

Violence on Campus: We All Have a Role to Play

It has been a dramatic, emotional year on the University of Virginia's Grounds. As facts emerge in these months after the controversial *Rolling Stone* article (Erdely, 2014) published in late 2014 and then retracted in April 2015, it remains that there are no clean, easy, gold-standard answers in the fight against sexual and other forms of gender violence on campus—a problem that affects every American college and university. As the University of Virginia continues to grapple with how best to compassionately and competently support survivors of sexual violence and ensure the safety of our entire community, it is clear that nurses and nursing scholars have a critical role to play in shaping sound institutional responses.

At no other time in their lives are women more vulnerable to interpersonal violence than when they're in college. Between 20% and 25% of American college women experience an attempted or completed rape during the course of their postsecondary career (Krebs, Lindquist, Warner, Fisher, & Martin, 2007). Nine in 10 victims know the perpetrator, and the same proportion of sexual crimes occur at a familiar residence—the victim's, the assailant's, or a friend's (Fisher, Cullen, & Turner, 2000). But somehow, fewer than 10% of those who have experienced an attempted or completed rape report it to law enforcement, despite two thirds of victims telling their friends (Fisher et al., 2000; Krebs et al., 2007). Women of college age are also at the highest risk for relationship violence, including lethal violence, although this has been less well studied in college women specifically.

As nurses, we must call sexual and relationship violence what it is—a human rights problem, a criminal justice problem, and a problem of public health (Krug, Mercy, Dahlberg, & Zwi, 2002). On college campuses, such violence is also a civil rights issue (Title IX of the Education Amendments of 1972, 2006).

So what can nurses, nursing faculty, and scholars do? As caregivers, teachers, advocates, and policy makers, quite a bit.

First, we can bring our expertise to the table. As promoters of public and community health, we can inform campus policies by helping to shape effective prevention practices, including bystander intervention, improving our faculty's responses to students' disclosures of violence, and ensuring that effective screening protocols are in place, especially in campus health settings. Even though a large body of nurse-driven research (Amar, Laughon, Sharps, & Campbell, 2013) shows that screening for and counseling students who have experienced interpersonal violence is effective, federal guidelines for colleges do not recognize student health centers as the critical promoters of student health and safety that they are. That must change.

Nursing professors have the know-how to develop robust campus policies related to screening, referrals, and safety planning for students at risk for sexual violence. We also can inform campus policy makers about the difficult issue of balancing a student's autonomy with the need to report crimes to ensure community safety. There are no easy answers here, but we can participate in developing thoughtful policies, drawing on our extensive experience in

framing the complex issues of child and elder abuse.

We can study violence among college students more. Our active research can help to shape gold-standard policies and practices guiding the prevention of interpersonal violence and care for its survivors. We can study and design best-care models for colleges and universities that build upon state-of-the-science screening and response to violence among college students.

We can teach. As nursing professors who recognize the enormous public health impact of violence across the lifespan, we can ensure that our students understand the criticality of actively addressing it as clinicians. Research shows that traumatic exposure can have enduring psychological and physiological consequences for people throughout their lives (Black et al., 2011; Campbell, 2002; Felitti et al., 1998). As part of teaching about the effects of trauma across the lifespan, we can include information about relationship violence, sexual violence, and stalking so that every nurse graduates with the knowledge and skills to assess for and properly refer patients who have been exposed to violence.

At the University of Virginia, these skills and knowledge are formally woven into our curricula. Given the now well-established relationship between violence and chronic disease (Felitti et al., 1998), we make sure that every nurse is taught the principles of trauma-informed care and understands that assessing patients for a history of trauma is a basic, essential skill—as important as taking vital signs and asking about current medications. When we teach our students how to

provide this caring for their patients, we are also teaching them skills to care for themselves, too.

We can lead by example. More than anything, we can be examples of compassion and competence, understanding that sexual violence raises many complicated issues. However, at the center of each story are individuals who are deeply affected by a traumatic experience who must first and foremost receive our care.

Nurses have the combination of skills, empathy, and scholarship to guide universities through these complex policy decisions, understanding that there are no easy answers. Through our teaching, scholarship, and advocacy, we can help transform our institutions into communities where far fewer students will experience the trauma of an assault and that those who do are met with respect and empathy.

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Title IX of the Education Amendments of 1972, 20 U.S.C.A. §§ 1681-1688 (West Supp. 2006).

Kathryn Laughon, PhD, RN, FAAN
Associate Professor
University of Virginia School of Nursing
P.O. Box 800826
Charlottesville, VA 22908

Linda F.C. Bullock, PhD, RN, FAAN
Professor and Associate Dean for Research
Dorrie K. Fontaine, PhD, RN, FAAN
Dean and Sadie Heath Cabaniss Professor

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Note from the Editors: *It is with sadness we let our readers know that Dr. Michele August-Brady, a long-standing reviewer and member of the Journal’s Editorial Board, died on March 13, 2015, after a lengthy illness. She was an outstanding educator who influenced students, colleagues, and clinical practice in this country and abroad. We will miss her many contributions to the Journal and to the wider nursing education community.*