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Developing Evidence-Based Assessment and Risk Prevention Programming for Justice-Involved Youth

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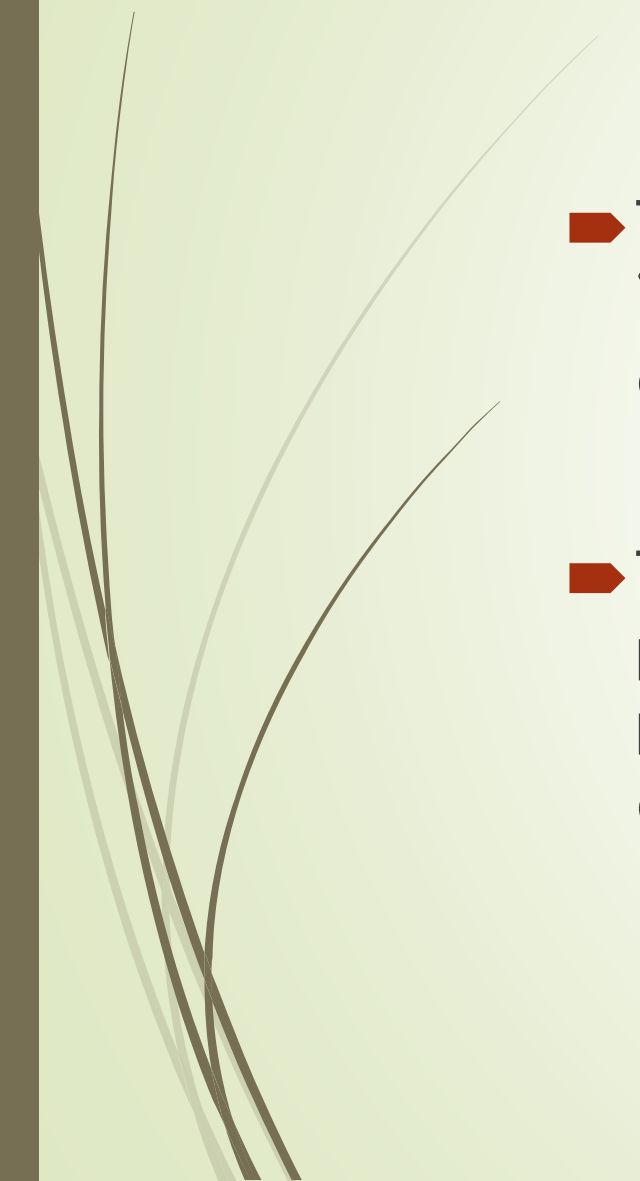
Katie Cummings, MA



BROWN
Alpert Medical School

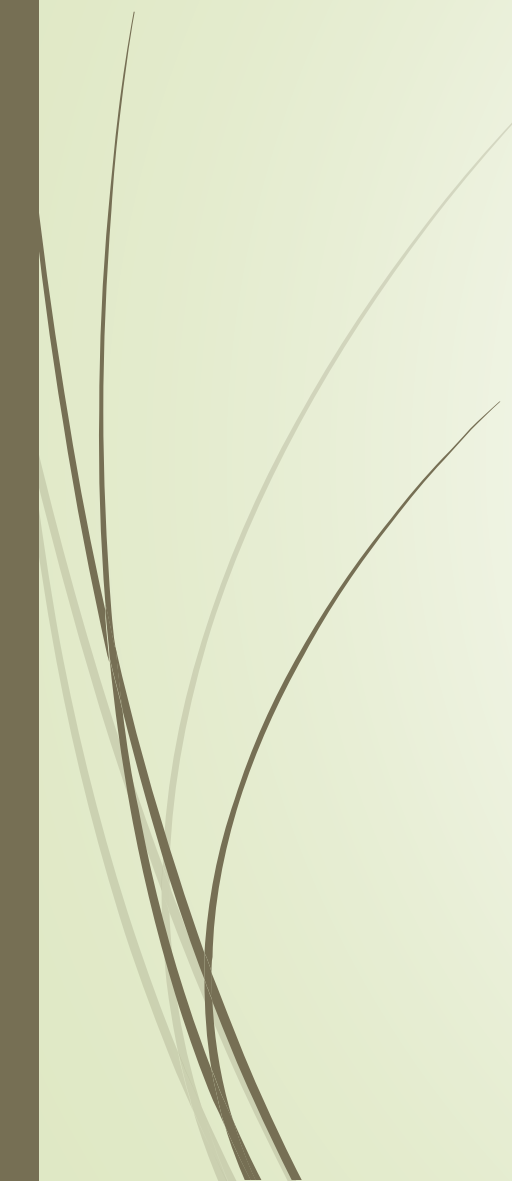


Disclosures

- ▶ Today's presenters have no relevant financial interest or contractual relationships with any commercial interest to disclose.
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Learning Objectives

- **Learning Objective 1:** Cite historical reasons behind the need for a standard clinical assessment within a juvenile facility
 - **Learning Objective 2:** Describe the steps necessary to implement a standard clinical assessment process
 - **Learning Objective 3:** Review the prevention-oriented groups developed for justice-involved youth in Rhode Island
- 



Presentation Outline

- Pilot of Evidence-Based Assessment
 - Components
 - Special Considerations
- Treatment/Prevention Groups
 - Building Citizens
 - Domestic Minor Sex Trafficking
 - Healthy Relationships

Evidence-Based Assessment (EBA)

- Framework that incorporates theory, research evidence, and clinical decision-making
- Core component of evidence-based mental health care
- Critical to providing evidence-based treatment, as EBA improves efficiency and clinical outcomes
- Unfortunately, many youth populations lack access to EBA

EVIDENCE-BASED PRACTICE IN CHILD AND ADOLESCENT MENTAL HEALTH
<https://doi.org/10.1080/23794925.2022.2051216>



Piloting an Evidence-Based Assessment Protocol for Incarcerated Adolescents

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Becker-Haimes et al., 2020; Youngstrom et al., 2015, 2017



Incarcerated Adolescents

Adolescents involved in the juvenile justice system, especially *incarcerated* adolescents, often lack access to EBA

Rates of mental health disorders are disproportionately high among incarcerated adolescents

Many incarcerated adolescents have multiple mental health diagnoses

Comorbid intellectual, learning, and executive functioning disorders



EBA with Incarcerated Adolescents

Can better understand intersection of mental health symptoms and legal involvement

Examine whether justice involvement is exacerbating mental health symptoms

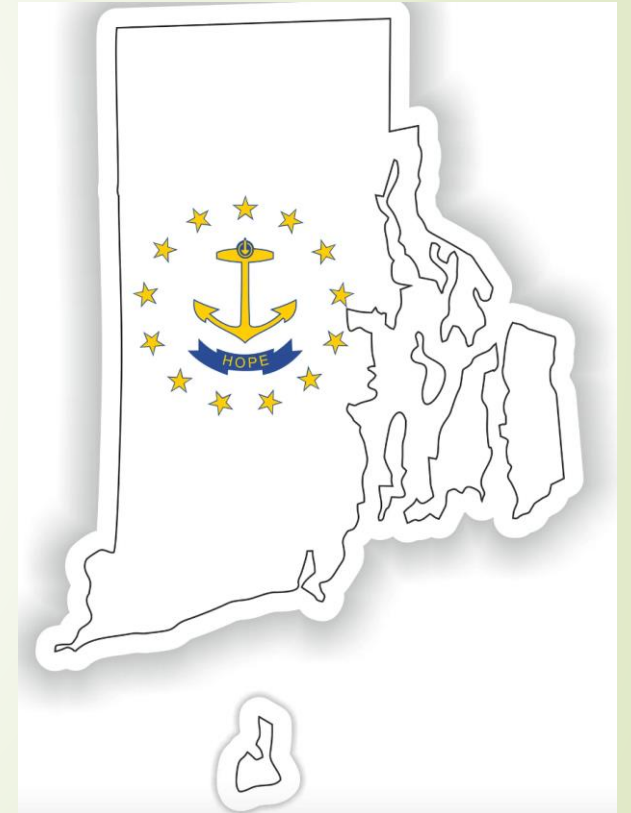
Tailor treatment recommendations to correctional environment

Provide recommendations for services once released to community

Conducting EBA with incarcerated adolescents ultimately may decrease likelihood of recidivism

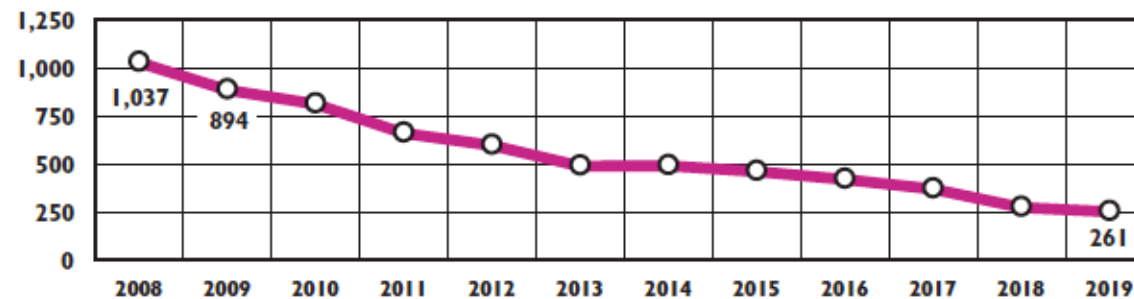
Rhode Island's Juvenile Justice System

- Juvenile justice (JJ) services are provided by state's Department of Children Youth and Families
- Diversion, probation, and corrections
- **Rhode Island Training School (RITS)**
 - 96 beds between 4 units
 - Daily census has declined by 75% in the last 10 years



RITS Population

◆ ■ ■ ■ ■ ■ ■ ■ ◆
**Youth in the Care and Custody of the Rhode Island Training School,
Calendar Years 2008-2019**



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2019.


◆ Between 2008 and 2019, the annual total number of youth in the care and custody of the Training School at any point during the year declined by 75% from 1,037 to 261.⁸ Some of this decline is due to the cap that was placed on the population at the Training School in July 2008 of 148 boys and 12 girls on any given day.

RITS Population

Racial and Ethnic Disparities in Rhode Island

	% OF TOTAL CHILD POPULATION, 2010	% OF YOUTH IN THE CARE AND CUSTODY OF RHODE ISLAND TRAINING SCHOOL, 2019
White	64%	52%
Hispanic	21%	35%*
Black	6%	33%
Asian	3%	1%
Multi-Racial	5%	9%
American Indian	<1%	1%
Unknown	NA	4%
<i>TOTAL</i>	<i>223,956</i>	<i>261</i>

Sources: Child Population data by race are from the U.S. Census Bureau, 2010 Census. Youth at the Training School data are from the Rhode Island Department of Children, Youth and Families (DCYF), RICHIST, 2019. Percentages may not sum to 100% due to rounding. *Hispanic children may also be included in race categories.



Lifespan's Consulting Behavioral Health Team (LBHT)

- LBHT is a multidisciplinary team that provides consulting behavioral health services to the RITS
 - Psychiatrists and psychiatry fellows (MDs)
 - Psychologists (PhDs and PsyDs)
 - Licensed mental health clinicians
 - Licensed clinical social workers
 - Master's and predoctoral trainees
- Provide individual and group treatment
- Conduct initial assessment
- Multi-tiered supervision



Need for EBA Protocol at the RITS

- Prior to the current pilot protocol, EBA was not provided to all youth at the RITS
 - Only youth referred, which was based on RITS clinical judgement
- Assessment batteries were determined by examiner
 - Inconsistencies sometimes caused confusion with correctional staff and judges
 - Inconsistencies in the amount of data collected
- Internal chart review of 100 youth (who were and were not referred for EBA) demonstrated high rates of mental health disorders, comorbidities, as well as high rates of self-reported trauma exposure



EBA Protocol

- Primary purpose: guide treatment for youth while remanded to RITS
- Conducted with every adjudicated adolescent within 2-3 weeks on admission to facility
- Product: detailed report that is shared with RITS staff (e.g., clinical social workers, unit manager), judges, probation officers

EBA Protocol

Youngstrom
Framework

Prep Phase

Plan for most
common
problems

Disruptive,
trauma, and
substance use
disorders

Prediction Phase

Evaluate risk
and protective
factors

Core
assessment
measures

Prescription Phase

Incremental
measures

Case
formulation
and recs



Assessment Procedure

- Step 1 – Resident is adjudicated
- Step 2 - Resident moves to an adjudicated MOD
- Step 3 – Lifespan Behavioral Health team will ensure a valid DCYF 003 “Consent for Medical Treatment” form has been signed by the patient’s legal guardian within the past 12 months.
- Step 4 – Begin the initial assessment process
- Step 5 – Write up a formal Initial Clinical Assessment Report which will include results of testing, diagnostic information and individualized clinical treatment recommendations
- Step 6 – The goal is to submit formal Initial Clinical Assessment Report to RITS Treatment Team prior to RITS Initial Treatment Planning (ITP) Meeting.



EBA Protocol Components

Notification

There are a few things I need to tell you before we begin:

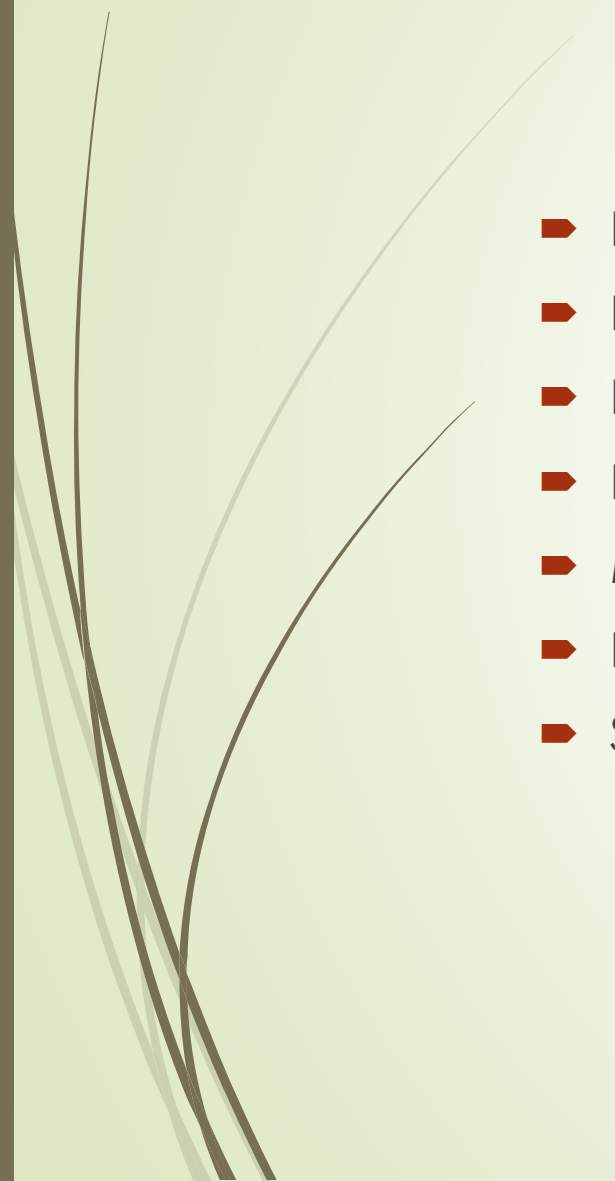
	Clinician Initials	Resident Initials
The initial clinical assessment will be used to help guide your Rhode Island Training School (RITS) treatment team (Unit Manager, Clinical Social Worker, and a designated Juvenile Program Worker) in developing your Individualized Treatment Plan (ITP) while you are placed at the RITS.		
The initial clinical assessment is a standard part of the initial clinical intake process that occurs following your adjudication by the Rhode Island Family Court.		
The information gathered during the initial assessment process will be written into a formal Initial Clinical Assessment Report which will be provided to your RITS treatment team.		
This Initial Clinical Intake Report will be kept as part of your [Blinded]/RITS Behavioral Health Team Chart.		
If the court thinks that the report may be helpful, the court may subpoena the records for use in the legal decision-making process.		

Notification

There are additional limits of confidentiality that you should be aware of:		
If you discuss any issues of being an immediate danger to engage in behaviors that may cause serious harm to yourself (e.g., suicidal thoughts or plans), I am required to disclose that information to the members of your treatment team, to the RITS Medical Staff, the RITS Clinical Director, and my [Blinded] Supervisor.		
If you discuss any issues of being an immediate danger to engage in behaviors that may cause serious harm to someone else (e.g., homicidal thoughts or plans), I am required to disclose that information to the members of your treatment team, the RITS Medical Staff, the RITS Clinical Director, and my [Blinded] Supervisor.		
If you discuss any history of physical abuse, sexual abuse, or neglect by a parent and/or caretaker, I am required to report that information to the DCYF Child Abuse and Neglect Hotline (1-800-RICHILD).		
You may also voluntarily sign a Consent Form and/or Release of Information Form authorizing disclosure of your report to the court or your attorney if you feel that the information may be helpful to you.		



Youth Interview

- 
- Legal
 - Family
 - Developmental
 - Educational
 - Medical
 - Psychiatric/Mental Health
 - Substance Use

Measures

Table 2. Core and incremental self-report measures.

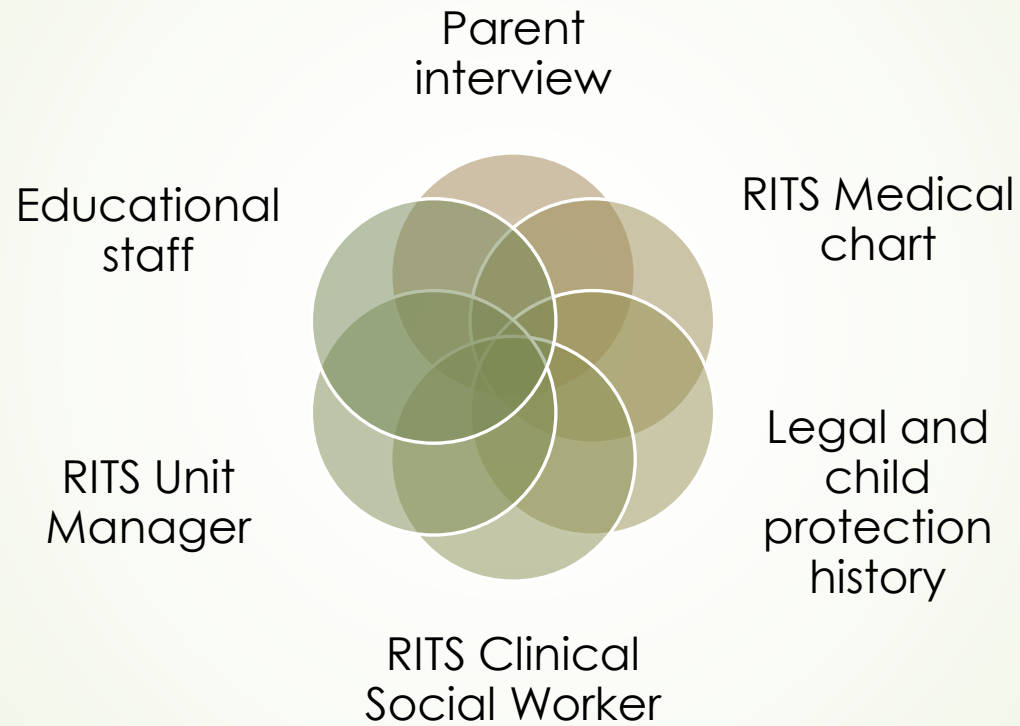
Measure Name	# of items	Ages	Link to Measure
Core Measures			
Behavior Assessment System for Children (BASC), Adolescent Self-Report (SPR; Reynolds & Kamphaus, 2015)	189	2:0–21:11	BASC-3
Columbia Suicide Severity Rating Scale (C-SSRS; Posner et al., 2008)	6	5+	C-SSRS
National Stressful Events Survey PTSD Short Scale (NSESSS, Child Version; Kilpatrick et al., 2013)	9	11–17	NSESSS Child
Alcohol Use Disorders Identification Test (AUDIT; Saunders et al., 1993)	10	12+	AUDIT
Car, Relax, Alone, Forget, Family and Friends, Trouble (CRAFFT; Knight et al., 2002)	18	12–18	CRAFFT
Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2; Miller & Lazowski, 2001)	100	12–18	SASSI-A2
University of Rhode Island Change Assessment Scale (URICA; Greenstein et al., 1999)	32		URICA
Aggression Questionnaire (AQ; Buss & Perry, 1992)	29	9–88	AQ
Incremental Measures			
Inventory of Callous Unemotional Traits (ICU; Kimonis et al., 2008)	24	12–20	ICU
Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004)	36	13–17	DERS
Screen for Child Anxiety Related Disorders (SCARED; Birmaher et al., 1999)	41	9–18	SCARED
Center for Epidemiologic Studies Depression Scale (CES-D; Eaton et al., 2004)	20	6+	CES-D
Affective Reactivity Index (ARI; Stringaris et al., 2012)	7	6–17	ARI
Short UPPS-P Impulsive Behavior Scale (UPPS-P; Cyders et al., 2014)	20	12–20	UPPS-P
Insomnia Severity Index (ISI; Bastien et al., 2001)	7	12–18	IS
Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1989)	10		RSE
Youth Psychosis At-Risk Question-Brief (YPARQ-B; Ord et al., 2004)	28	13+	YPARC-B



Self-Report Clinical Assessment Tools

- Measures of overall functioning, symptoms, and psychological variables
 - PAI-A and YSR
- Measures assessing specific diagnoses
 - NSESSS, CES-D, SCARED, and ISI
- Measures assessing substance misuse and behavior change
 - SASSI-A2 and URICA
- Measures assessing emotional functioning
 - RSES, ARI-S, ICU, DERS-SF
- Measures assessing behavioral issues
 - UPPS-P, AQ
- Measures assessing suicidality risk
 - C-SSRS

Collateral Info





Case Conceptualization & Treatment Recs

- DSM-5 diagnoses and case conceptualization/formulation
 - Clarify which diagnoses meet criteria for versus not
 - Discuss other symptoms that may be important to monitor but may not meet full criteria (e.g., substance use)
- Treatment recommendations specific to RITS and community placements
 - Level of care recommendation
 - Evidence-based treatment modalities
 - Psychiatry services?
 - Further testing (e.g., educational, neuropsych)



Special Considerations

- Conflicting reports among sources
- Contents of reports
- Diversity and culture
- Correctional environment can create some challenges to implementation
 - Willingness to report
 - Over- or under-report
 - No access to prior med hx or parent measures



Clinical/Policy Implications

- Existing evidence-based assessment principles can be applied to diagnostically complex, incarcerated youth
- This pilot project required buy-in and commitment from larger JJ system
 - Systemic policies that support EBA are necessary
 - Funding for such procedures are necessary
- Model heavily relies on trainees
 - Trainee involvement decreases costs
 - However, we are lucky to have partnerships with local training hospitals (may not be feasible in all locations)

An Overview of Prevention-Focused Group Curricula

- **Building Citizens – A Restorative Justice Group**
- **DMST Male Intervention Group**
- **Healthy Relationships Group**



Building Citizens: A Restorative Justice Approach

- “In short, restorative justice is a process through which remorseful offenders accept responsibility for their misconduct to those injured and to the community that, in response allows the reintegration of the offender into the community. The emphasis is on restoration: restoration of the offender in terms of his or her self-respect, restoration of the relationship between offender and victims, as well as restoration of both offenders and victims within the community.”
 - John Haley (Washington University)
- “Restorative Justice is a theory of justice that emphasizes repairing the harm caused by criminal behavior. It is best accomplished through cooperative processes that allow all willing stakeholders to meet, although other approaches are available when that is impossible. This can lead to transformation of people, relationships and communities.”
 - <http://restorativejustice.org>



Building Citizens: A Restorative Justice Approach

► 10 Weekly Group Sessions

1. Restorative Justice Overview
2. Overview of the Impacts of Crime & Violence
3. Specific Impacts of Crime on Children & Siblings
4. Perspective Taking
5. Rebuilding Relationships
6. Building Empathy
7. Toxic Hypermasculinity (male unit) / Healthy vs. Unhealthy Relationships (female unit)
8. Impact on Self
9. Exploring Social Justice
10. Creating a Restorative Justice Plan



Building Citizens: A Restorative Justice Approach

- Session 1 – Restorative Justice Overview

- What are the fundamental principles of restorative justice?
- What are the 4 corner posts of restorative justice?
- Punitive vs. Restorative
- What are the key aspects of taking responsibility?

- Session 2 – Overview of the Impacts of Crime & Violence

- Physical, Emotional/Psychological, Monetary, and Community
- Community Cycle
 - High rates of crime leads to local news coverage and development of bad reputation
 - Property values decrease, local business lose customers, crime and violence increase
 - Property values go down even more, local businesses close, less job opportunities for residents of the community, less property tax \$\$ coming into the community, further increase in crime and violence



Building Citizens: A Restorative Justice Approach

- Session 3 – Impact of Crime & Violence on Children

- Group members explore the impacts of their past behaviors on younger siblings/family members, or younger children in the community
 - High rates of crime leads to young children experiencing traumatic events, feeling hopeless/isolated/at risk
 - Children start to skip class/school, more behavioral problems in school, grades decrease, more feelings of hopelessness/isolation
 - Children stop attending class/school, children have nothing to keep themselves busy, engage in higher risk behaviors

- Session 4 – Perspective Taking

- “What do you see?” activity
- Exploration of where our individual perspectives come from
- Exploration of how different perspectives can impact interactions with others



Building Citizens: A Restorative Justice Approach

■ Session 5 – Rebuilding Relationships

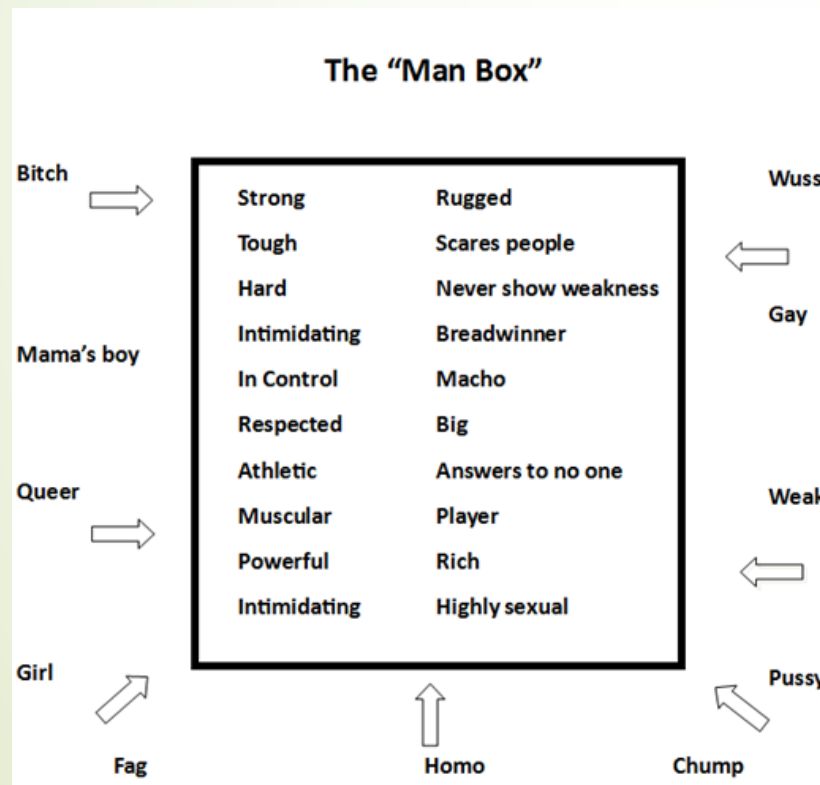
- Group members are asked to explore how their behaviors impacted their parents/caregivers (past, currently, and future)
- DBT “GIVE” Skill
 - Gentle (Be)
 - Interested (Act)
 - Validate
 - Easy Manner (Use An)
- Problem Solving (SOLVE)
 - State the Problem, Generate Options, Likely Outcomes (+/-), Choose the Very Best Option, Evaluate the Outcome

■ Session 6 – Building Empathy

- Empathy vs. Sympathy
 - Sympathy is...
 - Empathy is...
- Victim Impact Exercises
 - Victim stories
 - Victim impact letter
 - Etc.

Building Citizens: A Restorative Justice Approach

- Session 7 (Males) – Toxic Masculinity



- Session 7 (Females) – Healthy vs. Unhealthy Relationships
 - Healthy Relationships include: Consent, Equality, Respect, Trust, Safety
 - What are healthy boundaries?
 - Cycle of Abusive Relationships / Power and Control Wheel



Building Citizens: A Restorative Justice Approach

➤ Session 8 – Impacts on Self

- Group members are asked to explore the consequences of their behaviors on their own lives (past, current, future)
- “Letter to Self” Activity

➤ Session 9 – Exploring Social Justice

- Group members are asked to explore how they have been treated unfairly based on their race/ethnicity
- Review the concept “Systemic Racism”
- Group members explore the impacts of racial disparity amongst youth and what they feel they can do about it
- Examples of Social Justice Projects (local and nationwide)



Building Citizens: A Restorative Justice Approach

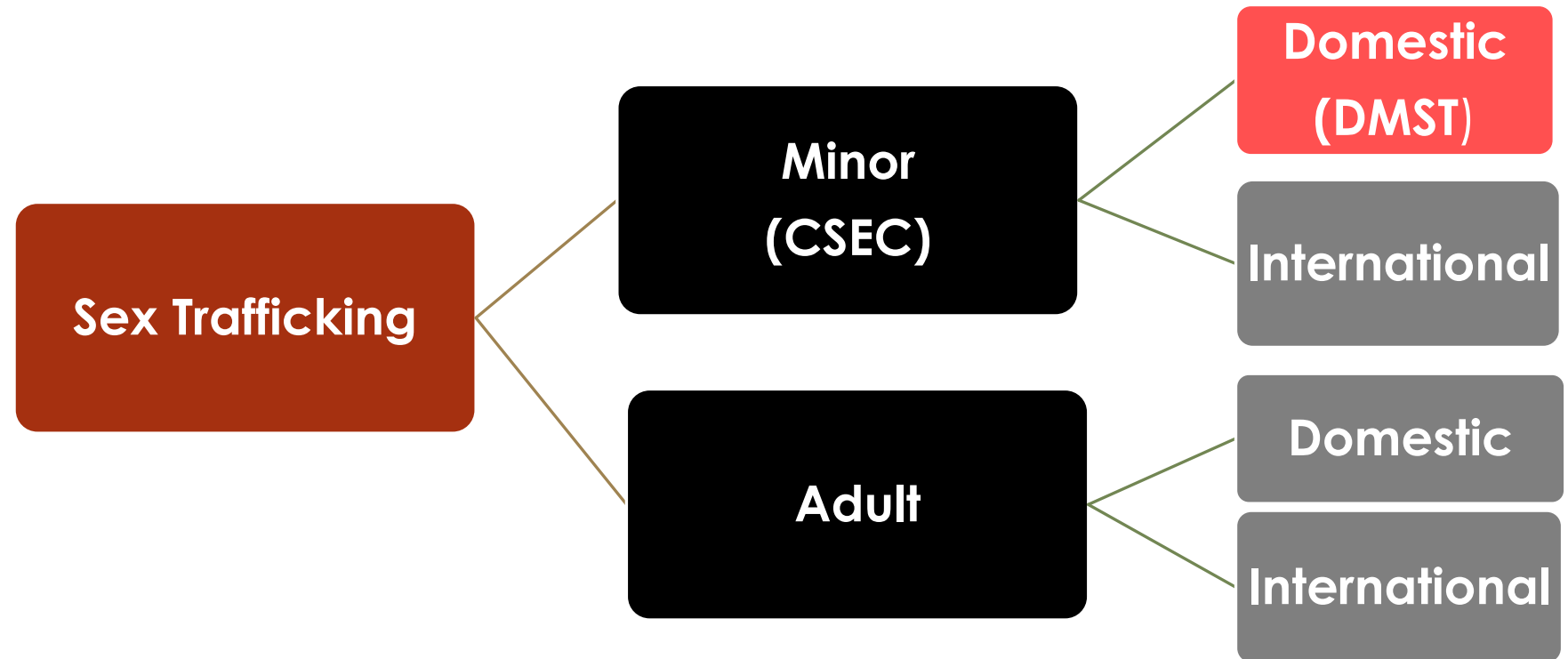
- Session 10 – Creating a Restorative Justice Plan
 - Where the idea came from –
 - Relapse Prevention Plan
 - What it involves
 - Putting it all together!
 - Group members are asked to answer the following questions –
 - What were my negative behaviors/crimes (taking responsibility)
 - People/Places/Things impacted by my behaviors/crimes (identifying victims)
 - How were they impacted by my behaviors/crimes (empathy)
 - What is my restorative justice goal (beginning to make amends)
 - Why is this my restorative justice goal?



Building Citizens: A Restorative Justice Approach

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 - How were they impacted by my behaviors/crimes (empathy)
 - What is my restorative justice goal (beginning to make amends)
 - Why is this my restorative justice goal?
 - Development of a “Restorative Justice Plan” – Who, What, When, Where, How?

DMST Male Intervention Group – What is DMST?





DMST Male Intervention Group – What is DMST?

- **Domestic minor sex trafficking:** “recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act” where the person is a US citizen or lawful permanent resident younger than the age of 18 years.
- Sexual acts include survival sex, prostitution, and stripping, where the child is the victim of criminal exploitation in exchange for remuneration in the form of money, food, shelter, or another valued entity.
- Evidence of threat, force, fraud, or coercion is not required for minors to be considered *victim*

(Trafficking and Violence Protection Act, 2000;
Department of Justice, 2015)



DMST Male Intervention Group – The Need?

- The Intersection between DMST & Justice Involved Youth
 - 5.4% of adjudicated youth report sex trafficking victimization
 - 65% with comorbid alcohol or substance use disorder
 - 62% had prior juvenile justice system involvement
 - ~ASU 2015 – *Juvenile Probation Incidence of Sex Trafficking*
 - 56.4% of minor victims on the Human Trafficking Hotline reported involvement with the juvenile justice system
 - 5.6% had been arrested at least one arrest for child prostitution
 - ~2016 *Florida Human Trafficking Report*

DMST Male Intervention Group – The Need?

Common Misconceptions

Myth: Trafficked victims are usually foreign children smuggled into the United States from abroad

Fact: 83% of victims are US citizens/permanent residents.

Myth: Victims will acknowledge their victimization and want to escape their trafficker

Fact: Victims may not seek help because of shame, self-blame, fear, or even specific instructions from their traffickers regarding how to behave

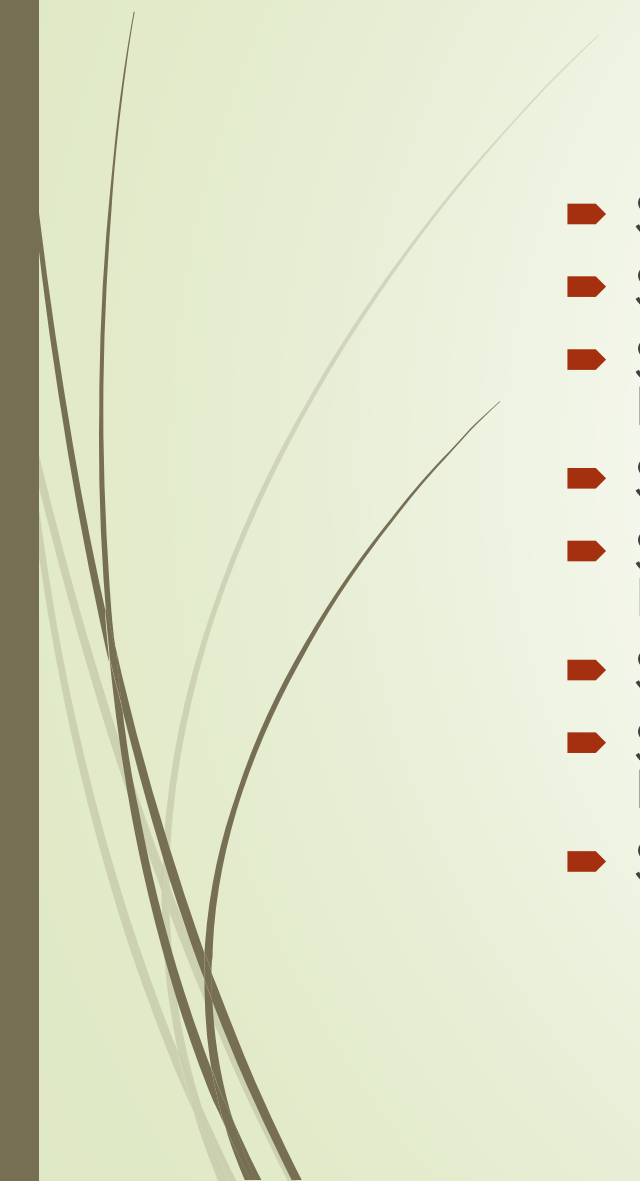
Myth: Minors are usually kidnapped and introduced to sex trafficking involvement

Fact: Manipulation through grooming by exploiters and peer recruitment are far more common

(Polaris, 2018; IOM & NRC, 2014)



DMST Male Intervention Group

- 
- Session 1 – Introduction – Defining DMST and Victimization
 - Session 2 – Perspective of the Survivor
 - Session 3 – Processing Survivor Story, Victim Dynamics, and Victim Empathy
 - Session 4 – Offenders and Law Enforcement
 - Session 5 – Review of Law Enforcement Presentation, Personal Responsibility, and Restorative Justice
 - Session 6 – Medical Implications
 - Session 7 – Establishing Safety and a Healthy Network through Positive Relationships and Resources
 - Session 8 – Overview and Group Completion

DMST Male Intervention Group – The Feedback?

- ▶ “This curriculum is powerful...It made me understand that being a survivor was bigger than just sharing my story with young women. A survivor story is impactful to share with young men as well. You could hear a pin drop in the room as they listened to me speak. We help young men to realize that this could happen to someone they love; their sister, their mother, their daughter, or even themselves. These boys get the street message on how to treat girls, and for many of them, it will be the only message they ever get. For the boys who participate in the group, they hear my story, and it teaches them the real way they should treat woman. They can begin to understand some of the pain that these woman have felt at the hands of men. It was powerful...I always felt good leaving these groups. I felt that my voice was heard. I had hope for their future.”

~Audrey Morrissey



DMST Male Intervention Group – Pre-Group Vs. Post-Group

Most often listed responses by participants

People/agency to contact if participant is in trouble/being exploited:

1. Mother/parent
2. Police
3. Family member/relative

Top three tactics used by pimps to recruit youth into exploitation:

1. Money
2. Items (e.g. clothing, make-up)
3. Love and attention

One thing you'd like to learn from this program:

1. How youth get exploited and how to escape
2. STI's and other physical health risks
3. What programs are available for youth involved
4. How to prevent others from becoming exploited

Most often listed responses by participants

People/agency to contact if participant is in trouble/being exploited:

1. Police
2. Mother/parent
3. Family member/relative
4. Meagan Fitzgerald, CCLS

Top three tactics used by pimps to recruit youth into exploitation:

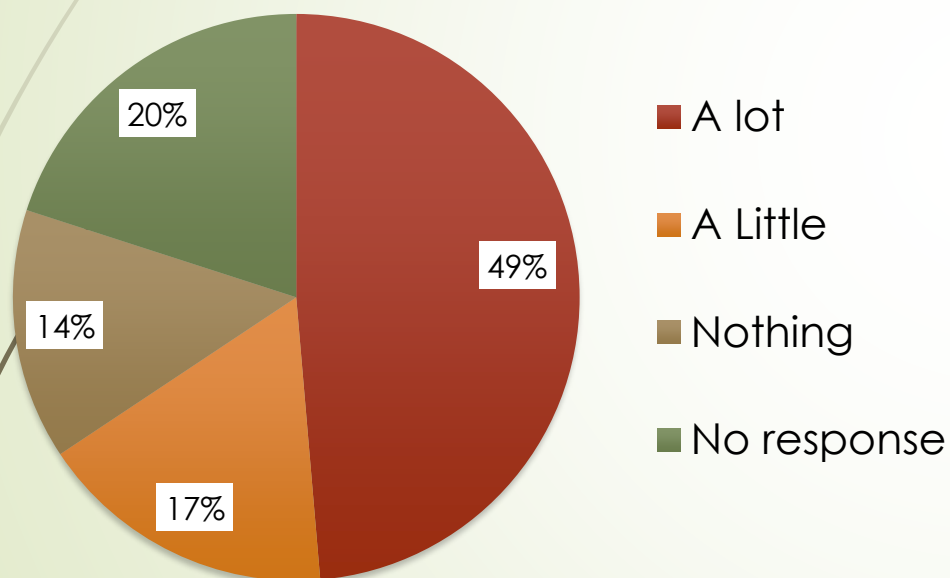
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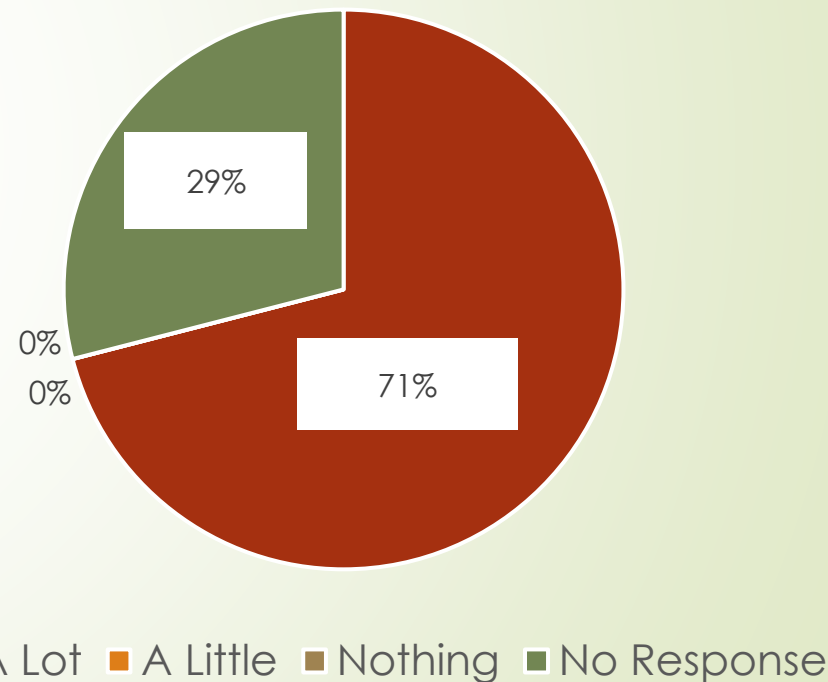
1. Majority of youth involved are victims
2. Be careful and mindful of potential pimps
3. Sex for money/drugs/shelter is very unsafe
4. There will not be consequences if you tell a professional that you or a friend is being exploited

DMST Male Intervention Group – Early Results?

Pre-Group – “I think I will learn”



Post-Group – “What I learned in this Group”



Healthy Relationships Group – The Need?


In December of 2019 Providence bore witness to one of its more violent incidents of sexual violence – 7 young adult men have since been charged with gang raping a 16-year-old girl.

→ Based on this case, decided there was a need for a Healthy Relationship Group

The New York Times

Facebook Video of Assault, Found by Victim's Mother, Breaks Open Case

The police said a Facebook video found by a mother of her 16-year-old being sexually assaulted while unconscious at a house party in Providence, R.I., had led to charges against eight men.

 Give this article



By **Michael Levenson**

Sept. 2, 2020

The teenager woke up after a night of partying at a Providence, R.I., house to find herself naked in a shower, surrounded by men who were laughing and taking pictures, the police said.

She went to the police almost immediately, but the case stalled with little to go on beyond the girl's painful memories from that night in December. Then, in March, the girl's mother found a video of her daughter being sexually assaulted that one of the perpetrators had posted on Facebook.

The mother took out her phone, recorded the video on her computer screen and sent the recording to the police.

“That’s when the investigation really heated up,” Maj. David Lapatin of the Providence Police Department said in an interview on Wednesday. “We were able to see who was there. We were able to see faces. We were able to see the actual act, of first-degree sexual assault.”

Special offer: Subscribe for \$4.25 \$1 a week for the first year.



Healthy Relationships Group – Curriculum Development

- A comprehensive literature review was conducted with the help of several medical students
 - PubMed Database
 - Various MeSH terms including “Healthy Relationships”, “courtship/psychology” etc.
 - Ultimately screened 90 articles
 - Handful of which served as rationale behind development of each Group for the curriculum



Healthy Relationships Group – Evidence Base and Rationale

1. **Providing a space for adolescents to talk about teen dating violence is effective at reducing it**
 - **The Fourth R:** a 21-lesson interactive curriculum on dating violence prevention and healthy relationship skills 1,722 ninth-graders participants=> statistically significant reduction in self-reported physical dating violence (Wolfe et. al 2009)
 - Evaluation of the **Start Strong Initiative:** Quasi-experimental evaluation design of a program offered to 1,517 middle schoolers
 - => statistically significant decrease in acceptance of gender stereotypes and dating violence (Miller et. al 2014)
2. **The benefit of a “healthy relationships” approach**
 - **Advancing Adolescent Sexual and Reproductive Health by Promoting Healthy Relationships** (Tharp et. al 2013)
 - Goes beyond identifying violent behaviors and gives youth a chance to practice and normalize healthy interpersonal behaviors



Healthy Relationships Group – Evidence Base and Rationale

3. **These concepts are broadly applicable**
 - *Impact of a universal school-based violence prevention program on violent delinquency* (Crooks et. al 2011)
 - Underlying relationship dynamics in dating violence are also common to peer violence, substance use, and higher-risk sexual behaviors
4. **There is a gap in studies of healthy relationship education for justice-involved youth**
 - *Relationship Education for Incarcerated Adults* (Harcourt et. al 2017)
 - 3 studies that evaluate implementation of relationship education for incarcerated individuals, and all focus only on an adult population
5. **Taking a trauma-informed approach**
 - *Trauma-Informed Approaches to Adolescent Relationship Abuse and Sexual Violence Prevention* (Miller et. al 2019)



Healthy Relationships Group – The Curriculum

↓ Group 1 – Introduction

- ↪ Why is the topic of healthy relationships important?

↓ Group 2 – Consent

- ↪ What is the meaning of “consent?”
- ↪ What are the different aspects of consent
- ↪ Age, Mental State, Ability to say “Yes” or “No”
- ↪ Healthy vs. Unhealthy Boundaries

↓ Group 3 – Legal Implications

- ↪ Review of state laws
- ↪ Review of relevant cases and case outcomes

↓ Group 4 – Healthy vs. Unhealthy Relationships

- ↪ What are the characteristics of each
- ↪ Consent, Equality, Respects, Trust, Safety

↓ Group 5 – Dating Violence

- ↪ Types of abuse: Physical, Emotional/Mental, Sexual, Date Rape, Sex Trafficking
- ↪ “Power and Control” vs. “Equality and Trust”

↓ Group 6 – Internet and Social Media Violence

- ↪ Sexting, Child Pornography, Voyeurism, Revenge Porn, Internet Bullying
- ↪ Internet Safety Tips

↓ Group 7 – The Bystander Effect

- ↪ What is the “Bystander Effect” and how might this look in the participants life
- ↪ “Roll Red Roll” and “Aubrey and Daisy” video clips

↓ Group 8 – Victim Impact

- ↪ Overview of the impacts of physical abuse, emotional/mental, sexual, date rape, sex trafficking
- ↪ Victim Impact Vignette
- ↪ Community Resource Handout



Healthy Relationships Group – The Curriculum

➤ Session 1 – Introduction

- **Objective:** assess understanding of core concepts including consent, legal implications, healthy relationships, dating violence, internet/social media violence, bystander effect, and victim impact
- **Implementation:** Ground rules activity, discussion - setting group goals and expectations, introduce anonymous question box, group discussion followed by individual reflection on *The Providence Journal* article

➤ Session 2 – Consent

- **Objective:** Increase participant understanding of the core components of consent including **age, mental capacity, dynamics of power/control, coercion**
- **Rationale:** 635 male college participants participated in a 1.5-hour and 1-hour intervention to **discuss social norms, peer pressures, and consent** resulted in significant **increased recognition of coercive behaviors and non-consensual relationships**
- **Implementation:** Review aspects of consent, video + handout on healthy boundaries, interactive skits on “healthy boundaries” with group reflection

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➤ Session 3 – Legal Implications

- **Objective:** Increase **participant understanding** of the various **laws around sexual assault, dating violence, bullying and electronic dissemination** of materials.
- **Rationale:**
 - *Shifting Boundaries* - **teaching on the laws and consequences for perpetrators of dating violence and sexual harassment** in their curriculum (Stein et. al 2012)
 - Resulted in significant lower prevalence of perpetrating sexual violence on peers 6 months post intervention (Taylor et. al 2013)
- **Implementation:** Review state laws, handouts over legal ramifications, watch mini-documentaries

➤ Session 4 – Healthy vs. Unhealthy Relationships

- **Objective:** Increase participant understanding of **differences** between healthy and unhealthy relationships.
- **Rationale:**
 - In the past – sexual/reproductive health addressed in siloed curriculums
 - Incorporating the discussion of relationships into prevention curricula is crucial
 - CDC TDV prevention program, Dating Matters TM
 - 21-lesson classroom based intervention to build healthy relationships decrease in dating violence.
- **Implementation:** Review CERTS model of healthy sexual relationships, watch animated short on healthy relationships

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■ Session 5 – Dating Violence

- **Objective:** Increase participant understanding of the **various types of dating violence** (physical abuse, emotional/mental abuse, sexual abuse/intimate partner rape, sex-trafficking, etc).
- **Rationale:**
 - Some youth attitudes justify emotional and verbal abuse
 - Psychological abuse is the most prevalent type amongst adolescents & does not desist throughout adolescence
- **Implementation:** Handouts from National Center on Domestic and Sexual Violence, “Domestic Violence Awareness” rap video

■ Session 6 – Internet & Social Media Violence

- **Objective:** Increase participant understanding of the various forms of internet and social media violence including **sexting, possessing/distributing child pornography, voyeurism, revenge porn, internet bullying**
- **Rationale:**
 - Qualitative interviews with 56 young adults) on dating violence revealed how **social media redefines relationship boundaries** in ways that increases risk for dating violence
 - Adolescents **rely heavily on media representations of couples to clarify their own expectations** and desires
- **Implementation:** Discuss forms of online dating and sexual violence, review “Connect Safely” handout, video mini-series, group activity - write advice for peers, interactive exercises from thatsnotcool.com, “Audrie and Daisy”
 - <https://www.youtube.com/watch?v=H1DUFZ4Fnd8>
 - <https://youtu.be/py0rMtJPQ28>

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■ Session 7 – The Bystander Effect

- **Objective:** Increase participant understanding of the bystander effect concept, empower participants with communication skills to intervene

■ **Rationale:**

- Bystander intervention programs like Green Dot empower participants with concrete skills and communication techniques; Green Dot led to significantly lower violent victimization rates Bystander intervention program for 635 resulted in significant **less reinforcement by peers for sexually aggressive behavior, and fewer associations with sexually aggressive peers**

- **Implementation:** Green Dot bystander intervention trainings including video, role-play exercises, and opportunities to practice proactive intervention skills; video clips from “Roll Red Roll” “Audrie and Daisy”

- <https://www.youtube.com/watch?v=QMnuQfhyvrE&t=479>
- <https://youtu.be/5v1iUSyViyo>

■ Session 8 – Victim Impact

- **Objective:** Increase participant understanding of the **impacts of inappropriate sexualized behaviors, sexual assault, dating violence** on victims.

■ **Rationale:**

- Teens more likely to intervene when friend is a victim
- Theatre based interventions have resulted in participants having less acceptance of TDV
- Teens participating in the plays took on various roles within a potential teen dating violence scenario, including that of the victim

- **Implementation:** Read impact stories and reflect/process as a group

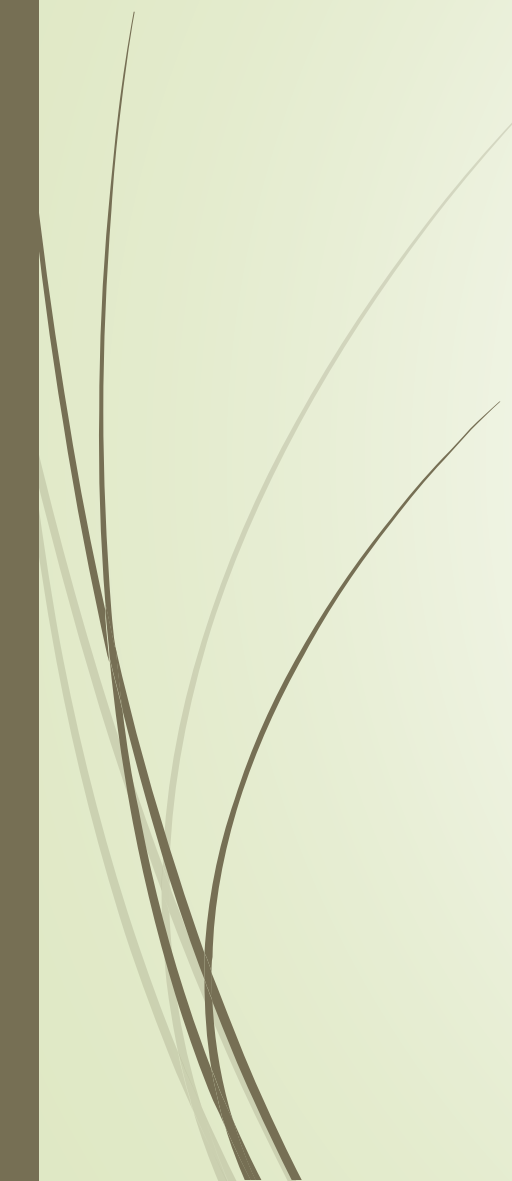
- <https://www.youtube.com/watch?v=ZoXYvE8NU80>



Questions? Comments?



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