

Missouri Campus Efforts to Address the Intersection of Alcohol and Sexual Violence

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Written by Missouri Partners in Prevention
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Partners in Prevention is a coalition of 21 universities in Missouri, whose mission is to address public health concerns among Missouri college students. The coalition of campuses, founded in 2000 with original funding by the US Department of Education and the Department of Mental Health, addresses concerns such as binge drinking, tobacco use, mental health and suicide, and interpersonal violence.

Background

Beginning in 2013 Partners in Prevention began relationships with the Missouri Department of Mental Health and the Missouri Coalition Against Domestic and Sexual Violence to address campus sexual assault. While campuses received support through training with MCADSV and other sources, campuses in PIP were specifically concerned about how to address collegiate drinking and interpersonal violence without engaging in victim-blaming behaviors. Since alcohol is present in the majority of sexual assaults on college campuses, it is important for campuses to create relationships to address these concerns.

Table 1.5: The Numbers of Sexual Violence Survivors Enrolled as College Students Captured by the Three Data Sources

Year	Survivors Captured by Official College Crime Reports	MACHB Respondents Sexually Assaulted in the Last Year	Estimated College Student Sexual Violence Victims Aged 18-24 Served by MCADSV-Affiliated Agencies
2014	149	250	333
2015	185	357	485
2-year mean	167	303.5	409
2016, preliminary	73	454	TBD

Alcohol and violence in general, are associated. In fact, drinkers are often involved in crime and violent acts more often than non-drinkers. Additionally, in an environment such as a campus, where alcohol is more available and less regulated, more crime and violence is found. The issue of the association of alcohol and sexual violence is incredibly complex because a victim who has consumed alcohol is not responsible for the sexual assault occurring.

In much of the primary prevention at Missouri's college campuses, educators tell women to "watch your drink" "be careful what you are drinking" as if victims are solely responsible for preventing crimes against themselves. Rather, it is the perpetrators that are responsible for these actions. While this association should be clear, when alcohol is present, "victim blaming" seems to cloud the conversation. Alcohol does affect social and cultural expectations and it is clear that alcohol has direct effects on inhibitions, impairment, and information processing. It is often these social expectations and disinhibiting effects that attract perpetrators to areas where alcohol is more present. In fact, perpetrators often count on the decreased monitoring of bars or parties and the lessened inhibitions of the drinkers at these locations, therefore using alcohol as a weapon.



Considerations must be given to how alcohol will affect bystander behavior. Each of the 21 campuses in Missouri Partners in Prevention implements at least one bystander intervention training program, such as Green Dot or Step Up to address sexual violence as well as problematic alcohol behavior. While the work of these bystander programs appears to be positively affecting a student's willingness to recognize and act upon an event, the presence of alcohol may cloud or change that judgment during the event.

This is not a problem with a "one size fits all" solution. Additionally, while sexual violence educators may understand the unique challenges of communicating in a trauma-informed manner, many of their colleagues on campus in law enforcement, conduct, and health promotion may not. Since primary prevention can be provided by a variety of resources on campus, all potential educators need to be involved in education and networking about addressing the intersection of alcohol and sexual violence in a trauma informed manner. Therefore, Partners in Prevention has engaged with campuses in a series of "Summits" with funding from the Department of Health and Senior Services to help campuses understand the unique considerations of the intersection of alcohol and sexual assault and work as a collaborative team on campus to address this critical issue.

Summits to Address the Intersection of Alcohol and Sexual Violence

2016 Summit

Partners in Prevention began work to begin to address the intersection of alcohol and sexual violence with its first Summit in August 2016. Teams from fifteen Missouri higher education campuses met in Columbia, Missouri for a team consultation and training event designed to help campuses learn more about messaging about alcohol and sexual violence on college campuses. The goal of the workshop was to examine the intersections between alcohol and violence in order to create a shared communication approach.

The training event, “Messaging about the Intersections between Alcohol and Violence: Creating a Shared Approach” provided a unique opportunity for multi-disciplinary campus-based teams to explore the unique intersection. The session included both process and content elements for the campuses to explore. Participants learned and practiced an approach to openly and honestly discussing issues with multiple perspectives that focuses on dialogue, respectful listening, finding common ground, and collaborative problem-solving. At the end of the training session, each campus created a list of “do’s” and “don’t’s” for messaging about alcohol and sexual violence on campus. In preparation for the event, campuses were asked to bring together people that would be either responsible for providing education or marketing about alcohol and sexual assault or those who would be leading staff with those responsibilities. Campuses created a shared list of messaging rules for each other during the session. These messaging rules are to serve as a guidepost for Partners in Prevention campuses as they continue to work on these issues on campus. Campuses were asked to share these rules with their coalitions, administrators, and student groups in order to gain a shared definition of messaging about this important issue.

In the three months following the training session, campuses reported increased collaboration regarding alcohol and violence on campus. Although each campus found value in the training and discussion, all campuses felt that this was the beginning of important conversation about this topic and suggested several next steps.

- Further training is needed about how to have discussions with students about the role alcohol plays in sexual assault without engaging in victim blaming.
- Campuses are in need of further information about how to have discussions about the issue of consent and alcohol use.
- Campuses are interested in having future team trainings on issues of alcohol and/or sexual violence as they felt that the time to collaborate and get to know their colleagues was invaluable.

2017 Summit

In order to follow up on the recommendations from the campuses attending the 2016 Summit, in November 2017, Partners in Prevention held a two-day summit. Instead of focusing on the communication and marketing piece of primary prevention, the work of the second Summit focused on issues of how to talk about consent, alcohol use, and sexual assault within primary prevention.

The Summit was planned by a planning group of professionals from colleges and universities in Missouri as well as representatives from DHSS, Partners in Prevention, and MCADSV.



Once again, campuses brought teams of professionals, ranging in professions from campus police, campus minister, student affairs professionals, conduct/Title IX staff, and campus health professionals. The scope of the professionals' knowledge of the subject was vast and their level of position at the university (ranging from entry-level positions to senior student affairs officers) was equally differentiating.

Day one of the two day Summit focused on Identifying Community Protective Factors and members of local sexual violence prevention and intervention agencies attended in a team training format with their local colleges and universities. While the issues related to alcohol and sexual violence were not specifically addressed, day one's Summit focus helped to provide campuses and communities with necessary tools to work collaboratively on any issue related to sexual violence prevention.

During day two of the Summit, participants specifically discussed how to educate students about sexual consent and how to educate students about the role that alcohol may play in sexual assault. Presenters Dr. Kristen Jozkowski and Dr. Zoe Peterson spent the morning discussing the complexities of sexual consent and how consent becomes even more complicated given certain aspects of the collegiate culture, including alcohol use. Campuses had an opportunity to engage in a several Q and A sessions and discuss how to respond to difficult questions about consent, sexual assault, and intoxication. The day also included a campus panel featuring campuses implementing educational programs designed to provide information about sexual consent, alcohol, and sexual assault. These campuses included University of Missouri St. Louis and Southeast Missouri State University. Additionally, campuses were provided with data on their campus sexual violence prevalence available at the end of this report.

As a result of Day Two of the Missouri Summit on Campus Sexual Violence Prevention, campuses will:

- Discuss the role of sexual consent, specifically affirmative consent, in college student sexual assault.
- Discuss the intersection of alcohol in sexual assault as it results to consent.
- Identify questions that are difficult to answer regarding sexual consent, sexual assault and alcohol.
- Create shared responses for difficult questions based on presented content.
- Identify ways campuses have begun educating students about consent.
- Create strategies for developing core messaging for campus work.

Attendees learned that for some college students, education about sexual consent and sexual health is limited. Therefore, students may lack basic knowledge about how to ask for consent and how consent is affected by the consumption of alcohol. Additionally, attendees spoke about how

alcohol can affect positive bystander behavior. As students consume alcohol, they may be less likely to be able to notice the event or respond positively as a bystander, despite bystander training being provided in primary prevention on campus.

Evaluation of the Summit

In order to evaluate the 2017 Summit, the planning group and Partners in Prevention staff completed a SWOC (Strengths, Weaknesses, Opportunities, Challenges) assessment. Additionally, attendees from the Summit were provided with an opportunity to evaluate the event through a Qualtrics survey. For the purposes of this report, the SWOC analysis below will focus on Day Two of the event.

Strengths:

- Attendees appreciated the ability to attend the Summit with others from their campus in a team format.
- Attendees found the speakers for the event knowledgeable and interesting.
- The wide variety of attendees at the Summit allowed campuses to explain trauma-informed prevention to others who are not familiar with the concept.
- Attendees appreciated learning about consent and college students' perception of consent.
- The presenters provided information about affirmative consent and students' understanding of affirmative consent.
- The presenters spoke about perpetrator behavior and how perpetrators may view alcohol as a weapon to gain consent.
- Despite the difficult conversation topic, attendees remained cordial and willing to work with each other. Attendees were willing to learn from other's perspectives and engage in difficult conversations.
- Attendees found the content from the 2017 Summit much more helpful to their practice than the 2016 Summit.
- Attendees found information about alcohol use among students useful in order to consider the "drunk bystander" behavior.

Weaknesses:

- The conversation at the Summit sometimes strayed to issues related to intervention or postvention, rather than primary prevention.
- Campuses were interested in learning more specific strategies, or best-practice programs, rather than hearing only about research.
- While the marketing for the event and facilitation of the event promised answers to standard questions asked by students about alcohol and consent, the day left many attendees with unanswered questions.
- A basic training was not provided to attendees in advance about trauma-informed practice. Therefore, some attendees engaged in victim-blaming behavior that was not helpful to the conversation.
- Attendees from campuses have many roles related to sexual violence. Those who implement primary prevention are also victim advocates and Title IX staff members. Therefore, it was difficult to help them focus on primary prevention, when they could see many different ways in which the information would be helpful in their practice.

Opportunities:

- Campuses are in need of examples of primary prevention strategies to address alcohol, consent, and sexual assault. The Summit did not provide such opportunity.
- Prior to the Summit, campuses had not been engaging in activities to educate students about sexual health, consent, and alcohol. This session provided campuses with new ideas about how to continue sexual assault programming alongside alcohol and sexual health prevention programming.
- Attendees are eager to learn more about this topic in a diverse environment.
- The needs expressed during the event helped Partners in Prevention staff to determine priorities for educational events in the future.
- Given the large amount of campuses attending with varying types of staff, it is clear that campuses are dedicated to addressing the issue of sexual violence.

Challenges:

- Campuses receive little support for training regarding the intersection of alcohol and sexual violence, other than the Summit.
- Some attendees felt that primary prevention should not include co-programming about alcohol and sexual violence.
- Some attendees engaged in victim-blaming statements.
- The educational level regarding trauma-informed practice and sexual violence varied greatly.
- Despite using a day for the format, there was not enough time to address questions.
- The facilitator did not implement a planning process for campuses that was formal.
- Some campuses are siloed in their work on alcohol and sexual violence, while others have staff that address both issues within the same program or office.

Next Steps for Campuses

The State of Missouri is fortunate to have a statewide higher education coalition (PIP) and a statewide network (MCADSV) who partner together. Support from the Department of Health and Senior Services for collaborative training events such as the Summit is also key to the success of this work in the state.

Campuses should parallel this positive partnership on their own campuses by working together on issues related to sexual violence and alcohol.

Campuses should work in interdisciplinary teams to provide primary prevention that is based in best-practice and evidence-informed. Campuses should consider engaging in primary prevention about consent and sexual health along with primary prevention regarding alcohol and sexual violence.

In order to be most effective at their partnerships, campuses should identify shared talking points, receive training on evidence-informed practices, and agree to build upon each other's strengths. Campuses should use the knowledge and educational resources on campuses to educate about consent throughout a student's lifespan on campus. Education about consent should be integrated into sexual violence and alcohol prevention programming.

Campuses should identify ways to educate students about how their alcohol consumption may affect their role or intentions as a bystander. Educational campuses to address bystander behaviors are essential primary prevention strategies for campuses. However, for campuses with high risk drinking rates, consideration should be given to how a student might react as a bystander when intoxicated. Primary prevention strategies should include conversations about alcohol consumption as a bystander.