University of New Hampshire Comprehensive Prevention Plan

Strategies to Address Interpersonal Violence, Sexual Health & Well-being, and Alcohol & Other Drugs Use at UNH

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EXECUTIVE SUMMARY

In a single year at the University of New Hampshire, 17% of the student body (approximately 2,500 students) experiences at least one incident of interpersonal violence (IPV), ranging from sexual assault and harassment to stalking and relationship abuse. This rate is comparable to those of institutions around the country and sheds light on why researchers and practitioners in higher education refer to sexual violence on campus as an "epidemic." This report lays out a comprehensive plan for the prevention of IPV at UNH by drawing on institutional data, foundational methodologies, and emerging research. The plan bridges public health and social justice perspectives to analyze the intersections among interpersonal violence, sexual health & well-being, and alcohol & other drugs (AOD) use. Ultimately, an institutional commitment to addressing these as interrelated factors will improve the living and learning conditions for all members of the UNH community.

Beyond the ethical imperative to foster a campus environment free from violence, this plan also considers state and federal guidance concerning violence response and prevention at institutions of higher education (IHEs), including the Campus SaVE Act, Title IX, and NH RSA 188-H. The latter, which took effect in January 2021, mandates "annual sexual misconduct primary prevention and awareness programming for all students and all employees" at colleges and universities across the state of New Hampshire.

Such far-reaching education represents one vital step towards institutionalizing violence prevention at UNH; other necessary measures include funding and resource allocation, support from institutional leadership, rigorous auditing and evaluation of existing and new programs, inclusion of violence prevention within strategic planning and campus messaging initiatives, and cross-campus collaboration that is championed by faculty, staff, administrators, and graduate & undergraduate students.

The work of violence prevention, while complex and context-dependent, centers on efforts that aim to reduce risk factors and increase protective factors at the individual, relationship, community, and societal levels.

In the pursuit of comprehensive violence prevention at UNH, this plan recommends the following (see p. 28 for additional details, timelines, and further recommendations):

- Develop scaffolded, multi-year violence prevention curricula for students and employees per RSA 188-H mandatory education requirements.
- Fund a peer education program in support of violence prevention, sexual health & well-being, and AOD education.
- Increase staffing capacity with positions for professional violence prevention educators, an administrator to oversee prevention plan implementation, and a peer education coordinator.
- Include violence prevention in strategic planning initiatives, key priorities, and campus-wide messaging efforts.
- Launch biennial student- and employee-focused climate surveys and maintain biennial data collection via ACHA-NCHA and NHHEATOD surveys.
- Establish a Violence Prevention Advisory Board for oversight of/consultation on prevention initiatives.
- Evaluate all prevention programs, trainings, and initiatives; report findings annually.

By prioritizing violence prevention as a cornerstone of student success and well-being, UNH can reaffirm and embody its commitments to academic distinction, inclusive excellence, and serving the public good.

INTRODUCTION

For decades, advocates, activists, and student affairs professionals on college campuses have been supporting survivors of interpersonal violence (IPV). The University of New Hampshire's Sexual Harassment & Rape Prevention Program (SHARPP) is one of the longest standing examples of this in the country: an entity that was established in 1978 as an anti-violence task force, soon developed into a survivor-centered support office by 1982. UNH was an innovative leader in its commitment to supporting survivors of IPV over 40 years ago and today we have that same opportunity when it comes to violence prevention.

IPV, also referred to as gender-based violence, is an umbrella term that refers to sexual assault, stalking, sexual harassment, and relationship violence. Terms such as rape, domestic violence, sexual misconduct, and relationship abuse are all synonyms for (or specific versions of) interpersonal violence. IPV is a complex, multi-faceted, and pervasive problem that disproportionately affects higher education students. It results in lasting, harmful effects on survivors (also referred to as victims), their families, friends, and communities (Centers for Disease Control and Prevention [CDC], 2021a).

This prevention plan serves as a compilation of core research- and evidence-based strategies to substantially reduce and prevent interpersonal violence from occurring at the University of New Hampshire. These strategies focus on increasing knowledge, building skills, promoting positive social norms, creating protective environments, and changing harmful attitudes that influence behavior.

The long-term goals of this plan are to:

- Prevent perpetration of interpersonal violence
- Minimize negative outcomes related to alcohol & other drugs use
- Foster a culture of care & empathy
- Graduate students who are fully-formed sexual citizens (see p. 14)
- Build protective & inclusive environments that support students' informed decision-making

Overall, this plan is intended to serve as both an informational resource and strategic guide that informs current and future prevention initiatives and decision-making at the University of New Hampshire.

There are countless ways in which institutions of higher education (IHEs) provide support services and respond to IPV within their respective communities. Extensive state and federal guidance (such as Title IX, The Clery Act, NH RSA 188-H) frames an institution's responsibility for adjudication, climate assessment, policies and procedures, institutional response, and enforcement. While clear, equitable, and thorough response and reporting practices are necessary to establish and cultivate, IHEs must move beyond response- and compliance-focused mandates toward a more holistic prevention-centered approach (Jessup-Anger & Edwards, 2015). Indeed, "The University of New Hampshire is committed to building and nurturing an environment of inclusive excellence where all students, faculty, and staff can thrive." (University of New Hampshire, 2020). While compliance with policy regulations, standards, and guidelines is a critical first step towards building an inclusive environment for our community, it is also the baseline for IHEs and should not be viewed as the ceiling. Being in compliance involves meeting the minimum standards, and prevention is transcending compliance standards to create long-lasting cultural change.

What is important to note is that IPV can be prevented by focusing on efforts based in research and evidence that address risk factors and promote protective factors across individual, relational, community, and societal spheres. Collegiate prevention efforts involve critically examining the role of

alcohol and other drugs (AOD) use among students and intentionally centering comprehensive sex education (CSE) that focuses on sexual health and well-being.

SCOPE OF THE PLAN

This plan aims to present a comprehensive overview of collegiate prevention strategies driven by the best available research around IPV, sexual health & well-being, and AOD use. The frameworks and best practices detailed in the following pages have been shown to have the greatest potential for reducing and preventing IPV for students enrolled in higher education. This plan is intentionally created for the University of New Hampshire community, which includes undergraduate and graduate/professional students, faculty, staff members, and administrators.

Effective prevention begins and ends with the communities we belong to and reside in. Prevention strategies that only focus on one subset of a community (i.e., undergraduate students) or one part of a problem (i.e., individual actions/behaviors) are not as effective as multi-level approaches (Basile et al, 2016). “A comprehensive approach with preventive interventions at multiple levels of the social ecological model (i.e., individual, relationship, community, and societal) is critical to having a population level impact” (Basile et al., 2016, p.9). Therefore, in order to thoroughly address IPV, sexual health & well-being, and AOD use at UNH, it is imperative to involve all members of our community so as to achieve population-level reductions of violence.

Overall, this plan has taken into consideration both state and federal legislation that specifically addresses the role that IHEs must play in preventing interpersonal violence from occurring on their campuses. The following laws clearly outline the requirements of higher education institutions engaged in IPV prevention education:

The 2013 Violence Against Women Act (VAWA) Reauthorization amendments to the Clery Act require institutions to “provide to students and employees, on an introductory and ongoing basis, prevention and awareness programs on sexual assault, domestic violence, dating violence, and stalking. These programs must include material on bystander intervention and risk reduction aimed at recognizing the warning signs of these crimes” (Clery Center, 2021, para. 5).

Additionally, New Hampshire RSA 188-H requires that all IHEs within the state “provide mandatory annual sexual misconduct primary prevention and awareness programming for all students and all employees of the institution” (Title XV, 2020, Section 188-H:9). This legislation specifically emphasizes that prevention programming must include education on (Title XV, 2020):

- Consent as it applies to sexual activity and relationships
- The role drugs and alcohol play in an individual's ability to consent
- Strategies for bystander intervention and risk reduction
- Reporting options related to IPV, such as the effects of each reporting option and the methods to report incidents (including confidential and anonymous options)
- The institution's procedures for resolving sexual misconduct complaints and the range of sanctions or penalties the institution may impose on students and employees found responsible for a violation
- Confidential resources and how to access them
- Opportunities for engagement with ongoing sexual misconduct prevention and awareness campaigns and programming

Beyond federal and state law compliance, there is a significant body of research demonstrating that institutionalization of a comprehensive prevention plan is key to effectively preventing interpersonal

violence on our college and university campuses (CDC, 2016; DeGue et al., 2014; Office on Violence Against Women [OVW], 2014). For this plan to be successful, it must be institutionalized at the University of New Hampshire with campus-wide support that connects prevention back to the institutional mission, goals, and culture.

For prevention institutionalization to occur, collaborative initiatives and consistent programmatic efforts are imperative. There must be an institutional commitment to the ongoing planning, implementation, evaluation, and improvement of comprehensive prevention efforts. "Institutionalization depends on alignment of supporting infrastructures with program needs in order to support the desired outcomes" (American Association of Colleges & Universities [AACU], n.d.).

Institutionalization of prevention requires:

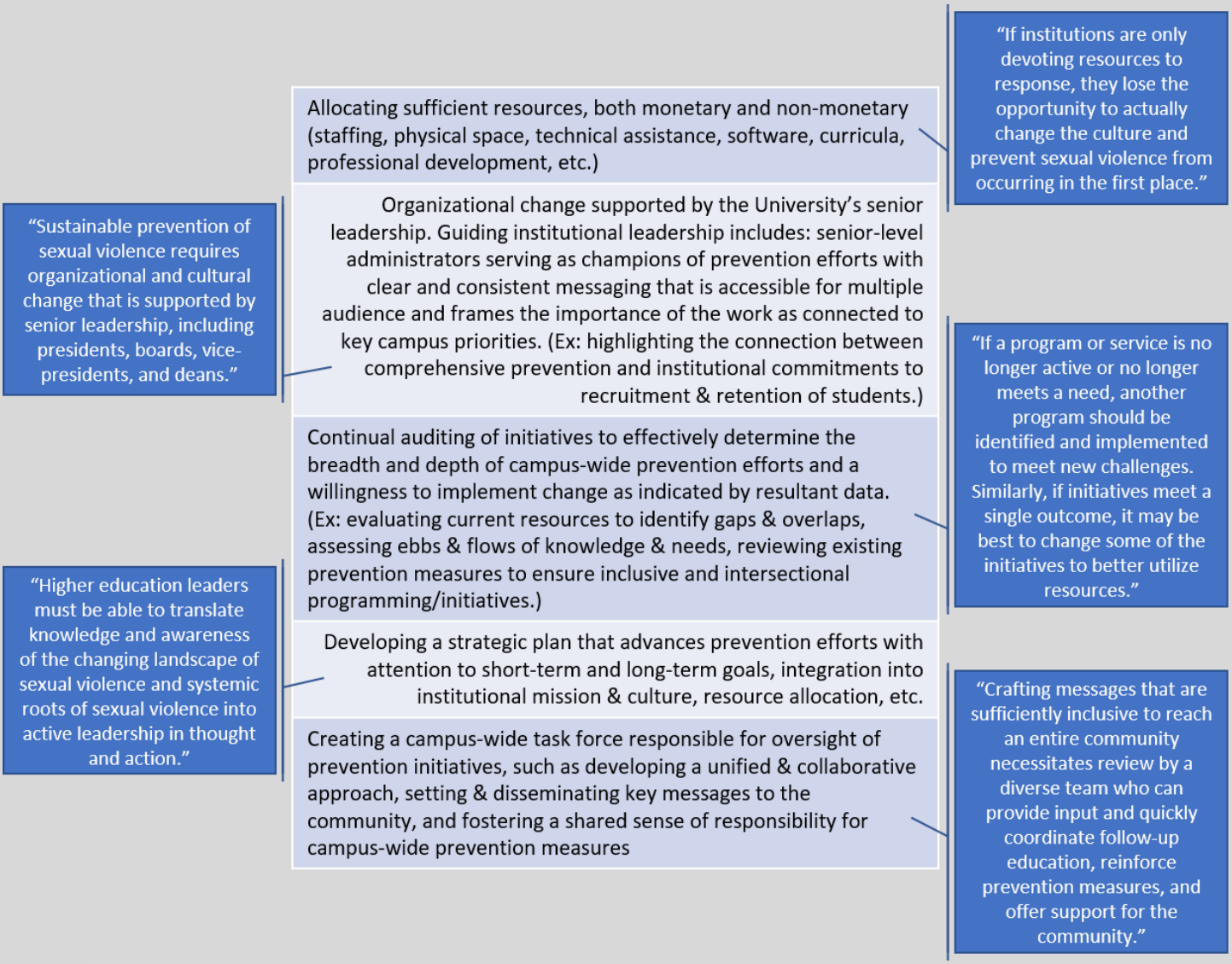

Figure 1: Institutionalization of violence prevention

This prevention plan utilizes a public health approach to envision a community that fosters the safety and well-being of the entire campus, promotes academic success, and ultimately eliminates IPV. The prevention strategies outlined work from a social-ecological model to promote population-specific strategies on the societal, communal, relational, and individual levels.

UNH Manchester, UNH School of Law, & Granite State College (GSC)

The work of a comprehensive prevention plan recognizes that UNH Law, UNH Manchester, and GSC must be included in the university's goals to end IPV. It is imperative to note that each respective campus serves distinct and unique populations. Therefore, implementation of specific elements of this plan might differ as a result of those population-based variances. For example, the community demographics and cultural norms of a predominantly commuter campus are distinctive from those of a residential one. This difference must be accounted for as it has the potential to change prevention education messaging or focus areas. The authors of this plan predominantly work on the UNH Durham campus and therefore approached the development of this plan through the lens of a four-year, highly residential campus. The hope of the authors is that through collaboration with the students, faculty, and staff members at UNHM, UNH Law, and GSC, implementation of this plan can be tailored to each institution's distinct and unique populations. This prevention plan serves as the foundational framework for all UNH campuses, while recognizing that the implementation of specific prevention practices might require adaptation.

SCOPE OF THE PROBLEM

Interpersonal Violence (IPV)

As mentioned above, IPV comprises a continuum of behaviors, including sexual/gender violence, harassment, stalking, and relationship abuse. There are substantial health and economic consequences of IPV that exist both in the long- and short-term. On an individual level, this can consist of medical, physical, and/or psychological symptoms or negative health effects (e.g., insomnia, chronic pain, depression, anxiety, PTSD, suicidality, sexually transmitted infections (STIs), substance abuse, etc.). IPV can also result in increased financial burdens for the survivor (e.g., medical costs, support services, legal fees, property loss or damage, lost work time, etc.) (Black et al., 2010; Kilpatrick et al., 2007; Dube, 2005) and has a high life-time economic cost across our government, states, and society (Peterson et al., 2017; White House Council, 2014).

Incidents of IPV occur at epidemic rates in the United States and significantly impact young adults (Basile et al., 2016). This is particularly prevalent on college and university campuses, where undergraduate and graduate students experience high rates of harassment, assault, abuse, and stalking (Basile et al., 2016; Smith et al., 2018; Cantor et al., 2020). See Appendix A for specific data relating to young people's experiences with IPV.

According to the Association of American Universities' *2019 Campus Climate Survey on Sexual Assault and Misconduct* (Cantor et al., 2020):

- 13% of college students experienced nonconsensual sexual contact by physical force or inability to consent since enrolling at their IHE, with the rates for women; trans, genderqueer, and gender non-confirming (TGQN); and undergraduate students being significantly higher than for men and graduate/professional students.
    - Among undergraduate women, one in four experienced sexual assault.
    - Among TGQN students, 23% of undergraduates and 14% of graduate and professional students reported experiencing nonconsensual sexual contact.
- 42% of college students reported experiencing at least one sexually harassing behavior since enrollment in an IHE.
- Among all students, 6% reported experiencing stalking.
    - Among undergraduate women, one in ten were victims of stalking.

    - Among undergraduate TGQN students, 15% were victims of stalking.
- Graduate and professional students are the most likely to be subject to sexually harassing behavior by a faculty member or instructor.
    - Among graduate and professional women who were sexually harassed, 24% of incidents were by a faculty member or instructor. This compares to 5% for undergraduate women. Similarly, for graduate and professional men, 18% of harassing incidents were perpetrated by a faculty member or instructor compared to 4% for undergraduate men.

Data from the University of New Hampshire's 2019 Climate Survey mirrors national findings surrounding rates of interpersonal violence on college and university campuses. Overall, this data reinforces the prevalence and impact of IPV for UNH students (Rankin & Associates, 2019).

- 17% of UNH students experienced some form of interpersonal violence (i.e. relationship abuse, stalking, unwanted sexual interactions and/or conduct) in a single academic year.
- 13% of UNH students experienced unwanted sexual interactions and/or conduct in a single academic year.
- 56% of students who experienced unwanted sexual interaction said it happened in their first year, 37% in their second year, 20% in their third year, 12% in their senior year, and 7.6% as graduate/law students.
- 59% of students who experienced unwanted sexual interactions/conduct said a fellow UNH student was the perpetrator.
- 70% of students who experienced unwanted sexual interactions/conduct said it happened on campus.
- The greatest percentage of occurrences of unwanted sexual contact/interaction of any kind happened each fall semester.
- 91% of all respondents said they were aware of the definition of affirmative consent.

IPV disproportionately affects individuals who hold marginalized identities both within and outside of collegiate environments. National and UNH data reflect this reality. Queer and gender expansive people, people with disabilities, and BIPOC individuals experience IPV at the highest rates; for people who hold intersecting marginalized identities, this trend is often compounded. However, it is imperative to note that while we have some strong data to illustrate this disparity, there remains a significant deficit of research when it comes to prevalence and contributing factors to IPV, violence prevention, CSE, and AOD use for marginalized students attending IHEs. For specific data points related to experiences of IPV among people with marginalized and oppressed identities, see Appendix A.

Alcohol & Other Drugs (AOD) Use

Complicating the problem of IPV for college students is the prevalence of alcohol and other drugs use. AOD use continues to be a top public health concern for IHEs. Whether or not students arrive on campus with prior alcohol use experience, there are aspects of college life that impact behavior and outcomes of use. These include the amount of unstructured time, availability of AOD, inconsistent enforcement of drinking laws, living and social environments, and social norms & expectations such as the idea that AOD use is an essential collegiate rite of passage (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2021). Students engage in AOD use for several reasons, from enhancement (to maintain or amplify positive affect) to coping, social connection & comfort, and conformity (Cooper, 1994; O'Hara et al., 2015; Grant et al., 2007; Hirsch, & Kahn, 2020).

Though many students perceive alcohol use to be an integral college ritual, the harmful effects and negative outcomes of college drinking are significant on the individual, relationship, and community levels. They include (NIAAA, 2021):

- Academic difficulties (e.g., decreased class attendance, lower GPA, falling behind on work/studying, decreased persistence to graduation)
- Physical assaults
- Sexual assaults
- Alcohol use disorder (AUD) (~9% of full-time college students ages 18-22 meet criteria for AUD)
- Suicide attempts and mental health difficulties
- Physical health difficulties (e.g., increased illness and injury)
- Unsafe sex practices (e.g., sex without use of protective barriers)
- Legal and conduct-related consequences
- Vandalism and damage to property
- Death

When looking at the connection between AOD use and IPV among college students, national and UNH data show a strong correlation between usage and increased rates of both violence perpetration and victimization (Hirsch & Khan, 2020; NCHA, 2019). For well over a decade, research has continued to highlight that at least half of all sexual violence that occurs on college campuses involves alcohol (Abbey, 2002; Krebs et al., 2009; Orchowski et al., 2013; Carr & VanDeusen, 2004). At UNH, 74% of undergraduate students who experienced IPV said alcohol or other drugs were involved. Of that 74%, 89% noted alcohol only was involved, and 10% indicated both alcohol and other drugs were involved (Rankin & Associates, 2019). The presence of AOD can cloud or distort students' judgment of affirmative consent; despite the high likelihood that survivors note alcohol's involvement in their experience of violence, less than 0.5% of students in both UNH and national samples reported that they "had sex with someone without their consent" after drinking alcohol (American College Health Association [ACHA], 2019).

An imperative distinction to make is that AOD use is not a causal factor of violence, but rather a catalyst for harmful behaviors and actions. When it comes to perpetration of violence, alcohol can amplify aggressive solutions to gaining sexual satisfaction and enhances the likelihood of harmful thoughts and attitudes escalating into violent behaviors (Abbey, 2002; Casey et al., 2017). Alcohol and other drugs play a dual role in the facilitation of IPV, serving as both methods of concealment and tools for incapacitation.

SHIFT (Sexual Health Initiative to Foster Transformation) Survey Data from Columbia University found that across social identities, drinking to have sex is central to many students' early-college sexual experiences (Hirsch & Mellins, 2019; Hirsch & Khan, 2020). This research showed that two-thirds of sexually active students who had sex in the past three months reported substance use prior to or during sex (Hirsch & Khan, 2020). Additionally, this study found that college students are not drinking alcohol and then per chance engaging in sexual activity, but rather they are intentionally becoming drunk in order to have sex. The coupling of sex and alcohol for college students is a dynamic that should be explored further here at the University of New Hampshire to ensure effective and relevant prevention messaging. Additional information on the relationships among alcohol, gender identity, sexual activity, and interpersonal violence can be found in Appendix B.

Comprehensive Sex Education (CSE)

Sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.
– World Health Organization [WHO], 2002

We can end IPV at UNH by providing our students and community with medically accurate, sex-positive, comprehensive sex education (Hirsch & Khan, 2020). As emerging adults, many students are developmentally beginning to individuate from their families as they are presented with more opportunities and choices to examine and explore their individual value systems (Bowler & Weinraub, n.d.). This exploration extends into sexual decision-making. UNH can play an impactful role in helping students navigate their sexual well-being by creating a sex-positive culture that is open and honest, and that provides opportunities for shame-free conversations.

Young people have been denied the opportunity to develop their sexual well-being and understand fully how to respect the sexual self-determination of themselves and others. UNH implementation of sex-positive CSE will empower students to become sexual citizens who are motivated and empowered to make values-based decisions with confidence and skill. In turn, we will create a community that is grounded in the principles of care, empathy, sexual autonomy, and self-determination. Providing CSE to UNH students will end IPV and support the University's strategic priorities of student retention and student success & well-being (Future of Sex Education Initiative [FoSE], 2020).

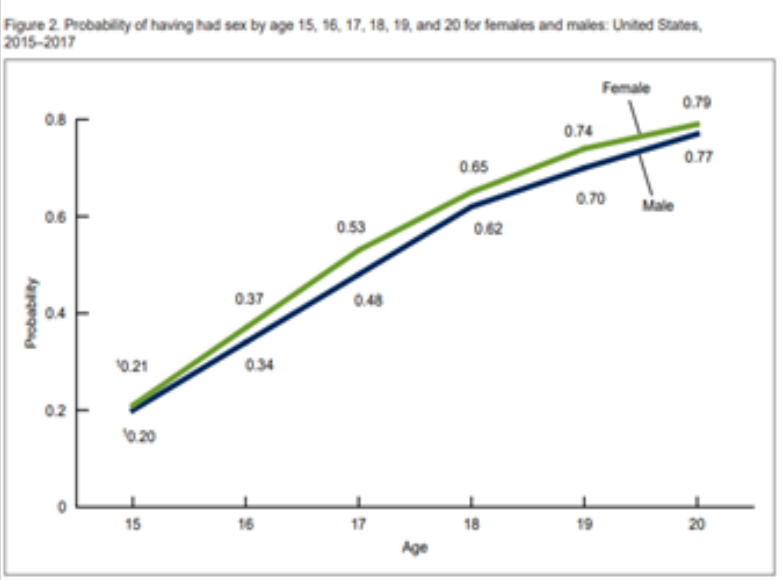

Figure 2: Probability of having had sex by age and gender

Sexual Behavior

According to the Guttmacher Institute (2019), "…sexuality is a fundamental aspect of being human, and sexual activity is a basic part of human development for young people in the United States. As they develop, adolescents and young adults need access to evidence-based, holistic, and non-stigmatizing information, education, and services that support their lifelong sexual and reproductive health and well-being." This belief is centered in the prevention efforts already implemented at UNH that aim to help students recognize and develop their sexual well-being in a manner that is authentic to who they are, what they value, and what they need.

As illustrated in the graph above, (Figure 2), national data from the CDC confirms that sex is a part of adolescents' and young people's wellness. In the United States, over half of 18-year-olds have had sex. Many students are arriving on campus having had sex and by age 20, over 70% will have had sex (Martinez & Abma, 2020).

Data represented in the table below (Table 1), from the 2020 National College Health Assessment, helps us get a clearer picture of the sexual behavior of college students in the United States (ACHA, 2020b).

When, if ever, was the last time you had…	**Oral Sex**	**Vaginal Sex**	**Anal Sex**
Never	34.7%	40.2%	81.3%
Within the last two weeks	32.7%	33.7%	2.6%
More than 2 weeks ago but within the last 30 days	8.0%	6.3%	1.4%
More than 30 days ago but within the last 3 months	9.3%	7.4%	2.5%
More than 3 months ago but within the last 12 months	8.7%	7.0%	4.3%
More than 12 months ago	6.6%	5.4%	7.9%

Table 1: 2020 ACHA-NCHA II Survey data regarding sexual activity among a national sample of college students

The data confirms that many of our students, but not all, are sexually active. The data also illustrates that for many students, sex is an integral aspect of their wellness and college experience. This data does not include other modes of sexual activity that we know young people engage in with others, including digital sex such as sexting (Mori et al., 2020).

Sex Education

To help students navigate their sexual well-being, prevention efforts must be centered within comprehensive sex education. The 2020 National Sex Education Standards define CSE as:

> "…programs that build a foundation of knowledge and skills relating to human development, relationships, decision-making, abstinence, contraception, and disease prevention. Ideally, school-based comprehensive sex education should at least start in kindergarten and continue through 12th grade. At each developmental stage, these programs teach age-appropriate, medically accurate, and culturally responsive information that builds on the knowledge and skills that were taught in the previous stage" (FoSE, 2020).

UNH students arrive on campus with various levels of sex education and sexual experiences. Many students have already begun to discover their sexual well-being. For others, college is an opportunity to start exploring.

Tables in Appendix C reflect the variance of access to school-based CSE for students in northeast states, where UNH recruits a majority of its student body. This data provides insight into what skills, knowledge, and support our students need to develop their sexual well-being. As shown, many of our students are not coming to campus with CSE. The knowledge gap around sexual behavior illustrates an opportunity to educate our students about the whole spectrum of sexual wellness, including but not limited to consent and IPV. Current legislation related to sex education, as referenced in Appendix C, offers insights into directions for effective prevention programs.

Overall, national and UNH-specific data indicate that there is an immediate need to address IPV in our community. Preventing IPV involves critically examining the role of alcohol & other drugs use, providing comprehensive sex education, and further exploring and challenging harmful attitudes and beliefs that influence violent behaviors. Unfortunately, many students are arriving on campus without the necessary awareness, knowledge, and skill sets to be engaged in healthy relationships/sexual behaviors and to practice low-risk AOD use (Klein et al., 2018). It is our role as college administrators to address these gaps and create meaningful learning opportunities that help students gain the education and skills they need to foster and enjoy safe, supportive, and enriching communities at UNH.

FRAMEWORKS

This prevention plan is guided by key overarching frameworks which are discussed further in this section. These frameworks are based on research as well as best and promising practices and are critical to this plan's approach and success.

Social-Ecological Model

Prevention is the action that a community takes to prevent behaviors before they become a problem. Prevention is more than awareness building around prevalence rates, impacts, and resources for support. The social-ecological model offers a basis for understanding the various factors that influence behaviors that lead to IPV. This framework speaks to the interconnection between individual, relationship, community, and societal factors. Sustained change cannot occur without addressing all four areas. Figure 3 (McLeroy et al., 1988) is a presentation of the socio-ecological model, while Figure 4

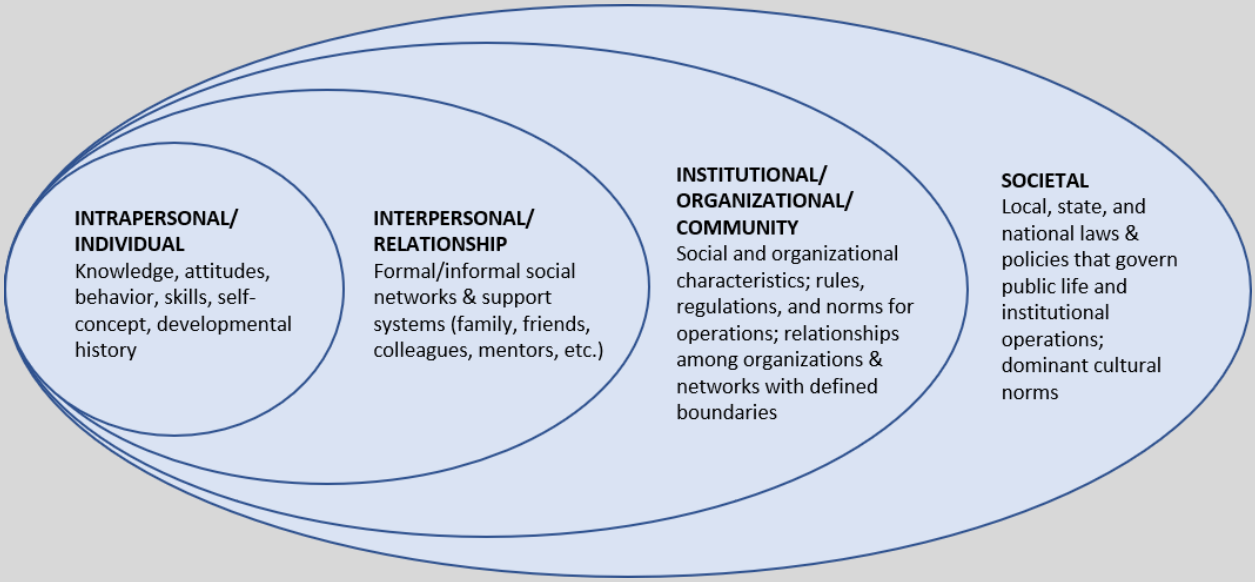

Figure 3: Social-Ecological Model

(Dills et al., 2016) illustrates examples of a comprehensive campus-based strategy to address IPV utilizing this model. Table 2 speaks further to this model by providing examples of how the prevention plan utilizes strategies for each level and will work to engage specific populations, groups, departments, and institutions in efforts to create change on campus in the areas of IPV, AOD use, and sexual well-being. The table is not meant to be exhaustive or definitive when noting involvement but will evolve with the plan implementation and campus approach.

INDIVIDUAL	RELATIONSHIP	COMMUNITY	SOCIETAL
Build bystander intervention and healthy relationships skills; establish positive norms about gender, sexuality, and violence with evidence-informed, interactive, multisession programming for students	Programs promoting positive social & peer group norms, problem solving skills, and healthy relationships; education for employees, such as bystander intervention training for faculty	Initiatives to change policies, institutional structures, or the social & physical environment, such as a strong amnesty policy related to alcohol and other drugs use and interpersonal violence	Strategies at the state/federal level that promote societal norms that protect against IPV and address structural risk factors, such as the passage of RSA 188, which mandates primary prevention education

Figure 4: Examples of campus-based prevention strategies across levels of the social-ecological model

MODEL LEVEL	STRATEGIES	INDIVIDUALS/GROUPS INVOLVED	
INDIVIDUAL Personal knowledge, attitudes, mindsets, behaviors, experiences, history, skills, etc.	Focus on knowledge building, attitude shifts, skill development, & behavior change	• First-year students • Athletic teams (varsity & club sports) • Fraternities and sororities (recognized & unrecognized) • Residential Life and Housing • International students (UNH Global) • Commuters and non-traditional students • ROTC, Military & Veteran Services • Graduate students • Academic colleges	• Prospective/incoming students • Students involved in academic support programs (CONNECT, PrOVES, Rising Scholars, McNair, etc.) • Students who identify as being a member of an underserved population • Peer educators/mentors/advisors • Student employees • Student organizations • Student governments • Student leadership programs • Students enrolled in continuing education (in person and online)
RELATIONSHIP Formal & informal social networks and support systems (including peers, family, faculty/staff, partners, etc.)	Focus on groups & communities that can influence behaviors and provide support; engage these communities to assist in creating change	• UNH staff and employees • SHARPP • Psychological and Counseling Services • Health & Wellness • Residential Life and Housing • Parents Association • Athletic Department • Graduate School • Hamel Recreation Center	• Study Abroad • Fraternity and Sorority Life (advisors, national organizations, alumni) • Families • Student organization advisors
COMMUNITY Social and organizational characteristics; rules, regulations, and norms for operations; relationships among organizations & networks with defined boundaries	Focus on impacting physical & social environment; work with these entities to implement consistent messaging and public health approaches	• University President & Cabinet • USNH Board of Trustees • Human Resources • Student governments • Office of Community Standards • Town of Durham, NH • Oyster River School System • UNH and local police • Durham Business Association • Durham Landlords Association • Faculty Senate • USNH governing bodies • Academic Affairs (Provost, Deans, Department Chairs) • PAT & OS Councils • Extension Educators • Office of Community, Equity and Diversity	• Enrollment Management • SHARPP • Health & Wellness • Psychological and Counseling Services • Communication and Public Affairs • Alumni Association • Greek national organizations • County Attorney's office • Court system • The New Hampshire • McGregor EMS • Wentworth-Douglass Hospital • Portsmouth Regional Hospital • NH Coalition Against Domestic and Sexual Violence • NH Campus Consortium Against Sexual and Interpersonal Violence
SOCIETAL Local, state, and national laws & policies that govern public life and institutional operations; dominant cultural norms	Focus on changing norms & policies; engage these institutions to assist in creating change	• Government Relations • NH State government • Federal government	

Table 2: Examples of involvement across UNH based on social-ecological levels

Sexual Citizenship

Our approach to violence prevention and its relationships to sexual health & well-being and AOD use are informed by emerging research from the SHIFT (Sexual Health Initiative to Foster Transformation) project out of Columbia University (Hirsch & Mellins, 2019). Findings from this multi-year ethnographic study are discussed in the book *Sexual Citizens: A Landmark Study of Sex, Power, and Assault on Campus* (Hirsch & Khan, 2020), which offers IHEs a three-prong framework for understanding the ways in which sexual assault plays out on college campuses. This framework is highly regarded in the collegiate health promotion and violence prevention fields and will serve UNH as an entry point for deeper understanding of how sexual behaviors, substance use, and violence intersect at UNH, and as a roadmap for how we can approach violence prevention in a way that is comprehensive, developmentally appropriate, and attuned to campus culture. The three elements of this framework are:

Sexual Projects: the reasons why anyone might seek a particular sexual interaction or experience. Among college students, sexual projects often align with one (or some) of 5 goals:

- Becoming a skilled sexual partner
- Seeking pleasure
- Connecting with another person emotionally
- Defining oneself
- Impressing others

Sexual projects are formed through personal experience and by messages from communities, institutions, family, and peers. It is critical to foster open conversation about students' sexual projects and goals.

Sexual Geography: the relationship between sexual practices and the spaces in which they play out. This concept takes into account the built environment of campus and the various power dynamics, policies, and structures that regulate access to space. In college settings, sexual outcomes are often tied to the physical spaces where they unfold and occupation of certain spaces is closely tied to social power. As such, attention to inequities mediated by race, class, gender, and other dynamics is an essential component of violence prevention.

Sexual Citizenship: acknowledgement of one's own right to sexual self-determination and recognition of the equivalent in others. When it comes to sexual violence on campus, assaults often occur in the context of one student prioritizing their sexual project over their partner's sexual citizenship. Cultivating recognition of and respect for sexual citizenship should be a core learning objective for comprehensive sex education and violence prevention programming.

Power-Conscious Approach

Despite cultural myths and misconceptions that draw connections between sexual violence and lust or libido, IPV is perpetrated as a means to exert dominance and control. As a result, effective prevention education and messaging must attend to the central role of power. In the book *Sexual Violence on Campus: Power-Conscious Approaches to Awareness, Prevention, and Response* (2018), Dr. Chris Linder urges "…scholars, activists, and policymakers to consider the role of power in individual, institutional, and cultural levels of interactions, policies, and practices," explaining that, "Identity and power are inextricably linked, so power-consciousness also requires attention to identity" (p. 14).

There are a few key understandings that underpin a power-conscious approach:

- Power takes multiple forms. One can hold formal power (as designated by position or title) and informal power (as afforded by group membership, social identity, life experiences, and/or systemic privilege).
- Dominant groups derive power from the status quo. A power-conscious approach requires us to challenge and entirely re-consider existing structures, which were built by those in power and serve to maintain power imbalances.
- Transformational change and progress comes from addressing oppression at its roots, rather than tending to its symptoms.
- The prevalence of sexual violence on college campuses is inseparable from systems of oppression that uphold racism, sexism, homophobia, transphobia, ableism, etc.

Figure 5 (below) depicts the underlying assumptions and tenets of a power-conscious approach to ending sexual violence (Linder, 2018, p. 21).

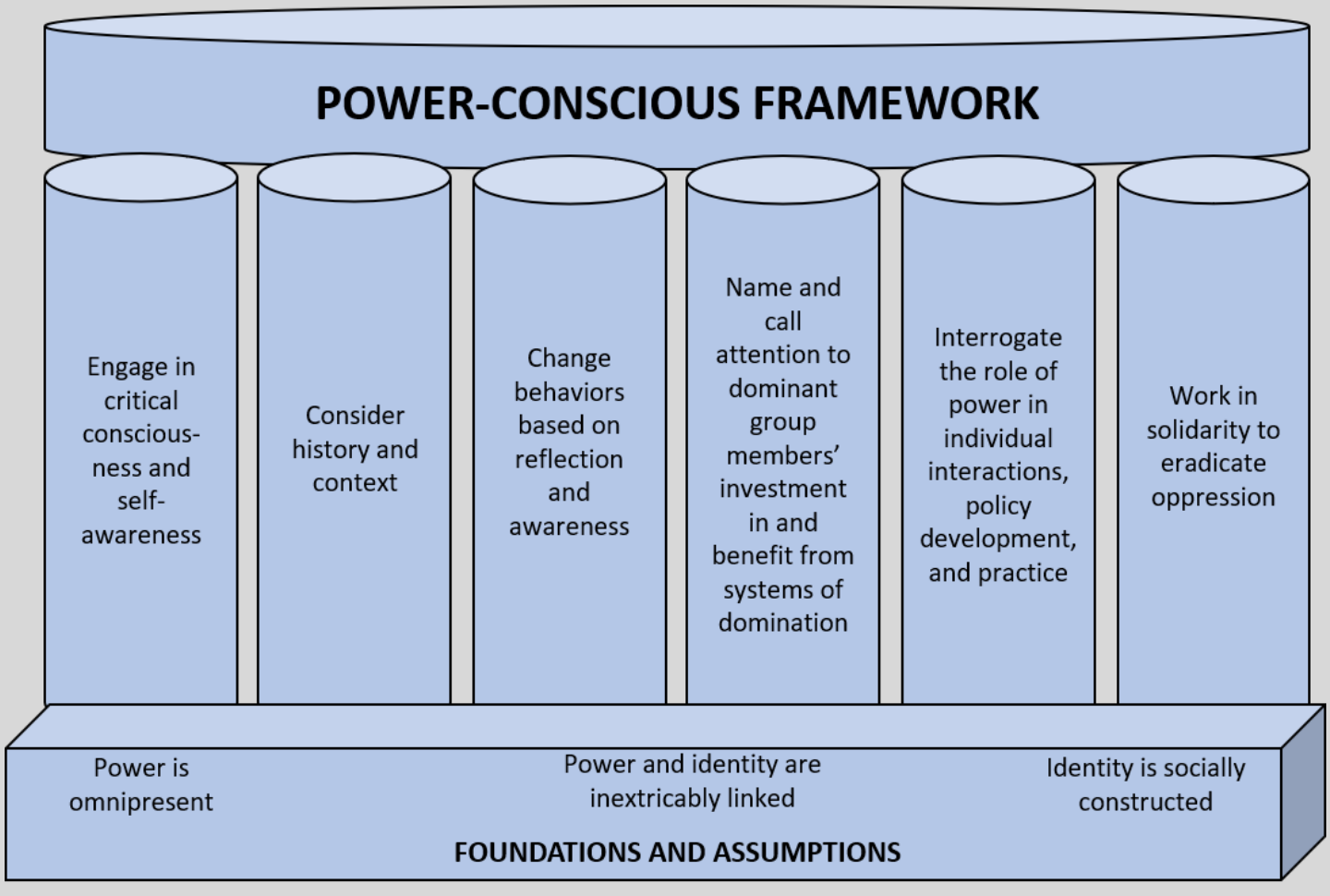

Figure 5: Power-Conscious Framework (Linder, 2018)

BEST PRACTICES

"Best practices are only best when practiced."
– Julia Dixon (EROC, n.d.)

Levels of Prevention

A public health approach to prevention includes various "interventions" aimed at reducing risk or threat to health and well-being on three levels (CDC, 2004). **Primary** prevention targets individuals' knowledge, beliefs, attitudes, skills, norms, and behaviors to prevent violence before it occurs. **Secondary** prevention focuses on immediate responses, such as disclosure protocols and crisis center advocacy. **Tertiary** prevention emphasizes long-term interventions to the impact of violence, such as mental health counseling and campus legal and judiciary processes.

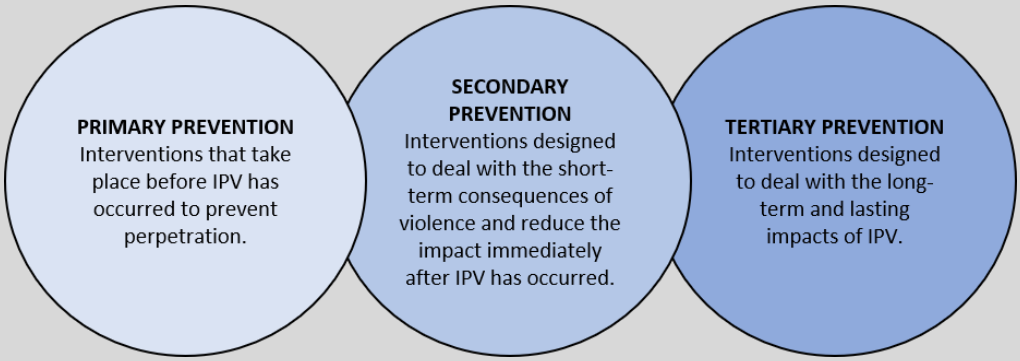

Figure 6: Levels of Prevention

This plan has a specific focus on **primary** prevention.

Violence Prevention Best Practices

Prevention strategies should be informed by evidence-based research whenever possible. Evidence-based research is not currently available in all areas related to IPV, alcohol and other drug use, and sexual well-being. As a result, this plan relies on evidence-based and evidence-informed research, including *The Nine Principles of Effective Prevention Programs* (Nation et al., 2003), which serve as foundational guidance in the field of violence prevention education:

Comprehensive	•Addressing all levels of the social-ecological model •Affecting multiple settings with consistent messaging and reinforcement
Varied Teaching Methods	•Incorporating presentations, workshops, trainings, online curricula, passive education, etc. •Including interactive, skills-based components
Sufficient Dosage	•Reoccurring over a long enough period to have an effect •One-shot interventions are not effective •Quality **and** quantity of programming

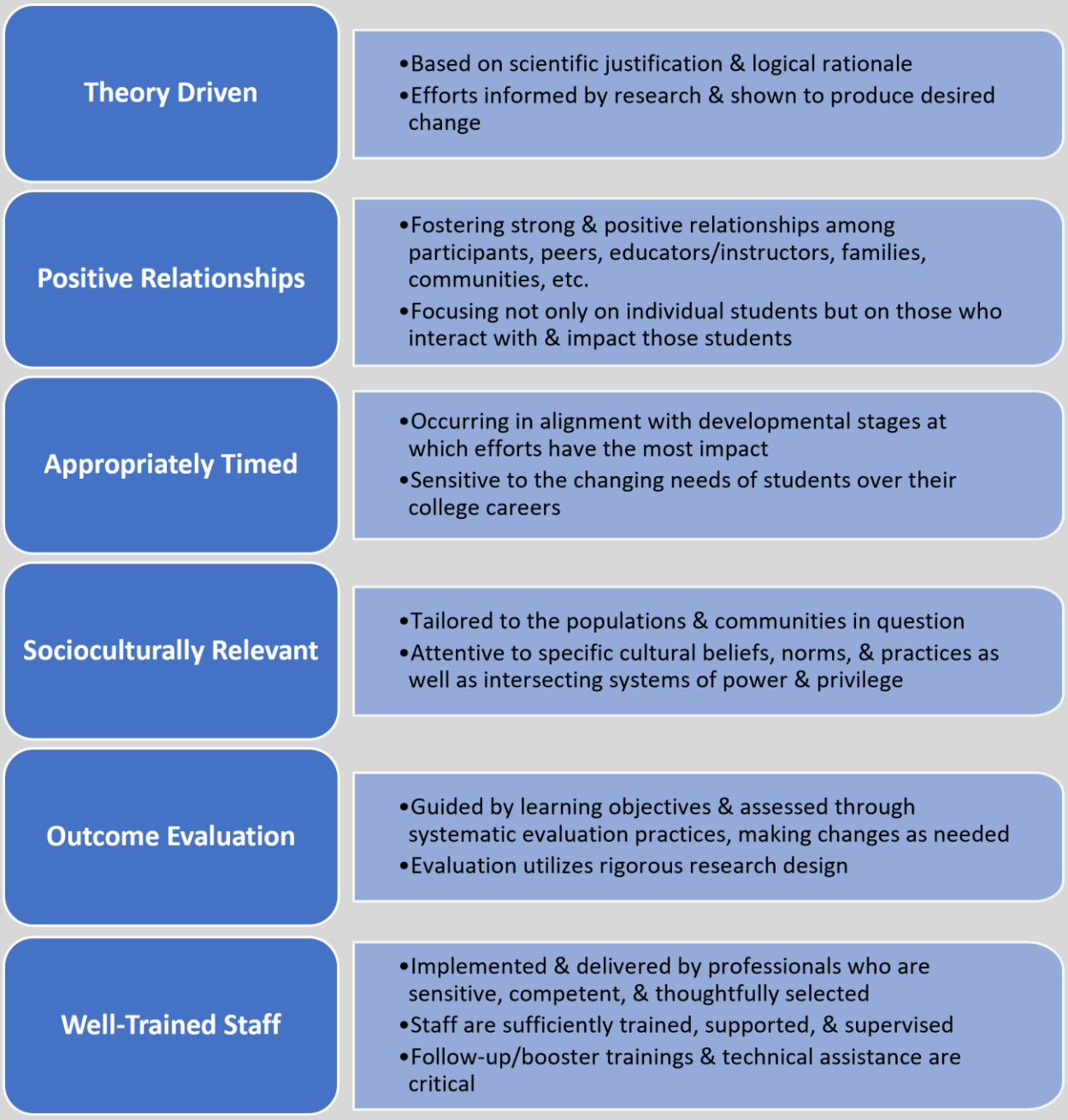

Figure 7: Nine Principles of Effective Prevention Programs (Nation et al, 2003)

Although these principles were originally published in 2003, they have been continuously held up, reinforced, and expanded upon by numerous authors and studies in the years since (for example: CDC, 2004; Kirby, 2005; Davis, Parks, & Cohen, 2006; Lee et al, 2007; Casey & Lindhorts, 2009; Vladutiu et al, 2011; DeGue et al, 2014; Hirsch & Mellins, 2019). They remain fundamental to the practice of violence prevention programming.

Sexual Health Promotion & Education Best Practices

In 2020, ACHA released guidelines and best practices to assist colleges and universities in the provision of sexual health services both in health promotion and clinical care (ACHA, 2020a). The guidelines emphasize the need to take a holistic approach to sex education. This is achieved by recognizing that sexual well-being involves all aspects of wellness including, emotional, social, physical, spiritual, financial, environmental, occupational, and intellectual wellness.

Some of the guidelines that can inform our work in preventing IPV through CSE include:

- **Incorporate pleasure and intimacy into sex education**. The primary reason many people engage in sexual activity is to experience pleasure. To ignore the reasons students choose to have sex (sexual projects) not only prevents UNH from meeting students where they are and acknowledging the realities of many of their sexual experiences, but also reproduces (and reinforces) stigma and shame around their bodies and sexuality.
- **Address confidentiality concerns**. Educate students throughout their time at UNH about the confidential sexual health care services available at Health & Wellness and IPV support and advocacy available at SHARPP.
- **Make appropriate referrals**. A holistic approach to sexual health requires understanding the limits of one's knowledge and role to ensure each student receives appropriate care. Although all members of the campus are partners in our sex education efforts, employees should be trained to remain within their scope of practice and feel empowered to make appropriate referrals.

These guidelines can be used in conjunction with ACHA's existing guidelines to address sexual and relationship violence on college and university campuses (ACHA, 2016).

Revised national standards for sex education for K-12 were released in 2020. The standards were developed with expertise from organizations and individuals in the fields of sexuality, public education, public health, child and adolescent medicine, social justice, and psychology (Future of Sex Education, 2020). The standards can be used to inform the sex education that can be offered at UNH. Notably, these guiding principles emphasize teaching knowledge and skills, using a trauma-informed approach, providing education that is grounded in equity and social justice, understanding the intersections of identities and sexual decision making, and respecting and reflecting the language used by students to identify their gender and sexual orientation.

The CDC recognizes that, "health-risk behaviors such as early sexual initiation, violence, and physical inactivity are consistently linked to poor grades and test scores and lower educational attainment," and that, "school health programs can have positive effects on educational outcomes, as well as health-risk behaviors and health outcomes" (CDC, 2019). For UNH students to excel academically and meet our strategic goal of enhancing student well-being and retention, all data and national guidance, including that from the CDC, asserts that comprehensive sex education, which includes consent and IPV prevention, leads to better academic outcomes.

As in school-based CSE, UNH'S efforts—beginning in students' first year and continuing through the conclusion of their college career—must be age- and developmentally-appropriate, medically accurate, and culturally responsive.

UNH cannot succeed at ending IPV unless efforts are built into a larger CSE initiative. The imperative to prevent IPV at UNH also provides an opportunity to offer students affirming, evidence-based, and culturally appropriate comprehensive sex education that empowers them to make informed choices and create empathetic relationships. Sex education at IHEs must be centered as an integral part of students'

success during and after their college experiences. UNH can be a national leader in expanding student success and well-being to include CSE that forms empowered sexual citizens.

Alcohol and Other Drug Education Best Practices

Utilization of the social-ecological model is recommended to assist students and IHEs in addressing the public health concerns related to AOD use and its interplay with IPV. “This approach situate[s] individuals, along with their problem behaviors, in the broader context of their relationships, their pre-college histories, the organizations they are part of, and the cultures that influence them” (Hirsch & Khan, 2020).

The College Alcohol Intervention Matrix (CollegeAIM), developed by the NIAAA in conjunction with leading college alcohol researchers and staff, provides research-based information on various interventions to assist colleges in selecting best practice-driven alcohol use prevention strategies. This tool allows IHEs to research, compare, and choose the strategies that are mostly likely to reduce drinking and harmful outcomes on their respective campuses. CollegeAIM includes both individual (e.g., first-year, mandated, athletes, members of Fraternity/Sorority organizations) and environmental (entire campus) research-based strategies to aid IHEs in choosing approaches that address the various factors influencing behavior outlined by the social-ecological model.

Individual interventions provide opportunities to explore beliefs, attitudes, values, and motivations as well as to increase awareness, knowledge, and skills. Environmental interventions address social norms and misperceptions, availability and access to alcohol, enforcement of laws and campus policies, and campus structures/environments such as physical living arrangements, social spaces, and processes. Approaches that address these individual and environmental factors have demonstrated effectiveness in reducing substance use/misuse and decreasing negative outcomes (SAMHSA, 2019).

Research underscores that comprehensive alcohol prevention education is essential to reducing negative outcomes of behavior, including IPV perpetration and victimization. The tools and models outlined in other areas of this prevention plan will assist in developing a comprehensive approach that helps students to identify their motivations and influences, supports them in making healthy and safe choices related to AOD use, and enhances the well-being of the entire community through a combination of efforts that best fit the needs and culture of UNH.

Best Practice Resources

The following organizations should be regularly consulted for the most up-to-date best practice guidelines:

- Centers for Disease Control and Prevention (CDC)
- College Advocacy and Prevention Professionals Assocation (CAPPA)
- CollegeAIM
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- American College Health Association (ACHA)
- American College Personnel Association (ACPA)
- NASPA Student Affairs Administrators in Higher Education
- ValorUS / Raliance
- Sexuality Information and Education Council of the United States (SIECUS)
- Center for Changing Our Campus Culture
- National Collegiate Athletic Association (NCAA)
- National Network to End Domestic Violence (NNEDV)

- Futures Without Violence
- Prevention Innovations Research Center (PIRC)
- New Hampshire Coalition Against Domestic & Sexual Violence (NHCADSV)
- New Hampshire Campus Consortium Against Sexual & Interpersonal Violence

RISK AND PROTECTIVE FACTORS

Risk and protective factors operate in multiple contexts: individual, relational, community, and society levels. Risk factors are associated with higher levels of negative outcomes, whereas protective factors are associated with reducing negative outcomes (O'Connell, Boat, & Warner, 2009). A goal of prevention is to change the balance between risk and protective factors so that protective factors outweigh risk factors (National Institutes of Health [NIH], 2011).

For prevention efforts to be impactful, appropriate, and successful, we must focus on enhancing protective factors. In doing so, we can reduce risk of students experiencing IPV, decrease substance use/misuse, and disrupt the silence and shame related to sexual well-being. Research in violence prevention, AOD prevention, and comprehensive sex education highlights the similar and overlapping risk and protective factors among each field.

The tables below list risk and protective factors across the social-ecological model as they pertain to the specific environments, populations, and structures in place at UNH.

The ***individual*** development of students as they progress into young adulthood can be influential in helping them discover who they are and the choices they can make to support their well-being. Identified are several examples of risk and protective factors at the individual level:

	PROTECTIVE FACTORS	RISK FACTORS
INDIVIDUAL	• Awareness of personal values • Confident in making values-based decisions • Use of appropriate social skills • Feels a sense of belonging and social connectedness • Feels supported and connected in academia • Knowledge and use of effective coping skills • Ability to ask for help • Secure to assert self in social environments with peers • Clarity of one's motivation to use AOD • Skills and confidence to assert one's sexual citizenship, ability to express sexual boundaries • Clarity of one's sexual project - why they choose to engage in sex • Knowledge and use of AOD and sex protective behaviors • Belief and confidence in self to change behaviors • Knowledge of how and where to gain support • Development in a home without physical/sexual/emotional abuse and parental violence • Rejection of hyper-masculinity & traditional gender norms	• Unaware of personal values • Indecisive in making values-based decisions • Absence of appropriate social skills • Feels isolated without social connection • Feels unsupported and disconnected in academia • Absence of knowledge and use of effective coping skill • Reluctance to ask for help • Insecure in asserting self • Lack of clarity of one's motivation to use AOD • Deficit in skills and confidence to assert one's sexual citizenship, ability to express sexual boundaries • Lack of clarity into one's sexual project – why they engage in sex • Absence of knowledge and use of AOD and sex protective behaviors • Deficit in belief and confidence to change behaviors • Unsure how and where to gain support • History of child physical/sexual/emotional abuse, exposure to parental violence • Acceptance of hyper-masculinity & traditional gender norms
Example: UNH Health & Wellness provides education for student athletes to help them gain knowledge and explore their own substance use behaviors. SHARPP delivers programming for athletes related to consent and interpersonal violence. At these programs, students are informed of resources on campus that are available to them should they be seeking support.		

The ***relationships*** students build can help create feelings of connection to themselves, and belonging to others, and the community. Developmentally, as young adults, relationships are integral to the college experience. Many of the decisions students make related to alcohol and sex are motivated by a desire to feel socially connected (Hirsh & Khan, 2020). For our prevention efforts to be successful, we must help students develop social wellness that is secure, safe, and healthy. Identified above are some examples of risk and protective factors at the relationship level.

RELATIONSHIPS	PROTECTIVE FACTORS	RISK FACTORS
	• Felt connection to UNH community • Engagement/involvement with the UNH community • Ability to build positive attachments with others • Stability in interpersonal relationships • Mutuality in relationships • Relationships built on trust and security • Assertive communication in relationships • Safe and healthy family relationships • Delayed sexual initiation • Friends who support low-risk/non-use AOD choices • Relationships that support one's own and others sexual citizenship • Engages in open and affirming dialogue about one's sexual projects	• Disconnection to UNH community • Disengagement from the UNH community • Inability to build positive attachments with others • Instability in interpersonal relationships • Relationships based on a power differential • Relationships that lack trust and security • Passive or aggressive communication in relationships • Unsafe, unhealthy family relationships • Early sexual initiation and risk-taking behavior • Friends who don't support one's AOD choices • Relationships that don't support one's own and others sexual citizenship • Silence surrounding one's sexual projects
Example: With over 100 student organizations on campus, UNH provides varied options and avenues for students to connect with one another, build community, and foster a sense of belonging.		

The ***community*** students reside in influences behavior. Consistent and clear leadership, policies, and community norms at UNH can have a positive impact in increasing protective factors. Identified are some examples of risk and protective factors at the UNH community level:

	PROTECTIVE FACTORS	RISK FACTORS
COMMUNITY	• Policies, leadership, and funding that supports prevention and education efforts related to IPV, AOD, and sexual well-being • Strong IPV and alcohol/other drugs sanctions • Strong amnesty policy • Community value of empathy and care • Consistent key messaging of IPV, alcohol/other drugs, and sexual well-being across campus programs, departments, and initiatives • Campus culture that supports sex positivity, including one's right to their own sexual projects • Campus culture that provides substance-free activities to encourage social connections • Social norms that reject sexual violence and male sexual entitlement • Campus culture that provides education and support of one's sexual citizenship to say, "yes" or "no" to sex • Campus culture that recognizes high-risk events (e.g., first six week of fall semester, homecoming, 21st birthdays, spring break) and builds in consistent community norms, policies, and supports • Support of one's sexual geography to have equal access to space • Access to medical care, mental health support, and wellness education • Membership in communities/organizations that reject hyper-masculinity and promote equity & inclusion • Membership in communities/organizations that have dismantled power hierarches and support the cultural norm of anti-violence and open dialogue • Living in environments that provide equal access to space and support overall well-being • Equal access to spaces where alcohol is provided	• Policies, leadership, and funding that devalues and underfunds prevention and education efforts related to IPV, alcohol/other drugs, and sexual well-being • Weak IPV and alcohol/other drugs sanctions. • Weak amnesty policy • Absence of community value of care and empathy • Inconsistent key messaging of IPV, alcohol/other drugs, and sexual well-being across campus programs, departments, and initiatives • Campus culture that silences and shames sex and sexual projects • Campus culture that fails to offer substance-free social activities • Social norms that accept sexual violence and male sexual entitlement • Campus culture that doesn't educate or support one's sexual citizenship to say, "yes" or "no" to sex • Campus culture that recognizes high-risk events but fails to put into place appropriate funding, staffing, and commitment to consistent prevention messaging and efforts. • Disregard for sexual geography that leads to unequal access to space and increased power deferential • Inability to access medical care, mental health support, and wellness education • Membership in communities/organizations characterized by hyper-masculinity • Membership in communities and organizations with a history of power hierarchies that promote violence and secrecy • Living environments that prohibit equal access to space and contribute to decrease in overall well-being • Gendered access to spaces where alcohol is provided • University-sanctioned events that may contribute to high-risk AOD use and other safety concerns (ex: tailgating).
Example: UNH has well-established entities on campus that provide accessible medical care, mental health support, and survivor advocacy services. These offices coordinate in anticipation of predictably high-risk campus events & traditions (ex: increased staff presence on Homecoming weekend, Halloween weekend, etc.)		

The ***society*** (larger cultural context) students are socialized in has a substantial impact on how they perceive themselves as sexual citizens and the decisions they make around substance use, consent, and sex. Identified are some examples of risk and protective factors at the society level:

	PROTECTIVE FACTORS	RISK FACTORS
SOCIETY	• State and federal legislation mandating comprehensive sex education • State and federal legislation promoting and funding education on violence prevention • Laws prohibiting the sale of alcohol to anyone under age 21 • Reduce/limit alcohol density (e.g., bars) and increase alcohol pricing • Consistent law enforcement of AOD • Equal access to opportunities and financial autonomy for those with marginalized identities • State and federal legislation protecting the rights of those with marginalized identities	• State and federal legislation mandating abstinence only education • State and federal legislation deprioritizing violence prevention education • Absence of enforcement of alcohol sales laws to anyone under age 21 • Increased alcohol density and decreased alcohol pricing (e.g., drink specials) • Inconsistent law enforcement of AOD • Limited and denied access to opportunities and financial autonomy for those with marginalized identities • State and federal legislation that restricts the rights of those with marginalized communities
Example: UNH working groups focus on implementation of RSA 188-H, state legislation that mandates annual prevention education, biennial campus climate surveys, and tracking/reporting of comprehensive IPV data (among other provisions).		

The college experience is filled with transitions, challenges, and possibilities. Risk and protective factors illustrate that for prevention efforts to be successful, change must occur at the individual, relational, community, and society levels. It is through the enhancement of protective factors across the socioecological model that UNH can better support students, help them cope with transitions with more ease, and in the process reduce behaviors that can put them at higher risk for IPV.

LEARNING OBJECTIVES

By engaging with evidence- and research-informed educational prevention programming over the course of their college careers, students who graduate from the University of New Hampshire will be able to:

- Recognize their own rights to sexual self-determination as well as the equivalent in others.
- Practice affirmative consent as an expression of the above.
- Act as leaders and changemakers in their communities by recognizing potentially harmful or emergency situations and employing bystander intervention strategies.
- Identify and distinguish healthy, unhealthy, and abusive relationship dynamics.
- Identify the effects of alcohol and other drugs on the body and behaviors such as communication, sexual decision-making, and perpetration of violence.
- Identify their personal motivations and needs around sexual well-being and alcohol and other drugs use.
- Recognize the relationships between academic/professional/personal success and sexual well-being, alcohol and other drugs use, and interpersonal violence.
- Demonstrate the ability to use value-based decision-making and interpersonal communication skills to enhance well-being and avoid or reduce health risks.

- Analyze the influence of family, peers, culture, media, technology, and other sociocultural factors on health behaviors.
- Connect themselves and others to campus, community, and nationwide support resources.

SCAFFOLDING OF INTERVENTIONS

Pursuant to RSA 188-H, UNH must provide "mandatory annual sexual misconduct primary prevention and awareness programming for all students and all employees of the institution" (Title XV, 2020, Section H:9), covering a wide range of topics from affirmative consent and bystander intervention to substance use and reporting options (see p. 5 for full list of content requirements). Importantly, per best and promising practice guidelines (see p. 16), we recommend that this education is sequenced and scaffolded across students' UNH careers, rather than offered in annual iterations of the same program.

There are three approaches to intervention that can be used to create change within a community or population (National Research Council, 2009):

- **Universal interventions** target the general population at large without reference to those at risk. All members of the community can benefit from these efforts.
- **Selective interventions** target groups or individuals with elevated levels of risk who research or evidence show are more likely to perpetrate violence.
- **Indicated interventions** target individuals already identified as engaging in or perpetrating harmful or high-risk behaviors to prevent further harm.

This plan devotes specific attention to universal and selective interventions, in alignment with the plan's focus on primary prevention (see p. 16).

Research shows that multi-session learning is the most effective way for participants to internalize new knowledge and adapt their behaviors (Nation et al, 2003; DeGue et al, 2014). Scaffolding of interventions should consider the following:

- Timing of education with regard to student development theory and perpetration patterns.
    - E.g., first-year students individuating and transitioning to a new context and environment; high prevalence of IPV during initial months of fall semester, or the "Red Zone" (Kimble et al., 2008)
- Sociocultural relevance of education informed by research on power-consciousness, anti-oppression, and identity development.
- Trends based on student year in school.
    - E.g., Isolation and perceived absence of support among sophomore students (Young, 2019)
- Social norms & pressures, social risks, social group recruitment & participation.
- Patterns in alcohol and other drugs use.
    - E.g., higher levels of experimentation that leads to negative outcomes (such as conduct violations, transportation for alcohol overdose, academic impacts, etc.) among first-year students compared with seniors, who tend to be more knowledgeable about their personal tolerance and use habits and have shifting social and academic/professional priorities
- Relationship development (community integration, friendship networks, roommate dynamics, academic communities, professional development, romantic/intimate relationships, mentor/mentee connections).

- Leadership development and positional power; resulting power as potential bystanders and perpetrators.
- Necessary adaptations based on school type & student population served.
- Evidence related to dosage in prevention education; minimal effectiveness of "one-off" and online programming (see p. 16).

See Appendix D for examples of scaffolded curriculum topics that take these points into consideration.

ONGOING EVALUATION & DATA COLLECTION

Recent data reflecting UNH community members' experiences with IPV is consistent with broader nationwide rates and patterns that have led experts to refer to campus sexual violence as an "epidemic" (Carey et al, 2015). These statistics (see "Scope of the Problem," p. 7) demonstrate the need for thorough institutionalization of primary prevention, which includes comprehensive sex and substance use education. Though we currently have access to recent and relevant data, it will be vital to maintain ongoing data collection and information gathering efforts to inform this work over time.

Campus Mapping

Currently, UNH does not have an institutional mandate, procedure, or standardized curriculum related to the provision of primary prevention programming. Most students who receive this education do so through opt-in contact with Health & Wellness or SHARPP (Sexual Harassment & Rape Prevention Program) in a class, residence hall, or student organization setting. Certain entities on campus tackle violence prevention through "in house" efforts and trainings, which are not often evidence-based or research-informed. In some spaces, violence prevention education is presented informally, through other curricula or engagement opportunities. Because these efforts are not coordinated across the institution, some students graduate with many hours of violence prevention programming, substance use education, and sex education that has been delivered over time; others leave the institution with none.

As such, we recommend that institutionalization of violence prevention start with a campus mapping survey to assess where and how violence prevention education is currently being delivered. Campus mapping would answer the following critical questions: Where are these efforts centralized at the university? Where are there strong partnerships geared towards prevention and where are there silos? What modalities and approaches are currently being used and evaluated? Which student populations are regularly receiving this education, and which are not? Administration should assign ownership of this survey to a specific campus entity, who can disseminate it widely in order to construct a picture of what violence prevention efforts at UNH look like now. Departments who have been identified as important sources for this data include:

- Sexual Harassment and Rape Prevention Program (SHARPP)
- Health & Wellness
- Office of Community, Equity and Diversity
- Affirmative Action & Equity Office
- Human Resources
- Athletics
- Residential Life/Housing
- Fraternity and Sorority Life (FSL)
- UNH and Durham Police Departments
- Graduate School
- Academic Programs & Departments
- Psychological and Counseling Services (PACS)
- Center for Academic Resources (CFAR)
- Student Accessibility Services (SAS)
- Office of Student Involvement and Leadership (OSIL)
- Military and Veteran Services
- UNH Global
- Career and Professional Success (CaPS)
- New Student Programs

- Pre-orientation programs
  - (e.g., PAWS, Connect, Proves)
- McNair Program
- First-year academic programs
  - (e.g., Paul FIRE, CHHS ACE)
- ROTC
- The Beauregard Center
- Offices/departments with student employees
  - (e.g., Dining, Campus Recreation, MUB, Dimond Library, Transportation Services, Athletics)
- University Commission on Community, Equity, & Diversity
- President's Advisory Council on Campus Climate
- Undergraduate Student Senate
- Graduate Student Senate
- Office of Community Standards
- UNH Legal Counsel
- Institutional Research & Assessment
- Prevention Innovations Research Center (PIRC)
- Others as identified

Incidence & Climate

Beyond campus mapping of prevention efforts, ongoing data collection should assess community members' experiences with sex, violence, and substance use, as well as perceptions of campus climate.

This data should be collected from a number of sources:

UNH-specific:

- Biennial climate surveying pursuant to RSA 188-H:4 (Title XV, 2020)
- ACHA–National College Health Assessment (UNH-specific report)
- New Hampshire Higher Education Alcohol, Tobacco, and Other Drug (NHHEATOD) Survey
- Clery Act Reports
- Ethics Point reports
- Internal statistics from campus offices (SHARPP program evaluations, Community Standards data, TIX reports, etc.)

National:

- ACHA–National College Health Assessment
- National Survey of Student Engagement (NSSE)
- American Association of Colleges & Universities (AACU)

Programmatic Evaluation

In addition to examining incidence rates and campus climate as indicators of this plan's effectiveness, it will be vital to implement programmatic evaluations to assess the prevention education programming that is central to the plan. Program evaluation is often understood as a "non-negotiable" in the fields of violence prevention and public health. It is named and supported as a key best practice (see p. 16) and is also included as a stipulation in SHARPP's grant funding.

Importantly, both SHARPP and Health & Wellness—as the main entities delivering education related to IPV, sexual health & well-being, and AOD at UNH—have existing systems and processes established for program evaluation. At SHARPP, in-house evaluation is implemented using pre- and post-tests that were designed in partnership with the UNH Survey Center. Health & Wellness provides prevention programs in both large group and individual settings. Evaluations for those programs are collected in post-test format on Qualtrics and are based on specific interventions (addressing sexual well-being and AOD)

to determine effectiveness in increasing students' personal awareness, knowledge, skills, confidence, and motivation towards behavior change. These evaluation practices should be expanded or adapted to fit any new approaches to prevention education, and such changes should be prioritized in resource allocation. In addition, any prevention education that is occurring outside of SHARPP and Health & Wellness (as identified by campus mapping, see, p. 25) should be evaluated.

Because program evaluation is critical to the mission of this plan, there are certain challenges that must be considered. The time allotted for programs impacts the ability to evaluate; too little and there is not ample time to both deliver content and build in evaluation. Additionally, inconsistency in time allotted compromises the integrity of the data. For example, if a bystander intervention program delivered in 50 minutes is evaluated using the same tool as a 90-minute program on the same topic, participants may have differing responses to some key questions or measures. Funding is also a major challenge. The design, implementation, interpretation, compiling, and reporting of evaluation data is not only time-intensive, but costly. The UNH Survey Center offers excellent service at reasonable prices, but evaluation remains a considerable investment (SHARPP's collaboration with the Survey Center is made possible by external grant funding). Another challenge is context and location of programs. In classroom settings, for example, some faculty are hesitant to administer evaluations that are not already part of the class syllabus. It can also be difficult to ensure that participants are completing evaluations, especially in virtual settings, as they are typically opt-in so as to maintain anonymity. Some educators use incentives to improve response rates and while this is an effective strategy, it can come with its own complications related to funding, capacity, and logistics. Finally, differing modalities for program delivery require distinct approaches to evaluation: a 90-minute in-person workshop cannot be evaluated using the same tool as a 40-minute self-paced online module. In order to offer a wide range of programmatic options that are each rigorously evaluated, departments must have access to robust resources, from funding to expertise to technical assistance.

RECOMMENDATIONS

Ending violence at UNH will require a breadth and depth of commitment to prevention work that goes beyond what any single person, office, department, or division can achieve. Therefore, our recommendations follow from a population-level institutionalization and culture change approach (see p. 6). These recommendations are specific to current gaps on UNH's Durham campus and while some may be applicable to violence prevention efforts at UNH Manchester and UNH Law, institutionalization of prevention on those campuses should be pursued in collaboration with their own community members' input and tailored to their specific populations, cultures, and climates (see p. 7).

Each recommendation is accompanied by a timeline for adoption and/or implementation. Since many of the recommendations are interrelated, certain timelines follow from others and will depend on sufficient allocation of resources.

Funding & Resource Allocation

Staffing Recommendations

- Increase professional staffing capacity within SHARPP by hiring competitive and well-trained violence prevention educators so as to effectively meet the prevention education requirements mandated by RSA 188-H. Currently, UNH Durham employs one violence prevention specialist/educator. **TIMELINE: ASAP (Current staffing does not allow for compliance with statutory guidelines laid out in RSA 188-H related to education & training.)**
- Create two university-funded, full-time positions housed in Health & Wellness to:
    - Oversee prevention plan implementation, focused on: institutionalization of violence prevention; success of the plan; assessment, evaluation, and data collection; and biennial climate surveying. This person should have expertise in public health. **TIMELINE: August 2022.**
    - Oversee peer education program (inclusive of alcohol & other drugs, comprehensive sex education, and interpersonal violence prevention). This person should have a background in higher education, social work, public health, and/or another relevant field. The position should be under the supervision of the administrator for prevention plan implementation (see above bullet). **TIMELINE: August 2023.**
    - Establish a robust and well-resourced peer education program that compensates students at market value to work 8-12 hours per week in support of violence prevention, sexual well-being, and AOD education. **TIMELINE: August 2024.**
- See Appendix E for employment postings that reflect IPV prevention, CSE, and AOD staffing structures at other IHEs

Physical Space Recommendations

- Allocate appropriate and accessible space to support the work of violence prevention education and programming (e.g., staff offices, planning space, programmatic/presentation space). **TIMELINE: Ongoing.**

Software & Technical Assistance Recommendations

- Provide software/online platforms that support tracking of prevention education training, student & employee attendance at programs, climate surveying, ongoing data collection (see p. 25), and programmatic evaluation per RSA 188-H. **TIMELINE: Climate survey distribution – biennial for 3 consecutive weeks between 1/15-3/31; Climate survey response & data**

reporting – biennial by 7/31; Prevention education training, attendance, & evaluation – ongoing & per RSA 188-H.

- Ensure technical assistance is available to support and troubleshoot engagement with above software/platforms. **TIMELINE: Ongoing.**

Curriculum Recommendations

- Allocate funding for the purchase of evidence-based violence prevention, sex education, and alcohol and other drugs curricula from leading organizations such as Northwest Network, Planned Parenthood, and The Higher Education Center for Alcohol and Other Drug Misuse Prevention and Recovery. **TIMELINE: Ongoing.**

Professional Development Recommendations

- Encourage staff and peer educator engagement in ongoing professional development opportunities and ensure they have the necessary resource supports to do so (funding, time, etc.). **TIMELINE: Ongoing**.

Support From Institutional Leadership

We recommend that UNH:

- Call on administrators to champion the work of violence prevention by attending related programs & events, inviting those with expertise in violence prevention to have a "seat at the table" in conversations related to key campus priorities and initiatives, bringing a violence prevention perspective to conversations where it is absent, and supporting & bolstering ongoing violence prevention efforts across the university. **TIMELINE: Ongoing**.
- Include violence prevention within strategic planning and campus messaging initiatives by:
    - Promoting clear, consistent, and accessible messaging for multiple audiences that situates violence prevention as a key campus priority (e.g., passive education campaigns, letters to parents/guardians, social media & website).
    - Reiterating and disseminating key messages developed by Violence Prevention Advisory Board (see below).
    - Drawing connections between violence prevention and university-wide strategic goals (e.g., recruitment and retention of students).
    - Integrating violence prevention into institutional mission and vision.
    - **TIMELINE: Ongoing.**

Auditing and Evaluation of New & Existing Programs/Initiatives

We recommend that UNH:

- Carry out a campus mapping project (see p. 25) to identify current initiatives, programmatic silos, and duplicate efforts as well as current measures for evaluation, assessment, and data collection related to interpersonal violence prevention, sexual well-being, and AOD use. This project should be overseen by full-time Prevention Plan implementation hire (see staffing recommendations). **TIMELINE: Within 2-4 months of hiring of Prevention Plan Implementor.**
- Incentivize student and employee participation in education/training, program evaluation, and climate surveying through reward-based, rather than punitive, measures. **TIMELINE: Ongoing & per associated initiatives.**
- Launch a biennial university-wide undergraduate & graduate student climate survey pursuant to RSA 188-H, utilizing the base survey developed by the state's Task Force on Sexual Misconduct

with supplemental customized questions focused on the effectiveness of campus-wide prevention efforts. **TIMELINE: Biennial January-March, beginning January 2022.**
- Launch a biennial university-wide staff & faculty climate survey to gather data on employee experiences and education/training effectiveness. **TIMELINE: Biennial January-March, beginning January 2022.**
- Continue to participate biennially in both ACHA-NCHA and NHHEATOD surveying. **TIMELINE: ACHA-NCHA – Biennial in the fall, beginning fall 2021; NHHEATOD – Biennial, with next distribution in spring 2023.**
- Evaluate all prevention programs, trainings, and workshops utilizing evaluations that are developed by experts in institutional research and that reflect best practice. **TIMELINE: Ongoing.**
- Require offices and departments that facilitate in-house evaluation and/or assessment focused on interpersonal violence, sexual well-being, and/or alcohol & other drugs use to consult with the Violence Prevention Advisory Board (see below) to ensure consistency and alignment with best practice. **TIMELINE: Ongoing.**

Cross-Campus Collaboration

We recommend that UNH:

- Establish a Violence Prevention Advisory Board for oversight of and consultation on prevention initiatives. This body would be separate from the Title IX Advisory Council, which focuses on response and compliance. Considerations for board membership should include topic area expertise, student-facing role responsibilities, decision-making power, institutional knowledge, and availability. Representation on the board should encompass a variety of roles (student, faculty, staff, administration) and institutional entities (e.g., Student Life, Academic Affairs, Finance & Administration; Athletics, Communications & Public Affairs, AAEO; etc.). The board would be charged with:
    - Setting and disseminating key campus-wide prevention messaging related to interpersonal violence, sexual health & well-being, and AOD use.
    - Consulting with campus partners on prevention initiatives, educational programming, and evaluation/data collection.
    - Maintaining community partnerships for prevention as outlined by RSA 188-H.
    - Communicating with and advising senior leadership on institutionalization efforts.
    - Collaborating with campus partners to ensure equitable access to and safety of student spaces (see "sexual geography," p. 15).
    - Overseeing and consulting on other prevention-related matters as they arise.
    - **TIMELINE: Board formation within 2-3 months of completion of campus mapping project** (see auditing & evaluation recommendations)**.**
- Streamline prevention education across divisions, departments, and offices so that students receive consistent, accurate, and non-contradictory information. This would include:
    - NCAA education requirements, trainings for all student staff, New Student Programs, Fraternity & Sorority Life, registered student organizations, guest speaker events, and other violence prevention education efforts.
    - **TIMELINE: Ongoing.**
- Develop an opt-in training for employees on interpersonal violence prevention, comprehensive sex education, and AOD use as part of Community, Equity, & Diversity education offerings. **TIMELINE: Within 1 year of Violence Prevention Advisory Board establishment.**

Violence Prevention Education & Training

We recommend that UNH:

- Provide mandatory annual prevention education programming for all students & employees of the university, pursuant to RSA 188-H and supported by guidance from Title IX and the Clery Act. **TIMELINE: Per RSA 188-H & Clery guidance.**
- Build educational curricula to encompass violence prevention, comprehensive sex education, and AOD use. These educational offerings should be scaffolded and tailored to specific audiences (undergraduate students, graduate students, faculty, staff, administrators). Programs should be evidence- and research-based, socioculturally relevant, developmentally appropriate, led by well-trained staff, and aligned with broader institutional missions & messaging. Education should be provided in multiple doses and should not over-rely on self-guided online module formats. See p. 16 for more on best practice guidelines. **TIMELINE: Ongoing.**
- Create opportunities for student choice surrounding date & time of program attendance, location, modality of program (based on accessibility needs), and prevention education track. **TIMELINE: Ongoing.**
- Include violence prevention content (inclusive of sexual well-being and alcohol & other drugs use) in New Student Programs' orientation and transition programming with consultation and guidance from the Violence Prevention Advisory Board (see above). This content should be incorporated into programs for incoming first-year and transfer students as well as their families. **TIMELINE: Within 2 years of Violence Prevention Advisory Board establishment.**
- Cover violence prevention, sexual health & well-being, AOD use in any first-year experience initiatives, including programs that currently exist (e.g., Paul FIRE, CHHS ACE, First-Year Writing/ENGL 401, pre-arrival programs) as well as those that may be established in the future. **TIMELINE: Ongoing.**
- Develop educational and support offerings for parents & families, such as orientation sessions, family weekend programs, webinars, mail-home toolkits, and a resource webpage. **TIMELINE: Ongoing.**

GLOSSARY OF TERMS

Affirmative Consent: "Affirmative consent is a knowing, voluntary, and mutual decision among all participants to engage in sexual activity. Consent can be given by words or actions, as long as those words or actions create clear permission regarding willingness to engage in the sexual activity. Silence or lack of resistance, in and of itself, does not demonstrate consent. The definition of consent does not vary based upon a participant's sex, sexual orientation, gender identity, or gender expression." (SUNY, 2021)

Age Appropriate: The age level at which it is suitable to teach concepts, information, and skills based on the social, cognitive, emotional, and experience level of most students in that age range (Future of Sex Education, 2020).

Alcohol Outlet Density: the number of alcohol retailers such as bars, restaurants, and liquor stores in a given area.

AOD: Alcohol and Other Drugs.

Approach: "The specific ways to advance the strategy. This can be accomplished through programs, policies, and practices" (Basile et al, 2016, p. 7).

Bystander Intervention (BI): An evidence-based method of violence prevention that calls on all members of a community to disrupt harm and violence. BI can occur before, during, or after an incident and is a key behavior to promote and normalize in the pursuit of anti-violence.

Campus Climate: The current common experiences, behaviors, perceptions, and attitudes of groups and individuals attending an institution of higher education. This is different than organizational culture.

Coercion: The practice of persuading/convincing someone to do something they wouldn't normally do or are uncomfortable with by using force or threats. Can involve pressuring, harassing, ultimatums, blackmail, extortion, etc. (Example: verbally pressuring someone to engage in sexual activity when they do not want to.)

Compliance: Within the IPV field, this refers to the adherence of clear policy regulations, standards, and guidelines set forth by a wide array of legislation surrounding IPV topics and issues. Examples of legislation that outline compliance include Title IX, Clery/VAWA, RSA 188-H, etc. Often, compliance is viewed as the floor (or baseline) for IHEs and *should no*t be viewed as the ceiling. Being compliant means meeting the minimum standards, while prevention builds upon compliance standards to create long-lasting cultural and population-level change.

Comprehensive Sex Education (CSE): Programs that build a foundation of knowledge and skills relating to human development, relationships, decision-making, abstinence, contraception, and disease prevention. Ideally, school-based comprehensive sex education should at least start in kindergarten and continue through 12th grade. At each developmental stage, these programs teach age-appropriate, medically accurate, and culturally responsive information that builds on the knowledge and skills that were taught in the previous stage (Future of Sex Education, 2020).

Culturally Responsive: Teaching that embraces and actively engages and adjusts to students and their various cultural identities (FoSE, 2020).

Discrimination: Prejudicial or unjust treatment of other people, specifically based on social identities (e.g., race, ethnicity, gender, sexuality, disability, etc.)

Evidence-Based Prevention Efforts: IPV prevention efforts that are regularly evaluated and shown to be effective in reducing and preventing violence from occurring.

HBCUs: Historically Black Colleges and Universities.

Healthy Relationships: A relationship between individuals that consists of mutual respect, trust, honesty, support, fairness/equity, separate identities, physical and emotional safety, and good communication (FoSE, 2020).

Institution of Higher Education (IHE): "A public, private, non-profit, or for-profit school chartered, incorporated, or otherwise organized in this state legally authorized to award a degree at an associate level or above with an established physical presence in this state" (Title XV, 2020, Section 188-H:1).

Institutionalization: The process of establishing something as a norm or standard within an organization. Includes organizational support, commitment, and adoption of processes.

Interpersonal Violence (IPV), also known as Gender-Based Violence: An umbrella term that refers to: sexual assault, stalking, sexual harassment, and relationship violence. You might hear people use terms such as rape, domestic violence, relationship abuse – these are all synonyms for, or specific versions of, the terms listed above.

Intersectionality: A theoretical framework coined by Kimberlé Crenshaw that describes how an individual's social identities (race, class, gender, etc.) intersect with one another and how systems of oppression & marginalization are compounded (1989).

High-Risk Use: Using alcohol and other drugs in a way that increases risk of short and/or long-term consequences of use for self or others.

Low-Risk Use: Using alcohol and other drugs in a way that decreases risk of short and/or long terms consequence of use for self or others.

Marginalization: The act of placing and keeping a person, group, or community in a position of lesser importance, influence, or power.

Medically Accurate: Information relevant to informed decision-making based on the weight of scientific evidence; consistent with generally recognized scientific theory; conducted under accepted scientific methods; published in mainstream peer-reviewed journals; or recognized as accurate, objective and complete by mainstream professional organizations and scientific advisory groups (FoSE, 2020).

Oppression: The systematic exclusion of individuals and groups from government decision making and economic and educational opportunities. Characteristics of oppression: prejudice/bias + power + systemic. The malicious and unjust treatment or exercise of power, often targeting marginalized communities/people.

Perpetrator: A person who uses coercive, manipulative, and/or harmful tactics/behaviors to exert power and control over another person. Such behaviors may include, but are not limited to, physical abuse, emotional abuse, financial abuse, spiritual abuse and/or verbal abuse.

Power & Control: Power: The ability to do something or act in a particular way. Control: The power to influence or direct people's behavior or the course of events. This term is used in anti-violence work to show a pattern of actions someone uses to intentionally exert dominance over another person.

Power Consciousness: A perspective and approach to ending violence that emphasizes the centrality of power and calls for transformation that disrupts existing structures of dominance, challenges the status quo, and addresses the roots (rather than the symptoms) of oppression.

Prevention: Efforts based in research and evidence that address risk factors and promote protective factors across individual, relational, community, and societal spheres to eliminate violence.

Primary Prevention: Strategies aimed at preventing violence or harm before it occurs.

Protective Environments: "Communities/environments can include any defined population with shared characteristics and environments, including schools, neighborhoods, cities, organizations (e.g., workplaces), or institutions. Approaches that operate by modifying characteristics of the community, rather than individuals within the community, are considered community-level approaches. Such approaches can involve, for example, changes to policies, institutional structures, or the social and physical environment in an effort to reduce risk characteristics and increase protective factors that affect the entire community. Characteristics of the social and physical environment can have a significant influence on individual behavior creating a context that can promote positive behavior or facilitate harmful behavior" (Basile et al, 2016, p. 26).

Protective Factors: "Factors that decrease or buffer the risk for SV. Evidence suggests that greater empathy, emotional health and connectedness, and academic achievement serve as protective factors to IPV" (Basile et al, 2016, p. 8).

Public Health: "The science and art of preventing disease, prolonging life, and promoting health through organized efforts and informed choices of society, organizations, public and private, communities, and individuals" (Winslow, 1920).

Rape Culture: A culture in which [sexual] violence is treated as normal and inevitable. In which prevalent attitudes, norms, practices, behaviors, and media condone, normalize, or excuse violence within our community. In which stereotypes and false beliefs trivialize the seriousness of violence. In which people aren't taught not to rape, but not to be raped. In which survivors are thought to have contributed to their own victimization and are blamed for what happened to them.

Red Zone: Refers to the period during the fall semester when there are statistically higher instances of sexual violence occurring on college campuses. This is a heavily researched phenomenon that is particularly prevalent for first year students enrolled in an IHE. This period spans from the beginning of the academic year (August/September) to the end of November (Warshaw, 1988; Kimble et al, 2008).

Reporting Party/Person: "A student or employee who reports having experienced an incident of sexual misconduct to the institution" (Title XV, 2020, Section 188-H:1).

Responding Party/Person: "A student or employee who has been accused of an alleged incident of sexual misconduct" (Title XV, 2020, Section 188-H:1).

Risk Factors: "Characteristics of the individual and their social and physical environments that either increase or decrease risk for violence over time and within specific contexts. These factors can be related to increasing an individual's risk of perpetration or victimization of violence. Examples of key risk factors for SV perpetration include exposure to parental violence, involvement in delinquent behavior, acceptance of violence, hyper-masculinity, traditional gender role norms, excessive alcohol use, sexual risk-taking behavior (e.g., sex without a condom), and association with sexually-aggressive peer groups. Poverty or low socioeconomic status, gender inequality, exposure to community crime and violence, social norms supportive of SV and male sexual entitlement, and weak laws and policies related to SV are also risk factors for SV perpetration" (Basile et al, 2016, p. 8).

Risk Reduction: Reduction of (risk) factors that put individuals at risk of developing a health problem or disease (Modeste, 2004).

Sexual Behavior/Se.g., Acts that include, but are not limited to, vaginal sex, oral sex, anal sex, mutual masturbation, genital rubbing, or masturbation (FoSE, 2020).

Sexual Citizenship: “The acknowledgement of one’s own right to sexual self-determination and importantly, recognizes the equivalent right in others. A socially produced sense of enfranchisement and right to sexual agency. This is not something innate but rather something fostered, and institutionally and culturally supported” (Hirsch & Khan, 2020, p. xvi).

Sexual Geographies: “The spatial contexts through which people move, and the peer networks that can regulate access to those spaces. Sexual outcomes are intimately tied to the physical spaces where they unfold. Space has a social power that elicits and produces behavior, as it influences actions and interactions” (Hirsch & Khan, 2020, p. xix).

Sexual Misconduct: "An incident of sexual violence, dating violence, domestic violence, gender-based violence, violence based on sexual orientation or gender identity or expression, sexual assault or harassment, or stalking, as defined by each institution in its code of conduct, in a manner consistent with applicable federal definitions” (Title XV, 2020, Section 188-H:1).

Sex Positive: Teaching that recognizes that sexuality and sexual development are natural, normal, and healthy parts of our lives and refrains from using shame and fear to motivate students to be abstinent (FoSE, 2020).

Sexual Project: “The reasons why anyone might seek a particular sexual interaction or experience. Often, people have more than one sexual project. Examples of projects: pleasure, to develop and maintain a relationship, to have children, advancing position or status within social groups, etc” (Hirsch & Khan, 2020, p. xiv).

Sexual Well-Being: A state of physical, emotional, intellectual, spiritual, financial, and social well-being in relation to sexuality. Sexual well-being expands sexual health beyond merely the absence of disease, dysfunction, or infirmity (WHO, 2002).

Socio-Ecological Model: A theoretical framework highly utilized in Public Health and Violence Prevention fields that illustrates the “complex interplay between individual, relationship, community, and societal factors. [The model] allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence” (CDC, 2021b).

Social Norms: Shared understandings, expectations, beliefs, rules, attitudes, and behaviors that are deemed acceptable in a specific culture, community, or social group. These can be informal or unspoken and/or codified into laws and formal policies.

Social Risk: “The good (social) reasons we have for doing things that are bad for us, or for not doing things that would benefit our health. […] The idea of social risk highlights one way that peers, organizational environments, and the broader culture shape actions that feel like individual choices” (Hirsch & Khan, 2020, p. 68)

Social Wellness: Having positive, safe, trustworthy, mutual, and healthy relationships with anyone in one’s life, including but not limited to friends, family, romantic/hook-up partners, professors, coaches, etc. Social wellness includes being able to communicate clearly, directly, and set personal boundaries. (Health & Wellness, 2021)

Strategy: “The preventative direction or actions to achieve the goal of preventing IPV” (Basile et al, 2016, p. 7).

Student: “An individual who is enrolled at least half-time in a credit-bearing program through a public or private degree-granting postsecondary institution of higher education whether part-time, full-time, or as an extension student, or who has taken a leave of absence or who has withdrawn due to being a victim of sexual misconduct” (Title XV, 2020, Section 188-H:1).

Survivor/Victim: An individual who experienced (or is experiencing) violence, abuse, or harm from another person(s). Throughout this plan both terms are used interchangeably.

Trauma: Experiencing an event that causes injury or stress to a person's physical, emotional, or psychological well-being.

Trauma (Individual): Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (FoSE, 2020).

Trauma Informed: An approach to teaching that recognizes the influence of individual and systemic trauma on students and assesses the implications on instruction and cognition to ensure a safe and supportive learning environment (FoSE, 2020).

TGNC: A shortened term researchers use referring to people who are transgender, genderqueer and gender non-conforming. May also see Gender Expansive- an umbrella term sometimes used to describe people who expand notions of gender expression and identity beyond perceived or expected societal gender norms (PFLAG, 2021).

Well-Being: An optimal and dynamic state that allows people to achieve their full potential through both the individual pursuit of wellness and the commitment and support of the communities to which they belong (Health & Wellness, 2021).

Wellness: An active process that helps individuals reach their optimal well-being by integrating all the dimensions of wellness into their lives: physical, social, emotional, spiritual, environmental, intellectual, occupational, and financial (Health & Wellness, 2021).

REFERENCES

Abbey, A. (2002). Alcohol-related sexual assault: A common problem among college students. *Journal of Studies on Alcohol and Drugs,* 14, 118-128.

Abbey, A., Zawacki, T., Buck, P. O., Clinton, A. M., & McAuslan, P. (2004). Sexual assault and alcohol consumption: What do we know about their relationship and what types of research are still needed? *Aggression and Violent Behavior, 9*(3), 271–303.

Agbayani-Siewert, P., Flanagan, A.Y. (2001). Filipino-American dating violence: Definitions, contextual justifications, and experiences of dating violence. *Journal of Human Behavior in the Social Environment, 3,* 115-133.

American Association of Colleges & Universities [AACU]. (n.d.). *Moving to institutionalization.* https://www.aacu.org/moving-institutionalization

American College Health Association [ACHA]. (2019). *University of New Hampshire executive summary: Spring 2019 – American College Health Association National College Health Assessment II*.

American College Health Association [ACHA]. (2020a). *Best practices for sexual health promotion and clinical care in college health settings.* https://www.acha.org/documents/resources/guidelines/ACHA_Best_Practices_for_Sexual_Health_Promotion_and_Clinical_Care_in_College_Health_Settings_Jan2020.pdf

American College Health Association [ACHA]. (2020b). *American College Health Association-National College Health Assessment III: Undergraduate student reference group executive summary spring 2020.* https://www.acha.org/documents/ncha/NCHA-III_Spring_2020_Undergraduate_Reference_Group_Executive_Summary.pdf

Balsam, K. F., Beauchaine, T. P., & Rothblum, E. D. (2005). Victimization over the life span: A comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology, 73*(3), 477-487.

Basile, K.C., DeGue, S., Jones, K., Freire, K. Dills, J., Smith, S.G., & Raiford, J.L. (2016). *Stop SV: A technical package to prevent sexual violence.* Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf

Black, M., Basile, K., Breiding, M., Smith, S., Walters, M., Merick, M., Chen, J., & Stevens, M. (2010). *The national intimate partner and sexual violence survey: 2010 summary report*. Washington, DC: Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/datasources/nisvs/summaryreports.html

Bowler, G. & Weinraub, M. (n.d.) Developmental ages and stages. In M.H. Bornstein (Ed.) & M. Arterberry, K. Fingerman, & J.E. Langsford (Assoc. Eds.), *The SAGE encyclopedia of lifespan human development*. Thousand Oaks, CA: SAGE.

Cantor, D., Fisher, B., Chibnall, S., Harps, S., Townsend, R., Thomas, G., Lee, H., Kranz, V., Herbison, R., Madden, K. (2020). *Report on the AAU campus climate survey on sexual assault and misconduct*. Association of American Universities. https://www.aau.edu/sites/default/files/AAU-Files/Key-Issues/Campus-Safety/Revised%20Aggregate%20report%20%20and%20appendices%201-7_(01-16-2020_FINAL).pdf

Carey, K.B., Durney, S.E., Shepardson, R.L., & Carey, M.P. (2015). Incapacitated and forcible rape of college women: Prevalence across the first year. *Journal of Adolescent Health, 56*, 678-680.

Carr, J.L. & VanDeusen, K.M. (2004). Risk factors for male sexual aggression on college campuses. *Journal of Family Violence, 19*, 279-289.

Casey, E.A. & Lindhorst, T.P. (2009). Toward a multi-level, ecological approach to the primary prevention of sexual assault. *Trauma, Violence, & Abuse, 10*(2), 91-114.

Casey, E. A., Masters, N. T., Beadnell, B., Hoppe, M. J., Morrison, D. M., & Wells, E. A. (2017). Predicting sexual assault perpetration among heterosexually active young men. *Violence Against Women, 23*(1), 3–27.

Catalano, S., Smith, E., Snyder, H. & Rand, M. (2009). *Bureau of justice statistics selected findings: female victims of violence*. Department of Justice. http://www.bjs. gov/content/pub/pdf/fvv.pdf

Centers for Disease Control and Prevention [CDC]. (2004). *Sexual violence prevention: Beginning the dialogue.* Atlanta, GA: Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention [CDC]. (2019). *Adolescent and school health: Health and academics.* https://www.cdc.gov/healthyyouth/health_and_academics/

Centers for Disease Control and Prevention [CDC]. (2021a, Feb 5). *Prevention strategies*. https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html

Centers for Disease Control and Prevention [CDC]. (2021b). *The social-ecological model: A framework for prevention*. National Center for Injury Prevention and Control, Division of Violence Prevention. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html

Clery Center. (2021). *Clery Act requirements: Victim rights, options, and resources.* https://clerycenter.org/policy-resources/the-clery-act/#:~:text=The%20Clery%20Act%20is%20a,to%20actively%20foster%20campus%20safety.

Cooper, M.L. (1994). Motivations for alcohol use among adolescents: Development and validation of a four-factor model. *Psychological Assessment, 4*, 117-128.

Crenshaw, K. (1989). Demarginalizing the intersection of race and se.g., A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1989*(8), 139-167.

Davis, R., Parks, L. F., & Cohen, L. (2006). *Sexual violence and the spectrum of prevention: Towards a community solution*. Enola, PA: National Sexual Violence Resource Center.

DeGue, S., Valle, L.A., Holt, M.K., Massetti, G.M., Matjasko, J.L., Teten Tharp, A. (2014). A systematic review of primary prevention strategies for sexual violence perpetration. *Aggression and Violent Behavior, 19*, 346-362.

Dube, S.R. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine, 28*(5), 430-438.

Dills J., Fowler D., & Payne G. (2016). *Sexual violence on campus: Strategies for prevention*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Edwards, R.W., Jumper-Thurman, P., Plested, B.A., Oetting, E.R., & Swanson, L. (2000). Community readiness: Research to practice. *Journal of Community Psychology, 28*(3), 291-307.

End Rape on Campus [EROC]. (n.d.). *Greek life*. https://www.endrapeoncampus.org/greek-life

Future of Sex Education Initiative [FoSE]. (2020). National sex education standards: Core content and skills, K-12 (2nd ed.). http://www.advocatesforyouth.org/wp-content/uploads/2020/03/NSES-2020-web.pdf

Glennon, M. (2021). *New Hampshire Higher Education Alcohol, Nicotine, and Other Drug (NHHEATOD) report.* Durham, NH: University of New Hampshire.

Grant, V.V., Stewart, S.H., O'Connor, R.M., Blackwell, E., & Conrod, P.J. (2007). Psychometric evaluation of the five-factor Modified Drinking Motives Questionnaire—Revised in undergraduates. *Addictive Behaviors, 32.* 2611-2632.

Guttmacher Institute. (2019). *Adolescent sexual and reproductive health in the United States* [Fact sheet]. https://www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health.

Harrell, E. (2012). Crime against persons with disabilities, 2009-2011 – statistical tables. Washington, D.C.: U.S. Department of Justice Bureau of Justice Statistics. https://www.bjs.gov/content/pub/pdf/capd0911st.pdf

Health & Wellness. (2021). *Mission, vision, & values*. https://www.unh.edu/health/about-us/mission-vision-values

Hirsch, J. S., & Khan, S. (2020). *Sexual citizens: A landmark study of sex, power, and assault on campus.* WW Norton & Company.

Hirsch, J.S. & Mellins, C.A. (2019). *Sexual health initiative to foster transformation (SHIFT)*. Columbia University Mailman School of Public Health. https://sexualrespect.columbia.edu/files/sri/content/shift_final_report_4-11-19_1.pdf

Human Rights Campaign [HRC]. (2019). *2019 LGBTQ Asian and Pacific Islander youth report*. Human Rights Campaign. https://assets2.hrc.org/files/assets/resources/FINAL-API-LGBTQ-YOUTHREPORT.pdf

Human Rights Campaign. (2019). *2019 Black and African American LGBTQ youth report*. Human Rights Campaign. https://assets2.hrc.org/files/assets/resources/HRC_2019_Black_and_African_American_LGBTQ_Youth_Report-FINAL-web.pdf

Jessup-Anger, J. & Edwards, K. (Eds.). (2015). *Beyond compliance: Addressing sexual violence in higher education*. Washington, D.C.: American College Personnel Association—College Student Educators International.

Kann, L., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Queen, B., & Ethier, K. A. (2018). Youth risk behavior surveillance—United States, 2017. *Centers for Disease Control and Prevention MMWR Surveillance Summaries, 67*(8), 1–114. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf

Kilpatrick, D. G., Resnick, H. S., Ruggiero, K. J., Conoscenti, L. M., & McCauley, J. (2007). *Drug facilitated, incapacitated, and forcible rape: A national study.* Charleston, SC: Medical University of South Carolina National Crime Victims Research & Treatment Center. https://www.ojp.gov/pdffiles1/nij/grants/219181.pdf

Kimble, M., Neacsiu, A. D., Flack, W. F., Jr, & Horner, J. (2008). Risk of unwanted sex for college women: Evidence for a red zone. *Journal of American College Health, 57*(3), 331–338.

Kirby, K. (2005, June). Promising practices: systematic approach to prevention education. *Moving Upstream: Virginia's Newsletter for the Primary Prevention of Sexual Violence, 1*(2), 2.

Klein, L. B., Rizzo, A. J., Cherry, L. H., & Woofter, R. C. (2018). *Addressing alcohol's role in campus sexual assault: A toolkit by and for prevention specialists*. Chapel Hill, NC: Campus Advocacy and Prevention Professionals Association and Prevention Innovations Research Center.

Krebs, C. P., Lindquist, C. H., Warner, T. D., Fisher, B. S., & Martin, S. L. (2009). College women's experiences with physically forced, alcohol- or other drug-enabled, and drug-facilitated sexual assault before and since entering college. *Journal of American College Health, 57*(6), 639–647.

Lee, D.S., Guy, L., Perry, B., Keoni Sniffen, C., Alamo Mixsen, S. (2007). Sexual violence prevention. *The Prevention Researcher, 14*(2), 15-20.

Linder, C. (2018). *Sexual violence on campus: Power-conscious approaches to awareness, prevention, and response* (1st ed.). Bingley, UK: Emerald Publishing Limited.

Lindquist, C. H., Crosby, C. M., Barrick, K., Krebs, C. P., & Settles-Reaves, B. (2016). Disclosure of sexual assault experiences among undergraduate women at historically Black colleges and universities (HBCUs). *Journal of American College Health, 64*(6), 469–480.

Martinez, G.M. & Abma, J.C. (2020). *Sexual activity and contraceptive use among teenagers aged 15-19 in the United States, 2015-2017.* Atlanta, GA: Centers for Disease Control and Prevention National Center for Health Statistics. https://www.cdc.gov/nchs/data/databriefs/db366-h.pdf

McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). The social ecology of health promotion interventions. *Health Education Quarterly, 15*(4), 351-377. https://www.academia.edu/170661/An_Ecological_Perspective_on_Health_Promotion_Programs

Modeste, N. & Tamayose, T. (2004). *Dictionary of public health promotion and education: Terms and concepts* (2nd ed.). Jossey Bass.

Mori, C., Cooke, J.E., Temple, J.R., Ly, A., Lu, Y., Anderson, N., Rash, C., & Madigan, S. (2020). The prevalence of sexting behaviors among emerging adults: A meta-analysis. *Archives of Sexual Behavior, 50,* 1103-1119.

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K.L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist, 58*(6/7), 449-456.

National Institute on Alcohol Abuse and Alcoholism. (2021). *College drinking* [Fact sheet]. https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/college-drinking

National Institutes of Health [NIH]. (2011 Oct). *Preventing drug use among children and adolescents: What are risk factors and protective factors?* https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-risk-factors

National Research Council and Institute of Medicine Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults. (2009). Defining the scope of prevention. In O'Connell, M.E., Boat, T., & Warner, K.E. (Eds.), *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, D.C.: The National Academies Press.

O'Connell, M.E., Boat, T., & Warner, K.E. (Eds.) (2009). Defining the scope of prevention. In *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* National Research Council and Institute of Medicine Committee on the Prevention of Mental Disorders and Substance Use Among Children, Youth, and Young Adults. Washington, DC: National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK32789/

Office on Violence Against Women [OVW]. (2014). *Establishing prevention programming: Strategic planning for campuses*. United States Department of Justice. https://www.justice.gov/archives/ovw/page/file/913331/download

O'Hara, R.E., Armeli, S., & Tennen, H. (2015). College students' drinking motives and social-contextual factors: Comparing associations across levels of analysis. *Journal of the Society of Psychologists in Addictive Behaviors, 29*(2), 420-429.

Orchowski, L. M., Untied, A. S., & Gidycz, C. A. (2013). Social reactions to disclosure of sexual victimization and adjustment among survivors of sexual assault. *Journal of Interpersonal Violence, 28*(10), 2005–2023.

Peterson, C., DeGue, S., Florence, C., & Lokey, C. N. (2017). Lifetime economic burden of rape among U.S. adults. *American Journal of Preventive Medicine, 52*(6), 691–701.

Peugh, J., Glauber, A., (2011). *College dating violence and abuse poll*. Knowledge Networks. http://www.loveisrespect.org/pdf/College_Dating_And_Abuse_Final_Study.pdf

PFLAG. (2021, January). *National glossary of terms*. https://pflag.org/glossary#:~:text=Gender%20Expansive%3A%20An%20umbrella%20term,or%20expected%20societal%20gender%20norms

Rankin & Associates Consulting. (2019, September). *University of New Hampshire assessment of climate for learning, living, and working final report*. https://www.unh.edu/sites/default/files/departments/president/media/unh_final_report_encrypted.pdf

Rothman, E.F., Beckmeyer, J.J., Herbenick, D., Fu, T.C., Dodg,e B., & Fortenberry, J.D. (2021). The prevalence of using pornography for information about how to have sex: Findings from a nationally representative survey of U.S. adolescents and young adults. *Archives of Sexual Behavior, 50*, 629-646.

SIECUS: Sex Ed for Social Change. (2020). *Sex ed state legislative mid-year report*. https://siecus.org/resources/2020-sex-ed-state-legislative-mid-year-report/

SIECUS: Sex Ed for Social Change. (2020). *Sex ed state law and policy chart*. https://siecus.org/wp-content/uploads/2020/03/SIECUS-2019-Sex-Ed-State-Law-and-Policy-Chart-Final.pdf.

Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). *The national intimate partner and sexual violence survey (NISVS): 2015 data brief – updated release*. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf

Substance Abuse and Mental Health Services Administration [SAMHSA]. (2019). *Substance Misuse Prevention for Young Adults.* Rockville, MD. https://store.samhsa.gov/sites/default/files/d7/priv/pep19-pl-guide-1.pdf

SUNY. (2021). *Definition of affirmative consent.* State University of New York. https://system.suny.edu/sexual-violence-prevention-workgroup/policies/affirmative-consent/

Title XV: Education, NH Stat. §§ 188-H:1 – 188-H:15 (2020).

University of New Hampshire [UNH]. (2020). *Diversity statement*. https://www.unh.edu/inclusive/

Vladutiu, C. J., Martin, S. L., & Macy, R. J. (2011). College- or university-based sexual assault prevention programs: A review of program outcomes, characteristics, and recommendations. *Trauma, Violence, & Abuse, 12*(2), 67-86.

Walters, M.L., Chen, J., & Breiding, M.J. (2013). *The national intimate partner and sexual violence survey (NISVS): 2010 findings on victimization by sexual orientation*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf

Warshaw, R. (1988). *I never called it rape: The Ms. Report on recognizing, fighting, and surviving date and acquaintance rape*. New York, NY: Harper Perennial.

White House Council on Women and Girls and the Office of the Vice President. (2014). *Rape and sexual assault: A renewed call to action*. Washington, D.C. https://www.knowyourix.org/wp-content/uploads/2017/01/sexual_assault_report_1-21-14.pdf

Winslow, C.E.A. (1920). The untilled fields of public health. *Science, 51*(1306), 23-33.

World Health Organization [WHO]. (2002). *Defining sexual health: Report of a technical consultation on sexual health.* https://www.who.int/reproductivehealth/topics/gender_rights/defining_sexual_health/en/

Young, D.G. (2019). *Sharing statistics showing how schools support sophomore student success.* National Resource Center for The First-Year Experience and Students in Transition. https://sc.edu/nrc/system/pub_files/1571324235_160.pdf

APPENDIX A

Scope of the Problem: Interpersonal Violence

Prevalence of IPV among young people:

- The majority of victims of sexual violence and stalking (of all gender identities) report that it first occurred prior to the age of 25 (Smith et al., 2018).
- People ages 18-24 have the highest rate of stalking victimization (Catalano et al., 2009).
- Nearly one in three upper-level students (juniors & seniors) in dating relationships have experienced abuse within that relationship (Peugh & Glauber, 2011).
- Nationwide, 7.4% of high school students had been physically forced to have sexual intercourse in their lifetime. This was higher among gay, lesbian, and bisexual students (22%) than heterosexual students (5.5%) (Kann et al., 2018).

Prevalence of IPV among people with marginalized and oppressed identities:

- Gay and bisexual men are over ten times more likely to experience sexual assault than heterosexual men (Balsam et al., 2005). Bisexual women and transgender people experience significantly higher rates (1 in 2) of sexual assault than heterosexual, gay, and cisgender people (Walters et al., 2013).
- Individuals with a disability are three times more likely to be raped or sexually assaulted than individuals without a disability (Harrell, 2012).
- Out of a sample of 1,243 Asian American and Pacific Islander LGBTQ youth (ages 13-17), 23% of transgender and gender-expansive youth and 13% of cisgender LGBQ youth indicated that they had been forced into unwanted sexual acts (Human Rights Campaign [HRC], 2019).
- Out of a sample of 3,951 undergraduate women attending historically Black colleges and universities (HBCUs) (Lindquist et al., 2016),
- 8% experienced forced sexual assault before college and 3% experienced incapacitated sexual assault before college.
- 3% indicated that they experienced incapacitated sexual assault before college.
- 5% experienced forced sexual assault since entering college, and 6% experienced incapacitated sexual assault since entering college.
- Out of a sample of 1,678 Black/African American and multiracial adolescents ages 13-17 (1,390 cisgender, 191 transgender, 160 non-binary, 132 genderqueer, 56 other gender identity, 40% bisexual, 34% gay or lesbian, 15% pansexual, 3% queer, 2% asexual, 2% straight, and 2% other orientation) (HRC, 2019),
- 18% had been forced to do unwanted sexual acts.
- 13% had been sexually attacked or raped.
- 27% of transgender and gender-expansive youth and 14% of cisgender LGBQ youth had been forced to do unwanted sexual acts.
- In a survey involving Filipino college students, 31% of female respondents reported that they had experienced “physical violence such as being hit, pushed, grabbed, etc.” by an intimate partner since they started dating (HRC, 2019).

APPENDIX B

Scope of the Problem: Alcohol & Other Drugs (AOD) Use

The UNH-New Hampshire Higher Education Alcohol, Tobacco, and Other Drug Survey (NHHEATOD), conducted in spring 2017, 2019, and 2021, provides information on a range of harmful and negative consequences of alcohol use as they pertain to the UNH student body. The top four negative experiences (consistent across the surveys) that UNH students report as consequences of AOD use are: having a hangover (82.6%), vomiting/getting sick (66.7%), memory loss/blacking out (43.5%), and doing something they later regretted (43.5%). Of note, negative experiences trended downwards between 2017-2019, but increased in 2021 with more students reporting hangovers, vomiting, taking advantage of another, thinking they have a problem with alcohol, having unprotected sex, being hurt or injured, having thoughts of suicide, and attempting suicide (Glennon, 2021).

In their book *Sexual Citizens*, Hirsch & Khan (2020) discuss the concept of social risk, or

> …the good (social) reasons we have for doing things that are bad for us, or for not doing things that would benefit our health, [which] helps explain why people engage in behaviors with detrimental consequences, act in ways that seem illogical, or fail to take actions that could protect them. We are not health-minimizing beings; instead, we often prioritize all kinds of social goals over our personal and collective health (p. 68).

Social risk speaks to why students drink excessively despite the many undesirable consequences.

There are important patterns based on sex and gender to consider in framing the intersections of AOD use and IPV at the University of New Hampshire. In comparison with the national sample from the American College Health Association National College Health Assessment II Survey, male students at UNH indicated a higher percentage of "non-consensual sexual contact" with others when alcohol was involved, while UNH's female rate of victimization matched the national data reference (ACHA, 2019). Additionally, the NHHEATOD survey, administered in the spring of 2021 to a random sample of 4,500 undergraduate UNH students, shows that perpetrators of violence at the institution are more likely to take advantage of women who engage in higher levels of alcohol consumption as compared with men who drink at the same level and higher (see Table 3, below).

% of UNH students who reported having *"Been Taken Advantage of Sexually"* by Gender and Number of Drinks when they *"Party, Socialize, or Go Out"*	
Men[+] (4 or less drinks)	1.1%
Men (5+ drinks*)	0.8%
Women[!] (3 or less drinks)	1.0%
Women (4+ drinks*)	4.8%

*The number of drinks indicates binge drinking. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as "a pattern of drinking alcohol that brings the blood alcohol concentration (BAC) to a 0.08 percent … or higher. For a typical adult, this patter corresponds to consuming 5 or more drinks (male), or 4 or more drinks (female), in about 2 hours." The survey question did not indicate the time in which drinks were consumed.

Table 3: UNH-specific data from NHHEATOD spring 2021 survey (+n = 364; !n = 483)

A toolkit on addressing the role of alcohol in campus sexual assault authored by the Campus Advocacy and Prevention Professionals Association (CAPPA) and Prevention Innovations Research Center (PIRC) states "Alcohol is camouflage for an assault to occur. If most of the people around me are intoxicated, it's far easier for me to engage in any problematic behavior without getting caught, and likely no one will remember significant details of what happened" (Klein et al., 2018, p. 8). This toolkit adds "Alcohol is [also used as] a weapon to incapacitate a victim," (p. 8) and this is a substance that many college students can access with ease.

APPENDIX C

Scope of the Problem: Comprehensive Sex Education

According to the data in the tables below representing the northeast states, where UNH recruits a majority of students, UNH students' access to school-based CSE has been varied and, in most respects, limited (SIECUS, 2020b). We also recognize that many students may have been provided varying levels of sex education within their homes, community centers, health centers, and at places of religious worship. Additionally, young people are viewing and turning to pornography as a way to learn about sex in the absence of CSE (Rothman et al., 2021).

TABLE 4: Mandates related to school-based provision of sex education in Northeast states

	When provided, sex ed must include...				When provided, HIV ed must include...		
State	Contraception	Abstinence	Importance of sex only within marriage	Sexual orientation	Negative outcomes of teen sex	Condoms	Abstinence
New Hampshire		Cover					Cover
Connecticut	X	Cover		Inclusive	X		
Maine	X	Stress				X	Stress
Massachusetts							
New Jersey	X	Stress		Inclusive	X	X	Stress
New York							Stress
Rhode Island	X	Stress		Inclusive	X	X	Stress
Vermont	X	Cover			X	X	Cover

TABLE 5: Mandated content requirements for school-based sex and HIV education in Northeast states

	Mandated		When provided, sex education must be...			Parental role...		
State	Sex Education	HIV	Medically accurate	Age appropriate	Culturally appropriate and unbiased	Notice	Consent	Opt-out allowed
New Hampshire	X	X				X		X
Connecticut		X						X
Maine	X	X	X	X				X
Massachusetts					X	X		X
New Jersey	X	X	X	X	X	X		X
New York		X		HIV				HIV
Rhode Island	X	X	X	X	X			HIV
Vermont	X	X		X				HIV

TABLE 6: Mandated life skills content requirements for school-based sex education in Northeast states

	Sex ed to include life skills on consent, relationships, and prevention of IPV				
State	Healthy relationships	Decision making and self-discipline	Refusal skills boundaries	Consent	IPV prevention
New Hampshire					X
Connecticut	X	X			X
Maine	X	X			X
Massachusetts	X				X
New Jersey	X		X	X	X
New York					
Rhode Island	X	X	X		X
Vermont	X	X			X

APPENDIX D

Scaffolding of Interventions

FOUNDATIONAL LEARNING	Alcohol & Other Drugs	• AOD's effect on behavior & the body • Low-risk use skills & safer use strategies • AOD emergencies & medical amnesty • BAC, standard drink sizes, tolerance
	Sexual Well-being	• Shame-free sex & sexual identity development • Normalizing sexual agency; making informed choices about whether to engage in sex with self/others • Sexual health; prevalence of STIs/HIV Skills to practice pleasurable safer sex
	Interpersonal Violence	• Sexual citizenship • Affirmative consent • Rape culture
	Topic Intersections	• Refusal skills • Relationship between AOD and consent • Influence of AOD on college sex culture • Key terms & vocabulary • Social-emotional groundwork (emotional intelligence, perspective taking, empathy) • Campus resources
INTERMEDIATE LEARNING	Alcohol & Other Drugs	• Adolescent brain development (risk & reward, neuroplasticity, etc.) • Phases of Use
	Sexual Well-being	• Navigating hookup culture • Values-based decision making; examining the influence of perceptions, beliefs, norms, identities, etc.
	Interpersonal Violence	• Active bystander skills & strategies • Relationship myths & understandings • Power & control dynamics • Power, privilege, & oppression • Escalation of violence
	Topic Intersections	• Harm & stigma reduction • Assertive communication; refusal skills • Social norms & accountability (self, organization, community, etc.)
ADVANCED LEARNING	Alcohol & Other Drugs	• Impacts of drinking culture; changemaking • AOD screenings • Resources to support behavior change and substance-use disorder treatment & recovery • Examining AOD choices/decision-making and relationship with post-college goals & ambitions
	Sexual Well-being	• Sex and emotional wellness • Boundary-setting and maintenance
	Interpersonal Violence	• Signs of relationship abuse; intervening in abusive dynamics • Healthy relationship attributes & behaviors; building healthy relationships • Relationship endings • Addressing workplace violence & harassment
	Topic Intersections	• Building anti-violent cultures & communities; dismantling oppressive structures • Relationship between trauma history, AOD use, and IPV risk

Table 7: Scaffolded curriculum topics related to AOD, sexual well-being, and IPV prevention

APPENDIX E

Position Descriptions

Scan the QR Code below to view a list of job descriptions and postings for violence prevention-related positions at other institutions of higher education. These varied positions are meant to exemplify how other schools approach prevention work within their respective communities. Some of these IHEs were chosen based on similar size, structure, population, and/or region to the University of New Hampshire, while others were chosen to highlight distinct contrasts in approach.