

# UNIVERSITY

SEXUAL VIOLENCE PREVENTION VISIONING TASK FORCE REPORT

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Advisory Board and Subcommittees

#### **EXECUTIVE SUMMARY**

In April 2014, Provost Claire Sterk and Dean for Campus Life Ajay Nair convened the Sexual Violence Prevention Visioning Task Force and charged the group with making recommendations on how the Emory community can best act in accordance with *Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault* (April 2014). More specifically, they asked the multidisciplinary group to provide guidance on how Emory can implement a public health approach to preventing sexual violence on campus.

The Sexual Violence Prevention Visioning Task Force, comprised of faculty and staff representatives from across the university, as well as student leaders and a representative from the Centers for Disease Control and Prevention (CDC), met during summer 2014. This report outlines our group's recommendations for comprehensive and sustainable sexual violence prevention programming at Emory.

The following points summarize our recommendations to the university, while our specific, detailed recommendations are presented in the full report.

#### UNIVERSITY-WIDE ADVISORY BOARD

• Establish the Sexual Violence Prevention Advisory Board (SVAP) to support data-driven, comprehensive, and cohesive prevention efforts across the university (See Figure 1).

#### **SURVEILLANCE INFRASTRUCTURE**

- Create and implement an annual climate survey crafted by an expert group (Campus Climate Survey Subcommittee of the SVPAB).
- Develop and implement an ongoing assessment plan for prevention efforts to track progress toward key university-wide prevention indicators.

#### PREVENTION CAPACITY

- Add personnel time and fiscal resources to ensure the development and delivery of prevention programming for all members of the university community to demonstrate a campus-wide commitment to prevention.
- Infuse prevention messaging into existing training programs and reorient existing initiatives from compliance-based to prevention-based.

#### PREVENTION ACROSS SOCIOECOLOGICAL MODEL

- Embed sexual violence prevention and sexual health promotion activities throughout students' academic careers to provide proper dosage and accountability and to integrate this education into the life of the university (See Table 1).
- Proactively message sexual misconduct policies and prevention messages, particularly in conjunction with Clery notifications.

#### **PROGRAM EVALUATION**

- Program evaluation should be utilized to monitor all sexual violence prevention activities and, whenever possible, attempts to streamline program evaluation measures should be made to reduce participant burden.
- The proposed SVPAB, with its main charge being to support data-driven, comprehensive, and cohesive prevention efforts across the university, will be ideally suited to advise on program evaluation efforts. (Program Evaluation Subcommittee of the SVPAB).

If the aforementioned recommendations pertaining to surveillance, enhancing prevention capacity, implementing prevention strategies across the socioecological model, and adequately evaluating prevention efforts are enacted beginning this academic year (fall 2014 through spring 2015), short- and long-term success indicators will include:

#### SHORT-TERM (3-5 YEAR) SUCCESS INDICATORS

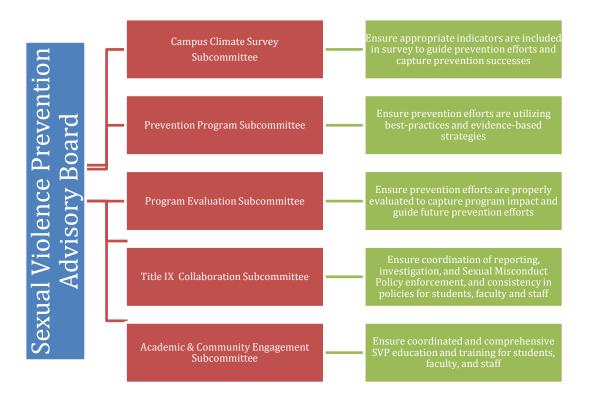
- Increased student awareness of campus resources and services.
- Increased student knowledge of risk and protective factors regarding sexual assault perpetration on college campuses, and decreased student attitudes that support rape myths.
- Increased student awareness and participation in prevention activities.
- Increased student response rates to surveys.
- Sustained university funding for surveillance and maintenance of a database.

#### LONG-TERM (7-10 YEAR) SUCCESS INDICATORS

- Increased student engagement in preventive behaviors (e.g., increased bystander intervention; lower risk alcohol use).
- Sustained university surveillance.
- Decreased prevalence of sexual violence among students.

#### FIGURE 1. RECOMMENDED SEXUAL VIOLENCE PREVENTION ADVISORY BOARD (SVPAB)

SVPAB's main role will be to support data-driven, comprehensive and cohesive sexual violence prevention efforts across the University. Membership will include public health experts (including an expert from the CDC), topical experts, representatives from the University Title IX process, student leaders, and other key community members. The Advisory Board would consist of approximately 7-9 members, including a Chair. Potential SVPAB members are noted in the text below.



#### TABLE 1. PREVENTION STRATEGIES ACROSS THE SOCIOECOLOGICAL MODEL

This table presents both prevention strategies and activities already happening at Emory and potential additional strategies/activities for the future to augment existing efforts across the socioecological model. Items with white backgrounds are already in place; items that are *italicized* 

and have shaded backgrounds are future potential initiatives. Note: SVP stands for Sexual Violence Prevention.

		Prevention Strategy										
Socioecological Level	Increased Knowledge/ Awareness of SV	Bystander Intervention	MEN ENGAGED AS Allies	CONSISTENT POLICIES & VISIBLE ENFORCEMENT OF STANDARDS	DECREASED HIGH-RISK ALCOHOL USE ON CAMPUS							
Individual	Haven Every incoming student completes this online education module.	First Year Orientation Bystander intervention skill- building is included in Orientation activities, such as Creating Emory.	Greek 101 Training for new fraternity members on SVP-related policies and bystander intervention skills.	Survivor Experience with Reporting System Individuals who report are satisfied with the process and system.	AlcoholEdu Every first-year student completes this online education module.							
Individual	First-Year Orientation SVP education continues in Orientation activities, such as Creating Emory.		The Talk A conversation with fraternity & sorority members about respect & communication during sexual encounters.		Additional Education/Training Information presented by Health Promotion, Residence Life, Student Conduct, & other offices.							
Individual	Sexual Assault Peer Advocates (SAPA) Response training to support survivors & to raise awareness of the need for SVP.		The Talk Conversation is expanded to other student populations.									
Individual	Additional Education/Training											

Prevention Strategy								
Students receive SVP education throughout their academic careers.								

### TABLE 1. PREVENTION STRATEGIES ACROSS THE SOCIOECOLOGICAL MODEL (CONTINUED)

	Prevention Strategy										
SOCIOECOLOGICAL LEVEL	Increased Knowledge/ Awareness of SV	Bystander Intervention	MEN ENGAGED AS ALLIES	CONSISTENT POLICIES & VISIBLE ENFORCEMENT OF STANDARDS	DECREASED HIGH-RISK ALCOHOL USE ON CAMPUS						
Relationship	Parent Engagement Webinars and other training opportunities for parents of first-year students introduce them to campus SVP initiatives and how they can be involved in prevention efforts.	Popular Opinion Leaders Bystander intervention training is offered to campus leaders.	Greek 101 Training for new fraternity members that reviews policies related to SVP and bystander intervention skills.		Popular Opinion Leaders Campus leaders are trained to follow responsible serving policies.						
Relationship	Sexual Assault Peer Advocates (SAPA) Response training to support survivors & to raise awareness of the need for SVP.		The Talk A conversation with fraternity & sorority members about respect & communication during sexual encounters.								
Relationship	Additional Education/Training Students receive SVP education throughout their academic careers.		The Talk Conversation is expanded to other student populations.								

Table 1. Prevention Strategies Across the Socioecological Model (continued)

	PREVENTION STRATEGY										
SOCIOECOLOGICAL LEVEL	INCREASED KNOWLEDGE/ AWARENESS OF SV	Bystander Intervention	MEN ENGAGED AS ALLIES	CONSISTENT POLICIES & VISIBLE ENFORCEMENT OF STANDARDS	DECREASED HIGH-RISK ALCOHOL USE ON CAMPUS						
Campus/Community	Haven University-wide policy requires all incoming students to complete this course.	University policy All incoming students receive bystander intervention training.	The Talk This conversation is required for all new fraternity and sorority recruitment classes.	Consistent Consequences/Perpetrator Accountability Update Sexual Misconduct Policy 8.2 and Equal Opportunity & Discriminatory Harassment Policy with consequences for perpetrators.	AlcoholEdu University-wide policy requires all first-year students to complete this course.						
Campus/Community	First-Year Orientation Community standards communicated clearly, including that sexual violence is not tolerated.	Funding Funds to support campus-wide bystander intervention campaign.		Utilize Campus Communications to Support Prevention Campus communications, including media responses & Clery timely warnings, also support education and raise awareness for prevention.	Increased Visibility of Enforcement Enforcement of policies to prevent underage drinking, and driving under the influence.						
Campus/Community	Sexual Assault Peer Advocates (SAPA) Response training for key constituencies to support survivors & to raise awareness of the need for SVP.				Campus/Community Prevention Coalition A coalition to encourage safe serving practices & to respond to alcohol-related incidents & concerns.						
Campus/Community	Additional Education/Training Students receive SVP education throughout their academic careers.										

## SUMMARY OF CHARGE TO SEXUAL VIOLENCE PREVENTION VISIONING TASK FORCE

In April 2014, Claire Sterk, Provost and Executive Vice President for Academic Affairs and Charles Howard Candler Professor of Public Health, and Ajay Nair, Senior Vice President and Dean of Campus Life, convened the Sexual Violence Prevention Visioning Task Force. They charged the group to make recommendations for how the Emory community can best act in accordance with Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (April 2014). They asked the multidisciplinary group to provide guidance on how Emory can implement a public health approach to preventing sexual violence on campus, specifically in the areas of:

- Surveillance infrastructure and measures of success.
- Assessing current prevention capacity and needs moving forward, including fiscal and personnel resources.
- Appropriate prevention strategies across the socioecological model, including individuallevel training and education, relationship-level approaches such as bystander intervention skills, and community-level strategies, including policy and campus/community collaborations.
- Program evaluation.

The Sexual Violence Prevention Visioning Task Force was comprised of faculty and staff representatives from across the university, as well as student leaders and a representative from the Centers for Disease Control and Prevention (CDC). The group met during summer 2014. The following report outlines the Sexual Violence Prevention Visioning Task Force's recommendations for comprehensive and sustainable prevention programming at Emory.

#### SCOPE OF THE PROBLEM

Sexual violence, including rape, sexual coercion, unwanted sexual contact, and noncontact unwanted sexual experiences, is a major public health problem. In the United States, one in five women and one in 71 men report experiencing rape in their lifetime (1). Rape and sexual assault also occur on university campuses in the United States. Studies on the prevalence of rape and sexual assault have estimated that approximately one in five women experience attempted or completed rape or sexual assault during their time in college (2, 3). A study within one university system found that 8.2 percent of men experience sexual victimization while in college (4). Data concerning on-campus experiences of sexual assault among LGBT students is limited. The research is also limited regarding the experiences of students with intellectual or physical disabilities. However, studies of the general population show that LGBT individuals and women with disabilities are more likely to experience rape and sexual assault because of their identities (5, 6).

Survivors of rape and sexual assault suffer acute and long-term health outcomes. Most research on campus rape and sexual assault focuses on women. Immediate health risks among women can include sexually transmitted infection (7, 8), HIV (9), unwanted pregnancy (10), genital trauma (11), and physical injury. Effects on mental and behavioral health can be sudden and

persist as long-term sequelae. Regardless of gender, being a survivor of rape or sexual assault is associated with post-traumatic stress disorder, depression, anxiety, suicidal thoughts, substance use, sexual risk taking, and revictimization (2, 11-23). Although the literature in this area is sparse, rape and sexual assault also affect academic performance. Among college women, experiencing rape or sexual assault while in school is associated with attaining a lower grade point average (24), which in turn can impact their future career or graduate school options.

Many students enter college without any sexual assault education. Students who do not know anyone who has been raped are more likely to endorse and perpetuate rape myths (27). This lack of knowledge and potential bias can adversely affect a survivor's health. In fact, one predictor of a survivor's posttraumatic stress is a peer's negative reaction to her rape disclosure (28). Both males and females consistently estimate that their own agreement with rape myths is lower than that of their peer group, implying that students harbor the misconception that their fellow students have a greater tolerance for rape and sexual assault than may actually exist (29). The influence of the peer group is not limited to attitudes towards rape. One study found that college women were unwilling to label situations that met the legal definition of rape as 'rape' because they felt the stories described experiences that were ubiquitous among themselves and their friends (30). Despite their own person beliefs, college men are less willing to intervene to prevent sexual violence when they believe that their friends endorse rape (31, 32). This misclassification of rape and misperception of peer moral standards may encourage a hostile campus environment where survivors are disincentivized from making any type of disclosure.

Approximately 90 percent of college women who are sexually assaulted know their attacker (2, 23). About two-thirds of college women who are assaulted tell someone about their assault (2, 25), with 95 percent of that group disclosing to a female peer (26). Few studies focus on the barriers to disclosure among male survivors on the college campus, but men are less likely than women to report being survivors of sexual assault (4). Formal disclosure includes a survivor making a formal report of the assault to a campus authority or the police and utilizing healthcare services. Survivors may elect to pursue these options separately or in parallel. Studies have found that between approximately 5 and 12 percent of rapes are reported to police or campus authorities, with even lower percentages of reporting for sexual coercion, contact, and threats (3, 23, 33, 34). Non-Latina whites are more likely to formally disclose their assault than other races (23). Women are less likely to make a formal report if they were drinking or using drugs before the assault occurred, if they did not perceive their experience as rape or sexual assault, and if they did not think that they would be believed by formal authorities (3, 25, 33, 35). At most, about one-fifth of college women who have experienced rape or sexual assault seek medical care (3, 25).

Such barriers to reporting mean that data about sexual violence incidence and prevalence in a community, including college campuses, often do not reflect the full burden among community members. Such incomplete data create challenges to designing and implementing effective prevention programs; so improved surveillance infrastructure is a key first step in building prevention capacity.

# RECOMMENDATIONS: SEXUAL VIOLENCE PREVENTION ADVISORY BOARD

#### GOAL OF SEXUAL VIOLENCE PREVENTION ADVISORY BOARD (SVPAB)

The SVPAB's main role will be to support data-driven, comprehensive and cohesive sexual violence prevention efforts across the university. The SVPAB is crucial to ensure that current and future prevention and response efforts are coordinated to inform a broader, data-driven prevention strategy on campus. It would consist of approximately seven to nine members, including a chair; each member would lead a subcommittee focused on a specific content area. (See Figure 1 above). Membership will include public health experts (including an expert from the CDC), topical experts, representatives from the university Title IX process, student leaders, and other key community members. Potential SVPAB members are noted below.

The Task Force is aware there are already dedicated campus efforts related to sexual violence policy and response, such as the Title IX Envisioning Board. The SVPAB will engage this group in our prevention efforts (one meeting per semester) to stay informed of their work to better achieve a connected and coordinated campus prevention strategy, with the future potential for more frequent engagement and alignment as prevention work progresses.

#### **SVPAB POTENTIAL MEMBERS**

**Jessica M. Sales**, PhD, Research Associate Professor, Department of Behavioral Sciences and Health Education, Rollins School of Public Health, as chair of the advisory board.

**Carolyn Livingston**, PhD, Senior Associate Vice President, Student Intervention Services, Campus Life, and **Kathleen Krause**, MSc Doctoral Candidate, Behavioral Sciences and Health Education, Rollins School of Public Health, as Advisory Members and Co-Leads of the Campus Climate Survey Subcommittee.

**Andrew Rizzo**, MS, Assistant Director for the Respect Program, Office of Health Promotion, Campus Life, as Advisory Member and Lead of the Prevention Program Subcommittee.

**Jessica A. Hill,** MPH, Associate Director for Prevention Strategies, Office of Health Promotion, Campus Life, as Advisory Member and Lead of the Program Evaluation Subcommittee.

**Lynell Cadrey**, MA, Associate Vice Provost, Equity and Inclusion, as Advisory Member and Lead of the Title IX Collaboration Subcommittee.

**Pamela Scully**, PhD, Chair, QEP Development Committee; Director, Center for Faculty Development and Excellence; Assistant Vice Provost for Academic Affairs; and Professor, Women's, Gender, and Sexuality Studies and African Studies, as Advisory Member and Lead of the Academic and Community Engagement Subcommittee.

**Kathryn Yount**, PhD, Asa Griggs Candler Chair of Global Health at the Hubert Department of Global Health and the Department of Sociology and President of the University Senate, as Advisory Member.

**Debra Houry**, MD, MPH, Director of the National Center for Injury Control and Prevention of the Centers of Disease Control and Prevention, as Advisory Member.

Note: Leads of the Subcommittees will create their own teams to accomplish their tasks.

#### RECOMMENDATIONS: SURVEILLANCE INFRASTRUCTURE

Accurate and timely data are a critical foundation to successful public health practice. Creating infrastructure for surveillance is essential to Emory's so that we can measure our progress and recalibrate prevention strategies, if necessary. As such, the Sexual Violence Prevention Visioning Task Force recommends that the university:

1. Utilize climate surveys. The university should implement the White House Task Force's recommendation that campuses utilize climate surveys among their student population. We further recommend that a committee of public health experts, topical experts, representatives from the university Title IX process, student leaders, and other interested community members be charged with selecting and/or developing the climate survey instrument for Emory during fall 2014 and spring 2015 (i.e., the Campus Climate Survey Subcommittee of the SVPAB). This instrument should measure student knowledge, attitudes, and beliefs regarding sexual violence on campus. We understand that Emory and other universities already are working together to develop an instrument that can be implemented across universities. We agree that there is value in Emory participating in this process, and we are confident that the university will learn from the data comparisons that can result from numerous campuses implementing the same survey. At the same time, our Task Force submits that it is critical for Emory to develop its own community-specific items to be surveyed in addition to the shared instrument to ensure that it will adequately inform and advance prevention efforts at Emory specifically. Given the public health, statistical, and survey methodological expertise at the Rollins School of Public Health, as well as topic area expertise throughout the community, the Task Force further asserts that such survey development is an area where Emory can lead the field in campus prevention.

As part of their responsibility for university data collection, assessment, and planning, the SVPAB will follow due process and university policies, engaging expertise from university administrative offices, as appropriate. It is important that such offices and experts are consulted to design and implement proper sampling techniques to ensure a representative sample for any prevalence statistics. We additionally recommend that resources be provided to employ students to assist with surveillance implementation and maintenance. Additional considerations include ensuring data security and respondent anonymity for sensitive information and providing ethical incentives for completion. Finally, the group designing the survey should ask for and incorporate input from survivors on-campus, ensuring their perspectives are included in the campus dialogue.

After a climate survey instrument is developed, the Campus Climate Survey Sub-committee should continue to meet to ensure proper data analysis, recommendations, and reporting. The SVPAB may consider using the first year to pilot the survey on-campus; however, there may also be future opportunities for the subcommittee to collaborate with other Atlanta-area institutions of higher education, such as Spelman College and the team working on the Sexual Experience Survey at Georgia State University.

Survey implementation should begin in spring 2015. Implementing the climate survey on an annual basis among the student population and disseminating findings widely will be important to the success of prevention initiatives. Sharing data across the university on prevalence, risk and protective factors, and shifting campus attitudes and knowledge will inform future prevention efforts, and will help frame campus conversations on sexual violence prevention and response. We also acknowledge that if our sexual violence awareness and response work is successful, the number of students coming forward to report sexual assault and to seek survivor services will increase in the near future.

**2. Develop an assessment plan.** We recommend that Emory develop an assessment plan for prevention efforts to track progress toward university-wide indicators. Campus leadership must be updated on progress on a regular basis.

#### **SUMMARY**

- Create and implement an annual climate survey crafted by an expert group (Campus Climate Survey Subcommittee).
- Develop and implement an assessment plan for prevention efforts to track progress toward key university-wide prevention indicators.

#### RECOMMENDATIONS: ASSESSING CURRENT PREVENTION CAPACITY

(INCLUDING FISCAL AND PERSONNEL RESOURCES)

Emory has demonstrated sustained commitment to supporting students who have been affected by sexual violence. Establishing a culture of prevention will require maintaining this level of service, advocacy, and support while dedicating equal resources and time to prevention. Specifically, we recommend the following actions to develop the university's capacity to implement and sustain prevention programs that work in concert with existing response systems.

- **1. Enhance surveillance.** Surveillance capacity is a key foundation for successful prevention programming; the Task Force's recommendations in this area are described above.
- **2. Create an advisory board.** The Task Force recommends a Sexual Violence Prevention Advisory Board (SVPAB) be formed with members from across the university community, with an additional outside public health violence prevention expert from the Centers of Disease Control and Prevention. The SVPAB's main role will be to support data-driven, comprehensive and cohesive prevention efforts across the university. It is also important to recognize that different forms of violence overlap with each other and that prevention efforts can impact multiple forms of violence. The SVAP is described above.
- **3. Leadership engagement in ongoing assessments.** Leadership engagement is also a key aspect of prevention capacity. To this end, as described above, the Task Force recommends ongoing assessment activities to track key sexual violence indicators, which should be reported to university administration as part of campus health and safety metrics. Additionally, updates

from the SVPAB, as well as information about campus response to sexual violence, should be included in University Senate, Cabinet, and Campus Life Trustee meetings annually.

- **4. Emphasize training for students, faculty, and staff.** While the focus of this report is prevention activities among the student population, the Task Force agrees it is important to highlight the need for basic response and prevention training for all students, faculty, and staff. Such universal training will ensure that all community members can be a part of achieving a campus free of violence. This training should have common components across all roles/functions but also afford opportunities to provide specific information to each role/function. Training should also be offered to all new community members, as well as regularly engage existing students, faculty and staff. The SVPAB could provide oversight for such training, thus supporting consistency of content across groups; the advisory group may also elect to form a training subgroup or put this under the charge of one of the five subcommittees.
- **5. Increase resources.** The Task Force recommends also that Emory invest additional resources in prevention staffing. Throughout medical and public health literatures, it has been demonstrated that investing in prevention is typically a cost-effective strategy in the long-term. Although the Respect Program has been a leader in increasing awareness of sexual violence on campus and building readiness for prevention, the program has limited staffing resources devoted solely to prevention. Because mounting a campus-wide, comprehensive prevention approach is beyond any individual division or program, additional resources are necessary to fully and successfully implement this programming.
- **6. Conduct systematic inventory.** The Task Force recognizes that existing classes and programs from across the university are already engaged in violence prevention, whether explicitly in subject matter or implicitly in skill-building opportunities. Therefore, we recommend that the university conduct a systematic inventory to identify classes and programs that are already incorporating violence prevention or would be candidates to incorporate these topics in the future. Such an inventory would be a valuable resource to students and faculty interested in studying this topic, and may create opportunities for future academic engagement. Also, existing modules can be integrated into current course work (e.g., Coursera course on *Understanding Violence* by Drs. Houry and Scully; *Sociology of the Family*, an undergraduate course taught by Dr. Yount; and *Gender and Global Health*, a graduate course cross-listed in the School of Public Health and in Emory College and taught by Dr. Yount).

#### **SUMMARY**

- Establish a university-wide Sexual Violence Prevention Advisory Board (SVPAB). This advisory group would support data-driven, comprehensive, and cohesive prevention efforts across the university (See Figure 1).
- Add personnel time and fiscal resources to ensure the development and delivery of training for all members of the university community to demonstrate a campus-wide commitment to prevention.
- Infuse prevention messaging into existing training programs and reorient existing initiatives from compliance-based to prevention-based.

### RECOMMENDATIONS: DEVELOPING CURRENT PREVENTION STRATEGIES ACROSS THE SOCIOECOLOGICAL MODEL

(INDIVIDUAL, RELATIONSHIP, AND CAMPUS/COMMUNITY)

In order to advance a focus on prevention, it is crucial to frame preventing sexual violence as everyone's issue and to ensure intervention across the social ecology. There are currently individual and relationship-level programs that have achieved some success but, as demonstrated in successful public health practice, the greatest change comes when individual and relationship-level prevention are bolstered and supported by community and policy level interventions.

- **1. Enhance Existing Prevention Efforts.** While the literature is still developing to determine which interventions are most likely to prevent sexual violence on college campuses, some promising strategies do exist. They include: increasing knowledge/awareness of the topic; bystander interventions; engaging men as allies in prevention; consistent community policies and standards; and decreasing high risk alcohol use on campus. [It should be noted that alcohol does not cause sexual assault. However, according to the American College Health Association, approximately 50 to 70 percent of sexual assaults involve alcohol (36)]. Thus, we recommend enhancing existing prevention efforts for each type of strategy (See Table 1) through specific considerations for prevention at the individual, relationship, and campus community/policy levels.
- **2. Continue Prevention Education Efforts.** On the individual level, we recommend continuing with prevention education efforts such as *Haven*, an online education module required for all incoming students, and the sexual assault prevention aspects of *Creating Emory*, which is part of Emory College's Orientation for incoming first year students. Moving forward, these efforts should be bolstered by booster sessions delivered in a structured manner throughout students' academic career. In addition, the training and education for graduate and professional students, faculty and staff described in the capacity section of this report would also support efforts targeted at undergraduates by creating and maintaining community messages and norms that are not tolerant of sexual violence.

Student engagement around *Sexual Assault Peer Advocate (SAPA)* training has been significant. *The* Talk, a training for sorority and fraternity-affiliated students that focuses on healthy sexuality and the importance of communication during sexual encounters, has also engaged students in dialogues that can increase protective factors and engage men as allies in prevention efforts. These groups may consider ways to expand these trainings to popular opinion leaders. Such intentional expansion is already happening in some arenas. For example, all Residence Life staff already receive SAPA training, and there is a new initiative for SGA organization presidents to receive SAPA training. *Creating Emory* also provides information on the steps of bystander intervention. (However, sufficient time is not dedicated to skill building in this area, so additional time during orientation for this topic is recommended.) Such existing trainings can be expanded to more intentionally build skills in bystander intervention.

At the campus community level, it is critical for all students to be engaged in prevention in order to alter the climate surrounding sexual violence on campus. This can be accomplished in a variety of ways, but exposing all students to prevention efforts frequently throughout their college careers is key. The university can continue policies that support prevention education as

part of first-year student orientation and those that require all incoming students to take Haven. It can consider how to expand these initiatives to other audiences, and how additional educational and/or training can be integrated into current coursework. Finally, the university should consider how best to ensure that all sexual violence-related policies are consistent across faculty, staff, and students, and how campus communications, such as Clery timely warnings, can also serve educational and awareness-raising purposes for prevention. Such coordinated efforts ensure that prevention is and will continue to be paramount at Emory, and supports individual- and relationship-level prevention efforts for students.

A community-level protective factor to help prevention violence is that perpetrators know they will be held accountable, and so we recommend clear language in Sexual Misconduct Policy 8.2 and the Equal Opportunity and Discriminatory Harassment Policy that outlines consequences for perpetrators. In addition, all university sexual violence related- polices should have consistent messaging and should explicitly state that it is Emory's goal to have a campus free from all forms of sexual violence.

#### **SUMMARY**

- Embed sexual violence prevention and sexual health promotion activities throughout students' academic careers to provide proper dosage and accountability and to integrate this education into the life of the university (See Table 2).
- Proactively message sexual misconduct policies and prevention messages, particularly in conjunction with Clery notifications.

#### **RECOMMENDATIONS: PROGRAM EVALUATION**

An essential component for successful prevention programming is evaluation. Effective program evaluation is critical to ensure programming is delivered appropriately and strategies are producing the desired effects. Capturing this information facilitates data-driven decision making for future delivery of the prevention program.

- **1. Continue Program Evaluation.** We recommend that program evaluation efforts continue for existing prevention activities, that program evaluation measures be implemented for existing prevention efforts that do not currently do so, and that any future prevention efforts utilize program evaluation to monitor impact. Of course, the addition of program evaluation activities will need to be adequately resourced to ensure their successful completion.
- **2. Streamline Program Evaluation.** The Task Force also recommends that program evaluation efforts across prevention strategies be streamlined, if possible, to reduce burden and ideally capture cross-program effects. For example, a set of items could be strategically added to an annual climate survey.
- **3. SVAP to Advise Evaluation.** We recommend that one task for the proposed SVPAB (and specifically its appointed Program Evaluation Subcommittee) is to advise program evaluation procedures. Additionally, many members of the group suggested that engaging Master of Public Health students through their structured course work/requirements (e.g., Community Needs Assessment, Conduct of Evaluation course, student practicums) may be a potentially cost-effective and sustainable way to facilitate evaluation efforts. However, this would likely require a certain degree of faculty/supervisor supervision.

#### **SUMMARY**

- Program evaluation efforts should be utilized to monitor all sexual violence prevention activities and, whenever possible, attempts to streamline program evaluation measures should be made to reduce participant burden.
- The proposed Sexual Violence Prevention Advisory Board (SVPAB), with its main charge to support data-driven, comprehensive and cohesive prevention efforts across the university, would be ideally suited to advise on program evaluation efforts. (Program Evaluation Subcommittee of the SVPAB).

#### REFERENCES

- 1. Black MC, Basile KC, Breiding MJ, et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, Georgia: 2011.
- 2. Fisher BS, Cullen FT, Turner MG. The Sexual Victimization of College Women. Washington, DC: U.S. Department of Justice, National Institute of Justice and Bureau of Justice Statistics, 2000.
- 3. Kilpatrick DG, Resnick HS, Ruggiero KJ, et al. Drug-facilitated, Incapacitated, and Forcible Rape: A National Study. Charleston, SC: Medical University of South Carolina, National Crime Victims Research & Treatment Center, 2007.
- 4. Banyard VL, Ward S, Cohn ES, et al. Unwanted sexual contact on campus: a comparison of women's and men's experiences. Violence Vict. 2007;22(1):52-70.
- 5. Rothman EF, Exner D, Baughman AL. The Prevalence of Sexual Assault Against People Who Identify as Gay, Lesbian, or Bisexual in the United States: A Systematic Review. Trauma Violence & Abuse. 2011;12(2):55-66.
- 6. Smith D. Disability, Gender and Intimate Partner Violence: Relationships from the Behavioral Risk Factor Surveillance System. Sexuality and Disability. 2008;26(1):15-28.
- 7. Jenny C, Hooton TM, Bowers A, et al. Sexually transmitted diseases in victims of rape. N Engl J Med. 1990;322(11):713-6.
- 8. Workowski KA, Berman S. Sexually Transmitted Diseases Treatment Guidelines, 2010. Morbidity and Mortality Weekly Report. 2010;59(RR12):1-108.
- 9. Smith DK, Grohskopf LA, Black RJ, et al. Antiretroviral postexposure prophylaxis after sexual, injection-drug use, or other nonoccupational exposure to HIV in the United States Recommendations from the US Department of Health and Human Services. Morbidity and Mortality Weekly Report. 2005;54(RR2):1-19.
- 10. Holmes MM, Resnick HS, Kilpatrick DG, Best CL. Rape-related pregnancy: estimates and descriptive characteristics from a national sample of women. Am J Obstet Gynecol. 1996;175(2):320-4; discussion 4-5.
- 11. Campbell R, Lichty LF, Sturza M, Raja S. Gynecological health impact of sexual assault. Research in Nursing & Health. 2006;29(5):399-413.
- 12. Koss MP, Heslet L. Somatic consequences of violence against women. Archives of Family Medicine. 1992;1(1):53-9.
- 13. Kessler RC, Sonnega A, Bromet E, et al. Posttraumatic Stress Disorder in the National Comorbidity Survey. Archives of General Psychiatry. 1995;52(12):1048-60.
- 14. Foa EB. Trauma and women: course, predictors, and treatment. J Clin Psychiatry. 1997;58 Suppl 9:25-8.
- 15. Monroe LM, Kinney LM, Weist MD, et al. The experience of sexual assault: findings from a statewide victim needs assessment. J Interpers Violence. 2005;20(7):767-76.
- 16. Kilpatrick DG, Edmunds C, Seymour A. *Rape in America: A report to the nation*. Charleston, South Carolina: 1992.
- 17. Resick PA. The Psychological Impact of Rape. Journal of Interpersonal Violence. 1993;8(2):223-55.
- 18. Ullman SE, Brecklin LR. Sexual assault history and health-related outcomes in a national sample of women. Psychology of Women Quarterly. 2003;27(1):46-57.
- 19. Stein MB, Lang AJ, Laffaye C, et al. Relationship of sexual assault history to somatic symptoms and health anxiety in women. General Hospital Psychiatry. 2004;26(3):178-83.

- 20. Campbell R, Sefl T, Ahrens CE. The impact of rape on women's sexual health risk behaviors. Health Psychology. 2004;23(1):67-74.
- 21. Larimer ME, Lydum AR, Anderson BK, Turner AP. Male and female recipients of unwanted sexual contact in a college student sample: Prevalence rates, alcohol use, and depression symptoms. Sex Roles. 1999;40(3-4):295-308.
- Turchik JA. Sexual Victimization Among Male College Students: Assault Severity, Sexual Functioning, and Health Risk Behaviors. Psychology of Men & Masculinity. 2012;13(3):243-55.
- 23. Wolitzky-Taylor KB, Resnick HS, Amstadter AB, et al. Reporting Rape in a National Sample of College Women. Journal of American College Health. 2011;59(7):582-7.
- 24. Jordan CE, Combs JL, Smith GT. An Exploration of Sexual Victimization and Academic Performance Among College Women. Trauma Violence Abuse. 2014.
- 25. Krebs CP, Lindquist CH, Warner TD, et al. Campus Sexual Assault (CSA) Study, Final Report. United States of America: National Institute of Justice, 2007.
- 26. Orchowski LM, Gidycz CA. To Whom Do College Women Confide Following Sexual Assault? A Prospective Study of Predictors of Sexual Assault Disclosure and Social Reactions. Violence against Women. 2012;18(3):264-88.
- 27. McMahon S. Rape Myth Beliefs and Bystander Attitudes Among Incoming College Students. Journal of American College Health. 2010;59(1):3-11.
- 28. Ullman SE, Filipas HH. Predictors of PTSD symptom severity and social reactions in sexual assault victims. J Trauma Stress. 2001;14(2):369-89.
- 29. Paul LA, Gray MJ, Elhai JD, Davis JL. Perceptions of Peer Rape Myth Acceptance and Disclosure in a Sample of College Sexual Assault Survivors. Psychological Trauma-Theory Research Practice and Policy. 2009;1(3):231-41.
- 30. Deming ME, Covan EK, Swan SC, Billings DL. Exploring Rape Myths, Gendered Norms, Group Processing, and the Social Context of Rape Among College Women: A Qualitative Analysis. Violence against Women. 2013;19(4):465-85.
- 31. Stein JL. Peer educators and close friends as predictors of male college students' willingness to prevent rape. Journal of College Student Development 2007;48(1):75-89.
- 32. Fabiano PM, Perkins HW, Berkowitz A, Linkenbach J, Stark C. Engaging men as social justice allies in ending violence against women: Evidence for a social norms approach. Journal of American College Health 2003;52(3):105-112.
- 33. Fisher BS, Daigle LE, Cullen FT, Turner MG. Reporting sexual victimization to the police and others Results from a national-level study of college women. Criminal Justice and Behavior. 2003;30(1):6-38.
- 34. Koss MP, Gidycz CA, Wisniewski N. The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. Journal of Consulting and Clinical Psychology. 1987;55(2):162-70.
- 35. Amar AF, Sutherland M, Laughon K, et al. Peer influences within the campus environment on help seeking related to violence. J Natl Black Nurses Assoc. 2012;23(1):1-7.
  36. "Shifting the Paradigm: Primary Prevention of Sexual Violence." American College Health Association. <a href="http://www.acha.org/sexualviolence/docs/ACHA\_PSV\_toolkit.pdf">http://www.acha.org/sexualviolence/docs/ACHA\_PSV\_toolkit.pdf</a> Accessed 3/6/14.

### APPENDIX. TABLE 2. (TENTATIVE YEAR 1) TIMELINE: SEXUAL VIOLENCE PREVENTION ADVISORY BOARD AND SUBCOMMITTEES

	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Task	2014	2014	2014	2015	2015	2015	2015	2015	2015	2015	2015	2015
SVPAB convened	х											
SVPAB meets	х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Х
SVP Task Force Report presented to University Senate	Х											
SVPAB meets with Title IX Envisioning Board		Х				X						
Campus Climate Survey Subcommittee meets	х	Х	Х	Х	Х	Х	Х	Х	Х			
Campus Climate Survey (draft available for feedback)				Х								
Campus Climate Survey (finalized tool)					Х							
Campus Climate Survey (data collection)						х						
Campus Climate Survey (data analysis)							Х	Х				
Campus Climate Survey (data report)									Х			
Title IX Collaboration Subcommittee meets		X			Х			Х			Х	
Academic and Community Engagement Subcommittee meets	х			х			x			х		
Prevention Programming Subcommittee meets		х			Х			Х		Х	Х	
Program Evaluation Subcommittee meets		Х			X			Х		Х	Х	