

Running head: STOPPING SEXUAL ASSAULT

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Sexual Assault Prevention & Education Within Purity Culture: A Process Evaluation of an Intervention Conducted with Community Partners at a Christian University

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Abstract

27 Background & Purpose: Many victims of sexual assault are rising to advocate for sexual assault
28 prevention on college campuses, including Christian college campuses. Some reports indicate
29 that Christian campuses shy away from the topic and refuse to allow needed programs on sex or
30 sexual assault to be introduced to their campuses, even though it is so adamantly needed. The
31 purpose of this study was to increase the promotion of sexual assault awareness and prevention
32 to students on the campus of Charleston Southern University.

33 Methods: A one-day seminar was offered in partnership with a community health organization
34 on campus. Over 75 students attended to hear survivor narratives and an awareness message.
35 Primary analysis of survey data collected involved qualitative and quantitative analysis of open
36 and closed-ended questions. In total, the research team reviewed 34 pre-intervention surveys and
37 9 post- intervention surveys.

38 Results: Descriptive data analysis revealed that participants found the sexual assault awareness
39 and prevention program to be “most informative” and “informative.” Qualitative analysis of
40 open-ended questions found that content was accepted by audience because of the “openness” of
41 the speaker. Emergent themes included: unwanted contact, not the victims fault, and attire of
42 victim caused sexual assault.

43 Conclusion: Culturally-informed awareness and prevention programs that are realistic, open,
44 peer-led, and create a comfortable non-threatening atmosphere have a vital role to play in
45 educating students on Christian campuses on the subject of sexual assault prevention.

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

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Background

51 In our society many people tacitly accept the stigmas that are associated with sexual
52 assault, namely that the victim is to blame in some way. Some of these stigmas may be a result
53 of cultural and religious beliefs, and social norms. These factors are ingrained in our psyche and
54 have had great influence on the ways sexual assault is spoken about, adjudicated, and prevented
55 on college campuses. According to the Center for Disease Control and Prevention (CDC) sexual
56 violence is any form of sexual activity that an individual does not consent to, can't coherently
57 consent to or doesn't freely consent to (Center for Disease Control and Prevention [CDC], 2015).

58 It is well known that 1 in 5 women experience sexual assault in their lifetime (CDC,
59 2015). Many of these women are between the ages of 18 and 24. The age range is crucial to note
60 because it identifies a group of women who are usually entering their college years. Out of the 1
61 in 5 women who experience sexual assault only 5% ever report the assault to the authorities
62 (CDC, 2015). According to the current statistics we are still unaware of the vast number of
63 women and men suffering in silence from these experiences. Sexual assault affects a person's
64 physical and emotional well-being. Out of the women and men who experience the assault only 1
65 in 10 involve the use of a weapon and 80% are student rape and sexual assault victimizations
66 (Langston & Sinozich, 2014). Awareness campaigns operate at many levels to try to address
67 these distressing statistics; one campaign started at the White House explicitly mentions the
68 numbers, making to the statement "1 is 2 many" (CDC, 2015).

69 The 1972 Education Amendments that included Title IX was passed by Congress. This
70 law makes it a crime for any federally-funded athletic program, educational institution or facility
71 to discriminate against females because of their gender (U.S. Department of Education, 2014).
72 Title IX aimed at leveling literal playing fields in a world that heralded norms stereotyping what

73 women could and could not participate in athletically and eradicated that dividing line, forcing
74 institutions who received federal money to become accountable for their financial investments in
75 ensuring opportunities for both sexes.

76 The Clery Act was passed in 1990 by President George H. W. Bush (Clery Center for
77 Security on Campus, 2012). The Act was pushed into enactment by the parents of Jeanne Clery,
78 a student at Lehigh University who suffered from a fatal sexual assault in her campus dorm
79 room. The Clery Act, more recently known as the Campus Sexual Violence Elimination Act
80 serves to guide the handling of sexual assault cases by college campuses. Campuses are directed
81 to help protect the victim of these crimes and assure that they know their rights, understand
82 resources available, and are briefed on actions that can be taken to report and prosecute offenders
83 (Clery Center for Security on Campus, 2012). Although the law was set up to protect victims of
84 sexual assault, the past year has exposed the poor enforcement of these laws by educational
85 institutions.

86 In the past year there has been an uproar from sexual assault victims that are filing
87 complaints against their schools for the re-victimizing process they experienced after reporting
88 their rapes. During the reporting of their sexual assaults women have reported being asked what
89 they were wearing, how short was their dress, and if they “climaxed” during the assault (Gordon,
90 2014). In some cases the assailant, when found guilty, was only suspended for a year (Gordon,
91 2014). These incidents have caused anti-rape activists to raise their voices in protest throughout
92 the nation’s campuses (Layton, 2015).

93 In light of the increasing number of reports that have been filed and the victims who were
94 forced to go public with their stories, the U.S. Department of Education’s Office of Civil Rights
95 issued federal investigations of many institutions of higher learning. Beginning in May 2014 a

96 widespread investigation was issued for a total of 55 colleges and universities in the United
97 States, these including Ivy League colleges such as Yale University and Howard University.
98 Since May of 2014 the number of colleges and universities on this list have grown to 95 (U.S.
99 Department of Education, 2014). According to the Washington Post (2014), the U.S.
100 Department of Education Office of Civil Rights has seen a dramatic increase in complaints on
101 sex discrimination from 391 in 2010 to 2,354 in 2014 (Layton, 2015).

102 Christian colleges potentially have more cultural stigma related to surviving sexual
103 assault than other colleges because of teachings on sexual purity. Many Christian colleges
104 believe that their campuses are absent of sexual activity and focus exclusively on teaching
105 abstinence (Woodiwiss, 2013). This cultural barrier on some campuses has hindered the
106 implementations of preventative programs and created issues for survivors reporting assault. The
107 belief that if a woman is ‘touched’ then she is ‘impure’ is not only a road block for the victim
108 seeking help, but also a safe guard for the perpetrator to hide behind. Survivors at Christian
109 colleges have reported issues with talking to their administration and in some cases suffered
110 insinuations that they as the victims were at fault for the sexual assault (Anderson, 2013). The
111 victim is the one who suffers the shunning and blame in social settings after reporting.

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

118 The safest way to prevent the contraction of a sexually transmitted infection (STI's) or
119 sexually transmitted diseases (STD's) is to remain abstinent (CDC, 2015). In an effort to limit
120 the spread of STD's and STI's and promote safer sex, the Bush administration gave federal
121 grants (approximately \$1.2 million) to organizations that supported this movement.
122 Conversations about abstinence contribute to what scholars now call, "Purity Culture"
123 (Anderson, 2013). Examples of this culture's impact on Christian college campuses abound. In
124 an attempt to promote the practice of abstinence, the purity ring was promoted beginning in the
125 1990's (Barrio, 2005). The purity ring stands for waiting till marriage to partake in sexual
126 activity. Some colleges hold ceremonies that involve signing a document and single-sex retreats
127 to promote abstinence (Mintz, 2014). At Ozark Christian College the abstinence speech included
128 the words "ladies, you're princesses, and when you give pieces of your heart away to boys, you
129 only have half a heart left. And what kind of prince wants half of a heart?" (Mintz, 2014). Purity
130 culture complicates sexual assault reporting in cases where the culture of abstinence becomes
131 conflated with conversations about a felony assault. Survivors at some conservative schools
132 explain that they felt shame and fear when reporting because peers and administrators associated
133 their assault with the words fornicator, impure, tarnished, and even broken (Barrio, 2005).

134 An author of the present study and a senior student of Health Promotion at Charleston
135 Southern University participated in a photo shoot for People against Rape, an advocacy group in
136 Charleston, South Carolina. The photo shoot and story shared by a fellow survivor caused the
137 student to face her own encounter with sexual assault, which she had kept silent for about four
138 years. Taking steps to face her past, she began speaking out about it. The student began with a
139 class assignment that involved crafting a sexual assault program proposal for her campus. After
140 giving her speech in class, some students acknowledged that they were also survivors and had

141 been dealing with the aftermath caused by their assaults in silence. This knowledge and the
142 encouragement of faculty pressed the student to actually develop and implement the first sexual
143 assault awareness and prevention forum on her campus. The thought that helped the student
144 continually face the pain of her own past encounter was, “if me being uncomfortable for an hour
145 or three helps someone else know they are not alone, then who am I to keep silent.”

146 On March 7, 2013, President Barack Obama signed the Violence Against Women
147 Reauthorization Act of 2013 (VAWA). The Act focuses on combating different aspects of
148 sexual assault and includes emphasis on both prevention and prosecution (White House Council
149 of Women and Girls, 2014). The President has also begun a webpage called *NotAlone*, for
150 victims of sexual assault. The site is filled with a number of resources that can be used to find
151 helpful support mechanisms to aid in a victim’s healing and taking of action (White House
152 Council of Women and Girls, 2014).

153 Problematically, the main focus of many past sexual assault interventions has been the
154 actions of the victim prior to the assault. Focusing on prevention measures such as not walking in
155 deserted areas alone, going on dates in public areas with big crowds, and avoiding binge drinking
156 and not accepting drinks from strangers only serves to limit the safe spaces offered to women
157 interested in remaining un-assaulted (Anderson, 2013). Rarely do such programs focus on the
158 guilt and prosecution of an assailant and the prevention of predatory actions. In contrast, *People*
159 *Against Rape*, an advocacy group in Charleston, South Carolina, stresses sexual assault
160 prevention from a “don’t rape!” perspective.

161 Research also supports this survivor-affirming paradigm. One noteworthy study focused
162 not on victims of college rape, but on identifying risk factors for sexual aggression in college
163 males. The study used a total of 99 male student participants and found that a vast majority of

164 college males still accept many rape myths (Carr, 2004). The study showed a strong relationship
165 between alcohol consumption and the acceptance of rape myths. Many of the males who were
166 surrounded by friends that binged would commonly share the idea that getting a female
167 intoxicated in order to have sexual relations was not wrong (Carr, 2004). These attitudes
168 promote serial predations. According to the National Council for Women and Girls at the White
169 House, studies show that 63% of males who admitted committing sexual assault acts reported
170 having committed six rapes each (White House Council of Women and Girls, 2014). Fraternity
171 culture also contributes to assault prevalence; another study revealed the relationship between
172 fraternity membership and male students' sexual aggression when drinking (Kingree &
173 Thompson, 2013).

174 Federal investigations and activist movements are beginning to shed light on the problem
175 of re-victimization when sexual assault survivors report their rapes, particularly within insular
176 and conservative communities that subscribe to purity culture social norms (Woodiwiss, 2013).
177 The focal point for new prevention campaigns are changing as awareness rises in order to stop
178 further harm from being inflicted on victims of sexual assault. Through the use of prevention
179 and awareness initiatives that focus not on women avoiding rape, but on perpetrators being
180 prosecuted and prevented from victimizing students, health educators can inspire change through
181 education and advocacy work. Education efforts must refute rape myths and expose the damage
182 that comes as a result of victim-blaming social norms.

183 After study of the priority population and an extensive review of the literature, a team
184 consisting of a senior health promotion student, health promotion faculty, an on-campus
185 counselor and the director of community health partner Team Family Over Everything
186 conceptualized a survivor-friendly program to be offered on Charleston Southern University's

187 campus. The team designed a program that centered around survivor narrative and brought in
188 professional community health educators from FOE to deliver a one-day sexual assault
189 awareness and prevention forum. Emphasizing peer leadership, culturally-palatable messaging,
190 and a review of local and campus resources, the curriculum consisted of a personal survivor story
191 from a student peer, a speech from the Executive Director of FOE, introduction to local off-
192 campus victim resources available from People Against Rape, and on-campus counseling
193 resources.

194 **Methods**

195 The program curriculum described was delivered in April, 2015 at one site to a single
196 group of college student participants attending Charleston Southern University, a Christian
197 liberal arts institution in Charleston, SC. Participation in the one-day seminar was voluntary and
198 free. The program offered two attendance incentives to participants, including class extra credit
199 and chapel credit, which benefited the attending students by providing them with chapel credits
200 towards their graduation chapel credit requirement. The purpose of this study was to offer a pre
201 and post-intervention process evaluation of this peer-led sexual assault awareness and prevention
202 programming. Pre and Post-intervention assessment data were collected during the seminar.

203 The marketing piece of the program consisted of the development and distribution of
204 flyers throughout the Charleston Southern University campus. The flyers were placed in dorm
205 halls, the book store, and classroom buildings. A promotion of the program was announced the
206 day before via the ‘page of possibilities’, which is an events email sent from the Dean of students
207 to the entire student body. The use of fraternities and sororities social media sites were used and
208 also word of mouth. Help was gained from the Health Promotion club on campus in promoting
209 the program and also gaining volunteers for the program.

210 A survey instrument focusing on needs assessment and process evaluation was developed
211 by two of the authors of the present study, both of whom were involved in program
212 implementation. The pre-intervention survey consisted of eight items, six closed-ended and two
213 open-ended. Both of the open-ended questions related to participant knowledge of sexual assault
214 and the three closed-ended questions focused on = participant knowledge of sexual assault while
215 the final close-ended question gauged knowledge of available resources. The post-intervention
216 survey consisted of six items, two closed-ended and four open-ended. Post-intervention
217 questions addressed the usefulness of the material covered, sought potential areas of
218 improvement, and inquired about likes and dislikes of the program's tone and content.

219 Fifteen minutes prior to the seminar beginning, volunteers handed out the pre-
220 intervention survey to the participants. Surveys were kept confidential and did not seek names or
221 identifying information of any kind. Prior to the beginning of the program all participants were
222 instructed to hand in the surveys. The program commenced for about forty-five minutes. Within
223 one minute of the conclusion of the seminar, post-intervention surveys were physically handed
224 out and collected at the exit door.

225 Survey questions were both quantitative and qualitative. Qualitative answers were coded
226 for emergent themes found among the data.

227 **Results**

228 In total, the research team reviewed 34 paper survey responses for the pre-intervention
229 needs assessment and 9 paper survey responses for the post-intervention surveys. There were
230 approximately 100 total attendees at the seminar, for a total response rate of 34% (pre-
231 intervention surveys) and 9% (post-intervention surveys).

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

238 <Insert Tables 1 & 2 Here>

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

245 <Insert table 3>

246 Qualitative analysis of the data found that most participants found the forum to be
247 generally valuable and encouraged the presence of similar future programs. At the close of the
248 forum there were common comments such as “I hope there will be more events like these,” “we
249 need this on campus,” and some stated that either they were survivors or had close relatives who
250 were. Many students liked the idea of a peer being involved with the forum and giving a personal
251 testimony.

252 <Insert table 4>

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Discussion

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The purpose of the program was to provide an educational and nonthreatening atmosphere for college students to learn and speak on sexual assault. The program followed a protocol that emphasized peer-leadership, centered survivor narrative to personalize the issue, and offered educational awareness and prevention along with identification of local victim resources. Participation in the event was extremely favorable due to the accessible location of the forum and the incentives offered for participation. Some of the findings agreed with the literature on cultural beliefs and stigmas that are associated with aiding in blaming the victim. Students in the forum reacted favorable to the ‘openness’ of the speaker and the ‘realistic’ approach taken throughout the program. They specifically requested more sexual assault programs and more audience related participation opportunities.

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Given that many Christian Colleges do not allow such programs to occur on their campuses, program efforts must increase to reach this priority population of college students. The results of this process evaluation indicate that institutional and student support and satisfaction are likely outcomes of culturally competent intervention efforts.

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Limitations

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A number of limitations are acknowledged regarding this study, including the low number of collected post-intervention surveys. The surveys were taken in close proximity of other individuals, which could have altered the honesty of the participants. Another limitation of the study was the lack of completed or returned surveys. The pre-intervention survey had a higher return than the post-intervention survey, causing the results to be somewhat unreliable. The demographics of the participants, their economic status and whether or not they live on or off campus were not taken into consideration. This sexual assault pilot study is only the

277 beginning of many to come, and provides a starting point for community and student leadership
278 in sexual assault prevention programming efforts.

279 **Conclusions**

280 Sexual assault is an act that demoralizes the victims and blame should never be placed on
281 the victim. According to the literature, many Christian colleges reject the idea that they could
282 possibly have any form of sexual activity much less sexual violence on their campuses
283 (Woodiwiss, 2013). It is important that sexual assault awareness and prevention programs be
284 allowed on these campuses, so that victims know their rights, what to do next, and that they are
285 not to blame. Programs like these can promote healing and denounce stigmas associated with
286 sexual assault, and they can be offered in formats that strengthen the culture of faith and
287 community on campus.

288 Ultimately, the results of this study have provided possible models for future
289 interventions.

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Table 1

Pre Intervention Survey Responses, closed-ended

Questions	Yes/True	No/False	No response
Q. 2: Can sexual assault involve a husband or intimate partner?	34		
Q. 3: Is it acceptable to introduce alcohol for sexual persuasion?		34	
Q. 5: Does the perpetrator have to be a man?	1	33	
Q. 6: Most victims of sexual assault are assaulted by strangers.		33	1
Q. 7: Knowledge of resources oncampus for victims of sexual assault	16	16	2
Q. 8: Belief that sexual assault is a big issue on college campuses	30	3	1

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Table 2

Pre-Intervention Survey, Open-ended Question Emergent Themes

Questions	It's wrong/inappropriate	'unwanted contact'	Victim provoked assault	Attire provoked assault	No response
Q. 1: What do you know about sexual assault?	5	12			
Q. 4: Is the victim ever to blame? If yes when?	21	1	3	9	

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Table 3
Post Intervention Survey Responses, closed-ended

Questions	4	5	
Q. 2: How informative was the program? (Likert scale 1-5, from low to high)	2 = 22.2% of responses	7 = 77.8% of responses	
	Yes	No	No response
Q. 3: Has your perception on sexual assault changed?	6	2	1

Table 4
Post Intervention Survey, Open-ended Questions' Emergent Themes

	Page of Possibilities	Chapel	Student Planner
Q. 1: How were you informed about the event?	2	1	2
Q. 4: What did you like most about the program?	Openness of speaker & easy atmosphere 4 = 44.5% of responses	realistic & involved men 2 = 22.2% of responses	Informative (laws & stats) 2 = 22.2% of responses
Q. 6: Ideas for future programs	More involvement from audience 2 = 22.2% of responses	Blank, No response 3 = 33.3% of responses	