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Attention:

Testimony prepared for: **Joint Legislative Oversight Child Protection Committee**, from Linda E Johnson, Executive Director, Prevent Child Abuse Vermont

Chairperson: Sen. Virginia Lyons, Chair Vice Chair; Rep. Ann Pugh, Vice Chair; Sen. Dick Sears; Sen. Richard Westman; Rep Kelly Pajala, Clerk; Rep. Kimberly Jessup

For the record, I am Linda E Johnson, Executive Director of Prevent Child Abuse Vermont, a state wide private non-profit organization, 45 years old using only evidence based, proven effective, persistently evaluated, developmentally appropriate and trauma informed programs.

Thank you for inviting me to provide an overview on how Prevent Child Abuse Vermont (PCAVT) educates, supports and trains others to prevent child abuse and how Covid 19 has impacted our work.

PCAVT has three departments. They are: Family Support Programs; Child Sexual Abuse Prevention; and Shaken Baby Syndrome/Abusive Head Trauma/Safe Sleep Promotion.

Our Family Support Programs are directed by Steve Ness, Ph.D., a psychologist with a team of 4 Family Support Program Coordinators, who are located in the Rutland area (West Pawlet), Montpelier, Colchester and St. Johnsbury. Each coordinator is responsible for 3 to 4 counties. Prior to the pandemic, they sought collaborating organizations to host programs and recruited, trained and supported 170 to 190 volunteer facilitators, mostly professionals, to lead 50 to 60 group based Nurturing Parenting Programs (NPPs), Strengthening Families Programs (SFPs) and Circle of Parents Support Groups (CoPs) annually. These programs are well-researched, evidence-based and proven effective to prevent child abuse by decreasing the likelihood of abuse and of substance misuse as well. Each uses a scientifically validated evaluation tool that is well regarded. We use these tools and report on their outcomes in each of our programs every year. I am attaching our most recent report to DCF's Family Services Division, as well as research studies on these programs, for your further review. These programs are free to participants, and, during pre-pandemic times, offered childcare and dinner for all the families.

Prior to Covid 19, we served, 600 to 700 high risk parents, and about 1100 to 1200 children annually. The opioid crisis, starting especially about 2014, changed how many families came to us. Since then, 75% of the families who participate are in recovery

from substance abuse and are referred by DCF, Family Court, DOC and other treatment and prevention providers, and almost 80% are required to attend. Most do not have physical custody of their children and are joining the program to work toward reunification. About 2/3rds of the children are in kinship or foster care.

Prior to Covid, about 20 of our programs were DOC clients in Correctional Facilities or on Probation, Parole or Furlough. Since Covid began, our programs inside prisons have not been meeting, due to restrictions by corrections centers. We continue to serve DOC clients in the community and eagerly await the opportunity to be able to safely have programs in prisons again. This change decreased the number of parents we were able to serve by close to 200 annually.

Before Covid and presently, most of the programs we conducted were in partnership with District DCF Offices, Parent Child Centers, Turning Point Centers, Head Starts, Probation and Parole District Offices, schools, communities of faith, and other family serving organizations. We continue to have nearly 200 partnerships, although the nature of the collaborations may have changed; some partners provide facilitators, others provide space, and all refer families. Facilitators receive small stipends ranging from \$15 to \$35 per meeting, for giving an average of 3 to 5 hours per week of their time and skills. More

than a third of volunteer facilitators forgo their stipends. Programs meet for 1 and a half hours to 2 and half hours per week. The NPPs and SFPs are 10 to 18 weeks long and are curriculum-based. Circles meet weekly, year round, and have a shared leadership model. That is, they are professionally facilitated with a peer leader. Prior to Covid, children attended and participated in programming that is part of the NPPs and SFPs. Circles, NPPs and SFPs all offered childcare for younger children. Currently, due to Covid we are unable to directly work with the children.

Covid 19 has impacted the way we organize and carry out our Family Support Programs in many ways. In addition to not being able to go into prisons, we have not offered parents and children in person meetings in communities. In March of 2020, our Family Support Program Coordinators successfully pivoted to live, interactive “Go to Meeting” and Zoom meetings, allowing parents from across Vermont to participate in groups together.

Many volunteer facilitators were uncomfortable leading groups online though a few, I think about 10, stuck with us. Our four Family Support Programs Coordinators stepped up and are continuing to facilitate or co-facilitate all our programs. They have been doing an incredible job. In between meetings, they have been calling parents once or twice a week to check in with

them, make sure they have food and other essential needs met, offering support, and decreasing their sense of isolation. I am so very proud of our coordinators, Heather Niquette, Cindy Wells, Cindy Atkins and Amber Menard!

Parents participating in our online programs have a great need to learn healthy parenting skills. With virtual offerings, our programs are not bound by geographic locations, and parents no longer worry about transportation, racing to pick up the children and or get to a meeting, etc. Now parents meet with other parents struggling with similar issues from across the state, but from their own homes. Their sense of privacy has also been bolstered as they are less apt to be in a group with a neighbor from their own community. Parents have told us they much prefer meeting online.

As you all know well, not every Vermonter has access to the internet or a computer, be it a laptop, iPad or even a smart phone. Our Deputy Director was able to acquire 64 laptops and iPads for parents who lacked them (they were donated by large and medium size companies). This not only aided parents in attending the programs, but helped in numerous other important ways, such as looking for jobs, food, housing, staying in touch with children and other relatives and friends, as well as helping children be able to do their school work, etc. We

helped many families without internet get on for as little as \$10 a month for internet service and continue to do so.

In the State Fiscal Year 2021, we carried out 51 programs, serving 394 high risk parents and their 710 children, about 65% of whom were in kinship, foster or residential care.

Due to Covid concerns, we will continue delivering mostly online group-based Family Support Group Programs for the foreseeable future. We have also just started delivering a few hybrid programs - some attendees and staff are vaccinated and/or wearing masks, while others are online and join the group on screen - in a few of the Turning Point Centers. We look forward to a time when we can offer both safe, fully in person programs (with parents and children) and online programs.

The Vermont Parents Helpline, (1 800 CHILDREN), is a part of PCAVT's Family Support Programs. When Covid hit, our calls doubled in the initial 3 months and then settled back down somewhat though still at a higher pace. In total for 2020, we received 510 calls impacting another 921 children and youth at risk. In the first half of 2021, we have received 213 calls impacting another 389 children and youth at risk.

We take calls mainly from parents seeking support who are experiencing moderate to acute parental stress and from others concerned about a child of a relative, neighbor or client.

Most parents call because they have been referred by DCF, Family Court, DOC, 211, other family serving organizations or professionals and are seeking to sign-up for a Nurturing Parenting Program, Strengthening Families Program or Circle of Parents Program.

All PCAVT programs staff cover weekly shifts responding to the Vermont Parents' Helpline calls, listening, offering support, parenting skills, and making referrals. At times, we make reports to DCF, as we are mandated reporters.

At the onset of Covid, from March 2020 calls have been more acute. Parents have been expressing great stress and abuse was occurring or very likely to occur. There were many more calls involving drugs and alcohol affecting parenting and violence between partners as well. Children were clearly in more danger and were, as we all know, behind closed doors and masks.

Though there were countless parents that managed reasonably well to provide safe nurturing environments for their children, there were many others who were not as able. Some did great harm to children or their partners physically, emotionally and/or sexually. Many stayed with partners only to keep income stable and or to have childcare. Technology was a concern too as many parents were so overwhelmed it was challenging to monitor their children's activities online.

Some children and youth experienced cyber bullying, or “sextortion” from peers and predation from individuals known to the child as well as strangers online. Technology was and still is an essential component for school work, also used by parents and caregivers to entertain children and youth in order to have work time and breaks from the children. The National Center for Missing and Exploited Children, with whom PCAVT partners, reported that online predation was up more than 90% during this past year.

Since most children do not tell about sexual abuse until their older teen years or when they are adults, it will perhaps be decades before we fully understand what has happened to children and youth while teachers and other trusted adults were not with them under “normal” circumstances. All of this leads us to our next department...

PCAVT’s Child Sexual Abuse Prevention Programs are led by Marcie Hambrick, Ph.D., MSW and delivered with two outstanding trainers: Joy Kitchell, MA and Kirstie Grant, BS. Child sexual abuse remains the number one form of child abuse reported and founded in Vermont, though it has decreased by 61% since 1990, when PCAVT began offering well researched child sexual abuse prevention work. PCAVT’s child sexual abuse prevention programs meet the Vermont Act 1 criteria, the 2009



“Act Relating to Improving Vermont’s Sexual Abuse Response System.”

PCAVT is a member of the National Coalition for the Prevention of Child Sexual Abuse and Exploitation and is in partnership with the National Center for Missing and Exploited Children. The latter requested our help to update and train their organization on how to effectively prevent child sexual abuse, as it is often the reason for youth running away and experiencing exploitation.

Prior to Covid, our team provided more than 100 trainings per year for childcare providers, licensed and registered, and after school staff in person. PCAVT’s trainers travelled throughout Vermont delivering trainings to individual centers’ staff and regional networks of providers. Our work has always been trauma informed and focused on both victim and victimization prevention.

Since Covid, we changed from in-person to online live, interactive, trauma informed trainings and now are delivering more than 130 trainings per year. We spend much less time driving and more time creating, preparing for and delivering trainings. At any one time, there are 3 to 4 trainings per week that any and all Vermonters caring for children and youth can participate in. They are:

\*Nurturing Healthy Sexual Development

\*Overcoming Barriers to Protecting Children from Sexual Abuse

\*TECHNICOOL: Keeping Kids Safe on the Internet

\*Understanding and Responding to the Sexual Behaviors of Children

\*Understanding and Responding to the Sexual Behaviors of Adolescents

\*What is Child Sexual Abuse, and

\*Everything Everyone Needs to Know to Prevent Child Sexual Abuse

Currently these trainings for adult Vermonters are free, thanks to a one-time gift from a now defunct organization, the Vermont Childcare Industry Careers Council. However as of January 2022 there will no longer be any designated funding for these trainings which continue to be in very high demand.

It is important to explain that in July 2020, DCF's Child Development Division ended the grant we had received for 25 years supporting this training for childcare and afterschool providers at no cost to them. This grant was TANF funding and met the TANF guidelines as it helped provide children with safe and healthy environments in childcare settings. This work successfully increased specific knowledge and skills that resulted in a **great decrease in child-on-child sexual abuse**, accounting for 12% of all child sexual abuse in Vermont in 2020.

This is actually a **77% decrease since 1990** and is **far below the national average of 30-50%** (Finkelhor, 2009; 2014). There has also been a **61% decrease in total number of child victims of sexual abuse in Vermont since 1990**.

In December 2019, just prior to Covid, CDD staff told us this important grant was ending, as it was not considered appropriate for TANF funding and that if other funds were found, this grant would have to be put out for bid. We have still not seen an RFP for these services which we can apply for. They suggested we charge providers for attending the trainings, knowing how important and effective our trainings are, which we reluctantly did. The results were that attendance dropped by 72%. Childcare providers and afterschool professionals, as we know, do not receive high salaries. Center directors shared with us that this new cost (\$25 per attendee) for this legislatively mandated training was a strain on their already challenged budgets.

Commissioner Brown deserves all the praise in the world for restoring funding for this work in January 2021 and also allowing us to broaden the scope of who we trained. This support resulted in more than seven times the number of participants in this period. Specifically, in years past we would train about 900 to 1000 childcare and afterschool providers

annually and 988 attended in just six months, from January 2021 through June 2021.

However, this special funding ended in June 2021. If we are going to continue these very important programs, we will need the Legislature to restore these funds with a grant to PCAVT through the Family Services Division. The safety of Vermont's children rides on this Legislative action.

Our evaluations of these trainings show statistically significant improvement in knowledge and skills and are published at: <https://www.pcavt.org/adult-child-sexual-abuse-prevention-trainings-research>.

PCAVT also provides school-based child sexual abuse prevention education known as the Healthy Relationships Project (HRP). Prior to Covid, we would serve anywhere from 15 to 45 schools per year, depending on funding. We receive \$45,000 annually through a grant from DCF Family Services which has been critical.

Since Covid, as you can understand, we were not permitted to enter schools. So, we changed our approach. We train instructors, classroom teachers, and health educators to deliver HRP with technical assistance via email, phone and zoom, as needed. Our trainers delivered staff and faculty training online as well as held parent learning events online. We know that we had moderate success, as it was challenging for educators to

include HRP in the limited and inconsistent time they had with students.

Honestly, we and school personnel, all did our unrelenting best under the circumstances. We are hopeful that in some schools this fall and most schools by January, there will be a return to a more normal schedule, and that a vaccine will come soon for all children. Till such a time, we will continue to directly train adults online and do all we can to support teachers as they use HRP in their classrooms.

HRP provides 3 programs for children and youth from Pre-K through 8<sup>th</sup> grade. They are:

Care for Kids (Pre-K – 2<sup>nd</sup> grades)

We Care Elementary (3<sup>rd</sup> – 6<sup>th</sup> grades)

SAFE-T (Sexual Abuse Free Environment for Teens) (7<sup>th</sup> - 8<sup>th</sup> grades)

These curriculum-based programs include developmentally appropriate, trauma informed student lessons, training for school staff, faculty and administration and parent nights that include a program overview and specific topics such as TECHNICOOL: Keeping Kids Safe on the Internet, Nurturing Healthy Sexual Development, and Everything Everyone Needs to Know to Prevent Child Sexual Abuse. Every school decides which trainings for parents they prefer.

Our trainers provided training for each school's designated instructor in how to provide the HRP with fidelity. The designated instructors for student lessons are generally classroom teachers, school counselors for elementary schools and health educators for middle and high schools. Attendees found the virtual training environment convenient, and attendance was at pre-pandemic levels.

The HRP programs are both victim and victimization prevention focused. Using social-emotional skill building including empathy, good refusal skills, boundaries, communication and learning the anatomically correct names for body parts. HRP educates children and youth to engage in healthy relationship skills with peers and younger children. Students tell us they really like the programs as they are related to their real lives. A pre and post test is part of each HRP program with teachers filling out the evaluations for students up through 6<sup>th</sup> grade and students filling out their own in 7<sup>th</sup> and 8<sup>th</sup> grades.

HRP is widely used in Vermont. We began in the late 1990s. SAFE-T has been validated by the Crimes Against Children Center at the University of New Hampshire at Durham and the Connecticut Department of Health, replicating the Center's study. Each of the HRP programs, are in alignment with CDC's recommendations for child sexual abuse prevention and are forerunners in the field. We are the "go to" Chapter of Prevent

Child Abuse America and are widely regarded a leader regarding best practice for child sexual abuse prevention across Vermont and the nation. These evaluation results show statistically significant improvement in protective factors for students and adults. These results are published here: <https://www.pcavt.org/hrp-empirical-basis>.

In Vermont, we have worked with and supported more than 3/4 of all elementary and middle schools and most Head Starts and many pre-schools over the years. We have also supported some residential programs for youth as well.

We have continued to Train Trainers and Facilitators in HRP every other month, to ensure the capacity of schools, local organizations, and coalitions to deliver these programs with fidelity. We have trained child advocates from the Network Against Domestic and Sexual Violence and the Vermont Alliance for Children, as well as community coalitions and community action organizations. We continue to provide technical assistance to those delivering the trainings and the programs.

We have a written guide for parents, the “Parents and Caregivers Guide to Protecting Children from Child Sexual Abuse”. During Covid, Marcie presented online to Vermont Superintendents and Principals and to Vermont Dentists by their invitations.

PCAVT's trainers have remained in demand during Covid at many national conferences as presenters and recently delivered the "Is Consent Child's Play? Optimal Brain Developmental Windows" and "The Vulnerability of LGBTQIA+ Children and Youth to Sexual Abuse." We are planning to develop both of these presentations and "Compassionate Confrontation with Accountability" for additional online trainings for Vermont adults caring for and working with children, youth, and parents.

Although Covid's many challenges have changed our method of delivering child sexual abuse prevention trainings and programs, we have transformed our work and turned these challenges into productive opportunities. Not traveling much at all has also saved time and dollars.

Shaken Baby Syndrome/ Abusive Head Trauma Prevention and Safe Sleep Promotion have been part of our work for the last 20 years. Before we began, Vermont experienced 6 to 9 babies being shaken every year. About one third died, one third had permanent injuries and one third recovered with possible learning disabilities, etc. not detectable at the time of harm. In the last few years, these numbers have gone down to 0 to 3 per year.

Unsafe sleep deaths began to rise after the opioid crisis. Too many impaired parents and caregivers sleeping together is one likely cause of these tragedies, but not all. Before Covid, we



understood there were as many as 6 to 9 unsafe sleep deaths per year. We stepped up our efforts to educate and so did the Vermont Department of Health, Maternal Child Division, providing information to parents in a variety of ways. Since Covid, we do not have the numbers.

PCAVT has continued providing materials for parents of newborns for Welcome Baby Bags in all VT hospital maternity units. We provide videos for parents to view before leaving and pledge forms for parents to sign after they read or the nurse reads to them before leaving the hospital. The pledge forms explain how to safely comfort a crying baby, the dangers of shaking. By signing the Pledge parents promise to share this information with all their baby's caregivers. These interventions are based upon Dr Mark Diaz, a highly regarded pediatric neurologist. Dr. Diaz's research study reduced the incidence of shaken baby by half. Using his approach our results have been more like 2/3rds! Some hospitals do these latter two interventions and some choose not to, but all share the flyers and materials we provide.

Ann Shangraw has led this initiative and been our single trainer for the past 8 years. Before Covid, Ann traveled the State delivering training in person to one third of all high schools in their health classes. Ann also presented to groups of adolescent parents attending alternative high school programs through

parent child centers, and other programs for young at risk parents. Ann trained child care providers at their locations and regional meetings as well. In any given year, Ann delivered 200 or more trainings about how to safely care for a crying baby or frustrated toddler, the dangers of shaking and how to ensure infants are safe when they are sleeping.

After Covid hit, Ann could no longer present in person in schools or anywhere. Ann became able and comfortable with delivering trainings live using Zoom and Go to Meeting platforms. Ann successfully reached out to schools and schools made it work, as students returned to classrooms. Ann is still delivering about 200 trainings a year, just not in person. Both before and since Covid, we have done pre and post tests with all trainings resulting in consistently strong results. Knowledge of SBS/ABT/Safe Sleep range from 90% to 100% improved. Nearly all participants would recommend this training to others.

For the past 20 years or so the State has provided \$89,000 and now \$90,000 to ensure this work is accomplished. This pays for materials, Ann's time and administrative costs. In truth, if we could reach more high school and college students before they begin to parent, we would save more lives and injuries. An increase of \$70,000 would allow us to hire an additional trainer and cover twice as much ground.

Shaken Baby Syndrome/Abusive Head Trauma and Unsafe Sleep are the most common ways infants and toddlers die in our country and state other than illness and accidents. These are preventable deaths and injuries. If we do not prevent them, we all lose.

Conclusion: Some things are very different since Covid, and some are similar just delivered in an online medium. Based on our experience, we believe wholeheartedly that the need for prevention is great and it is actually greater than it was before Covid.

Parents, children and youth need skills to survive intermittent isolation and stress remain such a part of our daily lives. Everyone is struggling with this invisible virus with the power to make people of all ages very ill and possibly die or survive with aftereffects. PCAVT promotes and supports healthy relationships within families, schools and communities to eliminate child abuse and neglect. This remains our mission despite the pandemic and what other challenges may be. We believe most parents love and want to care for their children well and most children just want “good enough” parents, caring friends and safe and healthy school environments. They are depending on all of us to make it work.

Thank you for inviting me to speak with you today about how we work and how we have been impacted by the pandemic.

We hope that as budgets are considered in the coming year, the Legislature will consider our funding requests that I have mentioned in my testimony today. Please don't hesitate to reach out to me or my staff with any questions.