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April 25, 2024

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Strengthening Emory University's Office of Respect's Efforts for Providing Well-Being
Resources to Sexual Assault Survivor Students on Campus

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Bachelors of Arts, International Relations and Citizenship and Civic Engagement

Syracuse University

2022

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An abstract of a thesis submitted to the Faculty of the
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in Global Health
2024

ABSTRACT

Strengthening Emory University's Office of Respect's Efforts for Providing Well-Being Resources to Sexual Assault Survivor Students on Campus

By: Taylor M. John

Background:

Research indicates a significant gap in the provision of mental and emotional support for survivors of sexual assault and intimate partner violence within educational institutions. Improving sexual violence intervention and support services is imperative for college aged women in the United States, specifically including students at Emory University in Atlanta, Georgia. For Emory University students, the problem is that students are lost on how/who to report, and where to seek services as a student when they have experienced sexual assault, intimate partner violence, or abuse during their time at the institution. The special studies project aims to synthesize and evaluate current sexual violence prevention/intervention services at Emory University and recommendation for improvements based on the research findings.

Methods:

The study employed an implementation science framework, the Consolidated Framework for Implementation Research, to identify strengths and areas for improvement in Emory University's Office of Respect's Efforts for Providing Well-Being Resources to Sexual Assault Survivor Students on Campus. To do this, the author undertook an extensive literature review, reviewed existing data, reports, and newspaper stories, and held two interviews and one focus group discussion. Subsequently, based on study results the author developed a resource guide aimed at addressing identified needs and enhancing support services related to mental health and sexual violence prevention on Emory's campus.

Results:

Emory University offers a variety of departments dedicated to addressing sexual violence and relationship harm prevention, awareness, and intervention strategies that reflect a dedication to supporting survivors, upholding accountability, and cultivating a culture of respect and consent within the campus community. Despite having these resources, there were identified areas for improvement, including training programs, diverse representation, community education, collaboration with off-campus resources, accessible reporting options and information. The project developed a guidebook, based on the input from focus groups and student dialogues, which sheds light on the extensive resources available for addressing interpersonal violence and supporting survivors on campus.

Discussion:

Through a comprehensive review of interdisciplinary studies, theoretical frameworks, and public health endeavors, three pivotal themes have emerged: the imperative to enhance sexual health literacy, the need for heightened awareness and prevention models surrounding

sexual violence, and the pressing call to address the mental and physical impacts of such violence within college communities. Based on the research findings, the author recommends that Emory University in conjunction with the Office of Respect and Title IX aim to implement the developed Sexual and Relationship Violence Resource Guide on their respective websites and create a tile on the students Canvas page so that information can be easily accessible and at the forefront of their most used tool.

Content warning disclaimer:

  The following content may discuss topics related to sexual violence and trauma.The content of this thesis paper may trigger emotional distress or discomfort, especially for those who have experienced similar situations.The paper will discuss elements of trauma, relationship violence, and assault, but should not be seen as a substitute for professional help. If you find yourself in immediate distress or need professional assistance, please reach out to a licensed therapist, counselor, or contact a crisis hotline. Your mental and emotional well-being are paramount, and seeking appropriate support is encouraged.

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To each of you, I extend my sincere appreciation for your unwavering support, encouragement, and belief in me. This thesis would not have been possible without your collective contributions.

Thank you.

The author's role in this project:

　　　　The author played a multifaceted role throughout the thesis project, encompassing various responsibilities crucial to its development and execution. This included writing and crafting the thesis document, developing the resource guide, curating resources for students, conducting comprehensive focus group discussions, and meticulously evaluating the gathered data. Additionally, the author reached out to different campus department representatives via email, leveraging their personal network to seek clarification on terms, definitions, data points, and any identified gaps. Administrative tasks such as submitting IRB approvals, alongside organization, editing, and time management skills were used. Ensuring the project's adherence to guidelines and timelines. Regular communication and collaboration with the thesis chair on a biweekly basis as well as actively engaging with the thesis group team ensured alignment , coordination, and progress. Drawing upon external expertise, the author sourced assistance and support from other universities to enhance the creation of a comprehensive resource guide. Through these varied roles and contributions, the author navigated the project's complexities and drove its successful execution.

Dedication

I dedicate this research to friends, family, and loved ones of survivors and victims of sexual assault, relationship violence, relationship abuse, and intimate partner violence.

I dedicate this research to my mom and dad for encouraging me to lead, supporting me in my work, though it may be tough as a parent to witness, they continue to share and support my research.

I dedicate this research to my schoolmate Natalie, who sat with me in the library in college while I called my dad and told him about my assault. She has never left my side since and has encouraged me every step of the way.

I dedicate this research to my partner and best friend who has taught me what it means to be in a healthy relationship, who has allowed me to express my boundaries, and who unconditionally loves me for me.

In Memoriam

In loving memory of my dear uncle, Urel A. Chung, who departed in November 2022, during the beginning of my graduate studies journey at the esteemed Rollins School of Public Health. I carry his spirit, his support, and his pride with me in every step of my public health work. My heart swells with gratitude as I reflect on the cherished moments we shared, especially his radiant joy at witnessing my college graduation from Syracuse University in May 2022. During the sun-kissed days of that final summer in Canada, he sported his beloved "Syracuse University Uncle" baseball hat with unmistakable pride. As I prepare to close my journey at Emory University, I am filled with the comforting assurance that he will be there in spirit, proudly donning his "Emory University Uncle" hat. He is forever my guiding light and source of inspiration and hope in this world.

TABLE OF CONTENTS

Introduction:

Sexual violence (SV) is a critical public health crisis for colleges and universities (Bonar et al, 2020).Research indicates a significant gap in the provision of mental and emotional support for survivors of sexual assault (SA), intimate partner violence (IPV), relationship abuse, and domestic violence (DV) within educational institutions (Leroux, 2022). Studies by Matherson et al., (2020) highlight the inadequacies in university support systems, emphasizing a predominant focus on immediate reporting procedures and providing physical safe spaces, while neglecting the long-term psychological needs of survivors. Furthermore,there is an underutilization of available resources by collegiate students beyond Title IX and reporting mechanisms(U.S. Department of Education, Office for Civil Rights, 2021).The research findings reveal a lack of awareness among students regarding additional support services and resources, indicating a crucial gap in disseminating information about available avenues for assistance (Fazel, 2014).Thus, scholarly literature corroborates the assertion that universities and schools fall short in providing comprehensive mental and emotional support to survivors, thereby exacerbating the challenges they face during the recovery and healing process.

Based on the 2018 Emory University campus climate survey, it was found that undergraduate women at both the Atlanta and Oxford campuses reported higher rates of victimization compared to all other students. Specifically, approximately 15% of undergraduate women at the Atlanta campus and 15.5% at the Oxford campus reported experiencing sexual assault during the 2017-2018 academic year. Notably, the survey highlighted that instances of sexual battery were more prevalent than rape among the student population. Additionally, the survey revealed that among graduate and professional women who participated in the survey, 39% had experienced sexual assault prior to enrolling at Emory University (Emory's Committee for the Prevention of Sexual Violence, 2019).

Improving sexual violence intervention and support services is imperative for college aged women in the United States, specifically students at Emory University in Atlanta, Georgia. Violence against women - specifically intimate partner violence and sexual violence- is a major public health problem and a violation of women's human rights and sexual reproductive rights. According to the World Health Organization (WHO,n.d), "1 in 3 women and 1 in 4 men will experience physical and/or sexual violence in their lifetime, mostly by an intimate partner " (WHO,n.d, p.1). The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (General Assembly,1993, p. 2).

Intimate partner violence, refers to "physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse" (CDC, 2020, p.1). Experiencing IPV can have a series of short term and long term health effects and consequences such as economic downfall, an increase in poverty and low employment rates, mental instability (Beydoun, et al., 2012, screen 2), and physical health complications like vaginal bleeding, pregnancy and infertility issues, orgasm dysfunction, hyper and hypo sexuality (increase and decrease in sexual pleasure), sexual dysfunction disorders, and sexually transmitted infections (Kinsey et al., 2018, p.1; Staples et al, 2022).

Within the landscape of gender inequalities, the specter of violence against women looms large. Delving into the data provided by researchers, a stark reality emerges: a significant portion of women have endured the trauma of intimate partner violence over the course of their lives. This violence, predominantly perpetrated by men and often by individuals known to the victims, underscores a distressing pattern that demands attention. According to the World Health Organization (WHO), 28.5% of men and a staggering 35.6% of women will grapple with intimate partner violence at some point in their lifetimes (WHO n.d, p.1; CDC, 2020, p.1). These statistics not only paint a sobering picture but also underscore the imperative for concerted action to combat this pervasive and deeply troubling issue.

In order to understand the traumatic experience, it is important to understand what makes a traumatic experience traumatic and the psychological responses that occur such as depression, aggression, substance abuse, low self esteem, physical illness, identity confusion, guilt or shame, and difficulty with relationships (intimate or platonic)(John, 2024). There are several impacts to the experience of sexaul assault, sexual violence, and intimate partner violence. Mental Health is one of the negative effects of IPV and it has been identified as a frequent problem and area of concern for survivors of abuse (Beydoun, et al., 2012). The major themes of this research topic is understanding that sexual violence can have an impact on one's physical health and mental health and can cause an exessive amount of stress due to changes in life circumstances.

The rates of sexual violence tend to be very high amongst female victims in college, with a reporting of 25% of female college students reported being victims of CSA (Cantor et al., 2017;American Psychological Association, 2020). Additionally, first year college aged women are at reported to be at the highest risk for experience sexual violence compared to other college aged women after their first year (American Psychological Association, 2020). According to research, "one-third to half of sexual assault survivors do not disclose or delay disclosing sexual assault to family, friends, and significant others, [those known by perpetrators or have alcohol-involved are less likely to be reproted,] and "survivors who are younger and African American or Latina, compared with Caucasians, are less likely to disclose "(Ullman, 2020). It is interesting to note that in a study, conducted by Professor Jane Palmer, the majority of Black women never disclosed or disclosed between ages 3 and 25 after assault possibly due to fear of receiving a negative response from their peers such as being believed and ignored (Palmer, et al., 2018). Thus, it is important to also consider marginalized populations and intersectionality when discussing sexual violence. As there can be a distinctive significance of the data when encompassing an individual's identity including race, gender, class, and disability (American Psychological Association, 2020). For example, gender nonconforming and Latino individuals are less likely to make a formal report (Cuevas et al., 2019; Menning & Holtzman, 2014).

Many survivors tend to blame themselves and experience shame, guilt, fear of not being believed, and fear of retaliation after experiencing sexual and relationship violence which may hinder them reporting and/or disclosing to confidential and supportive professionals (John, 2024). Similarly, the relationships survivors have after IPV are crucial to the healing process and the impacts of those relationships will determine the comfortability and trust of the survivor sharing their story. The relationships (friendships, work, intimate, family, etc) foster the outcome of the traumatic experience and the psychological functioning of the survivor. This is what we

know as the healing process or thriving after assualt or the aftermath of rape (Gregory, et al., 2022).

Victims and survivors of sexual assault are often encouraged by university leadership and educators to report their assault and abuse to legal authorities and/or administrative authorities in order to seek justice and healing (Campus Safety Magazine, 2020). However, research suggests that this approach may not always be the best course of action for every survivor. Some survivors may experience re-traumatization or face challenges navigating the legal system, leading to further distress and emotional harm (James, 2020). Instead, a holistic approach to supporting survivors should involve prioritizing mental and emotional well-being alongside legal recourse (James, 2020). Providing comprehensive education about available resources during the healing process can empower survivors to make informed decisions about their recovery (National Sexual Violence Resource Center, 2020). Moreover, implementing better policies that prioritize the protection and confidentiality of survivors can create a supportive environment where survivors feel safe to seek assistance without fear of retaliation or judgment (Cantor et al., 2019). Finally, offering confidential safe spaces, such as counseling centers or survivor support groups, can provide survivors with the necessary emotional support and validation to begin their healing journey (John, 2024).

Mental health effects play a crucial role in the healing process and impacts the survivor experience tremendously post abuse. There are significant trends that display the long term effects in depression among those separated from their abusive partners and it is important to note that life circumstances affect the way in which survivors' emotions are experienced. Women who experience abuse are mostly likely to experience depression due to life circumstances and additional stressors (WHO, 2022). Some of those life stressors include: childhood abuse, daily stressors, many children in the household, changes in residence, and negative life events.

Significance of the problem. There are significant outcomes and risk factors that describe the social determinants of health of those who are victims of or those who may experience (but have not currently) IPV in their lifetime (John, 2022; John 2024) including societal exposures such as media, lack of education, structural laws and policies, societal norms, family history of violence, poor mental health outcomes, socio-economic status, and sexually transmitted infections among others (CDC, 2022; John, 2024).

Specifically, the lack of education is one risk factor for sexual violence and intimate partner violence (John, 2024. Sexual health education, reproductive health coursework, and having sex positive conversations can promote sexual wellness, healing for survivors of IPV, as well as educate the community about sexual relationships, dating, safe and fun pleasure, and abuse (John, 2020). Educational courses regarding the topic can and should be provided in the classrooms, at work, in community organizations, and local health centers or private practices (John, 2020; John 2024).

By providing educational resources and policies, this informed teaching, can help to reduce the risk of being involved in an abusive relationship, can help young girls and women to understand the warning signs, to teach all children about consent, and to provide an evidence based approach (Kinsey et al., 2018). Providing and requiring sexual health education in the classrooms at an early age will help to "reduce the stigma and and discrimination regard sex and

sexuality, sexual violence, and IPV " (Rao et al., 2012, p.1). Additionally, by promoting a sex positive culture for the youth, the hope would be that they would then feel more comfortable to have open conversations about their relationships and sexual activity with their medical providers and peers to then normalize the conversation, allow for questions and concerns, and dismantle the stigma (John, 2022).

Because of this it is imperative to understand the intersections between gender, health, and human rights as well as understand the cultural and geographical identity of each individual case in order to provide compassionate care to the survivor and dismantle the stigmas against survivors of IPV. Providing support, resources, detailed information on next steps, and believing survivors and their experience will be crucial to their healing process including their relationships with self, family, community as well as mentally and physically (Substance Abuse and Mental Health Services Administration, n.d.).

Background:

According to an article written for the campus university student run newspaper, in 2022, Emory University student "Amanda Wendler was wearing her beloved green jeans the night she was sexually assaulted in her sleep" (Zhu, 2022). Amanda and her two friends, Katie and Caroline decided to collaborate and find a way to advocate for change on their campus due to their own experiences with sexual violence and the Title IX hearing process at Emory University (Zhu, 2022). This advocacy and later a student run rally, led to campus wide conversation on improvements for preventing and navigating sexual assault on campus (Anonymous participant #2, focus Discussion communication, (February, 20 2024).

Problem Statement:

For Emory University students, the problem is that students are lost on how to report, who to report to, and where to seek services as a student when they have experienced SA, IPV, or abuse during their time at the institution. According to the *Letter to Administration,* developed by student advocates at Emory, stated that "the current flowchart that explains the Title IX process to complainants is not nearly elaborate enough for someone to understand what they are agreeing to" (Anonymous participant #1, focus Discussion communication, (February, 20 2024).The need for clear and accessible communication for a survivor targeted community focusing specifically on services and resources on campus was identified through various avenues. By creating a clear and accessible place for students to access information regarding sexual assault will ensure they know what support is available to them as a Emory University student including mental health resources, reporting information, physical health services, support groups, and more.

Purpose Statement:

This special studies project seeks to evaluate the current programming at Emory University while utilizing the current data and literature to enhance and provide recommendations for the Office of Respect. The special studies project is to help Emory University student victims and survivors of relationship abuse, sexual assault, and intimate partner violence recover and get mental and emotional help that will help guide them during their healing journey and transition them to their post assault experience in a positive impactful way. This project will aim to review the current support services through research and a series of focus group discussions to understand the needs of the community members. Once the resources are

analyzed, the project will provide suggestions and recommendations to the support services that already exist at Emory based on conversations held in the focus groups.

This special studies project will be utilizing the data captured to create a sexual and relationship violence resource guide for Emory University to be adapted within the Office of Respect as part of the larger resources that the office provides. It will also be adapted and uploaded to the Emory University Student Canvas webpage (a learning management system for courses that faculty and students can access) as a header in the system so that all students may access it at their convenience.

In developing this resource guide there are key objectives that should be met are:

Objective 1: Identify gaps in sexual assault and sexual health knowledge amongst college aged students, gaps in resources and services on campus, possible cultural and religious contraints, and key areas of interest within the Emory University community.
Objective 2: Use these findings to inform a comprehensive, clear, accessible, and effective resources guide for Emory University students
Objective 3:Implement the resource guide in the campus community, support offices, and via the Canvas page

Research statement and Disclaimer:
The goal of this project is to evaluate and analyze the current sexual violence prevention/intervention literature available and utilize the university data on strengths and gaps of services and prevention methods for sexual assault survivors at Emory University. The goal is to provide a recommendation for improvements based on the research findings. This special studies project will be intended to be used for Rollins School of Public Health, Global Health requirements for graduation. The conclusion of this project will provide a full assessment of the Office of Respect who is currently doing a strategic framework on sexual assault related support at Emory University. This assessment may provide essential information for the Office of Respect and may be used at the respective parties' discretion.

Definition of terms and abbreviations:

Sexual harassment includes any of the following behaviors (which could have happened in person or by phone, text message, e-mail, or social media): someone making sexual advances, gestures, comments, or jokes that were unwelcome to the student; someone flashing or exposing themselves to the student without the student's consent; someone showing or sending the student sexual pictures, photos, or videos that the student did not want to see; someone showing or sending sexual photos/videos of the student or spreading sexual rumors about the student that the student did not want shared; or someone watching or taking photos/videos of the student when the student was nude or having sex, without the student's consent (Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).

Coerced sexual contact includes situations where someone had sexual contact (touching of a sexual nature, oral sex, anal sex, sexual intercourse, or other sexual penetration) with the student by threatening to tell lies, end their relationship, spread rumors about the student, making

promises the student knew or discovered were untrue, or continually verbally pressuring the student after the student said they did not want to (Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018)).

Mental Health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices (CDC, 2020)

Health literacy:

- Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (CDC, 2020).
- Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (CDC, 2020).

Intimate partner violence (IPV) (physical) includes physical violence and threats by an intimate partner (boyfriend, girlfriend, spouse, or anyone with whom the student was in an intimate relationship or hooked up, including exes and current partners). Specifically, physical IPV includes threats to hurt the student where the student thought they might really get hurt; as well as pushing, grabbing, shaking, hitting, kicking, slapping, or beating up the student (Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).

Intersectionality is a term first coined in 1989 by American civil rights advocate and leading scholar of critical race theory, Kimberlé Williams Crenshaw. It is the study of overlapping or intersecting social identities and related systems of oppression, domination, or discrimination (Crenshaw, 1989).

Emotional abuse/coercive control by an intimate partner includes the following behaviors: an intimate partner insulting, humiliating, or making fun of the student in front of others or attempting to control the student (Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).

Sexual assault includes any unwanted, nonconsensual sexual contact ("sexual contact that you did not consent to and that you did not want to happen"). Sexual assault is an umbrella term that includes sexual battery and rape, but it does not include sexual harassment or coerced sexual contact (Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).

Sexual health is defined as: a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity (WHO, 2006a).

Sexual violence is sexual activity when consent is not obtained or freely given (CDC, 2022).

Perpetrator is someone who has committed a crime or a violent or harmful act (Cambridge University Press, n.d).

Health equity is the attainment of the highest level of health for all people and it is achieved when everyone has the opportunity to be as healthy as possible (CDC,2020).

Sexual battery is defined as any unwanted, nonconsensual sexual contact not involving penetration, that involves forced touching of a sexual nature. This could include forced kissing, touching, grabbing, or fondling of sexual body parts (Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).

Rape is defined as any unwanted, nonconsensual sexual contact that involved a penetrative act, including oral sex, anal sex, sexual intercourse, or sexual penetration with a finger or object. Sexual battery and rape are mutually exclusive categories (e.g., a sexual victimization incident would be counted as one or the other, but not both) (Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).

Stalking includes a number of experiences that caused the student emotional distress or made them afraid for their personal safety. Students were classified as having been stalked if they experienced one of the following and indicated that the same person did any of them more than once:

- Following the student around, watching the student, showing up, riding by, or waiting for the student at home, work, school, or any other place the student did not want them to be; sneaking into the student's home, car, or any other place and doing unwanted things to let the student know the person had been there; giving or leaving the student unwanted items, cards, letters, presents, flowers, or any other unwanted items; harassing or repeatedly asking the student's friends or family for information about the student or the student's whereabouts;
- Contacts or behaviors using various technologies,such as the student's phone,the internet,or social media apps: making unwanted phone calls to the student, leaving voice messages, sending text messages, or using the phone excessively to contact the student; spying on the student, tracking the student's whereabouts, or monitoring the student's activities using technologies, such as a listening device, camera, GPS, computer or cell phone monitoring software, or social media apps such as Instagram, Twitter, Facebook, Snapchat, or Tinder; posting or threatening to post inappropriate, unwanted, or personal information about the student on the Internet. (This might include private photographs, videos, or spreading rumors; sending unwanted emails or messages using the internet, using social media apps or websites such as Instagram, Twitter, Facebook, Snapchat, or Tinder.)(Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).

Abbreviations:

IPV: Intimate Partner Violence

GBV: Gender Based Violence

SA: Sexual Assault

SV: Sexual Violence

DV: Domestic Violence

STI: Sexually Transmitted Infection

SANE: Sexual Assault Nurse Examiner

SAPA: Sexual Assault Peer Advocates

SMY: Sexual Minority Youth

SRHL: Sexual and Reproductive Health Literacy

EU: Emory University

CAPS: Emory University Counseling and Psychological Services

OOR: Emory University Office of Respect

DTIX: Emory University Department of Title IX

OHP: Emory University Office of Health Promotion

MPH: Masters of Public Health

CFIR: Consolidated Framework for Implementation Research

CDC: Centers for Disease Control and Prevention

WHO: World Health Organization

CLAS: Culturally and Linguistically Appropriate Languages

Literature Review:

In evaluating the current research, EU programs, and identifying the missing gaps in resources at EU for students, three main themes were explored: the importance of improving sexual health literacy and knowledge, acknowledging and bringing awareness to sexual violence, and the mental and physical impact that sexual violence and relationship harm has on college aged people.

Campus sexual assault (CSA) makes up the greatest proportion (43%) of total on-campus crimes in the United States, resulting in approximately eight forcible sex offenses per 10,000 students (NCES, 2022; American Psychological Association, 2020). According to the Culture of Respect (2020), "sexual assault alone impacts approximately 1 in 5 female students,1 in 16 male students, and nearly 1 in 4 students who identify as transgender, genderqueer, nonconforming, questioning, or with another identity" (Cantor et al., 2015; *Washington Post* & Kaiser Family Foundation, 2015; Krebs, et al., 2016).The typical response of colleges and universities to sexual violence and survivors who disclose is often characterized by a mixture of procedural frameworks, cultural norms, and institutional priorities ("Institutional Responses to Sexual Violence," 2020). According to the Culture of Respect (2020), research indicates that in many cases, these responses tend to prioritize institutional interests, such as reputation management and legal liability, over the needs and experiences of survivors. In many cases, the default response from universities has been marked by inconsistency and inadequacy, failing to adequately address the needs of survivors and often prioritizing institutional reputation over justice and support ("Institutional Responses to Sexual Violence," 2020).

Sexual health literacy and knowledge:

Definitions of health literacy. The resource guide aims to address the issue of health literacy, and provide clarification of the significance of healthy literacy and sexual health as it pertains to sexual violence and relationship harm on a college campus. Health literacy is significant when it pertains to sexual health. Over the years the definition of health literacy has expanded. In the summer of 2020, the CDC updated its definition for health literacy with the release of the Healthy People 2030 initiative to include both "personal" and "organizational" health literacy defined as: personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (CDC, 2020). While, organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (CDC, 2020).

Prior to 2020, the CDC defined health literacy as a way for individuals to process and understand basic health information and services that are needed in order to make the most appropriate health decision for themselves. This definition did not acknowledge how the individual could "use" health information rather it focused on how they can "understand" it and this definition did not acknowledge health equity within health literacy. *Health equity* is the attainment of the highest level of health for all people and it is achieved when everyone [regardless of race, gender, religion, age, disability, socio-economic status, etc] has the opportunity to be as healthy as possible (CDC,2020). However, the new definition is significant

because it acknowledges that organizations have a responsibility to address health literacy too and not just people, it has a foundation of a public health perspective and tools, and it focuses on the ability to make a "well-informed" decision and not necessarily just an "appropriate" decision. Being able to fully understand health information that is presented by health officials such as public health professionals, clinicians, health institutions, schools, etc is very important for a person's overall health and well-being.

Why is health literacy important? Health literacy is important because it is how we (as public health and healthcare professionals) can build trust in our community, advance health equity, and promote healthy behaviors and outcomes for all people. In order to make health literacy effective, we must understand the importance of health literacy which is rooted in relationships with public health institutions, clinical settings, and community settings (CDC, 2020). In regards to health literacy it is important to:

- use plain language and be clear, transparent, and authentic
- use the preferred language of the audience and adapt to various communication channels (ex. American Sign Language, audio recordings, videos, graphics, etc)
- use culturally and linguistically appropriate languages (CLAS)

It is important to use the above mentioned health literacy best practices in order to provide a safe, equitable, and transparent space for one's target audience. Historically, it is understood that health information has been shared to the larger community in a complicative descriptive way such as using scientific terms or in non adaptive language. This is why it is important for the language to be clear and simple as such scientific terms may not be understood by the general body or often there is no simple translation of these terms to one's preferred language (ex. Translating a term from English to Mandarin Chinese). Thus, consideration to language must be given when describing and sharing health information. This is where the role of the organization(s) will be imperative in creating clear and adaptable health resources and messaging that is relevant, available, and easy for everyone to understand.

Definitions of sexual health. WHO has been working in areas of sexual health since 1974 with aims to understand specific social, economic, and political contexts. According to the current working definition, sexual health is defined as: "…a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." (WHO, 2006a). Sexual Health is fundamental for the overall well-being of individual people, couples/relationships, and families. It requires a positive and respectful approach to sexual relationships, sexuality, and views of sex education including pleasure and safe sexual experience (WHO, 2006a). According to WHO, in order for sexual health to be a positive relationship amongst individuals, couples, family, and community it must have:

- access to comprehensive, good-quality information about sex and sexuality;
- knowledge about the risks they may face and their vulnerability to adverse consequences of unprotected sexual activity;

- ability to access sexual health care;
- living in an environment that affirms and promotes sexual health.

Why is sexual health important? Sexual health and health literacy when combined is significant in that when people understand and are well informed about sexual health including sexuality, pleasure, safe and enthusiastic consent given sexual practices and experiences, sexual expression, sexual orientation, reproductive health, and sexually transmitted infections (STIs) (WHO, 2006a; Crocker 2019) that is easy to understand and accessible then they can make the best informed decision for themselves about their sexual practices. It is important as public health professionals, people, families, and organizations such as schools and agencies are providing all the necessary information and tools for people to make informed decisions for themselves (WHO, 2006a). By implementing this positive and holistic approach to sexual health, it will help improve the communities knowledge, beliefs, attitudes, and perspectives around the specific topic including sexual violence (Crocker, 2019). Overall, it will help to reduce any stigma or negative beliefs that are associated with sexual health which can be rooted from cultural backgrounds and beliefs, religion, and/or systemic behaviors. Additionally, sexual health is crucial for mental health and physical well-being.

According to the WHO programming framework with consideration to basic human rights, the elements of sexual health programming include:

- Sexual health is about well-being, not merely the absence of disease.
- Sexual health involves respect, safety and freedom from discrimination and violence.
- Sexual health depends on the fulfillment of certain human rights.
- Sexual health is relevant throughout the individual's lifespan, not only to those in the reproductive years, but also to both the young and the elderly.
- Sexual health is expressed through diverse sexualities and forms of sexual expression.
- Sexual health is critically influenced by gender norms, roles, expectations and power dynamics.

How can sexual health literacy improve sexual health? Previous research has linked low health literacy to poor sexual health outcomes, decreased knowledge of general sexual health, decreased self-efficacy towards condom use, and an increase in high-risk sexual health behaviors thus having a well informed sexual health competency and understanding with knowledge and skills required to engage in preventive health behaviors will result in positive health outcomes (Shahrahmani, et al., 2023). Sexual health literacy can improve sexual health by improving the way one understands and evaluates sexual health risks, reduce the number of sexual health partners, choose low risk partners rather than high-risk sexual partners to reduce the chance of sexual infection transmission, postpone the first sexual experience at an early age, reduce unwanted pregnancies and sexually transmitted infections, promote a sexual health positive mindset, improve overall sexual interactions and experiences between couples/intimate partners, improve the overall sexual wellness and health of the individual, promote correct responsibilities and understandings of those responsibilities in sexual relations (ex. consent), and improve the greater family and social health (Shahrahmani, et al., 2023).

Sexual health literacy can be thought of and taught in this way to the target community audience:

- *Understanding:* Understanding basic sexual health practices and autonomy such as, exploring individual body parts and understanding their roles and what they do in consideration for sexual pleasure which would help to promote a fun and enthusiastic understanding of one's body and its role and function; understanding what sexually transmitted infections (STIs) are and how they can be passed from person to person which may help individuals in deciding the kinds of sexual activities they want to engage in and the amount of sexual partner(s) they want to engage with or have (Vongxay, et al., 2019).
- *Safe:* Practicing safe sex can help reduce the risk of STIs and its transmission by using condoms or dental dams properly (Planned Parenthood Federation of America, n.d.)
- *Affective:* Affective attitudes towards welcoming safe and positive conversations about sexual health in socialized communities may help to decrease stigma around sexual health and promote confidence and knowledge among communities (Planned Parenthood Federation of America, n.d.).
- *Informed:* Informed knowledge of the process of reproduction, fertility, and the circle of life may help individuals to take steps towards unwanted pregnancy and seek prevention method resources such as the use of condoms, oral contraception (ex.birth control pill), the implant, patch, permanent surgery to prevent pregnancy, or an intrauterine device (IUD), among other options (Planned Parenthood Federation of America, n.d.).While, understanding the reproductive cycle (ex.menstruation and ovulation) can also help to assist someone who is interested in conceiving a child and understand safe sex practice during pregnancy (Planned Parenthood Federation of America, n.d.).
- *Communication:* Communication is important in sexual literacy amongst sexual partners and should be open, honest, and supportive. It is important to have communication with sexual partners to be able to share comfortability level, likes/dislikes, ask questions and express concerns, and seek preventative care and treatment in a timely manner (Planned Parenthood Federation of America, n.d.). Additionally, sexual health providers, educators, therapists, play an important role amongst patients/clients and should consist of clear and informed communication, trust, supportive, caring, and non-judgemental care to better assist the patient with their concerns and ensure better medical outcomes.

Sexual health on college campuses in the United States. In the US, approximately 19 million students attend post-secondary institutions (Coor, et al., 2018). During this stage of college students transitioning from their family unit towards independence and adulthood, individuals are exploring and developing their adult identities (Lechner, et al., 2013). According to the research, college aged youth are at an increased risk of negative outcomes related to sexual health. In 2013, 29% of emerging youth reported not using condoms, 11% reported not using birth control, and 64% of high school seniors reported being sexually experienced (Lechner, et al., 2013). According to the CDC, the higher prevalence of negative sexual health outcomes among adolescents and young adults may reflect multiple barriers for accessing preventative services (Lechner, et al., 2013). In 2023, a study conducted by *American College Health*

Association (ACHA)National College Health Assessment for college students, reported that 48.3% use a external condom during vaginal intercourse, 19.8% use a withdrawal method during sexual intercourse, 4.8% of college aged students use a condom during oral sex *most of the time*, and 10.5% have more than 1 sexual partner (American College Health Association, 2023). It is important to teach and engage in sexual health education in order to reduce the risk of sexually transmitted infections, promote a positive and safe sexual health culture on campus, decrease stigma, increase awareness and prevention, and have accessible resources and support services available to students.

Many colleges and universities provide opportunities for students to engage in sexual health behavior, receive supplies and tools, get care both in person and virtual, as well as deliver recommended services(Lechner, et al., 2013). For students, sexual health can be detrimental to academic achievement. There are additional layers to consider such as risk of pregnancy while in school may cause the pregnant person and/or partner to drop out of college causing a decrease in graduates for that specific population (Lechner, et al., 2013). Additionally, some other concerns/risk that might not be addressed in some of the sexual health programs on campus is that institutions may not prioritize preventive measures related to sexual health, but rather prioritize other health preventive measures such as the influenza vaccine, alcohol and drug abuse, and COVID-19 vaccine (Lechner, et al., 2013).

At Emory University, the goals of the sexual health services are to identify campus and community sexual health resources, identify and describe safer sex practices, confidently communicate with patients, increase protective barriers with sexual practices, and advocate for policy and laws related to sexual health. The Office of Health Promotions (OHP)and the Student Health Center work together to provide timely care and services to the students. The Office of Health Promotion at Emory is categorized under: alcohol education, tobacco and other drug education, sexual health, and mental-well being. Through the OHP, students can get trained in being a "Sexpert" which is a virtual and in person course to become a better safe expert. The purpose of the Sexpert course is to become an expert in having better and safer sexual experiences. The Office of Health Promotion also provides other educational programming resources such as Health 100 where every first year student is enrolled in an online module, Train- the Trainer where participants learn how to facilitate the sexpert curriculum, and lastly OHP offers custom programming about sexual health and work with University departments and clubs/organizations on campus. In order to promote a positive sex culture on campus, the office is able to provide free safer sex supplies and free pregnancy tests. Additionally, students can order supplies ahead in a confidential and safe manner. OHP works closely with the DeKalb County Board of Health and Student Health Services to provide HIV testing, Pre- Exposure Prophylaxis (PrEP), Sexually Transmitted Infection (STI) testing, and birth control/support and resources for students throughout the semester.

Sexual health literacy in America. **In the United States,** "two-fifths of high school students have had sexual intercourse experience, one-fifth have had alcohol/drug use prior to sexual intercourse and use condoms, according to 2019 data" (Manwong, et al., 2022). Sexual health is important for mental and physical well-being and remains crucial in the development of young adolescents and fundamental in prevention of unwanted pregnancy and STIs. Due to the developmental changes of adolescents, sexual behavior increases

which can result in sexual risk behaviors that lead to poor reproductive health outcomes including STIs, HIV exposure, teenage pregnancy, sexual violence, etc (Manwong, et al., 2022). Sexual health literacy can work to decrease these risks and exposures to negative outcomes.Thus, it is important to have access to comprehensive sex education, understand and be aware of the resources available, and be literate in the sexual health competencies in order to prevent poor sexual health outcomes.

Unintended sex, unwanted sex, and unprotected sex can have an increase in exposure to sexually transmitted infections including HIV/AIDS (Hussen, n.d; John, 2024). There is an increased risk of exposure to HIV/AIDS for those who experience an IPV relationship or are sexually abused due to "having limited ability to negotiate safe sex, are less likely to use condoms, and are often partnered with people who are engaged in risky behaviors such as drug use and condom-less sexual activity with partners that overlap in time" (Alexander, 2020, p.1). Unfortunately, HIV/AIDS and IPV affect mainly people of color and those living in poverty (Hussen, n.d; John, 2024). People who are living with HIV/AIDS and exposed to sexual violence, abuse, and IPV can experience "accelerated disease progression if exposed to IPV" (Alexander, 2020, p.1). Their partner and/or perpetrator can use controlling and "manipulative methods that can interfere with HIV medications or from forced sexual activity" thus increasing the progression of the disease (Alexander, 2020, p.1).

Sexual health literacy in a global world. Cultural values seem to have an impact on sexual health and sexual behaviors in the global world. Culture, society, and religion play a significant role in the way which people view sex, gender, and relationships (Taylor, 2020). There can be a negative association with participating in sexual acts due to culture and religious reasons.The problem with this traditional way of upbringing is that it does not provide a sex positive experience for the [individual] and thus may result in the [individual] being exposed to unwanted sexual acts as an adult or perhaps feeling shame and guilt for being sexually active (John, 2022). Familial influences, cultural beliefs and values, religious influences, society, and traditions shape attitude and beliefs and influence overall health literacy of the global community (Rashidi, et al., 2023). Thus, the role of culture is important in defining health literacy. According to the research, *cultural literacy* refers to knowledge and understanding of the historical events, traditions, activities, of a group of people associated with a national identity Rashidi, et al., 2023). In Iran, sexuality is often regulated by cultural restrictions and prohibitions due to the country's highly religious culture (Rashidi, et al., 2023). For example, premarital sexual relationships are banned by the religion of Iranians and non-marital cross gender interactions are not acceptable in Iranian culture (Rashidi, et al., 2023). These implications in the community could lead to harm in the sexual and reproductive space. For example, due to the nature of the cultural traditions and prohibitions, if one decided to go against their culture they might warrant shame from their community and could even be shunned and not welcomed back (Rashidi, et al., 2023). Additionally, with cultural prohibitions like this there may be a lack of education, knowledge, and awareness of sexual and reproductive health which can increase stigma and increase barriers to communication, learning, and overall sexual health and knowledge (Rashidi, et al., 2023).

Thus, it is important to address sexual health in the prevention of sexual violence in order to work towards a positive, informed, and safe sexual health well-being practice. By promoting a positive sexual health experience it can help an individual to promote open communication about sexuality and health with their sexual partner(s)(American Academy of Pediatrics, n.d.). Additionally, by acknowledging sexual health in the context of the prevention of sexual health, can understand and better express their boundaries and needs, understand and implement consent, be knowledgeable of the sexual and physical health risk factors, take protective and preventive measures,reduce stigma and shame, and overall have access to support and care services (American Academy of Pediatrics, n.d.).

Acknowledging and bringing awareness to sexual violence and its implications:

Definition of sexual violence. Sexual violence is common and it happens at an early age (ex as a minor before the age of 18). According to the CDC, sexual violence is defined as sexual activity when consent is not obtained or freely given. SExual violence is a serious public health problem that affects all identities and people of all genders, sexual orientation, and ages. According to research, the perpetrator of sexual violence is typically someone the survivor (also known as victim) knows. This could be a friend, family member, current or former intimate partner, neighbor, coworker, colleague, and classmate (RAINN, n.d). It is very rarely that the perpetrator is a stranger and the acts of sexual violence occur in a dark alley (referencing the stereotype of sexual violence), though it does happen too. Sexual violence is not limited to physical sexual acts, but can occur both in person or online such as the use of posting non consental photos of someone on social media or non- consensual sexting (CDC, n.d).

Consequences of sexual violence. There are relative consequences of sexual violence that may be noticed by community members such as physical bruising, genital injuries, pregnancy, and STIs. While some consequences of sexual violence go unoticed such as financial challenges (loss of access to money,) a survivor may face psychological challenges including depression, anxiety, and suicidal thoughts, or a survivor may experience home displacement (kicked out of home due to engaging in sexual acts, fleeing from home due to sexual violence and abusive co-habitant) (CDC, 2022). Certain consequences to sexual violence may be treated right away such as STI testing, counseling, and trauma rape kits. While other consequences may be chronic. Those with chronic diseases and disabilities may suffer from post traumatic stress disorder (PTSD), exposure and high risk to HIV/AIDS, sexual health problems, reproductive concerns, among other intestinal health concerns (CDC, 2022). Navigating the world after experiencing sexual violence may be difficult for the survivor. This person may need to take time off from work or school, may feel powerless, may struggle to trust again (including other sexual and intimate partners, friends, family, and self), and may struggle with daily coping mechanisms. Overall, the survivor may struggle with gaining a sense of normalcy (Taylor, 2020).

Mental Health effects of sexual violence . In reviewing the article from the National Institute for Health Research (2023), it becomes evident that adolescent survivors of sexual assault face significant challenges concerning their mental health (O'Doherty, 2023). The research underscores the enduring impact of such traumatic experiences, revealing heightened risks for conditions like depression, anxiety, and post-traumatic stress disorder (PTSD) among this demographic (O'Doherty, 2023). Crucially, the article emphasizes the pivotal role of education in addressing these complex issues, advocating for comprehensive sex education

programs within educational settings. These programs are proposed as essential platforms for fostering awareness, promoting healthy relationship dynamics, and equipping teenagers with the necessary skills to recognize and cope with the psychological aftermath of sexual assault (O'Doherty, 2023). By integrating evidence-based interventions into educational curriculum, there is potential to cultivate environments that prioritize open dialogue, challenge harmful attitudes, and empower adolescents to seek support (O'Doherty, 2023). This synthesis underscores the interconnectedness of sexual assault, mental health, and education, advocating for a multifaceted approach to address the needs of adolescent survivors and mitigate the adverse impacts of sexual violence within this vulnerable population (O'Doherty, 2023).

Despite how common abuse is and the increasing number of programs focused on ending violence against women, there remains a lack of understanding regarding treatment for the mental components of abuse (Rakovec-Felser, 2014). Mental and emotional abuse plays a significant role in relationship violence. It often occurs in cycles and patterns without the victim even realizing it (John, 2024). There is an alarming threat to violence in relationships, but emotional and mental abuse is one of the signs people often miss due to its manipulative tactics (Rakovec-Felsler, 2014). Mental abuse, regardless of the presence of physical abuse, can make seeking treatment a challenge for victims, although they are at high risk for depression, PTSD, amongst others (Rakovec-Felser, 2014). Mental Health is one of the negative effects of IPV and it has been identified as a frequent problem and area of concern for survivors of abuse (Rakovec-Felser, 2014). The major themes of this research topic is understanding that sexual violence can have an impact on one's physical health and mental health and can cause an exessive amount of stress due to changes in life circumstances. This topic intersects with multiple categories including gender, race, health, and economics.

In order to understand the traumatic experience, it is important to understand what makes a traumatic experience be traumatic and what are the psychological responses that occur such as depression, aggression, substance abuse, low self esteem, physical illness, identity confusion, guilt or shame, and difficulty with relationships (intimate or platonic). Theoretical framework which introduces three main events post traumatic experience: lack of controllability, suddenness, and negative descriptions of defining traumatic events (Carlson et al., 2020, p.1). Another part of the trauma can include the inability to define the sexual violent experience as each experience varies from state to state and laws are dependent on the criminal justice system and up to each jurisdiction on how they define - sexual violence, aggravated assault, sexual assault, rape, coercion, sexual harrasment, etc (Kilpatrick, 2004, p.1211).

Mental Health effects play a crucial role in the healing process and impacts the survivor experience tremendously post abuse. There are significant trends that display the long term effects in depression. Depression can cause major symptoms such as "causing alarming changes in appetite, energy level, and the ability to function" and depression can cause lack of sleep and lead to "suicidal attempts" (Karakurt, et al., 2014, screen 1). Among those separated from their abusive partners, it is important to note that life circumstances affect the way in which survivors' emotions are experienced (Anderson, et al., 2003, p.1). Stressors include "male violence, secondary stress - financial, emotional, and coping resources (Anderson, et al., 2003,p.1). Women who experience abuse are mostly likely to experience depression due to life circumstances and additional stressors. Some of those life stressors include: "childhood abuse,

daily stressors, many children, changes in residence, and negative life events" (Campbell, 2002, p.1331).

Physical Health effects of sexual violence. Sexual violence can be related to genital burning or cutting (ex. Female genital mutilation in the Global South), pain during sexual intercourse, decreased sexual pleasure or enjoyment, and problems with lubrication all which occur due to the physical and mental impacts of trauma sustained after sexual abuse (Neilson, 2016, screen 1).

IPV is associated with a wide range of long term and short term health effects that include, but are not limited to: depression, substance abuse, increased risk for injury, increased risk for contraction of HIV/AIDS, vaginal bleeding, suicidal thoughts, etc. (Beydoun, et al., 2012, screen 2). In regards to IPV, sexual violence and reproductive "health disproportionately impacts women of reproductive age" and its effects can "compromise the sexual and reproductive health of a woman" (Kinsey, et al., 2018, p.1).Survivors are often reluctant to seek a medical provider out of "fear of stigma and judgmental attitudes" (Ellsberg and Emmelin, 2014, screen 2). Additionally, middle aged women who experience IPV are also at a higher risk for high blood pressure, cardiovascular disease, depressive symptoms, and sleep difficulty due to the additional life stressors (Thurston et al.,2019).

Intimate partner violence during pregnancy increases a woman's risk of pregnancy complications and abnormal birth outcomes, IPV is the "second leading cause of pregnancy trauma, representing 22% of pregnancy trauma cases" (Lane, et al. 2010, p.1506), and "between 40% and 59% of female victims of IPV continue to experience violence once they become pregnant and >80% of women victimized during pregnancy have also experienced violence prior to pregnancy" (Lane, et al. 2010, p.1501). In Nicaragua, women who have experienced IPV are more likely to report unintended pregnancies and are more likely to experience emotional distress (Enrique, et al., 2020, screen 1).

Minority sexual violence. Sexual violence disproportionately affects some groups. Ethnic and minority groups experience a higher rate of sexual violence. 1 in 5 Black women are survivors of rape and more than 20% of Black women are raped during their lifetime (American Psychological Association, 2020, screen 1). According to studies pertaining to perceptions of abuse and staying in an abusive relationship, Black women can be reluctant to use active forms of coping [methods] aimed at leaving the abuser (Duhaney, 2022).

Women and sexual violence. There are significant gender inequalities that are also present in regards to violence against women (Fleming, 2015). According to the data presented by researchers we can see that there is a large portion of women who have experienced intimate partner violence in their lifetime.Gender is a socially constructed term that refers to roles, behaviors, activities, and attributes that a given society considers appropriate for men and women (Fleming, 2015). Sex is different from gender and refers to one's biological and physiological categories, usually what one is assigned at birth (ex. Male or Female) (Fleming, 2015; Planned Parenthood Federation of America, n.d.). Women experience far more gender disparities than men and also will be more inclined to receive inadequate health care and accessibility due to their gender (Fleming, 2015).

Additionally, gender differences can be seen in relation to mental health and stigma. Women living with mental health problems are viewed differently than men (Weber, 2021). Society will judge and blame a pregnant woman for using substances or for having depression or suicidal thoughts during their pregnancy rather than viewing it as the system failing is failing them by not offering pregnant mothers the adequate support they need such as counseling, financial help, child care, and other supportive measures (Weber, 2021). These stigmas that women face in regards to mental health are more severe than what men face because those who bear and rear children and who are seen to uphold the moral and spiritual values of society" (Ahad, 2023).

Methods:

An Overview:

The goal of this project was to evaluate existing programs that exist at Emory University that support survivors and victims of sexual assault and provide recommendation for those programs. This qualitative assessment used informal interview conversations with Emory University students and focus group discussion with student advocates. Data collection took place in February 2024 and was conducted in English. The author had the main role in designing and conducting the informal conversation questions and focus group discussion questions. The author and fellow Rollins MPH student, Zena Alhaj and Director of the Office of Respect, Dr. Emily Palmieri helped to recruit and facilitate the focus group discussion. The sources were found via Google Scholar search usising key words such as: sexual violence on a college campus, GBV in the U.S.A, sexual harm prevention, relationships in college, sexual behavior, mental health, IPV, sexual health, sexual health education.The sources are a combination of methodological sources from different disciplines, selected theories and models, key debates, current public health issues, and include some highlights of social justice movements both locally and nationally.

IRB Approval:

Since this project was part of an internal evaluation of Emory University, and it was not focused on providing generalizable knowledge, or research of human subject(s), it was exempt from Emory IRB review.

Ethical considerations:

During the recruitment period and in the data collection phase, the author introduced herself and explained to all students and staff, the purpose of the thesis project, a content disclaimer regarding IPV, where the information will go, shared statement about consent and confidentiality, that participation was voluntary and anonymous (participant specific information will be deidentified), that participants have access to free and confidential mental health resources available via CAPS, that this was not paid, and they had the right to refuse to answer any questions without any consequences to them. At the end of the study, the author also gave every student and staff a one-page information sheet submitted to them via email, which

described the purpose of the special studies project and contact information of the author, in case they had any questions afterwards. All participants were of legal consenting age.

Document Review:

The author examined the prevalence, impact, and response to sexual assault within the university setting. The author also synthesized data from various sources including published journal articles, surveys, books, podcasts, videos, and presentations. The author also collaborated with key stakeholders at Emory University, including the Office of Respect, Rollins School of Public Health graduate students, Office of Health Promotion, Emory Police Department, Prevention of Sexual Violence Committee, and Department of Title IX. This collabortion with institutional stakeholders provided valuable insights into the campus-specific challenges and resources available for addressing sexual assault. Additionally, the author was able to get access to data such as the Sexual Misconduct Climate Survey (referenced in the terms and definitions section), based off of the Association of American Universities sexual misconduct survey that utilizes the Adverse Childhood Experiences (ACEs) assessment as well as surveys individuals' experiences of sexual violence in addition to their resource awareness. The author utilized the Emory Student Community Well-Being Survey, spearheaded by Emory's Committee for the Prevention of Sexual Violence under the office of Institutional Equity and Compliance, which was used to survey to all undergraduate and graduate/professionalat the university in Spring Semester of 2018 to assess student sexual assault victimization and campus climate.Furthermore, the author also gathered data from community stakeholders at Seton Hall University, Syracuse University, and Temple University. By incorporating perspectives from both campus and community stakeholders, this document review offers a comprehensive analysis of the complex dynamics surrounding sexual assault on college campuses and the resources available for prevention, intervention, and support.

Study Population:

College and graduate school students, aged 18 to 35, both male and female were the study population. The students were composed of various academic levels including some undergraduate students, some graduate students, and some post-doctoral students. They are identified in various club organizations including athletics, greek life, student social justice advocates, student leaders on campus, and wellness clubs. Students were recruited to participate in the study (mentioned below) via email; students were free to refuse if they did not want to participate regardless of the reason (10 students were invited; only 1 student refused to participate due to personal reasons, such as limited availability, not interested, having another activity, being sick, or studying abroad). Thereafter, the author began the process of setting up the meeting location and instructions.

Data Collection Tools:

The focus group discussion was held over Zoom and in person via a hybrid model. The author, Taylor M. John, thesis chair Dr. Cari J. Clark, and Director of the Office of Respect, Dr. Emily Palmieri developed a three-page focus group discussion guide in English (see Appendix A). The only inclusion criteria was current Emory University students ages 18 to 35 years old. Graduate and Oxford students were not excluded from this criteria. The author, Taylor M. John,

Director and Title IX Coordinator, Nicole Babcock, Esq, and Director of Office of Respect, Dr. Emily Palmieri, assisted with recruiting students for participation in the discussion guide. The focus group discussion was held during a time where a group of students who sit on the Title IX Student Advisory Committee (formed by DTIX director Nicole Babcock and Office of Respect Director, Dr. Emily Pamieri based on a call out to campus partners for recommendations for students who wanted to provide feedback and guidance to our offices in addition to aide with disseminating information including fact checking/ myth busting) for the university to regularly meet.

The focus group discussion was held for approximately 90 mins. The author asked for and obtained verbal consent from all interested participants to conduct and record the focus group discussion. Dr. Emily Palmieri then addressed the whole group reiterating the purpose of the focus group, emphasizing the confidentiality components, shared sentiments that distinguished the professional staff members in the room (who were there as support, notetakers, or observers) as well as noting the presence of mandatory reporters, and asking participants who were in person for permission to record). The participants did not object. The author proceeded with the discussion and reiterated to the group the contents of the focus group and ensured that personal information would be deidentified if it were to be used for the research. The final sample consisted of one focus group. The contents of the guide highlighted themes of 1) intervention 2) prevention 3) knowledge of sexual assault 4) campus values and 5) campus services. Areas 1 and 2 focused primarily on definitions and listing activities. Areas 3 through 5 involved more discussion. The author slightly modified the guide and the conduct of the conversation (ex. Pace, wording of questions, silence due to confusion of the verbiage, etc). The order of questions differed slightly from the discussion guide. For example, some questions were not asked (ex. Due to time constraints or if the participants already covered the topic), and some unplanned clarification questions, statements, and probes were asked. The topics of the discussion questions included:

1. How do you define mental health?
2. How do you think Emory University supports mental health?
3. How do you define sexual assault, sexual trauma,etc?
4. How do you think Emory University values sexual assault services on campus?
5. How do you think the current sexual violence prevention atmosphere is on Emory's campus?
6. What sexual assault services are available on campus?
7. What services are missing on campus, if any?
8. What factors contribute to a safe environment for survivors on college campuses in general?
9. What measures do you think can effectively prevent sexual assault on campus?
10. What would you say to Emory University about the services and prevention they offer?

Lastly, one-on- one informal interview-like style conversations were conducted with members of the Emory University community, including two student advocates. The only inclusion criteria was current Emory University students. The author contacted these individuals via email who had a working relationship with the Department of Title IX and Office of Respect.

The author then arranged a Zoom meeting with those that agreed to participate (2 out of 3). All interviewees were guaranteed confidentiality, in that no report or communication to Emory University would include names, student positions, or other identifiable information that was said in the conversation. Questions aimed to reflect on the current climate state, current needs, future suggestions, and filling in gaps of previous work on campus with respect to SA. The topics for these discussions included:

1. Do you think there is a need for clear communication and accessible resources for sexual assault related content in your community?
2. Do you think there is enough training that occurs on campus?
3. Where do you think students go to (on campus) when they have concerns for sexual violence?
4. Do you think the social organizations on campus have any influence on sexual assault on campus?
5. Do you think there is a lack of knowledge about sexual assault on campus?

Those interviewed saw sexual assault knowledge and campus resources as need for students in their community to have quick and easy access to especially because the current status of accessing information is not seamless. They identified Emory University CAPS and Office of Respect as high priorities of resources that students should know about.They also stated that students should be educated about the Title IX process and possible involvement with the Case Management department (if any).

Resource Guide Development:

Having previously served on various student leadership positions and identifying as an advocate for relationship violence prevention and education, the author was asked to serve on the student-composed Title IX advisory committee beginning in 2023. Because of the author's background in global health, women's health, and sexual violence, the author was encouraged by the author's peers to create and implement the resource guide in response to the mentioned community needs. Because of the author's role in the student advisory committee, the author was able to partner with the Office of Respect and Department of Title IX and join in on their current project and initiatives that they are working on for the academic year.

The author developed the sexual and relationship violence resource guide for Emory University students with the help of several higher education administration, public health and community engagement professors, and survivors of sexual assault who had a strong background in programming and resource development. The process of the resource guide was completed with the guidance of CFIR's "Inner and Outer Setting Domain" framework. The format of the resource guide was modeled and inspired by the format of the "Sexual Abuse and Response Prevention" resource guide developed by Illinois State Board of Education and Syracuse University's "Sexual and Relationship Violence Resource Guide for Syracuse University Students".

The target audience of the resource guide is meant for college-aged students (between the ages of 17 and 35 years old) who are affiliated with Emory University and reside in the Atlanta area. The content of the resource guide was obtained through various sources including articles, reliable online resources such as Planned Parenthood, Our Wave, RAINN, One Love Foundation,

and government health guidelines.The sections for the resource guide took approximately 7-10 hours each to develop and were reviewed by a trauma specialized therapist, a Sexual Assault Nurse Examiner, and a public health professor all with backgrounds in women's health, reproductive and sexual health, and gender-based violence.

Evaluation of research with CIFR Framework:

What is the CFIR framework? The Consolidated Framework for Implementation Research (CFIR) is used to value an implementation or design an implementation study (CFIR Research Team). The CFIR provides a menu of constructs across five domains that can be used in a range of applications to help guide systematic assessment(s) of potential barriers and facilitators. By using the CFIR framework it will help guide the author in creating the resource guide by tailoring implementation strategies, need adaptations, and/or to better explain outcomes. The CFIR framework has mostly been used within healthcare settings. The benefits of using the CFIR framework include increasing scientific knowledge about the effectiveness of implementation strategies, understanding a systematic analysis, helps to maintain organization of findings, and understand the complexity of certain strategies (CFIR Research Team).

The CIFR framework focused on collecting data from individuals who have power and/or influence over implementation outcomes. In this specific case that would be Emory University and the respective departments that are considered as resources for sexual violence intervention and prevention such as Emory Police Department, Office of Respect, and the Department of Title IX. The "Outer Setting Domain" in the guidebook is the Emory University community, women, and those that temporarily reside in Atlanta, GA. The guidebook will aim to address the following constructs: 1) local attitudes - understanding and considering sociocultural values and beliefs in order to encourage Emory University and its affiliates to support the implementation and delivery of the guidebook to all students; 2) partnerships and connections - identifying the inner network including campus referrals, academic affiliations, and local professional organizations or care centers; 3) societal pressure - utilizing current and relevant mass media campaigns, local and community advocacy groups, and/or societal movements to assist with encouragement for delivery of the guidebook.

How is this framework related to this special studies project? The CFIR framework is related to this special studies project because the interview guide tool designed by the CFIR Research Team was used to help develop the focus group discussion guide questions and the informal interview questions and framework to focus on the themes of evaluation. The framework helped to consider constructs pertaining to culture, structural characteristics and values, networks and communications, goals, and leadership engagement. Additionally, the CFIR Microsoft Excel observation template was helpful for the author to take notes organized by the CFIR construct focusing on the inner and outer domain template.

Pilot testing:
The guidebook was not pilot tested due to time constraints of the thesis deadline and administrative regulations. However, this project may be used as a guide to support the strategic efforts to enhance the sexual violence and relationship harm intervention and prevention at Emory University through the Office of Respect and/or Department of Title IX. Ideally, this

guidebook would have been submitted through the possible channels and voted on via administration, board members, and directors to implement within Emory University and upload to the student and teacher Canvas page.

Results:

Guidebook Development:

The final content of the resource guide, as outlined in Appendix C, was developed based on insights gathered from key focus group discussions and informal dialogues with Emory affiliated students. Identified as top priorities were various topics crucial for addressing interpersonal violence and supporting survivors. These included advocacy and support services, CAPS services, Student Health Services, the Office of Respect, the Department of Title IX, and the Emory Police Department.

Under the header of Advocacy and Support Services Available to You, the guide highlights the provision of free advocacy-based support offered around the clock. Advocates assist survivors in understanding their options, overcoming potential barriers to accessing resources, and devising safety plans tailored to individual needs. Additionally, the guide emphasizes the coordination of care and referral services provided by advocates, including support in navigating systems such as hospitals, law enforcement, courts, and Title IX adjudication processes.

The guide also outlines support for survivors in legal matters, such as consultation on criteria and procedures for obtaining Temporary Protective Orders, as well as assistance with medical coordination for forensic exams and follow-up care. Moreover, it addresses academic support, offering physical or virtual accompaniment to appointments with faculty/staff, articulating the impact of trauma on academic performance, and providing referrals to academic offices for additional assistance as needed. Overall, the resource guide aims to empower survivors with comprehensive support and resources across various domains to facilitate their healing and recovery journey.

Review of the Emory University Websites:

A formal needs assessment was not conducted, however, the need for a single streamline of communication that is clear, accessible, visually appealing, and easy to read was identified by key community participants including students, student advocates, and staff. It was mentioned in the focus group discussion and interviews that participants felt there were too many "clicks" to get to the resources via the Title IX and Office of Respect website. While others mentioned navigating the website posed challenges. They felt that this may hinder someone from getting a comprehensive list of resources and next steps after they (or someone they know) experienced sexual assault both while they were a student at the time of the assault or perhaps they experienced assault before coming to Emory and they needed additional support (ex. CAPS services).

The Emory University Department of Title IX Resources page, Office of Respect website, and Office of Health Promotions offers a comprehensive array of support services; there

are still some areas where additional resources or enhancements could address potential gaps in services. These may include:

1. Accessible and Inclusive Counseling Services
2. Comprehensive Training Program
3. Diverse Representation
4. Community Education and Prevention Programs
5. Collaboration with Off-Campus Resources & Community & Campus Stakeholders
6. Accessible Reporting Options
7. Enhancing Legal Advocacy and Support
8. Offering Holistic Support Services
9. Improve timely response to reports and services
10. Reduce the amount of clicks to get to resources and important information

Results:

In examining the results of our study within the framework of the Consolidated Framework for Implementation Research (CFIR), the inner domain constructs shed light on the contextual factors influencing the implementation of sexual violence prevention and intervention measures on college campuses. Firstly, within the Intervention Characteristics construct, the complexity and adaptability of campus policies and support services emerged as crucial factors. The findings underscored the importance of tailoring interventions to meet the diverse needs of survivors and addressing gaps in accessibility and responsiveness. Secondly, the Outer Setting construct illuminated the influence of external factors such as federal laws and institutional culture on campus monitoring efforts. While federal mandates such as Title IX provide a legal framework for addressing sexual violence, our study revealed discrepancies in implementation and resource allocation across campuses, reflecting the broader socio-political landscape. Lastly, the Inner Setting construct highlighted organizational factors such as leadership support and readiness for change. Our findings underscored the pivotal role of campus leadership in fostering a culture of accountability and prioritizing the well-being of students. By contextualizing our results within the CFIR framework, we gain a nuanced understanding of the multi-level determinants shaping campus responses to sexual violence and identify areas for targeted intervention and improvement.

In conversation with Dr. Emily Palmieri, Director of the Office of Respect, it was highlighted that while stable utilization numbers are not yet available due to ongoing rebranding and rebuilding efforts, there's a suspicion that "the office remains one of the most underutilized resources on campus" (Palmieri, 2024). This is in contrast to the Title IX Office, which sees higher utilization rates of students primarily due to greater compliance based campus awareness and recent re-operationalization of the Office of Respect starting Fall 2023.

Challenges such as previous mandatory reporting status, limited staffing, and multiple transitions within the Office of Respect have been identified, which may have impacted its availability and utilization. Additionally, the executive summary of the 2023 Health Minds Survey provides insights into student experiences regarding sexual assault. While not every

surveyed topic is covered in this summary, permission has been granted to share specific data related to sexual assault.

Data on Sexual Assault:

- **Question:** "Since you began as a student at your school, have you experienced sexual assault?"
- **Response Breakdown:**
  - Yes: 7.10% (171 students)
  - No: 88.71% (2138 students)
  - Don't know: 2.78% (67 students)
  - Prefer not to say: 1.41% (34 students)

Given the complexities of survivors' experiences and the prevalence of unreported cases, it may be appropriate to summarize the data as follows: "Approximately 11.29% of students report likely experiencing sexual assault since coming to Emory."

Partnerships and Departments at Emory University:

Emory University offers a variety of campus resources and departments dedicated to addressing sexual violence and providing support to survivors. These include:

1. **Office of Respect:** The Office of Respect serves as a central hub for addressing sexual misconduct, relationship violence, and stalking on campus. It provides confidential counseling, advocacy, and resources for survivors, as well as education and prevention programming for the broader campus community. Licensed therapists with trauma specialty provide individual and group therapy while experts in IPV prevention lead programing initiatives.
2. **Office of Title IX:** Responsible for enforcing Title IX regulations, this office oversees the university's response to reports of sexual harassment, discrimination, and violence. It conducts investigations, facilitates supportive measures for survivors, and ensures compliance with federal laws and university policies.
3. **Counseling and Psychological Services (CAPS):** CAPS offers confidential counseling and therapy services to students dealing with trauma, emotional distress, and mental health concerns. Trained counselors provide individual and group therapy, crisis intervention, and referrals to additional support resources.
4. **Student Health Services:** Student Health Services provides medical care and support for survivors of sexual assault, including confidential forensic exams (rape kits), STI testing, and pregnancy testing. Medical providers offer compassionate care and assist survivors in accessing follow-up services and resources.
5. **Emory Police Department (EPD):** EPD is available to respond to reports of sexual violence, provide safety escorts, and assist survivors in accessing emergency services. They work collaboratively with other campus resources to ensure the safety and well-being of survivors and the campus community.
6. **Student Organizations:** Various student-led organizations, such as Emory Sexual Assualt Peer Advocates (SAPA), provide peer support, advocacy, and education

initiatives focused on raising awareness and promoting prevention of sexual violence on campus.

These resources and departments collaborate to create a comprehensive support network for survivors of sexual violence at Emory University, offering a range of services designed to address survivors' physical, emotional, and psychological needs while fostering a campus culture of prevention, awareness, and support.

In addition to the campus resources and departments mentioned earlier, Emory University's Police Department (EPD) offers specific services and support for victims of sexual violence. These services include:

1. **Victim Assistance:** EPD provides comprehensive victim assistance services to individuals who have experienced sexual assault, relationship violence, or stalking. Trained victim advocates offer emotional support, information about reporting options, and assistance in accessing resources and support services both on and off campus.
2. **Reporting Options:** EPD officers are available to assist survivors in exploring their reporting options, including filing a police report, seeking medical attention, and accessing campus resources such as the Office of Respect and Office of Title IX.
3. **Safety Planning:** EPD assists survivors in developing safety plans tailored to their specific needs and circumstances. This may include providing information about protective orders, safety escorts, and other security measures designed to enhance survivor safety and well-being.
4. **Referrals:** EPD collaborates with campus and community partners to provide survivors with referrals to additional support services, such as counseling, medical care, legal assistance, and advocacy organizations.

By offering these victim-centered services and resources, Emory University's Police Department plays a crucial role in supporting survivors of sexual violence and ensuring they receive the assistance, care, and resources necessary to navigate their recovery and pursue justice if they choose to do so. These referrals ensure survivors have access to the comprehensive support they need to navigate their healing journey.

Discussion:

The project yielded valuable insights into student organizations dedicated to increasing awareness and prevention, as well as supportive services available for victims and survivors of sexual and relationship harm at Emory University. Students demonstrated a high level of engagement with the materials and content, expressing a strong desire to actively participate in focus group discussions. Additionally, the Emory Wheel reporters proved to be cooperative and resourceful, providing access to results, sources, and interviewees. The Office of Respect and Department of Title IX played crucial roles in filling information gaps, serving as note takers during discussions and facilitating connections with various departments and services for further investigation. Overall, the project benefitted from robust student engagement, collaborative

efforts among university offices, and support from campus media outlets, enhancing its effectiveness in addressing issues related to sexual and relationship harm.

Strengths of Emory University Services:

Emory University provides a comprehensive array of services aimed at preventing, raising awareness of, and intervening in cases of sexual violence and relationship harm within the university community. These services offer numerous benefits and strengths:

1. Diverse Range of Resources
2. Prevention Programs
3. Awareness Initiatives
4. Crisis Intervention
5. Confidential Support
6. Peer mentor support

Overall, Emory University's services for sexual violence and relationship harm prevention, awareness, and intervention demonstrate a commitment to supporting survivors, promoting accountability, and fostering a culture of respect and consent within the university community.

The study faced several challenges during the organization of focus groups. Scheduling proved to be a significant obstacle, as coordinating participants' availability and deciding between Zoom and in-person sessions added complexity. Additionally, aligning with staff schedules posed logistical difficulties. A notable challenge arose from the limited number of facilitators available, with the author assuming sole responsibility for guiding discussions. Furthermore, some students expressed reluctance to participate due to apprehensions about revealing their identity or representing specific organizations, such as Greek life. These challenges underscored the complexities involved in conducting focus groups within university settings, highlighting the need for careful planning and flexibility to address various logistical and participant-related concerns.

Several challenges and limitations were encountered throughout the project. These included the limited availability of data regarding sexual violence prevention, intervention, and awareness strategies specific to Emory University. For example, the author posed challenges with accessing the data from current university administration whether it was their own limited access to the current data, misfiling of the previous data, or the department representatives had transitioned to other divisions or institutions so the university no longer had access to the respective files of interest. The author also noticed that there was no efficient way to identify who the specific institution stakeholders were and who to contact. The websites for the departments were typically outdated and contact information was not up to date. For example, the author contacted a representative and then was later informed that the person moved to a different The author often resulted in communicating with the committee or making phone calls to the institution to find and figure out where they and other students can access the information needed for the study.

Despite efforts to develop a formal resource guidebook, no such resource was created in the past. Additionally, attempts to obtain more information from university administrators and staff yielded little response, leaving the author feeling as though they were continuously redirected without making substantial progress. Accessing surveys, data, and statistics related to sexual violence proved challenging, as much of this information was not publicly reported. Moreover, information for students was dispersed across various websites rather than centralized in one location, necessitating multiple clicks and potentially discouraging users due to the time and effort required to navigate these resources.

Weaknesses of Emory University Services

Identifying weaknesses in sexual violence intervention, prevention, and support services at Emory University's Office of Respect requires careful consideration. While the Office of Respect undoubtedly provides valuable services, it's essential to acknowledge areas where improvements could be made:

1. Limited Outreach and Awareness
2. Resource Constraints
3. Accessibility Challenges
4. Cultural Competency
5. Response to Feedback
6. Collaboration and Coordination

Similar, there are weaknesses in services offered within the Department of Title IX:
1. Response time
2. Transparency and communication
3. Cultural Competency
4. Data collection and reporting

Recommendation:

Preventing sexual violence. There are ways to prevent sexual violence and intimate partner violence through educational platforms and resources, normalizing the conversation, and providing a safe space for people to ask questions and talk about the topic and issue. Promoting a sex positive environment in the household and in the classroom can help to destigmatize sexual behaviors and enhance protective factors. For example, early consent education can and should be taught in the classroom regardless of age, gender, sexual orientation, or cultural background. Consent is not a dirty word and neither is sex. In fact, most individuals' basic understanding of consent is that it is an agreement. We can teach that consent is an agreement and share that it is a boundary that we have in place in order to keep us safe. A consent example does not always have to include a conversation pertaining to sexual acts, but can be shared in the example of asking to give someone a hug or whether or not someone feels comfortable removing their mask. Teaching consent can help children to understand boundaries, the art of saying "no," and practicing their ability to take control in making decisions and feel power in their own words. These simple practices and behaviors can be lessons that children can take with them as they get older and get exposed to relationships, dating, and the influences of peer pressure.

Teaching trauma informed education can also be beneficial to learning more about IPV and its effects. By normalizing the conversation pertaining to sexual violence and intimate partner violence, people are more likely to be aware of the warning signs and understand the causes of abuse. This can help with spotting the mental and abusive behaviors in their relationships that may not be so obvious as to physical abuse. Sexual health and anatomy is important to not only understand, but embrace. The more we normalize the female body and treat it with respect the better sex positive and body positive relationships we can have and perhaps women's bodies won't be over sexualized. Learning about the vulva, labia, and clitoris is just as important to learning about menstrual cycles and penetrative sex in 12th grade health classes.

Recommendation for EU. Based on the research, findings, and needs and wants of the student body, focus group discussion and interviews, the author recommends that Emory University in conjunction with the Office of Respect and Title IX aim to implement a Sexual and Relationship Violence Resource Guide on their respective websites and create a tile on the students Canvas page so that information can be easily accessible and at the forefront of their most used tool. It is recommended that the author's developed resource guide should be used and shared to all Emory University students. It should be easy to access with a quick search on Google or by visiting the department's website. There should be little to no "clicks" to get to the guide. It will be published in pdf format to ensure that students will be able to download and read it. Additionally, the Office of Respect will receive an editable copy too so that information can be updated over time when appropriate.

Implementation plan of the resource guide. The resource guide was created via Canva, a free online design and publish tool. The resource guide was reviewed by the author, thesis chair, and committee members. The resource guide was developed and created by the author with the influence of Syracuse University's Sexual and Relationship Violence Resource Guide. The author used Syracuse University's developed guide for students as a model to mimic for Emory University students. The goal of the guide is to be clearly written, accessible, and visually appealing for the audience with minimal distractions. The resource guide was developed towards the end of the special studies project. The resource guide considered feedback of students' needs that were voiced in the school newspaper, The Emory Wheel, informal interviews, and in the focus group discussion.

Sustainability. If this resource guide developed by the author is adapted by Emory University, then the Office of Respect and Title IX Department would be responsible for maintaining it. It may be suggested to utilize the current Title IX Student Advisory Committee and Graduate Assistants from the respective offices to help assist in the upkeep of the guide including the most up to date information, resources, and knowledge of terms. Additionally, if for some reason the administration of Emory University is unable to adapt this resource guide via the Canvas page, it could still be used and deemed as a powerful tool via the Title IX website, Office of Respect website, Emory Police Department website, or via campus clubs and organizations as a way to implement the resource guide to avoid issues of concerns for breach of university policy and hesitancy (if any).

Next steps. This resource guide and special studies project will be presented to the thesis committee members and directors of the Office of Respect and Department of Title IX at Emory

University for review and adaptation of its research findings. Additionally, the author will be joining *Cohort 8 of National Association of Student Personnel Administrators (NASPA)- Student Affairs Administrators in Higher Education's Culture of Respect Collective (CORE)* as Emory University shortly after the submission of this thesis project. During this time in the collective, the authors research and resource guide will be used to develop and assess the institutions efforts to prevent, intervene, and respond to campus sexual violence under the Culture of Respect CORE evaluation survey.

Conclusion:

Despite the comprehensive array of support services offered by the Department of Title IX and other departments at Emory University, there are areas for improvement. Ensuring accessible counseling services, enhancing diversity representation, implementing robust prevention programs, strengthening partnerships with off-campus organizations, offering accessible reporting options, and providing legal advocacy support are among the identified gaps. Similarly, after reviewing resources available on the Office of Respect and Office of Health Promotion websites, additional support or enhancements could address gaps in services related to accessibility, inclusivity, comprehensive training programs, intersectional support services, crisis intervention, emergency response, community engagement, and continuous improvement.

In the author's exploration of current research and EU initiatives, several key themes and resource gaps have come to light regarding sexual health and violence among college-aged individuals. Through a comprehensive review of interdisciplinary studies, theoretical frameworks, and public health endeavors, three pivotal themes have emerged: the imperative to enhance sexual health literacy, the need for heightened awareness and prevention models surrounding sexual violence, and the pressing call to address the mental and physical impacts of such violence within college communities.

It is evident that addressing the complex intersection of Intimate Partner Violence (IPV), mental health, and sexual health is paramount in meeting the needs of those impacted by IPV. These needs encompass a range of vital support services, including:

- **Mental Health and Wellness Support:** Offering counseling and therapeutic services, trauma-informed yoga practices, and healing sessions to promote emotional well-being and resilience. Facilitating group therapy sessions, fostering connections with supportive friends and family, establishing survivor support groups, and offering resources to navigate life after abuse, all of which play crucial roles in providing emotional support and fostering healing and recovery.
- **Physical Care:** Providing essential services such as sexually transmitted infection (STI) screenings, access to rape kits, and comprehensive patient wellness exams to address both physical and sexual health concerns.

By recognizing and addressing these multifaceted needs with compassion and comprehensive care, we can create a more supportive and empowering environment for survivors of IPV as they navigate their journey towards healing and reclaiming agency over their lives. By promoting sexual health literacy, raising awareness about sexual violence, and

addressing the unique needs of college-aged individuals, organizations and communities can work towards fostering a safer and healthier environment for all.

In conclusion, the study shed light on significant gaps and challenges in addressing sexual violence at Emory University. The limited availability of data and resources underscores the need for enhanced transparency and collaboration within the university community. Efforts to centralize information and streamline access to resources are essential for improving support services for survivors and enhancing prevention efforts. Moving forward, proactive engagement with stakeholders, including administrators, staff, and students, is crucial for developing comprehensive and effective strategies to combat sexual violence on campus. By addressing these challenges head-on and fostering a culture of accountability and support, Emory University can work towards creating a safer and more inclusive campus environment for all members of its community.

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Appendix:

    A. Focus Group Discussion Guide

Overarching research question: What are the support services (if any) at Emory University for sexual violence and relationship harm survivors and are there any missing gaps to the resources for intervention and prevention?

Qualitative focus group: How have the prevention and intervention methods and programs of Emory University shifted over the course of your college experience and how did that shift affect their experience as a survior, victim, or ally of sexual violence on a college campus?

1.Introduction: Introduction of the Moderator, Recorder, and brief background of the study

(approximate time: 5 minutes)

Facilitator 1 says - Hi, my name is _____ .Thank you for taking time out of your day to join me. I am a Rollins School of Public Health Student and my research team and I are interested in exploring how sexual violence intervention and prevention programs have changned over time at Emory University. This will inform our overarching research question, which aims to get at **[insert research question here]**

During today's session you will take part in an activity that will explore how Emory University students' intervention and prevention methods have changed over time. All of you have been selected because you met the eligibility criteria and are willing to take part in this group discussion. We are glad you are here today.

We will be recording our session to ensure that our notetaker, _____, captures all of your comments. I will be leading the discussion.

Before we start, Iwant to go over some ground rules.

- If you have a cellphone we would love to have you put it on silent or turn it off. If you do need to answer a call, we would appreciate it if you would step out of the room and return as soon as possible.
- This is a confidential space, meaning that anything that is shared here stays here [those that are mandated reporters in the room and/or confidential support services on campus (please identify them).
- There are no right or wrong answers but rather differing points of view. You are the expert here today. Please share your point of view even if it differs from what others have said.
- Please be respectful and listen to each other.
- Please be assured of complete confidentiality.Your names will be deidentified if used.

Our job is to guide the conversation and be efficient with our time today. I may interrupt at times in order to make sure we finish our conversation with the allotted time we have today.

Facilitator 1 says - We will start with quick introductions and a verbal consent for you all to record. To do that, we will first have you introduce yourself. Please provide your first name only, whether you are an undergraduate or graduate student, your age, if you consent to be audio recorded by Zoom.

Zoom participants: Please make sure to change the name on your profile to only your first name and pronouns by clicking the three dots next to your name and clicking "Rename."

Facilitator 1 says - I will model this for the group before calling on the first group member. For example, Hello my name is (name, pronouns), I am a (graduate) student, I am (age), I consent to be audio recorded .

Facilitator 1 says- Excellent. Now that everyone has agreed to be a part of today's session, we will start with the first part of the activity. [PAUSE] To start, I will ask an open-ended question. Please type (on zoom) and say any and all words that could be considered a sexual violence intervention program.. **[Facilitator 1 sets 2 minute timer, evaluates if more time is needed, adds 1 minute, if needed]**

- ❖ For Zoom participants: Use zoom chat or come off mute(take picture/screenshot of the comments)
- ❖ **[Note-taker analyzes**

Questions:

Facilitator 1 says - Having brainstormed words that could describe intervention and prevention methods, let's define intervention and prevention methods together. Please use the chat to add your definition. Please take 2-3 minutes to complete this and we will go over it together afterwards. **[Facilitator 1 analyzes definitions one by one and opens up the floor for discussion/debate.]**

Approximate time: 7-10 minutes

Facilitator 1 says - If participants struggle to come up with an answer you can say, "I define intervention methods as {**insert example here**}."

Back-Up Definition: PLACE DEFINITION HERE WITH EXAMPLE *(place definition on the board for all to see and reference for later activity)*

[Note to Facilitator 1: Once all participants have contributed their definition, proceed.**]**

Facilitator 1 says - How does everyone feel about these definitions?

[Note to Facilitator 1: Pause, allow for discussion/debate. If participants do not agree with any of the definitions, ask "What would you add to the definition?" or "How would you refine it?"**]**

Facilitator 1 says - Remember, we are not looking to come to a unanimous agreement on a definition. We are more interested in hearing the diverse viewpoints of what intervention and prevention programs mean to you all.

[Note to Facilitators: If time allows, spend a couple minutes probing. Otherwise move on to Phase 2.**]**

Probing Questions:

> ❖ What values do you think Emory University students share in common? [Pause]
> ❖ Where do you think these values came from? [Pause]
> ❖ What types of intervention methods exist? If any?
> ❖ What types of prevention methods exist? If any?

Phase 2 of the activity –Mental Health

1. How do you define mental health?
2. How do you think Emory University supports mental health?
3. How do you define sexual assault, sexual trauma,etc?
4. How do you think Emory University values sexual assault services on campus?
5. How do you think the current sexual violence prevention atmosphere is on Emory's campus?
6. What sexual assault services are available on campus?
7. What services are missing on campus, if any?
8. What are your thoughts about these services offered?
9. What factors contribute to a safe environment for survivors on college campuses in general?
10. What measures do you think can effectively prevent sexual assault on campus?
11. What would you say to Emory University about the services and prevention they offer?
12. What measures does the EU take to prevent sexual assault on campus?

(approximate time: 2-3 minutes)

Facilitator 1 says - Now that we have discussed intervention and prevention methods and shared our various definitions of what they are, let's switch to questions about our mental health.
(approximate time: 10-12 minutes)

13. How do you define mental health?
14. How do you think Emory University supports mental health?
15. How do you define sexual assault, sexual trauma,etc?

Facilitator 1 says - Having covered mental health and impacts it may have on sexual violence, we are now going to discuss sexual violence services on Emory campus. How do you think Emory University values sexual assault services on campus?

16. How do you think the current sexual violence prevention atmosphere is on Emory's campus?
17. What sexual assault services are available on campus?
18. What services are missing on campus, if any?
19. What are your thoughts about these services offered?

(approximate time: 15 minutes)

Facilitator 1 says - Having covered mental health and impacts it may have on sexual violence, sexual violence services on Emory campus, now we will address safety. **(approximate time: 10-15 minutes)**

20. What factors contribute to a safe environment for survivors on college campuses in general?
21. What measures do you think can effectively prevent sexual assault on campus?
22. What would you say to Emory University about the services and prevention they offer?
23. What measures does the EU take to prevent sexual assault on campus?

Phase 4 – Debrief Questions/Putting it all together

(approximate time: 15 minutes)

Facilitator 1 says - Based on the conversation so far, and having already discussed some of the definitions, let's try and put it all together. [PAUSE]

1.What sexual violence prevention, intervention, and awarness values might be challenged in university/grad school? Which ones might be reinforced?

2.How might University or graduate school experiences change people's attitudes about sexual violence prevention and intervention?

3. What could Emory University do to foster a more supportive environment for students who experience sexual violence and relationship harm?

4. Are there any support services or programs at Emory University that you have attended in that valued sexual violence and relationship harm, services? If so, can you describe the event and how it made you feel?

Facilitator 1 says - Before we end, does anyone else have anything they would like to add to our conversation? [PAUSE]

Facilitator 1 says - Thank you for joining me today. I am grateful for your input and participation. As a reminder, this recording will not be shared and if I decide to use any of this data, your names will be deidentified and will not be used for safety purposes. That's all for today. Thank you again. Have a great rest of the day.

[STOP RECORDING]

B. Informal Interview Guide Questions
1. Where do you go for support services?

2. What are the missing gaps in resources at Emory University?

3. Where can I find information about SA/SV at Emory University?

4. Do you feel that alcohol and substance abuse play a vital role at Emory University? If so, does it impact the sexual violence culture on campus?

5. Are there any recommendations or things that you would like to see as a student?

6. Did you have any challenges accessing resources?

C. Sexual and Relationship Harm Resource Guidebook for Emory University

Emory University Sexual and Relationship Violence Resource Guide 2024-2025

PREPARED FOR

Emory University Office of Respect

Emory University Department of Title IX

PREPARED BY

Taylor M. John

Emory University, Rollins School of Public Health

Class of 2024

Dear Students,

This guide will assist you in complying with these and other University expectations and will provide you with information and resources if you have a concern about any form of sexual or relationship violence.

Thank you for your review of this guide. Keep it. Use it. We are here for you.

If you are having a health/safety emergency, please call 911

TABLE OF CONTENTS

PRIVACY AND CONFIDENTIALITY:

Emory University is dedicated to providing equal opportunities to all individuals regardless of sex, race, color, religion, ethnic or national origin, gender, gender expression, gender identity, genetic information, age, disability, sexual orientation, or veteran status. Emory University does not discriminate in admissions, educational programs, or employment on the basis of any factor stated above or prohibited under applicable laws, including Title IX of the Education Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Titles VI and VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, and other applicable statutes and University Policies. Students, faculty, and staff are assured of participation in University programs and in the use of facilities without such discrimination

Thus, in accordance with these federal laws and consistent with its commitment to a fair and open campus environment, Emory cannot and will not tolerate discrimination against or harassment of any individual or group based upon sex, race, color, religion, gender, ethnic or national origin, genetic information, age, disability, sexual orientation, gender identity, gender expression, veteran status, or any factor that is a prohibited consideration under applicable law. The University recognizes its responsibility to increase awareness discrimination of all types, prevent its occurrence, and diligently investigate reports of misconduct.

Emory University prohibits sexual and gender-based harassment, including sexual assault, and other forms of interpersonal violence. Title IX of the Educational Amendments of 1972 protects individuals from sex discrimination in educational programs and activities at institutions that receive federal financial assistance. However, Title IX's prohibition of sex discrimination is not limited to sexual harassment and violence. Inquiries concerning application of Title IX may be made to the Office for Civil Rights in addition to or instead of such other campus and non-campus resources.Emory fosters a safe learning and working environment that supports academic and professional growth of students, staff, and faculty and does not tolerate sexual harassment, including, but not limited to, violence in its community, and is obligated to address incidents of which it has notice.

Sexual misconduct is a form of sex discrimination that is prohibited under federal law, the Emory University Equal Opportunity and Discriminatory Harassment Policy (Policy 1.3), and the University's Sexual Misconduct Policy (Policy 8.2). Sexual misconduct can occur in many forms, including, but not limited to, sexual harassment, domestic violence, dating violence, intimate partner violence, sexual assault, stalking, and gender-based bullying.

All members of the Emory University Community are encouraged to promptly report incidents of sexual harassment and discrimination to the University Title IX Coordinator, the Title IX Coordinator for Students, a Deputy Title IX Coordinator, or other mandatory reporters in order to invoke the university's Title IX process. Reports may be made in a written or verbal format. A reporting form is available at http://sexualmisconductresources.emory.edu.

For Emory's full sexual misconduct policy, visit the Emory Policies website (Policy 8.2).

IF YOU HAVE RECENTLY EXPERIENCED A SEXUAL ASSAULT:

Please know that the survivor is never to blame for an assault (See terms and definitions in Appendix A). You have many options regarding potential next steps, and we want to support you in exploring the decisions you feel are right for you at the right time. Below are a few options for you to initially consider:

- Go to a place that feels comfortable and private for you to be able to speak freely if you are connecting with a resource via phone or virtually.
- Try not to bathe, douche, or change clothing immediately after the assault. It can also be helpful to preserve any physical evidence that you may have (e.g., bedding, items that the offender may have touched or drank from, condoms, etc.), placing any physical evidence that exists in a plastic trash bag/Ziploc bag for safe keeping.
- Contact the Office of Respect Hotline (404-727-1514) to speak to the on-call advocate to answer any questions that you may have. The advocate can also help get you connected to medical resources and police if you choose that as a next step.
- Consider getting a forensic exam performed to collect physical evidence from the assault. Even if you are not sure that you want to move forward with a criminal investigation, having the evidence collected shortly after the assault may help the Police investigate your case if you choose to go forward at another time. Consider getting medical follow-up for possible transmission of STI's and pregnancy.
- Schedule a follow-up appointment with an advocate in the Office of Respect to discuss your rights, options, and support resources that are available to you.

Advocacy and Support Services Available to you:
- Free Advocacy-Based Support: An advocate is available to provide non-mental health related support around intimate partner violence 24-hours a day, 7 days a week. The advocate will help you to understand your options and identify potential barriers for accessing resources, assist you in creating plans that best support your needs for safety, and provide a space of validation and acknowledgement regarding what you have experienced.
- Coordination of Care & Referral Services: Our advocates can support and accompany you as you navigate the different system/entities such as hospitals and medical providers, (e.g. if you would like to obtain a sexual assault forensic exam), law enforcement, courts, and the Title IX adjudication process. We can also help connect you with additional resources for emotional, mental health, medical, and legal support if needed.
- Legal: Consultation on criteria and the process for obtaining a Temporary Protective Order (TPO). Coordination of care in obtaining the order from the appropriate court jurisdiction.

- Medical: Coordination of care around forensic exam collection appointments, connection to follow-up medical and mental health care services.

Academic: Physical or virtual accompaniment to appointments with faculty/staff for support, assistance with articulating and recognizing the impact of trauma as it relates to challenges faced as the student completes their studies, and referrals to academic offices to best assist with needs for additional support.

REPORTING OPTIONS:

As Sexual and Gender-Based Harassment and Discrimination may, in some instances, constitute a violation of University policy and constitute criminal activity, the University encourages individuals to report alleged Prohibited Conduct promptly to campus officials and to law enforcement authorities, where appropriate.

The University and criminal justice systems work independently from one another; a Complainant may proceed with a Title IX grievance procedure and the criminal justice process concurrently, though investigations for each process will be conducted separately. Law enforcement authorities do not determine whether a violation of this Policy has occurred, and the criminal justice system uses different standards related to proof and evidence. Any questions about whether a specific incident violated the criminal law should be addressed to law enforcement.

Individuals may file a report at any time, but the University strongly encourages individuals to file complaints promptly in order to preserve evidence for a potential legal and/or grievance process.

Information on reporting Prohibited Conduct and a summary of helpful resources if a Student, Employee or Third Party has been impacted by Prohibited Conduct can be found in a brochure entitled "Sexual or Gender-Based Violence and Harassment: What You Need to Know," which is available in hard copy in the Department of Title IX and in other locations on campus.

1. **Sources for Confidential Reporting**

    1. Confidential Communications

        The University understands that a Complainant may wish to discuss an incident of Prohibited Conduct in a confidential manner with a resource who is not required to report the incident to the Department of Title IX. There are five (5) resources at the University's Atlanta campus and at the Oxford campus with whom communications are

confidential and, in some cases, privileged. Contact information for these resources is located below in <u>Appendix A</u>. They are as follows:

1. **Counseling and Psychological Services (CAPS) - Atlanta Campus / Counseling and Career Services (CCS) – Oxford Campus:** Both CAPS and CCS offer professional, licensed counselors who provide mental health counseling to students.

2. **Office of Spiritual and Religious Life – Atlanta and Oxford Campuses**: These Offices have chaplains and clergy members who provide pastoral counseling in their professional roles.

3. **Student Health Services (SHS) – Atlanta and Oxford Campuses:** A disclosure may be made to healthcare providers in their caregiving roles.

4. **Emory Ombuds Office - Atlanta and Oxford Campuses:** The Ombuds Office is a confidential resource for faculty, staff, and students.

5. **Faculty and Staff Assistance Program (FSAP):** A disclosure may be made to a licensed mental health professional within FSAP.

6. **Office of Respect:** The Office of Respect provides confidential support for Emory students who have or are experiencing interpersonal harm (including, but not limited to, sexual assault, dating/relationship violence, sexual harassment, and stalking) as well as their allies. The Office of Respect provides 24/7 crisis response, advocacy (accommodations assistance, accompaniment to medical support, police, Title IX, etc.), and confidential counseling (individual and group).

   Please Note: *In limited circumstances, these privileged and confidential resources may have reporting or other*

obligations under state law and may have an obligation to follow moral and ethical guidelines. These reporting or other obligations may limit the extent to which the professional counselor may maintain a Complainant's confidentiality.

2. Reporting to the Department of Title IX

The University encourages individuals to report Prohibited Conduct to the University Title IX Coordinator, to the appropriate Deputy Title IX Coordinator associated with the impacted student's school, or to a Human Resources professional. By doing so, the University can take immediate steps to investigate and respond effectively to reports and the Complainant can learn more about available resources and the Title IX process.

3. Reporting to the Emory Police Department (EPD) / Oxford Police Department (OPD) or Law Enforcement

Students, Employees, and Third Parties have the option to file a complaint directly with EPD or OPD, as appropriate, or other applicable law enforcement authorities, so that the matter can be pursued through the criminal justice system. Students, Employees, and Third Parties may contact the Department of Title IX, and resources such as the Respect Program, for assistance in filing a complaint with law enforcement.

Information on Filing a Formal Complaint
When a Complainant has experienced Prohibited Conduct, the Complainant may file a Formal Complaint with the Title IX Coordinator in person, by mail, or by email. The Formal Complaint

must contain the Complainant's physical or digital signature or otherwise indicate that the Complainant is the person filing, and it should express a request that the University commence an investigation of the allegations in the Formal Complaint.

The Title IX Coordinator has discretion to file a Formal Complaint of reported Prohibited Conduct, even if the Complainant chooses not to participate in the process and/or does not wish to file a Formal Complaint, when the Title IX Coordinator determines the that the report includes conduct that poses a threat to the health, safety and well-being of the community

WHAT IS TITLE IX?:

Title IX of the Educational Amendments of 1972 ("Title IX") protects people from sex discrimination in educational programs and activities at institutions that receive federal financial assistance. Emory fosters a safe learning and working environment that supports academic and professional growth of students, staff, and faculty. Accordingly, Emory does not tolerate Prohibited Conduct in its community and will take prompt action when it occurs.

The University adopts this Policy with a commitment to: (1) a safe and non-discriminatory educational and workplace environment; (2) eliminating, preventing, and addressing the effects of Prohibited Conduct; (3) fostering an environment where all individuals are well-informed and supported in reporting Prohibited Conduct; (4) providing a prompt, fair and impartial process for all parties; and (5) identifying the procedures by which violations of this Policy will be evaluated. Employees, Students, or Third Parties who violate this Policy may face, as appropriate, disciplinary action up to and including termination, expulsion, or other actions. Prohibited Conduct may also constitute crimes that violate federal and state law.

The Policy sets forth how the University will proceed once it is made aware of possible Prohibited Conduct. The Policy is in keeping with our institutional values and is intended to meet our obligations under Title IX ;; Title VII of the Civil Rights Act of 1964 ("Title VII"); and the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act ("Clery Act"), as amended by the Violence Against Women Reauthorization Act of 2013 ("VAWA"), with respect to its application to gender- and sex-based misconduct; and other applicable law and regulations. The Policy:

Specifies Prohibited Conduct;

Defines important concepts, like affirmative consent, that have a bearing on what is considered acceptable, and Prohibited Conduct;

Describes available reporting options, including sources of confidential reporting;

Discusses supportive and protective measures that may be available to support and assist Employees, Students, and Third Parties affected by Sexual and Gender-Based Harassment and Discrimination;

Explains the investigation, hearing, and sanctioning processes for matters in which Students, Employees, and Third Parties are accused of misconduct; and

Contains a comprehensive list of on and off-campus resources available to Employees, Students and Third Parties affected by Sexual and Gender-Based Harassment and Discrimination, including phone numbers, addresses, and websites.

Under this Policy, retaliation is prohibited against someone who has filed a Formal Complaint (a Complainant), has been the subject of a Formal Complaint (a Respondent), or any other individual who engages with the University in connection with a Formal Complaint. The University will take steps to prevent retaliation and will also take strong responsive action if retaliation occurs.

Concerns, complaints, or questions relating to this Policy may be directed to the staff members listed below:

Nicole Babcock
University Title IX Coordinator
Department of Title IX
Administration Building, Suite 305
201 Dowman Drive
Atlanta, GA 30322
Phone: (404) 727-8205
nicole.babcock@emory.edu

WHAT IS OFFICE OF RESPECT?:

The mission of the Office of Respect is to work with key stakeholders to eradicate sexual assault, sexual harassment, stalking, and intimate partner violence to create a safer, healthier campus where all students can learn, grow, and thrive. This occurs through education, bystander intervention training, crisis intervention, advocacy, policy development, and supportive peer networks.

In support of this mission, we offer 24-hour support resources for Emory students impacted by interpersonal violence. We aim to provide support; help students learn about their options and rights; assist with safety planning; provide legal and medical accompaniment; and/or offer academic assistance.

Examples of advocacy broadly defined: *Please speak to an advocate to learn more about how advocacy services can be customized to fit your needs*.

Legal: Consultation on criteria for obtaining a Temporary Protective Order (TPO). Education on the process for obtaining a TPO. Coordination of care in obtaining the order from the appropriate court jurisdiction.

Medical: Coordination of care around forensic exam collection appointments, connection to follow-up medical and mental health care services.

Academic: Physical or virtual accompaniment to appointments with faculty/staff for support, assistance with articulating and recognizing the impact of trauma as it relates to challenges faced as the student completes their studies, referrals to academic offices to best assist with students needs for additional support.

WHAT IS CAPS?:

Counseling and Psychological Services (CAPS) seeks to create a welcoming environment in which all members of the Emory community feel safe and valued. Our goal is to support the academic mission of the university by fostering the intellectual, emotional, social, spiritual, and psychological well-being of Emory students through the provision of various clinical services, community-level interventions, consultation, collaboration with campus partners, advising of student groups, and clinical training. We are a diverse and multi-theoretical group of clinicians who value compassion, diversity, cultural humility, and social justice.

WHAT IS OFFICE OF HEALTH PROMOTION?:

The Office of Health Promotion engages students and campus partners to implement initiatives in order to cultivate a culture where students engage in positive, protective health and well-being behaviors. Additionally, the Office of Health promotion provides resources and services on healthy sexuality including mini "Sexpert" courses, offering safe sex supplies, and educational training and workshops. Through the Office of Health Promotion, members of the Emory Community will be able to:
- Identify campus and community sexual health resources
- Identify and describe safer sex practices

- Increase protective behaviors with sexual health practices
- Confidently communicate with partners
- Advocate for policy and laws related to sexual health

Students can also take advantage of the PrEP Clinic for Emory students hosted by Office of Health Promotion and Student Health Services, free HIV testing, and the safer sex shop.

CAMPUS AND COMMUNITY RESOURCES:

Campus Resources:

FOR LIFE THREATENING EMERGENCIES DAY OR NIGHT:

- Call 9-1-1 (from on or off campus)
- Emory Police Department: 404-727-6111
- Emory University Hospital Emergency Room: 1364 Clifton Road, 404-712-7100
- Emory Emergency Medical Services (EMS): 404-727-6111

Office of Respect:
- Contact information:
  - Email: respect@emory.edu
  - Website: https://respect.emory.edu/index.html
  - Address: Alumni Memorial University Center, Suite 110
    630 Means Dr
    Atlanta, GA 30322
  - Respect hotline and mainline:
    - 404-727-1514 (Hotline)
    - 404.727.7338 (Main Line)
- **In the office:**
  - There are books to read, coloring materials, art supplies, snacks, couches, tvs, and beverages if you need a space to get away. This space in the office is open 24/7.
- **Programs in the office:**
  - Prevention, Training, and Outreach
    - Trauma Informed Care Training
    - Active Bystander Skills Training
    - RespectCon
    - Respect Education Series
  - Peer Support
    - S.A.F.E. Greeks
    - SAPA (Sexual Assault Peer Advocates)
  - Ability to provide help, advocacy, and support
    - Sexual Violence and Relationship Harm Survivor Support Group

Counseling and Psychological Services (CAPS):

- Contact information:
  - Address: 1462 Clifton Road, Suite 235, Atlanta, GA 30322
  - Phone: 404-727-7450
  - Fax: 404-727-2906
  - Crisis Consultation: Call 404-727-7450
  - Hours of Operation: 8:30-5:00, Monday-Friday
- Services offered:
  - Non-Urgent Initial Appointment
  - Crisis Intervention Appointments
  - Psychiatry services - Student Health Services
  - Couples and individual therapy
  - Educational Workshops
  - Stress clinics

Timely Care:

  - Emory University has extended mental health and medical support capacity to all Emory students, including those residing outside of Georgia, by offering virtual health services via TimelyCare. TimelyCare offers:
    - 24/7 TalkNow services: Talk with a mental health provider anytime, anywhere.
    - Scheduled counseling and psychiatric appointments.
    - On-demand and scheduled medical care.
    - Students have the option to schedule therapy directly with a provider at TimelyCare. To meet with a TimelyCare provider:
      - Set-up an account by visiting timelycare.com/emory or by downloading the TimelyCare app.
      - Use your Emory email address to set up your account.
      - Choose TalkNow for 24/7 access to a mental health provider for a one-time meeting.
      - Choose Scheduled Counseling to meet with a mental health provider more regularly.
- **Emory Police Department**
  - Atlanta Campus : 7-6111 (on-campus) or (404) 727-6111 (off-campus)
  - Oxford Campus: -6111 (on-campus) or (404) 727-6111 (off-campus)
- **Office of Health Promotion**
  - Email: ohp@emory.edu
  - Phone: 404-727-1000
  - Address :
    Alumni Memorial University Center, Suite 237
    630 Means Dr
    Atlanta, GA 30322
  - Services offered:
    - Alcohol and other drugs education
    - Health sexuality
    - Mental well-being
    - Break Room for Students for Mindfulness Practices

- Student Health Services:
  - Phone: 404-727-7551
  - Address:1525 Clifton Road
  - Atlanta, Georgia 30322
  - Services offered:
    - Primary care
    - Telehealth
    - Sexual and Reproductive Health
    - Psychiatry
    - Nutrition
    - LGBTQ Care
    - Allergy and immunization care

FOR ADDITIONAL CRISIS RESPONSE and SUPPORT:

- Student Intervention Services (24/7 assistance): 404-430-1120
- Student Health Services: 404-727-7551
- Student Health Services on-call physician: 404-727-7551 and press "0"
- Emory Healthcare psychiatrist-on-call: 404-778-5000 (available after hours or weekends)
- Respect Program (sexual assault/interpersonal violence): 404-727-1514
- Georgia Crisis & Access Line: 1-800-715-4225
- National Suicide Hotline:
  - Call or text 9-8-8
  - Call 1-800-784-2433 or 1-800-273-8255
- Crisis Text Line:
  - Text "HOME" to 741741.
  - Students of color can text "STEVE" to 741741.
- Trevor Lifeline (LGBTQ): 866-488-7386
- TrevorChat line (LGBTQ): Text "TREVOR" to 202-304-1200 (7 days/week, 3 p.m. – 10 p.m. EST).

National Resources:

Love is Respect:
- Website: www.LoveIsRespect.org
- Phone: 1-866-331-9474 or 1-866-331-8453
- Text:text "loveis" to 22522
- Contact LoveIsRespect if you want to talk to someone, need advice about your relationship or a loved one's relationship, or if you have legal questions.

National Domestic Violence Hotline:
- Phone numbers: 1-800-799-SAFE (7233) Canada: 1-800-363-9010
- Website: www.thehotline.org

- NDV Hotline provides lifesaving tools and immediate support to enable victims to find safety and live lives free of abuse. Call if you would like more resources or information, or if you are questioning unhealthy aspects of your relationship. On the website, you can also find a helpful chat feature in English and Spanish.

One Love My Plan App
- Can be found in the app store | www.joinonelove.org/my_plan_app
- This app helps you determine if a relationship is unsafe and it helps create the best action plan by weighing an individual's unique characteristics. Additionally, a friend or family member can use this app to assess the danger of a loved one.

National Sexual Assault Hotline:
- **Phone number: 1-800-656-HOPE**
- **Website: www.rainn.org**
- The National Sexual Assault Hotline provides basic information for victims or friends/family of victims, short-term crisis intervention and support, answers to questions about recovering from sexual assault, and resources to assist with the reporting process via hotline or chat.

Helpline:
- Website: www.stopitnow.org/help-inquiry
- Phone number: 1-888-PREVENT

The 1-888-PREVENT number provides support, guidance and information to adults who wish to speak confidentially with the Helpline staff. You can also schedule a 30-minute phone consultation with Helpline Associates.

Center for Relationship Abuse and Awareness:
- Website: stoprelationshipabuse.org/get-help/resources
- This site provides a plethora of resources of all types (legal, seeking help, basic information, help in your area, etc.).

THE TREVOR PROJECT
The Trevor Project:
- Website: www.thetrevorproject.org
- Phone number: 1-866-488-7386
- The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people.

State -wide coalitions:

- Google your state-wide coalition (such as: "New York State-Wide Coalition") to find a list of all the domestic violence support centers in your state.
    - New York State Coalition Against Domestic Violence
        - Hotline NYS: 1-800-942-6906 Hotline NYC: 1-800-621-4673
        - Website: www.nyscadv.org

Resources for BIPOC Survivors:

Directory of BIPOC friendly mental health specialists across the United States:

- https://www.cliniciansofcolor.org
- https://therapyforblackgirls.com
- https://linktr.ee/kindredmedicine

Zabie Yamasaki, M. Ed, Ryt:

- Website: https://linktr.ee/transcending_trauma_with_yoga
- Educational Consultant and Trauma Informed Yoga Instructor

Dr. Shena Young:

- Website:https://linktr.ee/embodiedtruthhealing
- Body inclusive psychologist

Ann Nguyen

- Website: www. theannnguyen.com
- Sexual Empowerment Coach

National Organization of Sisters of Color Ending Sexual Assault

- Website: https://sisterslead.org
- Coalition of women of color providing technical assistance and training to people of color organizations, doing policy advocacy, and spreading community awareness and education.

INCITE!

- Website: https://incite-national.org
- Organization of women, gender non conforming, and transgender people against violence. It's a national endeavor with chapters all over the country organizing conferences, events, and engaging in media justice.

Sister Song

- National membership organization improving institutional policies and systems that impact the reproductive lives of marginalized communities.

National Indigenous Women's Center

- Supports grassroots efforts, provides national leadership for indigenous women, develops educational and programmatic materials, provides direct technical assistance, builds the capacity of Indigenous communities, and supports tribal sovereignty.

Coalition to Stop Violence Against Native Women

- Provides policy advocacy, community programming, and educational outreach.

First Nation Women's Alliance

- Organization that connects First Nation women to resources and services regarding sexual and domestic violence.

Latina Alliance Against Sexual Aggression/Alianza Latina en Contra la Agresión Sexual

- Promotes healing and empowerment through the arts, professional training, and community education.

Mujeres Latinas en Acción/ Latinas and Sexual Assault

- This article focuses on Chicago area Latinas in a national context and addresses their experiences with sexual violence as well as the quality of local programs and gaps in services for sexual assault survivors.

National Latino Alliance for the Elimination of Domestic Violence

- Advocacy organization that offers training and technical assistance to innovative programs and strategic funding.

Asian Pacific Institute on Gender Based Violence

- National resource center for gender-based violence against Asians, Native Hawaiians and Pacific Islanders. Offers analysis to critical issues, provides technical assistance and training, conducts research, and informs public policy.

Manavi

- An organization dedicated specifically to South Asian women affected by violence. Offers culturally specific and linguistically accessible services to survivors of violence.

National Organization of Asian and Pacific Islanders Ending Sexual Violence

Resources for LGBTQ+ Survivors:

Stories of LGBTQ+ Survivors:
- https://www.rainn.org/survivor-stories/eileens-story
- https://www.rainn.org/stories

National Coalition of Anti-Violence Programs:
- Website: https://avp.org
- Phone number: (212) 714-1141
- AVP advocates for victims of anti-LGBT and anti-HIV/AIDS violence/harassment, domestic violence, sexual assault, and more.

The Trevor Project:
- Website: www.thetrevorproject.org
- Phone number: 1-866-488-7386
- The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people.

LGBT National Hotline
- Phone number: (888) 843-4564
- Association for Lesbian, Gay, Bisexual & Transgender Issues in Counseling

Directory of LGBT-friendly mental health specialists across the United States
- https://www.counseling.org/about-us/governance-bylaws/candidate-profiles/divisions-and-regions/association-for-lesbian-gay-bisexual-and-transgender-issues-in-counseling

FORGE (For Ourselves: Reworking Gender Expression)
- Website: https://forge-forward.org/
- Transgender Sexual Violence Project. FORGE provides resources that are trauma-informed and research-based to empower every individual.

Men of Color:

A Men's Project

- An online resource and networking guide for male survivors and allies. Offers international guides and resources in Spanish.

<u>Male Survivor</u>

- Provides resources and educational information about sexual violence against males. Offers healing resources and links survivors to find online support and mental health professional services.

<u>1 in 6</u>

- Organization aimed to support male survivors of sexual violence and abuse as well as family members, partners, and friends of survivors. Offers online peer support group, 24/7 online support line, resources and training for professionals and organizations.

<u>The Bristlecone Project</u>

- A project and awareness initiative created by 1 in 6 that portray the reality and hope of male survivors of sexual assault and abuse. Offers 24/7 confidential online support line.

Appendix:

Appendix A: Terms and Definitions

Allegation. A statement by a complainant that an act of sexual misconduct has occurred.

Coercion. Coercion is inappropriate pressure for sexual activity. Coercive behavior differs from seductive behavior based on the type of pressure someone uses to get consent from another. When a person makes clear that they do not want sex, wants to stop, or that going past a certain point of sexual interaction is unwanted, continued pressure beyond that point can be coercive.

Complainant. The person making an allegation or complaint of sexual misconduct.

Complaint. A formal notification, either orally or in writing, of the belief that sexual misconduct has occurred.

Consent. Consent is clear, unambiguous, and voluntary agreement between participants to engage in specific sexual activity. Consent is active, not passive, and is given by clear actions or words. Consent may not be inferred from silence, passivity, or lack of active resistance alone. A current or previous dating or sexual relationship is not sufficient to constitute consent, and consent to one form of sexual activity does not imply consent to other forms of sexual activity. Being intoxicated does not diminish one's responsibility to obtain consent. In some situations, an individual may be deemed incapable of consenting to sexual activity because of circumstances or

the behavior of another, or due to their age.[1] Examples of such situations include, but are not limited to, incompetence, impairment from alcohol and/or other drugs, fear, unconsciousness, intimidation, coercion, confinement, isolation, or mental or physical impairment.

Dating Violence. The use of physical violence, coercion, threats, intimidation, isolation, stalking, or other forms of emotional, psychological, sexual, technological, or economic abuse directed toward a person with whom one is or has been in a social relationship of a romantic or sexually intimate nature that does not constitute domestic violence. Whether there is or was such a relationship will be determined based on, among other factors, the parties' statements, and with consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the parties involved in the relationship. Dating violence includes behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, or physically injure someone. Dating violence can be a single act or a pattern of behavior in relationships. Dating violence is sometimes called intimate partner violence.

Domestic Violence. The use of physical violence, coercion, threats, intimidation, isolation, stalking, or other forms of emotional, psychological, sexual, technological, or economic abuse directed toward (1) a current or former spouse or intimate partner; (2) a person with whom one shares a child; or (3) anyone who is protected from the Respondent's acts under the domestic or family violence laws of Georgia. This includes behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, or physically injure someone. Domestic violence can be a single act or a pattern of behavior in relationships. Domestic violence is also sometimes called intimate partner violence.

Force. The use of physical violence and/or imposing on someone physically to gain sexual access. Force also includes threats, intimidation (implied threats), and coercion that overcomes resistance or produces consent. There is no requirement that a person has to resist the sexual advance or request, but resistance is a clear demonstration of non-consent. The presence of force is not demonstrated by the absence of resistance. Sexual activity that is forced is by definition non-consensual, but non-consensual sexual activity is not by definition forced.

Gender-Based Harassment. Includes harassment based upon gender, sexual orientation, gender identity or gender expression, which may include acts of aggression, intimidation, or hostility, whether verbal or non-verbal, graphic, physical, or otherwise, even if the acts do not involve conduct of a sexual nature when: (a.) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's academic, co-curricular, or campus life activities; (b.) submission to or rejection of such conduct by an individual is used as the basis for academic or student life decisions affecting that individual; (c.) the conduct is so severe and/or pervasive that it unreasonably interferes with a person's university employment, academic performance, or participation in university programs or activities; or (d.) the conduct is so severe and/or pervasive that it creates an intimidating, hostile, demeaning, or offensive campus or living environment.

Incapacitation. Incapacity can result from mental disability, sleep, involuntary physical restraint, or from intentional or unintentional taking of alcohol and/or other drugs. An incapacitated person does not have the ability to give knowing consent. Sexual activity with a person who one should know to be – or based on the circumstances should reasonably have

known to be – mentally or physically incapacitated, constitutes a violation of this policy. The perspective of a reasonable person will be the basis for determining whether one should have known about the impact of the use of alcohol and/or drugs on another's ability to give consent.

Interpersonal Violence, regardless if it is one instance or years of abuse, involves a perpetrator establishing control over the survivor by relying on systems of oppression. However, sexual assault and relationship violence can be perpetrated against anyone regardless of her/his/hir gender identity, sex, sexual orientation, race, socioeconomic status, religion, ability, country of origin, or education level. Sexual assault and relationship violence are pervasive public health problems, but they are not inevitable.

Non-Consensual Sexual Contact. Any intentional sexual touching by a person upon a person, that is without consent and/or by force. Sexual Contact includes, but is not limited to, intentional contact with the breasts, buttocks, groin, or genitals, or touching another with any of these body parts, or making another touch you or themselves with or on any of these body parts; any intentional bodily contact in a sexual manner, though not involving contact with/of/by breasts, buttocks, groin, genitals, mouth or other orifice, with any object.

Non-Consensual Sexual Intercourse. Any sexual intercourse by a person upon a person, that is without consent and/or by force. Intercourse includes, but is not limited to, vaginal penetration by a penis, object, tongue or finger; anal penetration by a penis, object, tongue, or finger; and oral copulation (mouth to genital contact or genital to mouth contact), no matter how slight the penetration or contact.

Respondent refers to the person against whom the allegation or complaint of sexual misconduct is made.

SANE Nurses can assess injuries related to physical trauma; evaluate for sexually- transmitted infections and possible pregnancy; provide medical care (including medications to prevent infections and pregnancy); and can, ***within the first 120 hours (five days)*** after a sexual assault, administer a "forensic exam."2 Regardless of whether a forensic exam is obtained within the first 120 hours (five days) after a sexual assault, students are encouraged to seek care to address any medical concerns, including those related to sexually-transmitted infections and pregnancy.

Sexual harassment includes any of the following behaviors (which could have happened in person or by phone, text message, e-mail, or social media): someone making sexual advances, gestures, comments, or jokes that were unwelcome to the student; someone flashing or exposing themselves to the student without the student's consent; someone showing or sending the student sexual pictures, photos, or videos that the student did not want to see; someone showing or sending sexual photos/videos of the student or spreading sexual rumors about the student that the student did not want shared; or someone watching or taking photos/videos of the student when the student was nude or having sex, without the student's consent (Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).

Coerced sexual contact includes situations where someone had sexual contact (touching of a sexual nature, oral sex, anal sex, sexual intercourse, or other sexual penetration) with the student by threatening to tell lies, end their relationship, spread rumors about the student, making

promises the student knew or discovered were untrue, or continually verbally pressuring the student after the student said they did not want to(Emory Committee for the Prevention of Sexual Violence, 2019).

Health literacy:

- Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (CDC, 2020).
- Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (CDC, 2020).

Intimate partner violence (IPV) (physical) includes physical violence and threats by an intimate partner (boyfriend, girlfriend, spouse, or anyone with whom the student was in an intimate relationship or hooked up, including exes and current partners). Specifically, physical IPV includes threats to hurt the student where the student thought they might really get hurt; as well as pushing, grabbing, shaking, hitting, kicking, slapping, or beating up the student (Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).

Emotional abuse/coercive control by an intimate partner includes the following behaviors: an intimate partner insulting, humiliating, or making fun of the student in front of others or attempting to control the student (Emory Committee for the Prevention of Sexual Violence, 2019).

Sexual assault includes any unwanted, nonconsensual sexual contact ("sexual contact that you did not consent to and that you did not want to happen"). Sexual assault is an umbrella term that includes sexual battery and rape, but it does not include sexual harassment or coerced sexual contact (Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).

Sexual health is defined as: a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity (WHO, 2006a).

Sexual violence is sexual activity when consent is not obtained or freely given (CDC, 2022).

Perpetrator is someone who has committed a crime or a violent or harmful act (Cambridge University Press, n.d).

Health equity is the attainment of the highest level of health for all people and it is achieved when everyone has the opportunity to be as healthy as possible (CDC,2020).

Sexual battery is defined as any unwanted, nonconsensual sexual contact not involving penetration, that involves forced touching of a sexual nature. This could include forced kissing, touching, grabbing, or fondling of sexual body parts (Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).

Rape is defined as any unwanted, nonconsensual sexual contact that involved a penetrative act, including oral sex, anal sex, sexual intercourse, or sexual penetration with a finger or object. Sexual battery and rape are mutually exclusive categories (e.g., a sexual victimization incident would be counted as one or the other, but not both) (Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).

Stalking includes a number of experiences that caused the student emotional distress or made them afraid for their personal safety. Students were classified as having been stalked if they experienced one of the following and indicated that the same person did any of them more than once:

- Following the student around, watching the student, showing up, riding by, or waiting for the student at home, work, school, or any other place the student did not want them to be; sneaking into the student's home, car, or any other place and doing unwanted things to let the student know the person had been there; giving or leaving the student unwanted items, cards, letters, presents, flowers, or any other unwanted items; harassing or repeatedly asking the student's friends or family for information about the student or the student's whereabouts;
- Contacts or behaviors using various technologies,such as the student's phone,the internet,or social media apps: making unwanted phone calls to the student, leaving voice messages, sending text messages, or using the phone excessively to contact the student; spying on the student, tracking the student's whereabouts, or monitoring the student's activities using technologies, such as a listening device, camera, GPS, computer or cell phone monitoring software, or social media apps such as Instagram, Twitter, Facebook, Snapchat, or Tinder; posting or threatening to post inappropriate, unwanted, or personal information about the student on the Internet. (This might include private photographs, videos, or spreading rumors; sending unwanted emails or messages using the internet, using social media apps or websites such as Instagram, Twitter, Facebook, Snapchat, or Tinder.)(Emory University Office of Equity and Compliance & Emory's Committee for the Prevention of Sexual Violence, 2018).