



TRAINER TRAINING: WHAT TITLE IX COORDINATORS NEED TO KNOW ABOUT
ADVOCACY, PREVENTION & TRAUMA: TITLE IX COORDINATOR AND
ADMINISTRATOR TRAINING & CERTIFICATION LEVEL FOUR COURSE

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YOUR FACULTY



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AGENDA



- I. Levels of Prevention
- II. Prevention in Pract
- III. The Seven C's
 - Cogent
 - Community-wide
 - Collaborative
 - Consistent
 - Compliant
 - Comprehensive
 - Centrally-planned
- IV. VAWA Section 304 Prevention Programming

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AGENDA



- VI. Neurobiology of Trauma
- VII. Trauma-Informed Interviewing
- VIII. Predation and Cycles of Violence
- IX. Psychology of the Perpetrator
- X. Victim Advocacy and Intake
- XI. Mandated Reporting Best Practices & Advanced Notice-related Issues

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Given the depth and breadth of the training, and educational and programming requirements under VAWA 2013 – Sec. 304, it is critical to understand the foundational theories of prevention education, programming, initiatives, and strategies.

TERMINOLOGY



- Education
- Training
- Awareness
- Risk Reduction
- Prevention
 - Primary Prevention
- Intervention
 - Secondary Prevention
- Post-Vention
 - Tertiary Prevention

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PREVENTION METHODOLOGIES



- Prevention is integrated across disciplines and therefore collaborative.
- Prevention is holistic (i.e., addressing physical, spiritual, and emotional well-being).
- Prevention is evidence-based and/or able to demonstrate efficacy.
- Prevention is strategic in design and implementation.
- Prevention is multi-targeted, directed at the individual, the community, and the society (environmental).

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LEVELS OF PREVENTION



- **Primary Prevention:**

- Occurs before the risk or injury has occurred.
- Goal: Prevent injury or harm before it occurs. Reduce both incidence and prevalence of the problem.
- Examples:
 - Bystander Intervention
 - Programs teaching healthy and respectful relationships
 - Risk-reduction programming
 - Programs addressing men's role in preventing sexual violence
 - Discussion groups with populations with high-risk of perpetration
 - Social norming campaigns

LEVELS OF PREVENTION (CONT.)



- **Secondary Prevention:**

- Targets a problem that already exists; often immediately after injury has occurred.
- Goal: To minimize the impact of the problem and address short-term responses or consequences of the injury or harm.
- Examples:
 - Interim remedies and victim services
 - Deterrence-based programs
 - Awareness programming — Take Back the Night, Walk a Mile in Her Shoes, etc.
 - Social norming campaigns (can be primary or secondary depending on focus)

LEVELS OF PREVENTION (CONT.)



- **Tertiary Prevention:**

- Provides intervention after risk or injury has occurred. Addresses lasting or longer-term responses for those already impacted by the problem.
- Goal: Stopping or slowing the progress of the problem.
- Examples:
 - Remedies for victims
 - Offender treatment services
 - Policies and procedures to address sexual violence
 - Support groups and long-term remedies

PREVENTION: THE SEVEN Cs

- Cogent
- Community-wide
- Collaborative
- Consistent
- Compliant
- Comprehensive
- Centrally-planned

Note: The Seven C's are copyrighted to The NCHERM Group, LLC.

7C's

① COGENT



- Make the content and the curriculum persuasive, convincing, clear, coherent, and sound.
- Relies on researched models, strong data, and proven methodologies.
- Relies on best practices, harnesses and employs assessment efforts, and has primary prevention as its foundation, rather than an afterthought.
- Well thought-out, targeted, and tailored to the specific campus community and often to specific constituencies.

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① COGENT (CONT.)



- Requires that everyone in the boat row in the same direction.
- Development of learning outcomes/objectives can assist efforts to achieve intentionality.

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② COMMUNITY-WIDE



- Aims to reach all students and acknowledges the spectrum of types of community members on a campus.
- Intended to impact the climate, processes, and even policies in a given system.
- Targeted to assure that every student has the opportunity to participate.
- Prevention mentality must be infused throughout the community, at all levels and with all populations.
- Develop programs and educational events for students in each year.
- Be willing to mandate programming.

② COMMUNITY-WIDE (CONT.)



Mandated Programming:

- Hands-off, disengaged ethos is pervasive on many campuses when it comes to campus programming.
- We actually do mandate quite a bit from our students, including payment, registration, living on campus, buying the meal plan, community service, completing core requirements, class attendance, completion of sanctions, etc.
- A mandate with negative consequences is often easier to create, administer, and enforce.

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② COMMUNITY-WIDE (CONT.)



Mandated Programming:

- But, a positive mandate is more developmental and students may have better learning outcomes.
- Develop some sort of bureaucracy to oversee compliance.

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② COMMUNITY-WIDE (CONT.)



Program Content:

- Developmental, progressive, consistent, and message-reinforcing.
- Learning goals, objectives, and/or outcomes that are targeted, measurable, and obtainable.
- Unique considerations surrounding prevention programming in an online presence
 - Prevention education tools and resources should be made regularly available to online students.
 - Social media presence
 - Evidence trail
 - Fairly easier to monitor and see if behaviors stop

③ COLLABORATIVE



- Bring together a multitude of students and professionals with varied expertise.
- Value to having multiple perspectives at a table.
- Add to the chances of success and will yield a collaborative mind-set that continues beyond the life of a project.
- Students are key to your success.

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③ COLLABORATIVE (CONT.)



- Work with those offices/departments/organizations that have shared values and similar visions, and align your curriculum to meet your goals as an organization.
- Review your strategic plan and curriculum often.
- Joint efforts in assuring and maintaining compliance with federal training regulations are most effective.
- Structured process for exchanging insights and content, no matter how formal or informal.

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③ COLLABORATIVE (CONT.)



Work with student activities.

- They have the money.
- They have programming needs.
- They have advertising “machine.”
- Make an educational argument (5 percent).
- Collaborate with them on other projects; ‘quid pro quo.’

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③ COLLABORATIVE (CONT.)



Work with academic departments.

- They have the students.
- Try to get into the syllabus.
- Pitch to core classes (e.g., university experience, professors who are overworked, and 101 courses).
- Use extra credit as incentives.
- Develop learning goals.
- Examples: Psychology, Sociology, Women's and Gender Studies, General Education, Film & Media, Honors College, and Public Speaking/English.

③ COLLABORATIVE (CONT.)



Additional departments:

- Career Services
- Orientation
- Office of Diversity Services
- Housing and Residential Life
- Police/Campus Safety
- Greek Life
- Athletics
- Health and/or Counseling Services

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④ CONSISTENT



- Cohesive, having a standard of form, and the ability to replicate our efforts.
- Dedication to the work, its messages, and our students.
- Commitment to the production, evaluation, and re-evaluation of your programmatic efforts.
- Consistency allows for measurement.
- Programs need to be continuous and visible throughout the year; consistency maintains your message.
- Set specific goals.

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⑤ COMPLIANT



- In today's hyper-regulatory environment, our prevention efforts must be compliant with applicable laws, regulations, and guidance.
- Efforts must fulfill the requisite duty of care.
- Utilize a range of campaigns, strategies, and initiatives to provide awareness, educational, risk reduction, and prevention programming.
- 2001 "Guidance on Sexual Harassment," VAWA Sec. 304, 2017 Interim Guidance, forthcoming/recent guidance

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⑥ COMPREHENSIVE



- Employ both the entire spectrum of prevention as well as three levels of prevention: primary, secondary, and tertiary.
- How is our duty of care to our community and its members best fulfilled?
- A successful four-year educational strategy has a number of complex elements.

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7

CENTRALLY-PLANNED



- Centralized planning of prevention is an idea whose time has come.
- Consider now all the different places on your campus from which prevention originates, just on one topic.
- Prevention is coming on many campuses from 20 different, uncoordinated sources whose purposes may align or cross.
- Need a centralized programming office or committee.
- Recognize that student activities personnel and athletics may not be topic specialists in many of the program areas they are called on to address.

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7 CENTRALLY-PLANNED (CONT.)



- Faculty and student representatives and other key stakeholders should be involved in the planning process.
- Requires that a master calendar be functioning on your campus for you to make event, space, and timing decisions.
- Temporal decisions about when to deliver each dose must be strategic.

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⑦ CENTRALLY-PLANNED (CONT.)



- May help to require that all programming efforts that are not centralized be pre-approved by the committee, so that the committee has a mechanism for keeping the master calendar accurate and staying on message with the prevention philosophy and strategy.
- May also be helpful to centralize programmatic funding within this committee, or at least centralize approval for programmatic expenditures related to its purview, to build a prevention war-chest, and to help avoid non-strategic programs that may detract from or diminish the efficacy of the strategy.

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⑦ CENTRALLY-PLANNED (CONT.)



- Coordinating message, timing, dosage, audience, the developmental progression of the concepts, assuring mutually reinforcing concepts, and cross-pollinating effective prevention paradigms can create a tipping point of transformation.
- Priority order or a naturally progressive educational ordering for the topics.
- Once you launch your curriculum and strategy, you will need to begin very quickly to assess the programs.

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VAWA 2013 – SECTION 304: PREVENTION PROGRAMMING

- Regulations repeatedly reference varying forms of programming, education, and initiatives targeting Sexual Assault, Domestic Violence, Dating Violence, and Stalking, such as:
 - Primary prevention programs
 - Ongoing prevention and awareness programming and campaigns
 - Risk factors, protective factors, and risk reduction
 - Programming that changes behavior and social norms
 - Programming that increases understanding and skills

VAWA EDUCATIONAL PROGRAMS AND CAMPAIGNS

- Description of Programs
- Traits of Effective Programs
- Primary Prevention
- Awareness Programs
- Incoming Students and New Employees
- Prohibiting the VAWA Offenses
- Bystander Intervention
- Risk Reduction
- Ongoing...

VAWA: EDUCATIONAL PROGRAMS AND CAMPAIGNS



- ASR Statement must include:
 - “A description of the institution’s educational programs and campaigns to promote the awareness of dating violence, domestic violence, sexual assault and stalking.”
 - “A description of the institution’s **primary prevention** and **awareness programs** for all incoming students and new employees.”

“Programs to prevent dating violence, domestic violence, sexual assault and stalking are defined as comprehensive, intentional and integrated programming, initiatives and strategies and campaigns intended to end dating violence, domestic violence, sexual assault and stalking.”

VAWA: EDUCATIONAL PROGRAMS AND CAMPAIGNS



- Programs should be tailored to each institution and its constituents and be:
 - “Culturally relevant.
 - Inclusive of diverse communities and identities.
 - Sustainable.
 - Responsive to community needs.
 - Informed by research or assessed for value, effectiveness or outcome (i.e.: research conducted according to scientific standards and efficacy assessments performed by institutions and organizations), and
 - Consider environmental risk and protective factors as they occur in the individual, relationship, institutional, community, and societal levels.”

VAWA: EDUCATIONAL PROGRAMS AND CAMPAIGNS



- Programs must include **primary prevention**.
 - Primary prevention defined: programming, initiatives, and strategies intended to stop the crimes before they occur through:
 - Promotion of positive and healthy behaviors that foster healthy, mutually respectful relationships and sexuality.
 - Encourage safe bystander intervention, and
 - Seek to change social behavior and social norms in healthy and safe directions.
 - Examples: programs that promote good listening and communication skills, moderation in alcohol consumption, and common courtesy

VAWA: EDUCATIONAL PROGRAMS AND CAMPAIGNS



- Programs must include **awareness programs**:
 - Awareness programs defined: “Community-wide or audience-specific programming initiatives and strategies that increase audience knowledge, and share information and resources to:
 - Prevent violence
 - Promote safety, and
 - Reduce perpetration” (8-4)

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VAWA: EDUCATIONAL PROGRAMS AND CAMPAIGNS



- Must be directed at all incoming students and new employees.
 - No requirement that all take or attend, but an attendance mandate is encouraged.
 - Institutions **must** make a “good-faith effort” to reach all incoming students and all new employees.
 - Requires “active notification of the training’s availability, and providing the training in a format and timeframe that encourages and allows for maximum participation.”
 - Means of delivery (in-person, theatrical, online videos, online interactive) can vary depending “on the circumstances of your community” (8-4 & 8-5).

VAWA: EDUCATIONAL PROGRAMS AND CAMPAIGNS



“Incoming Students”

- ✓ First-year students
- ✓ Transfer students
- ✓ Student-athletes
- ✓ International students
- ✓ Graduate students
- ✓ Professional students
- ✓ Online students
- ✓ Others?

“New Employees”

- ✓ Full-time
- ✓ Part-time
- ✓ Faculty – all levels
- ✓ Staff
- ✓ Administrators
- ✓ Union and non-union
- ✓ Student employees:
 - RAs, TAs, GAs...
- ✓ Others?

VAWA: EDUCATIONAL PROGRAMS AND CAMPAIGNS



- Programming should include “a statement that the institution prohibits the crimes of dating violence, domestic violence, sexual assault and stalking as those terms are defined for purposes of the Clery Act.”
 - This does NOT mean your institutional policies must mirror Clery Act definitions.
 - Local jurisdictional definitions of
 - Dating violence, domestic violence, sexual assault and stalking.
 - Consent in reference to sexual activity.
 - Should also state institutional definition of consent and how it is used.

Note: “If your local jurisdiction does not define one of these terms, state that there is no definition of the terms in your local jurisdiction.”

VAWA: EDUCATIONAL PROGRAMS AND CAMPAIGNS



- Programming should include “a description of safe and positive options for bystander intervention”
 - Defined as: “Safe and positive options that may be carried out by individual or individuals to prevent harm or intervene when there is a risk of dating violence, domestic violence, sexual assault and stalking.”
 - “Recognizing situations of potential harm;
 - Understanding institutional structures and cultural conditions that facilitate violence;
 - Overcoming barriers to intervening;
 - Identifying safe and effective intervention options; and
 - Taking action to intervene” (8-7).

VAWA: EDUCATIONAL PROGRAMS AND CAMPAIGNS



- Programming should include “information on risk reduction”
 - Defined as “options designed to:
 - Decrease perpetrations and bystander inactions;
 - Increase empowerment for victims in order to promote safety; and
 - Help individuals and communities address conditions that facilitate violence” (8-7).

Note: “information about risk reduction must not be presented in a manner that encourages victim blaming.”

VAWA: EDUCATIONAL PROGRAMS AND CAMPAIGNS



- Your statement must include a description of the institution’s ongoing prevention and awareness campaigns for students and employees.
 - Programming, initiatives, and strategies that are sustained over time
 - Must focus on increasing understanding of topics relevant to and skills for addressing dating and domestic violence, sexual assault, and stalking.
 - Should use “multiple strategies in a coordinated way throughout the year to reach all populations.” For example:
 - Communication strategies
 - Programming and providing materials
 - Booths at student fairs and events
 - Faculty-led classroom discussions on issues and available services (8-8 & 8-9)

Note: These campaigns must provide the same information and meet all of the same standards as primary awareness and prevention campaigns.

TITLE IX/VAWA SEC. 304 PREVENTION & TRAINING CHECKLIST



- The basis of each training as required/recommended by:
 - Title IX-based guidance from OCR and/or DOJ
 - April 2011 Dear Colleague Letter (rescinded in September 2017)
 - 2014 Q&A (rescinded in September 2017)
 - 2015 Dear Colleague Letter & Resource Guide
 - Major resolution agreements and letters
 - Implied necessary elements in various OCR resolution agreements
 - Elements recommended by ATIXA
 - VAWA 2013 – Sec. 304

TITLE IX/VAWA SEC. 304 TRAINING CHECKLIST



- **Trainee Populations:**

- **Title IX Compliance Officers. E.g.:** coordinator and deputies, investigators, hearing boards (including appeals), and others involved in processing, investigating, or resolving complaints.
- **First Responders. E.g.:** RAs, health center employees, counselors, sexual assault response coordinators, academic advisors, and public safety.
- **All Faculty & Staff; ATIXA Mandatory Reporters.** ATIXA recommends making all faculty and staff mandatory reporters.
- **All Students**
 - Undergraduate, graduate, professional, distance, and online, etc.

TRAINING CHECKLIST



Consent in Sexual Interactions					
43	Force and consent (including examples)	✓	✓	✓	✓
44	Capacity/incapacity, including the role and correlation of alcohol and other drugs (including examples)	✓	✓	✓	✓
45	Effective Consent - "Yes" through clear word or action (including examples)	✓	✓	✓	✓

Prevention, Awareness and Community Education					
55	Definitions of Consent, Sexual Assault, Domestic Violence, Dating Violence, and Stalking in the applicable jurisdiction	+	+	◆	◆
56	Risk reduction measures - to increase victim empowerment, promote safety, and help community address conditions facilitating violence	+	+ (P)	◆ (P)	◆ (P)
57	Strategies and skills for bystanders to intervene to prevent sexual violence; attitudes of bystanders that may allow behavior to continue	+ (P)	+ (P)	✓ (P)	✓ (P)
58	Safe and positive options for Bystander Intervention pertaining to Sexual Assault, Domestic Violence, Dating Violence, and Stalking	+ (P)	+ (P)	◆ (P)	◆ (P)
59	How to prevent and identify sexual violence	✓ (P)	✓ (P)	✓ (P)	✓ (P)
60	Prevention mechanisms and strategies targeted to stop harassment or discrimination, remedy its effects, and prevent its recurrence	✓ (P)	✓ (P)	✓ (P)	✓ (P)
61	Awareness programming to prevent violence, promote safety and reduce Sexual Assault, Domestic Violence, Dating Violence, and Stalking	+ (P)	+ (P)	◆ (P)	◆ (P)
62	Potential for revictimization by responders and its effects on students	✓	✓	✓	

TRAINING COORDINATION AND OPERATIONALIZATION



- Centralization and oversight of campus-wide efforts.
- How?
 - In person? Online? Classroom?
 - Administrator-driven? Peer-driven?
- When/how often?
 - Orientation: summer orientation, orientation (student, faculty, and staff)
 - Follow-up is crucial.
 - Ongoing prevention and awareness campaigns
 - Programs, conversations, speakers, hall and floor meetings, first-year seminar, third-party online training, etc.

While much time and attention is spent on how to best respond to notice of Sexual Harassment/Stalking/Sexual Violence taking place, we spend too little time exploring how to prevent these behaviors on campuses and online.

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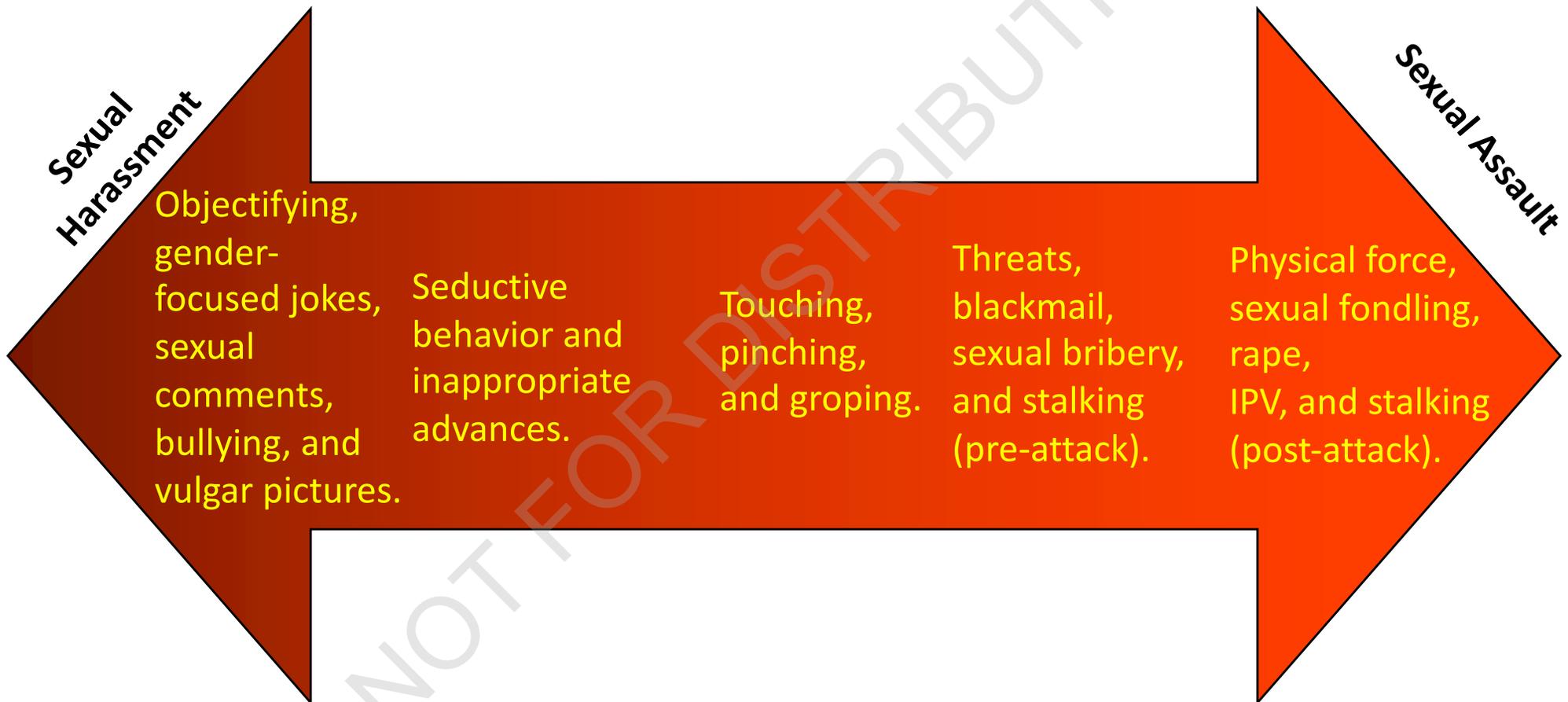
PREVENTION STARTS WITH RECOGNITION



- The first key to prevention is recognition.
 - Bystander intervention example
- There are many ways that Sexual Harassment/Stalking/Sexual Violence can manifest, but rarely does it do so in isolation.
- The context is one of an entire continuum, including bullying and stalking.
- Let's explore a graphical representation of the concept...

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CONTINUUM OF SEXUAL/SEX-BASED DISCRIMINATION



9 PRINCIPLES OF EFFECTIVE PREVENTION PROGRAMS



- 1. Comprehensive:** Strategies should include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target problem.
- 2. Varied Teaching Methods:** Strategies should include multiple teaching methods, including some type of active, skills-based component.
- 3. Sufficient Dosage:** Participants need to be exposed to enough of the activity for it to have an effect.
- 4. Theory Driven:** Preventive strategies should have a scientific justification or logical rationale.
- 5. Positive Relationships:** Programs should foster strong, stable, and positive relationships between students and role models/mentors.

9 PRINCIPLES OF EFFECTIVE PREVENTION PROGRAMS



6. **Appropriately Timed:** Program activities should happen at a time (developmentally) that can have maximal impact in a participant's life.
7. **Socio-Culturally Relevant:** Programs should be tailored to fit within cultural beliefs and practices of specific groups, as well as local community norms.
8. **Outcome Evaluation:** A systematic outcome evaluation is necessary to determine whether a program or strategy worked.
9. **Well-Trained Staff:** Programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision.

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NEUROBIOLOGY OF TRAUMA

- Introduction to Trauma
- Neurobiological Impact of Trauma
- Considerations for Interviewing

UNDERREPORTING



- Fear of not being believed
- Fear of being blamed
- Not defining what happened as sexual violence
- Fear of retaliation
- Concerns about confidentiality
- Negative associations with medical, law enforcement, or legal establishments
- Cultural norms
- To whom and how to disclose
- Concerns if drugs were used and/or if underage
- Delayed reporting
- Re-traumatize
- Nothing will come of it
- Others?

WHAT IS TRAUMA?



Exposure to an event or events that creates a real or perceived threat to life, safety, or sense of well being and bodily integrity.

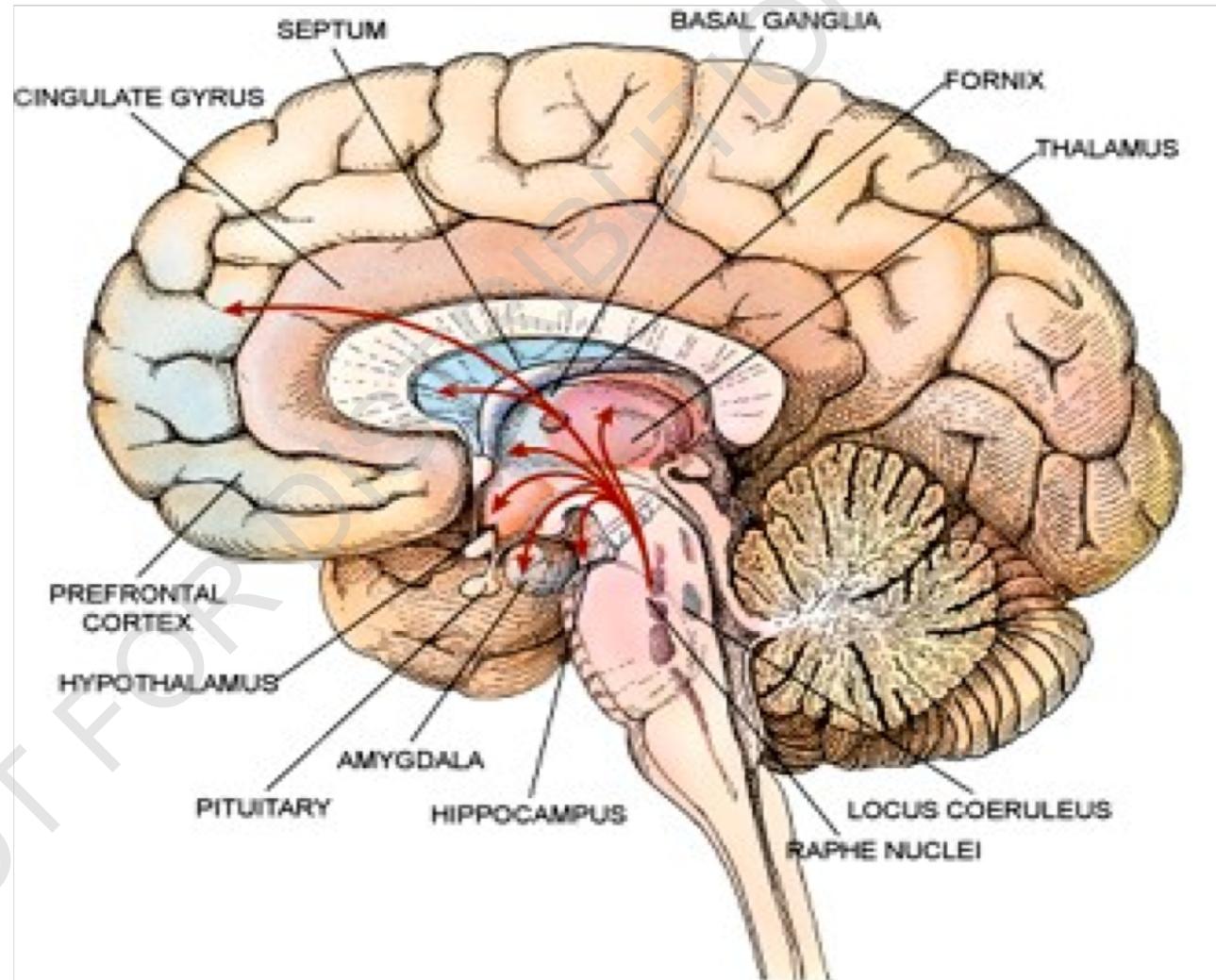
May result from:

- War
- Natural Disasters
- Sexual Violence
- Relationship Violence
- Stalking

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HOW THE BRAIN AND BODY RESPOND TO TRAUMA

- Hypothalamus
- Pituitary
- Hippocampus
- Amygdala



PERCEIVED THREAT



When the Amygdala senses a threat in the form of sexual assault, it signals to the Hypothalamus, which signals to the Pituitary Gland, which signals to the Adrenal Gland, which releases hormones or chemicals throughout the body to help react to the threat and likely trauma.

The Amygdala does not distinguish between “types” of sexual assault (i.e., stranger or acquaintance), but interprets them equally as threats to survival.

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HORMONAL FLOOD



- Catecholamines (Adrenaline): responsible for fight or flight; create mobilization but impair rational thought and decision-making
- Opioids: to deal with pain, create flattening affect
- Cortisol: affects energy availability
- Oxytocin: promotes good feelings to counterbalance sensation of pain

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DURATION OF FLOODING



The hormonal flood may last for 96 hours (four days), and may be reactivated by a triggering event.

Yet we often expect victims to make major decisions and recount the incident during this time.

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EFFECTS OF FLOODING



Hormones are released in varying amounts and may result in behavioral differences among victims:

- Fight, Flight, Freeze – not a choice. Also impacted by chemical surge into prefrontal cortex, impairing ability to think rationally.
- May present to you as confused, laughing, crying, flat, angry, irritable, or variable.

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TONIC IMMOBILITY



- Hormonal flood and dysregulation of the autonomic nervous system can cause the body to shut down.
- “Rape-induced paralysis.”
- Up to ½ of those who experience a sexual assault will also experience tonic immobility, like being awake during surgery.
- Know what is happening but can’t fight.
- This is a biological response based on survival; think of the animal world.

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MEMORY AND SEXUAL ASSAULT



Hippocampus is the “memory maker;” processes information into memories.

Memory is formed in two steps:

1. Encoding: organizing sensory information coming into brain.
2. Consolidation: grouping into memories and storing the stimulus.

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MEMORY AND SEXUAL ASSAULT (CONT.)



- The hormonal flood doesn't interfere with the laying down of memory or its accuracy, but does impair the ability of the hippocampus to **consolidate** memory.
- May create fragmented memories.
- Recall can be slow and difficult.

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EFFECT OF ALCOHOL OR OTHER DRUGS



- Alcohol (or other drugs) will also interfere with encoding of the context details such as time, place, and exact sequence of events.
- What is encoded will be fragmented; may result in spotty memory.
- Brain will still process sensory information, like smell.

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EXPECTATIONS DURING INTERVIEW



- Expecting a victim to give a linear account in the days after an incident, or after having been triggered, is not realistic.
- Memory fragmentation is a neurobiological condition.
- Having “inconsistent” memory, pausing, and stumbling to provide an account are normal.
- Considerations for credibility assessment.
 - Recognize we cannot excuse or dismiss discrepancies in testimony, but we can understand why they may exist.

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ADDITIONAL IMPACTS DURING THE 96 HOURS



- Physical toll on body: headaches, body ache, GI issues
- Compromised decision-making
- Emotional swings
- Self-medicating behaviors

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VICTIM RESPONSE TO TRAUMA ALSO IMPACTED BY



- Personality
- Coping strategies
- Available support systems and resources
- General resilience
- Past history of traumatic experiences
- Cultural differences in the perception and expression of trauma
- Normalization/adaptation

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IMPACT ON PARTNERS, FAMILY, AND FRIENDS



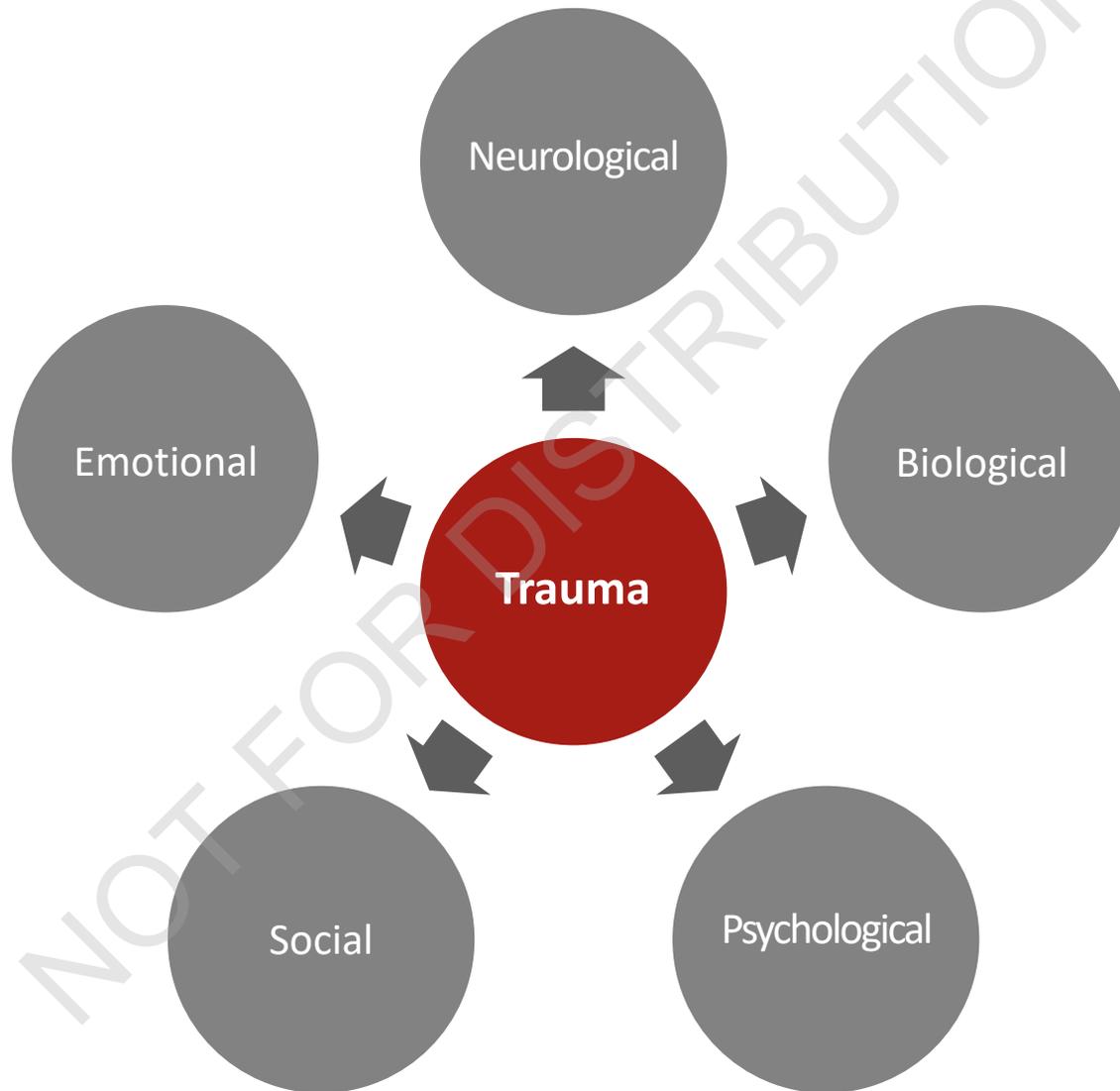
- Secondary, or indirect, victims.
- Often suffer many of the same initial and long-term symptoms.
- Overprotection or blame.
 - Important to have informed and helpful point of contact with the institution (as permissible given privacy issues).
- High stress associated with unsupportive behaviors (e.g., emotional withdrawal, blaming).

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TRAUMA-INFORMED INTERVIEWING

- Sexual Assault as Trauma
- Considerations for Interviewing

IMPACT OF TRAUMA ON FUNCTIONING



THE BRAIN'S RESPONSE TO TRAUMA



In response to the anticipated trauma of sexual assault, hormones are released into body, which impact:

- Ability to react physically
- Ability to think rationally
- Ability to consolidate or group memories

This is a neurobiological response, not a choice.

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CONSIDERATIONS FOR INTERVIEWING



- Allowance for sleep cycles prior to interviews.
 - 1-2 sleep cycles makes a big difference in ability to connect memories.
- Be mindful that recall is often difficult and slow following trauma. Expect a non-linear account, with jumping around and scattered memories. Use strategies that pull out fragmented memories.
- If alcohol is an additional factor, narrow and detailed questions will be difficult for victims to access and may create additional stress.
- Use open-ended questions. Don't interrupt or barrage with questions.
- Allow time.
- Be cognizant of why someone may respond in a “counterintuitive” manner.
- Use non judgmental/non-blaming language.
- Avoid re-traumatization.

A TRAUMA INFORMED RESPONSE ALSO:



- Prioritizes developing rapport and building trust.
- Emphasizes transparency and predictability.
- Promotes safety.
- Recognizes the impact of trauma on a cognitive, physical, psychological, emotional, and neurobiological level.
- Understands how trauma can impact one's academics/work/social life.
- Recognizes need for support/positive relationships.
- Honors choice with goal of empowerment.
- Is respectful; considers boundaries and privacy.

WHAT MIGHT SHUT VICTIMS DOWN



- Unsupportive responses.
- Avoid:
 - Taking control any more than you have to.
 - Escalating the situation.
 - Defining or labeling their experience.
 - Asking why questions.
 - “Why did you . . . ?”
 - Verbalizing judgment in the moment.
 - Telling them they must press charges.

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UNIQUE CONSIDERATIONS



- Populations:
 - Male victims
 - LGBTQI victims
 - International victims
 - Same-sex assault victims
 - Victims with disabilities
 - Victims with histories of mental health issues
 - Victims of drug-facilitated assaults
 - Victims of repeat assaults
- Underreporting
- Stereotyping
- Internalized and/or institutionalized bias/prejudice
- Lack of informed, available services

MALE VICTIMS



- Perpetrators of any sex
 - Power and control
 - Within the context of relationships
- Gender norms
 - Fear
 - Embarrassment
 - Self-defense
 - Perceptions about sexual orientation
- Physiology

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INTERNATIONAL VICTIMS



- Students, faculty, and staff
- Language barriers
- Cultural variance and differentiation
 - Religious considerations
 - Interaction between men and women
 - LGBT barriers
 - Use of alcohol and drugs
- Pride, shaming, and disowning
- Unfamiliarity with or trust in counseling and medical services and support

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LGBTQI OR SAME-SEX VICTIMS



- Heterosexual or LGBTQI perpetrators
- Rates of sexual violence within the LGBTQI community
- Targeting based on (perceived) identity
- Reporting may force “outing”
- Fear of betraying community
- Unique health concerns
- Gender-neutral language
- Religious overlay
- Familial tensions

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VICTIMS WITH DISABILITIES



- Often subject to higher levels of sexual assault than other populations
- Ability to consent may be impacted
- Lack of prevention education
- Taboo
- Accommodations

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VICTIMS OF DRUG-FACILITATED SEXUAL ASSAULT



- Perpetrators can appear to be rescuers.
- Prevented from detecting threats to safety.
- Inhibited from exercising self-defense.
- Inability to remember.
- Reporting patterns are affected.
- System's response affected by inability to recall what happened.
- Trauma can be misjudged and minimized.
- Unique form of trauma.

Fitzgerald, N. and Riley, K. (April 2000). "Drug-Facilitated Rape: Looking for the Missing Pieces." *National Institute of Justice Journal*.

- Rape/Sexual Assault:
 - Prevalence statistics vary due to underreporting.
 - 1 in 3 women worldwide.
 - 1 in 4 to 1 in 6 women on campuses (actual or attempted).
 - 3% false reporting rate is in line with all other violent crimes.
 - <http://pcar.org/realities-sexual-violence>
 - 90% of perpetrators were non-strangers (National College Women Sexual Victimization Study, 2000).
- Intimate Partner Violence:
 - Up to 1 in 3 college women have experienced www.ncadv.org

STATISTICS (CONT.)



- Stalking:
 - 1 in 6 women and 1 in 19 men have experienced stalking victimization.
 - Majority are stalked by someone they know.
 - Often, but not always on the basis of sex/gender (important for Title IX-based response).
- Harassment:
 - Common on college campuses.
 - Most victims do not report:
www.aauw.org/files/2013/02/drawing-the-line-sexual-harassment-on-campus.pdf

WHO COMMITS CAMPUS SEXUAL VIOLENCE?



- Previous research (Lisak and Miller, 2002) based on assessing offender characteristics at a single point in time:
 - Small number of college men perpetrating the vast number of rapes, and
 - They committed rape consistently over time.
 - Led to a focus on detecting this small group of serial predators.
- Newer research (Swartout et al., 2015) based on patterns over time:
 - Subset of perpetrators commit multiple acts of rape over time, but
 - Majority of perpetrators do not chronically offend over time.
 - Approximately 10.8% of college men commit a completed rape before or during college – higher than previously believed.
 - Of those who committed rape during college:
 - 75% report perpetration during only one year.
 - 25% report perpetration during two or more years.

WHO COMMITS CAMPUS SEXUAL VIOLENCE? (CONT.)



Takeaways:

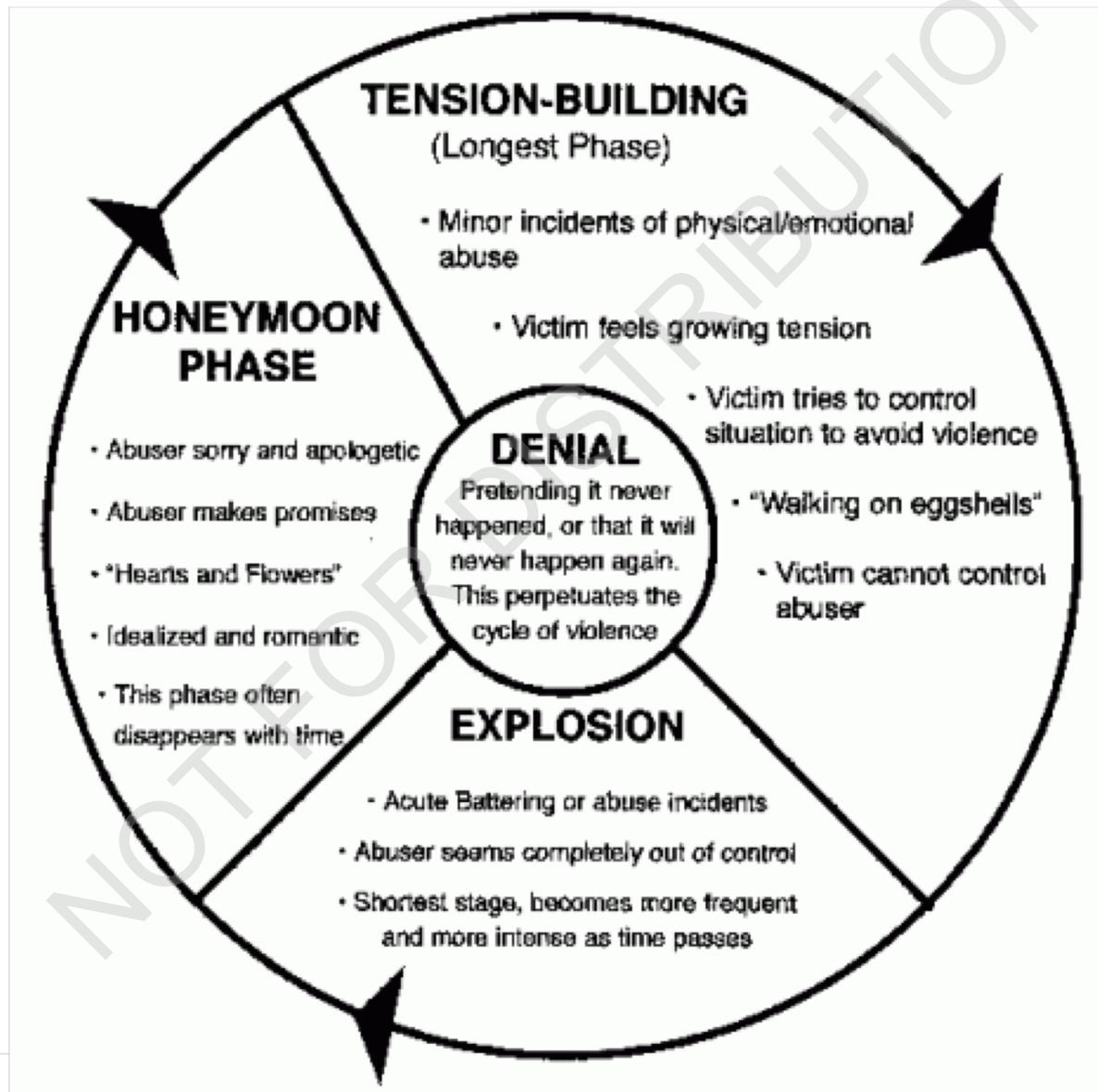
- A higher proportion of men are considered rapists than was previously believed, but a majority reports rape at only one time point.
- Perpetrators are more heterogeneous in terms of their risk factors, methods of coercion, and patterns of offending over time.
- In addition to detecting perpetrators, recognize that rape is impulsive, opportunistic, and occurs in intimate/dating relationships.
- Implications for prevention?

THE PREDATORY PERPETRATOR



- It is hard to identify a predator absent evidence of pattern acts.
- We can't profile/base decisions on personality characteristics.
- Still, experienced investigators develop “Spidey sense” that informs their investigations:
 - Sociopathy (Read *The Sociopath Next Door*, Martha Stout, Ph.D.).
 - Can the responding parties empathize?
 - Do they show genuine remorse?
 - Are they able to reflect on how they have impacted another human being?
 - Are their justifications of their actions nothing more than attacks on their accuser?
 - Are they externalizing responsibility, rationalizing or trying to justify abuse?

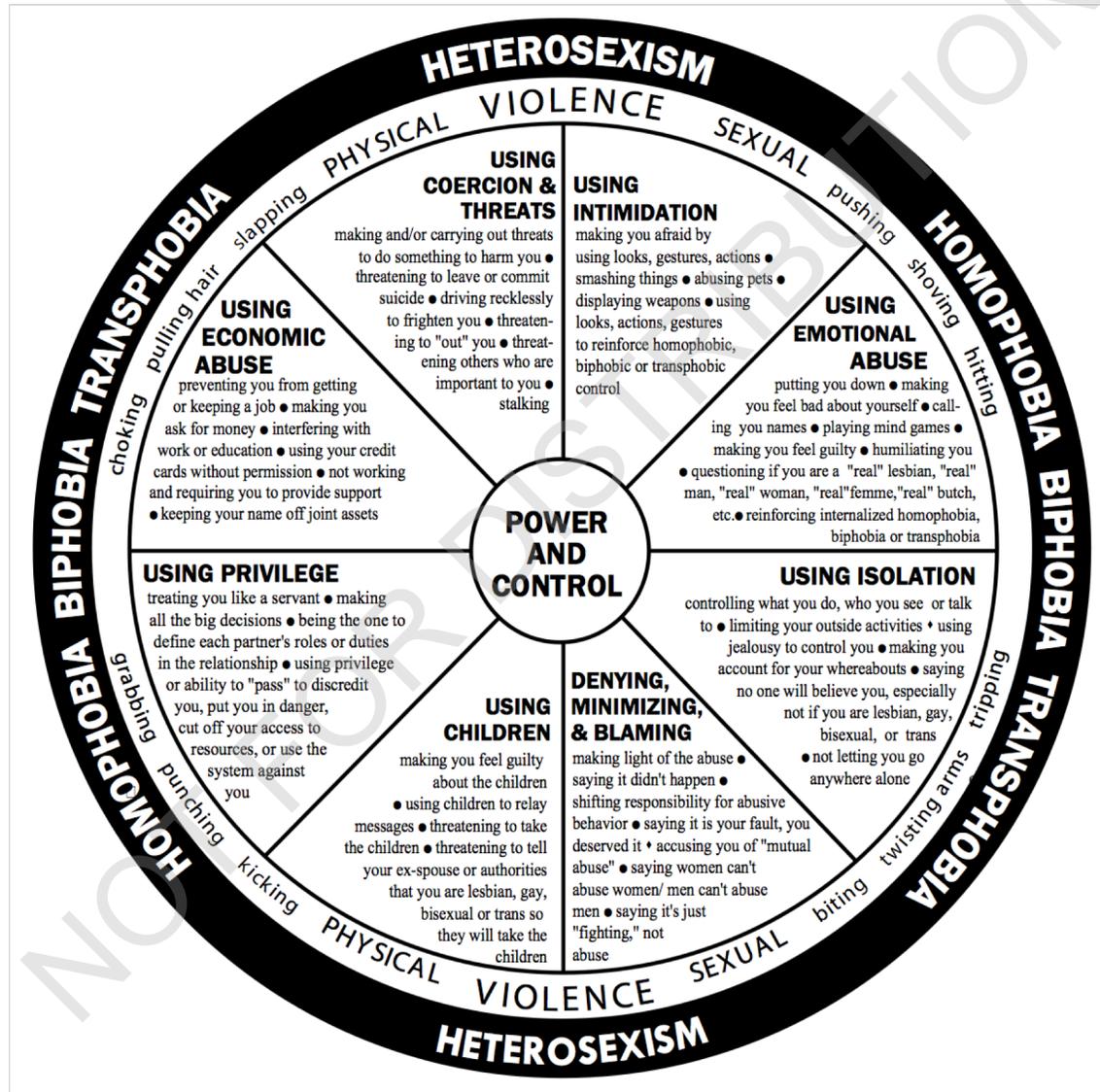
THE CYCLE OF VIOLENCE



THE CYCLE OF VIOLENCE



THE CYCLE OF VIOLENCE



SEXUAL ABUSE CONTINUUM



- Sexist jokes
- Sexual objectification
- Jealousy
- Minimizing partner's feelings and needs regarding sex
- Criticizing partner sexually
- Unwanted touch
- Withholding sex and affection
- Sexual labels like "whore" or "frigid"
- Always demanding sex
- Forcing partner to commit humiliating sexual acts
- Cheating
- Forcing partner to watch sexual acts with others
- Demanding sex with threats
- Forcing sex
- Forcing sex with others
- Forcing uncomfortable sex
- Forcing sex after beatings
- Sadism

IMPACT OF STALKING ON VICTIMS



- 46% of stalking victims fear not knowing what will happen next.
- 29% of stalking victims fear the stalking will never stop.
- 1 in 8 employed stalking victims lose time from work as a result of their victimization and more than half lose 5 days of work or more.
- 1 in 7 stalking victims move as a result of their victimization.
- The prevalence of anxiety, insomnia, social dysfunction, and severe depression is much higher among stalking victims than the general population, especially if the stalking involves being followed or having one's property destroyed.

National Stalking Resource Center, <http://victimsofcrime.org>

VICTIM ADVOCACY & INTAKE

- Victim Advocacy Tenets
- Advocate Role & Advocacy Issues
- Privacy & Confidentiality
- Victim Rights
- Campus Response Team
- Medical Exam and Evidence Collection
- Conducting Intake
- Common Remedies

BASIC TENETS OF VICTIM ADVOCACY



- Provide information about choices
 - Legal:
 - Criminal – Campus or local police (if desired by victim)
 - Civil
 - Protection From Abuse (PFA) Order
 - Campus:
 - Public Safety
 - Internal disciplinary
- Listen with respect, not judgment
- Cooperation among response team – Protocols

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COMMON ROLES OF AN ADVOCATE



- Support
- Empowerment
- Medical evidentiary exam accompaniment
- Law enforcement statement accompaniment
- Courtroom accompaniment
- Psychoeducation
- Campus-based resolution accompaniment
- Listen, listen, listen

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PRIVACY & CONFIDENTIALITY



- Institutions may (should) designate Victims Advocates as confidential for Title IX reporting purposes.
 - Aggregate data still needed.
- Provides and gives back a sense of control.
- Provides a safe haven, making disclosure more safe.
- Ensure that limits to confidentiality are known.

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VICTIM RIGHTS



- Medical-evidentiary exam:
 - Victim cooperation with law enforcement is not required.
 - No out-of-pocket expense.
 - Privacy.
 - Consent required for each element of exam; can be withdrawn at any time.
- Law enforcement statement:
 - Victim right to an advocate.
 - Victim reviews and signs official version.
 - Understanding that a victim's state of mind may change in the time following an assault.
 - Details may become more or less clear and/or vary from the immediate aftermath.

CAMPUS-BASED RESPONSE TEAM



- Advocate/Advisor
- Medical/Counseling personnel
 - Student Health
 - Counseling Services – Student, Employee Assistance Program
- Law Enforcement
 - Local Police
 - Public Safety
- Campus Resolution Services
 - Title IX, Student Conduct, Human Resources
- Student Affairs personnel

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SANE/SAFE NURSES



- Sexual Assault Nurse Examiner (SANE)/Sexual Assault Forensic Examiner (SAFE).
- Specially trained to complete a medical-legal exam of sexual assault victims.
- Improved evidence collection and more sensitive initial medical response.
 - Photos
 - Observations and examination
 - DNA samples
 - Victim statement

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MEDICAL-EVIDENTIARY EXAM



- The sooner after an assault, the more evidence may be recovered.
- To preserve evidence, it is recommended that victims refrain from:
 - Eating/drinking/smoking
 - Bathing/showering/brushing teeth
 - Urinating/defecating/douching
 - Changing clothes
- No judgment or blame if a victim has already done or chooses to do any of the above.

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MEDICAL-EVIDENTIARY EXAM (CONT.)



- If drug facilitation is in question, the following can be preserved as evidence:
 - A potentially drug-laced drink
 - Vomit
 - Urine
 - Blood
- Emergency department
 - SANE/SAFE called if available
 - Otherwise, ER physician or OB/GYN resident on call
 - Delays are possible
 - Lengthy process
 - Chain of evidence

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MEDICAL-EVIDENTIARY EXAM (CONT.)



- Elements of an exam:
 - Medical history
 - Stand over paper to collect any evidence that might fall off of a victim's body.
 - Clothing collection, if possible
 - External exam
 - Collection of victim samples: hair, blood, urine, saliva, skin, nails etc.
 - Internal exam(s), as necessary:
 - Oral, vaginal and/or anal
 - May include use of a colposcope, or small camera, to document internal injuries such as tears or bruising
 - Treatment

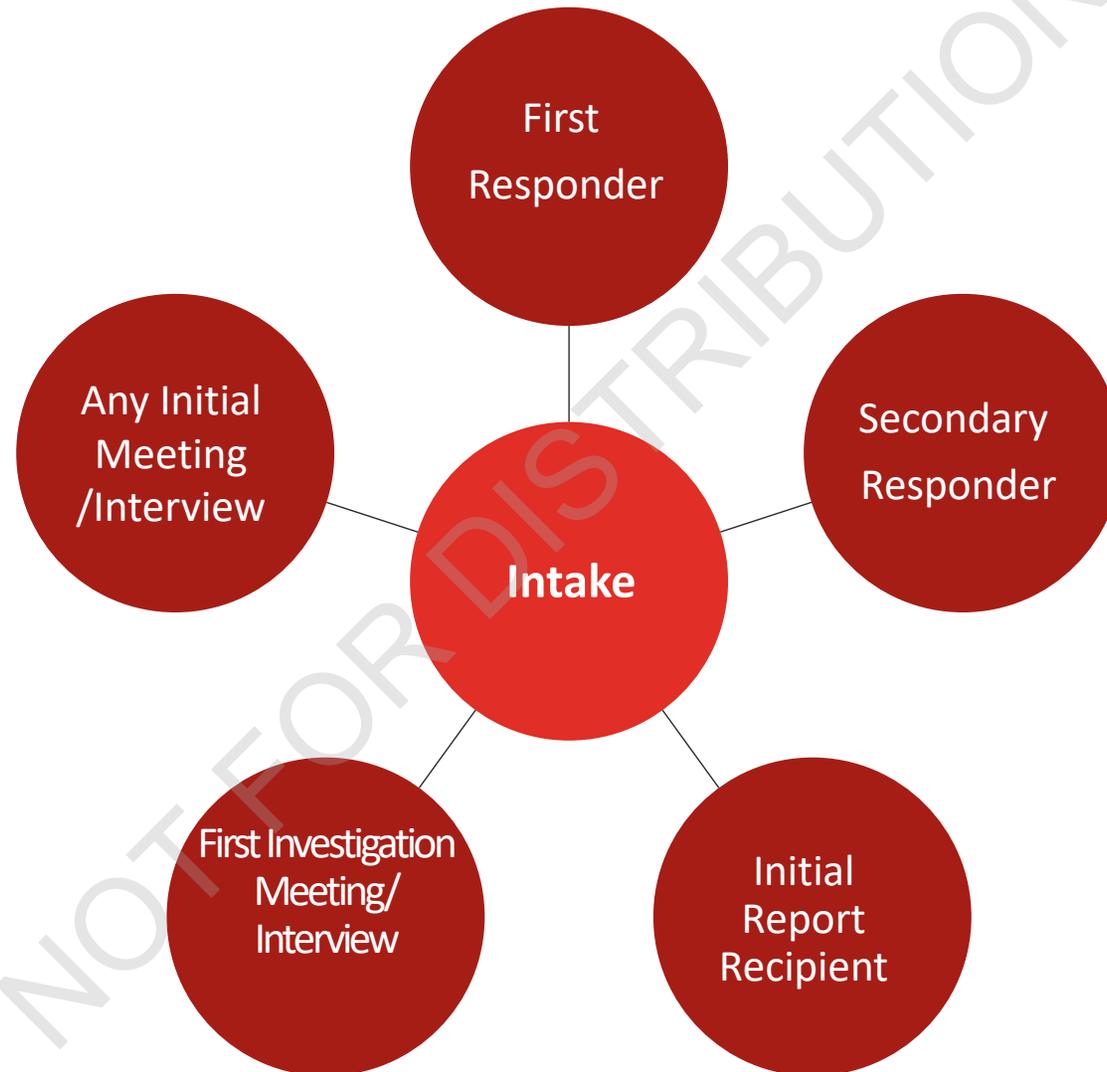
- Compassion Fatigue:
 - “...the cumulative physical, emotional, and psychological effect of exposure to traumatic stories or events when working in a helping capacity, combined with the strain and stress of everyday life.” (American Bar Association 2014)
- Vicarious Trauma:
 - Is a cognitive shift in beliefs about one’s self or one’s world view about issues such as safety, trust, or control.
 - For example, hearing about a particularly horrible event might compromise one’s trust or faith in humanity. (Newell and MacNeil 2010)

ADVOCACY ISSUES (CONT.)



- Secondary Traumatic Stress:
 - Results from bearing witness to another person’s trauma via an empathetic relationship, often resulting in anxiety and intrusive thoughts. However, STS is a normal reaction to the stressful and sometimes traumatizing work with survivors.
 - STS may occur independently or co-occur with vicarious trauma. (Newell and MacNeil 2010; Rosenbloom, Pratt, and Pearlman 1995)
- Burnout:
 - Is a physical, emotional, psychological, or spiritual exhaustion resulting from chronic exposure to vulnerable or suffering populations. Burnout can include emotional exhaustion, depersonalization or cynicism and detachment, as well as a reduced sense of personal accomplishment. (Newell and MacNeil 2010)

WHAT DO WE MEAN BY “INTAKE”?



INTAKE MODELS/APPROACHES



- Sexual Assault Response Team (SART)
- Crisis Center
- Key person
 - Coordinator, Advocate, Administrator
- Advocacy Group
- “No Wrong Doors”

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WHO DOES INTAKE AT THE UNIVERSITY



- Title IX Coordinator/Deputy coordinators
- Title IX investigators
- Student Conduct staff
- Women or LGBTQI Center staff
- Student Affairs staff
- Residence Hall staff
- Campus advocates
- Campus Police/Public Safety
- Athletics staff
- Counseling Center staff
- Student Health staff
- Supervisors
- HR staff
- Faculty
- Who Else?

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HOW DOES INTAKE DIFFER FROM ADVOCACY?



Advocacy

- More “Partisan”
- Coordinating resources and remedies
- Longer-term
- Listening, guiding, supporting
- More legally-oriented

Intake

- More “Neutral”
- Connect with resources and remedies
- Initial contact
- Receiving information/report
- Less legally-oriented

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CREATING A CONDUCTIVE INTAKE ENVIRONMENT



- Physical space
 - Neutral setting
 - Seating Arrangement
- Gender balance...
- Attendance
 - Who should attend?
- Advisors/Advocates
- Attorneys
- Parents
- Police

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INTAKE: OUR LANGUAGE



Body Language

- Calm demeanor
- Open posture
- Eye contact
- Non-verbal encouragement (i.e., nodding)
- Attentive listening
- No physical touch without permission

Verbal Language

- Restating their comments
- Mirroring their language
- Avoiding blaming, moralizing, judging (especially with issues of alcohol and drugs)
- Allowing for silence
- Verbal encouragement
- Normalizing feelings

INTAKE INTERVIEW



- Address immediate needs.
- Listen. Allow them to be heard.
- Remember issues surrounding victimology and trauma.
- Help victim understand your role.
 - Often differs from that of an advocate.
 - May have to ask some personal, difficult, and detailed questions.
- Victim intake is typically not the place for developmental/insight conversations.
 - Suspend the student development/counseling tendency.
- Work to establish a baseline of relaxed conversation and establish a rapport before asking questions.
- Attendance of an advisor/advocate.

INTAKE INTERVIEW (CONT.)



- Handle emotions tactfully; allow breaks as necessary.
- Acknowledge their hesitation.
- Practice active listening.
- Ask questions directly and without embarrassment or hedging.
- Ask them to share a complete account of what occurred.
 - Good to have them give full story without asking questions, then, if your role requires it, drill down on details – allow victims to control the flow and the account.
 - “Tell me more.” Restate.

INTAKE INTERVIEW (CONT.)



- Now begin the “interview.”
 - Let them talk.
 - Give them a starting point if they don’t have one.
 - Drill down later.
 - Interrupt for questions only when you must.
 - Note: some strategies may change based on their demeanor.
 - Expressive
 - Angry
 - Resistant
 - Hesitant

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INTAKE INTERVIEW (CONT.)



- Ask them if they have any questions about the process or the procedure.
 - Give them a copy of the brochure.
- Let them know that thoroughness is key and emphasize need for completeness.
- Make sure parties don't leave facts out because they are afraid of getting into trouble.
 - Discuss the amnesty provisions (if applicable).
- Create comfort with language and sensitive subjects.
 - Let them know that they will not offend or surprise you.

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INTAKE INTERVIEW (CONT.)



- Be professional: Gather information; make no judgmental statements about the parties.
- Careful not to suggest answers in your questions.
- Depending on your role, use caution with extraneous comments that could be viewed as partisan.
 - “He should never have said that to you.”
 - “What she did was unacceptable.”
 - “I believe you.”
 - “We will make this right.”
 - “I want to apologize on behalf of the institution.”
- Notify of option for interim and long-term remedies; help facilitate provision of remedies as appropriate (more on this shortly).

INTAKE INTERVIEW (CONT.)



- Depending on your role, you may be gathering evidence.
 - Recording/note-taking
 - Note-taking tips
 - Pay attention to alcohol/drug consumption and timing.
 - Ask for relevant evidence/documentation (e.g., texts, emails, photos).
 - Ask whom they spoke to about the incident.
 - Provide copies of applicable policies and procedures.
 - Ask for witnesses and what those witnesses will address.
 - Use questioning to fill gaps, clarify, etc.
 - Timeline

INTAKE INTERVIEW (CONT.)



- Explain that you will be taking notes or recording and why.
 - Writing vs. Typing vs. Recording
- Acknowledge that they may have told others what happened multiple times already.
 - Ask who else they have talked to about the incident.
- Ask if they have written about this in any fashion:
 - Blog
 - Facebook/Twitter/Social Media
 - Journals or other writings
 - Texts
 - Video journals

INTAKE INTERVIEW (CONT.)



- When they are finished giving the initial statement:
 - Get clarifications –
 - Lots of open ended questions.
 - Use closed questions when resistant or necessary.
 - Give reminders.
 - Speak clearly.
 - Ask simple questions.
 - Cue with time reminders when you go back to assist recall.
 - Do not suggest an answer.
 - Do not appear frustrated or anxious.

INTAKE INTERVIEW (CONT.)



- At the end:
 - “Is there anything else you think is important for us to know?”
 - “Are there any questions that you thought we might ask that we didn’t ask?”
- “What do you think the motivation for this complaint is?” (Only ask if you have already not been told this information.)

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INTAKE INTERVIEW (CONT.)



- To conclude (some investigators do this earlier to assist with empathy):
 - Find out if their academics and/or work have been affected.
 - Ask how this has affected them emotionally and /or physically.
 - Discuss counseling options if they are not already connected.
 - NOTE: Challenges that this may provide when there is not an advocate.

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INTAKE INTERVIEW (CONT.)



- Discuss interim remedies that may be taken:
 - No contact orders
 - Interim restrictions or suspensions
 - What this means: academics and timelines
 - Class changes
 - Living arrangements
- Discuss non-retaliation.
 - Give examples of retaliation, and to whom it should be reported immediately.

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INTAKE INTERVIEW (CONT.)



- Let reporting parties know the next steps and when they will hear from you, and that they can contact you anytime with questions or any problems that arise.
 - Get their contact information.
 - Voicemail?
 - Email?
 - Text?
 - Provide timelines if possible

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COMMON INTERIM & LONG-TERM REMEDIES FOR STUDENTS



- No-contact orders
- Providing an escort
- Adjusting course schedules, coursework, groupwork etc.
- Residential life adjustments
- Transportation Accommodations
- Providing counseling services
- Providing medical services
- Providing academic support services, such as tutoring
- Re-take a course/withdraw from a class without penalty
- Refunds, transcript adjustments
- Incompletes and Independent Study
- Taking actions to prevent retaliation
- Campus wide training and education initiatives & programming
- Referral to and facilitate connection with police and community resources

COMMON INTERIM & LONG-TERM REMEDIES FOR FACULTY & STAFF



- No-contact orders
- Providing an escort
- Adjusting work schedules
- Adjust supervisory/reporting arrangements
- Providing counseling services (EAP, etc.)
- Paid Leave
- Unpaid Leave (use caution)
- Adjusting work tasks
- Taking actions to prevent or redress retaliation
- Training and education initiatives
- Supervisor notification
- Referral to and facilitate connection with police and community resources
- Sensitivity training and educational programming

QUESTIONS?



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