station

For questions:

24-Hour Statewide Sexual Assault Crisis and Information Line: **1.888.421.1100**

24-Hour Statewide Domestic Violence LINK Line: **1.800.897.(LINK) 5465**

Your local police station

Resources
STOP SV

In addition to the information in this guide, consider the CDC's STOP SV Technical Package when organizing a prevention program or strategies. STOP SV is an acronym describing and summarizing the content of the technical package, which details a collection of strategies that represent the best available evidence for preventing sexual violence. STOP SV is described below and you can find the full resource here: www.cdc.gov/violenceprevention/pub/technical-packages.html
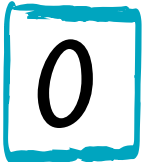
S
Promote Social Norms that Protect Against Violence
- Bystander approaches
- Mobilizing men & boys as allies

T
Teach Skills to Prevent Sexual Violence
- Social-emotional learning
- Teaching healthy, safe dating and intimate relationship skills to adolescents
- Promoting healthy sexuality
- Empowerment-based training

O
Provide Opportunities to Empower and Support Girls & Women
- Strengthening economic support for women and families
- strenghtening leadership and opportunities for girls

P
Create Protective Environments
- Improving safety and monitoring in schools
- Establishing and consistently applying workplace policies
- Addressing community-level risks through environmental approaches

SV
Support Victims/Survivors to Lessen Harms
- Victim-centered services
- Treatment for victims of SV
- Treatment for at-risk children and families to prevent problem behavior including sex offending

National Resources
- Division of Violence Prevention, Centers for Disease Control and Prevention: www.cdc.gov/violenceprevention/
- Centers for Disease Control (CDC) Violence Education Tools Online, Veto Violence: vetoviolence.cdc.gov/
- National Sexual Violence Resource Center: www.nsvrc.org/
- PreventConnect: www.preventconnect.org/

Local Resources
- Utah Department of Health, Violence & Injury Prevention Program: health.utah.gov/vipp/
  - Rape & Sexual Assault page: health.utah.gov/vipp/topics/rape-sexual-assault/
- Utah State Board of Education (USBE), Human Sexuality Law and Policy: www.schools.utah.gov/CURR/healthpe/Law-Policy.aspx
  - FAQ Document from USBE: www.schools.utah.gov/CURR/healthpe/Law-Policy/FAQs.aspx
  - USBE Human Sexuality Law presentation: www.schools.utah.gov/CURR/healthpe/Law-Policy/Instruction.aspx
- Principles of Prevention: Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of Effective Prevention Programs. American Psychologist, 58, 449-456.

Core Competencies Resources
- Addressing the Gendered Dimensions of Harassment and Bullying: What domestic and sexual violence advocates need to know - vawnet.org/material/addressing-gendered-dimensions-harassment-and-bullying-what-domestic-and-sexual-violence
- Anti-Oppression Theory Training Materials - volunteermanual.wordpress.com/2011/03/22/anti-oppression-theory/
- Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services - www.theannainstitute.org/Models%20for%20Developing%20Traums-Report%201-09-09%20_FINAL_.pdf
- Overview of the Social Ecological Model - www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html
- Pennsylvania Coalition Against Rape Sexual Harassment Prevention Curriculum Grades K-12 - www.pcar.org/sites/default/files/file/TA/Sexual-Harassment-Prevention-in-Schools-Curriculum-Manual.pdf
- People First Language Article and Chart - www.disabilityisnatural.com/people-first-language.html
- The Parallels of Racism and a Rape Culture - www.wcsap.org/parallels-of-racism-and-rape-culture

Resources

Difficult Questions Resources
- Responding to Questions Effectively, University of Leicester: www2.le.ac.uk/offices/ld/resources/presentations/questions
- LJL Seminars, public speaking resources: www.ljlseminars.com/question.htm
- Presentation Skills: www.skillsyouneed.com/present/presentation-questions.html
- Target Training, Handling Difficult Questions: www.targettraining.eu/handling-difficult-questions/

Facilitating Disclosures Resources
- Childhelp, Handing Child Abuse Disclosures: www.childhelp.org/story-resource-center/handling-child-abuse-disclosures/
- White Ribbon Australia, What To Do When Someone Discloses Abuse: www.whiteribbon.org.au/understand-domestic-violence/facts-violence-women/factsheets/
- Vermont Network Against Domestic & Sexual Violence, Consent Campaign Guidebook: www.vtnetwork.org/wp-content/uploads/VT-Consent-Campaign-Guidebook-and-Appendicies-2nd-edition.pdf
- Prevent Child Abuse Utah Online Training for Prevention: pcau.enspark.com/login/pcau/

Grantee-Specific
- Facebook Page "RPE Utah"
- Google Calendar "RPE Grantees Events"
- Google Drive "SVP – Sexual Violence Prevention Grantees"

If you are a grantee and do not have access please request access from: Megan Waters, mewaters@ utah.gov.

(801) 538-6864 | vipp@utah.gov | www.health.utah.gov/vipp