

***It takes a village: Community Engaged University of Guelph Research on Campus***

**Sexual Violence Training, Referral, and Collaboration**

**By**

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## **Abstract**

### ***IT TAKES A VILLAGE: COMMUNITY ENGAGED UNIVERSITY OF GUELPH RESEARCH ON CAMPUS SEXUAL VIOLENCE TRAINING, REFERRAL, AND COLLABORATION***

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This community engaged research (CEnR) uses a feminist perspective to examine level one of the University of Guelph's new *Sexual Violence Referral and Support Training*. Based on in-depth, qualitative interviews, this research explores the extent to which the online training prepares University faculty and staff with the knowledge to properly respond to a disclosure of sexual violence and refer survivors to appropriate support options, both on and off campus. This study also seeks to understand how University staff make decisions about referring student survivors, while also examining the relationships between staff at the University of Guelph and staff in local off-campus, community-based organizations. Findings indicate a need for increased faculty and staff training in the area of sexual violence. There is also a need for increased collaboration between University staff and with staff in off campus organizations in the Guelph-Wellington area. This research is relevant given the prevalence of sexual violence on Canadian college and university campuses, the Ontario Government's recent call for increased campus safety, and University of Guelph's new online sexual violence training program.

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# Contents

<b>CHAPTER ONE: INTRODUCTION .....</b>	<b>1</b>
RESEARCH CONTEXT .....	3
THE UNIVERSITY OF GUELPH'S <i>SEXUAL VIOLENCE REFERRAL AND SUPPORT TRAINING</i> .....	6
RESEARCH OBJECTIVES .....	7
RESEARCH QUESTIONS .....	7
CHAPTER OVERVIEW .....	8
<b>CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK .....</b>	<b>10</b>
SEXUAL VIOLENCE AS A NORMATIVE CULTURAL PRACTICE .....	10
RESPONDING TO SEXUAL VIOLENCE .....	16
SEXUAL VIOLENCE TRAINING IN CANADIAN UNIVERSITIES .....	24
COMMUNITY-UNIVERSITY RELATIONSHIPS .....	29
<b>CHAPTER THREE: METHODOLOGY .....</b>	<b>32</b>
COMMUNITY ENGAGED RESEARCH .....	32
<i>Dimensions of Community Engagement in the Current Study</i> .....	35
METHODS .....	40
<i>Research Participants</i> .....	40
<i>Qualitative Interviews</i> .....	43
<i>Qualitative Data Analysis</i> .....	45
RESEARCH AND REFLEXIVITY .....	47
<b>CHAPTER FOUR: RESEARCH FINDINGS .....</b>	<b>52</b>
ASSESSING FACULTY AND STAFF KNOWLEDGE .....	52
<i>Experience as a Predictor of Participant Knowledge</i> .....	60

<i>Addressing Rape Myths on Campus</i> .....	63
<i>Impact of the Sexual Violence Referral and Support Training on Participant Beliefs</i> .....	64
UNIVERSITY STAFF REFERRAL DECISIONS .....	66
<i>Survivor-Centred Philosophy</i> .....	66
<i>Balancing Safety and Sympathy: Maintaining Survivor-Centred Support in Risky Situations</i> .....	72
<i>Negative Experiences with On-Campus Resources</i> .....	74
PROFESSIONAL RELATIONSHIPS .....	75
<i>The Student Affairs Case Director: A Catalyst for Connection</i> .....	75
<i>Connecting to Campus: Referrals to the University</i> .....	77
<i>Providing Specialized Resources: Referrals to the Community</i> .....	78
<i>Closing the Loop: Overcoming Barriers and Building Relationships Between the University and the Community</i> .....	82
CONCLUSION .....	85
<b>CHAPTER FIVE: DISCUSSION</b> .....	<b>87</b>
EXPERIENCE IS THE BEST TEACHER .....	88
SEXUAL VIOLENCE AS CULTURALLY DICTATED, NOT CULTURALLY DEVIANT: A CONTENT ANALYSIS OF THE SVR&ST ....	90
...BUT I DON'T WANT THIS REPORTED .....	93
RISKY BEHAVIOUR: VICTIM BLAMING ON CAMPUS .....	97
GENTLE HANDS: SERVICE PROVIDER RESPONSES AND SURVIVOR SUPPORT .....	99
IF YOU WANT TO CHANGE THE CULTURE, CHANGE THE MINDSET .....	100
IT TAKES A VILLAGE: COMMUNITY-CAMPUS COMMUNICATION AND COLLABORATION .....	102
PARTICIPANT RECOMMENDATIONS TO STRENGTHEN THE UNIVERSITY OF GUELPH'S RESPONSE TO SEXUAL VIOLENCE	106
<i>Awareness of the Sexual Violence Referral and Support Training Program</i> .....	106
<i>Invite Community Experts to Present Campus Sexual Violence Training</i> .....	107

<i>Support for those Supporting Survivors</i> .....	108
<i>Tracking Disclosures and Anonymous Disclosures</i> .....	109
RESEARCHER RECOMMENDATIONS FOR UNIVERSITY OF GUELPH’S SEXUAL VIOLENCE TRAINING AND RESPONSE .....	110
<i>Sexual violence training for the entire university community</i> .....	110
<i>Targetted sexual violence training for front-line staff</i> .....	111
<i>Introduce trauma-informed policies into university response procedures</i> .....	111
<i>Collaborate with community organizations</i> .....	111
<i>Implement mechanisms for anonymous reporting</i> .....	112
LIMITATIONS.....	112
SUGGESTIONS FOR FUTURE RESEARCH .....	113
<b>REFERENCES</b> .....	<b>115</b>
<b>APPENDICES</b> .....	<b>139</b>
APPENDIX A: LEARNING OUTCOMES OF THE UNIVERSITY OF GUELPH’S <i>SEXUAL VIOLENCE REFERRAL AND SUPPORT TRAINING</i> FOR FACULTY AND STAFF .....	139
APPENDIX B: RECRUITMENT EMAIL (UNIVERSITY OF GUELPH FACULTY).....	140
APPENDIX C: RECRUITMENT EMAIL (UNIVERSITY OF GUELPH STAFF) .....	141
APPENDIX D: RECRUITMENT EMAIL (COMMUNITY-BASED ORGANIZATIONS).....	142
APPENDIX E: PARTICIPANT CONSENT FORM .....	143
APPENDIX F: INTERVIEW GUIDE (UNIVERSITY OF GUELPH FACULTY) .....	147
APPENDIX G: INTERVIEW GUIDE (UNIVERSITY OF GUELPH STAFF) .....	150
APPENDIX H: INTERVIEW GUIDE (COMMUNITY-BASED ORGANIZATIONS) .....	153
APPENDIX I: INDUCTIVE AND DEDUCTIVE CODES FOR QUALITATIVE ANALYSIS .....	155

## Chapter One: Introduction

Over the past 20 years, studies consistently show no decline in the prevalence of sexual assault on Canadian university campuses (DeKeseredy and Schwartz 1998; Newton-Taylor, DeWit, and Gliksman 1998; Russell and Bolen, 2000; Senn et al. 2014; Government of Ontario 2015; Moore 2016). As many as 33 percent of Canadian university students experience sexual violence (DeKeseredy and Schwartz 1998; Newton-Taylor, DeWit, and Gliksman 1998; Levesque et al. 2016). Researchers find that one in five women will be sexually assaulted in her four years at university (Canadian Federation of Students Ontario 2015); one in four students will experience rape or attempted rape in her post-secondary education (Fisher, Cullen and Turner 2000), and; one in three women will experience some form of sexual violence in her lifetime (Statistics Canada 2006). The likelihood of experiencing sexual assault is five times higher for women under the age of thirty-five, putting women in college and university at increased risk for victimization (Statistics Canada 2013; Jordan, Combs and Smith 2014; SACHA 2018). The risk of experiencing sexual violence is particularly high during a woman's time in post-secondary education (Klaw et al. 2005; Gross et al. 2006; Rothman and Silverman 2007; Du Mont et al. 2012; Senn et al. 2014; Strain, Martens and Saucier 2016), and most experiences of sexual violence occur within the first eight weeks of classes (Canadian Federation of Students Ontario 2015).

Although nine out of ten reported sexual assaults in Canada are perpetrated against women (Katz 2002, 2006; Canadian Federation of Students Ontario 2015; Government of Ontario 2015), any individual of any gender, age, sexual orientation, ability, or ethnicity can

experience sexual violence (University of Guelph 2017b). In fact, studies show that marginalized populations are especially vulnerable to sexual violence. For example, individuals who identify as belonging to the LGBTQ+ population, Indigenous women and women who live with disabilities are at exponentially greater risk of experiencing sexual violence within their lifetimes (Rothman, Exner and Boughman 2011; Canadian Federation of Students Ontario 2015; Government of Ontario 2015; University of Guelph 2017b).

Sexual violence is a traumatic experience that can negatively impact a survivor's mental, physical, sexual, and reproductive health (Jenkins et al. 2000; Acierno et al. 2002; Ullman 2004; Vladutiu, Martin, and Macy 2011; Zinzow et al. 2011; World Health Organization 2013). These consequences have the potential to require acute and/or long-term care – particularly mental health support (World Health Organization 2013). The aftereffects of sexual violence may include: physical injury, sexually-transmitted infections (STI's), unwanted pregnancy, social isolation, substance abuse, post-traumatic stress disorder, depression, anxiety, panic attacks, eating disorders, and suicide (Jenkins et al. 2000; Acierno et al. 2002; Ullman 2004; Vladutiu, Martin, and Macy 2011; Zinzow et al. 2011; Government of Ontario 2015).

The ramifications of sexual violence also include negative impacts on survivors' academics. Studies show that sexual victimization can negatively impact a student's academic performance and long-term career trajectories (Bremner et al. 1993; Horsman 1999; Wagner and Magnusson 2005; Jordan, Combs, and Smith 2014; Stermac, Horowitz, and Bance 2017). In fact, psychological trauma associated with sexual victimization has a profound negative impact on a student's learning outcomes (Horsman 1999; Jenkins et al. 2000) as survivors are often found to miss classes, disengage with their academics, experience a decrease in their grade point average (GPA), experience less overall academic satisfaction, and are more likely to drop out of school

(Fisher, Cullen, and Turner 2000; Smith, White, and Holland 2003; Huerta et al. 2006; Jordan, Combs, and Smith 2014). Moreover, survivors may fear certain areas on campus associated with the incident and limit their movements to avoid seeing the perpetrator (Ontario Women's Doctorate 2013). These reactions further isolate survivors, leaving them increasingly vulnerable to negative social and mental health outcomes (Ontario Women's Doctorate 2013).

Accessing formal support is important to a survivor's recovery. Survivors who do seek formal help experience less psychological distress and limited symptoms of depression and post-traumatic stress disorder (Pennebaker 2000; Ullman and Filipas 2001; Broman-Fulks et al. 2007; Ahrens, Stansell and Jennings 2010; Holland and Cortina 2017). As well, survivors' use of resources and services is associated with positive psychological outcomes, including adaptive coping strategies and improved physical and mental health (Ullman 1999; Wasco et al. 2004; Franklin, Menaker and Jin 2017). However, research on service utilization consistently concludes that many student survivors of sexual violence are not accessing the resources available to them (Ullman 2007; Campbell 2008; Hayes-Smith and Levett 2010; Walsh et al. 2010; Sabina and Ho 2014; Tsui and Santamaria 2015; DeLoveh and Bennett Cattaneo 2017). In fact, research focused on post-secondary students finds that as few as 4.3 to 12.5 percent of sexual assault survivors seek formal help from resources either on their campuses or in their communities (Krebs et al. 2016, 107).

### **Research Context**

The current study is community-engaged research (CEnR) that represents a community-university partnership (CUP). A CUP represents an agreement between at least one partner from a university and at least one partner from a community who collaboratively produce research that is beneficial and useful to each partner (TOOF 2006; Hall and MacPherson 2011, 4; Barkin,

Schlundt and Smith 2013). The community partners in this CUP represent both the University of Guelph and the Guelph General Hospital. The community partners include Brenda Whiteside, Associate Vice President of Student Affairs at the University of Guelph; Robin Begin, Student Affairs Case Director at the University of Guelph; and, Betty Slack, Program Nurse Facilitator with the Guelph-Wellington Care and Treatment Centre for Sexual Assault and Domestic Violence at the Guelph General Hospital. CEnR is conducted in a mutually-beneficial partnership with the community to result in knowledge-exchange and scholarship that addresses issues of mutual interest (The Carnegie Foundation for the Advancement of Teaching n.d.; Community-Campus Partnerships for Health 2005; Stanton 2008; CESI 2016; Crosby and Brockmeier 2017). CEnR is practiced on a continuum based on community involvement. According to Barkin, Schlundt, and Smith, there are three broad classes of community involvement: minimal, moderate, and maximal (2013, 1). Minimal CEnR includes community assistance only in the recruitment of the academic team, whereas maximal CEnR involves community members in each component of the research study (Barkin, Schlundt and Smith 2013, 1). This CEnR can be described as moderate, as community members have provided input into the research questions, have been involved in the research design, and have played active roles in many, but not all of the study's stages.

CEnR is founded on community engaged scholarship (CES) principles. One of the principles of CES is that the CUP address community-identified needs (Sandy and Holland 2006; Jordan 2007; National Institute of Health 2011; Sadler et al. 2012; CCPH Board of Directors 2013; Morton 2016). The goals of this CEnR were identified by my community partners. Brenda Whiteside and Robin Begin (University of Guelph) wanted to understand student survivor options from the perspectives of UOG faculty and staff. To do this, they requested an

examination of the University of Guelph's new *Sexual Violence Referral and Support Training* program. By assessing University of Guelph faculty and staff knowledge against the content included in the learning outcomes of the *Sexual Violence Referral and Support Training* (see appendix A), we were able to gain an appreciation of how faculty and staff understand sexual violence and how they understand the support options available to students. Furthermore, by examining staff referral practices, we were able to distinguish whether or not prevailing rape myths continue to shape staff understandings of the options available to students. Findings based on these learning outcomes will inform revisions to the *Sexual Violence Referral and Support Training*. These community partners were also interested in hearing from off-campus organizations about their practices and preferences in referring survivors to the University of Guelph's on-campus services.

Betty Slack (Guelph General Hospital) has expressed that a large percentage of sexual assault survivors who use the Guelph-Wellington Care and Treatment Centre for Sexual Assault and Domestic Violence at the Guelph General Hospital are University of Guelph students. As such, she has identified the need to "close the loop" between the university and the hospital – along with other community-based organizations – in relation to sexual violence referrals. She is interested in creating more points of contact and more sustainable relationships between the various organizations. From her professional perspective, these partnerships may increase the confidence staff members at each off-campus unit have with on-campus services. This will ultimately help survivors, as staff will be able to offer warm referrals to various service providers.

This research was also inspired by Dr. Dawn Moore's 2016 report *The Response to Sexual Violence at Ontario University Campuses*, an examination of Ontario university sexual

violence policies. In her study, Dr. Moore offered recommendations including on-site research and program evaluations on the delivery of staff educational programming and training. In her fourteenth recommendation she states:

[w]e need to work more closely with the array of faculty and service providers who are receiving sexual violence disclosures to better understand how THEY see the options available to students (Moore 2016, 62, emphasis in original).

In line with the current research, Moore (2016) highlighted the importance of prioritizing sexual violence education for this population. She argued that adequate education and training be provided for all university populations (e.g., students, professors, presidents) with emphasis on training programs specifically developed for service providers and administrators’ “striking lack of knowledge and expertise” about sexual violence (Moore 2016, 6). Training and education are essential to providing sensitive and meaningful responses to disclosures of sexual violence (Moore 2016, 45).

### **The University of Guelph’s *Sexual Violence Referral and Support Training***

The *Sexual Violence Referral and Support Training (SVR&ST)* has been developed as part of a coordinated campus effort to address sexual assault at the University of Guelph (UOG). The goal of this training is to “provide appropriate levels of knowledge and skills to respond to sexual assault reporting, support survivors, challenge problematic attitudes and behaviour, and work towards promoting a safer campus community” (Sexual Violence Advisory Committee 2017, para 1). The *SVR&ST* is presented in three tiers, however this research focuses solely on tier one. Tier one of the *SVR&ST* is an online training module available to all UOG faculty and staff. In an effort to ensure consistent, informed and supportive responses to survivors of sexual violence, the training module provides faculty and staff with an overview of the University’s

sexual violence policies and programs, and includes a list of on- and off-campus services and resources (University of Guelph 2017b, sec.1). Although the training module is available to all faculty and staff employed by the university, completion of tier one is completely optional.

### **Research Objectives**

This study contributes to the discussion on faculty and staff understanding of sexual violence and on the referral practices at UOG, while also suggesting areas of improvement in the relationship between the University and its community partners. The goal of this research is to increase survivors' access to sexual violence support resources both on the UOG campus, as well as in the Guelph-Wellington community. To do this, my community partners and I<sup>1</sup> focus this research on three areas. First, we consider University staff and faculty knowledge in responding to disclosures of sexual violence and in referring survivors to appropriate resources. In doing so, we will also examine the success of tier one of the University's new *SVR&ST*. Second, we aim to understand how university staff and faculty make decisions about referring survivors. And finally, we will explore the relationships between the UOG and other community organizations regarding sexual violence referrals.

### **Research Questions**

1. To what extent does the University of Guelph's new *Sexual Violence Referral and Support Training* program prepare faculty and staff with the knowledge and confidence

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<sup>1</sup> This thesis uses "I" to refer to the researcher, and "we" to refer to the researcher along with the community partners involved in this study.

to properly respond to a disclosure of sexual violence and refer survivors to the available support options, both on and off campus?

- a. Does the *Sexual Violence Referral and Support Training* program address rape myths?
  - b. How has completing the *Sexual Violence Referral and Support Training* program impacted participant beliefs?
2. How do University of Guelph faculty and staff make decisions about referring survivors?
3. How does the relationship between University of Guelph sexual violence resource staff and off-campus organizations function?
- a. Is there intercampus communication between departments at the University as well as with off-campus resource staff regarding sexual violence?
  - b. In what instances do off-campus service providers refer survivors to on-campus services following a disclosure/formal report of sexual violence?
  - c. In what instances do off-campus service providers receive referrals from the University of Guelph?
  - d. What barriers/biases exist in relation to these professional relationships/collaborations?
  - e. What improvements could be made?

## **Chapter Overview**

Chapter two will provide an overview of the current, feminist, and academic literature on sexual violence. This chapter will provide a detailed discussion on the cultural scaffolding of sexual assault (Gavey 2005) and the current responses to sexual violence, with special attention paid to the Canadian university context. Chapter three outlines the methodological framework

used in this study, including literature on community-engaged research (CEnR). This chapter will also provide details of this study's design and qualitative data analysis. Chapter four will provide a detailed presentation of the research findings according to the research questions. Chapter five draws interpretations of the current research findings against previous research conducted in this field. This thesis will conclude with mention of this study's limitations, as well as suggestions for future research.

## **Chapter Two: Literature Review and Theoretical Framework**

Sexual violence is “any violence, physical or psychological, carried out through sexual means or targeting sexuality” and includes sexual abuse, assault, rape and harassment (Ontario Women’s Directorate 2013,3; METRAC 2014). Sexual violence occurs on a continuum:

any sexual act or act targeting a person’s sexuality, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person’s consent, and includes sexual assault, sexual harassment, stalking, indecent exposure, voyeurism and sexual exploitation (Legislative Assembly of Ontario 2016; University of Guelph 2017a).

A *survivor* is an individual who identifies his or her experience as sexual violence (University of Guelph 2017b). This thesis will use the term ‘survivor’ when possible because, “while the term ‘victim’ tends to label the person in terms of what has been done to her, the term ‘survivor’ highlights the strengths and resilience she uses in coping with abuse experiences” (Haskell 2003, 7). Furthermore, the term survivor is commonly accepted as more positive and empowering, and can be used to describe individuals who have experienced both recent as well as historical abuse (Haskell 2003; Jones and Cook 2008).

### **Sexual Violence as a Normative Cultural Practice**

*Rape is culturally dictated, not culturally deviant (Baker 1997).*

Feminist researchers have long argued that sexual violence is rooted in the patriarchal arrangement of our society (Brownmiller 1975; Heise 1998; Lawson 2012). Aligned with this theoretical perspective, sexual violence can be understood as just one example of how gender-biased social forces impact and influence individuals’ private and public lives (Jones 2012). Feminist analyses of sexual violence point to the broader societal context in which individuals

experience such violence by examining gender inequality (Brownmiller 1975; Katz 2002, 2006; Banyard, Plante and Moynihan 2004; Madoo Lengermann and Niebrugge 2013).

It was the work of second-wave feminists (Brownmiller 1975; Griffin 1979; Russell 1982) that first shed an academic light on the topic of sexual violence. Until that time, all forms of sexual violence, specifically sexual assault, were considered to be extremely rare and graphically violent (Jones and Cook 2008). A commonly held belief, the “real rape” (Estrich 1987; Ryan 1988; Lonsway and Fitzgerald 1994; Fisher et al. 2003; Krahe, Bieneck and Scheinberger-Olwig 2007; Ryan 2011), involved a psychologically ill, sexually crazed perpetrator – who was absolutely unlike any ‘normal’ man – who would attack women outdoors, at night, and in a sudden, physically violent rage. The work of feminist researchers began to dismantle this common belief and contributed two incredibly valuable insights. The first is that sexual violence is *not* an expression of sexual desire, but rather an expression of male power and dominance (Brownmiller 1975; Groth, Burgess and Holmstrom 1977; Baker 1997; Griffin 1979; Gavey 2005; Jensen 2014). According to these feminists, sexual violence is used as a way to maintain a patriarchal social system (Falcon 2006, 129) as all men enjoy the privilege that sexual violence secures (Brownmiller 1975; Griffin 1979; Canadian Association of Sexual Assault Centres 2017). The second significant contribution of these second-wave feminists is the recognition that sexual violence is common, and perpetrated by otherwise ‘normal’ men (Belknap and Erez 1995; Connell 1995; 2005; Breitenbecher 2000; Hong 2000; Bourdieu 2001b; Katz 2002; 2006; Carr 2005; Robinson 2006; Jones and Cook 2008; Garlick 2010; Adler 2011; Katz, Heisterkamp, and Fleming 2011). This acknowledgement positions the issue of sexual violence as a reflection of normative cultural patterns and of hegemonic definitions of the masculine identity.

Feminist writers contend that males are socialized into a “hegemonic masculinity” (Messerschmidt 1993, 82; Connell 1995; Ricciardelli, Clow and White 2010). Hegemony is the “cultural dynamic by which a group claims and sustains a leading position in social life” (Connell 1995, 77). Hegemony is shaped and established by a correspondence between cultural ideal (such as celebrities and popular movie characters) and institutional power (such as government and corporate claims to authority) (Connell 1995, 77). In this sense, hegemonic masculinity encompasses culturally normative and influential ideals and displays of masculinity (Connell 1995; Davis 2002; Pringle 2005; Ricciardelli, Clow and White 2010). Therefore, hegemonic masculinity represents a benchmark against which most men measure their identities, placing emphasis on dominance, authority, power and control (Connell 2005; Ricciardelli, Clow and White 2010). Hegemonic masculinity idealizes what it means to be a man at any point in history. Based on these cultural and symbolic expressions of masculinity, hegemony is a strategy used to maintain a stable gender order (Johansson and Ottemo 2015). Hegemonic masculinity, then, configures gender socialization to guarantee the dominant position of men and the subordination of women (Connell 1995, 77; Garlick 2010).

Within patriarchal societies, the socialization of men and boys into hegemonic masculinity is considered to perpetuate physical violence and sexual violence (Connell 1995; 2005; Bourdieu 2001b; Katz 2002; 2006; Garlick 2010; Adler 2011). If a boy’s conception of manliness, or his “masculine ideology” serves to reference his behavior (Jakupcak, Lisak, and Roemer 2002, 98), and if the gendered construction of manhood and masculinity is connected to dominance, violence, power and control, feminist researchers suggest that boys and young men are consistently being taught that to become a ‘real’ man, he must be in control (Jakupcak, Lisak, and Roemer 2002; Katz 2002). After all, control, according to Garlick (2010), is central to the

contemporary formulation of hegemonic masculinity. This limited notion of masculinity predisposes men to violence, especially sexual violence (Hong 2000; Katz 2002; 2006; Robinson 2006), as access to women's bodies is a deeply ingrained aspect of male privilege (Belknap and Erez 1995; Breitenbecher 2000; Carr 2005; Katz, Heisterkamp, and Fleming 2011) and patriarchal societies tend to reinforce sexually coercive and violent behaviours in men (Haskell 2003). In fact, studies have shown that men who adhere strongly to hegemonic masculine norms – which include restrictive emotionality, toughness and aggressive behaviour – may feel compelled to be sexually aggressive and/or coercive toward a female intimate partner in order to maintain dominance within their relationship, and are more likely to support physical and sexual violence against women (Burt 1980; Schwartz and DeKeseredy 2000; Flood and Pease 2009; Jozkowski and Peterson 2013; Smith et al. 2015; Warren, Swan and Allen 2015). As an expression of hegemonic masculinity, the sexual act itself is understood by men as a form of domination, appropriation, and possession (Bourdieu 2001b, 20).

Sexual violence can also be understood as a performance of masculinity *by* and *for* other men (Baker 1997; Bourdieu 2001b; Fabiano et al. 2003; Robinson 2006; Fogel 2013; 2017).

Robinson explains that,

the use of sexual harassment and sexual violence is considered a legitimate and expected means through which to express and reconfirm the public and private positions of hegemonic masculinity within a heterosexualized gender order. Sexual harassment and sexual violence become part of the *performance of hegemonic masculinity* that can cement gendered cultural bonds between those boys and men who take up this form of masculinity as their own, creating a sense of identity (2006, 20, emphasis added).

These authors contend that what other men think and do is the strongest influence on how men act (Bourdieu 2001b; Fabiano et al. 2003), explaining masculinity as “an eminently *relational* notion” (Bourdieu 2001b, 53) which must be validated by other men as

actual or potential violence, and certified by recognition of membership of the group

of ‘real men’. [...] Practices such as some gang rapes [...] are designed to challenge those under test to prove before others their virility in its violent reality [...] and they dramatically demonstrate the heteronomy of all affirmations of virility, their dependence on the judgement of the male group (Bourdieu 2001b, 52).

When young men are socialized to accept that power, control and violence are fundamental characteristics of a ‘real’ man – and moreover, qualities they are told are attractive to females (Baker 1997; Katz 2006) – many young men *and* women come to understand that power, control and violence are often a given aspect of healthy sexual relations. Therefore, acts of sexual aggression become considered ‘normal’ sexual behaviour (Baker 1997) and pressured, coerced, forced, or unwanted sexual activity emerge as normalized (hetero)sexual experience; understood as an inherent function of gender relations (Kelly 1988; Gavey 2005; Senn 2011; Burkett and Hamilton 2012; Fenner 2017). According to Herman (1994), when heterosexual intercourse is based on a rape model of sexuality, sexual assault is easily confused as healthy, normal sex. Katz, contends that the very “normality” of sexual violence makes the pervasiveness of the problem harder to see. If “heterosexual men are routinely turned on by representations of women in which sexiness is indistinguishable from mistreatment, the equation becomes unremarkable – if not part of sexuality itself” (2006, 153). The normalization of violent sexuality and sexualized violence (Buchwald, Fletcher and Roth 1993) not only minimizes the severity of sexual violence and maintains this patriarchal status quo (Gavey 2005; Senn 2011), but often also causes survivors to minimize their own experiences of sexual assault as frivolous, harmless, or unimportant (Weiss 2011). Bourdieu would describe normalization of sexual violence as an example of symbolic violence. Described as a “gentle violence, imperceptible and invisible even to its victims” (2001b, 1-2), symbolic violence can make even the “most intolerable conditions of existence [...] perceived as acceptable and even *natural*” (2001b, 1-2 emphasis in original). This unconscious domination is not only invisible, but individuals actually contribute to their own

domination through conformity to the existing patriarchal social structures (Bourdieu 2001a, 164; 2001b). Thus, male privilege becomes more prevalent over time because our behaviours reinforce patriarchal systems and ideologies (Bourdieu 2001a; 2001b; Connell 2005; Gavey 2005; Senn 2011).

Gavey explains that our “everyday taken-for-granted normative forms of heterosexuality work as a cultural scaffolding for rape” (2005, 2). In other words, the normalization of aggressive, coerced, and unwanted sexual activity such that it becomes culturally acceptable, contributes to the shocking prevalence and cultural dismissal of sexual violence (Baker 1997; Gavey 2005; Katz 2006). This is evident in the fact that sexual assault is now considered by many to be something that ‘just happens’ on college campuses (Sutton and Simons 2015; FORCE: Upsetting Rape Culture 2017,), suggesting that the general population accepts sexual violence as an unwanted, “yet implicitly tolerated aspect of the status quo” (Joseph, Gray and Mayer 2013, 493). Loofbourow explains that as a society begins to realize that there are more than just a few “bad apples”, people instinctually normalize this behaviour and accept that “this is just how men are, and how sex is” (2018, para. 6).

This social climate that continues to support and/or dismiss sexually violent attitudes and behaviours is considered a rape culture. The term ‘rape culture’ (Brownmiller 1975) was coined to capture the social processes by which sexual violence is treated as normal, natural, common, insignificant and inevitable (Jensen 2004; Gavey 2005; Burgess 2007; Brown and Walklate 2012; Gerrits and Runyon 2015; FORCE: Upsetting Rape Culture 2017; Quinlan 2017; Walton 2017). This socio-cultural context encourages and eroticizes male sexual aggression as normal and desired behaviour in healthy heterosexual relationships (Buchwald, Fletcher and Roth 1993; Herman 1994; Keller, Mendes, and Ringrose 2018), and exists where men not only feel they

have a right to access women's bodies, but feel confident they can access them without fear of consequence (Mendes 2015). In fact, the vast majority of sexual violence – between 94 percent (Statistics Canada 2014) and 99 percent (Katz 2002) – is perpetrated by men (Baker 1997; Robinson 2006; Klaw et al. 2008; Jensen 2014; Canadian Federation of Students Ontario 2015), while 90 percent of survivors (those who report their assaults) are women (Katz 2002, 2006; Canadian Federation of Students Ontario 2015; Government of Ontario 2015).

A significant amount of feminist research (Brownmiller 1975; Belknap and Erez 1995; Connell 1995; 2005; Baker 1997; Katz 2002, 2006; Breitenbecher 2000; Bourdieu 2001b; Banyard, Plante and Moynihan 2004; Carr 2005; Robinson 2006; Jones and Cook 2008; Garlick 2010; Katz, Heisterkamp, and Fleming 2011; Madoo Lengermann and Niebrugge 2013; Loofbourow 2018) advocates that the men who commit sexually violent acts must be understood as a product of their culture. As such, most men who commit sexual violence do so “in conformity with, rather than in deviance from, social norms” (Baker 1997, 582). Sexual violence then, must be understood not as deviant to the dominant western culture, but simply as an extreme end on a continuum of behaviors that are normalized in the current social environment (Katz 2006, 149). As I will discuss below, responding to sexual violence becomes problematic in such a social context.

### **Responding to Sexual Violence**

Veritably, a culture that accepts sexual violence as normal, natural, insignificant or inevitable thrives on the belief in rape myths. Rape myths, as first defined by Burt in 1980, are prejudicial, stereotyped, or false attitudes and beliefs about sexual violence, survivors, and perpetrators, which serve to deny and justify male sexual aggression, blame the survivors, and give people a false perception of the reality of sexual violence (Burt 1980, 217; Lonsway and

Fitzgerald 1994, 134; Schwartz and Leggett 1999; Stanko and Williams 2009; Brown and Walklate 2012; Grubb and Turner 2012; Jones 2012). Some examples of rape myths include: women ask for it; any healthy woman can successfully resist a rape if she really wants to; when women dress provocatively, they are just asking for trouble; many women have an unconscious wish to be raped; only 'sexually loose' women get raped; she asked for it; it wasn't really rape; rape is a trivial event; women suggest consent for rape with earlier sexual activity; women must be verbal in their refusal of/resistance to rape; she deserved it; a husband cannot rape his wife; women enjoy rape; women lie about being raped; and men cannot stop themselves once they have become sexually aroused (Burt 1980; Lonsway and Fitzgerald 1994; Payne, Lonsway and Fitzgerald 1999; Clark and Carroll 2008; Miller 2008, Sampert 2010; Edwards et al. 2011; Sutton and Simons 2015).

One of the reasons people believe in rape myths is to justify events which threaten one's sense of control over their world. This is known as the "just world" hypothesis, developed by Lerner in 1980. This theory suggests that people have a predisposition to believe that the world is a just place, and ultimately that good things happen to good people, so bad things happen to people who must deserve them somehow. According to Brohner et al. (2009), rape myths are an example of the just world hypothesis and work to provide comfort to both men and women (Kleinke and Meyer 1990). For instance, women who accept rape myths can dissociate from the realization that they themselves may experience sexual violence, while rape myth acceptance in men serves as a "means to rationalize and justify their own tendencies to engage in sexual aggression" (Brohner et al. 2009, 34).

Rape scripts on the other hand, are beliefs about the nature of rape (the location of the assault, the sex of the perpetrator, and the use of weapons), the gender roles in rape (males are

always aggressive and females are always fighting back), the boundaries of vulnerability to rape ('good girls' do not get raped), and disposition of the victims (she is not a good person, therefore she must have deserved it) (Crome and McCabe 2001; Brown and Horvath 2009). Studies have shown that, when asked to describe a 'typical rape', most people describe the "real rape" scenario, as discussed above, which indicates that belief in such a stereotyped narrative remains quite common (Estrich 1987; Ryan 1988; Lonsway and Fitzgerald 1994; Baker 1997; Fisher et al. 2003; Krahe, Bieneck and Scheinberger-Olwig 2007; Ryan 2011). Of course, the facts about sexual violence tell a different story: between 80 and 87 percent of sexual assaults are perpetrated by someone the survivor knows (Tjaden and Thoennes 2006; Weiss 2011; Canadian Federation of Students Ontario 2013; Statistics Canada 2014); as few as one in twenty sexual assaults are ever reported to police (Statistics Canada 2014); and, as many as seven out of ten survivors whose sexual assault matches the criminal definition, do not report to the police because they do not consider it serious enough (Fisher et al. 2003). When we consider the extent to which sexual violence is normalized and the fact that rape myths and the 'real rape' scenario are the standard measurements against which most instances of sexual violence are evaluated, we can understand why sexual violence is rarely reported, and why it is common for many people – including survivors themselves – to fail to recognize sexual violence as 'real' or serious.

The normalization of sexual violence coupled with the belief in common rape myths and scripts produces a biased and limited response by the criminal justice system and other service providers who are meant to protect and advocate for survivors (Baker 1997; Moore 2016; Doolittle, 2017). A twenty-month investigation conducted by the *Globe and Mail* on how Canadian law enforcement handles sexual assault allegations found that across the country, an accusation of sexual assault is more likely to be believed by an officer if the event fits into the

traditional understanding of a “real rape” (Doolittle 2017). Doolittle found that officers are more likely to investigate a sexual assault if the file notes details such as: the survivor had said “no”; the survivor appeared upset; force was used; the survivor physically resisted; the suspect was a stranger, and; the survivor did not present with mental-health issues, which include drug and alcohol use (Doolittle 2017). Furthermore, this study also found that the Toronto Police Department’s sexual assault unit focuses *only* on cases in which the perpetrator is a stranger to the victim, limiting their investigations to as little as ten percent of all reported sexual assaults (Doolittle, 2017). Such mistreatment not only stifles survivors’ rights and perpetuates false perceptions of sexual violence, but also justifies male sexual aggression by implying that most sexual assault is unimportant and inconsequential (Baker 1997; Mendes 2015; Moore 2016; Doolittle, 2017).

The criminal justice system’s adherence to rape myths and scripts contributes to a climate of victim blaming, in which survivors often face a second victimization. Victim blaming holds a survivor partially or wholly responsible for the crime committed against them (Gerrits and Runyon 2015, 24) whereas “secondary victimization” (Symonds 1980), or the “second rape” (Madigan and Gamble 1991) refers to the negative responses that many survivors experience to their disclosure of sexual violence (Ullman 2000; Randall 2010; Orchowski and Gidycz 2012). Victim blaming contributes to the mistreatment and revictimization of survivors who are doubted and denied help (Campbell 1998; Campbell et al. 2001; Doolittle 2017).

Survivors often experience victim blaming and face secondary victimization when criminal justice staff do not understand the impact trauma has on a survivor’s emotions, memory and behaviour (Haskell 2003; Sheehy and Gilbert 2017). The term ‘trauma’ refers to “the effects of severe neglect, emotional, physical and/or sexual abuse, as well as physical and sexual

assault” (Haskell 2003, 113). A traumatic experience is an “event that continues to exert negative effects on thinking (cognition), feeling (affect) and behaviour, long after the event is in the past” (Haskell 2003, 113). For example, trauma interferes with cognitive functioning, producing delayed recall and memory loss and/or fragmentation in sexual assault survivors (Herman 1992; Haskell 2003; Sheehy and Gilbert 2017, 302). This is because the brain, while experiencing instances of intense fear or trauma, is being flooded with stress hormones. These hormones alter brain functioning and can cause certain aspects of an experience to be burned into a person’s memory, while others are stored improperly, if at all (Haskell 2003). By asking a survivor of sexual assault to recount his or her experience in a logical and detailed manner, many well-intentioned investigators tend to disbelieve real accusations because the survivor is unable to recount the event in such a way (Haskell 2003). Furthermore, the effect that trauma can have on a survivor’s behaviour and emotional state may elicit reactions that do not coincide with what we traditionally expect of an assault survivor; someone who is distraught from and knowledgeable about their experience (Haskell 2003). The impacts of trauma then, may result in a contradictory survivor testimony, a disbelieving service provider, and perhaps even more dismissed sexual assault cases. Thus, research suggests that service providers use a trauma-informed approach when responding to survivors of sexual violence (Haskell 2003; Gerrits and Runyon 2015; SAMHSA 2015). A trauma-informed approach (Gerrits and Runyon 2015; SAMHSA 2015) is one that:

- a) Realizes the widespread impact of trauma and understands potential paths to recovery;
- b) Recognizes the signs and symptoms of trauma;
- c) Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and,

d) Seeks to actively resist re-traumatization.

The current societal tendency to accept rape myths, coupled with minimal adoption of trauma-informed approaches in organizations, explains why victim blaming in cases of sexual violence continues to thrive (Estrich 1987; Taslitz 1999; Fisher et al. 2003; Weiss 2011; Brown and Walklate 2012; Doolittle 2017). Talbot, Neil and Rankin (2010) found that 22 percent of undergraduate students surveyed at a North American university thought a woman was partially or totally responsible for her rape if she was alone; 33 percent if she was intoxicated, and thirty-seven percent if she did not say “no” clearly enough (Trusolino 2017, 80). Additionally, Schwartz and Leggett (1999, 263) found that just over seventy-nine percent of sexual assault survivors blame themselves if they were drunk during the assault. Victim blaming leaves survivors feeling shame, guilt and embarrassment for their experiences (Sable et al., 2006; Orchowski, Untied, and Gidycz, 2013), which discourages them from labelling their experiences as sexual assault (Orchowski, Untied, and Gidycz, 2013) and reduces their likelihood of reporting (Fisher et al. 2003; Sable et al. 2006).

When survivors are blamed for their experiences of sexual violence, it reinforces the idea that they (and, more generally, all women) are responsible for preventing their own assaults (Connell 1995; Haskell 2003; McEwan 2009; Senn et al. 2013; Moore 2016). This can be referred to as “responsibilization” (Garland 1996; Comack and Peter 2005). Responsibilization is a process employed in a neo-liberal state to lessen an institution’s liability by placing responsibility on the individual (Comack and Peter 2005; Mutch and Tatebe 2017). In the context of sexual violence, responsibilization is used primarily by the criminal justice system to shift blame onto a survivor by implying that she or he should have taken precautions to minimize their risk of victimization (Garland 1996; Comack and Peter 2005). McEwan argues that our

current social environment does just this by tasking survivors with the burden of rape prevention (2009, para. 13). Here, McEwan eloquently summarizes the lengths a woman must go to, to keep herself safe from assault – and free of blame:

be careful about what you wear, how you wear it, how you carry yourself, where you walk, when you walk there, with whom you walk, whom you trust, what you do, where you do it, with whom you do it, what you drink, how much you drink, whether you make eye contact, if you're alone, if you're with a stranger, if you're in a group, if you're in a group of strangers, if it's dark, if the area is unfamiliar, if you're carrying something, how you carry it, what kind of shoes you're wearing in case you have to run, what kind of purse you carry, what jewelry you wear, what time it is, what street it is, what environment it is, how many people you sleep with, what kind of people you sleep with, who your friends are, to whom you give your number, who's around when the delivery guy comes, to get an apartment where you can see who's at the door before they can see you, to check before you open the door to the delivery guy, to own a dog or a dog-sound-making machine, to get a roommate, to take self-defence, to always be alert always pay attention always watch your back always be aware of your surroundings and never let your guard down for a moment lest you be sexually assaulted and if you are and didn't follow all the rules *it's your fault*. (2009, para. 10 emphasis in original).

Recent Canadian legislation is also argued to place undue responsibility on survivors to end sexual violence (Moore 2016; Doolittle 2017; Lalonde 2017; Quinlan 2017; Sheehy and Gilbert 2017). In March of 2015, the Ontario provincial government released its anti-sexual violence campaign, entitled *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment* (Government of Ontario 2015), which emphasized the need to work toward a culture in which survivors feel safe and supported enough to make a formal report. The *It's Never Okay* campaign was followed by Bill 132, *Sexual Violence and Harassment Action Plan Act* (Legislative Assembly of Ontario 2016) which, among other protocols, requires all provincial colleges and universities to report the “number of incidents and complaints of sexual violence reported by students, and information about such incidents and complaints” (Legislative Assembly of Ontario 2016, schedule 3; Quinlan 2017). These government initiatives, while aimed at challenging a rape-supportive culture, focus on increasing survivor reporting rates

among their main strategies to end sexual violence (Government of Ontario 2015; Legislative Assembly of Ontario 2016). These campaigns not only continue to place responsibility on survivors to solve their own ‘women’s issue’ (Berkowitz 1992; Hong 2000; Katz 2002; 2006; Fabiano et al. 2003), but are also argued to be completely reactionary and therefore ineffective. Julie Lalonde – internationally recognized social justice and women’s rights activist – contends that a focus on reporting is “fundamentally at odds with prevention. Hoping that a survivor comes forward after they have been sexually assaulted does not prevent that assault from happening” (Lalonde 2017, 267). Although an increase in reporting *can* somewhat decrease the prevalence of sexual violence by convicting serial perpetrators, it does not come close to eliminating the issue (Lalonde 2017) or combating the underlying causes of sexual violence (Swift and Ryan-Finn 1995; Baker 1997; Hong 2000; Profitt and Ross 2017). Political action must promote a fundamental shift in the complex social foundations of sexual violence, instead of relying on individual responsibility to promote change (Katz 2002; 2006; Rich et al. 2010; Hlavka 2014; Lalonde 2017).

Post-secondary anti-rape campaigns can also be argued to place an undue burden on women to address the issue of campus sexual assault. An analysis of 494 ‘rape resistance’ tips from fifteen North American universities found that over eighty percent (80.36%) of these tips were targeted at women, while less than fourteen percent (13.97%) were targeted at men (Bedera and Nordmeyer 2015, 536). These authors found that universities overwhelmingly target female students and almost exclusively refer to women’s role in sexual violence prevention (Bedera and Nordmeyer 2015). Including university tips such as “don’t use drugs or alcohol” and “take a self-defence class” (Bedera and Nordmeyer 2015, 537), this study highlights Haiven’s point that that “every time a woman has to be cautious to be safe, it underscores men’s privilege” (2017, 96).

These programs shift the burden of campus sexual assault prevention primarily onto individual female students while ignoring the “broader sociocultural determinants of behaviour that supersede individual attitudes, beliefs, and intentions” (Hong 2000, 269). According to Proffitt and Ross, “telescoping social, cultural, and political arrangements into individual responsibilities and choices diverts attention from social relations of power, privilege, and oppression” (2017, 199). Prevention approaches must go beyond altering individual behaviour and instead challenge the social systems that create and maintain sexual violence (Berkowitz 1992; Swift and Ryan-Finn 1995, 20; Hong 2000; Katz 2002; Fabiano et al. 2003; Anderson and Whiston 2005; Gavey 2005; Carmody 2009; Senn 2011; Senn et al. 2013; Hlavka 2014).

In an effort to move away from victim-blaming responses to sexual violence and away from holding survivors alone responsible for ending sexual violence, universities across North America are developing various campus-based sexual violence training and education programs for their faculty and students. The next section will discuss the strengths and shortcomings of these programs.

### **Sexual Violence Training in Canadian Universities**

Canadian universities are not immune to the culture that normalizes, misrecognizes, and dismisses sexual violence and places undue blame on survivors. Myths, stereotypes and misinformation of campus staff and faculty can contribute to a social climate that tolerates victim-blaming attitudes and prevents or reduces survivor support (Pitts and Schawrtz 1993; Lonsway and Fitzgerald 1994; Armstrong, Hamilton and Sweeny 2006; Sable et al. 2006; Tjaden and Thoennes 2006; Moor 2007; McMahon 2010; Sampert 2010; Suarez and Gadalla 2010; Edwards et al. 2011; Ryan 2011; METRAC 2014; Carretta, Burgess and DeMarco 2015; Government of Ontario 2015; Moore 2016; Stermac, Horowitz, and Bance 2017). According to

Moore, the prevalence of rape myths on Canadian university campuses contributes to the routine minimization of sexual violence incidents, and influences “how sexual violence survivors, university administrators, service providers and security personnel make sense of sexual violence” (2016, 4). The minimization of sexual violence leads both staff and students to believe that such experiences are unfortunate, but “normal” aspects college life (Sutton and Simons 2015).

The “initial responses of service providers who are turned to as trusted sources of emotional support as well as authority figures are crucial to validate a survivor’s experience of sexual violence” (Moore 2016, 25). In fact, Stermac, Horowitz, and Bance contend that the social reaction following disclosure is just as important as the disclosure itself (2017, 29). This is because survivors often experience drastically contrasting outcomes, based on the reactions of others. For example, while supportive reactions to disclosures of sexual violence are essential to survivor well-being (Campbell 2008; Ahrens, Stansell and Jennings 2010; Orchowski, United and Gidycz 2013; Morton et al. 2014b; Carrigan, Wooten and Mitchell 2016; Moore 2016; Halstead, Williams and Gonzalez-Guarda 2017; Stermac, Horowitz, and Bance 2017), negative reactions to disclosures are associated with higher rates of depression and symptoms of post-traumatic stress in survivors, as well as experiences of self-blame (Ahrens, Stansell, and Jennings 2010; Orchowski, United, and Gidycz 2013; Carrigan, Wooten and Mitchell 2016). Moreover, negative reaction to a survivor’s disclosure is predictive of future disclosures, and whether or not that survivor will make use of available resources (Hayes-Smith and Levett 2010; Halstead, Williams and Gonzalez-Guarda 2017; Stermac, Horowitz, and Bance 2017). Survivors who do not access supports or accommodation may experience greater impacts on their mental health and educational performance (Carrigan, Wooten and Mitchell 2016; Stermac, Horowitz, and

Bance 2017). Yet survivors who *do* receive positive responses to disclosures are more likely to accept support, which is found to increase both physical and mental well-being (Ullman 1999; Pennebaker 2000; Ullman and Filipas 2001; Wasco et al. 2004; Broman-Fulks et al. 2007; Ahrens, Stansell and Jennings 2010; Government of Ontario 2015; Moore 2016; Franklin, Menaker and Jin 2017; Halstead, Williams and Gonzalez-Guarda 2017; Holland and Cortina 2017).

According to best practice, all those responding to a disclosure of sexual violence should: listen without pressuring the survivor to respond or disclose information; offer comfort and help to alleviate or reduce anxiety; provide survivors with validating responses; offer information and help the survivor to connect to supports and services; and, promote survivor control and autonomy (World Health Organization 2013, 25; Moore 2016; Quinlan, Clarke and Miller 2016; Munro-Kramer, Dulin, and Gaither 2017). Above all, research suggests that ensuring survivor control and agency is paramount when supporting survivors of sexual violence. To do so, service providers should adopt a survivor-centred approach (Gerrits and Runyon 2015; Cantalupo 2010), which prioritizes the rights, needs, and wishes of survivors. The survivor-centred approach is

based on a human rights approach that treats survivors with the right to be treated with dignity and respect, to choose the course of action in dealing with the violence, to privacy and confidentiality, to non-discrimination, and to receive comprehensive information to help them make their own decisions (Gerrits and Runyon 2015, 24).

Being survivor centred not only respects a survivor's understanding of their experience and wishes about how to proceed in their healing process, but is also associated with higher rates of resource utilization and positive physical and mental health outcomes (Ullman 1999; Pennebaker 2000; Ullman and Filipas 2001; Wasco et al. 2004; Broman-Fulks et al. 2007; Ahrens, Stansell and Jennings 2010; Government of Ontario 2015; Moore 2016; Franklin, Menaker and Jin 2017; Halstead, Williams and Gonzalez-Guarda 2017; Holland and Cortina 2017).

Providing university faculty and staff with sexual violence training may produce a more informed and appropriate response to disclosure (Banyard, Plante, and Moynihan 2004; Klaw et al. 2005; Fox and Cook 2011; Du Mont et al. 2012; METRAC 2014; Senn et al. 2014; Moore 2016; Lalonde 2017). This training should help them to understand the complexities and social determinants of sexual violence, as well as the impact sexual violence has on survivors (Gavey 2005; Senn 2011; METRAC 2014; Senn et al. 2014; Gerrits and Runyon 2015; Moore 2016; Lalonde 2017). Since survivors of sexual assault often disclose their experiences to friends, peers, and trusted staff members, sexual violence education and training efforts are critically important for, and therefore should be extended to, everyone in a university community –faculty, staff, students, residence assistants, teaching assistants, athletics staff, sports teams, and student leaders (Fabiano et al. 2003; Fisher et al. 2003; Banyard, Plante and Moynihan 2004; Klaw et al. 2005; Payne 2008; Fox and Cook 2011; Senn 2011; Du Mont et al. 2012; METRAC 2014; Senn et al. 2014; Gerrits and Runyon 2015; Krebs et al. 2016; Moore 2016; Quinlan, Clarke and Miller 2016; Lalonde 2017; Profitt and Ross 2017).

Current North American campus-based sexual violence training programs are targeted primarily toward the student population, and few universities provide in-depth sexual violence training to their staff and faculty (Senn 2011; Moore 2016). A recent US study found that twenty-one percent of post-secondary institutions provide absolutely no sexual assault response training to faculty and staff, and thirty-three percent of schools fail to provide basic sexual violence training to the staff members who adjudicate claims (MCCASKILL 2014, para. 5; para. 8). A recent study on sexual violence at three Ontario universities found that a limited number of staff and few faculty members receive formal training on how to respond to sexual violence

disclosures, and that these universities provide almost no in-depth training to staff who work directly with survivors (Moore 2016, 50-52).

The limited training that is available for faculty and staff tends to be very general. It is primarily directed toward information on university policies and processes, with very basic information on sexual violence. Given the prevalence and impact of assumptions about ‘real’ rape and notions of ‘stereotypical’ types of sexual violence on thinking, and responses to sexual violence by survivors, security and police, services providers and administrators, significant training on sexual violence and contemporary patterns is needed across the university (Moore 2016, 51).

Moreover, this study found that sexual violence training for faculty is especially important as professors are often among the first people survivors turn to after an experience of sexual assault (Moore 2016).

In response to the inadequate and inconsistent staff training at Canadian universities, Moore (2016,55) recommends:

- All university service providers, administrators and faculty should be required to take training on how to respond to a disclosure of sexual violence, including the relevant university policies and procedures that might apply.
- All health and counseling staff should be trained on first response protocols for incidents of sexual violence. Protocols should include advising the survivor of all available options with no pressure with respect to any option, including a physical examination.
- At least three members of each university’s counseling team should be specifically trained in counseling sexual violence survivors, and in trauma counseling.
- The following criteria should inform all training programs:
  - a) provided by on-the-ground experts on healthy sexuality and sexual violence;
  - b) focuses on the complexity of sexual violence experiences and patterns;
  - c) addresses myths about sexual violence survivors and perpetrators; and,
  - d) takes an anti-oppression, intersectional approach that addresses issues related to race, Indigeneity, disability and class, in addition to gender and sexuality

Because of the lack of research on sexual violence training dissemination, content and outcomes for university faculty and staff, I rely on research into on-campus sexual violence training for students. Such research indicates that the most effective programs are offered in-person, are in-depth, and are offered in multiple sessions (Anderson and Whiston 2005; Banyard, Plante and Moynihan 2005; Bradley et al. 2009; Gerrits and Runyon 2015; Majury, Rankin and

Conners 2015). Gerrits and Runyon completed a review of the literature on Canadian university sexual violence education, which provides insights and professional expertise from sexual violence prevention staff at various Canadian universities. In this review, they also recommend in-person training, and advise universities to invest in long-term sexual violence education and prevention programming, stating that “short-term programming produces short-term results” (2015, 10). Studies conducted by Anderson and Whiston (2005) and Bradley, Yeater and O’Donohue (2009) agree, finding that one-time, information-based programming is largely ineffective in reducing rape-related attitudes and is unable to impact participant behaviour. Instead, prevention must be long-term and ongoing (Anderson and Whiston 2005; Bradley, Yeater and O’Donohue 2009; Gerrits and Runyon 2015). According to these authors, longer-term educational interventions are more effective in providing long-term impact than short sessions, which may only include a superficial introduction to the topic of sexual violence (Anderson and Whiston 2005). Finally, training that incorporates skill-building increases knowledge retention, improves participant attitudes, and increases the chances of changing participant behaviours (Edwards 2009). Although this research is not specific to training university faculty and staff, it may provide insight for the development of future training models.

The following section will discuss how partnering with community organizations can benefit campus efforts in responding to sexual violence.

### **Community-University Relationships**

In efforts to end sexual violence and to best support survivors, it is crucial for university campuses to communicate and collaborate with community organizations and make use of local service provider knowledge and experience (Banyard, Plante and Moynihan 2004; Koss, Bachar, and Hopkins 2004; Payne 2008; METRAC 2014; Moore 2016; Quinlan, Clarke and Miller 2016;

Munro-Kramer et al. 2017; Lalonde 2017). Lalonde finds that survivors of campus sexual assault are often grateful for their university's engagement of local community groups because they provide a "neutral" party to disclose to (2017, 260). She finds that survivors are often concerned about confidentiality and appreciate an 'outsider's' presence as an alternative to institutionalized, on-campus resources, which survivors feel may 'side' with the university (Quinlan, Clarke and Miller 2016; Lalonde 2017).

However, universities have often failed to utilize the expertise of their entire community because the knowledge gained from on-the-ground experience is often perceived as inherently less valuable than academic knowledge (Boyer 1996; Maurrasse 2001; Weerts and Sandmann 2008; Gupton et al. 2014; Lalonde 2017). Yet, in many instances, community agency workers have significantly more experience researching sexual violence and advocating for survivors than their campus counterparts (Lalonde 2017). As such, universities should be accepting of varying types of knowledge, and meaningfully and sustainably engage with community organizations who have been fighting to end sexual violence for decades and who have a wealth of expertise (Lalonde 2017, 271). What is more, community-university partnerships can serve as a prime site of knowledge exchange (Lasker, Weiss and Miller 2001; Schwartz 2010; Roman Isler and Corbie-Smith 2012; Aldrich and Marterella 2014). Community groups can access academic research, while the university is offered the knowledge and expertise gained through decades of community-based service and advocacy (Lalonde 2017). And, because survivors often turn to community-based sexual violence resources over those provided by their educational institutions, university administrations are often naïve to the reality of the issue (Lalonde 2017). Community-university partnerships (CUP) provide an opportunity for universities to learn about the scope and prevalence of sexual violence on their own campuses.

Because partnerships with local organizations are so beneficial, Lalonde urges university administrators to make all necessary efforts to build respectful and sustainable partnerships with local community organizations (2017). On-campus units and off-campus organizations should be encouraged to work with each other, rather than in competition with one another (Banyard, Plante and Moynihan 2004; Payne 2008; Morton et al. 2014b; Quinlan, Clarke and Miller 2016). Only by working together can we produce “solutions that go beyond [our] own limited vision of what is possible” (Gray 1989, 5) in order to make advances against sexual violence (Morton et al. 2014b; Quinlan, Clarke and Miller 2016; Lalonde 2017, 262; Munro-Kramer et al. 2017).

## **Chapter Three: Methodology**

This chapter will provide an overview of Community Engaged Research (CEnR) as well as a brief explanation of how community engagement is evident in each stage of the current research. Next, the qualitative methods used in this research will be discussed, along with notes on the qualitative data analysis. This chapter will conclude with a brief reflection on my experiences as a researcher working on this important project with my community partners.

### **Community Engaged Research**

This community engaged research (CEnR) was conducted in partnership with the University of Guelph's Office of Student Affairs, and with the Guelph Wellington Care and Treatment Centre for Sexual Assault and Domestic Violence. The Carnegie Foundation for the Advancement of Teaching (n.d.) defines community engagement as “the collaborations between institutions of higher education and their larger communities (local, regional/state, national global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity”. Community-engaged scholarship (CES) involves a “faculty member in a mutually beneficial partnership with the community and results in scholarship deriving from teaching, discovery, integration, application or engagement” (Jordan 2007, 4). Community-engaged research (CEnR) on the other hand, is a collaborative process between a researcher and community partner that creates and disseminates knowledge with the goal of contributing to the discipline and strengthening the wellbeing of the community (Community-Campus Partnerships for Health 2005; Stanton 2008; Virginia Commonwealth University 2017). Unlike traditional academic research, this collaborative approach involves community members

in the “design, implementation and analysis of the study, wherein the researcher shares control of the study with the community group involved” (van den Hoonaard 2012, 194).

The communities involved and impacted by CEnR can be distinguished either by their interests or their locations. As such, a community might be defined by a common focus, perspective, function, identity, characteristic, or social relationship (Sadler et al. 2012; Barkin, Schlundt and Smith 2013; McKenna and Main 2013; CESI 2016), or, defined as a community within a geographical or political area (Sadler et al. 2012; McKenna and Main 2013; CESI 2016). As such, communities can vary considerably and have diverse and distinct forms. Moreover, individuals often belong to multiple, overlapping communities (Sadler et al. 2012). For example, the communities involved in the current research include not only those to which the research partners belong (UOG and the Guelph Wellington Care and Treatment Centre for Sexual Assault and Domestic Violence), but also the student, staff, faculty, service provider, survivor, Guelph, and Wellington communities, to name a few. Producing the current research in collaboration with these communities is essential to ensuring this study’s results are applicable and beneficial.

The inclusion of diverse perspectives in multidisciplinary teams is essential to addressing complex problems (Lasker, Weiss and Miller 2001; Roman Isler and Corbie-Smith 2012, 904; Sadler et al. 2012). While traditional research poses academics as experts in their field, the collaborative approach of CEnR recognizes and validates the knowledge, experience and expertise of community members and organizations (Schwartz 2010; Aldrich and Marterella 2014; Lalonde 2017). In this way, CEnR offers an approach that counters the historical divide between researchers and the community (Roman Isler and Corbie-Smith 2012) by incorporating and honouring community knowledge (Baker Collins 2005). Furthermore, CEnR is argued to

produce more valid and applicable results because “expert research and local knowledges are combined” (Brydon-Miller, Greenwood and Maguire 2003, 25).

The primary goal of CEnR partnerships is to address issues of mutual interest, and to work together toward positive social change that will benefit all communities involved (Jordan 2007; Roman Isler and Corbie-Smith 2012; Morton et al. 2014a; University of South Florida 2018). Although community engagement can take many forms, authentic partnerships best exist when they include the following guiding principles:

1. *Relationships* - marked by mutual trust, respect, commitment, and shared power.
2. *Communication* - that is open, on-going, and aimed at understanding each other’s needs and purposes for engagement.
3. *Shared input* - which recognizes the strengths and many forms of knowledge and resources of those involved.
4. *Mutual benefit* - both the researcher and community partners contribute to, as well as benefit from the research.
5. *Meaningful outcomes* - the research partnership produces knowledge that is meaningful and relevant to each partner, and aimed at promoting positive social change.

(Minkler 2004; Sandy and Holland 2006; Jordan 2007; National Institute of Health 2011; Sadler et al. 2012; CCPH Board of Directors 2013; Morton 2013; 2016).

These principles highlight the importance of fairness, justice, responsibility, empowerment, communication, participation, and self-determination (Wallerstein and Duran 2006; Chávez et al. 2007; Aldrich and Marterella 2014). These elements are grounded in partnership-building, which comes out of creating research collaboratively *with* a community, rather than *on* or *for* a community (Creese and Frisby 2011; Roman Isler and Corbie-Smith

2012). Also, as a result of cultivating relationships with the community, researchers will naturally gain a historical and cultural understanding of the issues at hand, which is crucial to producing findings that will be relevant to the community (Creese and Frisby 2011). Because CEnR incorporates diverse types of knowledge, and because CEnR is more likely to be directly applicable to the partners involved in its development, this type of research can be more effective than traditional research (Minkler and Wallerstein 2003; Stanton 2008).

### **Dimensions of Community Engagement in the Current Study**

To distinguish CEnR as both collaborative and rigorous academic research, Stanton (2008) identifies three primary dimensions of CEnR: purpose, process, and product. First, community engagement must have a direct *purpose* and provide direct benefit to a community. That is, the goals of CEnR must produce beneficial and applicable results for the community involved, in addition to demonstrating academic rigor (Gibson 2006; Jordan 2007; Stanton 2008). Thus, not only should the quality of CEnR be assessed according to conventional scholarly standards, but also on how well the research findings can be applied within the community-defined context, and on whether the study's goals work to achieve a community-defined purpose (Jordan 2007; Stanton 2008, 24). Second, *process* refers to the researcher's use of appropriate methods. CEnR can take many forms depending on community partner involvement (Wang et al. 1998; van der Meulen 2011), yet rigor must be ensured during research design and data collection, as well as during the interpretation and reporting of results, so that valid conclusions can be drawn from the findings (Jordan 2007, 6). Third, *product* describes the outcome of the research partnership. Together, the researcher and community partner must negotiate a product that will be beneficial to the researcher's discipline or field, and beneficial to the communities in which the research is conducted (Flaskerud and Anderson 1999;

Reason 1999; Minkler 2004; Community-Campus Partnerships for Health 2005; Jordan 2007; Stanton 2008; van der Meulen 2011; Virginia Commonwealth University 2017). Keeping these three dimensions in mind, I explain how the current CEnR is collaborative at each of the stages.

### ***Community Engagement in this Study's Purpose***

CEnR recognizes the inherent value of engaging community members both as stakeholders in determining the scope of the research, and as team members in conducting the research (Roman Isler and Corbie-Smith 2012; Aldrich and Marterella 2014). When considering the purpose of the current research endeavor, both community partners shared equal influence in identifying the issues to be explored, and contributing to the research goals that guide this study. The UOG Office of Student Affairs identified a need to examine the *SVR&ST*, which had been introduced to the University's faculty and staff in January of 2017 after new government legislation called for all Ontario colleges and universities to implement their own sexual violence policies (see Legislative Assembly of Ontario 2016). As such, this community partner was interested in a) understanding support options from the perspectives of UOG faculty and staff with a focus on the referral process, b) understanding if rape myths shape faculty and staff referral strategies, c) measuring if the learning outcomes of the *SVR&ST* have been met, and d) assessing when and if off-campus organizations refer student survivors to on-campus sexual violence services, and what barriers might exist in this process. Likewise, the community partner representing the Guelph Wellington Care and Treatment Centre for Sexual Assault and Domestic Violence was interested in a) learning more about UOG's staff sexual violence training programming, and b) understanding the relationship dynamics that exist between staff at UOG and staff in other off-campus organizations, with the intention of identifying barriers and opportunities to strengthen these partnerships.

Furthermore, the purpose of this partnership aims to benefit UOG, service providers in the Guelph-Wellington communities, and ultimately the survivors of sexual violence who seek out and access their services. First, the purpose of this research allows UOG to be able to determine if the *SVR&ST* is indeed effective in training faculty and staff on how to properly respond to a disclosure of sexual violence, and where a survivor might be appropriately referred. Second, this research allows UOG to identify if and how rape myths are affecting staff referrals. Third, this research allows both UOG and other community organizations to gauge their relationships with one another in regard to supporting survivors of sexual violence. Fourth, this research allows for community contribution to the UOG staff and faculty training programs. Most importantly, this research aims to benefit survivors of sexual violence in Guelph-Wellington by providing an understanding of inter-organization communication and collaboration in an effort to strengthen these relationships.

Additionally, the research contributes to the existing body of knowledge on sexual violence within Canadian university contexts, university staff sexual violence training, sexual violence service provider referral strategies and preferences, survivor service utilization, and community-university partnerships (CUP's). As well, this research contributes to the development of community-engaged partnerships, research, and scholarship at UOG, it fosters positive relationships between UOG and the greater community, and it aims to implement practical solutions to community-identified issues, based on community-researcher collaboration. Finally, this research is an opportunity for myself as a graduate researcher to gain valuable research experience and CEnR experience, to build relationships in my community, and to fulfill the requirements of an MA degree.

### ***Community Engagement in this Study's Process***

CEnR can be considered on a continuum of community involvement (Barkin, Schlundt and Smith 2013), and a community partner's activity in and influence on any research project may vary greatly (Roman Isler and Corbie-Smith 2012). As an example of moderate community engagement (Barkin, Schlundt and Smith 2013), I invited and encouraged my community partners to participate at all stages of the project, but never forced it (Wang et al. 1998; van der Meulen 2011). This approach has been useful, as my community partners keep tight schedules in their professional positions and do not always have the time, resources, or desire to participate in every aspect of the study. Still, my community partners have played a key role in almost every stage of the current research project, especially in the conception and development of the research goals and research design. For example, both community partners were actively involved in selecting the research location, in establishing the questions guiding this research, and in identifying the individuals and organizations to be engaged in this research (Roman Isler and Corbie-Smith 2012). Collectively developing procedures has contributed to increased power sharing and knowledge exchange among all partners (Creese and Frisby 2011).

The methods used in this research aligned well with the principles of CEnR (relationships, communication, shared input, mutual benefits, and meaningful outcomes) (Sandy and Holland 2006; Jordan 2007; National Institute of Health 2011; Sadler et al. 2012; CCPH Board of Directors 2013; Morton 2016). Power, knowledge and resources were shared by all partners throughout many stages of the project. And, as equitable collaborations emanate from negotiations that are both transparent and ongoing (Creese and Frisby 2011), it was important to me that communication was sustained between myself and each community partner throughout the research process. Examples of knowledge and power sharing included ongoing email

correspondence as well as in-person meetings during the planning, data collection, writing, and presentation of the research. For instance, both community partners were given a draft of the interview guides to review before data collection began. This allowed each partner to ensure that the interviews would elicit the information they were looking for, and that appropriate communities were being contacted to participate in this research. Additionally, an initial draft of the findings chapter of this thesis was offered to my community partners for their interpretation and feedback before a final version could be produced. Receiving this feedback was especially important to me as a researcher, as it allowed me to incorporate the professional expertise of my community partners into the final versions of this research (University of South Florida 2018). Also, this provided my community partners with an additional opportunity for communication and collaboration.

### ***Community Engagement in this Study's Products***

The primary goal of CEnR partnerships is to address issues of mutual interest, and to work together toward positive social change that will benefit all communities involved (Jordan 2007; Roman Isler and Corbie-Smith 2012; Morton et al. 2014a; University of South Florida 2018). As such, the final products of this research will be evaluated in terms of their relevance and usefulness to the community. Community partners and research participants will each be given a summary of this research, which highlights this study's findings and recommendations. This research will also be presented to UOG's Sexual Violence Advisory Committee, as well as at academic and community conferences. Finally, a copy of this thesis will be available in UOG's online research repository, the *Atrium*. As such, the literature, findings, and recommendations included in this thesis will be available to anyone looking for local, CEnR on sexual violence training, referral and/or collaboration in a Canadian university setting. Through

these avenues, it is hoped that any community that has participated in this study in any capacity may make use of the knowledge they helped to produce.

In addition to strengthening community wellbeing, CEnR also aims to contribute knowledge to the discipline or field of the researcher (Community-Campus Partnerships for Health 2005; Stanton 2008; Virginia Commonwealth University 2017). From this perspective, this current research contributes to the body of knowledge on: sexual violence and the response to sexual violence; sexual violence training programs in Canadian universities; and, community-university partnerships (CUP's). More specifically, the knowledge created via the current research aims to improve sexual violence support at UOG and in the larger community in several ways. First, information gathered by this study will be considered for future versions of this *SVR&ST*. Second this study will help to identify areas of improvement in sexual violence training and referral practices. Third, this research may be used to strengthen the professional relationships between staff at UOG and the organizations in the larger community. By making the products of this research accessible to our community partners and others, we also allow for a broad and more meaningful impact.

## **Methods**

### **Research Participants**

Research questions guiding the current study sought to understand UOG staff and faculty understanding of sexual violence, disclosure, and survivor referrals, as well as the relationships between staff at UOG and community-based organizations. Based on this interest, research participants for the current study were recruited from the following populations: Participant pool #1 was recruited from the UOG faculty population; participant pool #2 was recruited from the

UOG staff population, and participant pool #3 was recruited from the off-campus population of service providers in community-based organizations. For recruitment emails, see appendices B-D.

To recruit participants from the UOG faculty population (pool #1), emails were sent to the deans of each of the University's seven colleges, asking them to forward information about the current study to all faculty within their college. Potential UOG faculty participants were invited via this email to participate in two, voluntary, in-person interviews. This population was notified that the first interview would last approximately fifteen minutes, and aimed to assess faculty members' knowledge of sexual violence and the available support resources at UOG, prior to completing the *SVR&ST*. Upon completing the *SVR&ST*, this population was invited to also take part in a second interview, which would take approximately 60 minutes of their time. This post-training interview aimed to understand faculty experiences with and knowledge of the University's training program, as well as their experiences in referring survivors of sexual assault to the available on- and off-campus resources. Potential faculty participants were notified that they did not have to have any prior experience with responding to disclosures and/or reports of sexual violence in order to take part in this study, and that they could indeed participate in an interview if they had already completed the *SVR&ST* on their own. Potential faculty participants were also notified that they may complete the online training program without taking part in this research.

Participants from the UOG staff population (pool #2) were recruited from the on-campus units listed under 'On Campus Resources and Supports' in the *SVR&ST* (University of Guelph 2017b, sec. 5). These units include: The Aboriginal Resource Centre, Campus Community Police, Counselling Services, OUTline, the Student Affairs Case Director, Student Health

Services, Student Housing Services, and the Student Support Network. The manager of each of these on-campus units was emailed and asked to send this study's recruitment document to each of their staff members. The recruitment document invited staff in these units to participate in one 60-minute face-to-face interview to discuss the *SVR&ST* and their experience with referring survivors of sexual violence to the available resources both on- and off-campus.

Off-campus participants from local community-based organizations (pool #3) were also identified as listed in 'Off Campus Resources and Supports' in the *SVR&ST* (University of Guelph 2017b, sec. 5). The list includes: The Care and Treatment Centre for Sexual Assault and Domestic Violence, the Employee Assistance Program, Guelph Police Services, and Guelph-Wellington Women in Crisis. The resource contacts as indicated in the *SVR&ST* for these organizations were emailed and asked to invite their staff to participate in a 60-minute face-to-face interview to discuss their experiences referring survivors of sexual violence to the available services and resources in the Guelph-Wellington region as well as at UOG.

A total of three email recruitment attempts were made at each of the three populations. Interested participants were notified to contact myself directly to set up their preferred interview time and date, and location of their choice. Due to the small sample sizes from each population, the names of the on-campus units and off-campus organizations for which the current study's participants work and/or represent will not be named. Also in order to conceal participants' identities and genders, all participants were given an identifying number based on their participant pool (e.g., pool # Participant # = P# P#) and are discussed in this thesis using gender neutral pronouns (e.g., they).

## **Qualitative Interviews**

The primary data for this research study was collected by means of in-person, qualitative interviews with each research participant. Qualitative interviews are used as a tool to understand the social processes involved in the everyday lives of participants, while allowing those participants to define what is central to and important in their own experiences (van den Hoonaard 2012). In-depth interviews are a method used by qualitative researchers to allow participants to explain their experiences, attitudes, feelings, and definitions of the interview topic on their own terms, and in ways that are meaningful to them (van den Hoonaard 2012, 78). In this way, in-depth conversations about complex issues add a richness to the information drawn from qualitative research (Seidman 1998; van den Hoonaard 2012; Marshall, Dalyot and Galloway 2014; Moore 2016). According to Seidman, in-depth interviewing allows the researcher to examine “the meaning people make of their experience”, thus allowing us to “put behavior in context” and to “understanding their action” (1998, 4). The use of qualitative interviews in research on sexual violence is common (see Bergen, Renzetti and Edleson 2004). Moore’s use of qualitative interviews with students and service providers across Ontario reveals “the multiple ways in which broader narratives of sexual violence shaped their own understandings of [sexual] violence” (2016,12). The use of qualitative interviews in the current study, in which I included open-ended interview questions wherever possible, allowed my research participants to fully define and explain their own understandings of sexual violence, while also allowing me to probe for more information (van den Hoonaard 2012).

Over the summer of 2017, I conducted qualitative interviews with seventeen research participants, including three UOG faculty members, eleven UOG staff members, and three off-campus service providers. Additional pre-training interviews were conducted with UOG faculty

and staff who agreed to be interviewed both before and after completion of the *SVR&ST*. In total, I conducted twenty interviews (three pre-training interviews and seventeen full-length interviews). Pre-training interviews lasted between 10 and 30 minutes, while full, post-training interviews lasted between 30 minutes and two hours. Interviews were conducted at the participants' workplace, usually in a quiet office or conference room. The semi-structured interviews sought primarily to understand a) the extent to which the *SVR&ST* prepared UOG faculty and staff with the knowledge to respond to disclosures of sexual violence and to refer survivors to appropriate support resources, b) how UOG faculty and staff made decisions about referring student survivors, and c) how relationships between staff at UOG and off-campus organizations function in relation to student survivors of sexual violence. Given the diverse positions of my research participants, I developed a separate interview guide for each participant pool. As few qualitative studies have been conducted on university faculty and staff populations in regards to their understandings of sexual violence training and referral processes (Senn 2011; Moore 2016), I developed the interview guides myself, based on the goals of my community partners. See appendices F-H for full interview guides.

With participant consent, interviews were audio recorded for accuracy. When consent was not given for audio recording (n = 1), I took interview notes by hand. All interviews that were audio recorded were transcribed verbatim by myself. Transcribing the audio recordings of each of my interviews allowed me the opportunity to familiarize myself with my interview data (in an observer, rather than interviewer capacity), and allowed me an initial interpretation of my data as a researcher (Lapadat and Lindsay 1999; Bird 2005). Transcripts were checked against audio recordings for accuracy (Braun and Clark 2006).

Field notes were also taken before, during, and after data collection. These notes helped me to identify potential communities to include in the interview process, to identify potential themes in my research as it was carried out, and to link existing literature to the findings of my research.

### **Qualitative Data Analysis**

After transcription of all seventeen interviews was complete, I began a thematic analysis. Thematic analysis is a fundamental method of qualitative data analysis as it provides a rich and detailed account of data (Braun and Clark 2006). Thematic analysis is a method for identifying, analyzing, and reporting patterns or themes within data (Braun and Clark 2006, 79). A theme captures something that the researcher judges as important or meaningful in relation to the research question(s), or represents a level of patterned response, occurring frequently throughout the data set (Braun and Clark 2006, 82). In addition to organizing and describing themes in data, thematic analysis can also be used to begin a researcher's interpretation of the research data (Boyatzis 1998), as the researcher begins to compare and contrast themes with one another and with the existing literature. In the current research, interview transcripts were coded using qualitative data analysis software NVivo 11. Coding involves "naming segments of data with a label that simultaneously categorizes, summarizes, and accounts for each piece of data" (Charmaz 2006, 43). Codes were eventually combined, compared, and related to one another, which revealed themes within the data (Glaser and Strauss 1967; Engward 2013).

I conducted my data analysis using both inductive and deductive approaches. An inductive approach most closely resembles grounded theory, in which the themes identified are strongly linked to the data (Patton 1990), or 'grounded' in the data (Glaser and Strauss 1967). This approach is used to generate theory rather than confirm theory (Glaser and Strauss 1967;

Glasser 1992; Strauss and Corbin 1998; Charmaz 2006; Engward 2013). Within this first level of coding, I simply read and compared the interview data and noted what prominent and repeated themes and concepts emerged, without trying to fit concepts into the confines of my research questions (Braun and Clark 2006). At this stage, themes such as ‘participant beliefs about sexual violence’ and ‘victim-blaming’ began to emerge. Notably, noticing themes and prevalent contributions that emerged from this first level of data analysis prompted me to further my data collection efforts and contact populations that I had not before considered. For instance, during the interview process my research participants made note of additional on-campus support resources that survivors often utilize, but had not been included in the resource list provided in the *SVR&ST* (University of Guelph 2017b, sec. 5). Without mention of these additional resources (e.g., Safewalk; the office of Diversity and Human Rights) by my participants, these populations would not have been considered for inclusion in this research.

Data analysis was then tailored toward a more deductive approach. A deductive approach is driven by the researcher’s area of interest and provides a more detailed analysis of certain aspects of the data (in this case, the research questions), whereas inductive coding provides a description of the data overall (Braun and Clark 2006). At this level, interview data were analyzed in relation to the research questions, which provided me with a detailed understanding of *if* and *how* each learning objective was met in relation to the *SVR&ST*. In total, 48 codes were created. See Appendix I for a list of codes used in this data analysis.

At each level of coding, all data were given equal attention to ensure thorough, inclusive, and comprehensive analysis (Braun and Clark 2006). When coding was complete, coded data were divided into themes. By the end of this process, I had identified main themes, how they

related and differed from one another, and the general conceptualization of sexual violence training, referral, and cooperation at UOG.

### **Research and Reflexivity**

Because all “scientific knowledge is always, in every respect, socially situated” (Harding 1991, 11), and because researchers do not “breathe the air of a separate world” (Berling and Beuger 2013, 115), it is recommended that all qualitative researchers engage in a critique of their work, and reflect upon how their own social position, background, and biases become present in and have an impact on their work (Jordan 2007; Jorgansen 2011; Newton et al. 2011; Berling and Beuger 2013). Reflexivity refers to the “active acknowledgement of the researcher that her/his own actions and decisions will inevitably impact on the meaning and context of the experience under investigation” (Horsburgh 2003, 308). In other words, reflexivity offers a critical examination of how the researcher interacts with and influences data (Newton et al. 2011, 881), which can lead to personal transformation (CCPH Board of Directors 2013). Accordingly, researchers must acknowledge and embrace subjectivity within their own work (Newton et al. 2011).

Even though CEnR itself can be understood as a means by which researchers bridge the gap between academia and the ‘real’ world (Berling and Beuger 2013) by conducting research *with* community members, rather than *on* a community, it remains important to be reflexive about this type of research as well. In fact, Jordan (2007) urges community-engaged researchers to demonstrate a reflective critique of their own work, including any challenges they faced, and what aspects of the project could have been carried out differently in order to improve outcomes. As such, I will include here a brief interpretation of my own position within the social context of this research (Berling and Beuger 2013), an explanation of the relationship dynamics that were

present in the current research partnerships (Jorgansen 2011), and examples of moments when I personally experienced surprise or discomfort during the research process (Enloe 2004).

Although it is difficult for researchers to honestly expose their own internal tensions and weaknesses out of fear that this acknowledgement will point out biased interpretations, doing so benefits qualitative research by providing additional rigor (Newton et al. 2011).

First, my position as a female graduate student who has experienced sexual violence, and whose close female friends have experienced some form of sexual violence has made me acutely aware of the importance of supportive responses, and of the accessibility of survivor resources. Also as a graduate student, I am aware of the value in being able to access information that I would not be able to without my connections to the university's resources. From this perspective, I was drawn to conduct my research as CEnR since I would be afforded the opportunity to work with and for sexual violence service providers in my community, and because members of the community – without possessing a background in academic research – will have access to the knowledge we have produced. As a feminist sociologist community-engaged researcher, I felt it was important to “steer” (Berling and Beuger 2013, 116) the use of my knowledge toward those who would not otherwise have access to it (Boontinand 2005).

Second, the relationship dynamics that exist in the current CEnR should also be explained. Shortly before the conception of this project, I built a relationship with one of my community partners (Betty Slack), based on mutual interest in the cultural foundations of sexual violence and in Canadian university responses to the issue. The other two community partners (Brenda Whiteside and Robin Begin) had enjoyed a longstanding relationship with my advisor, which she was kind enough to extend to me (see Wiewel and Lieber 1998; McNall et al. 2009; Maurraasse 2001). These pre-existing and positive relationships provided a foundation of trust,

respect and communication (Sadler et al. 2012; Morton et al. 2014a). From here, I met with each community partner on several occasions to develop the goals of the partnership, and to discuss desired products and outcomes of the research.

Because of these relationships, I developed a greater sense of purpose and commitment to this project. With the ever-conscious understanding that this research meant more than simply a degree requirement, and that the products of this research would potentially be used by UOG, by my community partners, and even by my research participants, my sense of responsibility for producing rigorous and relevant research was heightened incredibly, and gave me a greater sense of commitment to the project (van der Meulen 2011). My relationships with my community partners also alerted me to pay careful attention that the opinions and experiences of my participants were accurately captured, and moreover, that the findings and recommendations that this research highlights are applicable and practical for my community partners' needs.

Third, there were times during almost every phase of the research process where I, as a graduate student researcher, felt uneasy or surprised. Luckily, Enloe describes these experiences in a positive manner, arguing that it is a researcher's job to challenge comfortable truths and to possess a readiness to be surprised and to admit surprise, rather than becoming comfortable in our own, familiar conceptualizations of an issue (Enloe 2004). For example, I was personally surprised and disappointed by the lack of participation in this research by UOG staff and faculty populations, and by members of local community organizations. I understand that the busy professional schedules of many interested members of these populations may have kept them from participating. However, I expected such a timely topic may have piqued the interest of more participants, especially within the academic community.

Finally, my own experiences with imposter syndrome caused me at every stage of the research to feel that I did not know enough about sexual violence or CEnR to be completing such research. Imposture syndrome is a “nagging feeling that, despite our successes, we are actually not very good at what we do, and that sooner or later, someone, everyone, will find us out” (Szuchman 2012, 128). It is commonly considered in CEnR that the community partners and research participants hold more knowledge and expertise in their field(s) (Sandy and Holland 2006; Jordan 2007; National Institute of Health 2011; Morton 2016; Lalonde 2017) than the researcher. As a new researcher and as a graduate student, I often felt ill-prepared to be conducting such important research with and for my partners and participants, the majority of whom possessed years of experience working with and advocating for survivors of sexual violence. However, working in one of the few graduate programs that encourages CEnR (Falk and Vine 2017, 204), and by working towards such important and timely goals with such an experienced and supportive team, I was able to feel as though I could contribute something valuable of my own.

In closing, this thesis research provided me with the tremendous opportunity to represent not only UOG, but also the community organizations and partners with whom this project was initiated. As a graduate student, I am incredibly thankful and honoured to be working with such a knowledgeable and experienced team, including my graduate committee, my community partners, and my research participants. I sincerely hope that the undertaking of this CEnR project has been a positive and beneficial experience for everyone involved. This collaboration allowed for co-learning, knowledge exchange and the strengthening of relationships between UOG and its larger community. Furthermore – and perhaps most importantly – this research connects my work to valued, practical applications. In this way, this CEnR contributed to my own sense of

civic responsibility. I, along with my community partners who hold years of valuable experience and expertise in this field, were able to translate a mutually-identified problem into useful research, thereby enhancing the relevance of higher learning in academia to society's needs (Yassi et al. n.d.). As a researcher, I not only gained valuable skills and the knowledge required to earn my degree, but also the invaluable opportunity to forge an important partnership, accelerate my own personal and professional growth, and ultimately to contribute to meaningful, local, social change.

## **Chapter Four: Research Findings**

The findings of twenty qualitative interviews with University of Guelph (UOG) faculty (n=3) and staff (n=11), and off-campus sexual violence service providers (n=3) are included in this chapter. Interview findings will be presented according to the research questions. To begin, I will present participants' knowledge of how to respond to disclosures of sexual violence and provide appropriate referrals via an examination of UOG's new *Sexual Violence Referral and Support Training (SVR&ST)*. Next, I will provide an explanation of how staff participants make referrals, and what factors might impact staff referral strategies. Finally, I will explore the relationships between staff at the University and other local organizations off-campus.

### **Assessing Faculty and Staff Knowledge**

Sexual violence survivors often access university faculty and staff first in their search for supports and services. Accordingly, our first research question asked if the *SVR&ST* prepared faculty and staff with the knowledge to properly respond to a disclosure of sexual violence and to refer survivors to appropriate resources. To answer this question, I assessed faculty and staff knowledge based on the content included in the University's *SVR&ST*. My research question pertains specifically to the *knowledge to respond* to a disclosure of sexual violence and *the ability to offer resources*. Therefore, I asked fourteen UOG faculty and staff members about their knowledge and understanding in these five specific areas.

- a) Understanding of sexual violence;
- b) Awareness of where to access the University of Guelph's Sexual Violence Protocol;
- c) Knowledge of the basic steps in responding to a disclosure;
- d) Ability to identify both on- and off-campus sexual violence support resources; and

e) Knowledge of the education and awareness initiatives taking place on campus.

A total of fourteen UOG faculty and staff were interviewed about the *SVR&ST*. Eleven of these UOG participants were interviewed only after completing tier one of the *SVR&ST*. The remaining three participants took part in pre- and post-training interviews, allowing me to compare their knowledge both before and after completing the online *SVR&ST*. It should be emphasized that only participants employed by the University of Guelph as faculty or staff provided answers pertaining to the *SVR&ST*. As off-campus participants hold professional positions in this field and did not complete the University's training, a discussion of their knowledge in these areas was not appropriate.

#### ***a) Understanding Sexual Violence***

As discussed in chapter two, sexual violence is any sexual act which targets a person's sexuality, gender identity or gender expression and includes behaviours ranging from sexual harassment to sexual assault to intimate partner homicide (Legislative Assembly of Ontario 2016; University of Guelph 2017a). The impact of sexual violence is dependent on the individual who has experienced it.

Of the eleven UOG staff participants, all provided very detailed and accurate definitions of sexual violence. University staff participants were more likely than faculty to include in their definition a description of the continuum, stating that sexual violence ranges from sexist attitudes and sexual harassment to sexual and domestic violence and murder. The amount of detail

provided in definitions of sexual violence by staff employed in front-line<sup>2</sup> units is not surprising, as these staff members are more likely than faculty to have first-hand experience in supporting survivors of sexual violence and some may have received further sexual violence training from the University or elsewhere. Although not included in the standard definitions of sexual violence (Legislative Assembly of Ontario 2016; University of Guelph 2017a), one UOG participant acknowledged that a complete definition includes the fact that the impact of sexual violence is survivor dependent (P2P6).

Compared to University staff, faculty understandings of sexual violence were found to be less comprehensive and admittedly “vague” (P1P1). These participants’ definitions of sexual violence included: “um... any action, words... that are... sexual in nature? [...] That are unwanted?” (P1P1), and “anything that’s non-consensual” (P1P3). These participants were both faculty members and had little to no experience addressing issues of sexual violence in their professional roles.

Overall, it was found that participants in front-line positions with the most experience in receiving disclosures and supporting survivors had the strongest understanding of sexual violence. Whereas faculty and staff with little experience of this type were found to demonstrate a more limited understanding of sexual violence.

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<sup>2</sup> For the purposes of this research, I define ‘front-line’ campus staff as UOG employees who, by virtue of their professional position, may have a higher likelihood of responding to, supporting, and providing referrals to survivors of sexual violence. These front-line staff may include individuals from on-campus units such as Campus Community Police, Student housing Services, Student Counselling Services, and doctors and nurses from Student Health Services, among others.

### ***b) University of Guelph's Sexual Violence Protocol***

Of the 14 University staff and faculty participating in this study, all but one faculty member was aware of at least one avenue to access the University's Sexual Violence Protocol. The locations participants listed include: the University's *Sexual Violence Support and Information* page; the *SVR&ST* online module; and, through the University's Diversity and Human Rights webpage. Of these 14 participants, the three who took part in the pre- and post-training interviews were only able to name Protocol access points *after* completing the training. Prior to the training, two admitted that they would most likely need to search for the University's policy on *Google*, or in the University's main website directory. After completing the training, these participants were able to identify that the Protocol could be accessed via the *SVR&ST*'s online module and on the University's main website. However, two interview participants (P1P3; P2P9) said they would not have known about the University's Sexual Violence Protocol or even the *SVR&ST* program itself if not for being invited to participate in this study.

### ***c) Basic Steps in Responding to a Disclosure***

UOG's *SVR&ST* outlines and describes the basic steps a staff or faculty member can take if a survivor of sexual violence might disclose to them. Participants who completed the *SVR&ST* prior to being interviewed demonstrated a solid understanding of these basic steps. All identified listening to and believing the survivor as important first steps, along with providing a safe and supportive space for the disclosure. All UOG participants (n=14) said they would offer resources to the survivor and take the time to ensure he or she feels safe and supported.

Many campus front-line staff, have experience in receiving disclosures and supporting survivors. They provided more thorough responses to this question and were more confident with

the appropriate steps. For example, one participant confidently explained the steps they would take in the event of a disclosure as follows:

essentially the most important part is [...] believing the person. Um, listening to the person. Um, offering support in the form of active listening and validation. And not asking questions. Um, and letting the person know that you're there to help in the ways that you can. Um, if they want to know options, presenting them with different options that they have for reporting. Um, but not pressuring in any way to report. Um, and thanking them for the disclosure. And following up (P2P4).

In comparison, faculty members and staff possessing less experience providing support to survivors expressed more difficulty in listing the basic steps in responding to a disclosure. This faculty member, although aware of the basic steps described in the training module, provided a less comprehensive response:

The first one was [...] to believe the person... um.... And then, um, [tisk] so don't dismiss it. [Pause] And then, based on what I read it's like... talk to him or her and then just [tisk] point out all the resources available to them. [...] So, it's up to them to just... take the next step (P1P1).

Participants interviewed before completing the online training gave responses based on prior knowledge and personal experience. Participants with disclosure experience explained the steps they had actually taken in that event (P1P2), while others inferred what their response might be based on a hypothetical disclosure. For instance, some participants mentioned that they would reach out to a more knowledgeable colleague or family member for advice on what to do (P1P1; P2P9). Another guessed that how they might respond:

I've never had anyone come up to me and sort of say anything in relation. So I'm not sure what I would do. [...] I would send them to Counselling Services 'cause [...] I know I'm not equipped to really respond. Um but I suppose if they were in distress I'd likely just give them safe space to hang out and talk if they want to. Or not talk if they don't want to. And make them, make sure they feel comfortable and safe (P1P3).

After completing the tier-one training, these participants' responses aligned with the basic steps listed in the module. Their responses include listening to the survivor; making the survivor feel safe, supported and comfortable; refraining from asking questions; referring the survivor to the resources and information available in either the *SVR&ST* module or the University's *Sexual Violence Support and Information* webpage; and being knowledgeable of the University's Sexual Violence policies and procedures, as well as the available resources. Although the small sample size makes it difficult to draw any conclusions, these responses suggest that the *SVR&ST* is effective in outlining an appropriate response process.

#### ***d) Identifying On- and Off-Campus Sexual Violence Support Resources***

The *SVR&ST* provides a resource page listing both on- and off-campus supports for survivors. All participants of this study except for one faculty member could name at least two on-campus support resources for survivors of sexual violence. The resources named by participants include: Counselling Services, Health Services, Campus Community Police, Diversity and Human Rights, the Wellness Centre, Student Housing Services, and the Student Affairs Case Director. Of these, Counselling Services, Health Services, Campus Community Police, and Diversity and Human Rights tended to be the most widely-known on-campus resources among participants. Participants answering this question prior to taking the training identified Counselling Services, Student Health Services and the Student Wellness Centre as resources known at that time. Once these participants completed the training, they were able to name further resources including Residence Life staff, the Student Support Network, Diversity and Human Rights, the Student Affairs Case Director, and the Aboriginal Resource Centre. One participant noted their surprise when they learned of the array of resources the University has to offer; "the breadth of services on campus was more than I thought" (P2P9).

As with on-campus resources, most participants after completing the training, could name at least two off-campus survivor support resources. The most common off-campus resources named were Guelph-Wellington Women in Crisis and the Guelph General Hospital. It should be noted that while most participants were not familiar with the Guelph-Wellington Care and Treatment Centre for Sexual Assault and Domestic Violence located in the Guelph General Hospital, they did identify “the hospital” as a common off-campus resource for survivors. Other off-campus resources mentioned include the Guelph Police Service and phone lines such as Here24/7 and Good2Talk.

Out of the total 14 campus-based participants, two could not identify any off-campus resources for survivors of sexual violence upon completion of the *SVR&ST*. These two participants were both University staff members, one being a front-line service provider.

The three participants who took part in a pre-training interview demonstrated a general lack of knowledge surrounding off-campus sexual violence resources before completing the online training. These participants acknowledged the existence of resources in the Guelph-Wellington community, but admitted they either did not know any of these resources by name, or would have to do some research to find them. Following the training, two out of the three participants could name the Guelph Police Service and Guelph-Wellington Women in Crisis as off-campus resources, however the third participant was still not able to identify any off-campus resources by name. When asked if there were any on- or off-campus resources they had not heard of before taking the training, one member of this pre- and post-interview group identified the Care and Treatment Centre for Sexual Assault and Domestic Violence as new to them.

Multiple participants mentioned that they felt no need to memorize the list of available on- and off-campus sexual violence resources as they can always access the *SVR&ST* module as

a point of reference in the case of a disclosure (P1P2; P2P2; P2P9). For instance, this participant asked,

what is the point of me memorizing this? Like if I really need to know the answer I'm just gonna look it up. So the mere fact that I now know where to look, that's all I need to know [laughs] (P2P9).

#### ***e) On-Campus Education and Awareness Initiatives***

In addition to providing contact information for available support resources, the *SVR&ST* also provides a resource page listing education and awareness initiatives on the University's campus. These programming initiatives are targeted at the student population and aim to help students understand and seek out consent.

Knowledge of the University's many sexual violence education and awareness campaigns varied significantly between participants. Out of the total 14 campus staff and faculty participants, half possessed extensive knowledge of and experience with these initiatives, while the other half had little to no knowledge of the programming. This finding appears to be related to participants' participation with these initiatives. Those found to be most knowledgeable tended to have experience in either participating in or presenting the awareness programs to students as part of their position at the University. For example, Residence Life Staff are expected to bring students to the "Stop. Ask." Campaign presented during Orientation Week, and to show the "Consent is like Tea" video within students' first semester (University of Guelph 2017b, sec. 6). On the other hand, those participants who were unaware of any education or awareness campaigns, even after completing the training, are faculty and staff who are generally not involved in the presentation of this content and thus not required to access the programming within their professional roles.

Those participating in pre- and post-training interviews were found to be more likely to identify education and awareness campaigns after completing the training. These participants were able to name several initiatives, including the “Stop. Ask.” campaign, the message from the University’s President, and the White Ribbon campaign.

### **Experience as a Predictor of Participant Knowledge**

Participants’ knowledge and understanding of the content covered in the *SVR&ST* varied widely depending on their positions within the University and on the experience they described having with receiving disclosures of sexual violence, and/or supporting survivors. For instance, a basic understanding of sexual violence was found to be lacking among most faculty and non-front-line staff who described their own knowledge of sexual violence as “general” (P1P1) or “limited” (P1P3; P2P9). However, front-line staff participants possessed a stronger understanding of the topics covered in the *SVR&ST*. Still, there were large knowledge disparities between participants in each of these two groups as well, which speaks to each participant’s level of experience with sexual violence. For example, participants demonstrating a solid understanding of the training content were generally those who held extensive experience with sexual violence within their professional roles, as they described managing cases of sexual violence and/or supporting survivors as a routine occurrence in their professional positions. These participants may have also received sexual violence training elsewhere, prior to the *SVR&ST* offered by UOG. On the other hand, participants demonstrating a poor understanding of the *SVR&ST* content were more likely to be employed in positions that would not typically respond to incidents of sexual violence, such as faculty positions and other University staff, and would therefore have less experience with the subject matter. However, this was not always the case.

Some front-line staff with little to no experience managing cases of sexual violence and/or supporting survivors also demonstrated a poor understanding of the *SVR&ST* content.

Out of the nine front-line UOG staff interviewed, only three specifically stated that they had received specialized sexual violence training elsewhere. However, for the majority of UOG participants, (including front-line staff) UOG's *SVR&ST* was the first sexual violence education they had ever received. In fact, when asked if they had ever received any formal sexual violence training before completing this program, this participant responded with "no. Outside of the experience no" (P2P7). As a result, some participants said they felt alone and unprepared (P1P2) in their response to disclosures of sexual violence before the introduction of this training.

After completing the program, the *SVR&ST* was positively appraised by participants for its ability to prepare faculty and staff with the knowledge and confidence to properly respond to a disclosure of sexual violence. Participants' general knowledge and awareness of sexual violence improved after completing tier one of the training. Faculty members found the training helped to broaden their understanding of sexual violence via the continuum that includes sexist attitudes and beliefs (P1P3). Other participants explained that the training taught them how to engage someone who's disclosing (P2P8), and how to handle a disclosure that may come forward (P2P9).

Tier one of the *SVR&ST* also improved UOG participants' understanding of the University's Sexual Violence Policy and procedures. Many participants mentioned that they feel more comfortable knowing the University has a process in place and that it presents appropriate avenues to follow when receiving a disclosure (P2P7; P2P9). For other participants, the training offered the opportunity to learn that the response process might differ depending on whether the survivor comes forward with a disclosure versus a formal report.

I know what specific steps to take now if there's a disclosure. I understand the difference between a disclosure and a decision to report. Um, I understand Campus Community Police's [...] responsibilities in a way that's helpful. [...] And I know people have the power to make decisions in most of these settings, but I now have a better understanding of where there's more pressure for different types of decisions and outcomes. So that's helped me in framing where I would want someone to go (P2P4).

I think it's good to know there is a process. And here's how the processes are different. So it's useful to know [...] a disclosure versus a formal complaint. Like that those were actually different (P1P3).

I guess I sort of became a little bit more familiar with um, uh the University Policy in terms of [...] the steps and the process that happens when somebody does report. Sort of the chain of command, if you will (P1P2).

Furthermore, the training provides a clear protocol to ensure that all front-line staff are providing consistent support across campus:

so the training helped in better direct what our protocols and policies here on campus. I think before that each group was kind of independent in how they managed so it just helped streamlining it (P2P3).

For University staff who received sexual violence education at another institution, the *SVR&ST* “delineated how [the University] wanted us to respond and refer in this context. So, I didn't have institution-specific knowledge before coming, so that was helpful.” (P2P4).

Finally, participants said that the knowledge they gained from completing the *SVR&ST* helped them to appreciate the complexities of sexual violence and the nuances of responding to it. For instance, one participant explained how the training helped them in terms of

really understanding [...] what it means to say “I believe you” [...] and what does that look like. So some of those intricacies was really helpful. [...] And then [...] the big thing for me is better understanding um, some of the differences in sort of marginalized groups [...] some of the consent stuff [...] So now it's not “no means no”, it's “yes means yes”, but it's what does that look like, and. So those pieces um I don't think it was necessarily new for me, but it was, it was a little bit more uh detailed, which was more reflective for me (P2P8).

However, there were also a few participants who complained that the *SVR&ST* did not adequately prepare faculty and staff with the knowledge and confidence to properly respond to a

disclosure of sexual violence. For example, when asked if this participant's understanding of sexual violence has changed since taking tier-one of the program, they responded with:

Has changed, um, no! Because it's one of those things where until you're exposed to it, [...] it's still very academic. It's just [...] like being in a classroom you've been taught but you haven't internalized it and that happens when you're being exposed to it I think (P1P1).

Another participant felt that the training module underestimates a professor's role when a student discloses and thus does not adequately prepare faculty members to support their current students:

You know, the training was great – now I know the rules, the regulations, the policies, the procedures, how to refer that person, but um, [...] I feel like I should be doing more [...] the training sort of says to [...] listen and refer the student to, um to these services on campus. And then it kind of ends there. [...] But I think that sort of underestimates the role that I– at least right now in my own personal experience I have a student who is still trying to complete my course. [...] But even now I'm very confused – I'll be honest – with, um with what my roles and responsibilities are in terms of trying to support those students (P1P2).

### **Addressing Rape Myths on Campus**

For faculty and staff to properly support and refer survivors, decisions should never be made based on rape myths (see chapter two of this thesis for definitions and examples). The *SVR&ST* does address some commonly-held rape myths including popular perceptions about who might be assaulted and who might be offending. The training offers information that challenges these beliefs and also introduces at-risk populations who are known to be most vulnerable to experiencing sexual violence (University of Guelph 2017b, sec. 2).

Reference to rape myths did appear throughout the course of my interviews. According to one participant, rape myths and victim-blaming are both still very prevalent, even in a University setting. In their professional experience, this participant claimed that the majority of people are still worried about stranger-perpetrated sexual assault and do not realize the degree of sexual violence present in their own personal relationships (P3P2). More compelling still, this

participant explained that survivors often blame themselves for their sexual assaults. Because of this tendency, this participant stressed the importance of sexual violence education for students so that this self-criticism does not continue to haunt survivors (P3P2). This finding was echoed in another interview as one participant recalled a disclosure in which a survivor struggled with self-blame following her experience of sexual violence. After repeatedly saying ‘no’ to the perpetrator, this survivor wondered: “‘well maybe I didn’t say ‘no’ loud enough’ or maybe I didn’t, you know like ‘maybe it wasn’t clear’” (P2P7). Another participant gave an example where a survivor was made to feel that she could have or should have done something to prevent her assault:

I had a situation a couple years ago where a student had disclosed to a faculty member and didn’t feel like they had the support there [...] Um, so I think there’s, there’s still that culture unfortunately where people think “well what could have been– what could that person have done to have prevented that from happening to them?”. Which is not a fair statement, but still unfortunately some people’s perspective (P2P3).

Overall, all UOG participants did not express or claim to believe any rape myths, except for one participant who mentioned that university women might be putting themselves at increased risk for victimization by participating in certain behaviours. When describing one of these events, this participant said, “I’m certainly not blaming the girl, but you think, my god! Like don’t put yourself in that position!” (P2P1).

### **Impact of the *Sexual Violence Referral and Support Training* on Participant Beliefs**

Many participants included anecdotes which they used to explain how their own beliefs or the beliefs of others have been challenged by completing this training program. For example, one participant mentioned that when the *SVR&ST* was presented to department chairs at UOG,

there “was a lot of pushback” around saying ‘I believe you’ to survivors (P2P8). This participant explained that some individuals really struggled with this issue, and expressed the fear that saying those three words that “might come back to haunt them” (P2P8) if the accusation turned out to be a fivilous complaint:

if they say, well “I believe you” [...] then they worry they’ve put themselves in a vulnerable situation. So we did have some really good talking about what does it mean for somebody who’s in a supervisory position over someone who’s disclosing. What does it mean for them to say “I believe you”? And so we talked a lot about um, how can you show that you believe them without actually putting those words that might come back to haunt them, ‘cause there was such strong pushback on that. [...] but you know they all had, they all had concerns about liability purposes for them if [...] the first thing you should do is to say “I believe you” (P2P8).

Similarly, another participant also expressed skepticism about the training’s recommendation “to believe the person” [...] “without any evidence [because] it’s like you’re blaming somebody else” (P1P1). This participant felt that saying “I believe you” is unfair to the alleged perpetrator:

There’s a difference between believing that somebody came to you with a real issue and then believing that somebody else was responsible for that [...] It wouldn’t be up to me. [...] I’m not in a position to verify whether the claim is true or not. I can verify that the person coming to me is obviously upset. And that is true. Whatever leads to that, I don’t know (P1P1).

Another participant mentioned how their beliefs might be affected by their gender. For instance, when asked ‘how might your personal beliefs affect your decisions when referring a survivor to a support resource?’ this participant explained:

I think inherently as a male it’s, it’s a challenging situation in some ways because um, you can sometimes put yourself in the position of the perpetrator. Right? [...] so I think that creates a bit of a challenge for all males [...] So it’s a bias that I have to deal with. And uh, you know I think the training was helpful in some of that (P2P9).

Alternatively, another participant explained that their beliefs about sexual violence were not influenced nearly as much from completing the training, as from their own experience in supporting a survivor:

I think that's a personal experience more than anything now that I've sort of seen it. I thought that there would be more swift justice to be honest, um [sighs and laughs]. But now I realize that its probably a longer process to kind of recover from that type of um, a crisis. [...] I think in terms of the legal system, and what can happen outside of the University of Guelph campus, I think that that was an eye-opener for me. [...] I think I'd be perhaps a little bit more careful about how I responded to the student. Um, I'd just be more careful with the words I was choosing to say (P1P2).

### **University Staff Referral Decisions**

In order to ensure that survivors are being directed to the supports and resources that are best suited for them, we must understand how UOG faculty and staff make decisions about survivor referrals. Overall, findings suggest that most referrals are made through a survivor-centred lens (see chapter two for more on this approach). However, balancing campus-safety with survivor-centred ethics is often a complicating factor. Moreover, negative experiences with certain on-campus units further impact referral strategies.

### **Survivor-Centred Philosophy**

Interview findings indicate that the majority of faculty and staff at UOG follow what they describe as a survivor-centred process when providing sexual violence referrals. Most participants' response and referral strategies aligned with this approach, which involve listening to the survivor's story, offering resources, and respecting the survivor's choices. Participants generally also adhered to a similar perspective in that they all encourage survivors to lead the

referral process, agreeing that power and decision-making rights should be restored to the survivor following their experience with sexual violence.

I find that in these cases, it's – they feel that all their power and choice has been taken from them – just the nature of the situation. So [...] I want them to feel like a collaborative part of the process. Not that they've disclosed and now all of a sudden all this stuff is being done to them (P2P3).

Participants explained that collaborating with survivors throughout the referral process is critical in helping them to “feel like this is a process to support them, not a process that's being done *to* them” (P2P3). To best support survivors, participants suggested talking about available options with the survivor, asking what the survivor might prefer, and empowering the survivors to access the options they choose (P2P7).

making sure that they feel like they're driving what happens next in the process would be my approach [...] trying to find out what those barriers are to support, and trying to help dismantle the barriers (P2P3).

Participants also agreed that part of supporting survivors is understanding that no two survivors and no two cases of sexual violence are the same. Each survivor's experience will differ and as such, so will his or her needs.

it's whatever we can do to support you. And there again, it's difficult to say because everyone– every, every incidence of sexual violence or sexual assault is different. And every person is different (P1P2).

When asked what resources participants tended to refer to most often, Student Counselling Services was frequently mentioned. Not only did survivors themselves often ask for counselling following an experience of sexual violence, but referring to Counselling Services also gave staff and faculty peace of mind. They noted that they felt good referring to Counselling Services knowing that the survivor will have the support they need from someone who is qualified (P2P1). Another participant mentioned that they like to refer to a new Counsellor-in-

Residence program, which is a convenient alternative to going directly to Student Counselling Services (P2P3).

Other resources that survivors are often referred to include: Diversity and Human Rights, Guelph Police Services, Guelph-Wellington Women in Crisis, Student Support Network, Victim Services, and Student Housing Staff, not to mention Program Counsellors when a survivor requires academic consideration, the Student Affairs Case Director, and Campus Community Police if they would like a safety plan put in place. One participant even mentioned SAFEWALK as a resource that survivors will often contact themselves for an escort home in the immediate time after experiencing sexual violence (P2P10). Other referral options might also include the Guelph-Wellington Care and Treatment Centre for Sexual Assault and Domestic Violence if survivors are interested in having a sexual assault evidence kit completed, and Student Housing Services if the accused lives in the same residence building and the survivor would like another arrangement made.

Findings also indicate that even in emergency cases, University staff attempt to respect a survivor's wishes whenever possible. This can be difficult if a disclosure is made after hours, yet participants still offer whatever services are available and allow the survivor to choose:

knowing that they need support; that they're willing to get that support and then providing, um either the Counsellor in Residence, sometimes the Women in Crisis Centre [...] Are they willing to talk to an intake nurse at the hospital? (P2P3).

Often in crisis, staff tend to ensure that survivors are safe and healthy by offering medical resources before others (P2P7). And although some referrals have been rushed in cases of emergency (P1P2), participants stressed that in all cases their main objective is to ensure that survivors feel supported and empowered.

A compelling finding is that some UOG staff members struggled to remain in a survivor-centred state of mind while supporting a survivor because of their wish to see justice for the

survivor. Often in these cases, survivors face pressure to formally report their experiences based on the preference of support staff. For instance, one participant explained that after receiving disclosures of sexual assault, most staff members “generally want to see something happen as a result of that” (P2P7). Others try to remain survivor-centred but also face challenges:

I think that because I believe that the person who experienced the sexual violence should have a lot of control [...] But I understand that [...] It’s an emotionally-charged issue and I can definitely understand there being pressure... People pressuring survivors to report because they want to see justice. [...] Um, so I think, I think I’m in a place where I can be survivor-centred, but it’s hard sometimes (P2P4).

Most participants agreed that to be truly survivor-centred, staff must respect a survivor’s choices, even if they do not personally agree with them (P2P6). One participant warned that their own feelings should never “factor into the equation” when offering support options; “it’s about providing resources, it’s not about compelling” (P2P2). Participants explained that allowing the survivor to lead is the best practice because “really, it’s about them” (P2P10). Likewise, maintaining a survivor-centred process often means respecting a survivor’s choice, even when their decision is to do nothing. One participant explained that, “as much as I would like personally probably disagree with it, they want to just bury what’s happened and move forward” (P2P7). Typically, in these situations and with disclosures of historical abuse, the disclosure will stay between the student and the staff member. For example, one participant noted that on several occasions they have had

women come in and talk to me about that and said, “but I don’t want anything done about it” [...] you still leave the door open that if there’s anything I can help you with.[...] It’s up to them. And explain to them that, you know, that this will go no further than this office (P2P1).

One participant noted that they often sense the anxiety a survivor feels when given referral options. In what is already a very difficult situation for a survivor, knowing that they might have

to tell others about their experience is often a terrifying notion. This participant illustrated that because of this, survivors hesitate to access any resources at all to minimize the number of people to whom they have to tell their story (P2P11).

Another prominent finding of this study is that survivors tend to be very reluctant to make a formal report. Several participants noted that survivors will often disclose their experience, but refuse any formal reporting process. Multiple participants echoed conversations similar to this: “I want to come here and talk to someone, but I don’t want this reported” (P2P2). For example, this participant had a survivor say

“I’ve already told my mom” or “I’ve already told my friend” and then “I know I can go to police. I don’t want to”. Like there’s very much like a prefacing of – it’s like trying to shut me up before I [laughs]. Which, and I’m not, I’m not about to tell them what they should do, but it’s like they’re a bit defensive (P2P4).

Other participants explained that although they always provide the option for survivors to report their assaults, “for some reason they just don’t like exploring that, that formal process” (P2P3). Likewise, another participant stated that “just because this meets the definition of a criminal code offence, or a university regulation offence, often that’s not the route that a survivor wants to take” (P2P2).

Additionally, one participant gave an interesting explanation as to why student survivors rarely want to report their assault to police. According to this participant, the uncertainty surrounding the time commitment of accessing Guelph Police Service or Campus Community Police poses a significant barrier to students in a 12-week semester (P2P5). For example, when students make an appointment with Counselling Services they retain control over their schedules by only having to set aside an hour of their time. When reporting their experience to police services, there is much more uncertainty over what to expect, as well as how long a formal

process might take. Options other than police generally seem much less disruptive to a student's life and are therefore more likely to be considered.

Correspondingly, a notable finding of this study is that survivors tend to avoid formal reporting processes when and if there is any potential for consequences to the perpetrator (P2P4; P2P7; P2P9; P2P10). Many participants could recall a situation where a survivor had disclosed their experience but specifically avoided any reporting or disciplinary processes because the survivor "did not want to cause harm to the male" (P2P7). For example, one participant explained how a survivor understood that "if I report this, I'm going to wreck someone's life. I didn't want to be a victim and I don't want to wreck someone's life" (P2P4). Yet another participant explained that survivors "[seem] to articulate that they don't want to *ruin* their life, you know, they just want them to do better next time" (P2P10). "It seemed to be when the idea of consequences to the perpetrator were brought forward that [the survivor] started to back-track" (P2P9).

Furthermore, many participants explained that survivors often discover the support they need within their own social circles and therefore have no interest in accessing other resources. For example, one UOG staff member noted that although survivors may find comfort in counselling and medical appointments, they often "feel most support from their friend group" (P2P3). This participant explained that often when students experience a sexual assault, their residence community will act as a support network and help the survivor manage through their ordeal. Similarly, students will often confide in well-known staff members. Because of the friendly relationship some staff members have with students on campus, this participant explained why some survivors might choose to open up to them:

I also don't know that they even identify me as a resource [...]. Or if it's they know me as like, my name [laughs]. And so they know me. I've been an adult figure

checking in on them through the first few weeks and I'm just someone they can talk to. Like I don't know how much they see me as a resource versus a person (P2P4).

Finally, decisions about penalties for the perpetrator are not always in line with a survivor-centred philosophy. For instance, in some cases of sexual violence there might be disagreement between what the survivor wishes and what the University deems appropriate in terms of consequences for the offender.

So I would say my strong values would make sure both parties are supported [...] particularly in the lower end of the continuum around education and learning rather than you know um, automatic like, penalties, right? [...] but the survivor's response would be "I want the student expelled". [...] Respondent needs to understand it's not appropriate. Needs to be penalties – but what's that range of penalties? Because we're an educational institution I probably lean more towards [educating the perpetrator], which I can tell you is probably gonna piss off some survivors (P2P8).

### **Balancing Safety and Sympathy: Maintaining Survivor-Centred Support in Risky Situations**

Although survivors maintain power over most proceedings of sexual violence, it is not always possible for the University to guarantee complete confidentiality after a disclosure or formal report is made. The University has an obligation to act on any information that suggests the sexually violent incident or behavior poses a clear threat to others, and/or is damaging to the safety of the University community (University of Guelph 2017b, sec. 3). This section outlines instances where participants have experienced difficulties in maintaining strictly survivor-centred perspectives and responses given these institutional procedures.

For instance, University employees in certain on-campus units are obligated to share information about instances of sexual violence with their supervisors, even after informal disclosures. In fact, staff members are trained to explain to students that,

the information they've shared is going to be shared with someone above me. 'Up and not out' is sort of what we say. If you can tell that a conversation might involve personal details, like coming soon then I like to let the person know that um, I am obligated to report certain information (P2P4).

Staff are obliged to let survivors know that they must "pass the information up so that the student's not surprised when we reach out to follow up with them" (P2P3). Therefore, even though the disclosure is a private conversation between a survivor and the staff member, "it's not necessarily the most confidential conversation" (P2P7).

Of course, in instances where the behaviour disclosed concerns the safety of the larger University community, staff may be compelled to take action that is not in the best interest of the survivor. For example, one participant remembers managing a past incident that involved predatory behaviour, a term participants used to describe a perpetrator who targets multiple students:

So, it's, it's written into the Sexual Violence Policy that if a, if the University deems that any behaviour is predatory in nature that they may take action even if the victims don't want that. [...] what are the things that we might *have* to do in order to ensure safety and security. [...] Um, and so while we acknowledge that that's not very empowering to somebody who might be a victim of that, at the end of the day we also need to do our best to protect other students, right? (P2P7).

Other participants explain similar situations where they attempted to remain survivor-centred and also vigilant about student safety:

if we feel we have a predator behaviour, that we might actually have to take action. And so it's always finding that balance between sort of saying survivor centred – this is anonymous – we're just here to support you; you lead it. Against those very few, but you know, potentially serious cases where we have to intervene (P2P8).

I know that decisions get made that aren't necessarily survivor centric, but when you're balancing the ethics of the community's safety against an individual then the individual's wants like– I understand it gets complicated (P2P4).

Additionally, there might be pressure placed on the survivor to report in order to move forward with their own safety plans:

If it's a student in our residence system, often times we do need them to file a formal complaint through Campus Police or Diversity and Human Rights to be able to move a student or have any sort of action on the respondent (P2P3).

### **Negative Experiences with On-Campus Resources**

This study found that a number of participants tend to avoid referring to certain on-campus resources based on previous negative experiences and victim-blaming in these units. For instance, these participants explained their experiences with Campus Community Police, and other on-campus units respectively:

my experience sometimes with specific officers [...] sitting across from them where they ask things like “what were you drinking?”, “what were you wearing?”, “did the person get a clear ‘no’?” [...] So I think it just kind of bumps [campus police] down to where I'd be comfortable using them (P2P3).

People are choosing not to tell [the University]. 'cause they don't feel like they're being believed. They don't feel like they're being adequately treated well. They believe that they're going on trial instantly. That's probably one of the most common things we hear from women from U of G (P3P1).

Unfortunately, other participants expressed that they too had either witnessed or received complaints about individuals in certain on-campus units using victim-blaming language toward sexual violence survivors. Two participants (P2P5; P2P6) specified that they use caution when referring student survivors to physicians in the University's Student Health Services. These participants cited students' experiences with certain individuals who asked inappropriate questions and made brash, victim-blaming comments to the survivors. They explained that they usually have no issues in referring to resources on-campus and that most of their colleagues are outstanding when it comes to supporting survivors, however that they are now careful about whom the refer to. For example, they only refer to specific counsellors in Student Counselling Services, specific physicians in Student Health Services, and specific officers at Campus

Community Police since hearing that survivors have not received the best support from other staff members in these on-campus units. This view was echoed by other participants who claim they are careful of the individuals they speak to at certain units on campus, stating that it is not all staff at Campus Community Police, or Student Counselling Services, or Student Health Services, but that these are units on campus where students have been victim-blamed.

### **Professional Relationships**

The final research question intended to investigate the relationship between UOG and other resource agencies within the community. I aimed to discover how the relationships between University staff and staff at other off-campus organizations function in respect to sexual violence. I considered the following questions: is there intercampus communication between departments at the University as well as with off-campus resource staff regarding sexual violence?; in what instances do off-campus service providers refer survivors to on-campus services following a disclosure/formal report of sexual violence?; in what instances do off-campus service providers receive referrals from UOG?, and; what barriers exist in relation to these professional relationships and collaborations?

### **The Student Affairs Case Director: A Catalyst for Connection**

In most cases, communication regarding individual cases of sexual violence only occurs when, and if, a survivor has requested a referral to an off-campus resource from a University employee, or vice versa. In other words, information surrounding *individual* cases of sexual violence is passed to another service provider *only if* a survivor specifically requests their support. This process can be guided by the UOG's Student Affairs Case Director. By the request of a survivor, the Student Affairs Case Director can establish communication between different

service providers and is able to coordinate supports on behalf of a survivor, such that the survivor is not forced to re-tell their story each time they may require support. “We don’t need to put someone in a position where they have to re-tell even the basic information” (P2P2). When asked about the level of intercampus communication in regard to sexual violence, most participants mentioned the Student Affairs Case Director as a necessary catalyst in connecting the often isolated departments within the University.

I think before that, we were doing things in our own individual silos and part of that was that survivor needing to tell their story more than once. And that’s not fair. So now they don’t need to do that. We can direct them to [the Student Affairs Case Director] and she can [...] like liaise as necessary and share the necessary information that has to be shared. So I think that’s helpful (P2P3).

Because the whole issue of confidentiality is so important for the survivor. Um, but you also want to provide the supports, right? So I think the Case Coordinator’s been [...] helpful because she can now collaborate um in a confidential manner (P2P8).

As well, this position serves as the main point-of-contact for off-campus resource staff to refer and communicate with University staff. In instances where a survivor might access off-campus supports directly, all three of my off-campus participants were aware that they can notify the Student Affairs Case Director to coordinate further on-campus support by request of the survivor. This position has not only increased communication between the University and other off-campus resources by offering an obvious delegate, but also benefits survivors by allowing further collaboration with outside organizations. As such, survivors are offered a greater selection of resources and provided more holistic support as the Student Affairs Case Director can synchronize support across multiple areas.

Now that we’ve had the sexual– the Student Affairs Case Coordinator, we’ve had a lot more interaction. [...] now Women in Crisis will say, you know, “do you want us to connect you with the Student Affairs Case Director who can give you supports?”. And the hospital’s doing that as well now too (P2P8).

## **Connecting to Campus: Referrals to the University**

I found that many off-campus participants have good personal or professional relationships with one or more staff members at UOG, most commonly a relationship with the Student Affairs Case Director. Participants addressed the Student Affairs Case Director as the “go-to person” (P3P2) at the University for resources and support. Most of these service providers are active advocates against sexual violence and often know each other personally through the various sexual violence committees within their communities. One participant noted, “I have individual relationships with people on campus. Like [the Student Affairs Case Director] [who] refers a lot. And then I have individual sort of relationships with people that I’ve worked with” (P3P1). Another participant mentioned that they enjoy the personal relationship that has developed between off-campus staff and the Student Affairs Case Director (P3P3). As such, communication between many off-campus service providers and the Student Affairs Case Director are personable and on-going which makes referring survivors simple and easy (P3P1; P3P2; P3P3). Furthermore, because of these relationships, off-campus service providers are confident that survivors are provided the best support between staff in their organizations along with the added support of the Case Director at the University while the student is healing (P3P3).

Even without personal relationships between staff members, off-campus participants explained that efforts will always be made to connect a UOG survivor with resources on campus. When a student chooses to seek treatment with an off-campus resource, he or she will “always, always, always” (P3P1) be given the option to access support at the University. As a general rule, when UOG students disclose at either the Care and Treatment Centre for Sexual Assault and Domestic Violence, Guelph-Wellington Women in Crisis or Guelph Police Service, he or she is always asked by staff if they are interested in a referral to UOG; “we *will* ask that question.

That's a *standard* ask" (P3P1). In fact, all off-campus staff are trained to inform student survivors about the Student Affairs Case Director on campus and all students are given the opportunity to connect with her (P3P3).

We're never gonna turn you away. But sometimes connecting with those services on campus is an immediate something that you can go to should you need it when you're there. And it can be an ongoing. [...] So whether or not it's that we are referring back or helping people understand there are *way* more services than you think (P3P1).

### **Providing Specialized Resources: Referrals to the Community**

As much as referrals to UOG are often most convenient for student survivors, some participants commented that referrals to off-campus organizations are often preferred by many on-campus staff members, off-campus service providers, and survivors alike. I found that participants preferred to refer to services offered through community-based organizations because they are more likely to provide trauma-informed support and sexual trauma-specific services (P3P1; P3P3). For example, one off-campus service provider explained that they would rather encourage survivors to connect with the therapist at the Guelph General Hospital than refer to Counselling Services at the University because the counsellor at Guelph General Hospital is trauma-trained and the University staff are often not (P3P3). Of course, if a student cannot make the trip to the hospital for counselling, they will be referred to the University, but "my first choice is [Guelph General Hospital]" (P3P3). Other participants agreed and commented that they prefer to refer to Women in Crisis rather than to on-campus Student Counselling Services because the counsellors at Women in Crisis are also all specifically trained around the effects of trauma, especially in experiences of sexual assault (P2P6; P3P1). In fact, of referrals made by participants to community organizations, counselling referrals to Women in Crisis and

the Care and Treatment Centre for Sexual Assault and Domestic Violence were found to be most common (P3P1; P3P2; P3P3). Participants agreed that in any case of sexual trauma or cases involving other serious mental health concerns that they would prefer to refer to off-campus counsellors with specialized experience (P2P1; P3P3). In some sexual violence cases, Women in Crisis is used as an extension of the University's Counselling Services; "we have a lot of referrals from the U of G. Um, we have counsellors that will call to sort of say, 'can you help me out with this because it's beyond where I'm at'" (P3P1).

The second most commonly sought-after off-campus resource is the Care and Treatment Centre for Sexual Assault and Domestic Violence, which is available for specialized medical assessments. This unit at the Guelph General Hospital offers certain medical services that Student Health Services at the University simply cannot offer. These include head-to-toe assessments, genital assessments, medical assessments, crisis counselling, photographs of injuries, pregnancy prophylactics, screening and prophylactics for STI's, and this unit can complete a sexual assault evidence kit, which will gather genetic information and may then be released to police and/or the forensic science centre for evaluation. The hospital will also provide referrals to its own trauma-informed counsellor, as well as to other services in the community if requested.

The Care and Treatment Centre for Sexual Assault and Domestic Violence receives a large proportion of referrals from UOG. So many in fact that, staff at this unit "know when [classes] are in" (P3P3) simply by the number of cases they receive. This staff member noted that a large percentage of the Care and Treatment Centre's clientele is UOG students (P3P3). Because of the volume of students who experience sexual violence, and because the University's Health Services often cannot offer adequate care following a sexual assault, this participant notes

that they would prefer that University staff send student survivors directly to the Care and Treatment Centre for Sexual Assault and Domestic Violence at the hospital (P3P3).

Considering this finding, off-campus participants note that university staff are often quick to recognize that off-campus services will offer survivors supports and advantages that University units are not always equipped to offer. For example, if a student is living with a partner and experiencing domestic violence, a referral to Women in Crisis might be the best option (P2P5; P2P6; P3P3). In other cases, a survivor might want to be referred to services in their home community rather than in Guelph (P2P5). Guelph Police Service is another off-campus unit to which the University often refers. In fact, in any sexual violence case where a survivor is either in need of medical attention, or considers pressing criminal charges, the University is obligated to get the Guelph Police Service involved (P2P1; P2P2; P2P10). Whatever the need might be, many participants agree that looking to the greater community for resources often best serves survivors. One participant explained that a survivor's support network should never be limited to just the campus community: "like, let's expand your repertoire of support to the best of your ability because your team can't be big enough" (P3P1).

However, findings also show that some University staff members are reluctant refer to off-campus resources. For example, some University staff members only refer to Guelph General Hospital or to Guelph Police Services after-hours or in an emergency situation (P2P3). Likewise, participants from off-campus support services find that they *only* receive referrals from certain on-campus units after regular business hours when most on-campus services are closed, or in the case of an emergency (P3P1; P3P3). For some of these University staff participants, the reason they rarely refer to off-campus resources is because they would prefer that student survivors access supports on campus. These participants expressed the opinion that student survivors are

adequately served by University services, and – as they *are* first and foremost students, that the University offers all a survivor might need (P2P1; P2P2).

we've got so many resources on campus and it's so easy to refer, I would prefer they stayed on campus, really. [...] Yeah, so I think the students are better served on-campus than going off-campus. (P2P1).

However, as discussed earlier, if sexual assault survivors are only referred to on-campus services, certain services cannot be offered such as sexual assault evidence kits, criminal charges, and confidential medical assessments, among others (P3P3).

So there's things that they *can't* fulfill on campus. Um and I truly feel like that's a bit of a disservice to these young people, right? [...] that whole thing about it takes a village to raise a kid? It takes a village *always*. The university is great. Don't get me wrong. [...] They have a *multitude* of services that are supportive. But I think they do a disservice to their students when they try and keep them cloistered within – for anything – but what we're talking about specifically around sexual violence (P3P3).

Finally, off-campus service providers found that some survivors' negative disclosure experiences (e.g., feeling blamed or asked inappropriate questions) have convinced them to seek resources off-campus rather than those provided at UOG. In fact, one off-campus participant found that student survivors often negatively associate the University with their assault (P3P1). As a result, some survivors are reluctant to access resources on-campus due to this association, and some survivors may *only* consider support from other organizations.

Underneath a campus roof, you're all one big umbrella. So there's the guilty by association if you will because if everybody has 'blah blah blah blah at the University of Guelph' in their title, then it is seen as one large organization where somebody is talking to somebody. [...] it's a pretty glaring um, barrier for some women. [...] especially when it is an assault that's taken place on campus, or within an organization, often times the last people that somebody wants to turn to for help are people that are associated with the association or the place. [...] A lot of the time women have no interest in, in going to get help from the same organization that rightly or wrongly, they may be the place of saying didn't protect me (P3P1).

## **Closing the Loop: Overcoming Barriers and Building Relationships Between the University and the Community**

The findings of this study revealed a lack of sustainability in the relationships between UOG and community organizations. Interview participants suggested that student survivors would be better supported if partnerships were further developed between staff members at the University and service providers in off-campus organizations.

As mentioned above, staff members at multiple off-campus organizations depend on only one or two personal and/or professional relationships with staff at UOG (P2P3; P2P6; P3P1; P3P2; P3P3). In many cases, this relationship is with the Student Affairs Case Director. Although these relationships are positive and largely effective, participants noted that so few professional connections may be insufficient and unsustainable, not to mention limiting for survivors.

players change and people move [...] it shouldn't be relationship-based. [...] I should step out of my position, other people should be able to step out of their positions and the relationship between the two places should be solid. It shouldn't be dependent on me [...] or whomever [...] it shouldn't be [one person's] job to make sure that we have this really good working relationship (P3P1).

Relying on one or two people as main contacts at the University leaves a significant gap in services when one or both of those staff members are not available due to vacation or illness (P2P6). Thus, having survivor referrals and inter-organizational collaboration depend on personal relationships is found to be largely problematic (P2P3; P2P6; P3P1; P3P2; P3P3).

Furthermore, University staff who have not established many professional relationships with other service providers in the community often find themselves without an accurate understanding of many of the off-campus organizations' services, processes and limitations. In fact, one UOG front-line staff participant (P2P11) explained that they do not know of *any* off-

campus resources to which they can refer students; a theme that my off-campus participants also noted and found frustrating (P3P1; P3P3). This lack of knowledge about the service provided by off-campus organizations (and even by other on-campus units) makes referrals difficult and sometimes impossible. In many cases, this lack of rapport with other service providers in other support resources is a reason why many participants only refer survivors to on-campus resources:

if they were asking me for resources I would probably focus on what we have on campus [laughs] to be honest. Which maybe isn't the greatest approach, but, [...] I think it's just what I know. Like I, I think knowing all the resources [on-campus], being able to speak with them with confidence, and also I [...] know the individuals that like, they would likely be going to talk to too, I can make it very personal for them (P2P7).

University staff would like to explain to students exactly how their experiences with different off-campus services are going to play out, but often cannot because they are not familiar with the people nor the processes (P2P3; P2P7).

I know they exist and I know how to make the referrals there, I have the numbers in my office. Like that, that's not the issue, but I think when you're telling a student to go call this number [...] I find it's better when you can actually work through that process with them. [...] And being able to go in that detail [with off-campus resources] I most definitely don't have (P2P7).

University participants explained that establishing professional relationships with other service providers would dismantle some barriers for many survivors (P2P7) and that “even naming that person makes it a little bit less scary for the survivor” (P2P3). These relationships will also ensure survivors are offered warm referrals:

What I have an interest in is warm transfers. I want people *not* to be handed our card or our pamphlet when they're overwhelmed with whatever is going on, and saying “you can always call these people”. [...] A warm transfer is I'm going to see if I can have this person come over introduce themselves, and have an opportunity for you to see what these services are so that once— we can start to bridge that while you're here and then you can just continue. It's seamless. It's lovely (P3P1).

For staff to connect with other service providers, one participant suggested that it would be helpful if the University would,

manage a relationship with the hospital so there *is* that better connection back and forth. Um, even just for us to know a name of who [the student] might be going to see at a hospital [...] like I don't know if we could do like a meet-and-greet with the people that would do the referrals so we can learn more about them – what that support looks like (P2P3).

The need to develop more professional relationships and establish multiple contacts between organizations is felt by University staff, and off-campus service providers. One off-campus service provider explained that in order to provide the best care for survivors, they should have contacts within each unit of each organization. (P3P3). This participant has a strong relationship with the Student Affairs Case Director, but with few other University staff members. As such, they expressed uncertainty surrounding what to expect from other on-campus services:

I don't know who else on campus to talk to. Right? Universities are big institutions with lots of people and so I don't have a connection with their security at all [...] I don't know how they're going to support the student. [...] Whereas if they take the student to [the Student Affairs Case Director] and [the Student Affairs Case Director] calls me then I know what package I'm getting (P3P3).

This participant's comment speaks to an air of mistrust that many of my participants have expressed surrounding the quality of care survivors might receive, and what approach service providers use on campus; especially those with whom my participants do not have an established professional relationship. All in all, service providers are more likely to refer survivors to others whom they trust to provide consistent and adequate care (P3P1; P3P2; P3P3). This trust is gained through positive experiences with other service providers.

There are also practical benefits of developing professional relationships with multiple staff and service providers that could potentially benefit survivors. For instance, certain University staff members pointed out that because of the relationships they have developed with certain staff members in other on-campus units, the wait times for appointments in those services are reduced (P2P1; P2P2). Of course, if more relationships were fostered between staff at the

University and off-campus organizations, more survivors might benefit in the same way. For instance, this participant would like to foster the same type of relationship with off-campus service providers as they have with staff in on-campus services to be able to offer warm referrals:

I feel like on-campus it's very strong. So we can call [...] and say "hey, I'm sitting with this person right now, they've agreed that they want to come talk to someone. Is there a time that we could walk over together – won't have to wait – can go directly into a space that they can talk to you about it?". And on campus it's a lot more collaborative. It's tough to get that um, response at the hospital. [...] So I think we could most certainly work on that relationship with off-campus partners (P2P3).

Overall, participants felt that survivors would benefit if all staff members at both UOG and community-based organizations would work to foster relationships with one another. Not only will this take the burden off the few staff members who have already established these partnerships, but also make these collaborations more sustainable. Off-campus participants urged the UOG to start "building bridges" between organizations (P3P3) and not refer to each other solely "depending on who is in" (P3P1). This might require the University to implement policy that encourages front-line staff members to commit to working together with other on-campus service providers as well as staff in community-based organizations and toward the best interests of survivors (P3P3).

in regards to supporting our survivors [...] what we're doing should transcend all the differences and the barriers that exist within any organization. We should be there collaboratively [...] To provide the best possible support to a survivor [...] We should all come together (P2P2).

## **Conclusion**

This chapter presented findings related to tier one of the UOG's new *SVR&ST* as well as findings on staff referral strategies and relationships with other service providers. Findings suggest that experience in supporting survivors of sexual violence is a major determinant of both the knowledge that staff and faculty retain surrounding sexual violence as well as the decisions

staff make in the referral process. This study also found that communication between the University and other organizations in relation to sexual violence is limited to certain staff members and based largely on personal relationships.

The following chapter will discuss connections between this research and the existing literature on university sexual violence training and referral practices. Participant contributions and recommendations for the improvement of the University's *SVR&ST* will also be discussed. The chapter will conclude with this study's limitations and suggested directions for future research on this subject.

## Chapter Five: Discussion

This chapter will identify connections between the current research findings and existing literature on sexual violence within a university setting. This chapter will also feature recommendations for the improvement of the University's *SVR&ST*, as well as areas of improvement in the University's relationships with outside organizations. Finally, this chapter will include a discussion on the limitations of this research, along with suggestions for future research on staff training and survivor resource utilization at UOG.

After careful analysis of the twenty qualitative interviews, major themes appeared in relation to sexual violence training and referral practices at UOG. First, although this study's sample size limits its conclusions regarding the effectiveness of the *SVR&ST*, participant completion of the *SVR&ST* and experience with receiving disclosures of, and managing cases of sexual violence appear to be major predictors in staff and faculty's knowledge in responding to disclosures of sexual violence and offering survivors appropriate support resources. Second, UOG faculty and staff referral decisions employ a survivor-centred philosophy. Still, participants noted receiving complaints of victim-blaming in certain units, suggesting that widespread sexual violence training is needed for UOG staff to ensure appropriate and consistent response procedures are being followed across campus. Finally, this research indicates that the few relationships between staff at UOG and off-campus organizations are insufficient and unsustainable. Further efforts to collaborate should be made by each party to ensure that survivors are receiving the best care from the most suitable service providers.

## Experience is the Best Teacher

This study's findings suggest that although faculty and staff completion of tier one of the *SVR&ST* does increase their general knowledge about sexual violence, participant understandings of how to properly respond to a disclosure and refer survivors is found to be largely dependent on participant experience with responding to sexual violence. Participant knowledge and understanding of the content included in the *SVR&ST*, the appropriate steps in responding to a disclosure of sexual violence, and the ability to identify both on- and of-campus sexual violence resources was found to be largely based on participants' direct experience with receiving disclosures, supporting survivors, and offering referrals. Thus, staff members with the most experience possessed the most knowledge, whereas faculty and staff with least experience demonstrated a limited understanding of how to properly respond to a disclosure and refer survivors. Moreover, some participants expressed that the dense academic format of the *SVR&ST* does not allow for an internalization of the material. One participant felt that the *SVR&ST* underestimates a professor's role in supporting their students and was left with more questions than answers. Participants suggested that the sexual violence training might be more effective if it were presented in-person and incorporated scenario-based components, which would allow for increased internalization of the content and the opportunity to ask questions about the material.

Although there is little research into university-based sexual violence training specifically for faculty and staff, literature on student-focused programming provides insight into the efficacy of in-person sexual violence training, which can be applied to training for faculty and staff. For example, previous research demonstrates that information-based programming alone is ineffective (Bradley, Yeater, and O'Donohue 2009; Gidycz, Orchowski, and Berkowitz 2011). Sexual violence training and education programming should not only aim to increase participant

knowledge, but also seek to build skills (Edwards 2009; Gerrits and Runyon 2015). Research indicates that the most effective sexual violence prevention and education programs are workshop-based, or offered in long or frequent, in-person sessions (Anderson and Whiston 2005; Banyard, Plante and Moynihan 2005; Vladutiu, Martin, and Macy 2011; Gerrits and Runyon 2015; Majury, Rankin and Connors 2015; Moore 2016). Skill-building and real-life examples are linked to best learning outcomes (Bradley, Yeater, and O'Donohue 2009; Gidycz, Orchowski, and Berkowitz 2011). In fact, the incorporation of skill-building not only increases participant knowledge retention, but also positively impacts attitudinal and behavioural change (Edwards 2009; Thatcher 2011). Although online and computer-based programming is often most cost effective (Vladutiu, Martin, and Macy 2011; Moore 2016), these authors recommend in-person training, and advise universities to invest in long-term sexual violence education and training for long-term impact (Anderson and Whiston 2005; Bradley, Yeater, and O'Donohue 2009; Gerrits and Runyon 2015).

Tiers two and three of the *SVR&ST* are presented in-person, but are targeted only at individuals most likely to have someone disclose sexual assault to them, or intervene in problematic behaviour. This includes individuals who manage significant numbers of staff and students, and who may be involved in long term follow-up support and coordinating support efforts (University of Guelph 2017b). Although it may not be realistic to provide in-person sexual violence training to the entire UOG staff population, front-line staff receiving tiers two and three training may benefit from frequent, workshop based sessions.

**Sexual Violence as Culturally Dictated, Not Culturally Deviant: A Content Analysis of the  
*Sexual Violence Referral and Support Training***

I asked participants about the prevalence of sexual violence on the UOG campus. I learned that an individual UOG staff member can see up to ten survivors per semester (P2P3; P2P5; P2P6; P2P7). When asked if sexual violence is a problem on the UOG campus, most participants (n=14) agreed that sexual violence is indeed an issue on the UOG campus, but acknowledged that sexual violence is a problem on every campus and, more largely, a problem in our society as a whole. Most feminist research acknowledges this phenomenon, and points to the broader societal context in which sexual violence occurs (Griffin 1971; Brownmiller 1975; Groth, Burgess and Holmstrom 1977; Baker 1997; Foubert and McEwan 1998; Katz 2002; Banyard, Plante and Moynihan 2004; Falcon 2006; Katz 2006; Carmody 2009; Adler 2011; Senn 2011; Dupain and Lombardi 2014; Cahill 2017; Haiven 2017). Despite the plethora of research that connects sexual violence on campus to sexual violence in the wider society, such an acknowledgement of the cultural roots of sexual violence was found lacking in the *SVR&ST*. Although the *SVR&ST* does include an explanation of the sexual violence continuum (Kelly 1988), important components of a healthy relationship (Domestic Abuse Intervention Project 2016), and visual representations of the ways in which power and control can manifest as physical, emotional, and sexual abuse (Etherington and Baker 2016; Jefferson College of Health Sciences 2016) as means of expanding participant understanding and recognition of sexual violence, tier one of the training module does not include any explanation of the causes of sexual violence, and little information about the aspects of our society that normalize sexual violence and contribute to a rape culture (University of Guelph 2017b, sec. 2).

For examples on how universities might incorporate information about the cultural roots of sexual violence into their programming, we can look to recent Canadian initiatives. For example, the provincial government campaign, *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment* (Government of Ontario 2015) and the newly launched *Ontario Strategy to End Gender-Based Violence* (Government of Ontario 2018) both move to implement programming to challenge rape culture and encourage a long-term generational shift away from the deep-rooted attitudes and behaviours that commonly normalize and excuse sexual violence in our culture (Government of Ontario 2015; 2018). Although *It's Never Okay* has been criticised for placing too much responsibility on survivors to report their experiences (Moore 2016; Doolittle 2017; Lalonde 2017; Quinlan 2017; Sheehy and Gilbert 2017), it does emphasize the need to transform the cultural foundations that encourage sexually violent behaviours. Another example is the implementation of on-campus bystander intervention programming (Katz 2006; Banyard, Plante and Maynihan 2007; Katz, Heisterkamp, and Fleming 2011; Senn 2011; Coker et al. 2015; Salazar et al. 2015). These programs not only empower students to intervene when they witness others' sexist or abusive behaviors, but can also be used by universities as a tool to present the perspective that sexual violence is rooted in our cultural understandings of the masculine identity (Berkowitz 1992; Hong 2000; Katz 2002; 2006; Fabiano et al. 2003). Sexual violence then, can be shut down by men who change their own behavior and intervene in the violent behaviours of other men (Katz 2002; 2006).

Sexual violence researchers underscore the importance of presenting training that recognizes sexual violence as a culturally-dictated social norm (Baker 1997; Katz 2006; Carmody 2009; Senn 2011). If "society continues to accept the myths surrounding male violence against women, the actuality of violence will not change" (Jones 2012, 195). As such, literature

on campus sexual violence training suggests that universities include in their programming discussions on rape culture, rape myths and rape scripts, gender-role socialization, hegemonic masculinity, and patriarchy, as well as how sexual violence is normalized in heterosexual relationships, and how to identify behaviours that perpetuate rape culture; not to mention information on healthy dating communication, and healthy drinking guidelines (Kelly 1988; Belknap and Erez 1995; Baker 1997; Breitenbecher 2000; Carr 2005; Gavey 2005; Katz 2006; Turner Kelly and Torres 2006; Edwards 2009; Heisterkamp and Fleming 2011; Senn 2011; Vladutiu, Martin, and Macy 2011; Weiss 2011; Burkett and Hamilton 2012; Joseph, Gray and Mayer 2013; Mendez 2015; Sutton and Simons 2015; Fenner 2017). Other authors agree that sexual violence training should: challenge the broader “sociocultural determinants of behaviour that supersede individual attitudes, beliefs, and intentions” (Hong 2000, 269); “go beyond changing individuals to changing the system that creates and maintains sexual abuse” (Swift and Ryan-Finn 1995, 20); divert attention away from individual responsibilities and back to social relations of power, privilege and oppression (Profitt and Ross 2017, 199); and present the perspective that the North American hyper-masculinized socialization of boys and men is problematic (Berkowitz 1992; Hong 2000; Katz 2002; 2006; Fabiano et al. 2003). According to Baker, focusing on the social context within which sexual violence occurs will force audiences to “examine the true, yet disturbing, reasons for rape” and help to advance our cultural understanding of sexual violence (1997, 613). Also, by understanding sexual violence as a cultural norm audiences may re-examine their own beliefs and biases to develop more supportive and validating responses to disclosures (Carrigan, Wooten and Mitchell 2016; Moore 2016; Halstead, Williams and Gonzalez-Guarda 2017).

### **...But I Don't Want this Reported**

This study found that many UOG student survivors of sexual violence do not want to formally report their experiences. Instead, many survivors confide *informally* in friends, family, peers, and even in well-known university faculty and staff. This study also found that when survivors do disclose their experiences to UOG staff, the purpose for doing so is often to protect other women from experiencing the same fate.

Consistent with existing literature, it is common for survivors of sexual violence to avoid any formal reporting processes. According to Statistics Canada, only one in twenty sexual assaults are ever reported to police (2014). Research on low reporting rates indicate that there are several reasons why survivors of sexual violence do not report their experiences. The most common reasons include that the survivor felt the crime was minor and not worth taking the time to report, and/or that the assailant was known to the survivor as a family member, friend, acquaintance, or current or former intimate partner (Weiss 2011; Statistics Canada 2014). Research which focuses specifically on campus sexual violence also finds low reporting rates as a common trend, noting that student survivors are extremely reluctant to report incidents of sexual violence to police (Lindquist et al. 2013; Moore 2016; Stermac, Horowitz and Bance 2017). Studies also indicate that a large proportion of post-secondary students<sup>3</sup> – from twenty-five percent (Littleton 2010; Walsh et al. 2010; Orchowski and Gidycz 2012) to fifty-five percent (Orchowski and Gidycz 2012) – do not report their experiences of sexual violence to anyone at all. In fact, some studies suggest that rates of disclosure to on-campus services of any kind range from as little as three to twenty percent, with a high proportion of these student survivors opting

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<sup>3</sup> The sample sizes of these three studies vary between 340 and 1,230 participants.

to access counselling services above others (Walsh et al. 2010; Sabina and Ho 2014; Stermac, Horowitz, and Bance 2017).

Researchers have also attempted to understand *why* student survivors of sexual violence do not report their experiences formally. One reason for low student reporting rates is found to be that students simply do not know where to go for support. A number of studies report that university students have limited knowledge of on-campus resources, which results in low utilization of these resources (Hayes-Smith and Levett 2010; Walsh et al. 2010; Tsui and Santamaria 2015; Franklin, Menaker and Jin 2017; Halstead, Williams and Gonzalez-Guarda 2017). As such, the usefulness of sexual assault resources is limited to the extent that students are aware of these services, knowledgeable about the support provided, and willing to use these outlets (Garcia et al. 2012; Franklin, Menaker and Jin 2017). According to Garcia et al. (2012) students may be uncomfortable accessing on-campus services out of uncertainty surrounding what might be expected of them once they do so. Halstead, Williams and Gonzalez-Guarda (2017) suggest that efforts should be made by universities to educate students about which on-campus services are confidential resources. They argue that by doing so a university might increase the number of sexual violence disclosures that are made to on-campus resources, and that by doing so this may ultimately lead to better student outcomes via increased service utilization (Hayes-Smith and Levett 2010; Halstead, Williams and Gonzalez-Guarda 2017).

Other studies suggest that survivors of sexual assault often neutralize their experiences in order to justify not reporting (Walsh et al. 2010; Weiss 2011). According to Weiss, these neutralization strategies include the denial of criminal intent; ‘he did not mean to hurt me’ (2011, 451-453), denial of injury; ‘my experience is nothing compared to a *real* rape’ (2011, 451), and denial of victim innocence; ‘it’s my fault for getting drunk and passing out; I should have known

better' (2011, 456-458). Much like the current study in which participants relayed that many survivors do not "want to be a victim", Weiss also explains how survivors often reject identifying with victimhood (2011, 458). By internalizing these beliefs, survivors do not understand themselves as victims of a crime, and therefore do not see a need to report (Festinger 1957; Warshaw and Koss 1988; Layman, Gidycz, and Lynn 1996; Gavey 1999; Maruna and Copes 2005; Weiss 2011). Walsh et al. (2010) also find that a majority of survivors do not perceive their experiences as serious enough to warrant seeking help from on-campus services. When survivors feel that their experiences are not serious enough or worthy of professional attention, they may compartmentalize their struggle in order to focus on their education (Walsh et al. 2010). As noted by a number of my participants, these students often present with mental health issues later in the semester stemming from their experience (Horsman 1999; Jenkins et al. 2000; Acierno et al. 2002; Haskell 2003; Ullman 2004; Jenkins et al. 2010; Walsh et al. 2010; Vladutiu, Martin, and Macy 2011; Zinzow et al. 2011; World Health Organization 2013; Government of Ontario 2015).

Another reason for low student reporting rates is that many survivors find the support they need by disclosing their experiences to family, friends, and peers (Cramer and Prentice-Dunn 2007; Littleton 2010; Jacques-Tiura et al. 2010; Walsh et al. 2010; Miller et al. 2011; Moors and Webber 2012; Orchowski and Gidycz 2012; Lindquist et al. 2013; Krebs et al. 2016; Halstead, Williams and Gonzalez-Guarda 2017; Stermac, Horowitz and Bance 2017). Research suggests that students informally disclose to these personal supports more commonly than to formal personnel, such as to a counsellor or to campus police (Littleton 2010). Halstead, Williams and Gonzalez-Guarda (2017) find that survivors most often disclose to close friends and family, romantic partners, roommates, and peers (Littleton 2010; Walsh et al. 2010; Miller et

al. 2011; Orchowski and Gidycz 2012; Krebs et al. 2016). Of these, student survivors are more likely to disclose to friends than to family members (Halstead, Williams and Gonzalez-Guarda 2017).

The preference to disclose to friends, family and peers articulates survivors' desire for emotional support rather than their desire to see persecution for the perpetrator (Jacques-Tiura et al. 2010; Moors and Webber 2012). This is also reflected in the current study as respondents reported that survivors tend to avoid formal reporting processes when and if there is any potential for consequences to the perpetrator. Many survivors disclosed to protect other women, but refused to report to protect the assailant (Jones 2012; Kelly, Lovett and Regan 2005; Moore 2016). This desire to protect perpetrators is commonly found among jurors, police officers, and survivors (Weiss 2011; Stuart, McKimmie and Masser 2016; Kebodeaux 2017). In fact, a juror in a gang rape case explained that the jury's reason for not convicting the perpetrators was not that they did not believe the survivor, but that they did not want to "ruin the boys' lives" (Fried 1991).

Students may also be uncomfortable reporting their experiences of sexual violence to on-campus services because they negatively associate their university with their assault. As a result, some survivors are reluctant to access resources at a university because it is assumed "guilty by association"(P3P1). In turn, survivors will often rely on community-based resources as an alternative to institutionalized campus services. (Lalonde 2017; Quinlan, Clarke and Miller 2016). As confidentiality is often a central concern for survivors of sexual assault, the presence of a "neutral" perspective (Lalonde 2017, 261) gives survivors the sense of assurance that the service providers in the community are less apt to side with the university and provide support with little conflict of interest (Quinlan, Clarke and Miller 2016).

## **Risky Behaviour: Victim Blaming on Campus**

A major contributing factor to low survivor reporting rates continues to be the fear of negative responses and re-victimization by law-enforcement and service providers. This barrier was found to be a major theme in the current study and is supported by decades of sexual violence research (Symonds 1980; Ullman 2000; Ahrens 2006; Jones and Cook 2008; Miller et al. 2011; Zinzow and Thompson 2011; Orchowski and Gidycz 2012; Koo et al. 2015; Moore 2016; Halstead, Williams and Gonzalez-Guarda 2017). Such research underscores survivors' experiences with secondary victimization (Symonds 1980) and includes many examples of negative responses to sexual violence disclosures, which include blaming or stigmatizing the survivor and/or attempting to control or distract the survivor from discussing the assault or seeking support or justice (Madigan and Gamble 1991; Campbell 1998; Ullman 2000; Campbell et al. 2001; Randall 2010; Orchowski and Gidycz 2012; Doolittle 2017). In a University context, and as illustrated by the current research, even the most well-intentioned service providers make inquiries about the details of a sexual assault that can leave a survivor feeling re-victimized by asking questions such as "what were you wearing?", "did the person get a clear 'no'?", "were you drinking?", "why were you alone with him?", or "what could you have done differently to prevent this from happening?" (Ahrens 2006; Orchowski and Gidycz 2012). In cases of sexual assault where basic precautions were not taken by young women, Moore (2016) finds that investigators quickly become frustrated and begin to point to the actions of the survivor herself. Moore finds that campus police personnel often argue that "women are taking too many risks" and may experience sexual violence as a result (2016, 20). This argument was echoed in my own research: "I'm certainly not blaming the girl, but you think, my god! Like don't put yourself in that position!" (P2P1).

Victim-blaming on university campuses suggests that the belief in rape myths and rape scripts continue to be common. Several participants in this study explained that they avoid referring to specific staff members in Campus Community Police and Student Health Services because of previous negative experiences of victim-blaming by certain staff members. Other authors find that victim blaming, which stems from rape myth acceptance, is common in the law enforcement and medical professions and negatively influence their responses (Madigan and Gamble 1991; Campbell 1998; Ullman 2000; Campbell et al. 2001; Armstrong, Hamilton and Sweeny 2006; Moor, 2007; Randall 2010; Orchowski and Gidycz 2012; Moore 2016; Doolittle 2017). Jones and Cook (2008) offer insight into why this might be, suggesting that the law and medical fields have an interest in sustaining rape myth acceptance as the status quo. These authors argue that these professions have

a primary aim of rooting out false accusations, rather than punishing rapists. In other words, the attitude of these professions suggest an interest in maintaining the stability of a society that believes that rape is rare. Only rarely then, can such professionals offer support (2008, 11).

Other authors find this to be true of academic institutions as well (Armstrong and Hamilton 2013; Jozkowski and Wiersma-Mosley 2017), arguing that sexual violence is deeply rooted in campus norms and perpetuated by a male dominated administration, bent on preserving patriarchal control (Jozkowski and Wiersma-Mosley 2017, 100). The false perceptions of staff and faculty about sexual violence can contribute to a social climate that tolerates victim-blaming attitudes, prevents survivors from disclosing in the future, and prevents survivor support (Burt 1980; Lonsway and Fitzgerald 1994; Ben-David and Schneider 2005; Tjaden and Thoennes 2006; Moor 2007; McMahan 2010; Sable et al 2006; Sampert 2010; Suarez and Gadalla 2010; Edwards et al. 2011; Ryan 2011; Weiss 2011; METRAC 2014; Carretta, Burgess and DeMarco

2015; Government of Ontario 2015; Moore 2016; Stermac, Horowitz and Bance 2017).

According to Cantalupo, the large majority of survivors who choose not to report their assaults,

demonstrates their lack of faith in the existing responses and their attempt to avoid the negative consequences that they believe will come of reporting. Because the barriers are serious and, even if they were not, survivors' perceptions of them make them serious, institutions need to put serious resources towards overcoming the barriers (2010, 72).

### **Gentle Hands: Service Provider Responses and Survivor Support**

Supportive responses to survivor disclosures are crucial to survivor well-being. (Campbell 2008; Ahrens, Stansell and Jennings 2010; Orchowski, United and Gidycz 2013; Morton et al. 2014b; Carrigan, Wooten and Mitchell 2016; Moore 2016; Halstead, Williams and Gonzalez-Guarda 2017; Stermac, Horowitz, and Bance 2017). Unfortunately, the pushback as discussed in this research around telling survivors “I believe you” suggests that university personnel are more concerned with personal liability than supporting survivors. Moreover, negative reactions to disclosure, such as the victim blaming responses discussed above are associated with higher rates of PTSD, depression, self-blame, and academic withdrawal (Ahrens, Stansell and Jennings 2010; Orchowski, United and Gidycz 2013; Carrigan, Wooten and Mitchell 2016). Conversely, survivors who receive positive responses to disclosures are more likely to accept support, which is found to increase both physical and mental well-being (Ullman 1999; Pennebaker 2000; Ullman and Filipas 2001; Wasco et al. 2004; Broman-Fulks et al. 2007; Ahrens, Stansell and Jennings 2010; Government of Ontario 2015; Moore 2016; Franklin, Menaker and Jin 2017; Halstead, Williams and Gonzalez-Guarda 2017; Holland and Cortina 2017). Rosenfeld (2014) and Moore (2016) urge any person who receives a disclosure of sexual violence on a university campus to support, rather than inhibit survivors in their their journey to recovery:

Strive to reduce, rather than exacerbate, the trauma the student is experiencing from the assault. Bear constantly in mind that how you treat her or him will determine

whether she or he will be able to continue her or his studies, [and] whether she or he will recover or will spiral downward [...] receive the information with gentle hands; do not blame the reporting student for the assault; do not force her or him to retell the story repeatedly; and provide academic accommodations that include one specific person assigned to coordinate the student's needs so that she or he is not left alone to navigate the traumatic effects that often emerge in the wake of an assault (Rosenfeld 2014, para. 6).

### **If You Want to Change the Culture, Change the Mindset**

Isolated incidents of victim-blaming and low survivor reporting rates on the UOG campus may be indicative of wider patterns and suggest the need for targeted sexual violence training for front-line staff, and widespread sexual violence education for the entire campus community. When uninformed service providers uphold stereotypes and myths about sexual violence, re-victimized survivors, or leave survivors conflicted about their options for redress and support, the need for sexual violence training is clear (Symonds 1980; Pitts and Schawrtz 1993; Armstrong, Hamilton and Sweeny 2006; Littleton et al. 2009; Sable et al. 2006; Edwards et al. 2011; Carretta, Burgess and DeMarco 2015; Gerrits and Runyon 2015; Moore 2016). After all, a consistent and supportive campus response to disclosures of sexual violence requires an informed campus community (Fisher et al. 2003; Banyard, Plante and Moynihan 2004; Klaw et al. 2005; Payne 2008; Fox and Cook 2011; Senn 2011; Du Mont et al. 2012; METRAC 2014; Senn et al. 2014; Gerrits and Runyon 2015; Moore 2016; Quinlan, Clarke and Miller 2016; Lalonde 2017). According to Gerrits and Runyon, staff and faculty should be adequately trained on sexual assault awareness, rape culture, and consent before they can work with students, or else the education and awareness work that is targeted *at* students is at risk of being undone by rape culture within the university culture itself (2015, 20). A multitude of researchers urge universities to provide everyone within a campus community – including faculty, staff, students, residence assistants, teaching assistants, athletic staff, varsity team players, student leaders, and

administrators – education about sexual violence and training on how to properly respond to disclosures (Fabiano et al. 2003; Fisher et al. 2003; Banyard, Plante and Moynihan 2004; Klaw et al. 2005; Payne 2008; Fox and Cook 2011; Senn 2011; Du Mont et al. 2012; METRAC 2014; Senn et al. 2014; Gerrits and Runyon 2015; Moore 2016; Quinlan, Clarke and Miller 2016; Lalonde 2017; Profitt and Ross 2017). As the current study indicates, it is not only front-line university staff to whom survivors turn to for support. Because so many students disclose to their professors and peer groups, researchers suggest that university sexual violence training initiatives expand their focus to include effective steps professors and students can take when and if a student or friend discloses sexual violence (Fisher et al. 2003; Cramer and Prentice-Dunn 2007; Garcia et al. 2012; Franklin, Menaker and Jin 2017; Halstead, Williams and Gonzalez-Guarda 2017). These authors assert that the “education of the campus community, as a whole, will increase the likelihood that those who are disclosed to react in a beneficial way” (Halstead, Williams and Gonzalez-Guarda 2017, 2150).

Furthermore, this research found that front-line UOG staff, including those working in on-campus units such as Student Health Services, Campus Community Police and Student Counselling Services, may benefit from receiving trauma-informed training to be able to understand the effects of sexual violence through a survivor-centred and trauma-informed lens. These university staff members who directly support survivors of sexual violence should be able to recognize the signs and symptoms of trauma in students and be able to respond with policies and procedures that are trauma-informed (Haskell 2003; SAMHSA 2015; Moore 2016). A trauma informed approach is one that:

- a) Realizes the widespread impact of trauma and understands potential paths to recovery;
- b) Recognizes the signs and symptoms of trauma;

- c) Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and,
- d) Seeks to actively resist re-traumatization (Gerrits and Runyon 2015; SAMHSA 2015).

Research identifies the lack of professional education and adequate training in these areas for sexual violence service providers especially concerning (METRAC 2014; Morton et al. 2014b; Moore 2016; Quinlan, Clarke and Miller 2016; Lalonde 2017). In their 2014 study, Morton et al. found that some sexual assault and domestic violence (SADV) service providers – specifically those whose main focus is *not* SADV – reported a lack of knowledge on these issues. Dr. Lori Haskell, clinical psychologist and professor at the University of Toronto also finds that many professionals do a disservice to sexual assault survivors when they do not have an understanding of the neurobiology of trauma (P3P3; Haskell 2003; Doolittle 2017). Because of the radically different ways survivors of sexual violence experience trauma, it is recommended that universities adopt a trauma informed approach (Gerrits and Runyon 2015; SAMHSA 2015) when responding to any case of sexual violence (Haskell 2003; Elliott et al. 2005; Macy et al. 2010; Gerrits and Runyon 2015; Washington Coalition of Sexual Assault Programs 2015; Quinlan, Clarke and Miller 2016; Sheehy and Gilbert 2017).

### **It Takes a Village: Community-Campus Communication and Collaboration**

Beyond providing an evaluation of UOG’s sexual violence training and response, this research sought to understand how the relationships between staff at UOG and off-campus organizations function in relation to student survivors of sexual violence. This study found that community-university (CU) collaboration is key to providing the best survivor support.

This research found a need for increased communication and collaboration between UOG and community organizations. Specifically, this study revealed that UOG staff members have

few to no personal relationships with staff in off-campus organizations, and vice versa.

Moreover, when a personal relationship is present, it is most commonly with the Student Affairs Case Director. This lack of sustainable relationships not only places a substantial burden on the very few UOG staff members who have established connections with off-campus service providers, but also places limitations on survivor opportunities for support if referrals are made from an under-connected staff member.

The need for increased collaboration aligns with findings of other researchers, including Morton et al.'s 2014 study, which was also conducted in the Guelph-Wellington area. These studies found that a lack of personal relationships between service providers may limit a survivor's resource utilization. This is due to staff members' lack of knowledge about resources other than their own, and uncertainty about what services are offered and what approaches are followed by other organizations in the area (Ullman and Townsend 2007; Whitaker et al. 2007; Macy et al. 2010; Morton et al. 2014b). For instance, this study found that several UOG participants, including front-line staff, had difficulty identifying off-campus sexual violence resources. Since many survivors rely on UOG staff to provide information about other services and other organizations, staff knowledge in these areas is crucially important.

Awareness of available services and resources facilitates coordination and collaboration, specifically referrals between agencies, while a lack of service provider knowledge about available agencies and services can reduce women's access to needed resources (Morton et al. 2014b, 48).

Greater staff awareness and understanding of other organizations' services can facilitate referrals and improve service utilization (Morton et al 2014b; Franklin, Menaker and Jin 2017; Munro-Kramer et al. 2017). By nurturing multiple relationships with other organizations, University staff will gain clear points of contact and feel more comfortable and confident making referrals for survivors (Whitaker et al. 2007; Macy et al. 2010; Morton et al. 2014b). Interview

participants suggested that student survivors would be better supported if partnerships were further developed between staff members at the University and service providers in off-campus organizations. Likewise, off-campus participants urged UOG administrators to start “building bridges” between organizations, as relationships are the foundation for all action (Aldrich and Marterella 2014; Munro-Kramer et al. 2017). Establishing more personal relationships between staff members may increase communication and collaboration between agencies (Koss, Bachar, and Hopkins 2004; Whitaker et al. 2007; Payne 2008; Macy et al. 2010; METRAC 2014; Morton et al. 2014b; Moore 2016).

Moreover, this study aligns with research that finds that survivors of sexual violence have diverse needs and require a wide variety of community resources to care for them as ‘whole people’ and not solely as ‘just students’ (Cramer and Prentice-Dunn 2007; O’Brien 2010; Morton et al. 2014b; Clouston 2017). Unfortunately, universities tend to develop a unique campus culture, which promotes a lifestyle that is completely dependent on and within itself (Sabina and Ho 2014; Moore 2016). This is much like the concept of a ‘total institution’ in which, “all aspects of life are conducted in the same place and under the same single authority” (Goffman 1961, 6). As such, norms are developed which include guidelines about reporting sexual violence and accessing services on campus rather than anywhere else (Sabina and Ho 2014). Lalonde (2017) notes that universities have often failed to utilize the expertise of the full campus community. This study suggests the same, as participants noted that the University is doing a disservice to survivors when they attempt to support survivors solely within the campus community. Instead, the university should be understood as part of a larger community within a complex web of relations in society (Aldrich and Marterella 2014) – rather than a community within and of itself. A major barrier to collaboration is lack of communication and engagement

between organizations (Morton et al. 2014b, 41), yet communication and engagement with community services are excellent means of tapping into years of knowledge and advocacy for survivors of sexual violence (Lalonde 2017). A successful collaboration between campus and community sexual violence programs and organizations will not only improve the overall response to sexual assault, but will ensure wrap-around care for survivors (Koss, Bachar, and Hopkins 2004; Cramer and Prentice-Dunn 2007; Payne 2008; METRAC 2014; Moore 2016; Quinlan, Clarke and Miller 2016; Lalonde 2017; Munro-Kramer et al. 2017).

Some practical examples from participants of how to initiate and increase communication, build and sustain relationships, and advance collaboration between UOG and other community organizations might include: inviting off-campus experts to present sexual violence training to faculty, staff and students (P3P1; P3P3); inviting community organizations to make on-campus presentations to students during Sexual Assault Free Environment (SAFE) week (P3P1); collaborating with community-based sexual violence experts when writing and revising UOG sexual violence protocols and policies (Lalonde 2017); allowing for long-term positions for community members on UOG's Sexual Violence Advisory Committee (Lalonde 2017); developing further relationships between Guelph General Hospital and UOG Student Counselling Services, Student Health Services, and Campus Community Police staff (P3P3); and, partnering with Guelph-Wellington Women in Crisis to provide on-campus, trauma-informed counselling for survivors of sexual violence. It is encouraging that, at the time of writing this thesis, some of these collaboration efforts are being initiated.

## **Participant Recommendations to Strengthen the University of Guelph's Response to Sexual Violence**

In addition to the main themes identified above from my research, and my own recommendations (see pages 110-112) many of my participants talked about changes they would like to see in relation to UOG's sexual violence training and response. Here, I have articulated these as recommendations given their relevance to this research and the opportunities they present to the University.

### **Awareness of the Sexual Violence Referral and Support Training Program**

The University's sexual violence training initiatives and policies are not well known among UOG's staff and faculty populations. During interviews, two UOG participants alerted me to the fact that if not for being invited to participate in this study, they would not have known about the existence of the training, or that the University even had a Sexual Violence Protocol. For example, two participants who took part in pre-training interviews "had no idea it existed" (P1P3) and complained that the training was "not very well promoted" (P2P9). In fact, when later asked what new knowledge they have gained from completing the *SVR&ST*, one participant responded "candidly, that it exists" and went on to add "my wife is a faculty member and she didn't even know about it" (P2P9). Participants who took part in higher-level training (tier-two or higher) were more likely to be aware of the existence of the training. These participants were more likely to be employed in front-line positions for whom the training was mandated by their departments, while others had even taken part in the development of the *SVR&ST* itself. However, not all front-line UOG staff could name the training they had received, nor had all front-line staff completed the *SVR&ST* at the time of their interview.

Furthermore, a number of participants raised concerns about the University's dissemination of the *SVR&ST*. Faculty described the introduction of the *SVR&ST*, which was embedded in a long multi-purpose email to faculty and staff, as obscured and problematic: "we in a day get so many emails! I honestly – until you said that – I didn't even realize it was on my CourseLink!" (P1P3). As such, a recommendation for future dissemination of such valuable information is to either ensure that the email is purposeful and marked as urgent, or that the University present the information in a completely different format. For instance, faculty members suggested introducing the training during department meetings as these meetings are generally well-attended by all staff and faculty members. The university could use these meetings to promote the training as important and in a manner that is not easily overlooked, as is the case with email. Also, these meetings could be used to encourage staff and faculty to complete the training.

### **Invite Community Experts to Present Campus Sexual Violence Training**

A second important point raised by participants throughout the course of this research was that community members can and should contribute to UOG's sexual violence training. Currently, the University of Guelph presents all tiers of the *SVR&ST* in-house by Diversity and Human Rights (P2P3). As the current research finds, many UOG staff members find it difficult to identify off-campus resources and are not aware of the sexual violence services that are offered by off-campus organizations. Community-based participants urged UOG to invite off-campus service providers to present sexual violence training to its faculty and staff: "why, why, why are you not having us come in to do the trainings on an annual basis for your RAs for your faculty? [...] we're all connected, right?" (P3P1).

We see a lot of U of G students. [...] Now this fall, we have seen significantly less that we normally see. [...] That is very odd. But again, this is the *first* year we weren't invited to come [...] we used to always get invited to come in and speak, or to present and we don't anymore. [...] So I don't know how they're training their Residence Life staff anymore. But we're not part of it [...] *But*, I would like *some way* that *I* connect every year. Or our program connects *every* year with whoever's looking after those residence kids. I think this is a real waste of resources that you have out here to not have all these agencies come in and talk (P3P3).

A collaborative training model would not only be useful to inform UOG staff of the organizations and services these presenters represent and offer, but allow for face-to-face connection between on- and off-campus staff and the opportunity to build and strengthen relationships.

Furthermore, Morton et al. (2014b) find that increased and ongoing resource training and education for service providers can promote coordination and collaboration between organizations. Quinlan, Clarke and Miller (2016) suggest inviting trauma psychologists and sexual assault nurse examiners (SANEs) to provide sexual violence public education to campus groups, stating that community-university collaborations contribute to a sufficiently-resourced campus.

### **Support for those Supporting Survivors**

Hearing about sexual violence is distressing. Support staff who care for survivors are often affected by these disclosures and may benefit from support. Although it is often assumed that caregivers are proficient in self-care, this and other research finds that service providers often need emotional support themselves (Salston and Figley 2003; Worley 2005; Morton et al. 2014b; University of Guelph 2017b). UOG staff participants expressed an interest in participating in a voluntary support group for any member of the UOG campus community to debrief and support one another as they work to support survivors. The University does provide

its staff the opportunity to access an Employee Assistance Program, but participants explained that they would rather join with their fellow staff on campus and in a community of support that is organized by UOG. Furthermore, this would give faculty and peers who have little experience in supporting survivors with an opportunity to meet with other care givers, ask questions, and seek support of their own.

### **Tracking Disclosures and Anonymous Disclosures**

A final recommendation is for UOG to introduce an anonymous disclosure site that would be tracked by administration. As discussed above, many UOG survivors who do not report their experiences choose to informally disclose to staff to protect others from being assaulted by the same perpetrator. Staff participants explained that

if there was a truly anonymous way for people to report and disclose [...] And [...] if it was framed as a way to protect other people, then people would [...] the only reason they're talking about it, is because what they're trying to process is their responsibility to protect other people. It's not that they want revenge, or justice. It's like, they don't want it to happen to someone else. [...] they don't want anyone else to get hurt (P2P4).

Tracking this information is important to maintaining a safe campus, as studies show that 60 percent of campus sexual assaults are committed by serial perpetrators, each averaging between five and six assaults (Lisak and Miller 2002). As such, UOG staff also expressed an interest in having a “centralized office or place” (P2P4) where they could report the sexual violence trends that they are hearing about on a regular basis (e.g., serial perpetrators and/or locations where assaults have taken place). But, because this information is informal, there is nothing staff can do about it.

There's a house that we know about [...] where people are getting sexually assaulted [...] So like, *we know* there's this physical place where people are getting hurt. And like a bunch of us know. But it's not formal – our knowledge isn't like, it's like not good enough to act on. [sigh] [...] when it's hear-say and its gossip, it's still– there's

still a real problem, but like we don't have a way to act on it [...] there's nowhere to put the data that's not good enough (P2P4).

Because of these issues, UOG staff also expressed an interest in learning about how to anonymously and confidentially track disclosures. Moore recommends that

universities should investigate mechanisms for anonymous reporting of incidents of sexual violence. There are on-line reporting tools currently available that connect survivors with other survivors who have reported the same perpetrator. Such a tool may increase reporting and assist in addressing the systemic problem of sexual violence by enabling the university to identify patterns of sexual violence as well as serial perpetrators (2016, 31).

Although little research has been conducted on online reporting tools, introducing such procedures is expected to increase disclosure rates because survivors will not have to fear any negative response (National Institute of Justice 2002; Moore 2016).

## **Researcher Recommendations for University of Guelph's Sexual Violence Training and Response**

The following is a list of my recommendations for the University of Guelph's sexual violence training and response, which are informed by the findings of this research.

### **Sexual violence training for the entire university community**

1. UOG should provide all members of the campus community (including faculty, staff, students, residence assistants, teaching assistants, athletic staff, varsity team players, student leaders, and administrators) with sexual violence training on how to appropriately respond to a disclosure of sexual violence, and where to access the available on- and off-campus support resources. This will help ensure informed, consistent and caring responses to disclosures.

2. Ensure campus-wide promotion of sexual violence policies, procedures, and training programs.

### **Targetted sexual violence training for front-line staff**

3. Front-line staff should receive frequent, in-person, workshop-based sexual violence training. Sessions that incorporate skill-building and real-life scenarios are found to be highly effective and linked to best learning outcomes.
4. In order to address victim-blaming and promote supportive responses to disclosures, training for front-line staff should include education on the social contexts that encourage sexually violent behaviours and in which sexual violence is normalized. Training should include discussions on rape culture, rape myths and rape scripts.

### **Introduce trauma-informed policies into university response procedures**

5. UOG staff members who are most likely to be supporting student survivors of sexual violence should be trauma-trained and include trauma-informed policies into their response procedures. These staff members include those working in Campus Community Police, Student Health Services, and Student Counselling Services, to name a few.
6. Initiate a voluntary, on-going, and accessible support group for on-campus service providers and other students and staff members who are supporting and caring for survivors of sexual violence.

### **Collaborate with community organizations**

7. All University staff members, as well as off-campus service providers who support and refer student survivors of sexual violence should work to build relationships with other

staff members in other units and organizations. Being knowledgeable of and comfortable with other resources and service providers will not only allow for increased collaboration between UOG and its fellow community organizations, but will make way for warm referrals and an increase in avenues for survivor support. The university could implement guidelines to help staff utilize the expertise available in the community.

8. Invite community organizations to present and participate in sexual violence training and educational programming.
9. Include members of local community organizations to be members of the UOG Sexual Violence Committee.

### **Implement mechanisms for anonymous reporting**

10. Many survivors do not wish to report their experiences in any official capacity, but are often interested in protecting other potential survivors. The UOG could implement an anonymous reporting tool to track disclosures and identify patterns of serial perpetration.
11. Educate students about confidential on- and-off-campus sexual violence resources.

### **Limitations**

The findings of the current study contribute to the sociological literature on sexual violence within a Canadian university context, while also contributing valuable knowledge to UOG's sexual violence training and response practices. As a CEnR study, this research brings together multiple perspectives, including those from both the academic and healthcare sectors. This research is also locally applicable via its specific analysis of UOG's *SVR&ST* and referral practices, and its examination of the relationships between UOG and the Guelph-Wellington community. With these benefits in mind, there are however, several limitations of this research

that should be acknowledged. First, due to this study's small sample size, the findings cannot be generalized to a larger population. For example, findings regarding the efficacy of the *SVR&ST* cannot be generalized to the entire UOG staff population based on such a small sample of participants taking part in pre- and post-training interviews. Second, a response bias may be present as UOG staff and faculty members who hold direct experience with responding to disclosures and supporting survivors of sexual violence may have been more likely to participate in this research. Third, despite my concerted effort, very few participants representing community-based organizations took part in this research as compared to the number of UOG-employed participants. As such, community-based sexual violence resources are under-represented in this study. Future research of this kind should seek to obtain a larger off-campus participant group to help address this limitation.

### **Suggestions for Future Research**

The current study included an evaluation of UOG's staff sexual violence training and referral practices. The research also examined the relationship dynamics between staff at UOG and other community organizations about sexual violence. Although this study has revealed several important findings, future research is needed to fully understand the efficacy of sexual violence training for UOG staff and best practices for survivor referrals at the University and beyond. However, two UOG-specific suggestions for future research stem from this study. The first is to ask survivors of sexual violence about their resource utilization experiences at UOG and in the surrounding community. This research revealed that many services are preferred or avoided by staff and service providers, based on past experience. It would be useful to also obtain survivor preferences to better understand and be able to address the barriers that are presented to this population specifically. Moreover, engaging survivors in this conversation

further enhances CEnR by including multiple communities and perspectives as a means to offer a more complete understanding of this complex issue (Van De Ven 2007; Roman Isler and Corbie-Smith 2012; Morton et al. 2014a). The second suggestion for future research is to better understand how to promote the *SVR&ST* and incentivize faculty and non-front-line staff to complete it. For instance, one participant explained the importance of having every person on a university campus informed about sexual violence and about the resources available to survivors, yet many faculty and staff feel it is not their job or business to be involved or even knowledgeable in these areas. In fact, this research finds that faculty and staff tend to resist any training if they do not see how it practically applies to their position (P2P8; Moore 2016). As such, research and discussions about how the UOG could promote the *SVR&ST* to faculty and staff outside of those who would naturally buy-in to the training would be beneficial.

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## Appendices

### **Appendix A: Learning Outcomes of the University of Guelph's *Sexual Violence Referral and Support Training* for faculty and staff**

The learning outcomes of the *Sexual Violence Referral and Support Training* program are:

- Recognize that sexual violence is not limited to acts of rape;
- Identify key components of relationships based on equality (instead of imbalanced power and control);
- Identify the ways that equality-based relationships handle mistakes or arguments in caring, healthy ways;
- Recognize the qualities of relationships that are non-violent, sexually and otherwise;
- Recall where to access the University of Guelph's Sexual Violence Protocol;
- Recognize that the role of someone listening to a survivor is to support and believe them;
- Identify the two basic steps to responding to a disclosure of sexual violence that respects a person's autonomy;
- List two on- and off-campus support resources for student survivors of sexual violence; and
- Name at least three education and awareness initiatives taking place on campus (University of Guelph 2017b).

## Appendix B: Recruitment Email (University of Guelph faculty)

Dear faculty member,

My name is Lauren Hotchkiss and I am a graduate student at the University of Guelph in the department of Sociology and Anthropology. I am currently conducting a Master of Arts thesis study on the University's *Sexual Violence Referral and Support Training Program*. I am looking for faculty members to participate in two interviews. The first interview will be very short and will assess faculty members' knowledge of sexual violence and the available support resources at the University of Guelph. This interview will take place before faculty members complete the *Sexual Violence Referral and Support Training Program* on their Courselink pages. The second interview will take place after completion of the online program and will take approximately 60 minutes of your time. This interview aims to understand your knowledge of the University's training program, as well as your experience (if any) in referring survivors of sexual assault to the available on and off-campus resources. Please note that you may complete the online training program without taking part in this research, and that faculty members may still participate in this study if you have not received disclosures of sexual violence.

I hope you will be available to share your information and experiences. Please let me know if you are interested in being part of this research by replying to this email, and I will contact you to arrange a convenient time for the interview.

Please feel free to contact my supervisor Dr. Mavis Morton or myself if you have any questions about the research project. This project has been reviewed by the University of Guelph Research Ethics Board REB17-04-008.

Sincerely,



Lauren Hotchkiss  
BA, MA Candidate  
Department of Sociology and Anthropology,  
University of Guelph  
lhotchki@mail.uoguelph.ca

Dr. Mavis Morton  
Department of Sociology and Anthropology,  
University of Guelph  
mavis.morton@uoguelph.ca  
519-824-4120 x52576

## Appendix C: Recruitment Email (University of Guelph staff)

Dear University of Guelph staff member;

I am writing to you because your on-campus unit is listed in the University of Guelph's new *Sexual Violence Referral and Support Training Program* as an on-campus resource. As such, I would like to invite you to participate in a 60 minute in person interview to discuss your experience with referring survivors of sexual violence to the available services and resources both on-campus at the University of Guelph, as well as off-campus in the Guelph-Wellington community.

This research will be conducted as part of a Master of Arts thesis, for the Department of Sociology and Anthropology at the University of Guelph. This project serves to benefit the University of Guelph community as we strive to improve the sexual violence referral program.

I hope you will be available to share your information and experiences. Please let me know if you are interested in being part of this research by replying to this email, and I will contact you to arrange a convenient time for the interview.

Please feel free to contact my supervisor Dr. Mavis Morton or myself if you have any questions about the research project. This project has been reviewed by the University of Guelph Research Ethics Board REB17-04-008.

Sincerely,



Lauren Hotchkiss  
BA, MA Candidate  
Department of Sociology and Anthropology,  
University of Guelph  
lhotchki@mail.uoguelph.ca

Dr. Mavis Morton  
Department of Sociology and Anthropology,  
University of Guelph  
mavis.morton@uoguelph.ca  
519-824-4120 x52576

## Appendix D: Recruitment Email (community-based organizations)

Good afternoon,

I am writing to you because your community organization been identified as one of the off-campus resources as listed in the University of Guelph's new *Sexual Violence Referral and Support Training Program*. As a service provider who has expertise working with survivors of sexual violence, I would like to invite you to participate in a 60-minute in person interview to discuss your experiences with referring survivors of sexual violence to the available services and resources in the Guelph-Wellington region as well as at the University of Guelph.

This research is will be conducted as part of a Master of Arts thesis, for the Department of Sociology and Anthropology at the University of Guelph. This project serves to benefit the University of Guelph community as we strive to improve the sexual violence referral program.

I hope you will be available to share your information and experiences. Please let me know if you are interested in being part of this research by replying to this email, and I will contact you to arrange a convenient time for the interview.

Please feel free to contact my supervisor Dr. Mavis Morton or myself if you have any questions about the research project. This project has been reviewed by the University of Guelph Research Ethics Board REB17-04-008.

Sincerely,



Lauren Hotchkiss  
BA, MA Candidate  
Department of Sociology and Anthropology,  
University of Guelph  
lhotchki@mail.uoguelph.ca

Dr. Mavis Morton  
Department of Sociology and Anthropology,  
University of Guelph  
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## Appendix E: Participant Consent Form



### How Can I Help?

## An Evaluation of the University's Sexual Violence Referral and Support Training Program

### Purpose of the study

This study is an examination of the University of Guelph's first version of the *Sexual Violence Referral and Support Training Program* for the university's faculty and staff. The aim of this research is to assess University faculty and staff on their knowledge of and ability to refer students to the appropriate services and supports following an experience of sexual violence. This research also aims to explore the willingness of off-campus service providers to refer survivors of sexual violence to on-campus services following a disclosure or formal report. Finally, this research will also investigate the extent to which rape myth acceptance and victim-blaming attitudes affect service providers' understandings of the referral process, and their decisions about which support options they believe are best suited for survivors. As a Community Engaged Research (CEnR) project in collaboration with The Office of Student Affairs at the University of Guelph as well as the Guelph-Wellington Care and Treatment Centre for Sexual Assault and Domestic Violence, our aim is to identify potential improvements that could be made to the University's training program, while also providing a better understanding of the referral processes at the University and in the greater Guelph community.

### Graduate Student Researcher University of Guelph

Lauren Hotchkiss [shotchki@uoguelph.ca](mailto:shotchki@uoguelph.ca)

### Faculty Advisor University of Guelph

Dr. Mavis Morton, Associate Professor, Department of Sociology and Anthropology  
[mavis.morton@uoguelph.ca](mailto:mavis.morton@uoguelph.ca) (519) 824-4120 ext. 52576.

### Procedures

If you agree to participate in this study, you will be asked to take part in an individual, in-person interview lasting approximately one hour in a location of your choice. Interviews will be conducted by the graduate student investigator. You will be asked to complete and discuss the University of Guelph's *new Sexual Violence Referral and Support Training Program* and/or your knowledge and experience with referring survivors of sexual violence to the available services and resources at the University of Guelph, as well as in the Guelph-Wellington community.

Please note: If you are a student or faculty member at the University of Guelph, you will be asked to participate in two interviews. The first interview will take place before completing the University's *Sexual Violence Referral and Support Training Program*, which will take

approximately 15 minutes of your time. The second interview will take place after completing the online training module and will take approximately 60 minutes of your time. If you have already completed the training program prior to be contacted for this study, you may simply take part in the second interview.

### **Risks and how you will be protected**

Participating in this research involves some risks. Some questions may make you uncomfortable. Participation is voluntary. You can decide not to continue the interview at any time. You decide how much or whether to answer a question at all. You do not waive any legal rights by agreeing to take part in this study. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researchers, the University of Guelph, or any agency or individual associated with this project. If you decide to withdraw consent, you may also request the withdrawal of your data up to 72 hours after the interview is completed.

### **Confidentiality**

By agreeing to participate, your name and contact information will be kept confidential. This information will be recorded in the interview, but it will not be used or included in the release of findings, unless you give specific consent to do so. With your permission, the interview will be audio recorded to ensure accuracy. All digital documents and audio recordings will be stored on a secure encrypted laptop and accessible by only Dr. Mavis Morton and Lauren Hotchkiss. All data will be destroyed after 5 years. All signed consent forms will be kept separately from all digital documents and digital recordings. Paper copies of the consent form will be stored in the locked office of Dr. Mavis Morton and will be destroyed after 1 year.

### **Use of the information collected**

The information gathered will contribute to Ms. Hotchkiss' MA Thesis and may be used for other scholarly purposes, such as academic conferences and papers. This information may also be used by the University of Guelph in the improvement of its *Sexual Violence Referral and Support Training Program*. With your permission, verbatim quotations may be used in the dissemination of this project.

### **Potential benefits to the participants and/or to the discipline**

Benefits of your participation in this study may include a positive impact on your personal work with survivors of sexual violence in your referrals to appropriate local services. Participation may also pose a benefit by generating useful information that can support the development of new/additional programs or resources for survivors of sexual violence at the University of Guelph and in the surrounding community. Finally, your participation in this study supports the graduate student in developing her research skills and knowledge on this important issue.

### **Payment**

There is no direct or indirect payment for participation in this research.

### **Rights of research participants**

This project has been reviewed by The University of Guelph, Research Ethics Board for compliance with federal guidelines for research involving human participants (REB17-04-008). If you have any questions or comments about your rights as a research participant, you may contact the Director, Research Ethics at (519) 824-4120 ext. 56606; [sauld@uoguelph.ca](mailto:sauld@uoguelph.ca).

### **Signature of research participant**

#### **I have read the information provided for the study *How Can I Help? An Evaluation of the University's Sexual Violence Referral and Support Training Program***

I understand that I have been asked to participate in a research study.

Yes No

I consent to this interview being digitally audio recorded.

Yes No

I consent to the use of verbatim quotations from this interview to be used in the final academic thesis product, academic conferences, and/or potential publications.

Yes No

I have received and read the consent form for this study.

Yes No

I understand the benefits and risks for taking part in this research.

Yes No

I have had an opportunity to ask questions and discuss this study.

Yes No

I understand that I can quit taking part in this study at any time.

Yes No

Issues of confidentiality and anonymity have been explained to me.

Yes No

I understand who will have access to the interview data.

Yes No

I am aware that material from this interview may possibly be used as an academic thesis product, academic conferences, and/or potential publications.

Yes No

Are you interested in obtaining a summary of the findings from this research project?

Yes No

If yes, how would you like to receive the results? By e-mail ( ) By surface mail ( )

This study was explained to me by: \_\_\_\_\_

\_\_\_\_\_  
Signature of Research Participant      Date      Printed Name

Participant's Contact Information:

Participant's E-mail address: \_\_\_\_\_ AND/OR

Participant's Mailing address:

\_\_\_\_\_  
(Civic Address,                      City,                      Province,                      Postal Code)

## Appendix F: Interview Guide (University of Guelph faculty)

1. Evaluating participant understanding of UOG's *Sexual Violence Referral and Support Training Program*:
  - a. What is your position at the University of Guelph?
  - b. How long have you been working in this position?
  - c. What does your job/position entail?
  - d. Prior to being contacted about this study, had you heard about the University of Guelph's *Sexual Violence Referral and Support Training Program*?
    - a. If so, how did you hear about it?
    - b. Do you happen to recall an email sent to you on January 12 from the Sexual Violence Advisory Committee announcing the unveiling of the *Sexual Violence Referral and Support Training Program* on Courselink? (also announcing updates to the University's Sexual Violence Policy).
  - e. Prior to being contacted about this study, had you completed the University of Guelph's *Sexual Violence Referral and Support Training Program*?
    - a. If so, what motivated you to complete the training?
  - f. Prior to taking the training, how would you describe your existing knowledge surrounding sexual violence?
    - a. Probe: what was your knowledge surrounding sexual violence in general, who might be involved, where to go for resources, etc.
    - b. Where might you have learned this knowledge?
  - g. How would you describe your existing knowledge about responding to a disclosure of sexual violence prior to taking the training program?
    - a. Probe: what specifically did you know about it?
  - h. Keeping the *Sexual Violence Referral and Support Training Program* in mind:
    - a. Could you provide a definition of sexual violence?
    - b. Could you explain to me the basic steps you would take to respond to a disclosure of sexual violence?
    - c. Where might you access the University's Sexual Violence Protocol?
    - d. Can you name two on-campus support resources for student survivors of sexual violence?
    - e. Could you also name two off-campus support resources for student survivors of sexual violence?
    - f. Are there any on or off-campus support resources that you did not know about before the training?
    - g. Can you identify any education and awareness initiatives related to sexual violence that are taking place on campus?
  - i. What new knowledge, if any, have you gained from completing the *Sexual Violence Referral and Support Training Program*?
    - a. Probe: how has your knowledge of sexual violence and responding to it changed since taking the training program?
    - b. Probe: has your understanding of the causes of sexual violence changed?

- j. What new skills have you gained from taking the training program?
    - a. Probe: would you respond differently than you would have before? If so, how? Why?
  - k. Did you disagree with any of the content included in the *Sexual Violence Referral and Support Training Program*?
    - a. If so, what and why?
    - b. If not, why?
  - l. What recommendations would you suggest for the improvement of the University's *Sexual Violence Referral and Support Training Program*?
2. Experience with providing sexual violence referrals and support:
- a. Could you please describe your experience(s) in receiving disclosures of sexual violence from survivors on the University of Guelph campus?
    - a. Probe: have you ever had a student disclose sexual violence to you?
    - b. If so, how many disclosures of sexual violence have you received in your role as a faculty member?
  - b. Could you please describe your experience(s) in providing referrals to survivors of sexual violence on the University of Guelph campus?
    - a. To what services/resources did you refer the survivor, if any?
    - b. Why did you make the referral(s) the way you did?
      - i. Probe: what aspects of the disclosure did you consider before deciding on a support option for referral?
      - ii. Probe: how did you decide what resources were appropriate for the survivor?
    - c. Could you describe to me *how* you made the referral?
      - i. Did you provide the survivor with information about available resources?
        - 1. If so, did you provide a website, pamphlet?
      - ii. Did you provide the survivor with a service provider's name and number?
      - iii. Did you make a warm referral for the survivor?
        - 1. i.e. make the call for the survivor and/or physically accompany the survivor to the referring service?
    - d. To your knowledge, did the survivor use/access the service/resource that you suggested?
    - e. If so, do you know if the survivor found the resource helpful?
      - i. Why or why not?
    - f. To your knowledge, did the survivor seek any additional resources either on campus or otherwise?
  - c. Are there any on-campus services/supports that survivors routinely ask for?
    - a. Or any that survivors specifically do not want to access?
  - d. Are there any off-campus services or supports that survivors routinely seek out?
    - a. Again, any that survivors specifically do not want to access?
  - e. Do you ever refer survivors to off-campus/community-based resources?

- a. Why or why not?
- b. If so, which resources?
- c. How do you know about these resources?
- d. Have you had experience with these resources in the past?
- e. Why do you refer to these resources?
- f. Do you ever receive feedback on these resources?

3. Sexual Violence Context:

- a. In your opinion, why do you believe sexual violence happens?
- b. In your opinion, is sexual violence a problem on the University of Guelph's campus?
  - i. If yes, please elaborate.
  - ii. If not, why do you say it is not an issue on our campus?
- c. How might your personal beliefs affect your decisions when referring a survivor to a support resource?
- d. Could you define victim blaming?
  - i. Victim blaming definition: Victim blaming occurs when the victim of a crime or wrongful act (in this case, sexual violence) is held either fully or partially responsible for the harm that they experienced.
- e. Have you ever witnessed victim-blaming attitudes within the University?
  - i. either while responding to an incident of sexual violence or otherwise.
- f. What would help you as a faculty member to better support survivors of sexual violence?
  - i. Probe: such as more information, training, etc.?

4. Wrap Up!

- a. Is there anything we have not discussed that you would like to include?

THANK YOU!

## Appendix G: Interview Guide (University of Guelph staff)

5. Warm-up/Participant knowledge of on and off-campus resources:
  - m. What is your position at the University of Guelph?
  - n. How long have you been working in this position?
  - o. What does your job/position entail?
  - p. What types of training do you receive from the university as part of your professional role?
  - q. What types of support resources are available at the University of Guelph for survivors of sexual violence?
  - r. What types of support resources does the (campus organization to which participant is affiliated) specifically offer to survivors of sexual violence?
  - s. Are you aware of any off-campus support resources that are available for survivors of sexual violence?
  - t. Can you identify any education and awareness initiatives related to sexual violence that are taking place on campus?
  
6. Experience with providing sexual violence referrals and support:
  - f. Could you please describe your experience(s) in receiving disclosures from survivors of sexual violence on the University of Guelph campus?
    - a. Probe: have you ever had a student disclose sexual violence to you?
    - b. If so, approximately how many disclosures of sexual violence have you received in your professional role?
  - g. Could you please describe your experience(s) in providing referrals to survivors of sexual violence on the University of Guelph campus?
    - a. To what services/resources did you refer the survivor, if any?
    - b. Why did you make the referral the way you did?
      - i. Probe: what aspects of the disclosure did you consider before deciding on a support option for referral?
      - ii. Probe: how did you decide what resources were appropriate for the survivor?
    - c. Could you please explain to me *how* you made the referral?
      - i. Did you provide the survivor with information about available resources?
        1. If so, did you provide a website, pamphlet?
      - ii. Did you provide the survivor with a service provider's name and number?
      - iii. Did you make a warm referral for the survivor?
        1. i.e. make the call for the survivor and/or physically accompany the survivor to the referring service?

- d. To your knowledge, did the survivor use/access the service/resource that you suggested?
- e. If so, do you know if the survivor found the resource helpful?
  - i. Why or why not?
- f. To your knowledge, did the survivor seek any additional services/resources either on campus or otherwise?
- h. Are there any on-campus services/supports that survivors routinely ask for?
  - a. Or any that survivors specifically do not want to access?
- i. Are there any off-campus services or supports that survivors routinely seek out?
  - a. Again, any that survivors specifically do not want to access?
- j. Do you ever refer survivors to off-campus/community-based resources?
  - a. Why or why not?
  - b. If so, which resources?
  - c. How do you know about these resources?
  - d. Have you had experience with these resources in the past?
  - e. Why do you refer to these resources?
  - f. Do you ever receive feedback on these resources?
- k. \*Questions for Campus Police Services, counselling, Student Health Services:
  - a. As a campus-based resource, from whom do you receive referrals?
  - b. How are these referrals made?
    - i. Probe: warm referrals vs. cold calls, etc.
    - ii. In what situations are referrals made to you?

7. Context of sexual violence at UOG:

- a. In your own words, could you define sexual violence?
- b. Why do you believe sexual violence happens?
- c. In your opinion, is sexual violence a problem on the University of Guelph's campus?
  - i. If yes, please elaborate.
  - ii. If not, why do you say it is not an issue on our campus?
- d. How might your personal beliefs affect your decisions when referring a survivor to a resource?
- e. Could you define victim blaming?
  - i. Victim blaming definition: Victim blaming occurs when the victim of a crime or wrongful act (in this case, sexual violence) is held either fully or partially responsible for the harm that they experienced.
- f. Have you ever witnessed victim-blaming attitudes within the University?
  - i. either while responding to an incident of sexual violence or otherwise.
- g. In your opinion, what is the most effective way to support a survivor of sexual violence?

8. Service provider needs:

- a. What would help you as a (insert professional title) to better support survivors of sexual violence?
  - a. Probe: such as more information, training, etc.?
- b. In your opinion, should there be more communication/collaboration between service providers in regards to individual cases of sexual violence?
  - a. Why or why not?
  - b. If yes, which services/service providers should be in communication?
    - i. Off-campus organizations?
- c. What recommendations would you suggest for the improvement of resources and services for survivors of sexual violence at the University of Guelph?
- d. What recommendations would you suggest for the improvement of resources and services for survivors of sexual violence in the Guelph community?

9. Wrap Up!

- a. Is there anything we have not discussed that you would like to include?

THANK YOU!

## Appendix H: interview Guide (community-based organizations)

1. Warm up/Knowledge of the available on-campus and community resources:
  - a. Which organization do you work with?
  - b. What is your position within the organization?
  - c. How long have you worked in your position?
  - d. What does your job/position entail on a day-to-day basis?
  - e. What other support resources are available in Guelph and the surrounding area for survivors of sexual violence?
  - f. Do you know of any services/resources that are available at the University of Guelph for survivors of sexual violence?
  - g. Are you aware of any education and awareness initiatives related to sexual violence that are taking place on campus?
  
2. Experience in supporting survivors of sexual violence:
  - a. What types of supports/resources do you offer to survivors of sexual assault?
    - a. In your experience, what does this support typically include/look like?
    - b. As a resource, from whom do you receive referrals?
    - c. In what situations are referrals made to you?
  - b. How would you describe your working relationship with the University of Guelph?
  - c. Do you ever receive referrals from the University of Guelph or have student survivors access support from you directly?
    - a. How often?
    - b. Under what circumstances?
  - d. Do you ever refer student survivors to other services in the Guelph-Wellington community?
    - a. If so, which services/resources?
  - e. Do you ever refer student survivors to the University of Guelph's on-campus services/resources?
    - a. Why or why not?
    - b. If so, which on-campus services/resources?
    - c. How do you know about these resources?
    - d. Have you had experience with these resources in the past?
    - e. Do you ever receive feedback on these campus resources?
  - f. In your professional opinion, do the resources at the University of Guelph adequately meet the needs of sexual assault survivors?
    - a. Why or why not?
    - b. If anything, what could be improved?

3. Context of Sexual Violence in Guelph and at UOG:

- a. In your opinion, is sexual violence an issue on the University of Guelph's campus?
  - a. If yes, please elaborate.
  - b. If not, why?
  - c. Is sexual violence an issue in the greater (off-campus) community?
- b. In your opinion, why do you believe sexual violence happens?
- c. Have you ever witnessed victim-blaming attitudes within your organization or another?
- d. In your opinion, what is the most effective way to support a survivor of sexual violence?

4. Service provider needs:

- a. What would help you as a (insert professional title/position here) to better support survivors of sexual violence?
  - a. Probe: more information, training, etc.?
- b. In your opinion, should there be more communication/collaboration between service providers in regards to individual cases of sexual violence?
  - a. Why or why not?
  - b. If yes, which services/service providers should collaborate?
  - c. On-campus (UOG) organizations?
- c. What recommendations would you suggest for the improvement of resources and services for survivors of sexual violence in the Guelph community?
- d. What recommendations would you suggest for the improvement of resources and services for survivors of sexual violence at the University of Guelph?

5. Wrap Up!

- b. Is there anything we have not discussed that you would like to include?

THANK YOU!

## Appendix I: Inductive and Deductive Codes for Qualitative Analysis

### Inductive Codes:

- Ask survivors
- Athletics
- Believing survivors
- Best practices
- Confidence
- Guilty by association
- Happy to participate
- Mandatory
- On-going programming
- Peer support
- Transparency
- Serious
- Sexual violence resource coordinator
- Survivor-centred
- Quotable
- UOG praise
- Victim-blaming

### Deductive Codes:

- Avoided on-campus supports
- Barriers to accessing services
- Barriers to disclosing
- Beliefs about sexual violence
- Disclosures
- Dissemination
- Frequency of sexual violence at UOG
- Knowledge of training program
- Learning Objectives
  - definition of sexual violence
  - UOG sexual violence protocol
  - steps in responding
  - on-campus resources
  - off-campus resources
  - education and awareness initiatives
- Next steps for UOG faculty (training)
- Online resources
- Popular on-campus supports
- Recommendations for improvement (Training)
- Room for improvement (Resources)
- Training for UOG staff
- Trauma-informed
- Why sexual violence happens
- RQ1: Training prepares faculty and staff
  - knowledge after training
  - knowledge prior to training
  - skills training
- RQ2: Referral decisions
- RQ3: Off-campus relationships
  - Off-campus resources
- Reasons to complete training.

