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

20% of women and 5% of men reported being sexually assaulted either by physical force or while incapacitated.

Q: Did you tell anyone about the incident?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Men</td>
<td>7%</td>
<td>93%</td>
</tr>
</tbody>
</table>

1. AAU Campus Survey on Sexual Assault and Sexual Misconduct, September 2015
Myths and messages about campus sexual violence

Sexual violence prevention efforts *prior* to college entrance

- The RED ZONE – early fall semester from orientation to October/Thanksgiving break

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 campaigns: example of potential impact of this visit

---


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
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
  - 60.87% 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?

[Diagram showing responses to survey questions]
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.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sample quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role of alcohol in sexual assault prevention</td>
<td>“To all sexes: don’t drink too much, cause a cascade of bad events including making the birth control.”</td>
</tr>
<tr>
<td>Perpetuation of rape myths</td>
<td>“Guys, having sex while you’re sober puts you at risk for being accused of rape, so do not do that.”</td>
</tr>
<tr>
<td>Perpetuation of rape myths</td>
<td>“Girls, it is not fair to regret it and call it rape if it was between 2 drunk people and consensual.”</td>
</tr>
<tr>
<td>Placing burden of prevention on victims</td>
<td>“Don’t let anyone on your bed or in your room for ‘casual’ hangouts.”</td>
</tr>
<tr>
<td>Bystander intervention</td>
<td>“Boys… if someone you know is spiking drinks or giving women drugs to incapacitate them, HGUEA tell someone or make them stop yourself.”</td>
</tr>
<tr>
<td></td>
<td>“If one of your group wants to stay over with someone they met the night before but you say NO, if you want to sleep with him you can do it when you are not drunk tomorrow, and remember basics.”</td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>Original quote</th>
<th>Reframing the discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>“don’t be drunk cause a big deal of bad events...”</td>
<td></td>
</tr>
<tr>
<td>“it is not fair to regret it and call it rape...”</td>
<td></td>
</tr>
<tr>
<td>“exp tell the boys they can be accused of rape after...”</td>
<td></td>
</tr>
<tr>
<td>“Don't let anyone on your bed in your room for 'casual hangouts'”</td>
<td></td>
</tr>
</tbody>
</table>

Questions?

- BrownAmy@upstate.edu
- GermainL@upstate.edu