

2021

Sexual Assault and Subsequent PTSD in Austin, Texas

Caitilin S. Taylor

Walden University, caitilin.taylor@waldenu.edu

Follow this and additional works at: <https://scholarworks.waldenu.edu/picportfolios>

Recommended Citation

Taylor, Caitilin S., "Sexual Assault and Subsequent PTSD in Austin, Texas" (2021). *Selected Social Change Portfolios in Prevention, Intervention, and Consultation*. 23.

<https://scholarworks.waldenu.edu/picportfolios/23>

This Portfolio is brought to you for free and open access by the Social Change Collection at ScholarWorks. It has been accepted for inclusion in Selected Social Change Portfolios in Prevention, Intervention, and Consultation by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Sexual Assault and Subsequent PTSD in Austin, Texas

Caitilin S Taylor

Contents

Below are the titles for each section of the Social Change Portfolio. To navigate directly to a particular section, hold down <ctrl> and click on the desired section below.

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[ScholarWorks Contributor Agreement](#)

OVERVIEW

Keywords: Sexual Assault and Subsequent PTSD in Austin, Texas

Sexual assault and Subsequent PTSD in Austin Texas

Goal Statement: The goal of the following prevention program is to reduce the numbers of sexual harassment, dating violence incidents, and sexual assaults for adolescents ages 11-18, including transgender youth, in the City of Austin, Texas by implementing the procedures outlined below. The prevention plan will be implemented in small local middle and high schools in the Austin Independent School District and will involve the participation of the community and families of the youth involved. The program will be implemented for one school semester. Reduction in the number of incidents and assaults will be assessed utilizing a survey administered pre- and post-prevention.

Significant Findings: Sexual violence has profound and lasting effects on the victim including physical and mental health consequences such as post-traumatic stress disorder (Basile et al., 2016; Jaconis et al., 2020). Rape is often unreported, and some estimates show that only 18 percent of sexual assaults are reported to the police (National Center on Domestic and Sexual Violence, 2021). In 2020 there were 54.2 reported sexual assaults per 100,000 people in Austin, Texas (City-Data, 2021). To address the numbers of sexual assaults for youths ages 11-18, including transgender youths, a prevention program utilizing the social ecological model will be implemented in local middle and high schools in Austin, Texas. The program will work to stop sexual assault before it happens, preventing the myriad of physical and mental health problems from occurring. An advocacy program, utilized in conjunction with existing local, state, and

national sexual assault prevention and transgender rights organizations, is also proposed as this will help raise awareness of the importance of these issues.

Objectives/Strategies/Interventions/Next Steps: Enact a social ecological model-based prevention program aimed to reduce sexual assault rates for girls ages 11-18 in Austin, Texas. Utilize an ecological perspective to reduce risk factors associated with sexual assault for youth ages 11-18 in Austin, Texas. Incorporate techniques used by the Olweus bullying prevention program to help prevent sexual violence. Utilize the social ecological model and the ecological perspective to reduce sexual violence for transgender youth ages 11-18 in Austin, Texas, while making sure to maintaining confidentiality as well as other ethical codes and standards. Finally, advocate for an action plan to increase public awareness of sexual assault of adolescents and transgender youth in the City of Austin, Texas.

INTRODUCTION

Sexual Assault and Subsequent PTSD in Austin Texas

Sexual assault is a prevalent problem in Austin, Texas, and causes a myriad of problems including, but not limited to, PTSD. In Austin, Texas alone there were over 54 rapes per 100,000 people and that is only the sexual assaults that are reported. It is often the case that sexual assault, especially intimate partner violence or date rape, goes unreported (Bicanic et al., 2014; Jaconis et al., 2020; Sigurdardottir & Halldorsdottir, 2021). It has been estimated that only 18 percent of sexual assaults are reported to the police (National Center on Domestic and Sexual Violence, 2021). Helping treat PTSD and the other problems that are associated with rape is important for the victims of this heinous crime, however, working with the City of Austin

towards the prevention of sexual assault would be a far better solution than simply treating the endless subsequent symptoms. Prevention needs to happen at the social, educational, economic, environmental, and treatment levels (Basile et al., 2016). At the social level, we need to work on bystander approaches and teach adults and children to be allies. At the educational level, we need to teach healthy dating and intimate relationship skills, we need to promote healthy sexuality, and have empowerment training for all adolescents including those in the LGBTQ community. At the economic level, we need to have economic opportunities for women and families, and we need to strengthen leadership opportunities for girls and young members of the LGBTQ community. At the environmental level, we need to have safety in schools, workplace safety, and policies and address community-level risks such as alcohol policies like price and density of outlets. Finally, at the treatment level, we need to offer more cost-effective treatment options such as support groups, medical and legal services for those who have been raped and make sure that they have access to these needed resources. It is also important to help families stop the cycle of violence to help prevent future victimization. The following paper outlines my prevention plan for the problem of rape and subsequent post-traumatic stress disorder (PTSD) in Austin, Texas.

PART 1: SCOPE AND CONSEQUENCES

Rape and Subsequent PTSD in Austin Texas

Sexual violence is an ongoing problem in Austin, Texas. According to statistics released by the FBI in September of 2020, during 2019 there were 54.2 rapes per 100,000 people in Austin, Texas compared to 51.5 per 100,000 in Texas and 42.6 per 100,000 nationally (City-Data, 2021). The trend shows that the total number of rapes in Austin were increasing from 2012

to 2014 with 209 in 2012, 217 in 2013, and 571 in 2014. There was a small drop in 2015 with 487 rapes but then it increased again in 2016 to 751 and 834 rapes in 2017 being the highest total number. In 2018, rapes started to decrease to 787, and the currently available data of 534 during 2019, which is still only the number of reported rapes.

The physical, mental, social, familial, and economic consequences of rape are vast, including high rates of post-traumatic stress disorder (PTSD) (Basile et al., 2016; Jaconis et al., 2020; Sigurdardottir & Halldorsdottir, 2021). A study by Sigurdardottir and Halldorsdottir (2021) showed that sexual violence causes long-term stress, causing allostatic overload activating the HPA axis and the autonomic nervous system. This type of toxic stress reduces the activity of the immune system and triggers the body's inflammatory response which is linked to chronic health problems such as Rheumatoid Arthritis, chronic pain, Alzheimer's, Coronary Heart Disease, Type-2 Diabetes, impaired healing, and obesity. Sexual violence can precipitate the onset of many psychological disorders including PTSD, acute stress disorder, nightmares, flashbacks, eating disorders, depression, bipolar disorder, and anxiety, or trigger the relapse of these disorders (Basile et al., 2016; Bicanic et al., 2014; Jaconis et al., 2020; Sigurdardottir & Halldorsdottir, 2021). The health consequences of sexual violence can include unsafe sexual practices, multiple sexual partners, not asserting sexual needs, not refusing unwanted sexual advances, and distortion in perceived body image dissatisfaction (Jaconis et al., 2020). Social consequences of sexual violence include difficulty with touch, sex, and relationships, difficulty trusting men, seeking health services but often not disclosing sexual violence, increased rate of medication use, illicit drug use and dependence, and alcohol use and dependence (Basile et al., 2016; Bicanic et al., 2014; Jaconis et al., 2020; Sigurdardottir & Halldorsdottir, 2021). Familial consequences can include increased fighting among family members, increased familial tension,

and perpetuating sexual violence from generation to generation. The economic ramifications of sexual violence are vast, including increased health costs, greater need for disability services, higher rates of unemployment, increased numbers of days away from work, increased cost of police services, and higher court costs.

Sexual assault often begins early, with 40 percent of women reporting being raped before the age of 18, 28 percent being raped between the ages of 11-17, and girls, ages 16-19, being four times more likely to be sexually assaulted than women (Basile et al., 2016; RAINN, 2021). Research has shown that promoting social norms that protect against violence, teaching skills to help prevent rape, providing empowering and supporting opportunities for girls and women, creating protective environments, and supporting victims of sexual violence is the only way to work towards sexual violence prevention (Basile et al., 2016). The goal of the following prevention plan is to decrease the number of sexual assaults for citizens of Austin, Texas by implementing the above community action plan, targeting ages 11-18.

PART 2: SOCIAL ECOLOGICAL MODEL

Rape and Subsequent PTSD in Austin Texas

Social ecological theory posits that human development stems from the interaction between individuals and the many systems, (peer, family, school, and community/cultural) with which they interact and vice versa. Behavior is influenced by this reciprocal relationship rather than simply being caused by individual characteristics (Swearer & Hymel, 2015). Sexual violence often begins at an early age and there are individual, peer, family, school, and community/cultural risk and protective factors that influence the number of rapes in each

community (Armstead et al., 2018; Basile et al., 2016; Basile et al., 2009; Basile et al., 2013; DeGue et al., 2013; Reidy et al., 2017; Tharp et al., 2012; Wilkins et al., 2018).

Individual Level

Individual behaviors and traits are contributing factors that, on the individual level, are either risk or protective factors for sexual violence (Wilkins et al., 2018). Research has shown that substance and alcohol abuse, especially high episodic drinking, are both individual risk factors (Armstead et al., 2018; Basile et al., 2013; DeGue et al., 2013; Reidy et al., 2017; Tharp et al., 2012; Wilkins et al., 2018). Other individual risk factors include sexual behaviors such as multiple partners, impersonal sex, early initiation of sex, exposure to sexually explicit media, and past sexual violence perpetration (Armstead et al., 2018; Basile et al., 2016; Basile et al., 2009; Basile et al., 2013; DeGue et al., 2013; Tharp et al., 2012). Individual psychosocial factors have been shown to include conduct disorder, delinquency, aggression, suicidal ideation, (Basile et al., 2016; Basile et al., 2013; DeGue et al., 2013; Reidy et al., 2017; Tharp et al., 2012) as well as lack of non-violent coping skills, poor behavioral control or impulsiveness, history of sexual violence/victimization, witnessing sexual violence, individual attitudes, beliefs, values, and behaviors regarding women and women's rights and inherent values (Armstead et al., 2018; Wilkins et al., 2018). Working with individuals to help improve non-violent problem-solving skills is an important individual protective factor, especially when used in conjunction with other improvement programs, such as community prevention programs (Basile et al., 2016; Basile et al., 2009; Basile et al., 2013; Wilkins et al., 2018).

Peer Level

Sexual violence has been linked to many peer risk factors including peer approval of forced sex, peer pressure for sexual activity, peer sexual aggression (Armstead et al., 2018;

Basile et al., 2016; Basile et al., 2013; DeGue et al., 2013; Reidy et al., 2017; Tharp et al., 2012) membership in a fraternity, all-male sports participation, and gang membership (Reidy et al., 2017; Tharp et al., 2012; Wilkins et al., 2018). Intimate partner processes, such as more casual relationships and relationship or partner violence have also been shown to be a risk factor for sexual violence (Tharp et al., 2012; Wilkins et al., 2018). Protective factors for peer relationships include supportive relationships with friends, family, and other groups such as schools or faith organizations. It is often the case that peers who feel supported in other groups are less likely to be influenced at the peer level (Wilkins et al., 2018).

Family Level

Family risk factors for sexual violence include a family history of child sexual abuse, a family history of child physical abuse, and child emotional abuse (Armstead et al., 2018; Basile et al., 2016; Basile et al., 2009; Basile et al., 2013; DeGue et al., 2013; Reidy et al., 2017; Tharp et al., 2012; Wilkins et al., 2018). Exposure to family violence, including parental violence and family conflict, and poor family management have also been found to be contributing risk factors towards sexual violence (DeGue et al., 2013; Wilkins et al., 2018). Family protection factors include families with non-violent, supportive environments, often with a strong sense of connectedness (Armstead et al., 2018; Reidy et al., 2017; Wilkins et al., 2018).

School Level

School risk factors include schools with lax rules regarding violence and aggression, a perceived unfairness or clarity regarding the school rules, and the lack of a positive adult presence in the school who interact with the children (DeGue et al., 2013; Reidy et al., 2018; Wilkins et al., 2018). Conversely, protective factors would include schools with norms against violence and aggression, a high perceived level of fairness and clarity of the rules, and the

presence of a positive community of adults in school who interact with the students and share norms and expectations regarding healthy and respectful treatment of women and girls.

Community/Cultural Level

Community/cultural level risk factors include neighborhood disorder, weak social ties, low levels of social controls (DeGue et al., 2013; Reidy et al., 2017), high rates of alcohol density (i.e. the number of outlets, bars, liquor stores, etc., for buying alcohol) in neighborhoods, availability of drugs in neighborhoods, drug-related violence in neighborhoods, lack of social cohesion, lack of community safety in neighborhoods, diminished economic opportunity, and neighborhood poverty (Armstead et al., 2018; Basile et al., 2016; DeGue et al., 2013; Tharp et al., 2012). Cultural norms supporting aggression towards others and rigid norms around masculinity and femininity have also been linked to higher rates of sexual violence (Armstead et al., 2018). Protective community/cultural factors include community connectedness and support as well as a willingness to intervene on behalf of the common good as well as access to mental health services, and coordination of services among community agencies (Armstead et al., 2018; Tharp et al., 2012; Wilkins et al., 2018). It has also been shown that communities with lower alcohol density rates had lower sexual violence rates than communities with higher alcohol density rates and states with higher alcohol prices lead to fewer cases of sexual violence overall (DeGue et al., 2013; Wilkins et al., 2018).

Conclusion

Individual, peer, family, school, and community/cultural risk and protective factors for sexual violence work together to either increase or decrease rates of sexual violence (SAMHSA, 2019). When looking at various risk factors it is important to consider how these risk factors combine to impact issues such as the numbers of rapes in Austin, Texas, and the subsequent

deleterious effects on the victims, such as PTSD. Strategies for decreasing these risk factors in the City of Austin by utilizing the theories of prevention will be discussed in part 3, below.

PART 3: THEORIES OF PREVENTION

Rape and Subsequent PTSD in Austin Texas

A theory is a group of ideas intended to explain an event or situation (National Cancer Institute, 2005). Theories are guidelines for studying and understanding problems better. Theories help social change advocates develop appropriate interventions to the situation they are working to change, and they offer tools for evaluating outcomes. Using theory for social change is of utmost importance because evidence-based prevention projects translate into more robust programs. The ecological perspective will reduce the risk factors associated with sexual assault, identified in part two above.

The Ecological Perspective

Many sexual assault prevention programs focus primarily on individuals (Casey & Lindhorst, 2009). Although these programs can be cost-effective, and some are replicable and effective towards changing individual behavior, they fail to address the institutional, community, and public policy levels, and many behavioral changes have been shown to deteriorate over time (Balcázar et al., 2012; Casey & Lindhorst, 2009; Moylan & Javorka, 2020; National Cancer Institute, 2005). The efficacy of multilevel approaches, such as the ecological perspective, has been shown in many other fields, such as HIV research, cardiovascular disease, and alcohol abuse. The ecological perspective has a reciprocal influence on behavior that involves multiple levels, including intrapersonal or individual factors, interpersonal factors, institutional factors,

community factors, and public policy factors (National Cancer Institute, 2005; Casey & Lindhorst, 2009).

Intrapersonal or Individual Factors and Interpersonal Factors

The ecological perspective acknowledges that individual behavior has a reciprocal relationship with its social environment (National Cancer Institute, 2005; Flores et al., 2012). In other words, individual behavior is influenced by and influences its social environment. The individual level affects behavior and one's social identity and belief system concerning family, peers, and friends (National Cancer Institute, 2005).

Social-emotional learning skills implemented in middle and high school settings will address these influences on sexual violence. These skills include empathy, emotional regulation, conflict management, bystander and communication skills, healthy dating, homophobic teasing victimization, intimate relationship skills, skills related to healthy sexuality, and empowerment skills (Armstead et al., 2018; Basile et al., 2016; Casey & Lindhorst, 2009; DeGue et al., 2013; Limber et al., 2018; National Cancer Institute, 2005; Reidy et al., 2017; Tharp et al., 2012; Wilkins et al., 2018). Not only will the prevention program work to teach non-violence, but it will focus on changing the way adolescents think and feel about violence and will provide opportunities to practice and reinforce these skills (Basile et al., Casey & Lindhorst, 2009; Limber et al., 2018).

The prevention program will build peer communication, familial communication, and conflict resolution by teaching and showing caring, respectful, and non-violent behavior at school. The program will provide opportunities for practice and reinforcement of these skills. Sex education will be comprehensive, offering information regarding sexual communication, LGBTQIA+ education, sexual respect, and consent and improving communication between

parents and adolescents. Sexual health information will focus on the risk of HIV, STDs, pregnancy, and reducing sexual risk-taking (such as sex without a condom, sex with multiple partners, and impersonal sex). The empowerment training will teach the girls to assess their relationships for the risk of sexual violence and empower them to act. Evidence in college sexual violence prevention has shown the efficacy of self-defense training, which will be offered in the program (Basile et al., 2016; cultureofrespect.org, 2021). Foshee et al. (2004) found that the SAFE program, which taught the above skills utilizing school-based activities such as a theater production, a 10-session curriculum, and a poster contest, successfully reduced non-sexual and sexual dating violence.

Evidence shows that mobilizing men and boys as allies in middle and high school by modeling positive masculinity, reinforcing positive social norms, decreasing acceptance of sexist language and jokes, decreasing behavior that promotes violence, and increasing bystander interventions works to change social and peer group norms including relationship norms, violence, and sexuality (Basile et al., 2016; Bush et al., 2019). Finally, a positive presence of parents in middle and high school, showing and modeling healthy, non-violent, non-sexist, girl-positive norms promotes change at the interpersonal level (Casey & Lindhorst, 2009; DeGue et al., 2013; National Cancer Institute, 2005; Reidy et al., 2018; Wilkins et al., 2018).

Institutional, Community, and Public Policy Factors

Institutional factors include the rules, regulations, and policies that guide appropriate sexual conduct or discourage inappropriate sexual behavior (National Cancer Institute, 2005; Casey & Lindhorst, 2009). Community factors are the reciprocal relationships within the local communities that influence sexual violence. The public policy level includes local, state, and federal policies for sexual violence prevention, control, and management. A reciprocal

relationship exists between and across all levels of a behavioral problem, such as sexual violence. Each level influences and is influenced by the other levels: intrapersonal, interpersonal, institutional, community, and public policy (National Cancer Institute, 2005). It is important to remember this interconnectedness when applying this theory.

To address sexual violence at the institutional, community, and public policy factor levels requires the establishment of several protocols. Implementing safety and monitoring in schools by adding more security or teacher presence in unsafe areas, as mapped by students, and adding posters about dating, sexual violence, and harassment has been shown to decrease sexual violence victimization in schools (Taylor et al., 2013). Workplace safety is also a factor that can be addressed by establishing and applying proactive sexual harassment prevention policies (Basile et al., 2016; Gruber, 1998). These proactive policies are far more effective than information-only policies in reducing unwanted advances and in reducing predatory harassment.

There are links between unemployment rates and sexual violence; therefore, work support for women and teen moms is of utmost importance (Armstead et al., 2018; Basile et al., 2016; Bush et al., 2019; Casey & Lindhorst, 2009; Chatterji & Markowitz, 2005; DeGue et al., 2013; Limber et al., 2018; Reidy et al., 2018; Tharp et al., 2012; Wilkins et al., 2018). Support such as affordable and quality childcare, more extended maternity leave, paid family leave, and medical leave has also been shown to help lower depressive symptoms and reduce sexual violence rates. Low-income loans to help improve the financial status of women and families have also been shown to help reduce rates of sexual violence, especially physical and sexual intimate partner violence (Basile et al., 2016; Casey & Lindhorst, 2009; DeGue et al., 2013).

Increasing the leadership skills of girls, including gender equality through social justice programs, increasing education and potential employment of girls, and community engagement

also has been shown to decrease rates of sexual violence victimization (Armstead et al., 2018; Basile et al., 2016; Casey & Lindhorst, 2009; DeGue et al., 2013). Reducing sexual violence rates can be accomplished by changing alcohol policies and decreasing alcohol density in communities (Armstead et al., 2018; Basile et al., 2016; Bush et al., 2019; Casey & Lindhorst, 2009; DeGue et al., 2013; Limber et al., 2018; Reidy et al., 2018; Tharp et al., 2012; Wilkins et al., 2018). In addition, changing, enacting, or enforcing laws and regulations as well as organizational policies, consequences for behavior, and increased social control, will also contribute to the reduction of sexual violence.

Because behavior both shapes and is shaped by the social environment, having a multilevel interactive ecological prevention program will help reduce sexual violence rates and shape both boys and girls and create a stronger sense of community and neighborhood unification.

Evidence-Based Program

The Olweus bullying prevention program is an ecological theory-based anti-bullying program that started in Norway in the 1980s (Olweus & Limbur, 2010; Limbur et al., 2018). According to Olweus and Limbur (2010), the Olweus prevention program is based on four principles; 1. Adults at school and home (ideally) need to show warmth and positive interest in the children, 2. Set firm limits to the children's behavior, 3. Use consistent non-physical, non-hostile consequences, and 4. Function as positive role models. These principles should be applied at the individual, classroom, family, school, and community levels. The Olweus program components at the individual level are to supervise the student's activities, make sure that the staff intervenes immediately if bullying does occur, meet with the students separately, meet with the parents, and develop individual intervention plans for involved students, if needed. At the

classroom level, the school's rules against bullying will be posted and strictly enforced, and class meetings will be held once a week to discuss bullying-related topics. Every month, class meetings also will be held with the parents.

School-level components for the Olweus program are to establish a Bullying Prevention Coordinating Committee (BPCC) that conducts training for the BPCC and staff of the school (Olweus & Limbur, 2010; Limbur et al., 2018). Staff discussion group meetings will be held, and the school's rules against bullying will be introduced to all students and staff members. The school's supervisory system will be reviewed and refined, and a school-wide kick-off event will be conducted to launch the program. Parents will be asked to get involved as their participation in the anti-bullying campaign has been an essential component of its success, especially modeling consistent rules and non-physical, non-hostile behavior at home.

At the community level, the Olweus prevention program found that involving community members on the BPCC helped reduce rates of bullying as well as developing partnerships between the school and community to help support the anti-bullying program (Olweus & Limbur, 2010; Limbur et al., 2018). Bullying rates were also reduced with the spread of anti-bullying messages and principles throughout the community.

Bullying rates dropped approximately three percent post-prevention, which means that nearly 2,000 students were spared from bullying (Olweus & Limbur, 2010; Limbur et al., 2018). These are promising results. There are many parallels between bullying and sexual violence. Many of the techniques used in the Olweus bullying prevention program are similar to the prevention techniques listed in the previous section above. As more is learned from the successful application of the ecological perspective to other behavioral issues, such as bullying, it should help to lessen sexual violence victimization.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Rape and Subsequent PTSD in Austin Texas

Certain aspects of cultural identities, such as being transgender in a predominantly cisgender society, can exacerbate existing problems like sexual violence (Vera & Kenny, 2013). These structurally embedded issues compound certain deleterious social conditions, which need to be addressed through prevention programs. Before implementing culturally relevant prevention programs, or any prevention program, it is essential to assess for community readiness (Hage & Romano, 2013). This will be done via a questionnaire distributed among the schools and communities in the Austin area to discover the various levels of change readiness before implementing the proposed prevention procedures described above and below. Questions will include information about adolescents' attitudes, social norms, and perceived safety levels within their schools, home, and community. Assessing social support and providing the students with support service information will also be a part of the anonymous survey. The following will discuss transgender sexual assault prevention and the implementation of ethical considerations working with this target demographic.

Transgender Subgroup

One in two transgender people have reported being sexually abused or assaulted in their lives, and this statistic is often higher for transgender youth (Vera & Kenny, 2013). One alarming statistic shows that 12 percent of transgender youth in kindergarten through twelfth grade have reported being sexually assaulted by peers and academic staff (Office of Justice Programs, 2021). The effects of sexual abuse on this demographic can be devastating as it has a compounding impact (Vera & Kenny, 2013). In other words, having to function as a minority has its inherent stressors, adding to this the devastating effects of a sexual assault is more likely to

cause psychiatric distress, such as post-traumatic stress disorder and major depression, suicidality, substance abuse, higher rates of dropping out of school, cutting behavior, and additional sexual abuse/assault (Coulter et al., 2017; Goldenberg et al., 2018; Murchison et al., 2019; Norris & Orchowski, 2019).

Transgender Information Sessions and Support Groups

To address the increased risk of sexual assault for transgender youth, the proposed prevention program will include informational sessions about transgender issues and equality within the social-emotional learning skills (Basile et al., 2016; Goldenberg et al., 2018; Murchison et al., 2019). Not only are transgender youth seen as others in most settings, but few understand the complexities of the discrimination they face at home, at school, in their communities, and in finding work. The misinformation about transgender, genderqueer, and non-binary individuals is rampant. It is essential to start teaching children about the complex issues that this population faces daily, including homophobic teasing, sexual harassment, and sexual assault. Providing support services to transgender students is also vital, as they often do not have support with their peers, at school, at home, or in their community. Offering student support groups as well as private counseling services to these students can help to prevent sexual assault by giving the students a safe place to discuss safety concerns (Coulter et al., 2017; Goldenberg et al., 2018; Murchison et al., 2019; Norris & Orchowski, 2019). Studies have shown that schools with a Gender and Sexualities Alliance show more support for their LGBTQ+ students and less sexual violence and victimization than schools without (Day et al., 2019). Students who have support from teachers and are involved in Gender and Sexualities Alliances tend to get better grades and feel safer at school. A school-sponsored Gender and Sexualities Alliance will be formed, with bi-weekly after-school meetings in the library. Student participation will be

encouraged but voluntary. These meetings will help reflect the school's tolerant policies towards LGBTQ+ students, which has been shown to reduce the victimization of transgender students.

Access to Bathrooms and Privacy Curtains

Schools in the Austin area do not have a transgender or gender-neutral bathroom, putting these students at greater risk for sexual harassment and assault (Austin Independent School District, 2018; Murchison et al., 2019). A study by Murchison et al. (2019) showed that not having access to gender-neutral bathrooms or the ability to use the bathroom of their gender identity was associated with higher rates of sexual assault. Many Austin schools require transgender students to ask permission to use an alternative bathroom which puts the child at risk of coming out. Offering alternate bathrooms allows students the freedom to choose the bathroom that aligns with their gender identity. Also, putting up privacy curtains in locker rooms gives transgender students the privacy they need to change in locker rooms safely.

Ethical Considerations

As has been discussed previously, prevention of sexual assault is far more effective than the remediation of the mental health consequences after the assault has occurred. Once the prevention program has been formulated the primary concern becomes the protection of the participants (Cascio & Racine, 2018; Tamariz et al., 2015; Trickett, 1998). This protection is achieved through the ethical consideration of not only the participants but of the community. The consideration of diversity and ethics should include input from the participants at each stage of prevention, from assessment to implementation (Vera & Kenny, 2013). The input of participants helps to ensure that the program is culturally relevant, and that participant and community needs are continually being considered and addressed.

When working with transgender adolescents, many ethical issues need to be considered (American Counseling Association, 2014). One of the most important ethical considerations with this population is ‘coming out.’ The prevention program would need to make sure not to publicly announce the identity of any members of the LGBTQIA+ community who have not identified as such to others (American Counseling Association, 2014, Section B.1.a., Section B.1.b., Section B.1.c.; Goldenberg et al., 2018; Murchison et al., 2019). To avoid this issue, the participants will be given access to private counseling services, pro-bono, as concerns of inadvertently being outed would need to be avoided at all costs. Records of LGBTQIA+ individuals’ identities would be kept under strict confidentiality, and if any serious or foreseeable harm is perceived by the counselor, such as revealing the sexual orientation of any LGBTQIA+ individual, the project would be halted before this harm occurred and colleagues would be consulted to discuss how to properly handle the situation (American Counseling Association, 2014, Section B.2.a.). A Gender and Sexualities Alliance group will be formed, but this will be a completely voluntary group so that LGBTQ+ individuals can find allies among their straight peers.

Informed consent would need to be gathered from all adolescents and their parents involved in the prevention program (American Counseling Association, 2014, Section A.2.a., Section A.2.d.). The welfare of all participants of the prevention program would be of utmost importance and would be the primary responsibility of all program coordinators (American Counseling Association, 2014, Section A.1.a.). Prevention of harm would be the primary concern of the prevention program, and in the event of any harm, the prevention program would be halted, all parties would be referred to counseling and debriefed (American Counseling Association, 2014, Section A.4.a.). The prevention program will actively advocate for the removal of societal barriers for the LGBTQIA+ community, especially for those age groups in the

prevention program (American Counseling Association, 2014, Section A.7.a., Section A.7.b.). Anyone involved in the program, sexually assaulted youth, peers, family, or neighborhood members will be welcome to join any advocacy efforts, as well.

Conclusion

As a subgroup of adolescents, transgender, genderqueer, and non-binary individuals are at higher risk for sexual assault (Coulter, et al., 2017; Goldenberg, et al., 2018; Murchison, et al., 2019; Norris & Orchowski, 2019). The prevention program will involve adolescents, but especially seek the advice and input from the transgender population to help with all stages of the program from assessment through implementation in reducing sexual assault rates for youth ages 11-18 in Austin, Texas.

PART 5: ADVOCACY

Rape and Subsequent PTSD in Austin Texas

Counselors are ethically obligated to provide clients with multiculturally competent services, and they are ethically bound to advocate with and on behalf of their clients (American Counseling Association, 2014; Ratts, 2011). According to Ratts (2011), the rise in multicultural and social justice awareness has formed the basis of multicultural and advocacy competencies in counseling services today. To advocate for sexual assault prevention for adolescents ages 11-18 in the Austin, Texas area, including transgender, genderqueer, and gender non-conforming (TGNC) youths, the following section will outline an advocacy action plan to increase public awareness of sexual assault for this group, that will ultimately lead to a change in public attitudes, and an increase in lobbying (Pirog & Good, 2013).

Advocacy at the Intrapersonal and Interpersonal Levels

The intrapersonal level is defined as a person's characteristics, while the interpersonal level is characterized by one's family, peers, and friends (Multicultural and Social Justice Counseling Competencies, 2015). Counselors are ethically bound to ensure that the individuals they work with are treated equitably. Counselors must also address inherent privilege and oppression, develop critical consciousness in the context of living in an oppressive society, and help individuals unlearn any internal privilege or oppression. Adolescents ages 11-18, including members of the TGNC community, are at high risk for sexual assault (Coulter et al., 2017; Goldenberg et al., 2018; Lee et al., 2007; Murchison et al., 2019; Norris & Orchowski, 2019; Testa et al., 2015). Working with this population regarding sexual assault advocacy will focus on individual or microlevel empowerment while also processing the pain of sexual assault, sexual harassment, sexual aggression, and transphobia (Ratts & Pedersen, 2014). An advocacy program would include forming a sexual assault advocacy club that gives members the skills and knowledge to avoid sexual and dating violence (Lee et al., 2007; Ratts & Pedersen, 2014). The program would teach members to become leaders and train them to design and implement programs within their schools involving their families, friends, peers, and even communities. The students would learn sexual assault prevention skills, empowerment skills, and leadership and community-building skills in the process. Empowering students and involving parents can lead to school involvement, which is the next level of advocacy.

Minority stress can have serious negative consequences for marginalized groups, including higher rates of depression, anxiety, mood disorders, substance abuse, and sexual risk-taking behavior (Testa et al., 2015). For members of the TGNC community, minority stress is even more complicated because of more limited access to medical care, records that do not

match their assigned name, lack of access to safe bathrooms, experiences related to rejection and discrimination, and physical and sexual violence. The pain that accompanies these issues will be processed in counseling sessions with transgender, genderqueer, and gender non-conforming individuals.

Institutional Level

According to Title IX of the Education Amendments Act of 1972 (2018), schools are required to correct a reported sexual harassment situation, provide an environment free from sexual harassment and sexual assault, including LGBTQ+ individuals (Kimmel, 2016). It is essential to involve teachers, staff, and school administrators in advocacy and empowerment-related activities to deal with the harmful effects of sexual harassment, sexual assault, cyber sexual harassment, and dating violence at schools (Armstead et al., 2018; Basile et al., 2016; Casey & Lindhorst, 2009; DeGue et al., 2013; Limber et al., 2018; Reidy et al., 2017; stopsexualassaultinschools.org, 2021; Tharp et al., 2012; Wilkins et al., 2018). Schools can make policies that clearly define sexual harassment, sexual assault, cyber sexual harassment, and dating violence as prohibited on school property (Fineran, 2002). These policies should also specify in clear language sexual harassment, sexual assault, cyber sexual harassment, and dating violence, and state punishments that will accompany any violations of said policies. Teachers and staff need to be trained regarding the harmful effects of sexual harassment and assault and how to intervene and report the problems that they witness.

A survey of LGBTQ+ individuals found that 74.1 percent were called names or threatened because of their sexual orientation, 22.7 percent were pushed or shoved, and 11.4 percent were punched, kicked, or injured with a weapon because of their gender expression (Kimmel, 2016). These students are at higher risk for sexual harassment, sexual assault, and

resulting suicide. The Gay-Straight Alliance network is now the Genders and Sexualities Alliance (GSA) network and includes transgender, genderqueer, and gender non-conforming individuals. The GSA network has been shown to reduce bullying, sexual harassment, and sexual assault (Day et al., 2019). Teachers and staff in schools with GSA networks more often intervene on behalf of LGBTQ+ students. Students report feeling more connected in schools with GSA networks. Students in schools with GSA networks have been shown to have lower mental health problems and engage in less risky behaviors. It is imperative to involve teachers and administrators in the advocacy of GSA networks, helping these students not only find allies in fellow students but in teachers and administrators as well.

Community Level

Sexual assault can bring about many psychological disorders, including post-traumatic stress disorder (PTSD) (Bicanic et al., 2014; Jaconis et al., 2020; Sigurdardottir & Halldorsdottir, 2021; Ullman et al., 2007). However, not all victims of sexual assault end up with PTSD, and studies have shown that negative community attitudes towards sexual assault victims, including victim blaming and disbelief that the assault occurred, is one precipitating factor of post-sexual assault PTSD (Ullman, 2007). Advocacy at the community level needs to address the norms and values held by the community towards the victims (Multicultural and Social Justice Counseling Competencies, 2015). Sexual assault victims need to be believed, supported, and offered gentle medical care by trained staff to not re-traumatize them after the assault (Campbell & Fehler-Cabral, 2018; Littel, 2001; Ullman, 2007). Community education regarding sexual assault will be conducted, as well as police, nurse, and medical staff training for rape kit collection and timely testing. Community meetings will be held, and neighborhood watch programs will be

implemented to get communities actively involved in the prevention of sexual assault and help raise sexual assault awareness.

TGNC individuals are at higher risk for sexual assault, are less likely to be believed, are at greater risk for negative mental health outcomes (including PTSD), and are more likely to commit suicide following a sexual assault (Coulter et al., 2017; Goldenberg et al., 2018; Kimmel, 2016; Murchison et al., 2019; Norris & Orchowski, 2019; Testa et al., 2015). Raising community awareness of these issues is imperative to the health and wellbeing of the TGNC community in the Austin area. Working with the Austin Gay and Lesbian Pride Foundation to advocate for the Austin TGNC community to help spread the word about community programs aimed at raising awareness of TGNC sexual assault and equality would help reduce negative mental health outcomes for this group.

Public Policy Level

Income equality, work support, and empowerment and leadership opportunities for women, girls, and members of the LGBTQ+ community have been shown to reduce rates of sexual violence (Armstead et al., 2018; Basile et al., 2016; Bush et al., 2019; Casey & Lindhorst, 2009; Chatterji & Markowitz, 2005; Cole et al., 2020; Coulter et al., 2017; DeGue et al., 2013; Goldenberg et al., 2018; Kimmel, 2016; Limber et al., 2018; Murchison et al., 2019; Norris & Orchowski, 2019; Reidy et al., 2018; Ryan & Rivers, 2003; Testa et al., 2015; Tharp et al., 2012; Wilkins et al., 2018). Advocacy efforts at the public policy level would include lobbying for income equality for women, girls, and TGNC individuals. Workplace support, such as affordable childcare, maternity leave, paid family leave, and medical leave, can be lobbied for at the local, state, and National levels. These initiatives help to increase public awareness of how these issues impact the number of sexual assault cases. Another area that needs to be addressed is that of

empowerment and leadership opportunities for women, girls, and members of the TGNC community. Addressing advocacy through lobbying while also offering internships for high school students to join the lobbying efforts will provide students with opportunities for personal growth, resume building, and first-hand experience in advocacy efforts. Sexual violence myths need to be addressed, including those that perpetuate locker room-type discussions that further denigrate women and lead to increased rates of sexual harassment and sexual violence at school and work. These myths need to be dispelled, and real discussions of appropriate conversations that do not lead to sexual harassment and sexual assault of women and girls must occur.

TGNC related sexual harassment and sexual assault must also be addressed at the local, state, and national levels through lobbying for awareness and change (Coulter et al., 2017; Goldenberg et al., 2018; Kimmel, 2016; Murchison et al., 2019; Norris & Orchowski, 2019; Ryan & Rivers, 2003; Testa et al., 2015). An assessment of the political environment in which the type of sexual harassment and sexual violence that can occur against TGNC individuals will be conducted and analyzed to find out where advocacy efforts need to be focused. TGNC students will be given opportunities, including internship opportunities, to join advocacy efforts, as these can help enhance self-esteem.

Organizations

Moving beyond the office to advocate on behalf of clients will require the use of outside organizations that have established resources (Mundy, 2013). Organizations need to start at the local level because they are more salient to the community involved. Once these organizations have been well established, they can move to the state level and national levels. In Austin, Texas there are organizations that raise awareness for transgender rights and equality, as well as organizations that raise awareness regarding sexual assault and provide sexual assault resources.

Out youth (2021) is an organization for youth of all sexual orientations and gender identities. They help raise awareness and provide a safe environment for LGBTQ+ youth of the Austin, TX area. Austin Pride (2021) raises money to help raise awareness for LGBTQ+ individuals of the Austin, Texas area, as well as changing local legislation regarding LGBTQ+ rights. The Austin LGBT Chamber of Commerce (2021) works to promote economic vitality in Austin while promoting LGBT-run businesses and LGBTQ equality. The Austin LGBT Chamber of Commerce works in conjunction with the Texas LGBT Chamber of Commerce to promote Texas legislation as well as LGBTQ-run Texas businesses (2021). An organization in Austin, TX that works to help raise awareness of sexual assault, especially for marginalized groups, is SAFE Austin (2021). This organization provides sexual assault advocacy, sexual assault counseling, forensic exams, legal services, shelter and housing, supervision and exchange services, adoptions services, and prevention and education.

At the state level, there is an organization called the Transgender Education Network of Texas (2021). This organization is working to change state legislation regarding gender-diverse equality in Texas. They educate Texans in public and private forums and work to stop discrimination through corporate, legislative, and social education means. The Texas Association Against Sexual Assault (2021) is a state-level organization aimed at the prevention of sexual assault in the state of Texas. They work to train counselors, advocates, prosecutors, law enforcement, and the general public as well as working to change Texas law and policy to help prevent sexual assault.

At the national level, there is the division of the American Counseling Association dedicated to the needs of LGBTQ+ individuals called the Society for Sexual Affectional Intersex and Gender Expansive Identities (SAIGE). This organization publishes peer-reviewed articles

regarding the counseling needs of LGBTQ+ individuals and is an important aspect of prevention and advocacy on behalf of transgender individuals as it is essential to remain current on these issues. The National Center for Transgender Equality (2021) is another national organization that works to change discrimination and violence across the country through legislative changes. An organization that works to prevent sexual assault at the national level is RAINN (2021). RAINN (2021) works to raise sexual assault awareness, provide resources, change public policy, and provide training and consultation for those who want to help sexual assault survivors.

Conclusion

Counselors are ethically bound to help advocate for clients on the micro (intrapersonal and interpersonal), meso (institutional and community), and macro (public policy) levels (Ratts & Pedersen, 2014). The advocacy action plans outlined above used in conjunction with local, state, and national organizations will help bring awareness to sexual assault issues for adolescents ages 11-18 in Austin, Texas, including TGNC individuals. These advocacy efforts will help to assist in changing public attitudes towards sexual assault of youth and TGNC individuals, eventually leading to crucial policy changes for the prevention of sexual assault to these at-risk groups (Pirog & Good, 2013).

REFERENCES

American Counseling Association (2014). *2014 ACA Code of Ethics*.

<https://www.counseling.org/Resources/aca-code-of-ethics.pdf>

Armstead, T. L., Wilkins, N., & Doreson, A. (2018). Indicators for evaluating community- and societal-level risk and protective factors for violence prevention: Findings from a review

of the literature. *Journal of Public Health Management and Practice*, 24(1), S42.

<https://doi-org.ezp.waldenulibrary.org/10.1097/PHH.0000000000000681>

Austin Independent School District (2018). *Transgender students' school perceptions and experiences*. https://www.austinisd.org/sites/default/files/dre-surveys/17.32_transgender_students_school_perceptions_experiences.pdf

Austin Pride (2021, April 18). *Austin Pride Foundation*. <https://austinpride.org/about/>

Austin LGBT Chamber of Commerce (2021, April 18). <https://austingbtchamber.com/>

Balcázar, H., Wise, S., Rosenthal, E. L., Ochoa, C., Rodriguez, J., Hastings, D., Flores, L.,

Hernandez, L., & Duarte-Gardea, M. (2012). An ecological model using promotores

de salud to prevent cardiovascular disease on the US-Mexico border: The HEART

project. *PREVENTING CHRONIC DISEASE*, 9. <http://dx.doi.org/10.5888/pcd9.110100>

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. Atlanta, GA: National Center

For Injury Prevention and Control, Centers for Disease Control and Prevention.

<https://www.cdc.gov/violenceprevention/pdf/SV-Prevention-Technical-Package.pdf>

Basile, K. C., Espelage, D. L., Rivers, I., McMahon, P. M., & Simon, T. R. (2009). The

theoretical and empirical links between bullying behavior and male sexual violence

perpetration. *Aggression and Violent Behavior*, 14(5), 336-347.

<https://doi.org/10.1016/j.avb.2009.06.001>

Basile, K. C., Hamburger, M. E., Swahn, M. H., & Choi, C. (2013). Sexual violence perpetration

by adolescents in dating versus same-sex peer relationships: Differences in associated

risk and protective factors. *Western Journal of Emergency Medicine: Integrating*

Emergency Care with Population Health, 14(4), 329-340.

<https://doi.org/10.5811/westjem.2013.3.15684>

Bicanic, I., de Roos, C., van Wesel, F., Sinnema, G., van de Putte, E. (2014). Rape-related symptoms in adolescents: short- and long-term outcome after cognitive behavior group therapy. *European Journal of Psychotraumatology*, 5(0), 1-8.

<https://doi.org/10.3402/ejpt.v5.22969>

Bush, H. M., Coker, A. L., DeGue, S., Clear, E. R., Brancato, C. J., & Fisher, B. S. (2019). Do violence acceptance and bystander actions explain the effects of green dot on reducing violence perpetration in high schools? *Journal of Interpersonal Violence*,

886260519888206. <https://doi-org.ezp.waldenulibrary.org/10.1177/0886260519888206>

Campbell, R., & Fehler-Cabral, G. (2018). Why police "couldn't or wouldn't" submit sexual assault kits for forensic DNA testing: A focal concerns theory analysis of untested rape kits. *Law & Society Review*, 52(1), 73-105. <https://doi->

[org.ezp.waldenulibrary.org/10.1111/lasr.12310](https://doi-org.ezp.waldenulibrary.org/10.1111/lasr.12310)

Cascio, M. A., & Racine, E. (2018). Person-oriented research ethics: Integrating relational and everyday ethics in research. *Accountability in Research: Policies & Quality Assurance*, 25(3), 170-197. <https://doi.org/10.1080/08989621.2018.1442218>

Casey, E. A., & Lindhorst, T. P. (2009). Toward a multi-level, ecological approach to the primary prevention of sexual assault: Prevention in peer and community contexts. *TRAUMA VIOLENCE & ABUSE*, 10(2), 91-114.

<https://doi-org.ezp.waldenulibrary.org/10.1177/1524838009334129>

Chatterji, P., & Markowitz, S. (2005). Does the length of maternal leave affect maternal health? *Southern Economic Journal*, 72(1), 16-41. <https://doi->

[org.ezp.waldenulibrary.org/10.2307/20062092](https://doi-org.ezp.waldenulibrary.org/10.2307/20062092)

- City-Data (2021, March 9). *Crime rate in Austin, Texas (TX): Murders, rapes, robberies, assaults, burglaries, thefts, auto thefts, arson, law enforcement employees, police officers, crime maps*. <https://www.city-data.com/crime/crime-Austin-Texas.html>
- Cole, B. P., Brennan, M., Tyler, E., & Willard, R. (2020). Predicting men's acceptance of sexual violence myths through conformity to masculine norms, sexism, and "locker room talk." *Psychology of Men & Masculinities*, 21(4), 508-517.
<http://dx.doi.org/10.1037/men0000248>
- Coulter, R. W. S., Mair, C., Miller, E., & Blosnich, J. R., Matthews, D. D., & McCauley, H. L. (2017). Prevalence of past-year sexual assault victimization among undergraduate students: Exploring differences by and intersections of gender identity, sexual identity, and race/ethnicity. *Prevention Science: The Official Journal of the Society for Prevention Research*, 18(6), 726-736. <https://doi-org.ezp.waldenulibrary.org/10.1007/s11121-017-0762-8>
- Day, J. K., Fish, J. N., Grossman, A. H., & Russell, S. T. (2020). Gay-straight alliances, inclusive policy, and school climate: LGBTQ youths' experiences of social support and bullying. *Journal of Research on Adolescence (Wiley-Blackwell)*, 30, 418-430.
<https://doi-org.ezp.waldenulibrary.org/10.1111/jora.12487>
- DeGue, S., Holt, M. K., Massetti, G. M., Matjasko, J. L., Tharp, A. T., & Valle, L. A. (2012). Looking ahead toward community-level strategies to prevent sexual violence. *Journal of Women's Health*, 21(1), 1-3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5865070/>
- DeGue, S., Massetti, G. M., Holt, M. K., Tharp, A. T., Valle, L. A., Matjasko, J. L., & Lippy, C. (2013). Identifying links between sexual violence and youth violence perpetration: New

Opportunities for sexual violence perpetration. *Psychology of Violence*, 3(2), 140-156.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5890447/>

Education Amendments Act of 1972, 20 U.S.C §§ 1681-1688 (2018).

<https://www.justice.gov/crt/fcs/TitleIX->

[SexDiscrimination#:~:text=%C2%A71681%20et%20seq.%2C%20into,funded%20education%20program%20or%20activity.&text=The%20Department%20of%20Education%20issued,of%20Title%20IX%2C%2034%20C.F.R.](https://www.justice.gov/crt/fcs/TitleIX-SexDiscrimination#:~:text=%C2%A71681%20et%20seq.%2C%20into,funded%20education%20program%20or%20activity.&text=The%20Department%20of%20Education%20issued,of%20Title%20IX%2C%2034%20C.F.R.)

Fineran, S. (2002). Sexual harassment between same-sex peers: Intersection of mental health, homophobia, and sexual violence in schools. *Social Work*, 47(1), 65-74. <https://doi-org.ezp.waldenulibrary.org/sw/47.1.65>

Foshee, V. A., Bauman, K. E., Ennett, S. T., Linder, G. F., Benefield, T., & Suchindran, C. (2004). Assessing the long-term effects of the Safe Dates Program and a booster in preventing and reducing adolescent dating violence victimization and perpetration. *American Journal of Public Health*, 94(4), 619-624. <https://doi-org.ezp.waldenulibrary.org/10.2105/AJPH.94.4.619>

Goldenberg, T., Jadwin-Cakmak, L., & Harper, G. W. (2018). Intimate partner violence among transgender youth: Associations with intrapersonal and structural factors. *Violence and Gender*, 5(1), 19-26. <https://www.liebertpub.com/doi/pdfplus/10.1089/vio.2017.0041>

Gruber, J. E. (1998). The impact of male work environments and organizational policies on women's experiences of sexual harassment. *Gender & Society*, 12(3), 301-320. https://deepblue.lib.umich.edu/bitstream/handle/2027.42/68224/10.%201177_0891243298012003004.pdf?sequence=2

Hage, S., & Romano, J. L. (2013). Best practices in prevention. In R. K. Conyne & A. M. Horne

(Eds.). *Prevention practice kit: Action guides for mental health professionals* (pp. 32-46).
Thousand Oaks, CA: SAGE.

Jaconis, M., Boyd, S. J., & Gray, M. J. (2019). History of sexual violence and associated negative consequences: The mediating role of body image dissatisfaction. *Journal of Loss and Trauma*. <https://doi.org/10.1080/15325024.2019.1660500>

Kimmel, A. P. (2016). Title IX: An imperfect but vital tool to stop bullying of LGBT students. *The Yale Law Journal*, 125(7), 1820-2181. <https://www.yalelawjournal.org/feature/title-ix-an-imperfect-but-vital-tool-to-stop-bullying-of-lgbt-students>

Lee, D. S., Guy, L., Perry, B., Sniffen, C. K., & Mixson, S. A. (2007). Sexual violence prevention. *The Prevention Researcher*, 14(2).
https://www.wcsap.org/sites/default/files/uploads/resources_publications/prevention_review/TPR_article.pdf

Limber, S. P., Olweus, D., Wang, W., Masiello, M., & Breivik, K. (2018). Evaluation of the Olweus bullying prevention program: A large scale study of U.S. students in grades 3-11. *Journal of School Psychology*, 69, 56-72. <https://doi.org/10.1016/j.jsp.2018.04.004>

Littel, K. (2001, April). Sexual assault nurse examiner (SANE) programs: Improving the community response to sexual assault victims. *OVC Bulletin*, 19.
<http://www.ojp.usdoj.gov/ovc/>

Moylan, C. A., & Javorka, M. (2020). Widening the lens: An ecological review of campus sexual Assault. *Trauma, Violence, and Abuse*, 21(1), 179-192.
<https://journals.sagepub.com/doi/pdf/10.1177/1524838018756121>

Multicultural and Social Justice Counseling Competencies. (2015, October 27).

<https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>

Mundy, D. E. (2013). The spiral of advocacy: How state-based LGBT advocacy organizations use ground-up public communication strategies in their campaigns for the “equality Agenda.” *Public Relations Review*, 39(4), 387-390.

<https://www.sciencedirect.com/science/article/abs/pii/S0363811113001100?via%3Dihub>

Murchison, G. R., Agenor, M., Reisner, S. L., & Watson, R. J. (2019). School restroom and locker room restrictions and sexual assault risk among transgender youth. *Pediatrics*, 143(6), 1-10.

<https://pediatrics.aappublications.org/content/pediatrics/143/6/e20182902.full.pdf>

National Cancer Institute. (2005). *Theory at glance: A guide for health promotion practice*.

Washington, DC: U.S. Department of Health and Human Services: National Institutes of Health. <https://cancercontrol.cancer.gov/sites/default/files/2020-06/theory.pdf>

National Center on Domestic and Sexual Violence (2021, March 9). *Sexual assault statistics*.

<http://www.ncdsv.org/images/SexualAssaultStatistics1.pdf>

Norris, A. L., & Orchowski, L. M. (2020). Peer victimization of sexual minority and transgender youth: A cross-sectional study of high school students. *Psychology of Violence*, 10(2),

201-211. <http://dx.doi.org/10.1037/vio0000260>

Olweus, D., & Limber, S. P. (2010). Bullying in school: Evaluation and dissemination of the

Olweus bullying prevention program. *American Journal of Orthopsychiatry*, 80(1), 124-

134. <http://dx.doi.org.ezp.waldenulibrary.org/10.1111/j.1939-0025.2010.01015.x>

Out Youth (2021, April 18). <https://www.outyouth.org/>

Office of Justice Programs (2021, April 15). *Office for victims of crimes: Responding to*

Transgender victims of sexual assault.

<https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/forgel/index.html>

Pirog, M. A., & Good, E. M. (2013). Public policy and mental health: Avenues for prevention. In

R. K. Conyne & A. M. Horne (Eds.). *Prevention practice kit: Action guides for mental health professionals* (pp. 1-79). Thousand Oaks, CA: SAGE.

RAINN (2021, April 15). *About sexual assault.* <https://www.rainn.org/statistics/scope-problem>

Ratts, M. J., & Pedersen, P. B. (2014). *Counseling for multiculturalism and social justice: Integration, theory, and application.* American Counseling Association.

<http://ebookcentral.proquest.com/lib/waldenu/detail.action?docID=1889222>

Reidy, D. E., Holland, K. M., Cortina, K., Ball, B., & Rosenbluth, B. (2017). Evaluation of the

Expected respect support group program: A violence prevention strategy for youth exposed to violence. *Preventative Medicine, 100*, 235-242.

<http://dx.doi.org/10.1016/j.yjpm.2017.05.003>

Ryan, C., & Rivers, I. (2003). Lesbian, gay, bisexual, and transgender youth: Victimization and its correlates in the USA and UK. *Culture, Health, & Sexuality, 5*(2), 103-119.

<https://doi-org.ezp.waldenulibrary.org/10.1080/1369105011000012883>

SAFE (2021, April 18). *Stop abuse for everyone: Together we can stop abuse for everyone.*

<https://www.safeaustin.org/>

Sigurdardottir, S., & Halldorsdottir, S. (2021). Persistent suffering: The serious consequences of

sexual violence against women and girls, their search for inner healing and the significance of the #MeToo movement. *International Journal of Environmental Research and Public Health, 18*, 1849-1865.

<https://doi.org/10.3390/ijerph18041849>

Stop Sexual Assault in School (2021, April 12). *Stop sexual assaults in schools' toolkits.*

<https://stopsexualassaultinschools.org/toolkits/>

Substance Abuse and Mental Health Services Administration (SAMHSA): Risk and Protective Factors. <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

Swearer, S. M., & Hymel, S. (2015). Understanding the psychology of bullying: Moving toward a social-ecological diathesis-stress model. *American Psychologist*, 70(4), 344-353. <https://doi-org.ezp.waldenulibrary.org/10.1037/a0038929>

Tamariz, L., Medina, H., Taylor, J., Carrasquillo, O., Kobetz, E., & Palacio, A. (2015). Are research ethics committees prepared for community-based participatory research? *Journal of Empirical Research on Human Research Ethics*, 10(5), 488-495. <https://doi-org.ezp.waldenulibrary.org/10.1177/1556264615615008>

Taylor, B. G., Stein, N. D., Mumford, E. A., & Woods, D. (2013). Shifting boundaries: An experimental evaluation of a dating violence prevention program in middle schools. *Prevention Science*, 14(1), 64-76. <https://doi-org.ezp.waldenulibrary.org/10.1007/s11121-012-0293-2>

Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of sexual orientation and gender diversity*, 2(1), 65-77. <http://dx.doi.org/10.1037/sgdd0000081>

Texas Association Against Sexual Assault (2021, April 18). <https://taasa.org/>

Texas LGBTQ chambers of commerce (2021, April 18). <https://texaslgbtqchambers.com/>

Tharp, A. T., DeGue, S., Valle, L. A., Brookmeyer, K. A., Massetti, G. M., & Matjasko, J. L. (2013). A systematic qualitative review of risk and protective factors for sexual violence perpetration. *TRAUMA VIOLENCE & ABUSE*, 14(2), 133-167.

<https://www.researchgate.net/profile/Sarah-Degue/publication/234012107>

Trans Equality (2021, April 18). National center for transgender equality.

<https://transequality.org/>

Trans Texas (2021, April 18). Transgender education network of Texas: Trans rights are human rights. <https://www.transtexas.org/>

Trickett, E. J. (1998). Toward a framework for defining and resolving ethical issues in the protection of communities involved in primary prevention projects. *Ethics & Behavior*, 8(4), 321. https://doi-org.ezp.waldenulibrary.org/10.1207/s15327019eb0804_5

Ullman, S. E., Townsend, S. M., Filipas, H. H., & Starzynski, L. L. (2007). Structural models of the relations of assault severity, social support, avoidance coping, self-blame, and PTSD among sexual assault survivors. *Psychology of Women Quarterly*, 31(1), 23-37.

<https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.866.3086&rep=rep1&type=pdf>

Vera, E. M., & Kenny, M. E. (2013). Social justice and culturally relevant prevention. In R. K. Conyne & A. M. Horne (Eds.). *Prevention practice kit: Action guides for mental health professionals* (pp. 1-59). Thousand Oaks, CA: SAGE.

Wilkins, N., Myers, L., Kuehl, T., Bauman, A., & Hertz, M. (2018). Connecting the dots: State health department approaches to addressing shared risk and protective factors across multiple forms of violence. *Journal of Public Health Management and Practice*, 24(1), S32. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5815838/>

SCHOLARWORKS CONTRIBUTOR AGREEMENT

[Please read the information below and if desired, sign, date, and provide email address in the highlighted section at the end].

ScholarWorks Publication Consideration

ScholarWorks makes the intellectual output of the Walden University community publicly available to the wider world. By highlighting the scholarly and professional activities of our students and faculty, ScholarWorks' rich repository encourages new ideas, preserves past knowledge, and fosters new connections to improve human and social conditions.

If you would like your portfolio from your Counseling 6785 course to be considered for submission to ScholarWorks, please review the ScholarWorks Contributor Agreement below and agree to the terms and conditions.

Acceptance of the policies and terms of the ScholarWorks Contributor agreement

- will not impact your grade
- will not guarantee publication

ScholarWorks Contributor Agreement

To administer this repository and preserve the contents for future use, *ScholarWorks* requires certain permissions from you, the contributor. By making a submission to *ScholarWorks*, you are accepting the terms of this license. However, you do not give up the copyright to your work. You do not give up the right to submit the work to publishers or other repositories.

By including an email contact below, you hereby grant Walden a limited license to review the Submission for the purposes of review of scholarly content; to distribute the Submission to the public on the Website; to make and retain copies of the Submission; and to archive the Submission in a publicly accessible collection.

You agree to defend, indemnify and hold Walden harmless from and against any and all claims, suits or proceedings, demands, losses, damages, liabilities and costs and expenses (including, without limitation, reasonable attorney's fees) arising out of or resulting from the actual or alleged infringement of any patent, trademark, copyright, trade secret or any other intellectual property right in connection with any Submission. Walden will not be required to treat any Submission as confidential. For more information, see the [Contributor FAQ](#).

By executing this Agreement, you represent and agree that:

- You are the author or of the submitted work or you have been authorized by the copyright holder, and the submission is original work.

- You hold the copyright to this document and you agree to permit this document to be posted, and made available to the public in any format in perpetuity.
- The submission contains no libelous or other unlawful matter and makes no improper invasion of the privacy of any other person.
- The submission will be maintained in an open access online digital environment via the *ScholarWorks* portal. Because works on *ScholarWorks* are openly available online to anyone with internet access, you do not hold Walden University responsible for third party use of the submission.

ScholarWorks (the Website) is owned and maintained by Walden University, LLC (Walden). All content that you upload to this Website (a Submission) will be available to the public. You represent and warrant that you have the right to upload any such Submission and make it available to the public.

I have read the Scholarworks agreement above, and I agree to have my COUN 6785 portfolio document considered for inclusion in Scholarworks; I also grant my permission for representatives from Walden University to submit this work on my behalf.

By signing again below, I agree to allow my email contact information below to be included in the published document, so that others may contact me about this work.

SIGNATURE: Caitilin S Taylor

DATE: 05/04/2021

DIRECT EMAIL ADDRESS: caitilin.taylor@waldenu.edu or caitilinstaylor@gmail.com