



# **CAMPUS SEXUAL AND DATING VIOLENCE: THE ROLE OF CAMPUS HEALTH CENTERS**

Wednesday, August 8, 2018

This webinar is co-hosted by  
Futures Without Violence Health Resource Center  
and the American College Health Association.



# Notes

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- Presentation slides and recording will be available after the webinar.
- CMEs are available for MDs and DOs, certificates of completion are available for all attendees. Futures Without Violence's National Health Resource Center on Domestic Violence is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Futures Without Violence designated this live activity for a maximum of 1.5 AMA PRA Category 1 Credits™



# Speakers

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- Virginia Duplessis, MSW, Futures Without Violence
- Jennifer Jacobsen, MA MPH, Grinnell College
- Kim Webb, MEd, LPC, Washington University in St. Louis
- Trent Claypool, PsyD, University of Colorado Colorado Springs



# Learning objectives

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As a result of attending this webinar, participants will be better able to:

- Discuss the impact of IPV/SV on health and educational attainment
- Implement a universal safety card-based intervention to prevent and respond to IPV/SV within their campus health center
- Utilize the *ACHA Addressing Sexual and Relationship Violence: A Trauma-Informed Approach* toolkit
- Identify next steps in preparing their campus health center to address IPV/SV



# Participant Poll: Who is in the room?

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- Campus health center medical provider
- Campus health center behavioral health provider
- Campus health center administrator
- Other campus student services staff
- Title IX staff
- Campus-based advocate
- Community-based advocate
- Other (share in chat box)



# Why Campus Health Centers?

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- Accessible to students
- Utilization is normalized: “everyone goes to the health center”
- Long-term relationship with students
- Range of visit types
- Provides gateway to other campus & off-campus resources
- Students with histories of IPV/SV tend to use health services



# Campus Health/Wellness Centers Play a Vital Role!

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This presentation is not about...

“Screening” for sexual or intimate partner violence or trying to identify victims

Adding more time or effort to your work

This presentation is about...

Strengthening the work you are already doing

Amplifying pro-social messages about support for students, connectedness, positive bystander behaviors



# Objectives of today's session

- Identify key evidence-based contributions to the ACHA toolkit: Addressing Sexual and Relationship Violence: A Trauma-Informed Approach
- Review the tenets of trauma informed care
- Discuss ways to integrate trauma informed practices
- Evaluate campus prevention and response efforts through a trauma-informed lens



# Intention of the toolkit

## Goals of the toolkit:

- Provide an evidence-based resource spanning prevention, response, and culture change
- Provide you with leverage in advocating for resources and change on your campus
- Offer guidance and recommendations consistent with the values of the ACHA

## The toolkit is not:

- A comprehensive guide to navigating policy related to Title IX, VAWA, and Clery
- Legal advice
- A strict set of standards that fits every campus
- Mandatory
- The last word

# Relationship with other resources

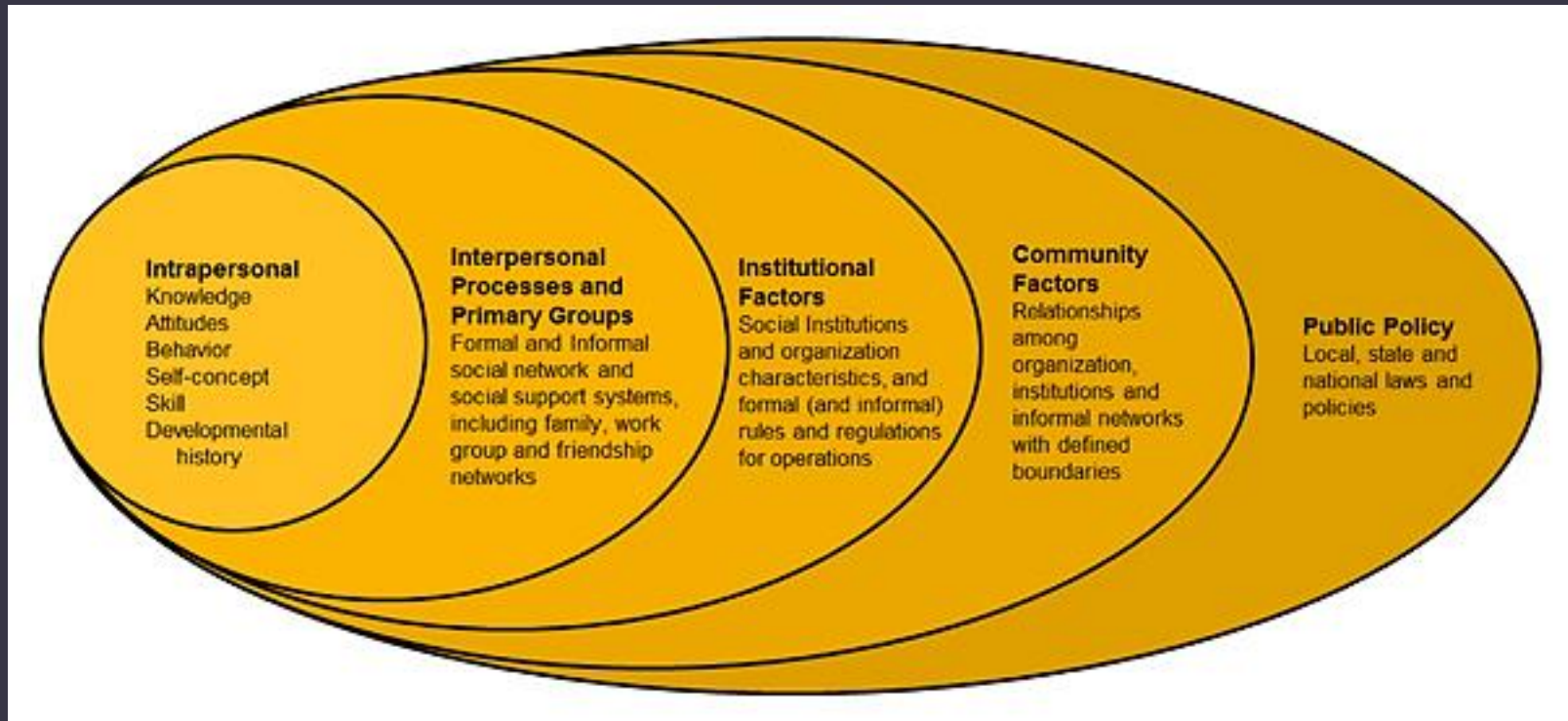
## Complimentary—not “either/or”

- **CALCASA Sexual Assault Prevention on U.S. College Campuses: A National Scan** (2016)  
<http://www.calcasa.org/resources/publications/>
- Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). **STOP SV: A Technical Package to Prevent Sexual Violence**. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.  
<https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>
- **NASPA Culture of Respect: Core Blueprint** (2017) <https://www.naspa.org/focus-areas/violence-prevention/culture-of-respect>
- **NCAA Sexual Violence Prevention: An Athletics Toolkit for a Safe and Healthy Culture** (2016).  
[http://www.ncaa.org/sites/default/files/SSI\\_Sexual-Violence-Prevention-Tool-Kit\\_20161117.pdf](http://www.ncaa.org/sites/default/files/SSI_Sexual-Violence-Prevention-Tool-Kit_20161117.pdf)
- **Rape, Abuse & Incest National Network (RAINN) Prevention Navigator**  
<http://preventionnavigator.rainn.org/>
- **Futures Without Violence resources** <http://www.futureswithoutviolence.org/search/>

# Trauma-informed campus

- Trauma-informed approaches emphasize **physical, psychological, and emotional safety**
- Trauma-informed approaches further involve vigilance in **anticipating and avoiding institutional practices and processes that are likely to re-traumatize**
- The development of **effective prevention programming and comprehensive response 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.**

# Public health ecological framework





# UNDERSTANDING TRAUMA AND THE IMPORTANCE OF TRAUMA INFORMED PRACTICES IN COLLEGE HEALTH

# What is Trauma?

- We all use the word “trauma” in every day language to mean a highly stressful event. But the key to understanding traumatic events is that it refers to extreme stress that overwhelms a person’s ability to cope.
- Trauma is a deeply disturbing event that infringes upon an individual’s sense of control and may reduce their capacity to integrate the situation/circumstances into their current reality.

# Understanding the impact on students

• 85%

Of College Students Have experienced 1 or more traumatic event in their lifetime

Canto, A.I., Cox, B.E., Osborn, D., Swanbrow Becker, M., & Hayden, S. (2017).

# Why is understanding trauma important?

- To provide effective services we need to understand the life situations which may be contributing to the person's current problems
- Many current problems faced by our students/colleagues may be related to traumatic life experiences
- People who have experienced traumatic life events are often very sensitive to situations which remind them of the people, places or things involved in their traumatic event
- These reminders, also known as triggers, may cause a person to relive the trauma and view our organization/practice as a source of distress rather than a place of healing and wellness

- SAMHSA-HRESA, Center for Integrated Health  
Solutions, 2012



# Trauma Informed Care

- The Four “R’s”
  - Realize
  - Recognize
  - Responds
  - Resist Re-Traumatization

**Asks**

*“What’s Happened to You?”*

**And not**

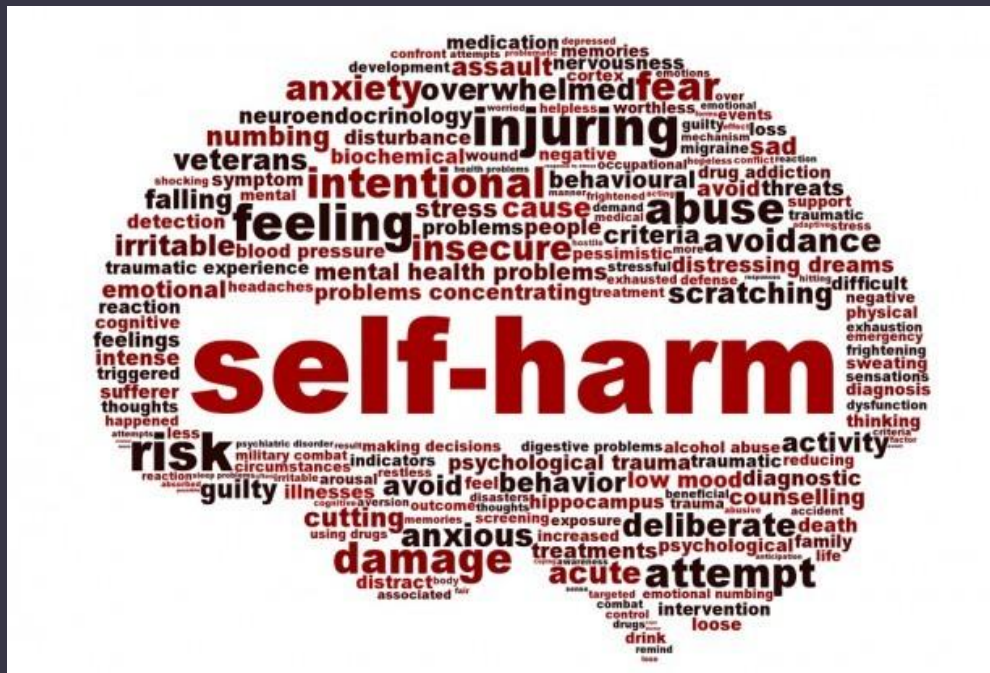
*“What’s wrong with you?”*

# Trauma-informed campus

- “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)
- Emphasis on recovery from trauma, resiliency, and post-traumatic growth.

# Maladaptive coping

- Understanding maladaptive coping as a mood regulation technique
- Emotions and cognitive functioning
- Trauma and link with mental illness



# The Difficult Student

# Neurobiology of trauma and other factors impacting recovery

- The Amygdala
- Neural pathways
- Emotional Hijacking/Triggers
- The body keeps the score
- Stages of recovery
- Resiliency vs. Posttraumatic Growth
- ACEs  
(<https://www.cdc.gov/violenceprevention/acesstudy/about.html>)

# Check yourself: All behavior has meaning

- Assumptions
- Dialectical thinking
  - Why else might this person be behaving this way besides.....
- Compassion
  - Seek to see and understand the suffering behind the behavior



# CONSIDERATIONS FOR TI RESPONSE

# Core Values of Trauma Informed Care in an Organization

- Safety – Physical and Emotional
  - Practices and principles increase safety for all
  - Health care: survey staff and service recipients on a regular basis about their experiences, including physical environment



# TI Core Values

- Trustworthiness
- Choice and control
- Collaboration
- Empowerment
- Cultural sensitivity and inclusivity

What identities should cultural awareness address?

# A Word on Intersectionality

- Human beings are shaped by the interaction of various social identities and locations that occur within a context of connected systems and structures of power.
- Inequities are never the result of a single or distinct factor
- *Privilege and oppression can be experienced concurrently!!!*
- Switch vantage point away from those that are primarily privileged to those that have been historically oppressed and marginalized

# Recommendations for response

- Screening
  - Informal screening by members of the campus community
  - Formal screening in health and wellness centers
  - Screening within wellness programs
- Victim Advocacy
- Considerations and Responsibilities for Students Abroad
- Considerations and Responsibilities for International Students
- Medical and Forensic Exam
- Mental Health Services
- Campus Response Teams
- Law Enforcement/Campus Security Response
- First Responders
- Community Partners
- Creating Trauma-Sensitive Physical Environments

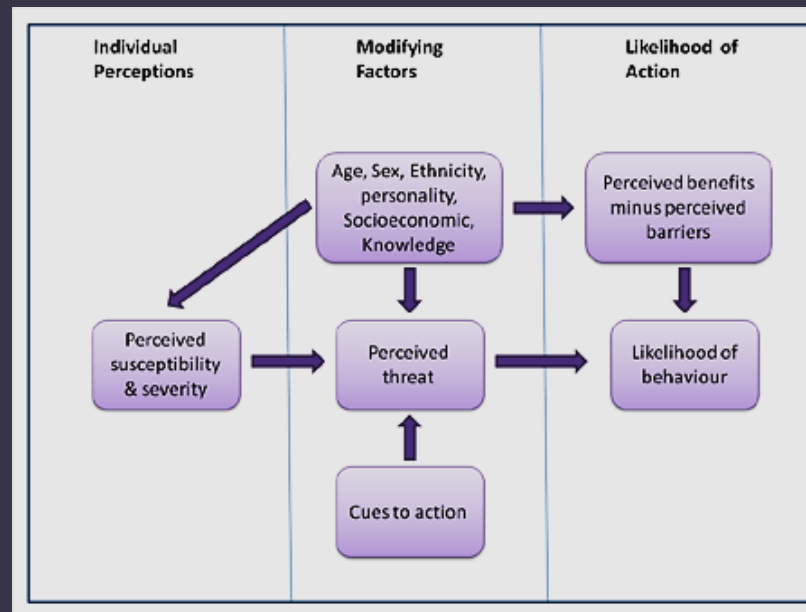


# PREVENTION AND HEALTH PROMOTION

Trauma-informed means prevention  
and health promotion, too

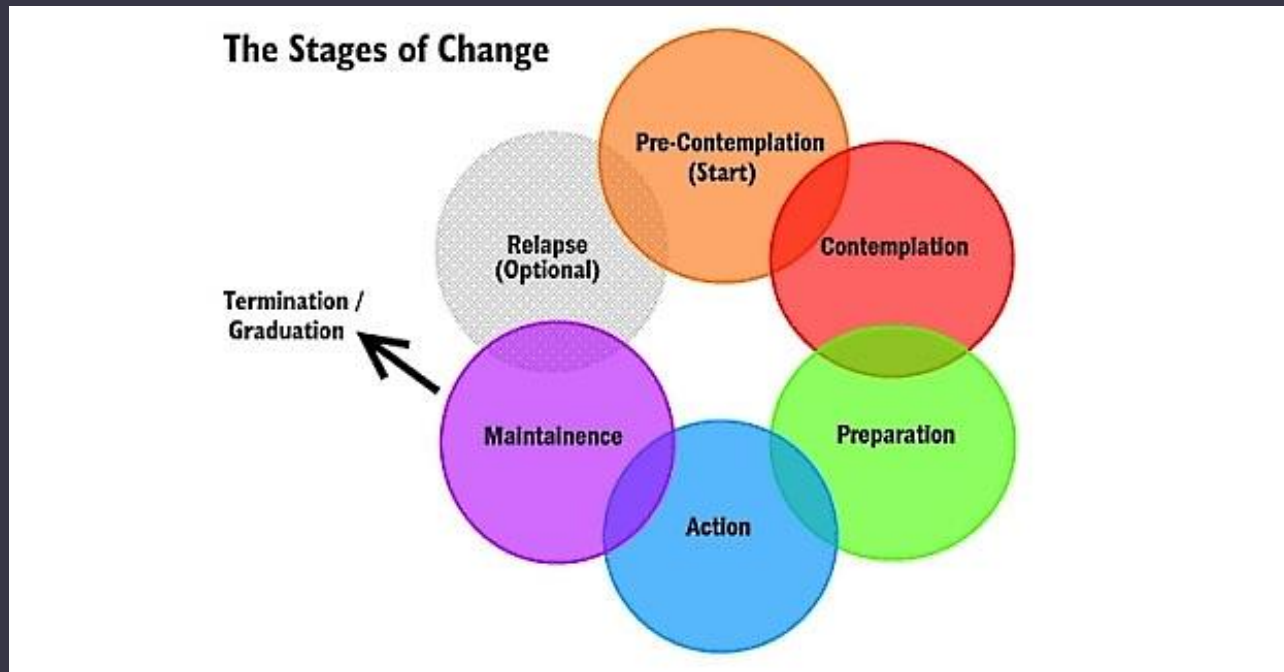
# Health Belief Model

(Becker, 1974, 1988; Janz & Becker, 1984)



# Matching the message to the audience

- Identity
- Stage of Change (Trans-Theoretical Model, Prochaska & DiClemente 1983)





# Health promotion considerations

- Determine who your key audience is
- Learn what motivates or concerns your audience
- Cue what you want them to do, not what you don't want them to do
- Consider unintended consequences/unwanted side effects
- Shame is seldom an effective motivator for behavior change
- Offer an action step (limit awareness-only messages)
- Pilot with your target population– get feedback

# Health promotion messaging examples



# Addressing alcohol

- Why should we address the relationship between alcohol and sexual violence?
- What concerns us about addressing alcohol in this context?

# Addressing alcohol: Individual level

- Deliver risk reduction programs *in addition to* primary prevention, *not instead of* prevention programs.
- ● 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
- Provide equitable access to programming with consideration to specific climate and population demographics.
- Be explicit in refusing to blame victims

# Addressing alcohol: Interpersonal Level

- Social norming campaigns (cite your data!)
- Promote sober sex!
- Bystander intervention training:
  - acknowledge the correlation between alcohol and increased risk
  - address the ways alcohol can create a barrier to bystander's awareness and ability to provide assistance.
  - emphasize victims/survivors are never to be blamed for their victimization.
  - reinforce that alcohol use does not negate a perpetrator's responsibility for their behavior.

# Framing the Conversation

- 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.
- ***Hegemonic masculinity and its role in gender relations, not men, is the problem of focus.***

# Engaging 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.”
- Understand the “patriarchal dividend”
- Understand stages/readiness for change
- Selectively integrate women into prevention efforts targeting men.
- Discuss and help develop healthy expressions of masculinity
- A threat to privilege may feel like loss
- Target multiple forms of violence
- Be able to address risk-factors to perpetrating violence

# Thank you!

- Webinar attendees
- ACHA
- Futures Without Violence
- All who engage in this work

## Contact information

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## Access the (free!) toolkit:

[http://www.acha.org/documents/resources/Addressing\\_Sexual\\_and\\_Relationship\\_Violence\\_A\\_Trauma\\_Informed\\_Approach.pdf](http://www.acha.org/documents/resources/Addressing_Sexual_and_Relationship_Violence_A_Trauma_Informed_Approach.pdf)





**FUTURES**  
WITHOUT VIOLENCE®

# **Sex, Relationships, and Respect on Campus**

## **The Role of Campus Health Centers in Preventing and Responding to Intimate Partner and Sexual Violence**

# Participant poll

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If you are in a campus health center... Do you have a protocol for sexual & dating screening/assessment

- Yes
- No

# Women Who Talked to Their Health Care Provider About Abuse Were:

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**4 times more likely** to use an intervention *(McCloskey et al, 2006)*

**71%** of those who used an intervention reported it being **extremely or very useful** *(Cantor et al, 2015)*



# CUES: New provider and patient tool

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- Public health approach: prevention first
- Trauma-informed: not disclosure driven
- Altruism: sharing information is healing and empowering
- Collaboration: partnerships improve outcomes



# Elements of CUES

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1. **C** - Discuss confidentiality and see patient alone
2. **UE** - Provide universal education on consensual sex, healthy relationships, harm reduction
3. **S** - Support

**If IPV/SV is disclosed:**

- Harm reduction strategies
- Warm referral to advocacy services

**If IPV/SV is not disclosed:**

- Information on resources



# C: Safety, Confidentiality & Mandatory Reporting

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- Always review the limits of confidentiality: on your forms, verbally, and on educational materials
- Learn your state laws and campus reporting policies
- Know where students can go for confidential services on & off campus
- Learn your role: are you a “Responsible Employee”?



**REMEMBER: Students do not need to report to the police or campus authorities to receive counseling or other supportive services.**



# UE: How to Introduce the Card

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**NORMALIZE  
conversation**

"We've started giving this card to all our patients so they know how to get help for themselves or so they can help others."

**UNIVERSAL  
intervention**



- Always give two cards
- Learn about risk and support without disclosure
- Use of cards to help friends and family
- Information = empowering



# Education and Anticipatory Guidance

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This may be the first time students have had the opportunity to talk about consent, healthy relationships and how trauma can affect their health

## Do the people you are intimate with...

- ✓ Ask what you want when it comes to sex, and respect your boundaries? Most sexual assaults are committed by someone the survivor knows. *No one should pressure or force you into doing anything sexual or harm you physically.*
- ✓ Support your independence and interests? *No one should keep you from your social life, work, or educational goals.*

**Sex should feel good for all partners and healthy relationships are ones that are supportive.**

**But what about when our boundaries are not respected?**

## Culture of consent

How can everyone on campus promote a culture of consent, support survivors, and hold those who use violence or coercion accountable?

***Consent is an active, voluntary agreement that can be revoked at any time.***

- ✓ Even if you have had sex with someone before, it's still important to ask for consent every time. *Over half of sexual assaults occur within ongoing relationships.*
- ✓ If a person is drunk, high, asleep, or too afraid to say no, they can't give consent.



# Prevention Strategies at the Personal, Relationship, and Community Levels

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“ You have probably heard a lot about the role students can play in helping to prevent sexual violence. This card offers some more information on what you can do.”

## Take action!

- ✓ **Lead by example:** “*Can I kiss you?*” Always ask for consent before kissing or touching. Ask them how they feel and respect their answer, even if it means you might not get what you want.
- ✓ **Be an active bystander:** When you see something that doesn't seem right, **speak up!** It can be as simple as calling out rape jokes/harrassment, or stepping in if someone looks like they're trying to hook up with someone who is too drunk to give consent.
- ✓ **Get involved:** Advocate with your administration and student government for survivor-centered policies and prevention programs.
- ✓ **Challenge gender norms:** Harmful gender norms -- like assuming men always want sex, thinking LGBTQ people don't experience abuse, believing women are “asking for it”, or ignoring trans and gender non-binary identities -- contribute to sexual/dating violence.

Information on changing campus culture:

Know Your IX  
[knowyourix.org](http://knowyourix.org)

End Rape on Campus  
[endrapeoncampus.org](http://endrapeoncampus.org)



# Support and Validation for Survivors

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Disclosure rates are low among college students, although they often talk with peers. This panel provides guidance on how to help a friend.

## Helping a friend

Listen and don't judge. Sexual assault and dating violence can make a survivor feel powerless and alone.

**“You are not alone and nothing you did or didn't do caused this to happen. I am here for you - what can I do to help?”**

Don't pressure them to take steps they aren't ready for or don't want to do. Call the hotlines on this card or seek out a confidential resource on campus for more tips on how to support a friend.



# Connect to Health

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## Your health and wellness

- ✓ Do you often feel depressed or anxious?
- ✓ Are you drinking, smoking, or using drugs more to cope?
- ✓ Have you noticed changes in your appetite or sleep habits?
- ✓ Has getting to class, finishing school work, or participating in other activities been more difficult than usual?
- ✓ Do you ever think about hurting yourself?

Reactions like these are common for people who have experienced sexual/dating violence. It could be helpful to talk to a health provider or an advocate about what is going on.

***“Because sexual violence is so common, and has so many health repercussions, we like to talk to all patients who come in for [visit type] about sexual violence and experiences they may have had.”***

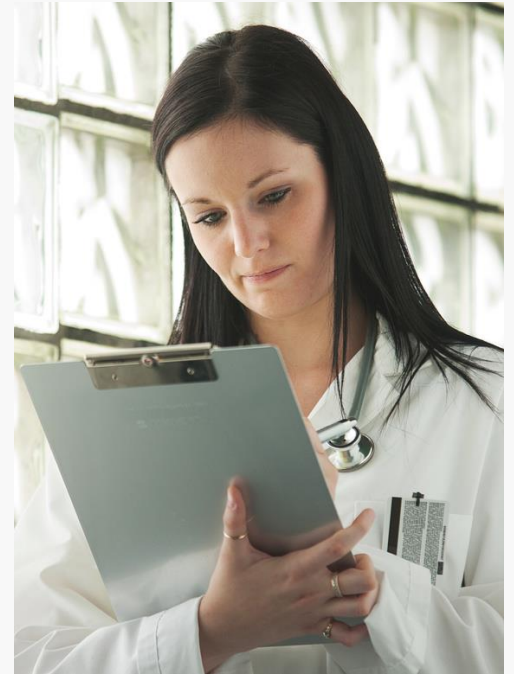


# Connect to the Specific Kind of Visit

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**Pregnancy tests:** *Anytime patients come in for a pregnancy test, we ask them all whether the sex they had was consensual. Was this something you wanted to do?*

**Substance use:** *Has what's going on with people you've had sex with made you feel like drinking/using more?*



# Key Messages and Resources to Support Survivors

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**REMEMBER:**

**Disclosure is not  
the goal...**

**And**

**Disclosures  
happen!**

You are not alone

Sexual assault and dating violence are not okay, but they are common. If you or someone you know has experienced an assault or abuse, support is available.

- ▶ *Connect with an advocate:* For confidential counseling, safety planning, support groups, reporting options, and legal advocacy.
- ▶ *Visit your campus health center:* For mental health support, STI/HIV testing and treatment (including PrEP/PEP), emergency contraception (the morning after pill/Plan B) to prevent pregnancy, and more.
- ▶ *Know your Title IX office:* If you decide to report, this office investigates sexual violence and sexual harassment. Be aware that some school staff, professors, RAs, coaches, etc. may be required to notify the Title IX office if they hear about an incident.

No matter who caused the harm - a friend, date, partner, classmate, or someone at a party - survivors are often made to feel like what happened was their fault or not a big deal. It is never a survivor's fault and their experiences are valid.

*Talking to someone you trust can be a first step in healing.  
You don't have to go through this alone.*





# Supporting a Patient When You Need to Make a Report

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Maximize the role of the patient in the reporting process (make the call/fill out form together, only include information necessary for report, etc.)

Assess for immediate danger.

Provide a **Sex, Relationships, and Respect on Campus** safety card.

Offer to let them use your office phone, computer, or meet with an IPV/SV advocate in your clinic for advocacy and support services.



# How are IPV/SV Advocates Different From In-House Behavioral Health Providers?

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- Specialized training
- Safety planning expertise
- Confidentiality
- Free for clients
- Access to other services
- Culturally responsive services



**IPV/SV advocates complement  
behavioral health services**



# Providing a “Warm” Referral

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**When you can connect to a local program it makes all the difference!**

“If you are comfortable with this idea, I would like to call my colleague (fill in person's name), they are really an expert in what to do next and can talk with you about a plan to be safer.”





# Hotline Referral

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Confidential hotlines can connect you to local resources and provide support via phone, text, and chat:

National Sexual Assault Hotline  
24/7 | 1-800-656-4673 | [rainn.org](http://rainn.org)

National Domestic Violence Hotline  
24/7 | 1-800-799-7233 | [thehotline.org](http://thehotline.org)

LGBT National Talkline  
M-F 1-9pm PT, Sat 9am-2pm PT  
1-800-246-7743 | [glbthotline.org](http://glbthotline.org)

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Funded by the U.S. Department of Health and Human Services' Administration on Children, Youth and Families (Grant #90EV0414).

To find out where to get emergency contraception:

[bedsider.org/clinics/ec](http://bedsider.org/clinics/ec)

Info on HIV prevention:

[pleaseprepme.org](http://pleaseprepme.org)



Offer patients the use of your office phone or computer/tablet to contact resources



# Next Steps: Campus Health Providers

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- ☐ Understand your campus, state and federal policy, procedure and climate around reporting intimate partner or sexual violence.
- ☐ Create a safe space (private conversations, posters, etc.)
- ☐ Connect and build partnerships with local IPV/SV/rape crisis advocate organizations.
- ☐ Connect with local SANE nurses and clinics that provide emergency contraception, if your campus does not.
- ☐ Connect with local resources for LGBTQ, undocumented, and international students.
- ☐ Assess what skill building or other additional training does your clinic staff need.



# National Health Resource Center on Domestic Violence

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- Setting specific safety cards for adolescent, HIV, reproductive health, LGBTQ, and more!
- Training curricula
- Clinical guidelines
- State reporting law information
- Documentation tools
- Pregnancy wheels
- Posters

*For more information, please visit the [National Health Resource Center on Domestic Violence website.](#)*



[www.ipvhealth.org](http://www.ipvhealth.org)

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# Questions?

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# Thank you!

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- The recording of this webinar will be posted on the [FUTURES website](#) in the next few days.
- For questions or additional information, please contact Graciela Olguin:  
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