Taking Flight

NEWS FROM THE CENTER FOR VIOLENCE AND INJURY PREVENTION AT WASHINGTON UNIVERSITY’S BROWN SCHOOL

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Sexual Assault on College Campuses

By Miranda Mulcrone

Statistics

- Sexual assault on college campuses has been gaining more attention across the United States (Fedina, Holmes, & Backes, 2018).
- Unwanted sexual contact and coercion have been found to be more common than incapacitated rape and attempted/completed forced rape (Fedina et al., 2018).
- Persons aged 18-34 years are at the highest risk for sexual assault. Those within that range in college are three times as likely to be sexually assaulted (“Campus Sexual Violence,” 2018).
- Between 20-25% of college women are sexually assaulted (“AAU Climate Survey on Sexual Assault and Sexual Misconduct,” 2015).

Politics

DeVos, the Secretary of Education, recently implemented new policy regarding how campuses respond to sexual assault. New guidelines raised the standard for evidence that a school needs to discipline someone accused of sexual assault, eliminated the 60 day time period requirement for schools to respond to sexual assault reports, and permitted mediation sessions between the person accused of sexual assault and the person who accused them. While some schools are retaining practices that the previous administration put in place, some fear that new standards may compromise the ability to attend to victim claims and needs (Holter, 2018).

Why it Happens

Moylan & Javorka (2018) highlight the complex issues involved in reporting and service provision. Based on prior studies, only a small amount of survivors will report a sexual assault to their school or use the services provided on campus for survivors. Data also indicate a strong correlation between substance use on college campuses and “hook up” culture. (Peter-Hagene & Ulman, 2018).

Athletics and relationship with sexual assault is inconclusive especially when attitudes towards violence are controlled (Moylan & Javorka, 2018). When considering prevalence and fraternities, researchers suggest it is important to look at the role of hyper masculinity, peer support.

Intersectionality

Students with disabilities and Native American students experience higher rates of sexual assault (Moylan & Javorka, 2018). However, there is limited research on oppressed identities; however, when studied, they report higher prevalence rates than those in the privileged identity (Fedina et al., 2018).

Reporting

Only 20% of college sexual assault survivors report the crime to the police (“Campus Sexual Violence,” 2018), and 28% of sexual assault survivors will report the crime to the school (“AAU Climate Survey on Sexual Assault and Sexual Misconduct,” 2015). It is not clear how these populations overlap. True prevalence rates are difficult to determine for a variety of reasons. For example, sexual assault may be defined differently across studies, data sources, and regions. The definitions may vary on the role of force, incapacitation, coercion, and unwanted activity. Reporting requirements may vary according to the level of anonymity offered to respondents (Fedina et al., 2018).

It is not now how university policy regarding reporting and intervention influences outcomes. Some faculty and staff at universities are required to report sexual assaults to the Title IX office. Almost 70% of 150 universities in a study by Holland, Cortina, & Freyd (2018) required all workers at a university to report sexual assault if a student came forward. While this may help universities obtain a more accurate better number for prevalence, it may also reduce the likelihood of a student disclosing limiting the autonomy of a survivor to identify their needs (Holland et al., 2018).

What Now

There are multiple future steps. Reporting practices matter. Universities should give information on websites about anonymous reporting, increase awareness of services, train university personnel for responding to sexual assault disclosures, and examine campus climate, and potential contributing factors (Moylan & Javorka, 2018). Peter-Hagene & Ulman illuminate the importance of not blaming survivors when alcohol is involved. When looking at programs to respond to sexual assault, it is important to have different services and responses for different types of sexual assault (Fedina et al., 2018). Similarly, prevention efforts should not focus on forced rape when coercion and unwanted sexual contact happen more often (Fedina et al., 2018). For example, more research is needed into the appropriate prevention and intervention response for who identity as LGBTQ (Fedina et al., 2018).

References


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Director’s Note

April is Child Maltreatment Prevention and Sexual Assault Awareness Month. Both issues are highly prevalent and exact enormous cost at personal and societal levels. Both result in billions of dollars in costs due to the health, mental health, criminal justice, child welfare costs and long term lost productivity. So what are we doing?

At the beginning of April we raised awareness of child abuse and neglect, through the pinwheel garden, wear blue day and informational emails. Myself and Dr. Drake have also recently published a book focused on raising public and policy maker awareness about child maltreatment and what can be done “After the cradle falls: What child abuse is, how we respond to it and what you can do about it.” Dr. Patricia Kohl continues research and teaching innovations to improve parenting capacity and reduce maltreatment and promote child well-being. Dr. Patrick Fowler is looking at new ways to improve housing options for child welfare involved families. We offer a course on Transdisciplinary Problem Solving and mentor PhD students related to child maltreatment to help prepare the next generation of innovators in prevention and intervention. We also support a regional family resource and fun day each year (see final page).

Similarly, there are several active efforts to address sexual assault and related issues. Our cover story highlights the issue of sexual assault on college campuses which is currently being addressed by Dr. Peter Hovmand and the Social System Design Lab at the Brown School. We highlight the efforts of Dr. Tonya Edmond (see Featured Researcher) who has active research and teaching agendas related to the prevention of and response to sexual assault. All of our combined efforts are needed to address violence in our homes and communities and I am heartened by the dedication of so many from the practitioner to the research level who are advancing this work every day.

Recent Publications Spotlight


April is Sexual Assault Awareness Month. The purpose, as the name implies is to raise awareness about the prevalence, causes, consequences and need to end sexual violence. Before #MeToo, survivors of sexual violence and their allies organized a movement that in 1972 led to the development of the first rape crisis centers in the nation. This was a radical response to the revictimizing and retraumatizing practices commonly experienced within the existing law enforcement, hospital and mental health systems. In the 1980s, advocates began organizing a nationwide Sexual Assault Awareness Week that was held in April and on April 1, 2001, the first national Sexual Assault Awareness Month was launched through the National Sexual Violence Resource Center. In 2009, President Obama became the first president to officially designate April as Sexual Assault Awareness Month.

The 2018 theme for Sexual Assault Awareness Month is Embrace Your Voice. It is a perfect choice given the power of #MeToo, where we have witnessed the incredible impact of seeing millions of survivors all over the world share their stories and bring some high profile perpetrators to account for their egregious behavior. According to Tanara Burke, the survivor-activist who originally launched Me Too in 2006 as a movement to focus on the experiences of girls and women of color who had experienced sexual violence, “In the first 24 hours of #MeToo going viral, just on Facebook there were 12 million engaged with the hashtag. If, in this country, we had an outbreak of some communicable disease that 12 million people got in a 24-hour time period, we would be focused solely on the cure. That’s the difference in how people think about the disease of sexual violence” (Variety, 4/10/18).

The Center for Disease Control (CDC) recognizes sexual violence as a serious public health issue that can have long-term physical and mental health consequences. CDC has as a goal “to stop sexual violence before it begins” and has been funding prevention education efforts throughout the country for several decades. They have developed an evidence based set of recommendations for ending sexual violence using a social ecology framework with cross-cutting themes:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approach</th>
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| S: Promote Social Norms that Protect Against Violence | • Bystander approaches  
• Mobilizing men and boys as allies |
| T: Teach Skills to Prevent Sexual Violence | • Social-emotional learning  
• Teaching healthy, safe dating and intimate relationship skills to adolescents  
• Promoting healthy sexuality  
• Empowerment-based training |
| O: Provide Opportunities to Empower and Support Girls and Women | • Strengthening economic supports for women and families  
• Strengthening leadership and opportunities for girls |
| P: Create Protective Environments | • Improving safety and monitoring in schools  
• Establishing and consistently applying workplace policies  
• Addressing community-level risks through environmental approaches |
| SV: Support Victims/Survivors to Lessen Harms | • Victim-centered services  
• Treatment for victims of SV  
• Treatment for at-risk children and families to prevent problem behavior including sex offending |
UpComing VIP CEUS at Wash U

For instructors, CEUs, more information, and to sign up, please visit
https://brownschool.wustl.edu/Resources-and-Initiatives/Professional-Development/Pages/Workshops-and-Activities.aspx

April 27, 2018 | 8:30-11:30AM
Effective Communication for Helping Victims of Crime and Violence

April 27, 2018 | 1:00-4:00PM
When a Teenager Becomes a Parent: How Professionals Can Support Young Families

May 4, 2018 | 8:30-11:30AM
Navigating Ethical Dilemmas in Reporting Suspected Child Abuse

May 4, 2018 | 1:00-4:00PM
Anxious Times: Energy Management & Self-Care in a Polarized Climate

May 11, 2018 | 1:00-4:00PM
Defusing Difficult Situations: Communication Skills for When Someone is Upset

May 11, 2018 | 1:00-4:00PM
Working with Adolescents: Encouraging Anger Management and Positive Relationship Development

July 20, 2018 | 1:00-4:00PM
Considerations in Helping a Client Recover from Sexual Assault: Clinical Implications of Research Findings

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Tonya Edmond

Most of my time as a social work practitioner and researcher has been focused on the last strategy -- Support Victim/Survivors to Lessen Harm. Rape crisis centers, where I worked as a volunteer and a staff person for nearly 20 years, are viewed by survivors as one of the most helpful community resources available (Campbell, Wasco, Ahrens, Seff, & Barnes, 2001). These under resourced organizations, predominately staffed by social workers, do incredible work with survivors to facilitate healing. My sole motivation in getting a PhD was to advance knowledge about the effectiveness of interventions to help survivors recover from the consequences of sexual violence and to further strengthen this important service sector. This led to early work in testing the effectiveness of EMDR (Eye Movement Desensitization & Reprocessing) and more recent work on Trauma Focused Cognitive Behavioral Therapy (TFCBT). Among the interventions that CDC recommends for survivors are TFCBT, EMDR, Cognitive Processing Therapy (CPT), and Prolonged Exposure (PE), all of which are underutilized by rape crisis centers (Edmond & Voth Schrag, 2017). To address this service gap, I am conducting a study with 15 rape crisis centers in Texas to evaluate the effectiveness of a learning collaborative as an implementation strategy to advance the use of CPT in rape crisis centers. The primary goals of the study are to build capacity for the implementation of evidence based treatments in this vital service sector and to develop implementation strategies that are feasible, sustainable and scalable. My research, teaching and social justice advocacy efforts at the Brown School and Washington University are ways that I Embrace My Voice not just during Sexual Assault Awareness Month, but every day. I encourage each of you to Embrace your Voice by learning more about preventing sexual violence.

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References


Catch up with two alumnus and see where the field of violence and injury prevention has taken them!

**AMELIA BOCK, MSW, LCSW | WASH U CLASS OF 2014**

My name is Amelia Bock, and I graduated from the Brown School with my MSW in 2014. I currently work for St. Louis Public Schools as a Trauma-Informed Therapist. One thing that makes my position unique is that it’s funded by a grant from the Department of Education as a response to increase trauma-informed programming and mental health services in the district due to the significant civil unrest in the region following the shooting death of Michael Brown.

I split my time between two SLPS elementary schools and provide individual therapy to a caseload of students. My job ties into violence and injury prevention because I use Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is an evidence-based treatment modality to reduce PTSD and other trauma-related symptoms. I love working in the school setting, because I’m able to see students regularly and get to treat kids who might not otherwise be able to access mental health services. Getting summers off is also a nice perk. :) Another part of my job is to help train and consult with school staff on trauma-informed approaches to interacting with students.

**INGA BUCHBINDER, LCSW | WASH U CLASS OF 2014**

I work for the State of California in a women’s prison in Southern California—more specifically I work in the Administrative Segregation Unit (ASU). ASU is where inmates go when they have broken a rule while in prison and are either waiting to be heard on the violation or serving out a sentence separate from the controlling charge (what brought them to prison in the first place).

I have only been with the state for a year, but I really enjoy working with incarcerated populations and in ASU I am able to work with a broad swath of patients with varying mental health needs. It keeps me on my toes and interested in the work. The environment in ASU can be very difficult on some days, but it is mostly pretty manageable. On occasion, I will have the opportunity to work with a client for 6 months or more, which has been really great in helping me to hone and fine-tune my clinical skills.

Due to the restricted nature of the unit, it is a high risk environment for suicidal ideation, behavior and attempts. Asking about the general risk of suicidality in my patients is a weekly, sometimes daily task, to ensure that they are able to manage the difficulty of being isolated from their community and support systems, both in and out of prison. Additionally, a high percentage of the women in ASU (and prison in general) have significant trauma histories that include intimate partner violence, child maltreatment, neglect and abuse. Although they may not be experiencing those traumas and issues at this moment, it certainly affects their mental health while in ASU and impacts my therapeutic work with them.
Healthy Family Festival 2018

Saturday, May 12th
11 am - 2 pm
Deaconess Center for Child Well-Being
1000 N Vandeventer Ave.
St. Louis, MO 63113

Lunch
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Fun Activities
Mindfulness Opportunities
Connections to Resources
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EVENT PLANNED BY A TEAM OF ORGANIZATIONS FOCUSED ON CHILD ABUSE PREVENTION & CHILDREN'S MENTAL HEALTH AWARENESS

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