

# Introduction

Early in 2021, Partners in Prevention was given an exciting opportunity to transform bystander engagement strategies for campuses in Missouri. With support from the Missouri Division of Health and Senior Services, Section on Women's Health and in partnership with the Missouri Coalition Against Domestic and Sexual Violence, we set out to develop a bystander engagement program that focuses on the reduction of harm on campus related to alcohol use, drug use, violence, acts of bias and discrimination, and suicide/mental health through an allyship model. Additionally, our focus has been on developing a program that is equitable and usable for all campuses in Missouri, regardless of funding or staffing.

To undertake this effort, we turned to a planning process rooted in the public health approach: the Strategic Prevention Framework.



Our first task was to assess our students' understanding and awareness of bystander engagement behaviors, which we did by completing the Campus Culture and Bystander Engagement Survey (see Appendix) on several campuses in Missouri. It was also important to us to identify the capacity of the campuses in the State of Missouri to implement a new bystander engagement program. We partnered with the Missouri Coalition Against Domestic and Sexual Violence to assist in this information gathering process.

This report is a culmination of the excellent work completed by MOCADSV which will assist in directing our work for planning, implementation, and evaluation moving forward.

For more information about the program, visit our website, mopip.org/engage

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# Sexual Violence on Campus **Guiding Practices for Prevention**

Sexual violence is not endemic to the college experience, yet it has been a serious public health and safety issue on campuses for decades. In our publication, SV 101: Understanding and Responding to Sexual Violence, MOCADSV defines sexual violence in this comprehensive way: "Sexual violence is any non-consensual conduct of a sexual nature. It encompasses a large continuum of acts beginning with unwanted obscene comments, sexual harassment, voyeurism and exposure. These acts become increasingly violent on the continuum and include sexual exploitation, sexual assault, rape, forcible sodomy, incest, child sexual abuse, ritual abuse, statutory rape, drug-facilitated sexual assault, sex trafficking and intimate partner sexual assault. All of these acts are connected by the underlying fact that they are perpetrated without consent." MOCADSV works alongside our partners in the Missouri Department of Health and Senior Services and Missouri Partners in Prevention to prevent rape and abuse on campus through an optimistic yet pragmatic mission: Eliminate sexual violence and intimate partner violence in Missouri campus communities by fostering a statewide network of experts and resources using an evidence-based, trauma-informed primary prevention approach.

In 2015, MOCADSV joined representatives from Missouri universities and the state health department to participate in the first cohort of Action Planning Meetings coordinated by the Centers for Disease Control and Prevention and the American Public Health Association. Joint efforts between MOCADSV, Partners in Prevention, and the Missouri Department of Health and Senior Services provided an opportunity to adapt the "Missouri Model" for a comprehensive approach to prevent campus sexual violence. By strengthening the capacity for localized coalition-building between campuses, domestic and sexual violence service providers, and both campus and community-based healthcare providers, communities are empowered to practice strategic collaboration for preventing sexual violence on campus and in the surround community.

This report analyzes the findings of a survey developed by MOCADSV and administered to Partners in Prevention campuses. Survey questions were developed by incorporating the 9 Principles of Primary Prevention\* into the CDC's 5 Component Framework for Preventing Campus Sexual Violence. Interviews were scheduled with campus representatives with an intentional effort to have representation in interviews from two-year and four-year institutions, public and private institutions, historically Black colleges/universities, faith-based institutions, both urban and rural based institutions, and if the campus is currently receiving funding from the DHSS to implement the Green Dot Bystander Intervention strategy for college campuses. After the interviews were completed the survey was distributed to all Partners in Prevention campuses with mass participation encouraged.

This project was supported by funding made available through the Centers for Disease Control and Prevention administered by the Missouri Department of Health and Senior Services. The findings and recommendations expressed in this report are those of the author(s) and do not necessarily reflect the views of Partners in Prevention, the Missouri Department of Health and Senior Services, or the Centers for Disease Control and Prevention.



#### Component One

# **Comprehensive Prevention**

This includes theory-driven strategies and approaches that complement and reinforce one another across the social ecological model. Risk factors for sexual violence overlap with risk factors for multiple other forms of violence. For this reason, the survey asked respondents to identify if their campus provides prevention programming on the following topics: sexual assault, sexual harassment, dating violence, stalking, STI/pregnancy, drug/alcohol use, suicide. The survey also asked if campuses cross-promote prevention messages across topic areas. Additionally, the survey asked if prevention programming addressed multiple risk and protectives factors, and if prevention programming addressed root causes of violence.

#### Analysis of findings

All participating campuses identified that they provide prevention programming on sexual assault, harassment, and dating violence. The majority of participating campuses identified their campus offers prevention programming on all seven topics listed. Further responses identified a third of participating campuses do not cross-promote prevention programming. Barriers to cross-promotion included: funding restrictions that only cover certain topic areas and curriculum restrictions that do not allow for other topics to be included. Each campus identified their prevention efforts span the social ecological model beyond the individual level and aim to address multiple risk and protectives factors. There was a near even divide between participating campuses that identified their prevention programming addresses root causes of violence and campuses that do not. Each campus that does address root causes of violence in their prevention programming identifies as a four-year public institution with one also identifying as a historically Black college/university. One participant noted, "Culture change is a key pillar of the prevention program."

#### Recommendations

Root causes of violence include, but are not limited to: sexism, racism, xenophobia, homophobia and transphobia, classism, ableism. A community-level protective factor against sexual violence is community connectedness and support. In order to meaningfully build community-level protective factors against sexual violence, prevention programming and policies should address root causes of violence. Community connectedness and support cannot thrive in environments where any number of root causes of violence are prevalent. Additionally, many students come to campus without prior exposure to comprehensive and inclusive sexual health education. We also know students are arriving on campus having already been exposed to violence. A trauma-informed approach to violence prevention recognizes overlapping risk factors, and reinforces positive, pro-social behaviors across health related topics.



#### **Component Two**

### Infrastructure

This includes the basic campus systems and structures needed to effectively implement sexual violence prevention strategies, including well-trained staff and socio-culturally relevant programming. The survey asked participants if their campus has multi-disciplinary teams/committees devoted to violence prevention efforts, how often they meet, and if they work with referral services in the surrounding community. The survey also asked if the campus has at least one designated full time employee to coordinate violence prevention efforts. Additionally, this section of the survey asked participants if they think their campus prioritizes equity and inclusion, if they tailor violence prevention efforts to marginalized student populations, and if campus administration are knowledgeable about root causes of violence.

#### Analysis of findings

The overwhelming majority of participating campuses identified they have a multidisciplinary team/ committee devoted to violence prevention efforts that meets regularly. All but one campus, even of the ones that do not have an on-campus team/committee, identified they make referrals to services in the surrounding community. Two-thirds of campuses identified they have at least one designated full time employee working on violence prevention efforts, and these employees receive regular professional development. The other one-third of participating campuses identified that violence prevention efforts are spread across multiple staff positions, largely falling in either student wellness or student development. All but two participating campuses identified that their institution provides supportive resources to help engage multiple audiences across campuses; one of these campuses identifies as a two-year community college/technical school and the other identifies as a four-year public institution. Barriers to institutional support identified include, lack of initiative and no clear project lead identified. There was an almost equal divide between campuses that tailor violence prevention programming to marginalized student populations and campuses that do not. All but two participating campuses said their institution prioritizes equity, inclusion, and safety on campuses, yet slightly more than half of participants said their campus administration are knowledgeable about root causes of violence.

#### Recommendations

Building the infrastructure to prevent sexual violence on campus should help reinforce prevention efforts across the social ecological model and make these efforts more sustainable. Infrastructure enables and enhances prevention efforts on campus, and weaknesses can include: no designated person and/or committee to coordinate efforts; lack of supervision and support with few opportunities for professional development and networking; siloed staff positions that focus on a particular task without connection to the larger campus mission; disconnect with students; disconnect between policy, procedure, and practice. Survey results in this section suggest that while there is a shared desire among PIP campuses to do violence prevention programming, the capacity to do this work is varied. It is encouraging that so many campuses reported their institutions prioritize equity, inclusion, and safety on campus, yet these findings also indicate that without supportive resources and a supportive, informed campus administration, these efforts aren't sustainable. Further, violence prevention efforts that aren't tailored to marginalized student populations risk missing students who are more likely to experience violence.

#### **Component Three**

# **Audience**

This encompasses the broad-to-specifically-targeted audiences for prevention programming, and the methods of communicating directly with those audiences. In this section, the survey asked participants if violence prevention efforts are delivered to specific audiences, what mediums are used to reach multiple audiences, frequency of prevention programming, and if campuses participate in awareness/cultural heritage months.

#### Analysis of findings

All but two participating campuses identified their violence prevention efforts use multiple mediums to reach students. Examples included: social media campaigns, printed educational materials, virtual trainings/workshops, and working directly with/through student organizations and residential life. The two participating campuses that did not use multiple mediums to reach students identify as a faith-based institution and an historically Black college/university. The majority—three quarters—of participating campuses identified they deliver prevention programming to specific audiences, primarily first year students, student athletes, Greek life, and new staff and faculty. The remaining campuses that identified they do not deliver prevention programming to specific audiences cited their practice is a universal approach to reach the entire student population. One campus noted their student population is primarily commuters, so targeted programming might not be the best use of resources. The majority—four fifths—of campuses identified that they do not work with parents/guardians/caregivers as a target population. Barriers cited include: lack of time and resources to devote to reaching this audience and lack of knowledge on how to reach this audience. One campus noted that as a two-year community college/technical school, many of their students are already parents so this targeted programming might not be the best use of resources. Of the campuses that do work directly with parents/guardians/caregivers, outreach strategies included new student welcome/orientation and parent weekends. Two thirds of participating campuses identified that they offer prevention training in both the spring and fall semester. Of the campuses unable to provide prevention training in the spring and fall, staff capacity was the number one barrier cited. It was also noted that during

Audience is an important consideration because each campus community has different needs, and those needs should be met with programming that is culturally informed and specific.



the pandemic, training for students and staff were moved online to allow students and staff to access the training anytime in the academic year. All but one participating campus identified there is an effort to organize awareness/cultural heritage months. Lack of time and resources was identified by the one four-year public institution unable to organize awareness/cultural heritage months. All but three participating campuses identified their violence prevention efforts take into consideration intersecting factors, with the top two being: prior victimization before arriving on campus and the role of alcohol and other drugs in sexual assault.

#### Recommendations

A campus is not a confined homogenous community. It is made up of large and small sub communities with diverse lived experiences. These sub communities exist not only on campus, but often extend into the surrounding community. The Institute of Medicine uses a prevention model that classifies populations based on if the intervention meets the need and risk of that population. Applying this framework to a campus might include the following examples:

**Universal:** Universal prevention messages target the general population as the entire population is considered at risk. On campus this could include trauma-informed policies that promote equity, inclusion, and support for survivors of gender-based violence.

**Selective:** Selective prevention messages target individuals who are considered at higher than average risk. On campus this could include tailoring violence prevention programming to increase protections for vulnerable student populations like transgender/gender non-conforming students and students with disabilities.

**Indicated:** Indicated prevention messages target high-risk environments and behaviors. On campus this could include hot spot mapping—asking students to identify areas on campus they consider to be unsafe, and developing strategies for safer, more inclusive environments.

Audience is an important consideration because each campus community has different needs, and those needs should be met with programming that is culturally informed and specific. Parents/guardians/caregivers play an important role in reinforcing positive, pro-social behaviors and should be considered stakeholders in violence prevention efforts. Additionally, awareness/cultural heritage months help to create an inclusive, welcoming environment where different lived experiences can be celebrated. Students do not just live and work on campus, and as such, intersecting issues off campus should be included in prevention efforts.

#### Component Four

# **Partnerships and Sustainability**

Preventing sexual violence, both on and off campus, cannot be accomplished in a vacuum. Partnerships can strengthen and align prevention efforts, and create long-term opportunities for safe and inclusive campus communities. In this section, the survey asked about the role of students in prevention efforts, coordination with surrounding health services, and the promotion of civic engagement.

#### Analysis of findings

All but three participating campuses identified their campus engages students in some aspect of prevention programming. For the three campuses that identified not engaging students the common barrier was the curriculum not allowing for adaptation. One participant noted, "The Green Dot program largely excludes students in meaningful participation. We struggle to find students willing to commit to programming, both implementing and attending events. We also lack staff to oversee student programming." Slightly more than half of participating campuses identified their prevention efforts include opportunities for student leaders to interact with campus leadership. The common barrier to this sort of engagement is campus administration not being accessible. All but three participating campuses identified they coordinate prevention efforts with on and off campus health services. The common barrier for the three campus unable to do this is a lack of resources with staff positions being siloed. The majority of campuses identified their institution promotes volunteerism and public service, and of the campuses that do not promote this, they do still offer student opportunities to engage in service projects with the surrounding community.



#### Recommendations

Students have a meaningful role to play in the development, implementation, and evaluation of prevention efforts. Students can assist in creating prevention messaging that resonate with various campus subpopulations, and can act as peer educators and advisors. While students are a transitory population, their input is essential. Health services on and off campus play an important role in preventing and responding to sexual violence. Student health centers, counseling centers, local emergency departments and local domestic/sexual violence service providers are often frontline responders for sexual assault survivors. These health services can also incorporate violence prevention messages in their health promotion campaigns. Additionally, partnerships with other social service organizations and local governments can help students feel a greater sense of purpose and connection to the larger community.

#### **Component Five**

# **Evaluation**

Evaluation is an essential function of public health that lets us know what is working and what is not working in prevention programming and policies. There are a variety of evaluation methods, including but not limited to: formative, process/implementation, outcome, and impact. In this section, the survey asked about the use of logic models, mixed method evaluation, climate surveys, and campus readiness to implement a bystander intervention program.

#### Analysis of findings

A slight majority of participating campuses identified the use of logic models and/or theories of change models for planning and evaluation purposes. The minority of responses indicated logic models are not being used, or the participant was unsure if they are being used. There was an even divide between participating campuses that do have a mechanism to measure if students are more likely to be active, engaged bystanders after going through prevention programming, and campuses that do not have this mechanism in place. Two-thirds of campuses identified they regularly conduct campus climate surveys. Campuses not regularly conducting climate surveys included four-year public institutions, four-year private institutions, and historically Black colleges/universities. Participants were asked, based on their individual experience, how they would rate their campus' readiness to implement a bystander intervention program, with 1 being the lowest score and 5 being the highest score. All participating campuses, other than one four-year public institution, rated their campus at a 3 or above.

#### Recommendations

A college campus is the perfect environment to bridge research and practice. Regardless of the type of college/university, staff and faculty are invested in the success of students. Coordination between campus staff, faculty, and administration can help develop and evaluate if prevention efforts are effective. Theories of change and logic models are key to prevention program planning. A starting place for coordination could be developing and/or sharing prevention plans among campus stakeholders in order to build stakeholder buy-in and accountability. There is great value in participatory research—including the intended audience in the planning and evaluation of prevention programming. Climate surveys, student listening sessions, and the Missouri Assessment of College Health Behaviors survey are examples of how campuses can gather and student feedback in meaningful ways.



# **Civic Engagement and Community Connectedness**

Individuals, particularly youth and young adults, who feel connected to people and institutions in their communities may be protected from other risk factors in their lives. Connectedness is defined by the CDC as, "the degree to which individuals or groups are socially close, interrelated, or share resources." Connectedness can exist between individuals or between individuals and social institutions, such as schools and other organizations. Supporters of connectedness as a framework for prevention consider the connections that may contribute to an enhanced sense of belonging, a sizeable social network, active engagement in one's community, improved perceptions of closeness and support, the provision of tangible resources and health information, exposure to positive modeling, mentorship, and engagement in pro-social activities. Additional research has examined the links between civic engagement (voting, volunteering, and activism) during late adolescence and early adulthood to have a favorable association with positive health behaviors and a stronger sense of community connection. For this reason, the survey asked questions about if the campus promotes volunteerism and public service, if the campus promotes civic engagement activities like student government and voter registration drives, and if the campus has culturally-specific resource centers and student organizations.

#### Analysis of findings

Most campuses identify as promoting volunteerism and civic engagement, or at least offer service opportunities. A majority of campuses have student government and promote voter registration. A cluster of the campuses identified they have these, but don't see the connection to violence prevention. All but two participating campuses identified they have culturally specific resource centers and/or student organizations. Of the two campuses that do not one identifies as a two-year community college/technical school and the other identifies as a four-year public institution.

#### Recommendation

The theory of connectedness as a protective factor against sexual violence compliments the concept of bystander intervention because if a student feels a stronger sense of connection not only to fellow students but to a larger community it is more likely they will actively step in to engage in caretaking activities for others. Campuses can create a culture of connection and care by promoting positive relationships between students and civic leaders, and promoting civic engagement as a core value of the institution.

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# **Campus-Identified Needs**

Final questions in the survey asked campus participants what additional resources are needed to increase readiness to implement a comprehensive violence prevention strategy, what other major concerns need to be addressed on campus, and how participants would like to see the survey used. The overall theme in participants' responses is: staff on campuses are already stretched thin, and with the COVID-19 pandemic, many campuses feel as though violence prevention efforts have taken a back seat to other priorities. Campuses identified the following resources as necessary to increase their capacity/readiness: additional staff; buy-in from administration; buy-in from students; designated funding; regular training and problem solving about prevention strategies; ability to adapt prevention strategies to student populations; community partnerships. Themes from participant responses about other major campus concerns included: diversity, equity, and inclusion; alcohol and substance abuse; mental illness and suicidality; sexual and reproductive health. An outlier response to this question that is important to note, "Budget issues and the school's infrastructure is out of date."

#### **SWOC** analysis

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PIP campuses have the support and assistance of three statewide entities: PIP, MOCADSV, and the DHSS. The three entities can serve as leaders for coordinating efforts implement our shared mission: Eliminate sexual violence and intimate partner violence in Missouri campus communities by fostering a statewide network of experts and resources using an evidence-based, traumainformed primary prevention approach.

#### Weaknesses

Staff on campuses are already stretched thin with inconsistent support from campus administration.

### **Opportunities**

A "guiding practices for prevention" toolkit produced by PIP, MOCADSV, and DHSS will allow campuses the ability to easily adapt prevention efforts to specific target populations. The partnership between PIP, MOCADSV, and DHSS presents opportunities for campuses to build community partnerships with local advocates and public health practitioners.

#### Concerns

External pressures weigh heavily on violence prevention staff on campus. Issues of budget constraints, campus infrastructure, COVID-19 pandemic, and a contentious political climate impact how effectively campuses can implement comprehensive prevention strategies.

#### Conclusion

The overarching goal of this report and its companion toolkit from Partners in Prevention is to better equip all Missouri college and university campuses with the tools and resources needed to create safe and equitable environments for students. By creating a standard set of guiding practices, all Missouri campuses are positioned to implement a sexual violence prevention program that is comprehensive enough to work across the social ecological model and still maintain enough flexibility to tailor to each campus' specific needs. While each Missouri campus is unique with its own culture, these guiding practices are intended to address campus-identified barriers, and take a strengths-based approach to prevention program implementation.

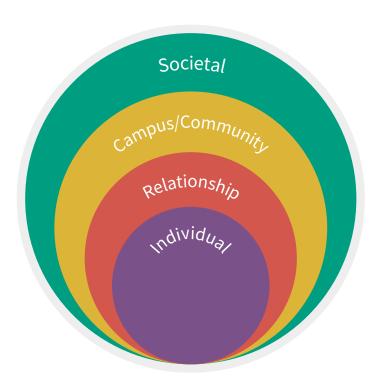
# Key considerations for implementing guiding practices across the Social Ecological Model

**Individual:** Buy-in from campus administration is vital to the success and sustainability of a comprehensive prevention program. To this end, MOCADSV can work alongside the DHSS and PIP to develop training and educational materials that can be distributed to campus administration to increase their individual knowledge of root causes of violence.

**Relationship:** Well-trained students should be considered "stakeholders" in campus prevention efforts. To this end, PIP can develop an online peer education certification to better position students as leaders on campus who can model positive, pro-social bystander behavior. This peer education certification can also be marketed to students as a resume-builder.

Campus/Community: Professional development and networking opportunities for colleagues engaged in prevention efforts leverage individual knowledge into collective lessons learned. To this end, MOCADSV can work with the DHSS and PIP to create opportunities for peer connection and collaboration. This can help create the infrastructure for a network of experts and resources across Missouri working toward eliminating sexual violence on campus by sharing trauma-informed, evidence-based strategies for care.

**Societal:** Many campuses identified needing designated funding and staff time as a capacity issue for implementing a comprehensive prevention program. There are limited funding opportunities available, and campus budgets are always under scrutiny. To this end, the DHSS could develop an equitable funding structure that allows PIP to act as a "pass through" of funds to help campuses build the capacity to implement a new bystander intervention program. A portion of this funding could set aside resources that allow PIP to cover the cost of a liaison position that would serve as a bridge between individual campus work and larger statewide efforts.



# **Appendix**

### Building Partnerships with Local Rape Crisis Centers: Developing a Memorandum of Understanding

Colleges and universities can strengthen sexual assault prevention and response programs by developing partnerships with local rape crisis centers. These partnerships can be formalized through a Memorandum of Understanding (MOU) or other agreement between the parties. MOUs are often mandated in grant applications, but schools should consider developing these partnerships regardless of whether they are applying for funding.

Rape crisis centers are community-based organizations that provide victim advocacy and support services to victims of sexual violence. Services generally include 24-hour crisis intervention, medical and legal advocacy, and counseling for survivors. Many rape crisis centers also conduct professional training about sexual violence, provide community education, develop prevention programming, and help other organizations develop policies to address sexual violence. Most rape crisis centers are nonprofit organizations, although some are part of governmental social service agencies.

The scope of the partnership will vary according to the needs of the school and the capacity of the rape crisis center. For instance, providing confidential victim services is an essential part of a school's response to sexual violence, yet schools vary widely in their ability to provide these services on-campus. By working with a rape crisis center, small schools and colleges can fill gaps in their provision of victim services. Larger schools may find that a relationship with a community rape crisis center provides a valuable addition to services available on campus. Schools, regardless of size, often benefit from the expertise of rape crisis centers when developing prevention campaigns and providing training to students, faculty, and staff. Schools also may invite rape crisis centers to actively participate in the schools' sexual assault response team (SART) or other coordinated team effort. Reimbursing rape crisis centers and coalitions for their services is a best practice.

The partnership should include cross-training about the policies, procedures, and resources of both organizations. To serve as an effective partner, schools should provide training for rape crisis centers on the federal and state requirements that schools must meet in developing sexual assault prevention and response programs. This training should also familiarize rape crisis centers with campus-based resources, the reporting options for students and employees, the investigation process for sexual assault cases, and the remedies that schools can provide to survivors. Rape crisis centers, in turn, can offer school officials specialized training on the unique dynamics of sexual assault and the impact trauma may have on individual victims.

While this document focuses on partnerships between schools and rape crisis centers, schools are encouraged to consider MOUs with multiple organizations (e.g., the rape crisis center, domestic violence shelter, state sexual assault coalition, local sexual assault response team organizations, and mental health providers) in order to address and strengthen various aspects of the school's response to sexual assault. Schools are cautioned to recognize that partnerships with community organizations should be used to supplement and assist a school's sexual assault prevention and response programs, not to replace them.

Most schools have a standard format for MOUs with external partners. This sample should be used only as guide to help develop an MOU tailored to the needs of the parties. This sample MOU does not constitute legal advice, and institutions that use it as a model for their own MOUs may still be found to be out of compliance with federal law(s) (e.g., if the institution fails to effectively address a hostile education environment created by sexual misconduct.) MOUs should always be reviewed by legal counsel, and additional language describing liability protections, insurance requirements, or other legal provisions may be required. When preparing MOUs for grant applications, follow the instructions in the application package.

#### Sample Memorandum of Understanding

#### Between Rape Crisis Center and College

This Memorandum of Understanding (MOU) is entered into by Rape Crisis Center and College. The MOU formalizes the commitment of the parties to work together to provide trauma-informed services to student and employee victims of sexual assault and to improve the overall response to sexual assault at College. The parties share the goal of preventing sexual assault on campus and in the community, and responding appropriately to students and employees who have been victimized.

#### I. Description of the Partner Agencies

Rape Crisis Center is a nonprofit, community-based organization dedicated to the elimination of sexual violence in all its forms. Rape Crisis Center provides free, confidential services including a 24-hour hotline, therapeutic services, medical and legal advocacy, community education and training for professionals. Through direct services and education, Rape Crisis Center provides services to more than [insert number] individuals annually. Rape Crisis Center provides empowerment-based services that focus on healing, support, and justice for victims of sexual assault.

College was founded in [year], and serves [enrollment number] students. Its mission is to provide high-quality education in a safe learning environment.

#### II. History of Previous Collaboration

College and Rape Crisis Center have collaborated for the [insert the length in years of the collaboration] on programs to prevent sexual violence on campus. Rape Crisis Center has conducted [insert number] oncampus educational programs for students of College and provided professional training for health center staff. This MOU builds on the previous collaboration to provide services to victims and training to additional school officials.

#### III. The Role of the Rape Crisis Center

Rape Crisis Center agrees to:

- A. Appoint a qualified Coordinator of Services to focus on making services accessible to and appropriate for students and employees referred by College.
- B. Make 24-hour rape crisis hotline services available to students and employees of College.
- C. Provide confidential crisis intervention, counseling, information and referral, and accompaniment to medical and legal services as requested by students and employees.
- D. Provide students and employees of Community College with information about how to file a complaint with the College and how to report a crime to campus or local law enforcement and offer to assist students and employees with filing a complaint or report.
- E. Provide College with general information about incidents of sexual violence and other reportable offenses for inclusion in its annual Clery Act security report and to help the College identify patterns or systemic problems related to sexual violence.
- F. Conduct victim satisfaction surveys or use other methods to assess the effectiveness of the services provided to students and employees.

- G. Meet regularly with the school's Title IX Coordinator or designee to share information about: the needs of victims, trends in sexual assault services provided, additional services that are needed by students and employees, and the effectiveness of the school's sexual assault prevention and response program.
- H. Provide [specify hours] of training to College health care and student services staff, officials involved in student conduct proceedings, and campus law enforcement on the incidence and prevalence of sexual assault, myths about sexual assault, the physical and emotional effects of sexual assault on victims, the neurobiology of trauma, and appropriate methods for interviewing and communicating with victims.
- I. Assist schools with the development and provision of prevention programming and training to faculty, students and school officials.
- J. Participate in College sexual assault response team (SART) or other coordinated team effort.

#### IV. The Role of College

#### College agrees to:

- A. Identify a central point of contact for Rape Crisis Center staff to facilitate referrals for confidential services.
- B. Provide training to Rape Crisis Center staff about: on-campus resources that are available to student and employee victims of sexual assault; the federal and state requirements for colleges in responding to sexual assault; reporting procedures for victims who wish to file a report with campus law enforcement and/or a complaint with college officials; the student code of conduct and disciplinary process; and the educational accommodations that can be provided to victims of sexual assault.
- C. Provide printed and online materials about reporting options for students and employees, including information about how to file a complaint with the College and how to report a crime to campus or local law enforcement.
- D. Inform the Rape Crisis Center about the reporting obligations of school employees and identify those school employees with whom students can speak confidentially (and any exceptions to that confidentiality.)
- E. Inform the Rape Crisis Center about the school's prohibitions on retaliation, how allegations of retaliation can be reported, and what protections are available for students who experience retaliation.
- F. Ensure availability of the Title IX Coordinator or designee to meet regularly with Rape Crisis Center Coordinator.
- G. Collaborate with the Rape Crisis Center on prevention approach and activities.
- H. Compensate Rape Crisis Center for services provided. [Attach compensation agreement.]

#### V. Confidentiality

Rape Crisis Center and College affirm the importance of providing students with options for confidential services and support. All services provided by Rape Crisis Center to students and employees of College will be kept confidential except in the following circumstances:

- A. If the student or employee wants information shared with College or campus security, campus or local law enforcement, Rape Crisis Center will obtain informed consent for release of the information. When releases of information are required, they will be written, informed, and reasonably time-limited.
- B. Rape Crisis Center will provide College aggregate data about incidents of sexual violence and other reportable offenses to include in its annual Clery Act security report and to help the College identify patterns or systemic problems related to sexual violence. No personally identifying information will be provided for Clery Act purposes. The Rape Crisis Center will consult with victims regarding what information needs to be withheld to protect their identity.

C. If the federal or state law requires disclosure because there is an imminent risk of harm to self or others, the Coordinator will determine: who will be notified; in what form; what information will be provided to the victim regarding this disclosure; and what steps will be taken to protect the victim from the imminent risk.

# VI. General Provisions

This section includes the school's required language for MOUs.

Ву	
President, College	Date
Ву	
Executive Director, Rape Crisis Center	Date

#### Sample Theory of Change Model

Partnerships between various campus programs and departments and community-based resources help ensure accountability of institutions to the community, increase knowledge about the impact of sexual assault on campus and link prevention resources between campus and community-based agencies.

Key challenges to collaboration often center around the need for shared communication between organizations, the need for additional resources, and the need for more coordinated prevention efforts. It is crucial that coordinated prevention efforts are evaluated and revised to ensure that time and resources are being used effectively and in a manner that serves the most students. The unified efforts of campus-based and community-based organizations expand the network of resources available to victims of sexual violence and the advocates support them, and provide consistent prevention messages both on and off campus. Despite this, evaluating programs or initiatives and further finding a place for collaboration within them is not always easy. Being able to clearly layout ideas and actions provides collaborators with a strategic plan for achieving identified desired outcomes. One way to do this is through the application of a Theory of Change model (pictured below).

Theory	<b>Program Activities</b>	<b>Process Questions</b>	Evaluation	Objectives	Goal
Partnerships	Facilitate data	Are campuses	Method	MOCADSV, PIP,	Eliminate sexual
between	collection and	and community-	MOCADSV and	DHSS model	violence in
various campus	sharing to build a	based agencies	PIP work with	collaboration;	Missouri campus
programs and	body of knowledge/	collaborating on	Truman School of	encourage use of	communities
departments	evidence	shared prevention	Public Affairs to	MOUs and logic	by fostering
and community-	about sexual	efforts?	determine level of	models to foster	a statewide
based resources	violence primary	Are campuses and	collaboration.	collaborative	network of
help ensure accountability, increase knowledge, and link prevention resources between campus and community- based agencies.	prevention. Provide training/ resources to assist Missouri campuses in developing comprehensive, trauma-informed prevention strategies to address sexual violence.	community-based agencies cross-training staff?	MOCADSV and DHSS coordinated site visits with RPE-funded campuses to determine over-lapping relationships between campuses and community-based organizations.	efforts on the local level. Increase the trauma-informed, primary prevention body of knowledge for campus and community-based experts.	experts and resources using an evidence-based, traumainformed primary prevention approach.

A theory of change model is a tool that can be used to organize and graphically demonstrate the links between a program's theory, program activities, process questions, evaluation methods, and goals. Though campus and community-based organizations might share the goal of preventing sexual violence, the programs they implement and the goals they seek to achieve through those programs can be different. A theory of change can be applied when implementing independent organizational efforts and collaborative projects. How information related to a program is placed to flow within a theory of change can vary depending on the preference of the user, but below is an example of a basic process to begin with:

#### Understanding the Layout

There are six boxes labeled from left to right: Theory, Program Activities, Process Questions, Evaluation Method, Objectives, and Goals. Whether using an existing program or creating a new program, information related to the program will be assessed and placed into the appropriate box it belongs. Information can be assigned to each box based on the description provided for its label.

#### Descriptions

**Theory:** Identify what factors are contributing to the specific issues your organization is addressing and how the implementation of your program will address those issues.

**Program Activities:** Identify the changes you want to see take place and the initiatives or action steps your organization will take to see them carried out.

**Process Questions:** Identify questions that can be asked to address whether the program activities are reaching their intended audience or achieving their intended outcomes.

**Evaluation Method:** Identify quantitative or qualitative methods and criteria to evaluate process questions.

**Objectives:** Identify to what end your organization implements that specific program activity. How did the activities contribute to meeting the programs goal?

**Goals:** Identify the overarching goal of the specific program.

#### **Direction and Organization**

Beginning with Theory and moving from left to right might be a useful starting point, but the model does not have to flow in one direction. In fact, as users become more familiar with theory of change models and a program's conceptual information placed within it, the need to relate the interconnected ideas and reassess Program Activities and Program Questions in the Evaluation Method phase becomes apparent.

#### References

Sexual Violence on Campus: Strategies for Prevention, Centers for Disease Control and Prevention, 2016 What Works in Prevention. Principles of Effective Prevention Programs, M. Nation, 2003

Drug Abuse Prevention: What Works, National Institute of Drug Abuse, 1997

Connectedness to Family, School, Peers, and Community in Socially Vulnerable Adolescents, C. Ewell Foster, 2017 Impacts of Adolescent and Young Adult Civic Engagement on Health and Socioeconomic Status in Adulthood, P. Ballard, 2019

Work funded by the Department of Health and Senior Services, Section on Women's Health







# **Fact Sheet:**

# 2021 Fall Campus Culture & Bystander Engagement Survey

**Missouri Partners in Prevention (PIP)** is a higher education substance misuse consortium dedicated to creating healthy and safe college campuses.

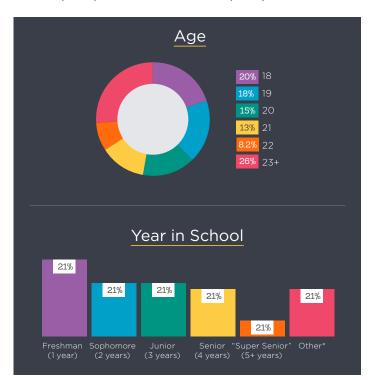
In collaboration with the Missouri Department of Health and Senior Services (MODHSS) and the Missouri Coalition Against Domestic and Sexual Violence (MOCADSV), PIP is in the process of creating a multi-level violence prevention strategy for use by institutions of higher education within Missouri, that focuses on encouraging a culture of care and a desire to engage in potentially harmful situations. There are three components of the project, including a bystander intervention training program, an online pre-matriculation program, community-level violence prevention elements. In order to assess current attitudes of bystander engagement among college students, of whom this project will be targeted, Missouri PIP developed the 2021 Fall Campus Culture & Bystander Engagement Survey. The survey was implemented online, at 12 public and private colleges/universities from September-October 2021, with an overall sample size of 1,741.

#### **Survey Development**

Questions for this survey were developed from the National College Student Bystander Intervention Survey, from previously developed PIP bystander surveys, and from an extensive literature search into other bystander surveys and best practices for addressing bystander behavior on college campuses. Prior to implementing the survey, the survey questions were shared with MODHSS, MOCADSV, and participating campuses for feedback. The 2021 Campus Culture & Bystander Engagement Survey examines the following behaviors:

#### **Demographics**

Forty-nine percent (49%) of the sample identified as a woman, and 47% identified as a man. The majority of individuals in the sample identified as White (78%) and heterosexual (77%).



#### Acts of Bias/Exclusion/Discrimination

Questions in the survey acts students to report which acts of bias/exclusion/discrimination they have witnessed at their school in the past year, with witnessed referring to observing the incidence firsthand or knowing about it because someone directly involved told you about it. Students were also asked to report what identities or groups of students were targeted in these incidences of bias/exclusion/discrimination, such as students belonging to a certain gender identity or sexual orientation. Related to this subject, we asked

students to think about why they did not or would not intervene in a situation of bias/exclusion/discrimination. The top responses to this were: not noticing the situation was occurring due to distractions/not paying attention (37%), being unable to identify the situation as being biased/exclusionary/discriminatory at the time (23%), and not knowing what to do or say (22%)\*\*.

#### Acts of Non-consensual Sexual Contact (NCSC)

Similar to questions of bias, students were asked to report which acts of NCSC they have witnessed at their school in the past year, as well as consider why they did not or would not intervene in a situation of NCSC. Top responses related to not intervening included: not noticing the situation was occurring due to distractions/not paying attention (27%), being worried about personal safety/well-being (13%), and being unable to identify the situation as NCSC at the time (11%)\*\*.

#### Acts of Intimate Partner Violence (IPV)

Students were also asked to report acts of intimate partner violence they have witnessed at their school in the past year, both in the context of an intimate relationship, and a friend/familial relationship. When asked to consider why students did not or would not intervene in a situation of IPV, the top responses were: not noticing the situation was occurring due to distractions/not paying attention (25%), being worried about personal safety/well-being (14%), being unable to identify the situation as IPV at the time (10%), and not knowing what to do/say (10%)\*\*.

#### Other Key Findings

Ninety percent (90%) of students who participated in the survey would want a peer to do something if they thought they were in danger of being harmed by someone else. And while 64% of students feel they have the skills to intervene and/or prevent a potentially harmful situation, only about half of students (52%), know where to go to find resources on intervention and/or prevention training.

Report prepared by Kayleigh Greenwood, Research Coordinator. Published January 2022.

\*Other includes graduate students/other professionals, nondegree seeking students, 'other,' and prefer not to respond

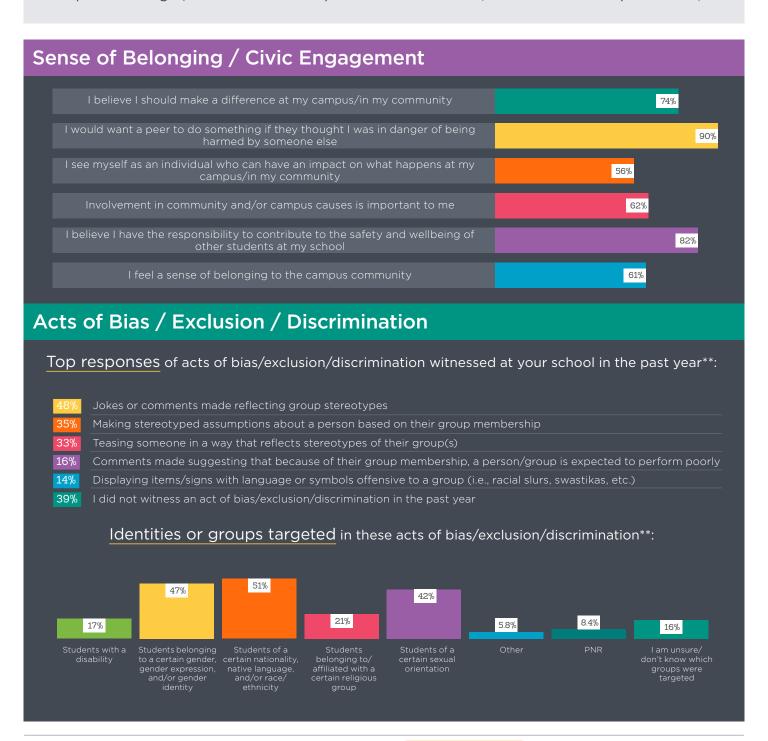
<sup>\*\*</sup>Select all that apply



# At a Glance:

# 2021 Fall Campus Culture & Bystander Engagement Survey

The 2021 Campus Culture & Bystander Engagement Survey was implemented online at 12 public and private colleges/universities from September-October 2021, with an overall sample size of 1,741.



#### Acts of Non-consensual Sexual Contact (NCSC)

#### Top responses of acts of NCSC witnessed at your school in the past year\*\*:

12% Fondling (touching a person's private body parts) or sexual touching without explicit consent

1% Fondling or sexual touching when consent was compromised/not given due to intoxication and/or other substance use

.6% Giving someone drugs or alcohol with the intent to engage in sexual activity with them

75% I did not witness an act of sexual assault in the past year

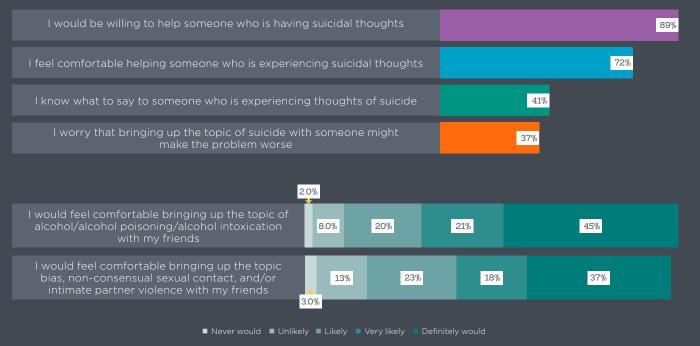
#### Acts of Intimate Partner Violence (IPV)

In response to the question "Which acts of IPV have you witnessed at your school in the past year?" the top responses were:\*\*

	In the context of a romantic relationship	In the context of a friend/ family relationship
Psychologically/mentally abusive	16%	12%
Controlling behaviors, such as monitoring a person's whereabouts, controlling a person's funds, and/or limiting a person's ability to see family/friends	13%	10%
Stalking	6.0%	3.8%
Physically abusive (any non-accidental, physical injury)	4.2%	2.3%
I did not witness an act of intimate partner violence in the past year	73%	75%

#### Mental Health / Suicidality

#### Agree or strongly agree:



### **Bystander Behaviors**

Top forms of intervention in a situation where a biased/discriminatory/exclusionary act, NCSC, or IPV occurred\*\*:

Form of Intervention	Biased/Discriminatory/ Exclusionary Act	Act of NCSC	Act of IPV
Speaking directly with the individual being targeted and removing them from the situation	59%	67%	62%
Speaking directly with the individual or who might cause harm and telling them to stop	52%	58%	47%
Starting a new conversation with the individual who might cause harm or with the individuals involved in the potentially harmful situation	45%	27%	28%
Asking a friend, peer, or someone nearby to check in with the individuals involved or to go get help	44%	48%	47%
Writing down or making a mental note of the events so that I could report the situation to the appropriate resource at a later time	34%	38%	39%
I would not do anything	2.4%	1.9%	2.3%

#### Very likely or definitely would intervene by...

