



Addressing Sexual + Intimate Partner Violence

in Campus Health Centers

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U.S. Department of Health and Human Services' Office on Women's Health (Grant #1 ASTWH110023-01-00) and the Administration on Children, Youth and Families. (Grant #90EV0414)

Funding for this project was made possible in part by the Department of Health and Human Services (HHS) Administration for Children and Families with additional support from HHS Office on Women's Health. The views expressed in written materials or publications and by speakers and moderators at HHS co-sponsored activities, do not necessarily reflect the official policies of the U.S. Department of Health and Human Services; nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The recommendations do not dictate an exclusive course of treatment or of practice. Variations taking into account the needs of the individual patient, resources, and information unique to the institution or type of practice may be appropriate.

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This handbook provides tools and resources for staff 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.



INTRODUCTION

WHY CAMPUS HEALTH CENTERS?

FUTURES WITHOUT VIOLENCE'S WORK WITH COLLEGE CAMPUSES

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 of an issue that should have no place in society and especially in our schools.” - Former Secretary Of Education, Arne Duncan

WHY CAMPUS HEALTH CENTERS?

Campus health centers are a vital component of a campus-wide response to sexual and intimate partner violence on college campuses. Though survivors are often discouraged from reporting or discussing their experiences through traditional pathways, health care providers on campuses are in a unique position to be able to offer support to those survivors as well as to provide universal education to all patients about healthy relationships and how violence can affect health and academic performance.

- Health centers are accessible to students and health providers are able to have confidential conversations with students,
- Utilization is normalized: “everyone goes to the health center,”
- Long-term relationship with students,
- Provides gateway to other campus & off-campus resources,
- Students with histories of IPV/SV tend to use health services.

NOT ON A CAMPUS? Do you want to respond to patients who are college students and who disclose sexual and 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.).

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 to address 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.



FUTURES WITHOUT VIOLENCE'S WORK WITH COLLEGE CAMPUSES

Futures Without Violence (FUTURES) is a leading advocate for addressing sexual and intimate partner violence on college campuses. FUTURES produces numerous data-informed publications, programs, resources, and organizing tools to promote effective and trauma-informed responses 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 “**Sex, Relationships, and Respect on Campus**,” to be used by health care providers, peer health educators/student advocates, and students as part of a broad, campus-wide sexual and intimate partner 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 improve prevention and response for sexual and intimate partner violence on your campus.

Futures Without Violence has partnered with students, schools, federal agencies and organizations across the country in order to strengthen responses to and prevention of sexual and intimate partner violence on college campuses. For more information on FUTURES' current and past projects with colleges and universities visit futureswithoutviolence.org/colleges-universities/ and see Appendix B.

DEFINITIONS

Public health and criminal justice definitions and terms vary between states. These guidelines are not intended to provide legal advice or interpretations. Contact your school's Title IX^A Coordinator for information on local and campus-specific definitions, policies and response.

Sexual Violence and Sexual Assault

Includes any sexual activity, completed or attempted, committed against someone without that person's freely given consent.³ This includes nonconsensual, unwanted, coerced, or forced penetration, sexual contact, non-contact sexual experiences, and substance facilitated sexual activity.

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. Including 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 undisclosed non-condom use or not allowing other pregnancy or STI protection use.

Consent

Words or overt actions by a person who is legally or functionally competent to give informed approval, indicating a freely given agreement to engage in sexual activity.³

Intimate Partner Violence (also referred to as domestic/dating violence)

A pattern of assaultive and coercive behaviors and tactics used by a romantic partner to gain and maintain power and control over the other person in the relationship. Tactics include but are not limited to physical violence, verbal and psychological abuse, sexual violence, jealousy, isolation, stalking and monitoring, using privilege, using children, minimizing and blaming, intimidation, and threats.

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.³

Stalking

Repeated harassment or threatening behavior, such as following someone home or to work, making repetitive and unwanted contact through text, social media phone, or through another person, etc.³

Sexual Harassment

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

^A "Pursuant 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>



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.⁴

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).⁴

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 pregnant partner to carry a pregnancy to term against her wishes through threats or acts of violence,
- Forcing a pregnant partner to terminate a pregnancy,
- Injuring a pregnant partner in a way that they may have a miscarriage.⁴

Cyber dating abuse and harassment are abusive behaviors used by romantic partners via social media and texting, 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.⁵

MAGNITUDE OF THE PROBLEM

Women have surpassed men in the overall college population.⁶ 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.

The Centers for Disease Control and Prevention confirm that **1 in 5 women** experience rape and that 38% of women who had been raped had experienced it during college age years, 18-24.⁷

Sexual and intimate partner violence are health issues that disproportionately affect women and lesbian, gay, bisexual, transgender, and queer (LGBTQ) people.⁸

- 44% of lesbian women, 61% of bisexual women, and 35% of heterosexual women have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.⁸
- 26% of gay men, 37% of bisexual men, and 29% of heterosexual men have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime.⁸
- The 2015 U.S. Transgender Survey found that 47% of transgender people are sexually assaulted at some point in their lifetime.⁹
- Systemic racism also impacts rates of violence: among people of color, American Indian (65%), multiracial (59%), Middle Eastern (58%), and Black (53%) respondents of the 2015 U.S. Transgender Survey were most likely to have been sexually assaulted in their lifetime.⁹
- Women who are sexually assaulted during their first semester of college tended to have lower GPAs than women who were not sexually assaulted.^{10,11}

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.¹²
- 23% of female college students and 7% of male college students reported one or more experiences of unwanted sexual intercourse.¹³
- Women were more likely than men to report that their perpetrator used physical force during coerced sex.^{12,13}

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.⁷ 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 practice to include inquiries about sexual violence within dating relationships.

HEALTH IMPACT OF SEXUAL AND INTIMATE PARTNER VIOLENCE

Sexual and intimate partner violence have serious implications for health and wellbeing of survivors. Sexual and intimate partner violence are significant yet preventable public health problems that affect millions of people regardless of age, economic status, race, religion, ethnicity, sexual orientation, or educational background. Individuals who are subjected to sexual and intimate partner violence may have lifelong consequences, including emotional trauma, lasting physical impairment, chronic health problems, and even death.¹⁴

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.¹⁴ *The physical and emotional harm that comes from being abused can affect survivors even after the violence has stopped.*

Survivors of sexual and intimate violence are more likely to experience a range of health effects such as:

- Depression
- High Cholesterol
- Heart Disease
- Hypertension
- Diabetes
- Stroke
- Asthma
- Cancer
- Traumatic Brain Injury
- Post-Traumatic Stress Disorder
- Sexually Transmitted Infections
- Sleep or Eating Disorders
- Substance Dependency
- Suicidal Ideation
- Unwanted Pregnancy^{14,15}

According to the American College Health Association, undergraduate students were more likely to experience certain feelings and experiences if they had been a victim of sexual or intimate partner violence within the previous 12 months:

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

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

B. American College Health Association. American College Health Association-National College Health Assessment II: Reference Group Executive Summary Spring 2015. Hanover, MD: American College Health Association; 2015.





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

TRAUMA INFORMED ORGANIZATIONS

PREPARING YOUR PRACTICE AND ASSESSING YOUR PROGRAM

CUES: AN EVIDENCE-BASED INTERVENTION FOR SV/IPV

ADDRESSING SV/IPV WITH AN EQUITY LENS

TRAUMA INFORMED ORGANIZATIONS

In order to provide trauma-informed and healing-centered services, organizations must adapt systems to support staff who provide help to survivors. The impact of working with survivors of trauma is well documented, including decreased productivity, absenteeism, staff turnover, and poor health outcomes.¹⁵ In order to reduce these potential harms, organizations must make a commitment to value taking care of self, health and wellbeing. Some strategies include providing reflective supervision, training staff on mindfulness strategies, and developing a workplace policy to address violence. More information can be found in the National Center for Family Homelessness's workbook "What About You?" <http://508.center4si.com/SelfCareforCareGivers.pdf>

SAMHSA's GUIDING PRINCIPLES FOR TRAUMA-INFORMED CARE¹⁶

Safety - Throughout the organization, staff and the people they serve feel physically and psychologically safe.

Trustworthiness and transparency - Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

Peer support and mutual self-help - These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

Collaboration and mutuality - There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

Empowerment, voice, and choice - Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, clients', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

Cultural, historical, and gender issues - The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

For more information on implementing trauma-informed care in your clinic, visit: safesupportivelearning.ed.gov/Trauma-Sensitive-Campus-Health-Centers

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:

- Designate a private place to talk with students alone where conversations cannot be overheard or interrupted. Conversations about relationships and intimate partner and sexual violence should not occur in the presence of the patient's friends, family, partner, etc.
- 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
 - 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."^A
 - 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 disclose limitations of confidentiality with all students prior to discussing SV/IPV.*
- Have a written policy and provide 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. Health care providers are exempt from reporting violence and are not "Responsible Employees",
 - Providing universal education on healthy relationships and consensual sexual activity and information on supportive services,
 - Asking questions about experiences of SV/IPV,
 - How to respond if a disclosure of SV/IPV is made.

ASSESSING YOUR HEALTH CENTER

Take a look at the Quality Assessment/Quality Improvement Tool found in Appendix A, to see how your health center is currently addressing 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



Futures Without Violence has many patient education tools available, in addition to the Sex, Love and Relationships on Campus Safety Card, for providers in reproductive health, HIV/STI testing, and more available at ipvhealth.org.

- Ask your patients for the the name they would like to be called and their gender pronouns and record it on their medical chart or record. Do not assume the gender of your patients' partners. Use gender neutral terminology like "they/them" and "partner".
- Display 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.
- Have 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.

Develop Referral Lists and Partner with Local/Regional Resources

There is a range of resources available for survivors of sexual and intimate partner 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 and/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 developing memorandums of understanding (MOUs) and cross-training staff. Include survivor advocates as part of the care team and involve them in decision-making processes.
- 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 find it difficult 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 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? This evidence based intervention requires a whole team approach. It is best to ensure that all health center staff are present at the training.

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

What Should Training Include?

1. Trauma-informed workplaces, vicarious trauma, and staff support
2. Intimate and Sexual Violence: Incidence and Health Impact
3. Confidentiality procedures and mandated reporting requirements
4. Universal Education about healthy relationships, consent and how violence can affect health
5. Trauma-informed care
6. Harm reduction counseling for patients disclosing SV/IPV
7. Supported referral strategies
8. Follow-up
9. Documentation

For training powerpoint slides that include all of these elements and FUTURES Safety Cards and Training Videos visit the National Health Resource Center on Domestic Violence:

www.futureswithoutviolence.org/campus/

CUES: AN EVIDENCE-BASED INTERVENTION FOR SV/IPV

CUES (confidentiality, universal education + empowerment, support) is an evidence-based intervention that has shown to improve both health and safety outcomes for survivors of intimate partner violence.^{17,18} Many clinics already use a screening tool (HITS, HARK). However, because disclosure driven practice (screening) for IPV has limited efficacy for both survivors and providers: even when asked directly by skilled providers, survivors may not disclose abuse for reasons including distrust and concern for subsequent violence. Studies show that the use of structured screening tools do not promote improved health or safety outcomes. Survivors are more likely to discuss experiences of violence when providers initiate non-structured discussions focused on healthy relationships, parenting, safety, and sharing information about how to get help regardless of disclosure.



CUES

Confidentiality

Always see the patient alone and disclose your limits of confidentiality before discussing IPV.

Universal Education + Empowerment

Use the “Sex, Relationships, and Respect on Campus” safety card to talk with all patients about healthy and unhealthy relationships and the health effects of violence. Give each patient at least two cards so that they can share them with their friends and family, which opens more opportunity for connection and healing.

Support

Disclosure is not the goal, but it will happen. Discuss a patient-centered care plan to encourage harm reduction. Make a warm referral to local or on campus domestic violence advocates and document the disclosure in order to follow up at the next visit.

The CUES intervention ensures that all patients get information on healthy relationships and available resources without having to disclose violence.



The “**Sex, Relationships, and Respect on Campus**” **Safety Card** is a wallet-size card that serves as both a patient education resource and clinical tool. Health care providers can use this card to facilitate conversations about healthy relationships, sexual and intimate partner violence, direct assessment of and response for SV/IPV, and conversations around prevention and culture change.

The CUES approach is different from common SV/IPV assessments and screening tools:

- Focus on prevention, in addition to intervention, through universal education and anticipatory guidance on healthy relationships and consensual sexual activity.
- 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.
- Domestic violence advocates and rape crisis counselors are key members of the health care team through warm referrals.

CONFIDENTIALITY:

Be transparent. Get to know your state and campus-specific mandated reporting obligations, and always discuss the **limits of confidentiality** prior to any conversations about relationships.

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?”

SEEING PATIENTS ALONE

It is crucial that patients be seen alone for at least part of the visit in order to do the CUES intervention. It is not safe to discuss relationships or experiences of sexual violence in front of friends, family or partners. This crucial element may require a change in health center policy and patient flow or alter how the health center is physically arranged.

UNIVERSAL EDUCATION:

In some cases, campus health settings are a primary opportunity to have general conversations about sex, relationships and consent and students seek out health centers because they offer confidential health services. 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.

Do the people you are intimate with...

- ✓ Ask what you want when it comes to sex and respect your boundaries? Most sexual assaults are committed by someone the survivor knows. *No one should pressure or force you into doing anything sexual or harm you physically.*
 - ✓ Support your independence and interests? *No one should keep you from your social life, work, or educational goals.*
- Sex should feel good for all partners and healthy relationships are ones that are supportive.
- But what about when our boundaries are not respected?

Sample script for Universal Education:

“Because sexual violence is so common, and has so many health repercussions, I give a couple of these cards to all my patients -- one of you and one for you to share with a friend who might need it -- and aim to check in about the sex you are having and the relationships you are in. Take a look. I am here to support and listen to you. Is any of this a part of your story? ”

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.
- Educate students about sexual coercion and the importance of consent.
- Always offer two cards and encourage students to take more to share with their friends: this kind of community responsibility and altruism can be healing for people.
- Create an environment where students will see the health center as a safe place to discuss relationships and sex.

Helping a friend

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

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

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

Take action!

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

Information on changing campus culture:
Know Your IX knowyourix.org End Rape on Campus endrapeoncampus.org

Culture of consent

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

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

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

Prevention is Possible

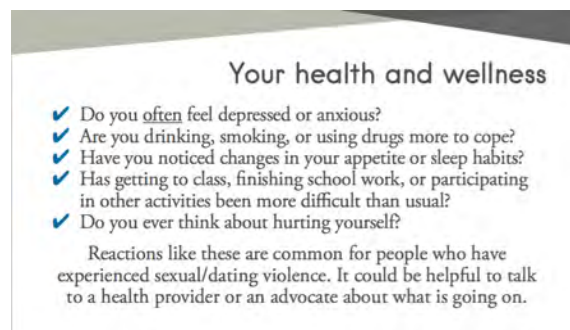
Providers have an opportunity to connect students who want to engage in positive bystander behavior, activism, and other strategies to improve campus climate. The card includes strategies students can use at the personal (always asking for consent), community (positive bystander behaviors), and institutional (campus activism) levels.

Sample script for Universal Education: PREVENTION

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

Asking questions about IPV and SV also needs to be part of the face-to-face assessment between the provider and the patient.

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.



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*.

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.

Sample script for Universal Education: ASSESSMENT

“For everyone coming in for [emergency contraception/STI testing/pregnancy testing], we ask them if the sex they had was consensual. Was this something you wanted to do?”

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.¹⁹ Women disclosing physical abuse were approximately **3 times more likely to experience an STI**.²⁰ Research also shows that condom use was present in only 10-15% of sexual assaults.²¹

Sample script for Universal Education: ASSESSMENT

“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?”

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.²² 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.

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 the patient today—assess for the patient’s safety: ***“It is important that your partners get treated as well. But before that, I want to know if you are you worried about what will happen if you tell them about the STI?”***



Considerations for behavioral health:

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 concerns about 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.²³ Over half of survivors who were raped while under the influence of alcohol or drugs developed lifetime PTSD, have suicidal thoughts, and are nearly five times more likely to have major depressive episodes throughout their lifetime.²⁴ Survivors are more likely to engage in hazardous alcohol and drug use, which may be a means of coping with trauma through self-medication.²⁵ Controlling for previous substance abuse history, sexual assault survivors were more likely to abuse alcohol than women who were not assaulted.²⁶ This highlights the need to understand the trauma history of any student who indicates a substance abuse concern. You can ask: **“Has what’s going on with people you’ve had sex with made you feel like drinking/using more?”**
- **Disordered Eating:** Survivors of SV/IPV may be at higher risk for disordered eating, including binge eating and bulimia. They may be engaging in unhealthy eating behaviors (for example, severely restricting food or binge eating) as a way to feel “in control”. **“Anytime a student talks about making themselves throw up or controlling their eating, I ask about how things are going in their relationships, including people they’re having sex with. Is anyone making them do something sexual they were not okay with? Or is there someone who is controlling them, making them feel bad?”**

You are not alone

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

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

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

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

SUPPORT:

If there is no disclosure of sexual or intimate partner violence, remind patients that you are a safe person to talk to should they ever need to and provide them with additional 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 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 and connect with 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 so much for sharing this with me. I know this can be hard to talk about.” 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 get many messages through culture, media, friends, and justice systems that they did something to cause the assault or abuse. This is an important opportunity for you to counter that and make sure that survivors know what happened was in no way their fault.

“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 something like this.” 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 student know that they are not alone, and that they get to choose the options that work best for them.

2. Connect with the supports you will be referring your patients to. 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 makes a 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)**.

Some college campuses have their own advocacy services. 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. Remember: the Title IX Office is responsible for investigating and adjudicating complaints of sexual violence and harassment. Although they may be able to assist with student accommodations, they are not confidential, nor do they provide survivor advocacy.

3. Avoid questions and statements that blame the survivor. Because it takes a lot of courage to reach out for help around SV/IPV, 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 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. Language is important so follow their lead.

“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. Ask yourself: do you need more information in order to provide support or are you asking out of curiosity?

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

National Sexual Assault Hotline
24/7 | 1-800-656-4673 | rainn.org

National Domestic Violence Hotline
24/7 | 1-800-799-7233 | thehotline.org

LGBT National Talkline
M-F 1-9pm PT, Sat 9am-2pm PT
1-800-246-7743 | glbthotline.org

To find out where to get emergency contraception:
bedsider.org/clinics/ec

Info on HIV prevention:
pleaseprepme.org

FUTURES WITHOUT VIOLENCE
futureswithoutviolence.org

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

4. Make Warm Referrals:

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.

If students are interested in reporting an incident, they can choose to use the campus processes, the criminal justice system, or both. 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.

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) about options the school might be able to offer. You don’t need to tell anyone anything about what happened in order to get info 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.

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.

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 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>

ADDRESSING SV/IPV WITH AN EQUITY LENS

Marginalized communities experience additional 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 **pronouns** and ensure that this, along with their correct name, gets recorded on all patient files so that all clinic staff are able to address them correctly when they come into the health center.
- **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 LGBTQIA or **come out to you**, but could still be engaged in non-heterosexual relationships.
- Be cognizant of your power as a health provider and understand historical contexts of Black and Brown people being excluded from accessing health care and exploited by health systems.
- Beyond requirements of the American's with Disability Act, ensure that your health center is accessible²⁷ for students with cognitive and physical disabilities by being able to have integrated health visits, advocating for these students, and accommodating extra time during visits if needed.
- For more information visit: http://www.acha.org/documents/resources/10Ways_WelcomeDiversity.pdf

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

LGBTQIA

International

Students with disabilities

Athletes

Communities of color

Religious or spiritual

Immigrants and Undocumented students

By ensuring that all patients get information on healthy relationships, consent, and available survivor support resources by giving a couple "Sex, Relationships, and Respect on Campus" Safety Cards, your health center will be able to support students who have experienced sexual and intimate partner violence and promote prevention on campus. See the appendix of this handbook for additional resources!

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 and 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. See Appendix C for a Quality Assessment/Quality Improvement Tool designed specifically for campus health centers. Use this tool to track your progress!

Appendix A: Additional Resources

Futures Without Violence For health center training slides, safety cards, and many other resources visit <https://www.futureswithoutviolence.org/campus/>

American College Health Association Addressing Sexual and Relationship Violence: A Trauma-Informed Approach. The toolkit provides institutions of higher education with a comprehensive, meaningful resource to utilize when developing prevention programming as well as response to incidents of sexual violence experienced by members of the campus community. [http://www.acha.org/ACHA/Resources/Addressing Sexual and Relationship Violence A Trauma Informed Approach.aspx](http://www.acha.org/ACHA/Resources/Addressing_Sexual_and_Relationship_Violence_A_Trauma_Informed_Approach.aspx)

PreventConnect The goal of PreventConnect is to advance the primary prevention of sexual assault and relationship violence by building a community of practice among people who are engaged in such efforts. <http://www.preventconnect.org/>

Safe Place Resource Kit: Trauma Sensitive Practice for Health Centers Service Higher Education Students The Safe Place resource kit encompasses a broad range of material introducing and endorsing trauma-sensitive practice with an emphasis on sexual assault trauma. Designed specifically for health center staff who serve as primary care providers to students in higher education, the kit supports health center staff at all levels. <https://safesupportivelearning.ed.gov/Trauma-Sensitive-Campus-Health-Centers>

Culture of Respect CORE Blueprint The Culture of Respect Engagement (CORE) Blueprint is the culmination of work performed by myriad dedicated professionals from multiple areas, including sexual violence prevention and advocacy, student affairs, higher education policy, and law. <https://cultureofrespect.org/colleges-universities/the-core-blueprint/>

VetoViolence: Help Stop Violence Before it Happens VetoViolence is a comprehensive source for violence prevention. The Centers for Disease Control and Prevention (CDC) created this tool to educate and empower communities to stop violence—before it happens. <https://vetoviolence.cdc.gov/>

Center for Changing Our Campus Culture The Center for Changing Our Campus Culture provides the latest research, sample campus policies, protocols, best practices, and information on how to access training opportunities and technical assistance. <http://changingourcampus.org/>

Appendix B: FUTURES' Campus Work

College Sexual Assault Policy and Prevention Initiative Under an initiative from the U.S. DHHS Office on Women's Health, we are employing a targeted policy and practice change strategy that focus on working with eight geographically and institutionally diverse colleges and universities to: shift social norms and create policy change and prevention by building the leadership of national experts, student and administrative leaders and task forces on each college/university campus; promote evidence-informed bystander interventions through the engagement of key targeted campus constituencies; and utilizing the important and often overlooked opportunity to reach students and staff through student health centers.

Campus Leadership Program Each year, graduate students representing diverse schools of Medicine, Public Health, and Social Work and more across the country are chosen as Campus Leaders to improve their colleges' awareness, response, and prevention programs and policies surrounding sexual and intimate partner violence. This handbook is one result of their efforts to organize a national, cohesive effort to improve college campus health, response, and prevention policies.

National Leadership Institute: Changing the Narrative on Campus Gender-Based Violence In partnership with the Avon Foundation for Women, we launched the National Leadership Institute: Changing the Narrative on Campus Gender-Based Violence with 20 colleges and universities around the country in 2016. Developed in collaboration with Harvard Law School's Gender Violence Program and the University of Virginia's Curry School of Education, the Institute is a two-day, action-oriented leadership program created to help colleges and universities prevent and respond to gender-based violence and sexual assault.

The Susan Schechter Leadership Development Fellowship was created in 2005 to honor the rich history of the movement, foster new generations of leaders, and provide opportunities for current and emerging leaders to take the movement to the next level. The program has currently has two focus areas—to support individual leadership development and to develop and implement a graduate level, interdisciplinary, course curriculum aimed at increasing the number of trained professionals working to end violence against women and girls.

Resources:

Beyond Title IX This document addresses intimate partner violence, stalking and sexual misconduct, recognizing that institutions may choose to have separate or integrated policies regarding these offenses. Although many campus policies, as well as the Dear Colleague Letter, address only sexual misconduct explicitly, intimate personal violence and stalking also contribute to an environment hostile to women and are often interrelated.

"The Hunting Ground" Action Toolkit The Hunting Ground is a documentary that explores the rampant issue of sexual assault on college campuses across the country. After watching the film, you may feel enraged, frustrated, disheartened, or stunned by the widespread inaction to address sexual violence on U.S. college campuses. This toolkit empowers key audiences—students, parents, alumni, faculty, advisors and administrators—with ways to participate.

For more information on FUTURES' resources and projects for campus colleges visit futureswithoutviolence.org/colleges-universities/.

Appendix C: QA/QI Tool

Campus Health Center Prevention and Response to Intimate Partner 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?				
Are there sample wording, scripts, prompts, questions, or information on medical/health history/risk assessment forms or EHR for staff to:				
Discuss healthy relationships, consent, and prevention?				
Inform patients about confidentiality and any mandated reporting requirements?				
Educate patients about the impact of SV/IPV on health and wellbeing?				
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 safety card with information on health impact, prevention strategies, and survivor supports.				

Which staff are primarily responsible for talking with patients about SV/IPV? (please pick one)

Counselor/Therapist

Peer Health Educator

Medical Assistant

NP/RN

MD

Other (Please explain) _____

How often are patients asked about SV/IPV?

At initial visit

With each new sexual partner

At least every six months

At least once a year

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 SV/IPV?				
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 experiencing violence or abuse?)

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?				
Does your staff receive booster training on assessment and intervention for SV/IPV at least once a year?				
Yes No N/A Don't Know				
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?				
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 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				

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.

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

Appendix D: 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 Word 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 E: WORKING WITH STUDENTS WHO ARE IMMIGRANTS AND/OR UNDOCUMENTED

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.²⁷

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.²⁸

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