1) Call to order

The meeting was called to order at 1:30 p.m.

2) Review of the minutes from April 3rd, 2018

The minutes from April 3rd, 2018 were approved as written.

3) JED Campus Program (suicide prevention) & 2016 Climate Survey – Shannon Bailie, Natacha Foo Kune, Megan Kennedy

Shannon Bailie (Director, Student Wellness & Development), Megan Kennedy (Suicide Intervention Coordinator Student Wellness & Development) Natacha Foo Kune (Director, Student Wellness & Development), and Ellen Taylor (Associate Vice President for Student Life) were present to share information on the JED Campus Program and 2016 Climate Survey.

JED Foundation Campus Program

The JED Foundation is a national non-profit organization that exists to protect emotional health and prevent suicide for U.S. teens and young adults. The JED Campus nationwide initiative is focused on providing strategy and technical assistance to institutions of higher education for suicide prevention. In 2016, the UW began participation in the JED Campus Program; a comprehensive approach to suicide prevention is the main goal of the four-year initiative (2016-2020). More information was shared via PowerPoint (Exhibit 1).

Slides were shown on the JED Campus Action Plan for Year one and Year 2 of the initiative (Slides 4-5, Exhibit 1). Primary focuses of Year One included:

- Jed Campus Assessment - Completed
- Jed Campus Action Planning Chart - Completed
- Healthy Minds Survey - Administered May 2017
Primary focuses for Year Two include:

- Medical Leave Policy
- Environmental Scan
- Academic Partnership with Law School
- Student Connectedness
- Substance Use/Misuse and Recovery Communities
- Student Health Insurance
- Other Programs, e.g., Veteran Focus

**Healthy Minds Survey**

Kune explained the Healthy Minds Survey was broadcast in May 2017 and the data will be used in relation to the JED Campus Program. 668 participants responded from all three UW campuses, a 23% response rate (of those contacted). A wide range of age demographics was represented (responders ranged in age from 18-41), and data can be broken out by responding student’s ethnicity and type of degree program.

**Results**

Survey results were shared. 28% of responding students reported struggling with depression to some degree, while 23% reported struggling with anxiety to some degree. 46% of those (struggling with depression/anxiety) affirmed they sought mental health therapy/counseling and/or psychiatric medication in the past year. 75% of responders agreed (to some degree) they knew where to go on their campus to seek professional help for mental or emotional health problems. 73% of responding students agreed (to some degree) with the statement “I currently need help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.” 12% of responding students reported engaging in suicidal ideation in the past year, 4% reported suicide planning in the past year, 1% reported attempting suicide in the past year, and 20% reported inflicting a non-suicidal self-injury in the past year. 80% of students reported some academic impairment due to emotional or mental difficulties in the past 4 weeks. (Slides 9-15, Exhibit 1). The Healthy Minds Survey will be re-administered at the UW in Year Three of the JED Campus Program.

**Questions and Discussion**

A member asked if information on the causes of stress, depression, or anxiety for UW students is known as part of the Survey. It was noted the most common reasons reported as to why UW students access counseling include “relationships” and “finances.”

A faculty member asked if there is language that can be inserted into syllabi to help educate students about university mental health services/resources. A guest noted a slide within a PowerPoint used by Student Wellness & Development could be used for this purpose (i.e. shown at the beginning of a course).

It was clarified that while faculty should strive to be compassionate, accommodations should not be granted for students without consultation with UW Disability Resources for Students (DRS) for various reasons.
A member asked if the JED Program applies to UW graduate students/graduate programs. It was noted the Program is university-wide.

There was some discussion of the results concerning self-harm (20% of responding students reported inflicting a non-suicidal self-injury in the past year). A member noted the number seems very high. Guests explained this type of behavior has been increasing over recent decades, and is often used as a way to cope with stress/hardship.

A member questioned the ways the Survey results might be broken down and analyzed. The data set can be broken down by college or professional school, though it was clarified the response populations in smaller units are minimal and thus unrepresentative of feelings/behaviors of all students in the unit.

A member noted she would like to understand how faculty behaviors can contribute to student mental health problems. Guests noted one of the main harmful behaviors is glorifying lack of sleep, which is known to relate to health and academic drawbacks.

A member questioned if similar data from other higher education institutions in the State of Washington is available. The response was yes, via the JED Campus Program. A guest pointed out that the Pacific North West is a high suicide zone relative to other regions of the United States. A member questioned if data is available on how many students leave the UW (without a degree) due to these kinds of wellness issues. It was noted that information is available as well and is able to be sent to the council.

Requests for additional information on behalf of the council were summarized, including: PowerPoint slide on university mental health services/resources, Survey data relating particularly to the UW international student population, data from other higher education institutions in the State of Washington via the Jed Program, and data on students leaving the UW due to wellness issues.

It was also noted the University of Washington Department of Intercollegiate Athletics possesses student-athlete wellness data the FCSA can request, as well.

Laws explained he would like to plan for the guests to return to discuss the medical leave policy associated with the Jed Campus Program later in the academic year or early next year (2018-19).

University of Washington Campus Climate Survey

Bailie explained Campus Climate Surveys were broadcasted at the UW in 2011, 2014, and 2016 and have yielded a representative sample of 4,384 UW Seattle undergraduates. A PowerPoint was shown with details on results (Exhibit 2). She explained the goal of the project is to “better understand the frequency of experiences, behaviors of students, as well as the beliefs and perceptions surrounding interpersonal violence” (Slide 4, Exhibit 2). Data from the survey will help inform prevention and education efforts and identify areas to focus resources and support for students (Exhibit 2). Results for various questions/topics within the PowerPoint were highlighted, and included:

- Rape myth acceptance – results suggest the majority of UW students do not subscribe to rape myths (Slide 6, Exhibit 2).
Sexual consent – associated data collected suggests the vast majority of UW students possess healthy ideas about sexual consent. It was clarified that consent can be effectively taught and learned like any other skill (Slide 10, Exhibit 2).

Campus climate – responses were shown on the percentage of students believing it is likely/very likely various outcomes would occur if a student were to report an incident of sexual misconduct to the UW (Slide 16, Exhibit 2).

Resource awareness (awareness of support/reporting options on and off campus) – findings suggest most students who do not seek support simply do not know where to go to get it. 54.5% of students stated they know where to go on campus to file a complaint of sexual misconduct with the university. Posters and brochures have been effective in educating students relating to resources, data shows (Slide 20, Exhibit 2).

Bystander behavior (people intervening in a potentially risky situation to provide help, diffuse a situation, or interfere with/ stop the situation) – since coming to UW Seattle, 22.5% of responding students saw someone grab or touch a person in a sexual way without their permission. Data shows many students do not know what to do in these situations. Current bystander training is only reaching about 1% of the campus community (Slide 23, Exhibit 2).

Sexual assault victimization – 23% of responding students experienced any type of sexual assault since coming to the UW. Additional related data points were exhibited (Slide 27, Exhibit 2).

A slide on takeaways relating to results was exhibited (Slide 31, Exhibit 2). It was noted the programs are strong but not accessed widely enough or known about. Bystander training program is being revised and bolstered.

There was some discussion of sexual assault victimization and related data points for UW Greek-affiliated students. Some comments were made concerning the high percentages of Greek-affiliated students who had experienced sexual harassment, relationship violence, and stalking (Slides 28-29, Exhibit 2). Discussion revealed related educational components within the UW Greek Life community are evaluated regularly by Bailie’s office. Members noted the UW Greek Life community seems to be disproportionately affected by these issues.

Following discussion, FCSA affirmed its support for the University of Washington Campus Climate Survey. Bailie and Tumas were thanked for presenting the information.

4) Medical Excuse Note/Absences issues

Laws explained he presented an update to the Faculty Council on Academic Standards (FCAS) concerning the initiative to develop a UW Medical Excuse Note Policy. He explained FCAS expressed pushback in the meeting for the removal of the ‘lever’ (of notes) to wield control over the student absence situation. The chair of FCAS also felt strongly that an additional problem associated with instituting a “no-note” policy is that it may have a disproportionate effect on under-represented minority (URM) faculty, junior faculty, and women faculty who tend to experience greater issues and/or abuse related to student absence and accommodation.

Laws noted the obstacles are considerable in relation to development and eventual approval of the Policy by the university. He noted FCSA may need to hold an additional vote to determine its resolve to move ahead with development of such a Policy. He explained this is another opportunity for the UW to lead nationally.
5) **Good of the order**

Council members thanked Ellen Taylor for her many years of work and experience, which have contributed so greatly to the work of the FCSA throughout the years.

6) **Adjourn**

The meeting was adjourned at 3:00 p.m.

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*Minutes by Joey Burgess, jmbg@uw.edu, council support analyst*

**Present:**  
*Faculty:* Ann Culligan, Bruce Hevly, Chris Laws (chair), Holly Barker  
*Ex-officio reps:* Aileen Trilles, Carolyn Martin, Sumire Nakamura, Navid Azodi  
*President’s designee:* Lincoln Johnson  
*Guests:* Shannon Bailie, Ellen Taylor, Megan Kennedy, Natacha Foo Kune, Melissa Tumas

**Absent:**  
*Faculty:* Mabel Ezeonwu, Jasmine Bryant, Christopher Campbell  
*Ex-officio reps:* Warisha Soomru, Arwa Dubad

**Exhibits**

Exhibit 1 – HMS-JED summary for FCSA May 2018  
Exhibit 2 – Revised Training for Board of Regents
JED Campus Program and Healthy Minds Survey Highlights

Natacha Foo Kune and Megan Kennedy
JED Co-Chairs
JED Campus Program

- promote emotional wellbeing and mental health on campus
- help prevent suicide and unintentional overdose.
- designed to assess and enhance our policies, programming, services and outreach aimed at supporting our students’ emotional well-being and preventing suicide and substance abuse.
JED Campus Program

STRATEGIC PLANNING

- Develop Life Skills
- Promote Social Connectedness
- Restrict access to potentially lethal means
- Identify Students at Risk
- Follow crisis management procedure
- Increase help-seeking behavior
- Provide mental health and substance abuse services
Jed Campus Action Plan 2017-2020

Primary Focus of Year One:

- Jed Campus Assessment, including campus visit by Jed consultant - Completed
- Jed Campus Action Planning Chart - Completed
- Healthy Minds Survey - Administered (May 2017)
- Programs/Interventions Initiated
Jed Campus Action Plan
Years Two - Four

Key focus areas to include (not limited to):

- Medical Leave Policy
- Environmental Scan
- Academic Partnership with Law School
- Student Connectedness
- Substance Use/Misuse and Recovery Communities
- Student Health Insurance
- Other Programs, e.g., Veteran Focus
Healthy Minds Study (HMS)

- Conducted Spring 2017

**Sample Characteristics (N=668)**
HMS Demographics

Race/ethnicity

- WHI: 58% (White or Caucasian)
- BLA: 4% (African American/Black)
- LAT: 7% (Hispanic/Latino)
- AMIN: 2% (American Indian/Alaskan Native)
- ARAB: 2% (Arab/Middle Eastern or Arab American)
- ASIAN: 36% (Asian/Asian American)
- PAC: 1% (Pacific Islander)
- OTH: 1% (Other)
HMS Demographics

Degree program

ASS | Associate's degree  
BA | Bachelor's degree  
MA | Master's degree  
JD | JD  
MD | MD  
PHD | PhD or equivalent  
ND | Non-degree student  
OTH | Other
HMS-prevalence of Mental Health (MH) problems

**DEPRESSION SCREEN**

- Severe depression: 11%
- Moderate depression: 17%
- Any depression: 28%

Measured by PHQ-9, screening tool for symptoms in past two weeks.
Severe depression: score of 15+
Moderate: score of 10-14
HMS-prevalence of MH problems

Anxiety measured using the GAD-7

- Severe anxiety: 9%
- Moderate anxiety: 14%
- Any anxiety: 23%
**HMS-Are the students who need help getting help?**

Short Answer: Yes

<table>
<thead>
<tr>
<th>Estimated values of selected measures for University of Washington-Seattle</th>
<th>Percentage of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health therapy/counseling (past year)</td>
<td>22%</td>
</tr>
<tr>
<td>Any mental health therapy/counseling and/or psychiatric medication among students with positive depression or anxiety screens (past year)</td>
<td>46%</td>
</tr>
</tbody>
</table>
Attitudes and Beliefs about Mental Health Services

Knowledge
Knowledge of campus mental health resources

If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus.

- 15% Strongly agree
- 30% Agree
- 30% Somewhat agree
- 11% Somewhat disagree
- 11% Disagree
- 4% Strongly disagree
Attitudes and Beliefs about Mental Health Services

**Perceived need (past year)**

In the past 12 months, I needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.

- 21% Strongly agree
- 17% Agree
- 18% Somewhat agree
- 6% Somewhat disagree
- 17% Disagree
- 21% Strongly disagree

**Perceived need (current)**

I currently need help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.

- 17% Strongly agree
- 21% Agree
- 35% Somewhat agree
- 13% Somewhat disagree
- 11% Disagree
- 4% Strongly disagree
HMS-suicidality and self-harm

SUICIDALITY AND SELF-INJURIOUS BEHAVIOR

- Suicidal ideation (past year): 12%
- Suicide plan (past year): 4%
- Suicide attempt (past year): 1%
- Non-suicidal self-injury (past year): 20%
HMS-substance use

- I used alcohol, marijuana or other substances to cope.
- I used alcohol, marijuana or other substances, but not to cope.
- No, I did not use any substances.
HMS-MH problems impact on academics

80% of students reported some academic impairment due to emotional or mental difficulties in past 4 weeks.
HMS-stigma against MH

<table>
<thead>
<tr>
<th>Estimated values of selected measures for University of Washington-Seattle</th>
<th>Percentage of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal stigma: agrees with &quot;I would think less of someone who has received mental health treatment.&quot;</td>
<td>6%</td>
</tr>
<tr>
<td>Perceived public stigma: agrees with &quot;Most people would think less of someone who has received mental health treatment.&quot;</td>
<td>44%</td>
</tr>
</tbody>
</table>
HMS measure during year 3

**POSITIVE MENTAL HEALTH**

Positive mental health (psychological well-being) is measured using The Flourishing Scale, an eight-item summary measure of the respondent’s self-perceived success in important areas such as relationships, self-esteem, purpose, and optimism (Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener, 2009). The score ranges from 8-56, and we are using 48 as the threshold for positive mental health.
Thank You

Questions?
HMS-suicidality and self-harm

Suicidal ideation (past year)

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>ARAB</th>
<th>ASIAN</th>
<th>BLK</th>
<th>HISP</th>
<th>NAT. AM.</th>
<th>P.I.</th>
<th>OTH</th>
<th>WHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>12</td>
<td>197</td>
<td>12</td>
<td>38</td>
<td>12</td>
<td>4</td>
<td>7</td>
<td>374</td>
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<tr>
<td>%</td>
<td>7%</td>
<td>12%</td>
<td>5%</td>
<td>24%</td>
<td>23%</td>
<td>19%</td>
<td>0%</td>
<td>13%</td>
</tr>
</tbody>
</table>

*The number of students in specific categories can add up to more than the total number of students for items where students are able to select multiple categories.

Survey respondents from University of Washington-Seattle who reported suicidal ideation (past year) grouped by race/ethnicity.

ARAB = Arab/Arab-American
ASIAN = Asian/Asian-American
BLK = African-American/Black
HISP = Hispanic/Latino
NAT. AM. = Native American
OTH = Other
P.I. = Pacific Islander
WHT = White or Caucasian
University of Washington
Campus Climate Survey 2016
Project Info:

UW Campus Climate Survey History

> 3rd Campus Climate Survey at UW - 2011, 2014, 2016

> 2016- used the ARC3 Climate Survey Tool

> Representative sample of 4,384 UW Seattle undergraduates
UW Mulit-Campus Climate Survey Committee

- Shannon Bailie, MSW, Director of Health & Wellness, UW Seattle
- Brittany Bowhall, MHC, Heath & Wellness Student Advocate for Sexual Assault, Relationship Violence, Stalking and Sexual Harassment, UW Seattle
- Erin Casey, Ph.D., Associate Professor, University of Washington, Tacoma Social Work and Criminal Justice Program
- Kelly Davis, Ph.D., Research Associate Professor, School of Social Work, UW Seattle
- Jason Kilmer, Ph.D., Associate Professor, Psychiatry & Behavioral Sciences, Assistant Director of Health & Wellness for Alcohol & Other Drug Education Division of Student Life, UW Seattle
- Debbie McGhee, Ph.D., Interim Associate Director, Office of Educational Assessment, UW Seattle
- Cynthia Stappenbeck, Ph.D., Assistant Professor, Department of Psychiatry & Behavioral Sciences, UW Seattle
- Melissa Tumas, MPH, Health & Wellness Training & Education Coordinator, UW Seattle
Better understand the frequency of experiences, behaviors of students, as well as the beliefs and perceptions surrounding interpersonal violence

Data from the survey will help inform prevention and education efforts and identify areas to focus resources and support for students
Rape Myth Acceptance

> What is it?
  - A set of beliefs that simultaneously blame the victim, absolve the perpetrator, and minimize or justify the aggression

> Why does this matter?
  - Individuals who hold these beliefs or subscribe to rape myths are more likely to perpetrate or condone
  - Misperceptions of rape myth acceptance by peers is
    > associated with less bystander intervention behavior (Hust, et al., 2013)
    > greater distress for survivors of assault (Paul, et al., 2009)
Rape Myth Acceptance: (IRMA)
Data for UW Seattle–2016

UW Respondents who Agree/Strongly Agree with behaviors below – (associated with more adherence to and acceptance of rape myths)

> 39.2%  People don’t usually intend to force sex but get too carried away
> 33.9%  When someone rapes, usually because of strong desire for sex
> 32.3%  If someone initiates kissing/hooking up, shouldn’t be surprised if partner assumes they want to have sex
> 24.0%  If someone acts like a slut, eventually they’ll get in trouble
> 21.7%  A lot of times, someone who says they were raped agreed to have sex and then regretted it
> 20.8%  A lot of times, someone who claims they were raped has emotional problems
What do our findings suggest?

- The majority of UW Undergraduates do not hold rape myths, but there are still a number of students who do.
- Rape myths can create barriers to students seeking support, reporting, as well as intervening as bystanders.
  - 1 in 5 UW students believe a person who reports an assault either (1) initially agreed to sex and then later regretted it or (2) a lot of times has emotional problems.
- These can be corrected!
  - Social norms mass marketing campaigns
  - Within bystander programs
  - Programs with Greeks, Res Life, ICA

Payne, Lonsway, and Fitzgerald (1999)
Consent
Consent

What is it?

From the Student Conduct Code…

“Consent: means that at the time of and throughout the sexual contact, there are words or conduct that reasonably communicate freely given agreement between or among the parties to engage in the sexual contact.”

> Consent cannot be obtained when force or threat is used to gain consent;

> Consent cannot be obtained where the respondent knew or reasonably should have known that the other person was incapacitated; or

> Consent cannot be given or granted by a person who is under the statutory age of consent in accordance with the criminal code of Washington, chapter 9A.44 RCW, Sex offenses.
Students agree consent is important

UW Respondents who Agree/Strongly Agree that:

> 97.1% If you and your sexual partner are both drunk or high, consent is needed before engaging in sexual activity

> 97.0% If a person initiates sex, but then says they no longer want to, the person has withdrawn consent to continue

> 96.5% Consent must be given at each step in a sexual encounter.
UW’s Rape Myth & Consent Paradox:

UW Respondents who Agree/Strongly Agree with behaviors below – (associated with more adherence to, and acceptance of rape myths)

14.8% If someone doesn’t say no, they can’t claim rape

5.7% It shouldn’t be considered rape if someone is drunk and didn’t realize what they were doing
What do our findings suggest?

- Students see consent as important when explicitly asked, but rape myths highlight the complexity of factors that impact sexual assault.

- Consent (as a skill) can be taught in skills-based programs, focusing on communication, signals on non-consensual situations (Loh, et al., 2007).

- Social Norms can be addressed through several forums, including bystander programs (McMahon, 2015).
Campus Climate
Campus Climate

> What is it?
  – Attitudes and behaviors surrounding perceived levels of support, respect, concern
  – Explicit beliefs about safety and services

> Why does this matter?
  – There could be less utilization of services and less reporting if...
    > ...students are unaware of services available to them
    > ...students don’t believe their report will be taken seriously
Campus Climate:

Below: Percentage of students believing it is likely/very likely each of the following would occur if a student were to report an incident of sexual misconduct to the UW:

> 82.5%  Students privacy would be maintained
> 82.4%  Safety of student making the report would be protected
> 80.4%  Student’s request to go forward w/ case would be honored
> 77.3%  The student’s report would be handled fairly
> 75.8%  If a student was found guilty of sexual misconduct, they would be punished.
> 67.0%  The student making the report would be protected from retaliation
> 53.4%  The student making the report would be provided accommodations (e.g., academic, housing, safety)
Campus Climate

What do our findings suggest?

– Majority of students endorse positive beliefs about campus climate
– Barriers exist for some to reporting
– Some concern about:
  > (a) how reporting will handled and
  > (b) what the outcome will be
  > (c) if students would be protected from retaliation

Resource awareness & process transparency can help address these concerns
Resource Awareness
Resource Awareness

What is it?
- Awareness of support options on and off campus
- Awareness of reporting options both on and off campus
- Raised through attendance at training/education events (which typically spotlight on resources)

Why does this matter?
- Students are less likely to report if they are unaware or unsure about their options on campus
- Eisenberg & colleagues (2007) showed that the #1 factor associated with college students not getting help was not knowing where to go
Percentage of UW Students at least somewhat certain they would know where to go:

> 75.5% If a friend or I experienced sexual misconduct, I know where to go to get help on campus

> 54.5% I would know where to go on campus to file a complaint of sexual misconduct with the University
Access To Training & Education

Since coming to UW, percentage answering that they have...

> **80.5%**  Seen posters about sexual misconduct (e.g., raising awareness, preventing rape, defining sexual misconduct

> **49.3%**  Received written (e.g., brochures, emails) or verbal information (e.g. presentations, trainings) from anyone at UW about the definitions of types of sexual misconduct

> **26.0%**  Attended an event or program about sexual misconduct or sexual assault

> **24.0%**  Attended an event or program about what you can do as a bystander to stop sexual misconduct
Bystander Behaviors
**Bystander behavior**

> **What is it?**
> - People intervening in a potentially risky situation to provide help, diffuse a situation, or interfere with/stop the situation

> **Why does this matter?**
> - There is less evidence to support focusing solely on individual perpetrators or students as victims
> - Instead programs that focus on bystander education and intervention have the potential to reinforce positive social norms and help students recognize high-risk situations and what to do and how to intervene
Bystander Behaviors (Possible Sexual Assault/Sexual Harassment):

Since coming to UW Seattle, **22.5%** have seen someone grab or touch a person in a sexual way without their permission.

- Of those who said, yes...
  - 39.0% Supported the person being grabbed or touched
  - 30.7% Confronted the situation directly
  - 29.4% Did nothing because I didn’t know what to do
  - 9.9% Went and got assistance from someone else
  - 8.6% Other
  - 8.1% Did nothing because it wasn’t my business
What do our findings suggest?

- Bystanders are seeing risky situations and often want to intervene

- “Did nothing because I didn’t know what to do” was in the top 3 responses for four of the five situations that depicted situations with possible or active sexual offenses

- These skills can be addressed in bystander interventions

- Currently only 1% of the UW community has received bystander training
Sexual Assault Victimization
23% of students experienced any type of sexual assault since coming to UW

Sexual assault
43.3% Greek affiliated / 18.3% Non-Greek
32.4% Gender Diverse / 29% Women / 12.1% Men
31.2% LGBQA / 21.9% Heterosexual
27% Athletes / 22.7% Non-Athletes
Victimization (since coming to UW)

**Sexual Harassment**
- 73.5% Gender Diverse / 44.7% Women / 20.7% Men
- 44.8% Greek affiliated / 35% Non-Greek
- 41.5% Athletes / 36.6% Non-Athletes
- 33.3% LGBQA / 57.2% Heterosexual

**Relationship Violence**
- 38.6% Greek affiliated / 26.5% Non-Greek
- 34.6% LGBQA / 27.9% Heterosexual
- 32.1% Athletes / 28.6% Non-Athletes
- 31.0% women / 25.1% men / 24.6% gender diverse
Victimization (since coming to UW)

**Stalking**

66.2% Gender Diverse/ 51.8% Women/ 33.6% Men

58.8% LGBQA / 43.4% Heterosexual

55.3% Greek affiliated/ 43.3% Non-Greek

48.9% Athletes / 45.4% Non-Athletes
Decades of research show that perpetration rates tend to be under-reported. We need to be careful making assumptions about reported perpetrator behavior based on any observed discrepancy between rates of victimization and rates of perpetration.

3.5% of UW Seattle Students Report Perpetrating Sexual Violence since coming to UW:

> 3.0% Women
> 4.3% Men
> 4.4% Gender Diverse Individuals
> 3.5% Heterosexual Individuals
> 3.2% LGBQA Individuals
Take Away

> Need for campus wide bystander education; providing evidenced based intervention & education for students helping them to:

1) Identify risky situations that have the potential to lead to violence (including alcohol education)
2) Develop and practice skill based strategies for intervention
3) Infuse Positive Community Norms messaging into bystander training-increasing the likelihood of intervention

> Need for increased resource awareness:

1) **Awareness of** and access to **Confidential Advocates** will help students make better informed decisions on next steps and understand their rights and options
2) **Education and training** on how to support friends and connect them to **resources** will increase access and awareness
3) **Positive Community Norming** will help reduce rape myth acceptance, change campus culture, and support survivors
Next Steps and Future Directions

1) A UW tailored bystander program that allows us to address the diverse experiences of our students

2) Structural support for bystander education and resource awareness

3) University wide commitment to engaging in training. We have a vaccine (bystander education) we don't have the syringe to administer it (no current systematic or structural integration of bystander education on campus - currently voluntary only).

4) Institutionalizing the Campus Climate Survey
Thank you for your leadership and commitment to these very important issues and for allowing us to present to you today!