



## Campus Sexual Misconduct Part 2:

Overview of STARSSA  
Program Options, Instruments,  
and Interventions for Students  
Found Responsible for  
Sexual Misconduct

June 29, 2023  
10-11:30 am PDT

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Welcome!  
The web conference will  
begin shortly.



## Meet Your Hosts



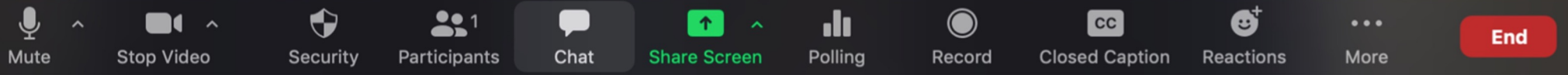
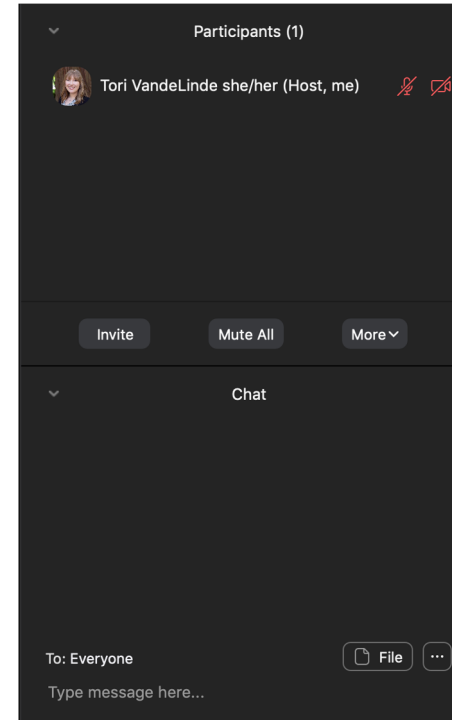
Ashleigh Klein-Jimenez  
Director of Prevention,  
VALOR (she/her)



Priscilla Klassen  
Project Coordinator,  
VALOR (she/her)

# HOW TO USE ZOOM

- Text chat
- Q & A
- Phone
- Captioning
- Recording & slides



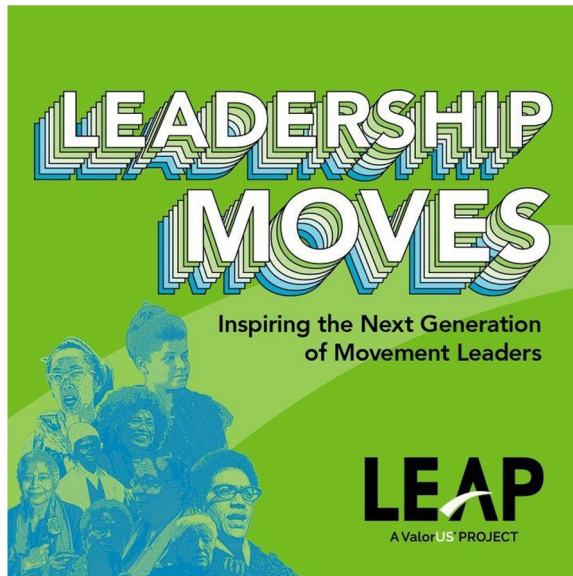
# National Sexual Assault Conference



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Did you attend the first session in this series?

# Recording Now Available



## **Campus Sexual Misconduct Part 1:**

Understanding Effective Interventions with Students Who Engage in Problematic Sexual Behavior

June 15, 2023  
10-11:30 am PDT

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## Meet Your Presenters



Joan Tabachnick  
Senior Consultant,  
Klancy Street (she/her)



Jay Wilgus, J.D., M.D. R.  
Attorney/Mediator,  
Klancy Street (he/him)



Campus Sexual Misconduct:  
Two-Part Training Series Related to Empirically-Informed  
Approaches to Problematic Sexual Behavior

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klancy<sup>llc</sup>street  
toward common ground



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# Training Overview

Session	Description	Date	Duration
1	Understanding Effective Interventions with Students Who Engage in Problematic Sexual Behavior	June 15, 2023	90 mins
2	Overview of STARRSA Program Options, Instruments, and Interventions for Students Found Responsible for Sexual Misconduct	June 28, 2023	90 mins



# Disclaimer

This training contains content intended for informational and educational purposes only. Participants and host institutions are not required to implement any strategies, approaches, or suggestions made during this training. To the extent participants and/or host institutions choose to implement the STARRSA Active Psychoeducation Program following this training, they do so voluntarily and with no guarantee regarding the effectiveness of the interventions generally or with respect to specific students. Furthermore, participants and host institutions recognize that student participation in STARRSA programs should be voluntary as well and that the content presented herein does not constitute legal advice, nor is it authorized for posting or distribution without prior authorization.

# Objectives

## Session 2

1

Provide overview of STARRSA programs and products, including background on history, development, and design

2

Explore the research behind the STARRSA programs and products

3

Share insight from a STARRSA pilot site



# Part 1:

## Brief Review



### Campus Sexual Misconduct Part 1:

Understanding Effective Interventions with Students Who Engage in Problematic Sexual Behavior

June 15, 2023  
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# Presentations of Problematic Sexual Behavior (PSB)

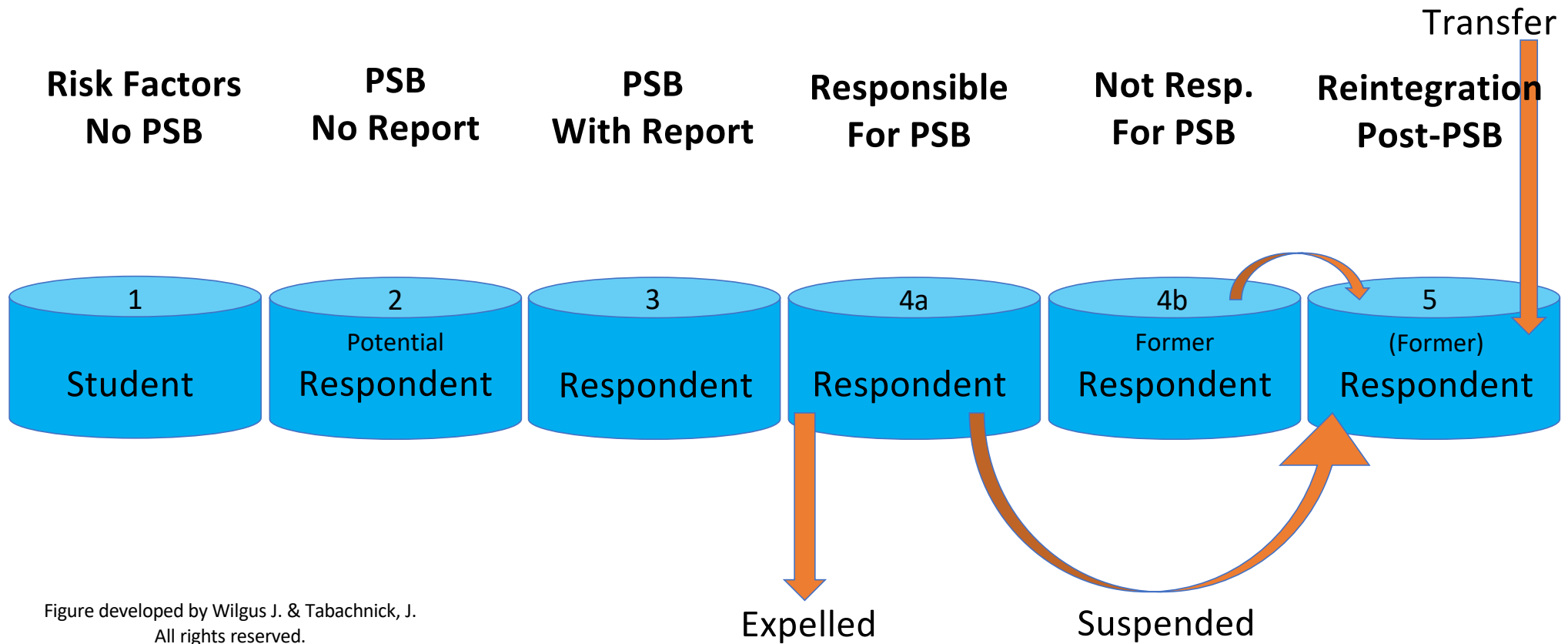


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# Presentations of Problematic Sexual Behavior (PSB)

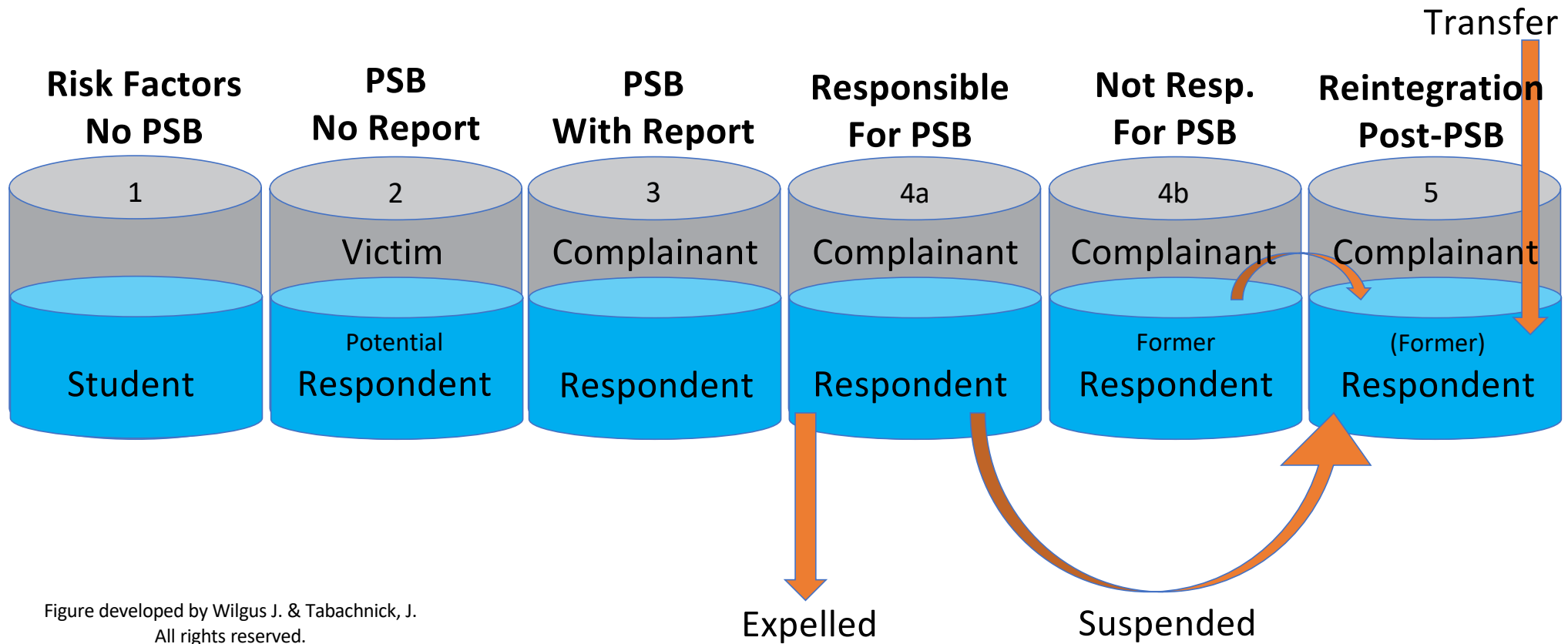


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# Presentations of Problematic Sexual Behavior (PSB)

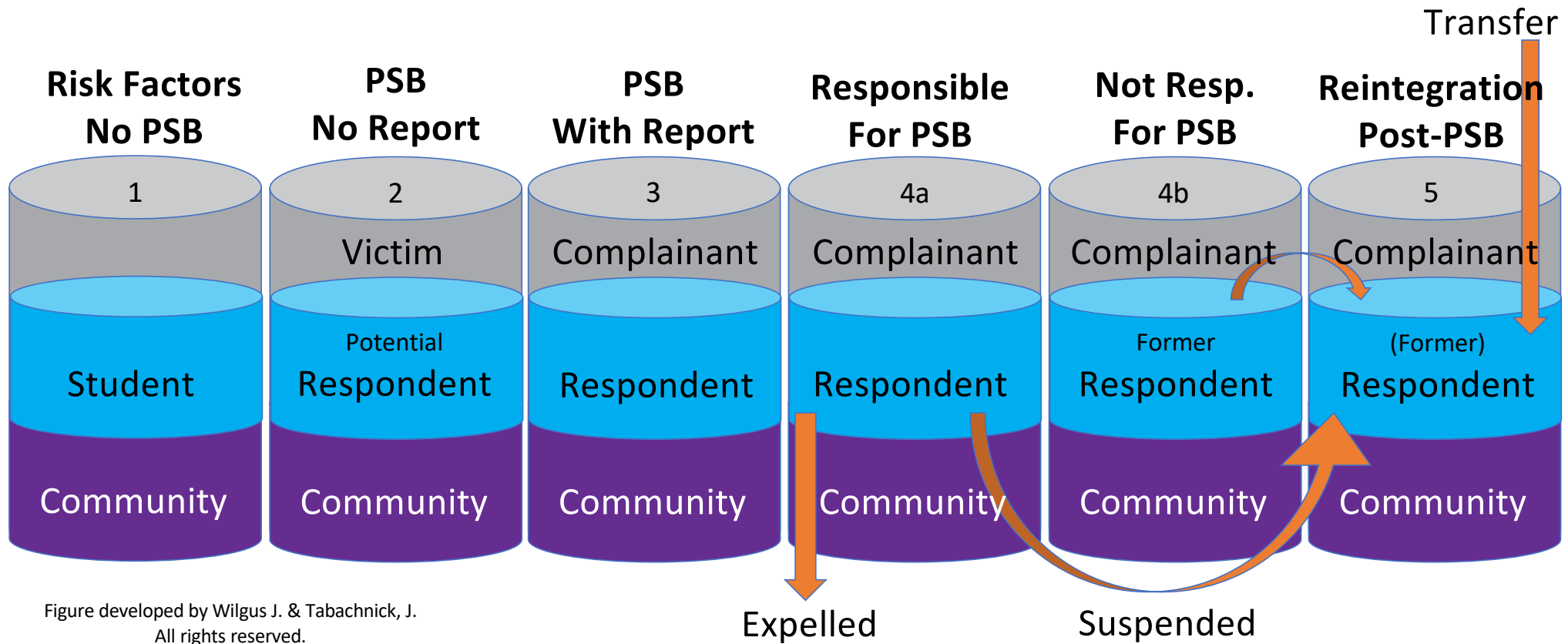


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# Toward and Integrated *and* Intersectional Approach



Each bucket..  
Each layer...

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# Key Points

- Not all behaviors are the same.
- Not all people who abuse are the same.





Assessment



Treatment



Safety Planning

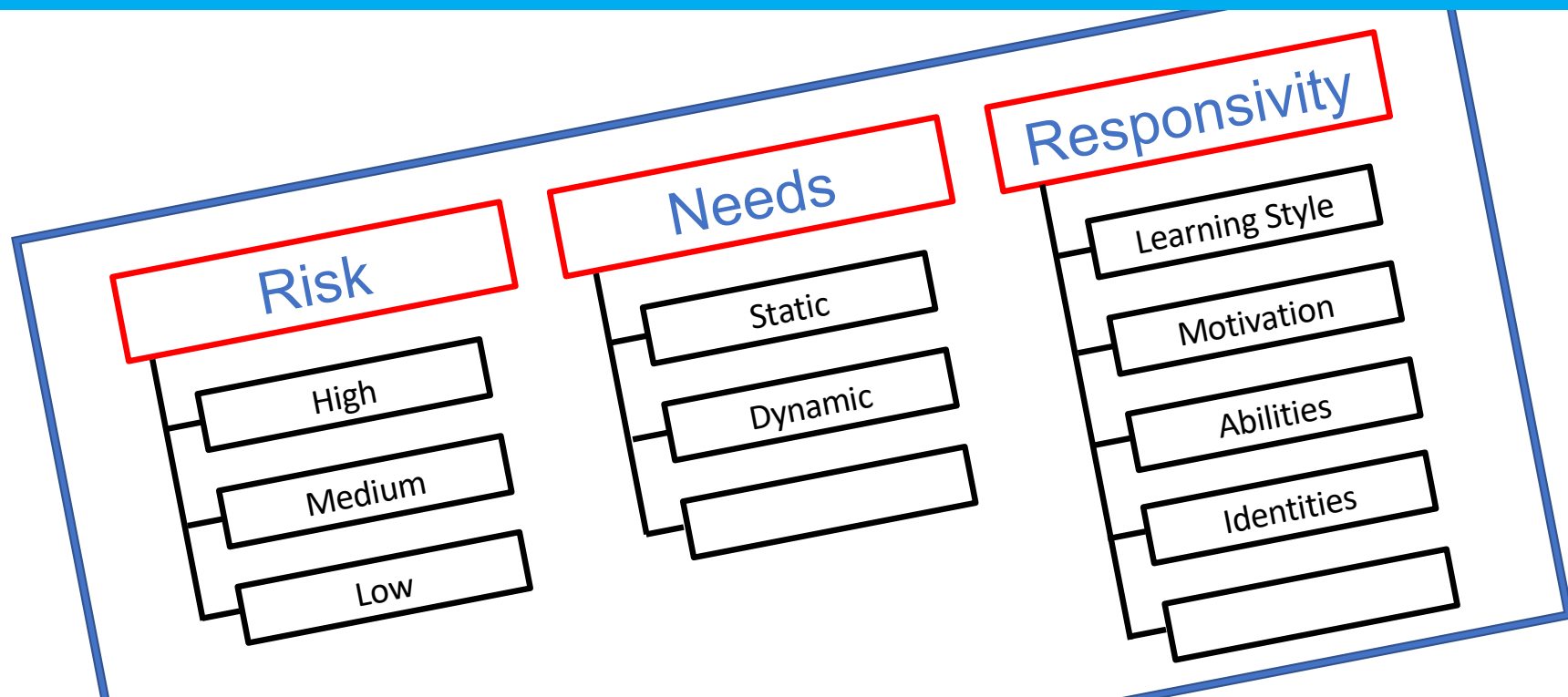
Risk

Needs

Responsivity

# So... What Works?

# Risk-Needs-Responsivity (RNR) Model



See, e.g., Andrews, D.A., Bonta, J. and Hoge, R.D. (1990), "Classification for effective rehabilitation: rediscovering psychology", *Criminal Justice and Behavior*, Vol. 17 No. 1, pp. 19-52.; Hanson, R.K., Bourgon, G., Helmus, L. and Hodgson, S. (2009), "The principles of effective correctional treatment also apply to sexual offenders: a meta-analysis", *Criminal Justice and Behavior*, Vol. 36 No. 9, pp. 865-91; Lamade, R., Lopez, E., Koss, M., Prentky, R., Brereton, A. (2017). Developing and implementing a treatment intervention for college students found responsible for sexual misconduct. *Journal of Aggression, Conflict and Peace Research*. doi:10.1108/JACPR-06-2017-0301

# Assessment

## WHO COMPLETES A RISK ASSESSMENT

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Licensed clinician with training and experience in working with problematic and abusive sexual behavior

Could have experience working with adults or adolescents:  
preferably adolescents/young adults

Possible referral points include: ATSA directory, Safer Society Foundation directory, local forensic psychiatry programs

# Treatment

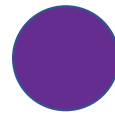
- The following approaches have the greatest impact:
  - Interventions provided by professionals with specialized training
  - Programs that adhere to the risk-need-responsivity model
  - Cognitive-behavioral/relapse prevention approaches
  - Interventions that meaningfully engage higher risk offenders in the process of changing criminogenic needs

See, e.g., Lösel, F. and Schmucker, M. (2005), "The effectiveness of treatment for sexual offenders: a comprehensive meta-analysis", *Journal of Experimental Criminology*, Vol. 1 No. 1, pp. 117-46.; Hanson, R.K., Bourgon, G., Helmus, L. and Hodgson, S. (2009), "The principles of effective correctional treatment also apply to sexual offenders: a meta-analysis", *Criminal Justice and Behavior*, Vol. 36 No. 9, pp. 865-91; and Lamade, R., Lopez, E., Koss, M., Prentky, R., Brereton, A. (2017). Developing and implementing a treatment intervention for college students found responsible for sexual misconduct. *Journal of Aggression, Conflict and Peace Research*. doi:10.1108/JACPR-06-2017-0301

# Implications For Practice



Individualize response to focus on respondent-specific risks, needs, and protective factors

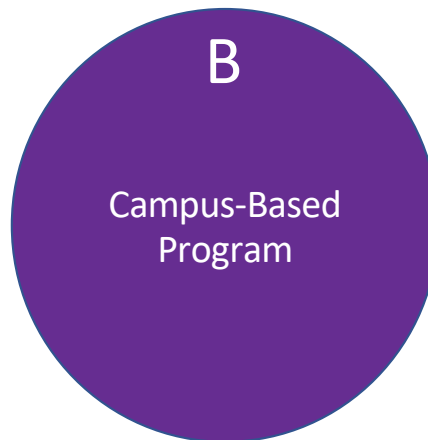


Utilize research-informed assessment processes and interventions



Incorporate within a comprehensive approach to PSB that includes perpetration prevention

# Campus Options





# Part 2:

STARRSA



## Campus Sexual Misconduct Part 2:

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# Brief History and Context

## U.S. Department of Education Dear Colleague Letter, April 4, 2011

“If a school knows or reasonably should know about student-on-student harassment that creates a hostile environment, Title IX requires the school to take immediate action to eliminate the harassment, prevent its recurrence, and address its effects.”



# National Survey of Sanctioning Practices



Part II: Overview of STARRSA Program Options



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# National Survey of Sanctioning Practices

Ever used results from a validated sex-abuse specific assessment instrument to inform your sanction decision or interventions?

No	98%
Yes	2%

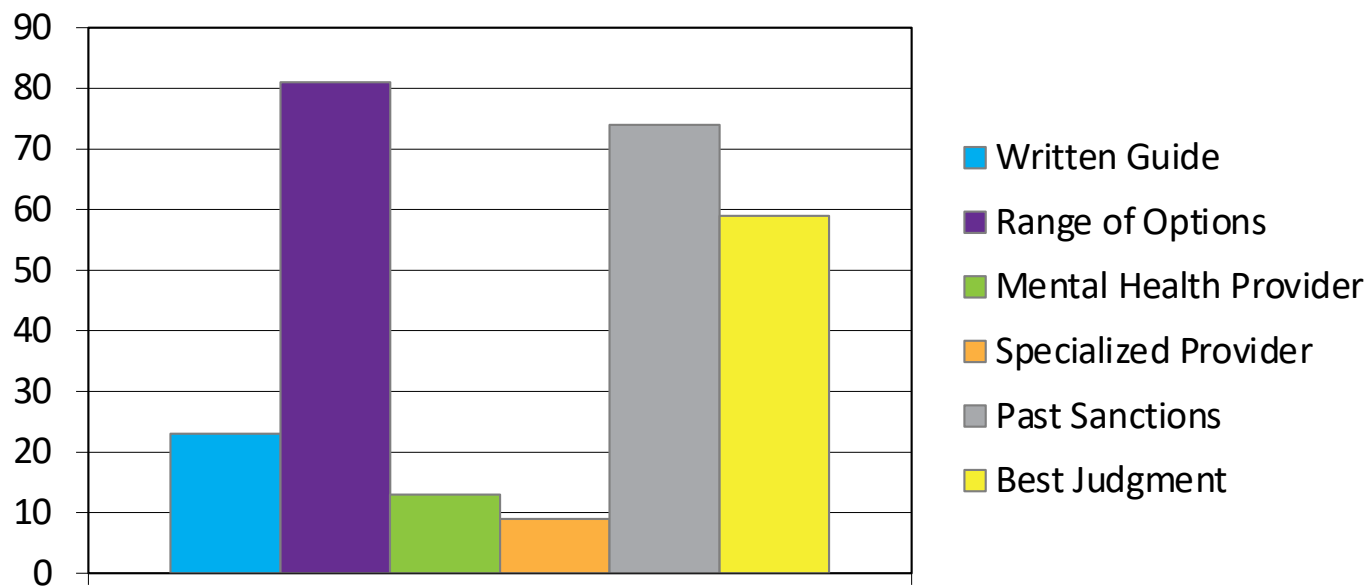
Ever made a referral to “specialized clinicians for treatment specific to sexual misconduct or other sexual behavior problems?”

No	71%
Yes	29%

Source: Wilgus, J., Vander Velde, S., & Rider-Milkovich, H., 2014.

# National Survey of Sanctioning Practices

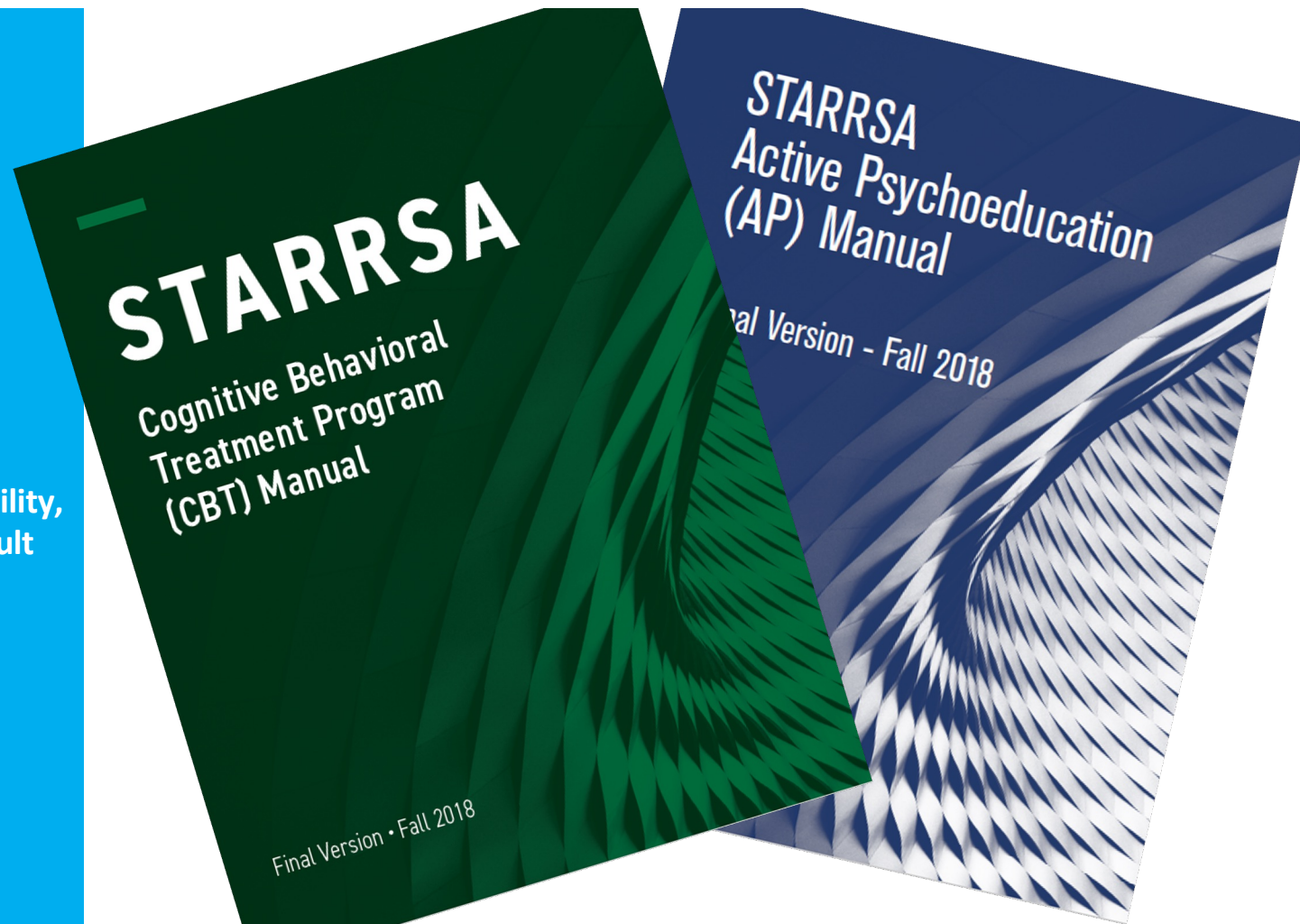
“When students are found responsible for sexual misconduct, how do you determine what sanction(s) would be most appropriate?”



Source: Wilgus, J., Vander Velde, S., & Rider-Milkovich, H., 2014.

# STARRSA:

Science-Based Treatment, Accountability,  
and Risk Reduction for Sexual Assault



# STARRSA

**Grantor:**

- Department of Justice, *Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking* (SMART Office)

**Grantee:**

- Fairleigh Dickinson University
- University of Arizona – Sub-Award

**Co-Principal Investigators:**

- Dr. Robert Prentky (Fairleigh Dickinson University)
- Dr. Mary Koss (University of Arizona)

**Co-Project Managers:**

- Dr. Raina Lamade (Fairleigh Dickinson University)
- Dr. Elise Lopez (University of Arizona)

\* Awarded October 2014; Concluded Summer 2018



# Principal Personnel\*

- Mitch Abrams, Psy.D. (Rutgers / NJ DOC)
- Judith Becker, Ph.D. (U. of AZ)
- Ariel Berman, MA, (Western Michigan University)
- Ann Wolbert Burgess, D.N.Sc., FAAN (B.C.)
- Peter Economou, Ph.D., ABPP (Felician University)
- Mark Huppín, Ph.D., J.D. (UCLA)
- **Mary Koss, Ph.D. (U. of AZ) – co-PI**
- **Raina Lamade, Ph.D. (FDU) – P.M.**
- Austin Lee, Ph.D. (MGH)
- **Elise Lopez, Dr.P.H. (U. of AZ) – P.M.**
- Neil Malamuth, Ph.D. (UCLA)
- **Robert A. Prentky, Ph.D. (FDU) – P.I.**
- Sue Righthand, Ph.D. (U. Maine)
- Barbara Schwartz, Ph.D. (Maine)
- Kevin Swartout, Ph.D. (GSU)
- Jay Wilgus, J.D., M.D.R.

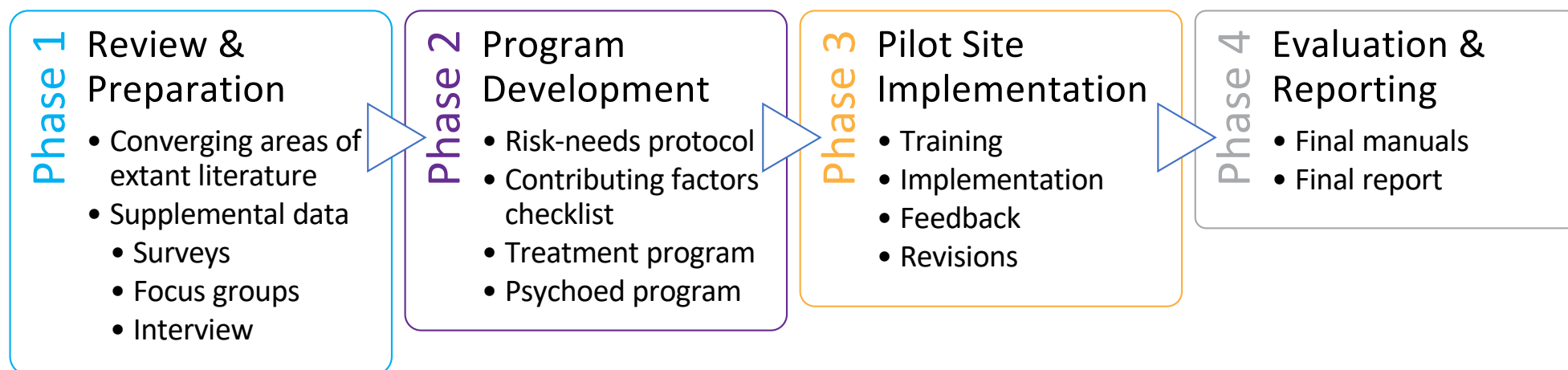
\*Listed alphabetically

# STARRSA

## Initial Goals

1. Identifying the risk factors and treatment needs that distinguish students with a greater likelihood of committing sexual assault by surveying a diverse sample of 1,000+ male undergraduates.
2. Using the results of the survey of males and the empirical literature to design a risk and needs assessment protocol and an evidence-based treatment curriculum;
3. Educating student conduct professionals (Title IX Coordinator, conflict resolution officers, judicial panel members) to use these tools to individualize therapeutic sanctions;
4. Training clinicians to administer the treatment curriculum with fidelity to intervention modality and dosage recommendations in accordance with RNR principles;
5. Pilot-testing the model within the judicial sanction process at diverse educational institutions guided by direct consultation;
6. Evaluating the implementation through a structured debriefing after 12 months.

# Project Structure



# Preliminary Feedback from Institutions

## Behaviors vary:

- Broad range of sexual and gender-based misconduct being managed

## Students vary:

- Heterosexual males represent large percentage of responding population, yet behavior occurs across identities and relationships.
- Client population presents unique demands
  - Differentiating students based on risk, protective factors, and intervention needs is critical
  - Client considerations – neurocognitive and psychosocial immaturity, emerging adulthood
  - Responsivity to sanctioned treatment, amenability, hostility, “avoidance” (leaving campus & going elsewhere)

## Processes vary:

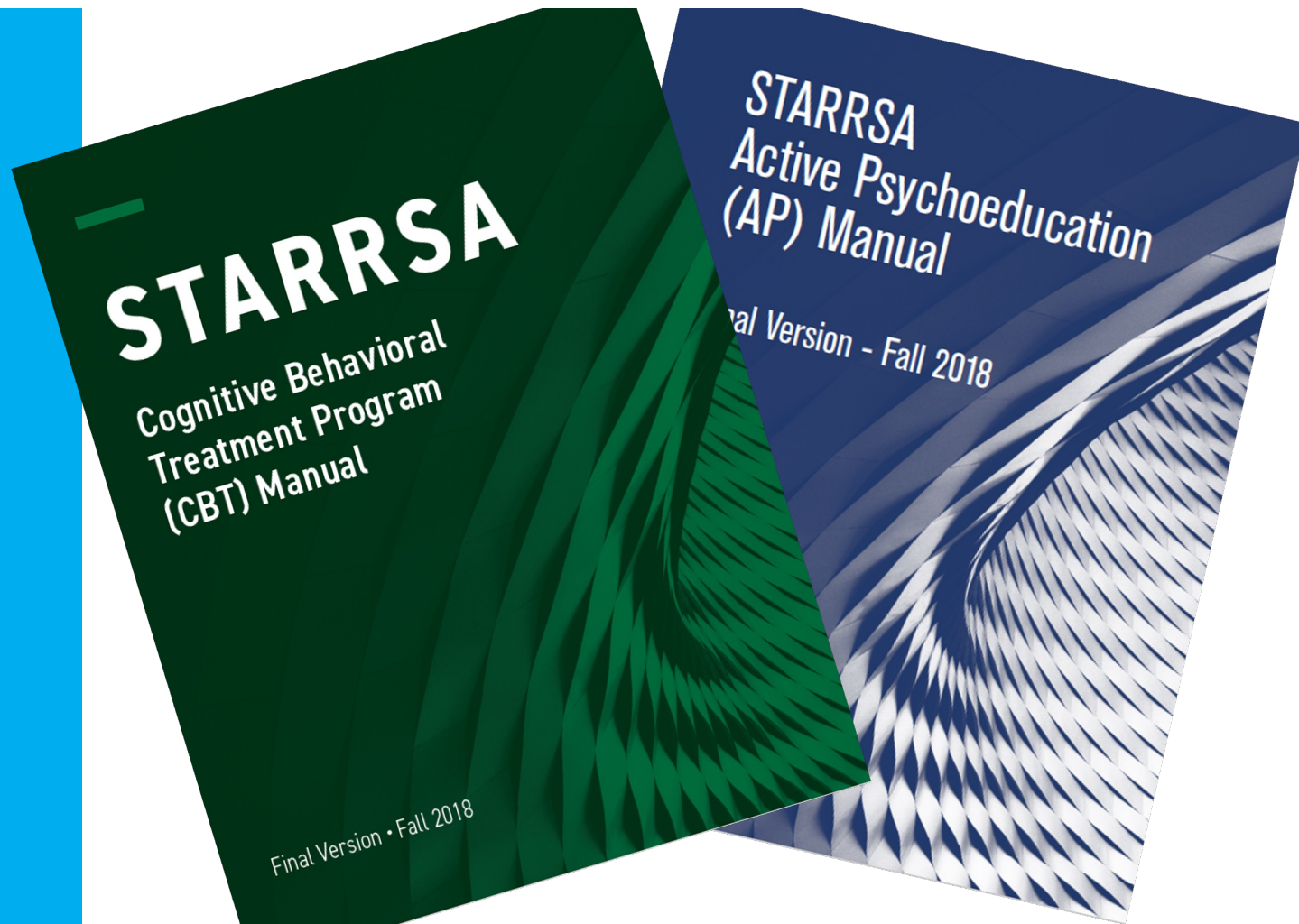
- Although regulated by the same law and guidance, institutions have unique ways of addressing, managing, and resolving reports
- Institutions employ a wide-range of sanctions, but most often resort to no-contact orders, educational interventions, probation, suspension, or expulsion.

# Programmatic Challenges

- Converging risk factors in campus environment
- “Assessment” at various time points
- Varying degrees of receptiveness to “treatment” based approaches
- Capacity of, and accreditation guidelines for, campus counseling centers
- Location of student/clinician
- Disclosures between referring institution and clinician
- Preference for consistency

# STARRSA:

Programs and Products



# Core Features of STARRSA Programs

## Core Features

- Utilization of characteristics unique to the population
- Adherence to the risk-needs-responsivity model
- Integration of various optional resources
- Flexibility to address a broad range of problematic sexual behavior

AP Manual, p.15

# Key Considerations

## Meant to address specific factors:

- Unique population (emerging adults)
- Unique issue (sexual misconduct)
- Specific context (campus community)
- Post-millennial students
- Multi-media savvy population
- Diversity
  - Students
  - Behaviors
  - Institutions



# Key Considerations

## Seeks to simultaneously incorporate:

- Clinical practices
- Assessment
- Knowledge of student conduct and Title IX grievance processes
- Campus needs
- Multifaceted treatment programming

# Applicability to Diverse Populations

## Aims to account for:

- Traditional-age of college students
- Prevalence of problematic sexual behavior among heterosexual males
- Diversity of identities, needs, and behaviors
- Individualization required, including among providers

# What is Unique About STARRSA?

## Assessment

- Individualized sanction, intervention, and resolution
- Examines the whole person
- Considers the context and environment
- Incorporates individual and environment into the outcome

# Programs & Products

## STARRSA

- Contributing Factors Checklist (CFC) for Title IX personnel and related student conduct professionals with responsibility for sanctioning processes



# Programs & Products

## STARRSA

- Separate, modularized, multi-component psychoeducational (AP) and treatment (CBT) curricula comprised of ten modules to maximize flexibility



# Programs & Products

## STARRSA

- Semi-structured template & guidelines to assist AP facilitator/CBT therapist in tailoring initial assessment to determine intervention needs
  - Risk Needs Inventory (RNI) for therapists
  - Baseline Knowledge Assessment (BKA) for facilitators



# Programs & Products

## Risk Needs Inventory (RNI)

- What treatment needs exist?
- How much treatment appears to be necessary?
  - Overall
  - Relative to specific items

Treatment Objectives/ Needs	No/Minimal Need or Significant Progress (0)	Moderate Need/ Progress (1)	Significant Need (2)
1. Accepting Responsibility for All Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Internal Motivation for Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sexual Self-Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Attitudes/Beliefs Regarding Sexual Misconduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Regret /Remorse for Sexual Misconduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Victim Impact / Empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Behavioral Self-Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emotional Self-Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Alcohol Use and Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Social Orientation and Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Social Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Intimate Relationships and Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Mentors or Other Prosocial Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Other goals (optional)

The Risk-Needs Inventory cover sheet displayed on this slide is not recommended for use without proper training and associated materials.



# Programs & Products

## Baseline Knowledge Assessment (BKA)

- What educational needs exist?
- What education appears to be necessary?
  - Overall
  - Relative to specific items

Area of Potential Risk & Needs Check relevant areas	No Need	Moderate Need	Significant Need
1. Motivation for Change			
2. Responsibility for Sexual Behavior			
3. Attitudes / Beliefs about Sexual Misconduct			
4. Awareness of Victim Impact			
5. Proper Management of Behavior			
6. Proper Management of Emotions			
7. Alcohol Use and Abuse			
8. Peers – Relationships / Influences			
9. Positive Intimate Relationships			
10. Mentors or Other Prosocial Supports			
11. Other* (specify)			

The Baseline Knowledge Assessment Screening Grid (formerly the Risk-Needs Screen) displayed on this slide is not recommended for use without proper training and associated materials.

# Programs & Products

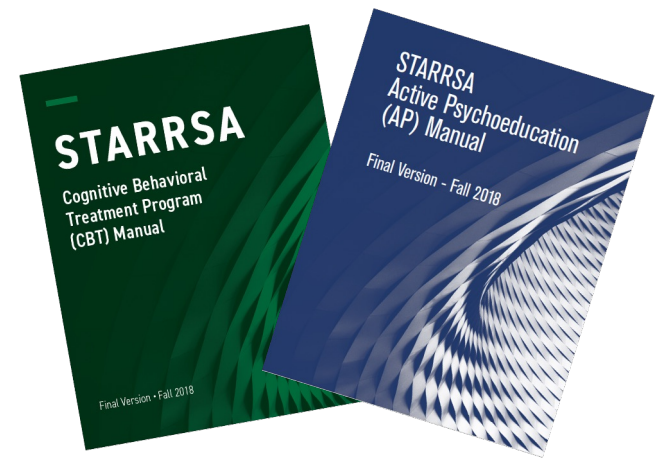
STARRSA materials also include additional resources:

Videos / video clips / YouTube links for selected Modules

Experiential exercises for selected Modules

In-between session assignments for selected Modules

Selected readings



# Psychoeducation & Psychotherapy



# Therapeutic & Educational Interventions

	Psychotherapy	Psychoeducation
Goal	Facilitate positive behavioral change by targeting and mitigating risk relevant thoughts, feelings, and behaviors associated with sexual misconduct and promoting respectful, prosocial intimate relationships	Deliver knowledge that leads to an understanding of the need to modify behavioral responses
Method	Use of specific clinical techniques within a principled framework	Planned curriculum
Delivery	Licensed Mental health provider (psychologist, MHC, SW, psychiatrist)	Trained facilitator; no licensure requirement.
Effectiveness	Strong support for various outcomes	Support for specific outcomes
Cost	Varies, depending on insurance; diagnosis may be required	Cost effective, particularly when administered in a group

Adapted from Prentky, R., Koss, M., Lamade, R., Lopez, E., Wilgus, J., & Righthand, S., *Two Programs, Two Approaches: Psychotherapy vs. Psychoeducation* (2017). On File at Klancy Street, LLC

# Therapeutic & Educational Interventions

## Guidelines for Assisting with a Decision

### *CBT Treatment Program is best for...*

- A single serious incident involving a contact sexual offense
- Multiple contact sexual offenses
- Multiple instances of sexual misconduct
- Persistent / deeply held attitudes and beliefs that support sexual misconduct
- Limited appreciation of the wrongfulness of the misconduct
- Ongoing associations with negative peer groups that support sexual misconduct
- Duplicity, conning, deceit in the misconduct, such as tricking the victim to ingest a drug or intentionally using alcohol to render the victim incapable of resistance.
- Other persistent behavioral problems in addition to sexual misconduct
- Concerns about other clinical issues that may be related to the sexual misconduct, such as depression or anger
- The presence of gratuitous aggression or physical abuse involving the victim (e.g., domestic / partner abuse)

### *The Psychoeducational Program is best when...*

- The student clearly appreciates the wrongfulness of the sexual misconduct
- The student lacks knowledge about consent. This issue should not be under-estimated. A recent study found that comprehension of sexual consent was strongly related to self-reported sexual aggression over the prior four months (Warren, Swan, & Allen, 2015).
- The sexual misconduct is limited to one instance and seems uncharacteristic
- The student's social orientation generally is prosocial and empathic toward others
- The student generally associates with a positive peer group
- The student is well motivated to do everything possible to prevent further instances of sexual misconduct
- There are no other psychological factors that warrant concern (e.g., student does not appear to have significant problems with depression, substance use, mood dysregulation, or anger / hostility).

Prentky, R., Koss, M., Lamade, R., Lopez, E., Wilgus, J., & Righthand, S., *Two Programs, Two Approaches: Psychotherapy vs. Psychoeducation* (2017). On File at Klancy Street, LLC

AP Manual, p.18

# The STARRSA Curriculum

- **Format: 10 modules**
  - Curriculum individualized for each participant.
  - Out of session learning opportunities assigned as appropriate
    - Examples: Worksheets, TED Talks, etc..
- **Average Number of Sessions Completed: 8-20**
  - Can vary widely depending on student-specific risk, needs, and protective factors



# The STARRSA Curriculum

- All 10 modules do not need to be applied
- Duration dependent on risks and deeds
- Individualized vs. group curriculum

AP Manual, p.18



# The STARRSA Curriculum

**Module 1:** Orientation, Assessment, & AP Planning

**Module 2:** Sexual Behavior & Sexual Misconduct

**Module 3:** Focus on Socialization & Sexualization in Society

**Module 4:** Understanding & Resolving Risks for Sexual Abuse

**Module 5:** Negative Masculinity\*

**Module 6:** Impacts Sexual Misconduct on Victims/Survivors/Others

**Module 7:** Behavior is a Choice: Choosing Wisely

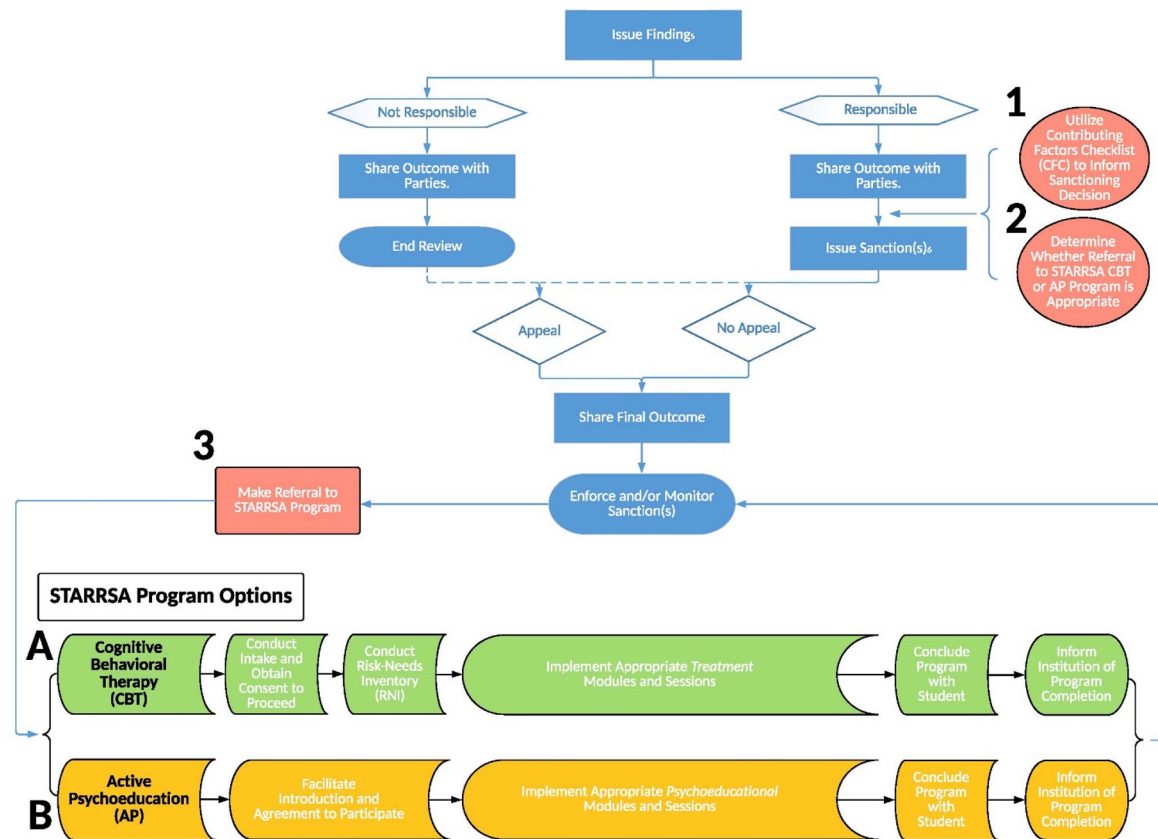
**Module 8:** Healthy Relationships

**Module 9:** Accountability: Making Amends and Making a Difference

**Module 10:** Wrapping Up & Going Forward

AP Manual, p.18

# Implementation Structure



# STARRSA

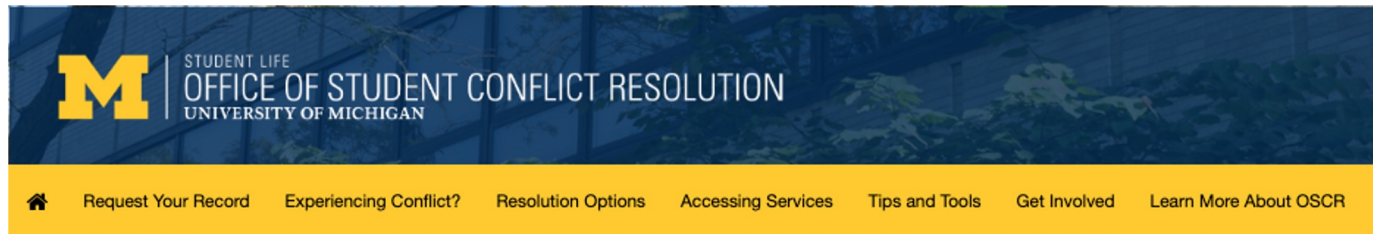
STARRSA manuals are available on the USDOJ NCJRS Website

AP Manual: <https://www.ojp.gov/ncjrs/virtual-library/abstracts/starrsa-active-psychoeducation-ap-manual>

CBT Manual: <https://www.ojp.gov/ncjrs/virtual-library/abstracts/starrsa-cognitive-behavioral-treatment-program-cbt-manual>



# Campus Implementation Example



**Build Trust. Promote Justice. Teach Peace.**



# STARRSA at

Completed Cases: 42

In Process: 2

Average Length of Intervention: 12 Sessions

## Facilitators:

### Professional Staff:

Office of Student Conflict Resolution  
Wolverine Wellness / University Health Services  
Sexual Assault Prevention and Awareness Center  
Equity, Civil Rights & Title IX Office  
Fraternity and Sorority Life  
U-M Dearborn

### Graduate and Professional Students:

Social Work  
Social Work and Public Health  
Social Work and Higher Education  
Law School

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# STARRSA at

## Case Routing

- Sanctioned via ECRT's Investigative Resolution (40%)
- Agreed upon via OSCR's Adaptable Resolution (50%)
- Referral via IR | AR | Campus Partner (9%)
- Requested via Student (1%)

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# STARRSA at **M**

## STARRSA Facilitator Google Drive

### Module 1

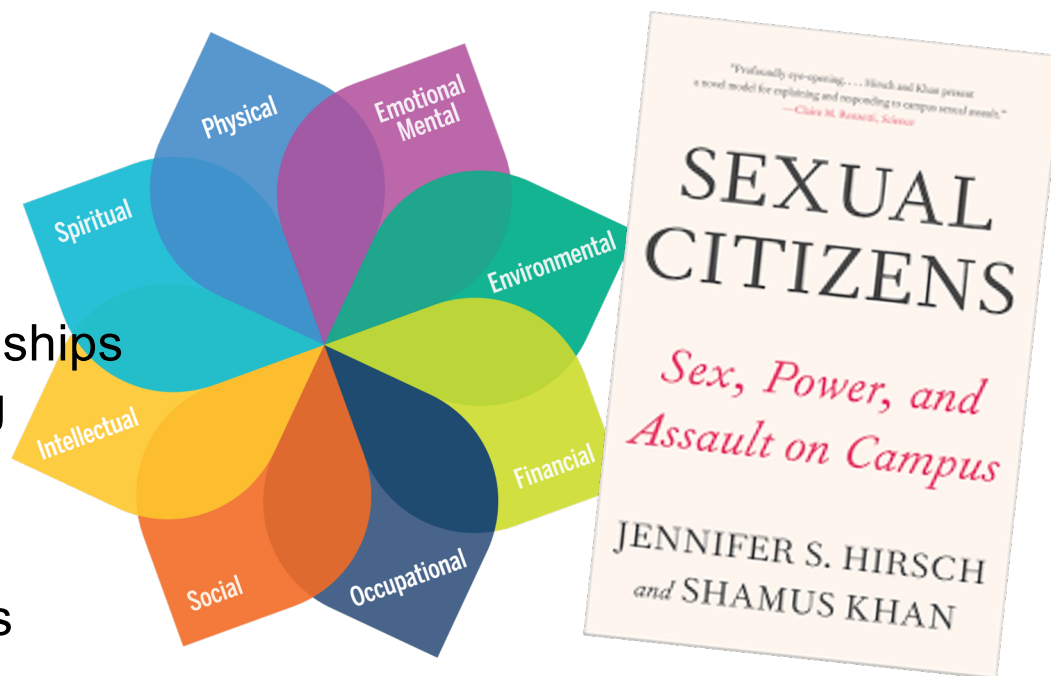
- Session 3: Holistic Wellness

### Module 3

- Session 4: LGBTQIA+ Relationships and Understanding

### Module 11

- Session 1: Sexual Citizens
- Session 2: Sexual Geographies
- Session 3: Sexual Projects



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# STARRSA at

Adaptability is the name of the game!

## Areas of Focus

- Trauma-Informed Resources
- Social Identities, Culture & Nuance
- Current & Relevant Resources

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# Special Topics

- Establishing Rapport
- Understanding & Engaging Denial
- Applicability to Different Populations/Settings

# Building Rapport

**Rapport:** Essential ingredient to interpersonal practice interventions

## Establishing Authentic Rapport with Participants

1. Extending Intake (3-5 sessions)
2. Validate Impact
3. Holistic Engagement/Assessment with Student
4. Transparency, Authenticity, & Accountability
5. Model Skills in Session

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# Denial

## Engaging Denial

- Avoid reinvestigating
- Express curiosity
- Provide face-saving opportunities
- Remain empathetic, non-judgmental, & corrective

## Denial is...

- Normal
- To be expected
- Fulfilling multiple roles
- Capable of evolving over time

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# Applicability Across Populations/Settings

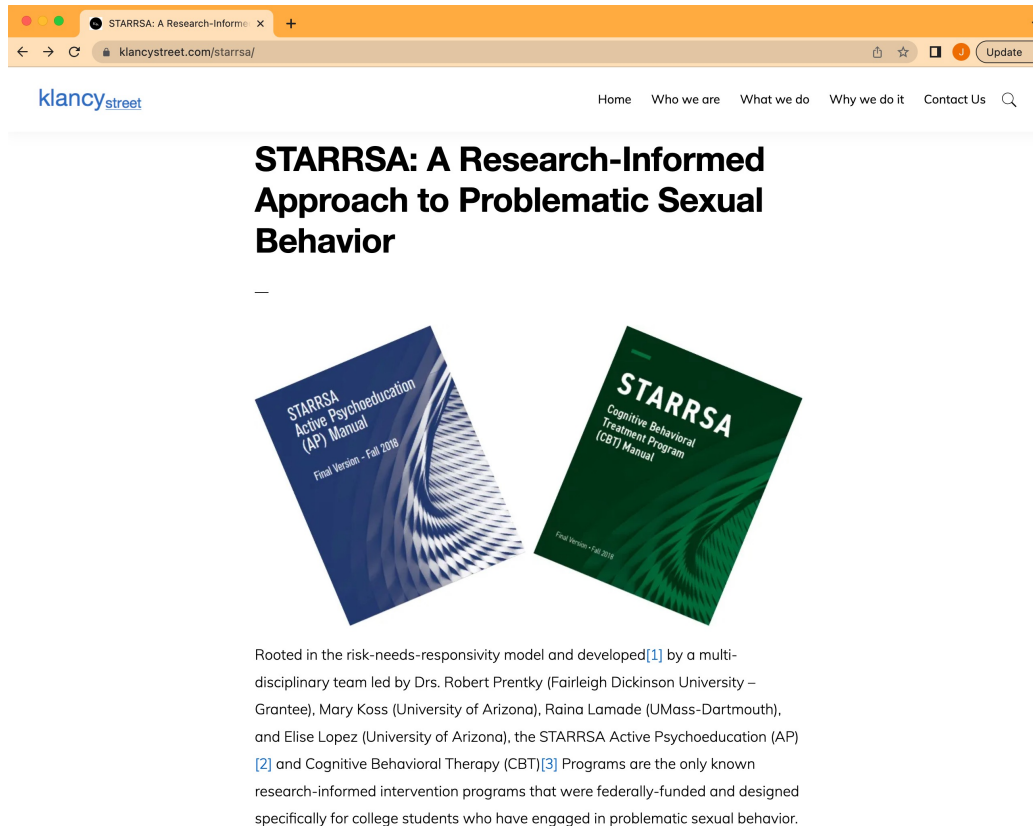
**Original Purpose:** Engage traditional-age college students who have engaged in behaviors related to sexual and/or gender-based misconduct at their institution.

**Areas of Interest:** Non-traditional aged students, faculty or staff behavior within HR processes, high school students, military members, etc.

## Points of Consideration

- Original Intent
- RNR Framework
- Appropriate/Intentional Adaptation

# Additional Training Available



**STARRSA: A Research-Informed Approach to Problematic Sexual Behavior**

—

STARRSA Active Psychoeducation (AP) Manual  
Final Version - Fall 2016

STARRSA Cognitive Behavioral Treatment Program (CBT) Manual  
Final Version - Fall 2016

Rooted in the risk-needs-responsivity model and developed<sup>[1]</sup> by a multi-disciplinary team led by Drs. Robert Prentky (Fairleigh Dickinson University – Grantee), Mary Koss (University of Arizona), Raina Lamade (UMass-Dartmouth), and Elise Lopez (University of Arizona), the STARRSA Active Psychoeducation (AP)<sup>[2]</sup> and Cognitive Behavioral Therapy (CBT)<sup>[3]</sup> Programs are the only known research-informed intervention programs that were federally-funded and designed specifically for college students who have engaged in problematic sexual behavior.

# Training Overview

Session	Description	Intended Audience	Duration
1	Effective Interventions for Students Who Engage in Problematic Sexual Behavior	Any/all staff members or campus partners responsible for addressing sexual or gender-based misconduct	1-2 hrs
2	Overview of STARRSA Program Options, Instruments, and Interventions	Any/all staff members or campus partners responsible for addressing sexual or gender-based misconduct	1-2 hrs
3	Individualized Assessment and the STARRSA Contributing Factors Checklist	Staff members or campus partners responsible for making sanctioning decisions	3-4 hrs
4-a	The Active Psychoeducation (AP) Program	Staff members who will be facilitating the AP program with students	8 hrs
4-b	The Cognitive Behavior Therapy (CBT) Program	Staff members or community partners who will be facilitating the CBT program	8 hrs
5	Six-Month Check-In	AP Program Facilitators and other relevant campus stakeholders	3 hrs



Questions?



Comments?



Reflections?

# Discussion



# Select Resources



## Public policy recommendation: Addressing campus sexual misconduct

Statement by the Association for the Treatment of Sexual Abusers  
May 2019



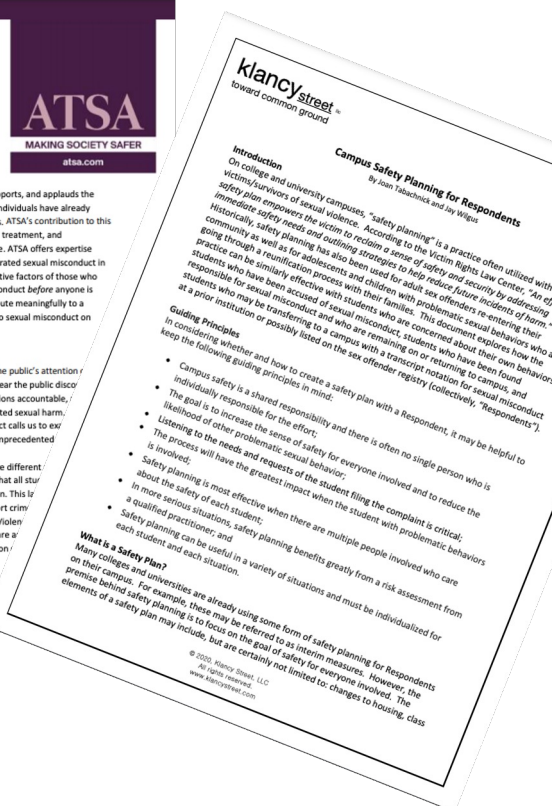
The Association for the Treatment of Sexual Abusers (ATSA) recognizes, supports, and applauds the ongoing dedication and work that many other organizations, entities, and individuals have already achieved to address sexual misconduct<sup>1</sup> on college and university campuses. ATSA's contribution to this effort is a unique perspective due to our focus on the effective assessment, treatment, and management of individuals who have sexually abused or are at risk to abuse. ATSA offers expertise regarding potential responses and interventions for those who have perpetrated sexual misconduct in the campus environment, as well as expertise regarding the risk and protective factors of those who may cause harm. Ultimately, the goal of this work is to prevent sexual misconduct before anyone is harmed. It is our hope that the following information and resources contribute meaningfully to a comprehensive and inclusive approach to the prevention of and response to sexual misconduct on college and university campuses.

### Introduction

During the past decade, increased awareness and advocacy have focused the public's attention on sexual misconduct on college and university campuses. It is heartening to hear the public discourse insist that something must be done to hold individuals and institutions accountable, to provide appropriate services for people who have experienced and committed sexual harm, and to address the unprecedented period of discussion regarding all forms of sexual misconduct calls us to extend responses to this behavior and seek opportunities to prevent it in equally unprecedented

Campuses throughout the world face this issue, and different countries have different examples. In the United States, a federal law referred to as Title IX ensures that all students have the right to an education free of sexual harassment, violence, and discrimination. This is the Clery Act, which requires schools to disclose their security procedures, report crime victims' rights are protected. Additionally, the 2013 reauthorization of the Violence Against Women Act included provisions to improve campus safety. These legislative mandates are a framework for responding to and ultimately preventing sexual misconduct on campuses.

<sup>1</sup> The term sexual misconduct encompasses any sexual or sexually motivated behavior that is forced, coerced, or manipulated into witnessing or experiencing sexual harassment, rape, or could not, consent.



### Introduction

On college and university campuses, "safety planning" is a practice often utilized with victims/survivors of sexual violence. According to the Victim Rights Law Center, "An effective safety plan empowers the victim to reclaim a sense of safety and security by addressing immediate safety needs and outlining strategies to help reduce future incidents of harm." Historically, safety planning has also been used for adult sex offenders re-entering their community as well as for adolescents and children with problematic sexual behaviors who are going through a reunification process with their families. This document explores how the practice can be similarly effective with students who have been accused of sexual misconduct and who are remaining on or returning to campus, and students who may be transferring to a campus with a transgressor notation for sexual misconduct at a prior institution or possibly listed on the sex offender registry (collectively, "Respondents").

### Guiding Principles

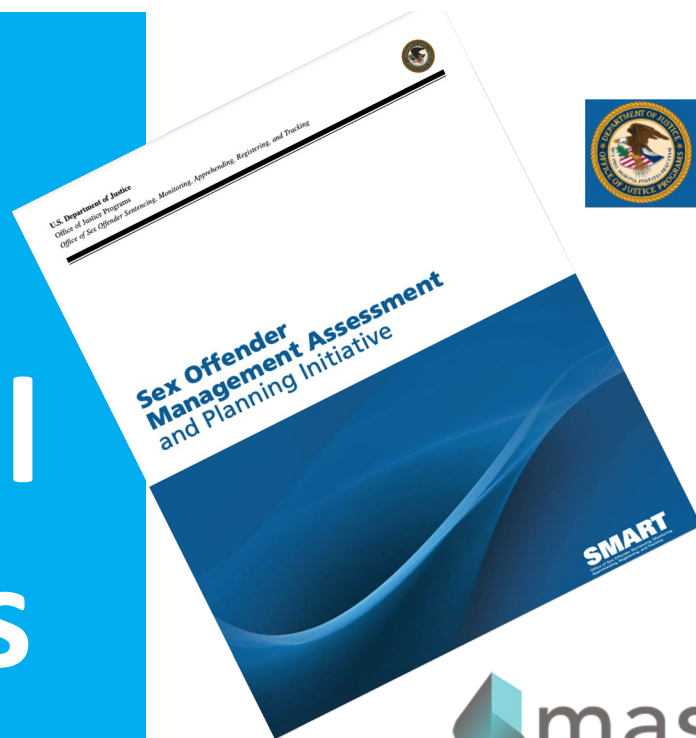
- In considering whether and how to create a safety plan with a Respondent, it may be helpful to keep the following guiding principles in mind:
- Campus safety is a shared responsibility and there is often no single person who is individually responsible for the effort;
  - The goal is to increase the sense of safety for everyone involved and to reduce the likelihood of other problematic sexual behavior;
  - Listening to the needs and requests of the student filing the complaint is critical; the process will have the greatest impact when the student with problematic behaviors is involved;
  - Safety planning is most effective when there are multiple people involved who care about the safety of each student;
  - In more serious situations, safety planning benefits greatly from a risk assessment from a qualified practitioner; and
  - Safety planning can be useful in a variety of situations and must be individualized for each student and each situation.

### What is a Safety Plan?

Many colleges and universities are already using some form of safety planning for Respondents on their campus. For example, these may be referred to as interim measures. However, the premise behind safety planning is to focus on the goal of safety for everyone involved. The elements of a safety plan may include, but are certainly not limited to: changes to housing, class

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# Additional Resources



ATSA  
MAKING SOCIETY SAFER®

**SS** Safer  
Society  
FOUNDATION



Part II: Overview of STARRSA Program Options



**FAIRLEIGH  
DICKINSON  
UNIVERSITY**

“ *We can learn to see each other  
and see ourselves in each other  
and recognize that human  
beings are more alike than we  
are unlike.* ”



Maya Angelou

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# Contact Information





Register today!



## Critical Viewpoints for Disabled Survivors:

Addressing Barriers  
and Accessibility  
On and Off Campus

July 27, 2023  
10-11:30 am PDT

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