

Secure/ Higher Ed Foundation White Paper S/HE LLC

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Components of an Effective Research-Based Sexual Assault Reduction Program

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Authors and Contributors

This paper is a collaborative effort based on contributions from a wide range of professionals experienced in sexual assault prevention in the fields of medicine, law, offender treatment and incarceration, survivor advocacy, investigation and compliance, martial arts, law enforcement, gender studies, empirical research, psychology, counseling, and education. The primary authors are Talcott J. Franklin and Dennis C. Taylor.



Executive Summary

Virtually everything we know about sexual assault prevention comes from research conducted on college students by institutions of higher education (IHEs). Yet when it comes to implementing actual programs, these institutions fail to implement the best practices identified in their own research. For example, the vast majority of IHE sexual assault prevention programs:

- Are not tested for success, even though evaluation is a cornerstone of IHE educational and research practices.
- Are not implemented by professionals with expertise in sexual violence and its prevention, even though IHEs view subject matter expertise as critical in other educational and research functions.
- Do not teach women situational awareness and self-defense, even though researchers overwhelmingly view such programs as the most effective in reducing both sexual assault and its psychological impact.
- Do not address substance abuse, even though empirical evidence demonstrates that in college, incapacitated rapes equal or exceed forced rapes and that alcohol is a factor in the vast majority of rapes.
- Do not address the needs of individuals who are at a higher risk of sexual
 assault, such as women, those who have been sexually assaulted prior to
 college, or LGBTQ students, even though these groups face a greater risk of
 sexual assault during college.

Implementing programs based on expert research-based best practices rather than conjecture and expediency would significantly reduce sexual assault against students. This would not only protect students, but also reduce the expense, resource allocation, and reputational damage associated with each campus sexual assault.



Components of an Effective Sexual Assault Reduction Program.

1. Most IHE Sexual Assault Prevention Programs are not Tested for Success or Implemented by Professionals in the Field.

Despite the fact that "virtually everything we know in the field of rape prevention is based on research that has been conducted with college students," "most campuses use programs that have never been formally evaluated or have not proved to be effective in reducing the incidence of sexual assault. The typical one-session programs implemented have been *proven* to have no effect. Further, very few programs are even "implemented by professionals with expertise in sexual violence and its prevention. It seems risky from a liability standpoint for IHEs to so completely ignore evaluative methodology and research findings, and favor implementation by amateurs over experts.

Indeed, significant evidence exists demonstrating the effectiveness of certain types of programs. IHEs would be wise to direct their limited resources toward implementing these programs rather than wasting resources on programs without proven benefits.

⁴ *Id.* at 7 ("Only about one in four prevention strategies in this paper were implemented by professionals with expertise in sexual violence and its prevention.").



¹ Kimberly A. Lonsway, et al., Rape Prevention and Risk Reduction: Review of the Research Literature for Practitioners, National Resource Center on Domestic Violence, 2011, available at http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=1655.

² Charlene Y. Senn, et al., Efficacy of a Sexual Assault Resistance Program for University Women, N.E. J. OF MED., June 11, 2015, available at http://www.nejm.org/doi/full/10.1056/NEJMsa 141113F?Gheryesfeatured.mome#ref1Eff&ctægrebjcheTsipxual Assault Resistance Program for University Women, M.E.ystonatheDReviene df1.P20häryavlahabletian hStrollegiew.feejnSergldoiViolViole1056fpAtEdNbsa 1411131?query=featured home#ref12=&t=articleTop.

³ A Systematic Review of Primary Prevention Strategies for Sexual Violence Perpetration, National Sexual Violence Resource Center 2014, at 3 ("Sixty percent of the studies evaluated one-session programs with college students. None of these have shown lasting effects on sexual violence risk factors or behavior.").

2. IHE Research Demonstrates that Situational Awareness Combined with Self-Defense is the Most Effective Way to Reduce Sexual Assault but is Absent from IHE Prevention Programs.

Study after study has indicated that situational awareness combined with self-defense training can significantly reduce completed and attempted rapes.⁵ Fisher, Daigle, & Cullen, after years of studying campus sexual assault and a comprehensive review of sexual assault prevention research and programs, concluded that "we are persuaded that this way of thinking [teaching women to avoid, escape, and fight off sexual assault] offers the most promising prospects for making campuses safer for female students."⁶

In Canada, a program consisting of four three-hour instructional units taught female college freshmen to recognize and exit dangerous situations.⁷ The program provided two hours of self-defense training based on Wen Do (a female self-defense discipline developed in Canada).⁸ The program was tested at three Canadian universities using an experimental group and a control group.⁹ During their freshman year, experimental group members had 1/2 as many completed rapes and 2/3 fewer attempted rapes as control group members.¹⁰

Similarly, the Parents-Peers-Professionals program or "P3", which teaches age-appropriate situational awareness and self-defense to girls in grades 1 through

 $^{^{10}}$ Id.



⁵ Moreover, most law enforcement personnel will state privately, if not publicly, that being able to protect oneself physically is one of – if not the – most important means of preventing sexual assault. Interview with Lt. Mike Heino (Ret.), Maine State Police, Aug. 2, 2016. Notes on file with author. *See also* Safety video feat. Lt. Heino, available at http://www.securehighered.com/how-can-i-stay-safe-safety-tips.

⁶ Fisher, Daigle, & Cullen, UNSAFE IN THE IVORY TOWER 189 (2010).

⁷ Senn, *supra* n.2.

⁸ *Id*.

⁹ *Id*.

college, has generated impressive empirical evidence of effectiveness, with virtually all parents surveyed reporting that as a result of the training, their daughter is behaving in ways that keep her safer and virtually all program participants committing to specific actions to avoid victim blaming.¹¹

A study from Florida State University found that: "Based on the best available evidence, we believe that rape victims' self-protection actions significantly reduce the probability of rape completion and do not significantly affect the risk of serious injury." Indeed, tactics such as stalling, cooperating, or screaming in fear or pain *increase* the risk of injury to the victim. The National Institute of Justice concurred and added that: "A separate study found that even when a rape was completed, women who used some form of resistance had better mental health outcomes than those who did not resist."

An extensive review of sexual assault literature observed "that women's participation in risk reduction programs – particularly those including self-defense

¹⁴ Id. ("Most self-protective actions significantly reduce the risk that a rape will be completed. In particular, certain actions reduce the risk of rape more than 80 percent compared to nonresistance. The most effective actions, according to victims, are attacking or struggling against their attacker, running away, and verbally warning the attacker. In assaults against women, most self-protective tactics reduced the risk of injury compared to nonresistance.") (emphasis in original).



 15 *Id*.

¹¹ See P³ Post Training Report, White Rock YMCA, Dallas, TX, Apr. 17, 2016; P³ Post Training Report, Nat'l Charity League, Sept. 11, 2016; P³ Post Training Report, Girl Scouts of America, Sept. 14, 2016, each available at http://www.securehighered.com/post-training-reports.

¹² Gary Kleck and Jongyeon Tark, *Draft Final Technical Report: The Impact of Self-Protection on Rape Completion and Injury*, The Analysis of Existing Data Program, Nat'l Inst. of Justice, April 2004, at 30.

¹³ Certain Self-Defense Actions Can Decrease Risk, Nat'l Inst. of Justice, Oct. 1, 2008, available at http://www.nij.gov/topics/crime/rape-sexual-violence/campus/Pages/decrease-risk.aspx ("According to the researchers, the only self-protective tactics that appear to increase the risk of injury significantly were those that are ambiguous and not forceful. These included stalling, cooperating and screaming from pain or fear.").

training – decreases their likelihood of being sexually assaulted in the future."¹⁶ The review went on to suggest "that self-defense training for women constitutes one of the most promising directions in the field of sexual assault prevention."¹⁷ In a foreign review of U.S. sexual assault studies, perplexed researchers from India observed:

Women are often advised to use non-aggressive strategies against sexual assault. Research suggests that this is a poor advice. According to one study, women who used non-forceful verbal strategies, e.g., crying or pleading with the assailant were raped about 96% of the time.

Forceful verbal resistance, including loud screaming was more effective than non-forceful verbal resistance. These strategies were associated with completion of rape from 44%-50% of the time. Running works even better than verbal resistance. Research indicates that only 15% of women who attempted to flee were raped.

Forceful physical resistance is an extremely successful strategy. The completed rape dropped to 14% when the rapist's attempt was met with violent physical force. Striking was more successful than pushing or wrestling. Physical resistance also appeared to be more effective when assault occurred outdoors.

Women who used knives or guns in self-defense were raped less than 1% of the time. Defensive use of edged or projectile weapons reduced the rate of injury to statistical insignificance.

While many of these strategies are very successful by themselves, combinations e.g., shouting and fighting or shouting, fighting and running further increase the chances of avoiding rape.

As adolescent girls constitute the largest group affected, self-defense training programs may be beneficial particularly at high-school and early part of college level. Rape prevention programs may be implemented which includes discussion and education about rape

¹⁷ *Id*.



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¹⁶ Lonsway, *supra* n.1.

myths, prevalence of sexual assault, factors associated with sexual assault and sexual assault prevention.¹⁸

Professors resident at IHEs implementing sexual assault prevention programs have produced nearly all of this research.¹⁹ Yet hardly any higher education sexual assault prevention programs contain a self-defense component.²⁰ Indeed, many programs are online, making the teaching of effective self-defense virtually impossible, even if the program contained a self-defense component.²¹

Moreover, the statistics above point to one of the simplest rape reduction strategies: learning how to use one's voice.²² Women who scream in fear or pain are *more* likely to be injured,²³ while 50-66% of women who shout forcefully and violently prevent the rape and escape unharmed.²⁴ Teaching women that *single* strategy could dramatically reduce the number of completed rapes.

3. IHE Research Demonstrates that Alcohol and Drug Education is Needed to Reduce Sexual Assault but is Absent from IHE Prevention Programs.

As helpful as self-defense training can be at reducing sexual assault, it is useless to someone incapacitated by drugs or alcohol. Many sexual assault

 $^{^{24}}$ Chakraborty, supra n.18.



¹⁸ Dr. P.K. Chakraborty, Dr. U.B. Roy Chaudhary, & Dr. T.K. Bos, *A New Way to Resist Rape*, J. OF INDIAN ACAD. OF FORENSIC MED., 29:4, 100-101 (2007); *see also* Lonsway, *supra* n. 1 ("On the other hand, nonforceful verbal resistance strategies (pleading, crying, reasoning) and not resisting (e.g., freezing) are not effective in reducing the likelihood of rape completion.").

¹⁹ Lonsway, *supra* n.1.

²⁰ Interview with Sarah Green, J.D., former Title IX Coordinator at several universities. Notes on file with author.

²¹ *Id.* Ms. Green also holds a black belt in TaeKwon-Do. *Cf.* Interview with Master Buddy Hudson, 8th degree black belt, 7 time TaeKwon-Do national fighting champion, and member of the International Karate Hall of Fame. Master Hudson is widely recognized as one of the world's top martial arts trainers. Notes on file with author. Interview with Jennifer Lane, 4th degree black belt and current TaeKwon-Do national fighting champion. Notes on file with author.

²² Interview with Master Buddy Hudson. Notes on file with author.

²³ Nat'l Inst. of Justice, *supra* n.13.

programs ignore the reality that a significant proportion of college sexual assaults take place against incapacitated people²⁵ and that many students will drink alcohol even if told not to do so by the institution.²⁶ While a small minority of programs address the *link* between sexual assault and alcohol,²⁷ virtually none address alcohol equivalencies.²⁸

Naïve drinkers simply do not understand that a mere 11 ounces of the "punch" all the girls at the party are drinking (which can be 50-90% Alcohol By Volume ("ABV") and is served in a Solo cup that deceptively holds 10 ounces of liquid when packed with ice and 18 ounces of liquid without ice) could easily contain the same amount of alcohol as somewhere between 11-21 beers or 11-21 one-ounce

²⁵ Kate B. Carey, Sarah E. Durney, Robyn L. Shepardson, & Michael P. Carey, *Incapacitated and Forcible Rape of College Women: Prevalence Across the First Year*, JOURNAL OF ADOLESCENT HEALTH, June, 2015. To fully understand the data, the study must be read in conjunction with a companion study. *See* Robyn L. Fielder, Jennifer L. Walsh, Kate B. Carey & Michael P. Carey, *Sexual Hookups and Adverse Health Outcomes: A Longitudinal Study of First-Year College Women*, JOURNAL OF SEX RESEARCH, 51:2, 131-144 (2014).

²⁶ Campus Alcohol Bans, What Works for Health, May 27, 2014, available at http://whatworksforhealth.wisc.edu/program.php?t1=21&t2=13&t3=38&id=75 ("There is insufficient evidence to determine whether banning alcohol on college campuses reduces underage and excessive drinking. Available evidence suggests that limiting access to alcohol on campus through campuswide bans may decrease the frequency of alcohol use and heavy drinking, but may not reduce binge drinking. Targeted residence hall bans that also prohibit cigarette use appear to decrease alcohol use whereas bans that prohibit alcohol alone may not."). The impact of alcohol bans on sexual assault is highly questionable. According to Anna Voremberg, managing director of End Rape On Campus, one of the top advocacy groups seeking to reform college sexual assault policies and procedures: "These policies [banning alcohol] don't work. They don't prevent sexual assault. Schools definitely have a responsibility to prepare students for safe drinking habits. That's important. But putting such policies in the context of preventing sexual assault misses the mark. Alcohol doesn't cause rape. It's a weapon used by rapists to rape women." Ms. Voremberg was quoted by Jake New, Alcohol Bans and INSIDE HIGHER ED, Aug. 24, https://www.insidehighered.com/news/2016/08/24/stanfords-ban-large-containers-hard-alcohol-sparks -debate-about-sexual-assault.

²⁷ Meichun Mohler-Kuo, et al., *Correlates of rape while intoxicated in a national sample of college women*, 65 J. OF STUDIES ON ALCOHOL 37, 43 (2004) ("The present study indicates that alcohol use is a central factor in most college rapes. Paradoxically, few rape preventive interventions focus on alcohol use.").

²⁸ Interview with Sarah Green, J.D., former Title IX Coordinator. Notes on file with author. Based on our review, the P³ program appears to be the only program for high school or college that contains the essential component of alcohol equivalencies.

shots of 100-proof liquor.²⁹ These naïve drinkers similarly fail to understand that 11 ounces of the "punch" – even on the low end of the ABV spectrum – would give a 120-pound girl a .32 Blood Alcohol Content ("BAC"), which could render her comatose.³⁰ Emergency rooms, morgues, and rape crisis centers are full of students whose drug and alcohol education consisted of "just say no" or the supposedly more robust tutelage that "there's a link between alcohol and sexual assault".³¹

4. IHE Research Demonstrates the Need to Specifically Address High Risk Students but IHE Prevention Programs Fail to do so.

Women are more likely to be sexually assaulted than men.³² Yet sexual assault prevention programs are typically taught in co-educational seminars that treat both genders the same, despite strong evidence that segregating students by gender produces better results for women.³³ Research shows that females who learn defensive tactics find the experience fun and empowering and a means of taking control over their lives and environment.³⁴ Moreover, some scholars view the reluctance to teach women defensive tactics as perpetuating the oppression of

³⁴ See P³ Post Training Report, White Rock YMCA, Dallas, TX, Apr. 17, 2016; P³ Post Training Report, Nat'l Charity League, Sept. 11, 2016; P³ Post Training Report, Girl Scouts of America, Sept. 14, 2016, each available at http://www.securehighered.com/post-training-reports; Kristine De Welde, Kick Ass Feminism, MEN WHO HATE WOMEN AND WOMEN WHO KICK THEIR ASSES 21 (2012).



²⁹ Interview of Dr. Wilfredo Rivera, MD, FACEP, Associate Medical Director in the Emergency Medicine Department at Texas Health Presbyterian Hospital Dallas. Dr. Rivera is one of the nation's leading toxicologists. Notes on file with author.

 $^{^{30}}$ *Id*.

³¹ *Id*

³² Association of American Universities (AAU) Campus Climate Survey on Sexual Assault and Sexual Misconduct, Sept. 21, 2015, available at https://www.aau.edu/uploadedFiles/AAU_Publications/AAU_Reports/Sexual_Assault_Campus_Survey/Report%20on%20the%20AAU%20 Campus%20Climate%20Survey%20on%20Sexual%20Assault%20and%20Sexual%20Misconduct.pdf ("Rates of sexual assault and misconduct are highest among undergraduate females and those identifying as transgender, genderqueer, non-conforming, questioning, and as something not listed on the survey (TGQN).").

³³ Senn, *supra* n.2; *cf.* Lonsway, *supra* n.1 ("the impact of mixed-gender programs on actual sexual assault perpetration or victimization is not typically evaluated.").

women³⁵ and strongly deny the gender assignment that women are the "weaker sex" physically or otherwise.³⁶

IHEs also ignore the fact that many students enter college having already suffered an attempted or completed rape and that these students are at higher risk of suffering a sexual assault in college.³⁷ Programs with a self-defense component not only aid in healing, but also reduce the risk of future assault for these students.³⁸

Similarly, LGBTQ students are at a higher risk of sexual assault and sexual harassment.³⁹ Unfortunately, no research addresses specialized programs for LGBTQ students, but it stands to reason that all programs should take into account the needs of LGBTQ students and also seek to promote tolerance among students who are not LGBTQ. Post-program evaluations should be conducted to determine if the program reduced sexual assault against LGBTQ students and if it increased

³⁵ De Welde, at 20-21, 22, 24-25, *supra* n.34.

³⁶ Correspondence with Norma Jones, Nov. 30, 2016. On file with author.

³⁷ Lonsway, *supra* n.1 ("Clearly, a notable percentage of college or university students already constitute a high risk group for whom the goal of educational programs is not primary prevention, but rather the prevention of repeated experiences of sexual assault victimization or perpetration. Unfortunately, we have largely failed to develop interventions specifically tailored for such high risk groups."); Carey, *supra* n.25, at 678 ("Before entering college, 28% of women had experienced attempted or completed rape. [...] Programs may need to address trauma-related concerns for previously victimized women. [...] These data provide more evidence that a precollege history of sexual assault, particularly A/C IR, predicts revictimization, in that it increases the odds of both IR and FR in the first year.").

³⁸ Senn, *supra* n.7 ("Despite the elevated risk among previously victimized women, the resistance group had a lower 1- year risk of completed rape than the control group (relative risk reduction, 25.1%).").

³⁹ Adrienne Green and Alia Wong, *LGBT Students and Campus Sexual Assault*, THE ATLANTIC, Sept. 22, 2015, available at http://www.theatlantic.com/education/archive/2015/09/campus-sexual-assault-lgbt-students/406684/ ("LGBT and non-heterosexual students last school year experienced significantly higher rates of sexual assault and harassment, as well as violence from an intimate partner, than their heterosexual peers.").

indicators of tolerance, such as a reduction in hateful language, increased standing up for an LGBTQ student, and other relevant measures.

Conclusion

IHEs have conducted a significant amount of research to determine what works in reducing sexual assault against college students. Yet IHEs fail to utilize this research in selecting sexual assault reduction programs. An IHE touting its cutting edge approach to research and education should avoid implementing sexual assault programs without empirical support. Implementing research-based programs could help avoid significant negative consequences for students, administrators, and IHEs.



