Moving Upstream

Virginia's Newsletter for the Primary Prevention of Sexual & Intimate Partner Violence

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The Experience of Primary Prevention

Brad Perry, MA, Sexual Violence Prevention Coordinator
Virginia Sexual & Domestic Violence Action Alliance

This issue of *Moving Upstream* is Part 1 of a two-part series designed to help primary prevention practitioners think critically about how people experience the concepts we try to convey, and strategically build in program components to make our prevention initiatives stick with the intended audience. Borrowing from the fields of marketing, social psychology, and communication, the feature article names and illustrates common problems associated with devising any project intended to prompt people to particular behaviors. It discusses some basic principles that can augment such a project, with more specific principles yet to come in Part 2. The "Promising Practices" column features an interview with Margaret Mikkelsen who oversees a brilliantly conceived and executed primary prevention fundraising campaign that has been very successful for her local agency - an excellent example of those basic principles in action.

Every issue of *Moving Upstream* will now contain a web link to a short 3-question survey to rate your satisfaction with this issue, and suggest topics for future issues. PLEASE VISIT - http://www.surveymonkey.com/s/Moving_Upstream_feedback when you finish reading this issue.

We Talk - Do They Listen?: *Effectively Expressing Primary Prevention Messages* (Part 1)

Brad Perry, MA, Sexual Violence Prevention Coordinator
Virginia Sexual & Domestic Violence Action Alliance

I checked through the newly arrived stack of media campaign materials with fevered anticipation. Everything was there: Each local sexual & domestic violence agency (SDVA) would receive a package containing posters, templates for a press release, a CD of radio public service announcements (PSAs), and a planning guide for implementing the campaign in their local community. It was 2001. The campaign was called "Men Of Vision," and it sought to highlight 10 men in 10 different Virginia communities who had taken a stand against sexual & intimate partner violence (SV/IPV). Our strategy for this campaign centered on these Men Of Vision providing a model to other men in their respective communities. We figured there were plenty of potential male allies out there who just needed to know they weren't alone in feeling uncomfortable about rape culture, and that our campaign would prompt them to speak up and spread the message. We theorized a domino effect of men speaking out, paying forward their inspiration to take a stand against SV/IPV.

But as I assembled one of the packages, something hit me. I caught a glimpse of a poster from an odd angle, and for some reason it flipped a switch in my brain that triggered, at first, a twinge of doubt. "Do you think we maybe should have made the posters a bit more simple? I know it's too late, but I'm thinking that there's just way too much going on for the average guy to stop and pay attention to it," I asked. "No way, men need to hear everything that's on that poster. I think we've cut too much out to be honest. Besides, they'll see the 10 men on the poster, read each of their statements, and then that will make them more open to taking in the rest of the message on the poster," replied my colleague. That twinge of doubt snowballed.

But it was too late. The materials had arrived and been paid for, and we needed to roll out the campaign we had promised to deliver. And so with much fanfare we launched the Men Of Vision campaign. Most local SDVAs loved it. Our board loved it. Our co-workers loved it. But when it came time to do an assessment of its impact in local Virginia communities a few months later, we found that no one else felt that way. In fact, the majority of people we sur-

(Continued at the bottom of Page 2)

Inside this issue:

Introduction 1

- Brad Perry

Effectively Expressing Primary Prevention Messages (Part 1) 1

- Brad Perry

Funder's Forum: Free Resources / Building Healthy Futures 3 conference 2

- Robert Franklin

Promising Practices: SARA's "Campaign for Prevention" raises funds! 3

- Interview with Margaret Mikkelsen

Funder's Forum

FREE Resources / *Building Healthy Futures* 3!

Robert Franklin, MS, Male Outreach Coordinator
Division of Prevention and Health Promotion, VDH

The Division of Prevention and Health Promotion would like you to know that 2 popular resources are still available free of charge! Offer good while supplies last. To order, contact Bob Franklin at Robert.Franklin@vdh.virginia.gov or (804)-864-7739.

- "Talk to Me: What parents should know about dating violence and sexual assault" - These are in packets of 25, minimum order of 200 please (we can send more and they come in a box of 1,300 if you think you can use that many). English and Spanish versions are both available.
- Choose Respect pocket guides (boys and girls): In Spanish, packs of 50 with a minimum order of 200.

Also, VSDVAA's *Building Healthy Futures 3: Recipes for innovative primary prevention* will take place at the Sheraton Park South in Richmond, VA on August 2-4, 2011. Neil Irvin, Executive Director of Men Can Stop Rape will keynote. Other featured speakers include: Richard Puddy (Centers for Disease Control & Prevention), Nancy Schwartzman (*The Line* documentary), Laura Fidler (Project Envision of NYCCASA), Robert Eckstein (UNH's Bringing In The Bystander project), Barbara Ball (Expect Respect), Meg Bossong (BARCC), Tuere Anderson (Youth Radio), *The Red Flag Campaign* team, and VSDVAA's own Prevention Team. Plus workshops from VDH and local Virginia-based primary prevention projects! Contact Brad Perry (bperry@vsdvalliance.org) for more information, or to register.

Effectively Expressing Primary Prevention Messages - Part 1 (from Page 1)

veyed - even in the communities from where a "Man Of Vision" lived - had not even heard of (or paid any attention to) our campaign. And those who did remember it had no clue as to its point. "Did it have something to do with male victims of domestic violence?" guessed one person. "These guys were busted for rape, right?" asked another. We clung to a few successful aspects of the campaign, but deep down those of us who had worked on it knew it hadn't achieved most of its stated objectives. There was a half-hearted effort to rekindle it the following year, but it eventually faded away.

How could this have happened? A handful of us had spent weeks coming up with the concept, and we worked for several months with our local SDVAs to select the "Men Of Vision." We conducted long interviews with each of these men to get a usable line or two that spoke to our SV/IPV-prone culture in a manner we desired. We did posters and radio spots with these men speaking at length about concepts like "rape culture" and "oppression" and "male accountability" – all of which were really important to us. We even included a guide for how to implement the entire campaign. So what went wrong? And how could we have developed a more effective campaign?

This article will address a persistent problem we experience in trying to prevent SV/IPV: The challenge of getting people to notice, process, and apply our prevention messages. And not just how we frame and develop our messages for media campaigns, but how we maximize impact for any type of prevention initiative at any level of our social ecology. In short, this article seeks to answer questions like those I was left to ponder after that ill-fated campaign a decade ago. And the answer starts with…

There Is Such a Thing as Too Much Knowledge and Passion

How many times have you tried to explain your prevention job to someone outside of this field, only to have them immediately lose interest, or completely misunderstand what you do? (e.g., You: "I coordinate a variety of educational initiatives in several local youth-focused settings, the aim of which is to prevent the first-time perpetration of SV/IPV."— Them: "Oh, so you counsel those poor women who get beat up by their husbands.") This phenomenon seems fairly common amongst most of my colleagues.

During the first 3 years my wife and I dated, her parents thought I was a cop who specialized in SV/IPV cases. Her uncle, not a big fan of feminism, would politely change the subject whenever the topic of my job was broached. It wasn't until I put it more simply, in less insider terms, that they understood what I do. One day I simply said, "I help local 'social workers' across Virginia make rape and domestic violence less likely in their communities by providing trainings, writing articles, passing along helpful tips, and finding the answer to any questions they might have." That seemed to work well enough, and gave me a solid foundation on which I could elaborate. While her uncle still isn't very interested in hearing about my job, her parents at least now have a pretty good idea of what I do. But why did it take me 3 years to come up with that answer? Why didn't they understand the more nuanced and precise answers I'd previously provided? Because I was cursed by my own knowledge of prevention work, and blinded by my passion for doing it.

(Continued on top of Page 3)

Effectively Expressing Prevention Messages - Part 1 (from Page 2)

The Curse of Knowledge

In their brilliant 2007 book *Made To Stick: Why Some Ideas Survive and Others Die*, Chip and Dan Heath put it succinctly:

> Once we know something, we find it hard to imagine what it was like not to know it. Our knowledge has 'cursed' us. And it becomes difficult for us to share our knowledge with others, because we can't readily re-create our listeners' state of mind. (p. 20)

This problem affects multiple corners of our work to end SV/IPV. For example, it can foil our attempts to engage people in a given neighborhood to be part of a community mobilization initiative. If the language we use to describe the intent of the initiative is too technical – if we use terms like "social ecological model," "health outcome," or even "primary prevention" and "community mobilization" – then we won't likely attract many members of the community to participate because they likely have no experience with these terms and concepts. To most people, this terminology will seem abstract and irrelevant to their lives, or perhaps even overly technical and intimidating. Even if engagement of community members is initially successful, they aren't likely to stick around if we start foisting a bunch of complex gender studies and public health analyses at them the minute we get them to the table.

The first step in avoiding the curse of knowledge is to remember what it was like before we accumulated our understanding of such ideas. It's also advisable to first vet the language, framing, and overall approach of a prevention initiative with trusted members of the group you are trying to reach to ensure you're speaking to them in a way that is understandable and relevant.

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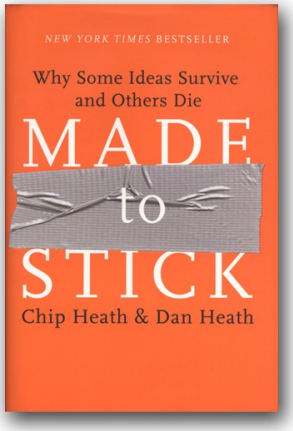


"Once we know something, we find it hard to imagine what it was like not to know it."

Promising Practices

GET ON BOARD - WE'RE AWESOME!: SARA's "Campaign For Prevention" Raises Funds & Inspires

Margaret Mikkelsen, Executive Director
Sexual Assault Resource Agency (SARA) in Charlottesville, VA

The following interview was conducted by Brad Perry with Margaret Mikkelsen on May 12, 2011 to discuss SARA's prevention-focused fundraising campaign.

1) Please talk a little about the background and strategy of The Campaign For Prevention.

It came out of a need for a stable funding base for our prevention work. We were doing really great prevention work, but the grant-based funding streams for this work are limited in number, so we realized we needed to tap individuals in the community and highlight our prevention work while also raising money. Up until then all of the fundraising appeals either focused on services or were really general and abstract – primary prevention was not well described, and so it didn't move people.

I like to approach fundraising as: "Let's MAKE our case, not plead it." Not, "Please, please, please, we're desperate," but rather, "GET ON BOARD - WE'RE AWESOME!" So it needed to be inspiring. Also, we needed to engage donors in our prevention work in the same tangible way that we engage donors around services, emphasizing that their money = concrete actions. When you're giving us money, it means an educator is going into a classroom, etc. We also spelled out what primary prevention is, and it got people really excited - especially when we compared this work to other public health successes.

In our first fundraising letter for this campaign, we included a survey of teachers where we asked them to identify problem behaviors they see that are connected to SARA's work. They gave us a list that included examples of sexual harassment, older students coercing younger students into sex, bullying using homophobic slurs, etc. So then we connected our prevention work to all of these very real behaviors, describing how our programs positively impact each behavior. We talked about how we will see an increase in empathy, bystander skills, respect, personal boundaries, and an understanding about gender roles as a result of our prevention work.

2) So did this strategy work?

Yes! People finally seemed to understand that there were tangible efforts *and outcomes* associated with giving money for prevention. In less than a year we've almost already reached our goal of $110,000.00. Nearly a third of that is from individual contributions! The rest is from grants that were either, A) Improved from the discussions we had as a staff in planning this campaign, or B) Enabled pretty much because of the campaign itself. For example, we applied for and received a local grant that I think we got because of the feel and visibility of the campaign. It showed the funder that we were sustaining this work in other ways – we also made a good case using the tangible examples.

We also gave people ideas for how they could take action beyond sending us a check: Bystander strategies, inviting SARA into their work place, and other things they could do to make a difference every day. Including this is crucial because it gives the public a sense of agency.

(Continued on Page 6)

Effectively Expressing Primary Prevention Messages - Part 1 (from Page 3)

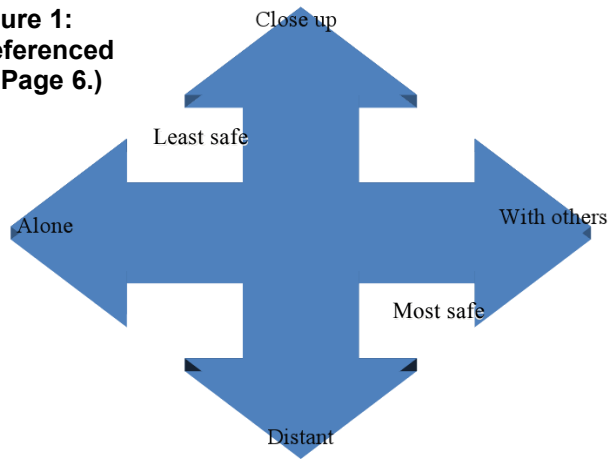
"Passion Blindness"

When we care deeply about an issue – because of personal experience, a sense of justice, years spent working in it with others who feel similarly, or all of the above – we unconsciously assume some level of caring on the part of everyone else. This can create significant problems in how we interact with the general public because people outside of our movement don't necessarily share our deep concern about this issue. Social and cognitive psychologists might describe this conundrum as part of the false consensus effect or the optimism bias, but for the purposes of addressing it in a SV/IPV prevention context the term "passion blindness" should suffice. Passion blindness can likely be found in almost any social change movement, and it exacerbates the curse of knowledge by reinforcing it with an emotional motivation. It's not just that our fluency with SV/IPV prevention might cause us to forget that a given group of people aren't as knowledgeable. It's also about our *desire to believe* that people do or *should* feel how we feel about this issue – that they will or *should* learn some of what we've learned about SV/IPV prevention.

In the late 1990s, I worked for a campus sexual assault prevention program and was asked to train the latest group of freshly recruited undergraduate peer educators. I tried to take them from Sexual Assault 101 to Gender Studies 440 in the first weekend of training. At the end of that first weekend, a few of the students indicated that they were no longer sure if they wanted to be peer educators. I was floored. But it was a valuable lesson because I quickly discovered the importance of taking their needs into account. I was throwing a bunch of concepts at them *I* thought they *needed* to learn without any regard for relevance or level of experience, and it had completely overwhelmed some of them. And these were students who *wanted* to do this work, and had been recruited and screened into the program. From this example, it's easy to extrapolate the problems passion blindness can cause in a general population of students who likely don't have a particular interest in SV/IPV.

Actually you don't have to imagine that. There are countless examples of speakers, trainers, and consultants whose programs fall utterly flat when exposed to anyone outside of the anti-SV/IPV movement. While most of these folks are well-meaning, it doesn't change the fact that their programmatic approach and content seem more focused on confirming a set of beliefs to themselves and like-minded colleagues than on moving students from indifference to allies. For example, is it realistic to expect that an hour or two (or an entire day for that matter) of interactive lecture will be successful in teaching most young men to stop objectifying women or decreasing the extent to which young women blame victims of SV/IPV? Are these topics even appropriate for the level of knowledge and engagement present in groups of young men and women who have likely never before been exposed to such ideas? Furthermore, is it realistic of us to expect young people to easily digest these topics when SV/IPV prevention specialists themselves might disagree on their direct significance to preventing first-time perpetration of SV/IPV? If we hold such programs up to reality, we might just have to face the inconvenient truth that they are ignored, dismissed, and sometimes even mocked by a sizeable cross-section of the intended audience. Unfortunately, passion blindness – perhaps along with a bit of professional hubris – motivates some of us to avoid ever taking the proverbial long hard look at prevention programs in this manner. But until we can set our passion for this work aside and attempt to be objective about SV/IPV prevention initiatives, we will continue to waste resources on programs that make us feel great while making their target audiences feel nothing.

Figure 1: (Referenced on Page 6.)



***Bringing In The Bystander's* helpful scenario chart.**

A group of colleagues and I have joked that if a person comes up with a prevention message that makes everyone at their office nod in agreement, they should get rid of it as quickly as possible. If they're still convinced that it's great, they should go outside, walk up to the first stranger they see, and just blurt it out. Unless that person says, 'Wow. That's amazing. I've never thought of it like that…' then they need to go back to the drawing board. And hopefully the next time around, they'll think strategically about how to avoid the curse of knowledge and passion blindness, and how to maximize the chance that their messages cut through and resonate with the group they intend to reach. That's exactly what the rest of this article will address.

Stickiness, Channel Factors, and You

In his best-selling book, *The Tipping Point* (2002), Malcolm Gladwell provides a step-by-step breakdown of the factors that cause an idea/message/behavior to suddenly be adopted by an ever-increasing number of people, or to "tip" as he calls it. He looks at a variety of variables in this analysis: The 3 types of people who typically play crucial roles in igniting a craze, the 2 levels of context one must consider in trying to facilitate widespread adoption of a message, and of course the message itself. The dynamics of message content Gladwell de-

(Continued on Page 5)

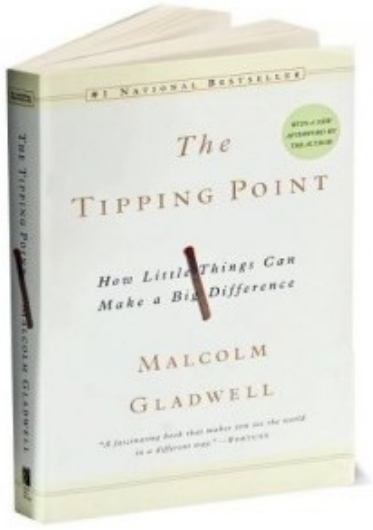
Effectively Expressing Prevention Messages - Part 1 (from Page 4)

scribes clearly dovetail with this article, and are condensed into what he refers to as "the stickiness factor." He explains: "The content of the message matters" and "the specific quality that a message needs to be successful is the quality of 'stickiness.' Is the message…memorable? Is it so memorable, in fact, that it can create change, that it can spur someone to action?" (p. 92)

To illustrate this point about "stickiness," Gladwell cites a well-known social psychology/public health experiment in the 1970s conducted by Dr. Howard Levanthal. The summary of the study is worth quoting at length:

> Levanthal wanted to see if he could persuade a group of college seniors at Yale University to get a tetanus shot. He divided them up into several groups, and gave all of them a seven-page booklet explaining the dangers of tetanus, the importance of inoculation, and the fact that the university was offering free tetanus shots at the campus health center to all interested students. The booklets came in several versions. Some of the students were given a "high fear" version, which described tetanus in dramatic terms and included color photographs of a child having a tetanus seizure and other tetanus victims with urinary catheters, tracheotomy wounds, and nasal tubes. In the "low fear" version, the language describing the risks of tetanus was toned down, and the photographs were omitted. Levanthal wanted to see what impact the different booklets had on the students' attitudes toward tetanus and their likelihood of getting a shot….One month after the experiments, almost none of the subjects – a mere 3 percent – had actually gone to the health center to get inoculated. For some reason, the students had forgotten everything they had learned about tetanus, and the lessons they had been told weren't translating into action. The experiment didn't stick. Why not?
>
> If we didn't know about the Stickiness Factor, we probably would conclude that something was wrong with the way the booklet explained tetanus to students. We might wonder whether trying to scare them was the appropriate direction to take, whether there was a social stigma surrounding tetanus that inhibited students from admitting they were at risk, or perhaps that medical care itself was intimidating to students. In any case, the fact that only 3 percent of students responded suggested that there was a long way to go to reach the goal. But the Stickiness Factor suggests something quite different….when Levanthal redid the experiment, one small change was sufficient to tip the vaccination rate up to 28 percent. It was simply including a map of the campus, with the university health building circled and the times that shots were available clearly listed.
>
> There are two types of interesting results of this study. The first is that of the 28 percent who got inoculated, an equal number were from the high-fear booklet and the low-fear booklet. Whatever extra persuasive muscle was found in the high-fear booklet was clearly irrelevant. The students knew, without seeing gory pictures, what the dangers of tetanus were, and what they ought to be doing. The second interesting thing is that, of course, as seniors they must have already known where the health center was, and doubtless had visited it several times already. It is doubtful that any of them would ever actually have used the map. In other words, what the tetanus intervention needed in order to tip was not an avalanche of new or additional information. What it needed was a subtle but significant change in presentation. *The students needed to know how to fit the tetanus stuff into their lives; the addition of the map and the times when the shots were available shifted the booklet from an abstract lesson in medical risk* – a lesson no different from the countless other academic lessons they had received over their academic career – *to a practical and personal piece of medical advice. And once the advice became practical and personal, it became memorable*. (pp. 96-98; emphasis added)

People need "to know how to fit [information] into their lives…once the advice became practical and personal, it became memorable"



We can glean several key points from this example for primary SV/IPV prevention work. First, playing up fear or the graphic nature of SV/IPV is not likely to help our prevention message be heard or internalized. There are a variety of studies supporting this argument, but common sense should tell us that far too many causes already attempt to scare the public into caring about their issue. The public has developed a thick skin in response – they/we are no longer fazed by most of these attempts. Gruesome statistics no longer shock most people, fear-based TV movies about online predators, drinking and driving, or kidnapping have become the butt of countless jokes, and even when a novel approach comes along – such as those heartbreaking SPCA advertisements showing abused animals to the soundtrack of Sarah McLachlan's best tear-jerker – we change the channel or look away rather than expose ourselves to the jolting emotional manipulation. We have to be more original and clever in getting our SV/IPV prevention messages across if we want them to stick.

Secondly and more importantly, Levanthal's study shows that the curse of knowledge can manifest itself on a level as basic as failing to consider how hard it is to just generally add new actions to our behavioral repertoire and follow through with them. More precisely, it highlights the vital importance of what social psychologists call "channel factors." A channel factor is a seemingly, "small situational circumstance producing a big behavioral effect" (Ross & Nisbett, 1991; p. 46). The general phenomenon of "channel factors" is a much

(Continued on Page 6)

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Effectively Expressing Primary Prevention Messages - Part 1 (from Page 5)

broader topic, but what Levanthal's study specifically illustrates is how we can tap into relevant and malleable channel factors – how can we influence or build-in those seemingly small situational factors that have meaning to a particular audience and will give us a big boost in the behavioral impact of our prevention initiative. By adding something as small as location cues and specific windows of time, Levanthal made his tetanus message over 9 times more effective!

A program from the University of New Hampshire called *Bringing In The Bystander* recognizes the fundamental role of relevant and malleable channel factors, and has devised some ingenious ways of leveraging them to enhance the effectiveness of their program. In training peer leaders to be effective bystanders to prevent SV/IPV, *Bringing In The Bystander* takes into account numerous elements that are crucial to whether and how a person can intervene when they see warning signs of SV/IPV. They solicit bystander scenarios from the peers themselves to build-in relevance and realism, and then break down the decision making process into concrete considerations a bystander should consider: 1) Recognizing the potential need for action, 2) What to consider once a need for intervention is identified, and 3) What to keep in mind as a bystander action is implemented. The program also reinforces this concrete process by providing students with a handy and straightforward chart to help them assess any potential scenario. The chart dissects intervention options into "Close to Distant," (proximity to the situation) "Alone to With Others," and "Least Safe to Most Safe" (see Figure 1 on Page 4). Lastly, peer leaders are asked to sign a pledge outlining their roles and responsibilities as active bystanders, and are guided through continual practice of these skills using a simple 3-step process of, "Scenario; Decision Making Process; Plan Of Action." Through the strategic use of relevant and malleable channel factors, *Bringing In The Bystander* successfully avoids the curse of knowledge and passion blindness while successfully making their bystander strategy extremely "sticky" to the peer leaders, as evidenced from the growing pile of studies and evaluations showing the efficacy of this program. To learn more, visit: www.unh.edu/preventioninnovations.

Making Your Prevention Message "Sticky"

There was one bright spot in the otherwise disappointing Men Of Vision follow-up assessment. It turns out that one element of our initiative worked quite well. All of the local SDVAs that had implemented the campaign used the concise step-by-step planning guide, including the templates designed for getting the campaign covered by media outlets. The media coverage for the campaign was exceptional considering the cluttered and abstract nature of the campaign's messaging. Clearly, we had succeeded in making the Men Of Vision campaign fit into the "lives" of our local SDVAs – even at a time when strategic male engagement was a fairly new and occasionally controversial concept. But the presentation of those messages and the messages themselves were largely unsuccessful endeavors. Part 2 of this article - in the next issue of *Moving Upstream* - will provide specific guidance for how to maximize the impact of primary SV/IPV prevention messages, and will showcase numerous programmatic examples to clearly fit these principles into the lives of primary prevention specialists. (Note: All references will be fully cited in Part 2.)

Get on board: WE'RE AWESOME! (from Page 3)

3) What were the different components in your campaign?

It started with that initial letter in May of 2010 that I already described. If a person donated, they would receive a thank you letter, with 3 postcards (see sidebar) postmarked to send to others. We had a page on our website tracking the campaign, and as we received donations the "reaching our goal" thermometer went up on there. In July 2010, we had a general fundraiser featuring our Congressional representative at a local restaurant and unveiled our various campaign materials.

In November 2010, we held our annual awards breakfast and we centered our theme on The Campaign For Prevention. The M.C. was a principal at one of the schools where we're working. We did a bystander intervention demonstration with the audience. The campaign materials were on every table. My speech emphasized the parallels and success stories from other public health issues (e.g., drunk driving, litter, tobacco) – it was even reprinted in the local newspaper as an op-ed! We also used the awards breakfast to debut a film produced by our prevention coordinator showcasing SARA's prevention efforts and tying it into the campaign. It received an excellent response! A few months later we held a well-publicized fundraiser to kick off sexual assault awareness month. The event was a three-legged race, which we chose because it illustrates the core concepts of being an active bystander: You have to STEP INTO a situation and WORK TOGETHER with any available allies to successfully intervene. The three-legged race was also used as a metaphor for collaboration between services and prevention. Because it was so goofy yet memorable it provided our "hook," so the turn-out was great and the media gave us very decent coverage.

Postcard from "The Campaign For Prevention" (SARA)

According to some follow-up surveys we conducted, this all led to an uptick in engagement in our prevention work, and it certainly seemed to bring an influx of new donations. We've also been chronicling all of this work in our newsletter, on our blog and Facebook pages, and on a massive email list. Basically, throughout all of our various community forums we always find ways to work the campaign in.

4) Sounds like The Campaign For Prevention has been really successful! Congratulations!

Definitely. Thanks! One of the best things about this campaign is that it has brought a lot of new donors to us. By pushing prevention we were giving people a way to get involved whether or not they think they know anyone directly affected by sexual violence. And people also liked the idea that this work is heroic and honorable – that it's helping keep people (especially kids) from having to experience this in the first place. So we're definitely going to reach our fundraising goal in June, and have a big celebration!