

Appendix A
University of Illinois System
Task Force on Sexual Misconduct Prevention & Response
Research Recommendations

The following recommendations reflect areas in which there is sufficient consensus in the research literature regarding best practices in the prevention of and response to sexual misconduct with a focus on sexual assault. Each recommendation below provides support for proposed actions across the seven domains identified in the task force report and many of the research recommendations support more than one domain, including: 1) Institutional Values; 2) Policy Changes; 3) Employment Practices; 4) Education and Training; 5) Investigations of Misconduct; 6) Evaluation of Impact; and 7) Organizational Structure to Foster Implementation. Please note that all research recommendations fall into multiple categories in the task force report—there is not one-to-one correspondence between the recommendation and a single domain or action.

All levels of the organizational environment (leadership, policy, procedure, practice) should communicate prohibition for sexual misconduct and support effective responses to sexual misconduct when it occurs.

Leadership, policies, procedures, and practice must align to encourage implementation of desired responses to sexual misconduct and clearly prohibit undesired behaviors among organizational members (Allen et al., 2007; Allen et al., 2012; McDonald, Charlesworth, & Graham, 2015; Campbell & Chinnery, 2018; Fitzgerald et al., 1997; Fitzgerald, Swan, & Fischer, 1995; Fitzgerald et al., 1999). For example, Fitzgerald and colleagues found that in settings where there is perceived organizational tolerance for sexual harassment, such harassment is more likely to occur.

It is essential to build a prevention infrastructure with attention to adequate staff, broad and repeated training, and trauma-informed approaches built into the institutional response.

Each campus in the University system should aim to build a prevention infrastructure with well trained staff, standardized training, and institutional prevention considerations. This infrastructure should employ (a) trauma-informed approaches (Conley & Griffith, 2016; McCauley & Casler, 2015); (b) be responsive to a wide variety of audiences and forms of violence; (c) create permanent staff positions to support implementation; and (d) create communities that focus on believing, healing, and prevention (Gondolf & Fisher, 1988; Catalano, 2006; Fisher et al., 2000; Fisher, Daigle, Cullen, & Turner, 2003; Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Borja, Callahan, & Long, 2006; Orchowski, Meyer, & Gidycz, 2009; Bosch & Bergen, 2006; Edwards et al., 2012; Turell & Herrmann, 2008; Draucker et al., 2009; Artime & Buchholz, 2016; Borja et al., 2006; Edwards et al., 2012; Lempert, 1997; Mahlstedt & Keeny, 1993; Moe, 2007; Castellanos & Huyler, 2018; Holland & Cortina 2017; Castellanos & Huyler, 2018; Draucker et al., 2009).

Survivor-centered approaches must promote survivor well-being; these approaches must reduce the psychological and emotional costs of interacting with the informal (peer; family)

and formal (institutional) response to sexual misconduct and should be readily available to survivors throughout the institutional system (e.g., confidential advisors).

Blaming survivors of harassment, assault, or violence and/or the lack of institutional support for survivors fails to address cultural and climate issues at the institutional level (Edwards et al., 2012; Lempert, 1997; Mahlstedt & Keeny, 1993; Moe, 2007; Castellanos & Huyler, 2018). As a result, all leadership, policies, and goals at the system level should adopt survivor-centered and trauma-informed approaches that support the needs of all survivors of assault, harassment, or violence. Survivor-centered approaches center and prioritize the safety, wellbeing, priorities, and needs of survivors who engage with our systems at all facets of the process given the immense emotional and psychological costs of assault (Allen, Bybee, & Sullivan, 2004; Allen, Larsen, Trotter, & Sullivan, 2013; Goodman & Epstein, 2008; Davies & Monti-Cantania, 1998). Some examples of what survivors may want for healing include, but are not limited to, access to medical care to get a physical checkup, STI testing, confidential advisers that help them navigate the process at the system-level, counseling services that allow survivors to process their experiences over a longer period of time, and other medical services (Gondolf & Fisher, 1988; Draucker et al., 2009; Artime & Buchholz, 2016; Borjaet al., 2006).

Collaboration across relevant stakeholders may facilitate the instantiation of desired change in the institutional response to sexual misconduct.

There is some evidence that engaging in coordinated responses to sexual violence and domestic violence may result in increased instantiation of desired institutionalized change (i.e. changes in policy, procedure, and practice; Greeson & Campbell, 2015; Allen, 2006; Allen et al., 2012; Allen et al., 2013). On campus, collaborative approaches could include multiple campus units, community organizations like rape crisis centers, and other units on campus to ensure that all units are working together rather than in silos.

Intervention efforts should be informed by a social-ecological approach that is comprehensive and addresses multiple levels of intervention from individual to community levels.

Intervention efforts must be informed by ecological approaches that include attention to individual, relationship, organizational, community, and societal levels. Such a multilevel approach examines the role of institutions *and* individuals to prevent and respond to assault, harassment, discrimination, and interpersonal violence (CDC, 2016; Crossan & Apaydin, 2010; CDC, 2014).

Prevention education training should target social norms and be sufficiently long and intensive to shift beliefs, knowledge, attitudes, and behaviors in groups.

Prevention efforts should focus on intervention and training that explicitly targets perceived group norms related to assault and set clear norms that assault is unacceptable. There should be longer trainings about sexual assault and interventions to increase the likelihood that beliefs, knowledge, attitudes, and behaviors can shift for group members (Nation et al, 2003; Small, Cooney, & O'Conner 2009; Degue et al., 2014; CDC, 2016). Values of loyalty and betrayal can lead to reluctance to intervene in assault with highly cohesive groups, like sports teams and fraternities, when looking out for your "teammates" is a positively reinforced behavior (Murnen

& Kohlman, 2007); when members of a fraternity or athletic group perceive group norms as unsupportive of misconduct, they are more likely to report intervening (Kroshus, 2019; Brown & Messman-Moore, 2010).

Further, trainings that incorporate **active learning strategies** (e.g., practicing new skills, role play, discussion, empathy training) are more effective (McMahon, Wood, Cusano & Macri, 2018; Sousa, 2016; Cialdini et al. 1997; Batson et al. 2007; Foubert & Newberry, 2006).

When conducting intervention efforts in groups (which is common) paying attention to **group composition** is important (e.g., some interventions are more effective with single-gender compositions in certain contexts) (Jouriles, Krauss, Vu, Banyard, & McDonald, 2018; Storer, Casey, & Herrenkohl, 2016; Newlands & Donohue 2016; Vladutiu, Martin, & Macy, 2011; Jouriles, Krauss, Vu, Banyard, & McDonald, 2018; Storer, Casey, & Herrenkohl, 2016). Notably, there is relatively little information about the homogeneity or heterogeneity of groups with regard to race/ethnicity, sexual orientation, ability, etc. (McCauley et al., 2018; Crooks, Jaffe, Dunlop, Kerry, & Exner-Cortens, 2019; Banyard, 2014; Newlands & Donohue, 2016; Stone, 2018; Crooks, Jaffe, Dunlop, Kerry, & Exner-Cortens, 2019; Brown, Banyard, & Moynihan, 2014; Hoxmeier, Acock & Flay, 2017; Hoxmeier, O'Connor & McMahon, 2018). Thus, decisions about with whom to intervene should take into consideration the nature of the intervention, the facilitator(s) of the intervention, the target audience, and the unique context of the intervention.

Influential and trusted leaders (e.g., coaches; chapter leaders; team captains; supervisors) play an important role in shifting social norms and increasing bystander behavior.

When sports coaches clarify expectations and consequences of behavior off the field, players are more likely to intervene in what they perceive as inappropriate sexual behavior (Kroshus, Paskus & Bell, 2018); clearer expectations and consequences established from chapter leaders, sports coaches, and bosses can clarify group norms, and team captains can function in a similar way to help set group norms (Valente & Pumpuang, 2007; Campbell & Chinnery, 2018; McDonald, Charlesworth, & Graham, 2015; Fitzgerald et al., 1999). Thus, intervening with key leadership may be a powerful vehicle for shifting social and cultural norms. These approaches, which mobilize trusted leaders, may be particularly important with higher-risk groups and contexts (e.g., athletic teams; Greek life organizations) characterized by hypermasculine norms and the use of alcohol and drugs (Iwamoto et al., 2011; 2014).

Comprehensive, longer-term training is necessary to produce bystander behavior.

Short, one time training sessions are less effective at producing bystander behaviors (Vladutiu, Martin, & Macy, 2011; Jouriles, Krauss, Vu, Banyard, & McDonald, 2018; McMahon, Wood, Cusano & Macri, 2018; Storer, Casey, & Herrenkohl, 2016; Crooks, Jaffe, Dunlop, Kerry, & Exner-Cortens, 2019); booster sessions and follow-up trainings are necessary for effective programs (Vladutiu, Martin, & Macy, 2011; Jouriles, Krauss, Vu, Banyard, & McDonald, 2018; McMahon, Wood, Cusano & Macri, 2018; Storer, Casey, & Herrenkohl, 2016; Crooks, Jaffe, Dunlop, Kerry, & Exner-Cortens, 2019).

Campus activities to address sexual misconduct should be coupled with evaluation efforts. This is especially true for traditionally underrepresented groups with whom there is more limited research base regarding effective programming.

Evaluation of programs requires the system-wide adoption and commitment to longitudinal research on the effectiveness of education program training and policies to prevent assault, harassment, discrimination, and interpersonal violence on all campuses; evaluation should include a commitment to understanding the experiences of underrepresented groups like individuals living with a disability, people of color, and other marginalized identities that are affected in the system writ large (McCauley et al., 2018; Crooks, Jaffe, Dunlop, Kerry, & Exner-Cortens, 2019; Brown, Banyard, & Moynihan, 2014; Hoxmeier, Acock & Flay, 2017; Hoxmeier, O'Connor & McMahon, 2018; Banyard, 2014; Newlands & Donohue, 2016). Therefore, all campuses at the system level should conduct research on best practices related to primary prevention using a social-ecological approach and barriers that prevent the healing and needs of survivors. Importantly, this work must serve the needs of *all* individuals—especially underrepresented populations.

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