
Suicide and Violence Prevention Newsletters

2016

2016 April Newsletter

Nova Southeastern University

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Office of Suicide & Violence Prevention

Nova Southeastern University

April 2016

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April is Sexual Assault
Awareness & Prevention
Month

- Sexual Assault Awareness Month (SAAM) is supported by the National Sexual Violence Resource Center (NSVRC).
- The goal of SAAM is to raise public awareness about sexual violence and educate communities about prevention.

The 2016 Campaign



- The 2016 campaign focuses on prevention by promoting safety, respect, equality, and community collaboration.
- To get involved, visit: <http://www.nsvrc.org/saam/sexual-assault-awareness-month>

Student Athletes and Suicide

Allison Weiser, M.S.

On January 17, 2014, 19 year-old Madison Holleran died by suicide. Madison was not only successful in the classroom, but she also excelled athletically, landing a spot on the University of Pennsylvania's track team. Her death came as a shock to many, as she was often described as a confident, popular, and talented girl with a bright future ahead of her. Madison's story has gained media attention and has brought awareness to a population that has not yet received optimal mental-health services: collegiate student-athletes. Unfortunately, Madison Holleran is not the only student-athlete to experience devastating depression. In 2005, 21 year-old football player and student at UPenn, Kyle Ambroggi, died by suicide two days after scoring two touchdowns in a game (Drehs, 2005). His family and friends had recognized a change in his mood and behaviors, but they did not expect him to die by suicide (Drehs, 2005).

In 2013, the NCAA chief medical director, Dr. Brian Hainline, directly spoke with student-athletes, and he noted that their number one concern was mental-health and wellness. Recently, a past football player from Syracuse University, Jonathan Meldrum, recalled the debilitating depression he had experienced while he was a student-athlete. He reminisced on the moments in college when he considered dying by suicide, and he reported that although he made it to football practice each day, he was feeling desperate (Flanagan, 2014). Meldrum stated, "It was very hard, as a man playing D1 football, to go to somebody and say 'I'm having a hard time' (Flanagan, 2014)." Similarly, Aaron Taylor, a former Notre Dame football player who was a two-time All-American and first-round NFL draft pick has spoken about his hidden anxiety and depression during his college years (Hainline, 2014). Taylor stated, "...Due to fear of looking weak or being judged, I hid my condition from those closest to me, including my coaches and teammates. Even though I lived my life in the spotlight, I was suffering in silence (Hainline, 2014)."

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SVP Spotlights:

Dr. Douglas Flemons and Dr. Scott Poland are leading contributors to the area of suicide and violence and prevention. Here are some recent updates of SVP's recent and upcoming work.

February

- Dr. Poland presented two webinars on kognito.com to a national population regarding current suicide prevention legislation in schools and institutions of higher learning.
- Dr. Flemons gave a one-hour presentation at two different Broward County libraries: "The left hand (and right foot) of Tai Chi Ch'uan: Developing an embodied understanding of Ursula K. LeGuin's Taoist inspirations."

March

- Dr. Poland presented the invited lecture for the Teachers' College at Emporia State University entitled, Lessons from the front lines of school violence: Educators and the community make a difference. The lecture was attended by approximately 250 university and community members.

April

- Dr. Poland provided the keynote address entitled, Lessons Learned from School Violence and four breakout sessions on the following topics: Suicide Prevention, Bullying Intervention, Self-injury and Parenting at the annual conference for the Association of American Schools in South America in Lima, Peru. The conference was attended by school personnel representing every country in South America
- Dr. Flemons offered two forty-five-minute talks for first year medical students in the College of Medicine at NSU: "From countering to encountering: Responding mindfully and empathically to distressing thoughts, a disgruntled partner, or non-compliant patients."

May

- Dr. Flemons will be giving a five-hour workshop on suicide assessment for the annual conference of the Florida Association of Marriage and Family Therapy, held this year in Orlando.

SVP Team Members:



From left to right:

Carlye Conte, M.S.,
Douglas Flemons, Ph.D.,
Scott Poland, Ed.D., and
Oren Schwartz, Psy.D.

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www.nova.edu/suicideprevention/



Student Athletes and Suicide (cont'd from page 1)

When attending college for the first time, young adults often deal with many new transitions, including living independently, learning how to balance their time, and adjusting to new academic demands. Flanagan (2014) reported that in 2013, the American College Health Association found that 31.3% of undergraduate students, reportedly felt “so depressed it was difficult to function” and 7.4% seriously considered suicide. Student-athletes experience the same stressors as their peers; however, they experience additional stress through their roles full-time athletes. These individuals are often considered campus celebrities, and they have a responsibility to represent and to meet the expectations of their campus and community (Hainline, 2014). Therefore, student-athletes are prone to public scrutiny for their behaviors and their performance “on and off the field” by their coaches, fans, parents, media, and campus community (Hainline, 2014).

Student-athletes also adhere to inflexible and challenging schedules. Although the NCAA sets restrictions on the amount of hours athletes can practice, train, and compete, athletes are typically required to devote around 32 hours per week to their sport (Flanagan, 2014). Additionally, athletes spend a significant amount of time traveling, visiting their athletic trainers to rehabilitate minor injuries, attending mandatory study halls, and meeting with their professors to make up missed assignments. Another experience unique to student-athletes is that they commit to sacrificing their weekends, holidays, vacations, and family milestones, a time that other students use to de-stress (Flanagan, 2014). Moreover, the fates of their athletic careers are often dependent on the decisions of their head coach, who can either be fair-minded or critical and insensitive (Flanagan, 2014). Hainline (2013) also noted that student-athletes are prone to pain and injury that impede competition. For many student-athletes, their identity as an individual is almost entirely tied to being an athlete; therefore, experiencing an injury can contribute to a loss of identity (Maniar et al., 2005).

Furthermore, Hainline (2014) reported that student-athletes may have a sense that their value is based on their performance. They may place significant importance on the outcome of their performance, as poor performance can lead to the scrutiny of others, loss of confidence, loss of position, and even loss of scholarship. There are expectations for student-athletes to achieve success, and when one does not attain this level of success, it can be psychologically detrimental for the student-athlete. Feelings of failure and loss of confidence can lead to feelings of isolation, inadequacy, helplessness, and hopelessness. As student-athletes spend a majority of their time on their sport, it may be challenging for some to keep up with academics. If a student-athlete struggles academically, he or she has the risk of being on academic probation, meaning the student-athlete cannot participate in their sport until his or her grades improve. If the student-athlete struggles academically, it could lead to decreased self-worth or decreased self-confidence, especially if one is used to experiencing success.

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“I’m a D1 football player who wants to play in the NFL and I can’t stop crying.”

---Jonathon Meldrum, former student athlete

Less than 25 Division I athletic departments have a full-time licensed mental health professional on staff.

---Noren (2014)



Special Feature: Student Athlete Suicide

These extra stressors unique to this population are risk factors that can negatively affect their mental health and wellness by triggering or exacerbating an existing mental health problem.

Although there is a minimal research regarding mental health in student-athletes, it is evident that these young adults are not immune to depression and other mental health issues that can lead to suicidal behaviors. Research has shown that college athletes may be at greater risk of developing mental health concerns, such as eating disorders and alcohol use (Flanagan, 2014). A nine-year retrospective study was conducted to determine the rate of suicide among NCAA athletes. Of 466 student-athlete deaths, 35 were cases of suicide, and it was concluded that the suicide rate in NCAA athletes may be lower than that of the general population and college students of similar age (Rao et al., 2015). Although research has presented that participation in sports may serve as a protective factor against suicide, when depressive symptoms do occur in these student-athletes, they may be at risk for more severe outcomes (Hainline, 2014).

Furthermore, the nature of the “sports culture” can prevent a student-athlete from talking about his or her mental health problems, which in turn can lead to isolation and helplessness (Maniar et al., 2005). Hainline (2013) related that there is a perception that athletes should be confident, resilient, and “mentally tough.” Because athletes are expected to be mentally hardy, there is a stigma surrounding seeking mental health services. This may explain why student-athletes are hesitant to seek help. Also, many student-athletes reported being unaware of any tangible NCAA mental health resources (Ching, 2015). Flanagan (2014) reported that Jonathon Meldrum reflected on his reluctance to seek help for his depression as a student-athlete. He stated, “I’m a D1 football player who wants to play in the NFL and I can’t stop crying (Flanagan, 2014).” Athletes have a reputation of being fearless competitors, and Meldrum reportedly felt too “embarrassed” to speak out (Flanagan, 2014).

Collegiate sports teams often have assigned athletic trainers, nutritionists, and medical doctors to improve physical performance, but Noren (2014) reported that less than 25 Division I athletic departments have a full-time licensed mental health professional on staff. In 2013, Dr. Brian Hanline distributed a mental-health manual, “Mind, Body, and Sport: Understanding and Supporting Student Athlete Mental Wellness,” to around 1,100 athletic directors (Terlep, 2014). These guidelines are significant, and it is critical for athletic department personnel to be able to implement this information into practice. As student-athletes spend a substantial amount of time with their coaches, trainers, and teammates, these individuals should be trained to recognize the behavioral changes and emotional difficulties associated with depression and other mental health issues (Maniar et al., 2005). It is important for coaches to feel comfortable addressing any signs and symptoms that they may observe in their student-athletes. Symptoms to be aware of are changes in sleep and/or eating, feelings of sadness, difficulties in concentration, decreased interest or pleasure in most activities, loss of energy, feelings of hopelessness, and decreased performance in their sport and/or academics (American Psychiatric Association, 2013).

Coaches and other staff should also be aware of any external stressors their athletes are experiencing, such as relationship difficulties, parental divorce, family deaths, etc. This is important, as these risk factors can exacerbate mental health issues.

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Special Feature: Sexual Assaults on Campus

Carlye Conte, M.S.

Sexual violence is defined as unwanted sexual activity that is forced or coerced without the individual's agreement or consent (NSVRC, 2015a). According to the Office of Postsecondary Education, forcible sexual offenses include completed or attempted rape, sodomy, assault with an object, or fondling, whereas non-forcible sexual offenses include incest and statutory rape (2016). According to annual campus crime reports, available through the Department of Education, a total of 12,780 forcible and 102 non-forcible sexual offenses were reported in 2014. These offenses occurred on campus property, student housing facilities, nearby or adjacent public property, or campus-associated facilities.

The rate of sexual assault is highest for females between the ages of 18 and 24. It has been estimated that approximately one in five women and one in sixteen men will be the victim of attempted or completed sexual assault while in college (NSVRC, 2015b). Based on data from the National Crime Victimization Survey (NCVS) collected between the years of 1995 and 2013, the sexual assault rate for college-aged females was 1.2 times higher for non-students than students (Sinozich & Langton, 2014). Most female victims knew the offender; the majority of offenders were classified as friends or acquaintances (50%) or an intimate partner (24%). Only 20% of sexual victimizations against female students were reported to police and the most common reasons for non-reporting included the belief that it was a personal matter or not important enough to report, the police would not or could not do anything to help, or a fear of reprisal. Additionally, less than one in five students received services from a victim services agency.

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Federal Response to Sexual Assaults on Campus

Title IX: prohibits sex-based discrimination, including sexual violence, in all institutions of higher education that participate in financial aid programs.

- Classifies sexual violence as a form of sexual discrimination.

Violence Against Women Reauthorization Act of 2013 (VAWA): amendment to the Clery Act requiring disclosure of incidents of sexual violence, domestic violence, dating violence, and stalking, in annual campus crime reports.

- Requires the implementation of educational training programs that address sexual violence, domestic violence, dating violence, and stalking.

The Clery Act: federal law requiring colleges and universities to disclose annual campus crime statistics and school safety policies.

- Reportable crimes include those occurring on school grounds, school-owned buildings or housing facilities, or adjacent public property.

Campus Sexual Violence Elimination Act (SaVE): part of VAWA that strengthens protections against sexual violence.

- Requires educational programming on sexual assault, dating violence, domestic violence, and stalking, be provided to all faculty, staff, and students. Includes primary and ongoing prevention and awareness, risk reduction, and intervention.
- Enhances victim rights with reporting protocol guidelines; standards for disciplinary procedures to ensure hearings are prompt, fair, and impartial.



Furthermore, it is imperative for student-athletes to feel comfortable talking to the athletic department about their psychological stress without the fear of being ostracized and stigmatized. As many coaches and trainers are untrained to implement sufficient interventions for depression, qualified mental health professionals should be established in every athletic department (Maniar et al., 2005). Athletes are often expected to seek treatment at their university counseling center, where there is often not licensed mental health practitioners specifically trained to work with college athletes. Prevention methods, such as mental-health screenings, should be implemented in every athletic department from the beginning of every student-athletes career. Allocated resources should be easily accessible to student-athletes, and these mental health practitioners should be specially trained to work with this population and to understand their unique circumstances to help them cope. Furthermore, student-athletes should be allowed allotted times to seek mental health services, especially during their busy seasons. Mental health counseling should be mandatory, especially for incoming freshman, to learn how to cope with the demands of being a college student and an athlete.

Overall, athletic departments have been focused on sports medicine services to address student-athletes' injuries and physical illnesses for optimal performance, but it is time for emotional health to be recognized and addressed. Mental strength should be viewed as important as physical strength. The first step is to reduce stigma about mental health and to educate the athletic community. Because student-athletes experience distinctive pressures, this population may require specialized treatment to address their unique mental health needs. Universities need to implement prevention methods and undergo proper training in order to support and improve student-athletes' emotional well-being.

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Special Feature: Sexual Assaults on Campus

Carlye Conte, M.S. (cont'd from page 5)

The Centers for Disease Control and Prevention (CDC) has proposed a social-ecological model of violence prevention in order to address risk and protective factors for both victims and perpetrators. The goal of this model is to implement prevention and intervention strategies at the individual, relationship, community, and societal levels.



- Individual: personal risk factors
 - Attitudes and beliefs that support sexual violence; biological and psychosocial risk factors related to perpetration and victimization.
- Relationship: social, intimate, and familial relationships
 - Association with sexually aggressive or deviant peer groups; emotionally unsupportive or physically abusive family environments
- Community: neighborhoods, schools, workplaces, and other establishments
 - Attitudes of tolerance for sexual assault; lack of sanctions or inadequate police response; communities that are disconnected or disadvantaged (e.g. poverty, unemployment, bullying and violence within schools); inadequate access to social or mental health services
- Societal: norms, policies, laws
 - Social norms that inhibit or encourage the use of violence; inequalities based on gender, race, ethnicity, religion, sexual orientation, or disability

In order prevention efforts to effectively reduce sexual violence, these efforts must be comprehensive and collaborative, strengthen individual knowledge and skills, promote community education, educate providers, foster coalitions and networks, change organizational practices, and influence policies and legislations (NSVRC, 2015b).

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NSU Policies and Procedures on Sexual Misconduct

NSU Resources

- Overview of Title IX, Victim Rights, and Reporting Procedures: <http://www.nova.edu/title-ix/>
- Campus Safety Handbook: http://www.nova.edu/publicsafety/forms/campus_safety_handbook.pdf

Sexual Misconduct

According to the NSU sexual misconduct policy, sexual misconduct “encompasses a range of behaviors that create a hostile environment, including acts of dating violence, sex-based discrimination, domestic violence, intimidation, retaliation, sexual assault (including acquaintance rape), sexual exploitation, sex-based stalking, and sexual harassment.” Full definitions of each of the above terms can be found in the policy handbook.

Two Main Points of Contact for Overseeing Incidents of Sexual Misconduct

For Students: Title IX Coordinator	For Employees: Office of Human Resources
Gay Holliday Associate Dean of Student Affairs Rosenthal Student Center 3301 College Ave Fort Lauderdale, FL, 33314 Phone: (954) 262-7281 Email: gayhol@nova.edu	Robert Pietrykowski Vice President for Human Resources Office of Human Resources 3100 SW 9 th Ave Fort Lauderdale, FL, 33315 Phone: (954)262-7893 Email: rpietrykowski@nova.edu

The Title IX Coordinator is available to assist students with reporting options such as notifying the local police, notifying the Public Safety Office, or filing a judicial complaint. Victims are given the option to report, or not report, incidents of sexual misconduct. Additionally, the Title IX coordinator can assist victims in obtaining resources such as crisis counseling, advocacy services, protective services, and campus accommodations.

Confidential Crisis Counseling

Confidential crisis counseling and support is available for students and employees through the Henderson Student Counseling Center, NSU Psychological Services Center, the Healthcare Professionals at the NSU Student Medical Center, and the Counselor in Residence at the Office of Residential Life and Housing. Professionals working within these settings are not required to report incidents of sexual misconduct without the victim’s permission and therefore all communications remain privileged and confidential.

“Responsible Employees”

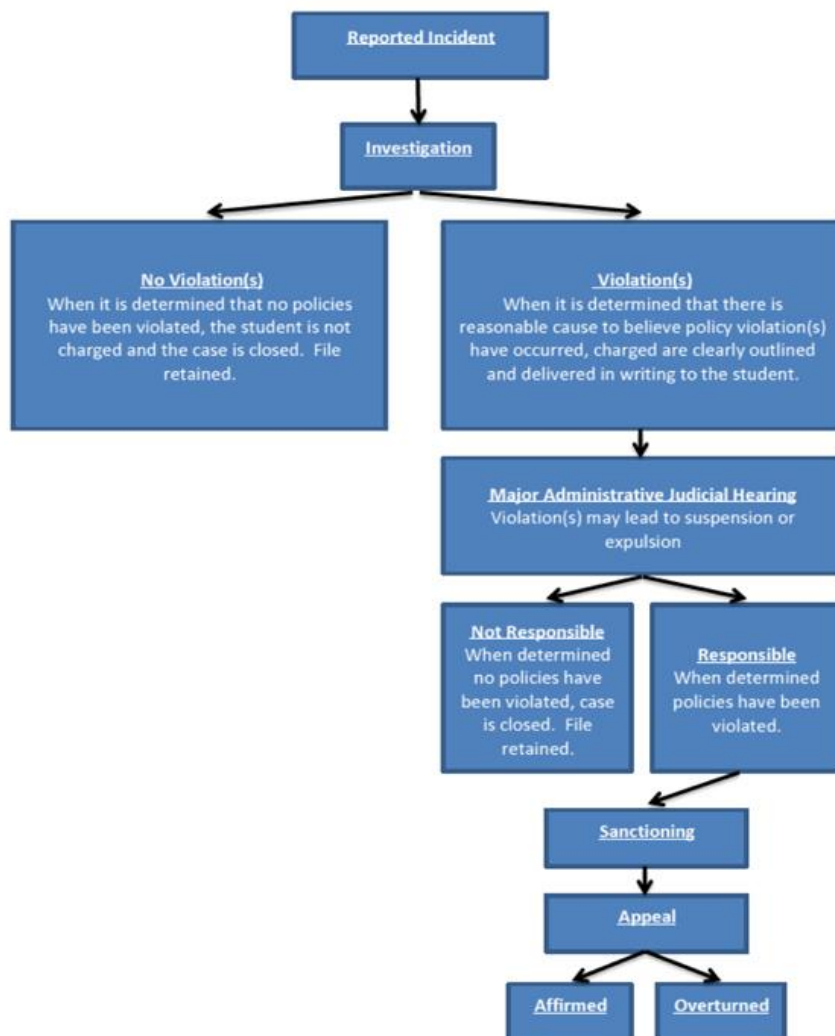
A responsible employee is defined by NSU as an employee who has a duty to report incidents of sexual misconduct and other forms of student misconduct. For a full list of NSU responsible employees refer to page 13 in the sexual misconduct policy handbook. All responsible employees are required to report incidents of student sexual misconduct to the Title IX Coordinator but are not required to report these incidents to local law enforcement without the victim’s consent. It is important for both students and employees to be aware of these reporting obligations so that students who wish to maintain confidentiality can instead seek out the confidential resources listed above. It is recommended that employees who are made aware of incidents of sexual misconduct encourage the victim to directly report the incident to the Title IX coordinator or offer to accompany the student in reporting the incident.



NSU Policies and Procedures on Sexual Misconduct (cont'd from page 8)

Student Institutional Disciplinary Process

Student victims of sexual misconduct have the right to pursue disciplinary action in addition to, or instead of, criminal or civil actions. The disciplinary process includes the following stages:



*It is important to note that supportive services are available to all victims of sexual misconduct, including counseling, special accommodations, and interim safety measures, regardless of whether the victim chooses to pursue criminal charges or judicial disciplinary action.

The goal of NSU is to build a culture of awareness so that faculty, staff, and students are involved in preventative efforts, encouraged to report incidents of sexual misconduct, aware of the options and resources available, and supported throughout the entire process.



Request a Presentation

The Office of Suicide and Violence Prevention has provided over 300 presentations to various departments at Nova Southeastern University and has presented to over 6,100 faculty, staff and students.

Presentation topics include suicide and violence training, stress management, and test taking anxiety.

Use the link below to request a presentation!

<https://www.nova.edu/webforms/suicideprevention/presentation-requests/index.html>

SVP Newsletter Contributors

Interested in becoming a contributor to the SVP newsletter?

Graduate students looking to write articles on the topics of suicide and violence prevention are encouraged to contact us.

Email Oren Schwartz at os138@nova.edu for further information.

Sexual Misconduct Awareness & Prevention: NSU Programs

Educational and informational resources are available to increase awareness and create an environment that promotes safety and supports students and employees in reporting incidents of sexual misconduct. Examples of educational and preventative programs offered by NSU include:

- Information provided to new students during orientation
- Ongoing training provided to various student groups and organizations
- Training for staff and students in residential life, student affairs, and athletics
- Required sexual harassment training for all employees
- Educational sessions offered through the Division of Student Affairs that focus on domestic and sexual violence prevention
- Student-driven awareness programs aimed at preventing violence and promoting safety such as “The Purple Ribbon Program,” the “Take Back the Night Program,” and the “ClothesLine Project”
- Community organized programs such as “Creating A Safer Environment” and “The Silent Witness Memorial” sponsored by Women in Distress.
- Educational brochures provided by the Henderson Student Counseling Center
- Bystander intervention programs

For a complete list of NSU programs visit:
<http://www.nova.edu/title-ix/educating.html>

Additional Resources

- Safer Campuses: www.safercampus.org
- It's On Us: www.itsonus.org
- Not Alone: www.notalone.org
- Prevent Connect: www.preventconnect.org
- Know Your IX: www.knowyourix.org
- National Sexual Violence Resource Center: www.nsvrc.org



Nova Southeastern University's Counselor in Residence, Leonnette Lee

Leonnette provides on call coverage to respond to emergency situations involving mental health issues, crisis situations, and emotional concerns of the residential population.

Residential students can schedule an appointment with Leonnette by phone, (954) 262-8911 or email, counselorinresidence@nova.edu.

Leonnette also holds weekly office hours at Goodwin Residence Hall, Room 209B.



What should every student know?

Students can participate in up to 10 sessions per year FOR FREE! The counseling relationship is strictly confidential. An on-call counselor is available after hours in times of crisis.

Just call (954) 424-6911 to make an appointment!

Henderson Crisis Hotline

(954) 424-6911 or (954) 262-7050

*available 24 hours a day, 7 days a week

Hours of Operation

Monday-Thursday-Friday
9:00 am - 5:00 pm

Tuesday-Wednesday
9:00 am - 8:00 pm

Suicide Prevention Resources

1-800-SUICIDE or 1-800-273-TALK

The Ganley Foundation

<http://ganleyfoundation.org/>

The Trevor Project

<http://www.thetrevorproject.org>

American Association of Suicidology

www.suicidology.org/

American Association for Suicide Prevention

www.afsp.org

American Association for Suicide Prevention

www.afsp.org

Suicide Prevention Resource Center

www.sprc.org

Florida Office of Suicide Prevention

www.helppromotehope.com

Florida Initiative for Suicide Prevention

www.fisponline.com

