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North Carolina Coalition
Against Domestic Violence

Comprehensive Evaluation Report

**University of North Carolina – Greensboro
Campus Violence Response Center**

-DRAFT-

"Cherry Blossom"

Campus Violence Response Center

March 1, 2018

Pictured above: sign outside one of the private rooms that CVRC staff use to talk with students and faculty.

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Evaluation of University of North Carolina at Greensboro's Campus Violence Response Center Comprehensive Report

In November 2016, ETR Services, LLC (ETR) contracted with the North Carolina Coalition Against Domestic Violence (NCCADV) to provide a comprehensive evaluation of the University of North Carolina – Greensboro's (UNCG) Campus Violence Response Center (CVRC). Working in conjunction with NCCADV and CVRC leadership, ETR developed an evaluation plan that utilized a mixed methodology to answer six primary evaluation questions:

1. What types of activities were conducted as part of establishing the CVRC?
2. What were the barriers and facilitators to the Center's development?
3. What were the barriers and facilitators to adequate service provision through the CVRC?
4. What impact has the Center had on survivors of intimate partner violence and sexual assault?
5. What impact has the Center had on students across campus?
6. To what extent has the CVRC impacted coordination of care and strength of relationships among professionals who serve campus members affected by intimate partner violence and sexual assault?

With these overarching questions in mind, this final report provides a comprehensive look into the implementation of the CVRC on UNCG's campus.

EVALUATION METHODOLOGY

To balance breadth and depth of understanding of the CVRC's programming and impacts on survivors, students, and the campus climate in general, ETR incorporates quantitative and qualitative methods that include:

1. survivors' evaluations of their experience working with the CVRC;
2. baseline and follow-up focus groups with core CVRC staff;
3. semi-structured interviews with CVRC affiliates (e.g., law enforcement, campus judicial system leadership, Dean of Students Office);
4. a focus group with students and university staff familiar with the CVRC and its services; and
5. baseline and follow-up student intercept surveys (if deemed necessary to assess progress toward goals).

In preparation for data collection, ETR developed all protocols, instruments, and consent forms, and received exempt status from UNCG's Institutional Review Board. As of February 15, 2018, ETR has completed all feasible data collections. It is worth noting that collecting data from victims and survivors proved challenging for this project: the initial evaluation plan included an online survey for all CVRC visitors as well as in-person interviews with up to 20 participants familiar with the CVRC, yet victims and survivors did not choose to

participate. In light of this challenge and the recognition that having survivor voices in this work is essential, ETR worked with CVRC staff to hold a student focus group in place of the interviews. A full discussion of ETR's evaluation methodology can be found in Appendix A.

IMPLEMENTATION

Modeled after the Family Justice Center structure, the CVRC provides a safe space on campus for students affected by sexual assault and intimate partner violence (IPV). Given that the Clery Act mandates that timely warnings be sent out to all students when crime affects the campus community, survivors' privacy was often compromised when other UNCG students identified who lived in the dorm room where police responded.

"...it became clear that students were not as comfortable going to the police station ... police would go to respond to the residence halls where students ARE comfortable, and then that increases attention to whatever the police were responding to. So then people are talking about it on social media apps... Why are the police in Grogan? Why are the police in Shaw? Then an hour later, timely warning's coming out and those two things are pretty easy to put together. We issue timely warnings in compliance with federal law, but essentially it's an email that goes out to the whole community that tells them if something bad has happened on campus." – UNCG staff member

The Campus Violence Response Center (CVRC) resides in the basement of the Anna Gove Student Health building on UNC Greensboro's campus, a location that situates the CVRC close to most student housing on campus. It also allows for privacy while granting proximity to student health and counseling services. The CVRC is set up to include a common area where students can drop in, as well as dedicated, private rooms for students to meet with CVRC staff. These private rooms are equipped with a video monitoring system, which can record students' stories to be shared, with student permission, amongst CVRC staff and university police. The intention of this system is to ease the survivor's stress from having to recount their experience repeatedly to multiple people.

The CVRC is designed to address the needs of survivors. This includes individual and group counseling services, safety planning, and support throughout the investigation process. Survivors who access the center are given the options available to them and are given the opportunity to navigate their options with the support and guidance of professional staff.

Staff at the CVRC consists of co-directors, a navigator, two victim advocates, a dedicated counselor, a client services assistant, and an outreach assistant. The co-directors of the center also work within the university's Title IX office as a coordinator and investigator. While the navigator is solely employed by the CVRC, one of the victim advocate positions is a joint position with the center and UNCG police, and the counselor is a joint position with the center and the university counseling center.

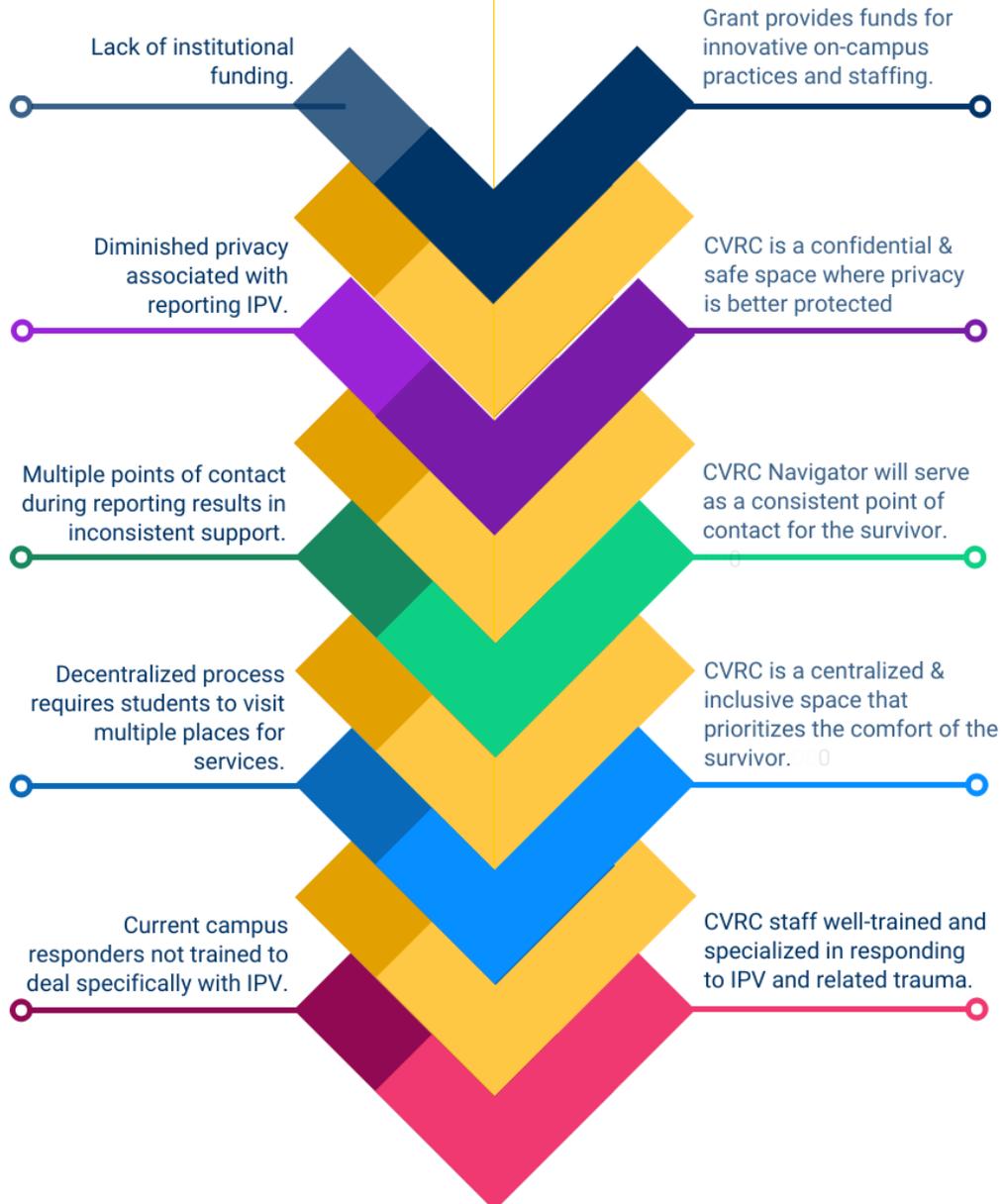
CVRC'S

role in addressing

IPV ON CAMPUS

CURRENT BARRIER

ROLE OF CVRC



Central to the CVRC is the emphasis on providing education and response to intimate partner violence using a trauma-informed, survivor-centered approach, where UNCG students and faculty can find sanctuary and support in a comfortable, private environment where their needs and decisions are always kept in the forefront of the university's response to incidences of IPV within the UNCG community.

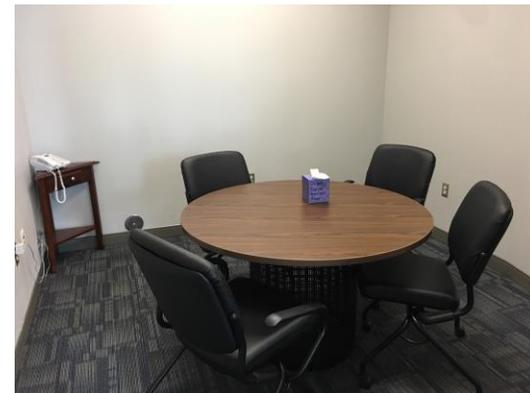
GOALS OF CVRC

The CVRC arose to address the need for a safe space on campus for survivors of sexual assault, intimate partner violence, and stalking to receive support and services. In addition to this need, the CVRC seeks to provide trauma-informed, survivor centered care. By providing these services, the CVRC expects to increase reporting.

One primary goal of the CVRC is to provide trauma-informed, survivor centered care. This focus empowers the survivor by both informing them of their current options and giving them complete control over how to proceed. Ultimately, it allows the survivor to make the decision that is best for them. This focus is also more sensitive to specific needs that may result from trauma. For example, while the university has trauma-informed practices within the university counseling center, the addition of a counselor dedicated to the CVRC's needs allows for a more trauma-informed, specialized approach that includes case management.

Consistent with a survivor-centered approach, the CVRC also provides victims and survivors of intimate partner violence and abuse with more choice and control in their healing. In discussing the role of the CVRC to empower survivors, one university member said:

"Responding to the CVRC really puts that person in charge. It empowers them, that they can make the decision that's best for them. [...] We come across a lot of victims who aren't sure what it is that we can do, so being able to talk to the staff at CVRC and begin to feel more comfortable about the incident that took place and begin to talk about it a little bit more, I think familiarizes themselves with what it is- the resources that we can provide."



Pictured above: the room where IPV reports are taken at UNCG Police Department, located just within the building and by the front check-in window (top) and the room itself (second from top). Pictured below: where students and faculty discuss experiences of IPV with CVRC staff and their options for response and treatment going forward.



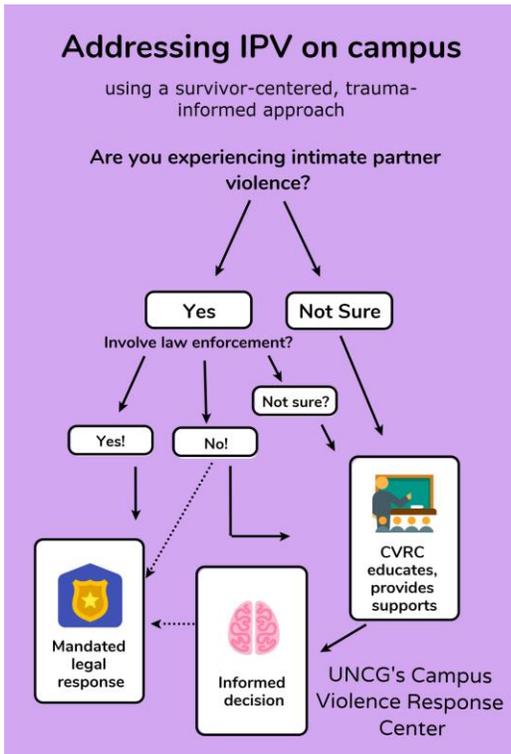


Pictured above: CVRC’s Resource Library includes numerous books and pamphlets geared toward educating staff and faculty as well as therapeutic resources like coloring books and crayons.

Building this mechanism is especially important in states like North Carolina where current laws mandate arrest in cases of domestic violence where probable cause exists. State-mandated responses, such as “mandatory arrests” and “no-drop prosecution” policies have been widely criticized for intruding upon the autonomy of victims and survivors of abuse, thusly transferring control from the abuser to the state.¹

PERCEPTIONS OF IPV RESPONSE AND PREVENTION ON CAMPUS

To understand the center’s impact on the UNCG community, ETR collected data from students and staff affected directly and indirectly by the CVRC’s presence and services. Students and faculty who visited the CVRC were asked to complete a follow-up survey approximately two weeks after visiting the center (n=8). Due to low response and its subsequent effects on interview recruitment, ETR and CVRC staff worked together to hold a focus group including students and staff with direct knowledge of the center and its services (n=4). Additionally, ETR evaluators collected two waves of student intercept survey data in high foot traffic areas for which all students were eligible. The first wave of data were collected in January 2017 at the beginning of the evaluation (n=295) and the second wave was collected near the end of the project in November 2017 (n=288).

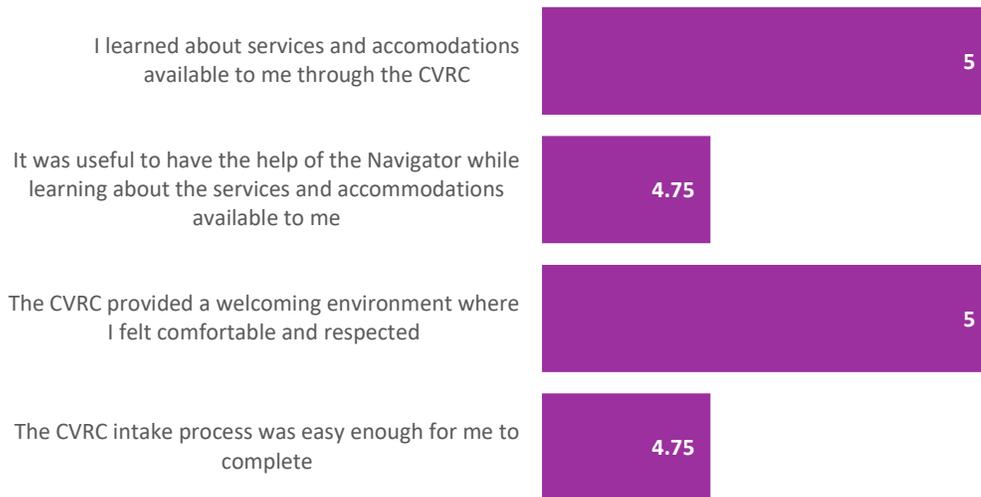


Results from these data collections will be presented in two separate sub-sections to distinguish between the broader UNCG campus community and those students and staff with direct knowledge of the center.

¹ Erin L. Han, Mandatory Arrest and No-Drop Policies: Victim Empowerment in Domestic Violence Cases, 23 B.C. ird World L.J. 159 (2003), <http://lawdigitalcommons.bc.edu/twlj/vol23/iss1/5>

Victims and Survivors. CVRC visitors reported a number of reasons for their visit, including: “abuse counseling;” “personal situation that occurred;” “counseling;” “sexual assault;” “sexually assaulted in October;” “information/advice/report;” “abusive relationship;” and “previous trauma.” Three fourths of respondents indicated they learned about the CVRC through UNCG’s Counseling Center. Counseling was the most sought after and received service offered by the CVRC with almost 90% of CVRC visitors seeking and receiving counseling services followed by safety planning and support groups.

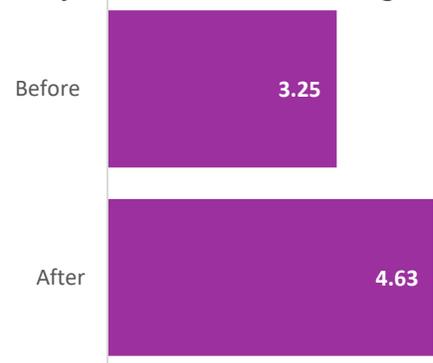
Chart 1. Visitors felt welcomed within the CVRC environment and left feeling informed about services and accommodations available to them.



When respondents were asked to rate their agreement with a number of statements regarding the CVRC’s services and environment, the assigned ratings for these items indicate that CVRC visitors are pleased with the information offered and the environment itself (see Chart 1. above for additional information).

In reflecting on their experiences, 100% of survey respondents indicated they were fully satisfied with the services they received through the CVRC and respondents reported feeling safer on campus after visiting the CVRC.

Chart 2. Students’ perceptions of personal safety increased after visiting the CVRC



When asked how the CVRC affected visitors' perceptions of safety:

- *"Knowing that I have a safe space to go to."*
 - *"The CVRC has helped me realize that campus is a safe place and feel less afraid."*
 - *"They helped me become more aware"*
 - *"It did not help or hinder how safe I feel on campus."*
 - *"They provided me a safe haven that I knew I could count on, especially since they were confidential."*
 - *"I realized that I should ask for help more often it really changed my quality of life to have the help I received from them"*
 - *"The fact that they are there"*
-

CVRC visitors were also asked about their perceptions of support and empowerment following their experiences with the CVRC. On a scale of 1 to 5 where 1 is not at all supported and 5 is very supported, 100% of CVRC visitors reported they felt very supported by CVRC staff. Using a similar scale where 1 is not at all empowering and 5 is very empowering, approximately 90% of respondents indicated they felt their experience working with the CVRC was very empowering ($\bar{x}=4.88$). In a true testament to the quality of experience offered at the CVRC, 100% of CVRC visitors indicated they would be willing to recommend the CVRC to students like themselves.

In what ways was your experience working with the CVRC empowering?

- *"I felt safe and I had people support me in my time of need."*
 - *"Was able to realize that what I was going through and my reactions were normal"*
 - *"They helped me understand and become more educated in sexual harassment and assault cases. They allowed me to feel comfortable with speaking out about my situation without being scared that the person would find out."*
 - *"Making changes instead of staying miserable"*
-

The focus group with students and staff yielded similar messages about the CVRC. According to one participant, *"I was kinda shocked about how comfortable I was here."* Another participant spoke at length about her use of the center,

"Back home we didn't really have the center. I didn't really receive counseling even during my undergraduate. That's something I received here, exclusively at UNCG. I went to counseling in private, but certain things happened while I was living here. It's really nice to have. I have two ways: the support group here in this building, and my individual sessions. Then I also have the nurse practitioner that helps me out. So yeah, this place has given me resources to deal with personal and all that stuff. It's really nice to have."

Students also appreciate the private, somewhat ambiguous location of the center, noting that its current location makes it easy to provide to others a cover story should a CVRC visitor be seen by other students or staff:

“That campus violence, the health center, and counseling center are all together in one building. So, if you see someone you know walking out the door and you don’t want to tell them that you are in somewhere other than the health center, you can say “oh I was getting a checkup or I was getting a shot.” Whatever. If you don’t want to tell them, you can say, “oh I was in the health center.” But at the same time- I feel like because it is all in one place, I feel it’s easier like if you want to keep it confidential and do that for yourself.”

Survey respondents and focus group participants voiced a number of recommendations for improving the center. Survey respondents’ suggestions include:

- *“Have more staff available.”*
- *“The overall education of the CVRC would help students who have problems like me to approach them. I was intimidated to head to the CVRC initially because I didn’t know what they did.”*
- *“Be advertised more in school orientation so that people know you are there”*

As you can see, these recommendations focus heavily on improving CVRC outreach to ensure that students and staff are aware of the center’s existence and the services it offers. Similar recommendations were also made by focus group participants, noting: *“I agree I think that maybe making it more known. I had no idea that UNCG did this coming in. I avoided seeking counseling/therapy/whatever for a long time, then I had friends who came and did it.”* However, suggestions from focus group participants also provided more breadth and depth recommendations made,

“Sometimes I wish we had group more often. I guess once a week. Obviously, that’s staff and people’s schedules, so I don’t know if that’s actually possible. I don’t even know how many people work here. I don’t know a whole lot about it other than group. Sometimes I wish there’s more meeting times.”

“I mean it is a time compromise. You know, me and my group- I’ve always been there, but we’ve had new people, and then they just stop coming or they can’t come. I would have to tell them, “this helps but you have to be at it. It’s like your medication. You can’t stop just the second you feel like.”

In addition to offering additional times, one focus group participant also expressed a desire for more diversity in the support groups offered,

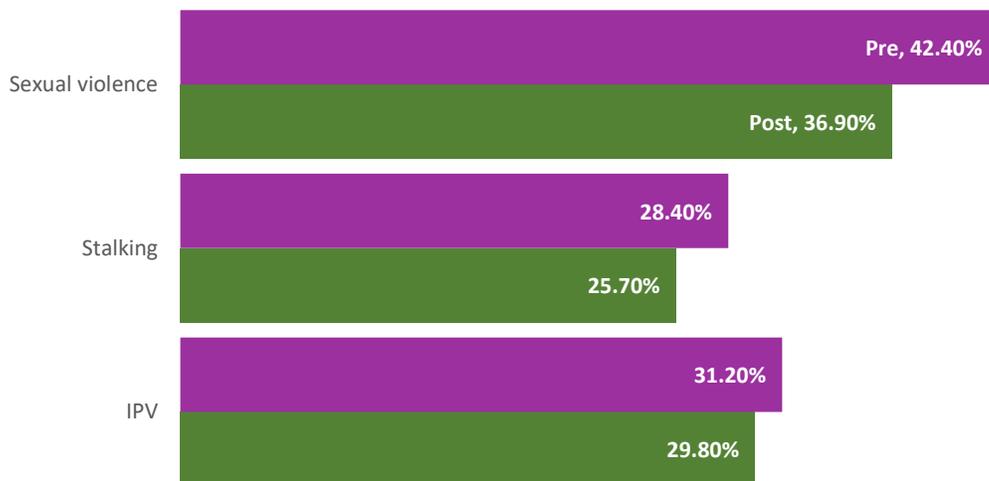
“My group is a little small, but that makes sense because it just started. It’s always nice to see other people. I’m also the only guy in the group- that’s a bit- you know, it’s not a bad thing. I just wish- I don’t know. I guess if I’m talking about it, it’s a bad thing. It makes me self-conscious. I don’t know. You guys are all psychologists. Is there groups specifically for men or does that not work?”

While one may speculate on a number of reasons why fewer men participate in the group, giving careful consideration to diversity in the center’s outreach activities may provide a strategic mechanism for reaching less visible groups in the center’s activities.

Campus Community. As mentioned previously, baseline student intercept survey data were collected on campus during the first week of classes during the Spring 2017 semester. To ensure adequate numbers of potential participants, evaluators identified high traffic areas of campus and intercepted every other person who crossed an imaginary line to increase the randomization of the sample. Students were approached to participate and asked to self-administer the survey using an iPad. Most respondents were able to complete the survey in 5-6 minutes, though several respondents took longer and/or needed assistance with completing the survey. Follow-up student intercept survey data were collected during November 2017 using the same protocol. Respondent demographics for each wave of data collection can be found in Appendix A.

Students were asked a number of questions regarding their perceptions of sexual violence, stalking, and IPV on UNCG’s campus, as well as how they perceive UNCG responds to these kinds of behaviors. Although many students’ responses indicated uncertainty in whether sexual violence, stalking, and IPV are serious problems on campus, other data suggest that many members of the UNCG community do perceive these behaviors as problems. Forty-two percent of respondents reported that sexual violence is a problem on campus while just under one-third of respondents perceived IPV as a serious issue (see chart 3). It is also noteworthy that evaluators did not define these terms for respondents, therefore responses are based on the respondents understanding of what constitutes each type of behavior.

Chart 3. Fewer students perceive sexual violence, stalking, and IPV as a problem on UNCG’s campus at post-assessment.²

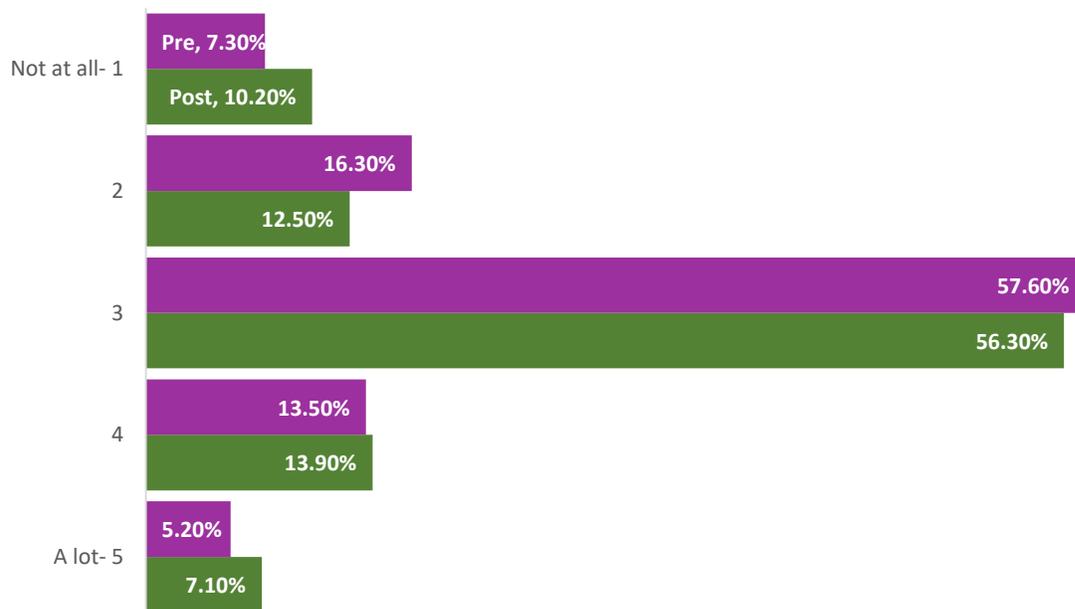


² Means presented in Charts 1-4. Items were measured using a Likert scale ranging from 1 to 5.

When asked if they would know where on campus to go if experiencing intimate partner violence, sexual violence, or stalking, 62-65% reported knowing where to go when in need of help.

When asked about how much victims and survivors of intimate partner violence are stigmatized on campus, responses were normally distributed (e.g., with most respondents falling somewhere in the middle and fewer responses at each end of the scale). Chart 4 illustrates:

Chart 4. Just under one quarter of respondents at each wave reported that victims and survivors of intimate partner violence are stigmatized on campus.



Scale ranged from 1 – not at all to 5 – a lot (3 – neutral/unsure).

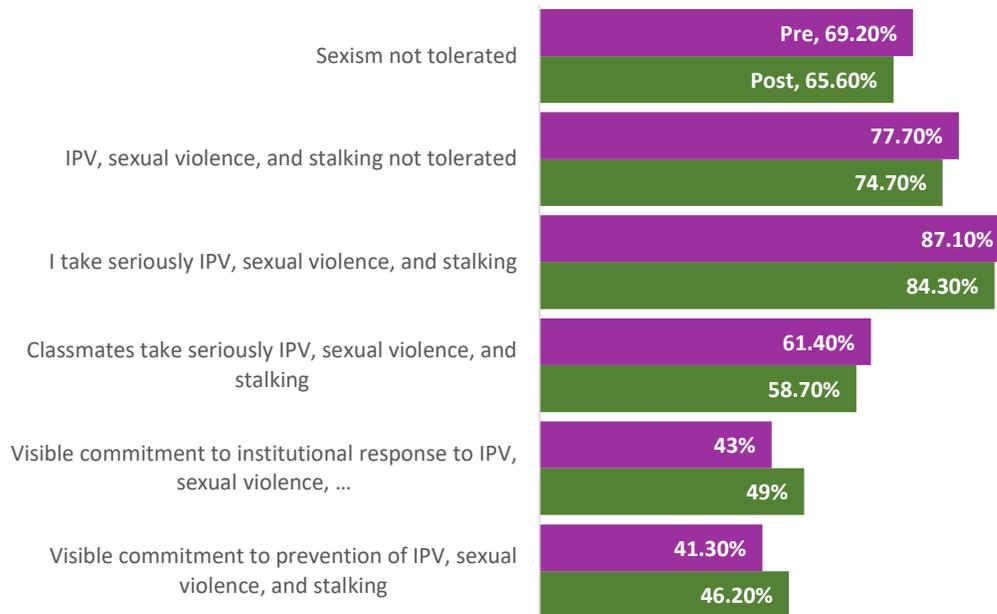
Although many respondents viewed IPV, sexual violence, and stalking as problems that affect the UNCG community, most students perceive that UNCG takes instances of these behaviors very seriously. More than half of all respondents reported that UNCG takes these seriously, with two-thirds reporting that sexual violence is taken seriously by UNCG staff and administrators (see Chart 5). This pattern was consistent across both waves of data collection. Independent samples t-tests revealed no statistically significant differences in perceptions of university response to sexual violence, IPV, and stalking from wave 1 to wave 2.

Chart 5. Two thirds of students perceive that UNCG takes reports of sexual violence seriously.



Relatedly, most UNCG students reported that that the UNCG campus is not conducive to these behaviors nor is the campus climate one that tolerates the attitudes and beliefs conducive to these behaviors. Chart 6 provides additional information:

Chart 6. Most UNCG students do not perceive a campus climate conducive to intimate partner violence, sexual violence, and stalking.



Interestingly, Chart 6 also shows some modest increases in two items of particular interest: (1) visible commitment to institutional response to IPV, sexual violence, and stalking; and

(2) visible commitment to prevention of IPV, sexual violence, and stalking. However, one-way ANOVA procedure indicates that the differences are not statistically significant.

After establishing reliability of the items depicted in Charts 5-6,³ index scores were created. Creating an index score provides more variation among respondents than is typically observed when individual items are analyzed. Results suggest that students have positive perceptions of UNCG's campus climate and response to IPV, sexual assault, and stalking (mean = 3.84 and 3.78 at wave 1 and 3.81 and 3.65 at wave 2, respectively with higher values indicating more favorable responses) but also perceive that UNCG can improve its climate and response to these behaviors.

Chart 7. Mean index ratings reveal that students perceive a campus climate and institutional response that is adequate but has room to improve.



Rating ranged from 1 to 5, where 1 means strongly disagree and 5 means strongly agree.

Independent samples t-tests were used to examine differences in mean index scores across wave 1 and wave 2 for (1) men and women, and (2) commuters and non-commuters. Results from wave 1 and wave 2 data indicated no significant differences in mean index scores between male and female respondents. Commuter students reported higher ratings on items that asked about their perceptions of IPV, sexual violence, and stalking as problems on campus at wave 1 [$t(293) = -1.94, p = .05$], but wave 2 findings were statistically insignificant. Similarly, at wave 1 Spearman's rho⁴ indicated a significant weak positive correlation between student classification and perceptions of sexual assault, IPV,

³ Chronbach's alpha is a measure of internal consistency of a set of related items. Reliability coefficients ranged from .83 to .92 for each of the three subsets of items at wave 1 and .87 to .95 at wave 2 (.70 is usually considered acceptable reliability).

⁴ Spearman's rho is appropriate for use with ordinal data and is the non-Parametric equivalent of the commonly used Pearson correlation coefficient.

and stalking as problems on UNCG's campus [$r_s(293) = .160, p = .006$]⁵ but wave 2 data failed to yield similar findings.

CHALLENGES AND BARRIERS

Throughout the creation of the CVRC, the center has faced a number of challenges and barriers. Initial barriers to successful implementation included procurement of funding and space; less than optimal outreach efforts, including limited promotion of the center to the UNCG community; and lack of integration with the counseling department. After a soft opening in February 2017 and a hard launch in August 2017, CVRC staff and leadership have overcome many of these initial challenges. Current challenges include balancing need with capacity, outreach to faculty and staff, and working within a university environment. Each of these current challenges will be discussed in turn.

Focus group findings show that balancing need with capacity is a prominent concern among CVRC staff. Not only are existing staff already operating at their capacity, but the need for offering services and support outside of traditional times poses an additional hurdle to providing trauma-informed, survivor-centered services and support to all members of the UNCG community in need of these services. One of the counselors remarked,

"For me it has just been availability. There's been four students that I've had to refer off-campus for services cause at the time I just couldn't meet with any more people. My schedule was full. I'll still always have a consultation with a student, like I won't deny them that face to face time. I make sure they understand what the center can do for them as a whole whether or not just getting counseling, and I'll check in with them maybe once every other week or something on the phone or in person for a few minutes to make sure they're getting connected to a community based resource. I've had to do that four times I think just because there simply wasn't enough time slots for the requests. That's where a second counselor could be beneficial."

Another CVRC staff member shared a similar concern about the center's limited availability, which is typically confined to more traditional workplace hours (as opposed to 24-hours around the clock):

"One thing that's on my mind. It's not really a barrier because we found a way to work with our community partners, but we're just open during business hours, so I had a client who wanted to go to a hospital for a SANE exam overnight, so we worked with Family Services of the Piedmont, to get them connected and have an advocate meet them there. I guess you can say that's a barrier- our hours- but we were still able to get them what they needed."



Pictured above: Murphie Chappell, Title IX Coordinator, welcomes attendees at the CVRC's Grand Opening on September 24, 2017.

⁵ Index scores were created by adding scores in a scale and dividing by the number of scores. Index scores range from 1 to 5.

Other CVRC staff noted similar needs for more staff and space to increase the center's capacity to work with students and faculty.

Constraints inherent to working within a university environment were also mentioned as an ongoing challenge. For example, university rules prohibit outside entities from digitally remoting in to the university's system – this provides everyone in the community a layer of safety, but it presents unfortunate challenges in some situations:

"... just being at a university sometimes is a barrier. Like, with the cameras. The cameras are a great example. They don't work all the time, and so we've really struggled with the vendor because they guaranteed they're gonna work this way, right? Then they say, "Well we need to see why they're not working, so we need to remote in," and the university is like, "uh uh we don't let anybody remote in." So, they can't fix the problem, so the problem persists, but we're really the people that are suffering because of that and they can't remote in. There's different barriers that we just can't, I guess we can't get through that don't stop us from providing service period, but the best quality that I feel like we could at times, they do compromise that."

Luckily the vendor was able to identify a workaround to address the camera issue, but it did create a delay in completing the needed repairs. A lack of discretionary funding was also noted as a problem associated with being embedded within a university environment:

"... we don't have discretionary funding. Everything that we do has to fit a definition of whatever that money should be used for, and if we haven't thought ahead of time- so if we didn't this through- like I did not think through a fridge, right? I know that's stupid. I knew I wanted snacks and drinks, but I fell short of saying that – I should have written a fridge into the grant. Now we can't find money to get a fridge because there's discretionary finding versus state funding versus grant funding and understanding what you can do with all that money and the hoops that you have to jump through when things don't fit their mold."

A final ongoing challenge identified by CVRC staff focused on outreach efforts to faculty and staff:

"I don't think professors and staff have the language yet, but I think that enough people know about us...I don't think that it's institutionalized yet. I don't think that professors are putting- when they put something in their syllabus about Title IX, they're not including information about the CVRC yet, and I don't think it's a part of the conversation at orientation. I don't think the people who do tours on campus know how to explain who we are yet. I think that's going to take some time, but I think we have enough word out there that folks are referring down here."

PROMISING PRACTICES

Collaborations and Partnerships. The ongoing collaboration with multiple campus partners has consistently been noted as a facilitator for the CVRC's success. During development, a collaboration with the Division of Student Affairs on campus created a support network to

help the center's needs for funding, space, and administrative support. The CVRC has also built strong relationships with the UNCG Police Department, with whom the CVRC has helped hire and fund a Victim Advocate position. Currently, the center works closely with the Dean of Students Office, Housing and Residence Life, and the Counseling Center, all housed under Student Affairs. These ongoing relationships have helped refer students to the center and promote the center to staff and students. Staff members of the CVRC, UNCG Police, and Student Affairs have all emphasized the importance of this collaborative approach. An additional part of this collaborative approach has been the co-supervision between the CVRC and Counseling Center of a designated counselor.

Creating a Culture of Self Care. Working with trauma survivors and victims can pose a significant emotional weight on campus staff with IPV response, prevention, or advocacy responsibilities, thus the importance of self-care cannot be understated. Not only should self-care be encouraged among IPV response, prevention, and advocacy staff, it should optimally be institutionalized as an essential component of workplace culture. CVRC staff noted its importance during a focus group:

“We’re very big on self-care. We have to be, and that’s something that I think has been great that K has put a lot of time in to making that a normal part of our staff meeting to have that time for ourselves and each other. I think if we’re getting that started now while this is so small that it’s just going to be an expected part of the culture of the center. There’s not going to be questions about whether or not we do that. We do that because we have to. I think that’s been very important that we’ve established that as foundational for us.”

“Burn out in this field is way too high, so you are starting a center and you’re dealing with the stress of that and also managing trauma on a daily basis, your burn out will be- so we will [hypothetically] lose [staff member A] and [staff member B] who are hugely part of this. We are very specific about the people who we wanted to be in our office, and that we’ll lose those people- we’ll lose [staff member C] quickly if we don’t fix this systemic problem for our own trauma that we’re managing as a result of hearing other people’s trauma. We’ll be gone in a year and the center won’t exist. We have to build sustainability in some way.”

In recognition of these harsh realities within this line of work, proactive self-care that is built into the organizational structure and workplace culture are essential to preventing burnout and retaining highly valued team members. Although self-care strategies may look differently from team to team, the importance of raising self-care practices to the forefront of workplace culture cannot be understated. Equally as important, there must be institutional buy-in that both supports and facilitates self-care. Ensuring adequate staffing across departments is an important first step.

Dedicated Counselor. The addition of a counselor designated to working with survivors has proven to be an asset. This position helps to bridge a gap between the center and the counseling center on campus, creating a necessary collaboration. This position also addresses the need of more specialized services on campus since most university counseling centers provide more generalized care to meet the diverse needs of an entire student body.

When asked about essential components to the development of the CVRC, one university staff member said:

“The partnership has come easy, as far as resources go. For that I would say probably none other than really good communication. The police department, the CVRC, and the university as a whole- the department heads really see eye to eye understanding there is a need for the center. Understanding the positive outcomes we can have from the center and really us being able to work really closely with them- that’s all come very easy.” -UNCG Police staff

“Having a, or more than one, counselor within the CVRC who can perhaps provide something, do something a little bit different than the Counseling Center does. The reality is, that the level of acuity and the demand for services within the counseling center, counseling centers nationally, means it’s hard to meet some of the trauma needs without referring out, so I think the counseling component is really important.”

“[The CVRC has] participated in all of the orientation/back to school activities. For us, that looks like Fall Kick-Off, that looks like First Year/New Student Convocation, and making sure the marketing materials are anywhere and everywhere around campus. Lots of folks around campus have informational TVs- it’s basically a rotating PowerPoint informing folks, students of services around campus. I’m pretty sure they’re on most TVs. They’ve done news spots with local TV news channels.” -University staff member

The navigator and advocate positions are also quite unique among college campuses. This is a wonderfully sensitive and forward looking addition to the structure of the CVRC’s services. The cognitive impacts of trauma resulting from sexual assault can make the aftermath a very murky experience. It can be hard for survivors to make decisions, think through safety plans, remember things, or engage in self-care. Given this state of trauma and the array of potential challenges, it is

reassuring that additional support is available for them in the form of a navigator and advocate.

Outreach Initiative. CVRC staff have taken an active role in advertising the center across the university. They aim to promote the center to faculty, staff, and students while also

spreading information about IPV, sexual assault, and stalking. The center seeks to educate the campus community, as well as promote services. Outreach strategies have included the use of “Consent Cards,” attending campus events, a well-organized grand opening that featured state legislators and key justice officials, along with a number of other activities designed to raise IPV awareness and prevention among the campus community. This included tabling at the Elliot University Center (EUC), the Alcohol-Free Funfest, Take Back the Night, and the Superhero Cookout with the police. Additionally, CVRC staff ran a monthly newsletter, prepared and ran slides for the TVs in the UNCG Police Department and the Wellness Center. In conjunction with attending in-person events and giving presentations on traumatic stress to UNCG faculty, CVRC staff are also working on developing a strong social media presence, though that work is still best described as a work in progress.

Readiness Assessment. Interview participants were asked to share their advice for other colleges with an interest in implementing a similar approach to addressing IPV within their community, much of which has been discussed above, but one suggestion in particular stands out as a starting point for those institutions with a desire to strengthen their responses to IPV using trauma-informed, survivor-centered strategies:

“I would recommend they do instead of a needs assessment, a readiness assessment. Because I don’t doubt the need... I think number one you need to have a strong Title IX Coordinator or leader who has good relationships with people. Number two in terms of readiness, you’re going to need widespread support and do you have that? Are people willing to make some initial investments...And three, every campus functions so differently and is organized so differently. Even in the UNC system, it’s really amazing how differently we all work. I would say you really need to look at how you’re organized and think about if you wanted to do something like this, where would it best be housed and you know really think through all that so that you don’t just plop something down in a place that’s doomed to fail. And I think that’s the tricky part always of generalizing things from one organization to another is knowing that you might need to adapt to make it work.” – UNCG staff member

As the quote above illustrates, the success of ventures like the CVRC are determined not by the need, but by the **readiness** of the campus community and staff who are not only willing to champion a new approach, but also understand their campus community well enough to position a center like the CVRC for success.

CONSIDERATIONS

Interview and focus group data make it clear that the CVRC staff are very experienced, competent professionals who are enthusiastic about their work. Evidence also suggests that CVRC staff place high value in contributing to a culture of care and treating students with respect. Staff understand the importance of sharing decision-making power with students affected by IPV and are willing to work in ways that empower survivors to move forward with their lives in ways that feel right for them. With these strengths in mind, ETR suggests consideration of the following points: implementing additional innovative strategies to better serve students and faculty affected by IPV; whenever possible, shift to the use of empowering language; developing strategies for documenting changes to institutional policies and procedures; and continuing to work to break down silos among campus staff and faculty responsible for IPV response and prevention on UNCG's campus.

“...the first person they tell dictates whether or not they tell anybody else. We are trying to get to every first person all across campus. I am trying to get to every first person to let them know that. Also, there is a level of care that I think that they need to be successful here.” – CVRC staff

Innovative Strategies. In discussing the supports offered through the CVRC, one interviewee who works with students and faculty in need noted:

“I can show them how if their perpetrator is in jail, I can show them how to follow that individual. See what jail they're in, if they're getting out, if they're getting out on good behavior- things like that. Then I can provide different resources. We also have a self-defense program. We have self-defense for women and a separate one for the male population. I encourage them to take that- to take back their self-control and build their confidence where they can actually function again. Rebuild what would be their normal.”

In addition to reducing participants' risk of victimization, self-defense classes promote feelings of safety and perceived control for survivors. However, it is worth noting that there is mixed evidence about the effectiveness of self-defense. While feminist, empowerment-based self-defense classes have been shown to reduce the likelihood of victimization for participants, these types of programs do not necessarily reduce overall rates of violence as perpetrators may target other individuals rather than program participants. While acknowledging that prevention doesn't currently fall under the CVRC's purview, it is worth noting that additional strategies beyond self-defense are needed to prevent violence perpetration. Self-defense critics argue that self-defense techniques put the onus on potential victims to prevent sexual assault rather than creating a culture of consent. The consent cards currently being used to market the CVRC are a strong move in that direction – they are clever, creative, and have the potential to shift the prevailing narrative to one that emphasizes consent, respect, and responsibility. This underscores the importance of strong, consistent outreach efforts to foster a culture of consent within the UNCG campus community.

Mirroring Language. Interview and focus group data show that CVRC staff generally evoke a language of empowerment and avoid victim blaming, though staff continue to refer to students and faculty affected by IPV as “victims.” On one hand, some people understand the term “victim” to have a negative, disempowering connotation while others take no issue with the term itself. On the other hand, students and faculty may actively avoid usage of the term “survivor,” feeling that the term does not adequately convey the hurt and pain previously or currently experienced. Different stakeholder groups – like law enforcement or medical professionals – may also have a preferred terminology of their own. Given the CVRC’s emphasis on empowerment and understanding that students and faculty affected by IPV may have their own preferences for how they name their experiences, ETR encourages CVRC staff to listen closely and mirror the language chosen by affected students and faculty to describe their experiences.

Documenting Institutional and Procedural Change. With the Center now fully staffed and a dedicated counselor in place, consider developing a strategy for documenting changes to institutional policies and procedures that have improved treatment options, service delivery, and facilitated the CVRC’s successes among the UNCG community. These changes become important data for identifying best practices for expanding efforts to address IPV on college campuses.

Working Across Silos. One final area for consideration: prevention is mentioned as something “coming” rather than something being actively pursued now. One interviewee noted the existence of an online sexual misconduct course and health educators that provide workshops on IPV and other forms of sexual misconduct, but the CVRC’s role in existing prevention efforts or future efforts was vague. Changing campus culture, addressing harmful sexual norms, and raising consciousness about sexual assault are crucial elements of trauma-informed response. Given that prevention is mandated by VAWA’s Campus SaVE Act, taking up prevention activities would be a natural fit for the CVRC, in direct support of its mission to improve how the campus community responds to IPV.

From an evaluation perspective, it’s quite common to encounter “silos” within large organizations and institutions, such as a college campus. Specialization through task delegation and clear delineation of roles and responsibilities enhances efficiency and ensures that all tasks are being executed across an entire institution. With this in mind, ETR suggests that CVRC staff remain cognizant of addressing IPV within this context and develop strategies for working across the silos that currently demarcate IPV response and prevention work on campus.

Balancing Cultural Tension with Outreach. Multiple interviewees noted a cultural tension between helping students via the CVRC and drawing unwanted visibility to the problem of sexual assault on campus (i.e. if there is a center, there must be a problem). This suggests that as the CVRC moves forward, CVRC will need to continue to emphasize the importance of universities taking responsibility for sexual assaults on campus – in other words, Universities must be accountable to address this problem and the CVRC can articulate their work, plan, mission and goals in a way that ensures the ongoing investment and care by UNCG. Taking a proactive approach in shaping a narrative that emphasizes prevention,

accountability, institutional responsibility, and proactive efforts in creating a safe space for all members of the UNCG community will provide an important counterbalance to concerns about UNCG's image.

Appendix A. Student intercept survey demographics

	Pre		Post	
	Count	Percentage	Count	Percentage
Race and ethnicity				
Asian American	20	6.8%	13	4.5%
Black/African American	122	41.4%	124	43.1%
Latinx	14	4.7%	19	6.6%
Pacific Islander	1	.3%	2	.7%
White	107	36.3%	87	30.2%
Other	1	.3%	8	2.7%
Two or more races	22	7.5%	35	12.2%
Gender				
Genderqueer	5	1.7%	4	1.4%
Man	94	31.9%	69	24%
Transgender	1	.3%	1	.3%
Woman	190	64.4%	190	64.4%
Sexual orientation				
Asexual	11	3.7%	7	2.4%
Bisexual	24	8.1%	33	11.5%
Gay	6	2.0%	14	4.9%
Heterosexual	224	76.0%	206	71.5%
Lesbian	7	2.4%	10	3.5%
Pansexual	6	2.0%	4	1.4%
Questioning	1	.3%		
Age (in years)				
mean	20.6		20.9	
range	18-51		17-54	
Veteran status				
Yes	13	4.4%	24	8.3%
Classification				
First year student	69	23.4%	58	20.1%
Sophomore	67	22.7%	76	26.4%
Junior	79	26.8%	69	24%
Senior	62	21.0%	71	24.7%
Graduate student	18	6.1%	14	4.9%
Residence				
Live on campus	159	53.9%	118	41%

n=295 (pre) n=288 (post)

Appendix B. CVRC Barriers and Facilitators

[see attachment]

Appendix C. CVRC brochure

[see attachment]

Appendix D. CVRC implementation and lessons learned

[see attachment]