A Culture of Respect Workshop: Bridging the Gap from Research and Theory to Practice

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| Agenda |
|-----------------------------|-----------------|----------------|
| Learning objectives, groundrules, introductions, friendship game | Pairs, large group | 20 minutes |
| Connecting research evidence to context + experience | Large group | 20 minutes |
| About the Culture of Respect approach | Large group | 5 minutes |
| Theory-to-practice activity | Groups of 4-5, plus large group discussion | ~ 1 hour |
| **BREAK** | | 15 minutes |
| SMART objectives practice | Large group | 10 minutes |
| Action plan development | Pairs | 15 minutes, |
| Wrap-up, sharing resources | Large group | 15 minutes |
Learning Objectives

During this pre-conference session, attendees will:

- **Describe** how serving LGBTQIA+ students connects to their personal values
- **Discuss** how research evidence compares to contextual evidence from their institutions and experiential evidence from their lives
- **Connect** recommendations from the CORE Evaluation to research, contextual and experiential evidence about serving LGBTQIA+ students
- **Brainstorm** strategies that can improve their institutions efforts to support and serve LGBTQIA+ students
- **Write** 3 to 5 objectives for implementing in their work over the next 6 months.
WHO WE ARE

Public health framework

Evidence based approach

Getting everyone to the table

Culture of Respect
Ending Campus Sexual Violence
A NASPA Initiative
Groundrules

- Learning together
- Participation
- Take a break when you need it
- Respect
- ...
- ...
- ...
Friendship game

✓ Name, institution, role on campus, hometown
✓ What’s your favorite piece of clothing you own / owned?
✓ What fictional place would you most like to go?
✓ What are some small things that make your day better?
Friendship game, cont’d

✓ What is something that a ton of people are obsessed with but you just don’t get the point of?
✓ What did you think you would grow out of but haven’t?
✓ What is one value your family instilled in you as a child?
✓ What is one value you hold that you bring with you to your job every day?
✓ How do your personal or professional values intersect with supporting LGBTQIA+ students?
How do personal values bring us to support LGBTQIA+ students?
CRITICAL NOMS

SELF IS REGULATED BY SUBJECTIVE LAWS OF FLAVOR AND TEXTURE.

TO FOUCAULT

DIP IS A CULTURAL MEANING THAT IS ASCRIBED TO CHIPS. DESTABILIZE ASSUMPTIONS WITH PERFORMATIVE SNACKING.

JUDIP BUTLER
Minority Stress [Meyer]

“Minority stress theory proposes that sexual minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization (Marshal et al., 2008; Meyer, 2003) and may ultimately impact access to care.”

"[I’m] Definitely Black first. Definitely Black first. There’s no doubt that every day, in every way, especially living here in this country you can never forget that you are Black.... Not ever can you forget it. Not for a minute can I ever forget that I am Black. I don’t think about being gay for long stretches of the day, but I can never forget about being Black in this country”

Bowleg, L. (2013). "Once you've blended the cake, you can't take the parts back to the main ingredients": Black gay and bisexual men's descriptions and experiences of intersectionality. Sex Roles, 68(11-12), 754-767. [http://dx.doi.org/10.1007/s11199-012-0152-4](http://dx.doi.org/10.1007/s11199-012-0152-4)
Stigma-based rejection sensitivity

“[..] psychological predispositions, such as rejection sensitivity, interact with features of the social environment, such as structural stigma, to predict important health behaviors among young sexual minority men. These results add to a growing body of research documenting the multiple levels through which stigma interacts to produce negative health outcomes among sexual minority individuals.”

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5793849/
“[...] LGBTQ populations may also have unique resilience factors that can promote and enhance health across the life course which need to be better understood and measured.”

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822231/
ELEVATED INCIDENCE AND PREVALENCE
After adjusting for individual factors, transgender students had higher odds of experiencing all nine types of violence when compared with males and higher odds of experiencing eight types of violence than females. Transgender students experienced the highest odds in crimes involving sexual victimization, including attempted sexual penetration, sexual penetration without consent, and being in a sexually abusive relationship, than did male students.

http://journals.sagepub.com/doi/abs/10.1177/0886260517723743
Schramm, Swan, Lambin et al.

Controlling for established drugging victimization risk factors, male sexual minority college students were 72.9% more likely to report drugging victimization than heterosexual males.

http://journals.sagepub.com/doi/abs/10.1177/0734016817744241
Community sample [Wegner + Davis]

Replicating and extending previous research, MSW/M were significantly more likely to be victims (65% vs. 39%), experienced a significantly greater number of sexual assault acts since age 14, were more likely to have experienced attempted or completed rape through the use of physical force, and were more likely to report male only or both male and female perpetrators across their victimization experiences, as compared with MSW.

http://journals.sagepub.com/doi/abs/10.1177/0886260517703374
AAU Climate Report, 2015

Rates of sexual assault and misconduct highest among undergraduate females and those identifying as transgender, genderqueer, non-conforming, questioning, and as something not listed on the survey (TGQN).

Those identifying as TGQN had the highest rates for acts involving penetration by force or incapacitation: undergraduates (12.4%), followed by undergraduate females (10.8%), and TGQN graduate/professional students (8.3%).

MORE RESEARCH

What is it?

You said to do an abstract.
LGBTQ students are more likely to receive negative peer support than are their heterosexual counterparts.

Lesbian, gay, and bisexual students perceived campus sexual assault to be a more serious issue than did other groups, but they were also most critical of heteronormative biases in most campus programing.

“Minority stress contributes to less help-seeking behaviors among LGBTQ victims of IPV, so bystander intervention may be even more important. Yet, participants reported significantly higher levels of intentions to intervene when the IPV scenario involved a heterosexual female victim than when it involved a heterosexual male victim, sexual minority male, or sexual minority female victim.”

Bias-related verbal abuse, physical, and sexual assault by close family members contribute heavily to observed victimization rates. Further, despite the perception that society is becoming more welcoming, victimization disparities appear to be stable or widening since the 1990s.

http://journals.sagepub.com/doi/abs/10.1177/1524838017728708
23% of Collective Cohort 1 institutions were collecting information on gender expression and 21% were collecting information on sexual orientation as a part of their public disclosure efforts.

The CORE Blueprint

- Survivor Support
  with options on reporting
- Ongoing Self-Assessment
- Clear Policies
  on misconduct, investigations, adjudications, and sanctions
- Schoolwide Mobilization
  with student groups and leaders
- Multitiered Education
  for the entire campus
- Public Disclosure
  of statistics
The CORE Evaluation
CORE EVALUATION: STRATEGIES

SURVIVOR SUPPORT
with options on reporting

Is PEP for HIV prevention offered to students who report sexual victimization?

For on-campus healthcare visits, do students have:
- Comprehensive options for identifying gender identity?
- Space to self-identify sexual orientation?
Do policies include a statement that sexual violence affects people of any gender identity, sexual orientation, race, ethnicity, and ability?

Do your policies use gender-inclusive language?
Does prevention training for employees cover how homophobia and transphobia intersect with rape culture?

Are employees trained on barriers to reporting and seeking support faced by marginalized survivors (trans survivors, male survivors, survivors of color, undocumented survivors)?

Are clinical staff trained on meeting the healthcare needs of LGBTQIA+ students?

Does prevention education for students cover how homophobia and transphobia intersect with rape culture?

CORE EVALUATION: STRATEGIES

MULTITIERED EDUCATION for the entire campus
In Clery reporting, does your institution collect data related to sexual orientation? Gender expression?
CORE EVALUATION: STRATEGIES

How does your institution commemorate National Coming Out Day?

How does your institution commemorate Trans Day of Remembrance?

Is there a representative from LGBTQ program office on your Title IX working group?
In the past two years, has your institution completed a self-assessment related to LGBTQ inclusivity? (eg, Campus Pride Index)
THEORY-TO-PRACTICE
THEORY-TO-PRACTICE

- With your groups, select one CORE Evaluation recommendation
- Identify what we know (research, contextual, experiential evidence) that contributes to why this recommendation is relevant
- Identify the rationale for why this strategy can promote health
- Using that same rationale, what other strategies could campuses consider to promote health and wellbeing for LGBTQIA+ students?
For on-campus healthcare visits, provide students with comprehensive options for identifying gender identity space to self-identify sexual orientation.
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Sends the message that "LGBTQ students are welcome here"

Sends message to students that providers understand LGBTQ issues

Fights against invisibility of sexual minorities

Allow clinician to offer LGBTQ-specific resources and services (PREP, PEP, etc)

Unique healthcare needs of LGBTQ+ students

Stigma-based rejection sensitivity
For on-campus healthcare visits, provide students with comprehensive options for identifying gender identity space to self-identify sexual orientation.

Communicates to students that providers understand LGBTQ issues

Communicates: “LGBTQ students are welcome here”

Fights against invisibility of sexual minorities

Allows clinicians to offer LGBTQ-specific resources and services (PREP, PEP, etc)

Safe-zone stickers featured in health center

Make sure those services are routinely offered and advertised clearly on website and/or flyers

Pride stickers in waiting room

Flyers for queer-specific events, groups in waiting room

Queer couples featured in waiting room posters and on institutional web pages

Unique healthcare needs of LGBTQ+ students

Stigma-based rejection sensitivity

Hire LGBTQ staff

THEORY-TO-PRACTICE: EXAMPLE
INSTRUCTIONS:

- Make sure you know each other names and professional expertise
- Agree on one recommendation to work on
- Fill out your worksheet
- You will be asked to draw your final product to share with the group
- TIME: 20 minutes
What strategies sound good?
What questions do you have?
What has worked in the past?
What assumptions were made?
30 minute break!
WHAT DID WE LEARN?
CULTURE OF RESPECT: OUR APPROACH cont’d
CULTURE OF RESPECT COLLECTIVE

Apply and Join the Collective

Learn about the Culture of Respect approach

Establish a Campus Leadership Team (CLT)

Administer CORE Evaluation survey
CULTURE OF RESPECT COLLECTIVE

Use CORE Evaluation results to create a strategic, actionable plan

1. Receive support and technical assistance
2. Participate in professional development
3. Engage in peer-led learning
4. Implement strategic plan in collaboration with Campus Leadership Team

Re-administer CORE Evaluation to benchmark progress
CULTURE OF RESPECT COLLECTIVE

Results at program midpoint

- Utility of Culture of Respect framework for organizing and planning our ongoing work
- Motivation to complete tasks because of the accountability structure provided by the program
- Identification of new strategies for campus sexual violence prevention and response
- Enthusiasm from colleagues
- Buy-in from upper-level administrators
- Increased collaboration between departments and colleagues

N = 26 institutions
SMART

Specific
Measurable
Attainable
Relevant
Timebound
EXAMPLE #1:

Make the health center welcoming to LGBTQ students
EXAMPLE #2:

Hang posters or art in the health center that feature same-sex couples

By the start of the Fall semester, ensure at least 50% of posters/art hanging in the health center feature visibly queer individuals or couples
EXAMPLE #3:

Provide PrEP training to relevant staff

By December 2018, provide a 4-hour training on how and when to subscribe PrEP for HIV prevention to 6 health center clinicians.
YOUR TURN:

- Create 3-5 objectives that you can implement on your campus over the next year
- Swap with a colleague and exchange feedback
Follow-up

✓ Exchange contact information with your colleagues!
✓ We will share:
  • List of strategies we brainstormed
  • PPT slides + Research inventory
  • Information about Culture of Respect resources
✓ Our session tomorrow at 10:45am: *What are you trying to say about me? Addressing Exclusion and Invisibility in Sexual Violence Programming and Policy*
✓ Visit us at our table
✓ Feedback about today’s workshop is welcome
Culture of Respect resources:

✓ CORE Blueprint
  • PDF available for free

✓ CORE Evaluation
  • PDF available for free
  • Take it via Qualtrics for a fee (tiered pricing options)

✓ CORE Constructs
  • Six-guides available for purchase - $395 for NASPA members
  • Discount code for today’s attendees

✓ Prevention programming Matrix
  • CultureofRespect.org/colleges-and-universities/programs

✓ Collective Cohort 3 - application opens in October
  • Scholarships available to participate from SUNY system