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Family Impact Seminar 2018: The Kids are NOT All Right: Policy Options to Address Youth Trauma in Massachusetts

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Family Impact Seminar 2018: The Kids are NOT All Right: Policy Options to Address Youth Trauma in Massachusetts

Abstract

Family Impact Seminars are a series of annual seminars, briefing reports, and discussion sessions that provide up-to-date, solution-oriented research on current issues for state legislators and their aides. The seminars provide objective, nonpartisan research on current issues and do not lobby for particular policies. Seminar participants discuss policy options and identify common ground where it exists.

The Kids are NOT All Right: Policy Options to Address Youth Trauma in Massachusetts is the ninth Massachusetts Family Impact Seminar. Today's seminar is designed to emphasize a family perspective in policymaking on issues related to early intervention in childhood trauma, sex trafficking and commercial sexual exploitation, and sexual assault on college campuses in Massachusetts. In general, Family Impact Seminars analyze the consequences an issue, policy, or program may have for families.

Keywords

Clark University, Mosakowski Institute for Public Enterprise, Family Impact Seminars, Youth Trauma, Early Childhood Trauma, Sex Trafficking, Commercial Sexual Exploitation, Sexual assault on college campuses

Disciplines

Civic and Community Engagement | Counseling | Criminology | Domestic and Intimate Partner Violence | Early Childhood Education | Elementary Education | Health Services Administration | Health Services Research | Higher Education | Medicine and Health | Medicine and Health Sciences | Mental and Social Health | Other Public Health | Public Health | Public Health Education and Promotion | Social and Behavioral Sciences | Social Statistics | Social Work | Sociology | Sociology of Culture



**The Kids are NOT All Right:
Policy Options to
Address Youth Trauma
in Massachusetts**

CLARK
UNIVERSITY



MOSAKOWSKI INSTITUTE
FOR PUBLIC ENTERPRISE

The Kids Are NOT All Right: Policy Options to Address Youth Trauma in Massachusetts

2018 MASSACHUSETTS FAMILY IMPACT SEMINAR

BRIEFING REPORT

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MOSAKOWSKI INSTITUTE
FOR PUBLIC ENTERPRISE

The Massachusetts Family Impact Seminars are a project of
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The Kids are NOT All Right: Policy Options to Address Youth Trauma in Massachusetts

Purpose and Presenters

In 2009, Clark University was accepted to represent Massachusetts in the Family Impact Institute (familyimpactseminars.org), an organization of universities nationwide that conduct Family Impact Seminars. In 2014, the Family Impact Institute moved its host site to Purdue University.

Family Impact Seminars are a series of annual seminars, briefing reports, and discussion sessions that provide up-to-date, solution-oriented research on current issues for state legislators and their aides. The seminars provide objective, nonpartisan research on current issues and do not lobby for particular policies. Seminar participants discuss policy options and identify common ground where it exists.

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THIS SEMINAR FEATURES THE FOLLOWING SPEAKERS:

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Introduction

By Denise A. Hines, Ph.D.

The experiences of trauma in our youth can have lasting impacts on their mental and physical health, their ability to have healthy relationships, and their productivity in adulthood. Researchers and policymakers are becoming increasingly aware of the need to understand the different types of trauma that our youth experience and how to best prevent and intervene.

Several efforts are currently underway in Massachusetts to address various forms of youth trauma, but work still needs to be done. After consultation with legislators, we decided that our 2018 Massachusetts Family Impact Seminar would focus on addressing youth trauma. This briefing report represents the work of three experts in the field, who also provided presentations to legislators, their staff, public health officials, and other interested parties.

Our first expert is Laurie Ross, Ph.D., of Clark University. Her report and presentation focuses on early intervention into childhood trauma. She discusses the short- and long-term risks that trauma poses for our youngest children, particularly violence in the home and community, and best practices for intervening early to prevent the inter-generational transmission of violence. She focuses on the development and successes of the Worcester ACTs (Worcester Addresses Childhood Trauma) program. This intervention consists of a police-community health worker co-responder model that directs child and family intervention at the point of trauma. The program also serves as a robust referral network for longer-term family support for both witnesses and victims.

Next, Marianne Sarkis, Ph.D., of Clark University provides expertise on sex trafficking and commercial sexual exploitation. Her report and presentation discuss the growing problem of sex trafficking and commercial sexual exploitation at the global, national, and statewide levels. She outlines the various social determinants of sex trafficking, most notably vulnerability. She presents current legislative efforts and points out the gaps in our current responses. She stresses that our legislative efforts need to comprehensively address prosecution, protection, and prevention.

Finally, Denise A. Hines, Ph.D., of Clark University discusses sexual assault on college campuses. Her report and presentation focus on her research developing, implementing, and evaluating a model sexual assault prevention program on her campus. She provides information on best practices and gaps in our knowledge about the best prevention programs for college students; she discusses the benefits and challenges of conducting sexual assault campus climate surveys, and she provides information on what challenges remain in best protecting those at highest risk of sexual assault, our college students.

The Massachusetts Family Impact Seminars are a project supported by the Mosakowski Institute of Public Enterprise at Clark University. The mission of the Mosakowski Institute is to improve the effectiveness of government and other institutions in addressing social concerns through the successful mobilization of use-inspired research.

The goal of this seminar series is to provide objective high-quality university-based research to state legislators and their staff, who are well-positioned to make decisions based upon that research. Over the past eight years, we have received high marks for our objectivity and the quality of the work we present, and we hope to maintain this reputation in years to come.

The Family Impact Seminars are where research meets policy on family issues. We are part of a national network of universities that do Family Impact Seminars in their states, with one university per state designated as the Family Impact Seminar site for that state. Please consult the following webpage for more information regarding the FIS around the country: <https://www.purdue.edu/hhs/hdfs/fii/>

Overall, Family Impact Seminars have two goals. First, we try to promote greater use of objective, non-partisan university research in policy decisions, and we do this through the presentations themselves; through discussions among the experts, legislators, and other seminar attendees; and through this briefing report.

Second, we try to encourage policymakers to examine the family impact of policies and programs. One way we do this is by encouraging policymakers to ask three questions:

- (1) How are families, rather than individuals, affected by the issue?
- (2) In what ways, if any, do families contribute to the issue?
- (3) Would involving families in the solution result in better policies?

For more information about the Massachusetts Family Impact Seminar, please go to the following webpage: <http://wordpress.clarku.edu/dhines/familyimpactseminars/> and/or contact me at dhines@clarku.edu.

The Family Impact Guide for Policymakers

VIEWING POLICIES THROUGH THE FAMILY IMPACT LENS

- **Most policymakers would not think of passing a bill without asking, “What’s the economic impact?”**
- **This guide encourages policymakers to ask, “What is the impact of this policy on families?” “Would involving families result in more effective and efficient policies?”**

When economic questions arise, economists are routinely consulted for economic data and forecasts. When family questions arise, policymakers can turn to family scientists for data and forecasts to make evidence-informed decisions. The Family Impact Seminars developed this guide to highlight the importance of family impact and to bring the family impact lens to policy decisions.

WHY FAMILY IMPACT IS IMPORTANT TO POLICYMAKERS

Families are the most humane and economical way known for raising the next generation. Families financially support their members and care for those who cannot always care for themselves — the elderly, frail, ill, and disabled. Yet families can be harmed by stressful conditions — the inability to find a job, afford health insurance, secure quality child care, and send their kids to good schools. Innovative policymakers use research evidence to invest in family policies and programs that work, and to cut those that don't. Keeping the family foundation strong today pays off tomorrow. Families are a cornerstone for raising responsible children who become caring, committed contributors in a strong democracy, and competent workers in a sound economy [1].

In polls, state legislative leaders endorsed families as a sure-fire vote winner [2]. Except for two weeks, family-oriented words appeared every week Congress was in session for over a decade; these mentions of family cut across gender and political party [3]. The symbol of family appeals to common values that hold the potential to rise above politics and to provide common ground. However, family considerations are not systematically addressed in the normal routines of policymaking.

HOW THE FAMILY IMPACT LENS HAS BENEFITED POLICY DECISIONS

- In one Midwestern state, using the family impact lens revealed differences in program eligibility depending upon marital status. For example, seniors were less apt to be eligible for the state's prescription drug program if they were married than if they were unmarried but living together.
- In a rigorous cost-benefit analysis of 571 criminal justice programs, those most cost-beneficial in reducing future crime were targeted at juveniles. Of these, the five most cost-beneficial rehabilitation programs and the single most cost-beneficial prevention program were family-focused approaches [4].
- For youth substance use prevention, programs that changed family dynamics were found to be, on average, more than nine times more effective than programs that focused only on youth [5].

QUESTIONS POLICYMAKERS CAN ASK TO BRING THE FAMILY IMPACT LENS TO POLICY DECISIONS:

- How are families affected by the issue?
- In what ways, if any, do families contribute to the issue?
- Would involving families result in more effective policies and programs?

HOW POLICYMAKERS CAN EXAMINE FAMILY IMPACTS OF POLICY DECISIONS

Nearly all policy decisions have some effect on family life. Some decisions affect families directly (e.g., child support or long-term care), and some indirectly (e.g., corrections or jobs). The family impact discussion starters below can help policymakers figure out what those impacts are and how family considerations can be taken into account, particularly as policies are being developed.

Family impact discussion starters

How will the policy, program, or practice:

- support rather than substitute for family members' responsibilities to one another?
- reinforce family members' commitments to each other and to the stability of the family unit?
- recognize the power and persistence of family ties, and promote healthy couple, marital, and parental relationships?
- acknowledge and respect the diversity of family life (e.g., different cultural, ethnic, racial, and religious backgrounds; various geographic locations and socio-economic statuses; families with members who have special needs; and families at different stages of the life cycle)?
- engage and work in partnership with families?

Ask for a full Family Impact Analysis

Some issues warrant a full family impact analysis to more deeply examine the intended and unintended consequences of policies on family well-being. To conduct an analysis, use the expertise of both family scientists, who understand families, and policy analysts, who understand the specifics of the issue.

- Family scientists in your state can be found at familyimpactseminars.org
- Policy analysts can be found on your staff, in the legislature's nonpartisan service agencies, at university policy schools, etc.

Apply the Results

Viewing issues through the family impact lens rarely results in overwhelming support for or opposition to a policy or program. Instead, it can identify how specific family types and particular family functions are affected. These results raise considerations that policymakers can use to make decisions that strengthen the many contributions families make for the benefit of their members and the good of society.

ADDITIONAL RESOURCES

Several family impact tools and procedures are available on the website of the Family Impact Institute (familyimpactseminars.org).

- 1 Bogenschneider, K., & Corbett, T. J. (2010). Family policy: Becoming a field of inquiry and subfield of social policy [Family policy decade review]. *Journal of Marriage and Family*, 72, 783-803.
- 2 State Legislative Leaders Foundation. (1995). *State legislative leaders: Keys to effective legislation for children and families*. Centerville, MA: Author.
- 3 Strach, P. (2007). *All in the family: The private roots of American public policy*. Stanford, CA: Stanford University Press.
- 4 Aos, S., Miller, M., & Drake, E. (2006). *Evidenced-based public policy options to reduce future prison construction, criminal justice costs, and crime rates*. Olympia: WA State Inst. for Public Policy.
- 5 Kumpfer, K. L. (1993, September). *Strengthening America's families: Promising parenting strategies for delinquency prevention—User's guide* (U.S. Department of Justice Publication No. NCJ140781). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

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Senate President Chandler and her staff, especially Laura Paladino, have been particularly helpful with scheduling and coordinating the development of the seminars, and we would like to thank them for their continued support. Each year, they provide valuable input on the topics selected.

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This year, we are also grateful to the offices of many additional Senators and Representatives who provided invaluable guidance on the topics of this seminar. The Co-Chairs of the Joint Committee on Higher Education, Senator Michael Moore and Rep. John Scibak, along with their staff members, provided invaluable guidance

on the topic of sexual assault on college campuses. Rep. Lori Ehrlich, House Chair of the Joint Committee on Export Development, and her staff members were generous with their time and effort regarding legislation on sexual assault climate surveys, and Assistant Majority Leader Senator Cynthia Creem, and her policy counsel, Lisa Sears, provided guidance on the Senate Bill on sexual assault on college campuses. Assistant Majority Leader, Senator Mark Montigny and his general counsel, Audra Riding, provided information and support on the topic of sex trafficking.

The Massachusetts Family Impact Seminars are a project of the Mosakowski Institute for Public Enterprise at Clark University. The support of the staff at the Mosakowski Institute has been essential for the execution of the Family Impact Seminars. Our thanks go to Lisa Coakley, Executive Assistant to the Director; Lauren Meininger '17, '18; Max DeFaria '20; and Sara Conroy '20.

Last, but not least, the support and encouragement of Clark University President David Angel, Vice President for Community and Government Affairs Jack Foley, and former Senator Gerry D'Amico were central to the development of the seminar series.

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Early Childhood Trauma as a Risk Factor for Youth Violence: Policy Options to Break Generational Cycles of Violence

By Laurie Ross, Ph.D.

Youth violence is a pressing public health concern. According to the Centers for Disease Control and Prevention (CDC), in 2014 homicide was the third leading cause of death among youth aged 10–24 years old in the US. However, it was the leading cause of death for African American youth and second leading cause of death for Hispanic youth. Violence is a major cause of nonfatal injuries among youth. In 2014, a total of 501,581 young people aged 10–24 years old were treated and released from emergency departments for nonfatal injuries sustained from assaults.ⁱ

The 2015 Youth Risk Behavior Survey revealed that nationwide among youth in grades 9–12, 22.6% reported being in a physical fight in the previous year and 16.2% reported carrying a weapon (gun, knife or club) on one or more days in the previous month. These figures were slightly lower for Massachusetts: 19.2% reported being in a physical fight and 12.6% reported carrying a weapon.ⁱⁱ

The CDC estimates that each year youth homicides and assault-related injuries result in \$18.2 billion in medical and work loss costs for the country.ⁱⁱⁱ These costs do not include the staggering expense to incarcerate a young person. Beyond the monetary costs, youth violence takes its toll on families, schools, and neighborhoods, and harms the health of the witnesses, victims, and perpetrators. Due to the array of serious impacts of youth violence, it is essential that we understand its causes so that we can intervene early.

***“Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse. ‘It’s all connected.’”
— Deborah Prothro-Stith, MD***

We do not often consider experiences in early childhood as contributing factors to youth violence. Yet, as Deborah Prothrow-Stith, MD, whose groundbreaking work defined youth violence as a public health problem, said, “Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse. ‘It’s all connected.’” Indeed, children who experience violence, either as a victim or witness, are at greater risk to engage in serious delinquent behaviors—including violence—in adolescence and early adulthood.^{iv}

Young children can be exposed to multiple forms of violence. This report focuses on community violence and violence in the home. Community violence tends to occur in densely populated, under-resourced urban areas. Children living in these

types of areas have reported witnessing violence—including stabbings, shootings, and homicides—at disturbingly high rates and at distressingly young ages.^v

Harvard University's Center of the Developing Child recognizes that some forms of stress are necessary for optimal child development. They distinguish among three kinds of responses to stress: positive, tolerable, and toxic stress. A toxic stress response arises in the context of strong, frequent, and prolonged adversity. Compounding these stressors is the lack of positive buffers in the form of safe and supportive adult relationships.

The other form of violence that young children are exposed to is that which occurs in their homes, including child abuse, neglect, witnessing domestic violence and experiencing family chaos. Most children who are exposed to violence do not act violently; however, a child who experiences one form of violence is at a higher risk of experiencing other forms of violence. As the pioneering Adverse Childhood Experiences (ACEs) study revealed, cumulative experiences of trauma are directly correlated with increased likelihood of engaging in risky behavior and poor health outcomes.^{vi}

How does early exposure to community or domestic violence affect later behavior? There is an abundance of research that suggests that trauma in early childhood has detrimental effects on brain development in areas that regulate fear response, impulse control, reasoning, planning, and academic

learning.^{vii} These effects on the brain can cause children to have extreme reactions to seemingly low-stress incidents. These children may misinterpret neutral facial expressions as angry, unnecessarily triggering a fight-or-flight response.^{viii}

Traumatized children's hypervigilance and exaggerated reactions result from their stress response system activating more frequently and for longer periods than is necessary, causing wear and tear on their brains and bodies.^{ix} Children who live in threatening environments are more likely to respond violently (fight) or run away (flight) than children who grow up in safe, stable, and nurturing environments. Children, particularly boys, who experience physical abuse or neglect early in their lives are at greater risk for committing violence against peers, engaging in bullying, committing teen dating violence, and perpetrating child abuse, intimate partner violence, and sexual violence later in life.^x

Long-term, unaddressed, accumulated traumas that trigger a toxic stress response are associated with mental and physical health disorders as well as overall shorter life expectancy as adults.^{xi} When adults who developed a toxic stress response in childhood become parents, they are less likely to provide the stable and supportive relationships that their children need to develop healthfully.

The science is clear. When children grow up in safe and stable environments in the context of nurturing relationships with adults who can reduce stress in their lives, children learn skills that protect against violence, such as empathy, impulse control, anger management, and problem-solving.^{xii} For children living in conditions of toxic stress, however, early intervention with the child and family is essential and has proven to be effective.

EXTENT OF THE PROBLEM IN MASSACHUSETTS AND THE UNITED STATES

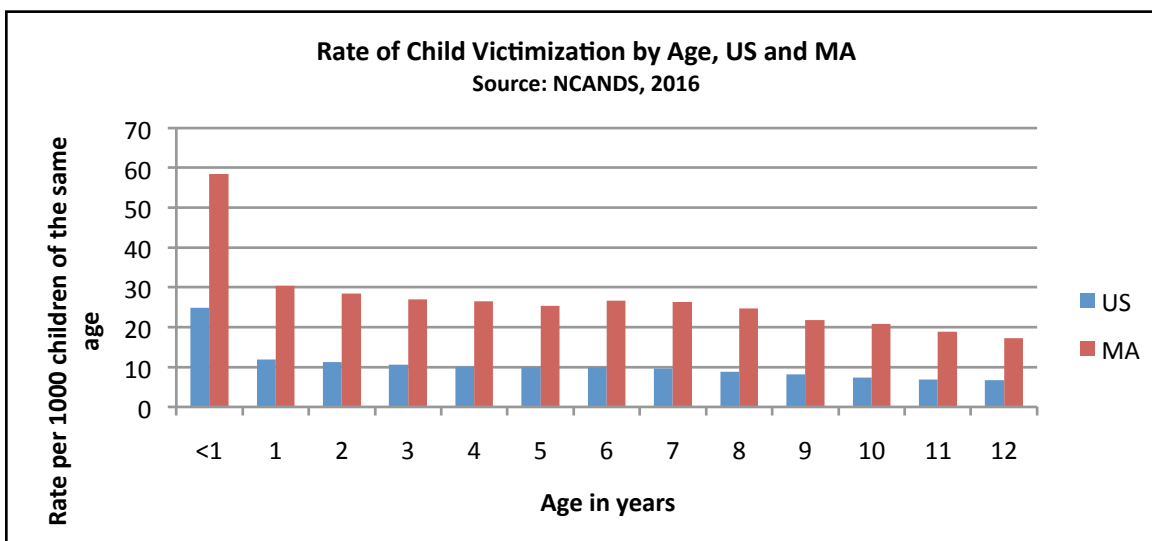
Unfortunately, young children in Massachusetts and in the United States are exposed to a great deal of violence and trauma.^{xiii} While there are surveys of youth's exposure to violence available on a national or regional level,^{xiv} data on all sources of early childhood trauma that are Massachusetts specific are not available. Because the National Child Abuse and Neglect Data System (NCANDS) is a relatively robust system to capture data on child abuse and neglect, we use this as an indicator of the extent of the problem in the United States and Massachusetts.

Nationally, in 2016, 58% of the 4.1 million referrals received by a child protective services (CPS) agency were screened in. Of these screened in reports, 671,622 children were substantiated as victims, equating to a national victim rate of 9.1 victims per 1,000 children in the population. The reason for the vast majority of substantiated cases was due to neglect (74.8%), followed by physical abuse (18.2%), and sexual abuse (8.5%). Perpetrators of child abuse tended to be between the ages of 18 and 44 (83.4%) and more than one-half were women (53.7%). The vast majority of perpetrators were parents (91.4%).

In Massachusetts, 48,125 referrals were screened in and 32,093 were substantiated as victims, with a victim rate of 23.3 per 1000 children. This rate has increased 66.9% since 2012. Of the 32,093 victims, 94.9% was due to neglect; 8.9% was due to physical abuse, and 2.4% was due to sexual abuse.^{xv}

Massachusetts Source: NCANDS, 2016	Step (2016)	United States
82,851 referrals	Referrals alleging maltreatment to DCF	4.1 million referrals
58.1%	Screened in	58.0%
32,093 (23.3 per 1000)	Victims	671,622 (9.1 per 1000)
94.9%	Neglect	74.8%
8.9%	Physical Abuse	18.2%
2.4%	Sexual Abuse	8.5%

Victimization rates are highest for the youngest children. Over one-quarter (28.5%) of victims were younger than 3 years old. Children in the first year of life had the highest rate of victimization at 24.8 per 1000 infants. In Massachusetts, the rate is a staggering 58.4 per 1000 children under the age of one year old.



These data provide a strong rationale for focusing on earliest years of life to interrupt generational cycles of violence.

**DECISION FRAMEWORK TO NAVIGATE PROGRAMMATIC AND POLICY OPTIONS:
A FOCUS ON BUILDING FAMILY RESILIENCE AND COMMUNITY CONNECTEDNESS**

While the long-term outcome can seem bleak for children who have developed a toxic stress response, there is hope. The toxic stress response can be counteracted by trauma-sensitive and resiliency-promoting relationships and settings. Resilience is a dynamic developmental process of positive adaptation that occurs in the context of risk(s). Public policy can strengthen community, family, and individual resilience in environments with serious, persistent stressors.

Resilience is a dynamic developmental process of positive adaptation that occurs in the context of risk(s).

Harvard University’s Center on the Developing Child has articulated three interacting and self-reinforcing principles that can guide decision-makers in taking action to build resilience to break generational cycles of violence. Related bills in front of the MA Legislature are integrated into this section.

- 1. Support responsive relationships for children and adults.** Research and practice shows that a stable relationship with supportive caregivers in the earliest years of life is the most important protective factor for young children. Policies that support responsive relationships for children and adults include

those that: allow children to maintain connection with caregivers even when families cycle in and out of programs; ensure workers in early care settings are compensated adequately, and receive professional education and high quality supervision to reduce staff turnover; and offer key services through trusted organizations and individuals (see Bill H.320; Bill H.2060, Bill H.2874).

2. **Strengthen core life skills.** Facilitating the development of two-generation programs (Bill H.1969) — programs that include children and their mothers AND fathers — are essential to the strengthening of core life skills of self-regulation and executive functioning. Foster families also require the development of these core skills. Universal early childhood education programs could also enhance core life skills for children and families (Bill H.2061).
3. **Reduce sources of stress in the lives of children and families.** Policy can make it easier for families living in conditions of toxic stress by reducing barriers for them to access basic needs such as food, housing, and health care through practices such as streamlined and consistent roles for eligibility determination and safeguards against unexpected loss of services. Addressing long waitlists for young child mental health services is also needed (Bill H.2403).

ONE COMMUNITY'S RESPONSE TO EARLY CHILDHOOD TRAUMA AS A DRIVER OF YOUTH VIOLENCE: WORCESTER ACTS (WORCESTER ADDRESSES CHILDHOOD TRAUMA)

In 2013, as part of the city's MA Executive Office of Public Safety and Security funded Charles E. Shannon Community Safety Initiative, Worcester undertook a comprehensive community assessment of the drivers of youth and gang violence in the city. Part of this assessment included an analysis of a Worcester Police Department dataset of roughly 25,000 men under the age of 27. Almost 5,000 of them had police contact as a victim or witness in an incident before the age of 12.

They found that boys who were involved in these incidents as both a witness and a victim were 49% more likely to have a violent incident later and were involved in roughly three more recorded violent incidents as adolescents or young adults than boys who had no early police-recorded incidents.

Of particular surprise was the predictive nature of witnessing traumatic events. Boys who only witnessed incidents were more likely to experience violence later in life than boys who were victims only. The hypothesized reason for this counter-intuitive finding was that victims were more likely to get treatment than witnesses.

The assessment team convened a working group comprised of pediatricians, psychologists, early childcare education professionals, domestic violence victim advocates, youth mobile crisis team behavioral health specialists, the Worcester Police Department Crisis Intervention Team and Gang Unit officers, and a representative from the city manager's office.

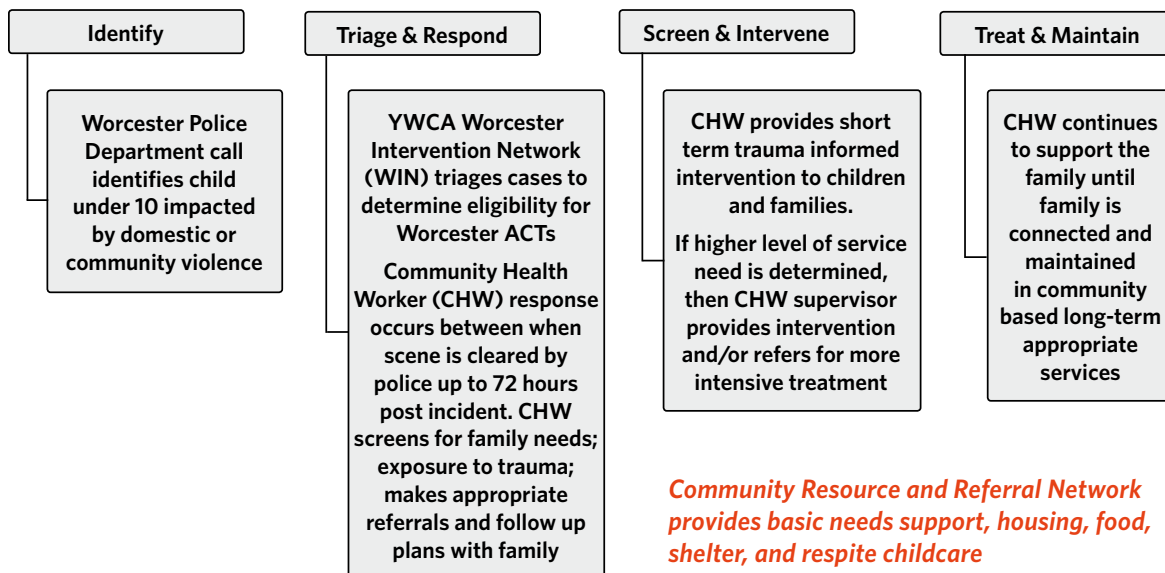
This team spent 9 months developing an intervention consisting of a police-community health worker co-responder model that directs child and family intervention at the point of trauma as well as a robust referral network for longer-term family support for both witnesses and victims (see Figure 1). Co-responding models have been shown to facilitate connecting children and youth to mental health and trauma services.^{xviii}

The intervention, referred to locally as Worcester ACTs (Worcester Addresses Childhood Trauma), is envisioned to start before symptoms even have time to manifest in a child. Worcester ACTs is a partnership among Worcester Police Department, YWCA, Community Healthlink, UMass Medical School Child Trauma Training Center, UMass Memorial Healthcare Child Protection Program, the Center for Health Impact, Worcester's Division of Public Health, and Clark University. Worcester ACTs also includes a Community Advisory Board (CAB) consisting of individuals with lived experience of community violence.

Worcester ACTs brings to life the core principles to improve outcomes for children and families recommended by the Center on the Developing Child. Worcester ACTs starts by reducing sources of stress in the lives of children and families. Once the chaos of the incident that brought the community health worker to the family is addressed, the worker is able to support parents to build responsive relationships with their children and strengthen core life skills.

Ultimately, Worcester ACTs aims to build individual and family resiliency and community connectedness. Today, this initiative is a core component of Worcester’s larger Youth Violence Prevention Initiative as well as the city’s Community Health Improvement Plan. Worcester ACTs believes that violence prevention is always preferable, but a targeted investment in early intervention is required for families’ health and wellbeing, and ultimately to move the needle on youth violence.

Figure 1: Worcester ACTs



CONCLUSION

Today, in Massachusetts, there are thousands of children developing a toxic stress response due to conditions in their homes and communities. Arguably, the very youngest children are suffering the most. There is substantial evidence that toxic stress erodes children’s bodies and affects brain development. As these young children grow up, they face a harder time with executive functioning and self-regulation, putting them at higher risk of engaging in delinquent behavior and youth violence.

There is also substantial evidence that connection to stable, supportive adults and quality community resources protects children from the effects of toxic stress. Under the right conditions, children can build resiliency. Public policy can help children and families build resiliency. Policy can also work to reduce the sources of toxic stress in Massachusetts communities.

It is more cost-effective to invest in high quality early childhood supports and programs than to attempt to remediate problems after they manifest. We need to harness the evidence on proven risk factors for a toxic stress response to create evidence-based screening tools and predictive analytics systems to keep children safe and to provide support to families much earlier.

Massachusetts has several policy options on the table that would enhance screening, professionalize the early childhood workforce, and provide proven effective two-generation support to children, mothers, fathers, and other caregivers such as foster parents. Investment is needed to ensure we have well-trained people and high quality programming, but this investment pays for itself in reduced costs associated with school drop-out, violence related injuries, and incarceration.

In order to build the will to invest in early childhood, we need to disseminate information about what works and why. We need to close the gap between brain science and practice. Children thrive when they are surrounded by safe, stable, and nurturing relationships. Breaking generational cycles of violence is possible when children’s needs are met. Policy is a critical component in making it easier for caregivers to respond to young children and keep them safe and healthy.

TRAUMA TRAININGS AND RESOURCES IN THE COMMONWEALTH AND BEYOND

- Link-Kid and UMass Child Trauma Training Center in Worcester: <https://www.umassmed.edu/cttc/>
- The Trauma Center at Justice Resource Institute in Brookline: <http://www.traumacenter.org/index.php>
- Center for Social Innovation, Needham, MA: <http://us.thinkt3.com/courses-offerings/self-paced-learning>
- Riverside Community Care, Needham, MA: <http://riversidetraumacenter.org/our-services/our-trainings/>
- Center on the Developing Child at Harvard University: www.developingchild.harvard.edu
- The National Child Traumatic Stress Network (NCTSN): www.nctsn.org/trauma-types

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Gaps, Best Practices, and Challenges in Responding to Sex Trafficking and Commercial Sexual Exploitation

By Marianne Sarkis, Ph.D.

Human trafficking in all its forms is a violent violation of human rights against those who are most vulnerable in societies. It is one of the most rapidly expanding coordinated industries. Human trafficking, also known as Trafficking in Persons (TIP), involves the exploitation of individuals for labor or sexual exploitation by force, fraud, or coercion, in a way that directly benefits a third party.

Victims are vulnerable to being trafficked because of their socio-economic and safety conditions. They are preyed upon by traffickers with false promises of a better life, but the traffickers' sole interest is maximizing their profits by buying and selling human beings.

Because of internet coordination, trafficking has become one of the most successful global illicit trades, surpassing gun and drug trafficking. This is because traffickers are able to maximize profits by selling a girl or woman repeatedly.

Sexual exploitation, a type of human trafficking, is when an individual is engaged in sex for a fee as a result of force, coercion, or fraud. It is a complex problem that requires coordinated efforts on multiple levels for effective prevention, intervention, and rehabilitation. These efforts can only succeed through close partnerships between the legislature, law enforcement, the community, social services, the public sector, private entities, and survivors in leadership positions.

This aims of this report are to:

1. provide an overview about sex trafficking, including exploitation, globally and in the U.S.;
2. examine the vulnerabilities and risks that lead to trafficking and exploitation;
3. examine the patterns of sex trafficking and exploitation in Massachusetts; and
4. recommend strategies that have demonstrated effectiveness in addressing trafficking.

Note: For this report, "human trafficking" includes trafficking for sex or labor exploitation. Similarly, and consistent with many U.S.-based laws and policies, "sex trafficking" is used interchangeably with "commercial sexual exploitation", "sex trade", and "prostitution", with or without force, fraud, or coercion.

GLOBAL SEX TRAFFICKING

Trafficked individuals come from all countries of the world. However, individuals in developing countries are especially vulnerable because of their families' poverty, economic insecurity or instability, conflicts and violence, illiteracy, and corruption [1].

Human trafficking is the fastest growing industry in the world, with a revenue stream estimated to surpass those of illegal drugs and arms trades [1]. Sex trafficking, a subtype of human trafficking, is a booming industry fueled by demand for prostitution and engagement in illicit sex, especially with minors.

Because of the illicit and hidden nature of human trafficking, estimates of the number of victims remain difficult to ascertain. The International Labor Organization estimates that there are approximately 21 million victims of human trafficking worldwide, with 4.5 million (22%) in forced sexual exploitation. Women and girls account for 99% of victims in the commercial sex industry [2].

The international business of human trafficking is fueled by a supply-demand chain that spans the globe, and is coordinated through a sophisticated cyber network and that is very difficult to expose or disrupt.

By the Numbers

The U.S. Department of Homeland Security and the Department of Justice estimate that 14,500-17,500 individuals are trafficked into the U.S. each year. Among those, 50% are children.

Among the individuals trafficked into the United States, 46% end up in prostitution, 5% in factories, 10% in agriculture, 27% in domestic servitude, and 12% in miscellaneous areas. East Asia and the Pacific are the highest exporters of human trafficking into the United States.

Figure 1: The Business of Modern Day Slavery (Source: Human Rights First, 2015)

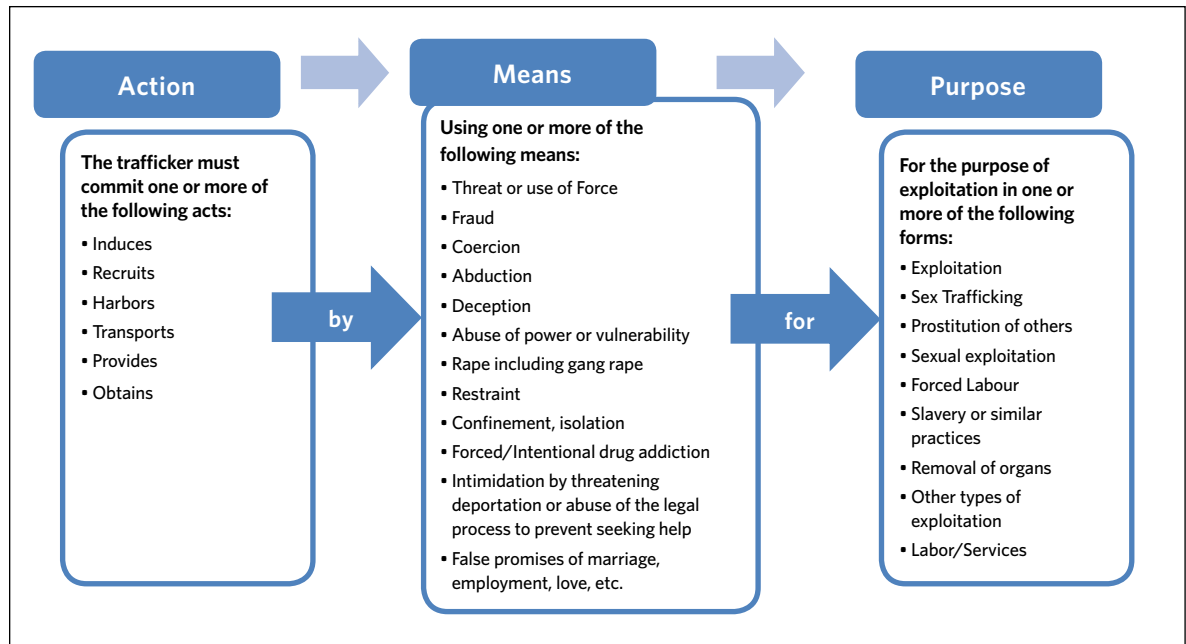


Vulnerabilities and Risks

In many developing or under-developed countries, girls and women enter sex trafficking or prostitution as a way to obtain wages that could support them and their families. However, many are tricked into accompanying a trafficker overseas by being promised well-paying jobs that could support the girls and their families. Some women are promised jobs as models, dancers, domestic servants, and so on. In exchange for accessing these opportunities, they are tricked into paying “employment” fees that are typically exorbitant, and can range between hundreds and thousands of dollars [1].

Upon arrival to their destination, victims typically have their passports or IDs taken away. Often, women and girls who were not able to pay the employment fees prior to leaving their countries enter into debt bondage that is impossible to escape. As a result, they find themselves being sold into prostitution, working as sex slaves, being sold repeatedly, or being subject to repeated violence and trauma.

Figure 2: Action-Means-Purpose = Human Trafficking



Modified version of Polaris Project's A-M-P Model (<https://humantraffickinghotline.org/resources/actions-means-purpose-amp-model>). NOTE: Minors induced into commercial sex are human trafficking victims-regardless if force, fraud, or coercion is present.

U.S.-BASED SEX TRAFFICKING

The Trafficking Victims Protection Act of 2000 (TVPA; reauthorized in 2003, 2005, 2008, and 2013) criminalized human trafficking at the federal level. The TVPA mainly applies to trafficking into the United States, and addresses Trafficking in Persons (TIP) from three angles: prevention, protection, and prosecution.

U.S. law recognizes human trafficking as modern-day slavery, with victims being primarily women and children who live in poverty, face discrimination, lack access to education, and face regular discrimination. "Victims are often forced through physical violence to engage in sex acts or perform slavery-like labor. Such force includes rape and other forms of sexual abuse, torture, starvation, imprisonment, threats, psychological abuse, and coercion" (Section 102, B6).

The goals of the TVPA are to:

- Prevent human trafficking overseas
- Protect victims and help them rebuild their lives in the U.S. with federal and state support
- Prosecute traffickers of persons under stiff federal penalties.

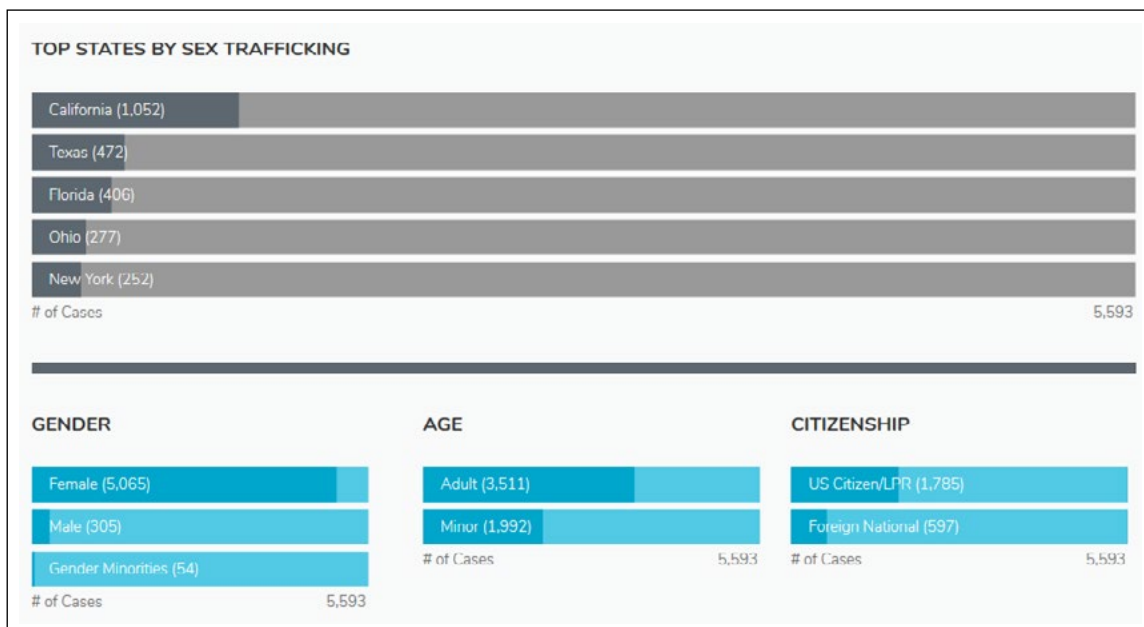
The Federal Strategic Action Plan on Services for Human Trafficking in the United States (2013-2017) outlines four goals, eight objectives, and more than 250 specific actions for victim-service improvement. The goals are:

- Align Efforts:** Promote a strategic, coordinated approach to the provision of services for victims of human trafficking at the federal, regional, state, territorial, tribal, and local levels.
- Improve understanding:** Expand and coordinate human trafficking-related research, data, and evaluation to support evidence-based practices in victim services.
- Expand Access to Services:** Provide and promote outreach, training, and technical assistance to increase victim identification and expand the availability of services.
- Improve Outcomes:** Promote effective, culturally appropriate, trauma-informed services that improve the short- and long-term health, safety, and well-being of victims.

By the Numbers

In 2016, the National Human Trafficking Hotline, a national anti-human trafficking hotline operated by Polaris and funded by Department of Health and Human Services, fielded 26,727 calls reporting suspected trafficking or from victims of trafficking. Over 73% were confirmed cases of sex trafficking. The states with the most trafficking were California, Texas, Florida, Ohio, and New York. The victims were disproportionately adult women from the United States.

Figure 3: Sex Trafficking (Source: The National Human Trafficking Hotline, 2018)



Vulnerabilities and Risks

In the United States, the factors that put individuals at high risk of being trafficked are similar to international factors. The FBI reports that:

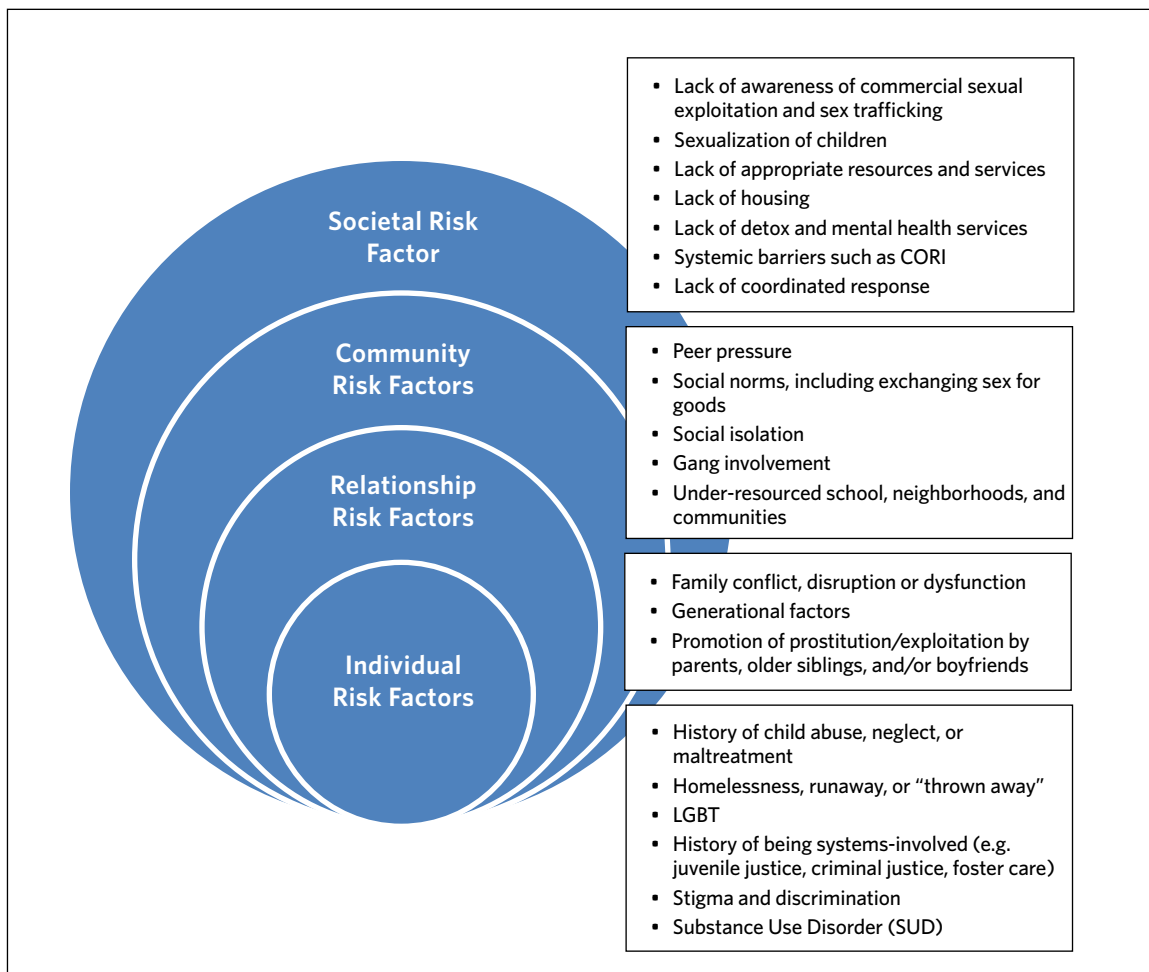
- Boys and transgender youth enter into prostitution between the ages of 11 and 13 on average.
- Upwards of 95% of those in prostitution were sexually assaulted as children.
- Around 70% of sexually exploited women meet the criteria for post-traumatic stress disorder.
- 75% have faced homelessness
- 80% were victims of rape
- 90% of women in prostitution want to leave immediately but feel they have little or no options.

According to the National Center for Missing and Exploited Children (NCMEC), 100,000-300,000 underage girls (12-14 years old) are at risk of being sold for sex in the U.S. every year [3]. On average, a young girl is sold more than 15 times/day. One in three homeless children gets lured into prostitution within the first 48 hours of being alone on the streets.

The NCMEC reports that 18,500 runaways have been victims of child sex trafficking. Of those, 86% were in the care of social services when they ran away [3].

Figure 4 illustrates the complex drivers of sexual exploitation from the individual to societal levels. This model, based on the social determinants of health model, illustrates the necessity of addressing the entire spectrum of risk factors for prevention, intervention, response, and sustainable re-integration. The interconnectedness of these factors also points to the importance of addressing the multiple layers of trauma that individuals experience that puts them at a much higher risk for exploitation.

Figure 4: Ecological model adapted to illustrate the possible risk factors for commercial sexual exploitation and sex trafficking of minors. [4]

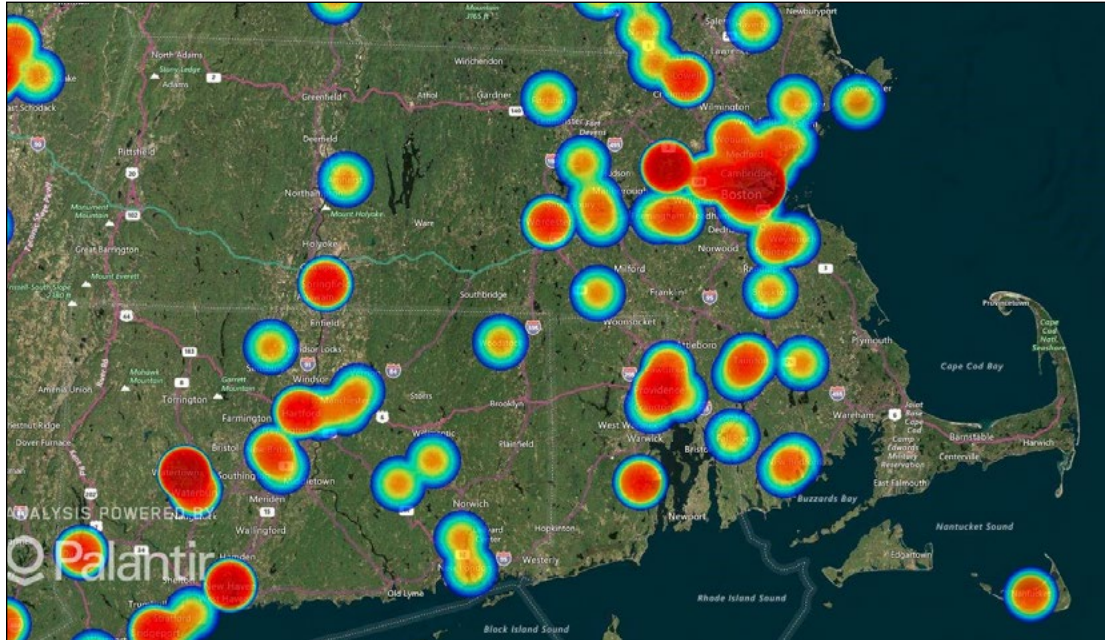


SEX TRAFFICKING IN MASSACHUSETTS

Sex trafficking has been on the rise in Massachusetts, but accurate numbers are difficult to obtain because of: 1) a lack of an effective and coordinated data gathering and reporting infrastructure; and 2) difficulty in counting undocumented victims who were brought illegally into the United States.

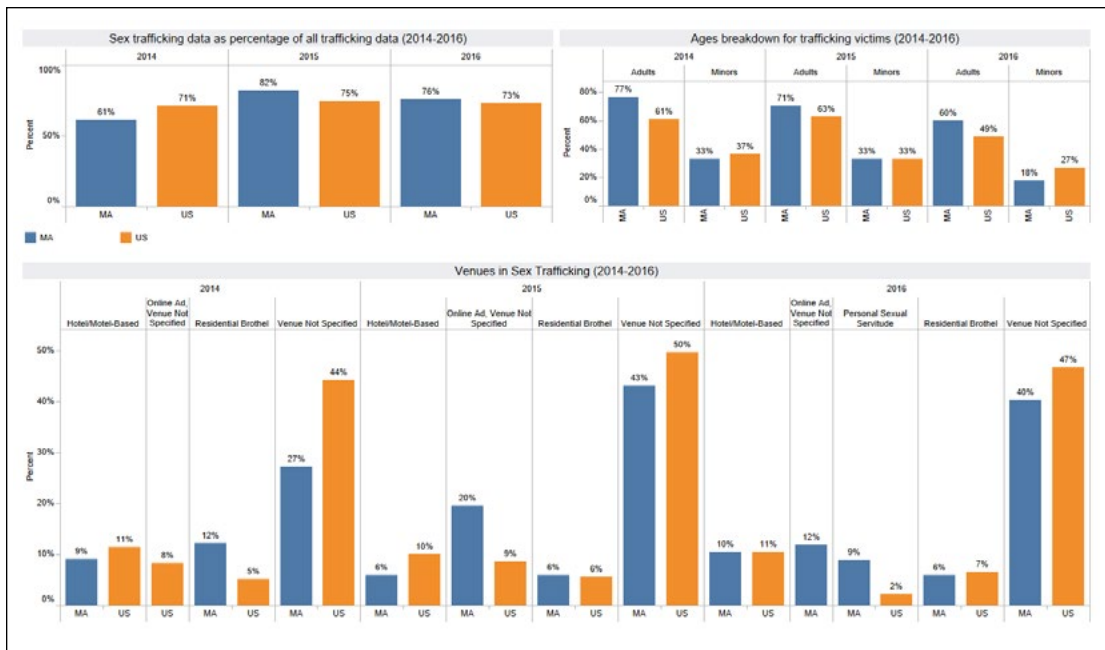
According to the National Human Trafficking Hotline in 2016, Massachusetts ranked 25th in call volume of all 50 states and Washington D.C. During that year, the hotline received 284 phone calls, 53 emails, and 24 online tip reports from Massachusetts. A total of 88 unique cases (incidents) of potential human trafficking were reported to the hotline. Consistent with national trends, sex trafficking constituted 73% of all reported cases, with the victims being adult women from the United States. The Hotline’s mapping of the cases suggests that the majority of cases come from Metrowest and Central Massachusetts.

Figure 5: Source: National Human Trafficking Hotline report for Massachusetts, 2016



Due to the bias inherent in caller reporting, the details of the sex trafficking incidents remain poorly understood. However, the data reveal that the victims are mostly forced to work in non-visible locations such as motels/hotels, residential brothels, or personal sexual servitude. This suggests that efforts to address sex trafficking must address the non-street-level activities where the majority of the victims are found.

Figure 6: Data Source: The National Human Trafficking Hotline Statistics for 2014-2016



RECOMMENDATIONS FOR EFFECTIVE PRACTICES IN RESPONDING TO SEX TRAFFICKING AND SEXUAL EXPLOITATION

The U.S. Department of State's Effective Strategies to Prevent Human Trafficking notes a three-pronged approach in responding to human trafficking: **prosecution, protection, and prevention**. Massachusetts already has in place some of the below recommendations, but significant gaps remain.

The proposed recommendations recognize the importance of law enforcement in combatting sex trafficking but acknowledge that a sustainable response must be addressed by other sectors that are better positioned to identify and refer victims of sex trafficking. For example, a public health approach ensures that interventions and program implementations are appropriate to this population by: 1) using peer survivors as implementers who are uniquely positioned to establish trust with the population, 2) ensuring that services are trauma-informed and victim-centered, and 3) addressing the specific mental health needs and substance use disorder of survivors of trafficking and exploitation.

SUMMARY RECOMMENDATIONS

1. Interventions must be built on trust and respect by individuals who are trained in the special needs of victims, who privilege survivor voices, and who ensure that their needs are met in a way that is trauma-informed.
2. For any program to succeed, survivors with lived experience must lead training and outreach efforts. They should also be empowered by being compensated for all their services, advocacy, and outreach.
3. Any prevention or intervention must address root causes and the social determinants that have made individuals vulnerable to exploitation. This type of programming goes beyond the criminal justice system by engaging stakeholders who can provide services that are appropriate to the needs and the heterogeneity of the population.
4. Legislators need to ensure that gaps and loopholes in current bills and laws are closed, evaluated on a regular basis, and adjusted because the mechanics of trafficking change over time.
5. Legislators need to create a sustainable funding stream for services for victims, especially housing and substance abuse treatment.
6. Legislators need to decrease systemic barriers that prevent survivors from effectively achieving self-sufficiency and re-entry. One example is to seal victims' criminal records.
7. The State should strengthen the coordinated response among all relevant entities including law enforcement, child protective services, health providers, schools, and the criminal justice system. The State should also ensure that all programs for prevention, intervention, and support are evidence-based.
8. The State should make public all statewide efforts to combat human trafficking through regular reports and public websites.
9. The State should standardize data reporting and establish a Massachusetts hotline to keep track of trafficking cases and to refer victims to services.
10. Any and all coordinated responses and interventions must address the entire Commonwealth, not just Eastern and Central Massachusetts. This is especially important with the opening of the MGM casinos in Springfield.

RECOMMENDATIONS FOR A COORDINATED MASSACHUSETTS RESPONSE

1. Create a Strategic Action plan for a statewide response to human/sex trafficking
2. Alleviate the factors that contribute to vulnerability (employment, education, community safety, and poverty)
3. Implement diversion programs and provide coordinated trauma-informed wrap-around victim support/ services and case management

4. Put in place measures that can be responsive to victims' emergency needs and short-term/long-term needs
5. Provide access and funding for comprehensive victim supports (detox, housing, education, workforce development)
6. Implement the three essential services to sustainable recovery: mental health services, residential programming, and access to education and workforce development
7. Implement a rigorous Monitoring and Evaluation strategy
8. Empower survivor-led Community Based Organizations to outreach and advocate
9. Create linkages and coordination between public and private entities, such as hotels and gaming establishments
10. Establish a centralized Resource Warehouse that includes best practices, data reporting, and yearly or bi-yearly reports
11. Expand legislative efforts to address cyber exploitation and the online coordination of trafficking.
12. Enforce existing laws and close loopholes, including regulation of "body work" and "reflexology" businesses, addressing cyber-trafficking, implementing "Safe Haven" laws, and sealing criminal records of victims.
13. Create leadership opportunities for survivors
14. Reduce systemic barriers to re-integration and self-sufficiency
15. Establish and strengthen partnerships and trainings with health care providers because trafficking victims access health care settings routinely, but health care providers fail to identify the women as trafficking victims, and as a result fail to provide appropriate support services [5].
16. Be proactive in establishing the legal frameworks necessary to prevent and respond to trafficking in a coordinated and timely manner. This is especially important in light of the opening of the casinos in all regions of the Commonwealth, where trafficking and sexual exploitation will be widespread.

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Prevention of Sexual Assault on College Campuses: Policy Options and Challenges to Best Practices

By Denise A. Hines, Ph.D.

Between 1995 and 2013, women ages 18-24 represented the highest risk group for sexual assault victimization, with 7.6 per 1,000 female college students experiencing a sexual assault within a one-year time period [1]. Some studies suggest that approximately one in five college women will experience a sexual assault at some point in their college career [2].

Yet college women are less likely to report their experiences to law enforcement than their same-age non-college-attending counterparts, and less than one in five victims will seek help from a victim services agency [1].

Because of these troubling statistics, many policymakers have called for more transparency, outreach, prevention, and intervention on the part of colleges and universities. Two bills are currently being debated to address this issue: (1) S.2191, the Campus Sexual Violence Prevention Bill, which proposes state-level policies for all higher-education institutions to establish fair procedures, appropriate services, tools, and training at Massachusetts colleges and universities, and (2) H.2998, an Act Creating a Sexual Assault Climate Survey for Massachusetts Colleges and Universities, which will create a task force to craft a climate survey that all campuses will be mandated to use.

To inform these pieces of legislation, this policy brief will outline current research, best practices, and continued challenges regarding sexual assault on college campuses. Much of this policy brief is informed by my own research and development of a model sexual assault prevention program on Clark University's campus.

PREVENTION EFFORTS

Although research on their effectiveness is still ongoing, bystander intervention programs are currently considered best practice in prevention of sexual assault on college campuses. The concept behind bystander programs is to approach prevention from a different angle than was traditionally done [3].

In the traditional sexual assault prevention programs, women were educated on ways to protect themselves from a sexual assault, whereas men were told not to sexually assault women. Although research shows that some self-defense programs are effective, the majority of these traditional programs did not do anything to change attitudes towards or rates of sexual assault [3].

One reason the programs didn't work is that they created a defensiveness in program participants — the majority of women did not see themselves as potential sexual assault victims, and the majority of men did not view themselves as perpetrators. Therefore, program participants did not think the content of the programs applied to them, and they did not learn or internalize the content [3].

Bystander programs take a different approach. They view all members of the community as responsible for sexual assault prevention and aim to mobilize everyone to take action. Bystander programs view all participants as potential bystanders to a sexual assault, and teach participants how to respond before, during, and after a sexual assault incident. Bystander programs teach participants how to help their friends, peers, and fellow classmates. This approach reduces defensiveness in program participants and opens their minds to the concepts presented because most people can see their peers as potential victims or perpetrators and because most people want to help their peers [3].

EFFECTIVENESS OF BYSTANDER PROGRAMS

The current evidence shows that bystander programs have an influence on participants' attitudes and behaviors. In particular, program participants show greater feelings of being able to intervene and a greater willingness to help those at risk. Also, participants report fewer attitudes supportive of sexual assault and more intervention behaviors [4].

Beginning in 2009, my colleagues and I at Clark University implemented, tailored, and evaluated a bystander intervention program targeted towards first year students. Our program is currently a 75-minute program that teaches students about sexual assault on our campus — e.g., rates and context — and then walks them through how to safely and effectively intervene in various real-world scenarios.

Our own evaluations of the bystander program are consistent with the extant research [5, 6]. However, our experimental evaluation showed that it is only slightly more effective than traditional sexual assault prevention programs in increasing participants' feelings of being able to intervene; there were no differences between groups in attitudes about sexual assault [6]. This means it may be premature to mandate that bystander programs be implemented, particularly to the exclusion of other potentially effective programs.

CAMPUS CLIMATE SURVEYS

Although bystander programs are currently considered best practice in the field of sexual assault prevention, one major gap is evident — there are no studies evaluating whether rates of sexual assault actually decrease as a result of bystander programming. This may be one role for campus climate surveys.

Campus sexual assault climate surveys are anonymous, self-report surveys that aim to provide a more accurate assessment of the rates of sexual assault on college campuses, along with context of assaults and help-seeking behaviors [7-9]. Another goal is to assess the extent to which students understand how their college or university handles official complaints of sexual assault. Such surveys — if done well — can provide valuable information to college administrators regarding how to best address sexual assault on their campuses.

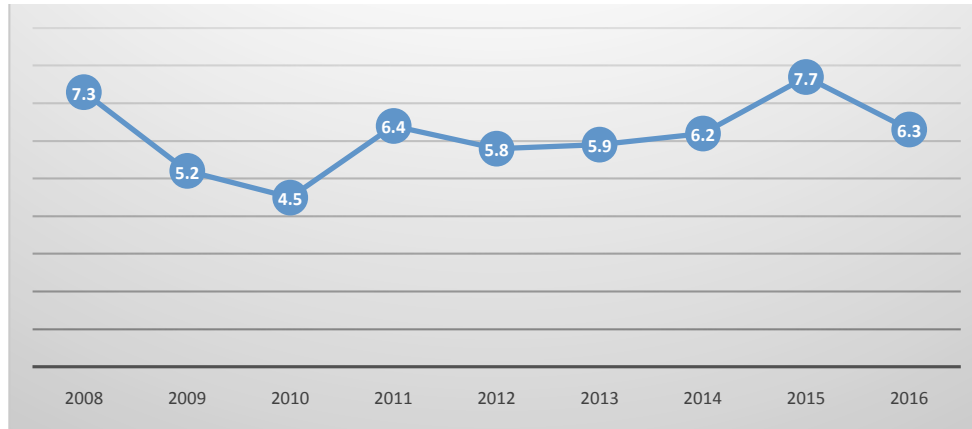
House Bill H.2998 aims to make such surveys mandatory in Massachusetts. For a variety of potential reasons, the majority of colleges do not conduct such surveys. Although no study has investigated why, potential reasons include the expense of doing such a survey, the lack of expertise to conduct the survey properly, and survey fatigue problems among their students. These problems are real problems that need to be carefully considered when figuring out how to make these surveys mandatory.

My colleague and I have been conducting annual sexual assault campus climate surveys on the Clark University campus since 2008. We also conducted the same climate survey on three other area colleges between 2013 and 2015. Through these experiences, the benefits and challenges of conducting such surveys have become apparent.

BENEFITS OF CAMPUS CLIMATE SURVEYS

Implementing campus climate surveys has several benefits, three of which I will outline in detail. The most immediate benefit is that we have been able to track rates of sexual assault over time on our campus. We began our survey the year before we brought our bystander program to campus, and that year served as our baseline year. Since then, we have shown that self-reported anonymous rates of sexual assault initially declined by 40% from our baseline, but have rebounded in more recent years (see Figure 1) [10].

Figure 1: Percent of Student Participants Reporting Sexual Assault Over Time

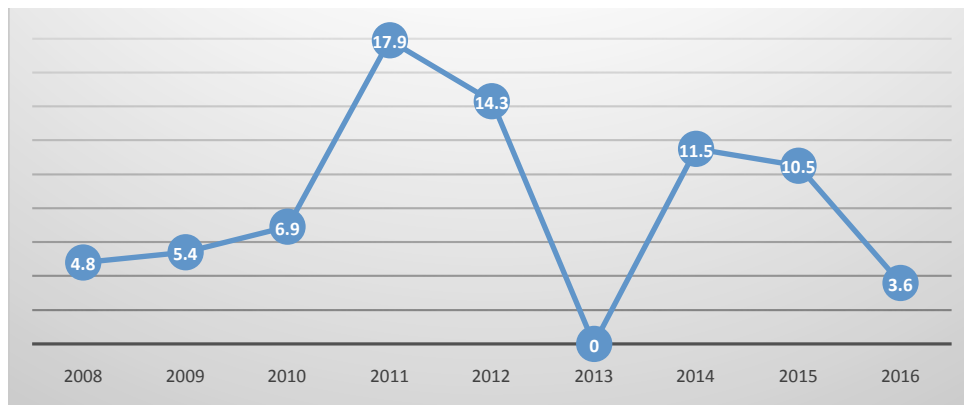


These findings provide some evidence that when we began to explicitly pay attention to the problem of sexual assault on our campus, rates declined. However, our more recent efforts don't seem to be as effective, which means we need to take a closer look at our programming. One issue may be that when the rates began to rise again, we were transferring the leadership of our program over to university administration, who didn't yet have the resources and staff in place to run it efficiently.

Another benefit is tracking help-seeking rates over time. Without a climate survey, colleges and universities are only going to be aware of the sexual assault survivors who make themselves known. However, the large majority do not make themselves known [7, 11]. Campus climates surveys can provide information on who seeks help and why, and what prevents survivors from coming forward. Colleges and universities can also figure out if their prevention and intervention efforts contribute to survivors coming forward.

Figure 2 shows the results of help-seeking for sexual assault survivors on our campus. Help-seeking, in this context, includes any kind of formal help-seeking on our campus, which can include seeking help from law enforcement, judicial board, Title IX Officer, or counseling services, for example. As shown, help-seeking rates varied over time, with an initial large increase after we began our programming, a sharp decline in 2013, an increase again, and a decline again more recently [10]. These data can be used to guide our university officials on how to better provide services and information about services to survivors.

Figure 2: Percent of Survivors Who Sought Help on Campus



Our analyses of sexual assault survivors showed that help-seeking was predicted by several factors [7]. Survivors whose perpetrators were White—versus of a racial/ethnic minority—were significantly less likely to

seek help. Female victims were significantly more likely than male victims to seek help, and survivors who were also stalked were more likely to seek help. The main reasons for not seeking help included perceptions that the assault wasn't that serious, that it was a private matter, and that they didn't want to get the perpetrator in trouble.

A final benefit of the campus climate survey is that we are able to analyze potential victim groups that aren't typically addressed by sexual assault prevention programs, including LGBTQ+ students, male students, and international students. The findings from some of these analyses are presented in the section below entitled "What Still Needs to be Done."

CHALLENGES IN IMPLEMENTING CAMPUS CLIMATE SURVEYS

There are several challenges in implementing campus climate surveys that need to be carefully considered and addressed if and when they become law. In our experience, the biggest challenge is low response rates. In order for survey results to be considered valid and stable, one would want a response rate of at least 40% (i.e., at least 40% of your target population/sample responds to the survey request). Our best response rate to date has been 28.5%, with the majority of our response rates between 10% and 20% [10]. In our experience on other campuses, response rates in the 10-15% range are typical.

There are at least three reasons for the low response rates. First, there is survey fatigue. College students are asked to complete many surveys each year to assess things such as their classes, their orientation programming, diversity issues, and the quality of the food in the cafeteria. A campus sexual assault climate survey is another survey they are asked to do.

Second, college students are becoming less and less likely to check email because it is not a priority way of communicating in their generation. Yet we use email to alert them to the climate survey and to remind them to complete it. We need to think of better ways to communicate that the survey exists and is important.

Third, we need to provide better incentives for participating. We offer raffle incentives, with 12 raffle winners winning money ranging from \$10 to \$50. This incentive is likely not enough. A recent evaluation of incentives for campus sexual assault climate surveys suggests that all participants should be offered \$20 in order to achieve the desired response rate of 40% [12]. That kind of incentive is very expensive, particularly for large schools. In addition, this evaluation was a one-time study; it is unknown how much we have to pay students to continue to participate year after year in order to maintain high response rates.

Low response rates pose several problems. Most notably, they make the results of one's survey questionable and unstable because the sample does not represent the entire campus of students. Thus, we cannot make definitive conclusions about rates of sexual assault or help-seeking among survivors if our response rates are low. We also cannot use the data to make any meaningful comparisons across colleges and universities. Thus, any legislation that aims to implement campus climate surveys needs to figure out how to achieve and maintain high response rates.

A second and third challenge with campus climate surveys is having the qualified staff to conduct such surveys, and giving that qualified staff the time and resources to do so. The survey needs to be carefully developed and implemented with the best survey methods available [12]. Once the data are collected, the data need to be managed correctly.

For example, if we want to make meaningful comparisons over time and across campuses, not only do we need universally high response rates, but we need qualified staff to analyze the data using survey weights to adjust for potential nonresponse and coverage error (i.e., to make the data representative of the student population at each school) [12]. Not all universities have the staff to do this properly. Strategies for overcoming these challenges are imperative.

OTHER PREVENTION/INTERVENTION INITIATIVES

Several other prevention and intervention efforts are typically considered best practices in the response to sexual assault allegations on a college campus. Many of these interventions take into consideration due process, while also being trauma-informed. However, there is no research to date that evaluates whether these practices are indeed better for the survivor's psychological well-being than other practices.

Some of these efforts include changing a survivor's class schedule or working with the survivor's professors for other accommodations (e.g., taking an incomplete), changing the survivor's residence hall room, and issuing mutual no-contact orders on campus. These accommodations can be made regardless of whether a survivor chooses to report to a campus judicial board.

Also, having a confidential advocate on campus who can provide survivors with explanations of their options for seeking help and/or justice, while also providing support through the process, is considered a best practice.

One option that survivors sometimes pursue is a campus judicial board hearing. Judicial board members that decide on these types of cases should not include students and should be specially trained on sexual offenses. There are several ways such judicial boards can be structured to ensure due process and be trauma informed, but whatever way a campus decides to structure theirs, they need to make sure that both complainant and respondent's rights are protected, that both parties can have a support person during the process, and that either party has the right to appeal the decision.

Finally, campuses are often urged to partner with their local rape crisis center, domestic violence agency, and law enforcement agency to ensure proper training of key campus officials on issues of sexual assault.

WHAT STILL NEEDS TO BE DONE

Although my colleagues and I have established a model sexual assault prevention program, much work still needs to be done to improve what we have built. I will outline two issues here that should be considered in current and future legislative efforts: development of a sexual assault prevention curriculum and incorporation of non-stereotypical victims.

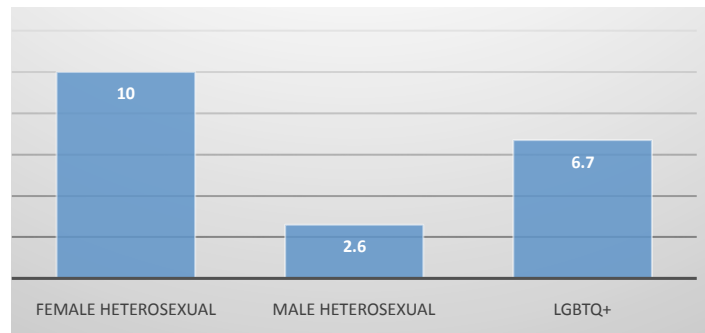
Research shows that a one-time sexual assault prevention program is not enough to ensure that the lessons learned persist over the course of one's college career [13]. Our research shows that the effects of the program already fade by about 6 months after program completion [5, 6].

When colleges engage in sexual assault prevention efforts, the programs typically take place during new student orientation and last for about an hour. However, in order for us to have a lasting impact on the prevention of sexual assault, we need to engage in ongoing prevention efforts over the course of the students' college career. These efforts should reinforce the lessons from earlier programs, while also building in complexity of the material learned and taking into consideration the students' developmental stage [13]. Clark University is in the beginning stages of developing such a curriculum. To our knowledge, no campus has a well-developed curriculum already in place.

Second, such a curriculum needs to consider non-stereotypical victims of sexual assault. Prevention programs are currently designed with heterosexual female victims in mind and do little to counter stereotypes that sexual assault is something only men do to only women. However, research clearly shows that heterosexual women aren't the only potential sexual assault victims [14, 15].

As confirmed by our own research [8, 9], heterosexual men and LGBTQ+ students are also potential victims of sexual assault, with both men and women as potential perpetrators. Evidence suggests that heterosexual men experience sexual assault at about half the rate of heterosexual women [8], and LGBTQ+ students experience sexual assault at higher rates than heterosexual women [9]. Moreover, research suggests that the psychological consequences of sexual assault against heterosexual men [16] and LGBTQ+ individuals [15] are similar to that of heterosexual women.

What is also troubling is that heterosexual male and LGBTQ+ victims do not seek help on campus at the same rates as heterosexual female students do (see Figure 3), although LGBTQ+ victims do seek help off-campus at rates comparable to heterosexual women. Thus, campus officials need to make sure they are appropriately trained to address LGBTQ+ assault victims, engage in outreach, and have services in place that explicitly address their potentially unique needs [17]. Campus officials should also engage in outreach and appropriate training to address the needs of heterosexual male victims.

Figure 3: Percent of Victims Seeking Help on Campus, 2008-2016

The research also suggests that we need to target our prevention programs to counter stereotypes that sexual assault is something that only men do to only women, and that if it occurs outside of this stereotypical situation, the consequences for victims are equally severe. We also need to train our students to intervene no matter the gender, gender identity, or sexual orientation of the people involved.

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