ACHA Guidelines

Addressing Sexual and Relationship Violence on College and University Campuses

The American College Health Association (ACHA) recognizes sexual and relationship violence as a serious public health issue affecting college and university campuses. Sexual and relationship violence comprise a continuum of behaviors, including but not limited to sexual/gender harassment, sexual coercion, sexual abuse, stalking, sexual assault, rape, dating violence, and domestic violence. The U.S. Centers for Disease Control and Prevention indicates that "many victims of sexual violence, stalking, and intimate partner violence were first victimized at a young age," with the majority having been victimized before age 25 years.[1] As noted in the White House Task Force to Protect Students from Sexual Assault report *Not Alone*, "campus sexual assault is a complicated, multi-dimensional problem, with no easy or quick solution."[2] Healthy People 2020 identifies "injury and violence prevention" as a leading public health indicator. In recognition of this campus health concern, ACHA's Healthy Campus 2020 developed health objectives that serve as a basis for developing plans and programs to reduce sexual and relationship violence, as well as injury prevention.

Students cannot learn in an atmosphere in which they do not feel safe. Cultural acceptance of rape myths and communities that tolerate sexual aggression create environments in which many individuals are disempowered. Students who have been victimized may experience alienation, barriers to academic success, lower graduation rates, health problems, persistent mental health issues, and fear of retaliation. ACHA members are uniquely positioned to play a leading role in addressing sexual and relationship violence through trauma-informed prevention, response, and support.

Because trauma affects the ways in which people approach potentially helpful relationships and the impact of trauma is broad and life-altering, campus services and programs and campus-affiliated events should be trauma-informed. Trauma-informed approaches emphasize physical, psychological, and emotional safety for both providers and victims/survivors, which allows victims/survivors to rebuild a sense of safety, control, and empowerment. Additionally, trauma-informed approaches involve vigilance in anticipating and avoiding institutional practices and processes that are likely to re-traumatize individuals and allow services to be delivered in a way that facilitates the victim's/survivor's participation.

These recommendations serve only as a guide to building a comprehensive program. These guidelines are not meant to provide recommendations on how each campus should manage respondents and conduct issues following a reported incident. They should *not* be construed as compliance related to state or federal statutes, such as the Clery Act, Title IX, or any other applicable statutes for your institution.

A Public Health Framework

A public health approach, supported by Healthy Campus 2020, emphasizes an ecological approach to improve student, faculty, and staff health. An ecological approach focuses on both population-level and individual-level determinants of health and interventions. Campus ecology provides a multifaceted view of the connections among health, learning, productivity, and campus structure.
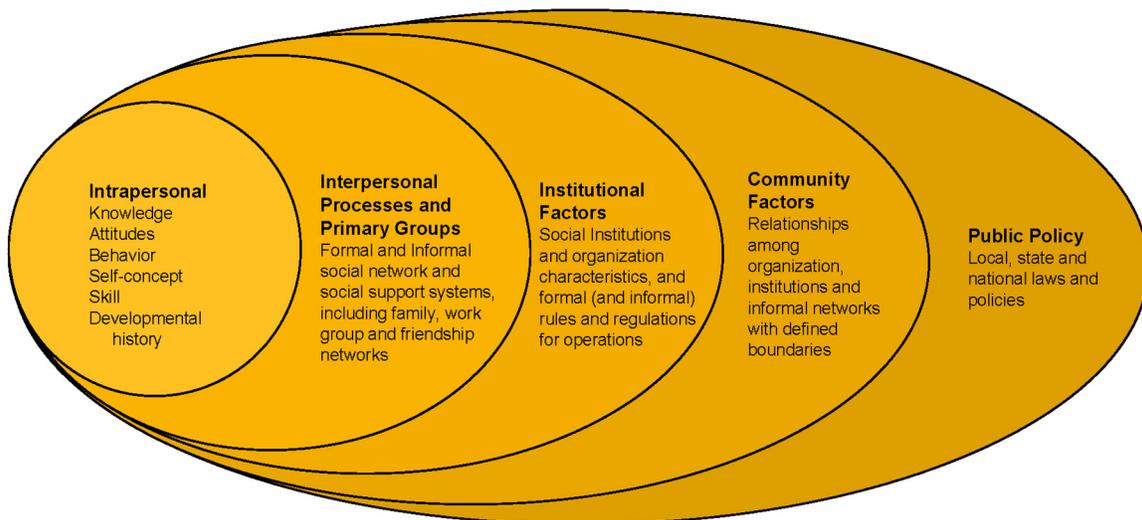
[1] Black M C, Basile K C, Breiding M J, Smith S G, Walters M L, Merrick M T, Chen J and Stevens M R. The national intimate partner and sexual violence survey: 2010 summary report. http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf. Published November 2011. Accessed January 6, 2016.

[2] Not Alone. The first report of the white house task force to prevent sexual assault. https://www.notalone.gov/assets/report.pdf. Published April 2014. Accessed January 6, 2016.

The ecological approach for prevention of sexual and relationship violence frames risk and protective factors within the context of intrapersonal, interpersonal processes and primary groups, institutional factors, community factors, and public policy. Preventative interventions at all levels are necessary to reduce the occurrence of sexual and relationship violence and to significantly improve the health status of campus communities. Prevention is population-based, using strategies, policies, and actions at all levels to prevent sexual and relationship violence (Figure 1).

Figure 1. Ecological Approach

Intrapersonal
Knowledge
Attitudes
Behavior
Self-concept
Skill
Developmental
history

Interpersonal Processes and Primary Groups
Formal and Informal social network and social support systems, including family, work group and friendship networks

Institutional Factors
Social Institutions and organization characteristics, and formal (and informal) rules and regulations for operations

Community Factors
Relationships among organization, institutions and informal networks with defined boundaries

Public Policy
Local, state and national laws and policies

Adapted from McLeroy, K. R., Steckler, A. and Bibeau, D. (Eds.) (1988). The social ecology of health promotion interventions. *Health Education Quarterly,* 15(4):351-377. Retrieved May 1, 2012, from http://tamhsc.academia.edu/KennethMcLeroy/Papers/81901/An_Ecological_Perspective_on_Health_Promotion_Programs.

Addressing sexual and relationship violence requires campus-wide recognition of the serious impact these types of violence have on campus communities and support from the highest levels of campus leadership. Appropriate funding and resources should be allocated to support comprehensive prevention and response. Faculty, staff, administrators, and students must promote and model respect, equity, and mutuality. In particular, ACHA members can empower students to engage in creating an inclusive culture of respect on campus while also providing trauma-informed resources and support for those who have experienced sexual and relationship violence.

Overarching Principles for Prevention, Risk Reduction, and Response to Sexual and Relationship Violence

Successfully addressing sexual and relationship violence involves developing and integrating services for prevention, risk reduction, and response. Comprehensive services should be offered with key overarching principles in mind:

- Address all levels of the ecological model in the services offered.

- Ensure all prevention, risk-reduction, and response efforts are trauma-informed.

- Offer special consideration for the needs of individuals with a history of trauma.

- Be sensitive and responsive to concerns of those within marginalized populations (e.g., race, ethnicity, disabilities, and gender identities).

- Use available evidence-based strategies.

- Proactively incorporate emerging research into practice.

- Evaluate the services offered, particularly longitudinally, as evaluation is critical for building future evidence-based interventions and for assessing current practices.

- Provide population-specific, culturally sensitive education and services for diverse audiences.

- Recognize the way that diversity of cultures influences the participants' interpretation of messages.

- Conduct best practices, science-based climate surveys that capture campus perceptions of prevention, risk-reduction, and response efforts when feasible.

Prevention of Sexual and Relationship Violence

Prevention seeks to prevent individual instances of sexual and relationship violence while also working to create a culture that is free of sexual and relationship violence for everyone. In this critical way, prevention differs from risk reduction, the latter of which primarily focuses on empowering potential victims. Prevention should engage the community at all levels to actively participate in multi-layered, coordinated efforts.

Traditionally, prevention work in this arena has reflected a heteronormative and cisgender bias; thus, it is essential to incorporate multiple perspectives. For this work to be effective, all parts of the community must play an active role. This calls for the intentional inclusion of populations that often have been under-engaged, particularly men.

Comprehensive prevention work should assist students in developing skills that support positive, healthy relationships and strategies for preventing negative experiences. Prevention should be prioritized and as equally resourced as conduct and other campus-supported response systems. The following recommendations should serve to guide institutions in the prevention of sexual and relationship violence.

Recommendations for Prevention

- Allocate specific resources of time and money to prevention as a priority.

- Use thoughtful and innovative prevention efforts in the absence of evidence-based strategies.

- Coordinate prevention-related messaging throughout campus, starting with a common language, including definitions of types of sexual and relationship violence, consent, etc.

- Recognize that prevention programming is ongoing, multi-dose, and comprehensive.

- Recognize the need to meet audiences where they are in reference to their readiness for change.

- Address the significant, nuanced relationship between alcohol and other drugs and sexual violence.

- Support efforts towards providing an environment of physical and emotional safety.

- Educate event hosts and security on creating social environments that promote sexual and interpersonal respect.

- Include active bystander strategies as part of training for faculty, staff, and students.

- Include positive concepts of healthy relationships.

- Help students develop communication skills and practices specific to consent.

Risk Reduction

While current literature shows that participation in well-designed, comprehensive risk reduction programming reduces participants' likelihood of victimization, it is critical to recognize that risk reduction is not always possible nor sufficient, nor should it ever be allowed to shift accountability for sexual and relationship violence away from the perpetrator.[3, 4, 5]

Risk reduction involves the development of a spectrum of skills in order to reduce an individual's risk of experiencing sexual or relationship violence; it should complement, not replace, prevention work that seeks to impact broader campus culture and reduce the overall incidence rate. Risk reduction programming should be delivered thoughtfully, informed by the guidelines listed below and current best practices, and offered to all interested students.

[3]Gidycz, C.A. & Christina, C.M. (2014). Feminist Self-Defense and Resistance Training for College for College Students: A Critical Review and Recommendations for the Future. Trauma, *Violence, & Abuse, 15* (4) 322-333.

[4] Menning. C. & Holtzman, M. (2015). Combining Primary Prevention and Risk Reduction Approaches in Sexual Assault Programming. *Journal of American College Health, 63* (8), 513-22.

[5] Senn, C.Y. Eliasziw, M., Barata, P.C., Thurston, W.E., Newby-Clark, I.R., Radke, H.L., & Hobden, K.L. (2015). *New England Journal of Medicine, 372*, 2326-35.

Recommendations for Risk Reduction

- Be explicit in refusing to blame victims and make clear that the responsibility for assault is always on the perpetrator.

- Deliver risk reduction programs *in addition to* primary prevention, not *instead of* prevention programs.

- Focus on empowerment and self-efficacy, not fear.

- Develop and implement risk reduction programs using skilled trainers.

- Reflect the dynamics of sexual and relationship violence that are most commonly experienced by each campus community.

- Integrate risk reduction as part of a coordinated and collaborative effort with the overall prevention plan.

- Include a spectrum of skills, including situational awareness, verbal response, and self-defense.

- Account for common barriers to employing risk reduction skills, including gender socialization, fear of offending/confronting acquaintances or intimate partners, and awareness of diminished capacity due to alcohol and other drugs.

- Provide equal access to programming with consideration to specific climate and population demographics.

Response to Sexual and Relationship Violence

It is critical for institutions to respond to sexual and relationship violence, as well as offer support to victims/survivors and to further the mission and purpose of higher education by promoting the well-being of campus communities. Comprehensive response should be grounded in policies and procedures that provide for trauma-informed training and response, best practices of victim-centered care, and access to resources and services. Seamless response is essential to reduce re-victimization and to provide timely services for advocacy, counseling, forensic/medical services, investigation, and reasonable accommodations. The following recommendations should serve to guide institutions with the response to sexual and relationship violence.

Recommendations for Response and Support

- Provide appropriate training and education throughout campus as part of a trauma-informed approach to individuals that may have contact with the victim/survivor. Training and education should be tailored to the role in which the individual serves (e.g., residence life staff, coaches, public safety staff, faculty, advisors, student affairs staff, facilities staff, dining service staff, contracted vendors, etc.).

- Train practitioners (e.g., health center staff, mental health staff, and confidential resources/advocates) in trauma-informed care.

- Educate investigative and conduct staff about trauma-informed approaches.

- Provide advocacy services.

- Ensure access to 24-hour crisis response.

- Identify and eliminate barriers to seeking support.

- Create an environment where victims/survivors feel comfortable disclosing and accessing support resources.

- Create an environment where victims/survivors feel comfortable reporting.

- Provide an anonymous reporting option.

- Delineate clearly options for both confidential disclosure and non-confidential reporting both on and off campus.

- Educate employees who have a duty to report on the need to maintain privacy regarding disclosures and their reporting obligations.

- Offer victim/survivor and respondent mental health counseling services.

- Inform the victim/survivor of all available reporting options.

- Offer information on all available victim/survivor and respondent resources and services on campus and within the community.

- Provide reasonable campus accommodations to support ongoing student safety and success (e.g., housing, academic, and employment accommodations; no contact orders; etc.)

- Protect individuals from and hold individuals accountable for retaliatory behavior.

- Educate the victim/survivor on timely forensic medical examinations by specially-trained, clinically prepared examiners.

- Provide appropriate medical treatment and follow up as needed.

- Create and codify amnesty policies for underage drinking for victims/survivors who report sexual assault.

- Ensure a coordinated response through use of sexual and relationship violence response teams.

Additional Recommendations

- Publish and communicate the availability of protocols on campus websites for all campus members to access resources, referrals, and helping strategies for victims/survivors of sexual and relationship violence.

- Adhere to federal, state, and local statutes and requirements.

- Create and/or support an ongoing multidisciplinary committee to address sexual and relationship violence that includes high-level campus administration, faculty, staff, students, and community partners.

- Develop a policy statement and directive from the president/chancellor of the institution that demonstrates recognition of sexual and relationship violence as a problem, a commitment to reduce its occurrence, and action steps for the campus community.

- Conduct a climate survey on a regular basis to inform prevention, reporting, and response.

- Provide support and resources for ongoing self-care for involved staff, clinicians, and first responders.

Future Directions

The evidence base for sexual and relationship violence prevention work is still developing. Campuses have a responsibility to engage with emerging research, evaluate the efficacy of their own efforts, and actively share lessons learned. Trauma-informed practices provide a more sensitive response in order to lower the risk of re-victimization. Response training should be congruent with best practices as they evolve. ACHA members and other higher education professionals must have an active voice in new initiatives, policies, and legislation.

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