

# Campus Health Center Study

1



## College Health Center Study

---

Cluster-randomized trial in 28+ campus health centers in Western PA (CUES versus brief alcohol prevention counseling)

***Intervention components:***

- educational card distributed with every clinic visit
- direct assessments for sexual and behavioral health related visits
- harm reduction strategies
- upstander behaviors
- connection to victim service advocates



## College Health Study Findings

- Overall (n=1,883)
- Sexual violence: 54%
  - 41% experienced SV before college
    - 20% men, 49% women
  - 35% experienced SV since college
    - 19% men, 42% women
  - 59% report any SV or IPV
    - 40% men, 66% women



## College Health Study Findings

- Alcohol misuse (n=1,883)
  - 47% have binge drank at least once in the past month
    - 49% men, 47% women
  - 18% drank 10+ drinks in one night at least once in the past month
    - 32% men, 13% women
  - 11% report drinking an average of 3+ times/week for the past year
    - 14% men, 10% women



## College Health Study Findings

- Cumulative experiences of sexual violence (SV)
- 61% of people who experience SV since college also experienced SV before college
- 53% of those who experienced SV before college also report SV since college
- The contrast is greater by gender -- Of those who report sexual assault since college...
  - 36% of men
  - 65% of women
  - 78% of people who are not cis-gendered
- ...also experienced SV before college



## College Health Study Findings

### **SV before college**

- 52% binge drink at least once in the past month
- 19% drank 10+ drinks in one night in past month
- 14% report drinking 3+ times/week on average

### **No SV before college**

- 45% binge drink at least once in the past month
- 17% drank 10+ drinks in one night in past month
- 10% report drinking 3+ times/week on average



## **College Health Study Findings**

---

### **SV since college**

- 60% binge drink at least once in the past month
- 22% drank 10+ drinks in one night in past month
- 18% report drinking 3+ times/week on average

### **No SV since college**

- 41% binge drink at least once in the past month
- 16% drank 10+ drinks in one night in past month
- 8% report drinking 3+ times/week on average



## **College Health Study Findings: Women**

---

### **SV before college**

- 52% binge drink at least once in the past month
- 16% drank 10+ drinks in one night in past month
- 14% report drinking 3+ times/week on average

### **No SV before college**

- 43% binge drink at least once in the past month
- 10% drank 10+ drinks in one night in past month
- 7% report drinking 3+ times/week on average



## **College Health Study Findings: Women**

### **SV since college**

- 59% binge drink at least once in the past month
- 18% drank 10+ drinks in one night in past month
- 16% report drinking 3+ times/week on average

### **No SV since college**

- 39% binge drink at least once in the past month
- 9% drank 10+ drinks in one night in past month
- 7% report drinking 3+ times/week on average

9



## **College Health Study Findings: Men**

### **SV before college**

- 54% binge drink at least once in the past month
- 40% drank 10+ drinks in one night in past month
- 13% report drinking 3+ times/week on average

### **No SV before college**

- 49% binge drink at least once in the past month
- 30% drank 10+ drinks in one night in past month
- 14% report drinking 3+ times/week on average

10



## College Health Study Findings: Men

### SV since college

- 69% binge drink at least once in the past month
- 48% drank 10+ drinks in one night in past month
- 30% report drinking 3+ times/week on average

### No SV since college

- 45% binge drink at least once in the past month
- 28% drank 10+ drinks in one night in past month
- 10% report drinking 3+ times/week on average




## Future Directions

- Identify groups particularly vulnerable to the interplay between alcohol use and sexual violence
- Example: disability status (23% of sample)

	Sexual assault or partner violence	Past 30 days		Past year
		Binge drank at least once	Drank 10+ drinks in one night	Drinks average of 3+ days/week
<b>Disability Status</b>				
Any disability	72.7%	46.9%	21.6%	14.6%
No disability	54.3%	47.0%	16.3%	10.2%
<b>Disability type</b>				
Mental	77.1%	45.7%	17.6%	14.3%
Learning/neurological	72.4%	48.1%	23.4%	17.2%
Physical	64.4%	43.8%	24.7%	12.3%





**FUTURES**  
WITHOUT VIOLENCE

**Who's Got Your Back? Train the Trainer**  
The Role of the Campus Health Center in Preventing and Responding to Intimate Partner Violence and Sexual Violence

## **Who is in the room?**

- DSV Advocate
- Student
- Activist/Organizer
- Health/Behavioral Health provider



**FUTURES**  
WITHOUT VIOLENCE  
Formerly Family Violence Prevention Fund

## Workshop Guidelines

- As intimate partner and sexual violence (DSV) are so prevalent, assume that there are survivors among us.
- Be aware of your reactions and take care of yourself first.
- Respect confidentiality.
- Please turn off your phones, laptops, tablets, etc.



15

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## Learning Objectives

**As a result of this activity, learners will be better able to:**

1. Understand the prevalence and health impact of intimate partner and sexual violence on college campuses.
2. Provide universal education on consensual sexual activity and healthy relationships.
3. Offer harm reduction strategies for all patients to reduce risk for sexual violence.
4. Describe the importance of connecting with campus, local and national intimate partner and sexual violence resources.



16

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund



## **This training *is not* about...**

- “Screening” for sexual or intimate partner violence
- “Disclosure” of sexual or intimate partner violence
- Adding more time or effort to your work



## **This training *is* about...**

- Strengthening the work you are already doing
- Amplifying pro-social messages about support for students, connectedness, positive upstander behaviors
- How you can make a tremendous difference

**Campus health and wellness centers  
have a vital role!**



## Workshop Guidelines

- As intimate partner and sexual violence (DSV) are so prevalent, assume that there are survivors among us.
- Be aware of your reactions and take care of yourself first.
- Respect confidentiality.



19

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## “Where Am I?”

- Draw a “comfort meter”
- On the bottom end of the meter is: “not at all comfortable”
- On the top end of the meter is: “very comfortable”



20

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## **Learning Objectives**

---

**As a result of this activity, learners will be better able to:**

1. Understand the prevalence and health impact of intimate partner and sexual violence on college campuses.
2. Provide universal education on consensual sexual activity and healthy relationships.
3. Offer harm reduction strategies for all patients to reduce risk for sexual violence.
4. Describe the importance of connecting with campus, local and national intimate partner and sexual violence resources.



## **This training *is not* about...**

---

- “Screening” for sexual or intimate partner violence
- “Disclosure” of sexual or intimate partner violence
- In depth dissection of campus reporting or policies
- Adding more time or effort to your work



## **This training is about...**

- Strengthening the work you are already doing
- Amplifying pro-social messages about support for students, connectedness, positive upstander behaviors
- How you can make a tremendous difference

**Campus health and wellness centers  
have a vital role!**



## Expanding Our Definitions

**Sexual Violence** includes any sexual act that occurs in the absence of consent.

**Dating Violence** is a pattern of assaultive and coercive behaviors that may include:

- Physical injury
- Psychological abuse
- Sexual assault
- Stalking
- Deprivation and isolation
- Intimidation and threats

These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.



## Campus Specific Terminology

In a campus setting, sexual violence is sometimes framed as “Sexual Misconduct” or a “Violation of Code of Conduct.”



## Fluidity of Gender and Sexuality

What strategies do you use to ask your clients/students about their romantic/sexual relationships?



## Gender and Sexuality

- **Sex** is biological. It includes our genetic makeup, our hormones, and our body parts, especially our sex and reproductive organs.
- **Gender** refers to society's constructs or expectations of sex. It is our social, and legal status.
- **Gender identity and expression** are how we feel about and express our gender and gender roles — clothing, behavior, and personal appearance. It is a feeling that we may have as early as age two or three.
- **Transgender/Trans/Gender Queer/Non-Conforming/Non-Binary**  
Some people find that their gender identity does not match the sex they were assigned at birth. The person may identify as [transgender](#), gender queer, or trans.

Learn more at: <http://www.plannedparenthood.org/learn/sexual-orientation-gender/gender-gender-identity#sthash.xSYer62d.dpuf>



## Fluidity of young adult relationships

- Dating
- Hooking up
- Going out
- Talking to
- Seeing someone
- Hanging out ... etc.

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## Getting Started:

**Why is it important for  
campus health and  
wellness providers  
to know about  
DSV?**

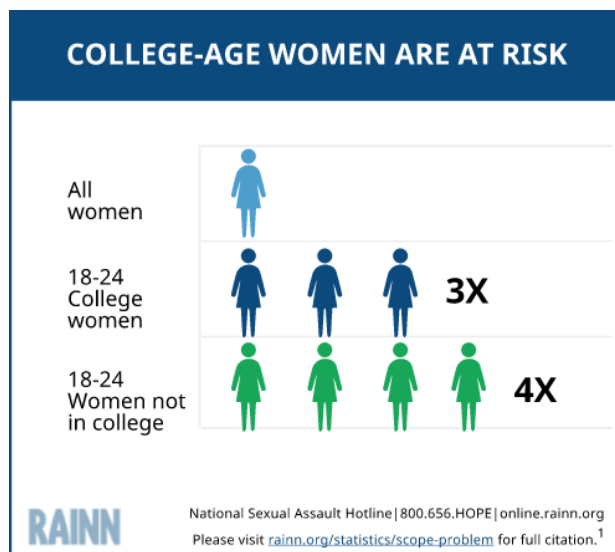


30

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## Prevalence



## LGBTQ Communities

- **61% of bisexual women** and **37% of bisexual men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- **44% of lesbian women** and **26% of gay men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- **Of transgender individuals, 34.6%** reported lifetime physical abuse by a partner and **64%** reported experiencing sexual assault.

(Breiding et al, 2011; Landers & Gilsanz, 2009)

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund



## Prevalence

- Since entering college, non-consensual contact completed by force, incapacitation, coercion or lack of affirmed consent has been experienced by:
  - **14.8%** of students overall
    - ♦ **23.6%** of women
    - ♦ **5.8%** of men
    - ♦ **27.8%** of TGQN\* individuals

\*trans/genderqueer/nonconforming/otherwise not identified



## Childhood exposure to violence

**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*).



## Freshman Year: increased vulnerability



- New environment
- New support systems
- New peer context
- Fewer protective factors
- Targeted

35

**FUTURES**  
 WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## 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)



36

**FUTURES**  
 WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## 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)



## 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 survivors **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 survivors choose not to report...

*...is that they believe that the offense was “not serious enough.” For forced penetration, 58.6% 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)*

39

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## 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**

**70.8%** of those who used an intervention reported it being **extremely or very useful**

(Cantor et al, 2015)

40

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## 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 DSV tend to use health services



**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## Your Role is Important and Doable!

- You have a unique opportunity for prevention, education, and intervention.
- Providers do not have to be DSV experts to recognize and help patients experiencing violence.
- Creating partnerships with DSV agencies to support your work is key.



**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## Opportunity for harm reduction

Receiving medical care **decreased women's risk** of further sexual assault by an intimate partner by **32%**.



*(McFarlane et al, 2005)*

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## Group Discussion



What are the health impacts of DSV?

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## Health impact of violence



(CDC, 2010)

45



## Reproductive and sexual health



- Increased risk for unintended pregnancy
- Pelvic pain
- Pelvic inflammatory disease
- Bladder infections



## Sexually Transmitted Infections

Women disclosing  
**physical abuse**

were

**3 TIMES**

more likely to  
experience an STI.

Women disclosing  
**psychological abuse**

were

**2 TIMES**

more likely to  
experience an STI.

(Coker et al., 2000)

47

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## Sexual Risk Behaviors

**Women who  
experienced  
DSV 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

48

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund



## What is the #1 date rape drug?



## Alcohol: Co-occurrence, not cause

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.

51

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

**FUTURES**  
WITHOUT VIOLENCE®

**“I talk to all students about this...”**

Clinical interventions to prevent and respond to intimate partner and sexual violence on campus

## Group Discussion



What opportunities do you think your campus health center has to prevent and respond to DSV?

53

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## 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 and other harm reduction methods
- Warm referrals
  - Local DSV advocacy programs and on-campus DSV resource center
  - Emergency care/forensic exam
  - Point person on and off-campus for reporting DSV
- Others?



54

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## Stop and Consider...

Can you think of a time when a patient's presenting health symptoms made you think about the possibility of sexual violence or assault but both you and the patient said nothing?



*What kept you from bringing it up?*

55

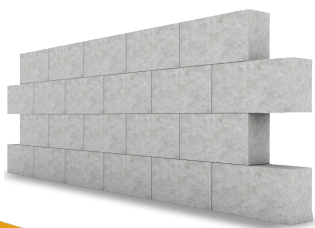
**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## Barriers to Identifying and Addressing DSV

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?**



56

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## Addressing the Barriers

Simple process to provide universal education and direct assessment

- Connect DSV and health risks to visit type
- Educational card intervention
- Harm reduction strategies
- Referral & support



## “Responsible Employee”

A “Responsible Employee” is a campus staff person who is required to share all details of a reported sexual assault to their campus’s Title IX Coordinator.

- “Responsible Employees” either have the duty to take action or have been given the responsibility to take action to redress sexual violence misconduct.
- Breaching confidentiality or making a report when one is not required can be traumatizing and even dangerous for the survivor.
- Connect with your campus’s Title IX Coordinator to clarify your reporting role on your campus.



## **“Confidential Employee”**

In general across US campuses, health center providers and counselors are considered "Confidential Employees" where they may talk to a victim without revealing personally identifying information about an incident to the institution.

- Confirm your school policy clearly states that health center staff are included as 'confidential employees'
- Identify strategies on campus (such as outreach) so that students are aware that the student wellness center (counseling and clinical services) is a confidential space
- Know your state mandatory reporting requirements (e.g., sexual abuse of a minor)

59

**FUTURES**  
 WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## **Understand your reporting obligations**



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

- **Learn your state laws and campus reporting policies**
- Campus policies may differ from state laws
- Know where students can go for confidential services on & off campus
- *Learn your role as a mandatory reporter on your campus: are you a “Responsible Employee”?*

60

**FUTURES**  
 WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## 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 DSV resources
  - Clients indicated high likelihood of sharing with friends/family
  - Clients appreciated the opportunity to discuss relationship safety with providers



61

**FUTURES**  
 WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## CUES: Using Universal Education

1. **Confidentiality: Discuss confidentiality**
  2. **Universal Education: Provide visit specific universal education on consensual sex, healthy relationships, harm reduction**
  3. **Support: If DSV is disclosed:**
    - **Harm reduction strategies**
    - **Warm referral to advocacy services**
- If DSV is not disclosed:**
- **Information on resources**



62

**FUTURES**  
 WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## How is CUES different from traditional DSV screening?

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



63

**FUTURES**  
 WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## First, do no harm

- Always meet with patients alone and not within earshot of a partner or friend.
- Ask your patient's gender pronoun.
- Never use a family member or friend as an interpreter, use medically trained interpreters only.
- Reports required by law are allowed under HIPAA disclosure.
- **You violate HIPAA laws if you report something not mandated by law.**



64

**FUTURES**  
 WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund



## Safety, Confidentiality & Mandatory Reporting

Always review the limits of **confidentiality** even if you are not asking **DIRECT** questions about abuse in case there is disclosure and you need to report



65



## New provider and patient tool



## Clinician + Card + Conversation= Impact

- Increased trust
- Increased knowledge
- Increased disclosure
- Increased efficiency

67

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## Your work changes lives

“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

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## 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**

69

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## Framing the Card for Friends and Family

### **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

**FUTURES**  
WITHOUT VIOLENCE®

***CUES benefits ALL patients, even those who have not experienced DSV***

- 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

71

**FUTURES  
WITHOUT VIOLENCE™**

Formerly Family Violence Prevention Fund

**Practical  
Application**

- Divide into groups of three. One person is the provider, one person is the client, one person is the observer.
- Practice introducing the **Who's Got Your Back?** card. **Your goal is to introduce and review the College Truths Panel.**

*We have started giving this out to all our patients in case they need this information for themselves or help a friend...*

- Discuss as a group— what worked, what would you change.

**FUTURES  
WITHOUT VIOLENCE™**

Formerly Family Violence Prevention Fund

## Education and Anticipatory Guidance

### College Truths

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

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

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

This may be the first time students have had the opportunity to talk about sexual and intimate partner violence on campus.

**FUTURES**  
WITHOUT VIOLENCE

## Mythbusting:

### Alcohol and Consent

### 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.

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

**FUTURES**  
WITHOUT VIOLENCE

74

## **Patient-centered approach to DSV assessment**

- Patients want providers to talk to them about DSV.
- 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.**

75

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## **Connect to health**

**Patients may not know that violence can have an impact on their health– make the connection so the conversation does not seem “out of left field.”**

*“Because sexual violence is so common, and has so many health repercussions, we like to talk to all patients who come in for [visit type] about sexual violence and experiences they may have had. I worry about people making you do things sexual that you didn’t want to do?”*

76

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

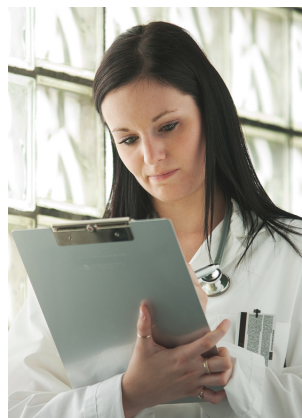
## Connect to the specific kind of visit

### Sample Scripts:

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

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

**Birth control options:** *Do you feel safe asking your sexual partners to use protection?*



77

**FUTURES**  
WITHOUT VIOLENCE™

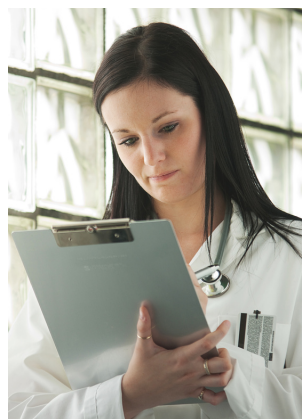
Formerly Family Violence Prevention Fund

## Connect to the specific kind of visit

### Sample Scripts:

**Emergency contraception:** *Anytime patients come in for EC, we ask if the sex that led to their needing EC was sex that they wanted to have? Or was someone making you do something sexual you didn't want to do?*

**STI diagnosis:** *Some of our patients share with us that telling a partner about an infection so they can get treated can be scary. How is the person you're having sex with going to react if they find out about this infection?*



78

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## Maya



The following video clip demonstrates how to screen for reproductive coercion and provide harm reduction strategy using a safety card.

**FUTURES  
WITHOUT VIOLENCE™**  
Formerly Family Violence Prevention Fund

## Practical Application

Divide into groups of three. One person is the provider, one person is the client, one person is the observer.

Sarah is a junior. You have been seeing her since she her freshman year. Today she is here for a pregnancy test (which is negative); this is her 3<sup>rd</sup> in the last year. She has reported multiple sexual partners, and reported consuming 5+ drinks per week.

Please start a conversation with your patient to find out if the sex that lead them to the need a pregnancy test was consensual, and if alcohol was involved. Be sure to incorporate the links between health and DSV, and use the card as a resource.

Discuss as a group– what worked, what was challenging, what would you change.

**FUTURES  
WITHOUT VIOLENCE™**  
Formerly Family Violence Prevention Fund

80



## Group Discussion



What other types of visits do you see, and how you can introduce the card there?

What specific panel(s) of the card can help guide your discussion?

81

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## Considerations for behavioral health



**College sexual assault survivors suffer from high levels of mental health problems, like depression and PTSD.**

82

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## Depression

---

***“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.



## Disordered Eating

*“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?”*

One survey of undergraduates found that victims were seven times more likely to vomit or use laxatives to lose weight. Young women may be engaging in unhealthy eating behaviors as a way to feel “in control”. (Fischer, 2010)

Such behaviors can also include excessive exercising



### Practical Application

Divide into groups of three. One person is the provider, one person is the client, one person is the observer.

Chris is a new student. They were referred from the LGBTQ student center to refill medication for depression. They had stopped taking meds, but report feeling anxious, sad and homesick this semester.

Please start a conversation with your patient to find out if DSV might be a contributing factor, and use the safety card as a resource.

Discuss as a group– what worked, what was challenging, what would you change.



# REMEMBER:

## Disclosure is not the goal, and, Disclosures Happen!

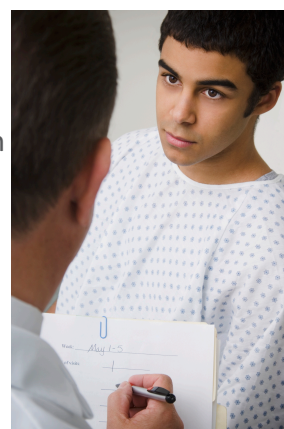
87

**FUTURES**  
 WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

### Positive Disclosure: What now?

- Thank patient for sharing.
- Convey empathy for the patient who has experienced fear, anxiety, and shame.
- Validate that DSV is a health issue that you can help with.
- Let them know you will support them unconditionally without judgment.
- Discuss where patient can go to learn more about and obtain birth control, etc.
- Ask patient if they have immediate safety concerns and discuss options.
- Refer to an DSV advocate for safety planning and additional support.
- Schedule a follow up visit.



88

**FUTURES**  
 WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

## **Positive disclosure: One line scripts**

- “I am so sorry this is happening. It is not okay, but it is common. You are not alone.”
- “This is not your fault. Nothing you did caused this. Someone else made a choice to hurt you.”
- “What you’re telling me makes me worried about your safety and health.”
- “Would you like me to explain options and resources that our students are often interested in hearing about?”
- “Some students find talking to an advocate or counselor to be helpful.”
- “What else can I do to be helpful? Is there another way I can be helpful?”

89

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## **Supporting survivors: What NOT to say**

- “You should definitely report immediately and go get a rape kit.”
- “You are definitely in an abusive relationship.”
- “That does not sound like rape to me...”
- “Your partner is crazy, you need to break up with them.”
- “Were you drunk? Were you using the buddy system?” or “What did you do to set them off?”
- “So what happened after that, and what happened after that?”

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## Safety planning and Harm Reduction

**Circle of 6**

**Ok, this free app is awesome.** Circle of 6 is a safety app where you can program in the contact info of six friends who have your back if you get in trouble. With just two taps of your finger, a preprogrammed text goes out letting your friends know you need help.

☎ “Call and pretend you need me. I need an interruption.”

📍 “Come and get me. I need help getting home safely.” It will send a map using GPS to show your circle exactly where you are. The hope is that one of them will get the message in time and help you out.

Scan this code to get the app.




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.

**FUTURES**  
WITHOUT VIOLENCE

91

## 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

**FUTURES**  
WITHOUT VIOLENCE

92

## 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.

**FUTURES**  
WITHOUT VIOLENCE

93

## An option for survivors: Rape Kit

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

### Good to know:

- Survivors do not have to get one in order to make a report and do not have to report if they choose to get the exam
- The process may involve photo documentation of injuries.
- The collection, retention and evaluation of evidence varies in thoroughness and effectiveness by state.
- Many states allow an DSV advocate to be with the survivor during the exam.

**FUTURES**  
WITHOUT VIOLENCE

Formerly Family Violence Prevention Fund

94

## Supporting a patient when you need to make a report



- Maximize the role of the patient in the reporting process (make the call/fill out form together, only include information necessary for report, etc.)
- Assess for immediate danger.
- Provide a **Who's Got Your Back** safety card.
- Offer to let them use your office phone, computer, or meet with an DSV advocate in your clinic for advocacy and support services.

**FUTURES**  
WITHOUT VIOLENCE

Formerly Family Violence Prevention Fund

## 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

”

**FUTURES**  
WITHOUT VIOLENCE

Formerly Family Violence Prevention Fund



## Clinical Interventions:

### Key takeaways



- Opportunities and barriers
- Evidence based interventions
- Confidentiality, Universal Education, Support (CUES)
  - Confidentiality and reporting
  - Sharing the Card
  - Patient Centered & Connecting to specific health visits
  - Supporting students

FUTURES  
WITHOUT VIOLENCE

97



**Building Bridges Between Health  
and DSV Advocacy**

## Help Connect Patients to Relevant Resources

- Educate patients that the clinic is safe place for them to connect to such resources
- Providers should know names of DSV 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 DSV victimization services

99

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## Creating a safe space

**To build trust and promote safety of students:**

- Private place to interview students alone where conversations cannot be overheard or interrupted.
- Display highly visible educational posters on consent, etc. that are multicultural, multilingual and reflect a range of relationships
- Have information including hotline numbers, safety cards, and resources on display in common and private areas.
- Have intake forms acknowledge DSV.



100

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## Role of the Intimate Partner/ Sexual Violence Advocate



- DSV 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.

**FUTURES**  
WITHOUT VIOLENCE

10

## How are DSV advocates different from in-house behavioral health providers?

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



**DSV advocates complement behavioral health services**

**FUTURES**  
WITHOUT VIOLENCE

Formerly Family Violence Prevention Fund

## Experiences From the Field

### Clinic – Advocacy Partnerships:

- Patient-centered
- Coordinated care
- Offer continuum of services
- Cross-training can help provider educate the patient about what to expect



103

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## 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.”



104

**FUTURES**  
WITHOUT VIOLENCE™  
Formerly Family Violence Prevention Fund

## Hotline Referral

Offer patients the use of your office phone to make the call

Your college can help you make a formal complaint against another student, protect and support your confidentiality and safety.



FuturesWithoutViolence.org

Produced with support from the William and Flora Hewlett Foundation  
©2013 Futures Without Violence.  
All rights reserved.

*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

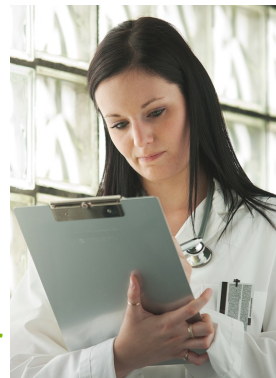
National Emergency Contraception (EC) Information  
To find out where you can get EC near you, follow this link:  
<http://ec.princeton.edu/get-ec-now.html>

National Planned Parenthood  
1-800-230-PLAN (7526)



### Providers want to partner with advocates to better serve their clients

“Our clinics are establishing productive and authentic partnerships with [advocates]. At last, we are getting the training and tools we need to address a fairly common but serious problem that has always been with us but has seldom received the attention it deserves.”



*Joe Fay, Statewide Coordinator  
Alliance of Pennsylvania Councils*



Formerly Family Violence Prevention Fund

## Next steps: Campus Health Providers

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



**FUTURES**  
WITHOUT VIOLENCE



### Comic Relief:

## What If We Treated All Consent Like Society Treats Sexual Consent?

<http://everydayfeminism.com/2015/06/how-society-treats-consent/>

## 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  
**UNIVERSAL** intervention

109

**FUTURES**  
**WITHOUT VIOLENCE**

Formerly Family Violence Prevention Fund

## Remember: Defining Success

- ✓ Safe environment for disclosure
- ✓ Educate about the health effects of DSV
- ✓ 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

110

**FUTURES**  
**WITHOUT VIOLENCE**

Formerly Family Violence Prevention Fund

## “Where Am I?”

- Draw a “comfort meter”
- On the bottom end of the meter is: “not at all comfortable”
- On the top end of the meter is: “very comfortable”



111

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

### Safe Place: Trauma- Sensitive Practice for Health Centers Serving Students

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>

112

**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund



## National Health Resource Center on Domestic Violence

For free technical assistance and tools including:

- Educational cards
- Training curricula
- Clinical guidelines
- Video vignettes
- Documentation tools
- Posters
- Online toolkit:



<http://www.healthcaresaboutipv.org/>

<http://www.futureswithoutviolence.org/health/national-health-resource-center-on-domestic-violence/>

113

FUTURES  
WITHOUT VIOLENCE

# Thank you!

114

FUTURES  
WITHOUT VIOLENCE

Formerly Family Violence Prevention Fund