that can create misunderstandings. It also covers male victimization.

Her approach has been a success. Salazar’s research shows that men participating in “Real Consent” were significantly less likely to perpetrate sexual violence, and significantly more likely to intervene as a bystander in a situation that might lead to nonconsensual sex. Soon, says Salazar, the program will be made available to other universities.

Connecting researchers with university leaders is an important part of the center’s work, says Parrott. Five years ago, Georgia State hosted a campus climate forum, which brought scholars together with college administrators and those working in student health centers. Out of that conference grew the Administrator-Research Consortium, a nationwide network, and a campus climate survey, crafted by Swartout along with colleagues, campus advocates, students and law enforcement. The 30-minute survey, which has been adopted by more than 300 universities nationally and internationally, measures the prevalence of campus sexual misconduct and related attitudes about both perpetration and victimization on campus. It was pre-tested with more than 2,200 students and is organized into modules other universities can adapt to their needs.

In 2018, The National Academies of Science, Engineering and Medicine used results from data that had been gathered in 2015 by the University of Texas System. With Swartout’s help, the researchers examined sexual harassment of women across STEM (science, technology, engineering and mathematics) fields. They found women enrolled in medical school experienced “alarmingly high rates of sexual harassment,” says Swartout, with 47 percent of female students reporting they had been sexually harassed. For women studying engineering, the rate of harassment was 27 percent, and for women studying science, 20 percent.

Long term, says Parrott, he hopes that the center’s interdisciplinary approach and its focus on adapting research to help solve societal problems will serve as a national model.

“In my view,” he says, “this is the only way we can address this extraordinarily complicated – but preventable – problem.”

EVERY CHILD DESERVES A VIOLENCE-FREE HOME

A parent education program aims to protect kids from abuse and neglect.

CHILD ABUSE ISN’T ALWAYS a ripped-from-the-headlines case of physical or sexual violence. Sometimes it’s a parent’s inability to provide for a child’s basic needs or protect a child from harm. It might be a young mother who can’t afford child care, so she leaves the kids in front of the TV and locks the door. Or parents who don’t understand how to interact with their child in a developmentally appropriate, positive way – maybe because their own parents never modeled the same behavior.

SafeCare, a parent training program developed by emeritus professor of public health John Lutzker, helps moms and dads of young children develop the skills they need to become better parents. The National SafeCare Training & Research Center (NSTRC), housed within the Mark Chaffin Center for Healthy Development, works to bring this model to the masses by training and supporting child welfare agencies around the world.

The program focuses on building three important parenting skills. The first is positive parent-child interactions: teaching parents how to structure routines to stop young children from acting out and the importance of engaging and playing with their kids to build a strong relationship. SafeCare also educates parents about child development, so they can have appropriate expectations for their kids.

“This could be as simple as explaining what the rules are, what they can expect if they follow the rules and what they can expect if they don’t,” says Shannon Self-Brown, professor of health promotion and behavior, and co-director of the NSTRC.

Second, the program emphasizes home safety and supervision, because parents are often referred to child welfare services because of unsafe living conditions or lack of appropriate supervision. Third, it teaches parents about child health – how to know when kids are sick or injured, and what to do.

The SafeCare model targets parents of kids from birth to age 5, which is the age group that’s at the highest risk for child maltreatment reports. The program is used in more than 120 accredited sites across the U.S. and in international settings.

“We know SafeCare is working for families,” says Daniel Whittaker, professor of health promotion and behavior and NSTRC’s co-director. “Now we’re looking at how we can increase our reach to serve more families each year.”

Listen as Dominic Parrott discusses the intersection of alcohol and assault on the Research Podcast from Georgia State University.