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School of Occupational Therapy

Sexual Health on a University Campus: Occupational Therapy in a Health Promotion Role

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Sexual Health on a University Campus: Occupational Therapy in a Health Promotion Role

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Abstract

The purpose of this Doctoral Capstone Experience was to provide sexual health resources on a college campus, including providing sexually transmitted infection/disease testing, Title IX and dating education, and sexual assault awareness programs, through an occupational therapy health promotion lens. Students on the University of Indianapolis campus had the opportunity to attend two sexually transmitted infection/disease testing events, “Stalking Must Stop” event, view a “What Were You Wearing?” display, and attend “Speak About It” program. Yearly online Title IX training was condensed into an easy to understand format for the students on campus with intellectual disabilities. An educational session on Title IX, stalking behaviors, and dating was provided to a social skills group for students with Autism. Most programs and events were evaluated using anonymous surveys filled out by the students who attended. The social skills group session was evaluated using the Goal Attainment Scale. The results from student feedback indicate a need for sexual health resources and events on a college campus.

Keywords: Occupational Therapy, Sexuality/Sexual Health, Sexual Assault, Health Education

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Literature Review

The American Occupational Therapy Association (AOTA) Practice Framework (2014) provides an outline describing occupational therapy practice. AOTA (2014) defines activities of daily living (ADLs) as “activities that are fundamental to living in a social world; they enable basic survival and well-being.” (S19). Sexual activity is categorized as an ADL (AOTA, 2014). Occupational therapy has a role in health promotion as an approach to intervention (AOTA, 2014). Health promotion is defined by AOTA (2014) as, “the process of enabling people to increase control over, and to improve, their health” (S14). Tavares Gontijo et al. (2015) reason that to have a healthy sexual experience, from an occupation perspective, this also involves responsible sexual behaviors. Thus, occupational therapy can use health promotion and education to contribute to sexual and reproductive health (Tavares Gontijo et al., 2015). The contraction of a sexually transmitted infection (STI) potentially causes emotional, social, and/or financial distress, leading to a decrease in completion or satisfaction of desired occupations (Buhi et al., 2010). Interventions include support groups, educational programs, and stress-relieving activities. Two examples of educational programs are an occupational therapist providing a safe sex program for teenagers or young adults, and providing education for students about the prevalence of STIs on a college campus while also providing opportunity and/or resources for testing (AOTA, 2013).

Sexually transmitted infection prevalence

According to Habel, Leichter, and Torrone (2016), “There are an estimated 20 million new sexually transmitted infections each year” (p. 496). The Center for Disease Control and Prevention (CDC) (2017) state that individuals ages 15-24 only make up one fourth of the United

States sexually active population, but it is estimated that half of the new diagnosed STI cases are individuals within this age group. One in four sexually active women, ages 15-24, has an STI (CDC, 2017). The most commonly reported STI in the United States is chlamydia (James, Simpson, & Chamberlain, 2008). Habel et al. (2016) state that chlamydia positivity rates are higher in the sample, taken from college campuses, than the estimated prevalence in the general population. There are an estimated 2.8 million new cases of chlamydia each year, about 48% of which are young adults between the ages of 15-24 (James et al. 2008). The rate of HIV increased for those ages 15-24 who are sexually active between 2007 and 2010, but HIV rates remained the same or declined for all other age groups (Milligan, Cuneo, Rutstein, & Hicks, 2014). The high prevalence rate of STIs among young adults may be due to multiple barriers to accessing services (Lechner, Garcie, Frerich, Lust, & Eisenberg, 2013). Risk factors that affect sexual health outcomes, including unintended pregnancy and contraction of a STI in young adults include, but are not limited to, contraceptive inconsistency, age at first intercourse, age of sexual partners, discussion of birth control, number of sexual partners, non-monogamous relationships, nonromantic partners, alcohol and drug use, social and demographic factors, and family background (Scott et al., 2011). Bailey, Haggerty, White, & Catalano (2011) suggest that from mid adolescence to late adolescence and early 20s, the age of most college students, sexual risk behavior increases and decreases again in the mid-20s. The global HIV/AIDS pandemic needs to be a main priority for academic institutions (Sexuality Information and Education Council of the United States, 2017).

Sexual health on college campuses

Sexuality Information and Education Council of the United States (SIECUS) (2017), believes, “Professionals, including educators, healthcare providers, and social service providers,

should promote adolescent sexual health by providing accurate information and education about sexuality, and by assuring access to sexual and reproductive health care” (p. 1). A student of Lechner et al. (2013) states, “Yeah, there’s definitely a need for more sexual education. No one wants to talk about it while you’re growing up because you’re a kid, but once you’re an adult they think you already know it” (p. 31). Sexual health is an important part of general health, and college students need and want to be guided and supported by their college campus resources. Students expect colleges to provide resources and information regarding sexual health, but ultimately, it is the students’ decision to utilize those resources (Lechner et al., 2013). SIECUS (2017) states, “Individuals need access to accurate information about HIV/AIDS, as well as evidence-based prevention programs and methods. HIV testing, treatment, and care must be widely accessible and affordable, and only provided with informed consent.” (p. 1). Of 451,564 students, from 389 different institutions, approximately one-fourth had never been tested for HIV (Buhi, Marhefka, & Hoban, 2010). James et al. (2008), state potential barriers to STI testing on college campuses, including, reluctance of administrators to accept STI prevalence on their campus, timing conflicts with classes/exam schedules, private space for specimen collection, and coordination with local health departments for treatment. Despite barriers, it is possible to have sustainable, student-run STI and HIV testing completed on college campuses when there is no student health center, or the student health center does not complete STI/HIV testing (Milligan et al., 2014). Milligan and colleagues (2014) offer free, student-run, noninvasive, rapid HIV testing that do not require an appointment in high-traffic pedestrian zones in two institutions’ student centers on a weekly basis. Most of the students tested, 56%, state that it is their first time completing HIV testing. The number of students receiving testing increased five-fold from the first year to the second year. Both programs are still running to this date (Milligan et al. 2014).

Sexual assault awareness

The National Sexual Violence Resource Center (NSVRC) (2010) defines sexual assault when, “Someone forces or manipulates someone else into unwanted sexual activity without their consent” (p. 1). NSVRC (2018) states that one in three women and one in sex men experience some form of sexual assault in their lifetime. According to the NSVRC (2018), 20-25% of college females and 15% of college males are forced into sexual activity and 90% of those victims do not report the assault. Jozkowski and Humphreys (2014) argue that there must be an institutional shift in order to decrease the rates of sexual assault on college campuses. According to Jozkowski and Humphreys (2014), “In order to truly address sexual assault on college campuses, institutional changes on rape culture are necessary” (p. 34). Johnson, Thomas, Shields, Butcher, and Jemsek state that sexual assault awareness and prevention programs on college campuses can promote healing and decrease stigmas related to sexual assault. Johnson et al. (2016) state, “It is important that sexual assault awareness and prevention programs be allowed on campuses so that victims know their rights, understand steps to take next, and acknowledge that they are not to blame” (p. 28).

Stalking behaviors and dating for individuals with Autism Spectrum Disorder

Students who have Autism Spectrum Disorder (ASD) are more likely to engage in stalking behaviors due to displaying characteristics such as, difficulty understanding non-verbal cues, perseverative focus on one person, and inability to fully understand social or legal consequences (Post, Haymes, Storey, Loughrey, & Campbell, 2014). According to Post et al. (2014) one main element of stalking is, “harassment involving repetitive, annoying and disturbing behavior directed towards a person that has no positive or legitimate reason other than to harm the person” (p. 2698). Post et al. (2014) states that individuals with ASD could engage

in stalking behaviors unintentionally, not realizing that their behaviors are being interpreted by others as stalking. Not only can individuals with ASD display stalking behaviors due to these social characteristics, but also difficulty creating intimate relationships (Ward, Atkinson, Smith, & Windsor, 2013). According to Ward and colleagues (2013) those who have ASD are less likely to receive education on sexual health and healthy relationships. Due to these two factors, dating and healthy relationships can be difficult for those individuals with Autism Spectrum Disorder.

Health belief model

Rosenstock (1974) states that the Health Belief Model focuses on a client's beliefs and how they shape his/her behavior. The model centers on perceived susceptibility, severity, benefit, barriers, and is followed by cues to action. A client, in this case a student, must perceive him/her self as susceptible to sexually transmitted infections (STIs), understand the severity of having an STI, receive some sort of benefit from being tested for STIs, and/or have limited barriers to being tested, whether those be physical, emotional, or financial, in order for the student to seek out testing. If none of these factors occur, the student will be less likely to seek out testing. There must also be a level of readiness, or willingness to be tested, for a change in behavior to occur (Rosenstock, 1974). The same concept applies to the student's willingness to be educated on stalking behaviors, dating, and sexual assault awareness. Rosenstock (1974), proposes that programs used to modify behavior or beliefs could focus on only one or more than one factor to facilitate change. The purpose of this Doctoral Capstone Experience was to provide sexual health resources on a college campus, including providing sexually transmitted infection/disease testing, Title IX and dating education, and sexual assault awareness programs, through an occupational therapy health promotion lens.

Screening and Evaluation

Gaps in service can be identified through a needs assessment (Berkowitz & Reviere, 1997). A needs assessment was conducted through a systematic literature review and an informal interview with a nurse practitioner who works at the University of Indianapolis (UIndy) Student Health Center, the university Title IX coordinator, and the Baccalaureate for University of Indianapolis Learning Disabled (BUILD) coordinator. The key words sexually transmitted infection prevalence, college campuses, sexually transmitted infection testing, autism and stalking, healthy relationships, and sexual assault were used to conduct the literature review. Results from the literature review indicated those ages 15-24 had the highest incidence of contracting a STI. This correlates with the age of most college students. The informal interview with UIndy's nurse practitioner revealed that the Student Health Center does not complete STI testing or screening, but that this would be a beneficial service to provide. Currently, the students must be referred to other facilities to receive services related to STI testing. An outside company currently owns the health center. The nurse practitioner stated concerns related to how much advocating power she had to allow these services to be completed at the Student Health Center.

The BUILD coordinator runs a social skills group for students on campus who have autism. She expressed the need for stalking and dating education be provided to the social skills group. The University of Indianapolis requires first year students to complete Title IX training, called Haven, before registering for classes. Haven offers education about sexual assault, consent, and bystander intervention. The BUILD coordinator stated concerns that the students on campus with intellectual disabilities are not getting the full benefit of this program due to its length and repetitiveness. She stated that it would be beneficial to condense Haven into clear,

easy to understand information. The BUILD social skills session was evaluated using the Goal Attainment Scale. The Goal Attainment Scale is a cooperative goal setting evaluation that uses a numeric index to determine the client's/group's performance (Ottenbacher & Cusick, 1990). According to Ottenbacher and Cusick (1990), "The goal attainment scaling system is a flexible set of procedures for the evaluation of an individual's or group's performance in a variety of areas" (p. 523).

The Title IX coordinator stated the need for evaluating programs and events held on campus to ensure they are beneficial for the students. The Title IX coordinator also expressed the need for event planning and evaluation for Sexual Assault Awareness Month in April. Van der Reyden, Wilson, and White (2017), state that occupational therapists must evaluate effectiveness, efficiency, and the appropriateness of their programs and can do so through the use of a survey. Most events were evaluated through anonymous surveys completed by those who attended them.

Existing and emerging areas of occupational therapy practice

The advocacy and development of STI testing to be completed is done through a health promotion lens. American Occupational Therapy Association (2015) states, "Occupational therapy can play a key role in health promotion to a number of populations" (p. 1). If a person was to contract a sexually transmitted infection, this could cause emotional, social, and/or financial distress (Buhi, Marhefka, & Hoban, 2010). This has the potential to decrease satisfaction or completion of desired occupations. Occupational therapists have the education and training to understand the interactions of people, their environment, and the items that need accomplished in their daily lives and how health and well-ness can affect these interactions (AOTA, 2015). According to AOTA (2015), health promotion can be achieved through the

promotion of healthy habits and routines. This includes education on having regular STI testing, healthy relationships, and sexual assault awareness.

Swanton (2017), states that occupational therapy has a distinct role to play in sexual health education due to sexual activity being listed as an activity of daily living (ADL) in the Occupational Therapy Practice Framework (AOTA, 2014). An occupational therapist can educate students by synthesizing the information in a way that empowers those to not only make educated decision, but also care for their bodies (Swanton, 2017). According to Schaafsma et al. (2014), most healthcare professional do not provide education to their clients because their “clients are not sexually active”, their “clients don’t want to be educated” and/or they “don’t have the knowledge and/or skills for it” (p. 162). As a health care professional, it cannot be assumed that the client is not sexually active or does not want the education. The health care professional should offer sexual health, healthy relationship, and sexual assault awareness education to the client as he/she would with any other health related topic. An occupational therapist can be the one to provide that education.

Implementation Phase

Bell Flower Clinic was on the University of Indianapolis campus in the Schwitzer Student Center on February 26th, 2018 and April 19th, 2018 to complete free STI screenings. Bell Flower volunteered their time and funds for the tests; testing equipment was provided by grant sources through Bell Flower. Students completed a registration form before being tested and were also given a survey to complete at the end of testing (see Appendix A). No insurance, photo identification, or appointment was required. Students then had the choice to have their blood drawn, a urine sample taken, their throat swabbed, and/or complete a self vaginal/anal swab depending on the STIs they wished to be tested for. The testing site was near a bathroom

for students to complete these steps. Those tested were given a number to call for their results.

Those who tested positive for an STI were contacted if they did not call for their results.

An interactive lesson on stalking and dating was presented to the University of Indianapolis's social skills group for students on campus with autism. The lesson was an hour long and involved educational concepts of what stalking and dating are, collaborative discussion of appropriate and inappropriate behaviors, and answering any further questions. The group was given a scenario related to further building a friendship with a peer. The group discussed inappropriate behaviors that could be perceived as stalking tendencies, followed by appropriate behaviors that could further develop the friendship. The BUILD coordinator was present during the lesson and provided input when necessary.

Haven Title IX training was condensed into an easy to understand format for students on the University of Indianapolis campus with intellectual disabilities. Haven is completed online and takes roughly an hour to complete. The BUILD coordinator completes this training with the students. The online training is not easy to navigate and is repetitive. The information taught in Haven was transferred to a word document, repetitive information was deleted, and it was condensed to the most pertinent information. This information can now be used by the BUILD coordinator to teach the Haven training information without having to complete the program.

Title IX coordinated an event called "Stalking Must Stop" that was held on the University of Indianapolis campus on January 29th. Debbie Riddle shared the story of her sister, Peggy Klinke, who was stalked and murdered by her stalker. She also provided information about stalking and community resources that are available if a student is being stalked. A survey was given to the students before Debbie shared her story (see Appendix B) and was returned at the

end of the event to evaluate the effectiveness of having someone speak on the topic of stalking and receive feedback regarding the event.

Collaboration with Title IX established several events that were held in April for Sexual Assault Awareness Month. The month kicked off with an opening ceremony to introduce “What Were You Wearing”. Speakers, such as the University of Indianapolis’s president, Title IX coordinator, and Beacon of Hope, a local sexual assault crisis center, representative discussed sexual assault awareness and prevention on campus. “What Were You Wearing” is a visual display used to acknowledge the fact that a victim’s clothing choice is irrelevant to an assault case. Clothes matching the description of what survivors were wearing when they were assaulted were hung on black panels and displayed with the description, content warning signs, and “End victim blaming.” stickers. The start of each display contained Mary Simmerling’s poem “What I was Wearing”, surveys to evaluate the effectiveness of the displays (see Appendix C), and a drop box for completed surveys. Throughout the month of April, ten panels were hung in the Schwitzer Student Center and six panels were hung in the Health Pavilion. The clothing used in the display was donated by various students. Title IX paired with Beacon of Hope to hold this event and a Beacon of Hope representative was stationed in the Schwitzer Student Center Monday-Friday from 8:30 am to 4:30 pm as a resource for students who were triggered by the displays.

The University of Indianapolis and Title IX hosted “Speak About It” on April 9th, 2018. “Speak About It” was a show in which five actors focused on addressing issues of consent, sexual assault, and bystander intervention. The actors used real-life scenarios for their skits and read off original notecards to keep the authenticity of the stories. “Speak About It” educated students about University of Indianapolis resources that could be utilized in the event a sexual

assault was to happen. Trained representatives from Beacon of Hope were present to provide counseling to any student who was triggered by the performance. A post-show survey (see Appendix D) was handed to all the students who attended at the beginning of the show and was returned at the end.

Leadership and staff development

I had to be self-driven throughout my doctoral capstone experience (DCE). It has been my responsibility to find and reach out to various community resources or find events that would be beneficial to have on campus. My communication skills have grown immensely throughout this process. I had to provide evidence for the need of these programs on campus, advocate why an occupational therapy student should be doing this, and finalize all the details needed to implement these events. Without displaying leadership skills, these events would not be possible to complete.

The nurse practitioner has agreed to advocate for STI testing at the student health center. The number of students who attended the two events provides evidence for the need to have this service available. The post-event surveys will be used to advocate this need to the supervisors. If STI testing becomes available at the student health center, insurance will be required. Some students may be hesitant to be tested due to still being under their parents' insurance.

The BUILD coordinator has the session outline for the stalking and dating lesson provided to her social skills group. She has stated that she will incorporate this lesson into future groups. Having the outline, she can make changes to the lesson depending on the dynamics of future groups. She also plans to use the condensed Haven training to educate her study skills group about sexual assault, consent, bystander intervention, and resources provided on the UIndy campus.

I have educated the University of Indianapolis Title IX coordinator on the need to evaluate programs that she holds on campus to better meet the needs of the students. After receiving student feedback from one event that has been held thus far, she has stated that she would like to continue passing out surveys at her events to receive further feedback. This will help to create more student-centered events in the future.

Discontinuation and Outcome

Throughout the DCE surveys were used to evaluate effectiveness of the various events held to ensure quality improvement. Anonymous surveys were completed at the end of “Stalking Must Stop”, both STI testing events, “Speak About It”, and throughout the “What Were You Wearing Display” by students who attended these events. About 30 students attended “Stalking Must Stop” and 16 returned their post survey. Of the students who completed the post-event survey, 100% rated the overall quality of the event as excellent and 15/16 students rated “finding this topic useful” as excellent, one student did not answer. Half of the students enjoyed that the event was a personal, true story and 31% reported that the event was informative. Most of the students, 62.5%, stated that they would change nothing about the event. The 9:00 p.m. start time, focusing on college campuses more, and needing more people to attend the event were a few suggestions for change recommended by students who completed the survey.

The first STI testing event had 78 students attend. Of the students who attended, 41 completed the post-event survey. 97.6% of the students who completed the post-event survey stated that they would attend a testing event again on the University of Indianapolis campus; one participant did not answer. A majority, 58%, of students heard about the event through flyers that were posted on campus, and 70.7% of the students liked the event because it was free, quick, and convenient. One suggestion that students who completed the survey, 53.7%, would change

the location of the event due to the small space and wanting privacy. Every student who completed the post-event survey stated that it would be beneficial for the University of Indianapolis Student Health Center to offer STI testing.

The second STI testing event had an estimate of 55 students attend and 31 post-event surveys were completed. Most of the students who attended learned about the event through flyers hung on campus or heard about it from a friend. Of those who completed the post-event survey, 93.5 %, stated that they would attend a testing event again on the University of Indianapolis campus. Students stated that they liked the event because it was free and convenient. Several suggestions included changing the location and having more privacy for future testing events. A majority of the students, 96.8%, stated that this service should be provided at the student health center; one student did not respond to this question.

“Speak About It” had an estimate of 50 students attend and 37 post-show surveys were returned. A majority of those who attended rated the learning concepts, understanding healthy relationships, what consent is and is not, and bystander intervention, as “excellent” and “well above average”. Of the students who completed the post-show survey, 70.3%, rated this topic as useful and the overall quality of the show as “excellent”.

“What Were You Wearing” will continue to be displayed throughout the month of April. The results from the surveys only included April 1st through April 19th due to DCE assignment due dates. Of those who completed the survey, all rated that due to this installment they are less likely to blame a rape victim for what he/she was wearing, be less likely to ask a rape victim what he/she was wearing, and be more likely to correct someone blaming a rape victim for what he/she was wearing as “excellent”. Two surveys had additional comments written on the back. The first stated, “This is the most powerful installment I’ve seen at UIndy so far. I love this. It’s

so bothersome and makes people uncomfortable but that's what we need. Thank you." The second stated, "Thank you for putting something like this up in the Health Pavilion. In our current social and political climate, I think it is important to have presentation and exhibitions that concern hard topics like rape, and how important victim blaming is, how detrimental it can be."

The stalking and dating educational lesson provided to the BUILD social skills group was evaluated using the Goal Attainment Scale (See Appendix E). The group lasted 45 minutes and 11 members were present. All group members participated in discussion. Goal one received a score of +2. The group members were able to identify at least five inappropriate behaviors that could be perceived by others as stalking. A few examples of these behaviors include sending multiple text messages, following someone to class without his/her permission, and checking a person's social media to find out where they are. One participant shared a personal story of when she was displaying stalking behaviors unintentionally. Goal 2 was given a score of +1. The group members were able to collaboratively identify at least five appropriate behaviors that could replace the inappropriate behaviors. These behaviors included asking permission before walking to class with someone and setting boundaries on how many times to text a person or check his/her social media. Goal 3 was not addressed due to time constraints.

The feedback received is crucial for the improvement of quality of future events. Using the feedback received in the early events, such as "Stalking Must Stop" and the first STI testing event, allows for student-centered events. This is also a way to assess if the event would be beneficial to hold in the upcoming years. The Title IX coordinator has reported that the use of surveys will be continued to assess future events. This will ensure that quality improvement will continue once the Doctoral Capstone Experience is completed.

Response to society's need

The needs stated by faculty on the University of Indianapolis campus included the need for STI testing on campus, an educational session on stalking and dating for the BUILD social skills group, and program development and evaluation for events held by the Title IX coordinator. The large number of students who attended the STI testing event provides evidence that this was not only something that the faculty considered beneficial but was also a need for the students.

The students in the social skills group were receptive to the stalking and dating lesson. Many students had stories of their own regarding stalking behaviors that they did not realize were stalking behaviors. Two group members had recently started dating. Other members had expressed interest in dating. The receptiveness of the group provides evidence that not only was this something that the BUILD coordinator considered beneficial but was also a need of the participants in the group.

The Title IX coordinator needed to evaluate her programs and events as to better meet the needs of the students. Students responded well to all sexual assault awareness programs put on by Title IX. The comments received about the “What Were You Wearing” installment proved the need to have these types of programs on a college campus. After “Speak About It”, students who attended were given the opportunity in a safe place to share their stories or receive the resources that they need. A student talked to the Title IX coordinator privately and received local resources. That student got the help that he needed due to this event.

Overall Learning Through Effective Interaction

The DCE required effective communication and interaction with site mentors, community resources, students on the University of Indianapolis Campus, and fellow classmates

who were also completing their DCE. Site mentors were first contacted through email communication to set up face-to-face meetings. These meetings involved discussing the needs of the site and what could be done to help. Education on what occupational therapy is was provided. Constant contact with site mentors was held throughout the entirety of the Doctoral Capstone Experience to ensure completion of events and projects and to answer any questions or concerns that arose.

Community resources, such as Bell Flower and the Marion County Health Department, were contacted to provide various events throughout the DCE. Phone calls were used to discuss event planning. Multiple phone calls were missed and had to be returned at a later time due to poor phone reception in the office. All community resources agreed to converse through email to facilitate better communication. Through email, face-to-face meetings were set up to discuss event needs in detail.

Students on the University of Indianapolis campus were communicated with through various forms of advertisement. Flyers were used to advertise for STI testing events. Events were also posted electronically on the university events calendar and on the weekly events email sent to all of the students from the university dean of students. Emails were sent to professors that taught classes related to general health about event being held on campus. The professors then passed along that information to the students in the classes that they were teaching.

Contact with peers, who were also completing their Doctoral Capstone Experience, was made weekly through online forum posts. The forum posts allowed for constant communication. Forum posts contained information regarding next steps in completing the capstone, suggestions and resources, and answering questions that any of the peers may have.

Appendix A

Sexually Transmitted Infection Testing: Post-Testing Survey

1. Would you attend a testing event again on the University of Indianapolis campus? YES NO

2. How did you hear about this testing event? _____

3. What is one thing that you liked about this testing event? _____

4. What is one thing that you would change about this testing event? _____

5. Do you think it would be beneficial for the UIndy Student Health Center to offer STI screening? YES NO (please circle) Why or why not? _____

Appendix B

Stalking Must Stop: Post-Event Survey

	Below Average	Average	Above Average	Well Above Average	Excellent
1. I know what resources are available to me regarding stalking	1	2	3	4	5
2. I learned info I had not previously known from attending this event	1	2	3	4	5
3. I found this topic useful	1	2	3	4	5
4. Overall quality of this event	1	2	3	4	5

6. One thing that I enjoyed about this event:_____

7. One thing that I would change about this event:_____

Appendix C

What Were You Wearing: Post-Installment Survey

After viewing this installation, I am:

	Disagree	Slightly	Slightly	Agree	Strongly
		Disagree	Agree		Agree
1. Less likely to blame a rape victim for the rape based on what they were wearing.	1	2	3	4	5
2. Less likely to ask a rape victim what they were wearing when they were raped.	1	2	3	4	5
3. More likely to correct a friend who blames a rape victim for what happened based on what they were wearing.	1	2	3	4	5

Appendix D

Speak About It: Post-Show Survey

After viewing this performance:

	Below Average	Average	Above Average	Well Above Average	Excellent
1. I better can state what a healthy relationship/healthy sex looks like.	1	2	3	4	5
2. I have a better understanding of when a person is consenting/not consenting to a sexual activity.	1	2	3	4	5
3. I am more likely to intervene in a situation that I think could lead to a sexual assault.	1	2	3	4	5
4. I found this topic useful.	1	2	3	4	5
5. Overall quality of this event as	1	2	3	4	5

Appendix E

Goal Attainment Scale for BUILD Social Skills Group

Predicted Attainment	Score	Goal 1: Identifying inappropriate behaviors	Goal 2: Identifying appropriate behaviors	Goal 3: Defining dating and dating etiquette
Most unfavorable outcome	-2	The group members do not participate in the session.	The group members do not participate in the session.	The group members do not participate in the session.
Less than expected outcome	-1	Some group members participate in discussion but can only identify 1 inappropriate behavior.	Some group members participate in discussion but can only identify 1 appropriate behavior that could replace the inappropriate behavior.	Some of the group members participate in discussion but are unable to define what dating is to them.
Expected level of outcome	0	The group will be able to collaboratively identify 3 behaviors that could be perceived as stalking by others.	The group members will be able to collaboratively identify 3 appropriate behaviors that could replace the inappropriate behaviors.	The group members will have a collaborative discussion about the definition of dating and how it is different than other friendships.
Greater than expected outcome	+1	The group will be able to collaboratively identify 5 behaviors that could be perceived as stalking by others.	The group members will be able to collaboratively identify 5 appropriate behaviors that could replace the inappropriate behaviors.	The group members will have a collaborative discussion about the definition of dating and are able to give examples of what a date would look like.
Most favorable outcome	+2	The group will be able to collaboratively identify 5 behaviors that could be perceived as stalking by others and give real-life scenarios.	The group members will be able to collaboratively identify 5 appropriate behaviors that could replace the inappropriate behaviors and give real-life scenarios.	The group members will have a collaborative discussion about the definition of dating, are able to give examples of what a date would look like, and are able to give 1 example of proper dating etiquette.

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