

Intro to Sexual Misconduct, Prevention, Resources, and Trauma Response

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(he, him, his)

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Violence Types

Sexual Violence

- Sexual contact without consent
- Rape, Sexual Assault
- Can happen as part of IPV

Intimate Partner Violence

- Power and control by intimate
- Physical, Psychological, Sexual, Academic, Digital

Stalking

- Pattern of behavior leading to fear or emotional distress
- Physical, Digital
- Often related to IPV

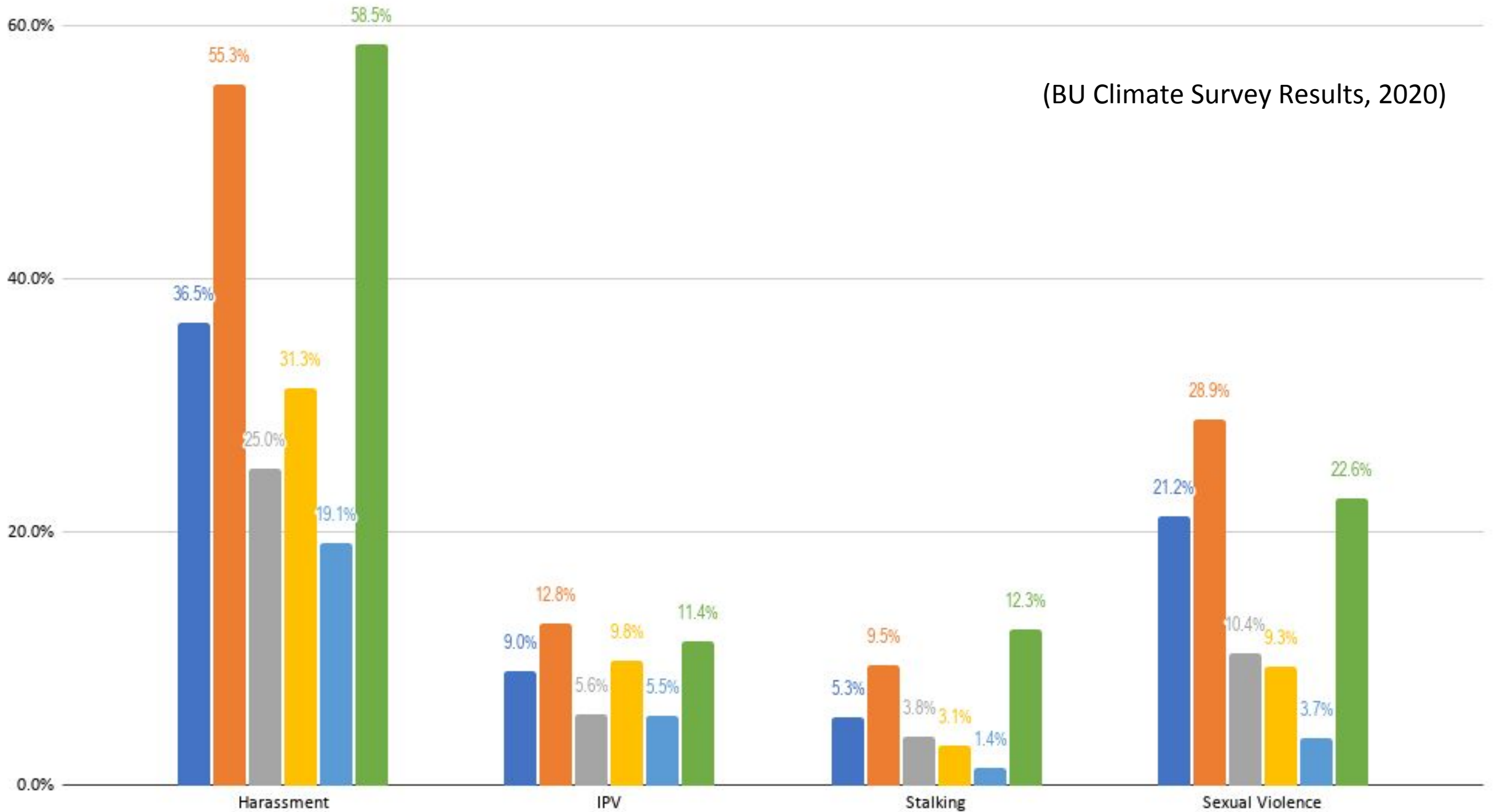
Domestic Violence

- Parental & sibling abuse
- Physical, Psychological, Sexual, Financial
- Cultural-based

Sexual Harassment

- Unwanted sexual attention: advances, requests, jokes
- Verbal, Physical, Digital

■ Total ■ Undergrad Female ■ Graduate Female ■ Undergrad Male ■ Graduate Male ■ TGQN



Assigned Sex

- Determination: Genitalia, Chromosomes
- Designations: Male, Female, Intersex: ~1% Births ~350 BU Students

Gender

- Gender Identity
 - Internal sense of being male, female, neither, both, or another gender
- Gender Expression
 - Physical manifestation of one's identity; Masculinity, femininity, other

Cisgender

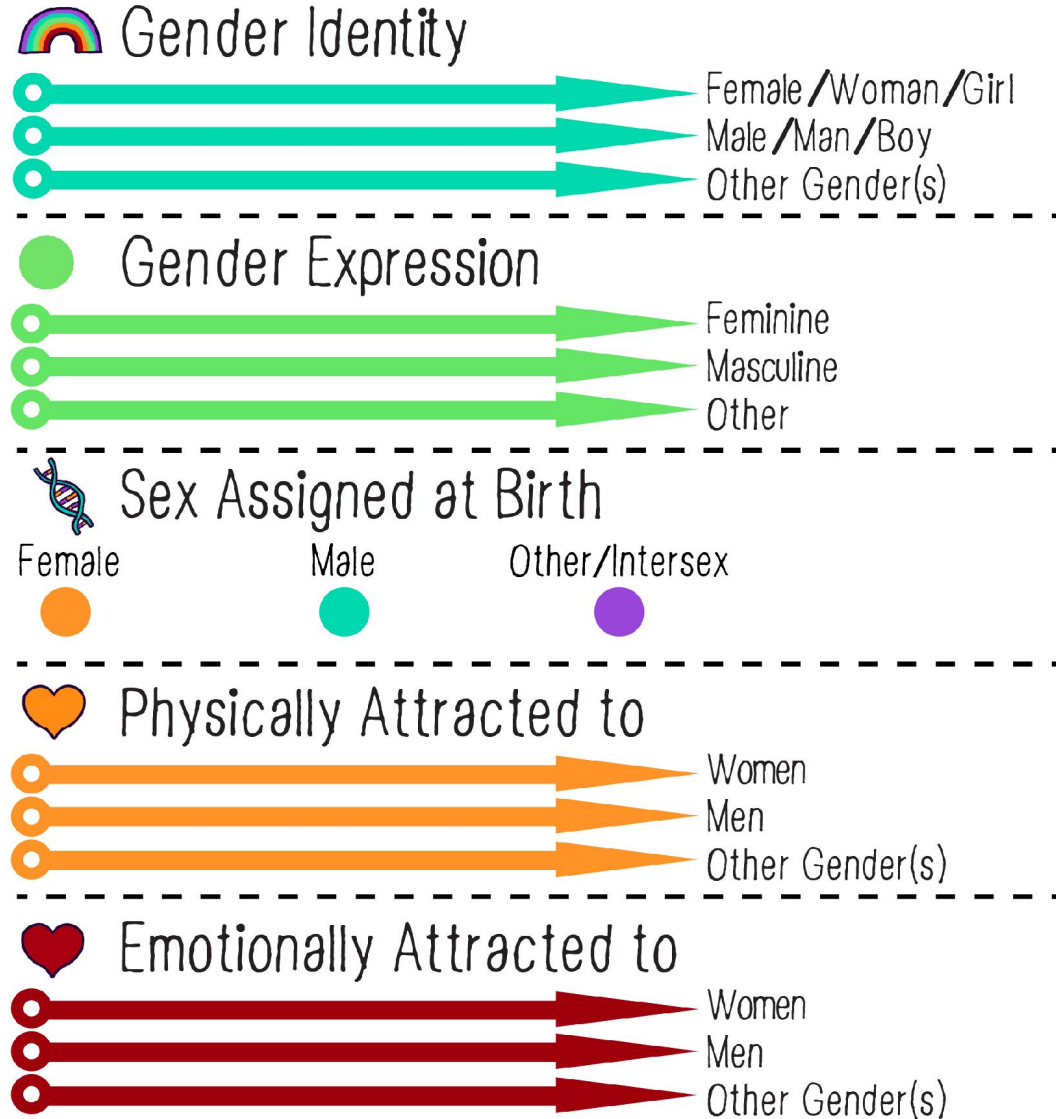
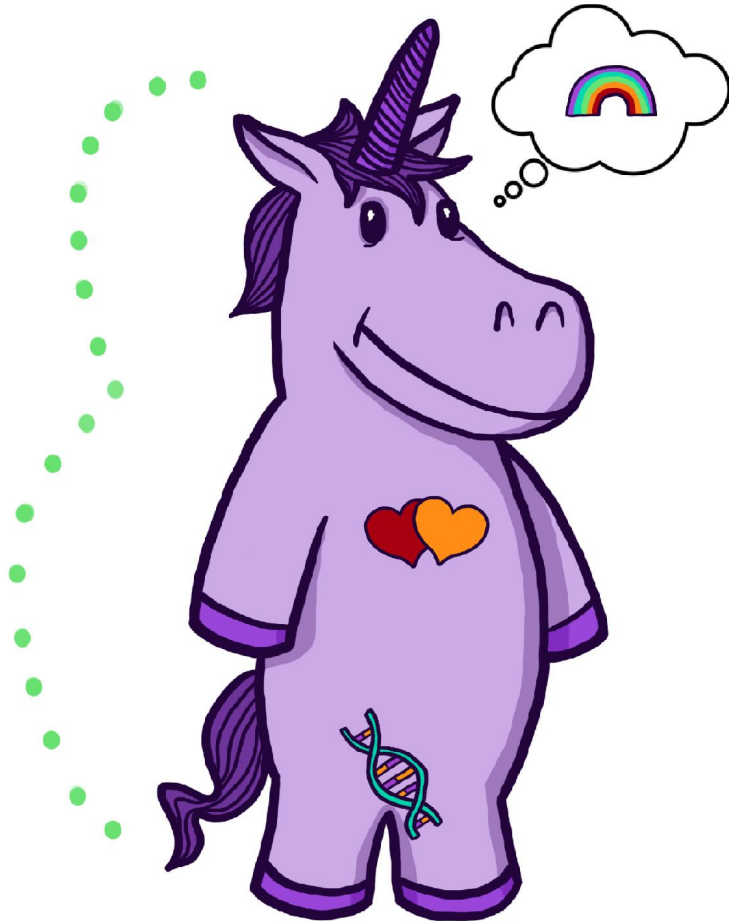
- When assigned sex is the same as gender identity

Transgender

- When assigned sex is not the same as gender identity
- **0.5% Gen. pop** (Flores, Herman, Gates, & Brown, 2016)
- **3.2% College students** (American College Health Association, 2019) **~1,120 BU Student**

The Gender Unicorn

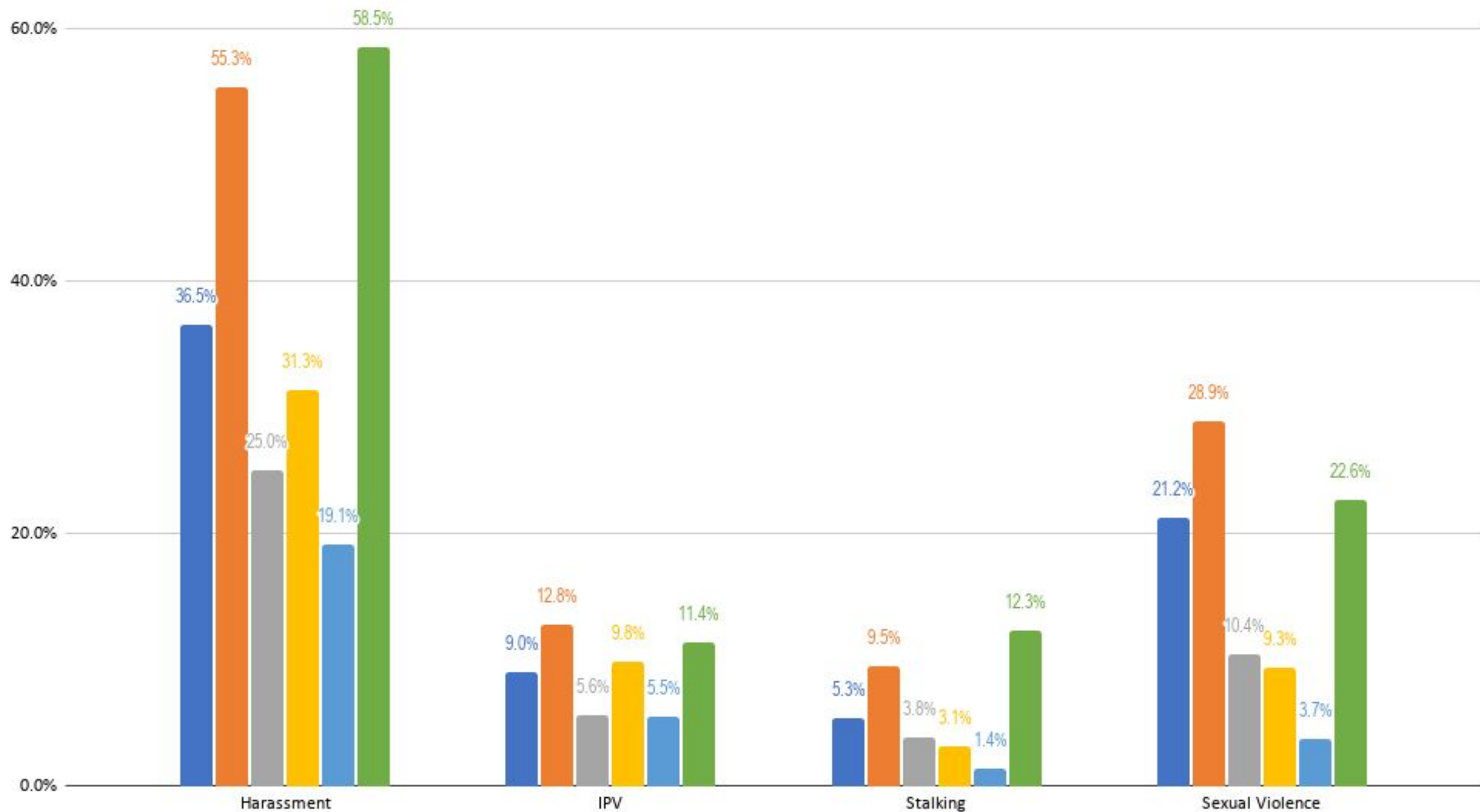
Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

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Prevention

9 Principles of Prevention

1. Theory Driven

Preventive strategies should have scientific or logical rationale.

2. Comprehensive

Strategies should include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target problem.

3. Socio-Culturally Relevant

Programs should be tailored to fit within cultural beliefs and practices of specific groups, as well as local community norms.

4. Sufficient Dosage

Participants need to be exposed to enough of the activity for it to have an effect.

5. Appropriately Timed

Program activities should happen at a time (developmentally) that can have maximum impact in a participant's life.

6. Varied Methods

Strategies should include multiple teaching methods, including some type of active, skills-based component.

7. Well-Trained Staff

Programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision. Follow up (booster) training and technical assistance to staff are critical.

8. Positive Relationships

Programs should foster strong, stable, positive relationships.

9. Outcome Evaluation

A systematic outcome evaluation is necessary to determine whether a program or strategy worked.

Prevention

Levels of Prevention

Primordial Prevention: ex. BU Values

- Addresses underlying risk factors

Primary Prevention: ex. SUSIBU

- Targeted efforts before violence occurs

Secondary Prevention: ex. Criminal Complaint

- Address immediate impact of violence

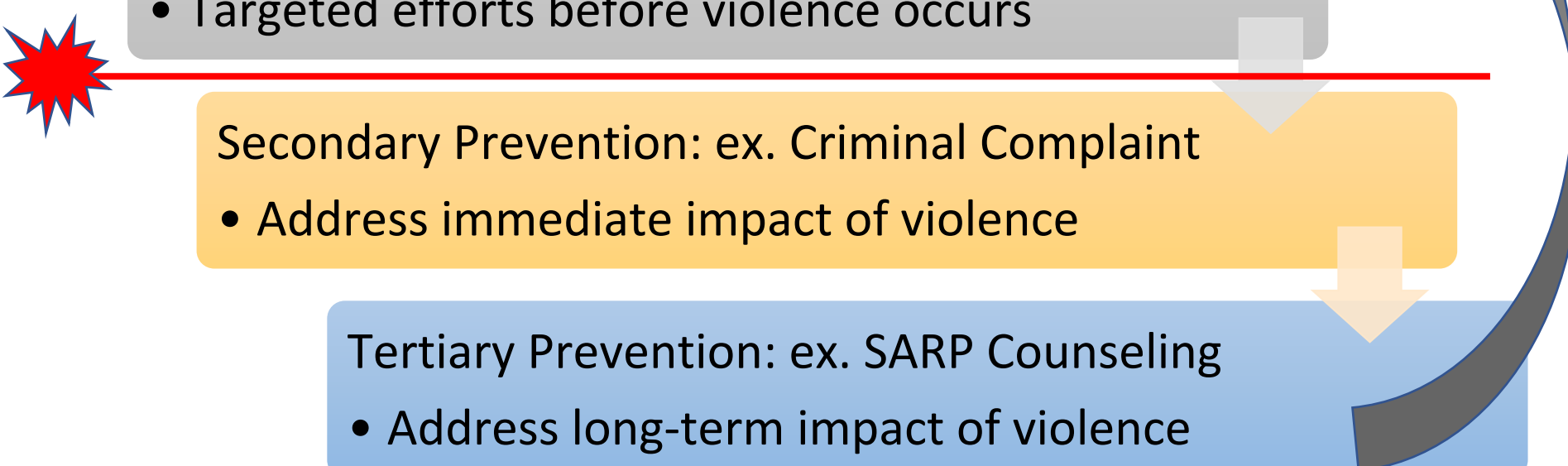
Tertiary Prevention: ex. SARP Counseling

- Address long-term impact of violence

Other Concepts

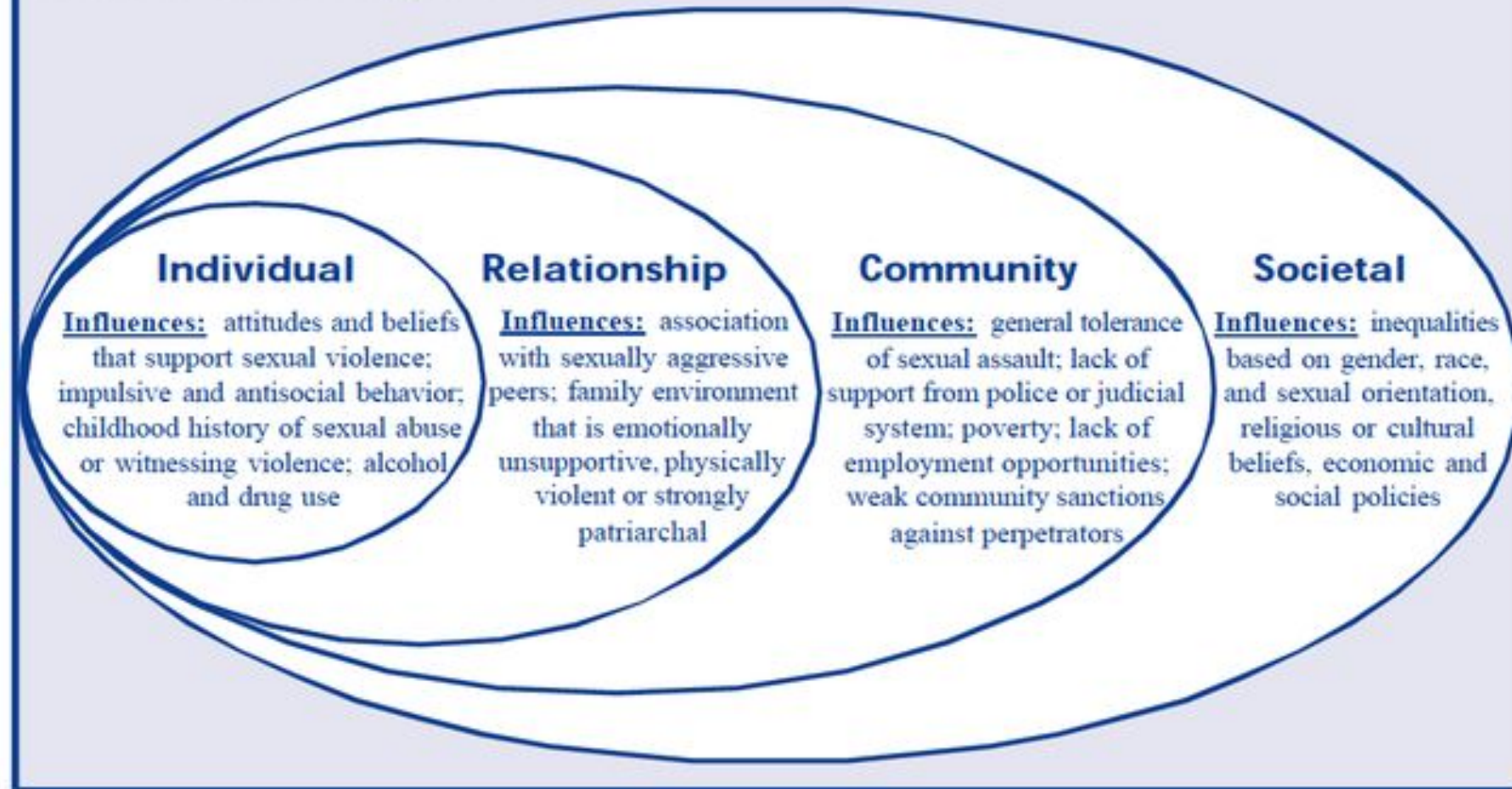
Awareness

Risk Reduction

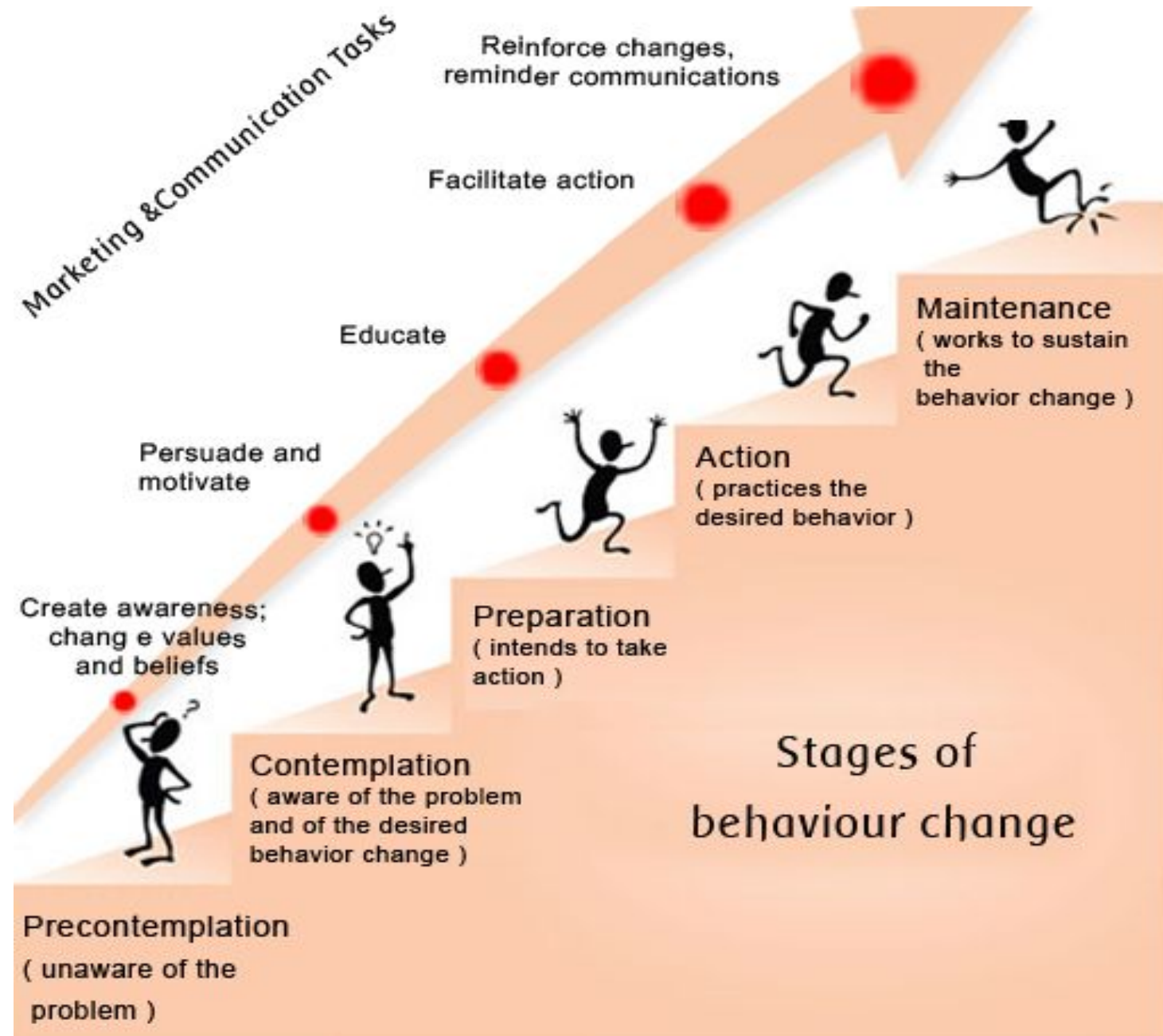


Prevention

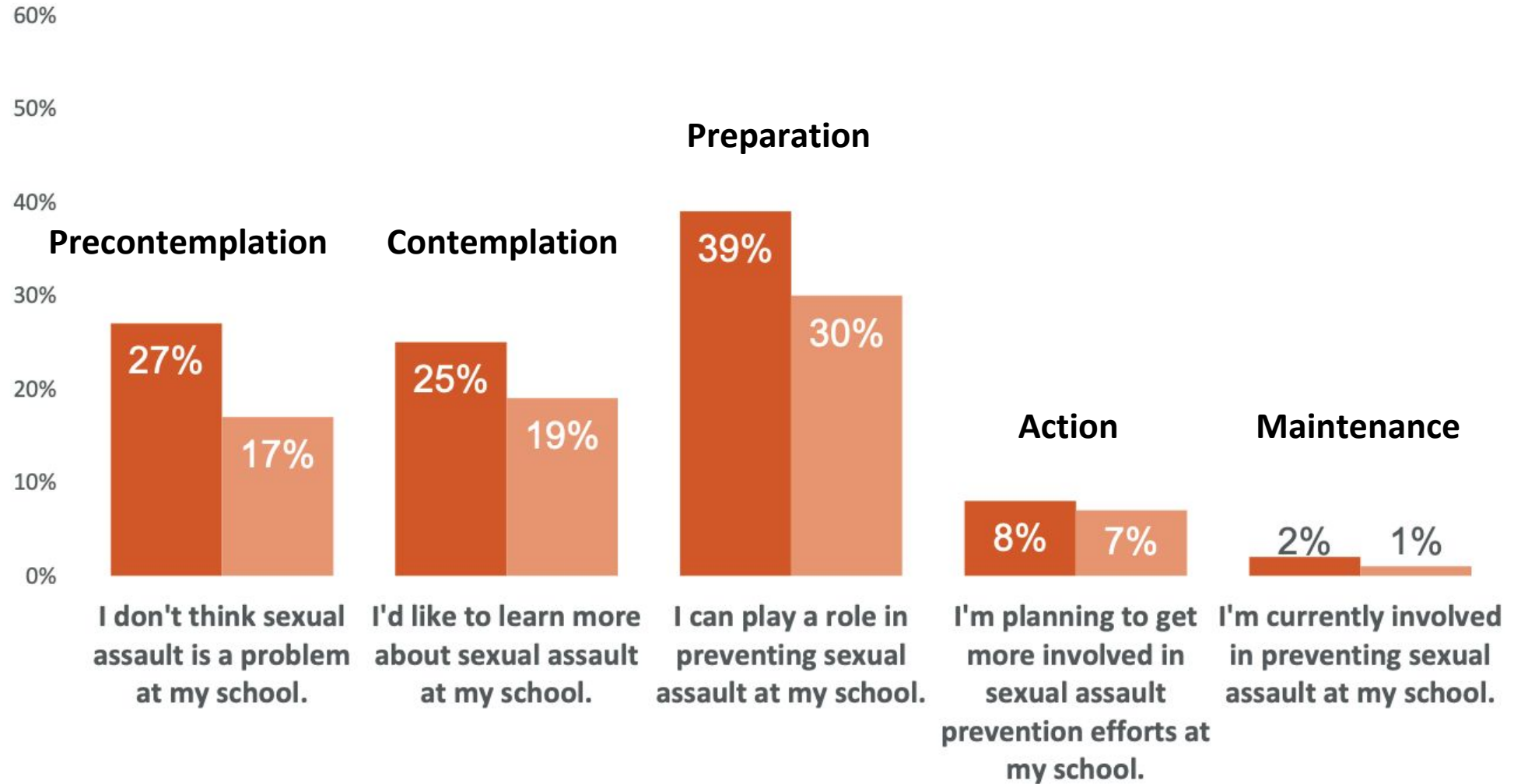
Table 1. The Ecological Model



Prevention



Prevention



SARP

Eligibility

- BU Student
- Experienced trauma at BU (or one year before)

Response

- 24/7 Crisis Line
- Advocacy and Accompaniment
- Individual and Group Counseling

Prevention

- SARP Ambassadors
- Awareness Events and Trainings

Resources: On-Campus

Advocacy, Counseling	SARP
Counseling	BM, CPR, Danielson Institute, CARD.
Medical	SHS
Reporting	EOO/TIX, OJA, BUPD
Academic, Financial	USC, Financial Aid
Housing	ORL

Resources: Student Groups

Primary

- SARP
Ambassadors
- It's on Us
- 16,000 Strong
- Panhellenic & Interfraternity Council Sexual Violence Committee

Others

- CGSA
- Queer Activist Collective (Q)
- FemCo
- HeForShe

Resources: Off-Campus

Sexual Violence

- BIDMC: SANE
- RAINN (SV Hotline)
- Boston Area Rape Crisis Center
- Victim Rights Law Center

Domestic Violence

- National DV Hotline
- SafeLink (MA Hotline)
- Casa Myrna

Specialized

- NoMoreDirectory.org
- The Network/La Red
- ATASK
- Saheli

Trainings: On-Campus

SARP

- SUSIBU
- SUSIBU2
- Yes! Sex Positivity and Consent
- This Dating Life
- Interrupt!

Others

- WiseGuys Allies
- Healthy Relationships (CPR)
- Professional Boundaries (EOO)

What is trauma?

- A reaction to at least one difficult event that overwhelms an individual's ability to cope (SAMHSA, 2014)
- Interaction of:
 - Nature of the event(s)
 - Individual's response to those event(s)

What is trauma?

Type I Trauma: “Simple” Trauma

- Single, discreet event

Type II/III Trauma: “Complex” Trauma

- Multiple and/or prolonged events
- Perpetrator is someone known, trusted, loved
- Happens early in development (i.e., childhood)

Insidious Trauma: Oppression

- Effects are similar to Type I-III Traumas

Collective & Generational Trauma

- Related to collective events (e.g., Marathon Bombing)
- Related to group history (e.g., Holocaust)

How does trauma affect us?

Physical

Psychological: Echoes of FFFF

Emotional

Interpersonal

Spiritual / Existential

How does
trauma affect
us?

Thinking brain (cortex): complex,
very slow, conscious

Action brain (amygdala): simple,
very quick, unconscious

Fight, Flight, Freeze, Fawn (4 F's)

Memory making (hippocampus):
disrupted by 4 F's

EXPLICIT MEMORY

SEMANTIC MEMORY

What It Is

The memory of general knowledge and facts.

Example

You remember what a bicycle is.

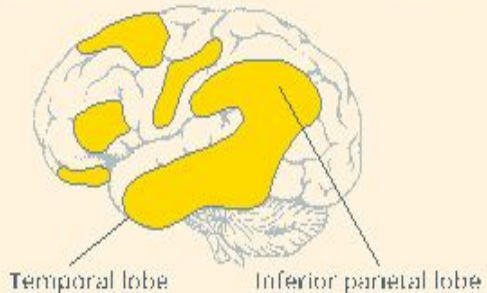


How Trauma Can Affect It

Trauma can prevent information (like words, images, sounds, etc.) from different parts of the brain from combining to make a semantic memory.

Related Brain Area

The temporal lobe and inferior parietal cortex collect information from different brain areas to create semantic memory.



IMPLICIT MEMORY

EPISODIC MEMORY

What It Is

The autobiographical memory of an event or experience – including the who, what, and where.

Example

You remember **who was there** and **what street you were on** when you fell off your bicycle in front of a crowd.

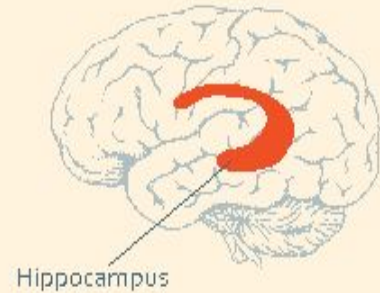


How Trauma Can Affect It

Trauma can shutdown episodic memory and fragment the sequence of events.

Related Brain Area

The **hippocampus** is responsible for **creating and recalling episodic memory**.



EMOTIONAL MEMORY

What It Is

The memory of the emotions you felt during an experience.

Example

When a wave of shame or anxiety grabs you the next time you see your bicycle after the big fall.

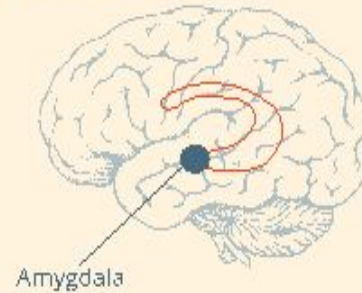


How Trauma Can Affect It

After trauma, a person may get triggered and experience painful emotions, often without context.

Related Brain Area

The **amygdala** plays a key role in supporting memory for emotionally charged experiences.



PROCEDURAL MEMORY

What It Is

The memory of how to perform a common task without actively thinking

Example

You can ride a bicycle automatically, without having to stop and recall how it's done.

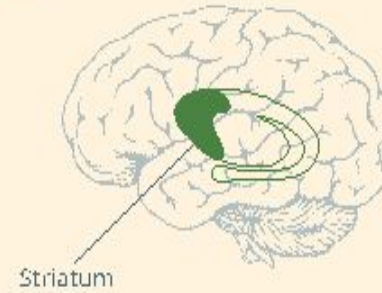


How Trauma Can Affect It

Trauma can change patterns of procedural memory. For example, a person might tense up and unconsciously alter their posture, which could lead to pain or even numbness.

Related Brain Area

The **striatum** is associated with producing procedural memory and creating new habits.



NICABM
(2017)

How will trauma present to you?

- No “right” way to present
- Timing
 - Immediately
 - Increase in symptoms
 - Decrease in functioning
 - At a time they can cope with the trauma of disclosing/reporting

How will trauma present to you?

- Memory
 - Semantic and episodic memory might be disrupted
- Emotions
 - Tearful, numb or blank, anxious or fidgety, laughing or smiling
- Behaviors
 - Turn to substances, risky behaviors, or completely withdraw

How to respond?

- Survivor need:
 - To be heard, respected, and believed
 - A chance to re-establish a sense of personal control and safety
 - Information to make timely and informed decisions

How to respond?

DO

- Stay calm
- Talk in a soft, respectful voice
- Explain your role, confidentiality
- Listen without judgement
- Remind them they aren't alone
- Encourage them to talk with someone they trust
- Take care of yourself!

DON'T

- Touch the survivor
- Ask too many invasive questions
- Tell the survivor what they “MUST” do
- Reveal case information outside the scope of your position
- Allow disclosure without discussing limits of confidentiality
- Do the work alone or in isolation

Thank you!

Questions?

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