

**Sexual Assault and Young People:
Research Supporting Education
About Sexual Assault for Middle School Students**

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The Minnesota Coalition against Sexual Assault (MCASA) reports that rape is one of the fastest growing crimes in the United States. Sexual assault is defined as any sexual activity involving a person who does not or cannot consent. The American Medical Association (AMA) has labeled sexual assault a “Silent Violent Epidemic,” because it is largely ignored by physicians, teachers and other professionals. The AMA also reports that over 700,000 women are sexually assaulted each year in the United States. This can result in lasting emotional distress, self-destructive behavior, interpersonal problems and behavioral disorders (AMA).

Of all rapes that occur approximately 75-80% of rapists are known by their victims (MCASA). Many women whose experience meets the legal definition of rape may not be immediately, or ever, aware that they were indeed raped. MCASA defines acquaintance rape as sexual violence committed by a person known to the victim. Recovering from acquaintance rape can be just as difficult as or more difficult than healing from other forms of sexual assault (MCASA).

Some studies show that survivors of acquaintance rape may take longer to feel recovered from rape than victims of other forms of sexual violence (MCASA). The reasoning behind this is that these victims may be confused about whether or not the incident was actually sexual assault and that may prevent them from telling others, thereby inhibiting them from finding outside sources of support. Acquaintance rape

survivors tend to suffer more guilt and shame because of society's belief that acquaintance rape is not a 'real' rape. Many acquaintance rape survivors believe that the sexual activity was their fault and that they are now somehow damaged because of the rape. Guilt is turned inward, which leads to depression and self-destructive behavior.

A common result of acquaintance rape is Rape Trauma Syndrome. Rape Trauma Syndrome is characterized by physical and emotional reactions. The physical reactions can include sleep pattern disturbances, irregular eating habits and somatic pain. Emotional reactions, which can be more severe, can include fear, guilt, embarrassment, self-blame, anger and revenge (MCASA). Considering the emotional and financial cost to individuals and society, it seems clear that educative and preventative measures are necessary. It is of much concern to researchers to find an effective method of decreasing sexual assault through educational methods that focus on identifying and changing rape-supportive attitudes and beliefs.

Most studies have found that sexual assault prevention programs are significantly more effective than no treatment (Schewe and O'Donohue, 1996; Anderson, et al., 1998; Pinzone-Glover, Gidycz, & Jacobs, 1998; Foubert and Marriott, 1997; Foubert and McEwan, 1998; Lanier, Elliot, Martin, & Kapadia, 1998). Several programs have compared the effectiveness of a shorter program (three or fewer sessions) versus a more extended program (Lavoie, Vezina, Piche, & Boivin, 1995; Anderson, et al., 1998). The overall results of these studies have shown that a short rape prevention program can be just as effective as a longer program (Lavoie, et al., 1995). Therefore, it can be concluded that short-term prevention programs are effective in reducing rape-supportive attitudes and beliefs.

One benefit from sexual assault prevention programs is the education of males about the definition of rape, how they can help a survivor, and reduction of rape myth acceptance. Men commonly are not aware of the damaging effects of rape, nor how they can be influential in the prevention of sexual assault.

Some men are not aware that their actions fall under the definition of sexual assault. In one study, one in twelve male college students surveyed had committed acts that met the legal definition of rape or attempted rape (MCASA). Of these men, 84% did not consider their actions to be illegal (Anderson, et al., 1998). It can be logically assumed that if men were more aware of the illegality of their actions, they would be less likely to commit these crimes. Prevention programs have been shown to help men become more certain of their definitions of rape (Pinzone-Glover, Gidycz, & Jacobs, 1998). Males in one program designed to reduce belief in rape myths reported that they had a decreased likelihood of being sexually coercive as a result of that program (Foubert and Marriott, 1997).

Further, sexual assault prevention programs aim at reducing the rape-supportive attitudes of males. A study by Boninger, et al. from 1990 (Brehm, Kassin, & Fein, 1999) found that attitude change is more sustained when people reading a persuasive message expect that they will later have to communicate it to others. Looking at the statistics, most males will someday be in a situation to help a survivor. By first presenting this information to males and then engaging males in a discussion where they can play an active, positive role in a rape scenario they are more likely to retain the information and find it personally relevant. If their attitude was previously negative, it is also likely that they will experience a positive attitude change.

Traditional sexual assault prevention programs have been focused on college-aged students. However, “teens 16 to 19 are three and one-half times more likely than the general population to be victims of rape, attempted rape or sexual assault” (The Rape, Abuse, & Incest National Network, <http://www.rainn.org>). In addition, according to the U.S. Justice Department, one in two rape victims is under age 18. Therefore, it seems that by postponing the prevention programs until students are in college, we miss a crucial time period in adolescent lives and also a large population that does not attend college. If the goal of sexual assault prevention programs is to prevent acquaintance rape through education to reduce rape-supportive attitudes, then these programs need to be implemented before the majority of sexual assaults occur. Based on these facts, it is our recommendation that programs be implemented at a younger age. Schewe and O’Donohue and Anderson, et al. also advocate the implementation of prevention programs with adolescents.

There are several compelling reasons to implement a sexual assault prevention program at the high school level or earlier. During high school, adolescents are exploring their sexuality. This period of exploration is an ideal time to introduce to them information in hope of increasing the likelihood that their values and ideas will be healthier and less rape supportive. Most students, by the time they reach college, are already sexually active. A study examining college students’ risky sexual behaviors found the age at first sexual intercourse to be 17 (Ratliff-Crain, Ackland, & Schultz, unpublished). It is difficult to influence students’ attitudes and beliefs about sexuality after they have already begun participating in sexual behaviors.

Past research has shown that acquaintance rape prevention programs are capable of reducing rape supportive attitudes for a short-term period in college students (Schewe and O'Donohue, 1996). However, the rape-supportive attitudes increase towards the baseline when a follow-up post-test is given (Foubert & Marriott, 1987, Anderson, et al., 1998). A possible reason for this is that college students already have set attitudes about sexual assault. Many of these attitudes are set during childhood. Children begin hearing information about sex-related issues at a very young age. For example, stereotypes about gender roles are picked up early, often before children reach kindergarten (Brehm, Kassin, & Fein, 1999).

Attitudes develop over time and it is necessary to identify and alter rape-supportive attitudes ideas before they are set. By the time students reach college, their attitudes about sexual assault, whether based on true or untrue information, are often already set. It is extremely difficult to make a lasting change in the attitude of an adult.

Drug prevention programs have already begun to implement the idea of influencing children before they become involved in risky behaviors. These programs often begin at the pre-teen level, with the idea of reaching students before they are exposed to drugs. One drug-prevention program targeted at adolescents found long-term results in reducing drug use (Botvin, Baker, Dusenbury, Botvin, & Diaz, 1995). Based on this, it is reasonable to support the implementation of a sexual assault prevention program targeted at ages similar to those targeted by drug prevention programs.

It is our recommendation that a sexual assault prevention program be implemented over a series of one-hour sessions, approximately once a week for three weeks, focused on students ages 13-16. Goals of the program will be to: define sexual

assault and discuss facts and myths; discuss how to avoid risky situations and how to communicate consent or lack thereof; discuss how to help a survivor and the resources available. These goals will be reached by educating through the use of videos, lectures, role-playing activities and group discussions. Conclusion of the program will include distribution of materials outlining resources to help students deal with emotions that may have surfaced during the program. Also, students will be given the opportunity to evaluate the program and offer suggestions for improvements in future programs.

Session one will consist of an introduction and welcome, which will be followed by the setting of ground rules and an explanation of the voluntary nature of the program. Students will be asked to fill out a packet of surveys. Survey packets will include a questionnaire on background information, the Burt Rape Myth Acceptance Scale (1980), Behavioral Intent to Rape Scale (Malamuth, 1981), and the Acceptance of Interpersonal Violence Scale (Burt, 1980). The next step will be to present the definition of sexual assault and then ask for students' interpretations of the definition. Following the definition of sexual assault will be an interactive presentation on the prevalence of sexual assault among teenagers.

Students will then be divided into small groups and asked to read a scenario involving a sexual incident. They will discuss whether or not they would consider the scenario to be rape and if so, what makes it a rape. Students will then reconvene and explain their situation and their interpretation of the incident to the entire group. This will lead to the discussion on facts and myths about sexual assault.

Session two will begin with a brief summary of the previously stated ground rules. There will also be time for questions relating to issues that have surfaced since the last

session. A video on acquaintance rape will be shown, followed by a discussion on ways to avoid risky situations. This will include, but will not be limited to, trusting your instincts, being safe at parties and other group functions, and watching out for yourself and others. The next segment will focus on empowering the women to be comfortable communicating their consent or lack of consent. This segment will also help males to understand what is and is not consent. Different ways of communicating consent and dissent will be role-played in small groups.

Session three will again begin with a brief summary of the previously stated ground rules and time for questions relating to issues that have surfaced since the last session. This session will be focused on the physical and psychological effects of sexual assault, helping survivors of sexual assault, and the resources available in the community. The section on the effects of sexual assault will discuss the many emotions that a survivor of sexual assault may experience. This section will also summarize the severe psychological impact of sexual assault and how it can lead to depression, low self-esteem, rape trauma syndrome, and suicidal ideations, among other consequences. It will also highly stress the importance of seeking professional help and support from friends and family.

Next, the likelihood of being in a situation in which students will have the opportunity to help a survivor of sexual assault will be discussed. Students will role-play what they can say to a friend who has been raped and what they can do to help.

Resources will then be distributed and discussed, with an emphasis on help available in the community. Students will be given information to take home to share

with their family. Survey packets will once again be distributed and will include information identical to that from the first session.

Each session will conclude with a reiteration of the ground rules (e.g. confidentiality) and information on who to contact if students need support or further discussion. The presenters will also be available to answer questions after each session. After completion of the program, students' parents will be sent a letter notifying them that their child has completed the sexual assault prevention program.

Effectiveness of the sexual assault prevention program will be measured using the surveys distributed to the participants prior to and at the conclusion of the program. An identical post-test follow-up will also be administered three to six months following completion of the program. Students will be asked to complete four surveys: demographic information; the Burt Rape Myth Acceptance Scale (1980); the Behavioral Intent to Rape Scale (Malmuth, 1981); and the Acceptance of Interpersonal Violence Scale (Burt, 1980).

The survey on demographic information will assess gender, age, race, religion, sexual history, and other miscellaneous background variables.

The Burt Rape Myth Acceptance Scale (1980) is designed to measure the adherence to rape myth effects and the inclusiveness or restrictiveness of rape definitions. Items are rated on a 7-point scale and include items such as "in the majority of rapes, the victim is promiscuous or has a bad reputation" and "a woman who is stuck-up and thinks she is too good to talk to guys on the street deserves to be taught a lesson." Burt's scale has been found to discriminate nonrapists and convicted rapists (Shewe and O'Donahue, 1996) and correlate with sexual aggressiveness and male's perceived likelihood to rape (Anderson, et al., 1998).

The Behavioral Intent to Rape Scale (Malamuth, 1981) consists of one question which asks. "if you could be assured of not being caught or punished, how likely would you be to rape?" This question is answered on a scale of "not at all likely" to "very likely." Consistency has been found among men who indicated a high likelihood of raping and convicted rapists. Also, a high likelihood of raping was associated with aggression, anger, and a desire to hurt women (Foubert and McEwen, 1998).

The Acceptance of Interpersonal Violence Scale (Burt, 1980) measures attitudes towards using force in relationships. Subjects are asked to rate items such as "being roughed up is sexually stimulating to many women" and "a woman should move out of the house if her husband hits her" on a 7-point scale. This scale is particularly important because it measures the direct approval of the use of force, while the Burt Rape Myth Scale measures indirect approval (Malamuth, 1986).

In sum, rape prevention programs are an integral and effective means of educating people about sexual assault and reducing rape-supportive attitudes and beliefs. Given the cost of sexual assault to our society, it is imperative that we explore all possible ways of reducing rape in our communities.

References

- American Medical Association, <http://www.ama-assn.org>.
- Anderson, L.A., Hieger, B., Stoelb, M.P., Kling, K.H., Duggan, P., & Payne, J. (1998). The effectiveness of two types of rape prevention programs in changing the rape-supportive attitudes of college students. *Journal of College Student Development*, 39(2), 131-142.
- Botvin, G.J., Baker, E., Dusenbury, L., Botvin, E.M., & Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *JAMA*, 273(14), 1106-1112.
- Brehm, S.S., Kassin, S.M., & Fein, S. (1999). *Social Psychology (4th Edition)*, pp. 150-155; 199. Boston: Houghton Mifflin Company.
- Burt, M.R. (1980). Cultural myths and support for rape. *Journal of Personality and Social Psychology*, 38, 217-230.
- Burt, M.R. & Albin, R.S. (1981). Rape myths, rape definitions, and probability of conviction. *Journal of Applied Social Psychology*, 3, 212-230.
- Foubert, J.D. & Marriott, K.A. (1997). Effects of a sexual assault peer education program on men's beliefs in rape myths. *Sex Roles*, 36(3/4), 259-268.
- Foubert, J.D. & McEwen, M.K. (1998). An all-male rape prevention peer education program: Decreasing fraternity men's behavioral intent to rape. *Journal of College Student Development*, 39(6), 548-556.
- Lanier, C.A., Elliot, M.N., Wartin, D.W., & Kapadia, A. (1998). Evaluation of an intervention to change attitudes toward date rape. *College Health*, 46, 177-180.

- Lavoie, F., Vezina, L., Piche, C., & Boivin, M. (1995). Evaluation of a prevention program for violence in teen dating relationships. *Journal of Interpersonal Violence*, 10(4), 516-524.
- Minnesota Coalition Against Sexual Assault / Training Manual, unpublished.
- Malamuth, N. (1986). Predictors of naturalistic sexual aggression. *Journal of Personality and Social Psychology*, 50(5), 953-962.
- Pinzone-Glover, H.A., Gidycz, C.A., & Jacobs, C.D. (1998). An acquaintance rape program: Effects on attitudes toward women, rape-related attitudes, and perceptions of rape scenarios. *Psychology of Women Quarterly*, 22, 605-621.
- Rape, Abuse, and Incest National Network, <http://www.rainn.org>.
- Ratliff-Crain, J., Ackland, M., & Schultz, E. (unpublished). Age at first sexual intercourse, STD's, self-esteem, attitudes, beliefs and peer and subjective norms as predictors of risky sexual behaviors.
- Schewe, P.A. & O'Donohue, W. (1996). Rape prevention with high-risk males: Short-term outcome of two interventions. *Archives of Sexual Behavior*, 25(5), 455-471.