Trauma-informed approaches to sexual violence prevention and intervention

Elizabeth Miller, MD, PhD
Disclosure

• I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in the CME activity.

• I do not intend to discuss an unapproved/investigative use of a commercial produce/device in this presentation.

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Since entering college, non-consensual contact completed by force, incapacitation, coercion or lack of affirmed consent has been experienced by:

- **15%** of students overall
  - **24%** of women
  - **6%** of men
  - **28%** of TGQN* individuals

*Ctrans/genderqueer/nonconforming/otherwise not identified*

*(Cantor et al, 2015)*
Many students come to college having already experienced or witnessed domestic, dating and sexual violence.

• Children who had an experience of rape or attempted rape in their adolescent years were 13.7 times more likely to experience rape or attempted rape in their first year of college (Lalor, 2010).

• Most female victims of completed rape (79%) experienced their first rape before the age of 25 and almost half (40%) experienced their first rape before age 18 (28% between 11 and 17 years old and 12% at or before the age of 10). (NISVIS, 2014).
Women of all ages are at risk for IPV/SV. Those from ages 20 to 24 are at the greatest risk of experiencing nonfatal IPV.

Young women from ages 20 to 24 also experience the highest rates of rape and sexual assault, followed by those 16 to 19.

Young adults ages 18 and 19 experience the highest rates of stalking.
Freshman Year: increased vulnerability

- New environment
- New support systems
- New peer context
- Fewer protective factors
- Targeted
Why campus health centers?

• Accessible to students
• Utilization is normalized: “everyone goes to the health center”
• Long-term relationship with students
• Range of visit types
• Provides gateway to other campus & off-campus resources
• Students with histories of IPV/SV tend to use health services
Receiving medical care decreased women’s risk of further sexual assault by an intimate partner by 32%.

(McFarlane et al, 2005)
Health impact of violence

(HIV/AIDS, Migraines, Flashbacks, Kidney Infections, Suicidal Behavior, Sleep Disturbances, Unintended Pregnancy, Chronic Pain, Gastrointestinal Disorders, Sexually Transmitted Infections, Unintended Pregnancy, Anxiety, Central Nervous System Disorders, Irritable Bowel, Pelvic Inflammatory Disease, Asthma, Depression, Gynecological Disorders, Cardiovascular Disease, Fibromyalgia, Post-Traumatic Stress Disorder, Joint Disease, Sexual Dysfunction, Headaches)

(CDC, 2010)
College Health Center Study

Cluster-randomized trial in 28 campus health centers in Western PA (GIFTSS versus brief alcohol prevention counseling)

**Intervention components:**

- educational card distributed with every clinic visit
- direct assessments for sexual and behavioral health related visits
- harm reduction strategies
- upstander behaviors
- connection to victim service advocates

Funding: NIAAA
College Health Study Preliminary Findings

- Overall N= 2292
- Sexual Violence
  - 41% experienced SV before college
    - 20% men, 48% women
  - 35% experienced SV since college
    - 19% men, 42% women
  - 59% report any SV or IPV
    - 40% men, 66% women
College Health Study Preliminary Findings

- Cumulative experiences of sexual violence (SV)
- 61% of people who experience SV since college also experienced SV before college
- 53% of those who experienced SV before college also report SV since college
- The contrast is greater by gender -- Of those who report sexual assault since college…
  - 36% of men
  - 65% of women
  - 78% of people who are not cis-gendered

...also experienced SV before college
• Alcohol misuse  N = 2294
  – 47% have binge drank at least once in the past month
    ♦ 49% men, 47% women
  – 18% drank 10+ drinks in one night at least once in the past month
    ♦ 32% men, 13% women
  – 11% report drinking an average of 3+ times/week for the past year
    ♦ 14% men, 10% women
SV before college

- 59% binge drink at least once in the past month
- 19% drank 10+ drinks in one night in past month
- 14% report drinking 3+ times/week on average

No SV before college

- 45% binge drink at least once in the past month
- 17% drank 10+ drinks in one night in past month
- 10% report drinking 3+ times/week on average
Future Directions

- Identify groups particularly vulnerable to the interplay between alcohol use and sexual violence
- Example from preliminary data: disability status (23% of sample)

<table>
<thead>
<tr>
<th>Disability Status</th>
<th>Sexual assault or partner violence</th>
<th>Past 30 days</th>
<th>Past year</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Binge drank at least once</td>
<td>Drank 10+ drinks in one night</td>
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<tr>
<td>Any disability</td>
<td>72.7%</td>
<td>46.9%</td>
<td>21.6%</td>
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<tr>
<td>No disability</td>
<td>54.3%</td>
<td>47.0%</td>
<td>16.3%</td>
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<tr>
<td>Disability type</td>
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<td></td>
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<tr>
<td>Mental</td>
<td>77.1%</td>
<td>45.7%</td>
<td>17.6%</td>
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<tr>
<td>Learning/neurological</td>
<td>72.4%</td>
<td>48.1%</td>
<td>23.4%</td>
</tr>
<tr>
<td>Physical</td>
<td>64.4%</td>
<td>43.8%</td>
<td>24.7%</td>
</tr>
</tbody>
</table>
"I talk to all students about this..."

Clinical interventions to prevent and respond to intimate partner and sexual violence on campus.
1. Discuss confidentiality

2. Provide universal education on consensual sex, healthy relationships, harm reduction

3. Direct assessment for IPV/SV

   If IPV/SV is disclosed:
   - Harm reduction strategies
   - Warm referral to advocacy services

   If IPV/SV is not disclosed:
   - Information on resources & upstander behavior
How is GIFTSS different from traditional IPV/SV screening?

• Focus on prevention in addition to intervention.
• All patients have access to information on IPV/SV services, not just those who disclose IPV/SV.
• Disclosure is not the goal!
• IPV/SV advocates (both on and off campus) are key members of the health care team through warm referrals.
Palm size educational safety card

Question: Who’s Got Your Back?
GIFTSS benefits ALL patients, even those who have not experienced IPV/SV

- Supports student health center’s role in providing anticipatory guidance
- Students share cards with friends
- Includes resources for students on how to help a friend
- Provides prevention messages and highlights bystander intervention
What we have learned about our intervention:

- Always give two cards
- Using a framework about helping others helps normalize the situation and allows patients to learn about risk and support without disclosure
- Patients do use cards to help their friends and family
- Having the information on the card is empowering for them – and for others they connect with
Support and validation for survivors

Helping A Friend

Your friend was sexually assaulted. What do you say? “I’m so sorry, it’s not your fault. What do you need, how can I help?”

What should you do? Listen. Be there. Don’t judge. Call the hotline on this card to help you know what to do.

What should you know? Rape and sexual violence are crimes that take away an individual’s power. It is important not to compound this experience by pressuring your friend to take steps they aren’t ready for or don’t want to do.

Disclosure rates are low among college students, although they often talk with peers. This panel provides guidance on how to help a friend.
Next steps

- Complete data collection and cleaning
- Chart extraction
- Interviews with students who are sexual/gender minority, students with different abilities (and accessibility needs)
- Learning collaborative with campus health centers
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