



Who's got your back?

Guide for Addressing Sexual and Intimate Partner Violence in Campus Health Settings

FUTURES
WITHOUT VIOLENCE

TM

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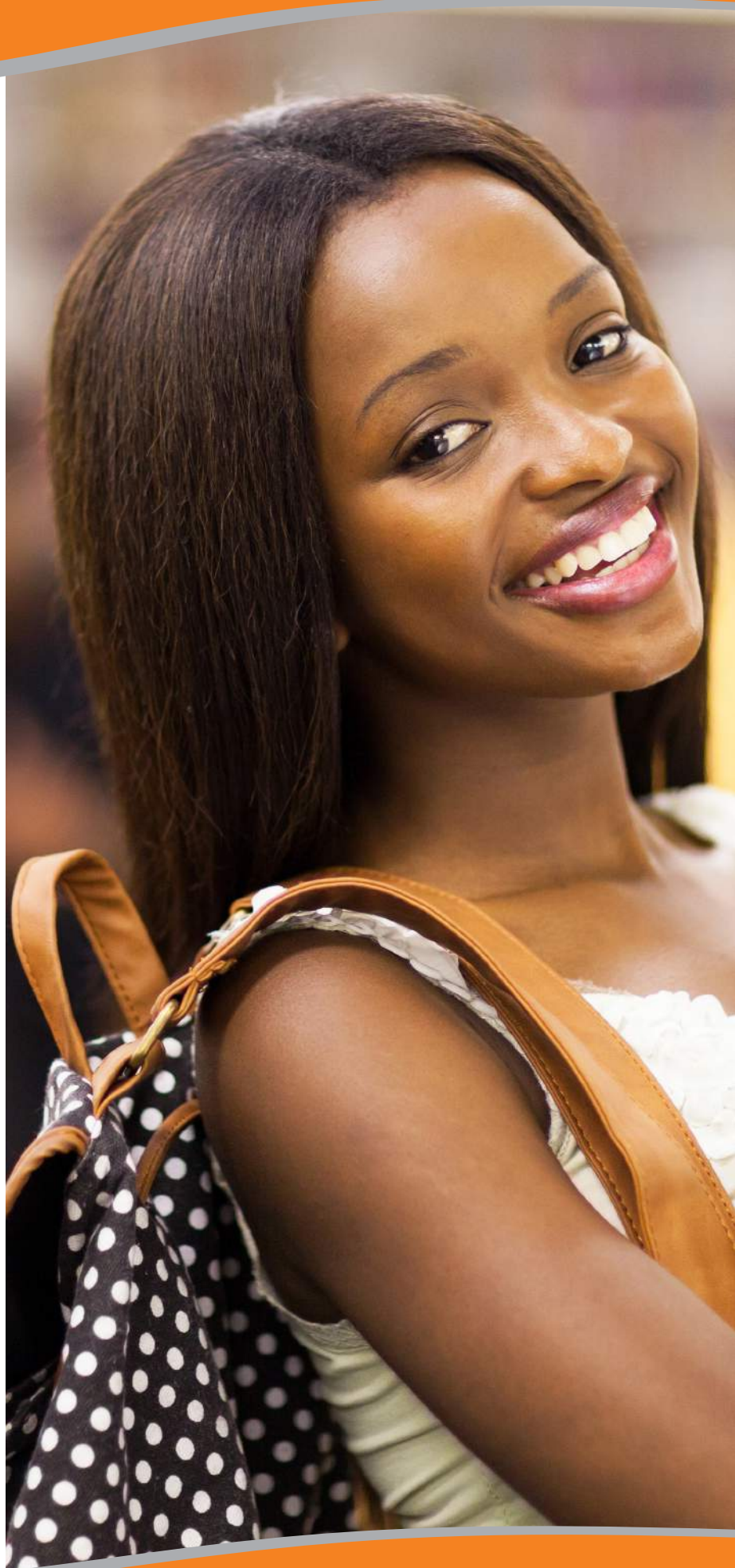
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INTRODUCTION

{ BACKGROUND DEFINITIONS MAGNITUDE OF THE PROBLEM

"Every school would like to believe it is immune from sexual violence but the facts suggest otherwise... Our first goal is prevention through education. Information is always the best way to combat sexual violence. Our larger goal is to raise awareness to an issue that should have no place in society and especially in our schools." - Secretary Of Education, Arne Duncan

"Schools must provide an environment where all students have an equal opportunity to learn... Schools are often in the best position to prevent sexual violence and to respond to it promptly and effectively if it occurs. The Department's Office for Civil Rights is already working with schools to help them in their fight against the harmful effects of sexual violence by providing technical assistance and seeking remedies designed to stop such conduct, prevent its recurrence, and remediate its impact."
- Assistant Secretary for Civil Rights, Russlynn Ali¹

BACKGROUND

Futures Without Violence (FUTURES) is a leading advocate for addressing violence against women on college campuses. FUTURES produces numerous data-informed publications, programs, resources, and organizing tools to promote effective and trauma-informed responses to sexual violence and intimate partner violence on college campuses. These responses range from implementing effective prevention strategies to supporting systems change efforts across disciplines.

FUTURES has created wallet-sized, informational **Campus Safety Cards** entitled “Who’s Got Your Back,” to be used by health care providers, peer health educators/student advocates, and students as part of a broad, campus-wide sexual violence prevention and intervention effort. This handbook will guide you through best practices in utilizing these cards and other materials and resources as you work to build a gender-based violence prevention movement on your campus.



In 2013, with support from the US Department of Health and Human Services Office on Women’s Health, FUTURES launched its Campus Leadership Program to spur creative, student-led action to change university policy, enhance curriculum, raise awareness and shift campus culture around dating violence, domestic violence and the connection to sexual violence, and reproductive coercion. Each year, ten graduate students representing diverse schools of Medicine, Public Health, and Social Work across the country have are chosen as Campus Leaders to improve their colleges’ awareness, response, and prevention programs and policies surrounding violence against women. This handbook is one result of their efforts to organize a national, cohesive effort to improve college campus health, response, and prevention policies, and can serve as an informational guide for improving your own campus health centers’ efforts to prevent and respond to sexual and intimate partner violence on campus.

INSTITUTE OF MEDICINE (IOM) AND UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF) INTIMATE PARTNER VIOLENCE SCREENING RECOMMENDATIONS

In July of 2011, the Institute on Medicine (IOM) released its report, *Clinical Preventive Services for Women: Closing the Gaps*, at the U.S. Department of Health and Human Services request to identify critical gaps in preventive services.² In an historic move, the IOM committee recommended that all women and adolescent girls be screened and counseled for interpersonal and domestic violence in a culturally sensitive and supportive manner. The screening will address current and lifetime exposure to violence and abuse. The IOM Committee found that rates of violence are significant, and the data they reviewed supports that women can be helped by screening and counseling.

In January of 2013, the US Preventive Services Task Force released a report officially recommended “that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services.”³ While these recommendations specifically advise providers to screen their patients for intimate partner violence, it underscores the important role that providers play in the safety of their patients’ lives in the face of all kinds of violence, including sexual violence.

DEFINITIONS

Public health and criminal justice definitions and terms vary between states. These guidelines are not intended to provide legal advice or interpretations. It is important to collaborate with campus safety and law enforcement agencies for additional information on local laws, and how they are applied. In addition, contact your Title IX^A Coordinator for information on campus-specific definitions, policies and response.

According to the Centers for Disease Control and Prevention (CDC),⁴

Sexual Violence

Includes any sexual act perpetrated against the will of another, without their consent. These acts may include:

- **A Completed Sex Act**, or any form of penetration including vaginal, anal, or oral by an object, finger, or penis.
- **An Attempted Sex Act**, which has not been completed.
- **Unwanted or Abusive Sexual Contact**, or any form of touching, groping, fondling in a sexual manner perpetrated against another without their consent.
- **Non-Contact Unwanted Sexual Experiences**, or intentional acts of voyeurism, exposure, exhibitionism, harassment, threats of sexual violence, unwanted sexting, stalking, etc.⁴

Harassment

Any unwanted verbal, physical, or visual behaviors of a sexual nature, ranging from unwanted sexual touch to unwanted comments or jokes of a sexual nature to obscene gestures.⁴

Stalking

Repeated harassment or threatening behavior, such as following someone home or to work, making or sending multiple unwanted or threatening phone calls, emails or texts, vandalism, etc.⁴

Consent

Words or overt actions by a person who is legally or functionally competent to give informed approval, indicating a freely given agreement to have sexual intercourse or sexual contact.⁴

Intimate Partner Violence

Intimate partner violence (IPV) occurs between two people in a close relationship. The term “intimate partner” includes current and former spouses and dating partners. IPV exists along a continuum from a single episode of violence to ongoing battering. IPV includes four types of behavior:

- **Physical violence** is when a person hurts or tries to hurt a partner by hitting, kicking,

^APursuant to Title IX of the Education Amendments of 1972 and the U.S. Department of Education’s implementing regulations at 34 C.F.R. Part 106, the College’s Title IX Coordinator has primary responsibility for coordinating the College’s efforts to comply with and carry out its responsibilities under Title IX, which prohibits sex discrimination in all the operations of this College, as well as retaliation for the purpose of interfering with any right or privilege secured by Title IX. Sexual misconduct against students, including sexual harassment, sexual assault, rape, and sexual exploitation, can be a form of sex discrimination under Title IX. The Title IX coordinator oversees the College’s response to reports and complaints that involve possible sex discrimination to monitor outcomes, identify and address any patterns, and assess effects on the campus climate, so the College can address issues that affect the wider school community.” <https://www.notalone.gov/assets/role-of-title-ix-coordinator.pdf>

- or using another type of physical force.
- **Sexual violence** is forcing a partner to take part in a sex act when the partner does not consent.
- **Stalking** is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the survivor.
- **Psychological aggression** is the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or exert control over another person.⁵

According to the United States Bureau of Justice,⁶

Rape

Any forced sexual intercourse (penetration). This includes any penetration with a foreign object. "Force" may include both psychological or emotional coercion and physical force. Attempted rape is included in this definition, which includes verbal threats of rape. Anyone can be raped, no matter their gender identity or sexual orientation.

Sexual Assault (SA)

Includes attacks separate from rape or attempted rape. These include a range of crimes generally involving any unwanted sexual contact, including groping, fondling, or verbal threats.

Sexual Coercion

Includes a range of behaviors that a partner or acquaintance may use related to sexual decision-making to pressure or coerce a person to have sex **without using physical force**. Examples, which may occur between sexual partners of any gender include:

- Repeatedly pressuring a partner to have sex when they do not want to
- Threatening to end a relationship if a person does not have sex
- Forced non-condom use or not allowing other pregnancy or STI protection use
- Intentionally exposing a partner to a sexually transmitted infection (STI) or HIV
- Retaliation by a partner if notified of a positive STI result



Sexual Harassment

Includes any unwanted verbal and/or physical jokes, threats, or other interaction of a sexual nature.

Intimate Partner Violence (IPV)

A pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.

Reproductive Coercion is related to behaviors that interfere with contraception use and/or pregnancy. Reproductive coercion is not limited to heterosexual relationships. Two types of reproductive coercion, birth control sabotage and pregnancy pressure and coercion, are described below.

Birth Control Sabotage is active interference with a partner's contraceptive methods. Examples of birth control sabotage include:

- Hiding, withholding, or destroying a partner's birth control pills
- Breaking or poking holes in condoms on purpose or removing a condom during sex in an explicit attempt to promote pregnancy
- Not withdrawing when that was the agreed upon method of contraception
- Pulling out vaginal rings
- Tearing off contraceptive patches
- Pulling out an intrauterine device (IUD)/IUC

Pregnancy Pressure involves behaviors that are intended to pressure a female partner to become pregnant when she does not wish to become pregnant. **Pregnancy coercion** involves coercive behaviors such as threats or acts of violence if she does not comply with her partner's wishes regarding the decision of whether to terminate or continue a pregnancy. Examples of pregnancy pressure and coercion include:

- Threatening to hurt a partner who does not agree to become pregnant
- Forcing a female partner to carry a pregnancy to term against her wishes through threats or acts of violence
- Forcing a female partner to terminate a pregnancy when she does not want to
- Injuring a female partner in a way that she may have a miscarriage

Cyber dating abuse and harassment is abusive behaviors perpetrated by romantic partners via technology/new media (e.g., social networking sites, texting, e-mail), including threats via technology, harassing contacts, and using a partner's social networking page without permission. Cyber dating abuse can be sexual in nature or more general.⁷

SEXUAL VIOLENCE IN DATING/INTIMATE RELATIONSHIPS

1 in 5 women in the United States has been raped at some time in their lives and HALF of them reported being raped by an intimate partner.⁸ While many providers likely have some knowledge that intimate partner sexual violence happens, some may not realize the extent to which it does. It is important that campus health center providers, who may tend to focus on sexual assault, expand their assessment to include sexual violence within dating relationships.

MAGNITUDE OF THE PROBLEM

Women have surpassed men in the overall college population.⁹ Yet women and LGBTQ students of traditional college age continue to be at particular risk for gender-based violence, including sexual violence, intimate partner violence, and stalking.

A 2014 CDC study confirms that **1 in 5 women** experience rape and that 38% of women who had been raped had experienced it during college age years, 18-24.¹⁰

Sexual and intimate partner violence are health issues that disproportionately affect women and lesbian, gay, bisexual, transgender, and queer (LGBTQ) identified peoples.¹¹ Women are at significantly higher risk than men of experiencing SA or IPV.¹²

The issue of gender-based violence on campus, particularly sexual violence, has received increased attention over the last decade due to high profile cases, online and student activism, new research,¹³ and development of bystander intervention models, and reports, such as one published by the Center for Public Integrity in 2010.¹⁴ Recently, the Department of Education, Office for Civil Rights' *Dear Colleague Letter* of April 2011¹⁵ (see *Appendix B*), the activism of student leaders and Vice President Biden's subsequent address and release of the White House Task Force Report, have provided an impetus for colleges and universities

to review and revise policies and procedures addressing sexual misconduct, stalking, and intimate partner violence, particularly as those forms of gender-based partner violence constitute gender discrimination under Title IX. In that context, new resources have been developed concerning legal requirements, model policies and prevention programs.

- Women who are sexually assaulted during their first semester of college tended to have lower GPAs than women who were not sexually assaulted.
- 1 in 3 survivors transfer or drop out.¹⁶

Several studies have examined the prevalence of sexual violence among adolescents and young adults.

- **19.6% of female and 8.2% of male** undergraduate students reported unwanted sexual contact in the past six months.¹⁷
- **23% of female college students and 7% of male college students** reported one or more experiences of unwanted sexual intercourse.¹⁸
- Females were **more likely** than males to report that their perpetrator used physical force during coerced sex.^{17,18}
- In the US, **10%** of all survivors of sexual assault are **male**.¹⁹

Lesbian, gay, bisexual, transgender and gender-nonconforming people experience rates of sexual violence equal to or higher than rates among heterosexual or cisgender^B people.²⁰ Sexual violence against these groups can be the result of a hate crime.²¹

According to the Centers for Disease Control and Prevention National Intimate Partner and Sexual Violence Survey and a study from The Taskforce,

- **44% of lesbian women, 61% of bisexual women, and 35% of heterosexual women** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- **26% of gay men, 37% of bisexual men, and 29% of heterosexual men** experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime.³⁸
- **64% of transgender and gender-nonconforming people** reported being sexually assaulted.²¹ **3%** reported being assaulted by **teachers or staff.**²¹

Recent research provides some insight into gay and bisexual males' experiences with sexual coercion. In a survey with gay and bisexual males, **18.5% reported unwanted sexual activity.**²²

THIS HANDBOOK

This handbook provides tools and resources for staff and students working in campus-based health settings to incorporate intimate partner and sexual violence prevention and response into their work. By creating a clinic environment where students have the opportunity to talk about healthy relationships and consensual sexual activity, as well as disclose experiences of violence, we are helping to create a safe and supportive campus culture that does not tolerate violence.



^B Cisgender describes people whose gender identity matches the sex they were assigned at birth.

HEALTH IMPACT OF SEXUAL VIOLENCE AND INTIMATE PARTNER VIOLENCE (SV/IPV)

Survivors of rape are 13 times more likely to attempt suicide.²³

According to the Centers for Disease Control and Prevention, 31.5% of female and 16.1% of male adult survivors of rape reported physical injury as a result. More than 1/3 of females injured during rape, or approximately 105,187, received medical treatment in emergency rooms between the years of 2004 and 2006.²⁴

In addition to immediate and/or acute injury, experiencing sexual and intimate partner violence can have long-term emotional and physical health effects.

The negative physical and emotional health effects of sexual and interpersonal violence and trauma can interfere with a survivor's successful college career and can continue to affect them throughout their lives.

Data from a 2005 Behavioral Risk Factor Surveillance System (BRFSS) report linked **high cholesterol, stroke and heart disease** with a history of rape among both males and females; “Female survivors of non-consensual sex were more likely to report heart attack and heart disease compared to non-survivors.”²⁵ Approximately **32,000 pregnancies** each year are the result of rape.²⁶

Survivors of sexual and interpersonal violence often experience a range of short- and long-term emotional and physical health effects. These include:

- Depression
- Fear or Concern for Personal Safety
- High Cholesterol, Heart Disease, or Stroke
- Physical Injury
- Post-Traumatic Stress Disorder
- Self-Harm or Self-Injury
- Sexually Transmitted Infections
- Sleep or Eating Disorders
- Substance Abuse
- Suicidal Ideation
- Unwanted Pregnancy²⁵

The health impacts of SV/IPV disproportionately affect female survivors. According to a 2010 survey conducted by the Centers for Disease Control and Prevention (CDC), among female survivors of rape, physical violence, or stalking by an intimate partner, 72.2% were fearful, 62.6% experienced at least one post-traumatic stress and 41.6% were injured as a result of the violence, while among men 18.4% were fearful, 16.4% experienced PTSD, and 13.9% were injured as a result of the violence.²⁵



GUIDE FOR RESPONDING TO SEXUAL AND INTIMATE PARTNER VIOLENCE IN CAMPUS HEALTH SETTINGS

{ PREPARING YOUR PRACTICE AND ASSESSING YOUR PROGRAM UNIVERSAL EDUCATION, ASSESSMENT AND INTERVENTION ADDITIONAL ACTION STEPS

PREPARING YOUR PRACTICE AND ASSESSING YOUR PROGRAM

Create a Safe Environment for Assessment and Disclosure

There are several important steps you can take to create a safe and supportive environment when asking patients about SV/IPV, or providing space for students to disclose. These steps include:

- Understand the role of “Responsible Employees” and who on your campus can have confidential conversations with students.
 - “Responsible Employees” must report incidents of sexual violence to the Title IX Coordinator.^A

ASSESSMENT RESOURCE

Take a look at the Quality Assessment/Quality Improvement Tool found in Appendix A, to see how your health center is currently responding to violence and how your system responses could be improved.

^A “Title IX Coordinators, required by the DOE Office on Civil Rights to be on all campuses, ensure schools are compliant with Title IX, coordinates the investigation and disciplinary process, and looks for patterns and problems with compliance to ensure schools fulfill their federal obligations” www.knowyourix.org

NOT ON A CAMPUS? Do you want to respond to patients who disclose campus sexual violence/ intimate partner violence, but your health center is not on or connected to a college campus? You can still follow many of these guidelines in creating a safe environment for assessment and disclosure, but it may be helpful to go the extra step by reaching out to local campus health and student centers to get information on what support services are available to their student body (mental health, survivor support groups, etc.). With these resources within arm's reach, you will be able to provide student survivors with the valuable information they need to make decisions. Many campuses have a centralized Title IX or sexual violence related website. Having this information on hand can be very helpful for ER or other community practitioners to connect students with on-campus resources beyond just the health center, including letting students know that they have the right to academic accommodations.

NOT A HEALTH CENTER? Does your campus not have a health center? You can still make connections to local health care providers that students frequent to learn more about their procedure around sexual violence disclosure, sexual assault nurse examinations, and other supports they may have for survivors. Inform them of services your campus provides for survivors so that they are able to make referrals to those services.

- A “Responsible Employee” is any campus staff person “who has the authority to take action to redress sexual violence; who has been given the duty of reporting incidents of sexual violence or any other misconduct by students to the Title IX coordinator or another appropriate school designee; or whom a student could reasonably believe has this authority or duty.”²⁶
- Work with your Title IX Coordinator to ascertain who on and off your campus is able to have confidential conversations with survivors.
- Breaching confidentiality or making a report when one is not required to can be very traumatizing and even dangerous for the survivor. *It is very important to be up front about limitations of confidentiality with the student prior to discussing SV/IPV.*
- Having a written policy and providing training on preventing and responding to SV/IPV, including:
 - Disclosing the limits of confidentiality and mandatory reporting requirements up front with all patients,
 - Clarifying who in the campus health center is required to report what to whom, including ancillary staff. Depending on the campus, health care providers may be exempt from reporting violence and may not be considered “Responsible Employees”,
 - Providing universal education on healthy relationships and consensual sexual activity
 - Asking direct questions about experiences of SV/IPV, and
 - How to respond if a disclosure of SV/IPV is made.
- Designate a private place to interview patients or students alone where conversations cannot be overheard or interrupted.

- Ask your patients for their preferred gender pronouns and record it and the name they preferred to be called on their medical chart or record. It can be helpful for preferred pronouns and names to be secured at intake so that they can be placed on the chart and other providers will be able to uniformly utilize that information. Do not assume the gender of your patients' partners. Use gender neutral terminology like "they/them" and "partner".
- Displaying educational posters that are multicultural and multilingual that address SV and healthy relationships in bathrooms, waiting rooms, exam rooms, hallways, and other highly visible areas.
- Having information including hotline numbers, safety cards, and resource cards on display in common areas and in private locations for patients and students such as bathrooms and exam rooms.

TRAUMA-INFORMED RESPONSE

A trauma-informed care (TIC) approach is a strengths-based approach grounded in a universal understanding of the impact of trauma. Such an approach recognizes that trauma exposures are pervasive through both individual and collective experiences. A trauma-informed care approach emphasizes the physical, psychological and emotional safety of both providers and survivors and focuses on creating opportunities at all levels of an organization. TIC is culturally competent and person-centered and expands on a foundation of autonomy and choices to ensure that an individual's unique trauma history is as integral a component to care as the patient's concerns, preferences, and values.

A TIC response to disclosures involves understanding, recognizing, and responding to the effects of all kinds of trauma (childhood exposure to violence, sexual violence, historical trauma) and emphasizes physical, psychological and emotional safety for both student and faculty/providers through building trust, and providing a safe environment for receiving services. Rules and policies on campus often contribute to students' experiences of structural violence, so it is important to take steps to counteract this. **The goal is to help survivors rebuild a sense of control and empowerment.**

People experience trauma through: physical and sexual violence, racism, structural violence, poverty, homophobia, transphobia, witnessing violence, health inequity, war or natural disaster, emotional abuse and neglect, and more.

For more information on implementing trauma-informed care in your clinic, visit:

safesupportivelearning.ed.gov/Trauma-Sensitive-Campus-Health-Centers





Futures Without Violence has many patient education tools available, in addition to the Who's Got Your Back? Campus Safety Card, for providers in reproductive health, HIV/STI testing, and behavioral health settings.

Develop Referral Lists and Partner with Local/Regional Resources

There is a range of referrals and resources available for survivors of sexual violence in many communities. Follow these best practices to ensure comprehensive care:

- Compile contact information for a resource referral list available at your facility or program. To find the sexual assault coalition in your state, go to: rainn.org. To find the domestic violence coalition in your state, go to: nnedv.org/resources/coalitions.html.
- Meet with on campus or local domestic and sexual violence program professionals to understand the services they provide. Arrangements can often be made so that health professionals can call an advocate for advice and discuss a scenario hypothetically, if needed, to understand how to best meet the needs of a patient or student who has experienced SV/IPV.
- Visit with a representative from the violence prevention program in your state health department, if available.
- Build formal partnerships with local agencies and university resources by forming MOUs and cross-training staff. Include survivor advocates as part of the care team; involve them in decision-making processes. Advocates can focus on the survivor's holistic needs and rights and can provide support as a vital part of the care team.

- Work cooperatively with local agencies to provide onsite advocacy programs and services. Request a number to speak directly with a familiar survivor advocate. Provide onsite support groups or private, individual advocacy and counseling sessions. Ensure that support services are available all hours you provide care, or partner with local agencies to ensure a quick response time.
- Identify and partner with on-campus student support services. For example, survivors may be able to request changes to their (or the perpetrator's) housing and academic schedules. Additional mental health and substance abuse services may be available. You can provide an important connection to these additional supports, and students may be challenged to reach out while they are in crisis. Survivor advocates can also help connect students while maintaining confidentiality.

Provide Training on Sexual and Intimate Partner Violence

Core Training on SV/IPV and trauma-informed care will be most effective if all clinic staff, peer educators, and front desk staff who have contact with patients are trained. When possible, training should include staff from domestic violence and sexual assault programs.

Ongoing Training opportunities should be available for new hires and staff who want to repeat the training. Including SV/IPV as topics in established staff training and staff meeting calendars—rather than trying to create new/additional opportunities—can help ensure that SV/IPV material is seamlessly incorporated.

Routine Refresher Training is important to introduce advances in the field and offer opportunities for staff to discuss progress, challenges, and opportunities. After staff complete their initial training and begin to implement new clinical practices, they will likely have additional questions and concerns as well as lessons learned from their experience working with survivors.

Who Should Receive Training on Sexual and Intimate Partner Violence?

- **Physicians and Physicians Assistants**
- **Nurses**
- **Medical and Nursing Assistants**
- **Social Workers**
- **Mental Health Professionals**
- **Medical Interpreters**
- **Peer Health Educators**
- **Front Desk and Security Staff**

What Should Training Include?

1. Confidentiality procedures and mandated reporting requirements
2. Universal education
3. Assessment strategies including setting, frequency, and cultural and lingual considerations
4. Trauma-informed care
5. Harm reduction counseling for patients disclosing SV/IPV
6. Supported referral strategies
7. Follow-up
8. Documentation

For the “Who’s Got Your Back: Campus Health Center Response to Violence” Training slides, FUTURES Safety Cards and Training Videos visit the National Health Resource Center on Domestic Violence:

WWW.FUTURESWITHOUTVIOLENCE.ORG/HEALTH/

UNIVERSAL EDUCATION, ASSESSMENT AND INTERVENTION



Strategic Safety Card Use

Use the Campus Safety Card for universal education, brief assessment, and intervention.

The “Who’s Got Your Back?” **Campus Safety Card** is a wallet-size card that includes a brief overview of sexual assault statistics on college campuses, a definition of consent, information on engaging men, and resources for survivors. It serves as both a patient education resource and clinical assessment tool. While this card was developed specifically for responding to sexual assault, health care providers can use this card to facilitate conversations about healthy relationships, sexual activities and intimate partner violence, as well as for a direct assessment of and response for SV/IPV.



This approach is different from common SV/IPV assessments.

- Focus on prevention, in addition to intervention, through universal education and anticipatory guidance on healthy relationships and consensual sexual activity. Note that prevention and universal education is not risk reduction.^B
- All patients have access to information on SV/IPV support services, not just those who disclose SV/IPV.
- Disclosure is not the goal – the goal is to create a safe and supportive environment for patients to discuss sex and relationships, regardless of whether or not they disclose.
- Domestic violence advocates and rape crisis counselors are key members of the health care team through warm referrals.

Be transparent: Get to know your state and campus-specific mandated reporting obligations, and always discuss the **limits of confidentiality** prior to assessment. Make sure your patients know that if they disclose an incident of sexual or intimate partner violence, you may have to report it to the police or to their school.

Sample script to inform student about limits of confidentiality:

“I’m really glad you came in today for (fill in the blank for visit type). Before we get started I want you to know that everything you share with me is confidential, unless (fill in state law here—likely this script will look very different for students under and over 18. For example: you have been injured by a weapon, forced to have sex by someone, or are thinking of hurting yourself”)—those things I would have to report, ok?”

Universal Education: Many students seek services at confidential campus health centers because they are or are about to become sexually active—and seek those services because they don’t require the consent of a parent or caregiver. In some cases, campus health settings are a primary opportunity to have general conversations before students engage in sexual activity and students may seek out the specialized student health centers that offer conditional confidential health services.

^B Risk Reduction refers to behaviors that may or may not reduce the risk of being assaulted, such as using “the buddy system”.

Rather than treating “violence screening” as a separate add-on to the clinical encounter, providers are encouraged to integrate discussions of healthy and unhealthy relationships into their every day clinical encounters. A strengths-based, positive approach to relationships and sexuality can begin with anticipatory guidance.

Goals for universal education:

- Distinguish between healthy and unhealthy relationships as well as consensual and non-consensual sexual activity. For information on healthy relationships and consent, contact your local advocacy organizations.
- Focus on healthy sexual activity and relationships.
- Educate students about sexual coercion and the importance of consent
- Create an environment where students will see the health center as a safe place to discuss relationships and sex.

Sample script to to start the conversation around sexual violence:

“Because sexual violence is so common, and has so many health repercussions, we aim to talk to all patients who come in for [a checkup, STI testing, emergency contraception, pregnancy test, etc.]. I give this card to all my patients and aim to check in with them about any experiences they may have had.”

Verbal Assessment: While assessment questions for IPV or SV may be imbedded in self-administered medical history forms, **asking questions about IPV and SV also needs to be part of the face-to-face assessment between the provider and the patient.** Both medical and behavioral health staff have unique and important roles in assessment and response.

The patient’s responses to these questions will help inform the provider about the best way to proceed relative to the treatment plan, potential complications, compliance considerations, other health risks, and safety concerns. This informed approach will ultimately save time and enhance the quality of care and long term physical and mental health outcomes.

Sample Script:

“Have you ever been made to do something sexual that you did not want to do or did not consent to?”

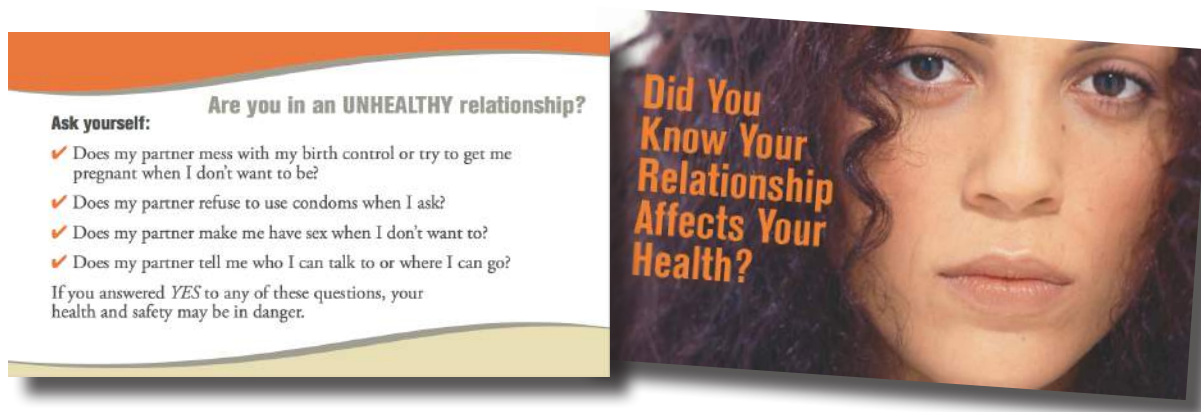
Emergency Contraceptive Visit

Whenever someone comes in for emergency contraception, there are key questions to ask to help determine whether the sex was consensual. Because some patients may not feel comfortable disclosing what is happening to them it is helpful to practice *harm reduction strategies*:

Sample Script:

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

Campus health care providers should explore providing the full range of emergency contraceptive offerings including ulipristal acetate and IUD insertion, which can be used without detection by an abusive partner. Depending on the timing of the visit and patient characteristics, one form of emergency contraception may be more appropriate than another. If your center cannot offer IUD insertion, you can identify local providers who can provide this service on an urgent basis to students.



Sexually Transmitted Infections and Treatment/Testing Visit

According to the American Foundations for AIDS Research, violence is both a significant cause and a significant consequence of HIV infection in women.²⁷ Women disclosing physical abuse were approximately **3 times more likely to experience an STI**.²⁸ Research also shows that condom use was present in only 10-15% of sexual assaults.²⁹

Additionally, respondents in a national survey of transgender and gender-nonconforming people reported **four times the national average of HIV infection**. Those respondents who had been sexually assaulted reported substantially higher rates of HIV than respondents who had not been sexually assaulted.³⁰ Because STI/HIV infections are correlated with sexual assault as well as abusive relationships, it is important to screen patients for SV or IPV when they request an STI screening.

Sample scripts to assess for sexual violence:

“Anytime patients come in for STI/HIV testing, we always ask if they feel comfortable talking with their sexual partners about condom use.”

“Do you feel safe asking your sexual partners to wear protection?”

If an STI diagnosis is confirmed, Expedited Partner Therapy (EPT) and Partner Notification may be dangerous for patients experiencing abuse. Patients may not be able to negotiate safe sex with an abusive and/or controlling partner, and IPV may be a more immediate threat to a patient than a STI or exposure to HIV. Providers can employ several strategies:

- Providers should also consult state laws regarding partner notification and Expedited Partner Therapy. [cdc.gov/std/ept/legal/default.html](https://www.cdc.gov/std/ept/legal/default.html)
- If partner notification is necessary, offer anonymous partner notification options such as dontspreadit.com.
- Offer to educate the partner about STIs and notify them about the diagnosis in the clinic, especially if the patient is afraid their partner will blame the infection on them.
- Offer to let them contact the local DV program from your office: *“If you would like, I can put you on the phone right now with [name of local advocate] and we can create a plan for you to protect your safety during notification.”*
- If the abusive partner is in the clinic with her today—assess for her safety and staff safety: *“Are you worried about what will happen if you tell them about the STI or if we tell them about the STI?”*



Talking about positive test results

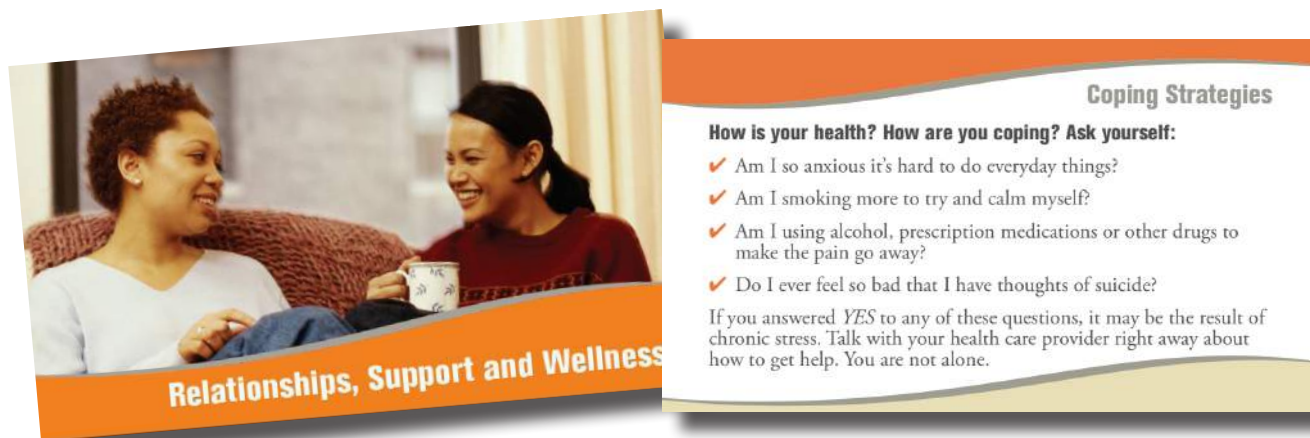
Letting your partners know if they may have been exposed to HIV or other STDs is very important- in some cases it's even the law. If you are afraid or worried, there are options that might keep you safer.

- ✓ Request partner notification from the public health department anonymously, without using your name.
- ✓ Use online partner notification services without using your name at www.inspot.org. For other STDs, use www.sotheycanknow.org.

Take time to figure out what notification plan works best for you—Look at the resources on the back of this card for support.

For behavioral health providers:

Because adverse behavioral health outcomes and risk behaviors—including depression, disordered eating, substance use and suicide-- are associated with SV/IPV, it is important for counselors, therapists and other behavioral health providers to both provide anticipatory guidance on healthy relationships and consensual sexual activity, as well as assess for experiences of violence with all of their clients. When abuse is disclosed, responding with respect, empathy and sensitivity can reduce the harmful and lasting psychological impacts of SV/IPV.



- **Depression:** For students presenting with depressive symptoms, ask: **“Do you feel like your relationship may be contributing to these feelings?”**
- **Substance Use:** If the student discloses substance use, you can use the safety card to provide guidance and discuss the interaction of substance use and relationship safety. College aged survivors suffer high rates of PTSD, depression and substance abuse.³¹ Over half of survivors who were raped while under the influence of alcohol or drugs developed lifetime PTSD and they are nearly five times more likely to have major depressive episodes throughout their lifetime.³² Survivors are more likely to engage in hazardous alcohol and drug use, which may be a means of coping with trauma through self-medication.³³ Controlling for previous substance abuse history, sexual assault survivors were more likely to abuse alcohol than women who were not assaulted.³⁴ This highlights the need to screen for trauma history with any student who indicates a substance abuse concern.
- **Disordered Eating:** Women who have experienced SV/IPV may be at higher risk for disordered eating, including binge eating and bulimia. Young women may be engaging in unhealthy eating behaviors (for example, severely restricting food or binge eating) as a way to feel “in control”.



HEALTH CARE PROVIDER'S RESPONSE TO DISCLOSURE

If there is no disclosure of sexual or intimate partner violence, provide every student with information on resources available to them should a friend need it. You can also provide them with a safety card to give to friends. **This can help establish you as a trusted support person in your campus community.**

If there is a disclosure, note that you may be one of the only people a survivor discloses to. It is very important that you not only focus on survivor safety, long term health, and connecting them with supportive services, but also that you respond in a respectful, nonjudgmental way. Empower patients to know their rights and options. It is important to **respect the patient's wants and needs**. Never pressure patients into doing anything they do not want to do and always avoid statements that could be perceived as judgmental or victim blaming.

Take the time to learn about your campus and local resources, so that when there is a disclosure of violence, you are prepared to provide options to the survivor and do not have to spend time in that moment reviewing available options.

1. Provide support and validation:

“Thank you for sharing this with me. I am so sorry this has happened to you.”

It is very important to let students know you are a safe, empathic person who is there to help, not investigate or blame. Allow the patient to share with you only what they are comfortable with.

“I want you to know it is not your fault.”

Survivors may choose to disclose what happened to them to a loved one before reporting to a trusted health care professional. Common responses fault the survivor, often deterring the survivor from ever telling anyone again. *By not blaming the survivor, you are more likely to be seen as a trusted, validating resource, which could open doors to connect survivors with needed resources.*

“While this is not okay, it is common. I know it can be (scary, stressful, confusing, angering). What you are feeling is normal for someone who has experienced what you have.”

Many survivors blame themselves or feel confused. By normalizing survivors' emotions, they may feel less isolated and may be more open to starting the healing process and seeking support.

“What is your biggest concern right now? Can I tell you about your options?”

Let the patient know that they are not alone, and that they get to choose the options that work best for them. This can be both empowering and healing. Help pinpoint the kinds of options the survivor wants and which can give them back power.

2. Connect with the supports you will be referring your patients to.

Sample script for connecting patients with an advocate:

“Often it can be helpful to talk to a sexual assault/domestic violence advocate, a friend or family member. Do you have someone you can talk to? Did you know someone can accompany you throughout this entire process? I can give you the name of someone I know over at (the local or campus rape crisis center/domestic violence program)? Would you like to call them together?”

Highlight your on-campus resources

“We can also talk to someone at the (Dean of Students/Student Affairs/Title IX Coordinator, On-Campus Violence Specialist) about options the school might be able to offer. And remember, you don’t need to tell anyone anything about what happened in order to ask questions about your options. If you do provide them information, they are required to report, so you can also ask questions about what that might look like. You have control over who you do or do not tell about what happened.” Options provided by the school could possibly include schedule changes, moving dorms, etc. but depend on the individual campus’s policy.

3. Avoid questions and statements that blame the survivor.

Because it takes a lot of courage to reach out for help around IPV/SA, health care providers must avoid saying anything judgmental, such as:

“Why were you...(drinking, out alone, wearing that)?”

These questions are irrelevant. Remember, sexual assault is the result of someone choosing to perpetrate a crime against someone else, regardless of what the survivor wore or how they acted. These comments can make survivors feel like they are being blamed for what happened to them.

“Oh, you weren’t drinking? I just assumed...”

Do not make assumptions about the circumstances of what happened.

“Why didn’t you (run, fight back, call the police)?” or “It’s not that bad.”

By minimizing or questioning the violence, survivors may feel guilty or judged. Your role as an educator and/or practitioner is not to investigate, but to provide health care and support. Additionally, many survivors experience a “freeze” response as a result of the shock of being assaulted. Others fear being further injured or retaliated against if they are to fight back or make a report to the police. These responses are **normal and OK**.

“You should have known better. What did you expect would happen?”

Sexual violence is never the result of a survivor’s actions.

“You should definitely report immediately and go get a rape kit”

Giving advice takes away the patient’s choice. When working with patients who have survived sexual violence, it is the health care provider’s role to provide options, not to tell the patient what to do.

“You are definitely in an abusive relationship” or “That does not sound like rape to me...”

Let the survivor define their own experience.

“So what happened after that, and what happened after that?”

Health care providers do not need to know all of the details of the situation in order to provide support.

4. Make Warm Referrals:



Do your research! Educate students about their options on campus and off, and support them in their decision making.

As a health practitioner, you are in a unique position to help survivors navigate their options. Knowing someone to whom you can directly refer your patients/students can make a huge difference. Contact local organizations to find out what programs and resources exist on campus and in the surrounding area. Familiarize yourself with existing services, and get to know key staff. Develop a referral list and partner with local and regional agencies, as well as your internal campus resources.

Connect students with the rape crisis center in your area. Call the **RAINN National Sexual Assault Hotline** to be connected with the nearest rape crisis center, or with your state’s Sexual Assault Coalition: **1.800.656.HOPE (4673)**. A survivor does not need to make a report to get SV/ IPV Services.

Alternatively, many college campuses have their own rape crisis centers. Connect students to campus professional or peer advocates, counselors, and other staff

members who can assist students. These advocates can help students navigate processes and understand both their legal and campus-specific rights and options as well as connect them to longer term care. On campus resources, as well as domestic and sexual violence agencies, are important and accessible services that are often free.

In addition to remedies that are sometimes available through the criminal justice system, college campuses have internal investigation and disciplinary processes. Students can choose to use the campus processes, the criminal justice system, both depending on the circumstances, or to not report to anyone at all. It is important for the student to access comprehensive information about all the options as quickly as possible. Their campus Title IX Coordinator or Dean of Students will be able to give them information. It is important to note that the Title IX Coordinator and Dean of Students may value student privacy but are not confidential support services. Providers should know where they can direct students for confidential advocacy and information. Ideally, campus health providers will have a relationship with a confidential campus or community-based advocacy organization that can send an advocate to meet with the student at the campus health center.

It is important to let survivors know that they can access confidential campus and community-based support services, such as mental health professionals or domestic/sexual violence advocates, without making a report to police or campus authorities.

Types of Referrals:

Intimate Partner/Sexual Violence Advocacy

Medical Emergency

Reproductive Health: STI Testing and Pregnancy Prevention

Counseling

Legal/Police

Administrative: Housing, Academic Affairs, etc.

Ask yourself: What resources exist on campus for survivors of sexual violence who identify as members of the following communities?

LGBTQIA

International

Differently-abled

Athletes

Communities of color

Religious or spiritual

5. Sexual Assault Forensic Exams, also referred to as “Rape Kits”

One option for survivors of sexual assault is to get a Sexual Assault Forensic Evidence Kit (usually occurring within 96 hours after the assault), by a trained Sexual Assault Nurse Examiner for the purpose of collecting DNA and injury evidence. This evidence *may* later be useful if the survivor decides to report to the police.

Good to know:

- Survivors do not have to get one in order to make a report and do not have to report if they choose to get the exam,
- The process may involve photo documentation of injuries,
- The collection, retention and evaluation of evidence varies in thoroughness and effectiveness by state,
- Many states allow an advocate or another support person to be with the survivor during the exam.
- It may be useful for survivors who are interested in getting the exam to refrain from showering until after the exam is over, increasing the likelihood that evidence is found.

To find the nearest facility that is equipped to collect forensic evidence, contact the **National Sexual Assault Hotline at 800-656-HOPE (4673)**, or the local rape crisis center. Some rape crisis centers or college advocacy centers have accompaniment services, and will meet survivors at the hospital/health care facility to provide emotional support during the exam.

For more information about Sexual Assault Forensic Exams, visit:

National Center on Domestic & Sexual Violence DNA/Forensics page
http://www.ncdsv.org/publications_DNA-Forensics.html

National Center for Survivors of Crime DNA Resource Center
<http://www.survivorsofcrime.org/our-programs/dna-resource-center>

WORKING WITH MALE STUDENTS

Men also experience sexual assault, coercion and intimate partner violence. Research on the impact of sexual coercion on men's reproductive health is urgently needed.²² This research is essential to inform the development and evaluation of evidence-based interventions for males who experience reproductive and sexual coercion.

Recent research provides some insight into gay and bisexual males' experiences with sexual coercion. As previously stated, in a survey with gay and bisexual men, 18.5% reported unwanted sexual activity.²² Qualitative data from interviews with gay and bisexual men suggest many of the factors underlying sexual coercion are related more to performances of unhealthy masculinity versus gay sexuality and that society's response to same sex relationships leads to circumstances such as marginalization that increases vulnerability to sexual violence.³⁵ Other groups are also at risk. Male student-athletes report being survivors of sexual assault at higher rates than their non-athlete peers.³⁶

The opportunities for screening, education, and prevention with men are similar to those described for female patients. Share proactive messages with male patients that emphasize the importance of healthy, safe, and consensual sex. Counseling about safe sex and STI prevention should include messaging on how condom use can prevent unintended pregnancies and STIs. Male patients need to understand how victimization such as sexual coercion may impact their reproductive and sexual health and risk-taking behaviors.

Find out what resources are available for male patients by contacting local domestic violence and sexual assault programs or the National Hotline.



Good Men Needed

Do yourself a favor and google this cool video from Emory University. It's called Project Unspoken. They interview men and women about what they do every day to avoid sexual assault. Basically men say they don't really ever think about it. But women? They think about how to prevent it all the time.

So What Does this Say About Men? We need your help, voices and strength to help stop violence against women on your campus. Where do you stand when you see something going down that you know isn't right? Do you say anything? Simple, powerful words make a difference. To get involved go to: www.mencanstoprape.org.

What Messages Do We Want to Share With Men?

Health care providers have an essential role in prevention by discussing healthy, consensual, and safe relationships with all patients. Your patients who are men need to hear the same messages about the importance of healthy relationships and consensual sexual activity as female patients.

WORKING WITH LGBTQ STUDENTS

Marginalized communities experience more barriers to receiving health and SV/IPV services. Therefore, it is critical that providers, educators and clinic staff put supports in place to make sure that all students can safely access campus health center services.

- Ask your patients' gender **pronoun** and ensure that this, along with their correct name, gets recorded on all patient files so that all clinic staff are able to identify and greet them when they come into the clinic.
- **Do not make assumptions** about the gender of your patients' partner(s); use gender neutral terms when referring to patients partner(s) such as "they".
- Patients may not identify as LGBTQ or **come out to you**, but could still be engaged in non-heterosexual relationships.
- Familiarize yourself **with local and national LGBTQ-specific resources** and find out what services are available to LGBTQ-identified survivors

WORKING WITH IMMIGRANT AND/OR UNDOCUMENTED STUDENTS

When an undocumented student is sexually assaulted, special immigration policies and implications must be considered when providing care. Though Title IX protects all "persons," vaguely-defined, it does not explicitly protect foreign or undocumented students.

While academic visas are awarded to foreign students for Academic study, vocational study, or cultural exchange, the Violence Against Women Act provides protections for undocumented and immigrant persons who are survivors of sexual violence, intimate partner violence, or human trafficking and residing in the US.

These include the **U-Visa** for eligible crime survivors, the **T-Visa** for eligible survivors of human

trafficking, and **Self-Petitions**. Additionally, survivors of relationship abuse by US citizens or lawful residents can seek **Cancellation of Removal** if they are currently undergoing removal proceedings.³⁷

It is extremely important that survivors are aware of mandated reporting requirements so they can make informed decisions regarding whether or not to disclose an incidence of sexual violence.

Principle Designated School Officials (PDSO) are school employees dedicated to supporting foreign, immigrant and/or undocumented students and ensuring compliance with the Student and Exchange Visitor Program (SEVP). Because students are required to gain approval from their PDSO in order to drop classes as a result of a “temporary illness or medical condition,” and to provide documented proof from a licensed medical doctor or psychologist, the National Immigrant Women’s Advocacy Project (NIWAP) recommends that survivors seek health care treatment. **In so doing, the survivor must disclose their assault.** In turn, due to mandatory reporting rules, PDSOs are required to report student activities.

As with all survivors, undocumented students who have experienced sexual violence may be experiencing trauma, and thus may have a difficult time communicating with their PDSO. Consider this when working with undocumented student survivors, and request an advocate who is knowledgeable about immigration issues to assist the student in navigating their options if they desire.³⁸





ADDITIONAL ACTION STEPS FOR HEALTH PROVIDERS

Beyond your clinical role, you have the opportunity to become involved in larger efforts to prevent and respond to SV/IPV. Some ideas include:

Join the Campus Sexual Assault Task Force/Work Group

Contact your campus Title IX or Dean of Students office to find out how you can help influence campus policy and programming related to SV/IPV

Educate Fellow Clinicians, Resident Assistants, & Campus Security or Law Enforcement

Distribute posters, fliers, and local resource lists. Partner with your local rape crisis center or domestic violence program to offer a training or awareness/outreach event.

Participate in Conferences, Professional Association Meetings

Lead a training, discussion session, or organizing meeting at a regional or national conference.

Research Best Practices

Find out what other campus health centers are doing to improve their assessment, intervention and prevention programs and policies.

Measure Your Work

Conduct small studies or chart reviews to measure and evaluate your work. This can contribute to quality improvement and can be used to support requests for ongoing funding or to raise visibility about violence on your campus.



OPPORTUNITIES FOR STUDENTS: PEER HEALTH EDUCATORS, CAMPUS ORGANIZERS AND MOVEMENT BUILDING

**CAMPUS LEADERSHIP
CURRICULUM CHANGE ACTION STEPS
WORKING TOGETHER WITH CAMPUS HEALTH PROFESSIONALS**

CAMPUS LEADERSHIP

Obviously, students play an integral role in preventing and responding to SV/IPV on campus. Students have formal roles as peer health educators and student group leaders and organizers, as well as informal roles as campus influencers and bystanders.

Campus Organizing

Prevention of gender-based violence is our ultimate goal. You can be a part of creating a culture that resists violence and abuse and promotes healthy relationships for all with an emphasis on respect and equity. It is important to believe prevention is possible, although it will take time and resources to make a significant social norm change.

Create a space or forum to receive feedback from students on how to support student activists. Find out from students how they think that you can best help them organize on your campus.

Peer Health Educators/Advocates

Peer Health Educators and Advocates can provide emotional support, information about survivors' rights and options, and a list of on and off campus resources. Work with your campus health care and student centers to create resource lists for survivors.

Peer Health Educators/Advocates are found in many campus settings, including health centers, residential affairs, culturally specific student support services, and athletics, among others. The “Who’s Got Your Back?” campus safety card is a flexible tool for peer-to-peer support that can be used in a variety of settings. For peer health educators/advocates, it can be used in many of the same ways described above for use by health providers. The cards can guide you in:

- Providing universal education on healthy relationships and consensual sexual activity
- Encouraging students to act as **upstanders** and creating a campus culture that does not accept violence
- Offering information on harm reduction strategies if violence is disclosed
- Connecting students to local community resources

CAMPUS ACTIVISM GUIDE

Know Your IX has many great resources for campus activists and survivors. Check out their guide for campus activism here: knowyourix.org/activism/campus-activism-guide/

If a fellow student discloses a recent incident of sexual violence to you, it is important to find out if they are injured. If their injury is severe, refer the student to the nearest ER. If their injury is not acute, or if the student is interested in being tested or receiving medicine for STI exposure or emergency contraception to prevent pregnancy, refer them to the nearest clinic or campus health center. Emergency contraception is most effective when used as soon as possible, so if the student does not have access to a clinic right away, let them know that some forms of emergency contraception are available over the counter in pharmacies. It is also important to know your university’s policies for mandated reporting of sexual misconduct. In some cases, such as if you are a “Responsible Employee”, you may not be able to promise confidentiality if students disclose violence, abuse or harassment to you, which is why it is so critical that you be upfront about the limits of confidentiality.

Identify the campus health center providers and staff who are particularly interested in SV/IPV prevention and response. They can be important allies as you support your peers, and may also be able to provide additional information and resources, such as training opportunities and access to other staff.

How can you get involved in your local campus prevention effort?

Sexual, intimate partner, and gender-based violence are public health issues, yet most professional, health, and liberal arts schools include little to no instruction on these topics in their curricula. Connect with leaders of campus groups focused on sexual violence to find out how you can support their efforts.

As student activists and Peer Health Educators, you are poised to influence curricular and program reform so that every student understands the health implications of gendered violence and knows how to properly respond. You can help students to have the power to shape curricula that will mold the minds and practices of future professionals who may encounter survivors for generations to come. Thanks to organizations like *Know Your IX*, *End Rape on Campus*, and *SAFER (Students Active for Ending Rape)*, students are gaining tools, knowledge, and support necessary to build a movement on their campuses.



THE “WHO’S GOT YOUR BACK” CAMPUS SAFETY CARD CAN ALSO BE DISTRIBUTED AS A PREVENTION TOOL:

- To every person who walks into your campus health center.
- At health or extra-curricular fairs
- At campus-wide sexual violence educational programs and presentations.
- At clubs and extracurricular organizations.
- At Greek Life events, service days, or other activities.
- With programs at campus sports, music, and theater events.
- Among fellow students in classes and dorms.

Other resources available to activists and health educators through Futures Without Violence:

- **The Other Freshman 15** - a campaign to organize students, alumni, and parents around advocating for campus change through letters to campus administrations. futureswithoutviolence.org/end-college-sexual-assault/
- **The Hunting Ground Toolkit** - If your campus organization is hosting a screening of The Hunting Ground, get access to FUTURES' The Hunting Ground Action Toolkit. futureswithoutviolence.org/the-hunting-ground-action-toolkit-2/
- **Let's Talk about Sexual Assault on College Campuses Video** - A short video where incoming freshman talk about sexual violence and bystander intervention. youtube.com/watch?v=UchWsE75t1c

For more guidance on developing Prevention Education and Alternatives to Violence, Engaging Men, and Bystander Intervention programs, see Appendix C.

CURRICULUM CHANGE ACTION STEPS

Integrate

Integrate violence prevention efforts into the agenda of pre-existing student interest groups such as health interest groups, or create your own violence prevention group. It can also be helpful to partner with existing advocacy groups to provide prevention education. Often advocacy groups or awareness organizations are more commonly in place than prevention groups, and partnership is key.

Shape Your Curriculum

Evaluate how many class hours are devoted to violence education in your current curriculum, what year they are taught, and how material is presented. Lectures, survivor panels, small group role-plays, and case-based learning are all effective modes of teaching.

Plan

Poll classmates—what kind of curriculum changes do you envision?

Act

Consider creating an elective course or changing required classes. Elective courses can be easier to plan, are often readily supported by the administration, and allow for in-depth discussion of the issue, but they do not reach all students and could compromise the likelihood of future core curriculum changes. Required classes educate all students but are usually shorter and thus cannot include in-depth information.

Identify an Ally

Finding an administrative or faculty advocate is key. Also, remember that education occurs beyond the classroom and can be incorporated into campus service provider trainings. Many campuses have an on-campus resource team or task force dedicated to these issues.

LEADERSHIP DEVELOPMENT IN ANTI-VIOLENCE WORK: THE SUSAN SCHECHTER SOCIAL ACTION SEMINAR

Futures Without Violence works with several academic institutions including Simmons College and the University of Connecticut School of Social Work to hold a yearly action seminar where each semester's class brings student leaders of various disciplines together, both graduate and undergraduate, to develop their own voice, ask new questions, and test their leadership skills. Over the semester, students delve into emerging questions in the field of violence prevention, connecting to topics such as community violence, trauma-informed care, youth organizing, reproductive health, child sexual abuse and many others. More information on this seminar can be found at futureswithoutviolence.org/colleges-universities/susan-schechter-fellowship/

WORKING TOGETHER WITH CAMPUS HEALTH PROFESSIONALS

Form an Interdisciplinary Network

Find like-minded student and faculty allies from diverse graduate and undergraduate programs—Medicine, Pharmacy, Nursing, Social Work, Public Policy, Physical Therapy, Public Health, and Law.

Advocate for Evidence-Based Interventions

With allies in health fields, advocating for the adoption of evidence-based interventions on your campus may be easier as medical professionals might have a specific understanding of public health approaches and how best to access them.

Host Educational Events

Host lunchtime talks with food and involve speakers who are researchers, clinicians, or community advocates. Host survivor panels. Display artwork created by witnesses and survivors of violence. Organize a trip to volunteer at a local rape crisis center or domestic violence shelter.

Violence Prevention Symposium

Consider addressing sexual violence, intimate partner violence, and other topics of interest to your audience. Involve survivors, advocates, health care providers, students, and faculty. Plan a Sexual Assault Awareness Month activity or event.

Form Bridges with Community Resources

There may be organizations in your community or on your campus that are engaged in this work and are hoping to form partnerships with health care providers. You as a campus leader and activist can help broker and forge these relationships.

Secure funds

Consider applying for funding through on-campus clubs or by applying to project-specific grants focusing on community service and clinician or faculty education.





COMMON MYTHS & BARRIERS TO HEALTH, SAFETY AND JUSTICE

Among student survivors, 5% of rape and sexual assault victimizations were reported to police.³⁹ Factors contributing to low reporting rates include fear of retaliation, misunderstanding or mishandling of reports on the part of campus administration and/or police, guilt or shame, etc. ***As student activists and health educators, you have an opportunity to make a difference.***

In a 2000 Bureau of Justice Statistics study, **48.8% of college women** surveyed who were survivors of rape by definition, did not consider what happened to them rape.⁴⁰

Rape Culture and Victim Blaming

We live in a society that is influenced by “Rape Culture,” where sexual violence is normalized as inevitable and, therefore, something for potential survivors to simply avoid. This tolerance and even permission of gender-based violence is reinforced by media and cultural images of hyper-aggressive masculinity alongside passive, objectified femininity. These cultural norms reinforce the idea that survivors somehow seduce their perpetrators or deserve their assaults because of the way they dress or act. These sentiments can lead to the minimization of the experiences of survivors, and to *victim blaming*. Victim blaming stems from the notion that gender-based violence is simply part of everyday life—something to be avoided—and if someone fails to protect themselves, they have done something wrong.

When we assume violence is part of everyday life, something to be avoided like getting hit by a car, when someone is assaulted we find ourselves blaming the survivor. By doing so, we are not placing responsibility where it belongs: on perpetrators.

Partying and Consent

Consent Defined: A voluntary, active agreement with any person to do something sexual or have something sexual done to you.

Here's the deal:

- ✓ We live in a world where women often get blamed or judged for being sexually assaulted
- ✓ Sometimes women think, because they were wasted, what happened was their fault

Let's clear up a grey area: You can't give consent if you are drunk, high, asleep or too afraid to say no. If you can't give consent and someone has sex with you, it's a crime.

Passive Consent

Consent is a voluntary, active, enthusiastic agreement with any person to do something sexual or have something sexual done to you. Consent is not passive; saying yes to one act does not mean saying yes to everything. Additionally, once someone gives consent, they can always change their mind. Students who were drinking or using other drugs voluntarily before an assault may experience a blackout (memory loss) and be unsure if they consented to sexual activity.

More than 100,000 college women each year report having been too intoxicated to know if they consented to having sex.³ These students are even less likely to seek help.

Stranger Myth

Despite popular belief, most perpetrators are known to their survivors, and are repeat offenders, especially in the case of incapacitated assaults, committing an average of six sexual assaults.^{42,43} These statistics contrast with the common myth that most rapes are committed by strangers in the bushes or in dark alleys, or by good people who make one-time bad decisions or have misinterpreted a lack of consent.

College Truths

At some point you may be asked, "Do you want to hook up?" but the reality is you may not have that choice.

- ✓ In fact, 1 in 4 women will be sexually assaulted in college
- ✓ 2/3 of rapes happen by someone you know, trust, or consider a friend or boyfriend
- ✓ 70,000 students per year are victims of alcohol-related sexual assault

Sex when you can't give consent is criminal and not consensual. This can happen with someone you know and even with someone you've slept with before. This card has information for you and your friends.

According to the Bureau of Justice, approximately **78% of assaults** are committed by someone known to the survivor.⁴⁴ Perpetrators may be a family member, a current or former romantic partner, or a friend or an acquaintance.

Power and Control

Rapists are not seduced by a survivor's clothing or behavior. In fact, sexual violence is the result of a desire for power and control. It is not the result of a desire for sex. Additionally, most sexual violence is not committed with the use of a weapon. Rather, weapons include humiliation, intimidation, or overpowering someone else.⁴³

Alcohol

Approximately 72% of sexual assaults on campus involve alcohol.⁴⁵ Each year among college students between the ages of 18 & 24, 696,000 students are assaulted by another student who has been drinking.⁴⁶ Alcohol is often intentionally used as a weapon to reduce resistance in survivors or as an excuse for not having to take responsibility for their actions, however it does not cause sexual assault outright.⁴⁷

Perpetrators who drink prior to an assault are more likely to believe the myth that a woman's drinking signals that she's interested in sex.⁴⁸ Rapists commonly target individuals who are already impaired by alcohol or other drugs⁴⁹ and work to ensure incapacitation through encouragement of drinking games, providing high-concentration alcoholic "punch" or constantly refilling drinks. Students impaired by alcohol or other drugs are more easily isolated from friends and have reduced defenses, thus increasing their vulnerability.

The National Institute on Alcohol Abuse and Alcoholism stated in a 2011 research study that, "Although alcohol consumption and sexual assault frequently co-occur, this phenomenon does not prove that alcohol use causes sexual assault."⁵⁰ By attributing sexual violence to alcohol consumption, we inadvertently blame survivors for putting themselves in vulnerable positions and forgive perpetrators' crimes as products of poor judgment rather than intentional violent acts. **For these reasons, prevention efforts focused solely on alcohol abuse prevention can be problematic and ineffective.** Rather, comprehensive prevention approaches are being called for by the US Department of Education, Office for Civil Rights, which include comprehensive student education and engagement as active bystanders; staff training; transparency between school administration and students regarding school policies and obligations; access to counseling, medical, and advocacy services; and reform of reporting and disciplinary procedures.⁵¹



Drug Facilitated Sexual Assault

Even small amounts of alcohol can impair a person's judgment, making it less likely that the individual will assess risky situations accurately. Rapists may take advantage of an intoxicated person or facilitate incapacitation by encouraging participation in drinking games or spiking beverages with high-concentration alcohol or other sedative drugs.

In the case of drug facilitated rape, the substance most likely to be added to a drink is additional alcohol, often of high proof. While alcohol is

the most common predatory drug, sedative drugs can be combined with alcohol to render a survivor unconscious. When ingested, these drugs can cause extreme drowsiness, loss of consciousness, nausea, vomiting, confusion, amnesia, loss of motor control, seizures, stroke, and death. The following is a brief list of substances used to facilitate sexual assault:

Benzodiazepines, Gamma Hydroxybutyrate (GHB), Ecstasy, Ketamine, Rohypnol (roofies).

Because many of these drugs pass through the body between 6 and 72 hours after ingestion, if a student **believes they may have been drugged and wishes to report to law enforcement**, request a blood and urine sample as soon as possible. Learn what your local policies are for forensic toxicology. These analyses cannot typically be conducted by most laboratories and are different from the general 'toxicology screening' performed for clinical purposes.



STUDENTS' RIGHTS AND FEDERAL POLICY

Recently, the U.S. government has made preventing and responding to campus sexual assault a policy priority. On January 22, 2014, the President established the White House Task Force to Protect Students from Sexual Assault. As part of the recommendations, NotAlone.gov has launched a website containing information for students, parents, schools, and others interested in finding resources on how to prevent and respond to sexual violence on college and university campuses and in our schools. On NotAlone.gov, you can find nearby crisis services locator and learn how to file a complaint. The website also includes legal guidance for schools, a map of reports about complaints filed at schools across the country, and resources. In addition to the [NotAlone](http://NotAlone.gov) website, the Task Force released a full report of recommendations and deliverables, available at whitehouse.gov/sites/default/files/docs/report_0.pdf.

At a 2011 event at the University of New Hampshire, Vice President Joe Biden and Secretary of Education Arne Duncan introduced a comprehensive guidance (*see Appendix B*) designed to help schools better understand their obligations to prevent and respond to campus SV. The 19-page guidance specifies that any school, college or university receiving federal funds under Title IX has a legal obligation to respond promptly and effectively to sexual violence. The

document explains that under Title IX – the federal civil rights law that prohibits discrimination on the basis of sex in education programs and activities – acts of sexual violence such as rape, sexual assault, sexual battery and sexual coercion are considered discrimination.

According to the new guidance, once a school knows or reasonably should know of possible sexual violence, it must take immediate and appropriate action to investigate or otherwise determine what occurred. Schools are required to try to prevent the recurrence of sexual violence and address its effects, whether or not the violent acts are the subject of a criminal investigation. In addition, the document specifies that schools must protect those who lodge complaints of sexual violence and outline procedures that ensures a) that both parties in sexual discrimination and violence complaints have equal opportunity to present witnesses and evidence, b) equal rights to file appeals and c) notifies both parties of the outcome.

Title IX

The 1972 Education Amendment called Title IX states:

“No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.”

This law requires schools and universities to respond to and work to prevent gendered violence on their campuses, protecting all survivors of sexual assault or interpersonal violence by ensuring access to established investigative and disciplinary procedures and protections.⁵²

Jeanne Clery Act and “Campus Sexual Assault Survivor’s Bill of Rights”

In 1986, Jeanne Clery was raped and murdered in her college dorm room at Lehigh University. Following their daughter’s death, Connie and Howard Clery worked to implement policy to force colleges and universities to be transparent and forthcoming with information gathered around violent and nonviolent reports of crime on campus to their students. The Jeanne Clery Act requires the US Department of Education to collect and disseminate campus crime statistics.⁵³

Under this Act:

- Survivors have a right to be informed of their options to report to **law enforcement**.
- Survivors have a right to be notified of **counseling services** available to them.
- Survivors have a right to **change their living or academic situations** as needed.

- Both alleged survivors and alleged perpetrators may **have others present** during disciplinary hearings or procedures, of which both the alleged survivor and alleged perpetrator are obliged to be **notified**.
- Students have a right to file a **Clery Act complaint** if they feel their rights have been violated.
- Students have a **right NOT to file a formal complaint** with their school or a with a public law enforcement agency.⁵⁴

Campus Sexual Violence Elimination (SaVE) Act

This act amends the Clery Act by requiring regular public reports of campus crimes—including sexual violence, intimate partner violence, or stalking—in order to increase transparency on the part of college administrations. It requires prevention education throughout campus. Additionally, it bolsters disciplinary proceedings for perpetrators and reinforces the transparency and dissemination of information on **survivors' rights** as defined by the Clery Act.⁵⁵



POLICY IMPLICATIONS AND SYSTEMS RESPONSE

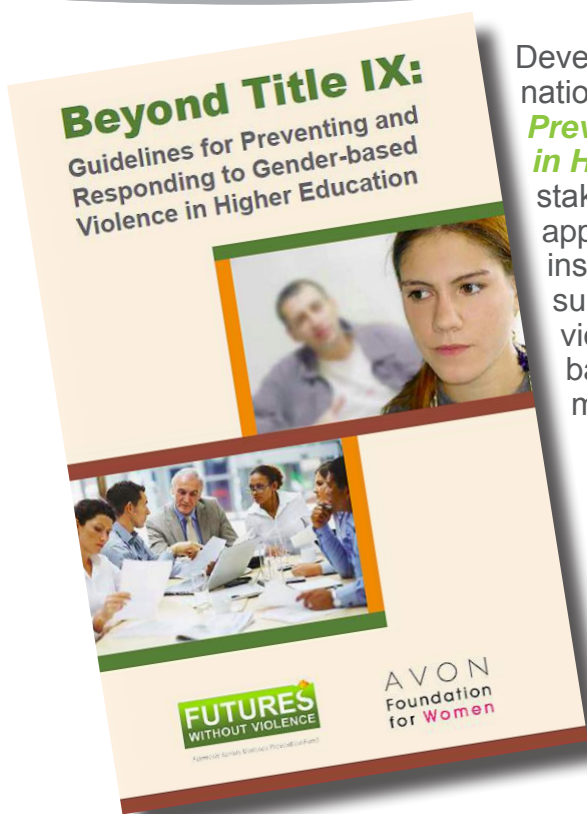
Sustainable prevention, response, and change begins at the top. Campus presidents, chancellors, provosts, and deans must be included in issuing statements that sexual violence is not welcomed or tolerated on their campuses and back these statements up with a commitment to policy and procedural change.

System-wide program changes on campus will only be implemented and sustained when there are tangible changes in policies and infrastructure to support these changes. Use the following list of questions to identify and assess existing violence prevention programs and policies on your campus, and to begin implementing comprehensive, sustainable, system-wide change.

Questions to ask of your campus:

- a. Is there a designated and adequately supported prevention coordinator on campus?
Does the prevention coordinator have expertise in prevention programs and strategies in the area of gender-based violence, IPV, SV?
- b. Can the college/university demonstrate that at the beginning of the school year it informs all students of their rights and responsibilities regarding sexual misconduct, dating or domestic violence and stalking?
- c. Recognizing that an overload of information early in the year often results in very little being retained and understood, is there appropriate follow-up throughout the year?

- d. Is there mandatory training for students, online and/or in person, regarding gender-based violence, IPV, SV? Is that training sensitive to the particular needs of international students and those with disabilities?
- e. Do drug and alcohol programs work closely with violence prevention efforts?
- f. Are parents informed of institutional policies regarding gender-based violence prior to their child entering the college/university and encouraged to discuss these with their child?
- g. Does the college/university host events that encourage awareness of the issues of sexual misconduct, intimate violence, and stalking?
- h. Does the college/university have a public education/social media campaign regarding gender-based violence that is informed by campus data as well as evaluation research?
- i. Does the college/university offer bystander/upstander education, where students are taught to take an active role in preventing all forms of violence on campus?
- j. Does the college/university encourage and support student-led activities that protest, bring awareness to, or work to reduce the incidence of gender-based violence on campus?
- k. Does the college/university support on-campus peer groups with training in the prevention of and response to sexual misconduct, stalking and intimate partner violence?
- l. Has the college/university collected data and identified “hot spots” on campus which create particular risks for sexual misconduct or intimate partner violence? Are there targeted efforts to address these locations and groups?
- m. Do faculty and staff receive training on responding to incidents of IPV/SV?
- n. Are faculty and staff encouraged to promote healthy relationships and community responsibility on campus and in their classrooms, including discouraging sexism and offensive language?
- o. Are health personnel trained to provide universal education, assessment and response for SV/IPV and stalking?
- p. Does the college/university support and fund research on the experience of gender-based violence, IPV, SV among its students?
- q. Does the college/university work to ensure a “culture of respect” that makes it clear that all forms of violence, and gender-based violence in particular, are unacceptable on campus?
- r. Does the campus offer safety measures such as police escorts, sufficient lighting, call boxes, etc. (while also recognizing and informing students that most incidents of gender-based violence on campuses are not perpetrated by strangers)?



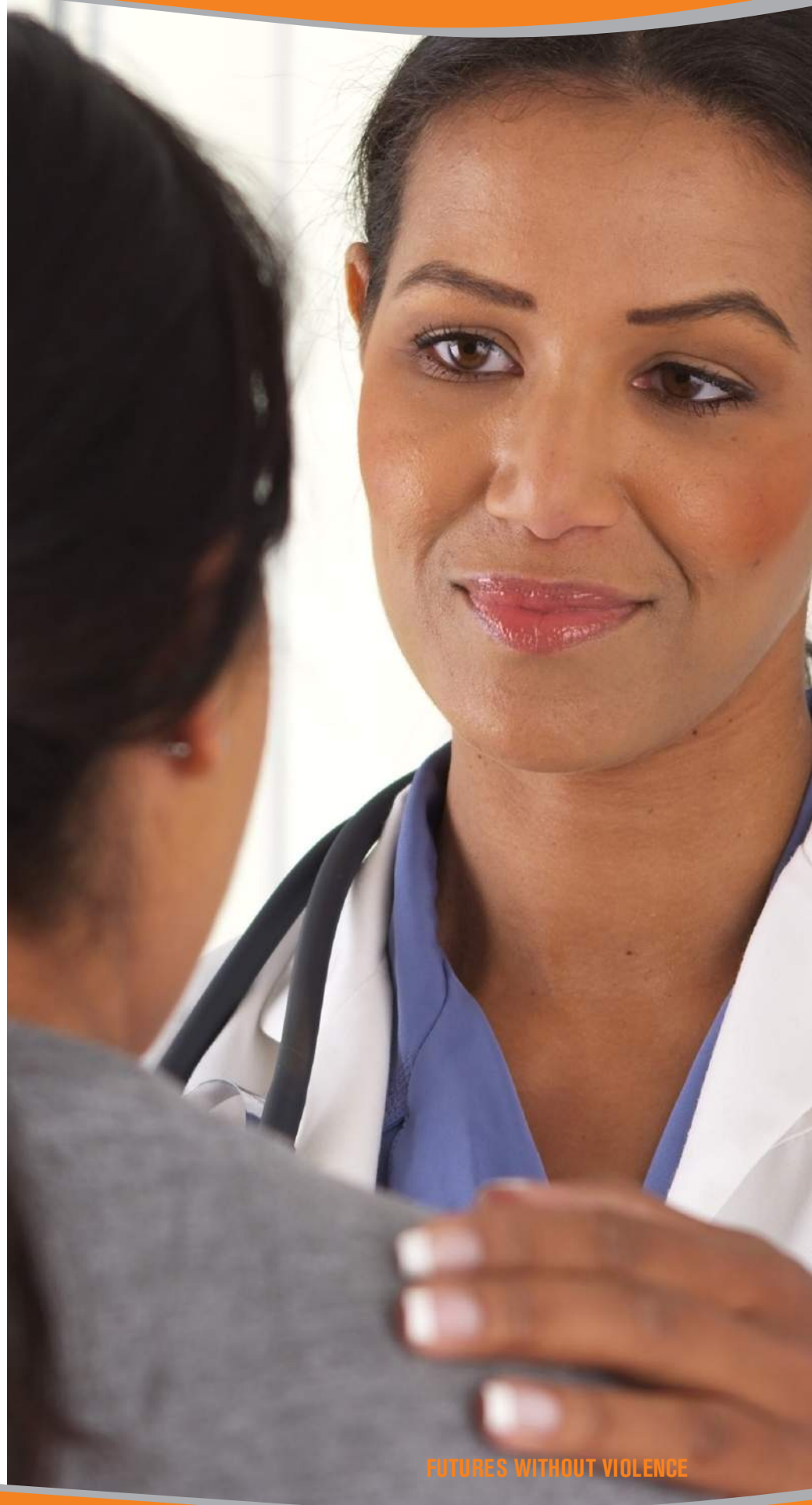
Developed by Futures Without Violence in collaboration with national experts in the field, ***Beyond Title IX: Guidelines for Preventing and Responding to Gender-based Violence in Higher Education*** is intended for a team of campus stakeholders working to develop an integrated and consistent approach to the issue of gender-based violence for their institution. It promotes a focused and coherent system of supports to create a climate that encourages respectful non-violent relationships and addresses all forms of gender-based violence, including intimate partner violence, sexual misconduct and stalking.

Beyond Title IX: Guidelines for Preventing and Responding to Gender-based Violence in Higher Education is available online at futureswithoutviolence.org/userfiles/file/PublicCommunications/beyondtitleIXfinal.pdf

The guidelines include information on:

- Building a campus leadership team
- Essential elements of policy and practice
- Prevention efforts
- Definitions of key terms and language
- Jurisdiction issues
- Supporting faculty and staff exposed to violence
- Reporting requirements and disclosure
- Formal and Informal Grievance Processes
- Administrative Accommodations for Those Affected by Gender-Based Violence
- Resources

In proposing these guidelines Futures Without Violence draws upon more than thirty years of experience in the field of violence against women, as well as the wisdom and experience of our partners who are leaders in prevention and intervention in sexual and relationship violence on college campuses. Lessons learned in the broader (community) arena of violence against women complement the particular expertise of college administrators and campus-based advocates.



FUTURES WITHOUT VIOLENCE

Appendix A: QA/QI Tool

Campus Health Center Prevention and Response to Domestic and Sexual Violence Quality Assessment/Quality Improvement Tool

This tool is intended to provide campus health centers with some guiding questions to assess the quality of care related to the 1) promotion of healthy relationships and consensual sexual activity; and 2) intervention related to domestic and sexual violence (SV/IPV). The information can be used as a benchmark for each program to engage in quality improvement efforts. Complete the tool as honestly and completely as you can—there are no right or wrong answers. For questions that you respond yes to, please attach the corresponding form, policy, tool, etc. Programs are encouraged to complete the tool again about every 6 months. We hope that this tool will help provide guidance on how to enhance your program's SV/IPV prevention and response efforts.

Completed by (title only):

Date:

Protocols

	Yes (if so, please attach)	No	N/A	Don't Know
Does your clinic have a written protocol for universal education, assessment* and response to sexual and intimate partner violence? *Throughout this document, we refer to assessment—rather than screening—for domestic violence. Screening refers to stand alone questions or a self-administered checklist, while assessment includes conversation with the provider that includes anticipatory guidance on healthy relationships, direct questions about SV/IPV, and harm reduction strategies and a warm referral to SV/IPV services if abuse is disclosed.				

Are there sample wording, scripts, prompts, questions, or information on medical/health history/risk assessment forms or EHR for staff to:

Explain to patients why SV/IPV is being discussed?				
Inform patients about confidentiality and any mandated reporting requirements?				
Ask patients about SV/IPV (with sample questions)?				
Educate patients about the impact of SV/IPV on health and wellbeing?				
Discuss ways to stay safe in an unhealthy or abusive relationship?				
Provide information about campus and community SV/IPV resources?				

Do your protocols instruct providers to conduct universal education and assessment for SV/IPV during:

	Yes	No	N/A	Don't Know
A visit addressing alcohol or other drug use?				
A visit addressing depression or suicidality?				
Any primary care visit?				
Any reproductive or sexual health visit?				
A wellness visit/Annual exam/Preventive Care?				

Does your health center:

	Yes	No	N/A	Don't Know
Provide patients with a written explanation of confidentiality and the limits of confidentiality when they check-in?				
Have a place to speak with clients privately?				

Have a privacy screen on the computer to protect the contents of the electronic health record from being viewed by others?				
Have a policy to ensure that providers ask about SV/IPV when the patient is alone?				
Assessment Methods				
How are patients assessed for SV/IPV?				
	Yes	No	N/A	Don't Know
Patients answer questions on a medical/health history form				
Staff review the medical/ health history form and ask follow-up questions				
Staff ask the patients questions				
Staff offer a palm-size safety card with information about how violence can impact health				
Assessment occurs in a private place				
Which staff are primarily responsible for talking to patients about SV/IPV? (please pick one)				
<input type="checkbox"/> Counselor/Therapist <input type="checkbox"/> Peer Health Educator <input type="checkbox"/> Medical Assistant <input type="checkbox"/> NP/RN <input type="checkbox"/> MD <input type="checkbox"/> Other (Please explain) _____				
How often are patients asked about SV/IPV?				
<input type="checkbox"/> At initial visit <input type="checkbox"/> With each new sexual partner <input type="checkbox"/> At least every six months <input type="checkbox"/> At least once a year <input type="checkbox"/> No established time interval				

Documentation of Assessment and Response				
On the medical/health history/assessment form(s) are following steps documented?				
	Yes	No	N/A	Don't Know
Harm reduction strategies were shared				
Referral to on campus resources and/or Title IX officer				
Referral to a rape crisis center or domestic violence agency				
Intervention Strategies				
Does your staff:				
	Yes	No	N/A	Don't Know
Have sample wording or scripts about what to say and do when a patient discloses SV/IPV?				
Have sample or scripted tools and instructions on how to do safety planning with patients who disclose current DSV?				
Have instructions on how to file a mandated law enforcement report, including who to report to and what information must be collected?				
Know an advocate or counselor who can provide a follow-up with a patient who discloses SV/IPV?				
Have a safe place where the patient can use a phone at your clinic to call a national hotline or to talk to a local rape crisis counselor &/or domestic violence advocate?				
Have instructions on campus reporting requirements, including who to report to and what information must be collected?				

Do your staff have resource lists that:				
	Yes	No	N/A	Don't Know
Identify referrals and resources such as hotlines, support groups, shelters, legal advocacy, etc. for patients who disclose SV/IPV?				
Identify referrals and resources for perpetrators of SV/IPV?				
Include a contact person for each referral agency?				
Is there a staff person responsible for updating these lists? If yes, please list.				
Are these lists updated at least once a year? If yes, please list interval.				
Networking and Training				
Within the last year, has your staff had contact with representatives from any of the following campus departments and community-based agencies (contact means--called to refer a patient, called for assistance with a patient, called for information about a program)?				
	Yes	No	N/A	Don't Know
Campus-based domestic violence advocates				
Campus-based rape crisis counselor/ CSART				
Campus based general counseling				
Off campus domestic violence advocates				
Off campus rape crisis counselor				
Campus safety office/campus police				
Local law enforcement				
Local hospital				
Campus Title IX Coordinator				
Dean of Students				
Residential Affairs				

Greek Affairs (fraternities and sororities)				
Peer Health Educators (prevention activities)				
Are there any staff who are especially skilled/comfortable dealing with SV/IPV that other staff can turn to for help?				
Yes No If Yes, please include staff title/position:				
Do your protocols advise staff on what to do if they do not feel comfortable or adequately skilled to help a patient when SV/IPV is disclosed? (Example: Can staff 'opt out' if they are survivors of or currently dealing with personal trauma?)				
Yes No				
Do any of your staff participate in a local SV/IPV task force or related subcommittee?				
Yes No If yes, please identify staff and describe task force/subcommittee:				
Is there a buddy system or internal referral for staff to turn to for assistance when they are overwhelmed or uncomfortable addressing violence with a patient?				
Yes No If yes, please describe:				
Within the last two years, have representatives from any of the following agencies/departments either been contacted to schedule a training or come to your health center and conducted a training for your staff?				
	Yes	No	N/A	Don't Know
Campus-based domestic violence program				
Campus-based rape crisis center/CSART				
Campus based counseling services				
Off campus domestic violence program				
Off campus rape crisis center				
Rape crisis center				

Campus safety/police				
Title IX Coordinator				
Peer Health Educators				
What type of training(s) do new staff receive on SV/IPV?				
<p>Does your staff receive booster training on assessment and intervention for SV/IPV at least once a year?</p> <p>Yes No N/A Don't Know</p>				
Self-Care and Support				
Does your health center:				
	Yes	No	N/A	Don't Know
Have a protocol for what to do if a staff person is experiencing SV/IPV? ¹				
Have a protocol for what to do if a perpetrator is on-site and displaying threatening behavior or trying to get information?				
Provide individual clinical supervision for staff where they can discuss any concerns/ discomfort relating to SV/IPV cases?				
Provide other types (group supervision, case presentation) of opportunities for staff to discuss any concerns/issues/etc. relating to difficult cases?				
Have an employee assistance program (EAP) that staff can access for help with current or past victimization?				

Data and Evaluation				
Does your clinic:				
	Yes	No	N/A	Don't Know
Record the number of patients assessed for SV/IPV?				
Record the number of patients who disclose SV/IPV and receive resources?				
Annually review all clinic protocols relating to SV/IPV (both patient and staff related)?				
	Yes	No	N/A	Don't Know
Do any of your patient satisfaction surveys include questions soliciting patient's opinions about assessment and intervention strategies for SV/IPV?				
Provide regular (at least annual) feedback to providers about their performance regarding SV/IPV assessment?				
Education and Prevention				
Does your clinic:				
	Yes	No	N/A	Don't Know
Provide information to patients on healthy relationships and consensual sexual activity?				
Sponsor any client or community education to talk about healthy relationships and consensual sexual activity or indicators of abuse?				

Environment and Resources

Does your clinic have any of the following?

	Yes	No	N/A	Don't Know
Brochures or information about SV/IPV that patients can take				
Brochures, cards, information for patients about how violence exposure affects their health and well-being				
Brochures, cards, information for patients about bystander/upstander intervention and primary prevention of SV/IPV				
Brochures/cards/posters placed in an easily visible location				

Has your clinic adapted any education materials to make them more culturally relevant for your patient population?

Yes No

If yes, please describe:

Who is responsible for stocking and ordering materials including safety cards and posters?

Please identify staff by title:

Additional Comments and Observations

This tool was developed in partnership with Elizabeth Miler, MD, PhD, Chief, Division of Adolescent and Young Adult Medicine, Children's Hospital of Pittsburgh of UPMC and Professor of Pediatrics, University of Pittsburgh School of Medicine.

Appendix B: DEAR COLLEAGUE LETTER: SEXUAL VIOLENCE



U.S. Department of Education
Office for Civil Rights

Dear Colleague Letter: Sexual Violence *Background, Summary, and Fast Facts*

April 4, 2011

Sexual Violence Statistics and Effects

Acts of sexual violence are vastly under-reported.¹ Yet, data show that our nation's young students suffer from acts of sexual violence early and the likelihood that they will be assaulted by the time they graduate is significant. For example:

Recent data shows nearly 4,000 reported incidents of sexual battery and over 800 reported rapes and attempted rapes occurring *in our nation's public high schools*.² Indeed, by the time girls graduate from high school, more than one in ten will have been physically forced to have sexual intercourse in or out of school.³

When young women get to *college*, nearly 20% of them will be survivors of attempted or actual sexual assault, as will about 6% of undergraduate men.⁴

Survivors of sexual assault are more likely to suffer academically and from depression, post-traumatic stress disorder, to abuse alcohol and drugs, and to contemplate suicide.⁵

Why is ED Issuing the Dear Colleague letter (DCL)?

Title IX of the Education Amendments of 1972 ("Title IX"), 20 U.S.C. Sec. 1681, et seq., prohibits discrimination on the basis of sex in any federally funded education program or activity. ED is issuing the DCL to explain that the requirements of Title IX cover sexual violence and to remind schools⁶ of their responsibilities to take immediate and effective steps to respond to sexual violence in accordance with the requirements of Title IX.

In the context of the letter, sexual violence means physical sexual acts perpetrated against a person's will or where a person is incapable of giving consent. A number of acts fall into the category of sexual violence, including rape, sexual assault, sexual battery, and sexual coercion.

What does the Dear Colleague Letter do?

- Provides guidance on the unique concerns that arise in sexual violence cases, such as the role of criminal investigations and a school's independent responsibility to investigate and address sexual violence.
- Provides guidance and examples about key Title IX requirements and how they relate to sexual violence, such as the requirements to publish a policy against sex discrimination, designate a Title IX coordinator, and adopt and publish grievance procedures.
- Discusses proactive efforts schools can take to prevent sexual violence.
- Discusses the interplay between Title IX, FERPA, and the Clery Act⁷ as it relates to a complainant's right to know the outcome of his or her complaint, including relevant sanctions facing the perpetrator.
- Provides examples of remedies and enforcement strategies that schools and the Office for Civil Rights (OCR) may use to respond to sexual violence.

What are a school's obligations under Title IX regarding sexual violence?

- Once a school knows or reasonably should know of possible sexual violence, it must take immediate and appropriate action to investigate or otherwise determine what occurred.
- If sexual violence has occurred, a school must take prompt and effective steps to end the sexual violence, prevent its recurrence, and address its effects, whether or not the sexual violence is the subject of a criminal investigation.
- A school must take steps to protect the complainant as necessary, including interim steps taken prior to the final outcome of the investigation.
- A school must provide a grievance procedure for students to file complaints of sex discrimination, including complaints of sexual violence. These procedures must include an equal opportunity for both parties to present witnesses and other evidence and the same appeal rights.
- A school's grievance procedures must use the preponderance of the evidence standard to resolve complaints of sex discrimination.
- A school must notify both parties of the outcome of the complaint.

How can I get help from OCR?

OCR offers technical assistance to help schools achieve voluntary compliance with the civil rights laws it enforces and works with schools to develop approaches to preventing and addressing discrimination. A school should contact the OCR enforcement office serving its jurisdiction for technical assistance. For contact information, please visit ED's website at <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm>.

A complaint of discrimination can be filed by anyone who believes that a school that receives Federal financial assistance has discriminated against someone on the basis of race, color, national origin, sex, disability, or age. The person or organization filing the complaint need not be a survivor of the alleged discrimination, but may complain on behalf of another person or group. For information on how to file a complaint with OCR, visit <http://www2.ed.gov/about/offices/list/ocr/complaintintro.html> or contact OCR's Customer Service Team at 1-800-421-3481.

¹ For example, see Heather M. Karjane, et al, *Sexual Assault on Campus: What Colleges and Universities are Doing About It*. National Institute of Justice, Dec. 2005

² Simone Roberts, et al. *Indicators of School Crime and Safety*. U.S. Department of Education, U.S. Department of Justice, Nov. 2010, *available at* <http://nces.ed.gov/pubs2011/2011002.pdf>.

³ Eaton DK, Kann L, Kinchen S, Shanklin S, Ross J, Hawkins J, et al. *Youth Risk Behavior Surveillance-United States 2009, Morbidity and Mortality Weekly Report*.

⁴ Krebs CP, et al. *The Campus Sexual Assault Study Final Report* xiii, 5-5 National Criminal Justice Reference Service, Oct. 2007, *available at* <http://www.ncjrs.gov/pdffiles1/nij/grants/221153.pdf>. 5

⁵ For example, see World Health Organization, *World Report on Violence and Health* 162-164 Etienne G. Krug, et al. eds., 2002, *available at* http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf; Centers for Disease Control, *Understanding Sexual Violence: Fact Sheet*, 2011, *available at* http://www.cdc.gov/violenceprevention/pdf/SV_factsheet_2011-a.pdf.

⁶ "Schools" includes all recipients of federal funding and includes school districts, colleges, and universities.

⁷ The Family Educational Rights and Privacy Act is at 20 U.S.C. Sec. 1232g, and the Jeanne Clery Disclosure of Campus Security and Campus Crime Statistics Act is at 20 U.S.C. Sec. 1092(f).

Appendix C: PREVENTION EDUCATION AND ALTERNATIVES TO VIOLENCE

Prevention: For Students, Staff, Faculty, and Administrators.

Prevention efforts should be evidence-based: they should rely on expert knowledge and research-supported programs that are tailored to the local campus community. In order to increase knowledge of actual student behaviors, we recommend that institutions go beyond tracking incidents of gender-based violence to include regular research on aggregate student experience, including how students experience the climate of the campus. Research includes any method for listening carefully to student experience, e.g., through focus groups, surveys or meetings of student leaders. Those on campus who may be marginalized, underrepresented or especially vulnerable warrant particular attention. These groups will differ from campus to campus, but may include LGBTQ individuals, women of color, women with disabilities, immigrant women, or international students. Such knowledge will allow the campus to respond better to the needs of its students, as well as become a leader in the field of responding to gender-based violence.

“Upstander”, or pro-active bystander, approaches to prevention have enormous potential to create positive campus cultures.²⁷ However, there is no single prevention program that fits all campus contexts. The best prevention efforts are informed by data (both qualitative and quantitative) and are on-going and multifaceted as well as strategic and targeted.

Healthy Relationships: Building a Curriculum

There is no “one size fits all” with regard to education around building healthy relationships. However, Futures Without Violence has identified core components we believe provide the basis for effective healthy relationship education. These components can be incorporated into conversations about general health.

The following core components focus on knowledge, skills and attitudes or values. In addition to the core components identified below, it is important for healthy relationship education to:

- Be age and developmentally appropriate;
- Be culturally competent and sensitive;
- Include lesbian, gay, bisexual and transgender (LGBT) issues;
- Be medically and factually accurate; and
- Utilize a variety of teaching techniques, methods and formats.

Relationship Basics

We believe strongly that education about healthy relationships should be **focused on the positive** and should help students explore their personal values and beliefs about relationships.

Ask yourself, your peers and colleagues:

- What is a healthy relationship?
- How can we foster them and help students aspire to them?

It is also important to provide a realistic picture about relationships. Not every relationship is perfect and sometimes a healthy relationship has some unhealthy moments. Being able to distinguish along a continuum of behaviors and situations is a critical lesson.

Crossing the Line Into Abuse

Most students don't expect their partner (whether casual or serious) to be abusive. They often assume that abuse means violence -- and think, "I would never put up with that." But abuse isn't always -- or even mostly -- about violence. Therefore it is important to teach students to recognize unhealthy relationships, the warning signs of abuse, and strategies for reducing the risk of abuse. Information should be gender neutral recognizing that males, females and transgender youth all experience and perpetrate abuse.

The difference between healthy and unhealthy may not be immediately clear. Some students think being controlled is a sign of love. Ask students:

- How many texts from a dating partner are too many?
- When is texting controlling?

Conversely, sometimes people don't realize their behavior is abusive or controlling. In addition to identifying the types and warning signs of abuse, programs should discuss the consequences of relationship abuse, both long and short-term, and its specific connection to and strategies to **prevent pregnancy** and **STIs**. For instance, discussions of contraceptive options should include information about reproductive coercion and pregnancy pressure and how such behavior may impact the choice of contraceptive method.

Moreover, sexual violence can happen inside or outside a formal relationship. Programs should include information spanning the range of sexual violence from rape and sexual assault, child sexual abuse, voyeurism, child pornography and exploitation, sexual harassment and misconduct, and sexting, and should explore the issue of consent.

Gender Norms

A healthy relationships curriculum must also address **gender norms**. Such content should provide information about how gender functions in society -- in family relations, in schooling, in people's experience of violence, and in the media -- as well as how gender affects sexuality and romantic or dating relationships.

Students should explore their personal values and beliefs about gender and how those beliefs affect their relationships.

Skills Building

Skills building and practice is also vital to an effective healthy relationships curriculum. Those skills include:

Communication: Learning how to express oneself effectively and being able to understand what other people are trying to say, are important skills to have in any relationship. Students should learn about positive communication, anger management and conflict resolution. Building effective communication skills requires a lot of practice – especially when communicating about complex subjects such as sex and sexuality and pressure.

Critical thinking skills: Critical thinking skills help young people analyze the motivations for their actions and the actions of others. Critical thinking skills should also encourage youth to explore their values and aspirations and how those connect to their motivations.

Assertiveness skills: Assertive skills help youth deal with pressure in a relationship or from peers and to learn how to enter and exit relationships. Such skills build confidence in youth to adhere to their personal beliefs and boundaries.

Becoming an Upstander: Programs can help prevent relationship and sexual abuse by training youth who are aware of abusive or unhealthy behavior to intervene safely or seek help for the survivor/targeted student.

Resources

Healthy relationships curricula should provide resources for students about where to access services and harm reduction strategies. Programs that disparage or stigmatize students who are or have been sexually active, or provide misinformation about contraception and STIs are not appropriate and in fact may do harm to the many young women and men who have or are experiencing violence and abuse, including reproductive coercion.

Training

All staff, but especially staff facilitating healthy relationships education, should be trained in the dynamics of relationship abuse, its consequences, and how to address it with students. Discussing these issues in class or in a program often results in disclosures from students. Before that happens, it is important that staff are trained and confident about how to handle such situations. Moreover, staff training for health care providers, staff and faculty improves school climate, providing teachable moments in the classroom that reinforce the principles and norms around healthy relationships.

Getting an A+

No single intervention, curriculum or program can eliminate relationship abuse or sexual violence. Research indicates that multi-faceted approaches targeting all levels of the socio-ecological model, from the individual, to the family and community, are most effective in fostering positive social norms around healthy relationships.

Checklist For Healthy Relationships Curriculum

- Examines the characteristics of healthy and unhealthy romantic and/or sexual relationships including the dynamics of physical, sexual and psychological abuse, sexual and reproductive coercion, and how such behavior intersects with healthy relationships.
- Defines sexual consent, explains its implications for sexual decision-making and how other factors, such as drugs and alcohol or power differentials including age and authority, impact consent.
- Explores gender norms and stereotypes by providing opportunities to examine how gender functions in society and in their own lives and how gender affects sexuality and intimate relationships.
- Builds skills including communication, anger management, and conflict resolution.
- Teaches strategies to intervene safely or seek help for the survivor/targeted person.
- Provides resources so students know where to find help if they or someone they know
- are experiencing relationship abuse or sexual violence.
- Staff training on relationship abuse, how to handle disclosures, how to foster a positive campus climate. are experiencing relationship abuse or sexual violence.
- Staff training on relationship abuse, how to handle disclosures, how to foster a positive campus climate.

Other Ideas

Draft new sexual violence assessment and intervention curricula to be implemented in Schools of Public Health, Law, Medicine, Public Policy, or Social Work, among others.

- Identify key stakeholders and allies who can help you through this process.
- Tailor curricula to each department with the help of faculty and staff.

Draft sexual violence awareness and prevention curricula to be co-facilitated in student groups outside of class.

- Invite members from your local rape crisis center to come speak about their services, provide an overview of sexual assault statistics in your community, and about engaging men in the movement.
- Brainstorm new prevention projects as a group.
- Build a safe community by conducting empathy exercises: Have participants stand in two parallel lines, facing one another. Create a script that lists statements about vulnerability, and have students step forward if they identify with a vulnerability. Have students step back after each statement. Debrief when finished. The script may include statements like:

“You do not see members of your (culture, ethnicity, or gender identity, etc.) group represented regularly in (media, positions of power, politics, etc.)

“You, a friend, or a family member suffers from a mental or physical disability.”

“You, a friend, or a family member has experienced some form of SA or abuse.”**These statements can be extremely emotional and triggering. Be sure to create a safe space by agreeing as a group on policies of confidentiality and respect before attempting and allowing participants to opt out.*

- “String exercise”: 15 participants will be asked to stand in a circle at the front of the room. One person will be asked to stand in the middle, holding a bundle of strings. Each participant in the outer circle will be asked to take a string, and will be given a short script and role to play. The person in the middle will be instructed to turn to each person and say, “I was raped at a party last week, can you please help me?” after which each person in the outer circle will read their line and drop a string. These lines include survivor-blaming or accusatory responses. The intention of this exercise is to drive home the importance of believing survivors’ disclosures in order to connect them with important resources and options, and to more broadly eliminate rape culture on campus. **Thanks to Just Detention International*

- Conduct Role Plays with the Campus Safety Card: Divide the group into triads (an observer, a person giving the card, and a friend). The observer and the friend will practice giving and receiving the card, while the observer watches and takes notes. Have each triad debrief, and then switch roles. Come back together to discuss as a group what worked well and what didn't.

“Upstanders” and Men in the Movement

Men's anti-violence organizations seek to work with young men in an effort to reshape and prevent a culture of violence. **Men Can Stop Rape**, for example, has created “Men of Strength” or “My Strength” programs which educate male youth about their power and privilege, demonstrate healthy masculinity and healthy relationships, and discuss topics like respect, boundaries, and the benefits of being assertive rather than aggressive. Additionally, these organizations encourage upstander action, providing tools to address other men's aggressive, violent, or abusive behavior, and to intervene when they witness violent or potentially violent acts.

- To start a Men of Strength Chapter at your school, visit **MenCanStopRape.com** for more information.
- For more information on engaging men in the movement and promoting gender equality, healthy masculinity, and healthy relationships, check out **A Call to Men** at **ACallToMen.org/empower**

Being an “upstander”, or Bystander Intervention is the process by which everyday people step in or intervene when they notice someone physically or emotionally harming another. Intervening can be as simple as interrupting an argument to ask for directions. More assertive approaches involve calling out inappropriate or harmful behavior.

Here are some suggestions for using the *Green Dot* strategy:

- Pull a friend out of a high risk situation.
- Respond to a survivor-blaming statement with words of support.
- Coordinate an “Upstander”/Bystander Intervention training for your student organization.
- Display an awareness poster in your office, health center, or classrooms.
- Strike up a conversation with a friend about how much this issue matters to you.
- Write an op-ed piece for your school paper or give a speech on violence prevention.¹

To learn more about **Green Dot** and bystander intervention philosophies and techniques, visit: **uky.edu/StudentAffairs/VIPCenter/learn_greendot.php**

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