Missed Opportunities: Addressing Campus Sexual Violence in the Primary Care Clinic

Amy Caruso Brown, MD, MSc, MSCS Lauren Germain, PhD, MEd

April 21, 2016

Objectives

- Recognize the need for sexual violence prevention efforts to begin *prior* to college entrance
- Identify myths about campus sexual violence that may impact perceptions of safety and survivors as well as survivor help-seeking behaviors
- Explore barriers to discussing sexual violence prevention with healthy adolescents in the outpatient setting

Campus sexual assault prevalence

Tiventy percent of women and 5 percent of men reported being sexually assaulted either by physical force or while incapacitated.

Q: Did you tell anyone about the incident?

Yes

71:8

(if told someone) Did you tell police or college authorities about the incident?

122%

59%

No

No

AAU Campus Survey on Sexual Assault and Sexual Misconduct, September 2015
 Washington Post-Kaiser Family Foundation survey, June 2015

Myths and messages about campus sexual violence NOTICE No drinking KEEP CALM JUST SAY NO Changing of Clothes

Sexual violence prevention efforts *prior* to college entrance

• The **RED ZONE** – early fall semester from orientation to October/Thanksgiving break³

 Kimble, M., Neacsiu, A. D., Flack, W. F., & Horner, J. (2008). Risk of unwanted sex for college women: Evidence for a red zone. Journal of American College Health, 57(3), 331–338. http://dx.doi.org/10.3200/JACH.57.3.331-338

Sexual violence prevention efforts *prior* to college entrance

- Pre-college health assessment
 - Vast majority of U.S. colleges and universities require students to obtain a health assessment prior to matriculation
 - Meningococcal vaccine campaigns¹: example of potential impact of this visit

1. Hayden, Gregory F., and James C. Turner. "Meningococcal vaccine: important item to discuss at the pre-college physical exam." Consultant 1 Sept. 2004: 1354+. Academic OneFile. Web. 20 Apr. 2016.

Is there a role for health care providers in primary prevention?

- · Pediatricians are trained to approach child and adolescent health from a perspective that emphasizes recognition of developmental milestones, anticipatory guidance and prevention
- Standard of care is to spend at least part of every adolescent visit speaking with patient one-on-one

Existing guidelines: Bright Futures (AAP)

Gaps in existing guidelines ☐ How to follow through with decisions you have made about sex and drugs ☐ Avoiding driving distractions ☐ Drinking and driving ☐ Gun safety ☐ Dating

Are pediatricians talking about sexual violence prevention?

- Survey of regional chapter of the AAP
- 49 responses
 - 37 (2/3) general pediatricians in private practice

Survey results

- Does your anticipatory guidance for adolescents who are going to college include sexual assault prevention?
 - 28.6% "always" do
 - 49% "sometimes" do
 - 22.4% "never" do
- · "Sometimes" respondents were asked how they choose

 - Oo.87% targeted female patients only
 47.8% targeted those thought to be at risk because of past sexual behavior
 - 39.1% targeted those thought to be at risk because of past drug or alcohol use

What are PCPs saying?

4

Barriers

- Lack of time because of medical concerns
- · Insufficient knowledge
- Lack of time because of other prevention topics
 - One respondent commented that because s/he primarily cared for male adolescents, STD and pregnancy prevention was more important
- Discomfort or concern about upsetting families

How does this apply to your practice?

- Start the conversation early
 - Reinforce messages over multiple timepoints
- Create a safe space for dialogue
 - Use care in choosing words
- Be inclusive
 - Don't exclude young men from the conversation
 - Avoid assumptions based on gender identity or sexuality
- Focus on prevention tactics that are known to be effective
 - Bystander intervention
 - Definition of consent
- Be aware of the impact that sexual assault myths may have on survivors' help-seeking behavior

How do PCPs talk about sexual violence?

Table 1. Perceptions of sexual assault prevention and risk reduction, as expressed by content of anticipatory guidance.

Theme	Sample quote
Role of alcohol in sexual violence	"To all sexes: don't be drunk- causes a cascade of bad events including forgetting the birth control."
	"Guys, having sex while drunk puts you at risk for being accused of rape, so do not do that."
Perpetuation of rape myths (e.g., that women who regret having sex while intoxicated	"Girls, it is not fair to regret it and call it rape if it was between 2 drunk people and consensual."
falsely accuse men)	"I esp tell the boys they can be accused of rape after drunken sex and NO ONE will believe them!!"
Placing burden of prevention on victim	"Don't let anyone on your bed in your room for 'casual' hangouts"
Bystander intervention	"Boys if someone you know is spiking drinks or giving women drugs to incapacitate them, PLEASE tell someone or make them stop yourself."
	"If one of your group wants to stay over with someone they met that night you say NO, if you want to sleep with xxxx you can do it when you are not drunk tomorrow, and take them home."

A "healthy relationships" approach	
"I start talking about sexual decision making and	
negotiating relationships as early as 11 or 12 when kids are starting to 'date', even if sex is not	
a part of it yet. This makes it a comfortable conversation as they get older and gets them	
and their parents thinking about not just how to avoid unpleasant situations, but how to choose	
healthy relationships."	
- Survey respondent	
What would you say?	
Original quote Reframing the discussion	
"don't be drunk-causes a cascade of bad events"	
"it is not fair to regret it and call it rape"	
"" esp tell the boys they can be accused of rape after drunken sex and NO ONE will believe them!"	
"Ont it anyone on your bed in your room for 'casual' hangous'"	
Questions?	
BrownAmy@upstate.edu	
GermainL@upstate.edu	