Taking Action Together (TAT): An annual, intersectional, peer-based sex education program

Micaela C. Frick  
*Pacific University*, fric5297@pacificu.edu

Rebecca Schoon, PhD  
*Pacific University*, rebecca.schoon@pacificu.edu

Abstract
College students are at high risk for experiencing sexual violence. Living without parents, lack of understanding of consent, new relationships, high stress, and experimenting with drugs and alcohol are some factors that increase the risk of sexual violence among college students. Pacific University has existing prevention programs aimed to decrease the incidence of sexual violence, but existing workshops only target first year students and athletes. There is a gap for students who don’t fit in either category. Post-test surveys from these existing prevention programs shows that students favor peer-led workshops. Other sexual violence prevention programs report the benefits of peer-education and find that students need information repeated to them to retain new information. New research involving intersectionality in health education programs report higher student involvement within workshops and improve education around varying identities. Using an intersectional model, TAT aims to reduce the incidence of sexual violence among undergraduate Pacific University students through a multi-year, peer-based education program. Pacific University undergraduate students will be required to attend this program each school year to improve retention rates of the material. TAT will educate on topics of sexual violence prevention, healthy relationships, consent, root causes, bystander intervention, and available resources. As a result of this program, we foresee a 30% decrease in sexual violence incidence and a 40% increase in student’s self-efficacy by believing that they can successfully intervene in a potentially dangerous situation.

Keywords  
Intervention Design, Sexual assault, Intersectionality, Peer education

Peer Review  
This work has undergone a double-blind review by a minimum of two faculty members from institutions of higher learning from around the world. The faculty reviewers have expertise in
disciplines closely related to those represented by this work. If possible, the work was also reviewed by undergraduates in collaboration with the faculty reviewers.
With 8 out of 10 feeling stressed in an average month, college students are frequently impacted by stress connected to their academic institutions (Abbreviated Injury Scale, 2015). These include homework, classes, and attempts to live a “balanced” life. Not only do classes and homework take up a lot of time, but many students work multiple jobs to be able to pay their bills. College students feel pressure to succeed (American College Health Association, 2014). The lack of time, energy, and income from this busy lifestyle may cause students to become malnourished, experience food insecurity, and struggle financially. In 2014, a National College Health Assessment found that 33% of students reported feeling so depressed within the previous twelve months that it was difficult to function. In addition, 55% percent of students reported feeling overwhelming anxiety, and 87% felt overwhelmed by their responsibilities; 9% seriously considered suicide over the past year (American College Health Association, 2014). This population often turns to health-imparing coping mechanisms such as drugs and alcohol to deal with stress that college as an institution brings this population (Bandiera, et al., 2015).

Similarly, a recent survey from Pacific University’s Campus Wellness newsletter, stress management was the most cited need that students wanted, along with more programming and support to address this problem. In order to combat this, enrolled Pacific students are eligible for services at the Student Counseling Center, including ten free individual sessions, group therapy, crisis services, referrals, workshops and more (Confidential Advocacy Network, 2019).

All the aforementioned factors impact students’ social relationships on campus. One of the more common social interactions that is impacted is intimate relationships between students. Campus Wellness, the department in charge of this, hasn’t directly surveyed the total undergraduate population regarding healthy relationships, but a tabling intervention focusing on healthy relationships gave out a quiz that helped students calculate how their partnered relationship was ranked on a scale from healthy to unhealthy. The results were split on whether their relationships were healthy or not, but the students were able to identify red flags and unhealthy traits that their partner expresses. Subsequent intersectionality and diversity can impact students’ risk of harm. Sexual violence intersects with all these factors.

Population Description
Pacific University (PUO) is a regional liberal arts college in Forest Grove, Oregon with a total undergraduate enrollment of 1,894 students, most of whom are within the ages of 17 to 25 (Overview of Pacific University, 2019). Undergraduate students experience a wide range of challenges that can affect their social wellbeing, including interpersonal relationships and sexual health. Students come from many different backgrounds with varying interests, religious beliefs, cultural practices, and socioeconomic backgrounds. College is typically a time for individuals to learn how to express themselves by choosing their major, being a part of clubs and athletics, exploring sexuality, and finding their identity, among others.

Over 60% of undergraduate students at PUO are within the age group of 17 to 25 with a gender distribution of 38% male identifying students and 62% female identifying students (Overview of Pacific University, 2019). Relative to regional competitors PUO has a diverse population, with the undergraduates comprising 50.8% White, 13.8% Hispanic/Latino, 12% Asian, 2.1% Black or African American, 2.1 % Native Hawaiian or Other Pacific Islander, 1.6% Non-Resident Alien, 0.6% American Indian or Alaskan Native, and 16.9% Ethnicity Unknown (Undergraduate Ethnic Diversity at Pacific University, 2019). The majority of students came to PUO from Washington, Oregon, California, and Idaho. Many of these students are experiencing life on their own for the first time, with only a handful of students...
survivor incidents as well as touching unwanted sexual experiences. In addition, 50.5% of students had experienced violence while at Pacific (Overview of Pacific University, 2019). 5% of female students, 15% of non-binary students, and 4% of male students experienced sexual violence.

PUO releases a Campus Climate survey to measure attitudes and experiences of students around sexual violence. The last Campus Climate Survey conducted in 2017, 10% of female students, 15% of non-binary students, and 4% of male students experienced sexual violence while at PUO (Pacific releases campus climate survey results, 2019). 61% of these assaults occurred during the first year at PUO. In addition, 50.5% of students had experienced unwanted sexual experiences, including verbal incidents as well as touching, with 87% of these assaults perpetrated by someone known to the survivor (Pacific releases campus climate survey results, 2019). College students that have experienced sexual assault are twelve times more likely to have suicidal ideation than students who have not experienced sexual assault (Paley, 2019). Students who fall under multiple intersectional categories have an increased risk, such as minorities, and the LGBTQIA+ community.

In order to increase awareness of sexual violence and assault, the introduction of educational programs have become more common. Many sexual violence prevention programs do not take religion and abstinence into account, however. The majority of sexual education programs used in middle schools and high schools teach abstinence only (waiting to have sex until marriage) or attempt to strongly dissuade students from wanting to partake in sexual activity by trying to frighten them with the knowledge of sexually transmitted infections (STI) and pregnancy. These types of programs do not teach safe sex and do not allow students to feel comfortable asking for further information. The Rape, Abuse & Incest National Network (RAINN) is a well-known sexual violence prevention organization that advertises diversity within its programs, but does not cater to religion, sexuality, or all genders.

Taking diversity into perspective in sex education programs and in sexual violence prevention programs is important when catering to multiple different backgrounds and understanding levels because individuals are more likely to comply to information when they know it is catered for them and their identity and beliefs. Sexual assault resources commonly have the same issue. Sex education programs are also known to not be inclusive. This is a significant issue for this population because of the known impact sexual violence has on an individual, and its prevalence. When someone cannot get the support, resources, and education they need, the chance of mental and physical harm increases.

Currently, at PUO there are efforts to decrease the rates of sexual violence on campus. The primary workshop used to do this
Taking Action Together (TAT)

is called “Sex and Pizza.” This workshop targets first year students at PUO and aims to educate them on topics including consent, sexual assault, drugs and alcohol, relationship red flags, societal factors, bystander intervention, and survivor support. While this is an important program that addresses many topics, there are still gaps in education. Most of this workshop focuses on the “typical college student,” including heteronormative expectations and popular societal beliefs. Religion, cultural beliefs, gender, sexualities, and much more also impact sexual violence and creates a wider disparity. Due to these educational gaps in workshops, a complete intersectional analysis cannot be performed to acknowledge all levels of challenges that targeted individuals may face.

The largest gaps in the “Sex and Pizza” curriculum include educational tools targeted for marginalized groups, and the use of drugs and alcohol. Marginalized groups are more likely to benefit from material that is informative for a diverse audience. For example, an individual in the LGBTQIA+ community is not going to benefit from only learning about heterosexual sex education. Marginalized groups are known to experience the highest rates of racism, sexism, genderism, etc. To cope with the negative societal remarks, drugs and alcohol are frequently used among this group in high quantities as a coping mechanism. When education is not inclusive, then certain groups aren’t getting the important and necessary information they need to stay healthy and safe. Attendance is also a major problem for workshops. When there are educational gaps and lack of discussion and awareness about these issues, no change can be enacted towards the education of these marginalized groups, because the importance of this issue is not being spread.

One area warranting attention is the connection between alcohol/drug use and sexual assault. Nationally, over 75% of sexual assaults on college campuses involve alcohol. If someone is intoxicated, they cannot give consent showing that many intimate experiences have occurred without consent. College students often turn to health-imparing coping mechanisms to deal with stress that college as an institution brings (Bandiera, et al., 2015). Heavy drinking amongst college students is defined as a “major public health problem,” according to the U.S. Surgeon General and the U.S. Department of Health and Human Services (Correia, et al., 2012). In 2015, one survey indicated that 1,825 college students between the ages of 18 and 24 die every year as a result of hazardous drinking, and over half a million suffer unintentional injuries under the influence of alcohol. Additionally, 696,000 students are assaulted by peers drinking, with more than 97,000 students reporting experiences of alcohol-related sexual assault (Alcohol Facts and Statistics, 2020).

The majority of students living on campus at PUO are under the age of 21, prohibited from purchasing or consuming alcohol and smoking in the U.S. As a result, many turn to off-campus parties to buy and use drugs and alcohol (Jones, 2004). Being under the influence causes an increased risk of negative health issues, affects grades and attendance, social life, athletics, and personal finances. Studies show that banning alcohol and drugs on campus does not decrease usage (Jones, 2004). Studies show that Oregon colleges have a problem with high risk drinking behaviors because they have direct and indirect impacts on campus communities (Jones, 2004).

Another area of needed focus is the impact of sexual assault on marginalized communities. Sexual violence disproportionately affects individuals in the LGBTQIA+ community. One in seven transgender students have been sexually assaulted on PUO’s campus. In the community, 47% of transgender people, 46% of bisexual women, 44% of lesbians, 36% of bisexual men, and 26% of gay men are survivors of sexual violence (Human Rights Campaign, 2015). Because the LGBTQIA+ community is a minority group, they are often a target for hate. This causes individuals in this community to experience mental health issues
and not feel safe, impacting their daily life (Dilley, 2010). The LGBTQIA+ community has a three times higher risk of suicidal ideation than their cisgender counterparts. All of this means this community is predisposed to a particularly difficult experience.

**Review of Interventions**

**Peer education.** Peer-based education models play a critical role in the effectiveness of harm reduction, prevention, and early intervention through promoting healthy behaviors, and decreasing high-risk behaviors (Snyder & Wiles, 2015; Strange, et al., 2002; Bradley, et al., 2013). Peer education is defined as a technique for delivering knowledge that improves social learning and provides psychosocial support among individuals that share common experiences by sharing information and personal stories (Abdi & Simbar, 2013). Multiple studies have proven the effectiveness of using a peer-based education model for discussing sexual education and sexual violence, therefore it would make for a more effective program (Snyder & Wiles, 2015; Strange, et al., 2002; Bradley, et al., 2009; Abdi & Simbar, 2013). Multiple studies have researched the approach of using peer education among different settings. Qualitative assessment by Snyder and Wiles looked confirm an improvement in critical thinking, problem solving, and the increased literacy in healthy relationships, sexual health and violence.

A 2002 study reported that peer educators saw a positive change in sexual knowledge and changes towards more liberal attitudes (Strange, et al., 2002). Therefore, peer educators believe that a peer-based education program has a positive impact on peers’ confidence in relationships and on their sexual behavior by increasing their confidence about communication and interaction within groups (Strange, et al., 2002). Students favored peer-education over teacher-led education when education is centered around relationships, sex education and sexual violence, because they felt more comfortable in a space with their peers and had a larger gain in knowledge as a result of being more comfortable (Abdi & Simbar, 2013).

A 2009 study was conducted to evaluate the effectiveness of peer-based education by presenting a post-survey that showed 92.4% of women and 91.4% of men believed the intervention was useful in decreasing the likelihood of sexual violence on college campuses (Bradley, et al., 2009). Overall findings from multiple peer-reviewed articles support the effectiveness of a peer-based education model by proving an increase in understanding about relationships, sexual violence, and sexual education, and this method is favored over teacher-led education.

**Long-term programming.** Long-term repeated sexual health related programs are found to expand knowledge and increase retention rates. Students exposed to repeated sexual health programs demonstrated significant short-term changes in victim empathy, bystander intervention, long-term changes in the impact of rape myths, media impacts, bystander readiness, relationship abuse, and reductions of violence among students (Edwards, et al., 2015). This extended workshop method is proven to be effective, but there are revisions in workshop design that could be made to maximize the impact on students retention rate (Daigneault, et al., 2015). This could include asking follow-up questions, asking for clarity often, thumbs up thumbs down for student understanding, as well as other ways to get the students involved within the workshop and implementing their feedback. Short-term workshops lack the ability to discuss and make connections between larger societal factors that contribute to sexual violence. By failing to discuss the impacts of intersectionality and common misconceptions of sexual violence, students cannot connect these contributing factors to see the whole picture of the issue.

Research shows that most sexual education, sexual violence, and healthy
relationship information is acquired post-adolescence through informal education that individuals seek (Graf & Julie, 2015; Hampton, et al., 2005). About 31% of the participants reported never speaking with family about sexuality information, 56.3% did during adolescence, and 68.8% did post-adolescence (Graf & Julie, 2015). Students are turning to informal and inaccurate sources for sexual education as a result of ineffective sexual education programs taught from middle school to high school grades, typically when students are in grades six to twelve (Graf & Julie, 2015; Hampton, et al., 2005). Graf and Julie’s study defines the impacts of lacking a holistic sexual education program during adolescence has on relationship building, how it impacts parent-offspring conversations around sexual education, and students’ relationship with these topics. If parents are not well educated in sexual education then they cannot teach their children (Graf & Julie, 2015). These factors reduce effectiveness if students lack the time and space to develop a holistic understanding about topics of sex, sexual violence, and healthy relationships (Daigneault, et al., 2015). Long term sexual violence programming will decrease the rates of misinformation and misconceptions with sex and relationships that they would have received through informal sources.

**Intersectional approach.** Organizations need to integrate an intersectional approach in their programs to be inclusive for people of varying identities. Intersectionality is “the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine or overlap, especially in the experiences of marginalized individuals or groups” (Merriam-Webster). Intersectional programs recognize that multiple identities (such as gender identity, gender expression, sexual orientation, disability, race, and ethnicity) intersect in a marginalized individual’s experiences and are impacted by privilege and oppression (Yan & Fitzpatrick, 2016; Bureau of democracy, 2017; Hankivsky, et al., 2017; Loza, et al., 2018; Persmark, et al., 2019). An intersectional lens is appropriate because workshops can educate students on the root causes of sexual violence in order to raise awareness and decrease sexual violence rates on campus.

Understanding how historical trauma affects marginalized groups will help us understand how power dynamics and privilege affects relationships today. A 2017 study argued that an intersectional approach, in sexual education programs, integrates biological and social aspects of life and human health to generate more effective policies (Hankivsky, et al., 2017). This is used to decrease health inequities in minority groups (Hankivsky, et al., 2017). Intersectional approaches value the lived experiences and take multiple factors into account when looking at the disparities of each individual and community. An intersectional lens shows how health is being affected through inequities that are linked to structures of power (Yan & Fitzpatrick, 2016; Hankivsky, et al., 2017). Yan and Fitzpatrick contend that peer education programs should utilize an intersectional model to make their workshops more inclusive and tie violence to these multiple lenses of oppression (2016). These models would also include a cultural competency lens that would be used to recognize barriers that individuals may face because of their cultural history (Yan & Fitzpatrick, 2016). Culturally competent, intersectional programs can create a safe space for individuals to speak their struggles, gain support, and feel empowered (Loza, et al., 2018). The published literature supports a long-term intersectional peer-based program.

**Program Activities**

This program aims to reduce the incidence of sexual violence among undergraduate students at PUO through a multi-year, peer-based education program using an intersectional model. Taking Action Together (TAT) is an improved sexual violence prevention program that will be led by trained Center for Gender

*IJURCA* | 5 | Frick & Schoon
Equity (CGE) Peer Facilitators. Peer Facilitators are required to take a Peer Health Education training course led by the Director of CGE, Kathleen Converse, before leading workshops for class credit. Facilitators will get paid through work study or CGE funds when workshops are in session. Kathleen Converse will be overlooking the workshops and facilitators to ensure the program is running effectively. Two Peer Facilitators will lead each workshop. Facilitator pairs will be created and assigned a certain day of the week that they are in charge of leading workshops for. This new workshop expands on information from previous CGE sexual violence prevention workshops to create a deeper understanding of root causes of sexual violence and tie them to intersectional identities and societal inequities.

By the end of the four-year program, PUO undergraduate students will show an increase in knowledge of sexual education, healthy relationships, and sexual violence. This workshop will be offered during fall and spring semesters, but students are only required to attend one TAT workshop a year. By expanding the workshop availability, there is a higher probability that students will attend because there are more time options that will fit into their schedule. Yearly attendance is a requirement for students. If they do not attend the workshop before the year is over, they will have a hold on their account during spring semester that will prevent them from registering for fall classes the following year. This requirement encourages students to increase their retention rate of workshop material and increase utilization of prevention methods. Peer Facilitators will work with students who are interested in facilitating workshops and add them to the Peer Facilitator program.

In order to achieve the best outcome, the program must do the following:

1. After two years, students will be able to identify five root causes of sexual violence and give three examples of ways they can intervene a situation that looks harmful.
2. After two years, students will be able to name three on-campus resources for students who have experienced a form of sexual violence.
3. By the end of the four-year program, 100% of students will be able to identify at least one way that they can make changes on and off PUO’s campus based off the problems that are addressed in the workshops.
4. By the end of the four-year program, 90% of students will know the steps on how to respond to a survivor of interpersonal violence.

**Evaluation Plan**

This program will contain process and outcome objectives established prior to the start of the program in order to assess if the program is effective. A pre- and post-test that contains quantitative and qualitative questions will be used, so students can self-report their levels of knowledge. First year students will complete a pre-test before coming to PUO about their current knowledge and attitudes around sexual violence, relationships, consent, and more. During their last term as a PUO undergraduate student, they will complete a post-test to measure their gain in knowledge, change in attitudes, and ability to identify ways that they are able to stand up against rape culture. By the end of a student’s schooling at PUO, students will have increased their knowledge about sexual violence by getting a higher number of correct answers on their post-test and by self-reporting their understanding to be higher than before. As a result, students’ perspectives on consent will change as they understand what consent is and how to utilize it.

A two-year check in test that is equivalent to the formatting of the four-year
Taking Action Together (TAT)

post test will be sent to students’ PUO email for them to complete. At this time, we will be able to analyze short term gains in knowledge and adjust the remaining workshops as needed based on student’s feedback. Every pre- and post-test will have a space for students to write what they like best about the workshop and what improvements they would like to see. It is important to check-in with students as lifestyles, opinions, and interests change in order to produce an effective and engaging program that student’s want to attend. It is important to include stakeholder feedback on program design to build trust with the population and provide them with the support and information they need to remain healthy and safe.

PUO sends out a Campus Climate Survey every two years to measure statistics of sexual violence on campus. After this program, the following Campus Climate Survey will show an increase in survivor confidence through willingness to report to the school and self-report. Sexual violence overall is hard to measure as a field. An increase in self-reporting rates shows that when survivors learn of resources on campus, they feel the courage to report. Notably, we may also see an increase of sexual violence rates. This does not necessarily mean there is a higher incidence, it means that an effective program will result in more people feeling able to identify their experience as sexual violence and are comfortable reporting that they did have an unwanted sexual experience in the survey.

References

**Abbreviated Injury Scale** (2016). Association for the Advancement of Automotive Medicine. Retrieved Jun. 2, 2019, from https://www.aaam.org/abbreviated-injury-scale-ais/

Abdi, F., & Simbar, M. (2013). The peer education approach in adolescents-narrative review article. *Iranian Journal of Public Health*, 42(11), 1200–206.

**Alcohol Facts and Statistics.** (2020 Feb.). National Institute on Alcohol Abuse and Alcoholism. Retrieved Aug. 8, 2019, from https://www.niaaa.nih.gov/alcohol-facts-and-statistics

American College Health Association (2014). *National college health assessment II: Spring 2014 reference Group executive summary*. Retrieved Aug. 25, 2020, from https://www.acha.org/documents/nc/CHA-NCHA-II_ReferenceGroup_ExecutiveSummary_Spring2014.pdf

Athletics Department. *Pacific University Athletics*. Pacific University. Retrieved Aug. 6, 2019, from https://www.pacificu.edu/sports-recreation/athletics

Bandiera, F.C., Anteneh, B., Le, T., Delucchi, K., & Guydish, J. (2015). Tobacco-related mortality among persons with mental health and substance abuse problems. *PLoS ONE, 10*(3) http://dx.doi.org/10.1371/journal.pone.0120581

Bradley, A.R., Yeater, E.A., & O’Donohue, W. (2009). An evaluation of a mixed-gender sexual assault prevention program. *Journal of Primary Prevention, 30*(6), 697–715. http://dx.doi.org/10.1007/s10935-009-0198-4

Bureau of democracy, human rights and labor. (2017). *Programs to promote and protect the human rights of persons with disabilities, women and girls, LGBTI persons and other marginalized individuals*. Federal Information and News Dispatch.

College Factual. (2019, Sept. 13). *Undergraduate ethnic diversity at Pacific University*. College Factual. https://www.collegefactual.com/colleges/pacific-university/student-life/diversity/chart-ethnic-diversity.html

Confidential Advocacy Network. Pacific University. Retrieved Aug. 8, 2019, from
Taking Action Together (TAT)

https://www.pacificu.edu/academics/academic-support/centers-institutes/center-gender-equity/sexual-assault-relationship-violence-resources/confidential-advocacy-network

Correia, C.J., Murphy, J.G., & Barnett, N.P. (2012). College student alcohol abuse: A guide to assessment, intervention, and prevention. John Wiley & Sons.

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, 18(6), 726–36. https://doi.org/10.1007/s11121-017-0762-8

Daigneault, I., Hébert, M., McDuff, P., Michaud, F., Vézina-Gagnon, P., Henry, A., & Porter-Vignola, É. (2015). Effectiveness of a sexual assault awareness and prevention workshop for youth: A three-month follow-up pragmatic cluster randomization study. The Canadian Journal of Human Sexuality, 24(1), 19–30. https://doi.org/10.3138/cjhs.2626

Dilley, J.A., Simmons, K.W., Boysun, M.J., Pizacani, B.A., & Stark, M.J. (2010). Demonstrating the importance and feasibility of including sexual orientation in public health surveys: Health disparities in the Pacific Northwest. American Journal of Public Health, 100(3), 460–67. https://doi.org/10.2105/AJPH.2007.130336

Educational Clubs. Pacific University. Retrieved Sept. 30, 2019, from https://www.pacificu.edu/clubs-organizations/educational-clubs

Edwards, K.M., Banyard, V.L., Sessarego, S.N., Waterman, E.A., Mitchell, K.J., & Chang, H. (2019). Evaluation of a bystander-focused interpersonal violence prevention program with high school students. Prevention Science, 20(4), 488–98. https://doi.org/10.1007/s11121-019-01000-w

Fisher, B., Cullen, F.T., & Turner, M.G. (2000). The sexual victimization of college women. National Institute of Justice / Bureau of Justice Statistics.

Graf, A.S., & Julie, H.P. (2015). Foundations of life-long sexual health literacy. Health Education, 115(1), 56–70. https://doi.org/10.1108/HE-12-2013-0073

Greek Life. Pacific University. Retrieved Sept. 26, 2019, from https://www.pacificu.edu/life-pacific/clubs-organizations/greek-life

Hampton, M., Jeffery, B.L., Fahlman, S.A., & Goertzen, J.R. (2005). A process evaluation of the Youth Educating About Health (YEAH) program: a peer-designed and peer-led sexual health education program. The Canadian Journal of Human Sexuality, 14(3/4), 129–41.

Hankivsky, O., Doyal, L., Einstein, G., Kelly, U., Shim, J., Weber, L., & Repta, R. (2017). The odd couple: Using biomedical and intersectional approaches to address health inequities. Global Health Action, 10, 73-86. https://doi.org/10.1080/16549716.2017.1326686

Human Rights Campaign (2015, Nov. 25). Advocating for LGBTQ equality in your workplace. Retrieved Aug. 6, 2019, from https://www.hrc.org/resources/advocating-for-lgbt-equality-in-your-workplace

Jones, L.B. (2004). Social norms, environmental management, campus culture and context: A case study of the dynamics shaping high-risk drinking behaviors of college students (Publication No. 3136426) [Doctoral dissertation, University of Oregon]. ProQuest.
Lloyd, S.A., & Emery, B.C. (2000). The context and dynamics of intimate aggression against women. *Journal of Social and Personal Relationships, 17*(4/5), 503–21. https://doi.org/10.1177/0265407500174003

Loza, O., Hernandez, P., Calderon-Mora, J., Laks, S., Leiner, M., Reddy, S., Lara, P., & Granados, H. (2018). Developing trans-affirming health services in an underserved area: An intersectional approach. *Transgender Health, 3*(1), 127–35. https://doi.org/10.1089/trgh.2018.0011.

Merriam-Webster (n.d.). Intersectionality. In *Merriam-Webster online*. Retrieved Aug. 25, 2020, from https://www.merriam-webster.com/dictionary/intersectionality

National Coalition Against Domestic Violence. (2016). *Domestic violence*. NCADV. https://assets.speakcdn.com/assets/2497/domestic_violence2.pdf.

Overview of Pacific University (2019). *U.S. News & World Report*. Retrieved Aug. 6, 2019, from https://www.usnews.com/best-colleges/pacific-university-3212

Pacific University. *Pacific releases campus climate survey results*. News, Media and Stories. Retrieved Aug. 1, 2019, from https://www.pacificu.edu/about-media/pacific-releases-campus-climate-survey-results

Paley, A. (2019). *National Survey on LGBTQ Youth Mental Health 2019*. The Trevor Project. https://www.thetrevorproject.org/survey-2019

Persmark, A., Wemrell, M., Zettermark, S., Leckie, G., Subramanian, S.V., & Merlo, J. (2019). Precision public health: Mapping socioeconomic disparities in opioid dispensations at Swedish pharmacies by Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAIHDA). *PLoS ONE, 14*(8), 1–21. https://doi.org/10.1371/journal.pone.0220322

Rhee, S.S. (2004). *School violence victimization, coping, social support, and health-risk behaviors of lesbian, gay, and bisexual youth: A report of recent high school graduates* (Publication No. 3120374) [Doctoral dissertation, University of California, Santa Barbara]. ProQuest.

Snyder, J.J., & Wiles, J.R. (2015). Peer led team learning in introductory biology: Effects on peer leader critical thinking skills. *PLoS ONE, 10*(1) https://doi.org/10.1371/journal.pone.0115084

Strange, V., Forrest, S., & Oakley, A. (2002). Peer-led sex education: Characteristics of peer educators and their perceptions of the impact on them of participation in a peer education program. *Health Education Research, 17*(3), 327–37. https://doi.org/10.1093/her/17.3.327

Yan, Z., & FitzPatrick, K. (2016). Promoting cultural competence, health behaviors, and professional practice in undergraduate education through peer learning. *Journal of Physical Education, Recreation & Dance, 87*(2), 27–32. https://doi.org/10.1080/07303084.2015.1119074