Stopping Sexual Assault on Private College Campuses: Impact Evaluation of a Prevention and Awareness Intervention Conducted with Community Partners at a Christian University

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ABSTRACT

PURPOSE: Prevention advocates work hard to create and deliver sexual assault awareness programs on college campuses, including Christian universities. To do so requires savvy planning and a high degree of cultural competence, as a review of the literature indicates that some Christian campuses shy away from the topic and refuse to allow needed programs on sex or sexual assault to be introduced. The purpose of this study was to evaluate for impact one sexual assault awareness and prevention program offered to students on the religiously-affiliated campus of Charleston Southern University. METHODS: A one-day seminar was offered in partnership with a community health organization on CSU’s campus. Over 75 students attended to hear survivor narratives and an awareness message. Primary analysis of survey data collected involved qualitative and quantitative analysis of open and closed-ended questions. In total, the research team reviewed 34 pre-intervention surveys and 9 post-intervention surveys. RESULTS: Descriptive data analysis revealed that participants found the sexual assault awareness and prevention
program to be “most informative” and “informative.” Qualitative analysis of open-ended questions found that content was accepted by audience because of the “openness” of the speaker. Emergent themes included: unwanted contact, not the victim’s fault, and attire of victim caused sexual assault. CONCLUSION: Culturally-informed awareness and prevention programs that are realistic, open, peer-led, and create a comfortable, non-threatening atmosphere have a vital role to play in educating students on Christian campuses on the subject of sexual assault prevention.

KEYWORDS: Christian campus, sexual assault, awareness and prevention; community programs; campus programs

INTRODUCTION

Many people in the United States tacitly accept the stigma associated with sexual assault, and conversation on the topic often centers a victim-blaming narrative. Such stigma is socially normative in some communities, particularly those that report high degrees of discomfort with topics of sexual violence. These factors become ingrained in the psyche of individuals and have an institutional impact on the ways sexual assault is spoken about, adjudicated, and prevented on college campuses. According to the Center for Disease Control and Prevention (CDC), sexual violence is any form of sexual activity that an individual does not consent to, can’t coherently consent to or doesn’t freely consent to (CDC, 2015).

It is well known that one in five women experience sexual assault in their lifetime (CDC, 2015). Many of these women are between the ages of 18 and 24 years. This age range is crucial to note because it identifies a group of women who are usually entering their college years. Out of the one in five women who experience sexual assault, only 5% ever report the assault to the authorities (CDC, 2015). According to current statistics, health educators, stakeholders, and the general population are still unaware of the vast number of women and men suffering from these experiences. Sexual assault affects a person’s physical and emotional well-being. Out of the women and men who experience the assault only one in ten involves the use of a weapon and 80% are student rape and sexual assault victimizations (Langston & Sinozich, 2014).

The 1972 Education Amendments that included Title IX were passed by Congress, making it a crime for any federally-funded athletic program, educational institution or facility to discriminate against females because of their gender (U.S. Department of Education, 2014).

Title IX aimed at leveling literal playing fields in a world that heralded norms stereotyping what women could and could not participate in athletically and eradicated that dividing line, forcing institutions who received federal money to become accountable for their financial investments in ensuring opportunities for both sexes. As such, sexual assault prevention became tied to federal funding for higher learning institutions. To meet the need, many successful awareness campaigns operate at ecological levels to address distressing assault statistics; one campaign started at the White House explicitly mentions those numbers, making to the statement “1 is 2 many” (CDC, 2015).

The Clery Act was passed in 1990 by President George H. W. Bush (Gregory & Janosik, 2015). The act was pushed into enactment by the parents of Jeanne Clery, a student at Lehigh University who suffered from a fatal sexual assault in her campus dorm room. The Clery Act, more recently known as the Campus Sexual Violence Elimination Act, serves to guide the handling of sexual assault cases by college campuses. Campuses are directed to help protect the victim of these crimes and assure that they know their rights, understand resources available, and receive accurate briefings concerning actions that can be taken to report and prosecute offenders (Gregory & Janosik, 2015). Although the law was set up to protect victims of sexual assault, the past year has exposed the poor enforcement of these laws by educational institutions.

In the past year, there has been uproar from sexual assault victims that are filing complaints against their schools for the re-victimizing process they experienced after reporting their rapes. During the reporting of their sexual assaults, women have reported being asked what they were wearing, how short was their dress, and if they “climaxed” during the assault...
In some cases, the assailant, when found guilty, was only suspended for a year (Gordon, 2014). These incidents have caused anti-rape activists to raise their voices in protest throughout the nation’s campuses (Layton, 2015).

In light of the increasing number of reports that have been filed and the victims who were forced to go public with their stories, the U.S. Department of Education Office of Civil Rights issued federal investigations of many institutions of higher learning. Beginning in May 2014, a widespread investigation was issued for a total of 55 colleges and universities in the United States. These included Ivy League colleges such as Yale University and Howard University. Since May of 2014, the number of colleges and universities on this list has grown to 95 (U.S. Department of Education, 2014). According to the Washington Post (2014), the U.S. Department of Education Office of Civil Rights has seen a dramatic increase in complaints on sex discrimination from 391 in 2010 to 2,354 in 2014 (Layton, 2015).

Christian colleges potentially have more cultural stigma issues related to surviving sexual assault than other colleges because of teachings on sexual purity. Many Christian colleges believe that their campuses are absent of sexual activity and focus exclusively on teaching abstinence (Freitas, 2015). This cultural barrier on some campuses has hindered the implementation of prevention programs and created issues for survivors reporting assault. The belief that a woman becomes impure through sexual contact is not only a road block for the victim seeking help, but also creates a safe guard for the perpetrator to hide behind. Survivors at Christian colleges have reported issues with talking to their administration and in some cases suffered insinuations that they as the victims were at fault for the sexual assault (Anderson, 2013). After reporting, victims may deal with social ostracism (Williams, 2002).

Purity culture is a representation of theological thought that advocates traditional gender roles and abstinence until marriage as an ideal (Anderson, 2013). Scholars have noted problems with a blurring of lines in regards to rape and submission (Esarey & Chirillo, 2013). For example, marital rape is controversial in some evangelical circles as many Christians consider it morally wrong for a woman to withhold herself from her husband because upon marriage her body is considered his (Freitas, 2015).

Conversations about abstinence contribute to what scholars now call, “Purity Culture” (Anderson, 2013; Fahs, 2010). Examples of this culture’s impact on Christian college campuses abound. In an attempt to promote the practice of abstinence, the purity ring was promoted beginning in the 1990’s (Bario, 2005). The purity ring stands for waiting till marriage to partake in sexual activity. Some colleges hold ceremonies that involve signing a document and single-sex retreats to promote abstinence (Freitas, 2015). At Ozark Christian College, the abstinence speech included statements that sexual contact soiled a “princess” for later marital union (Mintz, 2014). Though this speech references very real, valued religious beliefs, dialogue about sex ruining women is problematic; purity culture complicates sexual assault reporting in cases where the culture of abstinence becomes conflated with conversations about a felony assault (Fahs, 2010). Survivors at some conservative schools explain that they felt shame and fear when reporting because peers and administrators associated their assault with the words fornicator, impure, tarnished, and broken (Bario, 2005).

An author of the present study and a senior student of Health Promotion at Charleston Southern University participated in a photo shoot for People Against Rape, an advocacy group in Charleston, South Carolina. The photo shoot and story shared by a fellow survivor caused the student to face her own encounter with sexual assault, which she had kept silent for about four years. Taking steps to face her past in counseling, she began speaking out about it in advocacy circles and in the classroom. The student began with a class assignment that involved crafting a sexual assault program proposal for her campus. After giving her speech in class, some students acknowledged that they were also survivors and had been dealing with the aftermath caused by their assaults in silence. This knowledge and the encouragement of faculty inspired the student to actually develop and implement the first sexual assault awareness and prevention forum on her campus that centered survivor narratives.

Problematically, the main foci of many college sexual assault interventions are the
actions of the victim prior to the assault. Focusing on prevention measures such as not walking in deserted areas alone, going on dates in public areas with big crowds, avoiding binge drinking, and rejecting drinks from strangers only serves to limit the safe spaces offered to women interested in remaining un-assaulted (Anderson, 2013). Well-intentioned self-defense classes and prevention technique seminars do not focus on the guilt and prosecution of an assailant and the prevention of predatory actions (Breitenbecher, 2002). In contrast, People Against Rape, the aforementioned advocacy group in Charleston, South Carolina, stresses sexual assault prevention from a "don't rape!" perspective.

Focusing not on the victims but on the predators is an important paradigm shift and research also supports this survivor-affirming paradigm (Abbey & McAuslan, 2004). One noteworthy study focused not on victims of college rape, but on identifying risk factors for sexual aggression in college males. The study used a total of 99 male student participants and found that a vast majority of college males still accept many rape myths (Carr & VanDeusen, 2004). The study showed a strong relationship between alcohol consumption and the acceptance of rape myths. Many of the males who were surrounded by friends with binge-drinking habits shared the idea that getting a female intoxicated in order to have sexual relations was not wrong (Carr & VanDeusen, 2004). Such attitudes promote serial predations (Beauregard, Proulx, & Rossmo, 2005). Studies show that 63% of males who admitted committing sexual assault acts reported having committed six rapes each (Abbey, McAuslan, & Ross, 1998). Fraternity culture also contributes to assault prevalence; another study revealed a relationship between fraternity membership and male students' sexual aggression when drinking (Kingree & Thompson, 2013).

After study of the priority population and an extensive review of the literature, a team consisting of a senior health promotion student, health promotion faculty, an on-campus counselor and the director of community health partner, Team Family Over Everything (FOE), conceptualized a survivor-friendly program to be offered on Charleston Southern University’s campus. The team designed a program that centered on survivor narrative and brought in professional community health educators from FOE to deliver a one-day sexual assault awareness and prevention forum. The senior student developed and delivered a program rationale to administration and received institutional support to offer the program including marketing, space, and funding to bring in a guest speaker. Emphasizing peer leadership, culturally-palatable messaging, and a review of local and campus resources, the resulting curriculum consisted of a personal survivor story from a student peer, a speech from the Executive Director of FOE, introduction to local off-campus victim resources available from People Against Rape, and on-campus counseling resources. To evaluate the program, the team sought and received Institutional Review Board approval from Charleston Southern University.

PURPOSE

The purpose of this study was to offer an impact evaluation of this peer-led sexual assault awareness and prevention programming. Pre- and post-intervention assessment data were collected during the seminar to assess what students knew and believed about assault before the period of instruction and after.

METHODS

Subjects

The program curriculum described was delivered in April of 2015 to a single group of college student participants attending Charleston Southern University, a Christian liberal arts institution in Charleston, SC with an enrollment of 4,000. Participation in the one-day seminar was voluntary and free. The program offered two attendance incentives to participants, including class extra credit and alternative chapel credit, which benefited the attending students by providing them with chapel credits towards their graduation credit requirement.

The marketing piece of the program consisted of the development and distribution of flyers throughout the Charleston Southern University campus. The flyers were placed in dorm halls, the bookstore, and classroom buildings. A description of the program was announced the day before via the ‘Page of Possibilities’, which is an events email sent from the Dean of Students to the entire student body. Fraternities and sororities posted the flyer and invitation on social media, and students helped promote via word of mouth. The senior involved
the Health Promotion Club on campus to promote the program and to volunteer at the seminar itself.

**Instruments**
A survey instrument focusing on needs assessment and basic impact evaluation was developed by two of the authors of the present study, both of whom were involved in program implementation. This survey instrument focused on knowledge, attitudes and beliefs about sexual assault and was reviewed by a panel of 3 experts with experience in program evaluation. The survey developers (student and faculty advisor) made appropriate modifications to the instrument based on the feedback provided by the panel. The instrument was not pilot tested with potential participants as the purpose of the intervention and resulting analysis was in itself a pilot study. The pre-intervention survey consisted of eight items, six closed-ended and two open-ended. Both of the open-ended questions related to participant knowledge of sexual assault and the three closed-ended questions focused on participant knowledge of sexual assault while the final close-ended question gauged knowledge of available resources. The post-intervention survey consisted of six items, two closed-ended and four open-ended. Post-intervention questions addressed the usefulness of the material covered, sought potential areas of improvement, and inquired about likes and dislikes of the program’s tone and content.

**Procedure**
Fifteen minutes prior to the seminar beginning, volunteers handed out the pre-intervention survey to the participants. Sampling was non-parametric and convenience in nature, with volunteers offering surveys to participants as they walked by. Surveys were kept confidential and did not seek names or identifying information of any kind. Prior to the beginning of the program, all participants were instructed to hand in the surveys. The program commenced for about forty-five minutes. Within two minutes of the conclusion of the seminar, post-intervention surveys were physically handed out and collected at the exit door.

**Data Analysis**
Survey questions were both quantitative and qualitative. Quantitative responses were analyzed for measures of central tendency. Qualitative answers were coded for emergent themes found among the data.

**RESULTS**
In total, the research team reviewed 34 paper survey responses for the pre-intervention needs assessment and 9 paper survey responses for the post-intervention surveys. There were approximately 100 total attendees at the seminar, for a total response rate of 34% (pre-intervention surveys) and 9% (post-intervention surveys). The pre-intervention survey response rate is acceptable for analysis, but comparative analysis of post-intervention surveys was not possible due to significant response rate limitations.

Pre-intervention assessments indicated that students know that the assailant of a sexual assault can be a woman, man, spouse, or intimate partner. A total of 100% of participants agreed that it is not correct to introduce alcohol as a means of persuasion for sexual activity. An interesting result reported that only 50% of participants had knowledge of on-campus resources for victims of sexual assault. About 88% of participants believed that sexual assault is a big issue on college campuses, while about 9% did not.

Post-intervention impact evaluation indicated high levels of support for the seminar. Descriptive data analysis showed that most participants found the sexual assault forum to be very informative and respondents cited their changed perception of sexual assault. The recurrent theme identified throughout the surveys was the acceptance of how “real” the speaker was and how “easy” the atmosphere felt. A few participants requested that future programs have more crowd involvement.

Qualitative analysis of the data found that most participants found the forum to be generally valuable and encouraged the presence of similar future programs. At the close of the forum there were common comments such as “I hope there will be more events like these,” “we need this on campus,” and some stated that either they were survivors or had close relatives who were. Many students liked the idea of a peer being involved with the forum and appreciated the personal testimony. The prayer offered at the program’s conclusion by the Director of Counseling services was well-received, as were the resources outlined at the national, community, and local institutional levels.
DISCUSSION

The purpose of the program was to provide an educational and nonthreatening atmosphere for college students to learn and speak about sexual assault. The program followed a protocol that emphasized peer-leadership, centered survivor narrative to personalize the issue, and offered educational awareness and prevention along with identification of local victim resources. Participation in the event was extremely favorable due to the accessible location of the forum and the incentives offered for participation. The results of this evaluation indicate that institution and student support and satisfaction are likely outcomes of culturally competent intervention efforts.

Some of the findings in pre-intervention surveys indicated that victim-blaming is a problem among the respondents and agree with the literature on problematic. Further education about prevention being the responsibility of the perpetrator rather than the victim is needed. Students in the forum reacted favorably to the ‘openness’ of the speaker and the ‘realistic’ approach taken throughout the program. They specifically requested more sexual assault programs and audience participation opportunities.

Given that many Christian colleges do not allow such programs to occur on their campuses, program efforts must increase to reach this priority population of college students. Federal investigations and activist movements are beginning to shed light on the problem of re-victimization when sexual assault survivors report their rapes, particularly within insular and conservative communities that subscribe to purity culture’s social norms (Freitas, 2015). The focal point for new prevention campaigns is changing as awareness rises; through the use of prevention and awareness initiatives that focus not on women avoiding rape, but on perpetrators being prosecuted and prevented from victimizing students, health educators can inspire change. Education efforts must refute rape myths and expose the damage that comes as a result of victim-blaming social norms.

Limitations

A number of limitations are acknowledged regarding this study, including the low number of collected post-intervention surveys due to a lag time between seminar conclusion and survey distribution. This lack of completed or returned surveys renders post-intervention results extremely limited. There would be tremendous utility in a repeat of the intervention and evaluation to improve response rates. The pre-intervention survey had a higher return than the post-intervention survey, removing the opportunity to run comparative statistics. The demographics of the participants, economic status, and whether or not they live on or off campus were not taken into consideration. This sexual assault pilot study is only the beginning of many to come, and provides a starting point for community and student leadership in sexual assault prevention programming efforts.

CONCLUSION

Sexual assault is an act that demoralizes the victims and blame should not be placed on the victim. According to the literature, many Christian colleges reject the idea that they could possibly have any form of sexual activity much less sexual violence on their campuses (Freitas, 2015). It is important that sexual assault awareness and prevention programs be allowed on these campuses so that victims know their rights, understand steps to take next, and acknowledge that they are not to blame. Programs like these can promote healing among victims and denounce stigmas associated with sexual assault, and they can be offered in formats that strengthen the culture of faith and community on campus.

Ultimately, the results of this study provide possible models for future interventions, as well as an example of experiential learning opportunities for independent and interested health promotion students at the undergraduate level.

Acknowledgements

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REFERENCES


Table 1: Pre Intervention Survey Responses, Closed-Ended (N = 34)

<table>
<thead>
<tr>
<th>Questions</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q. 2: Can sexual assault involve a husband or intimate partner?</td>
<td>100%</td>
</tr>
<tr>
<td>Q. 3. Is it acceptable to introduce alcohol for sexual persuasion?</td>
<td>100%</td>
</tr>
<tr>
<td>Q. 5. Does the perpetrator have to be a man?</td>
<td>3% 97%</td>
</tr>
<tr>
<td>Q. 6. Most victims of sexual assault are assaulted by strangers.</td>
<td>97% 3%</td>
</tr>
<tr>
<td>Q. 7. Knowledge of resources on campus for victims of sexual assault.</td>
<td>47% 47% 6%</td>
</tr>
<tr>
<td>Q. 8. Belief that sexual assault is a big issue on college campuses.</td>
<td>88% 9% 3%</td>
</tr>
</tbody>
</table>

Table 2: Pre-Intervention Survey Responses, Open-Ended Questions Emergent Themes (N = 34)

<table>
<thead>
<tr>
<th>Questions</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q. 1. What do you know about sexual assault?</td>
<td>15% 35%</td>
</tr>
<tr>
<td>Q. 4. Is the victim ever to blame? If yes, when?</td>
<td>35% 3% 9% 26%</td>
</tr>
<tr>
<td>No, Victim provoked assault, Attire provoked assault, No response</td>
<td></td>
</tr>
</tbody>
</table>
Table 3: Post Intervention Survey Responses, Closed-Ended (N = 9)

<table>
<thead>
<tr>
<th>Questions</th>
<th>% of Respondents</th>
<th>Extremely High</th>
<th>Extremely High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q. 2. How informative was the program? (Likert scale 1-5, from extremely low to extremely high)</td>
<td>22%</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>Q. 3. Has your perception on sexual assault changed?</td>
<td>67%</td>
<td>22%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Table 4: Post Intervention Survey Responses, Open-Ended Questions Emergent Themes (N = 9)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Page of Possibilities</th>
<th>Chapel</th>
<th>Student Planner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q. 1. How were you informed about the event?</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions</th>
<th>Openness of speaker &amp; easy atmosphere</th>
<th>Realistic &amp; involved men</th>
<th>Informative (laws &amp; stats)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q. 4. What did you like most about the program?</td>
<td>4 = 44.5% of responses</td>
<td>2 = 22.2% of responses</td>
<td>2 = 22.2% of responses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions</th>
<th>More involvement from audience</th>
<th>Blank, No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q. 6. Ideas for future programs</td>
<td>2 = 22.2% of responses</td>
<td>3 = 33.3% of responses</td>
</tr>
</tbody>
</table>