UNDERSTANDING VIEWS ON COLLEGE SEXUAL ASSAULT FROM
THE STUDENT PERSPECTIVE

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I would like to dedicate my work to the members of Survivor Outreach and Support. Your commitment to reducing sexual and interpersonal violence at SDSU is so inspirational! Thank you for creating a safe community for students to have a voice and empowering them to take social action.
“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

-Margaret Mead
ABSTRACT OF THE THESIS

Understanding Views on College Sexual Assault from the Student Perspective
by
Holly A. Nelson
Master of Social Work
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It is estimated that one out of four students will experience rape or attempted rape during their years at college. To gain a better perspective on what sexual assault programs are needed at SDSU, this study explored the association between evidence-based, best practice models for sexual assault prevention on campus with the real-life needs of college students. A survey was created that combined both the recommendations of academic researchers and SDSU student recommendations on rape programming and was disseminated to a student organization called Survivor Outreach and Support (S.O.S.). Student recommendations (many of which were proposed by survivors of sexual assault) tended to emphasize systems needs more strongly than the academic recommendations. Students had a different and unique perspective on campus sexual assault program needs compared to academic researchers. Unlike the single programs recommended by the researchers, students sought system-wide change with comprehensive services.
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CHAPTER 1

INTRODUCTION TO STUDY

BACKGROUND

Going to college should be one of the most formative periods of development for a young adult (ages 18-24). Individuals strive to achieve autonomy, self-sufficiency, gender identity, intellectual growth, and career choices while submerged in a new college community (Newman & Newman, 2009). Although this period promotes great opportunity for knowledge acquisition and self-discovery, students can be at-risk. The establishment of new social networks and lack of parental supervision creates situations where boundaries are challenged and tested. Experimentation with heavy alcohol use lowers one’s sense of inhibition, thus making students vulnerable. Partying, drinking, and hooking-up are traditionally portrayed by the media as the norm of college life; however, one of the greatest risk factors that seems to be minimized is the high prevalence of sexual assault.

The word sexual assault is defined as unwanted, non-consensual sexual activity (Bohmer & Parrot, 1993; Appendix A). This definition can encompass a wide spectrum of sexual activity ranging from touching and/or fondling to attempted rape and/or rape (Rape, Abuse, & Incest National Network [RAINN], 2008). The laws pertaining to sexual assault vary from state-to-state; however, California Penal Code (2010) law, section 261-269, defines rape as an act of sexual intercourse accomplished with a person when:

- The act is accomplished against a person's will by means of force, violence, duress, menace, or fear of immediate bodily injury on the person or another.
- A person is prevented from resisting by any intoxicating, anesthetic, or controlled substance, and this condition was known or reasonably known to the perpetrator.
- The act is accomplished against a person's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat.
- A person is under the belief that the person committing the act is their spouse, and this belief is induced by pretense or concealment practiced by the accused.
The act is accomplished against a person's will by threatening to use the authority of a public official to incarcerate, arrest, or deport the victim or another, and the victim has a reasonable belief that the perpetrator is a public official.

A person is incapable of giving consent because of a mental, developmental, or physical disability and this is known or reasonably should be known to the person accused of the act.

The victim is at the time unconscious of the nature of the act, and this is known or reasonably should be known to the accused. A victim under this circumstance is incapable of resisting due to being:

- Unconscious
- Asleep
- Unaware or not cognizant of the act
- Unaware or not cognizant of the act because of the perpetrator's fraud
- Unaware of the act because of the perpetrator's false representation of the act as serving a professional purpose

California law also states that "any sexual penetration, however, slight, is sufficient to complete the crime" (University of California, San Diego [UCSD], 2009). Those convicted of sexual assault can face both civil as well as criminal charges (Bohmer & Parrot, 1993).

Sexual assault is not a new problem. Documentation of rape stems back to 1720 B.C. where it is found in the book of Genesis (Hall, 1995). From a societal perspective, rape was viewed as a heinous crime and the punishment for such an act consisted of monetary fines, castration, or death (Hall). These laws remained steadfast for many years until the 19th-Century when the paradigm of rape began to shift. In a controversial case in 1838, People v. Abbott, a married minister was accused of raping a woman with a bad reputation (Hall). Unlike previous trials, this case introduced new concepts such as reputation, evidence of physical strain, and the need for the victim to have called out for help. These factors were used to evaluate the validity of the victim’s accusations. Since the woman failed to meet all of the criteria set forth by the court, the minister was acquitted and no penalty was assigned (Hall). This pivotal case sadly represents of one many cases in which the assailant is often released and the victim is blamed for the actions of the assault. As a result of this case, new stringent rape laws were adapted that questioned the victim’s validity. These laws remained to be the status quo for many years.
The 1970s brought a new wave of feminist energy that shifted the way women thought, acted, and behaved. Born out of the civil rights era, women began to defy subservient gender roles as they sought out higher education and work employment. With the advent of birth control, more women advocated for their sexual rights and criticized existing laws, especially as they pertained to sexual assault. Outdated laws that required a victim to show physical resistance toward her perpetrator and disclosed a victim’s sexual history in court were overturned (Hall, 1995).

The momentum of rape advocacy was further enhanced through the support of the federal government. The 1970s, 1980s, 1990s were fruitful years in the advancement of sexual assault knowledge because of an increase in federal dollars. The National Center for Prevention and Control of Rape (NCPCR) was established in 1975 and funded many grants (Koss, 2005). Researchers explored new concepts like rape attitudes, self-blame, rape trauma syndrome, typologies of rapists, acquaintance rapes, forensic evidence, group therapy, diagnostic classifications, effects of R-rated violence, rape reported in the press, drinking and rape, athletes/fraternities and rape, and prevention programs for men (Koss). The publication rate on sexual assault literature increased by 210% from 1979-1989 (Koss). In addition to the expansion in literature, the first rape crisis center opened in the 1974 and within five year, 1,000 centers were constructed nationwide (Collins & Whalen, 1989). This period rapidly increased rape knowledge and programs. In the late 1980s, sexual assault programming began to decline as a result of President Ronald Regan’s recommendation to de-fund the NCPCR and by 1987 the program was dismantled and phased out (Koss). Between 1996-2003 only seven percent of federally funded grants have been awarded by the Department of Justice and the Centers for Disease Control and Prevention for violence against women that had the titles of sexual assault, violence, abuse, or rape (Koss). Additionally, there has been a 33% decline in dissertations (Koss). Mary Koss attributes the decrease in rape literature to the disinterest or discouragement to enter the field because of the lack of federal dollars for rape research and lack of exposure to sexual violence research.

The issue of sexual assault was first addressed on college campuses in 1980s. Prior to this period, colleges were viewed as “places…where the pursuit of truth and the exercise of reason prevail, and where it is assumed our daughters will be safe from the ‘lion of the streets’” (Pierson, 1999 as cited by Schwartz & DeKeseredy, 1997, p. 2). The perception that
schools were safe havens may have been erroneously presumed because the majority of students attending college were middle to upper-class, white individuals (Schwartz & DeKeseredy). College crime has been notoriously minimized and has been overlooked by university administrations as “pranks” or “in good fun” (Schwartz & DeKeseredy). This lack of accountability has helped criminal behavior flourish at universities.

The first national studies on the prevalence of rape in both communities and college campuses were conducted from 1984-1988 (Koss, 2005). Consequently, born out of these studies, a few universities began implementing sexual assault policies; however, major policy reform did not occur until the paramount case of Jeanne Clery. Jeanne was a freshman at Lehigh University in Bethlehem, Pennsylvania. She was asleep in her dorm room where she was brutally raped, beaten, and murdered by a fellow student. Clery’s parents assumed that Lehigh University was a safe school, but they were surprised to learn that 38 violent crimes had been committed in the past three years. As a result of this tragic situation, Congress passed a bill called the Students Right-To-Know Act in 1990, which mandated all universities to annually report and publish crimes that have occurred on-campus to the general public. In 1992, the Campus Sexual Assault Victim’s Bill of Rights Act, currently known as the Ramstad Amendment to the Higher Education Act was passed (Hall, 1995). Under this bill, colleges are required to develop and publicize their sexual assault policy, outline how the institution addresses sexual assault prevention programs, describe the post-assault procedures and reporting options, specify on-campus disciplinary hearings for both the victim and the assailant, identify potential sanctions, provide existing services and resources for mental health services, and assist students with academic or housing resources post-assault (Hall). Additionally, all colleges and universities are required to offer sexual assault prevention programming as mandated by the National Association of Student Personnel Administration in 1994. There are currently more than 460 women’s centers on college campuses in the United States that provide support, information, resources, sexual assault prevention to students, facility, and staff (Kasper, 2004).

Rape programs are structured on a multi-tiered system based on primary, secondary, and tertiary levels of prevention. Primary prevention targets social norms (e.g., demystifying rape myths) and advocates system change (e.g., creating new policy and laws) (Townsend & Campbell, 2008). Secondary prevention provides immediate services and resources
post-assault through direct services, community educational workshops, and professional trainings (Townsend & Campbell). Tertiary prevention addresses long-term care for survivors and treatment and sanctions for perpetrators (Townsend & Campbell).

**THEORETICAL BASES AND ORGANIZATION**

There are three theoretical concepts that are used to explain the cause of rape: feminist theory, social learning theory, and the evolutionary theory. Beyond these concepts, researchers have evaluated unemployment, inadequate socialization, difficulty finding a sexual or martial partner, mental illness, and exposure to early sexual violence as variables associated with male perpetration of rape (Ellis, 1989). These theories were first associated with rape in the 1970s and have been extensively studied in subsequent years (Ellis).

Feminist theory states that rape exists because of gender disparities in social, political, and economic arenas. Men have historically dominated these sectors and women have fallen subservient (Ellis, 1989). Feminist theorists believe sexual assault is not rooted in sexuality, but in the use of power and control. Men use sexual intimidation to dominate women and reinforce their position of power. This theory has become the leading explanation for rape (Ellis). However, some feminist theorists argue if social justice was equivalent for women then a backlash in rapes would occur, because many men would feel even more of a need to rape to reassert their lost supremacy (Ellis).

Social learning theory states that behaviors are learned through observation and imitation (Newman & Newman, 2009). If a behavior yields a positive outcome, then an individual is more likely to replicate that behavior as opposed to a negative outcome, in which a behavior will most likely be avoided or discontinued. Theorists of social learning believe that rape is a behavior that is learned through interpersonal aggression and sexuality (Ellis, 1989). Proponents argue that rape scenes or acts of violence toward women in vivo or in the media causes individuals to conceptually fuse the association of sexuality and violence together (Ellis). Through this repeated exposure, individuals become desensitized to sexual violence and rape myths like “no means yes” are created and behaviors are reinforced (Ellis). Theorists argue that rapists cognitively view sex from a violent perspective and thus, the greater the exposure to violent pornographic material the greater the association and desire to rape. More research needs to be conducted on this theory, but opponents have dismissed the
connection between exposure to aggressive and sexual stimuli on the media as an antecedent to rape.

Evolutionary psychology studies the mental structures, emotions, and social behaviors from an evolitional perspective (Newman & Newman, 2009). Individuals select adaptive behaviors to survive and at that crux of evolution is reproduction. Theorists believe that men innately need to engage in sexual intercourse with many different women as a way of passing their genes onto future generations. Biologically, men can produce more offspring than women, so men need to engage in more copulation. One latent effect from this behavior is rape. Men sometimes use forceful tactics to satisfy their own sexual needs (Ellis, 1989). Evolutionary theorists argue that most female victims are raped before the age of 30, because that is the period when they are most fertile for reproduction. There is a lot of criticism that stems from this theory. Evolutionary theory minimizes the individual’s blame and responsibility for rape, because it cites rape as biological. This theory also perpetuates the continuation of rape myths such as “a man who is aroused cannot control himself.”

STATEMENT OF THE PROBLEM

Sexual assault occurs on every college campus. Regardless if the institution is private, public, small, large, secular, religious, rural, urban, co-ed, and same-sex, rape can happen. Men can rape women. Women can rape men. Men can rape men. Women can rape women. Although, rape can happen to anyone, Rennison (2002) states that 99% of perpetrators are men (as cited in Foubert & Newberry, 2006). In 2000, the Department of Justice revealed that the victimization rate of rape (completed and/or attempted) was 27.7 per 1,000 students in almost a seven month period. When victimization rates were calculated for one year, women experienced rape at five percent (Fisher, Cullen, & Turner, 2000). Taking this statistic into perspective for a five year period (which is the average length of a college career), one in four women have the chance of experiencing completed or attempted rape during her college years (Fisher et al.). Humphrey and White (2000) described that 69.8% of college women have experienced at least one instance of sexual violence since age 14 through their fourth year of college. In addition to the high prevalence of victimization, nearly half of the arrested assailants are under the age of 25 (Koss, Gidycz, & Wisniewski, 1987). One survey uncovered that one out of 13 men reported sexually assaulting a women
and 35% of college men said they would rape a woman if they would not get caught for the act (Malamuth, Sockloskie, Koss, & Tananka, 1991).

Perpetrators of sexual assault can be strangers, acquaintances, or partners. The media often portrays the image of a stranger brutally attacking an individual in a public place; however, an unprecedented 80-90% of survivors know their assailant and 75% of all sexual assaults occur in a private home (SÖChting, Fairbrother, & Koch, 2004; Yeater & O’Donohue, 1999). An individual’s knowledge of sexual assault is often misunderstood and misconstrued by societal rape myths. Martha Burt, the author who coined the term rape myths in the early 1980s, defines it as, “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists” (Peterson & Muehlenhard, 2004). A rape myth not only shifts the blame onto the victim for the rape, but also stereotypically defines a rape as a brutal narrative and ignores the common realities of sexual assault. Because of society’s acceptance of rape myths, many individuals dismiss their experiences of rape, because the event they experienced does not fit into their cognitive schema of rape. Historically, rape myths can be traced back to the People v. Abbot where the victim’s sexually history, evidence of physical resistance, and demonstration of a call for help, needed to be present to convict the assailant.

College campuses can be microcosms that foster sexual assaults. Although many sexual assaults involve common variables such as the consumption of alcohol, a known perpetrator, and low reporting rates, there are certain risk factors that are specific to the college population. These common risks are: very high-rates of alcohol consumption, new social networks, lack of parental supervision, sorority and fraternity membership, gang rape, and student athletes.

There is a strong correlation between alcohol consumption and sexual victimization. Mohler-Kuo, Dowdall, Koss, and Wechsler (2004) cited that 80% of all college students drink occasionally and 48% drink to get drunk. Leichliter, Meilman, Presley, and Cashin (1998) found that 57% of college men and 41% of college women use drinking as a means to facilitate sexual opportunities (as cited in Hertzog & Yeilding, 2009). The use of alcohol can be problematic on many levels. Alcohol can impair the higher order cognitive processing and reduce motor skills. These impairments can greatly limit a victim’s ability to not only vocalize their concerns, but also leave a dangerous situation. Additionally, an intoxicated perpetrator might not be cognizant of obvious social cues that are being communicated.
verbally or nonverbally by the victim. As a result, alcohol is the most commonly used drug to facilitate sexual assaults; however, only a few women identify alcohol consumption as a risk (Hertzog & Yeilding, 2009). In a longitudinal study conducted with over 119 schools, researchers found that 72% percent of rapes occurred when the victim was intoxicated (Mohler-Kuo et al., 2004). As stated by California law, a person cannot consent while “intoxicated…and this condition was known or reasonably known to the perpetrator” (California Penal Code, 2010).

Despite the high prevalence of sexual assaults committed on college campuses, the majority of these crimes go unreported. Fisher et al. (2000) state less than five percent of rapes that occur on a college campus are reported to the police. The government estimates for every rape reported, three to 10 rape survivors remain silent (Koss et al., 1987). Many women do not want to disclose their sexual victimizations as a crime because they did not view the incident to be harmful or significant enough to report to the authorities (Fisher et al.). Furthermore, a survivor experiences increased confusion when nine out of 10 perpetrators are known to the individual (Fisher et al.). Many times, women do not identify their experiences as rape when using alcohol or other recreational drugs and this too, decreases their reporting rates to authorities (Fisher et al.).

According to U.S. Department of Justice (2004), 80% of female sexual assaults occur before a woman is 30 (as cited by RAINN, 2008). Women who are 16-24 represent the most vulnerable demographic, especially females who are in their first year at college (Koss et al., 1987). Due to these volatile conditions, college women are three times more likely to be sexual victimized than the general public (Koss et al.).

Membership and participation in sororities and fraternities create a unique culture on-campus. Greek Life fosters brotherhood and sisterhood, reinforces within-group attitudes and norms, hosts a plethora of social activities and events, glorifies drinking and illicit drug use, encourages sexual behavior and exploitative sex, socializes traditional gender roles, and tolerates aggressive behavior. Fraternity men and sorority women are considered high-risk groups for perpetration and victimization. Almost 50% of college rapes occur at fraternity houses and 50% were perpetrated during a fraternity function or by a fraternity member (Mohler-Kuo et al., 2004). Minow and Einolf (2009) found that sorority women were four times more likely to be sexually assaulted than non-sorority members. These high rates of
rape can be explained by a sorority member’s greater consumption of alcoholic drinks and
greater attendance of coed Greek activities where alcohol was served (Minow & Einolf).

Another risk factor that is associated with Greek Life membership is gang rape. Gang
rape or “pulling the train” or “gang banging” refers to a group of men lining up to take turns
having sex with the same woman (Sanday, 1990). The traditional gang rape scenario
involves an intoxicated young woman, who may or may not have agreed to have sex with
one man, but anywhere between two and 11 men will have sex with her (Sanday). She may
be passed out, protesting, scared, or unconscious (Sanday).

Student athletes are another collegiate group that experiences higher rates of sexual
assaults and gang rape. Warsaw (1988) explains that rate of sexual abuse is higher among
this population because they are trained to be aggressive in their sports, revered by female
fans, and have earned high status on campus. Similar to the fraternity members, athletes
succumb to all-male group norms and Neimark (1991) states that male bonding among team
members appears to be a contributing factor to gang rape (as cited in Parrot & Cummings,
1994).

Sexual assaults can leave long-term physical and psychological effects on victims.
The immediate physical evidence can be bruises, black eyes, cuts, scratches, swelling, or
chipped teeth and the long-term physical effects can be pregnancy, sexually transmitted
diseases, and sexual dysfunction (Fisher et al., 2000). Psychologically, common symptoms
associated with rape are hypervigilance, nightmares, withdrawal, flashbacks, increased
irritability, angry outbursts, increased suicide rates, and depression. Nearly 47% of adult
sexual assault survivors meet the DSM-IV-TR criteria for post-traumatic stress three to four
months following their assault (Rothbaum, Foa, Riggs, & Murdock, 1992). Mental health
professionals commonly diagnose rape survivors with posttraumatic stress, depression,
anxiety, and substance dependence and/or abuse. Additionally, many survivors cope with
their assaults by engaging in high-risk sexual activity, high-risk drinking and drug use, heavy
smoking, and driving while intoxicated (Silverman, Raj, Mucci, & Hathaway, 2001).

**CURRENT STUDY**

San Diego State University (SDSU, 2009a) is a public institution that is home to
33,790 undergraduate and graduate students. Founded in 1897, SDSU is the largest
university in San Diego and the third largest university in California. SDSU attracts a wide variety of students with a range of ethnic backgrounds. The most prominent student demographics are Caucasian (42.3%), Mexican American (17.6%), Filipino (6.7%), International (5.6%), Other Hispanic (4.9%), and American Americans (3.9%; SDSU). Out of this diverse student body, 57% are female and 43% are male (SDSU). As stated above, it is estimated that one out of four females will be raped during their college careers (Fisher et al., 2000). Given the population of females who attend SDSU, it can be inferred that 4,393 female students are potential survivors of rape.

Based on these startling statistics, it is essential that SDSU is equipped with prevention and intervention services. Currently, SDSU has a limited number of sexual assault resources for their students. When an individual has been raped, they can contact the University Police, Student Health Services (SHS), and Counseling & Psychological Services. There are several disadvantages to accessing these on-campus resources. The greatest limitation is that none of these centers specialize in the area of sexual assault, and therefore the quality of knowledge, sensitivity, advocacy, and understanding is compromised. In addition, these centers serve the entire campus, so many rape survivors must compete with the general student population for goods and services. This lack of services specifically designed to address the needs of sexual assault survivors leave many survivors discouraged and isolated. As a result, students are forced to look to outside, community agencies such as Center for Community Solutions (CCS) and Women’s Resource Center (WRC) to bridge the gaps in the dearth of sexual assaults services at SDSU.

In response to this alarming problem in the fall of 2009, several sorority members founded a campus organization at SDSU called Survivor Outreach and Support (S.O.S.). The members chose this acronym, S.O.S., because it stands as the universal signal for distress. The organization helps survivors and non-survivors at SDSU by hosting weekly meetings that feature community speakers, facts and information on sexual assault, self-defense workshops, support, and community resources. Currently, the organization has 40 active members who have attended at least two meetings during the spring semester and 100 members who have attended at least one of the meetings during the fall semester or spring semester. The S.O.S. group page on Facebook.com has 406 members. The present study is aimed to understand the SDSU student needs on sexual assault programming through
the lens of this campus organization, S.O.S., whose mission is to provide support and education on campus regarding how to handle sexual assault and domestic violence situations.

**PURPOSE OF THE STUDY**

Because of the lack of rape services offered at SDSU and the growing concern by the S.O.S. students, a literature review was conducted to learn the most effective and efficacious research in rape prevention and intervention services on college campuses. Twenty-five, evidence-based practice articles were reviewed, but none of the studies yielded evidence in long-term attitudinal or behavioral changes (Anderson & Whiston, 2005). Most researchers recommended further research in the areas of programming to high-risk populations, positive male training, sexual assault and alcohol education, multiple or longer rape prevention programs, campus-wide programs, self-defense trainings, and the importance of campus sexual assault policy.

In addition to the literature review, a focus group was conducted with 10 S.O.S. students to hear their feedback on how SDSU can prevent sexual assaults and enhance victim services. The students were asked, “if you had unlimited funding to create a rape program at SDSU, what services would be offered?” All members contributed feedback which was hand-recorded. The discussion lasted for 75 minutes and many ideas were communicated.

Based on the researchers’ recommendations from the 25, evidenced-based best practice articles and the feedback from the S.O.S. student members, a survey was designed to collect information from a larger sample of S.O.S. affiliated students (Appendix B). The survey was constructed to solicit input from S.O.S. members as to their opinions about the need for sexual assault programs and services for college students. Both recommendations from the researchers and recommendations from the S.O.S. focus group were included.

The researcher chose to sample the S.O.S. population, because of their commitment to the issue of sexual assault. She felt that S.O.S. students would not only identify, but also support their own peer recommendations on sexual assault programming. Unlike sexual assault researchers, S.O.S. students share the same community culture and they understand the challenges in that environment. As potential consumers of these rape services, they would be the best individuals to seek feedback on sexual assault programs.
The purpose of this study is to explore the association between evidence-based, best practice literature on sexual assault services and the real-life needs of college students who are involved in a campus organization committed to ending sexual and interpersonal victimization. Most of the current literature on college rape programming, discusses single program designs, literature reviews, meta-analyses, focus groups, and professional opinions. This will be the first study in sexual assault literature that compares student opinion with researcher’s expertise. Since there is no model sexual assault program that has been created to reduce behavior changes, much of the research still needs to be explored. This study integrates the most up-to-date, evidence-based, best practice studies with the student perspectives of the active members of SDSU’s S.O.S. who not only understand the needs of sexual assault and domestic violence programming, but also utilize these resources. The methodology of integrating best practice research with student feedback on rape programming should be replicated in future studies. Having both of these perspectives would greatly enhance the present knowledge in the field of sexual violence and prevention. The transportability of this survey can be modeled and replicated across other college campuses that do not have a rape program established and/or schools that would like to enhance their current services. The design of this study can also be applied to community-based settings. Individuals can use the methods in this study to conduct their own focus group with their clients at their agency. Most importantly, this study juxtaposes academia and practicum to show how these important components can be evaluated together to design the most effective sexual assault program.
CHAPTER 2

REVIEW OF THE LITERATURE

Given the high prevalence of college sexual assaults, many universities have responded to this problem by creating rape prevention programs. Targeting students with educational outreach and preventive workshops, these programs have yielded short-term effectiveness in altering rape-supportive attitudes and increasing rape knowledge; however, there is little empirical evidence in demonstrating long-term attitudinal or behavioral changes (Anderson & Whiston, 2005). Despite this, many college campuses continue to operate rape prevention programs in spite of their lack of evidence.

In this study, 25 sources were reviewed from 2000-2009. Twenty-three were peer-reviewed articles from PsycINFO, MEDLINE, and Academic Search Premier under the key terms: sexual assault, sexual assault prevention, college, college campuses, campus, and rape. Two other sources were collected from a government online resource and a book on campus sexual assault. A grid was established to classify the most prevalent prevention and intervention methods recommended for sexual assault services. The seven most common recommendations were (1) programming to high-risk populations, (2) positive male training, (3) sexual assault and alcohol education, (4) multiple or longer rape prevention programs, (5) campus-wide programs, (6) self-defense trainings, and (7) the importance of campus sexual assault policy. Other researchers suggested bystander programs, real-life application of sexual assault prevention skills, social marketing campaigns, advocates, programs educating police officers and nurses, discussion of red flags, local rape statistics, rape myths, harm reduction models, reliable scales and outcome measures, victim-centered services, and PTSD treatments. Within this study, only four of the most common recommendations were evaluated. Concepts such as programming to high-risk populations, sexual assault and alcohol education trainings, campus-wide programs were also recommended by the S.O.S. student focus group and therefore could not solely be labeled as researchers’ recommendations.
PROGRAMMING TO HIGH-RISK POPULATIONS, SUCH AS FIRST AND SECOND YEAR STUDENTS

Who is considered high-risk when it comes to sexual assault? Researchers state college women, specifically, first and second year students, sorority members, international students, LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning) students, alcohol users and binge drinkers, and students with prior histories of sexual assault are at greater-risk for sexual victimization (Gidycz, McNamara, & Edwards, 2006; Hertzog & Yeilding, 2009; Mohler-Kuo et al., 2004; Rothman & Silverman, 2007). One of the greatest problems found in high-risk groups is appropriate risk identification. Ironically, a lot of women minimize their vulnerability when it comes to sexual assault and they tend to exhibit comparative optimism (Gidycz et al.). Women think they are less likely than their peers to experience sexual aggression. In fact, even in alcohol-related settings like bars and parties, women feel like they can handle more risky situations (Gidycz et al.). Those students who have prior histories of sexual assault often recognize dangerous situations; however, they do not know how to behaviorally respond, so they acquiesce to the perpetrator’s requests (Gidycz et al.).

High-risk groups are vulnerable because of their age, lack of prevention training, inexperience with alcohol consumption, and the fear of being stigmatized. Women in their freshman year are often inexperienced with alcohol and the affects it has on their bodies, which places them at a higher risk to fall prey to older college men (Hertzog, 2004). Additionally, first and second year students are less likely to report having received any type of sexual assault education compared to older females in their college career (Hertzog & Yeilding, 2009). College women were higher-risk for sexual victimization because of their close daily interactions with young men in a range of social situations that often involve alcohol or other drug consumption by perpetrator, victim, or both (Fisher et al., 2000; Koss et al., 1987). Sorority women experience rape at a higher rate than other students because of their increase rate of partying, heavy alcohol use, and Greek Life norms. International students are more vulnerable because of their different cultural perspectives of violence against women (Carmody, Ekhomu, & Payne, 2009). They are unaware of the social support and resources available to individuals facing victimization and thus, their lack of cultural and systems knowledge puts them at greater risk of being sexually assaulted (Camody et al.). Within the LGBTQ community, more than one in 10 gay and bisexual men reported sexual
assault and more than twice as many lesbian and bisexual women experienced rape in adulthood than heterosexual women (Balsam, Rothblum, & Beauchaine, 2005). Fear of being stigmatized, lack of confidentiality, and minimizing sexual assault experiences, often causes underreporting among sexual assault victims (Rothman & Silverman, 2007). LGBT individuals face additional sexual discrimination even by service providers, law enforcement, and health care professionals (Todahl, Linville, Bustin, Wheeler, & Gau, 2009).

Lonsway et al. (2009) suggests that programs should be specifically developed for each one of these high-risk populations. Heavy episodic drinking and occasional heavy episodic drinking in college was the strongest predictor of rape (Mohler-Kuo et al., 2004). The rate of heavy episodic drinking increased the rate of being sexually assaulted by 7.8 times (Mohler-Kuo et al., 2004). For survivors with a history of sexual assault, Rothman and Silverman (2007) and Gidycz et al. (2006) recommend more intensive, one-on-one treatment, rather than general prevention programs. Further trainings on self-defense are also needed to teach more active resistance strategies both physical and verbal skills to students with prior histories of sexual assault (Gidycz et al.; Lonsway et al.). Prevention programs need to use real-life examples of typical rape scenarios, so participants learn that sexual assault can happen to any person (Gidycz et al.). Additionally, individuals need to be taught red flags that many common perpetrators have been found to possess (Gidycz et al.).

**POSITIVE MALE PROGRAMMING**

Research has shown that men do not view themselves as potential rapists (Schneel, Johnson, Schneider, & Smith, 2001). Therefore, to effectively target men as a high-risk population, it is important to focus on how men can be viewed as potential helpers as opposed to alleged perpetrators (Foubert & Newberry, 2006). One program that has been well-received by thousands of men in college, high schools, military bases, halfway houses, police trainings center, rape crisis centers, and other community organizations nationwide is *The Men’s Program* (Foubert & Newberry). This all-male program is rooted in attitudinal and behavioral change theories. *The Men’s Program* describes a male-on-male rape experience to educate men how a rape experience might feel. Having this powerful example shows men how to empathize for female survivors. Men are also taught how to support a rape survivor. This is important, because 65% of females feel comfortable talking to a male
friend about their rape experiences (Hertzog & Yeilding, 2009). The program concludes by discussing consent and hearing strategies how to confront a peer who jokes or talks about rape. Foubert and Newberry conducted a study with 12 fraternities with *The Men’s Program*, but also addressed issues like bystander intervention involving alcohol and seeking consent when intoxicated. Both programs were highly successful in reducing rape myths, increasing empathy, and reducing the likelihood of committing sexual assaults; however, the bystander intervention with alcohol treatment yielded stronger results (Foubert & Newberry). Learning that high-risk men can reduce their likelihood of committing sexual assaults provides great hope to rape preventionists (Foubert & Newberry).

**SEXUAL ASSAULT AND ALCOHOL EDUCATION PROGRAMS**

Research has shown that 75% of men and 55% of women involved in rape situations were consuming alcohol or other drugs immediately before the rape took place (Koss et al., 1987). This is a problem. Especially, since one out of four women do not perceive alcohol to be a date rape drug (Hertzog & Yeilding, 2009). Krebs, Lindquist, Warner, Fisher, and Martin (2009) state women who get drunk are more likely to be victims of sexual assault. In fact, heavy episodic drinking was the strongest predictor of rape and their risk factor increased by nearly eight times compared to non-heavy episodic drinkers (Mohler-Kuo et al., 2004). Surprisingly, the most prevalent form of incapacitated sexual assault occurs when college women voluntarily consume alcohol and/or drugs (Krebs et al.). It is important for sexual assault trainings to address how alcohol consumption can gravely increase the risk of rape (Krebs et al.).

Sexual assault is considered a secondhand effect to alcohol consumption (Howard, Griffin, & Boekeloo, 2008). Despite the high correlation of alcohol-related sexual assaults, there is little collaboration between those working to educate students on drugs and alcohol and those trying to prevent sexual assault (Lonsway et al., 2009; Mohler-Kuo et al., 2004). Substance abuse prevention should play an important role in rape prevention (Mohler-Kuo et al.). Students who have received some form of sexual assault education training recognized sexual assault as a problem and reduced their risk taking behavior (Hertzog & Yeilding, 2009). Krebs et al. (2009) and SÖChting et al. (2004) recommend creating prevention
programs that discourages women from being intoxicated and going to private settings with new male acquaintances. Other researchers have proposed adopting a harm-reduction perspective to decrease the negative consequences associated with heavy drinking (Howard et al., 2008). Additionally, prevention programs must teach men that an incapacitated person cannot legally consent to sexual contact (Krebs et al.).

**Multiple or Longer Prevention Programs**

Most rape prevention programs in existence are short, one-time presentations (Anderson & Whiston, 2005; Townsend & Campbell, 2008). Educators like to use short programs because their transportability to reach large audiences (Townsend & Campbell). In a meta-analysis evaluating 69 college sexual assault education programs, Anderson and Whiston found these programs do yield short-term effectiveness in altering rape-supportive attitudes and increasing rape knowledge; however, these programs had no impact on rape empathy and rape awareness. Behavior changes, such as a reduction in campus sexual assault, could not be evaluated because many of the studies did not include this measure as an outcome (Anderson & Whiston). When evaluating the success of educational presentations, it is unrealistic to assume that “one program no matter its length or depth should be expected to take on the full task of preventing sexual violence in the communities; rather…participants should be exposed to prevention messages at multiple points in time” (Borges, Banyard, & Moynihan, 2008, p. 86). Many of these attitudes and beliefs about sexual assault are deeply ingrained in our thinking and are repeatedly reinforced by society (Townsend & Campbell, 2008). Pollard (1992) echoes those concerns and concludes that for attitude changes to be effectively internalized, it must be rehearsed over time. Anderson and Whiston found longer education programs had a greater effect on changes in rape-attitudes and rape-related attitudes. Presentations that are longer in duration such as semester-long workshops, multi-session workshops, 12-week course, programs that include follow-ups may be more effective (Anderson & Whiston; Borges et al.; SÖChting et al., 2004; Townsend & Campbell). Furthermore, professional presenters had better outcomes than graduate students in promoting positive change and presentations, especially when they explored one topic in-depth as opposed to covering multiple subjects (Anderson & Whiston). Finally, presentations to single-gender audiences were more successful than mixed-audiences
Having single-gender programs reduces the defensiveness between men and women, because it creates a more comfortable environment for individuals to express their thoughts and opinions (Berkowitz, 2002).

**CAMPUS-WIDE PROGRAMS**

Sexual victimization is severely underreported. Fisher, Daigle, Cullen, and Turner (2003) found that less than 2% of individuals report their sexual assaults to the police and 4% of individuals report to the campus authorities. When surveyed, over 80% of women cited the biggest barrier to reporting was they felt their crime was not serious enough to report to the authorities (Fisher et al.). Furthermore, nearly half of the women surveyed felt that their sexual assault crime was not intentional (Fisher et al.).

Given the high rate of misunderstanding surrounding sexual victimization, it is essential that universities provide campus-wide programs to educate their students not only on the realities of sexual assault, but also on the resources on-campus and within their communities. Hertzog and Yielding (2009) recommend guest speakers, resources, curriculum infusion, and sexual assault prevention through faculty or university programs. Programs such as purple and white ribbon campaigns, the popular RAINN campaign “get carded” events, bulletin board displays, Take Back the Night marches, *The Vagina Monologues*, Sexual Assault Awareness Week, and the Clothesline Project help raise awareness on the prevalence of violence against women (Herzog & Yielding; Kasper, 2004). Social activism at a macro-level helps create large-system change (Kasper).

**SELF-DEFENSE TRAININGS**

Self-defense courses teach protective, preventive, and assertive techniques to deter the probability of sexual assault victimization. Mental and physical strategies are presented to help individuals increase their responsiveness and preparedness to violent threats. Self-defense uses the AAA Model which can be broken down into three action steps (1) assess, (2) acknowledge, and (3) act. An individual must assess their situation; acknowledge what is happening to them; and select an action. Sexual assault survivors commonly act by using forceful physical resistance (wrestling, punching, biting, scratching, kicking), forceful verbal resistance (yelling, screaming, threatening), or fleeing a dangerous
situation (Fisher et al., 2000; Ullman, 2007). Some of the other successful outcomes that are positively derived from self-defense courses are psychological/attitudinal outcomes, such as increased assertiveness, improved self-esteem, decreased anxiety, increased sense of perceived control, and enhanced self-efficacy. Other behavioral outcomes have improved physical competence in the execution of moves, decreased avoidance behaviors (e.g., walking alone), and increased participatory behaviors (e.g., demonstrating freedom with actions; Brecklin, 2008).

Currently, 6.2% of colleges offer self-defense courses for women and half of those classes are offered solely in California (Brecklin, 2008). SÖChting et al. (2004) and Brecklin believe that self-defense courses should be the primary focus of sexual assault prevention. Skills such risk identification of unwanted encounters, drinking habits, and communication and assertiveness training should also be included within the self-defense curriculum (SÖChting et al.). Gidycz et al. (2006) believes women need to learn how defend themselves against threatening situations. Self defense courses provide women a safe place to practice their verbal assertiveness skills and physical self-defense tactics before facing real-life threatening situations (Gidycz et al.). Currently, there is a lack of empirical studies that evaluate the long-term outcomes of self-defense trainings and more research is needed in the field (Brecklin; SÖChting et al.).

**THE IMPORTANCE OF CAMPUS SEXUAL ASSAULT POLICY**

“Sexual assault policies are only as effective as peoples’ understanding and use of them” (Borges et al., 2008, p. 75). Unfortunately, the low reporting rates can be attributed to the fact that many college students do not understand their sexual assault policies and victims do not having a clear definition of sexual assault (Borges et al.; McMahon, 2008). The best practices in sexual assault policy recommend that colleges must first have a clear definition of sexual assault that includes verbal and behavioral definitions of consent and sexual assault (McMahon). Evidence also exists that a victim is more likely to report their assault when they are aware of what to do in the event of a sexual assault, understand how their school will respond to assault, and know their school’s confidentiality policy (McMahon). Students are especially reluctant to report sexual assaults when there is under-age drinking and/or alcohol
use is involved (McMahon). Therefore, since 72% of sexual assault cases involve alcohol (Mohler-Kuo et al., 2004), the campus policy should reflect how the protocol protects sexual assault victims from punitive actions surrounding campus alcohol violations. Furthermore, policies need to clearly define who the victim should notify, what actions the university will take, set procedures and punishments associated with investigation, and how the victim will be protected (McMahon). Information also needs to be distributed for both assailants and victims (McMahon). Finally, a good policy should focus on positive behaviors like healthy relationships and consent rather than risk reductions and negative relationship outcomes (Borges et al.). Campuses must reflect a zero-tolerance policy toward sexual violence against faculty, staff, and diverse populations, so students can live, learn, and work in an environment without the threat of sexual victimization (McMahon).
CHAPTER 3

METHODOLOGY

PURPOSE OF STUDY

The purpose of this study was to explore the relationship between best practice literature on sexual assault services and the real-life needs of college students who are involved in a campus organization committed to ending sexual and interpersonal victimization. SDSU’s Institutional Review Board approved this study in 2010.

COLLECTING THE RESEARCH

To identify the peer-reviewed best practice recommendations for sexual assault prevention and intervention services, a literature review was conducted of 25 sources dated 2000-2009. A data matrix was established to document all of the prevention and intervention recommendations made by the researchers (Table 1). A ranking system was created to determine whether or not there was a consensus on the recommendations. Recommendations that were made by six or more sources were defined as strongly supported and extrapolated into a research question for the survey. Concepts that were supported with five or four sources were defined as moderately supported. Finally, concepts that were supported by three or fewer sources were defined as least supported. Concepts that were moderately or least supported were not used for the survey. The six most strongly supported concepts were converted into four questions on the survey. These questions were (1) It is important to offer self-defense programs at the university; (2) Participation in self-defense programs would increase my assertiveness and self-esteem; (3) It is important to have trainings on sexual assault prevention; (4) Rather than focusing on men as perpetrators, sexual assault programs geared for men should discuss masculinity and gender, volunteer opportunities, healthy relationships, and rape case examples.
### Table 1. Program Recommendations from the Literature Review

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<th>Authors</th>
<th>Issues</th>
<th>One Gendered Audiences</th>
<th>Sa+ Alcohol Programs</th>
<th>Social Marketing Campaigns</th>
<th>Bystander</th>
<th>Self-Defense/Rape Resistance</th>
<th>Multiple and/or Longer Programs</th>
<th>Understanding Policy</th>
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Note: Table 1 features concepts that were strongly and moderately supported by the researchers.
RECOMMENDATIONS FOR DECREASING SEXUAL ASSAULT

Concepts strongly supported as decreasing sexual assault included: programming to high-risk populations, positive male training, sexual assault and alcohol education, multiple-session and longer session rape prevention programs, campus-wide programs, self-defense trainings, and the importance of a campus sexual assault policy.

Moderately supported concepts included: training to one-gender audiences, bystander interventions, real-life application of sexual assault skills, and social marketing campaigns.

Least supported concepts included: access to advocates, programs educating police officers and nurses, discussion of red flags, local rape statistics, rape myths, harm reduction models, reliable scales and outcome measures, victim-centered services, and PTSD treatments.

To understand what SDSU college students need in terms of sexual assault programs and intervention services, a focus group was held with 10 S.O.S. student members. The focus group consisted of nine women and one man who were presented a 45-minute PowerPoint followed by a 75-minute discussion. The PowerPoint displayed the results of a November 2009 inter-agency survey of S.O.S. members. This survey was conducted to learn more about the S.O.S. membership and to evaluate the effectiveness of past S.O.S. programs. The survey was comprised of six questions and had a sample size of 15 participants. During the PowerPoint presentation of this study, the facilitator asked the group not only what services were needed to prevent rape, but also how to support rape survivors at SDSU. The students were then asked, “If you had unlimited funding to create a rape prevention program at SDSU, what services would you offer?” To help stimulate ideas, the PowerPoint contained one slide featuring a list of concepts strongly supported in the previous review of literature. The facilitator opened the floor to the participants to present their ideas. Students went around in a circle and contributed feedback. If a response was unclear, the facilitator asked follow-up questions to clarify the students’ ideas. Overall, the facilitator found that many of the students had trouble conceptualizing large programs other than the S.O.S. organization. A lot of their feedback was centered on publicizing the S.O.S. organization and providing sexual assault education to Greek Life members. The facilitator prompted the students to think beyond their organization. The discussion lasted for 75 minutes and all of the
participants’ feedback was hand-recorded by the facilitator. The following is the list of recommendations in the order made by the students:

1. Advocates
   - How to navigate the process
2. Center/Rape Clinic
   - Physical building
   - SDSU Student Advocates
   - Have them attend classes
   - Staffed with SOS members
3. Recognized by the SDSU Administration
4. Have services featured on SDSU.edu main website page
5. AS banner/support
6. Campus-wide events
7. Participate in organization fair
8. Daily Aztec
9. Freshman Mandatory Training
   - Short documentaries
   - Skits
   - Panel of survivors and friends/family
10. Target RAs
    - Background checks
11. Organize programs that target new members’ series – 3 meetings
12. Educate RAs, Greek Life, rather than high-risk groups
13. Educate people on how to help a friend; give statistics
14. Mandate training for sorority and fraternity executives as well as their advisors on SA and community/campus resources
15. Intervention Services
    - As a counselor, it is important to be understanding and have knowledge
16. Leadership development program
17. SA and alcohol programs

Based on the recommendations listed above, four concepts were selected that were generalizable to other college campuses. These recommendations were (1) mandatory sexual
assault training for all sorority/fraternity presidents and advisors, (2) an on-campus sexual assault center, (3) professional/student advocates, and (4) support from university administrators. These ideas were conceptualized into five questions on the survey. Interestingly, the student focus group also had three recommendations that were strongly supported in the evidence-based literature. The three shared recommendations were: (1) the need for campus-wide programs, (2) programming specifically designed for high-risk populations, and (3) the need for concurrent sexual assault and alcohol education.

**Creating the Survey**

The main tool of this investigation was a survey with 33-questions broken into three sections that focused on demographics (nine questions), sexual experiences (six questions), and prevention and intervention services (18 questions). The demographics section collected information to ensure inclusion requirements were met. The sexual experiences section obtained questions from Koss and Oros’ 1982 Sexual Experience Scale (SES) and the National Survey of Inter-Gender Relationships 1987. Finally, the prevention and intervention services section had questions based on the themes found in the literature review, the focus group, and additional qualitative questions.

The second section of the survey adapted questions from the SES. The SES is the most widely used research measure to assess prevalence and incidence of sexual assault (Lichty, Campbell, & Schuiteman, 2008). This self-reported instrument has been used in numerous studies with college populations (Lichty et al.). The purpose of this scale is to identify hidden rape victims and undetected offenders (Koss et al., 1987). The language used on the SES survey was adapted in this study to be more gender-neutral. In addition, the SES was modified to a yes/no response format which mirrored the original SES survey in 1982. The SES demonstrates an internal consistency by Cronbach’s alpha of .70. For this survey, sexual activity was defined as oral, vaginal, and anal sex as well as manual stimulation. In this survey, two additional questions were added that asked if the participant “had a friend or family member who is a survivor of sexual assault” (this definition encompassed any action from unwanted touch and/or fondling to attempted rape/and or rape) and “even though it did not happen, has someone TRIED to have oral, vaginal, or anal sex with you without your consent?”
Questions in the third section: prevention and intervention services reflected both the recommendations of a student focus group and the strongly supported concepts of the literature review. These recommendations were combined into 18 questions. The questions were asked on a Likert scale where each response was assigned a number. Participants selected whether or not they 1 = strongly agreed, 2 = moderately agreed, or 3 = strongly disagreed to the statement. The survey was piloted by two women and one man who were demographically representative of the potential sample. Feedback was collected and slight modifications were made to the questionnaire based on their recommendations.

**Population**

Participants were recruited from a sub-population of SDSU undergraduate, graduate, and recent 2010 graduating students. A purposive sample was selected of men and women affiliated with the campus organization, S.O.S. Although much of the rape literature consists of college-wide studies, this study specifically targeted students who are not only interested in reducing campus violence and victimization, but who are also survivors of sexual assaults.

The researcher purposefully chose this population, because of the students’ knowledge and experience with sexual assault. Unlike the average college who is indifferent to rape programming, S.O.S. is a committed group of students who founded their organization to support sexual assault survivors and to prevent further victimization at SDSU. This unique group has a self-invested interest to improve sexual assault programming and participate in this survey. Because of the limited number of services on-campus, if any of the recommendations were to be implemented from this study into practicum, S.O.S. students would be the most likely group to not only utilize, but also educate students on these resources. Thus, the researcher felt that this sample was the most appropriate population to survey to understand what services and recommendations are needed at SDSU.

Inclusion requirements included:

- All participants were current students or recent 2010 graduates at SDSU.
- All participants were affiliated with S.O.S., members of S.O.S., and/or Facebook members of the S.O.S. webpage.
Exclusion requirements were:

- Any student who did not meet the criteria listed above was disqualified from the survey.

**ADMINISTERING THE SURVEY**

During the spring of 2010, an initial recruitment email was sent to the respondent’s confidential S.O.S. email account. One of the SOS members then anonymously forwarded the email with the survey link to all of the S.O.S. members as well as the S.O.S. Facebook members. No monetary incentives were offered in exchange for participation. The online survey link was open for a three-week period. Two follow-up emails were sent through the confidential S.O.S. email. Each email sent encouraged students to participate. During week two of the survey, a comment was posted on the S.O.S. Facebook group page with the survey link. Since some of the S.O.S. members belonged to the S.O.S. members/friends on Facebook.com, the researcher asked in her original email for participants to take the survey only once, indicating that participation in this study more than once would result in skewed data and not be representative of the S.O.S. community.

**HYPOTHESES**

This current study investigated three hypotheses. First, that majority of S.O.S. surveyed participants will agree with the prevention and intervention program recommendations made by the S.O.S. students rather than the researchers. Secondly, participants who were survivors of sexual assault will agree with the prevention and intervention program recommendations made by the S.O.S. students as opposed to the researchers. Thirdly, many participants who have experienced sexual assault will not perceive their circumstances as rape (i.e., participants will state they have been sexually victimized on the Sexual Experience Survey, but not self-identify that they have experienced rape).

**DATA ANALYSIS**

Statistical analyses were conducted using PASW (SPSS 18) on the following hypotheses.
Hypothesis I

Hypothesis I evaluated if the majority of participants agreed with the S.O.S students rather than the researchers on prevention and intervention services. Nine questions were coded into two index variables: student total and researcher total. The student focus group recommendations (questions 18, 21, 22, 26, 28) were coded and summed as studenttot. The literature review of the researcher recommendations (questions 16, 17, 19, 27) were coded and summed as researchertot. The three questions that overlapped (questions 23, 24, 25) were excluded from both indexes, because they were not significant to proving who students agree with more. A frequency analysis was conducted on both studenttot and researchertot to determine whether more participants agreed with the student or the researcher recommendations. The researcher explored the relationship between S.O.S. membership (as reported on survey) to their responses on the prevention and intervention section. The membership was coded as 1 = regularly attend meetings, 2 = attended at least one meeting, 3 = member of the S.O.S.’s group page on Facebook.com. The researcher created a variable index of S.O.S. membership ranging from 1 to 3. Cross tabulations were run comparing membership (independent variables) to the prevention and intervention recommendations (dependent variables).

Hypothesis II

The second hypothesis stated participants who experienced rape were more likely to agree with the student perspective over the researcher recommendation. Four questions were evaluated on the survey to determine whether or not a participant had experienced rape. These questions were:

10. Have you ever had sexual activity with a man or woman where you felt unable to decline participation because of verbal intimidation or pressure?

11. Have you ever been in a situation where a man or woman became so sexually aroused with you that you felt it was useless to stop him or her even though you did not want to engage in sexual activity?

12. Have you ever had sexual activity with a man or woman when you were unable to decline participation or communicate unwillingness because of alcohol or drugs?

15. Have you ever been raped?

If participants answered yes to questions 10, 11, 12, 15 on the sexual experiences section then they scored a one and were coded into a new variable called survivor because
they had experienced rape. If participants answered no to questions 10, 11, 12, 15, then they scored a zero, signifying they had not experienced rape and were classified as a non-survivor. Once the variable indexes of survivor and non-survivor were created, the researcher compared how survivors responded to the researcher and student questions. A split file was used to calculate the means of the researcher tot and student tot. To determine if the means were significant, cross tabulations and Pearson’s Chi-Square analyses were conducted between survivors and non-survivors (independent variables) on each prevention and intervention recommendations (dependent variables).

**Hypothesis III**

To understand the third hypothesis, the researcher categorized each respondent as a self-described rape survivor based on how they answered question 15. Then, if the participant answered yes to questions 10, 11, 12, that participant was categorized as a survivor. The researcher compared those respondents who answered yes to questions 10, 11, 12, but failed to label they had experienced rape on question 15.
CHAPTER 4

RESULTS

DEMOGRAPHICS

Five hundred and forty six individuals were sent an email asking for their participation in this study. The sample frame consisted of all those with S.O.S. membership at SDSU as well as the S.O.S. membership on the group page of Facebook.com. S.O.S. currently has 40 active members. Active membership is defined as an SDSU student who has attended at least two meeting during the current semester. Since S.O.S.’s inception in fall of 2009, the organization has 100 members who have attended at least one meeting in either the fall or the spring semesters. The S.O.S. group page on Facebook.com has 406 members. To widen the sampling pool, the researcher used Facebook.com to recruit more participants who were also interested in reducing sexual violence at SDSU.

Out of the 50 responses received (9% response rate), 15 participants did not meet the inclusion requirements set forth by the study and their surveys were omitted. The sample size (n = 35) was comprised of 82.9% female and 17.1% men; their mean age was 21.49; 2.9% freshman, 17.1% sophomores, 14.3% juniors, 34.3% seniors, 8.9% graduate students, 22.9% recent 2010 graduates; 74.3% White, 14.3% Multiracial, and 11.4% declined to answer; 34.3% belonged to a fraternity or sorority; 80% of students were not student athletes; 94.3% defined themselves as heterosexual, 2.9% defined themselves as questioning, and 2.9% declined to answer; 34.3% regularly attended S.O.S. meetings, 17.1% attended at least one meeting, and 48.6% were a member of the S.O.S. group page on Facebook.com.

RESULTS

The following results were found for each hypothesis.

Hypothesis 1: The majority of participants will agree with the prevention and intervention program recommendations made by the students rather than the researchers.

Frequencies were run on each of the variables in the prevention and intervention section. Results are displayed in Table 2. In general more students agreed with the
Table 2. Participant Agreement Frequencies

<table>
<thead>
<tr>
<th>Questions</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Recommendations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All sorority/fraternity presidents and advisors should be required to</td>
<td>65.6%</td>
<td>21.9%</td>
<td>12.5%</td>
</tr>
<tr>
<td>participate in sexual assault prevention training.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I were sexually assaulted, it would be helpful to have an on-campus</td>
<td>65.6%</td>
<td>18.8%</td>
<td>15.6%</td>
</tr>
<tr>
<td>professional advocate to provide me with education, emotional support,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and accompaniment to medical appointments or classes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would be comfortable with an advocate who is a student.</td>
<td>56.3%</td>
<td>40.6%</td>
<td>3.1%</td>
</tr>
<tr>
<td>I would like an on-campus sexual assault clinic that provides students</td>
<td>65.6%</td>
<td>25%</td>
<td>9.4%</td>
</tr>
<tr>
<td>with educational workshops and counseling services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual assault services would be enhanced if these programs had more</td>
<td>68.8%</td>
<td>18.8%</td>
<td>12.5%</td>
</tr>
<tr>
<td>support and participation from University Administration.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Researcher Recommendations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important to offer self-defense programs at a university.</td>
<td>75%</td>
<td>12.5%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Participation in self-defense programs would increase my assertiveness</td>
<td>56.3%</td>
<td>34.4%</td>
<td>9.4%</td>
</tr>
<tr>
<td>and self-esteem.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important to have trainings on sexual assault prevention.</td>
<td>84.4%</td>
<td>6.3%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Rather than focusing on men as perpetrators, sexual assault programs</td>
<td>68.8%</td>
<td>21.9%</td>
<td>9.4%</td>
</tr>
<tr>
<td>geared for men should discuss masculinity and gender, volunteer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>opportunities, healthy relationships, and rape case examples.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Student and Researcher Recommendations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important to have sexual assault educational trainings for Lesbian</td>
<td>62.5%</td>
<td>31.3%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Gay, Bisexual, Transgendered, and Questioning (LGBTQ), International,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and Greek students.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The link between alcohol consumption and rape should be addressed in</td>
<td>71.9%</td>
<td>18.8%</td>
<td>9.4%</td>
</tr>
<tr>
<td>sexual assault prevention programs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would like to attend campus-wide programs aimed at reducing sexual</td>
<td>68.8%</td>
<td>25%</td>
<td>6.3%</td>
</tr>
<tr>
<td>assault.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
researchers’ recommendations compared to the recommendations of the S.O.S. focus group. Four out of the five most supported recommendations were made by the researchers. These recommendations were the importance of sexual assault prevention (84.4%), self-defense programs (75%), alcohol and sexual assault programming (71.9%), positive sexual assault programming geared towards men (68.8%). Participants also agreed with the student perspective and thought sexual assault services would be enhanced if these programs had support and participation from University Administration (68.8%).

The researcher explored the relationship between participant’s response rates and their affiliation with the S.O.S. organization in Table 3. Cross tabulations were conducted. Participants who were more actively involved in the S.O.S. organization more strongly agreed to the prevention and intervention recommendations, as demonstrated through their high percentage agreement rates, compared to S.O.S. members on Facebook.com.

**Hypothesis 2**: Participants who are survivors of sexual assault will agree with the prevention and intervention program recommendations made by the students as opposed to the researchers.

Table 4 reflected the frequencies of the survivors (n = 20) and non-survivors (n = 12) on the prevention and intervention section. Participants who answered yes to questions 10, 11, 12, and 15 were coded as a survivor. Table 5 reflects the overlapping recommendations made by both the student and researchers’ recommendations. On average, survivors and non-survivors were more likely to agree with the recommendations made by the researchers’ as opposed to the students’ recommendations. Cross tabulations reflected that survivors strongly agreed with sexual assault prevention trainings (75%), self-defense programs (70%), and positive male programming (60%). Pearson’s Chi-square tests were run on each variable; however, none of the variables yielded any significant difference in the student or researcher recommendations. These results are reflected in Table 6.

**Hypothesis 3**: Many participants who have experienced sexual assault will not perceive their circumstances as rape. Therefore, more participants will state they have been sexually victimized on the Sexual Experience Survey, but not self-identify that they have experienced rape.

To answer the third hypothesis, participants were coded as survivors if they answered yes to questions 10-12 on the sexual experience section. The researcher compared the participants’ answers on questions 10-12 with question 15. 28.6% of the participants (n = 10) self-identified they had been raped on the survey by answering yes to question 15.
Table 3. S.O.S’s Membership and Response Rates

<table>
<thead>
<tr>
<th>Questions</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Recommendations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory sexual assault training for Greek Life Presidents and Advisors</td>
<td>80%</td>
<td>80%</td>
<td>52.9%</td>
</tr>
<tr>
<td>On-campus professional advocates</td>
<td>70%</td>
<td>60%</td>
<td>64.7%</td>
</tr>
<tr>
<td>Student Advocates</td>
<td>70%</td>
<td>40%</td>
<td>52.9%</td>
</tr>
<tr>
<td>On-campus sexual assault clinic</td>
<td>80%</td>
<td>60%</td>
<td>58.8%</td>
</tr>
<tr>
<td>University Administrative Support</td>
<td>90%</td>
<td>60%</td>
<td>58.8%</td>
</tr>
<tr>
<td><strong>Researcher Recommendations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-defense trainings</td>
<td>90%</td>
<td>80%</td>
<td>64.7%</td>
</tr>
<tr>
<td>Self-defense courses would increase assertiveness and self-esteem</td>
<td>70%</td>
<td>60%</td>
<td>47.1%</td>
</tr>
<tr>
<td>Sexual assault prevention trainings</td>
<td>90%</td>
<td>100%</td>
<td>76.5%</td>
</tr>
<tr>
<td>Positive male programming</td>
<td>90%</td>
<td>60%</td>
<td>58.8%</td>
</tr>
<tr>
<td><strong>Student and Researcher Recommendations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campus-wide programs</td>
<td>90%</td>
<td>80%</td>
<td>52.9%</td>
</tr>
<tr>
<td>Alcohol and sexual assault prevention trainings</td>
<td>80%</td>
<td>80%</td>
<td>64.7%</td>
</tr>
<tr>
<td>Trainings to high-risk groups</td>
<td>80%</td>
<td>20%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Notes: S.O.S. Affiliation:
1 = Yes, I regularly attend meetings
2 = Yes, I have attended at least one meeting, but I do not regularly attend
3 = No, but I am a member of the S.O.S.’s group page on Facebook.com

Interestingly in Table 7, 31.4% of participants responded no to question 15, but they answered yes to at least one or more questions from the SES (questions 10, 11, and 12). With the inclusion of the questions 10, 11, 12, an additional 11 participants were coded as rape survivors that had not originally self-identify their sexual experiences as rape. Sixty percent of participants who responded to this survey are survivors of rape (as defined by questions 10, 11, 12, and 15). Forty percent of participants (n = 14) were classified as non-survivors, because they answered no to questions 10, 11, 12, and 15. None of the non-survivors answered yes to having been raped (question 15) and no to questions 10, 11, 12.
### Table 4. Prevention and Intervention Agreement of Survivors and Non-Survivors Percentages

<table>
<thead>
<tr>
<th></th>
<th>Survivor n = 20</th>
<th>Non-Survivor n = 12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>Somewhat Agree</td>
</tr>
<tr>
<td>Student Recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-campus professional advocates</td>
<td>65% 10% 25%</td>
<td>66.70% 33.30% 0%</td>
</tr>
<tr>
<td>Student advocates</td>
<td>55% 45% 0%</td>
<td>58.30% 33.30% 8.30%</td>
</tr>
<tr>
<td>On-campus sexual assault clinic</td>
<td>70% 15% 15%</td>
<td>58.30% 41.70% 0%</td>
</tr>
<tr>
<td>University Administrative support</td>
<td>60% 20% 20%</td>
<td>83.30% 16.70% 0%</td>
</tr>
<tr>
<td>Mandarin sexual assault training for Greek Life Presidents and Advisors</td>
<td>65% 15% 20%</td>
<td>66.70% 33.30% 0%</td>
</tr>
<tr>
<td>Researcher Recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-defense programs</td>
<td>70% 10% 20%</td>
<td>83.30% 16.70% 0%</td>
</tr>
<tr>
<td>Self-defense would increase assertiveness and self-esteem</td>
<td>55% 30% 15%</td>
<td>58.30% 41.70% 0%</td>
</tr>
<tr>
<td>Sexual assault prevention trainings</td>
<td>75% 10% 15%</td>
<td>100% 0% 0%</td>
</tr>
<tr>
<td>Positive male programming</td>
<td>60% 25% 15%</td>
<td>83.30% 16.70% 0%</td>
</tr>
</tbody>
</table>

### Table 5. Overlapping Prevention and Intervention Agreement with Survivors and Non-Survivors

<table>
<thead>
<tr>
<th></th>
<th>Survivor n = 20</th>
<th>Non-Survivor n = 12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>Somewhat Agree</td>
</tr>
<tr>
<td>Researcher &amp; Student Recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual assault trainings to LGBTQ, International, and Greek students</td>
<td>55% 35% 10%</td>
<td>75% 25% 0%</td>
</tr>
<tr>
<td>Sexual assault and alcohol trainings</td>
<td>70% 15% 15%</td>
<td>75% 25% 0%</td>
</tr>
<tr>
<td>Campus-wide programs on sexual assault</td>
<td>70% 20% 10%</td>
<td>66.70% 33.30% 0%</td>
</tr>
</tbody>
</table>
Table 6. Pearson’s Chi-Square

<table>
<thead>
<tr>
<th>Questions</th>
<th>Pearson’s Chi-Square</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Recommendations</strong></td>
<td></td>
</tr>
<tr>
<td>All sorority/fraternity presidents and advisors should be required to</td>
<td>.169</td>
</tr>
<tr>
<td>participate in sexual assault prevention training.</td>
<td></td>
</tr>
<tr>
<td>If I were sexually assaulted, it would be helpful to have an on-campus</td>
<td>.075</td>
</tr>
<tr>
<td>professional advocate to provide me with education, emotional support,</td>
<td></td>
</tr>
<tr>
<td>and accompaniment to medical appointments or classes.</td>
<td></td>
</tr>
<tr>
<td>I would be comfortable with an advocate who is a student.</td>
<td>.380</td>
</tr>
<tr>
<td>I would like an on-campus sexual assault clinic that provides students</td>
<td>.129</td>
</tr>
<tr>
<td>with educational workshops and counseling services.</td>
<td></td>
</tr>
<tr>
<td>Sexual assault services would be enhanced if these programs had more</td>
<td>.219</td>
</tr>
<tr>
<td>support and participation from University Administration.</td>
<td></td>
</tr>
<tr>
<td><strong>Researcher Recommendations</strong></td>
<td></td>
</tr>
<tr>
<td>It is important to offer self-defense programs at a university.</td>
<td>.241</td>
</tr>
<tr>
<td>Participation in self-defense programs would increase my</td>
<td>.348</td>
</tr>
<tr>
<td>assertiveness and self-esteem.</td>
<td></td>
</tr>
<tr>
<td>It is important to have trainings on sexual assault prevention.</td>
<td>.169</td>
</tr>
<tr>
<td>Rather than focusing on men as perpetrators, sexual assault programs</td>
<td>.268</td>
</tr>
<tr>
<td>geared for men should discuss masculinity and gender, volunteer</td>
<td></td>
</tr>
<tr>
<td>opportunities, healthy relationships, and rape case examples.</td>
<td></td>
</tr>
<tr>
<td><strong>Student and Researcher Recommendations</strong></td>
<td></td>
</tr>
<tr>
<td>It is important to have sexual assault educational trainings for</td>
<td>.383</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ),</td>
<td></td>
</tr>
<tr>
<td>International, and Greek students.</td>
<td></td>
</tr>
<tr>
<td>The link between alcohol consumption and rape should be addressed in</td>
<td>.329</td>
</tr>
<tr>
<td>sexual assault prevention programs.</td>
<td></td>
</tr>
<tr>
<td>I would like to attend campus-wide programs aimed at reducing sexual</td>
<td>.418</td>
</tr>
<tr>
<td>assault.</td>
<td></td>
</tr>
</tbody>
</table>

Table 7. Comparison of Non-Survivors and Survivors

<table>
<thead>
<tr>
<th>(n = 35)</th>
<th>Not Raped</th>
<th>Raped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Survivor</td>
<td>40% (n = 14)</td>
<td>0% (n = 0)</td>
</tr>
<tr>
<td>Survivor</td>
<td>31.40% (n = 11)</td>
<td>28.60% (n = 10)</td>
</tr>
</tbody>
</table>
CHAPTER 5

DISCUSSION

The purpose of this study was to explore the association between evidenced-based, best practice with the real-life needs of college students. A survey was created that combined both the researchers’ and student recommendations on rape programming and was disseminated to the S.O.S. organization. The results reflected that the S.O.S. students were more likely to agree with the researchers’ recommendations on sexual assault programming. The four concepts that garnered the most statistical support were: the importance of sexual assault prevention trainings, university self-defense trainings, sexual assault trainings that address alcohol consumption and rape, and positive sexual assault programming geared towards men.

The National Association of Student Personnel Administration in 1994 mandated that all colleges and universities offer sexual assault prevention programming. Traditionally, these programs are short, one-time presentations that last for two hours (Anderson & Whiston, 2005). Like the recommendations of rape researchers, students indicated that sexual assault trainings should be longer in length and/or have multiple sessions with follow-ups. Students felt it was important for the university to offer self-defense classes. Studies have shown that participation in self-defense classes helps increase assertiveness, self-esteem, and self-control (Brecklin, 2008). Another recommendation that was strongly favored by students was alcohol and sexual assault trainings. Alcohol is a pervasive tool used by perpetrators to rape victims. Seventy-two percent of rapes occurred when the victim has been intoxicated (Mohler-Kuo et al., 2004). Many times when drugs or alcohol are involved, women do not identify their experiences as rape and thus fail to report their experiences to the authorities (Fisher et al., 2000). Finally, students desired trainings that portrayed men as helpers as opposed to perpetrators. Although men are traditionally perpetrators, they do not perceive themselves as such. To effectively target this group, researchers have found that sexual assaults trainers should discuss the role of masculinity and gender, volunteer opportunities, healthy relationships, and rape case examples. Using these
reframing techniques help men be less defensive on the topic of sexual assault and feel more empowered to make change.

Since most of the student participants agreed with the researchers’ recommendation, the researcher of this study thought it would be valuable to explore whether or not a participant’s membership to S.O.S. organization influenced how they responded on the prevention and intervention questions. The eligibility requirements to participate in the survey were: all participants were affiliated with S.O.S., members of S.O.S., and/or Facebook members of the S.O.S. webpage. An interesting pattern emerged: the more active the participant was in the S.O.S. organization, the more likely he or she would support the prevention and intervention recommendations made by both the researchers and students. The researcher conversely noticed that the farther removed the participant was from the group (e.g., the participant was only a member of S.O.S. Facebook group) the less likely he or she was to show agreement to the student and researcher recommendations. These results may indicate that active S.O.S. members are more interested in rape programming services compared to S.O.S. Facebook members. Interestingly, the researcher specifically chose this population for their in-depth perspectives on the issues of sexual assault, but perhaps, those who were S.O.S. Facebook members were too far removed to understand what rape services are needed at SDSU. Nearly 50% of the participants (n = 17) in the survey were only members of the S.O.S.’s group page on Facebook.com. Their responses appeared differently, then those of the active S.O.S. members. Active S.O.S. members were more likely to agree with both student and researcher recommendations than less active S.O.S. members.

The second hypothesis explored whether or not survivors of sexual assault were more likely to support the researchers’ or student recommendations compared to non-survivors. Through the data, both survivors and non-survivors agreed with the researchers’ recommendations. However, survivors only marginally agreed more with the researcher recommendations (65%) than the student recommendations (63%).

When comparing the responses between survivors versus the non-survivors, it is important to note that survivors displayed stronger opinions on sexual assault prevention and intervention services than non-survivors, particularly in their disagreement with specific recommendations. Most survivors strongly disagreed to 15-20% of the student and researchers’ recommendations listed (with the exception of student advocates) compared to
non-survivors who only strongly disagreed with one recommendation. The majority of non-survivors (91.7%) either strongly or moderately agreed to all of the recommendations presented by students and researchers on the survey. It can be inferred that individuals who have experienced sexual assault have a more realistic understanding on rape services than non-services. Because they have been exposed to more resources, survivors have stronger opinions on what programs are effective (as reflected in this survey) than non-survivors. Although these outcomes were contrary to the researcher’s initial hypotheses that more students, more specifically survivors, would agree with student recommendations, these results reflect the mainstream perspective in rape programming. Over the past two decades, the support behind sexual assault research has drastically declined. Since the dismantlement of the National Center for Prevention and Control of Rape in 1987, new evidence has been limited. Most grant-funded projects now selectively evaluate one or two program outcomes. As a result of this shift, much of the contemporary rape literature is fragmented. Different researchers recommend different sexual assault programs. To-date there is no long-term, evidence-based research that reduces the behavioral outcome of rape. It is ignorant to believe that one or two programs will be the best practice panacea to reduce rape, but unfortunately these types of programs are what student are known to be the norm. Students have not been exposed to integrative rape prevention and intervention treatments that are needed. Sexual assault is a multifaceted problem that cannot be solved with one singular solution.

During the focus group this idea of integrative sexual assault services was reinforced by the students. The researcher learned that students have a different understanding of sexual assault programs compared to researchers. Unlike the single programs recommended by the researchers, students who were closely connected to the issue wanted system-wide change. They view the problem of sexual assault from a holistic perspective and desired more comprehensive victim programs. Students wanted an on-campus sexual assault clinic that would provide educational workshops and counseling services. Students echoed that it would be beneficial to have on-campus advocates who were equipped to provide education, support, and accompaniment to medical appointments or classes. Many students felt sorority and fraternity presidents and advisors should be required to participate in mandatory sexual assault prevention trainings. Then, when a Greek member experienced sexual assault, their
leaders would be educated on what to do, how to support, and where to refer the victim. Finally, students believed that sexual assault services would be enhanced if programs had more support and participation from university administrators. S.O.S. members recognize that administrators not only have the resources to fund various programs, but also have the power to impact policies and educate other students. When evaluating these programs, it is clear that none of the recommendations are single programs. Each of these recommendations reflects the macro-level of change that is desired by students who are closely affiliated with the S.O.S. organization.

In 1991, Southern Illinois University launched a comprehensive sexual assault prevention program. They established a sexual assault task force and hired a sexual assault response coordinator who provided educational workshops for students on communication in dating relationships, gender issues, sexual assault, how to help a friend, and resources both on and off-campus (Meilman & Haygood-Jackson, 1996). The committee revised outdated disciplinary policies and protocols on sexual assault by making their system more transparent and victim friendly (Meilman & Haygood-Jackson). The university collaborated with a local women’s shelter to provide students with “sexual assault companions.” These companions served as advocates for students and accompanied them to the emergency room, provided education, and emotional support (Meilman & Haygood-Jackson). Finally, the sexual assault task force improved the communication between different departments. Having this accessibly enabled the team to improve their reporting system and provide better follow-up care to sexual assault victims. After two years the program’s inception, the reporting rates for sexual assaults for the University went up to 65 incidents, which is the largest single database yet reported by one campus (Meilman & Haygood-Jackson). Although, arguably number of 65 incidents is high, it still only reflects a small portion of the sexual assaults that actually occurred on campus. This program is a wonderful example of how integrative sexual assault services on a college campus can drastically improve the victims’ reporting rates and their well-being.

At SDSU, the police department publishes an annual report called the Department of Public Safety which provides current/perspective students with a summary of the crimes reported on-campus and at off-campus at university functions (SDSU, 2009b). The data is summarized in a 24-page document and provides readers with an overview of the SDSU
Police Department and lists the various statistics on the number of calls for service, arrests, traffic accidents, citations, and major crime reports, etc. (SDSU). All of the data is displayed through the use of bar graphs. Having the information organized and presented in bar charts makes it not only difficult for the reader to understand, but it does not state the specific number of crimes that had occurred. For example on the major crime statistics page, the number of rapes that occurred in 2009 is graphed somewhere between 0-50 rapes (SDSU). The bar does not clearly display the accurate number of rapes.

From a rape researcher’s perspective not having this detailed information is very dangerous to students. Each year the university is mandated to publish the crime reports, especially rape, as part of the Students Right-To-Know Act in 1990. This current reporting document is emailed out the student and displayed on the SDSU website, but it does not meet the necessary standards set forth by the Jeanne Cleary Act. Each year, the university should explicitly state in numerical form the number of crimes committed. Fortunately, on the SDSU police department website the organization has published a three-year crime index from 2006-2008 (SDSU, 2009a). In this document it displays that 41 forcible sex offenses were reported during these years at SDSU property as well as non-campus buildings and property (SDSU). The university should use this document template to report the annual crimes. Understanding the number of reported sexual assaults is imperative not only for students and parents, but also for prevention and intervention providers. It shows the current trends and rates of sex offenses which helps universities to take a more proactive stance and approach in reducing violence on-campus.

Fisher et al. (2000) stated that one out of four students will experience rape or attempted rape during their years at college. Within this study that percentage is even greater. The third hypothesis compared the number of participants who stated they have been sexually victimized on the Sexual Experience Survey, but not self-identify that they have experienced rape. Sixty percent of the participants surveyed had experienced rape but more notably, 31% did not label their sexual experiences as rape. This is a serious problem. Unacknowledged rape survivors can still experience postvictimization and psychological distress such as emotional problems, sexual revictimization, and increase alcohol use. Unlike the general student population, the participants of this survey were involved in campus organization who frequently discuss sexual assault and interpersonal violence and yet, they
still do not view themselves as victims. These results replicate findings in previous studies (Koss & Oros, 1982; Koss et al., 1987) and continue to indicate that a significant number of respondents fail to understand their sexual experiences as rape. Littleton and Henderson (2009) report that between 47% and 73% of college rape survivors do not label their experience as rape. These results raise a far more pressing question: has sexual assault become so common that individuals have rationalized their assaults as normative sexual interactions?

This unique paradox can be best explained through the concept of risk recognition. Individuals consciously process risk recognition on two different levels: population and individual-based risk and situational risk. In relation to population and individual-risk, people (especially women) recognize sexual assault to be a problem, yet they feel they are less likely to be victimized than their peers (Gidycz et al., 2006). Even when compounding factors like alcohol consumption are involved, individuals feel that they can discern situational risk.

Examples of risk recognition are evident in this study. During the focus group many of the students expressed the need for sexual assault training for freshman and Greek Life; however, when prompted by the researcher if the group meant “trainings for high risk populations,” the group said no, because they did not define themselves as at-risk. Ironically, freshman and Greek are two of the highest risk groups. Freshman students often experience high rates of victimization, because they are often inexperienced with alcohol consumption (Hertzog, 2004) and sorority women are four times more likely to be sexually assaulted than non-sorority members (Minow & Einfolf, 2009). It is unclear whether or not the S.O.S. members are uneducated on these sexual assault facts or they are unable to appropriately identify their own risk. Furthermore, within the survey questions, the researcher asked participants two questions on sexual assault prevention trainings. The first question stated, “It is important to have trainings on sexual assault prevention” and 84% of participants strongly agreed to that statement. The following question asked whether or not participants would like to attend trainings on sexual assault prevention and less than half strongly agreed. This is another example of the disconnection between individual-risk and population-risk. Many students (individually) feel they do not need to participate in the trainings, but feel other students would benefit from sexual assault trainings.
On the whole, one would assume that the S.O.S. participants would be more knowledgeable on these issues compared to the average college student. Especially given the fact that 75% of the participants (n = 24) had a friend or family member who is a survivor of sexual assault. Members are exposed to the topics of sexual assault and interpersonal violence through their weekly meetings and events. Based on these results, there is a great need for individuals to increase their risk identification skills. Facilitators must address the issues of risk identification and state the high prevalence of rape. Programs should not make participants fearful, but they do need to educate students of the dangers and help them understand that they are statistically at-risk.

**Limitations of the Study**

There are several limitations that exist within the content and the methodological delivery of this study. One limitation was the time of year the survey was administered. The survey was disseminated in late May after many of the students had concluded with their academic school year. As a result, this time of year may have contributed to the small sampling response rates (9%), because students may have been on vacation, infrequently checking their email accounts, or disengaged from participating in online surveys.

The content of the articles reviewed also presents biases. The researcher selected 25 peer-reviewed from 2000 – present on sexual assault programming as it pertained to both college and community settings. The researcher did not explore every article published during this period that was relevant to this material. Thus, the articles analyzed might not fully reflect the most comprehensive collection of evidence-based practice research. The investigator also created her own rating system to determine whether or not the information presented within an article was relevant to include in the survey.

The survey had a few methodological errors. First, the researcher failed to include White, Hispanic as a race on her survey. As a result, some of participants may have chosen Multiracial (14.3%) or decline to answer (11.4%), because White, Hispanic was not listed as a choice. Secondly, the researcher’s Likert scale was proportionately unbalanced. The scale should have reflected: strongly agree, somewhat agree, somewhat disagree, or strongly disagree. The researcher left out the somewhat disagree in her answer options. Finally, the researcher should have converted one of her policy questions into the Likert scale format.
Because this question was written in a yes or no format, it could not be analyzed with the other researcher recommendations. Not being able to analyze this question within the researcher recommendation, caused an unbalanced number of questions to exist between the student questions and researcher questions and this limited the type of statistical tests that could be performed.

**FUTURE RECOMMENDATIONS FOR SAN DIEGO STATE UNIVERSITY**

To support the students at SDSU, the researcher recommends that the university creates a Sexual Assault and Relationship Violence Task Force. This multi-disciplinary team would include administrators, students, faculty, law enforcement, resource centers (LGBT, cross-cultural center, students of color), counseling and psychological services, residential housing, health center, researchers from the Alcohol and Drug program, athletics, student organizations (such as S.O.S.), Greek Life, and student government. The purpose of this task force would be to improve and integrate more comprehensive services for student victims. The roles and expectations of the committee would be to update SDSU’s current sexual assault policy and reporting protocols, provide and implement more educational trainings for students on sexual assault, especially on the dangers of high alcohol consumption, and finally create a more comprehensive network of victim-services that is not disjointed. As stated by the Students Right-To-Know Act in 1990, which mandated all universities “officials with significant responsibility for student and activities” to annually report crimes that have occurred on-campus to the general public. Having an established task force would help improve the reporting rates among the different on-campus departments.

Additionally, there is a great need to update the current sexual assault policy and protocols at SDSU. Within the survey, the researcher asked participants several questions on the SDSU’s current sexual assault policy. First, she asked if the participants were aware of the university’s current policy on sexual assault misconduct and 88.6% of participants (n = 28) said no. Then, she inquired what students would like to amend on the current policy. The responses varied from “I didn’t know we had a policy’ to “publicity…since many people are unaware of what it entails;” and finally to “the type of punishment.” The researcher followed up that question by asking participants if it is important for students to
understand their university’s sexual assault misconduct policy and 83.3% of non-survivors and 100% of survivors said yes.

SDSU’s policy on Sexual Assault, Domestic Violence, and Stalking:

1.0 San Diego State University shall be committed to creating a community free from the crimes of sexual assault, domestic violence, and stalking. All members of the San Diego State University community shall uphold this policy.

2.0 The university shall cooperate fully in any criminal prosecution or civil litigation that may occur as a result of crimes of sexual assault, domestic violence, or stalking that are committed on the campus, at an off-campus facility, or at a university function.

3.0 A person who is convicted of committing these crimes on university property, at a university off-campus facility, or at a university function shall face maximum campus sanctions as prescribed by policies, codes, and collective bargaining agreements that govern the behavior of students, faculty, staff, and guests or visitors.

4.0 Members of the campus community and their guests or visitors should report crimes of sexual assault, domestic violence, and stalking to the appropriate university officials. A list of those appointed to receive these complaints and a summary of campus resources available to survivors of these crimes shall be made available.

4.1 Those who have experienced or witnessed the crimes of sexual assault, domestic violence, and stalking should seek immediate assistance from the University Police and campus caregivers. Those seeking assistance shall be treated with respect and dignity, and their concerns shall be responded to in a timely and professional manner. To ensure a responsive environment to victim, the university shall provide support services to address the personal and academic needs of those surviving sexual assault, domestic violence, and stalking while these crimes are being investigated and prosecuted on and off the campus.

4.2 University officials responding to charges of sexual assault, domestic violence, and stalking shall inform victims of their rights and the various options for relief, including the necessary steps and potential consequences of each option. These shall include but may not be limited to support in pursuing criminal prosecution, civil litigation, campus disciplinary action, and campus grievance procedures. Victims shall also be counseled about various options including mediation, alternative housing assignments, and academic scheduling assistance.

5.0 This policy has been enacted by San Diego State University in accordance with California State Law, Assembly Bill 3098, Postsecondary Education: Student Safety (July 1990). (SDSU, 2008)

As stated in the Campus Sexual Assault Victim’s Bill of Rights Act, colleges are required to develop and publicize their sexual assault policy, outline how the institution addresses sexual assault prevention programs, describe the post-assault procedures and
reporting options, specify on-campus disciplinary hearings for both the victim and the assailant, identify potential sanctions, provide existing services and resources for mental health services, and assist students with academic or housing resources post-assault (Hall, 1995). Currently, none of these mandates are found within the Sexual Assault, Domestic Violence, and Stalking Policy.

SDSU needs to recognize that sexual assault is a problem. The university must recognize it as important and they should make every effort to reduce its incidence. As individuals’ seek higher education, they should not be placed at greater risk for victimization.

**FUTURE RECOMMENDATIONS FOR SEXUAL ASSAULT RESEARCH**

The researcher recommends that this study should be replicated with a larger population of students who are actively committed to ending sexual victimization. More research needs to be conducted with survivor populations rather than general college student who may be indifferent to rape programming. Furthermore, rape researchers should look at the evaluation of the integrative, wrap-around services for rape survivors to best support their needs.

Sexual assault is a serious public health epidemic that has not decreased in prevalence. Despite all of the momentous reform in sexual assault literature in the 70’s, 80’s, and 90’s, little progress has been made since that period. Sadly, there is still no program that reduces rape. To enhance the current knowledge, more federal dollars need to be spent to encourage new professionals to enter the field of sexual assault research. Most of the statistical data used in the contemporary literature dates back to studies conducted over 30 years ago. The problem has not declined. New research need to be explored to evaluate the effectiveness of integrative university programs. With the rise of evidence-based, best practice research, it is imperative that the field of rape literature continues to expand its present knowledge. Sexual assault is a devastating problem that not only impacts the individual, but also the community around them. Universities will not be able to prevent all sexual assaults, but they do have the responsibility to take preventative action to safeguard their students.
REFERENCES


Scheel, E. D., Johnson, E. J., Schneider, M., & Smith, B. (2001). Making rape education meaningful for men: The case for eliminating the emphasis on men as perpetrators,


APPENDIX A

LIST OF TERMS
Acquaintance Rape - rape in which the victim and the assailant know each other, whether they are friends, spouses, lovers, or people who just know each other slightly (Bohmer & Parrot, 1993).

Assailant - a person who commits a criminal assault (Merriam-Webster's Dictionary of Law, n.d.).

Campus organization – a student organization, operated by students at a university (Wikipedia.com, 2010).

Consent – knowing or voluntarily agreement to engage in sexual activity (Lim & Roloff, 1999).

Comparative optimism or unique invulnerability – refers to the tendency for people to believe they are more likely than others to experience positive events, and less likely to experience negative events (Gidycz et al., 2006).


Date rape - a rape that occurs while the victim and the assailant are on a date (Bohmer & Parrot, 1993).

Evidence-based practice or best practice – using the best scientific evidence available in deciding how to intervene with individuals, families, groups, or communities (Rubin & Babbie, 2008).

Focus group (which is also called group interviewing) – small group of people are brought together in a room to engage in a guided discussion on a specified topic (Rubin & Babbie, 2008).

Gang Rape - refers to a group of men (anywhere between 2 – 11) lining up to take turns having sex with same women (Sanday, 1990).

Institutional Review Board – an independent panel of professionals that is required to approve the ethics of research involving human subjects (Rubin & Babbie, 2008).

Likert scale – a measure developed to improve the level of measurements in social research through standardized response categories in survey questionnaires. Response categories are strongly agree, agree, and disagree (Rubin & Babbie, 2008).

Literature Review - surveys scholarly articles, books and other sources (e.g., dissertations, conference proceedings) relevant to a particular issue, area of research, or theory, providing a description, summary, and critical evaluation of each work. The purpose is to offer an overview of significant literature published on a topic (Regents of California, 2010).

Meta-analysis – a procedure for calculating the average strength of association between variables across previously completed research studies in a particular field (Rubin & Babbie, 2008).

Peer-reviewed- evaluation of creative work or performance by other people in the same field in order to maintain or enhance the quality of the work or performance in that field. A peer reviewed journal is the evaluation of articles prior to publication (The Linux Information Project, 2005).
Perpetrator- a person who carries out or brings about a crime (Merriam-Webster's Dictionary of Law, n.d.).

Rape (sometimes synonymous with the term sexual assault) – sexual intercourse against a victim’s will and without the victim’s consent (Bohmer & Parrot, 1993).

San Diego State University (SDSU) - the oldest and largest higher education institution in the San Diego region. Founded in 1897, SDSU provides more than 35,000 students with the opportunity to participate in an academic curriculum (SDSU, 2009c).

Sexual Assault – all forms of unwanted, non-consensual sexual activity, it includes, but is not limited to rape (Bohmer & Parrot, 1993).

Sexual Victimization – factors that potentially placed women at risk of being sexually victimized (Fisher et al., 2000).

Survivor Outreach and Support (S.O.S.) – a campus organization that was founded in fall 2009 to provide support and education on campus regarding how to handle sexual assault and domestic violence situations.
APPENDIX B

SURVIVOR OUTREACH AND SUPPORT SURVEY
Survivor Outreach and Support Survey

Thank you for your voluntary participation in this confidential survey. No identifying information will be linked to your personal information. This survey will take five minutes and will explore your demographics and sexual experiences, and will ask questions aimed at reducing sexual violence and improving on-campus services at SDSU.

**Demographics**

1. What is your gender?
   - Male
   - Female
   - Decline to answer/other

2. Please enter your age

   ________________

   Decline to answer

3. Are you currently a SDSU student?
   - Yes
   - No

4. What is your class standing?
   - Freshman
   - Sophomore
   - Junior
   - Senior
   - Graduate Student
   - Decline to answer

5. What is your race?
   - American Indian or Alaskan Native
   - Black or African American
   - White
   - Filipino
   - Native Hawaiian
   - Vietnamese, Laotian, Thai, Burmese, Cambodian
   - Japanese
   - Chinese
   - Korean
   - Asian Indian
   - Other Race ________ please specify
   - Decline to Answer

Multiracial
6. Are you a member of a fraternity or sorority?
   Yes
   No
   Decline to answer

7. Are you a student athlete?
   Yes, NCAA
   Yes, Intramural
   Yes, Club Sport
   No
   Decline to answer

8. Are you a member of Survivor Outreach and Support (S.O.S.)?
   Please identify your previous/current experience with Survivor Outreach and Support (S.O.S.)?
   Yes, I regularly attend meetings
   Yes, I have attended at least one meeting, but I do not regularly attend
   No, but I am a member of the S.O.S.’s group page on facebook.com
   No, I am not affiliated with S.O.S. in any capacity

9. What is your sexual orientation?
   Heterosexual
   Homosexual
   Bi-sexual
   Questioning
   Decline to answer

**Sexual Experiences**
The following information may contain sensitive material.
Please note that sexual activity is defined as oral, vaginal, and anal sex as well as manual stimulation.

10. Have you ever had sexual activity with a man or woman where you felt unable to decline participation because of verbal intimidation or pressure?
    Yes
    No
11. Have you ever been in a situation where a man or woman became so sexually aroused with you that you felt it was useless to stop him or her even though you did not want to engage in sexual activity?

Yes
No

12. Have you ever had sexual activity with a man or woman when you were unable to decline participation or communicate unwillingness because of alcohol or drugs?

Yes
No

13. Even though it did not happen, has someone TRIED to have oral, vaginal, or anal sex with you without your consent?

Yes
No

14. Do you have a friend or family member who is a survivor of sexual assault (this definition can encompass any action from unwanted touch and/or fondling to attempted rape and/or rape)?

Yes
No

15. Have you ever been raped?

Yes
No

Prevention and Intervention Efforts for College Students
Please answer the following questions on a scale of 1 to 3.
1 = strongly agree
2 = somewhat agree
3 = strongly disagree.

16. It is important to offer self-defense programs at a university.

1 2 3

17. Participation in self-defense programs would increase my assertiveness and self-esteem.

1 2 3
18. All sorority/fraternity presidents and advisors should be required to participate in sexual assault prevention training.

1 2 3

19. It is important to have trainings on sexual assault prevention.

1 2 3

20. I would like to attend trainings on sexual assault prevention.

1 2 3

21. If I were sexually assaulted, it would be helpful to have an on-campus professional advocate to provide me with education, emotional support, and accompaniment to medical appointments or classes.

1 2 3

22. I would be comfortable with an advocate who is a student.

1 2 3

23. It is important to have sexual assault educational trainings for Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ), International, and Greek students.

1 2 3

24. The link between alcohol consumption and rape should be addressed in sexual assault prevention programs.

1 2 3

25. I would like to attend campus-wide programs aimed at reducing sexual assault.

1 2 3

26. I would like an on-campus sexual assault clinic that provides students with educational workshops and counseling services.

1 2 3

27. Rather than focusing on men as perpetrators, sexual assault programs geared for men should discuss masculinity and gender, volunteer opportunities, healthy relationships, and rape case examples.

1 2 3
28. Sexual assault services would be enhanced if I had my university’s administrative support and participation.

1  2  3

Please answer the following questions as yes, no or fill-in the blanks.

29. Do you know of the university’s current policy on sexual assault misconduct?

   Yes
   No

*If you answered no, please skip to question #30*

30. Do you feel the policy is up-to-date and appropriate?

   Yes
   No

*If you answered yes, please skip to question #30*

31. What would you like amended on the current policy?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

32. Is it important for students to understand their university’s sexual assault misconduct policy?

   Yes
   No

33. Any additional comments or suggestions?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for your participation!