THIS WEBINAR WILL BEGIN AT 1PM PT, 2PM MT, 3PM CT, 4PM ET

LISTEN THROUGH YOUR COMPUTER SPEAKERS
OR CALL IN: 1-719-234-7800, PASS CODE: 755365
Who is with us today?
Who's Got Your Back?
Campus Health Center-based
Alcohol and Sexual Violence Prevention
Getting Started:

Why is it important for campus health and wellness providers to know about IPV/SV and alcohol?
1 in 4 U.S. women and 1 in 5 U.S. teen girls report having experienced physical and/or sexual partner violence.

(Black et al, 2011; Silverman et al, 2001)
• 1 in 6 men have experienced abusive sexual experiences before age 18.

• A history of suicide attempt was more than **twice as likely** among both men and women who experienced child sexual assault.

• 1 in 7 men have experienced severe physical violence by an intimate partner.
• Since entering college, non-consensual contact completed by force, incapacitation, coercion or lack of affirmed consent has been experienced by:

- **15%** of students overall
  - 24% of women
  - 6% of men
  - **28%** of TGQN* individuals

*trans/genderqueer/nonconforming/otherwise not identified

(Cantor et al, 2015)
Many students come to college having already experienced or witnessed domestic, dating and sexual violence.

- Children who had an experience of rape or attempted rape in their adolescent years were 13.7 times more likely to experience rape or attempted rape in their first year of college (Lalor, 2010).

- Most female victims of completed rape (78.7%) experienced their first rape before the age of 25 and almost half (40.4%) experienced their first rape before age 18 (28.3% between 11 and 17 years old and 12.1% at or before the age of 10). (NISVIS, 2014).

- One in six (16.3%) children aged 0-17 years witnessed a parental assault over their lifetime. This figure rises to one third (34.6%) for 14-17 year olds (Finkelhor, 2009).
Women of all ages are at risk for IPV/SV. Those from ages 20 to 24 are at the greatest risk of experiencing nonfatal IPV.

Young women from ages 20 to 24 also experience the highest rates of rape and sexual assault, followed by those 16 to 19.

Young adults ages 18 and 19 experience the highest rates of stalking.
During the first year of college, 15% of women reported *incapacitated rape* (attempted or completed) and 9% reported *forced rape* (attempted or completed). (Carey, 2015)

But, Why?
Freshman Year: increased vulnerability

- New environment
- New support systems
- New peer context
- Fewer protective factors
- Targeted
Sexual assault impacts academic achievement

• Women who are sexually assaulted during their first semester of college tended to have lower GPAs than women who were not sexually assaulted. (Jordan, et al., 2014)
Sexual assault in the context of intimate relationships

1 in 5 women in the U.S. has been raped at some time in their lives, and HALF of them reported being raped by an intimate partner.

(NISVIS, 2010)
I'm not gonna say he raped me... he didn't use force, but I would be like, "No," and then, next thing, he pushes me to the bedroom, and I'm like, "I don't want to do anything," and then, we ended up doin' it, and I was cryin' like a baby, and he still did it. And then, after that... he got up, took his shower, and I just stayed there, like, shocked)...  

-18 year old Latina woman.

• What is happening in this scenario?
Reducing isolation and increasing support

Although talking to someone about experiences of sexual violence is often healing to survivors...

- 1/3 of all college women who are rape victims never tell anyone.
- Less than 5% of completed or attempted rapes against college women were reported to law enforcement.

(Fisher, et al. 2000)
The most common reason that victims choose not to report...

...is that victims believe that the offense was “not serious enough.” Even for forced penetration, 59% of victims gave this reason.

- 1/3 of victims of forced penetration did not report because they were embarrassed, ashamed, or thought that it would be too emotionally difficult.
- Just as many reported believing that nothing would be done about it.

(Cantor et al, 2015)
Women who talked to their health care provider about abuse were:

4 times more likely to use an intervention  
(McCloskey et al, 2006)  
(i.e., hotline, advocate, counselor, protection order)

AND

71% of those who used an intervention reported it being extremely or very useful  
(Cantor et al, 2015)
Why campus health centers?

- Accessible to students
- Utilization is normalized: “everyone goes to the health center”
- Long-term relationship with students
- Range of visit types
- Provides gateway to other campus & off-campus resources
- Students with histories of IPV/SV tend to use health services
Receiving medical care decreased women’s risk of further sexual assault by an intimate partner by 32%.

(McFarlane et al, 2005)
What are the health impacts of IPV/SV?
Health impact of violence

(CDC, 2010)
Reproductive and sexual health

- Increased risk for unintended pregnancy
- Sexually transmitted infections
- Pelvic pain
- Pelvic inflammatory disease
- Bladder infections
Sexual Risk Behaviors

Women who experienced IPV and SV are more likely to:

- Have multiple sexual partners
- Have a past or current STI
- Report inconsistent use or nonuse of condoms
- Have a partner with known HIV risk factors
- Use alcohol and drugs prior to sex
- Request STI testing
What is the #1 date rape drug?
Over 70% of sexual assaults on campus involve alcohol.  

(Mohler-Kuo et al., 2004)

The National Institute on Alcohol Abuse and Alcoholism stated in a 2001 research study that, “Although alcohol consumption and sexual assault frequently co-occur, this phenomenon does not prove that alcohol use causes sexual assault.”
Alcohol: Co-occurrence, not cause

- Alcohol is often intentionally used to subdue victims, however it does not cause sexual violence (SV).
- By attributing SV to alcohol consumption, we inadvertently blame victims and forgive perpetrators’ crimes as products of poor judgment, rather than intentional violent acts.
“I talk to all students about this...”
Clinical interventions to prevent and respond to intimate partner and sexual violence on campus
Opportunities for Campus Health Centers

- Prevention, universal education (not just response!)
- Routine assessment and health education
- Support for immediate and previous experiences of sexual violence
- Less detectable birth control
- Warm referrals
  - Local IPV/SV advocacy programs and on-campus IPV/SV resource center
  - Emergency care/forensic exam
  - Point person on and off-campus for reporting IPV/SV
- Others?
Barriers to Identifying and Addressing IPV/SV

Providers have identified the following barriers:

- Outside my scope of work
- Discomfort initiating conversations
- Not knowing what to do about disclosures
- Worry about mandatory reporting
- Frustration with patients who do not follow a plan of care
- Lack of time

What barriers are specific to a campus setting?
Addressing the Barriers

Simple process to provide universal education and direct assessment

- Connect IPV/SV and health risks to visit type
- Educational card intervention
- Harm reduction strategies
- Referral & support
Evidence-based Interventions

- Reproductive coercion intervention: decreased pregnancy coercion and increased independence from abusive relationships.
- Adolescent relationship abuse intervention: decreased incidents of dating violence.
- Both interventions:
  - Increased knowledge of local IPV/SV resources
  - Clients indicated high likelihood of sharing with friends/family
  - Clients appreciated the opportunity to discuss relationship safety with providers
1. Discuss confidentiality

2. Provide universal education on consensual sex, healthy relationships, harm reduction

3. Direct assessment for IPV/SV

If IPV/SV is disclosed:
- Harm reduction strategies
- Warm referral to advocacy services

If IPV/SV is not disclosed:
- Information on resources
How is GIFTSS different from traditional IPV/SV screening?

- Focus on **prevention** in addition to intervention.
- All patients have access to information on IPV/SV services, not just those who disclose IPV/SV.
- **Disclosure is not the goal!**
- IPV/SV advocates (both on and off campus) are key members of the health care team through warm referrals.
New provider and patient tool

Question: Who’s Got Your Back?
Clinician + Card + Conversation = Impact

- Increased trust
- Increased knowledge
- Increased disclosure
- Increased efficiency
How to Introduce the Card:

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

NORMALIZE conversation

UNIVERSAL intervention
GIFTSS benefits ALL patients, even those who have not experienced IPV/SV

- Supports student health center’s role in providing anticipatory guidance
- Students share cards with friends
- Includes resources for students on how to help a friend
- Provides prevention messages and highlights bystander intervention
This may be the first time students have had the opportunity to talk about sexual and intimate partner violence on campus.
Mythbusting: Alcohol and Consent

This panel serves as a conversation starter about consent, the role of alcohol, and reducing victim-blaming.

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.
Prevention: Bystander intervention

**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.

Providers can support students in being “upstanders.”

This panel can be used with all genders.
What can providers do to support bystander interventions?

**Bystander Intervention** is the process where everyday people step in when they notice someone physically or emotionally harming another or to interrupt conversations that condone violence.

**Examples include:**
- Interrupt an argument to ask for directions.
- Pull a friend out of a high risk situation.
- Respond to a victim-blaming statement with words of support.
- Call out rape jokes.
- Use a case in the news and tell a friend about how much this issue matters to you.

For more information about being an upstander:  
www.livingthegreendot.com
Introduce the Card as an Upstander Intervention

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

ENCOURAGE helping friends

IVERSAL intervention
Technology can play a role in safety and harm reduction. However, it is important to remember these tools are not intended to shift responsibility to survivors.
Harm Reduction Strategies to discuss with students

• Circle of 6 app
• Buddy system; designated 'driver' at a party
• Use of phone in the health center to make confidential call
• Safer partner notification for STI
• IUD or implant for reproductive coercion
What we have learned about our intervention:

• Always give two cards
• Using a framework about helping others helps normalize the situation and allows patients to learn about risk and support without disclosure
• Patients do use cards to help their friends and family
• Having the information on the card is empowering for them – and for others they connect with
Support and validation for survivors

Helping A Friend

Your friend was sexually assaulted. What do you say? “I’m so sorry, it’s not your fault. What do you need, how can I help?”

What should you do? Listen. Be there. Don’t judge. Call the hotline on this card to help you know what to do.

What should you know? Rape and sexual violence are crimes that take away an individual’s power. It is important not to compound this experience by pressuring your friend to take steps they aren’t ready for or don’t want to do.

Disclosure rates are low among college students, although they often talk with peers. This panel provides guidance on how to help a friend.
Patient-centered approach to IPV/SV assessment

- Patients want providers to talk to them about IPV/SV.
- They have concerns about how information will be used (health records, reporting, etc.)
- Empower patients with information, regardless of disclosure.

The “perfect” screening question will not necessarily increase disclosure.

There is no single “right” question.
So there’ll be times where I’ll just read the card and remind myself not to go back. I’ll use it so I don’t step back. I’ll pick up on subtle stuff, cause they’ll trigger me. I remember what it was like. I remember feeling like this, I remember going through this. I’m not going to do it again. For me, it just helped me stay away from what I got out of. I carry it with me actually, I carry it in my wallet. It’s with me every day.  

-21 years old, multi-racial, woman
Integrated Assessment: Visit-Specific Use of GIFTSS
College sexual assault survivors suffer from high levels of mental health problems, like depression and PTSD.
“Could your relationships be contributing to these feelings?”
Substance Use

“Has what’s going on with people you’ve had sex with made you feel like drinking/using more?”

Discuss the interaction of substance use, sexual activity, and relationship safety. One study found that when controlling for previous substance abuse history, sexual assault survivors were more likely to abuse alcohol than women who were not assaulted.
“Has anyone pressured you to drink or use drugs?”

In addition to survivors using substances to cope with trauma, perpetrators may also use substances to coerce, control or harm victims.
“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?”
Voices from patients

“The provider] would just like open [the card] and ask me had I ever seen it before... and the first time I [hadn’t] and she sat with me... and went over everything. It was awesome. [The provider said] no matter what the situation you’re in, there’s something or some place that can help you- I don’t have to be alone in it because that was really huge for me because I was alone most of the time for the worst part – I was just by myself I didn’t do anything. So just letting me know that there’s all types of things that I can do like anonymously- that was big for me.

-24 years old, black, finished college
Building Bridges Between Health and IPV/SV Advocacy
Help Connect Patients to Relevant Resources

- Educate patients that the clinic is a safe place for them to connect to such resources
- Providers should know names of IPV/SV services staff, languages spoken, how to get there, etc.
- Annotated referral list for violence related community resources
- Normalize use of referral resources

**Outcome:** Increased awareness and use of IPV/SV victimization services
Role of the Intimate Partner/Sexual Violence Advocate

- IPV/SV advocates provide safety planning and support.
- Advocates can work with patients on safety planning and additional services like:
  - Housing
  - Legal advocacy
  - Support groups
  - One-on-one counseling
  - Referrals to other programs for health, mental health, etc.
How are IPV/SV advocates different from in-house behavioral health providers?

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

IPV/SV advocates complement behavioral health services
Providing a “Warm” Referral

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

“If you are comfortable with this idea, I would like to call my colleague at the local program (fill in person's name), she is really an expert in what to do next and she can talk with you about a plan to be safer.”
Your college can help you make a formal complaint against another student, protect and support your confidentiality and safety.

If you know someone who has been sexually hurt or assaulted, it wasn’t their fault no matter what. You can call these numbers for confidential information and most campuses have people who can support you too.

National Sexual Assault Hotline
1-800-656-HOPE (1-800-656-4673)
www.rainn.org

National Emergency Contraception (EC) Information
To find out where you can get EC near you, follow this link:
http://ec.princeton.edu/get-ec-now.html

National Planned Parenthood
1-800-230-PLAN (7526)
Remember: Defining Success

✓ Safe environment for disclosure
✓ Educate about the health effects of IPV/SV
✓ Supportive messages
✓ Offer strategies to promote safety
✓ Inform about community resources
✓ Create a system-wide response: Coordinate with other campus resources!

“Success is measured by our efforts to reduce isolation and to improve options for safety.”

Futures Without Violence
Campus Health Center Perspectives

- Yukiko Giho, MSN, CRNP -- University of Pittsburgh Student Health Service
Card Challenges

- Fear
- Awkwardness
- Prior personal experiences
- Time constraint ("Another thing to do!")
Campus Health Center Perspectives

• Be OK not to be perfect
  – Allow yourself to be not totally comfortable
  – Let’s show that we care
  – It can takes a very long time to see a change
  – “Set-up statements” help makes the flow
• Support the supporters
  – Staying connected to the local resources
  – Share “phrases” with other staff
  – Keep the cards handy and visible
Campus Health Center Perspectives

- Lori Arend, LSW, Director, Counseling and Health Services, La Roche College
Campus Health Center Perspectives

- Students perspective and attitude towards the “Who’s got your back card”
- Usefulness of “Who’s Got Your Back Card”
  - Examples of sharing the cards with faculty/staff
  - Students use of card
Campus Health Center Perspectives

- Incorporating the card moving forward
  - Give away bags to freshmen
  - Alcohol classes
  - Assessment tool
  - Student Life
For free technical assistance and tools including:

- Educational cards
- Training curricula
- Clinical guidelines
- Video vignettes
- Documentation tools
- Posters
- Online toolkit:
For technical assistance and tools including:

The Safe Place resource kit includes three brief e-learning videos that compliment this training:

Part 1: Trauma and Its Toll
Part 2: Trauma Sensitive Practice
Part 3: Trauma Sensitive Conduct

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