ADDRESSING SEXUAL AND RELATIONSHIP VIOLENCE:

A Trauma-Informed Approach

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Table of Contents

INTRODUCTION AND BACKGROUND

The American College Health Association (ACHA) has long recognized sexual and relationship violence as a serious campus and public health issue. As such, ACHA's Healthy Campus Coalition, as part of its Healthy Campus 2010 program, developed health objectives that served as the basis for development and implementation of programs to reduce sexual and relationship violence and improve student health. In 2005, the ACHA Campus Violence White Paper addressed sexual violence as part of an overall violence prevention effort. A toolkit, Shifting the Paradigm: Primary Prevention of Sexual Violence, was developed in 2008 by ACHA to "encourage prevention activities before sexual violence has occurred and create social change and shift the norms of sexual violence." Currently, Healthy Campus 2020 supports a public health approach and emphasizes an ecological model to overall campus health with some specific objectives for reducing sexual and relationship violence.

Historically, ACHA, the recognized voice of expertise in college health, has strongly advocated on a national level for best practices, sound legislation, and resources to better ensure health and safety for students across America's campuses. In 2014, ACHA developed the Creating Guidance for Addressing Sexual Assault Task Force that implemented a three-phase agenda to include the development of: 1) an updated position statement, 2) guidelines, and 3) a comprehensive toolkit that addresses sexual and relationship violence using a public health approach through a trauma-informed lens.

ACHA recommends a trauma-informed framework to address the impacts of trauma on campus community members. ACHA has utilized the expertise of various entities, such as The U.S. Centers for Disease Control (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Child Traumatic Stress Network (NCTSN), to inform guidance related to trauma, its impact, and effective ways to respond and has tailored this guidance specifically to the field of college health and wellness.

The Importance of Resilience

Faculty, staff, and students on a college campus are likely to be impacted by trauma at least once in their lifetimes. Being exposed to trauma also impacts one's response to someone else's trauma and any personal future trauma. Specifically, childhood experiences, both positive and negative, have significant impact on resilience; future victimization and perpetration of violence; and overall health and well-being. The Adverse Childhood Experiences (ACE) study (Felitti et. al, 1998), obtained current and previous health information from over 17,000 adult patients, including childhood traumatic experiences. Almost two thirds of participants reported at least one adverse childhood experience (sexual abuse, physical abuse, emotional abuse, exposure to domestic violence, parental mental illness/ suicidality, incarceration, or substance abuse). More than one in five reported three or more adverse childhood experiences. As the number of adverse childhood experiences increases so does one's risk for a multitude of emotional and physical health issues, including alcoholism/alcohol abuse, financial stress, smoking, multiple sexual partners, suicide attempts, and poor academic and work performance.

Since 2009, many states have been collecting data on ACEs through the Centers for Disease Control Behavioral Risk Factor Surveillance System (CDC-BRFSS), an annual telephone survey that obtains health and risk factor information from adults. Again, as the number of reported adverse childhood experiences increased so did a person's risk for negative health and well-being, including asthma, disability, stroke, diabetes, unemployment, and coronary heart disease.

Broadly, resiliency in the context of child development can be defined as the capacity of an individual to withstand and/or recover from significant challenges that threaten stability, viability, development, or well-being. Resiliency allows for one to access pathways and processes that lead to positive adaptations in response to adverse experiences (Masten, 2013). In their editorial commentary on resilience in child development, Panter-Brick and Leckman (2013) contend that focusing on resilience, instead of risk and vulnerability, allows for a critical paradigm shift towards enhancing strength and capability. This shift is critical if the area of concern is to

go beyond health outcomes to more complex questions regarding well-being of individuals and communities. Much like Masten and colleagues, Panter-Brick and Leckman contend that resilience is best understood as a process that occurs during development. As a consequence of this understanding, human experiences of adversity serve not only as a pathway to development of risk factors, but also to development of resiliency as an outcome under the right circumstances.

In order for children to successfully navigate through their development and create positive adaptations to adverse situations, they must have caregivers that can provide physical and emotional support (Reuther & Osofsky, 2013). In other words, they require secure attachment with caregivers who provide love, protection, opportunities for mastery of skills, and structure/limit-setting to develop self-control. Conversely, the greatest risk occurs when there is some threat to attachment, which delays or stops the development of key human protective systems. As mentioned earlier, as risk-factors rise so do the consequences of adversity on development. Early childhood is a crucial time for families and societies to ensure children can develop the resources necessary to successfully navigate life's challenges. Given the impact of childhood experiences on overall health and well-being, it is imperative that we recognize the impact of trauma as a public health issue and the importance of and protective factors and create trauma-informed communities that validate and support those affected by trauma of all kinds.

OVERVIEW OF FEDERAL GUIDANCE

When creating public health and trauma informed campuses, it is important to be well-versed about existing federal guidance and be watchful for any future guidance. State and local guidance should also be recognized. Existing federal guidance includes:

Office for Civil Rights

Guidance issued by the U.S Department of Education's Office for Civil Rights (OCR) makes it clear that schools must adopt, publish, and enforce policies and procedures regarding sexual violence. A key area overseen by OCR in relation to sexual and relationship violence is found within Title IX of the Education Amendments of 1972 (Title IX).

Title IX

Title IX prohibits discrimination on the basis of sex in federally-funded education programs and activities. All educational institutions receiving any federal financial assistance must comply.

Title IX defines sexual harassment as any unwelcome sexual advance or request for sexual favor or other unwelcome verbal or physical conduct of a sexual nature, including sexual violence, whether committed on or off campus, when:

- submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment or academic advancement; or
- submission to or rejection of such conduct by an individual is used as the basis or threatened to be used as the basis for employment or academic decisions or assessments affecting an individual; or
- such conduct has the purpose or effect of unreasonably interfering with an individual's work or educational performance or creating an intimidating or hostile environment for work or learning.

The Office for Civil Rights defines sexual violence as: physical sexual acts perpetrated against a person's will or where a person is incapable of giving consent. Sexual violence includes rape, sexual assault, sexual battery, sexual abuse, and sexual coercion. Every campus should have a designated Title IX coordinator with whom they may consult on Title IX and related institutional policies, processes, and procedures.

The Jeanne Clery Act

Since 1990, institutions of higher education that participate in the federal student financial aid program are subject to the requirements of the Clery Act. The Clery Act requires institutions to provide current and prospective students and employees, the public, and the Department of Education with crime statistics and information about campus crime prevention programs and policies. The Clery Act requirements apply to many crimes in addition to those addressed by Title IX. Amended numerous times since its enactment, the Clery Act requires a number of institutional actions including, but not limited to: recording and publishing crime statistics; issuing timely warnings; and providing crime prevention and related

education programs, resources, and reporting options. Every campus should have a designated Clery compliance officer with whom they may consult on Clery and related institutional policies, practices, and procedures.

The Violence Against Women Act (VAWA) Amendments to the Clery Act (2014)

The VAWA Amendments to the Clery Act expanded crime reporting and the key protections of Clery Act's Sexual Assault Victims Bill of Rights to include dating violence, domestic violence, and stalking. Campus policy statements must include descriptions of the institution's programs for new students and employees, its on-going prevention education programs, and its procedures to be followed when an incident occurs. These amendments also require campuses to define the different types of disciplinary proceedings, what standard of evidence will be used, all possible sanctions that may be imposed, and the range of protective measures that the institution can offer.

Campus disciplinary proceedings must be prompt, fair, and impartial. Officials conducting campus proceedings will receive annual training on sexual assault, dating violence, domestic violence, and stalking and how to conduct an investigation and hearing process that protects the safety of victims and promotes accountability.

Title IX and the Clery Act are separate statutes, and schools have obligations under each statute. Issued by the White House, Intersection of Title IX and the Clery Act was published to increase understanding of how these laws work in tandem.

White House Task Force to Protect Students from Sexual Assault

On January 22, 2014, President Obama established the White House Task Force to Protect Students from Sexual Assault, with a mandate to strengthen federal enforcement efforts and provide schools with additional tools to combat sexual assault. Henceforth, a national website was developed, as well as The First Report of the White House Task Force to Protect Students From Sexual Assault (April 2014).

TRAUMA-INFORMED CAMPUSES

Trauma exposure is pervasive among college students and its impact is very broad. "(Trauma) occurs as a result of violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014a, p. 2). Up to 75% of college students report having experienced a traumatic event. The rates of reported post-traumatic stress disorder (PTSD) in college samples are similar to those reported in community samples, which are 8-9% (Humphrey & White, 2000; Lauterbach & Brana, 2001; Read et al, 2011). The impact of trauma on students is deep and life altering. An example is the high association of interpersonal trauma, such as sexual assault, child abuse, and partner violence, with poor coping, such as dangerous alcohol use patterns (Felitti et al, 1998; Ford et al, 2010; Read et al, 2014). Survivors may come to see themselves as fundamentally flawed and to perceive the world as a dangerous place (Fallot & Harris, 2009).

The development of effective prevention programming and comprehensive response to sexual and relationship violence requires a university-wide commitment to the values of trauma-informed practice, as well as a commitment to institution-wide use of promising practices in gender-inclusive and culturally-relevant victim/survivor-centered care and programming. Response to victims/survivors with current or past histories of trauma should be comprehensive and coordinated, both within the campus and with community partners.

Of great importance is that trauma significantly affects ways in which students approach potentially helpful relationships on the college campus, such as the faculty-student, clinician-student, or advisor-student relationship and those types of relationships common in the student affairs arena. Because issues of trust and suspiciousness are measures of self-protection,

> ***Trauma-informed systems ask the question "What has happened to you?" rather than "What is wrong with you?" Trauma-informed practices view victims/survivors as the experts on their own needs.***

students with histories of trauma are often reluctant to engage in relationships or may only intermittently make contact with potentially helpful faculty, administrators, and/or support staff (Fallot & Harris 2009). Additionally, even on college campuses, trauma may occur within the service delivery context itself. For example, triggering media and content may be used in a classroom by faculty unaware of the presence of students with trauma histories and unprepared with proactive preventive strategies to mitigate the effects of their curriculum on sensitive students.

In order to optimize the outcomes for trauma survivors, as well as the campus community, a trauma-informed approach must be used. "An organization or system which is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization" (SAMHSA, 2012, p. 4). Trauma-informed approaches embrace a perspective that highlights adaptation over symptoms and resilience over pathology (Elliot et al, 2005).

Trauma-informed approaches emphasize physical, psychological, and emotional safety for both providers and survivors, which allows survivors to rebuild a sense of safety, control, and empowerment. Trauma-informed approaches further involve vigilance in anticipating and avoiding institutional practices and processes that are likely to re-traumatize individuals with histories of trauma and allow services to be delivered in a way that facilitates participation.

To provide the best trauma-informed environment, campus leadership must create a campus climate of health and well-being not only for students, but also for staff and faculty. Such an environment includes a culture of care, safety, and respect. "In creating and sustaining a trauma-informed workplace, organizations need to foster a work environment that parallels the treatment philosophy of a trauma-informed system of care. Doing so allows faculty and staff to count on a work environment which values safety, endorses collaboration in the making of decisions at all levels, and promotes workforce well-being" (SAMHSA, 2014b, p. 175).

SAMHSA (2014a, p. 9) describes four key assumptions and six key principles that are necessary for a trauma-informed campus community. They describe the key assumptions as the "Four R's":

1. **Realization**: People at all levels in the campus community should have a basic realization about trauma and its effects on individuals, families, and communities. On a college campus, it needs to be understood that it is equally possible for a student, staff, and faculty members to be affected by the experience of trauma in their lives. Students, staff, and faculty's response to trauma should be understood in the context of coping strategies that are designed to deal with often overwhelming emotion from past or present experiences. Vicarious trauma (e.g., distress responses from experiencing or hearing about others' trauma) should also be appreciated and addressed, particularly in high-risk settings such violence intervention programs and in high-risk populations such as veterans.

2. **Recognize**: Staff and faculty, as well as peer educators, must be trained to recognize the signs of trauma in the campus setting. Key individuals who should have this training should include those in the departments of public safety, health and wellness, disability services, residence life, conduct, student affairs, human resources, and student leadership. They should be able to recognize variations in the signs of trauma by gender, background, setting, age, and other socio-demographic variables. Trauma screening in health and mental health settings, including evaluation for Adverse Childhood Experiences (ACES), has been increasingly used to identify trauma survivors proactively and offer specialized trauma-focused services.

3. **Response**: The campus, as a whole, should develop a universal trauma-informed systematic approach to serving its students, staff, and faculty. A thorough evaluation of the campus mission statement, policies and procedures, strategic plans, and on-going practices should be undertaken to ensure that the entire campus promotes a commitment to trauma recovery and trauma prevention. On-going evaluation and training must occur for staff and faculty to ensure that staff and faculty

work in an environment that promotes trust, fairness, and transparency. In order to provide a psychologically and physically safe and healing campus environment, it must be made abundantly clear that all language, behaviors, and policies must take into consideration the high frequency of histories of trauma in the campus community.

4. **Resist re-traumatization**: Without consideration of the potential effects of previous trauma, campuses can inadvertently create harmful and stressful climates that interfere with access to help, as well as healing and recovery processes. Practices, policies, and protocols should be mindfully developed and implemented across campus systems. All first responders should receive annual training about trauma response as it relates to their profession. For example, university police should be able to discern if a person's strong reaction to being restrained may have been triggered by previous trauma rather than resisting arrest. Or, a professor should be able to use a trauma-informed approach to determine if a student who routinely misses class or appears to be disengaged is enacting coping and protective strategies to deal with a previous traumatic event. Otherwise, implementing purely academic punitive measures can be re-traumatizing and impede the relationship and potential for future success.

The six key principles of a trauma-informed approach defined by SAMHSA (2014a, p. 11) may be used within and generalizable in multiple settings.

1. **Safety**: Trauma-informed campuses emphasize safety in physical and sensory environments, as well as emotional safety and security of the campus community in the classroom, on campus, and at campus-affiliated events. A campus climate of respect and collaboration is sought after and nurtured for all constituents of the campus community. All members of the campus community should be trained on trauma-informed approaches, emphasizing training for first responders, such as public safety staff, residence life staff, student affairs staff, facilities staff, peer counselors, coaching staff, faculty advisers, etc. This training should include basic crisis intervention.

2. **Trustworthiness and transparency**: Creating a climate of trustworthiness and transparency requires careful attention to consistent and on-going open communication between all levels of campus personnel. Organizational processes, policies, and protocols should be transparent, with the goal of creating and maintaining trust among all campus community members. This includes information on confidential and non-confidential resources and any associated reporting obligations. Campus staff and faculty must clearly and consistently inform students of their limitations and reporting responsibilities. People affected by trauma need the predictability of sensitive but consistent policies and procedures.

3. **Peer Support**: Peers, defined as those with similar experiences or those who are key caregivers within the recovery and healing process, are fundamental in establishing safety and hope.

4. **Collaboration and Mutuality**: Trauma-informed campus systems recognize the importance of decision-making, with emphasis placed on partnerships unbiased by power differences. "There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.... Everyone has a role to play in a trauma-informed approach" (SAMHSA, 2014a).

5. **Empowerment, Voice, and Choice**: Recognizing the strengths of those who have experienced trauma gives them agency and voice while using individualized approaches to empowerment and support. Opportunities for empowerment may include involving students serving on advisory boards, offering campus climate surveys, and conducting focus groups to obtain deeper feedback and understanding.

6. **Cultural, historical, and gender issues**: Campuses need to acknowledge historical trauma and experiences, cultural stereotypes, biases, and myths associated with sexual and relationship violence as part of a trauma-informed approach of prevention, response, and advocacy services—for example, debunking the concept that men are not victims of sexual and relationship violence while building systems that are inclusive of addressing all types of victimization. The

trauma-informed campus incorporates policies and procedures that are responsive and appropriate to the population served with attention to inclusivity and diversity.

For more information, see SAMHSA's Trauma Informed Approach and Trauma Specific Interventions.

Considerations of Marginalized and Vulnerable Populations

Marginalized and vulnerable populations are those populations that are under-represented and under-resourced, often experience levels of oppression and/or invisibility, and are at greater risk for victimization. Their specific needs are often not considered or represented in response, support, and prevention education. Therefore, special considerations should be given to identifying those populations that may be marginalized and vulnerable on your campus. These populations will vary depending on the representation and climate on each individual campus. Some populations whose needs have historically been without consideration and/or underrepresented include, but are not limited to, individuals who belong to faith-based communities, military, people of color, minors, LGBTQIA+, graduate and professional students, women, international individuals, people with disabilities, those with a trauma history, and non-traditional students. Acknowledging that this is not an exhaustive list, it is important to understand how intersections and levels of oppression can influence and impede access to care. In particular, language, representations, assumptions, and understanding within service systems can perpetuate marginalization and vulnerability, effectively cutting access to care and support. Taking time to identify and learn more about the unique barriers faced by these communities and clarifying ways we can remove barriers can promote a climate and service system that is more inclusive and thoughtful and better meets the needs of the entire community.

Recovery from Trauma, Resiliency, and Post-Traumatic Growth

Exposure to trauma, including sexual and relationship violence, has many negative consequences. Among these negative consequences are uncomfortable and intrusive internal experiences (thoughts, feelings, body sensations), a feeling that one has lost control of their mind and body, flashbacks, nightmares, fractures in ability to relate and trust, distortions in self-image, and a general sense that one is less safe or less in control than before the trauma and, at worst, a fear that they are damaged to the core with no hope of redemption. For some, it can even go as far as existential despair. As described by Bessel van der Kolk (2014), a leading psychiatrist and researcher on trauma, trauma is unbearable and intolerable. People who experience trauma often cannot stand the thought of what happened to them and invest tremendous amounts of energy to keep functioning while living with the memory and the shame of utter vulnerability. While those who have been traumatized want nothing more than to be able to forget and move on, their brains refuse to forget and may reactivate aspects of the traumatic memory long after the traumatic experience is over. While what has happened cannot be undone, the impact of the trauma can change and people can recover. Recovery has many different trajectories ranging from a resiliency to trauma, to despair and significant post-traumatic stress, to post-traumatic growth.

For most people who experience clinically significant symptoms of post-traumatic stress, recovery is a process that occurs in conjunction with psychotherapy and is an effort of reclaiming ownership of body and mind (van der Kolk, 2014). This often involves finding a way to calm the body and focus the mind, learning to be present with uncomfortable aspects of the past, engaging in the present and staying connected to people, and not hiding from oneself. The first step is to establish safety, whether that is physical or emotional, so that the traumatic incident can eventually be faced. This involves learning how to manage hyper-arousal and restore balance between the rational (thinking) and emotional brain so that the person is again in charge of responding to what is occurring. Once this is established, the task shifts to the desensitization and reprocessing of traumatic memories.

While there is a strong association between the presence of psychiatric disorders and traumatic exposure, in most cases trauma exposure does not lead to psychiatric disorders (Iacoviello & Charney, 2014). Further, some people demonstrate an ability to endure and recover from unfathomable trauma.

This adaptive characteristic is referred to as resilience. The psychosocial factors that contribute to resilience comprise cognitive, behavioral, and existential domains. Within the cognitive domain is the ability to maintain optimism; cognitive flexibility; and adaptive, positive core beliefs. Within the behavioral domain are possessing and utilizing active coping resources, maintaining physical health and a support system, and acting in accordance with one's values. Lastly, in the existential domain are maintaining connection with others, maintaining spiritual or faith-based practices, and embracing a personal moral compass to help maintain purpose in life in the face of despair and adversity.

Post-traumatic growth (PTG) is the idea that difficulties in life, even when extreme, can lead people to change in radically positive ways (Calhoun & Tedeschi, 2014). That is, some people respond to traumatic experiences containing elements of great suffering in ways that are highly positive and transformative. This is in no way intended to romanticize suffering or trauma or minimize the vast array of negative consequences that are produced by a traumatic event, but rather to recognize PTG as one potential outcome. Specifically, people who experience PTG tend to adopt a mindset that they are living their life in a way that is richer, fuller, and more meaningful.

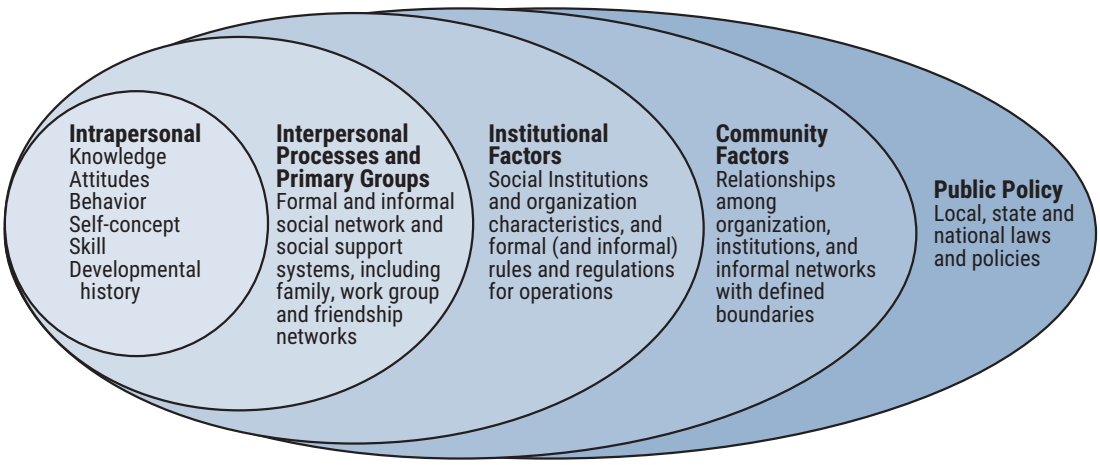
It is thought that people who experience PTG change in three broad categories: perceptions of self, relating to others, and philosophy of life. In regard to perceptions of self, PTG responses can include a sense that one has survived, is strong and capable, and can be handle the challenges that life brings. However, the process at which people arrive at this conclusion often takes time, vulnerability, and a commitment to their own growth. It is not uncommon for people to find new possibilities and directions in life through PTG. In regard to relating to others, through PTG, survivors may feel a greater sense of connection with others in general and specifically with others who are suffering. This is significant, as negative traumatic reactions have the power to isolate the individual from others (Herman, 1992). It is not uncommon for PTG to help survivors find closeness and freedom to be oneself and can help them invest in relationships that are truly healthy and fulfilling. Lastly, in regard to philosophy of life, PTG often leads people to a changed sense of what is most important to living a full life. It is in this realm of existential matters that the most significant PTG may be experienced. From this perspective, for many people who have struggled with trauma, the satisfactory engagement and response with major existential questions about how to live one's life may be just as important, if not more important, than the reduction of psychological discomfort. Further, this perspective takes the perception that discomfort is transformed rather than eliminated.

PUBLIC HEALTH FRAMEWORK

Ecological Approach

A public health approach, supported by ACHA's Healthy Campus 2020, emphasizes an ecological approach to improve student, faculty, and staff

Figure 1. Ecological Approach (McLeroy, Steckler, Bibeau, and Glanz, 1988)



health. An ecological approach focuses on both population-level and individual-level determinants of health and interventions. Campus ecology provides a multifaceted view of the connections among health, learning, productivity, and campus structure.

Preventative interventions at all levels are necessary to reduce the occurrence of sexual and relationship violence and to significantly improve the health status of campus communities. The ecological approach for prevention of sexual and relationship violence frames risk and protective factors within the context of intrapersonal, interpersonal processes and primary groups, institutional factors, community factors, and public policy. Prevention is population-based, using strategies, policies, and actions at all levels to prevent sexual and relationship violence (Figure 1).

Addressing sexual and relationship violence requires campus-wide recognition of the serious impact these types of violence have on campus communities and support from the highest levels of campus leadership. Appropriate funding and resources should be allocated to support comprehensive prevention and response. Faculty, staff, administrators, and students must promote and model respect, equity, and mutuality. In particular, campus communities can empower students to engage in creating an inclusive culture of respect on campus while also providing trauma-informed resources and support for those who have been affected by trauma.

In the ecological model health status and behavior are the outcomes of interest (McLeroy, Bibeau, Steckler, & Glanz, 1988, p. 355) and viewed as being determined by the following:

- **Intrapersonal factors:** Characteristics of the individual such as knowledge, attitudes, behavior, self-concept, skills, and developmental history.
    - Includes gender, religious identity, racial/ethnic identity, sexual orientation, economic status, financial resources, values, goals, expectations, age, genetics, resiliency, coping skills, time management skills, health literacy and accessing health care skills, stigma of accessing counseling services, rape myth attitudes, perceptions of social norms, and trauma history.
- **Interpersonal processes and primary groups:** Formal and informal social networks and social support systems, including family, work group, and peer networks.
    - Includes roommates, supervisors, resident advisors, athletics, recreation, intramural sports, clubs, and Greek life. It also includes rituals, customs, traditions, economic forces, diversity, active bystander behavior, and peer norms related to sexual respect.
- **Institutional factors:** Social institutions with organizational characteristics and formal (and informal) rules and regulations for operations.
    - Includes campus climate, resource allocation, lighting, distance to classes and buildings, design and staffing of social spaces on campus, safety, policies and communication of those policies (amnesty related to alcohol use, definition of consent, etc.), availability of confidential resources, availability of culturally sensitive resources, coordinated response team, and collaboration among prevention educators, advocates, law enforcement, Title IX, conduct, and other student support services.
- **Community:** Relationships among organizations, institutions, and informational networks within defined boundaries.
    - Includes location in the community, built environment, neighborhood associations, housing, community leaders, businesses (especially bars), lighting, parking, transportation, walkability, design and staffing of social spaces off campus, availability of confidential resources, mental and physical health resources and advocacy, law enforcement, campus community relationships including MOUs, availability of culturally sensitive resources.
- **Public policy:** Local, state, national, and global laws and policies.
    - Includes policies that allocate resources to establish and maintain a coalition that connects individuals and the larger social environment to create a healthy campus, laws regarding alcohol sales and consumption, policies related to violence, social justice, Title IX, Clery Act, Violence Against Women Act, Campus SaVE Act, Not Alone, and future legislative initiatives.

Social Justice Orientation with Special Attention to Cultural Awareness

Social justice is a critical aspect of a public health approach. Social justice refers to a concept in which equity or justice is achieved in every aspect of society rather than in only some aspects or for some people. It includes a vision of a society in which the distribution of resources is equitable and all members are physically and psychologically safe and secure. Social justice involves social actors who have a sense of their own agency, as well as a sense of social responsibility toward and with others and the society as a whole. (Adams, Bell, & Griffin, 2007) In addition, addressing sexual and relationship violence through a social justice lens should consider broader social justice impacts as part of the means of bringing an end to such violence.

Special attention should be given to marginalized communities and communities who are at higher risk of sexual and relationship violence victimization. Marginalized communities should be actively involved when addressing sexual and relationship violence. Key opinion leaders in these communities should be sought out to actively engage in the development of prevention and response systems.

Understanding and Incorporating Intersectionality into Primary Prevention

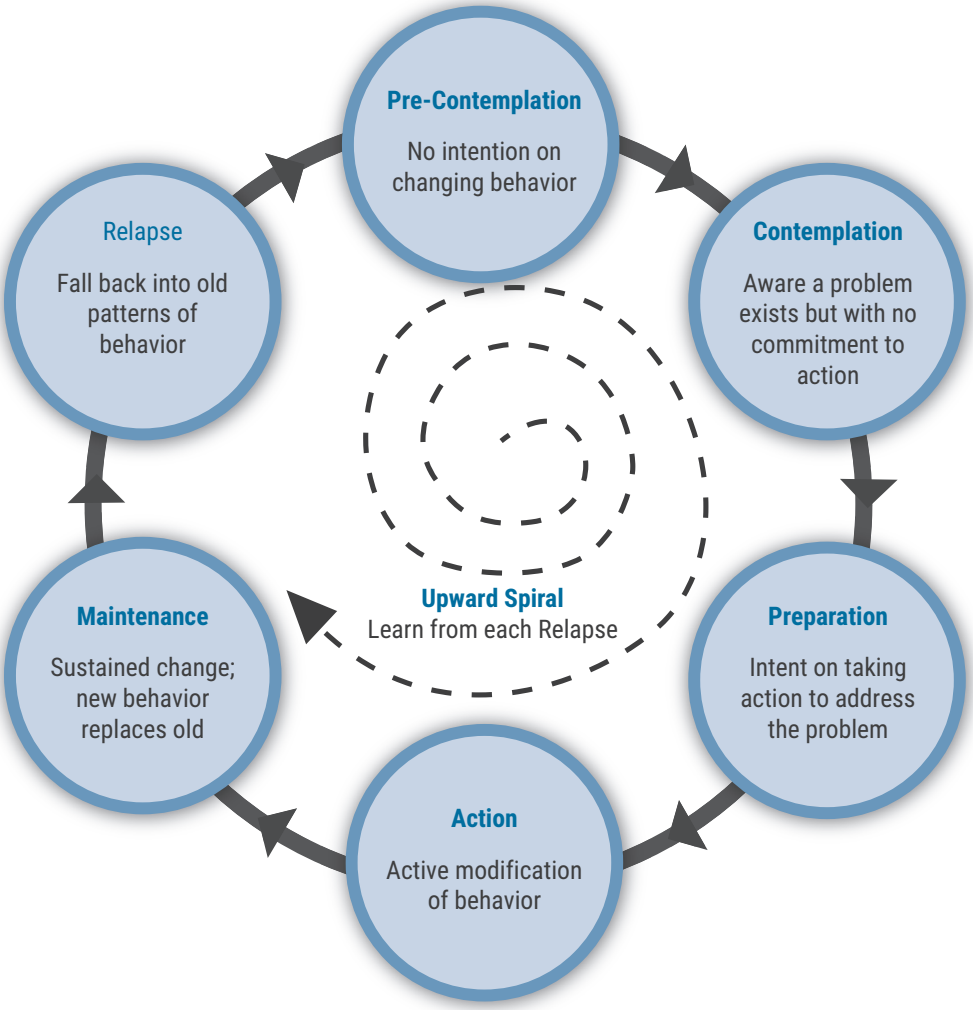
Social and health inequities are highly related, making it essential for public health to incorporate intersectionality into its guiding principles. Bowleg (2012) states that "intersectionality is the critical, unifying, and long overdue theoretical framework for which public health has been waiting" (p. 1272). Intersectionality is the idea that human beings are shaped by the interaction of various social identities and locations, some of which include race/ethnicity, gender, class/socioeconomic status, sexuality, age, disability/ability, migration status, religion, and indigeneity, that occur within a context of connected systems and structures of power (Hankivsky, 2014). These power systems and structures can include laws, policies, government, political and economic unions, religious institutions, and the media. This allows for the development of various forms of privilege and oppression. Inequities, then, are never the result of a single or distinct factor, but rather the intersections of different social locations, power relations, and experiences. People's lives are multidimensional and complex, and their lived realities are shaped by various interactions (not additions) of one's identity and social dynamics, making it is possible to experience both privilege and oppression concurrently. That is, one can have multiple social identities at a micro level (i.e., intersections of race, gender, sexual identity, religion) that intersect with macro level structures (racism, sexism, ageism, poverty) in producing inequities in health outcomes (Bowleg, 2012). It is essential that primary prevention efforts take a broader scope that moves beyond single identities and/or group-specific concerns and into a stance that is informed by intersectionality.

To create an intersectionality-informed program there needs to be a "natural curiosity and commitment to understanding how multiple social categories intersect to identify health disparity" (Bowleg, 2012, p. 1270). Bowleg outlines five ways that intersectionality can benefit public health: 1) unifies language and theoretical framework for scholars, 2) prompts analysis and conceptualization of disparities and social inequities in ways that mirror the complex and multidimensional populations for whom adverse health outcomes are most disproportionate, 3) includes focus on macro level social-structural factors (i.e., racism, sexism, ageism, poverty) align with contemporary advocacy to include and consider the effects of factors beyond individual health, 4) takes experiences of historically oppressed or marginalized populations as its vantage point to facilitate and inform development of health promotion messages, interventions, and policies, and 5) allows and supports the collection, analysis, and presentation of health data consisting of multiple interlocking social identities.

Using Theoretical Models to Support a Public Health Approach

Behavior change programs and interventions are most likely to be beneficial when guided by a theoretical model. Various models may be applied to a public health approach. There are multiple best practice models that can help guide and support the overall approach. Choosing a suitable theory (or theories) should start with identifying

Figure 2. Prochaska and DiClemente's Stages of Change Model (Pacheco, 2012)



the problem, goal, and program/intervention. A few models of consideration are: 1) Stages of Change/Transtheoretical Model, 2) Health Belief Model, 3) Extended Parallel Process Model. However, programs should use whatever model best matches the intended goal and audience.

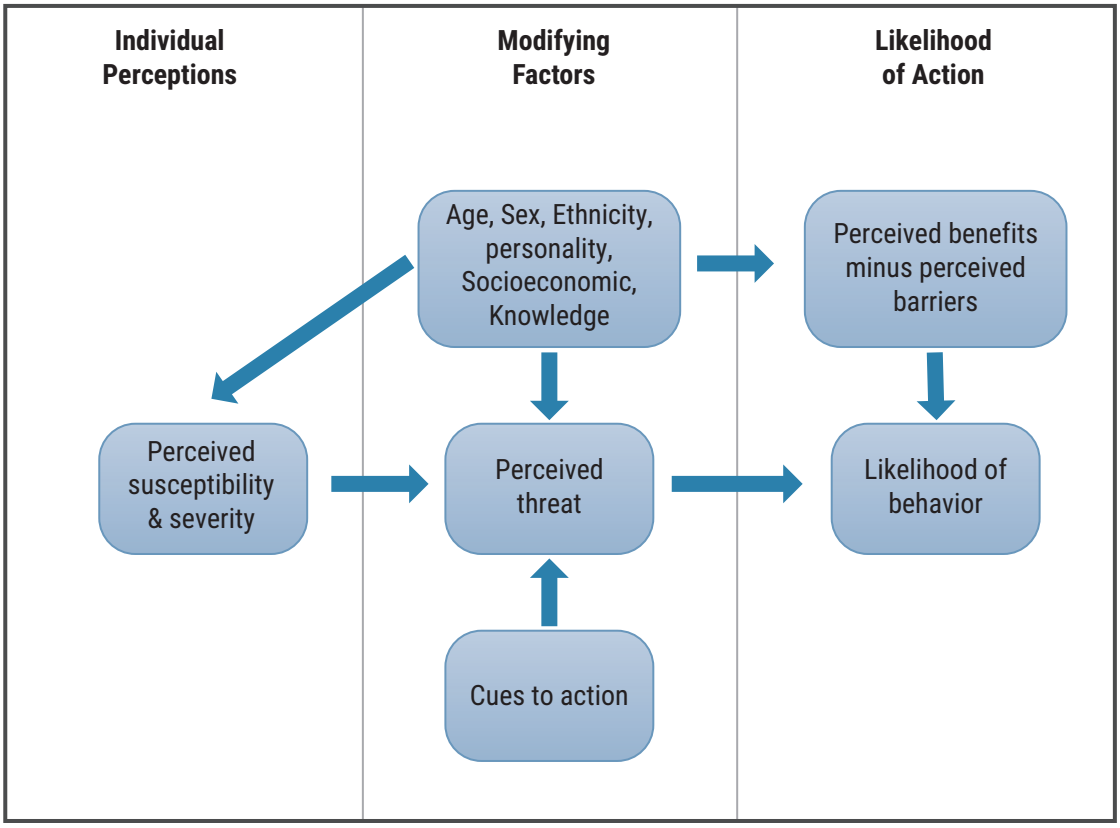
Transtheoretical Model/Stages of Change

The Transtheoretical Model (Prochaska & DiClemente, 1982), commonly referred to as the Stages of Change Model, is often used in public health and can be particularly effective in how we approach the prevention of sexual and relationship violence (Figure 2). The Transtheoretical Model helps to assess an individual's readiness for change and gives strategies to guide an individual through the stages of change. It is composed of several constructs: stages of change, processes of change, self-efficacy, decisional balance, and temptations. The most familiar construct is the stages of change, which consist of precontemplation, contemplation, preparation, action, maintenance, and relapse.

Health Belief Model and Extended Parallel Process Model

Two other public health models that can be used to approach sexual and relationship violence on campus are the Health Belief Model and the Extended Parallel Process model. Encouraging people to adopt behaviors such as asking for consent or being willing to report concerns to appropriate campus authorities can be approached by using these evidence-based models.

Figure 3. Health Belief Model (Glanz, Rimer, & Lewis, 2002)



Health Belief Model

A key aspect of the Health Belief Model (Figure 3) is that perceived benefits to an action must outweigh perceived barriers. For example, in consent education, it is important for participants to acknowledge and name perceived barriers to obtaining consent and for the facilitator to encourage the recognition of valuation of perceived benefits. Furthermore, facilitators should help develop cues to action for desired behaviors.

The Health Belief Model may also be applied to response services for victims/survivors as well. The aim should be to lower perceived barriers to services while helping students understand the potential benefits, and also providing cues to action for those who choose this type of support (e.g., publicly displayed list of confidential resources and contact information).

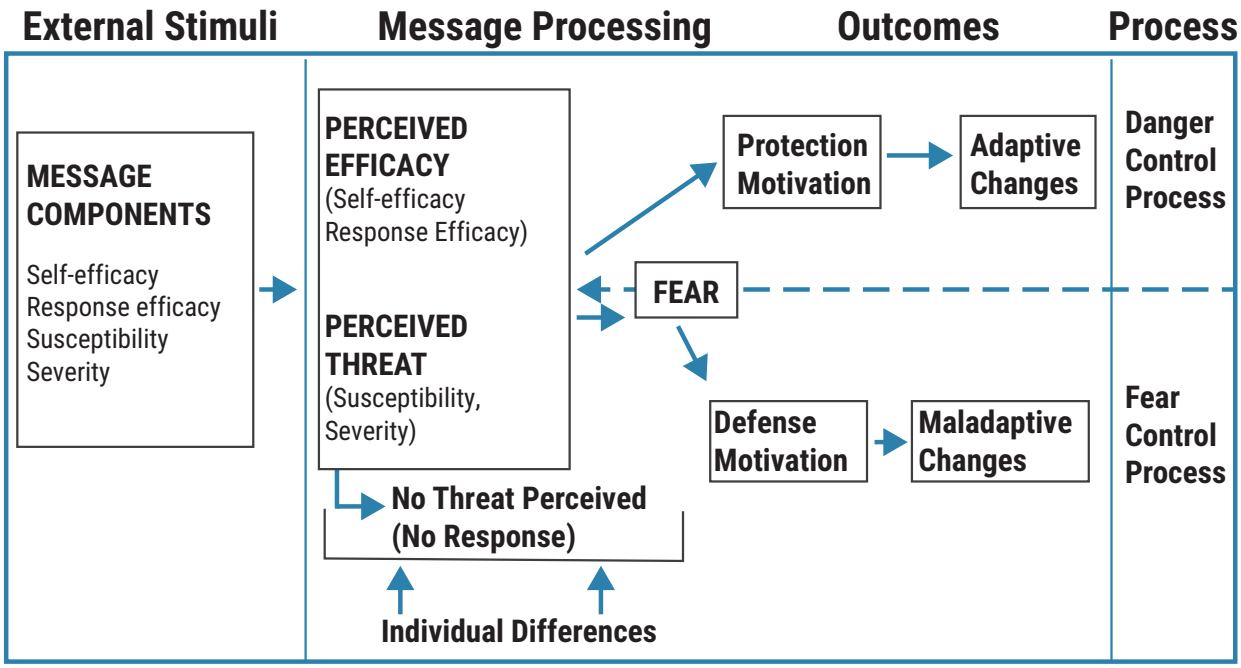
Extended Parallel Process Model

Key aspects of the Extended Parallel Process Model (Figure 4) include the importance of perceived self-efficacy ("I can do this behavior") and response efficacy ("The behavior is effective"), collectively represented as perceived efficacy. Perceived efficacy must outweigh the fear of the perceived threat in order for adaptive changes to occur. When the fear of the perceived threat outweighs the perceived efficacy, maladaptive changes may occur. For example, consider programming done on campuses during new student orientation—in order to promote adaptive changes, messaging should emphasize self- and response-efficacy in addressing sexual and relationship violence, and fear messaging should be minimized.

PREVENTION OF SEXUAL AND RELATIONSHIP VIOLENCE

Prevention seeks to prevent individual instances of sexual and relationship violence while also working to create a culture that is free of sexual and relationship violence for everyone. In this critical way, prevention differs from risk reduction, the latter of which primarily focuses on empowering individuals to acknowledge risks and

Figure 4. Extended Parallel Process Model (Witte, 1994)



identify strategies to minimize the likelihood of an occurrence of sexual or relationship violence. Prevention should engage the community at all levels to actively participate in multi-layered, coordinated efforts.

Traditionally, prevention work in this arena has reflected a heteronormative and cisgender bias; thus, it is essential to incorporate multiple perspectives. For this work to be effective, all parts of the community must play an active role. This calls for the intentional inclusion of populations that often have been under-engaged, particularly men.

Comprehensive prevention work should assist students in developing skills that support positive, healthy relationships and strategies for preventing negative experiences. Prevention should be prioritized and as equally resourced as conduct and other campus-supported response systems. The following recommendations should serve to guide institutions in the prevention of sexual and relationship violence.

Recommendations for Prevention:

- As a priority, allocate specific resources, including human resources, time and money.
- In the absence of evidence-based strategies, use thoughtful and innovative prevention efforts.
- Coordinate prevention-related messaging throughout campus, starting with a common language, including definitions of sexual and relationship violence, consent, etc.
- Ensure that prevention programming is ongoing, multi-dose, and comprehensive.
- Meet audiences where they are in their readiness for change.
- Address the significant, nuanced relationship between alcohol and other drugs and sexual violence.
- Support efforts towards providing an environment of physical and emotional safety.
- Educate event hosts and security on creating social environments that promote sexual and interpersonal respect.
- Train faculty, staff, and students in active bystander strategies.
- Reinforce concepts of healthy relationships.
- Provide opportunities to develop communication skills with focus on practices specific to consent.

Rape Culture

Rape culture is not a new concept. Historically, it has been defined as "a complex of beliefs that encourages male sexual aggression and supports violence against women" (Buchwald, Fletcher, & Roth, 1993, preamble). In general, rape culture is the collective attitudes, values, and beliefs about sexual violence among a group, created by an environment in which rape is prevalent and supported by social norms that accept, overlook, and excuse rape. Rape culture is perpetuated throughout a society by means of sexualized language, sexual objectification (particularly sexual objectification of women), gender inequalities, the glamorization of sexualized violence, misogyny, and widespread victim-blaming. It is pervasive throughout media and popular culture.

A prominent element within rape culture is the endorsement and propagation of rape myths. These myths widely define "real rape" only as violent, physical, forced acts of sex often perpetrated by strangers and met with much resistance from victims. Such myths purport narratives that shift blame from the offender to the victim/survivor. Rape myths impede the reporting of sexual violence as victims/survivors fear being blamed or even blame themselves in response to deep rooted cultural beliefs about rape. Furthermore, adjudicating sexual violence cases may be biased as it is difficult to separate jurors' beliefs in rape myths from facts.

Prevention education must address rape culture at every level of the socio-ecological model in order to change social norms to be more congruent with facts about sexual and relationship violence. Klaw, et al. (2005) found that through intensive, sustained education about rape, it is possible to dismantle rape supportive culture. In particular, their study revealed that participants who took a course about rape became more aware of the existence and prevalence of sexual violence. Participants not only developed greater awareness, but also took action to challenge rape culture in different ways, from confronting others around them to participating in social activism, which coincides with addressing sexual violence across the levels of the socio-ecological model.

Bystander Intervention

Currently, bystander intervention is thought of as a promising practice, with some efficacy being demonstrated through early evaluation. This primary prevention model is based on social change theory, which maximizes the influence of individuals with social capital to effect culture change. Bystanders are "individuals who observe or witness the conditions that perpetuate violence" (Baynard, Plante, & Moynihan, 2004). They are someone who is present but not directly involved and have the opportunity to intervene, say something, or do something about the situation. The bystander is in a position to potentially discourage, interrupt, or prevent the situation (Katz, 2011; New York State Department of Health, 2013).

Active bystander behaviors work at multiple levels of the Social Ecological Model. The Social Ecological Model addresses the multifaceted interaction among individual, relationship, community, and societal factors that influence all bystanders, perpetrators, and victims of sexual and relationship violence.

- At the individual level, people's knowledge, skills, and self-efficacy determine whether or not they will be active or passive bystanders.
- At the relationship level, people are more likely to be active bystanders when their social circles are supportive of active bystander behaviors.
- At the community level, people are more likely to be active bystanders when their school, work, or other social environments are supportive of active bystander behaviors.
- At the societal level, active bystander behaviors bring about changes in social norms and alters what is considered acceptable behavior in society.

This approach gives community members specific roles that they can use in preventing sexual and relationship violence, including naming and addressing situations that may lead to such violence before it happens or stepping in during the incident.

Colleges and universities are encouraged to incorporate an active bystander training program within their prevention efforts. Active bystander training programs are most effective when presented to students in multiple doses and

methods through the course of their college careers. Active bystander training programs seek to mobilize the campus to action and equip bystanders to recognize potential high-risk situations and to understand safe ways to intervene and get involved before, during, and after potential acts of sexual and relationship violence.

A quality active bystander training program focuses on creating community awareness of issues of sexual and relationship violence, recognition of observable behaviors that perpetuate violence, and awareness of individual responsibility in ameliorating violence, with emphasis on skill development for prevention and de-escalation to intervene in various situations. Active bystander training programs provide community members with a specific role that can be adapted in preventing and interrupting incidents of sexual and relationship violence. This role includes proactively addressing situations before and interrupting situations during an incident. In addition, individuals should have knowledge of and skills for helping someone access resources after an incident has occurred.

When selecting an evidence-based bystander intervention program, colleges and universities should consider whether the program's strategies are effective across all demographics (e.g., gender, ethnicity, sexual orientation, etc.) to meet the unique needs of each campus. Colleges and universities should consider carefully which department will house the program in order to maximize its visibility and accessibility to the larger campus community (e.g., student affairs, health promotion, or Title IX office).

Active bystander training programs are more effective when they are a component of a comprehensive relationship or sexual violence prevention program (Powell, 2011). Research indicates that students benefit and improve their active bystander behaviors with multiple doses of training (National Sexual Violence Resource Center [NSVRC], 2011). With multi-dose training we are more likely to meet students where they are in the stages of change and increase their knowledge and skills to use active bystander behaviors when presented with a situation of relationship or sexual violence.

Key Questions to Consider

There are a variety of methods in which active bystander training may be implemented within a college or university. Selecting a strategy and program that best fits the college/university and target audience requires several considerations. Below are key questions to consider when planning, implementing, and evaluating active bystander intervention training:

- What are the college/university's goals in implementing the active bystander training program?
- Who is the target audience for the training?
- What is the college/university's internal capacity (staff, budget, time, etc.)?
- Who needs to be included in planning, implementation, and evaluation processes?
- Who are the stakeholders to be engaged?
- What college/university policies need to be developed to effectively implement and evaluate active bystander training?
- How will the active bystander training be evaluated?
- Have connections been made with local rape crisis and sexual violence prevention programs?

Active Bystander Training Program Checklist:

- ❒ Evidence-based, peer-reviewed literature
- ❒ Multiple doses
- ❒ Audience: single gender, gender inclusive, stages of change, class year
- ❒ Well-trained facilitators
- ❒ Focus on skill building
- ❒ Campus-specific scenarios
- ❒ In-person training
- ❒ Addresses range of active bystander behaviors, including practice of such behaviors
- ❒ Addresses role of empathy
- ❒ Avoid reinforcing gender norms and inequities
- ❒ Incorporates expanded notions of gender and sexuality
- ❒ Evaluation methods (process and outcome)

- ❒ Fit with comprehensive efforts to address relationship violence across campus
- ❒ Reach (those being trained)
- ❒ Incorporate intersectionality

Male Involvement with Prevention Education

Men have a critical role in the prevention of sexual and relationship violence. While it is not the intention to frame all men as potential perpetrators, it must be understood that behaviors related to the perpetration of sexual and relationship violence are related to the norms and culture of masculinity (Kilmartin & Berkowitz, 2005; Fleming et al., 2015). Put simply, sexual assault and relationship violence exist in a culture that encourages men to see themselves as different from and better than women.

The hallmark of western masculinity is often seen as power and control. Sex is not seen in a relational context; it is often seen as an act of masculinity. Emotional content gets converted to either anger or lust and violence is seen as an acceptable solution to problems. It has been suggested that college-aged men who received feedback that they are gender-atypical are more likely to respond to subsequent tasks with physical aggression, harassment of women, and sexual coercion (Vandello et al., 2008, Bosson et al., 2009; Vandello & Bosson, 2013). This is called "precarious manhood." In this sense, manhood is defined not by biology, but by achievements and actions, and therefore manhood can be lost through social acts that are too feminine. Manhood is to be earned and demonstrated repeatedly. Certainly not all men operate in this fashion nor prescribe to this masculine culture; however, this can come at a cost.

Gay men and transgender individuals who do not fully conform to traditional gender norms are often targets of violence (Meyer, 2012). Connell and Messerschmidt (2005) highlight that masculinity is related to how men occupy and use their bodies and often skilled bodily activity becomes a prime indicator of masculinity, which is a significant way that heterosexuality became linked with masculinity in Western culture. Prestige is placed on those men who view and participate in heterosexuality as exploration and conquest. In addition, when considering the intersectionality of identities, many men may commit a broader range of violence acts in order to procure their manhood when structurally excluded from traditional male power structures due to race, ethnicity, class, sexual orientation or other identities (Courtenay, 2000).

Another informative concept is hegemonic masculinity, that multiple patterns of masculinity exist in different institutional and cultural settings and that certain masculinities are more associated with authority and social power (Connell & Messerscmidt, 2005). This concept presumes the subordination of non-hegemonic masculinity and femininity. Hegemonic masculinity is not domination based on force only, but rather through cultural consent, institutionalization, and the minimization or delegitimization of alternative forms of masculinity. Importantly, gender is not only constructed by men. Women also are active in the process of constructing masculinities in their family, relational, and professional roles. As women's identities continue to be reconfigured, gender hierarchy will need to be continually reexamined. Mutual creation and conditioning of gender and social dynamics highlights that women's issues and men's issues should be less isolated from each other and emphasizes the relevance of gender dynamics. Sexual and relationship violence must be conceptualized as an issue of gender dynamics.

Far too many men have done little more in the area of preventing sexual and relationship violence than to make a personal decision to not be a rapist or violent. This choice is often commended, but it is insufficient. Paul Tillich (1957) offers some guidance on the responsibility men hold in this area:

> The citizens of a city are not guilty of the crimes committed in their city; but they are guilty as participants in the destiny of [humanity] as a whole and in the destiny of their city in particular; for their acts in which freedom was united with destiny have contributed to the destiny in which they participate. They are guilty, not of committing the crimes of which their group is accused, but of contributing to the destiny in which these crimes happened. (p. 58).

While it may be true that sexual violence is a moral failing on the part of the perpetrator, this is

only one condition that supports sexual violence and allows the rest of masculine culture to evade responsibility. Solely blaming perpetrators for making a poor choice or having weak character is inaccurate and unhelpful at best and harmful at worst. All men have a responsibility to prevent sexual and relationship violence. Men can use their influence on other men to start to impact the culture in which they have helped to create and live.

Table 1. Small Ways Men Can Help Prevent Sexual and Relationship Violence

- Take responsibility for playing a role in ending sexual and relationship violence and embrace gender-based violence as a men's issue too.
- Intentionally model respect for women.
- Refuse to participate in events that support violence as normal and healthy.
- Refuse to participate in events that denigrate and objectify women, such as pornography (especially violent pornography) and rating women's bodies.
- Respectfully confront and educate when other men behave in sexist ways, understanding that this behavior is also personal.
- Learn skills to intervene that include learning how to talk to other men that fits their style and type of relationship.
- Develop healthy expressions of masculinity such as courage (including emotional courage that includes empathy and love), leadership, independence, orientation toward action, and appropriate risk-taking (such as risking one's stake in "precarious manhood" in service of action based in compassion towards those being denigrated or objectified).
- When in a group of men conversing, understand that one's inner reactions are often different than how they appear (i.e., public approval like laughing indicates internal approval though you may not). In order to help challenge others, find an ally in the group to help find the courage to speak up.

(adapted from Kilmartin and Berkowitz, 2005)

Men are disproportionately represented in both perpetration and victimization of interpersonal violence. Since men's perpetration of sexual and relational violence appears to have its root cause in norms of masculinity, it will likely be more effective and more efficient to utilize a broader approach that targets the prevention of multiple forms of violence and seeks to transform norms of masculinity at the individual, interpersonal, institutional, and policy levels. Addressing different forms of violence simultaneously may help men stay engaged and have personal buy-in to the intervention. That is, many men may struggle to see themselves as potential victims of sexual and relationship violence but may be able to see the personal impact of other forms of violence. Additionally, this suggests that programming with men needs to not only be focused on stopping violence, but be gender-transformative and work to equalize the relationships between men, women, and gender fluid individuals.

Having men discuss gender norms in groups of other men often helps to break down harmful norms related to masculinity and can reduce violence (Dworkin, Treves-Kagen, & Lippman, 2013; Dworkin, Fleming, & Colvin, 2015). Additionally, addressing risk-factors to perpetrating violence must be included, such as lack of general skills to handle difficult emotions, lack of life skills, lack of nurturing relationships, history of violence or victimization, and substance use (Wilkins et al, 2014). What is often difficult is to move beyond change at the individual and interpersonal level—the change in attitudes and behaviors of men towards women and others who do not conform to the dominant masculine ideal. College campuses are uniquely situated in that each campus can create its own culture and social change and broader impact can be reached.

Transformative work on gender implies a deep engagement that goes beyond men and women talking about relationships, expectations, and roles. It is recommended that these discussions of gendered power be approached indirectly to help minimize resistance (Jewkes, Flood, & Lang, 2015). The challenge is to engage with gender and gender roles without losing the analysis of power and gender identity. Discussions with men-only groups will need to be able to hold a place for men's positive aspects of masculinity and men's vulnerability while steering away from the position that women's empowerment will come at the cost of victimizing men.

It is essential to recognize that a male (or any individual) who does not recognize or understand the structural dimensions of masculinity and who takes for granted his structural privileges will likely perceive women's empowerment as an actual loss and have a real sense of victimization. Being able to empathize, while not supporting the assumptions of men's victimization at the hands of women's empowerment, can help engage men and is precursor to critical reflection needed for transformative work to occur. This critical reflection can externalize aspects of culture that men respond to and find themselves participating and benefitting.

Table 2. Specifics for Targeting Men in Prevention of Sexual and Relationship Violence

- Find your empathy to connect with men as people, partners, and allies, not as possible perpetrators.
- Help men find their "buy-in." Many men experience caring about sexual assault as a personal choice and do not realize the ways they are impacted by sexual and relationship violence.
- Understand the "patriarchal dividend" that may have left many men unaware and complicit. Additionally, many people become defensive when discussing issues related to privilege and have trouble seeing how they benefit when they are often stuck in the oppressed status of their identity. This takes a very skilled presenter, understanding, and empathy.
- Understand stages/readiness for change and attempt to have interventions for all stages.
- Selectively integrate women into prevention efforts targeting men.

Hegemonic masculinity and its role in gender relations, not men, is the problem of focus. This also allows for wider analysis and understanding, as hegemonic masculinity is a trait not solely portrayed by men. That is, in deconstructing gender binaries it allows for the emergence of overlapping traits on the entire gender spectrum. Working with groups of men may produce change in groups of men, but does not replace interventions aimed at changing structural aspects of hegemonic masculinity, which will likely be over a longer course of time and have many different methods. Lastly, to give programming the best opportunity at success it is critical that sexual and relationship violence prevention work be theoretically-based (Jewkes, Flood, & Lang, 2015).

Utilizing Social Norms in the Prevention of Sexual and Relationship Violence

Social norms approaches have mixed evidence to support their efficacy. Therefore, understanding how social norms influence prevention and risk reduction work is important. As part of a comprehensive prevention education program the following should be considered:

- College students often underestimate peers' willingness to help in situations. Prevention work should challenge this norm by peers sharing intentions and actions related to active bystander behavior (Hoxmeier, Flay, & Acock, 2016).
- A risk factor for sexual assault perpetration is the over-estimating peers' approval for sexually coercive behavior. Prevention work should challenge this norm (Katz & Moore, 2013; Storer, Casey, & Herrenkohl, 2015).
- There is evidence to support that students overestimate their peers' rape myth attitudes, and that correcting these perceptions might increase willingness to report and also lessen the trauma of those who have experienced sexual assault (Paul, Gray, Elhai, & Davis, 2009).
- Social norms programming should be used with attention to best practices to maximize opportunities for effectiveness.
- Understand your intent in using social norms (e.g., raise awareness, challenge misperceptions, inspire action, etc.)
- *Always* cite the sources of your norms data and highlight campus specific data when possible. Not only does it make your norms more credible, but it contributes to your institution's educational mission.

Understand the Types of Norms

When developing a social norms campaign, it is important to consider the types of norms to be used. One type of norm is not necessarily better than another. Intentional thought must be given to the overall message and desired social norms outcomes.

> ***Descriptive norms***, as the name implies, describe what the majority of students do to address misperceptions in what students think the majority of students typically do (e.g., "3 out of 5 students at University ABC actively reject rape myths.")
>
> ***Injunctive norms*** include an element of approval or disapproval, either actual or perceived. (e.g., "Over 90% of students at University XYZ think you should help someone who is too drunk.")

Many people quickly think about poster campaigns as being synonymous with social norms campaigns. Poster campaigns are one strategy commonly used. If you choose to employ a poster campaign, consider the following:

- Keep the message simple and easy to read. Many people may be glancing at it while walking by.
- Messages that are specific to your campus population, or a subpopulation, are more likely to be effective.
- Focus on the behaviors you want to encourage (what percentage of students are engaging in the behavior you want to encourage).
- Consider that messages might be rejected as not believable when they differ from perceived norms, even if the messages are supported by data.
- Use caution when including photos of actual students on your campus. If you choose to use students in campaigns, they should be vetted through Title IX and Student Conduct in an effort to ensure they uphold the messages being promoted.
- If your social norms posters are intended to inspire action, include an action step on your poster.

While poster campaigns are one way to share social norms, be creative in employing other strategies. Consider the following examples as you think about unique strategies that may be effective on your campus:

- Use social norms in presentations, including new student orientations. (If your students take an online pre-matriculation course, you may already have some norms data on their class.)
- Equip peer educators with a few key social norms that they should reinforce when opportunities arise.
- Integrate social norms into training for student admissions hosts, orientation leaders, student residence life staff, student government, team captains, etc. These students are often the most influential in setting new students' expectations for what the "college experience" is like at your institution.
- Educate staff and faculty about social norms as well.
- Add questions to your campus climate survey that will potentially yield useful data for challenging social norms.
- Incorporate social norms into trivia or survey opportunities (e.g., pub quizzes, "clicker" or easily downloadable app-based games, intra-team competitions, etc.).
- Offer instant, group-specific norms within presentations and workshops. Be prepared to endorse pro-social responses and challenge undesirable or potentially damaging responses.
- Limit the number of key social norms you focus on each year for greater impact or adoption.

RISK REDUCTION

While current literature shows that participation in well-designed, comprehensive risk reduction programming reduces participants' likelihood of victimization, it is critical to recognize that risk reduction is not always possible nor sufficient, nor should it ever be allowed to shift accountability for sexual and relationship violence away from the perpetrator (Gidycz & Christina, 2014; Menning & Holtzman, 2015; Senn et al., 2015).

Risk reduction involves the development of a spectrum of skills in order to reduce an individual's risk of experiencing sexual or relationship violence; it should complement, not replace, prevention work that seeks to impact broader campus culture and reduce the overall incidence rate. Risk reduction programming should be delivered thoughtfully, informed by current best practices and with consideration of the following recommendations.

Recommendations for Risk Reduction

- Deliver risk reduction programs in addition to primary prevention, not instead of prevention programs.
- Integrate risk reduction as part of a coordinated and collaborative effort with the overall prevention plan.
- Develop and implement risk reduction programs using skilled trainers.
- Focus on empowerment and self-efficacy, not fear.
- Reflect the dynamics of sexual and relationship violence that are most commonly experienced by your campus community.
- Include a spectrum of skills, including recognizing signs of unhealthy relationships, situational awareness, communication skills, and self-defense.
- Account for common barriers to using risk reduction skills, including, but not limited to, gender socialization, fear of offending/ confronting acquaintances or intimate partners, and awareness of diminished capacity due to alcohol and other drugs.
- Provide equitable access to programming with consideration to specific climate and population demographics.
- Be explicit in refusing to blame victims and make clear that the responsibility for sexual and relationship violence is always on the perpetrator.

Male Involvement with Risk Reduction

Risk Reduction is an area in which men may be more readily willing and able to join in the fight against sexual and relationship violence. This is especially important considering that many men have trouble seeing the relevance of sexual assault prevention to their own lives and fail to see their own accountability for creating a culture that condones violence against women (Rich, Utley, Janke, & Moldoveanu, 2010).

When engaging men, it is important to understand the potential reception of your program. For example, young adults seem more receptive to positive messages outlining what can be done rather than messages that promote fear or blame. Men in particular seem to be negatively impacted by blame or guilt-inducing messages (Kilmartin & Berkowitz, 2005). Kilmartin and Berkowitz (2005) argue that a mixed-sex audience can decrease the likelihood of a sexist atmosphere and help to increase the perception and experience of women and men as united and equally responsible for prevention of sexual and relationship violence. With a mixed-sex audience, it is important that educators be aware of triggers to male defensiveness, work to create a dialogic environment, and be trained to skillfully facilitate conflict. Still, the impact of having men present should be considered and taken into consideration for each target audience.

It is suggested that any male involvement in risk reduction programming, both as audience members and facilitators, be accompanied by education about masculinity and rape, debunked rape myths, and debunked myths about false accusations; explained relevance to their lives; support in thinking about the system within which they live and not just their own moral stance; and support in helping them reject traditional roles of masculinity (i.e., seeing women as needing rescue instead of seeing women as human beings that are inherently worthy and capable) to allow for more balanced roles to emerge. This will also help engage men's involvement as beneficial and not a benevolent form of sexism. In addition, helping men identify behaviors, beliefs, and risk factors that are linked to potential perpetration can start to create dissonance with hegemonic masculinity as well as the societal and structural factors that inform harmful gender roles.

INTERSECTION OF ALCOHOL AND SEXUAL ASSAULT IN THE COLLEGE POPULATION

Both alcohol abuse and sexual/relationship violence are public health issues that are prevalent in the college population. It is estimated somewhere between 50-75% of sexual assaults on college campuses involve alcohol or other drugs, though most often alcohol, consumed by the perpetrator, victim, or both (Abbey, 2002; Abbey et al., 2002; Krebs et al., 2009). Some estimates are as high as 90% (Nelson & Winters, 2012).

Many programs address these issues mutually exclusive of each other. However, as stated by Hoxmeier, Flay & Acock (2016), "given the intersection of alcohol and sexual assault risk, it may benefit sexual assault prevention and alcohol risk reduction programming, at the college level, to collaborate efforts and integrate messages of both public health issues in effort to increase effectiveness of sexual assault prevention programming."

Furthermore, Lindgren, Pantalone, Lewis, and George (2009) suggest college students perceive a "robust relationship between sex and alcohol," with women often reporting "seeking out alcohol to indicate sexual willingness" and men frequently reporting using alcohol to "facilitate making sexual advances." Thus, alcohol likely plays a strong role even in consensual sexual encounters in the college student population.

An important aspect of the relationship between alcohol and sexual assault is that "the majority of completed sexual assaults of college women occurred while the victim was incapacitated, with this incapacitation typically being due to the woman's voluntary use of alcohol" (Krebs et al., 2009). This framing illustrates why a nuanced and trauma-informed approach must be taken in order to avoid unintentionally promoting victim-blaming.

In 2014, an article entitled Why Campuses Can't Talk About Alcohol When it Comes to Sexual Assault, Wilson states, "administrators fear that if they counsel students to drink less, young women who get drunk and are assaulted will be blamed—and blame themselves." Additionally, Wilson discusses the barriers and pushback that individual administrators encounter when suggesting that reducing alcohol consumption is a viable risk reduction strategy for preventing sexual assault. Abbey et al. (2014) echoed this, noting that, "some practitioners have expressed concern about research that focuses on alcohol's role in sexual aggression because they believe this information can be used to exonerate intoxicated perpetrators and blame intoxicated victims." Furthermore, Abbey et al. (2014) concluded that it would be irresponsible to ignore alcohol as a risk factor that is associated with half of all sexual assaults despite a societal double standard about men's and women's intoxication and sexual behavior.

Additionally, the California Coalition Against Sexual Assault (CALCASA) published Sexual Assault Prevention on U.S. College Campuses: A National Scan (January 2015). One of the ten evidence-supported elements they recommend is "connecting alcohol education and policy to [sexual violence prevention]." The guide succinctly notes that "alcohol is a risk factor for perpetrating and/or experiencing sexual violence and may contribute to an environment that is conducive for perpetration." While CALCASA's guidance notes that the role alcohol can play in sexual assault must be addressed comprehensively at the individual, institutional, and policy levels and can affect both perpetrators and victims, it also acknowledges the significant challenges and gaps in applying this information, cautioning that "conflating the role of alcohol use in sexual violence may excuse violent behaviors, contribute to a culture of victim blaming, and prevent survivors from seeking services or reporting sexual violence"—all of which could be unintended and serious potential outcomes of an under-planned set of strategies.

Additional barriers to comprehensive sexual and relationship violence prevention education include lack of coordination among campus offices responsible for alcohol education and sexual assault prevention, college prohibitions on messaging (whether on alcohol or sex), and an uncertainty of how to provide this important messaging effectively while minimizing unintended consequences. Thus, careful consideration must be given, and the multiple levels of the socio-ecological model provide a framework for creating strategies for effective outreach and communication.

Applying the Socio-Ecological Model to Alcohol and Sexual/ Relationship Violence

Often, existing resources reference at least one level of the socio-ecological model, with the emphasis on the institutional level and sometimes community and/or public policy level. This is where addressing alcohol's role in sexual and relationship violence is most commonly addressed—the plausible argument that if alcohol is limited through institutional policies, etc., there may be a related decrease in such violence. This is the most evidence-based understanding of the institutional-, community- and policy-level strategies in reducing alcohol-related harms (Nelson & Winters, 2012). However, colleges should think more broadly at the institutional level to consider what the environments are like in places where students drink and potentially change the environments to lessen alcohol-related risks.

There is some discussion about interventions at the interpersonal level with the promising practice of bystander engagement in the prevention of sexual and relationship violence. However, it's important to note that alcohol may play a role by inhibiting bystander intervention due to intoxication of the bystander, the potential victim, and/or the potential perpetrator. Therefore, training must be intentional in addressing these barriers as well as the intersection of alcohol and sexual and relationship violence (Burn, 2009; Hoxmeier et al., 2016).

At the intrapersonal level, sometimes referred to as the individual level, there may be hesitancy to offer strategies due to fear of being perceived as victim-blaming. Given this concern, it is important to approach risk reduction and prevention education through a trauma-informed lens, with careful consideration given to the difference between risk reduction and prevention. The ACHA (2016) guidelines Addressing Sexual and Relationship Violence on College and University Campuses describe risk reduction as an approach that involves "the development of a spectrum of skills in order to reduce an individual's risk of experiencing sexual or relationship violence." Risk reduction strategies should "complement, not replace, prevention work that seeks to impact broader campus culture and reduce the overall incidence rate," whereas prevention "seeks to prevent individual instances of sexual and relationship violence, while also working to create a culture that is free of sexual and relationship violence for everyone." In this critical way, prevention differs from risk reduction, the latter of which primarily focuses on empowering potential victims. Prevention should engage the community at all levels to actively participate in multi-layered, coordinated efforts. The Campus SaVE Act (2013) requires colleges provide both prevention and risk reduction to their students.

A trauma-informed campus considers the intersection of alcohol and sexual and relationship violence. Programs, policies, curricula, and practices on the campus must be designed to resist re-traumatization of students, staff, faculty, and the campus community. Well-meaning outreach efforts and messaging to prevent high-risk drinking can inadvertently blame victims. For example, statements such as "One in three reported rapes happen when the victim has been drinking" (National Health Service, 2006) may lead the victim/survivor and others to further blame the victim/survivor instead of placing the responsibility on the perpetrator. This presents an interesting challenge in messaging about the relationship between alcohol and sexual and relationship violence in addressing the concern of unintentionally sending victim-blaming messages. A critical part of the solution is to specifically and consistently state that sexual and relationship violence are never the victim/survivor's fault.

The ensuing information provides strategies for effective outreach and communication on alcohol and sexual/relationship violence using a socio-ecological framework.

> ***"Humans live in, are shaped by, and in turn shape the environment in which they live. Therefore, individuals cannot be considered separately from their environment. People's health and safety related knowledge, attitudes, behaviors, and skills reflect their life experiences and these experiences are determined by broader institutional structures, cultural forces, and social relations within the community."*** (Nilsen, 2006)

Institutional Level Strategies

- Provide event host training for on-campus events where alcohol is served (or often consumed prior) that includes increasing awareness of addressing all levels of sexual misconduct.
- Provide training for students hosting off-campus events that include alcohol.
- Examine event spaces to determine if adjustments in configuration or lighting should be made.
- Consider creating opportunities or breaks in events to allow individuals to check in with one another.
- Consider posting signage related to prevention of sexual and relationship violence, as well as resources for those seeking response and support.
- Consider posting event hosts at the entrances/exits of campus events who can "check in" with individuals as they enter or leave, thus allowing for additional opportunities for bystander engagement.
- Consider promoting sober sex.

Interpersonal-Level Strategies

- Bystander intervention training should
  - ◊ acknowledge the correlation between alcohol and increased risk of sexual and relationship violence.
  - ◊ address the ways alcohol can create a barrier to bystander's awareness and ability to provide assistance.
  - ◊ clarify that victims/survivors of sexual and relationship violence are never to be blamed for their victimization.
  - ◊ reinforce that alcohol use does not negate a perpetrator's responsibility for their behavior.
- Social norming campaigns can challenge myths, beliefs, and attitudes that contribute to victim blaming.

Intrapersonal (Individual)-Level Strategies

- Use National Institute for Alcohol Abuse and Alcoholism (NIAAA)-recommended strategies for reducing high-risk drinking.
- Incorporate discussions about alcohol into risk reduction training.

RESPONSE

Providing a trauma-informed response is a critical opportunity to help a victim/survivor reestablish a sense of safety and control. A trauma-informed response involves knowledge of trauma impact, victim/survivor-centered interaction, sensitive and inclusive language, cultural sensitivity, transparency, minimal questions at the time of crisis, appropriate referrals, provision of written resources, follow up within 24-48 hours when necessary, and appropriate boundaries and trustworthiness. This section will focus on these aspects, while also giving consideration to the community as a whole as potential "responders."

Informal Screening within the Campus Community

Campus leadership must recognize the prevalence of a history of trauma in the lives of all of its constituents and strive to build and maintain an institutional climate of respect and generosity of spirit by all campus members. The campus community as a whole must commit to reducing re-traumatization and promote well-being for all throughout campus. Administration should ensure response to incidents is consistent with current best practices, and training of students, staff, and faculty is ongoing, extensive, tailored to their service area and/or role, up-to-date, and trauma-informed.

In accordance with a public health approach, community members who do not have traditional roles of first responders, health care providers, key faculty, or administrators play an integral role in addressing health and safety. Those individuals who have frequent interactions with students and other campus community members or are aware of their regular daily habits are likely to more readily recognize uncharacteristic or concerning behavior. These individuals should be trained on community expectations, duty to report, institutional definitions of sexual and relationship violence, signs of distress, how to address concerns, and available resources, as well as how to access these resources. Individuals who should be considered for such training include, but are not limited to, housekeeping staff, grounds staff, food service staff, reception staff, recreation center staff, transportation staff, and other contracted employees. Training these individuals to attend

to the health and safety needs of students and other community members fosters safety for all and empowers employees and vendors with recognition skills, response skills, and knowledge of resources. Annual training is suggested to provide necessary updates, refresh information, and to train any new staff.

Faculty, teaching assistants, academic advisors, and supervisors are uniquely positioned to identify areas of concern impacting students' engagement and performance. Absenteeism, missing assignments, changes in appearance, disengagement or disassociation, drug and alcohol use, and aggressive or angry outbursts are among observable behaviors and instances that individuals can be taught to recognize as potential indicators of someone dealing with trauma.

Teaching and empowering faculty and teaching staff, advisors, and supervisors to be able to screen for signs of trauma and to reach out to students and other community members creates a trauma-informed system, and increases health, well-being, success, and retention of students and community members.

Formal Screening within Health and Counseling Centers

A trauma-informed campus creates environments that employ a precautionary approach to help the entire campus community feel safe. Trauma-informed systems infuse and maintain trauma awareness and knowledge throughout the campus structure, practices, and policies. In particular, health centers and counseling centers play an integral role in development of trauma-informed systems and formal screening mechanisms for sexual and relationship violence. It is important to ensure physical and emotional safety in health and counseling settings; thus, all members of the team (e.g., front office, billing and insurance, housekeeping, administrative, health promotion, pharmacy, lab, x-ray, nursing, medical, and counseling staff) should receive extensive training in trauma-informed care.

Given the prevalence of trauma, it is important to universally screen for trauma and trauma symptoms. Accurate diagnosis requires knowledge related to acute and chronic traumatic events. Screening processes that uncover trauma need to be met with a planned approach to immediately address the matter. Additionally, early detection can prevent chronic mental and physical suffering along with offering effective treatments.

Victims/survivors access health and counseling centers with a variety of chief complaints and a range of concerns, often not directly related to their victimization. These include, but are not limited to: depression, panic attacks, generalized anxiety, sleep difficulties, mood difficulties, eating issues, somatic symptoms including headaches and abdominal pain, academic difficulties, excessive risk taking, substance abuse issues, self-harm, and requests for STI checks or pregnancy testing. Because sexual and relationship violence are so common and have many health repercussions, health and counseling services should have a comprehensive approach for screening and assessment for sexual and relationship violence. Interactions must focus on intervention as well as prevention.

Individuals may present as "difficult patients/clients," especially immediately post trauma, or they may be disengaged, distracted, confused, or forgetful, thus making the process of obtaining information about their presenting concerns more difficult. Trauma survivors, especially sexual abuse survivors, may have learned to disconnect from their body sensations and may have a difficult time describing body or somatic symptoms. Trustworthiness is ensured by providing clear information about what will be done, by whom, when, why, under what circumstances, at what cost, and with what goals. Reproductive health services, including genital examinations and procedures, may be particularly terrifying for individuals who are survivors and may require extended time or additional visits.

With almost all victims/survivors of sexual and relationship violence, there is a period of acute distress that lasts from days to weeks immediately post trauma. Feelings such as intense anxiety, anger, shame, fear, distraction, and stress are common. Things which once seemed important (e.g., schoolwork, daily hygiene, relationships) may suddenly become unattended. There may be physical injuries as well. Many feel very isolated and have difficulty accessing services.

General education about trauma for all individuals may help introduce the topics of sexual and relationship violence. Assessment and screening

questions for sexual and relationship violence may be obtained through self-administered health histories. They should also be addressed at the clinical encounter between the provider and the individual. In addition, screening for adverse childhood experiences (ACES) is recommended on a routine basis. Trauma specific service referrals can also be offered with minimal or no disclosure.

As trauma is related to physical and mental health outcomes, this assessment will help guide further evaluation and treatment planning. Individuals who screen positive for trauma and trauma symptoms should be given a more comprehensive assessment. Additional trauma assessment should include screening for suicidality, self-injury, depression, substance abuse, and other potentially co-occurring issues. It would also be beneficial to assess resiliency.

There are several situations in which providers have the opportunity to inquire about whether or not encounters were consensual. These may include, but are not limited to, visits for sexually transmitted infection diagnosis or treatment, emergency contraception, and pregnancy tests and during routine reproductive/genital health services. Overall, screening processes that uncover trauma need to be met with a planned approach to immediately address the matter.

Sexually transmitted infections and HIV infections can be correlated with abusive relationships as well as sexual assault. Thus, it is very important to screen patients for sexual or relationship violence when STI screening is requested. If an STI is present in an abusive relationship, disclosure of the STI to the partner either by the individual or provider could be dangerous and lead to further interpersonal violence. Therefore, these concerns should be shared with the individual while offering support, options for informing the other party(s), safety planning, and resources.

For samples of scripts to use for screening and conversation within the clinical setting, see the Futures Without Violence publication Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings.

An additional example is the National Center for Safe Learning Environments online resource guide entitled Safe Place: Trauma Sensitive Practice for Health Centers Serving Higher Education Students.

This resource kit provides a range of material that introduces and endorses trauma-sensitive care with an emphasis on sexual assault trauma. The kit was specifically designed to support health center primary care providers in higher education with addressing sexual assault and creating a care environment to support students affected by sexual trauma.

Screening within Wellness Programs

As the field of wellness and health promotion continues to play an increasing role in direct services, it is necessary for health educators and wellness coaches to include screening for sexual or relationship violence. In addition, it is important to take advantage of opportunities to provide anticipatory guidance on healthy relationships to all individuals, as well as to assess/screen for histories of sexual and relationship violence. Health educators and wellness coaches often uncover underlying concerns when working with individuals. For example, individuals who present with concerns such as depression, anxiety, eating disorders, or substance abuse may have a past history of trauma. When appropriate, have readily available referral resources.

Awareness and outreach events may trigger past trauma or heighten sensitivity of current experiences of sexual and relationship violence. When appropriate, use of trigger warnings may be warranted, as well as having victim advocates or counselors present at programs that may deal with sensitive topics. Best practice of events or programs should include printed materials with resource information for learning more about the topic, as well as where to seek help if needed.

Victim Advocacy

Sexual assault can leave victims feeling powerless, which is why it is important to provide them with a variety of resources to start their recovery. It is best practice for campuses to have a confidential victim advocate on campus as a resource for victims to help explain all of their resources (The White House Task Force to Protect Students from Sexual Assault, 2014a). Having a victim advocate as a resource for these individuals can be the difference between victims staying silent and possibly leaving school or getting the assistance needed to navigate this difficult time.

Victim advocates are professionals with special training to provide support for victims/survivors of crime. Often they work for college health centers or student affairs on campuses. Within the community, there are a variety of settings in which they work, such as crisis centers, non-profit agencies, prosecutors' offices, police stations, and hospitals. Victim advocacy services should be available 24 hours a day.

Victim advocates provide a range of confidential services in various settings. Trauma informed systems recommend that campuses give consideration to ensuring the confidentiality of trained victim advocates. If identified as confidential by their campuses and permitted to provide confidential services under state law (a question that should be answered by legal counsel), on-campus counselors and victim advocates can, in addition to licensed or pastoral counselors, speak with survivors in confidence.

Victim advocates provide a range of confidential services in various settings. The White House Task Force to Protect Students from Sexual Assault Not Alone Report (2014a) states, "New guidance from the Department of Education also makes clear that on-campus counselors and advocates—like those who work or volunteer in sexual assault centers, victim advocacy offices, women's and health centers, as well as licensed and pastoral counselors—can talk to a survivor in confidence."

Many victims need guidance on their options for reporting, health care, mental health services, and information about possible accommodations, safety planning, as well as someone to explain the school's grievance and disciplinary process. Victim advocates may assist victims/survivors with filing of paperwork or accessing services, including reasonable accommodations such as academic support, housing, and other assistance as needed. They may facilitate support groups and provide individual advocacy and support sessions. As a support person and with the permission of the victim/survivor, they may accompany victims/survivors to law enforcement interviews, medical/forensic medical examination, meetings with campus officials, or judicial and court proceedings. Victim advocates provide assistance with obtaining no contact, no trespass, and other protective orders. In addition, a victim advocate may serve as a liaison between various services and the victim/survivor.

Victim advocates should support those who request assistance with reporting, forensic medical exams and health care, law enforcement interviews, counseling, academic and other reasonable accommodations, judicial/Title IX processes, and other related meetings; thus enhancing trustworthiness and safety congruent with a trauma-informed campus.

The point of time in which a victim advocate becomes involved with a victim/survivor will vary based on established campus protocols. In some situations, the victim advocate is the first person a victim/survivor may reach out to. In other situations, the victim advocate may be brought into the process by another who learns of the victimization. Overall, the earlier a victim advocate is part of the overall response process, the more they can do to provide support and resources, as well as ensure a more trauma-informed and seamless process for the victim/survivor.

Considerations and Responsibilities for Students Abroad

For those institutions that have study abroad programs, it is imperative to address the issues of sexual harassment, including relationship and sexual violence, while abroad. Educating students about the climate of the specific country to which they are traveling, as well as offering resources for support should they experience victimization while abroad, is important. Institutions should provide education about trauma-informed care and their Title IX obligations to staff who live abroad, as well as any staff who may be accompanying students on trips. The Title IX protections for students and obligations of faculty and staff remain the same as they would stateside. It is important to note that whether abroad or local, Title IX complaints can be filed against students, faculty, or staff from any school in the United States as long as the school receives federal funding and is responsible under Title IX regulations.

For those traveling abroad, institutions should define a protocol for addressing safety and support, as well as Title IX complaints from abroad.

This protocol should include, but is not limited to, reporting rights, available local confidential resources, insurance coverage (as well as how to utilize insurance while abroad), housing and academic accommodations, resources for additional information on local laws and reporting procedures, and how to file complaints against or seek protections from individuals native to the respective country.

Resources available to all students abroad should be provided before departure as part of travel abroad orientation and should include the following: advocacy and counseling services, local laws and enforcement, cruise ship laws when applicable, 24/7 support through embassy and consular personnel, relocation services, flight or ground transportation assistance, temporary hotels, and financial assistance for needs related to victimization.

Resources to Support Students Abroad

Sexual Assault Support and Help for Americans Abroad (SASHAA)
1-866-USWOMEN (879-6636)
http://sashaa.org/

SASHAA was created to ensure Americans victimized in a foreign country have immediate access to services no matter where they are in the world. SASHAA case managers provide an informed, compassionate response, as well as advocacy and assistance navigating medical, law enforcement, and legal options. The program can be reached 24 hours a day, 7 days a week from overseas by calling their toll free hotline. SASHAA provides sexual assault prevention & response regardless of age, race, gender, sexual orientation, or location worldwide.

Americans Overseas Domestic Violence Crisis Center (AODVC)
866.uswomen.org (serves people of any gender or sexual orientation)

The Americans Overseas Domestic Violence Crisis Center, AODVC, works with abused Americans in foreign countries to provide domestic violence and child abuse advocacy, resources and tools so that they can navigate the complicated jurisdictional, legal, and social international landscapes, to be able to live their lives free of abuse either in the foreign country or back in the United States.

Considerations and Responsibilities for International Students

As noted previously, international individuals are often a vulnerable population who require extensive knowledge and special considerations when being offered support. Considerations for protections for victims/survivors must include protecting and/or changing individual visa status so they can remain in the states, as well as complete their education. Staff in offices that serve international students, as well as staff in institutional government relations offices, are critical partners in creating trauma-informed systems of support and care.

Both T visas and U visas offer immigration protections for victims/survivors of violence. Campuses should be aware of the procedure to assist individuals in applying for such visas and offer additional support resources for ongoing support for individuals who are victimized. The State University of New York recently developed a helpful tool to assist in the education of different types and eligibility for visas, as well as what resources are available to assist individuals in decision-making and navigating the system of changing visa status. The Department of Education also offers guidance on protections for international students.

Medical and Forensic Medical Exam

It is of critical importance to assess forensic needs for victims/survivors of sexual and relationship violence. A key option that should be offered to all victims/survivors is an evidentiary examination with collection of DNA and injury evidence. Evidentiary exams for sexual assault are available in all states, but not necessarily all areas. Evidentiary exams for physical assault resulting from domestic/dating violence are available in many states. Each state will have its own specific guidelines regarding timeline for collection and reimbursement. Institutions should be aware of the closest facilities that can collect evidence.

Prophylactic/preventive treatment for any possible sexually transmitted infection and/or pregnancy when indicated should be part of the treatment protocol. Forensic medical examinations should be performed by a specially-trained provider and accompanied by a trained advocate or a support person before, during, and after the examination

whenever possible. Most student health centers do not have the availability of expert examiners in house. While this would be optimal, we realize it is not available for most and recommend coordinating with local hospitals and facilities who are trained to gather forensic evidence.

Many jurisdictions have traditionally used 72 hours after a sexual assault as the standard cutoff time for collecting DNA evidence, though a large number of jurisdictions have moved toward longer time frames as cut off points (e.g., to 5 days or 1 week). The use of such timeframes is supported by empirical evidence. Advancing DNA technologies continue to extend time limits because of the stability of DNA and sensitivity of testing. These technologies are even enabling forensic scientists to analyze evidence that was previously unusable when it was collected years ago. Thus, when victims are willing, it is critical for providers to obtain pertinent forensic medical history, examine individuals and document findings. Examiners should use their local and state protocol for evidence collection as guidance. If you need to find the nearest facility equipped to collect forensic evidence, contact the National Sexual Assault Hotline at 800-656-HOPE (4673) or the International Association of Forensic Nurses as well as the nearest rape crisis center.

According to federal regulation 28 C.F.R. § 90.14(a):

> Under the Violence Against Women Act (VAWA), a state, territory, or the District of Columbia is entitled to funds under the STOP Violence Against Women Formula Grant Program only if it, or another governmental entity, incurs the full out-of-pocket cost of medical forensic exams for victims of sexual assault. "Full out-of-pocket costs" means any expense that may be charged to a victim in connection with the exam for the purpose of gathering evidence of a sexual assault.

States, territories, and the District of Columbia must pay for sexual assault forensic medical exams without requiring victims to report the assault to law enforcement. Additionally, institutions should be aware of their state laws with regard to potential victim compensation for expenses beyond forensic medical exams.

If individuals choose not to have a forensic medical exam, campus health centers should be prepared and trained to offer or refer for exams to check for injury, as well as have knowledge of and access to best practices in prophylactic treatment. All health centers and nurse-only staffed offices or referral systems in place at institutions should have a protocol to assess for and offer appropriate care, including forensic medical exams and/or prophylactic treatment.

Campus advocates should be an active part of the protocol to support individuals. For campuses that do not have a 24-hour advocacy program, many community rape crisis centers will have accompaniment or support/advocacy services that will meet the victims/survivors at the health care facility to provide advocacy, support, and additional resources. With community partnerships, having a coordinated response system is necessary for continuity of care. Coordinated response involves ongoing communication and support for students through both the institution's services and community support agencies.

For additional guidance, please refer to A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents (Second Edition, U.S. Department of Justice Office on Violence Against Women April 2013 NCJ 228119).

Mental Health Services

Mental health care can be an essential component to healing from trauma. Mental health services provide a confidential space for victims/survivors to discuss their experiences and can be a valuable tool for healing, validating, empowering, and building resiliency. Efforts should be made to encourage victims/survivors to enter a counseling relationship with a mental health professional on or off campus, especially those trained in trauma treatment interventions. However, it should be understood that victims/survivors are often reluctant to seek counseling and individual choice should be honored. Groups for victims/survivors of sexual and relationship violence can also be very helpful and effective and may be an avenue for victims/survivors to decrease their sense of isolation.

Trauma treatment within mental health services for young adults lacks specific research. Young adults are then left to receive treatments that have been shown effective for populations other

Core Components of Interventions

- Motivational interviewing (to engage clients)
- Risk screening (to identify high-risk clients)
- Triage to different levels and types of intervention (to match clients to the interventions that will most likely benefit them/they need)
- Systematic assessment, case conceptualization, and treatment planning (to tailor intervention to the needs, strengths, circumstances, and wishes of individual clients)
- Engagement/addressing barriers to service-seeking (to ensure clients receive an adequate dosage of treatment in order to make sufficient therapeutic gains)
- Psychoeducation about trauma reminders and loss reminders (to strengthen coping skills)
- Psychoeducation about posttraumatic stress reactions and grief reactions (to strengthen coping skills)
- Teaching emotional regulation skills (to strengthen coping skills)
- Maintaining adaptive routines (to promote positive adjustment at home and at school)
- Parenting skills and behavior management (to improve parent-child relationships and to improve child behavior)
- Constructing a trauma narrative (to reduce posttraumatic stress reactions)
- Teaching safety skills (to promote safety)
- Advocacy on behalf of the client (to improve client support and functioning at school, in the juvenile justice system, and so forth)
- Teaching relapse prevention skills (to maintain treatment gains over time)
- Monitor client progress/response during treatment (to detect and correct insufficient therapeutic gains in timely ways)
- Evaluate treatment effectiveness (to ensure that treatment produces changes that matter to clients and other stakeholders, such as the court system)

(copied directly from NCTSN website, retrieved April 17, 2017)

than their own. SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) compiles information on mental health treatments for children and adolescents, many of which the National Child Traumatic Stress Network (NCTSN) and its centers have developed and/or implemented for traumatized youth and their families. Many of these treatments overlap in their content and approach. The NCTSN has outlined a list of core components of trauma treatments for children and adolescents that can help inform best practices for trauma treatment of young adults.

Motivational Interviewing (MI) is used as a means of engaging individuals in and sustaining their commitment to treatment. No matter what kind of therapeutic setting, individuals should be triaged to different levels of intervention so they receive the appropriate level of care. Within the triage assessment, a risk screening should be done in order to identify individuals who are engaging in high risk behaviors and therefore may need specific care. Once an appropriate level of care is identified, it is important to directly address engagement/barriers to continuing services. Providers may significantly improve adherence to appointments by asking individuals about their goals and what might get in the way of coming to sessions. Once an individual is committed to coming, a comprehensive assessment, case conceptualization, and treatment plan should be completed. More specific to trauma treatment,

psychoeducation should be provided on trauma and loss triggers, post-traumatic stress, and loss reactions.

It is important to strengthen adaptive functioning and teach coping skills, including emotion regulation and safety skills. It may be beneficial to help the individual create and organize a narrative about their traumatic event(s) which can be processed with the mental health clinician. Relapse prevention is also indicated in order to maintain changes in behavior. Given the complexity of these cases and the possibility that other systems are involved (e.g., intensive residential/outpatient therapy, psychiatric facilities), advocacy for the individual is important. Lastly, all treatment should include a way to monitor and track the individual's progress during treatment and then evaluate the treatment process as a whole.

Trauma-specific intervention programs generally recognize the following:

- The victim's/survivor's need to be respected, informed, connected, and hopeful regarding their own recovery.
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety.
- The need to work in a collaborative way with victims/survivors, family and friends of the survivor, and other human services agencies in a manner that will empower victims/survivors.

Likewise, any specific intervention should be provided within a trauma-informed service perspective that incorporates the following six elements in activities and interactions (Proffitt, 2010). The core elements are safety, trustworthiness, choice, collaboration, empowerment, and cultural relevance.

In general, the first phase of treatment for trauma victims/survivors focuses on safety and stabilization. By means of psychoeducation and teaching coping skills, individuals learn how to create safety in the midst of their own trauma symptoms as well as safety in their environment. As victims/survivors begin to feel safer in their minds, bodies and environment, they are able to process and work through their trauma. Depending on the acuity of the traumatic event(s), different trauma-specific interventions are available. The trauma-specific treatment is more effective if it is both gender and culturally responsive.

Beyond one's initial response to trauma there are several evidence-based treatments for someone having post-traumatic stress symptoms. These include Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), Prolonged Exposure (PE) and Trauma Focused Cognitive Behavioral Therapy (TFCBT). Narrative Therapy, Skills Training in Affective and Interpersonal Regulation (STAIR), and Stress Inoculation Training have also been found to reduce PTSD symptoms and effectively treat trauma. More integrated models of treatment look to treat trauma symptoms and co-occurring issues, including mental health and substance use issues, at the same time.

Campus Response Teams

A Campus Response Team is a core group of first responders representing services, departments, and or agencies organized to respond to individuals victimized by sexual or relationship violence. A response team can help provide a more unified process, enrich coordination of services, enhance investigations, strengthen inter-departmental response, and increase promotion of campus safety. It is recommended that memorandums of understanding be created, particularly when including community partners.

Each campus should take inventory of available services and decide which services best comprise a defined core of their response team. Some examples may include, but are not limited to:

- Victim advocate
- Law enforcement
- Medical/forensic medical examiner
- Title IX coordinator
- Counselor
- Crisis center staff

At times, ad hoc individuals may be brought into the core group if there is a special need. For example, it may be necessary to bring in someone from human resources if the situation also involves a campus employee or media relations if it is a case that has much media attention.

The frequency of Campus Response Team meetings will be dependent upon the individual

needs of each campus. Some teams will meet as cases come about. Others will meet regularly on a weekly, monthly, quarterly, or semester basis. Regardless of the frequency of meeting, it is important for the core group of the Campus Response Team to have a thorough understanding of all of the resources available and the ability to be able to reach out to each other.

In addition to providing a more streamlined approach to the response of sexual and relationship violence, Campus Response Teams may provide the following opportunities:

- Cross-training among campus departments or between campus and community responders
- Identify commonalities and differences of response services
- Create guidelines and protocols for campus response
- Fill in identified gaps
- Establish intra-agency and inter-agency agreements
- Promote greater campus safety
- Develop media responses and strategies
- Promote and advocate for campus policy
- Strategize reasonable accommodations for victims/survivors
- Quality assurance of response services
- Assess and address emerging issues
- Share resources for ongoing training

Law Enforcement/Campus Security Response

Law enforcement and campus security play a crucial role in supporting victims/survivors of sexual and relationship violence. As first responders, these officials are uniquely positioned to assist victims/survivors following victimization by addressing immediate concerns that threaten safety and connecting them to appropriate care and resources. Officials' responses to crises and disclosures from victims/survivors of sexual and relationship violence can be life altering. Their response will largely dictate a victim's/survivor's healing trajectory, coping, and whether or not they decide to continue to access support and resources. A lack of training for public safety officials, and therefore lack of a trauma-informed response, has been criticized in the media, research, and by victims/survivors themselves. This criticism has contributed to the reasons individuals often do not see or seek public safety officials as resources. According to a report commissioned by the U.S Department of Justice, barriers to reporting include a belief that police will not think it is important enough; would not or could not do anything to help; or would be inefficient, ineffective, or biased (Langton, Berzofsky, Krebs, & Smiley-McDonald, 2012).

Campus security and law enforcement have the opportunity to change public perception. Engendering timely response, increasing sensitivity, having knowledge and connection to resources, and offering appropriate follow up are steps that can begin to redefine public image. Therefore, training law enforcement and security officials in trauma-informed response and interview techniques is necessary to creating a trauma-informed campus and fostering trust in the community. Campus public safety officers should also foster relationships with local police departments and public safety officials who might assist in education, crisis response, or an investigation. Additionally, safety officials should serve as role models of support and understanding in every facet of their job and in every opportunity, promoting awareness and education.

As campus partners, it is important that law enforcement and campus security have a clear understanding of the operational definitions of sexual and relationship violence, as well as policies, and procedures set forth by their respective institution to protect individuals. For example, the definition of sexual harassment provided by Title IX and standardized for all campuses likely differs from state statutes. It is important that officials are able to apply campus definitions, policies, and procedures in addition to the state statutes and guide individuals accordingly. This includes

> ***"The responding officer's awareness of the needs of victims/survivors], the many dimensions and consequences of crime for victims, common responses to victimization, and the particular needs of distinct victim populations can help the officer avoid a revictimization of victims."***
>
> (U.S. Department of Justice, 2010)

Table 3: Summary of Timely Warnings vs. Emergency Notification

Timely Warnings	Emergency Notifications
• Clery Act crimes • Clery Act geographic area • Reported to campus security or local police agencies • Serious or continuing threat to students and employees • Must reach entire geographic area • Warning issues as soon as pertinent information is available	• Broad focus—any significant emergency or dangerous situation (i.e., Natural disaster, environmental, armed intruder) • Anywhere on campus • Sent to entire campus or affected segments • Alert issues immediately upon confirmation

having knowledge of available on and off campus resources, reasonable accommodations, and interim measures.

Given the correlation of alcohol and sexual assault, it is imperative that security and law enforcement, as well as other responders, understand and validate the brain's response related to intoxication, in which memory formation is impacted. The inability to recall memory is often referred to as blackout and occurs when alcohol impairs one's ability to transfer memory from short term to long term storage. According to White and Swartzwelder (2004), starting with the first alcoholic drink, memory starts to be impaired. With further consumption, depending on the individual, there comes a time in which an individual can no longer transfer memories to long term storage. Therefore, there is no recollection of the events surrounding that drinking episode beyond the first minute, which is held in short term memory. Their research also indicates that adolescent brains are much more susceptible to blackout due to the developmental stage of the hippocampus, potentially affecting traditional aged college students at higher rates.

Often, blackout is a concept that is rejected by many who have not been trained to understand the fact that this is a result of how the hippocampus is impacted by alcohol consumption. Understanding the fact that individuals may indeed not be able to recall the details of an event leads to a more trauma-informed response and avoids potential victim blaming or furthering a lack of trust when the victim/survivor fears not being believed.

Additionally, security and law enforcement officials need to understand the impact of trauma on memory, which is separate, but sometimes compounded by alcohol consumption. Trauma can impact one's ability to recall events in a chronological order and sometimes impacts the ability to recall all details, particularly at the time of initial questioning. Understanding the realities of this neurophysiological response also helps security and law enforcement officials avoid victim blaming, including questioning the credibility of a victim/survivor who struggles to recall important details, doesn't remember them in order, or adds details to their story at a later time.

Law enforcement and campus security have specific obligations under the Clery Act. These obligations include a duty to report incidents of sexual assault, dating and domestic violence, and stalking. Additionally, they include a duty to post timely warnings related to these crimes. Table 3 summarizes the need for a timely warning and the differences between a timely warning and an emergency notification. Note that Clery geographic areas are defined as those areas on campus, on public property within or immediately adjacent to the campus, and in or on non-campus buildings or property that an institution owns or controls.

Timely warnings are both important and required to better assure campus safety. However, it is equally important for campuses to develop a protocol of what information must be shared and what information will be withheld to protect the victim/survivor as well as the investigation. Language in timely warnings should be crafted to avoid re-traumatization of those impacted by previous violence or other trauma.

Considerations for Creating a Timely Warning

- Specifics of the Incident
  - ◊ List only necessary details.
  - ◊ Give intentional consideration to avoid potentially victim blaming statements.
  - ◊ Be mindful that specific details could lead to enough information to reveal the identity of the victim.
  - ◊ Consider exactly what details need to be relayed to address campus safety.
- Sample Precautions

  Consider including a disclaimer with a list of sample precautions (e.g., "No action or inaction by a crime victim makes that person responsible for their victimization. Perpetrators are responsible for crimes and their effects. The following suggestions may help reduce the possibility of experiencing a crime.")
  - ◊ Trust your instincts. If you feel uneasy or sense something is wrong, call for assistance.
  - ◊ Practice being assertive about your boundaries.
  - ◊ Carry a cell phone or whistle to summon help.
  - ◊ Be aware of where the blue lights are on campus.
  - ◊ If utilizing public transportation, ride in a car with other people or sit in the first car near the conductor.
  - ◊ Report incidents or suspicious behavior to Public Safety or by using the Passenger Assist Telephones when available.
  - ◊ Consider using the Campus Shuttle Service.

Necessary Orientation and Annual Training Points for Public Safety Officials

1. Information on trauma and victim impact, with particular attention on how trauma impacts memory formation and recall
2. Information on the correlation between alcohol and sexual assault, as well as the impact of alcohol on memory encoding
3. Campus and Community crisis and support services/resources
4. Title IX and Campus SaVE Act regulations
5. Campus expectations and student conduct codes
6. MOUs with other local security agencies
7. Trauma sensitive interview techniques—FETI
8. Prevalence of sexual and relationship violence among college aged students

First Responders

The majority of trauma survivors seek help from a friend or trusted person in their life, rather than from a professional. The role of the first responder is to address the initial crisis, ensure safety, be supportive, provide options, and make appropriate referrals.

First responders must have easy access to resources to help guide the victim/survivor, in order to make successful referrals. Resources can be made available by a variety of means (e.g., brochures, info cards, flyers, websites, apps, digital displays). It is particularly important that first responders are aware of campus and community crisis response systems such as rape crisis and domestic violence advocates and hotlines.

Trauma-Informed Services When Working with Collaborative Partners

A victim's/survivor's disclosure of a traumatic event has the potential to be an affirming or retraumatizing experience. This often depends on how trauma-informed the individual or system is that is receiving the disclosure and the ongoing response by a variety of connected systems, including, but not limited to student services, administration, mental health agencies, law enforcement, judicial systems, victim advocates, domestic violence shelters, health care providers, and students. Collaborative partnerships should be established early and ensure the provision of trauma-informed care as well as holistic, comprehensive intervention. These systems should provide the following:

- Training on trauma-informed services and the ways trauma affects victims/survivors to community partners.
- Engagement in systems advocacy.
- Creation of multidisciplinary teams.
- Development of memoranda of understanding with partners to ensure smooth referral process.
- Engagement in training around each partner's role in supporting victims/survivors.
- Creation of a community vision for supporting victims/survivors in the ways they experience as helpful.
- Education on the ways victims/survivors could seek resources and services.
- Collaboration with partners allows for a smoother transition among services for victims/survivors. It should also create a support net for victims/survivors that provides safety, trust, choice, empowerment and healing.

Creating Trauma-Sensitive Physical Environments

The location of physical space is important for individuals to feel safe and for services to be secure and confidential. Every effort should be made to provide space where entrances and exits are not in high traffic areas. Sound barriers, size of room, and ease of access are also important considerations. Actual location of allocated space is unfortunately sometimes difficult to control. However, design within the space is quite achievable. Intentional environmental elements within a room's design or space can reduce stress and anxiety for victims/survivors as they report what happened or seek advocacy and support services. Consideration needs to be given to every aspect of the physical environment from wall color to lighting to furnishings and decor.

Over the past several years, law enforcement agencies across the country have begun to create "soft interview rooms" to be used when speaking with and interviewing victims/survivors of crime, especially sexual and relationship violence. The concept of "soft interview rooms" is to create a physical space that is more comfortable and trauma-informed for victims/survivors. Similarly, victim advocates and campus personnel who provide services for victims/survivors of sexual and relationship violence would likely find that "soft spaces" create more comfortable experiences for victims/survivors.

Room Color: Color within a room can be used as a tool to foster an emotionally healthier space. Research has suggested that cool colors evoke a more settled emotional state, whereas warm colors are associated with aroused feelings (Tofle, Schwartz, Yoon, & Max-Royale, 2004). Cooler colors such as blues, greens, and lavenders are thought to have calming effects. In particular, blue is the most calming and universally preferred among colors. Blue is associated with the sky and sea, evoking feelings of peacefulness, and tends to decrease blood pressure and heart rate. Although neutral colors are unlikely to stimulate a negative response to the environment, they don't stimulate a positive response either. Thus, consideration should be given to include calming accent colors. Colors such as red, orange, and yellow are stimulating, can increase heart rate and blood pressure, and evoke feelings of anger and hostility. The red spectrum produces effects contrary to desired sensory-soothing soft spaces.

Lighting: Rooms used for investigative interviews, advocacy services, counseling, and other support services for victims/survivors should include a variety of light options. Natural light has shown to have positive effects on stress and feelings of anxiety (Dijkstra, Pieterse, & Pruyn, 2008). Soft lighting and natural lighting have been indicated

to support self-disclosure, reduce the risk of depression, create a more favorable impression of people being interacted with, and are perceived as more desirable and therapeutic (Miwa & Hanyu, 2006; Pressley & Heesacker, 2001). If fluorescent lighting is used, the bulbs should be covered by panels to soften the light.

Furnishings: The location and type of seating may play an integral role within a trauma-sensitive soft space. Pressley and Heesacker (2001) found that if a person has some control over the furniture in a consulting room (e.g., moveable chairs), they experienced a high degree of comfort, autonomy, and equality. Furthermore, consideration should be given to furniture that is comfortable, not confining, and choice of no arms or with arms. Chair options without arms are also beneficial for law enforcement who may require extra room due to wearing bulky equipment belts. Soft textured surfaces not only add to overall feelings of comfort but also help absorb sound, creating a sense of visual and auditory privacy (Ching, 1987).

> ***"Ideally, a reasonably spacious, private room, attractive informal décor, moderate tidiness, a selection of seating choices, carpet, soft lighting, low-saturated wall colors, and where possible a view of nature or a garden space, would contribute positively to providing necessary psychological comfort."***
>
> (Pearson and Wilson, 2012)

Inclusion of tables (e.g., end tables, coffee table) may add to comfort in addition to their practical aspects. Having a basket of fidget widgets/toys readily available on tables for use by victims/survivors may help reduce anxiety and increase ability to concentrate as they fidget with the items.

Room decor should be carefully selected. Environmental elements such as photographs, wall hangings, artwork, decorative table or floor pieces, rugs or floor coverings, and other decorative items may influence beliefs by an individual with regards to with whom they are meeting. Furthermore, bringing elements of nature into the room has been shown to be beneficial. Using indoor plants can increase comfort, mood levels, and overall attractiveness of the environment, as well as provide psychological benefits such as stress-reduction (Larsen, Adams, Deal, Kweon, & Tyler, 1998; Brinslimark, Hartig & Patil, 2009).

VICARIOUS/SECONDARY TRAUMA

A necessary but often overlooked component of trauma-informed care is the attention to clinical processes, including secondary traumatic stress and self-care. SAMHSA describes secondary traumatic stress as "traumatic stress reactions and psychological distress from exposure to another individual's traumatic experiences." Other terms used to describe this phenomenon include "compassion fatigue," "vicarious traumatization," and "burnout".

The toll of caretaking and empathically connecting with trauma survivors can exact an emotional, physiological, and cognitive price on professionals. In a study of Massachusetts licensed social workers, Bride (2007) reports that the professionals experienced more than twice the rate of PTSD than the general population. Of additional concern is that secondary traumatization is a contributing factor in staff turnover and decisions to leave the field.

Thus, the organization can create both risk and protective factors that impact professionals' performance and clinical effectiveness. Organizations can reduce the impact of such risk factors by forming caseloads consisting of both trauma-related and non-trauma-related cases; supporting ongoing professional training; committing to regular supervision for all professionals; recognizing professionals' efforts, accomplishments, and talents; and providing opportunities for shared leadership and empowerment.

Risk factors to developing secondary traumatic stress include:

1. History of trauma
2. History of mood disorders or anxiety
3. Caseloads that have a high number of trauma cases
4. Being new to the field and younger in age
5. Maladaptive coping strategies
6. Lack of tolerance for intense emotions

Negative coping strategies include substance abuse, other addictive behaviors, lack of positive activity outside of work, and lack of social support.

Much of the clinical literature focuses on individual protective factors that influence one's risk of developing secondary traumatic stress. The factors that may lessen the impact of secondary traumatic stress include male gender, being older, having more years in the field, having specialized training in trauma-informed care, lacking a personal trauma history, using adaptive coping skills, displaying control over their work environment, and having the ability to find meaning in their work and bounce back from adversity (Sprang, Clark and Whitt-Woosley, 2007).

Organizational support for self-care can enhance clinicians' ability to manage secondary traumatic stress by allowing for time in the work day to engage in mindfulness and other stress reduction practices. Another protective factor is to provide adequate training in trauma-informed interventions which also enhances clinicians' sense of efficacy and hope in working with trauma survivors (Bober and Regeher, 2006).

Emotional support from colleagues has been shown to be a protective factor. Shoptaw, Stein & Rawson (2000) found that workplace support from colleagues and supervisors most effectively prevented burnout in counselors working with HIV clients. In another study of domestic violence advocates, Slattery and Goodman (2009) found that workers who received more support from peers were less likely to experience secondary traumatic stress.

In the same study by Slattery and Goodman (2009), relationally based clinical supervision with a trauma-informed supervisor acted as a protective factor. It is not simply the frequency and consistency of supervision that is important. It is also the quality of supervision and the relationship between supervisor and supervisee that has protective elements.

Another protective factor is one's practice of spirituality that provides connection to a larger sense of meaning and perspective (Trippany, Kress, & Wilcoxon, 2004). Spiritual connection can happen in many ways including prayer, volunteer work, creative endeavors, support groups and meditation.

Trauma-informed organizations enhance protective factors while reducing risk in a variety of ways. Organizations build in time during staff meetings and supervision to talk about secondary traumatic stress. In that way, it is normalized and talked about more openly. Policies should be put in place that limit caseloads and balance caseloads to include both trauma and non-trauma related cases. Organizations need to enhance opportunities for professional support and community by promoting activities such as peer support groups, team meetings, staff retreats, and consultation teams. Trauma-informed organizations need to insist that supervisors are trained in trauma-specific treatments and provide relational, trauma-informed supervision. Lastly, organizations want to create opportunities for shared leadership and empowerment by allowing professionals to share in decision-making; inform policy and procedure and plan events.

Professionals with unacknowledged secondary traumatic stress (STS) are a risk to themselves, family, friends, clients, and organizations. Therefore, it is important to bring self-awareness to this issue and engage in regular objective assessment of secondary traumatic stress. The Professional Quality of Life Scale (Pro-QOL; Stamm 2009-2012) measures indicators of counselor compassion and fatigue. Compassion fatigue is defined as "a syndrome consisting of combination of the symptoms of secondary traumatic stress and professional burnout" (Newall & McNeil, 2010). While secondary traumatic stress is a specific response to trauma and PTSD, burnout is a more general response to stressful work conditions. The Pro-QOL includes STS and burnout scales that have been validated in research studies (Adams, Figley, & Boscarino, 2008; Newell & MacNeil, 2010).

Addressing Secondary Traumatization

If an individual has been assessed and has secondary traumatic stress, the organization should respond with immediate support and the creation of an individualized plan to address it. An individualized plan should be determined in collaboration with their supervisor and created with the individual's awareness and personal preferences in mind. If a critical incident, such as a suicide or violent assault, should happen within an agency, crisis intervention should be available to all who would like to participate, including administrators, faculty, staff, and students. These

Table 4: Secondary Traumatization Signs

Psychological Distress

- Distressing emotions: grief, depression, anxiety, fear, dread, rage, shame
- Intrusive imagery of client's traumatic material: nightmares, flooding, flashbacks of client disclosures
- Numbing or avoidance: avoidance of working with client's traumatic material
- Somatic issues: sleep disturbances, headaches, gastrointestinal distress, heart palpitations, chronic physiological arousal
- Addictive/compulsive behaviors: substance abuse, compulsive eating, compulsive working
- Impaired functioning: missed or canceled appointments, decreased use of supervision, decreased ability to engage in self-care, isolation and alienation

Cognitive Shifts

- Chronic suspicion about others
- Heightened sense of vulnerability
- Extreme sense of helplessness or exaggerated sense of control over others or situations
- Loss of personal control or freedom
- Bitterness or cynicism
- Blaming the victim or seeing everyone as the victim
- Witness or clinician guilt if client re-experiences trauma or reenacts trauma in counseling
- Feeling victimized by client

Relational Disturbances

- Decreased intimacy and trust in personal/professional relationships
- Distancing or detachment from client, which may include labeling clients, pathologizing them, judging them, canceling appointments or avoiding exploring traumatic material
- Over-identification with the client which may include a sense of being paralyzed by one's own responses to the client's traumatic material or becoming overly responsible for the client's life

Frame of Reference

- Disconnection from one's sense of identity
- Dramatic change in fundamental beliefs about the world
- Loss or distortion of values or principles
- A previous sense of spirituality as comfort or resource decreases or becomes nonexistent
- Loss of faith in something greater
- Existential despair or loneliness

(Figley, 1995; Newell & MacNeil, 2010; Saakvitne, et al., 1996)

interventions should be ongoing, voluntary, and tailored to each individual's preferences (i.e., peer support, consultation team, individual supervision) and best facilitated by an outside trauma consultant who can address the entire system.

Self-Care Strategies

Self-care is a critical component of ethical trauma-informed interventions. While individuals are responsible for committing to and implementing

self-care plans, supervisors and administrators are responsible for institutionalizing self-care as an organizational value, adherence to plans and engaging in their own self-care. Additionally, self-care should be a value that is modeled for students. Supportive environments in which students may practice self-care should be available. A comprehensive self-care plan addresses the following four domains: physical, psychological, emotional and spiritual self-care. Saakvitne et al. (1996) describes three essential components, the ABC's, of self-care that reduce the risk of secondary traumatic stress:

A. ***Awareness*** of one's thoughts, feelings, strengths, challenges and resources. Awareness requires attention to one's physical, psychological, emotional and spiritual needs and time for reflection on each of these areas.

B. ***Balance*** of activities at work, between work, play and rest and between self and other. Saakvitne et al. (1996) identifies the following activities that promote balance:
   - Consulting with colleagues about difficult situations
   - Attending trainings and workshops
   - Engaging in social activities with family, friends, and colleagues
   - Exercising
   - Limiting client sessions
   - Balancing caseloads
   - Taking breaks
   - Scheduling regular vacation time
   - Listening to music
   - Connecting with nature
   - Seeking emotional support as needed (i.e clinical supervision, personal psychotherapy)

C. ***Connection*** to self, other and something greater than oneself. Connection increases hope and reduces isolation. It helps diffuse stress and create perspective.

REPORTING

Victims/survivors should have the power to initiate a report should they choose to do so. Information should be provided regarding victim's rights, forensic medical exam, victim advocates, counselors, Title IX office, campus security, law enforcement, and other resources available on campus and throughout the community.

Additionally, campuses need to offer non-confidential, confidential, and anonymous ways of reporting along with distinguishing the differences among these options. Campuses have an obligation to provide students with information about when, where, and how to report an incident of sexual or relationship violence, as well as the reporting responsibilities of non-confidential resources as they are defined by Title IX and the Campus SaVE Act. Moreover, victims/survivors should be given information regarding their rights to choose to participate or not in any investigations of incidents of sexual or relationship violence.

It is imperative to understand the importance of giving an individual who is seeking support agency (choice) in the decision-making processes. Research indicates that survivors often report feeling revictimized when seeking help, disclosing, or reporting crimes of sexual or relationship violence (Campbell, 2006). The first response to a victim/survivor largely dictates their healing trajectory and whether or not they continue to seek or access care and support. For these reasons, an empathetic response is necessary. Campuses should train non-confidential employees to respond in helpful and trauma-informed ways. A trauma informed way to respond to a victim/survivor is to listen and support and to avoid asking questions beyond "How can I be most helpful" and "Are you safe right now?"

It is imperative to avoid victim-blaming. When a person approaches you to talk and seems distraught or you have any indication that they may have been victimized, it is important to disclose early on whether or not you have a duty to report. If you do not remind individuals of your duty to report, you risk damaging the relationship and losing trust with someone who sought you out for support. Suggested language for informing individuals without shutting down the conversation may include, but not limited to:

"Thank you for trusting me. I want to help you, but before you share with me, please know that I have a duty to report information to the Title IX office. If you would like to speak with someone confidentially, let me help you get to the right place or put you in contact with the right person."

If the disclosure happens before you were able to inform of your duty to report or if the individual wishes to continue despite knowing your duty to report, it is important to support the victim/survivor. You should let them know exactly what and to whom you will be reporting information, as well as what to expect next in relation to the Title IX process. It is also critical to share additional support resources with them, including those that are confidential.

Having a trauma-informed approach that offers compassionate and sensitive care without judgement is critical to ensure the best support for victim/survivors. Knowing the resources and how to access resources at any time of the day or night is important information for all responders. It is also important to have a written version of resources to share with individuals who seek support and may choose to contemplate their options or access care and support on their own.

> ***Responsible employees, as defined by Title IX, "must report to the school's Title IX coordinator, or other appropriate school designee, all relevant details about the alleged sexual violence that the student or another person has shared and that the school will need to determine what occurred and to resolve the situation.***
>
> ***This includes the names of the alleged perpetrator (if known), the student who experienced the alleged sexual violence, other students involved in the alleged sexual violence, as well as relevant facts, including the date, time, and location."***

Additional sample language and protocols for explaining confidentiality and reporting options are outlined for colleges in a (2014) document provided by the White House Task Force to Protect Students from Sexual Assault.

Informed Consent

Under Federal law, when an institution is made aware of a Title IX offense (i.e., sexual harassment [including sexual assault and rape], dating violence, domestic violence, stalking) it is obligated to act. Although these offenses may constitute a crime, many victims/survivors turn to their academic institutions for recourse rather than, or in addition to, the criminal justice system. In order for members and visitors of the campus community to understand confidentiality, as well as options for reporting and seeking support, it is incumbent upon campuses to clearly identify rights and protections for all members and visitors of the campus. Additionally, campuses have a responsibility to educate campus faculty and staff of their responsibility to report and to clearly delineate who is confidential and who has a duty to report.

Campuses must inform the victim/survivor about options for reporting to law enforcement and forensic medical examination. State law determines the timeframe in which a forensic medical examination (i.e., "rape kit" or "SANE exam") may be performed. Campuses must be familiar with and inform about time limitations and availability of forensic medical examinations. Since 2009, states must provide a non-reporting rape kit option ("anonymous rape kit" or "Jane Doe/John Doe rape kit") if they are to continue to receive funding under the Violence Against Women Act. These kits are bound by timeframes in accordance with state law, but do not require a police report to be made at the time of the evidence collection. The non-reporting kit option is congruent with a trauma-informed approach in that often an individual is not ready nor wants to report to the police, but affords the opportunity for time-sensitive evidence to be collected while the victim/survivor decides whether to make a report or not.

Access to Confidential Resources and Support

In general, information about 24 hour resources and education/service brochures should be on display in common areas and in private locations such as bathrooms and exam rooms. In addition, campuses should clearly identify and routinely promote the availability of ***confidential*** resources and support. Providing access to a confidential resource is important for those

victims/survivors who choose not to disclose their identity to campus officials and/or the identity of the perpetrator. Many victims/survivors want the opportunity to disclose to a confidential resource prior to making a decision about reporting in order to fully and freely consider all options for reporting, support services, and/or accommodations. Having the opportunity to make their own choices allows victims/survivors to regain a sense of control over their lives and can prevent re-traumatization from occurring. In situations where victims/survivors do not have access to a confidential resource they may stay silent and refrain from seeking support of any kind.

Privacy and Confidentiality

Victims/survivors of sexual or relationship violence should have immediate access to victim advocacy, support, reasonable accommodations, counseling, and medical care regardless of whether or not they choose to report an incident. These services should include victim advocates, licensed mental health providers, medical providers, and pastoral counselors. The ensuing text serves as a general overview. However, institutions should always refer to the most recently released information from the Department of Education and Jeanne Clery Act, as well as state law, for updated guidance.

Attention should be carefully given to the various positions on a campus which individuals may seek help and support after sexual and relationship violence. In general, campus mental health counselors, pastoral counselors, licensed social workers, psychologists, health center employees, or any other person with a professional license requiring confidentially, or who is supervised by such a person, are not required to report incidents of sexual and relationship violence to the school in a way that identifies the individual without the individual's consent.

Victim Advocates: Campus personnel trained and recognized as victim advocates are able to receive disclosures from victims/survivors in confidence. Although such individuals may not have privileged communication, they are confidential and are usually only obligated to report aggregate data to Title IX and Clery about incidents that have occurred as defined by each. Recognized victim advocates should be able to keep confidential any personally identifying information; disclosures to them generally will not trigger a campus investigation into an incident without the consent of the victim/survivor.

Health Center Employees: Individuals generally and rightly assume that health care providers and health center staff maintain confidentiality of records and services, especially with consideration to HIPAA requirements. Thus, it is not uncommon for individuals to disclose sensitive information or experiences of victimization within health care settings. As the case with victim advocates, health center employees are confidential and are usually only obligated to report aggregate data related to certain defined situations to Title IX and Clery, while keeping personally identifying information confidential and not triggering a campus investigation. In some states, health care practitioners are also afforded privileged communication under state law, in which they are neither required nor permitted to provide any information without the consent of the victim/survivor.

Mental Health and Pastoral Counselors: Privileged and confidential resources specifically include licensed mental health providers and pastoral counselors. These individuals are considered privileged in that they are neither required nor permitted to provide information regarding any incidents of sexual or relationship violence to any party without the consent of the victim/survivor. The exemption from reporting by mental health and pastoral counselors under Title IX is consistent with the Clery Act.

In summary, while victim advocates, professional counselors, pastoral counselors, and health care providers maintain victims'/survivors' confidentiality, they may have reporting or other obligations to fulfill under state law (e.g., mandatory reporting in the case of minors, imminent harm to self or others, requirements to testify if subpoenaed in a criminal case). Victims/survivors who seek out resources and support should be given the provisions and limits surrounding confidentiality.

Anonymous Reporting

Many campuses provide an avenue for anonymous reporting. Anonymous reporting options provide a vehicle for individuals who have been victimized to share information. This method can also be used by others with the victim's/survivor's permission.

This method can be empowering for victims/survivors who do not wish to use or do not yet feel comfortable using other methods of reporting. While, the institution is limited in the action they can take following an anonymous report, it provides important information to the institution about prevalence, campus climate, patterned behavior, and specific events and locations.

In cases where a victim/survivor chooses not to reveal identifying information, it is incumbent on the institution to make clear to the student that the institution may not be able to pursue any legal or disciplinary actions under anonymous reports. It should also be made clear that an anonymous report does not preclude their right to report through other means within the statutes of limitations. Information shared via anonymous reports allows an institution to respond by increasing surveillance in noted locations, offering environmental changes, and directing their prevention and risk reduction education accordingly.

Anonymous means of reporting can be offered in a number of ways, including, but not limited to, a secure internet portal or helpline. Security of these opportunities is of utmost importance and should be tested rigorously and regularly to ensure anonymity. Any local or state anonymous reporting mechanisms should be promoted as well.

REASONABLE ACCOMMODATIONS AND INTERIM MEASURES

In recognition of the effects of trauma and concerns about safety, Title IX requires colleges to provide reasonable accommodations for victims/survivors and interim measures. Regardless of whether or not a victim/survivor chooses to file a complaint to the campus Title IX office or to law enforcement, reasonable accommodations should be made. Reasonable accommodations are measures taken to address safety and mitigate the effects of trauma for as long as the victim/survivor needs them. Interim measures are steps that are offered when a complaint is made to Title IX and provided until the conclusion of the case, at which point reasonable accommodations may be necessary to continue. Brief overview of reasonable accommodations and interim measures is provided below, however, for specific guidance regarding reasonable accommodation and interim measures, please refer to Questions and Answers on Title IX Sexual Violence provided by the Office for Civil Rights.

Reasonable accommodations are based on the individual victim/survivor's needs. The range of these accommodations may include, but are not limited to no-contact orders; protective escorts; academic accommodations; changes in living, work, and academic settings; and access to health and mental health care. In cases where a victim/survivor does not want to file a complaint but is only requesting accommodations, there may be some limits to the types of accommodations that can be provided. For example, in the absence of a specific report or complaint against another individual, the institution will most likely not be able to require that individual to be removed from a class or change their living arrangement. However, in these situations, the school should make reasonable changes to the victim/survivor's living, work, or academic settings that will accommodate the victim/survivor.

Interim measures are steps taken and accommodations made to address safety and allow for participation with the Title IX process. The range of these measures may include, but are not limited to no contact orders, counseling services, academic accommodations, and if the offense is deemed egregious, temporary suspension, change in perpetrator living arrangement, or other steps that may be taken to create a safer campus community.

When considering measures, schools should minimize the burden placed upon the victim/survivor, also sometimes known as the complainant. Schools should be aware that retaliation may occur following a complaint and should have policies and procedures in place to address retaliatory harassment. Additionally, remedies for the broader student population should be considered dependent upon the scope and nature of the incident. For example, retaliation may be extended to a student group as a result of a member of the group being accused. Thus, consideration must be given for support services and education for the broader group. For additional information, please refer to OCR's Dear Colleague Letter 2011.

Table 5. Percentage of undergraduate students reporting certain feelings or experiences by whether they have been a victim of sexual or relationship violence with the previous 12 months

Victim of sexual and/ or relationship violence[+]	Feelings of hopelessness (% Yes)	Loneliness (% Yes)	Overwhelming anxiety (% Yes)	Difficulty functioning due to depression (% Yes)	Self Injury* (% Yes)	Suicidal thoughts* (% Yes)
Yes	70.6	79.8	75.4	57.6	16.2	21.1
No	46.5	58.7	54.8	31.2	5.7	7.7

[+]Victim of sexual or relationship violence includes students that report one or more of the following within the last 12 months: being sexually touched without their consent, attempted or completed sexual penetration without their consent, or being in an intimate relationship that was emotionally, physically, or sexually abusive.

Furthermore, when asked about issues that had been traumatic or difficult for them to handle in the last 12 months, students victimized by sexual violence had greater difficulty with intimate relationships (62.3% vs. 24.9%),** other social relationships (47.7% vs. 24.3%),* personal health issues (35.5% vs. 18.2%),* and sleep problems (45% vs. 26.2%).* Students victimized by sexual violence were also more likely to indicate that their academic performance had been negatively impacted by anxiety (37.7% vs. 20.4%)* and depression (28.1% vs. 11.9%)* within the last 12 months. Sexual and relationship violence may have profound personal health and wellness consequences, as well as inhibit engagement during a victim's/survivor's academic career. *Phi ≥ .15; **Phi ≥ .30

(Spring 2015 ACHA-National College Health Assessment)

ASSESSMENT/EVALUATION

Evaluation is a key tenet of public health and essential to determining the effectiveness (or lack of effectiveness) of interventions. Often, evaluation is an afterthought and may receive insufficient financial and personnel resources. In order for best practices to be identified, campuses must establish thorough evaluation processes concurrent with the development of programs, practices, and policies.

When considering a public health approach to evaluation, pay particular attention to Healthy Campus goals for campuses to use in their evaluation process based on self-reported data provided by students on the NCHA survey. Strong evaluative Healthy Campus 2020 goals related to injury and violence reporting were created prior to the Campus Sexual Violence Elimination Act (Campus SaVE Act), a 2013 amendment to the federal Jeanne Clery Act. Since the initiation of the Campus SaVE Act mandated training for all incoming students, faculty, and staff, campuses should recognize the influence such training may have on rates of reporting. Increased reporting is not necessarily an increase of incidence, but may be related to increased ability to recognize these behaviors as sexual and relationship violence.

Program evaluation should be included for every effort, including, but not limited to evaluation of individual events, online education platforms, media campaigns, and access to services. In addition, other data sources, such as campus, local, state, regional, and national surveys can provide critical information that identifies opportunities for campus programming, services, resources, and policies.

ACHA-NCHA

The American College Health Association-National College Health Assessment (ACHA-NCHA) "is a nationally recognized research survey that can assist you in collecting precise data about your students' health habits, behaviors, and perceptions" (ACHA, 2017). As a broad based survey, the ACHA-NCHA provides data on a wide-range of health issues, in addition to specific health indicators. Thus, it is possible to see how students affected by sexual and relationship violence compare to students who have not experienced such violence with regards to a variety of health and wellness matters such as depression, overwhelming anxiety, and feelings of loneliness, hopelessness, or suicidal thoughts. See Table 5.

Campus Climate Surveys

The public health approach to sexual violence prevention and response begins with the foundational questions of: Where does the problem begin? How can we prevent it from occurring? A well-executed campus climate survey can assist in answering these questions by following the public health approach. There are four primary steps to the public health approach: (1) define the problem, (2) identify risk and protective factors, (3) develop and test prevention strategies, and (4) assure widespread adoption. Campus climate surveys fit well into this model. In the first step of defining the problem the campus climate survey can be used to collect the data to determine the "who," "what," "when," "where," and "how." It is important to remember that campus climate surveys should be one of several data sources used by a campus when addressing sexual and relationship violence.

A campus climate survey, as an element of a comprehensive approach to prevention of and response to sexual and relationship violence, examines the incidence, prevalence, and characteristics of incidents of such violence on a campus. Additionally, the survey should also assess the overall climate of the campus with respect to perceptions of risk, knowledge of resources available, and perceived reactions to an incident of sexual and relationship violence. Data gathered should be widely shared to develop, assess, and strengthen prevention and response efforts and services. This will require collaboration across campus, but will also benefit the campus community as the data should inform campus policies, procedures, resources, and services.

Benefits of Campus Climate Survey

Campus climate surveys provide the data necessary to begin and continue improving education, prevention, support, and adjudication of sexual violence on college and university campuses. We agree that completing a campus climate survey is not an easy task; however, the benefits outweigh the challenges. As noted in the Not Alone Report (April 2014, p. 7), "a school that is willing to get an accurate assessment of sexual assault on its campus is one that's taking the problem—and the solution—seriously."

Some benefits to completing a campus climate survey are:

- Demonstrates a commitment to sexual and relationship violence prevention and response
- Provides empirical evidence on campus perceptions, knowledge, and attitudes
- Provides evidence of incidence and prevalence
- Provides evidence of changes over time

Keys to a Successful Campus Climate Survey

Although these are basic steps to conducting a successful campus climate survey, the complexities of such a survey should not be underestimated. Consider these basic steps to begin your process.

1. **Set goals and a timeline.**
   Discuss with stakeholders to understand what information you want to gain from conducting a campus climate survey (beyond compliance). Develop goals and requirements that will become your guidelines for developing or contracting the final survey instrument. At this point it is important to establish a timeline which may include the following major milestones of the process:
   - Survey design (either self-created or third-party contracted survey)
   - Determine sample size, sampling technique (i.e., random sample, convenience sample, etc.), mode of distribution (i.e., mail, web-based, phone interview, etc.)
   - Consider protected information, confidentiality, anonymity issues
   - IRB approval
   - Finalize technology/administration and analytical setup
   - Administer the survey
   - Conduct analyses/or review and understand report from contracted vendor
   - Who will have access and be able to use the data

- Publish results and/or reports
- Determine action items, priorities, budget, roles/responsibilities for future

2. **Engage with the Institutional Review Board.**
   The timing of this step may vary depending on your institution's approval process. Most colleges and universities have a formal Institutional Review Board (IRB) process. This requires proposing the project before any work is completed and having the final instrument approved before administering it. Check with your institution's IRB early in the process to be sure you are following all established human subject research policies and procedures.

3. **Assemble a team.**
   You will need a multi-disciplinary team to assist with your campus climate survey. After you have determined the goals and timeline for your survey it is important to assign roles and responsibilities of survey creation, review, and administration. Below are critical areas of campus that should be represented on your campus climate survey team:
   a. Research faculty (public health / social science research)
   b. Academics
   c. Administration
   d. Student representatives
   e. Graduate research assistants
   f. Title IX administrators and coordinators
   g. Victim advocates
   h. Counseling services employees
   i. Health and wellness professionals

4. **Create and review the survey.**
   Once your team is established, workshops and planning sessions are necessary to complete the survey development or work with the contracted vendor to develop the tool you need. These meetings will be essential in prioritizing what questions need to be asked to obtain the desired information. A note taker at each meeting will be key to create a record of rationale for each question included in the final instrument. These notes will prove to be a valuable resource when the survey is administered or when there are new members on your team.

5. **Administer the survey.**
   For survey administration, consider your audience and the best way to reach them. Consider dates and times that would yield higher response rates and avoid conflicting surveys, events, and holidays. Be sure to administer the survey to as many participants representative of your institution as possible as too few responses can lead to results that are not statistically significant or generalizable to your campus.

6. **Remind the participants to complete the survey.**
   To increase response rate, be sure to periodically remind your participants to complete the survey. However, do not overburden them with reminders. Consider an incentive to increase the number of responses. An incentive may be a tangible reward for all participants or one of greater value raffled among the participants. Be sure that your team discusses this early in the planning process to be in compliance with your institution's values and budget.

7. **Analyze the data.**
   This piece is critical and should yield data to inform future direction. If you have developed your own survey, you might consider professional researchers, statisticians, or graduate students with experience of statistical analyses and create a summary report of the information, highlighting the key findings. Most survey software offers tools for analyses but will not be able to analyze open-ended questions. Be sure to analyze these answers carefully, as these answers often provide unique and interesting insights that cannot be collected through other types of questions.

8. **Use the data.**
   After investing financial resources, effort, and time into completing a campus climate survey the data should be used to begin and continue improving education, prevention, support, and adjudication of sexual and relationship violence.

9. **Share the data.**
   The overarching goal is to implement prevention and response strategies that are effective. Prevention and response strategies proven to be effective should be adopted and implemented in a variety of settings and should replace ineffective strategies. Training, networking, technical assistance, and process evaluation are techniques that can promote widespread adoption.

CAMPUS INVESTMENT

A trauma-informed campus is plausible only within an institution that is willing to make appropriate investments to address sexual and relationship violence. An institutional socio-ecological approach is necessary. Departments and individuals operating within silos only undermine the campus's ability to create and foster a community of care. It is important to consider all aspects of a campus community and the overall investment an institution is willing to make. Within its system, each institution must identify where and how investment should be made in order to best meet the needs of its constituents. There are some key areas of consideration that every campus should invest.

Allocation of Resources

Prevention programs and response services are equally important in the goal to end relationship and sexual violence on college and university campuses. In order for campuses to be effective with their prevention efforts and response to sexual and relationship violence, adequate resources must be allocated for both with a trauma-informed focus.

Prevention should be prioritized and as equally resourced as conduct and other campus-supported response systems. A lack of adequate resources can result in a variety of consequences such as federal fines and loss of federal funding, but most importantly it can result in a victim not receiving the care and services needed.

Research has shown that prevention efforts need to be comprehensive, multi-pronged strategies that are interconnected in a planned way versus short, single session prevention tools (U.S. Department of Justice, 2014). Research done by the U.S. Centers for Disease Control and Prevention found that programs that fit within one class period or that can be delivered at low cost via video or in large group settings are not an effective method to create changes in behavior (National Center for Injury Prevention and Control and Centers for Disease Control and Prevention, 2014). Therefore, campuses need to continue to find adequate resources to enhance their prevention efforts that are sustainable and in line with best practices.

Three key goals of implementing comprehensive, multi-pronged strategies for sexual and relationship violence prevention programs are to increase students' knowledge about policies and resources on campus, increase positive bystander attitudes and actions, and reduce an individual's risk of sexual assault and potential self-blame after an assault (U.S. Department of Justice, 2014). It is important to remember these key goals when preparing and implementing programs for all incoming students that meet the federal mandate of providing a prevention and education program that includes information about domestic violence, dating violence, stalking and sexual assault. If campuses want to be truly invested in reducing relationship and sexual violence, they will need to provide adequate resources that include staffing to create and implement programs and a variety of methods to educate—website, courses, social marketing campaigns, presentations, seminars, interactive theater discussions, letters, or other means (The Office of Violence Against Women, 2016). These programs should be designed to reach large audiences such as faculty, staff, students, and administrators.

Providing education to all of these subgroups gives campuses an opportunity for greater collaborative efforts that will help maximize resources for ongoing programming. Students are more likely to trust campus authorities such as leadership, faculty, and staff if those individuals have a strong understanding of the material being presented to them. Given that sexual assault is often connected to other problems with which campuses struggle, campus departments need to look at ways to combine efforts to enhance the effectiveness of prevention programs (U.S. Department of Justice, 2014).

Campuses need to remember that prevention efforts are meant to be ongoing, so they should work to create a strategic prevention plan that looks to the future. This plan needs to address how resources will be allocated if funding initially came from time-limited grants or other short-term funding sources and for transition in leadership and other key staff involved in creating and implementing these programs (U.S. Department of Justice, 2014). Research and evaluation should also be included as part of this strategic plan so that campuses can document what efforts have resulted in effective outcomes.

In order to ensure that campus clinicians receive adequate trauma-informed training, funding should be made available to cover the costs associated with this training. Trauma-informed training has multiple benefits: "when survivors are treated with care and wisdom, they start trusting the system, and the strength of their accounts can better hold offenders accountable" (The White House Task Force to Protect Student from Sexual Assault, 2014, p. 3). Funding should also be made available to train campus health care providers, police officers, Title IX officers, and any other school officials that will be working closely with these victims so that a trauma-informed approach is used by all parties. Funding for trauma-informed training is essential so that secondary traumatization of victims can be avoided.

Campuses should strive to have enough staffing to meet the needs of students who are in crisis and wish to see a victim advocate, health care provider, or clinician in a timely manner. Resources should also be put into creating materials to educate students about services available in the greater community that offer sexual assault nurse exams, therapy, victim advocacy, and victim assistance. Depending on the nature of the assault and the victim's needs, it is important for campuses to consider the need to provide access to ongoing services, not just short-term acute care services (The White House Task Force to Protect Students from Sexual Assault, 2014).

Campuses also need to ensure that they have adequate resources for timely reporting and investigation of relationship and sexual violence cases. Campuses with their own police force should have available officers with trauma-informed training to assist those victims who choose to report the incident. Under the Clery Act, campuses must have enough resources available to conduct timely investigations when it is deemed that the reported act could put others at risk. For those campuses without their own police force, resources should be allocated to allow the campus to work with community law enforcement agencies. Adequate resources are also needed to meet Title IX requirements. Campuses should ensure that they have adequate staffing to manage all reports received by the Title IX coordinator so that investigations can be conducted in a timely manner.

It is also important for campuses to look at allocating enough resources to support marginalized victims/survivors who seek support through departments that they trust and feel more connected with. Marginalized students often establish a strong connection with departments that focus on diversity, and having resources in that office to help connect vicims with other resources on campus is an important factor to consider.

Campus Media and Marketing Investment

The widespread media and marketing opportunities on campuses to promote resources and acknowledge the impact of sexual and relationship violence can help create a community of care. With consideration to the ecological model, institutions can use various media and marketing strategies to promote a congruent trauma-informed system. Public relations staff are critical partners for creating and implementing strategies to include, but not limited to, the following:

Campus Newspaper, Radio, and Television

Many institutions of higher education have student-led newspapers, as well as radio and television stations. Often, these serve as a means for journalism students and others interested in these forms of communication to gain practical experience in addition to what is learned in the classroom. The power of these students should not be overlooked as a means to assist with creating a culture of care.

Significant energy and resources are invested to equip these media outlets to improve the overall educational experience of students. As important as it is to provide this applied experience, it is

equally important for these students to receive appropriate training and mentoring with regards to journalistic reporting as part of a trauma-informed campus.

Furthermore, these media venues offer an opportunity for partnership in effort to advance messages regarding prevention efforts, desired campus climate, and resources with regards to sexual and relationship violence. Through editorials, news articles, exposés, talk shows, interviews, and other media formats, sexual and relationship violence, as well as the impact of its trauma, can be widely exposed and discussed as part of a trauma-informed campus with a public health framework.

Generated Communications

Beginning with pre-matriculation messages and continuing through alumni news, universities communicate frequently and through a number of different mediums to their constituents. Each memo, newsletter, update to parents, notification to the community, etc., is an opportunity to embody language that reflects a respectful, supportive, and trauma-informed community. Many communications will be specific to the prevalence of violence, resources, programming, opportunities for involvement, or reports reflecting the institutional efforts related to combating sexual and relationship violence. These communications should be used as a platform to highlight educational efforts, engage the community in the work, promote campus resources, and bring awareness to available services. Furthermore, these communications are a way to gain investment from alumni and the broader community and to demonstrate leadership in the area of sexual and relationship violence prevention.

Government Relations

An institution's government relations office should be a key campus partner in the work to address sexual and relationship violence. Government relations is positioned to understand and relay the current political climate, proposed legislation, and the potential impact on the education system. They also have the opportunity to provide critical feedback to local representatives about how certain proposals or current laws are or will potentially be impacting prevalence rates, support mechanisms, and access to resources.

Creating a campus investment team that includes government relations is critical to keep sexual and relationship violence in the forefront and to gain feedback in order to better understand the political pulse. Having an invested government relations staff member as a liaison in this work provides a vehicle to influence policy as it is being conceptualized that supports a trauma-informed system of care and support.

Press Releases

Using press releases as a tool for proactively informing the public about an institution's efforts to prevent and address sexual and relationship violence can help shape its public image as a community of care. Using a press release to announce specific trauma-informed training being provided on campus, upcoming education and outreach programs, research conducted about sexual and relationship violence, presentations at conferences or accepted article submissions about sexual and relationship violence on college campuses, and climate survey results sends a message to the general public about transparency, trauma-informed environments, and overall campus culture.

When it is determined that a press release about a specific incident of sexual and relationship violence is warranted, great care should be taken to avoid any statements that are perceived as victim-blaming. Review by a victim advocate prior to release can help avoid this. Victims/survivors' names should not be given, nor details so specific that they may identify the victim/survivor. Caution should be exercised with regards to release of any other names affiliated with the incident. In addition, it should not be forgotten that post-assault press releases are an opportunity to highlight proactive prevention efforts, support services, and victim advocacy made available to the campus community.

Social Media

There is widespread use of social media as a source for news and information, and campuses have the opportunity to capitalize on this form of media. In particular, social media provides a platform for prevention educators to convey ongoing messages congruent with the campus approach toward risk reduction and prevention programs. Social media provides a way to seize the teachable moment in real time. Thus, it is critical

for those who post on behalf of the institution on official institution sites are trained in trauma. In addition, individuals who may be perceived as being representative of the institution, based on their position, should exercise prudence with social media messages.

Website

The power of your campus website cannot be understated when considering a trauma-informed campus. Having a comprehensive and navigable website regarding sexual and relationship violence that directs, educates, and provides immediately available resources is critical to a campus climate that fosters access to care and support. The primary webpage for the institution should prominently display a link to your campus sexual and relationship violence resource webpage and should be linked to on the webpages of all key campus partners.

Campus websites should accommodate a broad audience that includes students, friends, family, peer institutions, campus colleagues and partners, Board of Trustees, media, oversight agencies, and the general community. Websites should be streamlined and limit the number of clicks needed to access information. Information should be searchable through a number of keywords including sexual assault, rape, sexual violence, dating violence, domestic violence, relationship violence, stalking, and crisis support. Websites should be constructed so that web search engines (e.g., Google, Yahoo, Bing, etc.) rank your website content among the first links listed. Ideally, as a collaborative resource, it should serve as a one stop resource and should link to other appropriate resources.

Campus websites need to include crisis information, advocacy services, and 24/7 resources. For safety, each page of the website should offer an "escape button" for immediately leaving the site in addition to erasing cookies associated with the website. Reporting options should come after crisis services and should include the following options: anonymous, confidential, law enforcement, and Title IX.

Definitions of sexual and relationship violence along with the campus code of conduct and expectations should be available. Roles and direct contact information for individuals who have directly relevant positions related to support, care, and reporting options should be clear and easily accessible.

Victim rights and general student rights should also be easily accessible. Educational programs, as well as ways to get involved in prevention and response efforts, should also be promoted.

The webpage should be treated as a living document, with any updates to information posted in a timely manner. It is important to engage the services of web page developers familiar with the aesthetics of web design and accessibility, particularly for those with disabilities. The content of the website should be easily navigable on all types of electronic devices. Overall, the webpage should be developed through a team approach of web page designers, victim advocates, health and counseling professionals, Title IX coordinator, law enforcement, and student representation (particularly victims/survivors if possible).

Academic Investment in a Trauma-Informed Campus

Academic courses are an underutilized mechanism for conveying important information about supportive student services. For each academic course, a syllabus is provided. Asking faculty, teaching staff, and teaching assistants to include a section within each syllabus that addresses academic accommodations and where to find resources on sexual and relationship violence can help create greater awareness and foster a climate of care. Even the simple inclusion of the URL of the campus sexual and relationship violence webpage helps students with easier access to such information when needed.

Faculty, teaching staff, and teaching assistants should be aware of prevention education programs and outreach available. When opportunity presents, consider including participation with such programs as an assignment and as part of experiential learning. For courses that may not have a direct relation to the topic of sexual and relationship violence by nature of its discipline, extra credit opportunities for participation may be a way to further the overall campus message as part of enhancing a trauma-informed environment. In addition, teaching staff and faculty should also consider their power to influence campus culture through the use of bystander and trauma-informed language in their daily teaching and advising.

ESSENTIALS OF COLLABORATION AND PARTNERSHIPS

> *"Coming together is a beginning. Keeping together is progress. Working together is success."*
>
> – Henry Ford

In its most concise form, collaboration means "to work together." Collaboration can be viewed as a mutually beneficial and well-defined relationship entered into by two or more departments and/or organizations to achieve results they are more likely to achieve together than alone. The relationships in a collaboration include mutually defined and agreed upon goals, jointly developed structure and shared responsibility, mutual authority and accountability for success, and sharing of resources and awards. No single department possesses all of the knowledge, resources, and skills needed to identify, plan, implement, and evaluate the range of evidence-based strategies to prevent and respond to sexual and relationship violence.

In an effective collaboration, members are committed as much to the collaborative objectives as they are to their own goals. Collaborations provide the opportunity to generate broad-based support to improve sexual and relationship violence prevention and response. As a result of a successful collaboration, services are coordinated and improved, and each individual department is able to respond more effectively with new expertise developed through the process.

Collaboration fosters an environment that brings people of diverse backgrounds and interests together to share ideas, risks, and responsibilities in order to build consensus and achieve a common goal. Emphasis on the importance of a multidisciplinary response particularly as a way to help victims/survivors understand the breadth of available campus and community resources and services is essential.

Successful collaborations require developing a working knowledge of how other departments think, function, and define success. When issues are presented by multiple interests, they can reach broader constituencies as a result and may have greater success on campus and in the community.

Factors Influencing Successful Collaboration

Environment: A supportive and committed campus environment is a prerequisite for collaboration as it promotes sharing, trust, and positive personal relationships for collaboration.

Communication: Participants need to be prepared to devote time to creating open and frequent communication. A hallmark of successful collaboration is the presence of ongoing, dynamic communication that can increase accessibility to resources and services. Partners must communicate information that is essential for positive outcomes, respecting each individual's roles and responsibilities. All partners must have an effective communication protocol to work as a team and support victim/survivors in a trauma-informed manner.

Leadership: Leadership that is able to organize and mobilize partner efforts is essential for collaboration to be successful.

Elements for Strengthening Collaborations

Purpose: The purpose is the ultimate result desired through the collaboration. A shared vision, goals, and objectives will establish and solidify the purpose of the collaboration. Differing cultures, trainings, social status, the use of language and jargon, and other factors are challenges to campus and community partnerships. These challenges can be minimized by establishing a shared vision and goals.

Partners: Strategic collaborations can bring together individuals and departments with distinct but complementary skills. This allows the collaboration as a whole to use resources effectively to advance prevention education, services, and evaluation and to use systems thinking to address problems and develop shared solutions.

Overall Campus Collaboration

A single campus constituency cannot eradicate sexual and relationship violence on its own. Sexual and relationship violence on campus is a public health issue that affects everyone. The entire campus community must work collectively to create a safer environment and culture of respect in which all members can live, work, and learn.

Individual departments or even an entire division will struggle to coordinate the efforts needed on a campus to keep up with the ever increasing and changing legislative mandates related to sexual and relationship violence. Thus, a robust, trauma-informed coalition is needed, allowing the distribution of responsibility for addressing sexual and relationship violence across the campus community. Individuals who represent a variety of stakeholders on campus should be strategically identified and invited to join a campus coalition. This group will create the foundation for a campus wide effort for prevention of and response to sexual and relationship violence. These individuals will vary from campus to campus. The following alphabetical list includes, but is not limited to, groups of consideration for building a campus coalition:

- Administration (academic and student affairs) Advocates/Victim Advocates
- Athletics
- Business Affairs
- Communications and Marketing
- Counseling Center
- Equal Opportunity Office
- Faculty Senate
- First Year Programs (i.e., orientation, first year seminar)
- Health Center
- Human Resources
- Information Technology
- Institutional Research
- Law Enforcement (campus and local community)
- Residential Life
- Staff Senate
- Student Activities and Organizations
- Student Conduct/Judicial
- Students (i.e., Student Government, Student Trustee)
- Title IX
- Other stakeholders (e.g., women's center, crisis center, prosecuting office, community organizations, etc.)

Guiding Principles

Campus wide collaboration should be guided by clear policies and procedures and continuous evaluation, education, and training. Some general principles include, but are not limited to:

- Engage in deliberate efforts to create a positive campus climate by prioritizing the use of evidence-based prevention and response strategies such as those discussed in this toolkit.
- Provide regular training and support to all employees and students with particular emphasis for those responsible for responding to reports of sexual and relationship violence.
- Collaborate with local law enforcement, medical, and mental health and other stakeholders to align resources, prevention strategies, services, and training.
- Have clear, appropriate, and consistent expectations of all partners, in particular faculty and staff whom students may turn to when faced with difficult situations.
- Involve stakeholders, including students, in the development, implementation, and evaluation of policies and procedures. Communicate policies and procedures regularly and clearly through a variety of mediums to all employees and students.
- Create policies and procedures that are appropriate for students with disabilities and ensure due process for all students.
- Use proactive data-driven, and continuous efforts, including gathering feedback from students, faculty, staff, and other stakeholders to prevent, identify, reduce, and eliminate sexual and relationship violence.

Recognizing the unique situations and barriers college students face is of critical importance in the understanding of sexual and relationship violence as part of prevention education, response,

investigation, and adjudication. Consideration should be given to campus climate, campus culture, vulnerable and marginalized populations, and disciplinary action for perpetrators. Without this understanding, success in dealing with all issues of campus sexual violence will be difficult if not impossible.

Institutions of higher education must abide by federal regulations that mandate specific actions regarding sexual and relationship violence. In fact, colleges and universities are actually held to a higher standard than communities. It is imperative that campus professionals possess a working knowledge of these regulations in order to integrate these mandates into the campus infrastructure. In addition, institutions also maintain an internal code of conduct and disciplinary process that can be foreign to community responders. In order for community partners to effectively work with campus victims, an understanding of this process and victim options must occur, particularly in the absence of campus advocacy services.

> ***"Alone we can do so little. Together we can do so much."***
>
> - Helen Keller

RESOURCES

The following alphabetical list of resources is provided for your consideration. The American College Health Association does not endorse any particular program or resource. The resources provided are not meant to be a finite list. Rather, this list should be regarded as a sampling of some of the many resources available to assist institutions of higher education with addressing sexual and relationship violence.

New and updated resources are continuingly made available. Thus, it is imperative for institutions to remain vigilant of new resources and their content.

ACHA Guidelines: Addressing Sexual and Relationship Violence on College and University Campuses

Recommendations for addressing sexual and relationship violence with a public health approach and through a trauma-informed lens.

ACHA Guidelines: Standards of Practice for Health Promotion in Higher Education, Third Edition, May 2012

A guideline for the assessment and quality assurance of health promotion in higher education.

ACHA Position Statement: Sexual and Relationship Violence on College and University Campuses

An updated statement regarding the American College Health Association's position on sexual and relationship violence.

A Culturally Specific Perspective: The HBCU Story

(from the Center for Changing Our Campus Culture)
Summarizes impact, strategies to address, and challenges of sexual assault, domestic violence, dating violence, and stalking in relation to historically black colleges and universities.

Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings

(from Futures Without Violence)
With focus on the role of the reproductive health care provider, this publication provides insight on identifying and addressing intimate partner violence and reproductive coercion. The guide provides overview of impact, assessment tools, policy implications and system responses, and the latest data in each area explored. Overall, this guide sets forth to reframe the way health care systems respond to intimate partner violence and reproductive coercion.

Addressing Gender-Based Violence on College Campuses: Guide to a Comprehensive Model

(from the Center for Changing Our Campus Culture)
Contains ideas, structures, information, and resources that can help campuses build partnerships to develop and adopt protocols and policies that more effectively treat various forms of gender-based violence (GBV) as serious offenses; ensure survivor safety and offender accountability; and implement comprehensive and culturally relevant prevention strategies.

Addressing Sexual Assault and Interpersonal Violence: Athletics' Role in Support of Healthy and Safe Campuses

The National Collegiate Athletic Association (NCAA) provides guidance with regards to athletics' role in support of healthy and safe campuses.

Building Cultures of Care: A Guide for Sexual Assault Services Programs

(from the National Sexual Violence Resource Center)
Provides information to support sexual assault services programs in strengthening their organizational and individual responses to survivors of sexual violence through the use of a trauma-informed approach.

Campus Climate Survey Validation Study Final Technical Report

(from the Bureau of Justice Statistics)
This report serves to inform about the research strategies and methodologies with regards to a nine-school pilot test, conducted to develop a campus climate survey for collecting school-level data on sexual victimization of undergraduate students.

Centers for Disease Control and Prevention: Health Communication Website

CDC's Gateway to Communication and Social Marketing Practice provides resources to help build health communication or social marketing campaigns and programs.

Checklist: VAWA Amendments to Clery

(from Clery Center)

In addition to looking at an institution's regulations to inform their policy and program development, this checklist can be used as a method of evaluating what practices currently exist at a specific college or university related to the Violence Against Women Act amendments to the Clery Act and identifying action steps moving forward.

Creating Accessible, Culturally Relevant, Domestic Violence and Trauma Informed Agencies

(from the National Center on Domestic Violence, Trauma & Mental Health)

An agency self-reflective tool developed from the work of the Accessing Safety and Recovery Initiative.

Developing Effective Coalitions: An Eight Step Guide

(from the Prevention Institute)

As a framework for engaging individuals, organizations and governmental partners in addressing community concerns, this guide provides steps toward effective partnerships and tips for making collaborations work.

Draft Instrument for Measuring Campus Climate Related to Sexual Assault

(from the Bureau of Justice Statistics)

Provides a detail of the revised survey instrument for Campus Climate Survey Validation Study that was developed for the White House Task Force to Protect Students From Sexual Assault.

Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements (Version 2.0)

(from the National Center for Injury Prevention, Centers for Disease Control and Prevention)

Individuals and organizations interested in gathering public health surveillance data on intimate partner violence may use this document designed to promote and improve the consistency of IPV surveillance across organizations by way of definitions and data elements that can be used to create measures and instruments for surveillance.

National Institute of Alcohol Abuse and Alcoholism (NIAAA): College Alcohol Intervention Matrix (AIM)

A comprehensive listing of individual- and environmental-level strategies for reducing high risk drinking on college campuses, including cost and level of effectiveness.

National Sexual Violence Resource Center: 10 Principles for Effective Prevention Messaging

Research-based document listing 10 principles, with examples, in creating effective messaging regarding the prevention of sexual violence.

Ongoing Disclosures (Timely Warning, Emergency Notification, Evacuation) Policies Checklist

and

Timely Warning vs. Emergency Notification

(from Clery Center)

Provide a comparison between Clery timely warning and emergency notification in checklist formats.

Preventing and Addressing Campus Sexual Misconduct: A Guide for University and College Presidents, Chancellors, and Senior Administrators (January 2017)

(from the White House Task Force to Protect Students from Sexual Assault)

College and university leadership may use this guide as a foundation to develop, or further hone, comprehensive responses to sexual misconduct at their institutions.

Protecting Students from Sexual Assault, United States Department of Justice website

Contains a wide range of information and links to many resources related to sexual and relationship violence.

Questions and Answers on Title IX and Sexual Violence (archived)

(from U.S. Department of Education)

This document released in April 2014 provides additional guidance concerning obligations under Title IX to address sexual violence as a form of sexual harassment. It further clarifies the legal requirements and guidance articulated in the Dear Colleague Letter of April 2011 and the 2001 Guidance.

Report on the AAU Campus Climate Survey on Sexual Assault and Sexual Misconduct

This Association of American Universities study (2015) provides an empirical assessment of questions across a wide range of institutions of higher education regarding the incidence, prevalence, and characteristics of incidents of sexual assault and misconduct; as well as campus

climate with respect to perceptions of risk, knowledge of victim resources, and perceived reactions to an incident of sexual assault.

Roundtables on Addressing Violence Against Women in the Campus Student Conduct Process Meeting Summary. October 28-29 and December 8-9, 2015 Washington, DC
(from the Center for Changing Our Campus Culture)
Summary of two round table discussions held to gather expertise and best practices on the campus conduct process.

Safe Place: Trauma Sensitive Practice for Health Centers Serving Higher Education Students.
The National Center for Safe Learning Environments provides an online resource kit that provides a range of material that introduces and endorses trauma-sensitive care with an emphasis on sexual assault trauma. The kit was specifically designed to support health center primary care providers in higher education with addressing sexual assault and creating a care environment to support students affected by sexual trauma.

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
Provides a working concept of trauma and a trauma-informed approach, in addition to the development of a shared understanding of these concepts that would be acceptable and appropriate across an array of service systems and stakeholder groups.

SART Resources on Collaboration
The National Sexual Violence Resource Center provides several resource documents related to collaboration and accessible online.

Sexual Assault Response Team Development: A Guide for Victim Service Providers
(from the National Sexual Violence Resource Center)
Provides a general overview of developing a sexual assault response team.

STOP SV: A Technical Package to Prevent Sexual Violence
(from the National Center for Injury Prevention, Centers for Disease Control and Prevention)
The Centers for Disease Control provides a select group of strategies based on the best available evidence to help communities and states sharpen their focus on prevention activities with the greatest potential to reduce sexual violence (SV) and its consequences with focus on social norms, prevention skills, protective environments, and support for victims/survivors.

The Blueprint for Campus Police: Responding to Sexual Assault
(from the Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin)
Provides empirically-based guidance for campus police to address campus sexual assault in victim-centered ways.

The Culture of Respect CORE Blueprint: A Strategic Roadmap for Addressing Campus Sexual Violence, 2nd ed.
NASPA provides recommended practices for addressing campus sexual violence, based on evidence-based research, expert guidance, and promising and emerging practices.

The Handbook for Campus Safety and Security Reporting 2016 Edition
(from U.S. Department of Education)
Provides a comprehensive overview for campus safety and security reporting requirements of Clery.

The National Intimate Partner and Sexual Violence Survey (NISVS) Communications Toolkit
(from the National Center for Injury Prevention, Centers for Disease Control and Prevention)
Outlines basic elements for effective communications initiatives for strategic and sustained communications about why and how sexual and relationship violence occur in order to change the way people understand and respond to them.

The Public Health Approach to Violence Prevention
The Centers for Disease Control and Prevention provides an overview of four steps toward violence prevention when using a public health approach.

The Relationship Between Alcohol and Sexual Assault on the College Campus
A downloadable white paper from Everfi about their study of over 230,000 students regarding alcohol consumption, and attitudes and behaviors surround sexual assault.

The First Report of the White House Task Force to Protect Students From Sexual Assault / Not Alone (April 2014)
and
The Second Report of the White House Task Force to Protect Students from Sexual Assault (January 5, 2017)
Reports prepared by the White House Task Force to Protect Students From Sexual Assault that cover an array of content with regards to recommendations for addressing sexual and relationship violence on college campuses.

Where We've Been, Where We're Going: Mobilizing Men and Boys to Prevent Gender-Based Violence Summary of the Roundtable Proceedings, 22-23 August, 2016 Washington, DC
(from the Center for Changing Our Campus Culture)
Summarizes discussion regarding barriers and gaps to more broadly engaging men and boys; how healthier forms of masculinity can play a role in mobilizing a broad spectrum of men and boys; strategies to build the capacity to collaborate with local, state, and national stakeholders; and next steps to guide and inform a national movement to mobilize a wide spectrum of men and boys in the prevention of gender-based violence.

Who's Got Your Back: Guide for Addressing Sexual and Intimate Partner Violence in Campus Health Settings Handbook
Futures Without Violence provides strategies, tools, and resources for providers, staff, and students working in campus based health settings to incorporate intimate partner and sexual violence prevention and response into their work.

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