2019 DAVIS COUNTY VIOLENCE, ABUSE & TRAUMA ASSESSMENT

IN THIS DOCUMENT

County Data
Recommendations
Strengths, Weaknesses, Opportunities & Threats Analysis
Resource Directory

Davis COUNTY HEALTH DEPARTMENT

ACKNOWLEDGEMENTS

We are appreciative of all of our community partners who helped in creating this report by providing information, content, feedback and data. A special thank you to the Davis School District, Department of Child and Family Services, Safe Harbor, Victim Advocates from Kaysville, Syracuse/Clinton, Clearfield, Bountiful and Layton, Utah Labor Commission, Northern Utah Sexual Assault Nurse Examiners, Utah Office for Victims of Crime, Davis County Children's Justice Center, all Davis County Police Departments, Utah Department of Health Violence and Injury Prevention Program, Davis County Human Services Directors, Coalition for Abuse Prevention of the Elderly and the Davis County Domestic Violence Coalition for providing us with program information to determine if the needs of the community are being met.

The Violence, Abuse and Trauma Stakeholder Meeting was convened in July 2018. For various reasons, the report took over two years to complete. Despite the delayed timeframe, we hope this report will provide some groundwork and be a tool to encourage community action to reduce and prevent all forms of violence.

Prepared by:

Davis County Health Department

22 South State Street

Clearfield, UT 84015

Contact information:

Marcie Clark

(801) 525-5072

mclark@daviscountyutah.gov

or

Isa Perry, Davis4Health Coordinator

(801) 525-5212

isa@daviscountyutah.gov

TABLE OF CONTENTS

EXECUTIVE SUMMARY

PURPOSE

The Violence, Abuse and Trauma Assessment was prepared to provide an overview of the various types of trauma that impact our community. This information provides a deeper understanding of the types of trauma Davis County residents face; existing and needed services for violence, abuse and trauma victims; and how our community can work together to keep residents safe.

It was important to look at these issues broadly, ensuring the scope of violence, abuse and trauma issues in a variety of settings and age groups were explored.

Priorities in the 2019-2023 Davis4Health Community Health Improvement Plan (CHIP) include: suicide, adverse childhood experiences (ACES) & trauma, and opioids. The interconnectedness of the three priorities is extensive. Coordinated violence prevention and trauma-informed community services are essential for making improvements to address the community's top health issues.

DATA COLLECTION

In this assessment, local violence and abuse data has been collected; youth violence risk and protective factors have been analyzed; university policies have been evaluated; and a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis was conducted.

Numerous violence, abuse and trauma reports and health status fact sheets were gathered from partner organizations at the national, state and local level. Individual correspondence yielded additional local level data. DCHD also conducted a stakeholder meeting to gather informed opinions about violence, abuse and trauma needs and resources in the county.

Notably, for some forms of violence, including domestic violence fatalities and rape, data is limited at the county level, making it difficult to assess the impact of violence on Davis County residents. Additionally, violence, such as child abuse, elder abuse and domestic violence is often under-reported. Actual rates of violence and abuse are likely higher than reported in this assessment.

COMMUNITY THEMES AND STRENGTHS

Davis County experiences lower rates of violence, abuse and trauma compared to other counties in Utah and throughout the United States. Law enforcement and other agencies collaborate well to assist victims in accessing needed resources and seeking safety. The community is aware that violence, abuse and trauma do occur and are supportive of community efforts to prevent and help victims of trauma.

VULNERABLE POPULATIONS

Groups of people that experience higher rates of violence than the general population are considered vulnerable populations. Data indicates Davis County's vulnerable populations include LGBTQ+ (lesbian, gay, bisexual, transgender, questioning, plus) and the elderly. Descriptions and data for each of these populations are included in this assessment.

RECOMMENDATIONS

Evidence-based Prevention

- Identify and implement evidence-based violence prevention programs.
- Promote social norms that protect against violence and adversity.
- Support healthy relationship initiatives.
- Connect youth to caring adults and activities.
- Prioritize risk and protective factors linked to multiple forms of violence.

Coordination, Capacity & Infrastructure

- Coordinate and collaborate with multiple sectors and community partners to align strategies and resources to reduce violence, abuse and trauma.
- Support coalitions/committees that decrease violence such as the Davis County Domestic Violence Coalition, Coalition for Abuse Prevention of the Elderly (CAPE), etc.
- Develop a county strategic plan to address violence, abuse and trauma and increase community resilience.
- Explore funding streams to maximize benefits, reduce silos, and increase violence prevention efforts.
- Ensure a strong start and strengthen economic supports for families.
- Offer trauma-informed training for organizations and identify trauma-informed trainers in Davis County.
- Explore the intersection of violence with suicide, substance abuse, homelessness, natural disasters, etc.
- Cultivate system-wide, coordinated responses to crimes and acts of violence that will reduce trauma inflicted on victims and the community.

Data Collection & Data Driven Decision Making

- Improve local level data collection, consistency, and reporting to better understand the extent and nature of violence in our community.
- Encourage and enable data sharing across agencies.
- Identify key community metrics and performance measures that can be used to monitor progress and outcomes.
- Use data to identify populations disparately affected by violence.

DEFINITIONS

ADVERSE CHILDHOOD EXPERIENCES (ACEs): Stressful or traumatic events, including abuse and neglect. They may also include household dysfunctions such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan. (SAMHSA)

BULLYING: Bullying is negative behavior directed by someone exerting power and control over another person. Bullying is done with a goal to hurt, harm, or humiliate. With bullying, there is often a power imbalance between those involved, with power defined as elevated social status, being physically larger, or as part of a group against an individual. (National Bullying Prevention Center)

CHILD ABUSE: Any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child. (CDC)

DATING VIOLENCE: Physical, sexual, psychological, emotional aggression or stalking by a dating partner. (CDC)

DOMESTIC VIOLENCE: Any criminal offense involving violence; physical harm; threat of violence or physical harm; or any attempt, conspiracy, or solicitation to commit a criminal offense involving violence or physical harm, committed by one cohabitant against another. (Utah State Legislature, 77-36-1(4))

ELDER ABUSE: Intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult. (CDC)

ABUSE OF A VULNERABLE ADULT: Attempting to cause harm, intentionally or knowingly causing harm, or intentionally or knowingly placing another in fear of imminent harm; causing physical injury by knowing or intentional acts or omissions; unreasonable or inappropriate use of physical restraint, medication or isolation that causes or is likely to cause harm; or deprivation of life sustaining treatment except in certain situations. (Utah Criminal Code)

INTIMATE PARTNER VIOLENCE (IPV): Physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner). (CDC)

RAPE: The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim. (Department of Justice)

DEFINITIONS CONTINUED

PROTECTIVE ORDER: A protective order is a legal document that is meant to protect a victim of abuse or domestic violence who is in a close relationship with the abuser. It mav include orders that prevent [the] abuser from contacting [the victim], abusing [the victim], or harassing [the victim] in any way, and may order the abuser to stay away from [the victim's] home and/or place of employment. It may also establish short term orders on child custody, support, and/or parent-time. (Utah Legal Services)

SEXUAL TRAFFICKING: The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. (Trafficking Victims Protection)

SEXUAL VIOLENCE (SV): A sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes: forced or alcohol/ drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; non-physically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. Sexual violence can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party. Sexual violence involves a lack of freely given consent as well as situations in which the victim is unable to consent or refuse. (CDC)

STALKING: A pattern of repeated, unwanted, attention and contact that causes fear or concern for one's own safety or the safety of someone else (e.g., family member, close friend). (CDC)

STALKING INJUNCTION: A civil stalking injunction is a legal document that is meant to protect a victim of stalking. It may include orders that prevent [a] stalker from contacting [the victims], harassing [the victim] in any way, and staying away from [the victim's home] home and/or place of employment. (Utah Legal Services)

SYSTEM-BASED ADVOCATES: Victim advocates within the criminal justice system, such as police departments, prosecutor offices and Department of Corrections. These advocates typically assist victims with participation in the criminal justice system and other advocacy, as needed. (Victim Support Services)

VIOLENT CRIME: Offenses that involve face-to-face confrontation between a victim and a perpetrator, including homicide, forcible rape, robbery and aggravated assault. (DPS)

WORKPLACE VIOLENCE: The act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty. (CDC)

ACRONYMS

ACES: Adverse Childhood Experiences

BRFSS: Behavioral Risk Factor Surveillance System

CAPE: Coalition for Abuse Prevention of the Elderly

CDC: Centers for Disease Control and Prevention

CHR: County Health Rankings

CRV: Crime Victim Reparations Program

CY: Calendar Year

DCHD: Davis County Health Department

DCFS: Division of Child and Family Services

DSD: Davis School District

DPS: Department of Public Safety

DTC: Davis Technical College

DV: Domestic Violence

FY: Fiscal Year

IBIS: Public Health Indicator Based Information System

ICAC: Internet Crimes Against Children Task Force

IPV: Intimate Partner Violence

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer (and Questioning) and Others

NIBRS: National Incident-Based Reporting System

RPE: Rape Prevention and Education Grant

SASP: Sexual Assault Services Program

SES: Social and Emotional Learning

SHARP: Student Health and Risk Prevention Survey

SV: Sexual Violence

SWOT: Strengths, Weaknesses, Opportunities and Threats Analysis

TANF: Temporary Assistance for Needy Families

UDOH: Utah Department of Health

UDVC: Utah Domestic Violence Coalition

UOVC: Utah Office for Victims of Crime

USU: Utah State University

VAT: Violence, Abuse and Trauma

VAWA: Violence Against Women Act

VOCA: Victims of Crime Act

WSU: Weber State University

COMMUNITY VIOLENCE

Davis County is recognized as a safe community by residents. Rates of violent crime in Davis County have been stable across time and have been consistently and significantly lower than rates of violent crime across the state of Utah and throughout the United States. In 2018, 51.7% of law enforcement agencies in Utah (75 agencies) submitted National Incident-Based Reporting System (NIBRS) data which accounted for 74.6% of Utah's population. All 12 police departments within Davis County submit data to NIBRS, as well as the Davis County Sheriff and the Davis County Task Force. NIBRS data indicates that 7,044 violent crimes were reported in Utah. Of those crimes, 390 (18.1%) were reported by Davis County law enforcement agencies. (Source: Utah Department of Public Safety, 2018, https://bci.utah.gov/utah-crime-statistics/crime-in-utah-2018/)

Community Safety			
	Davis	Utah	U.S.
Violent Crime Rate* (2016)	104	243	399
Homicide Rate* (2011-2017)	1	2	--
Firearm Fatalities (2013-2017)	9	12	--

*Rates are incidents per 100,000 people   Source: CHR

Figure 2: Community Safety Comparison

Violent crime rate in Davis County, UT
County, State and National Trends

— Davis County   - - + - - Utah   · · · ⊙ · · · United States

Although no significant trend was found in Davis County for this measure, please note state and national trends.

Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
United States	479	463	436	408	390	390	377	373		399
Utah	238	225	216	216	198	204	227	213		243
Davis County	103	103	112	110	98	92	121	103		104

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data.
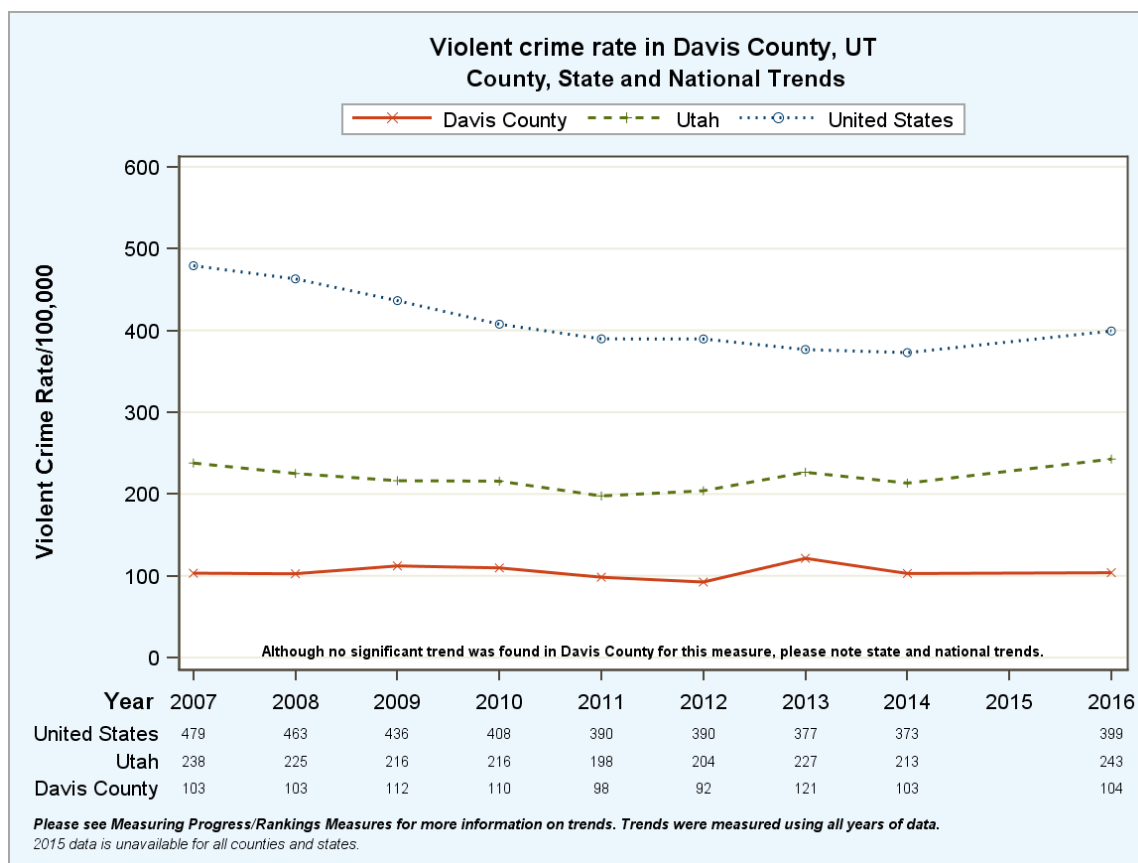*2015 data is unavailable for all counties and states.*

Figure 1: Violent Crime Rate in Davis County (2007-2016)   Source: County Health Rankings

WORKPLACE VIOLENCE

Any worker can become a victim of workplace violence, the act or threat of violence against another person, which may range from verbal abuse to physical assault. Impacts of workplace violence include psychological issues, physical injury, loss productivity, etc. In some cases workplace violence may lead to death. (Source: CDC, https://www.cdc.gov/niosh/topics/violence/default.html)

The Utah Labor Commission's Antidiscrimination and Labor Division handles workplace violence claims in Utah. Common workplace violence claims include intimidation, harassment and sexual harassment. See Figure 3 for claims filed with the Antidiscrimination and Labor Division in 2017. Of Utah's workplace violence claims there was a large burden of intimidation claims, 9.1%, from Davis County compared to 7.5% and 5.7% of sexual harassment and harassment claims, respectively. In 2018, there were 453 workplace homicides in the United States, none of which occurred in Utah, though Utah has had 8 work-related homicides from 2011-2018. In 2016, within the United States 40% of women that were victims of work-related homicides were killed by a relative or domestic partner. (Sources: Utah Labor Commission; Bureau of Labor Statistics; https://www.bls.gov/opub/ted/2018/there-were-500-workplace-homicides-in-the-united-states-in-2016.htm)

# of Claims	Davis County	Utah
Intimidation	8	88
Harassment	14	246
Sexual Harassment	4	53

Figure 3: Workplace Violence Claims CY 2017, Source: Utah Labor Commission

SCHOOL VIOLENCE

Children and youth spend a significant portion of their time around their peers at school. According to the Student Health and Risk Prevention Survey (SHARP), the majority (92.4%) of students in Utah report feeling safe at school and have not missed a day of school due to feeling unsafe.

Despite students feeling safe at school, 41% of 10th-12th graders, 49% of 7th-9th graders

and 60% of 3rd-6th graders in Davis School District (DSD) say that bullying is a problem at their school, and more than one fourth (26.2%) of students in Utah report having been bullied on school property in the past 12 months (Figures 4 & 5). (Source: SHARP, 2019; https://dsamh.utah.gov/reports/sharp-survey and DSD School Climate Survey)

# of Times	0	1	2-3	4-5	6+
How many days did you not go to school because you felt unsafe at school or on your way to/from school?	92.4%	4.2%	2.3%	0.6%	0.5%
During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?	73.8%	8.6%	8.4%	3.3%	5.9%
How often have you been threatened or harassed over the internet, by email or by someone using a cell phone?	79.9%	8.5%	6.9%	1.9%	2.8%

Figure 4: School Safety   Source: SHARP Questions 24-26, 2019

Grade	K-2	3-6	7-9	10-12	Teachers	Parents
Have you been bullied at this school?	45%	38%	--	--	--	--
Bullying is a problem at my/our/my child's school.	--	60%	49%	41%	44%	32%
I would stop bullying if I saw it/I would speak up if I saw a student getting bullied or harassed?	--	98%	92%	90%	--	--

Figure 5: Bullying in Davis School District, DSD School Climate Survey, 2018

SCHOOL VIOLENCE

Utah has implemented the Safe Schools Policy for the protection of its students. The policy states that behaviors such as bullying, threats, possession of a weapon, harassment, sexual harassment, hazing and so forth will result in consequences including, but not limited to, suspension and/or expulsion (https://www.utah.gov/pmn/files/407593.pdf).

During the 2017-2018 school year, DSD students committed 7,903 Safe School infractions; 6,132 of the infractions were truancies and 1,155 infractions were considered "Violent Safe School Infractions." When adjusting the number of Safe School infractions for truancies, 65% of the remaining infractions included some form of violence or sexting. Fighting, threats/intimidation and sexual harassment were the three leading infractions following truancies (see Figure 6). Bullying was only 8.2% of violent Safe School Infractions despite the number of students who feel that bullying is a problem.

As a result of the Safe School Infractions, DSD enacted 1,304 suspensions. They also placed 33 students and referred 216 Safe School infractions to the police. (Source: DSD, 2017-2018).

**Violent Safe School Infractions
Davis County 2017-2018**

- Fighting 39.0%
- Harassment/Non-Sexual 4.2%
- Harassment/Sexual 15.0%
- Physical Assault 7.2%
- Sexting 7.6%
- Sexual Assault 0.2%
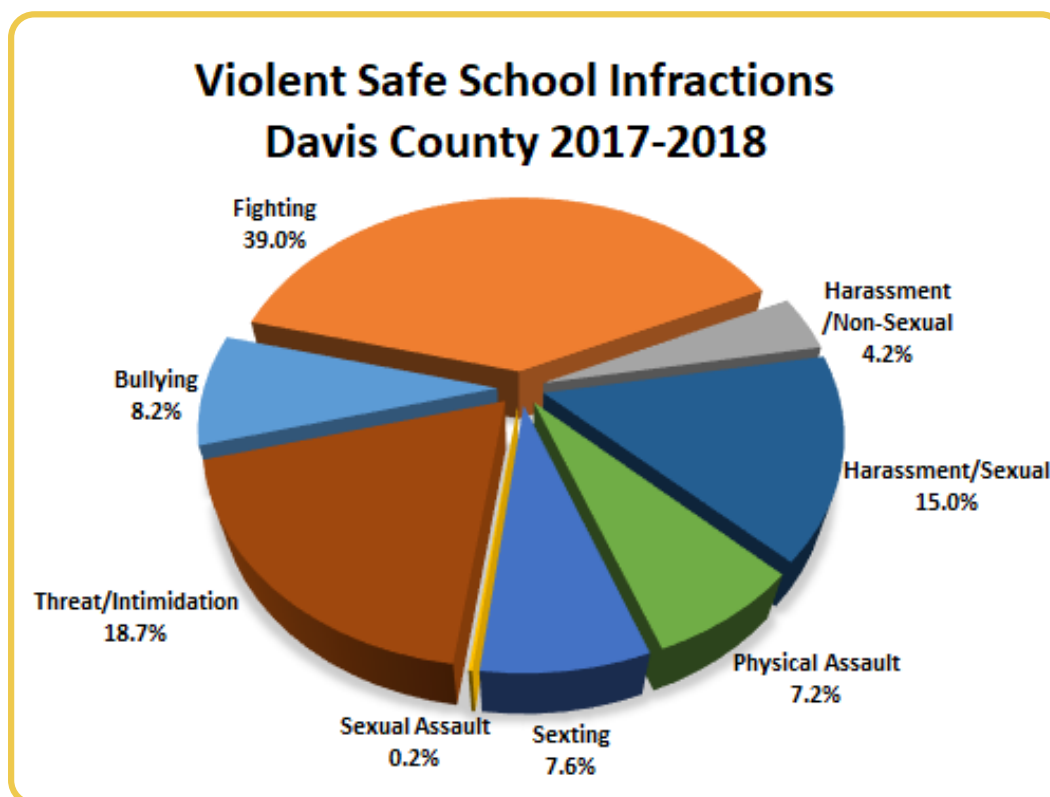- Threat/Intimidation 18.7%
- Bullying 8.2%

Figure 6: Davis School District Safe School Infractions (2017-2018)   Source: DSD

CHILD ABUSE

In 2017, the United States had 673,830 children that were victims of neglect or abuse. The most common form of maltreatment nationally was neglect, however in Utah the most common form of maltreatment was physical abuse. Child abuse victims may experience one or more forms of maltreatment, figure 7 represents all forms of maltreatment experienced by the victims. One or both parents were the perpetrators of this abuse in 91.6% of the child abuse cases that occurred in the United States. The highest rates of child abuse occur in children under the age of one in both the U.S. and Utah. It is estimated that 1,720 children died in the US in 2017 due to abuse and neglect, 13 of these fatalities occurred in Utah. (Source: HHS 2017; https://www.acf.hhs.gov/media/835)

In Utah, the Department of Child and Family Services (DCFS) works to protect children from abuse and to strengthen families. When child abuse is suspected, the suspecting individual must report the abuse to DCFS.

In the 2017 fiscal year, DCFS received 39,653 referrals for Utah; 4,259, (10.7%) of these referrals were for Davis County residents, over half of which resulted in an investigation. Open investigations involve face-to-face interviews, home visits and/or contact with the referent to determine the legitimacy of the child abuse/neglect claim and to assess the child's safety. This process allows DCFS caseworkers to determine if the child/family is in need of services offered within the community, in-home or out-of-home.

Maltreatment Types	Utah	U.S.
Child Abuse Victims	9,947	673,830
Neglect	29.4%	74.9%
Psychological Maltreatment	28.2%	5.7%
Physical Abuse	45.0%	18.3%
Sexual Abuse	17.2%	8.6%

Figure 7: Maltreatment Types Experienced by child abuse victims, CY2017   Source: HHS

In Davis County and Utah, the majority of DCFS investigations resulted in in-home services for the child/family. Davis County residents received out-of-home services at lower rates than Utah as a whole, and children are removed from the home at significantly lower rates in Davis County. Only 7.6% of Davis County DCFS investigations lead to a child being removed from his/her home compared to 22.5% of Utah DCFS investigations. (Source: DCFS, 2017, https://dcfs.utah.gov/wp-content/uploads/2018/01/DCFS-Annual-Report-FY17_no-appendix.pdf)

Measure	Davis County	Utah
DCFS Referrals	4,259	39,653
DCFS Investigations	2,274	21,093
In-home cases	1,560	8,883
Children removed from home	172	4,739
Children/youth in out-of-home care	397	4,739

Figure 8: DCFS Services Provided FY2017   Source: DCFS

CHILD ABUSE

Head Start, an early childhood education provider in Davis County, collects information regarding violence in students' homes. Head start completed 500 family intakes during the 2017-2018 school year, of those 88 indicated that mothers had experienced current or past domestic violence, 33 families had current DCFS involvement and 54 reported homelessness in the last 12 months. (Source: Head Start, 2018)

The Internet Crimes Against Children Task Force (ICAC) investigates cases of internet crimes against children and prosecutes those involved in these crimes. ICAC reports 163 internet crimes against children from 2016 to 2018. Of these 163 crimes, 61 involved dealing harmful material to a minor, i.e. distributing pornographic material. There were 47 cases of exploitation of a minor. This includes cases of production, possession or possession with the intent to distribute child pornography, viewing child pornography and a parent permitting his/her child to be sexually exploited. There were also 55 cases of enticing a minor. (Source: ICAC, 2018).

The Davis County Children's Justice Center (CJC) offers a child-friendly environment for child victims of crimes to be interviewed by law enforcement or have medical exams performed. They also provide abused children and their families with referrals for support services. Though the CJC was established to serve victims of alleged physical and sexual abuse 17 yeas old or younger, there recently has been an increased need for services for domestic violence, internet exploitation and drug endangerment in this age group. In 2017,

402 child interviews were held at the CJC and 111 medical exams were conducted. The rates of interviews and medical exams conducted at the CJC has remained fairly consistent over time. (Source: CJC; https://www.daviscountyutah.gov/cjc)

Sextortion is a form of sexual exploitation that occurs primarily online where non-physical coercion is used (blackmail) to acquire sexual content (photos/videos) of the child, obtain money from the child or engage in sex with the child. The National Center for Missing and Exploited Children CyberTipline had 1,428 reports of sextortion between October 2013 and April 2016. The age range of victims was from 8-17 with the average age being 15. Of those reports 78% involved a female child and 24% of reporters said that they knew or suspected that the offender was targeting other children as well. Of all sextortion reports 4% of victims either engaged in self-harm, threatened suicide or attempted suicide, due to their victimization. (Source: NCMEC; http://www.missingkids.org/theissues/sextortion)
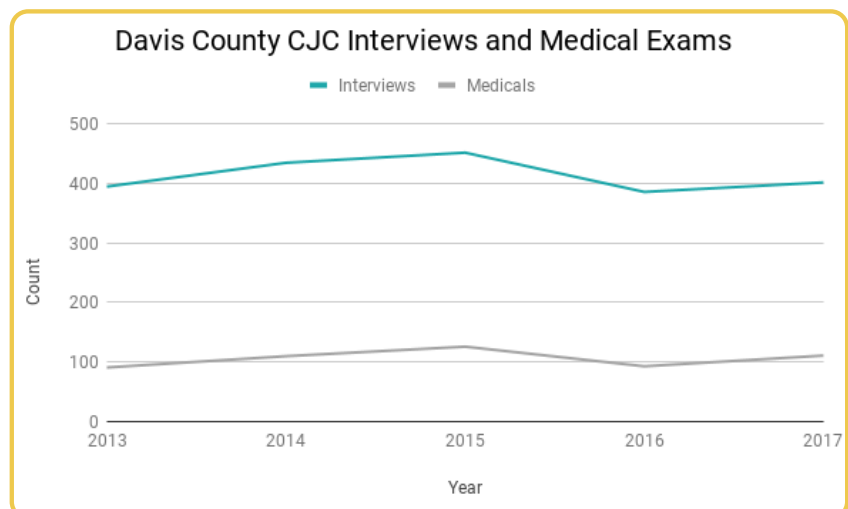

Figure 9: Davis County CJC Interviews and Medical Exams Over Time, 2013-2017; Source: CJC

ADVERSE CHILDHOOD EXPERIENCES (ACES)

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

Adverse Childhood Experiences have been linked to risky health behaviors, chronic health conditions, intimate partner violence, sexual violence and early death. As the number of ACEs increases, so does the risk for these outcomes. The wide-ranging health and social consequences of ACEs emphasize the importance of preventing them before they occur.

ACEs are major childhood trauma that occur in the first 18 years of life and include:

- **Emotional abuse:** A parent, stepparent or adult living in your home swore at you, insulted you, put you down or acted in a way that made you afraid that you might be physically hurt.
- **Physical abuse:** A parent, stepparent or adult living in your home pushed, grabbed, slapped, threw something at you or hit you so hard that you had marks or were injured.
- **Sexual abuse:** An adult, relative, family friend or stranger who was at least 5 years older than you touched or fondled your body in a sexual way, made you touch his/her body in a sexual way or attempted to have any type of sexual intercourse with you.

- **Criminal household member:** A household member went to prison.
- **Mother treated violently:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
- **Household substance abuse:** A household member was a problem drinker or alcoholic or a household member used street drugs.
- **Mental illness in household:** A household member was depressed or mentally ill or a household member attempted suicide.
- **Parental separation or divorce:** Your parents were ever separated or divorced.
- **Emotional neglect:** No one in your family loved you or thought you were important or special. Your family didn't look out for each other, feel close to each other or support each other.
- **Physical neglect:** You didn't have enough to eat, had to wear dirty clothes and had no one to protect you. Your parents were too drunk or high to take care of you or take you to the doctor if you needed it. (Source: CDC)

ACEs are organized into three categories: abuse, neglect and household challenges. Abuse is comprised of physical, emotional/verbal and sexual abuse. Neglect includes physical and emotional neglect. Household challenges includes criminal household member, mother treated violently, household substance abuse, mental illness in household and parental separation or divorce.

ADVERSE CHILDHOOD EXPERIENCES

ACEs questions were included in the 2013, 2016 and 2018 Utah Behavioral Risk Factor Surveillance System (BRFSS). While the validated BRFSS module addresses ACEs, no questions are included that measure physical or emotional neglect.

After including the ACEs questions in the BRFSS in 2013 the Utah Department of Health examined the effects ACEs had on adult Utahans. Using the results, relationships were made between ACEs and selected health outcomes in Utah. The key findings were:

- ACEs are associated with negative health behaviors and outcomes in adulthood.
- More than half of Utah's adult population reported experiencing ACEs.
- Exposure to physical, sexual, or verbal abuse was associated with fair or poor health status, depression and obesity but was not associated with adults use of tobacco or alcohol.
- Household challenge ACEs (exposure to mental illness, substance abuse, divorce, incarceration or witnessing abuse) were associated with tobacco use, binge drinking, fair or poor health and depression but not heavy drinking and obesity.
- The most common adverse childhood experience reported was verbal abuse.
- Females were more likely to report living with a mentally ill adult and experiencing sexual abuse.

(Source: UDOH, 2015, http://health.utah.gov/opha/publications/hsu/1507_ACE.pdf)

Adverse Childhood Experiences	Davis County	Utah
0 ACEs	41.3%	38.6%
1-3 ACEs	43.3%	44.4%
4+ ACEs	15.4%	17.1%
Abuse		
Physical	17.7%	19.0%
Verbal	34.5%	36.9%
Sexual	12.7%	13.1%
Household Challenges		
Mental Illness	23.9%	22.3%
Criminal Household Member	5.5%	7.7%
Mother Treated Violently	13.9%	15.2%
Substance Abuse	20.9%	23.0%
Divorced/Separated	20.7%	22.2%

Age-Adjusted   Source: IBIS
Figure 10: Davis County ACEs, BRFSS, 2013, 2016 & 2018

Davis County residents report ACE scores and individual ACE experiences at a similar rate as Utah. More than half (58.7%) of residents have an ACE score of one or higher, with the most reported form of abuse being verbal (34.5%). The three most common household challenges experienced were mental illness in household (23.9%), household substance abuse (20.9%) and parental separation or divorce (20.7%). See figure 9. The Kaiser-Permanente ACE study is available at this link: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html.

DOMESTIC VIOLENCE

Intimate partner violence (IPV) and domestic violence (DV) are terms that are often used interchangeably; however, IPV is violence that occurs between current or previous partners or spouses. The state of Utah specifies that DV may be violence between current or previous consensual sexual partners, spouses or cohabitant.

NOTE: It is difficult to track DV incidence and prevalence. Surveys ask about IPV but not DV. Law enforcement agencies each code offenses differently making it a challenge to determine if a case is DV or another crime.

Domestic Violence
In 2018, there were 29,534 crimes committed against a person reported to NIBRS by law enforcement in the state of Utah. Of those, 14,337 were committed by family members. Davis County law enforcement agencies reported 2,586 of these offenses although it is unknown how many of these assaults were committed by family members.

Victim advocacy is a growing service provided to victims of violent person crimes in Utah. In Davis County, three police departments, three city prosecutors' offices, and the Davis County District Attorney's Office each have a victim advocate program. Victim advocates offer emotional support and crisis counseling, safety planning, provide referrals to resources in the community and assist victims in navigating the criminal justice system.

Victim advocates from Bountiful City, Kaysville Police Department, Layton City and Syracuse/Clinton Police Departments provided data for the assessment. During the 2017 FY, these advocates served 1,004 victims in Davis County. The majority of victims served were white (75.4%), female (67.1%) and between the ages of 25 and 59 (59.6%). Of note, a wide age range is cited as this is the age range that the advocates' grant tracks. See page 47 for a list of DV resources.
(Sources: DPS; https://bci.utah.gov/utah-crime-statistics/crime-in-utah-2018/; Participating System-based Advocates)

Type of Crime	Number
Adult Victims	
Simple Assault	82
Domestic Violence	730
Sexual Assault/Rape	18
Child Victims	
Child Abuse (including child sex abuse)	48
Court Order Violations	
Protective Order	47
Stalking Injunction	79
Lethality Assessment Protocols (LAP)	
Number of LAPs Administered	142
LAPs that Indicated High Danger	94
LAPs that resulted in speaking with a shelter advocate	47
Total Number of Victims Served (excluding LAP)	1,004

Figure 11: Victims Served by Victim Advocates during FY 2017
Source: Victim Advocates

DOMESTIC VIOLENCE

Safe Harbor Crisis Center

Safe Harbor is a non-profit organization that serves victims of domestic violence and sexual assault in Davis County. Safe Harbor provides a number of services including a 24-hour crisis hotline, emergency and transitional housing, support groups, therapy, legal assistance and prevention education.

During fiscal year 2017, Safe Harbor received 7,583 calls on the crisis hotline. Emergency and transitional housing was provided to 368 women and children while 1,002 individuals were denied shelter. The number of individuals denied shelter includes those who did not qualify for shelter (i.e. homeless not due to domestic violence) and those turned away because the shelter was at full capacity.

A variety of prevention education is offered through Safe Harbor. Healthy Relationships, modified from the evidence-based program, Safe Dates, is provided to Davis County youth, ages 10 to 19. In 2017, 922 youth participated in this program. In 2017, 401 Davis County residents received the Upstanding!: Bystander Intervention Training which teaches skills to intervene in a potential assault. In the same year, Men's Engagement, comprised of Healthy Relationships and Upstanding!: Bystander Intervention, was delivered to 337 males, ages 13 to 65.
(Source: Safe Harbor https://safeharborhope.org/)

Groups/Classes	Number
Support groups	
Adults served	399
Children served	211
Prevention programs	
Healthy relationships	922
Upstanding Bystander Intervention	401
Men's Engagement	337
Housing	
Emergency shelter	293
Transitional housing	75
Legal Assistance	
Protective orders filed	323
Stalking injunctions filed	13
Number of individuals denied shelter	1,002
Total number of people served	2,587

Figure 12: Safe Harbor Services Provided, 2017
Source: Safe Harbor

INTIMATE PARTNER VIOLENCE

Intimate Partner Violence

According to the Behavioral Risk Factor Surveillance System (BRFSS), 18.1% of Utah women and 10% of Utah men have experienced IPV at some point in his/her lifetime; however the Utah Domestic Violence Coalition (UDVC) cites that one in three women will experience IPV in their lifetime. UDVC numbers are based on results from the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) report distributed by the CDC. NISVS reports that 36.9% of Utah women and 19.6% of Utah men have experienced rape, physical violence and/or stalking by an intimate partner in his/her lifetime. This disparity in data may indicate response bias or differences in definitions used or methods used. (https://health.utah.gov/vipp/pdf/DomesticViolence/IPVFactsheet2016.pdf https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf)

Individuals aged 35 to 49 are the largest proportion of individuals to have experienced IPV at some point in his/her lifetime (18.3%) in Utah. Those aged 18 to 34 (26.1%) experienced IPV at a higher percentage in the last 12 months than any other age group. Due to the early age that IPV is experienced, early preventative measures should be implemented with youth to reduce the rates of IPV for all ages. This is especially important because a prior history of abuse is a risk factor for perpetrating or being a victim of violence.

Lifetime Intimate Partner Violence (IPV)	Percent
Overall IPV	14.0%
Sex	
Male	10.0%
Female	18.1%
Age	
18 to 34	13.5%
35 to 49	18.3%
50 to 64	12.9%
65+	9.3%
ACE Score	
0 ACEs	12.7%
1 to 3 ACEs	37.4%
4+ ACEs	49.8%
Sexual Orientation	
Bisexual	32.6%
Lesbian or Gay	25.8%
Straight	13.5%

Figure 13: Lifetime Intimate Partner Violence Victim Characteristics, 2016
Source: UDOH

Experienced IPV in the Past 12 Months	Percent
Age	
18 to 34	26.1%
35 to 49	10.1%
50 to 64	3.9%

Figure 14: Ages of Persons Experiencing Intimate Partner Violence in the Past 12 Months, 2016
Source: UDOH

INTIMATE PARTNER VIOLENCE

Those with an ACE score of four or more have a higher rate of lifetime IPV than those with an ACE score of one to three, and those with an ACE score of zero. Of Utahns who have experienced IPV, 87.2% have an ACE score of one or higher. ACE scores are linked to IPV victimization. This may be due to the fact, a history of violence is a risk factor for IPV. Reducing an individual's overall ACE score may also be protective against IPV. (Source: UDOH: https://ibis.health.utah.gov/ibisph-view/pdf/opha/publication/hsu/2017/1711_IPV.pdf)

Experience of IPV is linked with negative health behaviors and outcomes. In Utah, individuals who have experienced IPV in their lifetime have a higher prevalence having seven or more poor mental health days in the past month, difficultly concentrating or remembering, having poor health, being an everyday smoker, and binge drinking.

BRFSS results show that 12.4% of Davis County residents experienced lifetime IPV. (Source: UDOH: http://www.health.utah.gov/vipp/pdf/DomesticViolence/IPVFactsheet2016.pdf)
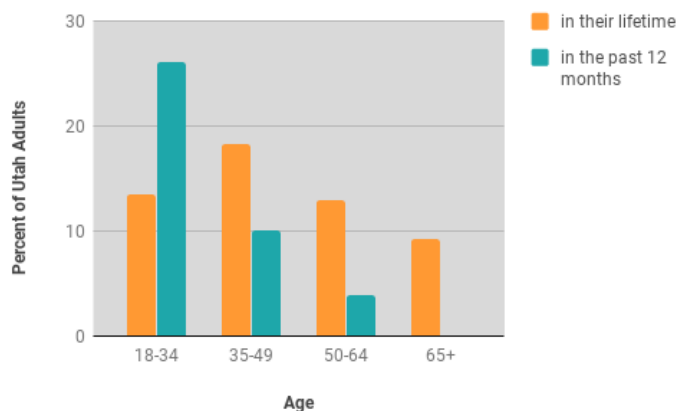

Figure 15: Utahns Ages 18-34 Experience Highest Rates of IPV Source: UDOH

Teen Dating Violence
SHARP survey results for 8th, 10th and 12th graders from 2017 indicate that 10.7% of Utah youth and 11.6% of Davis County youth reported experiencing dating violence in the past 12 months. Aside from physical harm, data suggests that teen dating violence may also be related to depression and suicide. The UDOH determined that those who are victims of teen dating violence have 2.8 greater odds of depression, 2.9 greater odds of seriously considering suicide, 3.1 greater odds of making a suicide plan and 4.1 greater odds of attempting suicide. (Sources: SHARP, 2017; UDOH: https://choosehealth.utah.gov/documents/pdfs/prek-12/2017%20Utah%20Adolescent%20Health%20Report.pdf)

INTIMATE PARTNER VIOLENCE

Lethality Assessment Protocol

The Lethality Assessment Protocol (LAP) is an evidence-based tool used to assess the level of danger for a victim in an abusive relationship. Jackie Campbell created the first Danger Assessment in 1986, (http://www.ncdsv.org/images/dangerassessment.pdf) which has since been adapted for use by first responders. The Domestic Violence Lethality Screen for First Responders (https://www.nccpsafety.org/assets/files/library/Domestic_Violence_Lethality_Screen.pdf) was created by the Maryland Network against Domestic Violence. A victim who screens as high danger triggers first responders to call a DV shelter. Victims are then encouraged to speak with shelter advocates who can assist the victim by connecting them to the services they decide they need, with the goal of helping the victim becoming as safe as possible.

All 12 Davis County law enforcement agencies have partnered with Safe Harbor to implement the LAP. In 2017, Syracuse, Clinton and Kaysville Police Departments administered 142 LAPs. Of the administered LAPs, two-thirds indicated that the victim was in high danger. One-third of victims who answered the LAP chose to speak with a DV shelter advocate.

Court Orders

When one person causes harm, fear or harasses another person, a court order may be granted for the protection of the victim.

Any individual over age 16 may file a protective order or stalking injunction. In Davis County, advocates at Safe Harbor can assist individuals with the filing process. Safe Harbor advocates assisted in filing 323 protective orders against a previous or current family member, sexual partner or cohabitant, in 2017. Safe Harbor advocates also assist individuals in filing for stalking injunctions. They assisted with filing 13 stalking injunctions in 2017. (Source: Safe Harbor)

Respond and Assess
The LAP is used by law enforcement officers and other first responders to identify high risk domestic violence victims.

Connect with Advocate
If the tool identifies a victim who is at high risk, a phone call is immediately made to the local victim service provider's 24-hour hotline. The victim is encouraged to speak to an advocate on the phone.

Shelter and Services
Hotline advocates use LAP guidelines to encourage victims to access services like crisis counseling, legal advocacy, and shelter.

SEXUAL VIOLENCE

Sexual violence (SV) affects people of all ages and backgrounds. According to the BRFSS, nearly 10% of individuals in Utah have experienced sexual assault in their lifetime. More than 16% of women and 3% of men report having ever experienced sexual violence. In 2017, state law enforcement agencies who use the National Incident Based Reporting System (NIBRS) reported 3,342 sex offenses, including forcible fondling, sexual assault with an object, forcible sodomy and forcible rape and 155 reports of non-forcible sex offense including incest and statutory rape. The 13 Davis County law enforcement agencies, including the Davis County Sheriff's Office, reported 431 (12.9%) of the 3,342 sex offense cases in Utah and 30 (19.4%) of the state's non-forcible sex offenses. (Sources: UDOH, 2016; DPS, 2017)

Rape is the only violent crime that Utahns experience at a higher rate than the nation. In 2018, the U.S. reported 44.0 forcible rapes per 100,000 people compared to a rate of 58.8 forcible rapes per 100,000 people in Utah. In 2013, a revised definition of forcible rape began being used nationwide for data collection to newly include men, oral and anal penetration, women being raped by anyone other than a man, and rape with an object, creating more accurate reporting nationwide. Using both the old (before 2013) and new definition (after 2013) Utah has reported significantly higher rates of forcible rape than the nation from as far back as data is available through UDOH (2002) to the present. (Source: https://ibis.health.utah.gov/indicator/view/Rape.html)

Lifetime Sexual Violence (SV)	Percent
Overall SV	9.7%
Sex	
Male	3.1%
Female	16.4%
Age	
18 - 34	10.9%
35 - 49	12.0%
50 - 64	9.0%
65+	3.6%
ACE Score	
0 ACEs	5.4%
1 - 3 ACEs	38.2%
4+ ACEs	56.4%
Sexual Orientation	
Bisexual	45.5%
Lesbian or Gay	33.6%
Straight	8.7%

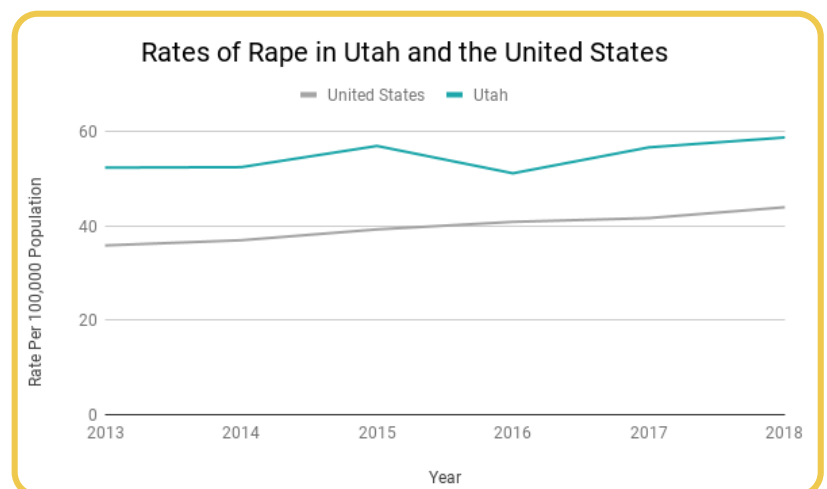Figure 16: Lifetime Sexual Violence
Source: UDOH

Figure 17: Rates of Rape in Utah and the U.S.; Source: UDOH

SEXUAL VIOLENCE

Sexual Assault Forensic Exams (Code R) offer treatment and gather evidence for victims of sexual violence. Northern Utah Sexual Assault Nurse Examiners (NUSANE) conducted 48 Code R's in 2017 for sex crimes that occurred in Davis County or to a Davis County resident. (Source: NUSANE, 2017)

Utahns between the ages of 35 and 49 report the highest rates of SV in their lifetime (12%). Of the individuals who have experienced sexual violence a majority, 56.4%, have an ACE score of four or more, 38.2% have experienced one to three ACEs and 5.4% have an ACE score of zero. Individuals who reported being bisexual (45.5%) or lesbian or gay (33.6%) have experienced sexual violence at a higher rate compared to Utahns who report being straight (8.7%). (Source: UDOH, 2016)
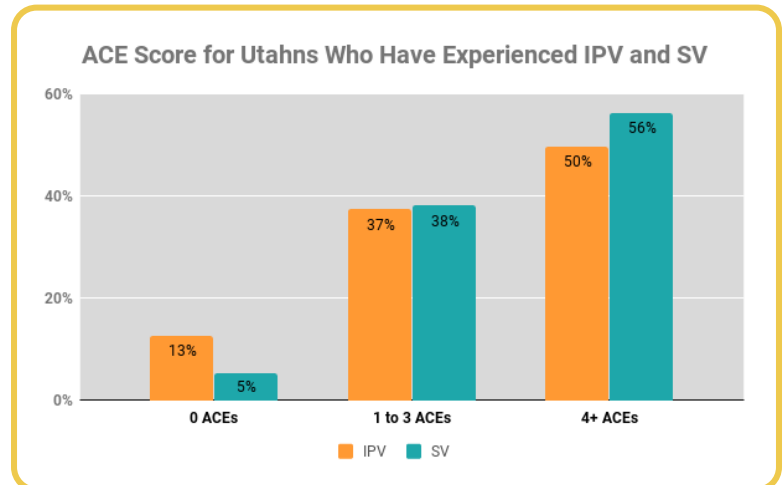

Figure 18: ACE Score for Utahns Who Have Experienced IPV and SV; Source: UDOH

LGBTQ+
LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER (AND QUESTIONING) AND OTHERS

Individuals who identify as lesbian, gay, bisexual, transgender, queer, genderqueer, questioning or otherwise gender nonconforming experience both intimate partner violence (IPV) and sexual violence (SV) at higher rates than heterosexuals (straight). In Utah, 45.5% of bisexual and 33.6% of lesbian or gay individuals report experiencing sexual violence in their lifetime, as opposed to 8.7% of straight individuals.

Having experienced intimate partner violence in a persons lifetime was reported by 13.5% of straight individuals, where as 32.6% of bisexual and 25.8% of lesbian and gay individuals report experiencing intimate partner violence in their lifetime. Studies suggest that around half of bisexual women and transgender individuals will experience sexual violence at some point in their lifetime. (Source: UDOH, 2016)
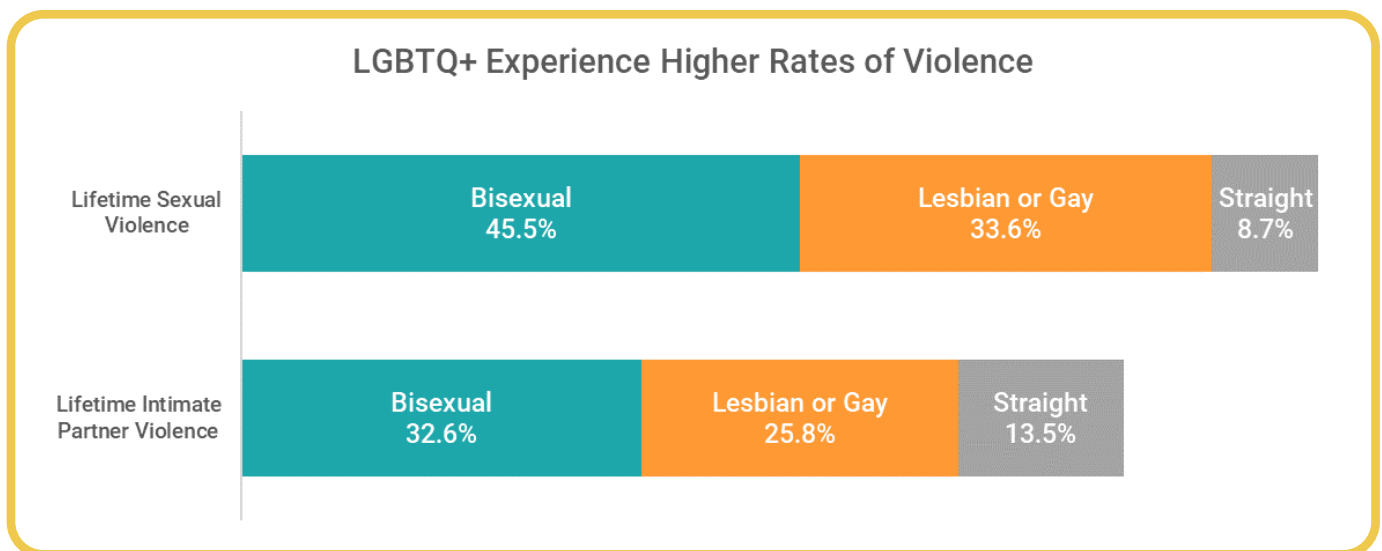

Figure 19: LGBTQ+ Experience Higher Rates of Violence
Source: UDOH

ELDER ABUSE

Elder abuse is the intentional act or failure to act by a caregiver or other individual in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult. Adults over the age of 65 are classified as a vulnerable population. As such, any person who suspects that an individual 65 or older is being abused or neglected must report their suspicions to law enforcement or Adult Protective Services (APS).

During the 2016 FY, 7,205 cases of elder abuse were investigated by Adult Protective Services. These reports included suspicions of financial exploitation, sexual abuse, self-neglect, emotional abuse, physical harm/injury and caretaker neglect. It is believed that only a small percentage of vulnerable adult abuse, neglect and exploitation cases are ever reported. This is due to lack of education and awareness, shame, feelings of helplessness, the abuser being a family member, love for the abuser, beliefs that the abuser will change, threats by the abuser, fear of the loss of the individuals home or independence and lack of awareness of help and resources. Also during the 2016 FY, APS continued efforts to make community partners aware of vulnerable adult abuse by providing 1,281 hours of training to 3,963 individuals state-wide. (Source: APS, 2016; https://daas.utah.gov/wp-content/uploads/2018/09/DAAS-Annual-Report-2016.pdf)

Davis County received 697 reports of elder abuse in 2016. Only 22 (2.3%) of allegations reported in Davis County were supported. Nearly two-thirds of supported allegations pertained to financial exploitation. While they were 63.6% of supported allegations, financial exploitation was only 32.5% of total Davis County reports made to APS. Caretaker neglect and physical harm/injury were the next two most frequently supported allegations. (Source: DCHD Senior Services)

Allegation	% of supported allegations	# of allegations
Financial exploitation	56%	2,260
Physical injury/harm	12%	869
Emotional abuse	12%	943
Caretaker neglect	9%	1,316
Self neglect	8%	771
Sexual abuse	3%	227
Unlawful restraint	-	32
Criminal activity exploitation	-	25
Deprivation of treatment	-	23
Sexual exploitation	-	8
Total number of allegations	-	**6,474**

Figure 20: APS Allegations 2016

ELDER ABUSE

Davis County Health Department Senior Services provides caregiver support classes, training, resources and education. In 2017, 3,597 caregivers received information regarding supports and services available in the community. The caregiver support programs help to reduce elder abuse.

Long-term Care Ombudsman assist elderly victims of abuse sustained in long-term care facilities by taking complaints, investigating allegations and resolving allegations on behalf of the resident. An ombudsman serves as an advocate for the resident. In 2018, Long-term Care Ombudsman opened 135 cases and received 203 complaints. (Source: DCHD Senior Services 2018 Annual Report)

In 2019, Davis County created the Coalition for Abuse Prevention of the Elderly (CAPE). This coalition was formed to increase awareness, resources, response and coordination across agencies to address situations of neglect, abuse and exploitation of vulnerable adults. CAPE is made up of community partners, volunteers and victims to enhance awareness, share information, trends and resources.

ABUSE	NEGLECT
- Unexplained bruises or welts - Multiple bruises in various stages of healing - Unexplained fractures, abrasions and lacerations - Multiple injuries - Low self-esteem or loss of self-determination - Withdrawn, passive, fearful - Reports or suspicions of sexual abuse	- Dehydration - Lack of glasses, dentures or other aids if usually worn - Malnourishment - Inappropriate or soiled clothes - Over or under medicated - Deserted or abandoned - Unattended
SELF-NEGLECT	EXPLOITATION
- Over or under medicated - Social Isolation - Dehydration - Malnourishment - Unkempt appearance - Lack of glasses, dentures or hearing aids if needed - Failure to keep medical appointments	- Possessions disappear - Forced to change their will or sell their house - Being overcharged for home repairs - Inadequate living environment - Unable to afford social activities - Forced to sign over the control of their finances - There is no money for food or clothes

Figure 21: Signs of Abuse, Neglect and Exploitation in Older Adults   Source: APS

HUMAN TRAFFICKING

Human trafficking is a modern-day form of slavery involving the illegal trade of people for exploitation or commercial gain. Every year, millions of men, women, and children are trafficked worldwide - including in Utah. Trafficking can happen in any community and victims can be any age, race, gender, or nationality. Traffickers use violence, manipulation, force, fraud, coercion, or false promises of well-paying jobs or romantic relationships to lure victims into trafficking situations. Language barriers, fear of their traffickers, and/or fear of law enforcement frequently keep victims from seeking help, making human trafficking a hidden crime. It is estimated that human trafficking is a $32 billion per year industry, second only to drug trafficking as the most profitable form of transnational crime.

Traffickers look for people who are susceptible for a variety of reasons, including psychological or emotional vulnerability, economic hardship, lack of a social safety net, natural disasters, or political instability. The trauma caused by the traffickers can be so great that many may not identify themselves as victims or ask for help, even in highly public settings. (Source: DHS, Blue Campaign).

According to the National Human Trafficking Hotline, 185 contacts that referenced Utah were received via phone calls, text, online chats, emails, and webforms and 74 human trafficking cases were reported on 2018. (Source: https://humantraffickinghotline.org/state/utah)

Utah Trafficking In Persons Task Force (UTIP) was commissioned by Utah Attorney General Sean Reyes to combat modern slavery. The task force is comprised of many entities, including SECURE Strike Force and other law enforcement agencies, nonprofit organizations, victim advocates and victim outreach groups. The task force offers presentations for citizen, church and community organizations to train, educate and raise awareness of human trafficking. These trainings teach individuals what human trafficking is and how to recognize and respond to warning signs. (Source: Utah Trafficking In Persons Taskforce, Utah Office of the Attorney General and Daily Universe Article).

ADOLESCENT PROTECTIVE FACTORS

The Student Health and Risk Prevention (SHARP) Survey asks a series of questions that assess adolescent substance use and anti-social behaviors as well as risk and protective factors for these behaviors. SHARP questions address adolescents' family and community protective factors for IPV. Multiple survey questions pertain to family and community protective factors. Eight questions were analyzed to assess the family protective factors against violence in Utah youth and six questions were analyzed to assess community protective factors.

Protective factors are traits or characteristics that decrease the likelihood of a negative health outcome or behavior. Individuals with certain protective factors are less likely to perpetrate or become victims of IPV. Protective factors may occur at the individual, family, community and/or societal levels.

Individual Protective Factors

- Even temperament
- Empathy and respect
- Accepting accountability
- Conflict resolution skills

Family Protective Factors

- Positive parent-child bonding
- Parents who set clear standards and behavior boundaries
- Love and support
- Non-violence in the family

Community Protective Factors

- Healthy relationship courses in schools
- Feelings of connectedness to community members
- Community members who monitor children's behavior

Societal Protective Factors

- Intolerance of oppression
- Positive media portrayal of women
- Awareness of IPV and dating violence

(Source: ODVN; http://www.odvn.org/training/Documents/Risk _and_Protective_Factors_Tip_Sheet.pdf)

ADOLESCENT PROTECTIVE FACTORS

In Davis County, 88.3% of youth indicate they feel close to one or more of their parents with more than 88% indicating they can ask their mom or dad for help regarding a personal problem. Furthermore, 93.6% of youth state their family rules are clear. This data suggests that more than 88% of Davis County youth have at least one family level protective factor against violence. At a community level, 93.1% of youth feel their neighborhood is safe, there are people in their neighborhood who are proud of them (65%) and community members encourage youth to do their best (69.6%). (Source: SHARP, 2019)

Question/Statement	NO!	no	yes	YES!
My parents expect me to eat dinner at home with my family.	3.5%	9.2%	40.9%	46.4%
Do you feel very close to your mother?	3.4%	4.2%	15.4%	77.0%
Do you feel very close with your father?	6.9%	7.3%	19.3%	66.4%
If I had a personal problem, I could ask my mom or dad for help.	4.9%	7.0%	18.8%	69.3%
The rules in my family are clear.	1.9%	4.6%	17.5%	76.1%

Figure 22: SHARP Community Protective Factors against IPV, 2019

Question/Statement	NO!	no	yes	YES!
If a kid carried a handgun in your neighborhood, would he or she be caught by police?	7.2%	18.1%	31.6%	43.0%
I feel safe in my neighborhood.	2.0%	4.8%	22.7%	70.4%
There are people in my neighborhood who are proud of me when I do something well.	20.7%	14.3%	27.9%	37.1%
There are people in my neighborhood that encourage me to do my best.	19.5%	10.8%	24.9%	44.7%

Figure 23: SHARP Community Protective Factors Against IPV, 2019

ADOLESCENT RISK FACTORS

Risk factors are traits or characteristics that increase the likelihood of a negative health outcome or behavior. Individuals with certain risk factors are more likely to perpetrate or become victims of IPV. Risk factors may occur at the individual, family, community and/or societal levels.

Individual Risk Factors

- Low self-esteem
- Low academic achievement
- Aggressive or delinquent behavior as a youth
- Having few friends
- Being a victim of abuse

Family Risk Factors

- Marital conflicts and/or instability
- Economic stress
- Unhealthy relationships and interactions

Community Risk Factors

- Poverty
- Low social capital
- Community accepting of violence/passive bystanders

Societal Risk Factors

- Harmful gender norms

(Source: CDC, 2017)

SHARP data from 2019 was analyzed to determine the risk factors most commonly observed in Davis County youth.

Individual Risk Factors

- Low self-esteem is the most common individual risk factor for Davis County youth. When asked if he/she at times thinks he/she is no good at all, 33.1% answered 'yes' or 'YES!'. About one in four (22.2%) are inclined to think he/she is a failure. In addition, 13.3% felt worthless all or most of the time; 23.8% felt worthless all, most or some of the time.

Family Risk Factors

- About one in five (20.3%) youth live in a home where serious arguments take place.
- Approximately one in four (27.9%) youth live with family members who yell at or insult one another.

The 2019 SHARP survey did not ask questions pertaining to community risk factor or societal risk factors. (Source: SHARP, 2019)

Question/Statement	NO!	no	yes	YES!
People in my family have serious arguments.	53.8%	25.9%	12.9%	7.4%
People in my family often insult or yell at each other.	33.9%	38.2%	19.8%	8.1%

Figure 24: SHARP Family Risk Factors for IPV, 2019

POLICY ASSESSMENT

Davis Technical College (DTC) and Utah State University (USU) have campuses located in Kaysville and Weber State University (WSU) has a satellite campus in Layton. A review of these harassment and violence policies of these higher education institutions was conducted.

Davis Technical College
Davis Technical College (DTC) outlines its discrimination and sexual harassment policy in the "Student Discrimination and Sexual Harassment Policy and Procedures" document. Policy states that DTC "prohibits sexual harassment, sexual violence, and related conduct on or in any campus, college operated facility, or program by any student, college employee, or third party." Third parties include all people on DTC property or participating in DTC sponsored events. Any reported violations of DTC policy will lead to investigations of students, independent of where the incident occurred, if the harassment/assault took place during a DTC sponsored event or had implications for the effected student on campus or in a DTC related program. If it is determined through a full investigation that the suspected party did engage in harassment or assault, appropriate action will take place. Appropriate action may include disciplinary action such as dismissal, expulsion and/or reporting to authorities; accommodations for victims; and/or retraining for staff and students.

Students may file informal or formal complaints regarding harassment and/or assault with the Title IX Coordinator; however, DTC cautions students that informal complaints may limit the action that can be taken by DTC. Available on-campus and off-campus resources will be given in writing to a student filing a complaint. If a complaint results in an investigation, investigations will be completed no later than 60 days after the original complaint was filed. DTC will offer support to the involved student(s) such as facilitating schedule changes, withdrawal from a class without penalty, referrals for counseling, and so forth.

POLICY ASSESSMENT CONT'D

During FY 2017 and FY 2018, DTC partnered with the Utah Department of Health (UDOH) to work on the primary prevention of sexual assault and created the Safer Utah Initiative. As part of the initiative, DTC created a website (http://saferutah.org/) and a video titled, "It's On Us" (https://www.youtube.com/watch?v=ZlhkUkfRyfw); conducted a community culture survey; and hosted a conference to address sexual assault prevention in the DTC community, a Walk-A-Thon, movie screenings and tabling events on the DTC campus.

The DTC has partnered with Safe Harbor to ensure that all DTC cosmetology, hair designer, esthetician and nail technician students are trained to recognize the signs of domestic violence, what to do if a client reports domestic violence or sexual assault and self-care. Additionally, during 2018, DTC focused its effort to include men in the primary prevention of sexual assault. To do this, instructors from male-dominated programs were recruited to share the Safer Utah message. (Source: DTC, 2018)

Utah State University
Utah State University (USU) details its sexual harassment policy in the "Policy 339: Sexual Harassment" document. Policy states that sexual harassment is prohibited by anyone who is an employee, student or recipient of USU services. If an individual experiences sexual harassment, he/she may make a complaint which will be addressed by the Affirmative Action/Equal Opportunity (AA/EO) Director/Title IX Coordinator. All reports of

sexual harassment will be investigated. If an investigation indicates that an individual has experienced sexual harassment, appropriate action as indicated in USU Policy 407 (http://www.usu.edu/policies/407/) and/or USU Policy 311 (http://www.usu.edu/policies/311/), will be taken.

USU also aims to prevent violence on campus. To do this, all incoming students must complete an online sexual assault prevention course during their first semester at USU. To ensure compliance, holds are placed on students' accounts who do not complete the course. During the 2016-2017 school year, USU implemented the "I Will" campaign to inspire students to stand up for their Aggie family and help keep one another safe (https://www.youtube.com/watch?v=jr3qwlpvo-8). This pledge drive encouraged students to engage in positive bystander behaviors to prevent violence on campus. In fall 2017, USU furthered this idea and began training students with UDOH's Upstanding! Bystander Intervention course. A similar pledge drive, "Start by Believing" was utilized beginning in 2018 (http://www.startbybelieving.org/pledge). (Source: USU, 2018)

POLICY ASSESSMENT CONT'D

Weber State University

Weber State University (WSU) describes its violence policies in the "Violence Prevention" document. WSU policy states that "while on WSU property, while traveling on behalf of the university, or while engaging in university business or activities at other locations, members of the university community are prohibited from subjecting anyone to any form of violent behavior." Violent behavior is classified by WSU as any behavior that "creates a reasonable apprehension of substantial physical or emotional harm. This includes, but is not limited to, assault, harassment, intimidation, stalking, threats or other violent criminal behavior." Violent behavior that does not occur on WSU property may be addressed by the university if the conduct has had negative implications for the individual's ability to perform University or academic duties. Violation of the WSU policy may lead to appropriate disciplinary action, i.e. termination of employment for staff and faculty, expulsion for students, trespass notice and/or criminal charges.

For additional information regarding the discrimination policy for WSU employees, please see the document titled "Discrimination and Harassment" (https://www.weber.edu/ppm/Policies/3-32_DiscriminationHarassment.html). (Source: WSU, 2018; https://www.weber.edu/ppm/Policies/3-67_Violence_Prevention_Policy.html)

WSU Women's Center is home to the Safe@Weber Violence Prevention and Advocacy Services (Safe@Weber). Safe@Weber strives for all individuals to have safe, healthy and respectful relationships and a community free of violence. Advocacy services at Safe@Weber include safety planning, reporting assistance and support. Various workshops are offered including classes on healthy relationships; relationships and boundary setting; emotional abuse prevention; bystander intervention; consent and LQBTQ+ consent; intersections between violence and discrimination; gender socialization, violence and prevention; advocacy services; and an all in one workshop which gives a brief overview of all topics.

Workshops are offered to students on the WSU campus and may be provided to organizations in the community. In 2016, Safe@Weber received funding from UDOH to develop a violence prevention workshop specific to the LGBTQ+ community. Development of curriculum for this workshop was guided by the information gathered from a survey and photovoice, and modified based on feedback from a focus group held with WSU LQBTQ+ students. (Source: WSU, 2018; https://www.weber.edu/ppm/Policies/3-67_Violence_Prevention_Policy.html)

VIOLENCE PREVENTION & VICTIM SERVICES FUNDING

Utah Office for Victims of Crimes

Individuals
The Utah Office for Victims of Crime (UOVC) manages the Crime Victim Reparations Program (CVR) in Utah. CVR aims to provide financial assistance to victims and family members of those who have experienced violent crimes. To receive CVR benefits, victims or family members must fill out a CVR application and submit it to UOVC. UOVC will review the application and notify the applicant of his/her approval or denial in approximately 30 business days. A maximum award of $50,000 is available for victims or family members of homicides, attempted homicides, aggravated assaults and DUIs. For all other crimes, the maximum award amount in $25,000. Benefits funded by CVR in 2018 (in order of amount, greatest to least) were:

- Medical
- Sexual assault examinations
- Mental health
- Loss of wages
- Dental
- Funeral and burial
- Rent deposit
- Relocation
- Travel and mileage
- Inpatient counseling
- Residential/day treatment
- Essential personal property
- Medically necessary devices
- Replacement services
- Funeral travel
- Insurance premiums/spenddowns

- Economic loss
- Independent medical
- Audit costs

During 2016, UOVC received 7,480 CVR applications; 6,175 claims were awarded, 1,260 claims were denied, and 45 claims were pending. (Source: UOVC, 2016; https://justice.utah.gov/Crime/Documents/Annual/cvr_annualreport_2016.pdf)

Agencies
UOVC offers three grants to programs who provide victim services: Violence Against Women Act (VAWA) Grant, Sexual Assault Services Program (SASP) Grants and Victims of Crime Act (VOCA) Grant. VAWA funds courts, law enforcement, prosecution and victim services agencies throughout Utah. The primary goal of VAWA is to improve the response to crimes against women, including sexual assault, domestic violence, stalking and dating violence. In 2005, SASP was created by VAWA to provide direct intervention and assistance to victims of sexual assault. VOCA is available to state, local governments and non-profit organizations to provide services to victims of any violent crime. In 2017, Safe Harbor was the only Davis County agency to receive VAWA and/or SASP funds. Safe Harbor was awarded $15,606.09 from VAWA and $35,573.62 from SASP. VAWA amounts awarded to Safe Harbor decreased slightly for FY 2018 when Safe Harbor was awarded $12,053.81. SASP funds remained the same in 2018.

VIOLENCE PREVENTION AND VICTIM SERVICES FUNDING

VOCA is the largest funding source for victim services providers in Davis County. For the 2017-2019 grant cycle, the following Davis County agencies where awarded VOCA funds: Bountiful City Attorney's Office, Clearfield City Attorney's Office, Davis County Attorney's Office, Davis County Children's Justice Center, Kaysville City Police Department, Layton City Attorney's Office, Safe Harbor, Safe Harbor - Sexual Assault and Syracuse City Attorney's Office. In total, Davis County agencies received more than $1.6 million in VOCA funds. See Figure 23 (Source: UOVC, 2018)

Agency	2017-2019 Award Amount
Bountiful City Attorney's Office	$51,302.40
Clearfield City Attorney's Office	$150,015.77
Davis County Attorney's Office	$229,121.83
Davis County Children's Justice Center	$56,993.95
Kaysville City Police Department	$128,138.80
Layton City Attorney's Office	$99,073.39
Safe Harbor	$627,594.44
Safe Harbor - Sexual Assault	$170,293.39
Syracuse City Attorney's Office	$125,786.00
Total	$1,638,319.9

Figure 25: VOCA Funds Awarded by Agency, 2017-2019

Department of Workforce Services
In previous years, legislative appropriation led to the Primary Prevention of Sexual Violence Grant, funded by the Department of Workforce Services through Temporary Assistance for Needy Families (TANF). This funded some agencies that respond to domestic violence; however, the TANF grant was not renewed at the 2018 legislature session. As a result, TANF funds have recently expired. Davis Technical College (DTC) is the only Davis County agency that received TANF funds. DTC was awarded $25,000 for FY 2017 and $19,000 for FY 2018. TANF was DTC's only funding stream for its primary prevention of sexual assault efforts, therefore the campus is unsure if its efforts will continue. (Source: DWS, 2018)

Utah Department of Health
Utah Department of Health received funds through the Centers for Disease Control and Prevention's (CDC) Rape Prevention and Education Grant (RPE). This grant was open to community-based organizations to provide primary prevention of sexual violence victimization and perpetrations in Utah. There was $547,237 available for Utah agencies for a five-year grant cycle ending April 2019. Safe Harbor was the only Davis County recipient of RPE funds receiving approximately $18,000 per year during the five-year grant cycle (about $90,000 total over five years). UDOH expects another cycle of RPE funding to be available in the near future. (Sources: UDOH, 2018)

VAT STAKEHOLDER MEETING

A Violence, Abuse and Trauma Stakeholder meeting was held on July 11, 2018. Forty-two individuals from the community and the following agencies attended: Division of Child and Family Services, Children's Service Society, Safe Harbor, United Way, Davis School District, Davis County Domestic Violence Coalition, Davis County Health Department, Layton Valley View Relief Society, Davis Behavioral Health, Davis Community Housing Authority, Northern Sexual Assault Nurse Examiner, Davis County Commission, Davis Technical College, American Association of Retired Persons, Adult Protective Services, Logistic Specialties, Inc., Davis Hospital and Medical Center, Intermountain Layton Hospital, National Alliance on Mental Illness, the Office of Congressman Chris Stewart, the Attorney Generals Office, Davis County Children's Justice Center, SMILE for Mom, Utah Senate, People's Intermountain Bank, Davis County Sheriff's Office, Centerville Police Department, and the Pioneer Adult Rehab Center.

These partners convened to discuss violence, abuse and trauma. Through this meeting, stakeholders broadly discussed the types violence and trauma that Davis County residents face, examined the causes of violence and fostered collaboration.

Over the course of the meeting, participants were asked 20 questions. Short answers were provided for 13 of the 20 questions via Poll Everywhere, a text-response app. The additional questions were discussed in small groups and key points were shared with the larger group. Responses were recorded through Poll Everywhere unless otherwise indicated.

Help create COMMUNITIES that support NONVIOLENCE #1IN3

Davis COUNTY

Please join us for a community discussion to address violence and abuse in Davis County.

Violence, Abuse & Trauma Stakeholder Meeting

Wednesday, July 11, 2018

Davis County Administration Building
61 South Main Street, Room 131
Farmington, Utah
11:00 am - 1:00 pm
Lunch will be served

Questions? Contact Isa Perry:
isa@daviscountyutah.gov
or 801-525-5212

RSVP by 7/6/18
https://docs.google.com/forms/d/e/1FAIpQLSdiK7gWr37wPAtd4Gkyaded26qIo
en8Sw2hfqjzOpAFsJZs8w/viewform?usp=sf_link

SWOT ANALYSIS DISCUSSION QUESTIONS

Violence, Abuse, and Trauma Stakeholder Meeting, July 11, 2018

STRENGTHS

- What is GOING WELL when it comes to addressing violence/abuse/trauma in our community?

- What **services, resources, programs, or facilities** are working well for clients?

- What are the **strengths** of the violence/abuse/trauma services offered to victims? and to perpetrators?

- Provide examples of **successful community collaborations** to address violence/abuse/trauma.

WEAKNESSES

- What are the BARRIERS that prevent Davis County residents from accessing violence/abuse/trauma services?

- What type of violence/abuse/trauma services, providers or facilities are HARDEST TO ACCESS?

- What are the GAPS in violence/abuse/trauma services offered in our community?

- Which POPULATIONS experience the greatest barriers accessing needed services?

- Does anything prevent you from providing the violence/abuse/trauma services your clients need?

OPPORTUNITIES

- What can be done to improve REPORTING of and RESPONSE to cases of violence/abuse/trauma in Davis County?

- What can be done to improve ACCESS to violence/abuse/trauma services in Davis County?

- What RESOURCES are needed to adequately and effectively address violence/abuse/trauma?

- What types of **policies/ordinances/regulations** are needed to support a community free of violence and abuse?

- How can community partners **work together** to better address violence and abuse?

THREATS

- What threats and challenges are there to people's safety WITHIN the home?

- What threats and challenges are there to people's safety OUTSIDE the home?

- What violence and abuse issues are MOST SERIOUS and/or URGENT in Davis County?

- What are the ROOT CAUSES of violence and abuse in our community?

Concluding question: Imagine five years from now Davis County is recognized for making a **measurable difference** in the community to address violence and abuse. Why? What did we do?

SWOT ANALYSIS VIOLENCE, ABUSE AND TRAUMA

S — Strengths

- Agency Partnership/ Collaboration
- Community Resources
- Law Enforcement/Lethality Assessment Protocol (LAP)
- Community Awareness
- Community Support
- Approach to bullying

W — Weaknesses

- Lack of knowledge
- Stigma
- Fear
- Housing
- Mental Health Treatment
- Prevention
- Low Socioeconomic Status
- Elderly
- Funding
- Pride
- Not Trauma Informed

O — Opportunities

- Training for criminal justice personnel
- Community awareness
- Funding
- Education
- Hospital Discharge Planning
- Housing
- Mental Health Services
- Prevention
- Enforce current policies
- More collaboration/ communication

T — Threats

- Abuse/Unhealthy Relationships
- Substance Abuse
- Gender Inequality
- Scams
- Exploitation
- Media
- Environment
- Road Safety
- Bullying
- Domestic Violence
- Sexual Assault
- Mental Health

VAT STAKEHOLDER MEETING RESPONSES

Question 1: What types of violence/abuse/trauma issues are of concern in Davis County?
This question was asked to determine the most urgent types of violence, abuse and trauma faced by Davis County residents. Question one resulted in 83 responses and six main themes: bullying, domestic violence, sexual assault, financial exploitation, child abuse and elder abuse.
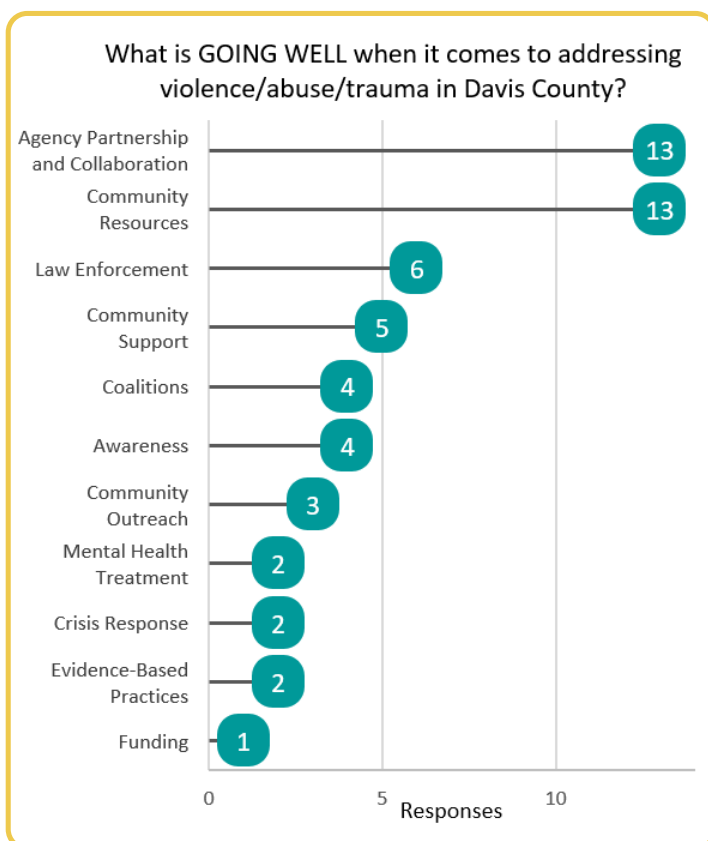
A word cloud was generated to display the range of unique responses provided. Recorded responses that contained multiple words with spaces in-between words (i.e. domestic violence) were modified. In these responses, spaces were removed to produce a word cloud more representative of the types of violence, trauma and abuse that partners listed as concerns in Davis County.

VAT STAKEHOLDER MEETING RESPONSES

Question 2: What is going well when it comes to addressing violence/abuse/trauma in Davis County?

Participants were asked this question to assess what community partners feel are Davis County's strengths in addressing violence, abuse and trauma. Question two yielded 55 responses which lead to four key themes. In order of frequency, these themes are: agency partnership and collaboration, community resources, law enforcement and community support. Additional strengths identified include awareness, coalitions, community outreach, mental health treatment, crisis response, evidence-based practices and funding.

What is GOING WELL when it comes to addressing violence/abuse/trauma in Davis County?

Category	Responses
Agency Partnership and Collaboration	13
Community Resources	13
Law Enforcement	6
Community Support	5
Coalitions	4
Awareness	4
Community Outreach	3
Mental Health Treatment	2
Crisis Response	2
Evidence-Based Practices	2
Funding	1

Question 3: What services, resources, programs or facilities are working well for clients? Question 4: What are the strengths of the violence/abuse/trauma services offered to victims and to perpetrators?

Questions three and four were asked as open-ended questions and discussed in small groups. Because groups were allotted an amount of time to address both questions, answers for each question shared in the larger group were intertwined. These questions were asked to ascertain the overall strengths of the services offered to victims of violence, abuse and trauma including what services, resources, programs and facilities are working well. Key points mentioned were collaboration among agencies, involving state agencies, hospitals resources, coalitions, awareness, perpetrator treatment, lethality assessment protocol, training and the Davis School Districts approach to bullying.

Quotes

- "Services to perpetrators: addressing ACEs can create a population with lower ACE scores which result in decreased perpetrators."
- "Lethality assessment protocol with Safe Harbor and Police."
- "Benchmark and Lifeline resources for sexual assault."
- "Evidence based perpetrator treatment is fairly new."
- "Actionable steps- the strangulation training provided something that is doable."
- "Davis School District's proactive approach to addressing bullying."

VAT STAKEHOLDER MEETING RESPONSES CONT'D

Question 5: Provide examples of successful community collaborations to address violence/abuse/trauma.
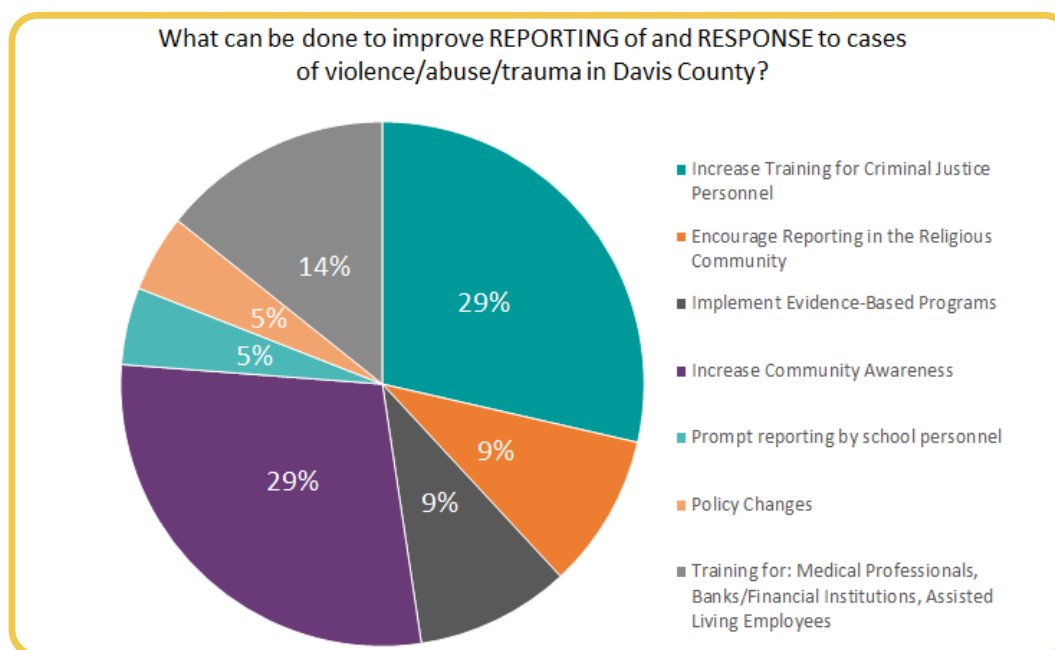
Question five was asked as an open-ended question and discussed in small groups. This question was asked to understand the strengths of agency collaborations that currently exist in Davis County to address violence, abuse and trauma. Partners identified implementation of the Lethality Assessment Protocol, the passing of the ACEs Resolution in the legislature and the inclusion of ACEs in the Davis County Human Service Directors Strategic Plan as successful community collaborations.

Quotes

- "The LAP started in Woods Cross."
- "ACEs Resolution passed the legislature in 2017."
- "Davis County Human Service Directors included ACEs in the strategic plan."

Question 6: What can be done to improve reporting of and response to cases of violence/abuse/trauma in Davis County?

Partners were asked this question to explore how reporting and response to violence, abuse and trauma in Davis County could be improved. The response rate for this question was 23 answers. Of the respondents listed 29% believe increasing training for criminal justice personnel is a way to improve reporting and response. Another 29% believe that community awareness should be increased. Other ideas for strengthening reporting and response to violence and abuse include involving the religious community, implementing evidence-based programs, prompt reporting by school personnel, policy level changes, and training for medical professionals, banks/financial institutions, and assisted living employees.

What can be done to improve REPORTING of and RESPONSE to cases of violence/abuse/trauma in Davis County?

- Increase Training for Criminal Justice Personnel — 29%
- Encourage Reporting in the Religious Community — 9%
- Implement Evidence-Based Programs — 9%
- Increase Community Awareness — 29%
- Prompt reporting by school personnel — 5%
- Policy Changes — 5%
- Training for: Medical Professionals, Banks/Financial Institutions, Assisted Living Employees — 14%

VAT STAKEHOLDER MEETING RESPONSES CONT'D

Question 7: What can be done to improve access to violence/abuse/trauma services in Davis County?

This question was presented to gain an understanding as to how access to violence, abuse and trauma services in Davis County can be improved. The partners present generated 27 responses. The three main themes were: funding, awareness and education. Participants also mentioned collaboration, facilities, policy changes, apps, affordable housing, mobile outreach and levels of access to services.
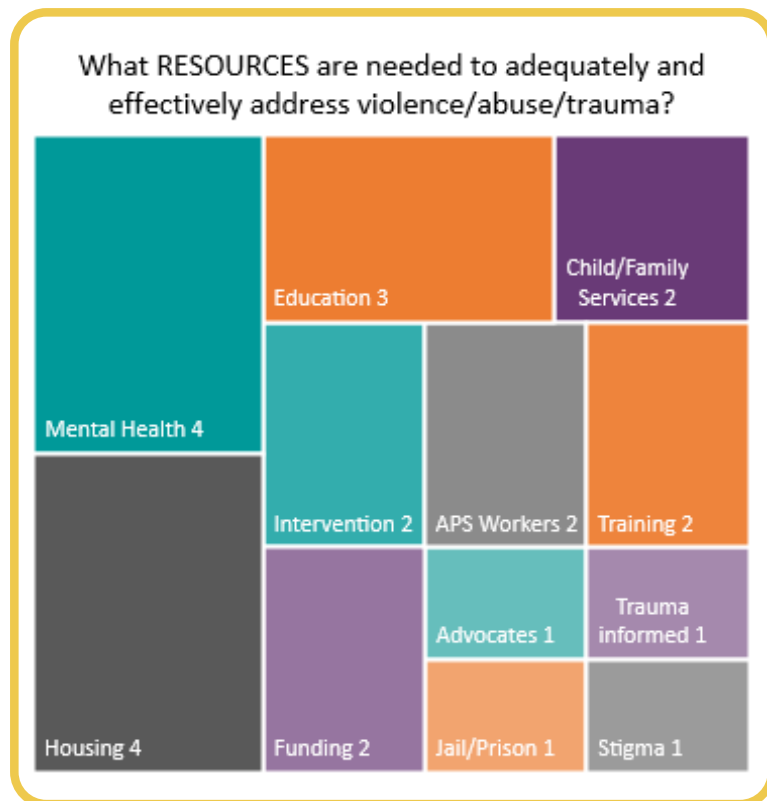
Quotes
- "Expand awareness and utilization of various multidisciplinary coalitions."
- "Remove offenders, not victims."
- "Supportive crisis placement for vulnerable adults."
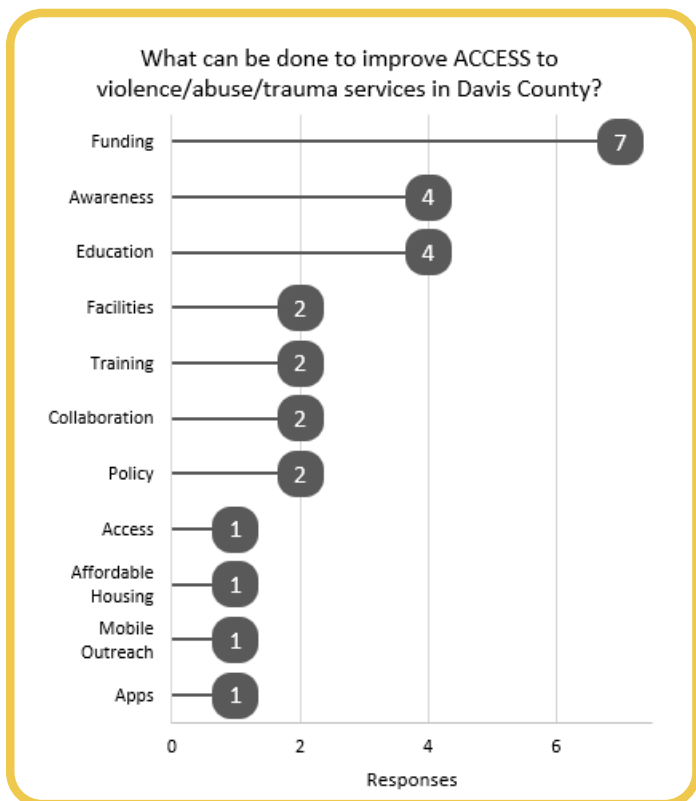
Question 8: What resources are needed to adequately and effectively address violence/abuse/trauma?

This question examined additional resources needed in Davis County to address violence, abuse and trauma. There were 25 responses with a large variety of answers to this question; however, three main themes emerged: housing, mental health and education. Multiple partners also identified funding, adult protective services workers, training, child and family services and intervention as resources needed to address violence, abuse and trauma.

What can be done to improve ACCESS to violence/abuse/trauma services in Davis County?

Category	Responses
Funding	7
Awareness	4
Education	4
Facilities	2
Training	2
Collaboration	2
Policy	2
Access	1
Affordable Housing	1
Mobile Outreach	1
Apps	1

What RESOURCES are needed to adequately and effectively address violence/abuse/trauma?

Mental Health 4 · Education 3 · Child/Family Services 2 · Intervention 2 · APS Workers 2 · Training 2 · Advocates 1 · Trauma informed 1 · Housing 4 · Funding 2 · Jail/Prison 1 · Stigma 1

VAT STAKEHOLDER MEETING RESPONSES CONT'D

Question 9: What types of policies/procedures/regulations are needed to adequately and effectively address violence/abuse/trauma?

Question nine was asked as an open-ended question and discussed in small groups. This question was asked to understand the opportunities that exist to improve policies, procedures and regulations that pertain to violence, abuse and trauma. Themes included: resources and programming, prevention, open communication between agencies and enforcing current policies.

Quotes
- "Higher level DCFS. Right now, if a child is removed from a low-income home, the family loses resources such as food stamps and Medicaid. We need these families to not be disqualified for resources if a child is removed from the home because doing so puts them even more behind. Why penalize these families for trying to get their kids back?"
- "Faster services. We need prevention efforts in the home."
- "HIPPA. With HIPPA, how do we work together and open communication [between resources/agencies]?"
- "Enforce current policies consistently."
- "Not a lot of programming to address all needs."
- "Domestic violence offender treatment. We need to treat multiple things- mental health, domestic violence and substance abuse, but the court only required domestic violence, so we only treat that."

Question 10: How can community partners work together to better address violence/abuse/trauma?

This question was asked as an open-ended question and discussed in small groups. Question 10 was asked in order to explore opportunities for Davis County agencies to better work together to address violence, abuse and trauma. Opportunities for collaboration identified included consistency in pressing charges, using releases of information and hospital discharge planning.

Quotes
- "Consistency. Charging people [for crimes] across counties is very different. Certain crimes are able to be enhanced while others are not."
- "Requiring mandatory reporting is dangerous for victims. It may cause additional violence. A release of information between agencies which is not mandatory reporting may be safer for victims."
- "Discharge planning. [Hospitals] talk about resources for violence as well as other safety things that they already discuss with patients like wearing helmets."

VAT STAKEHOLDER MEETING RESPONSES CONT'D

Question 11: What are the barriers that prevent Davis County residents from accessing violence/abuse/trauma resources?
This question was asked to identify the barriers that prevent victims of violence, abuse and trauma from accessing needed services. Of the 51 answers, nearly one fifth of responses indicated that lack of knowledge is a barrier to victims receiving services. Additional leading themes were fear, stigma, lack of support, attitude, embarrassment/shame and lack of resources. Other barriers were mentioned less frequently, including financial concerns, safety, the criminal justice system, housing, previous experience, transportation, religion and lack of collaboration.
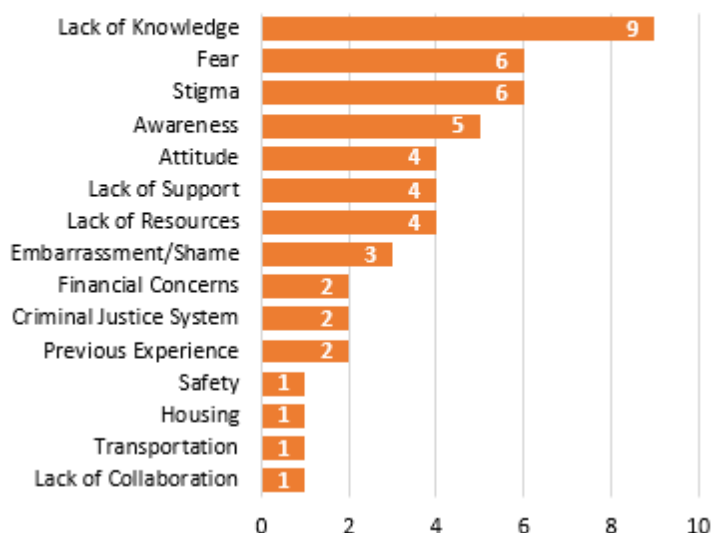
Question 12: What types of violence/abuse/trauma services, providers or facilities are hardest to access?
This question was asked to ascertain the types of services, providers and/or facilities that are hardest for victims to access. There was a total of 29 responses, where 59% of partners listed housing and mental health treatment as the services hardest for victims to access. Other hard to access services listed were substance abuse treatment, transportation, guardianship, the silo effect, employment assistance, emergency services, the criminal justice system and education.

What are the BARRIERS that prevent Davis County residents from accessing violence/abuse/trauma resources?

Barrier	Count
Lack of Knowledge	9
Fear	6
Stigma	6
Awareness	5
Attitude	4
Lack of Support	4
Lack of Resources	4
Embarrassment/Shame	3
Financial Concerns	2
Criminal Justice System	2
Previous Experience	2
Safety	1
Housing	1
Transportation	1
Lack of Collaboration	1

What types of violence/abuse/trauma services, providers or facilities are HARDEST TO ACCESS?

Mental Health Treatment 9
Housing 8
Gaurdienship 2
Silo Effect 2
Transportation 2
Substance Abuse Treatment 2
Employment Assistance 1
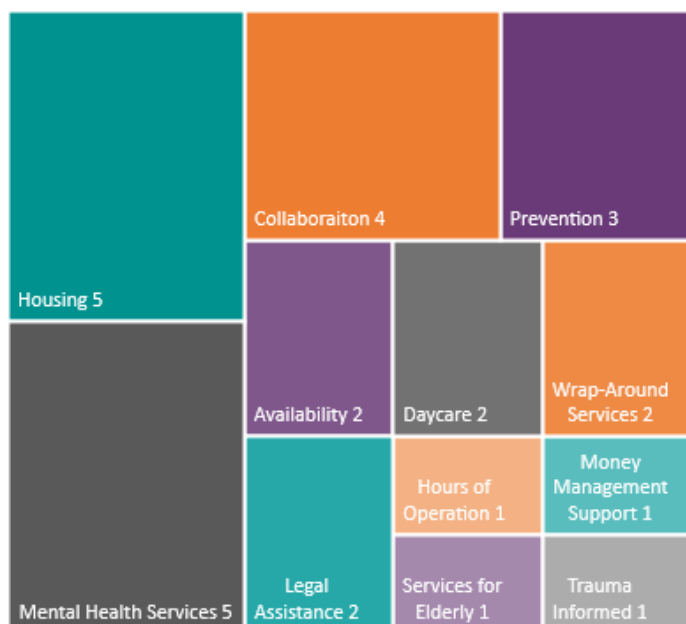Education 1

VAT STAKEHOLDER MEETING RESPONSES CONT'D

Question 13: What are the gaps in violence/abuse/trauma services offered in our community?

Partners were asked to describe any gaps in violence, abuse and trauma service offered. There were 30 responses. From the responses, four main gaps were identified: mental health services, housing, collaboration between service providers and prevention services provided. Other gaps in services provided were availability of services, legal assistance, daycare, wrap-around services, hours of operation for service providers, services for the elderly, money management training and the implementation of trauma informed services.
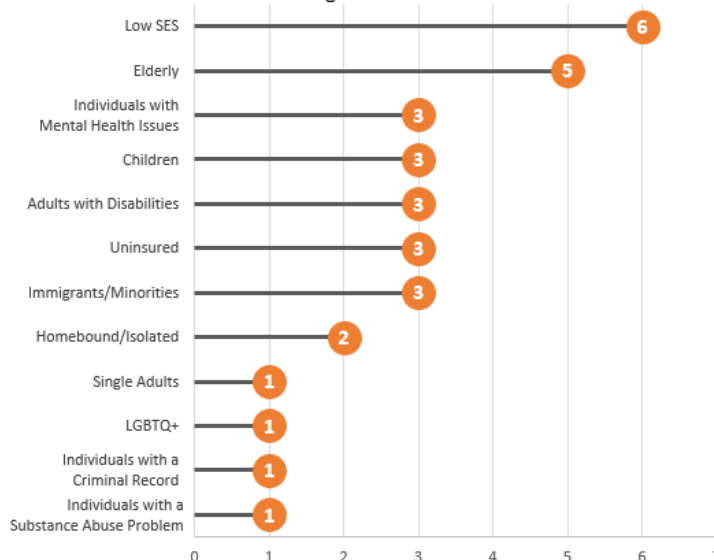
Question 14: Which populations experience the greatest barriers accessing needed services?

This question was asked to understand which populations experience the greatest barriers accessing services. There were 36 responses to question 14. Individuals with a low socioeconomic status was the leading population identified, closely followed by the elderly. Children, those with mental health issues, immigrants and minorities, uninsured individuals, and adults with disabilities were each listed by multiple partners as populations with the greatest barriers to accessing needed services.

What are the GAPS in violence/abuse/trauma services offered in our community?

Housing 5 | Collaboraiton 4 | Prevention 3
Availability 2 | Daycare 2 | Wrap-Around Services 2
Mental Health Services 5 | Legal Assistance 2 | Hours of Operation 1 | Money Management Support 1
Services for Elderly 1 | Trauma Informed 1

Which POPULATIONS experience the greatest barriers accessing needed services?

Population	Count
Low SES	6
Elderly	5
Individuals with Mental Health Issues	3
Children	3
Adults with Disabilities	3
Uninsured	3
Immigrants/Minorities	3
Homebound/Isolated	2
Single Adults	1
LGBTQ+	1
Individuals with a Criminal Record	1
Individuals with a Substance Abuse Problem	1

VAT STAKEHOLDER MEETING RESPONSES CONT'D

Question 15: Does anything prevent you from providing the violence/abuse/trauma services your clients need?
Question 15 was asked as an open-ended question and discussed in small groups. This question was asked to understand the weaknesses that exist in addressing violence, abuse and trauma in the form of barriers for service providers. Themes included: funding/cost of treatment, client pride, not being trauma informed, lack of affordable housing and co-occurring violence.

Quotes
- "Cost of treatment. State funds are not enough, and insurance won't cover it [domestic violence offender treatment]. People can't pay for treatment that was ordered, then they are in violation of a court order and are incarcerated."
- "Lack of funding. Funds have not increased with the number of cases."
- "We have educated professionals who can't provide services because they get paid so low. We have a high rate of employee turnover."
- "Siloed funding."
- "Linked to gun violence. Can't treat before the problem will continue."
- "Pride of client. They don't want to admit that someone has a problem, so they access crisis services but nothing more."
- "Not being trauma informed. The system is an additional problem."

- "Can't build housing because people don't want it in their communities."
- "Recognition of co-occurring violence. The perpetrator and victim each play a role. Treatment can't work on relationship issues for 10 weeks, per Utah laws."
- "Incorrectly labeling someone as a perpetrator. For example, someone who just breaks things is really more of an indicator of communication issues."

Question 16: What threats and challenges are there to people's safety within the home?
This question was used to learn the threats that partners perceive to be the most pressing threats to individuals within their own home. There were 19 respondents who generated a total of 28 responses. Abuse/unhealthy relationships were the most frequently identified threat to safety within the home. In addition to abuse/unhealthy relationships, key themes included family dynamics, substance abuse, and scams. Falls, weapons, mental health, technology, food security and unsafe conditions were also mentioned as threats to safety within the home.

VAT STAKEHOLDER MEETING RESPONSES CONT'D

Question 17: What challenges and threats are there to people's safety outside the home?
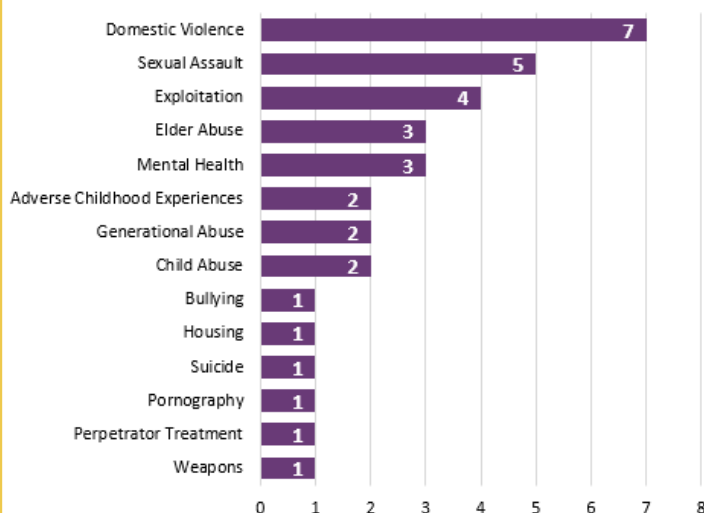This question was asked to gain an understanding of the threats to individual's safety outside of the home. This question yielded 33 responses. While this meeting brought together partners to discuss violence, abuse and trauma, surprisingly, the most common theme pertaining to safety threats outside the home was the environment, immediately proceeded by road safety. Multiple partners also commented that bullying, predators (i.e. "online child predators"), scams/fraud and violence threaten Davis County residents. See the word cloud below for an exhaustive representation of identified themes.

Question 18: What violence/abuse/trauma issues are most serious and/or urgent in Davis County?
Partners were asked this question to highlight the most serious and urgent violence, abuse and trauma issues facing Davis County. This question involved 36 responses with three main themes identified: domestic violence, sexual assault and exploitation. Elder abuse, mental health, adverse childhood experiences and generational abuse were each mentioned by more than one partner. Additional issues referenced were bullying, weapons, perpetrator treatment, pornography, suicide, housing, prevention and coping strategies.

What violence/abuse/trauma issues are MOST SERIOUS and/or URGENT in Davis County?

Issue	Count
Domestic Violence	7
Sexual Assault	5
Exploitation	4
Elder Abuse	3
Mental Health	3
Adverse Childhood Experiences	2
Generational Abuse	2
Child Abuse	2
Bullying	1
Housing	1
Suicide	1
Pornography	1
Perpetrator Treatment	1
Weapons	1

VAT STAKEHOLDER MEETING RESPONSES CONT'D

Question 19: What are the root causes of violence/abuse/trauma in our community?
Question 19 was asked to identify some of the root causes of violence, abuse and trauma in Davis County. This question generated a total of 45 responses. Five key themes emerged from this question: cycle of abuse, mental health, gender inequality, media and substance abuse. From the 45 recorded responses, 18 total themes were found, suggesting that the causes of violence and abuse are multifaceted and extremely complex. See word cloud below for a representation of all themes pertaining to root causes of violence, abuse and trauma.

Question 20: Imagine 5 years from now Davis County is recognized for making a measurable difference reducing violence and abuse. Why? What did we do?
Question 20 was asked as an open-ended question and discussed in one large group. This question was asked to understand how Davis County can make a measurable difference in reducing violence, abuse and trauma. Themes included: prevention, community awareness, collaboration with criminal justice system, include all people and being trauma informed.

Quotes
- "We are good at responding to problems, but it is harder to figure out prevention."
- "Prevention as a priority. Every time we come up with an intervention, we come up with a prevention."
- "Community awareness of resources."
- "Have the largest bystander intervention program. Train people not to put up with violence."
- "Create working relationships with lawmakers, courts, police, mental health services providers and so forth."
- "Use community organizations to train people."
- "Realize a lot of different types of trauma."
- "Make education comprehensible for all groups and populations."
- "Change perpetrator behavior before it begins."
- "changes need to happen in the community with neighbors. Get involved where we can."
- "Being able to talk about outcomes. Say exactly what we did."

APPENDIX

VIOLENCE, ABUSE & TRAUMA RESOURCE LIST

DAVIS COUNTY

DOMESTIC VIOLENCE SHELTER

SAFE HARBOR OF HOPE CRISIS CENTER

safeharborhope.org
801-444-9161
info@safeharborhope.org

Provides emergency and transitional housing to victims of domestic violence and sexual assault; offers support services to victims in the community; prevention programs.

Hours: 24/7

SEXUAL VIOLENCE SERVICES

NORTHERN UTAH SEXUAL ASSAULT NURSE EXAMINERS (NUSANE)

801-436-1075

Provides sexual assault exams to victims of sexual violence.

Hours: 24/7

CHILD ABUSE SERVICES

DAVIS COUNTY CHILDREN'S JUSTICE CENTER

daviscounty.utah.com/cjc
801-451-3560

Offers a child-friendly atmosphere for child interviews regarding allegations of child abuse/neglect.

Hours: M-F
8 am-5 pm

DIVISION OF CHILD AND FAMILY SERVICES - BOUNTIFUL

dcfs.uta.gov
855-323-3237

Provides prevention, child protective services, in and out-of-home services to children and families in order to keep children safe.

Hours: M-F
8 am-5 pm

DIVISION OF CHILD AND FAMILY SERVICES - CLEARFIELD

dcfs.uta.gov
855-323-3237

Provides prevention, child protective services, in and out-of-home services to children and families in order to keep children safe.

Hours: M-F
8 am-5 pm

VICTIM SERVICES

BOUNTIFUL CITY POLICE DEPARTMENT

bountifulcitypd.com
801-298-6137

Offers advocacy, support, knowledge and the opportunity for empowerment to citims of crimes in the city of Bountiful. Victim advocates serve as the connection between law enforcement and the prosecution, help explain the judicial process and the victims' role, provide court assistance and accompaniment, assist in filing civil and criminal Protective Orders, filing for assistance through the Utah Office Victims of Crimes, requesting restitution and offering direction to additional community resources.

VICTIM SERVICES CONT'D

CLEARFIELD CITY VICTIM RESOURCES

clearfieldcity.org
801-525-2759

Helps victims understand the criminal justice system, identify community resources, file for a Protective Order or Civil Stalking Injunction, file for assistance form Utah office Victims of Crimes, and so forth.

CLINTON/SYRACUSE CITY VICTIM ADVOCATE

801-643-8131

Helps victims understand the criminal justice system, identify community resources, file for a Protective Order or Civil Stalking Injunction, file for assistance form Utah office Victims of Crimes, and so forth.

DAVIS COUNTY ATTORNEY'S OFFICE VICTIM SERVICES

801-451-4343

Provides critical services and information to victims of crime including children, victims of domestic violence, families of murder victims, and victims of other crimes as outlined in the Victim's Bill of Rights. Provides court process assistance, notifications of court hearings, updates on discussions between the prosecution and the defense, and schedules appointments with assigned prosecutors. Advocates also provide victims with information about community based resources that may assist victims.

DOMESTIC VIOLENCE PRO BONO LAWYERS

801-447-3800

Offers assistance during protective order hearings for self-represented petitioners.

DAVIS AREA VICTIM HOUSING ASSISTANCE PROGRAM

801-525-2777

Offers assistance to help victims achieve or maintain safety and housing stability after experiencing a crime.

KAYSVILLE CITY VICTIM ADVOCATE

801-546-1131

Helps victims understand the criminal justice system, identify community resources, file for a Protective Order or Civic Stalking Injunction, file for assistance from Utah Office Victims of Crimes, and so forth.

LAYTON CITY VICTIM SERVICES

801-336-3599
laytoncity.org

Helps victims understand the criminal justice system, identify community resources, file for a Protective Order or Civic Stalking Injunction, file for assistance from Utah Office Victims of Crimes, and so forth.

COUNSELING SERVICES

CLD3 COUNSELING - DAVIS COUNTY

801-521-4227
cld3counseling.com
cld3counseling@gmail.com

Provides counseling and therapy for domestic violence victims.

Hours: By appointment only

DAVIS BEHAVIORAL HEALTH

801-773-7060
dbhutah.org

Provides counseling and therapy for domestic violence victims.

Hours: M - F
8 am-5 pm

COUNSELING SERVICES CONT'D

HILL AIR FORCE BASE FAMILY ADVOCACY PROGRAM

801-777-3497
www.hill.af.mil/
75abw.pa@us.af.mil

Provides anger management, marital therapy, victim and witness assistance, therapy for abuse victims and crisis counseling for active duty military, guards, reservists or their family members.

Hours: M - F
7:30 am - 4:30 pm

DOMESTIC VIOLENCE PERPETRATOR TREATMENT

GMS COUNSELING

801-825-4876
gmscounselingllc.com

Provides domestic violence perpetrator treatment. Follows all state guidelines, including an evaluation, assessment and 16-week course when appropriate.

Hours: M-Th
10 am-9 pm
F-S 10 am-3 pm

JUDICIAL SUPERVISION SERVICES

801-525-3009 ext. 1
judicialsupervision.com

Provides domestic violence perpetrator treatment.

Appointment Only

PROFESSIONAL SERVICES CORPORATION

801-525-0950
professionalservicescorp.net

Provides domestic violence perpetrator treatment. Group classes only, preceded by an evaluation. Classes meet once per week on Tuedays at 6:00 pm for 16 weeks.

Hours: M, T, Th
9 am-12 am,
1:30 pm-6 pm
W 1 pm - 6pm

UTAH

DOMESTIC VIOLENCE SHELTERS

CANYON CREEK CRISIS CENTER (IRON, BEAVER & GARFIELD COUNTIES)

435-233-5732
ccwwc.org

Offers emergency shelter, victim advocacy, support groups for women and children and community education.

Hours: 24/7

COLLEEN QUIGLEY CRISIS CENTER (CARBON & EMERY COUNTIES)

435-637-6589

Provides emergency shelter, legal services, case management, and education.

Hours: 24/7

COMMUNITY ABUSE PREVENTION SERVICES AGENCY (CACHE & RICH COUNTIES)

435-753-2500
capsa.org

Provides emergency shelter, 24-hour support line, court advocacy, legal services, counseling services, and support groups.

Hours: 24/7

GENTLE IRONHAWK SHELTER (SAN JUAN COUNTY)

1-435-678-2445
gentleironhawkshelter.com

Offers shelter, support groups, counseling, legal services, and child services.

Hours: 24/7

DOMESTIC VIOLENCE SHELTERS CONT'D

NEW HOPE CRISIS CENTER (BOX ELDER COUNTY)

435-723-5600 | Provides shelter and support services to children and adults. | Hours: 24/7

PEACE HOUSE (SUMMIT & WASATCH COUNTIES)

1-800-647-9161
peacehouse.org | Provides shelter, 24/7 help line, clinical and case management services, outreach, victim advocacy, prevention and awareness education. | Hours: 24/7

SEEKHAVEN (GRAND COUNTY)

435-259-2229
seekhaven.org | Offers shelter, outreach advocacy, support groups and community education. | Hours: 24/7

SOUTH VALLEY SANCTUARY (SALT LAKE COUNTY)

svsutah.org
801-255-1095 | Offers emergency shelter to victims of domestic violence and sexual assault. | Hours: 24/7

YCC FAMILY CRISIS CENTER (WEBER COUNTY)

801-329-7273
ycchope.org
info@ycchope.org | Provides emergency shelter to men, women and children who are victims of domestic violence or sexual assault. Offers rape recovery program to victims of sexual assault. | Hours: 24/7

YWCA UTAH (SALT LAKE COUNTY)

801-537-8600
1-855-992-2752
ywcautah.org | Provides emergency and transitional housing to victims of domestic violence and sexual assault. | Hours: 24/7

SEXUAL VIOLENCE SERVICES

SEXUAL ASSAULT SERVICES MAP

https://www.ucasa.org/services | Provide up-to-date and current resources for survivors of sexual assault throughout the state.

UTAH'S SEXUAL ASSAULT KIT INFORMATION LINE

801-893-1145 | Any survivor of sexual assault who completed a forensic exam and is interested in the status of their sexual assault kit. | Hours: M-Th, 7 am-5:30 pm

UTAH SEXUAL ASSAULT KIT TRACKING SYSTEM

https://sakt.ps.utah.gov/sakt/status/ | The Utah Sexual Assault Kit Tracking System allows survivors to track the status and location of their sexual assault kit in real time.

CHILD ABUSE SERVICES

DIVISION OF CHILD AND FAMILY SERVICES

1-855-323-3237
dcfs.utah.gov

Forge and guide a community commitment to prevent child abuse in all forms through programs, services, public awareness, education, public policy development and system partner collaboration.

Hours: M-F, 8 am-5 pm

PREVENT CHILD ABUSE UTAH

801-532-3404
pcautah.org

Provides prevention, child protective services, in and out of home services to children and families to keep children safe.

ELDER ABUSE SERVICES

ADULT PROTECTIVE SERVICES

1-800-371-7897
daas.utah.gov

Investigates allegations of abuse, neglect, and exploitation of disabled persons and adults over the age of 65.

Hours: M-F, 8 am-5 pm

DAVIS COUNTY LONG-TERM CARE OMBUDSMAN

801-525-5060

Investigates and resolves complaints of administrative actions that may adversely affect the health, safety, welfare or rights of a person 60 years of age or older living in a long term care facility.

Hours: M-F, 8 am-5 pm

VICTIM SERVICES

SEGO LILY CENTER FOR THE ABUSED DEAF

1-855-812-1001
slcad.org

Provides a 24/7 emergency hotline and advocacy for deaf, deaf/blind, and hard of hearing victims of domestic violence and sexual assault.

Hours: M-Th, 9 am-6:30 pm

UTAH DEPARTMENT OF CORRECTIONS VICTIM SERVICES UNIT

801-545-5658
corrections.utah.gov/

Provides information, assistance and support to crime victims whose perpetrators are in the custody of the Utah Department of Corrections.

Hours: M-F, 8 am-5 pm

UTAH OFFICE FOR VICTIMS OF CRIME

801-238-2360
800-621-7444

Provides financial compensation for victims of crime.

Hours: M-F, 8 am-5 pm

UTAH STATE OFFICE OF THE ATTORNEY GENERAL

801-366-0260
attorneygeneral.utah.gov

Offers criminal justice advocacy and emotional support to victims during the court process.

Hours: M-F, 8 am-5 pm

VINE: VICTIM INFORMATION AND NOTIFICATION EVERYDAY

vinelink.com
1-877-884-8463

Free, anonymous internet service that provides victims of crime information and notification regarding their incarcerated perpetrator. VINE will quickly notify the victim of the offender's custody status or the next court hearing. Victims may register for an automatic notification when there is any change to court or custody status.

LEGAL SERVICES

FAMILY LAW BRIEF ADVICE CLINIC

https://law.utah.edu/pro-bono-initiative/free-legal-clinics/

Offers assistance with with protective orders to any low-income resident of Utah.

Hours: 1st and 3rd Wed of month; 6:00 p.m.-7:30 p.m.

LEGAL AID SOCIETY OF SALT LAKE

801-328-8849
legalaidsocietyofsaltlake.org

Provides protective order and stalking injunction assistance.

Hours: M-F, 8 am-5 pm

UTAH CRIME VICTIMS LEGAL CLINIC

801-746-1204
utahvictimsclinic.org

Provides protective order and stalking injunction assistance and legal representation to victims whose rights as a victim have been violated.

Hours: M-F, 8 am-5 pm

UTAH LEGAL SERVICES

1-800-662-4245
utahlegalservices.org

Offers legal assistance for civil matters to low income Utahns.

Hours: M-F, 8 am-5 pm

YWCA FAMILY JUSTICE CENTER

801-236-3370

Assists in filing for protective orders and stalking injunctions.

Hours: M-F, 9 am-4 pm

FINANCIAL SERVICES

UTAH OFFICE FOR VICTIMS OF CRIME

801-238-2360
justice.utah.gov/crime

Provides financial compensation for victims of crime. Administers and monitors Victim of Crime Act Compensation and Assistance grants and Violence Against Women grants, networks victim services across the state, provides enhanced training, and provides staff support to the Utah Council on Victims of Crime.

Hours: M-F, 8 am-5 pm

CRISIS & RESOURCES LINES

Adult Protective Services | 1-800-371-7897

National Domestic Violence Hotline | 1-800-799-SAFE (7233)

National Human Trafficking Hotline | 1-888-373-7888

Utah Human Trafficking Tipline | 1-801-200-3443

National Organization for Victim Assistance | 1-800-TRY (879)-NOVA (6682)

RAINN (National Sexual Assault Hotline) | 1-800-656-HOPE (4673)

Rape & Sexual Assault Crisis Line | 1-888-421-1100

Utah Child Abuse/Neglect Hotline | 1-855-323-DCFS (3237)

Utah Domestic Violence Link Line | 1-800-897-LINK (5465)

National Suicide Prevention Lifeline | 1-800-273-TALK (8255)

Davis County Law Enforcement | 1-801-451-4150

Alzheimer's Association | 1-800-272-3900

Financial Fraud (Utah Division of Securities) | 1-800-721-7233

DAVIS COUNTY & UTAH COALITIONS

CAPE (Coalition for Abuse Prevention of the Elderly) | Davis County Senior Services

CARES Coalition | Safe Harbor Crisis Center

Davis County Domestic Violence Coalition | www.facebook.com/DCDVC/

Davis HELPS | www.facebook.com/davishelps/

Utah Coalition Against Sexual Assault (UCASA) | www.ucasa.org

Utah Domestic Violence Coalition | www.udvc.org

Utah Trauma Resiliency Collaborative | trcutah.org

APPENDIX B
VIOLENCE, ABUSE AND TRAUMA STAKEHOLDER MEETING ATTENDEES

Annie Broadbent
Division of Child and Family Services

Bacall Hinks
Children's Service Society

Beth Temple
Safe Harbor of Hope

Brad Christensen
Davis School District

Casey Layton
Davis School District

Chiara Cameron
United Way of Salt Lake

Debbie Comstock
Davis County Domestic Violence Coalition

Debbie Olsen
Centerville Police Department

Elizabeth Davis
Davis County Health Department

Gina Stuart
Layton Valley View Relief Society

Isa Perry
Davis County Health Department

Ivy Melton Sales
Davis County Health Department

Jacob Thornhill
Davis Behavioral Health

Jan Winborg
Davis Community Housing Authority

Jeanlee Carver
Northern Sexual Assault Nurse Examiner

Jennifer Hicks
Layton Valley View Relief Society

Jim Smith
Davis County Commission

John Cowan
Davis County Health Department

Julie Blake
Davis Technical College

Kim Michaud
Davis Community Housing Authority

Kristen Floyd
Safe Harbor Crisis Center

Kristy Cottrell
Davis County Health Department Senior Services

Laura Keirstead
American Association of Retired Persons

Londy Alverez
Community Member

Marcie Clark
Davis County Health Department

Mark Parry
Adult Protective Services

Melissa Freisang
Logistic Specialties, Inc.

Michelle Whiteley
Davis Hospital and Medical Center

Neal Geddes
Davis County

Pam Bjerk
Layton Hospital

APPENDIX B
VIOLENCE, ABUSE AND TRAUMA STAKEHOLDER MEETING ATTENDEES (CONT'D)

Paula Holly
National Alliance on Mental Illness

Rhonda Perkes
Office of Congressman Chris Stewart

Ryan Regis
Davis School District

Scott Richardson
Attorney General's Office

Scott Zigich
Davis School District

Shawna Mahan
Davis County Health Department Senior Services

Tanya Perkins
Davis County Children's Justice Center

Tiffany Shapiro
SMILE for Mom

Todd Weiler
Utah Senate

Tracey Larson
People's Intermountain Bank

Ty Berger
Davis County Sheriff's Office

Vickie Calder
Pioneer Adult Rehab Center

APPENDIX C
LETTER OF ENDORSEMENT

May 15, 2018

Dear Davis County Service Provider,

In 2017 the Davis County Human Services Directors deemed interpersonal violence as the top safety concern in the county. Violence and trauma are recurring themes discussed by local coalitions and committees dedicated to tackling challenging issues in our community. According to the Utah Domestic Violence Coalition, 1 in 3 Utah women experience domestic abuse or intimate partner violence in their lifetime. However, local data is difficult to identify and access. For this reason we have planned to conduct a Davis County Violence, Abuse and Trauma Assessment.

Due to your organization's role in providing services to those who have experienced violence, abuse or trauma, the Davis County Health Department in conjunction with the Davis County Human Service Directors are requesting your participation in the 2018 Davis County Violence, Abuse and Trauma Assessment. Over the next several months your agency may be asked to share data, participate in a stakeholder meeting and/or complete a survey. No individual level data is needed. Data will summarized and reported in aggregate.

The broad assessment will include topics such as intimate partner violence; child abuse; sexual abuse, assault and harassment; elder abuse; human trafficking; exploitation; neglect; and so forth. The report will provide definition of terms; compilation of available data; directory of resources and community assets; community themes; system strengths and weaknesses analysis; inventory of evidence-based practices; potential funding sources; and recommendations.

While there are likely many sources of data that exist within the county it has been our experience that the data is not readily available and is not being used to demonstrate the magnitude of the problem or to guide planning. Data collected in this assessment will result in recommendations for how the community can strategically address and prevent violence, abuse and trauma based on needs of Davis County residents.

Elizabeth Davis, a Master's level intern, at the Davis County Health Department, is leading the Violence, Abuse and Trauma Assessment. Please feel free to contact her with any questions or concerns at 801-525-5214.

Sincerely,

Brian Hatch, Director
Davis County Health Department

Jim Smith, Commissioner
Davis County Commission

Additional county assessments and data reports can be found at this link:
http://www.daviscountyutah.gov/health/about-dchd/reports-and-assessments.

APPENDIX D
DAVIS COUNTY ACES DATA SHEET

ADVERSE CHILDHOOD EXPERIENCES

DAVIS COUNTY

What are Adverse Childhood Experiences (ACEs)?

ACEs are major childhood trauma (before age 18) that includes neglect, abuse and household challenges. This trauma can result in changes in brain development and may affect a child's social skills and ability to learn. ACEs can also result in long-term health problems. Experts believe ACEs are a major health issue in the 21st century.

The 10 ACEs

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parents separated or divorced
- Household member incarcerated

ACEs Are Linked To:

- Suicide
- Depression
- Early death
- Substance abuse
- Smoking
- Cancer
- Heart disease
- Intimate partner violence
- Unemployment
- Financial stress
- Stroke
- Sexually transmitted diseases
- Diabetes
- Sexual violence
- Poor academic performance
- Asthma
- Frequent headaches
- Obesity
- Autoimmune diseases
- Teen pregnancy

Source: 1998 CDC-Kaiser Adverse Childhood Experiences Study

% of Adults Who Report ACEs

	DAVIS COUNTY	UTAH
0 ACEs	39.9%	38.3%
1-3 ACEs	45.6%	45.2%
4+ ACEs	14.6%	16.5%

Source: Utah Behavioral Risk Factor Surveillance System, 2013 & 2016

For more information contact the Davis County Health Department at 801-525-5072

% of Adults Who Report Abuse

	DAVIS COUNTY	UTAH
Physical	18.7%	19.3%
Sexual	11.4%	12.1%
Verbal	32.9%	36.6%

Source: Utah Behavioral Risk Factor Surveillance System, 2013 & 2016

% of Adults Who Report Household Challenges

	DAVIS COUNTY	UTAH
Mental Illness	22.8%	22.1%
Criminal Household Member	6.4%	7.7%
Mother Treated Violently	13.8%	14.7%
Substance Abuse	21.8%	23.3%
Divorced/Separated	22.2%	22.7%

Source: Utah Behavioral Risk Factor Surveillance System, 2013 & 2016

Definitions

Emotional abuse: A parent, stepparent, or adult living in your home swore at you, insulted you, put you down or acted in a way that made you afraid that you might be physically hurt.

Physical abuse: A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you or hit you so hard that you had marks or were injured.

Sexual abuse: An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way or attempted to have any type of sexual intercourse with you.

Criminal household member: A household member went to prison.

Mother treated violently: Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.

Household substance abuse: A household member was a problem drinker or alcoholic or a household member used street drugs.

Mental illness in household: A household member was depressed or mentally ill or a household member attempted suicide.

Parental separation or divorce: Your parents were ever separated or divorced.

Emotional neglect: No one in your family loved you or thought you were important or special. Your family didn't look out for each other, feel close to each other or support each other.

Physical neglect: You didn't have enough to eat, had to wear dirty clothes and had no one to protect you. Your parents were too drunk or high to take care of you or take you to the doctor if you needed it.

*While the validated BRFSS module addresses ACEs, no questions are included that measure physical or emotional neglect.

APPENDIX E
ACES FACT SHEET, UTAH DEPARTMENT OF HEALTH, 2015

Adverse childhood experiences (ACEs) include verbal, physical, or sexual abuse, as well as family dysfunction (e.g., an incarcerated, mentally ill, or substance abusing family member; domestic violence; or absence of a parent because of divorce or separation).[1] ACEs are associated with negative health behaviors and outcomes in adulthood. The more ACEs a person has had, the more likely they are to have severe adverse health outcomes.[2,3,4] Analysis of state-level ACE data can inform public health and behavioral health collaborative efforts.

ACE questions were included in the 2013 Utah Behavioral Risk Factor Surveillance System (BRFSS) creating the opportunity to examine the adjusted effects of direct and environmental ACEs on tobacco and alcohol use as well as selected health outcomes.

The BRFSS is an ongoing effort by the Utah Department of Health in conjunction with the U.S. Centers for Disease Control and Prevention to assess the prevalence of and trend in health-related behaviors in the non-institutionalized Utah adult population aged 18 years and older.

Data were analyzed from 5,801 BRFSS adult respondents. Direct ACEs were defined as childhood exposure to physical, sexual, or verbal abuse. Environmental ACEs were defined as childhood exposure to adults with mental illness or substance abuse problems living in the household, divorce, incarceration, or witnessing domestic violence. The odds-ratios of direct and environmental ACEs were estimated for tobacco and alcohol-use, as well as obesity, fair/poor health, and depression adjusting for sex, age, and education level. The three ACE categories (direct, environmental, and both) were mutually exclusive.

More than half (63.1%) of Utah's adult population reported experiencing ACEs (Figure 1). The most common ACE reported was experiencing verbal abuse as a child (35.6%). Females were significantly more likely to report living with a mentally ill adult and experiencing sexual abuse compared to males (Table 1).

Direct ACEs were not associated with adults' use of tobacco or alcohol, but did have a significant effect on fair or poor health status, depression, and obesity.

KEY FINDINGS

- **Adverse childhood experiences (ACEs) are associated with negative health behaviors and outcomes in adulthood.**
- **More than half (63.1%) of Utah's adult population reported experiencing ACEs.**
- **The most common adverse childhood experience reported was verbal abuse (35.6%).**
- **Females were more likely to report living with a mentally ill adult and experiencing sexual abuse.**
- **Direct ACEs (exposure to physical, sexual, or verbal abuse) were not associated with adults' use of tobacco or alcohol, but were associated with fair or poor health status, depression, and obesity.**
- **Environmental ACEs (exposure to mental illness, substance abuse, divorce, incarceration, or witnessing abuse) were associated with all of these risk behaviors and health outcomes except heavy drinking and obesity.**
- **Having both direct and environmental ACEs was associated with greater odds for all the examined risk behaviors and health outcomes.**

Adverse Childhood Experiences by Type

Figure 1. Prevalence of adults reporting adverse childhood experiences (ACEs) by ACE type, Utah, 2013
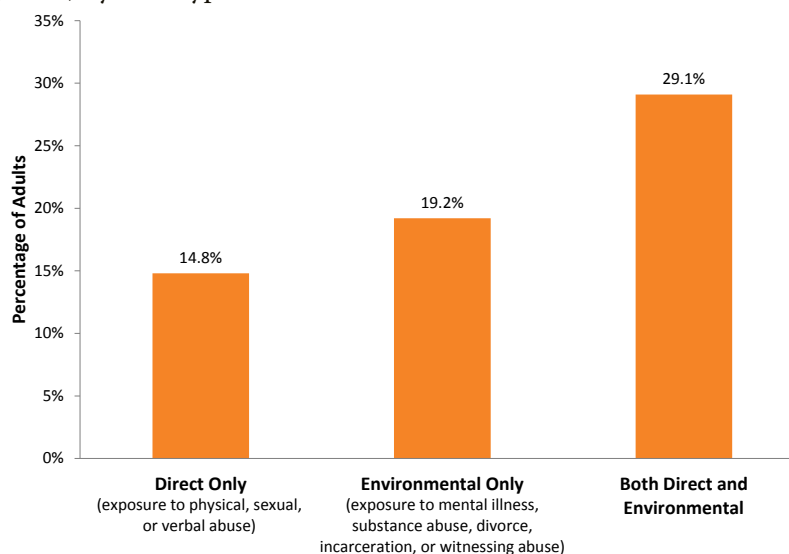
Source: Utah Behavioral Risk Factor Surveillance System

Individuals reporting environmental ACEs were more likely to report all risk behaviors and health outcomes except heavy drinking and obesity.

Having both direct and environmental ACEs was associated with greater odds for all the examined risk behaviors and health outcomes compared to being exposed only to direct or environmental ACEs (Table 2).

Children exposed to environmental ACEs ONLY were more at risk for substance abuse (smoking and binge drinking) compared to those exposed to direct ACEs ONLY. Further assessment is needed to see if this pattern can been seen in other research done on ACEs, if there is disparity of services available for people exposed to direct versus environmental ACEs, or if length of exposure to direct versus environmental impacts outcomes.

Behavioral health interventions may help children growing up in unhealthy households resist the use of addictive and abusive substances.

Treatment of chronic diseases might benefit from screening for mental health disorders.

Safe, stable, and nurturing relationships and environments for all children and families can prevent child abuse and maltreatment as well as the negative health outcomes associated with ACEs seen in adulthood.[5]

1. Adverse Childhood Experiences Reported by Adults – Five States, 2009. MMWR 59(49); 1609–1613.

2. Chapman DP, Whitfield CL, Felitti VJ, Dube SR, Edwards VI, Anda RF. Adverse childhood experiences and the risk of depressive disorders in adulthood. *J Affective Disorders*. 2004; 82:217–225.

3. Dong M, Anda RF, Felitti VJ, et al. The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse Neglect*. 2004; 28:771–784.

4. Bells MA, Hughes K, Leckenby N, et al. Adverse childhood experiences and associations with health-harming behaviors in young adults: surveys in eight eastern European countries. *Bull World Health Organ*. 2014; 92:641–655B.

5. U.S. Centers for Disease Control and Prevention. Essentials for Childhood: Steps to Create Safe, Stable, and Nurturing Relationships and Environments. Available at URL: http://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf.

Adverse Childhood Experiences by Sex

Table 1. Prevalence of adverse childhood experiences (ACE) categories by sex, Utah, 2013

ACE	Total	95% CI	Female	95% CI	Male	95% CI
Verbal abuse	35.6	(34.0-37.2)	36.6	(34.4-38.8)	34.6	(32.2-37.0)
Household substance abuse	23.7	(22.2-25.2)	25.0	(23.1-27.2)	22.2	(20.2-24.5)
Mentally ill household member	22.2	(20.8-23.8)	26.1	(24.0-28.2)	18.3	(16.3-20.4)
Parents separated/divorced	22.0	(20.5-23.5)	22.7	(20.7-24.8)	21.2	(19.1-23.4)
Physical abuse	19.3	(18.0-20.7)	19.9	(18.1-21.9)	18.7	(16.8-20.7)
Witness domestic violence	14.1	(12.9-15.4)	15.6	(14.0-17.4)	12.5	(10.9-14.3)
Sexual abuse	11.0	(9.9-12.1)	15.2	(13.6-16.9)	6.6	(5.5-8.0)
Household member in prison	7.8	(6.8-8.9)	7.7	(6.4-9.2)	7.9	(6.6-9.6)

Source: Utah Behavioral Risk Factor Surveillance System

Risk Behaviors and Outcomes by ACE Type

Table 2. Odds ratios and prevalence of Utah adult health risk behaviors and outcomes by adverse childhood experience (ACE) type, Utah, 2013

Current Smoking	Percent	Odds Ratio	Confidence Limits	P Value
Direct Only	6.31	1.34	0.87 - 2.08	0.18
Environmental Only	11.80	2.12	1.45 - 3.09	<0.01
Both	16.57	3.34	2.42 - 4.59	<0.01
Binge Drinking				
Direct Only	9.70	1.22	0.82 - 1.81	0.32
Environmental Only	15.49	1.75	1.23 - 2.49	<0.01
Both	18.15	2.25	1.65 - 3.06	<0.01
Heavy Drinking				
Direct Only	2.28	0.80	0.43 - 1.47	0.47
Environmental Only	5.07	1.65	0.96 - 2.81	0.07
Both	6.70	2.24	1.41 - 3.55	<0.01
Fair or Poor Health				
Direct Only	11.04	1.44	1.06 - 1.97	0.02
Environmental Only	12.01	1.49	1.08 - 2.05	0.02
Both	17.35	2.37	1.82 - 3.08	<0.01
Lifetime Depression				
Direct Only	18.89	1.59	1.22 - 2.08	<0.01
Environmental Only	19.64	1.69	1.28 - 2.22	<0.01
Both	38.29	4.29	3.44 - 5.37	<0.01
Obesity				
Direct Only	24.46	1.29	1.03 - 1.62	0.03
Environmental Only	19.56	1.05	0.82 - 1.35	0.68
Both	29.01	1.74	1.42 - 2.13	<0.01

Source: Utah Behavioral Risk Factor Surveillance System

Utah Health Status Update

For additional information about this topic, contact Michael Friedrichs, Utah Department of Health, (801) 538-6244, email: mfriedrichs@utah.gov; or the Office of Public Health Assessment, Utah Department of Health, (801) 538-9191, email: chdata@utah.gov.

APPENDIX F
UTAH1IN3 FACT SHEET, UTAH DOMESTIC VIOLENCE COALITION

#Utah1in3

udvc.org

Help us put a stop to domestic abuse and intimate partner violence in Utah. Know the facts and support legislation that promotes safety and prevention.

1 in 3 — 1 in 3 women experience domestic abuse or intimate partner violence in their lifetime

ANY 1 — Anyone can be a victim of domestic abuse or intimate partner violence

42% — Since 2000, 42% of adult homicides were domestic violence related

The majority of domestic violence homicide victims are female

55% — More than half of homicides were perpetrated by a family member, cohabitant or intimate partner*
*In several years between 2000 and 2015

2% — Only 2% of victims had a protective order at the time of their death

22% — Children witnessed 22% of domestic violence homicides

88% — Men were the perpetrators in 88% of domestic violence related murders

The majority of male perpetrators of domestic violence homicide used a firearm, had a criminal domestic violence history and should have been restricted from firearms

12% — Only 12% of male domestic violence homicide perpetrators had been court ordered to attend an intervention program; the majority of male homicide perpetrators die by suicide

☎ **1-800-897-LINK (5465)**
24-hour free, confidential, statewide hotline

🖥 udvc.org

f UtahDVCoalition

🐦 UtahDV

source: health.utah.gov/vipp/topics/domestic-violence

Utah Domestic Violence Coalition
Advocate • Collaborate • Educate

APPENDIX G
IPV FACT SHEET, UTAH DEPARTMENT OF HEALTH, 2016

Intimate Partner Violence

Utah, 2016 data

UTAH DEPARTMENT OF HEALTH
Violence & Injury Prevention Program

By understanding intimate partner violence, we can take action to stop it before it starts.

Intimate partner violence (IPV) is widespread. In 2016, 14.0% of Utah adults reported that an intimate partner had ever hit, slapped, pushed, kicked, or hurt them in any way. Significantly higher prevalence was found among females; Utahns aged 35-49; low-income households; adults who are divorced or separated; adults who are unemployed; bisexual persons; and adults with a disability.

IPV is linked to traumatic childhood experiences. Among adults who have ever experienced IPV, 49.8% reported four or more adverse childhood experiences (ACEs) compared to 13.3% of adults who have never experienced IPV.

IPV is linked to negative health outcomes. Individuals who experience a lifetime of IPV were significantly more likely to be every day smokers, binge drink, have poor health, miss work or activities, have poor mental health days, have difficulty doing errands alone, and have difficulty concentrating or remembering, compared to individuals who have not experienced IPV.

According to the Centers for Disease Control and Prevention, intimate partner violence (IPV), often referred to as domestic violence, is violence that occurs between two people in a close relationship.[1] IPV includes physical violence, sexual violence, stalking, emtional abuse and mental abuse by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner). Some forms of IPV include mental and emotional aubse, stalking, and sexual violence which can be done electronically through mobile devices and social media sites, as well as, in person. IPV happens in all types of intimate relationships, including heterosexual relationships and relationships among sexual minority populations.

IPV is linked to several negative health outcomes, either as a direct result of the physical violence (for example, bruises, broken bones, traumatic brain injury, headaches), or as a result of the impact of IPV (for example, asthma, cardiovascular disease, unintended pregnancy, or suicidal behavior).[2] The Violence and Injury Prevention Program (VIPP) at the Utah Department of Health aims to reduce the occurrence of IPV among all Utahns. The VIPP focuses on primary prevention to reduce violence and injury in Utah.

Utah Data

Two in eleven Utah adult females will experience IPV at some point in their life. One in 10 Utah adult males will experience IPV as some point in their life. **Among those who have ever experienced IPV, 26.1% of adults aged 18-34 years old experienced IPV in the past 12 months**, compared to 10.1% of adults aged 35-49 and 3.9% of adults aged 50 and older (**Figure 1**).[3]

Figure 1: Percentage of Individuals Who Have Experienced IPV in the Past 12 Months by Age, Utah Adults Aged 18+ Reporting Lifetime IPV, 2016[3]
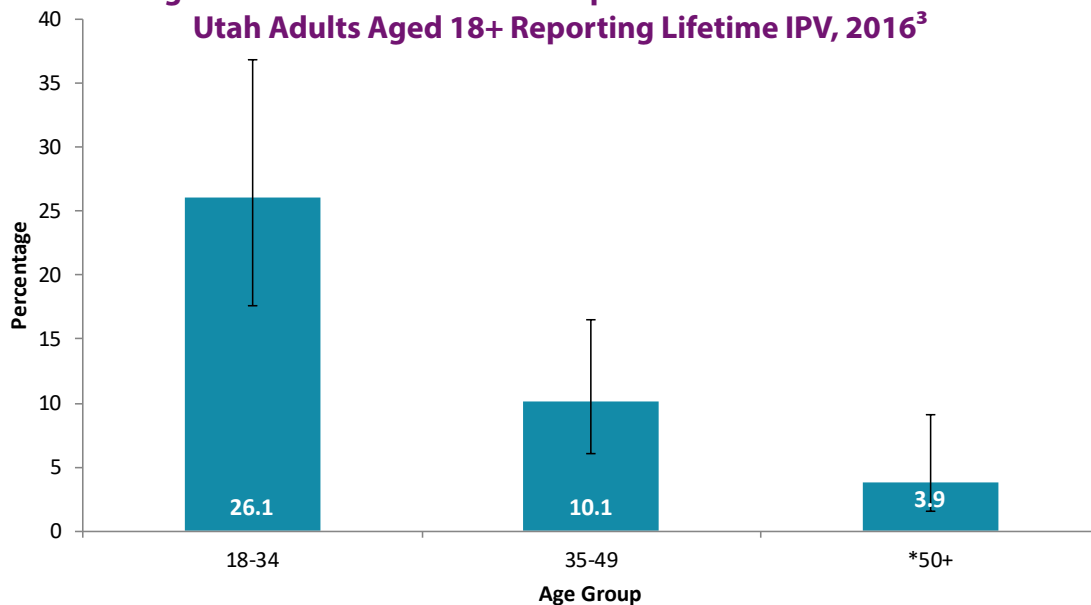
* Use caution when interpreting the results. The estimate has a coefficient of variance between 30% - 50%.

Risk and Protective Factors[4]

A combination of individual, relational, community, and societal-level factors contribute to the risk of becoming an IPV perpetrator or victim. Protective factors are attributes or conditions that may reduce the risk of experiencing IPV. Additionally, individuals with certain risk factors are more likely to become perpetrators or victims of IPV. Examples of risk and protective factors of IPV include:

- Lack of non-violent social problem solving skills (individual risk factor)
- Association with delinquent peers (relationship risk factor)
- Community support and connectedness (community protective factor)
- Passive acceptance of IPV by the community (community risk factor)
- Harmful norms around masculinity and feminity (societal risk factor)

Lifetime IPV by Demographics

Although anyone can experience IPV, the lifetime prevalence of IPV was statistically higher among females (18.1%), those aged 35 to 49 (18.3%), among persons whose annual household income was less than $25,000 (21.7%), persons who were divorced (34.2%) or separated (44.3%), persons who were unemployed (27.3%), bisexual persons (32.6%);,and adults with any disability (24.5%). **Table 1** compares various demographic characteristics to the state average.[3]

Many populations that experience a greater burden of IPV also experience an insufficient amount of resources. The VIPP works with community partners to improve access and cultural adaptability of programs and resources.

Table 1: Percentage of Lifetime IPV by Socioeconomic and Demographic Characteristics*, Utah Adults Aged 18+, 2016[3]							
Characteristic	**Compared to Utah**	**%**	**(95% CI**)**	**Characteristic**	**Compared to Utah**	**%**	**(95% CI**)**
Overall		14.0	(12.6-15.5)	**Employment Status**			
Sex				Employed		15.2	(13.3-17.2)
Male	↓	10.0	(8.3-11.9)	Unemployed	↑	27.3	(20.6-35.2)
Female	↑	18.1	(16.0-20.5)	Homemaker		9.7	(6.3-14.7)
Age Group				Student***		5.9	(2.7-12.0)***
18 to 34		13.5	(10.9-16.5)	Retired	↓	8.3	(6.6-10.5)
35 to 49	↑	18.3	(15.5-21.5)	**Local Health Department**			
50 to 64		12.9	(10.5-15.7)	Bear River		10.3	(6.9-15.1)
65+	↓	9.3	(7.2-11.8)	Central***		11.9	(5.4-24.3)***
Race/ Ethnicity				Davis		12.4	(9.1-16.6)
White, Non-Hispanic		14.0	(12.5-15.5)	Salt Lake		14.2	(11.7-17.1)
Non-White or Hispanic		13.9	(6.9-16.2)	Southeast		19.0	(12.9-28.4)
Other		10.7	(13.2-30.6)	Southwest		19.7	(14.0-27.2)
Annual Household Income				Summit		14.9	(8.3-25.2)
<$25,000	↑	21.7	(17.4-26.7)	Tooele		18.7	(12.2-27.6)
$25,000 - $49,999		16.6	(13.4-20.4)	TriCounty		13.8	(9.0-20.6)
$50,000 - $74,999		15.5	(12.0-19.6)	Utah County	↓	9.8	(7.1-13.2)
$75,000+	↓	10.4	(8.6-12.6)	Wasatch***		17.4	(8.8-31.5)***
Education Level				Weber-Morgan	↓	19.8	(15.0-25.6)
Did Not Graduate High School		20.6	(13.8-29.6)	San Juan***		6.4	(2.6-15.3)***
High School Graduate		15.7	(12.8-19.0)	**Sexual Orientation**			
Some College		14.0	(11.9-16.5)	Straight		13.5	(12.1-15.0)
College Graduate	↓	10.4	(8.7-12.5)	Lesbian or Gay		25.8	(13.7-43.2)
Marital Status				Bisexual	↑	32.6	(17.8-52.0)
Married	↓	9.7	(8.3-11.2)	Other		****	****
Divorced	↑	34.2	(28.2-40.7)	Don't Know/ Not Sure		****	****
Widowed		13.7	(8.9-20.6)	**Difficulty with remembering, stairs, seeing, dressing, errands**			
Separated	↑	44.3	(28.3-61.5)	Yes	↑	24.5	(20.4-29.1)
Never Married		13.5	(10.3-17.6)	No	↓	11.7	(10.4-13.3)
Member of an Unmarried Couple		21.9	(12.2-36.3)				

* Socioeconomic and demographic factors are current and not necessarily the same time of the IPV.
** Confidence interval
***Use caution when interpreting the results. The estimate has a relative standard error of 30% or more.
**** Numbers have been suppressed. The estimate has a relative standard error greater than 50%.

IPV and Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressful or traumatic events that occur during childhood.[5] ACEs include sexual abuse, physical abuse and neglect, emotional abuse and neglect, IPV in the home, substance misuse in the household, family member with a mental illness, parental separation or divorce, and having an incarcerated household member. [6]

Each type of trauma a person experiences before the age of 18 counts as one ACE,;there are 11 possible ACEs. As the individual's ACEs score increases, so does their risk of disease and social or emotional problems later in life. **Research links ACEs with future violence victimization,**[7] and Utah numbers agree (**Figure 2**). Research also suggests a **positive dose-response relationship between an individual's ACEs score and IPV perpetration outcomes;** in other words, the higher the ACE score, the more likely a person is to perpetrate IPV.[8]

Among Utah adults who experienced IPV sometime in their life, 49.8% also reported four or more ACEs before the age of 18. Only 12.7% of Utah adults who experienced IPV reported zero ACEs when they were children. Among adults who have never experienced IPV, 13.3% reported four or more ACEs and 40.3% reported zero ACEs before the age of 18. In other words, those who experienced IPV also experienced more adverse childhood experiences.[3]

# IPV and Negative Health Outcomes

IPV experience is linked to negative health outcomes and health behaviors.[2] In Utah, those who experienced IPV had a statistically higher prevalence of being a current every day smoker (13.3% vs. 3.9%) and binge drinking (19.7% vs. 10.9%) than those who did not experience IPV.[3]

IPV also affects an individual's quality of life and may have lasting consequences.[2] Individuals who experienced IPV had a statistically higher prevalence of having poor health (5.8% vs. 2.1%), missing seven or more days of work or activities in the past month (21.9% vs. 12.8%), having seven or more poor mental health days in the past month (32.7% vs. 14.6%), difficulty doing errands alone (10.0% vs. 3.4%), and difficulty concentrating or remembering (19.7% vs. 7.1%) compared to those who have not experienced IPV (**Figure 3**).[3]

Figure 2: Percentage of Reported ACEs by Lifetime IPV vs No Lifetime IPV, Utah Adults Aged 18+ 2016 [3]

Legend: 0 ACEs, 1-3 ACEs, 4+ ACEs

Lifetime IPV: 12.7, 37.4, 49.8
No Lifetime IPV: 40.3, 46.4, 13.3
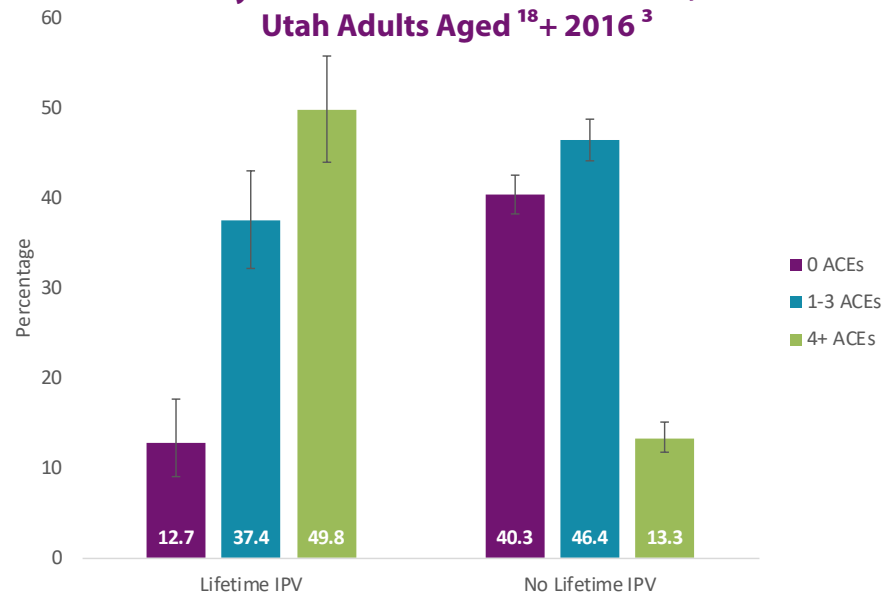
Figure 3: Percentage of Reported Negative Health Outcomes by Lifetime IPV, Utah Adults Aged 18+, 2016 [3]

Legend: No Lifetime IPV, Lifetime IPV

Negative Health Outcome	No Lifetime IPV	Lifetime IPV
Every Day Smoker	3.9	13.3
Binge Drinker	10.9	19.7
Poor Health	2.1	5.8
Missing 7+ Days of Work or Activities	12.8	21.9
7+ Poor Mental Health Days	14.6	32.7
Difficulty Doing Errands Alone	3.4	10.0
Difficulty Concentrating or Remembering	7.1	19.7
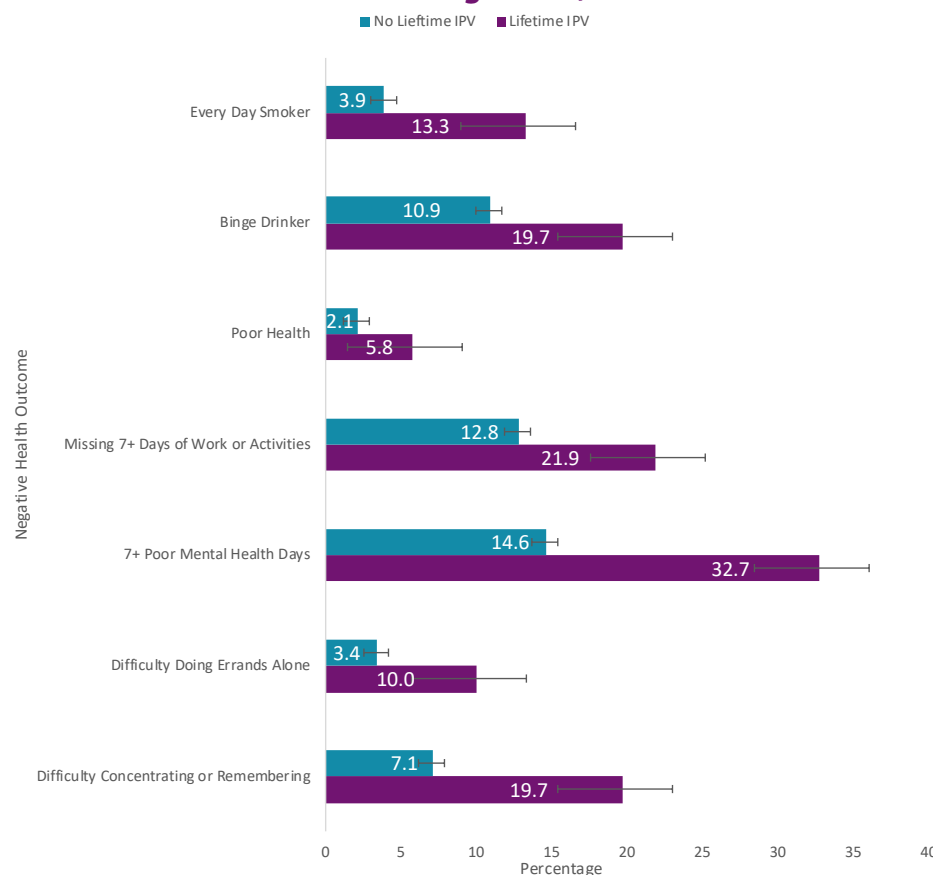
Laws

Health care providers are required by law to report child abuse, elderly/vulnerable person abuse (including persons with disabilities) contact DAAS Adult Protection Reporting at **1-800-371-7897**; or online at **daas.utah.gov/adult-protective-services/aps-form/**, and any assault that occurs when one person inflicts an injury on another person, even if that person is a loved one (Utah Statute 26-23a-2).

Any person who believes they are a victim of stalking, regardless of the relationship with the stalker, may file a petition for a stalking injunction at the district court. You can get a stalking injunction against anyone who is stalking you regardless of your relationship to that person. Unlike a protective order, it does not limit the individuals you can file an order against. (Utah Statute 77-3a-101(2)).

Strangulation, or impeding the breathing or blood circulation of another person by the use of unlawful force, is a second degree felony. Additionally, the act of impeding the breathing or circulation of blood of a child by applying pressure to the neck or throat, or by obstructing the nose, mouth, or airway, in a manner that is likely to cause unconsciousness is child abuse and must be reported to DCFS (Utah Statute 76-5-103).

Data Collection

To estimate the lifetime prevalence of IPV in Utah, individuals aged 18 years and older were asked questions from the Utah Behavioral Risk Factor Surveillance System (BRFSS) about their experience with physical abuse by an intimate partner. The BRFSS is a phone survey taken from a representative sample of the Utah population. The facts and figures on IPV come from the results of this survey.

References

1 Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

2 Centers for Disease Control and Prevention (2017). Intimate Partner Violence: Consequences. Accessed 10/10/2017 https://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html.

3 Utah Department of Health, Office of Public Health Assessment. Behavioral Risk Factor Surveillance Systm (BRFSS).

4 Centers for Disease Control and Prevention (2017). Intimate Partner Violence: Risk and Protective Factors Accessed 10/5/2017: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html.

5 Centers for Disease Control and Prevention (2016). Adverse Childhood Experiences (ACEs). Accessed 10/5/2017: https://www.cdc.gov/violenceprevention/acestudy/index.html.

6 Substance Abuse and Mental Health Services Administration (2017). Adverse Childhood Experiences. Accessed 10/10/2017: https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences.

7 Centers for Disease Control and Prevention (2017). Adverse Childhood Experiences looking at how ACEs affect our lives and society. Accessed 10/10/2017: https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html.

8 Ehrensaft MK, Cohen P, Brown J, Smailes E, Chen H, Johnson JG. Intergenerational transmission of partner violence: a 20-year prospective study. J Consult Clin Psychol. 2003;71: 74.1

9 Utah Domestic Violence Coalition. Safety Planning. Accessed 10/10/2017: http://udvc.org/prevention#safety-planning.

Help-Seeking Behaviors

Of those who have ever experienced IPV in Utah, less than 15% of individuals received help. For women, almost one in three received help after experiencing IPV. For men, less than 1% received help after experiencing IPV. The most commonly reported reasons for not seeking help include believing the abuse will stop; believing the person who physically hurt them will find out about the report; not wanting help; or believing their children would be taken away from them.[3]

Safety Tips

- Call 9-1-1 if you are in immediate danger.
- Get help. If you are being abused, you are not alone. There are resources available to you.
- Talk with people you trust – a family member, friend, coworker, medical provider, or spiritual leader.
- Make a safety plan in case you have to leave. Set aside some money and find a place to go. Put important papers and items in a place where you can get them quickly.[9]
- Recognize early warning signs for violence such as a partner's extreme jealousy, controlling behavior, threats, or history of abuse.[6]
- Know how to help someone who tells to you they are experiencing IPV– be a good listener, be supportive, and ask how you can help. Visit startbybelieving.org for more information.

Anonymous and Confidential Help 24/7

Anyone can be a victim of IPV, and everyone can help prevent IPV. If you or someone you know has experienced IPV, there are resources available-- call the Utah Domestic Violence Link line at **1-800-897-LINK (5465)**. Additionally, the Division of Child and Family Services provides a list of contracted DV therapeutic organizations at **hslic.utah.gov/db-search/**.

- Utah Domestic Violence Link Line **1-800-897-LINK (5465)**
- Utah Rape and Sexual Assault Crisis Line **1-888-421-1100**
- The National Domestic Violence Hotline **www.thehotline.org**, **1-800-799-SAFE (7233), 1-800-787-3224 (TTY**)

Additional Resources

- CDC Violence Prevention **www.cdc.gov/ViolencePrevention/index.html**
- Division of Child and Family Serivces Reporting Line **1-855-323-DCFS (3237)**
- Utah Domestic Violence Council (UDVC) **www.udvac.org/home.htm** or **801-521-5544**
- Utah Coalition Against Sexual Assault (UCASA) **www.ucasa.org**
- Start By Believing **startbybelieving.org**

If your life has been affected by intimate partner violence, the Utah Department of Health wants to hear from you. Share your story with the Utah Health Story Bank at **www.health.utah.gov/bhp/sb/**.

Our Mission is to provide trusted and comprehensive data and technical assistance related to violence and injury. This information helps promote partnerships and programs to prevent injuries and improve public health.

APPENDIX H
SEXUAL VIOLENCE FACT SHEET, UTAH DEPARTMENT OF HEALTH, 2016

Sexual Violence

Utah, 2016 data

UTAH DEPARTMENT OF
HEALTH
Violence & Injury Prevention Program

Sexual violence is preventable. Let's talk about it.

According to the Centers for Disease Control and Prevention, sexual violence (SV) is defined as sexual activity (sexual touching, harrassment or exposure to sexual content) that involves victims who do not consent, or who are unable to consent. There are different forms of sexual violence, including unwanted physical contact and unwanted sexual situations. Anyone can experience sexual violence.[1]

Sexual violence (SV) is widespread. In 2016, 9.7% of Utah adults reported that someone had sex or attempted to have sex with them without their consent. A significantly higher prevalence was found among bisexual people; those who identify as lesbian and gay; adults who are unemployed; adults who are divorced or seperated; females; and those who live in low-income households.

SV is linked to traumatic childhood experiences. Among Utah adults who have ever experienced SV, 56.4% reported four or more adverse childhood experiences (ACEs) compared to 14.3% of adults who have never experienced SV.

SV is linked to several negative health outcomes, including: physical consequences (chronic pain, cervical cancer, or migraines), psychological consequences (shock, anxiety, or symptoms of post-traumatic stress disorder), social consequences (strained relationships with family, friends, and intimate partners), or health risk behaviors (using harmful substances, unhealthy diet-related behaviors, or delinquency and criminal behavior).[2] Individuals who experienced lifetime SV were statistically more likely to be everyday smokers, binge drink, have poor health, have poor mental health days, have poor physical health days, have difficulty doing errands alone, and have difficulty concentrating or remembering, compared to individuals who have not experienced SV.

SV has a large economic cost. In 2011, the direct and indirect costs resulting from SV totaled nearly $5 billion, almost $1,700 per Utah resident.[3]

SV is linked to risk and protective factors. A combination of individual, relational, community, and societal-level factors contribute to the circumstances that facilitate or buffer against the risk of perpetrating or experiencing SV. **Risk factors**, such as societal norms that support violence and lack of skill solving problems in a non-violent manner, may increase the risk of becoming a perpetrator or victim of SV.[4] **Protective factors**, such as community support and connectedness, have the potential to reduce the risk of perpetrating or experiencing lifetime SV.[4] The VIPP focuses on primary prevention to reduce violence and injury in Utah.

Lifetime SV by Demographics

Although anyone can experience SV, the lifetime prevalence of SV was statistically higher among those who identify as lesbian or gay (33.6%) and bisexual (45.5%), persons who are unemployed (21.3%), persons who are currently divorced (18.7%) or separated (22.0%**), females (16.4%), and persons whose annual household income was less than $25,000 (14.9%). The lifetime prevalence of SV was significantly lower among men (3.1%), persons ages 65+ (3.6%), persons whose annual household income was greater than $75,000 (7.5%), persons who are college graduates (6.8%), persons who are married (7.6%) and persons who are retired (4.2%). Because of the UDOH reporting standards, differences in the lifetime prevalence of SV by race and ethnicity, some sexual orientations, and San Juan Local Health District are not reported. Results by some local health districts and martial status and emplyments status should be interpreted with caution. (**Table 1**)

Table 1. Percentage of Lifetime SV by Socioeconomic and Demographic Characteristics*, Utah Adults Aged 18+, 2016[4]							
Characteristic	**Percentage**	**95% Confidence Interval**		**Characteristic**	**Percentage**	**95% Confidence Interval**	
		Lower	**Upper**			**Lower**	**Upper**
Sex				**Annual Household Income**			
Male	3.1	2.2	4.4	<$25,000	14.9	11.5	19.1
Female	16.4	14.4	18.7	$25,000 - $49,999	10.3	7.9	13.3
Age Group				$50,000 - $74,999	10.2	7.5	13.6
18 to 34	10.9	8.7	13.6	$75,000+	7.5	5.8	9.7
35 to 49	12.0	9.6	14.9	**Education Level**			
50 to 64	9.0	6.9	11.6	Did Not Graduate High School	11.5	6.4	19.6
65+	3.6	2.6	4.9	High School Graduate	9.5	7.3	12.2
Ethnicity				Some College	11.6	9.6	13.9
White, Non-Hispanic	9.0	7.9	10.3	College Graduate	6.8	5.5	8.5
Non-White or Hispanic	***	***	***	**Marital Status**			
Other	***	***	***	Married	7.6	6.3	9.1
Sexual Orientation				Divorced	18.7	14.1	24.3
Straight	8.7	7.6	10.0	Widowed	6.4	3.8	10.6
Lesbian or Gay	33.6	18.3	53.4	Separated	22.0**	11.0	39.0
Bisexual	45.5	29.6	62.4	Never Married	10.6	7.8	14.4
Other	***	***	***	Member of an Unmarried Couple	16.1**	8.6	27.9
Don't Know/ Not Sure	***	***	***	**Employment Status**			
Local Health District				Employed	10.0	8.5	11.7
Bear River	6.3**	3.1	12.4	Unemployed	21.3	15.1	29.1
Central	9.9**	3.8	23.5	Homemaker	7.2	4.5	11.2
Davis	7.2	4.6	10.9	Student	10.7**	5.9	18.6
Salt Lake	10.1	8.0	12.6	Retired	4.2	3.0	5.7
San Juan	***	***	***	**Overall**	9.7	8.5	11.0
Southeast	11.1	6.8	17.7				
Southwest	14.5	9.6	21.1				
Summit	10.2**	5.5	18.1				
Tooele	13.5	7.5	22.9				
TriCounty	13.4	8.5	20.7				
Utah County	7.7	5.5	10.7				
Wasatch	2.8**	1.2	6.7				
Weber-Morgan	12.0	8.4	16.9				

* Socioeconomic and demographic characteristics are current and were not necessarily the same at the time of the SV.

**Use caution when interpreting the results. The estimate has a coefficient of variance between 30% - 50%.

***The estimate has a coefficient of variance greater than 50%, the results have been suppressed.

SV and Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressful or traumatic events that occur during childhood.[5] ACEs include sexual abuse, physical abuse, physical neglect, emotional abuse, emotional neglect, intimate partner violence in the home, alcohol misuse in the home, drug misuse in the home, household mental illness, parental separation or divorce, and having an incarcerated household member.[6]

Each type of trauma a person experiences before the age of 18 counts as one ACE; there are 11 measured categories of ACEs. As the individual's ACEs score increases, so does their risk of disease and social or emotional problems later in life. Research links ACEs with future violence victimization,[7] and Utah numbers agree (**Figure 2**). Research also suggests a positive dose-response relationship between an individual's ACEs score and SV perpetration outcomes; in other words, **the higher the ACE score, the more likely a person is to perpetrate or experience SV.**[8]

Among adults who experienced SV during their lifetime, 56.4% also reported four or more ACEs before the age of 18. Additionally, among adults who experienced SV during their lifetime, only 5.4% reported zero ACEs when they were children. Among adults who have never experienced SV, 14.3% reported four or more ACEs and 40.1% reported zero ACEs when they were children. In other words, those who experienced SV also experienced more ACEs (**Figure 1**).

**Figure 1: Percentage of Reported ACEs by Lifetime SV vs. No Lifetime SV, Utah Adults Aged 18+, 2016[4]**
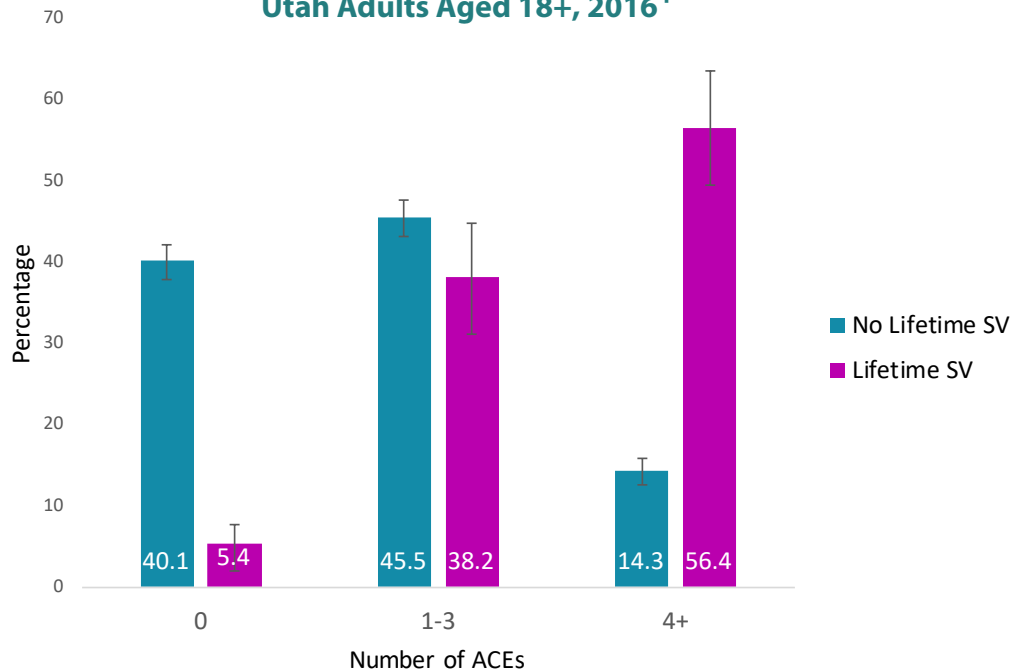
SV and Negative Health Outcomes

SV experience is linked to negative health outcomes and health behaviors[2] (**Figure 2**). Utahns who experienced SV had a statistically higher prevalence of being a current every day smoker (9.4% vs 4.9%) and a current binge drinker (18.2% vs. 11.6%) than adults who did not experience SV.

SV also affects an individuals' quality of life and may have lasting consequences (**Figure 2**). Utahns who experienced SV during their lifetime had a statistically higher prevalence of having poor health (6.3% vs. 2.3%), having seven or more poor mental health days in the past month (38.6% vs. 14.9%), having seven or more poor physical health days in the past month (22.7% vs. 13.2%), difficulty doing errands alone (12.5% vs. 3.3%), and difficulty concentrating or remembering (19.4% vs. 7.9%) than those who did not experience SV.

Figure 2: Percentage of Reported Negative Health Outcomes by Lifetime SV vs. No Lifetime SV, Utah Adults Aged 18+, 2016[4]

■ No Lieftime SV   ■ Lifetime SV

Negative Health Outcome	No Lieftime SV	Lifetime SV
Every Day Smoker	4.9	9.4
Binge Drinker	11.6	18.2
Poor Health	2.3	6.3
7+ Poor Mental Health Days	14.9	38.6
7+ Poor Physical Health Days	13.2	22.7
Difficulty Doing Errands Alone	3.3	12.5
Difficulty Concentrating or Remembering	7.9	19.4

Percentage
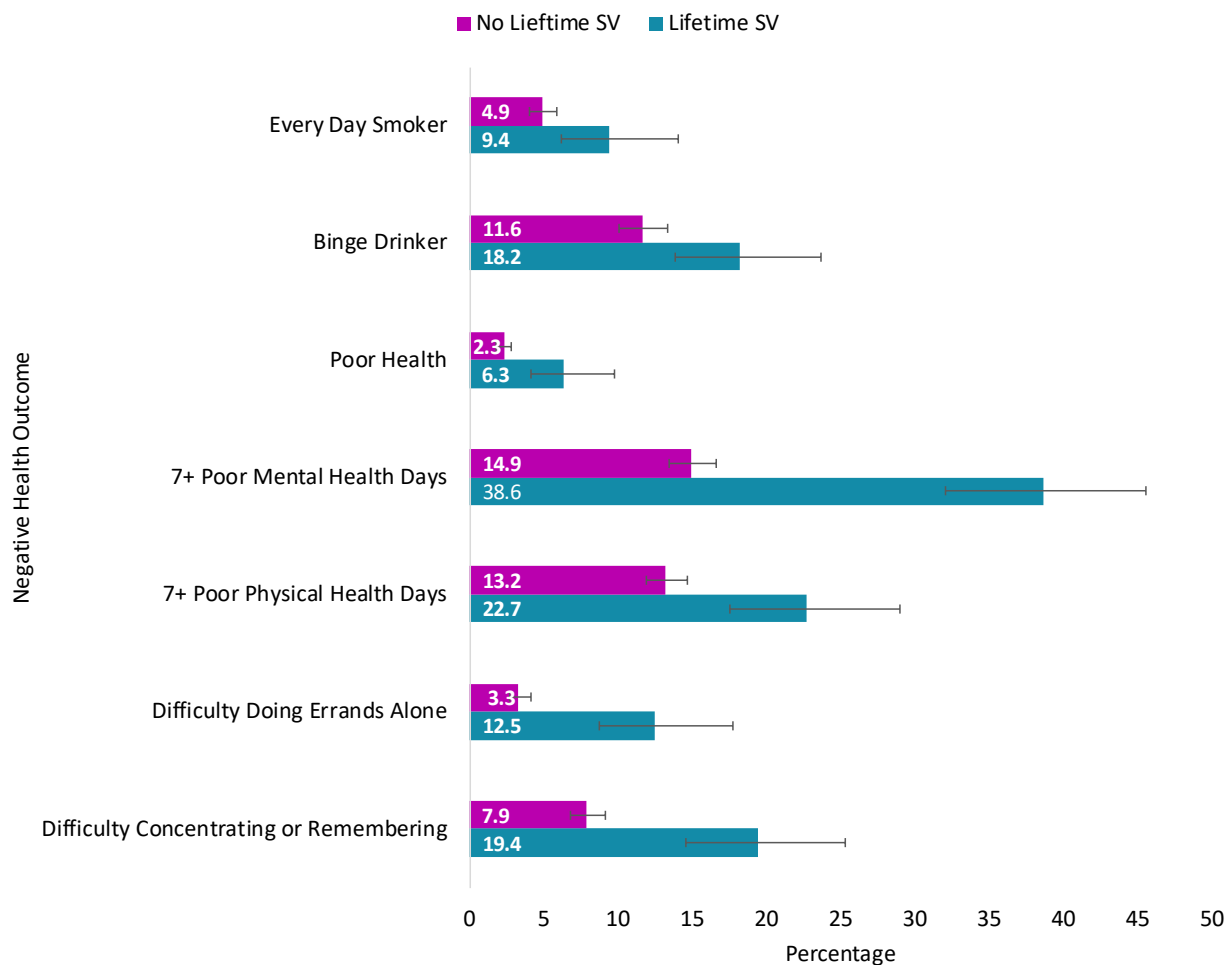
# Sexual violence is a widespread problem and prevention is possible.

Many populations that experience a greater burden of SV also experience more risk factors at various levels of the social ecological model, in addition to an insufficient amount of resources. VIPP works with community partners to improve access and cultural adaptability of programs and resources.

The Utah Department of Health focuses on the primary prevention of sexual violence. Primary prevention emphasizes activities that take place before sexual violence has occurred and works to create social change and shift the norms regarding sexual violence. Primary prevention is reducing the risks while increasing the factors in people's lives that prevent against sexual violence.

Prevention Framework: The Social-Ecological Model[9]

Why does violence occur? This four-level social ecological model (**Figure 3**) helps one better understand factors that put people and communities at risk for violence. The overlapping layers helps show the potential influences and complexities between individual, relationship, community, and societal factors.

How can violence be prevented? The model can show what needs to happen in order to prevent violence. It is necessary to work across multiple levels of the social ecological model to deliver effective prevention strategies and create sustainable solutions to violence.

Social | Community | Relationship | Individual

SOURCE: https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html
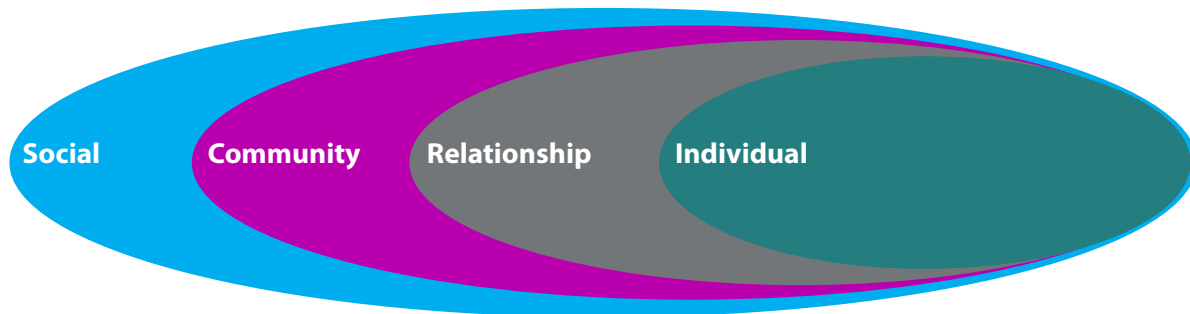
Prevention Approach: Risk Factors and Protective Factors[4]

A combination of individual, relational, community, and societal-level factors contribute to the circumstances that facilitate or buffer against the risk of perpetrating or experiencing SV. Risk factors are attributes or conditions that may increase the risk of becoming a perpetrator or victim of SV. Protective factors have the potential to reduce the risk of perpetrating or experiencing lifetime SV. There are many risk and protective factors, several of them are shared across different types of violence.[10] The UDOH VIPP primarily focuses on the following risk and protective factors of SV perpetration and victimization.

Risk Factors
- **Societal norms that support violence and sexual violence (societal level factor)**
- **Harmful norms around masculinity and femininity (societal level factor)**
- **Lack of skill solving problems in a non-violent manner (individual level factor)**

Protective Factors
- **Community support and connectedness (community level factor)**
- **Emotional health and connectedness (relationship level factor)**

By the Numbers: Risk Factors and Protective Factors[11]

All across Utah, multiple organizations are working to reduce risk factors and increase protective factors that contribute to sexual violence in our communities. To better understand the causes and to identify possible prevention strategies, the VIPP and community agencies are exploring risk and protective factors through multiple secondary data sources. Select indicators and their most recent data are provided below.

Risk Factors

Societal norms that support violence and sexual violence (societal level factor)
- 41.8% of middle school and high schools do not have a policy requiring information on sexual abuse prevention be distributed to teachers and staff [12]
- Two out of three middle schools and high schools (32.5%) do not have a policy that requires that information on bullying is distributed to parents [12]
- 67.5% of schools have a policy to require information on bullying be distributed to parents [12]
- Among youth, 19.4% of students have been bullied at school [13]
- Among youth, 18.0% of students have been cyber bullied [13]
- Among youth, 5.0% have been sexually cyber bullied [13]
- More than 1 out of every 10 youth have experienced sexual violence [13]

Harmful norms around masculinity and femininity (societal level factor)
- The Utah State Legislature consists of 20.2% female representatives [14]
- 30.3% of Utah businesses are owned by women [15]
- Women make 70.5 cents for every $1 men make [16]

Lack of skill solving problems in a non-violent manner (individual level factor)
- Approximately half (53.7%) of students agree that it is okay to hit someone who hits you first [13]

Protective Factors

Societal community support and connectedness (community level factor)
- -65.8% of youth have high neighborhood attachment, meaning they like their neighborhoods, want to stay there, and would miss their neighborhood if they moved [13]
- Approximately half (49.6%) of youth score high on a community environment scale, meaning they feel safe in their neighborhood, and do not describe their neighborhood as having crime, drugs, fights, abandoned buildings, or lots of graffiti [13]
- 60.3% of youth are always engaged in school [13]

Emotional health and connectedness (relationship level factor)
- 7.8% of students experienced physical dating violence in the past 12 months [13]
- 20.1% of students were in a physical fight in the past 12 months [13]

Prevention Strategies Using Risk Factors and Protective Factors

The Centers for Disease Control and Prevention (CDC) Division of Violence Prevention has several helpful resources for implementing sexual violence primary prevention strategies.

VetoViolence (**vetoviolence.cdc.gov**) is a comprehensive website filled with training, tips, and tools for violence prevention. Developed by the CDC, the goal is to educate and empower communities to stop violence – before it happens.

Connecting the Dots is both a document (**cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf**) and a training (**vetoviolence.cdc.gov/apps/connecting-the-dots/**) on linking multiple forms of violence by identifying and incorporating shared risk and protective factors into primary prevention programming. Shared risk and protective factors are things that make it less likely for multiple types of violence to happen. Targeting risk or protective factors related to one form of violence may have positive impacts on other forms of violence.

The STOP SV Technical Package (**www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf**) is a compilation of the best available evidence related to sexual violence primary prevention strategies. Its purpose is to help organizations incorporate prevention activities with the greatest potential for effectiveness into their programming. Five strategies have been identified, with multiple approaches and evidence provided within each strategy. The five strategies that make up "STOP SV" (**Figure 4**) include:
1) promote social norms that protect against violence,
2) teach skills to prevent sexual violence,
3) provide opportunities to empower and support girls and women,
4) create protective environments, and
5) support victims/survivors to lessen harms.

Figure 4: STOP SV Strategies

SOURCE: https://www.cdc.gov/violenceprevention/pub/technical-packages/infographic/sv.html

Anonymous and Confidential Help 24/7

- Utah Rape and Sexual Assault Crisis Line **1-888-421-1100**
- Utah Domestic Violence Link Line **1-800-897-LINK (5465)**
- National Domestic Violence Hotline **thehotline.org**, **1-800-799-SAFE (7233), 1-800-787-3224 (TTY)**
- National Suicide Prevention Lifeline **1-800-273-8255**

Resources

- CDC Violence Prevention **cdc.gov/ViolencePrevention/index.html**
- Utah Coalition Against Sexual Assault (UCASA) **ucasa.org**
- Utah Domestic Violence Council (UDVC) **udvac.org/home.html or 801-521-5544**
- Utah Department of Health Violence & Injury Prevention Program **health.utah.gov/vipp**

Laws

- In Utah, the age of consent is 18. Minors who are 16- or 17-years-old cannot consent to sexual activity with another person who is more than seven years older than them. (Utah Code 76-5-401.2)
- Anyone who has reason to believe that a child is being abused or neglected must notify the Utah Division of Child & Family Services (DCFS), a peace officer, or law enforcement agency. To report child abuse, call 1-855-323-3237. (Utah Code 62A-4a-403)
- Anyone who has reason to believe a vulnerable adult (elderly or disabled person) is being abused, neglected, or exploited must notify Adult Protective Services or the nearest law enforcement office. To report elderly or vulnerable person abuse, call 1-800-371-7897 or visit https://daas.utah.gov/adult-protective-services. (Utah Code 62A-3-305)
- Any person who believes they are a victim of stalking may file a petition for a stalking injunction at the district court. A stalking injunction may be given regardless of the relationship with the stalker. www.utcourts.gov/resources/forms/civilstalking (Utah Statute 77-3a-101(2))
- If a person has been harmed or fears harm by a relative, current or former cohabitant, someone they share a child with, or if the petitioner is pregnant by the respondent and is at least 16-years-old, married, or emancipated, that person may file a petition for a protective order at the district court. www.utcourts.gov/abuse/information (Utah Code 78B-7-105)

Data Collection

To estimate the lifetime prevalence of SV in Utah, individuals 18 years and older were asked questions from the Utah Behavioral Risk Factor Surveillance System (BRFSS) about their experience with unwanted sex and includes times when the individual was unable to give consent. The BRFSS is a phone survey taken from a representative sample of the Utah population. The facts and figures on SV come from the results of this survey.

References

1 Utah Department of Health, Office of Public Health Assessment. Behavioral Risk Factor Surveillance System (BRFSS).

2 Centers for Disease Control and Prevention (2017). Sexual Violence: Consequences. Accessed 1/25/2018 www.cdc.gov/violenceprevention/sexualviolence/consequences.html.

3 Utah Violence and Injury Prevention Program. Costs of Sexual Violence in Utah (2015). Salt Lake City, UT: Utah Department of Health. Accessed 1/28/2018 www.health.utah.gov/vipp/pdf/RapeSexualAssault/costs-sexual-violence-report.pdf.

4 Centers for Disease Control and Prevention (2017). Sexual Violence: Risk and Protective Factors Accessed 1/25/2018: www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html.

5 Centers for Disease Control and Prevention (2016). Adverse Childhood Experiences (ACEs). Accessed 10/5/2017: www.cdc.gov/violenceprevention/acestudy/index.html.

6 Substance Abuse and Mental Health Services Administration (2017). Adverse Childhood Experiences. Accessed 10/10/2017: www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences.

7 Centers for Disease Control and Prevention (2017). Adverse Childhood Experiences looking at how ACEs affect our lives and society. Accessed 10/10/2017: vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html.

8 Ports KA, Ford DC, and Merrick MT. Adverse childhood experiences and sexual victimization in adulthood. Child Abuse and Neglect 2016 Jan 51: 313-322. doi: 10.1016/j.chiabu.2015.08.017.

9 Centers for Disease Control and Prevention (2015). The Social-Ecological Model: A Framework for Prevention. Accessed 1/25/2018 www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html.

10 Centers for Disease Control and Prevention. Injury Prevention & Control: Division of Violence Prevention: VetoViolence. Accessed 2/15/2018: vetoviolence.cdc.gov/.

11 Centers for Disease Control and Prevention (2016). Connecting the dots. Accessed 2/15/2018: vetoviolence.cdc.gov/apps/connecting-the-dots/.

12 Utah Department of Health, Bureau of Healh Promotion (2016). School Health Profiles.

13 Utah Department of Health (2017). Youth Risk Behavior Survey.

14 National Conference of State Legislatures (2017). Accessed 2/15/2018: http://www.ncsl.org/legislators-staff/legislators/womens-legislative-network/women-in-state-legislatures-for-2017.aspx.

15 United States Census, Survey of Business Owners (2012). Accessed 2/15/2018: https://www.census.gov/quickfacts/fact/table/UT,US/SBO020212#viewtop.

16 American Community Survey (2016). Accessed 2/15/2018: https://nwlc.org/resources/wage-gap-state-women-overall-2016/.

17 Department of Human Services, Division of Substance Abue and Mental Health. Prevention Needs Asssment (2017). Accessed 2/12/2018: https://dsamh.utah.gov/pdf/sharp/2017/State%20of%20Utah%20Profile%20Report.pdf.

18 National Survey of Children's Health Survey (2011). Accessed 2/12/2018: http://childhealthdata.org/browse/survey.

UTAH DEPARTMENT OF HEALTH
Violence & Injury Prevention Program

Our Mission is to provide trusted and comprehensive data and technical assistance related to violence and injury. This information helps promote partnerships and programs to prevent injuries and improve public health.

APPENDIX I
PREVENTING CHILD ABUSE, CDC

STRATEGY	WHY?	HOW?
Strengthen Economic Supports for Families	Empirical evidence indicates a connection between low income and child abuse/maltreatment. Targeting financial security of families leads to parents' increased ability to meet basic needs of children, provide appropriate child care and improve mental health; "family-friendly" work-policies to enable nurturing of parent-child relationships.	Strengthen Financial Household Security • *Child Support Payments*: allow child support payments to go to the custodial parents without negatively impacting TANF benefits • *Tax Credits*: incentivize work but help offset the cost of having children by increasing income. • *Federal Nutrition Assistance Programs*: Supplemental Nutrition Assistance Program (SNAP) provides funding for food for low income families. Allows parents to use their income to meet their needs of their children because their food is covered by SNAP. • *Assisted Housing Mobility*: U.S. Housing and Urban Development's Community Development Block Grant (CDBG) to buy property to offer low income housing. Section 8 Housing Choice Vouchers. Allow families to move to more stable, resource rich and safer communities. More money can go towards other needs. Family-Friendly Work Policies • *Livable Wages*: offers the opportunity for parents to make enough money to meet the needs of their family. May have positive effects on parents' mental health resulting in better parenting. • *Paid Leave*: allows families to still have an income while parents take time off work to help care for their children or improve their mental health. • *Flexible and Consistent Schedules*: make it easier to balance family and work and ensure consistent child care.

Source: Centers for Disease Control & Prevention, https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

APPENDIX I
PREVENTING CHILD ABUSE, CDC (CONT'D)

STRATEGY	WHY?	HOW?
Change Social Norms to Support Parents and Positive Parenting	Changing social norms changes people's tolerance of violence and child abuse, and the way we talk about child abuse.	• *Public Engagement and Education Campaigns*: highlight problems of child abuse, who can prevent it, and reframes the way people think and talk about child abuse. • *Legislative Approaches to Reduce Corporal Punishment*: establish safe and effective punishment strategies and normalizes them.
Provide Quality Care and Education Early in Life	Research suggests that when child care needs are met by states/neighborhoods, child maltreatment rates are lower. Associated with reduced parental stress and maternal depression (risk factors for child maltreatment).	• *Preschool Enrichment with Family Engagement*: provide high quality education at little to no cost to the family and encourage support from families, as well as educational opportunities for parents. • *Improved Quality of Child Care through Licensing and Accreditation*: ensure positive and quality daily experiences for children by providing a safe and nurturing environment.
Enhance Parenting Skills to Promote Healthy Child Development	Parents who lack parenting skills are often unable to provide the care that their children need to feel safe and nurtured, as well as being able to provide these type of environments.	• *Early Childhood Home Visitation*: provide information, caregiver support and training about child health and development (i.e. Nurse Family Partnership [NFP], Durham Connects, Healthy Families). • *Parenting Skill and Family Relationship Approaches:* provide parents and caregivers with support and teach behavior management and positive parenting skills.
Intervene to Lessen Harms and Prevent Future Risk	Treat children who have been victims of maltreatment to ensure health and safety, reduce changes of revictimization and future perpetration.	• *Enhance Primary Care*: train primary care providers to identify and address child maltreatment factors. • Behavioral Parent Training Programs: teach parents how to build nurturing relationships with their children. • Treatment for Children and Families to Lessen the Haremts of Abuse and Neglect Exposure: group and one-on-one treatment. • Treatment for Children and Families to Prevent Problem Behavior and Later Involvement in Violence: group and on-on-one treatment.

Source: Centers for Disease Control & Prevention, https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

APPENDIX J
PREVENTING INTIMATE PARTNER VIOLENCE (IPV), CDC

STRATEGY	WHY?	HOW?
Teach Safe and Healthy Relationship Skills	Promotes expectations for non-violent relationships and builds skills for fostering and maintaining healthy relationships.	• *Social-Emotional Learning Programs for Youth*: promote expectations for non-violent relationships and develop social-emotional skills (i.e. empathy, respect, healthy communication, etc. and allow practice of these skills. • *Healthy Relationship Programs for Couples*: improve communication, conflict management and emotional regulation skills. Not recommended for relationships already entrenched in severe violence. Best suited for those who are engaged or just entering a committed relationship to increase relationship quality, satisfaction and skills.
Engage Influential Adults and Peers	Promote social norms in favor of healthy relationship behaviors among those who have influence on adolescents and young adults. Help people to feel that IPV is not acceptable and encourage people to feel more inclined to intervene if they witness IPV.	• *Men and Boys as Allies in Prevention*: encourages men and boys to help intervene to prevent IPV. Teaches skills and promotes social norms that reduce risk for future perpetration. Targets males in peer groups (i.e. sport teams). • *Bystander Empowerment and Education*: promote social norms protective against IVP, empower people to intervene when they see IPV. Target informal helpers (i.e. friends and roommates), popular opinion leaders (i.e. student government) or larger social groups (i.e. men or college campuses).
Disrupt the Development Pathways Toward Partner Violence	Risk factors for IPV perpetration often begin before adolescence. This approach aims to interfere with these risks.	• *Early Childhood Home Visitation*: programs provide information, caregiver support, and training about child health, development, and care to families in their homes. • *Preschool Enrichment with Family Engagement:* build a strong foundation for children and reduce risks for future behavioral problems. Parental involvement is a key component. • *Parenting Skill and Family Relationship Programs*: offer parents and caregivers support and teach communication, problem-solving, positive parenting skills, behavior monitoring and management skills to reduce children's involvement in crime/violence later in life.

APPENDIX J
PREVENTING INTIMATE PARTNER VIOLENCE (IPV), CDC (CONT'D)

STRATEGY	WHY?	HOW?
Create Protective Environments	Foster a social and physical environment that improves safety, social connections, and awareness of IPV. Encourage higher rates of IPV disclosure, increase quantity and quality of resources available, promote social norms that condemn IPV.	• *Treatment for At-Risk Children, Youth, and Families:* for children/youth with histories of child maltreatment, childhood aggression and conduct problems. The goal is to mitigate consequences of these exposures. • *Improve School Climate and Safety:* modify physical spaces in schools to improve safety. Create an environment that promotes feelings of safety and reduces acceptance of violence. • *Improve Organizational Policies and Workplace Climate:* raise awareness and facilitate positive changes. • *Modify the Physical and Social Environments of Neighborhoods:* change the physical environment to improve social interaction, strengthen community ties, and social cohesion.
Strengthen Economic Supports for Families	Povery, financial stress, and low income are risk factors for IPV. Reducing these risks may decrease the potential for IPV. Additionally, economic supports may reduce an individual's financial dependence on a violent partner and provide alternatives for those in unhealthy relationships.	• *Strengthen Household Financial Security:* helps minimize risk factors for IPV (poverty, low income, financial stress, gender inequality). Tax credits, child care subsidies, and cash transfers are other ways to increase household income and meet basic needs. • *Strengthen Work-Family Supports:* paid leave offers income during times of life events. Job protected leave helps IPV victims who need to attend court, counseling, medical appointments, etc.
Support Survivors to Increase Safety and Lessen Harms	By addressing the psychological, emotional, physical, housing, and other needs of IPV victims, may be able to help prevent future incidents of IPV for this individual and his/her family.	• *Victim Centered Services:* services aimed to mitigate the negative impacts of IPV and address the unique needs of IPV victims (i.e. shelters, hotlines, counseling, etc.) • *Housing Programs*: programs that provide stable housing to IPV survivors to reduce risk of homelessness and keep children and themselves safe from the abuser. • *First Responder and Civil Legal Protections*: lethality assessment programs can be an important tool to help police responding to domestic violence and to decrease risk for survivors.

Source: Centers for Disease Control & Prevention, https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf

APPENDIX K
PREVENTING SEXUAL VIOLENCE, CDC

STRATEGY	WHY?	HOW?
Promote Social Norms that Protect Against Violence	Norms outline gender behaviors in terms of roles, how one should behave, and how to related to others. Restrictive social norms are associated with physical, sexual, and emotional violence against women.	• *Bystander Approach:* encourage individuals to change social norms and to safely intervene to prevent sexual violence. • Mobilizing Men and Boys as Allies: encourages boys/men to prevent sexual violence and provides them with skills to do so. Reinforces social norms that reduce their risk of future perpetration.
Teach Skills to Prevent Sexual Violence	Several individual skills are associated with preventing SV, including social-emotional learning skills, healthy dating and intimate relationship skills, skills related to healthy sexuality, and empowerment skills reduces the chances of future perpetration or victimization.	• *Social-Emotional Learning Approaches:*These approaches work in childhood and adolescence to enhance a core set of social and emotional skills including communication and problem-solving, empathy, emotional regulation, conflict management, and bystanding skills. • *Teaching Healthy, Safe Dating and Intimate Relationship Skills to Adolescents*: reduce sexual violence that occurs during dating and intimate partner relationships. Works to build communication and conflict resolution skills, and expectations of caring, respect, and non-violent behavior from partners. • *Promote Healthy Sexuality*: sex education that emphasizes sexual communication, respect, and consent. Helps to address sexual health outcomes and decrease sexual violence perpetration and victimization.
Provide Opportunities to Empower and Support Girls and Women	Strengthen education, employment, and income opportunities and outcomes which reduces risk for sexual violence.	• *Strengthening Economic Supports for Women and Families: addresses imbalances between men and women related to poverty, economic security, and power. Equality in these arenas reduces the risk of a woman becoming a victim of sexual violence.* • *Strengthening Leadership and Opportunities for Adolescent Girls: may result in improved outcomes in education, employment, and community engagement. Supports family involvement and allows girls to connect with their cultural and community identities.*

Source: Centers for Disease Control & Prevention, https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf

APPENDIX K
PREVENTING SEXUAL VIOLENCE, CDC (CONT'D)

STRATEGY	WHY?	HOW?
Create Protective Environments	Change in the social and/or physical environment of a community can change individuals' behavior and lead to population-level reductions in sexual violence.	• *Improving Safety and Monitoring in Schools:* These approaches monitor and modify physical and social characteristics of the school environment to reduce sexual violence by addressing areas where students feel less safe, to identify safe spaces and staff support for students, and to create an atmosphere of intolerance for harassment and violence. • *Establishing and Consistently Applying Workplace Policies*: these policies are designed to help employees and managers know what is expected of them with respect to standards of behavior and can prevent workplace bullying and sexual harassment. • *Addressing Community-Level Risks through Environmental Approaches*: addresses community-level risk factors by changing, enacting, or enforcing laws, regulations, or organizational policies (i.e., alcohol policies) or by changing the physical environment, economic or social incentives (or consequences) for behavior, or other characteristics of the community (i.e., ability to monitor and respond to problem behavior, increased social controls).
Support Victims/Survivors to Lessen Harms	Change in the social and/or physical environment of a community can change individuals' behavior and lead to population-level reductions in sexual violence.	• *Victim-Centered Services:* approaches include an array of formal services such as support groups, crisis intervention, medical and legal advocacy, and access to community resources to help improve outcomes for survivors and mitigate long-term negative health consequences. • *Treatment for Victims of Sexual Violence*: approaches include a range of evidence-based psychological interventions that are conducted in therapeutic settings by licensed providers. • *Treatment for At-Risk Children and Families to Prevent Problem Behavior, Including Sex-Offending*: intensive therapeutic approaches address the individual, family, school, and community factors associated with violence perpetration, including sexual offending among these high-risk and high-need youth.

Source: Centers for Disease Control & Prevention, https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf