



Oregon State University
Student Health Services

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To: Dan Larson, Vice Provost for Student Affairs
Kim Kirkland, Office of Equal Opportunity and Access, Executive Director

From: Jenny Haubenreiser, AVP/Executive Director Student Health Services

RE: Interpersonal Violence Prevention, Response and Support Review and Findings

As you know, you formally charged the interpersonal violence (IPV) review workgroup to assess the effectiveness and impact of our current programs and services for OSU students. The workgroup's charge was an excellent opportunity for multiple units and departments to consider our many strengths as an institution, while also identifying gaps and opportunities to better align. From this review, we affirmed our commitment to provide programs and services that are comprehensive, well-coordinated, aligned, and informed by data to address the needs of the OSU community.

Background:

The delivery of OSU's interpersonal violence prevention, response and support for students is provided by multiple offices, including Student Health Services (where the Survivor Advocacy Resource Center (SARC), and the Prevention and Wellness department are located); Counseling and Psychological Services (CAPS); Office of the Dean of Students; Public Safety; and Equal Opportunity and Access (EOA). These efforts are informed by academic faculty colleagues as relevant subject matter experts. Established educational initiatives within University Housing and Dining Services, Center for Fraternity and Sorority Life, and OSU Athletics also reach students at critical points during their time at OSU. Additionally, Public Safety staff are trained to respond to reports of interpersonal violence utilizing a trauma-informed approach. The local community resource in Corvallis, Center Against Rape and Domestic Violence (CARDV), and Saving Grace in Bend, are available to provide 24/7 support to members of the university community.

Main Workgroup Findings:

It is clear that OSU has many highly committed individuals and teams overseeing multiple departments, programs and services contributing to holistic student support, as well as IPV prevention, education, training, and response. Members of the IPV review workgroup are steadfast in their commitment to bolstering health, safety, and well-being across the OSU community. This networked approach of contributors allows for support, education, and outreach at multiple levels, and is well-positioned to refer and respond to instances of interpersonal violence regardless of where it occurred.

Additionally, the workgroup identified several areas that I have begun to address.

1. More focused effort is needed to strengthen cross-departmental, multi-disciplinary collaboration and communication among our existing programs and services, along with more formalized structures on and off OSU campuses to provide seamless access to available services for students.
2. Determining what additional support is needed specific to BIPOC survivors, LGBTQQ+ survivors, and survivors from other historically marginalized communities will be explored as well.
3. A need to create a shared understanding and agreement among those who have roles and responsibilities within each of the contributing units, along with greater role clarity and scope refinements for confidential advocates within SARC.
4. The need for Student Health Services to formalize data collection and research within SARC to better understand the university climate, assess needs, inform distribution of resources, and aid in future program direction-setting.

Additional Context:

Recognizing the increased attention specific to SARC, I want to provide you with additional context related to requests for more resources for this department. A request was made in various forums for additional staff members for SARC (e.g., five to be filled immediately, three more by 2023). The conclusion that many community members drew was that SARC's operation is understaffed by a large margin. However, at the root of this request was an interest in OSU providing an entirely different model of service and programming.

Under our current model, SARC serves as a specialized element of OSU's networked support structure. SARC serves within a confidential setting at SHS, often serving as a first point of contact to assist members of the university community impacted by IPV in understanding their rights and navigating their options, while also supporting their decision-making. Sexual violence prevention programs for students are delivered by the Prevention and Wellness department within SHS, and trauma-informed counseling services are provided by CAPS.

The current Director of SARC's vision for a new "center" would consolidate sexual violence prevention, sexual health and trauma-informed counseling along with confidential advocacy in a single unit. This is certainly possible and is a model some campuses have adopted. However, a single center model at OSU has the potential to exclude key partners across OSU's network of care and could limit the opportunity to better leverage existing resources in serving the university community in a more holistic way. This is why the center concept has not been endorsed by leadership within the Division of Student Affairs (Kevin Dougherty, Ian Kellems, and myself). Instead, our attention is on strengthening the relationships and alignments already in place at OSU, including further utilizing community resources such as CARDV.

Additionally, inaccurate numbers were cited to support the call for more resources for SARC (i.e., one advocate per 10,000 individuals), and by stating that OSU has only one full-time advocate serving a university community of 50,000. Going in to Fall Term, SARC will have three advocates, with one also serving as the director. The enrollment numbers stated for OSU were not accurate, and although I have searched for a reference, it is not clear that there are published national best-practices regarding a specific ratio of advocates per enrollment size. Further, SARC does not replace community IPV resources that are available 24/7 to the OSU community.

I also believe that the scope of services provided by SARC is currently extending beyond the intent/design of the office. I believe that SARC staff may be duplicating functions that are, or could be provided by other university units. This duplication may be reducing existing SARC capacity which should be directed to meeting confidential advocacy caseload. As the leader responsible for SARC, I will determine the actual confidential advocacy needs through further evaluation, as well as whether a more holistic approach to confidential advocacy could be achieved through a more formalized relationship between OSU and CARDV, Saving Grace, and other community-provided services.

I do believe that fully online students in OSU's Ecampus may be underserved. Student Health Services and Ecampus will be collaborating on a pilot to provide part-time staffing in SARC for the 2021-22 academic year to assess impact and need and build advocacy and outreach capacity to better support fully online students.

In respect to implementing the workgroup's findings, I will start by formalizing an Interpersonal Violence Coalition to focus on an inclusive and comprehensive approach to student advocacy, support, and response, along with comprehensive sexual violence and sexual misconduct prevention. Through this group, multiple stakeholders and sub-groups will be tasked to further assess programs, services and collaborations, as well as determine data needed to best direct ongoing program growth and improvement.