

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

MEASURING THE EFFECTIVENESS OF SEXUAL ASSAULT PREVENTION  
EDUCATION WITH 9<sup>th</sup> GRADE HEALTH CLASS STUDENTS

A thesis submitted in partial fulfillment of the requirements  
For the degree of Master of Science in Counseling,  
Marriage and Family Therapy

By

Rebecca Spielman

May 2012

The thesis of Rebecca Spielman is approved:

---

Patrick Geary, M.S.

Date

---

Shari Tarver-Behring, Ph.D

Date

---

Charles Hanson, Ph.D., Chair

Date

## DEDICATION

This work is dedicated to my devoted husband Darryl, and my two baby loves Colette and Louis Seskind. You are my world and this is all for you.

## ACKNOWLEDGMENT

I would like to thank my committee member Dr. Shari Tarver-Behring, who supported my efforts in writing this thesis.

To my chair, Dr. Charles Hanson, thank you for all your guidance and constant support. You are my mentor and I am forever grateful.

Thank you Patrick Geary for being so easy to communicate with and for always having positive feedback and consistent support as well.

## TABLE OF CONTENTS

Signature Page	ii
Dedication	iii
Acknowledgement	iv
Table of Contents	v
Abstract	vi
Chapter 1: Introduction	1
Chapter 2: Review of the Literature	4
Chapter 3: Methods	12
Chapter 4: Results	16
Chapter 5: Discussion	25
References	29
Appendix A: Instrument Used and Informed Consent	32
Appendix B: Preliminary Survey	34
Appendix C: Post-Intervention Survey	36
Appendix D: Prevention Education Presentation Outline	39

## ABSTRACT

### MEASURING THE EFFECTIVENESS OF SEXUAL ASSAULT PREVENTION EDUCATION WITH 9<sup>th</sup> GRADE HEALTH CLASS STUDENTS

By

Rebecca Spielman

Master of Science in Counseling,  
Marriage and Family Therapy

This study examines the effectiveness of rape and sexual assault prevention education on 9<sup>th</sup> grade health class students. The study focuses on measuring the level of prevention the students' view they have experienced as a result of a one-hour presentation. The study reviews the literature related to rape culture, rape myths, statistics, definitions, legal ramifications of rape and sexual assault as well as personal views on the topic prior to receiving the intervention. A nine item preliminary survey and a fifteen item post-intervention survey were developed and administered to 407 participants across 11 class sections of 9<sup>th</sup> grade health. Respondents included 193 females and 214 males (from a variety of racial, religious and ethnic backgrounds), aged 14-16. The statistical analysis revealed participants' attitudes towards rape, gender and statistical evidence surrounding sexual assault changed as a result of the prevention presentation.

## **Chapter 1. Introduction**

The topic of rape and sexual assault is intense in nature and often unmentionable in our society. According to California Penal code 261, the legal definition of rape is to engage in non-consensual sexual intercourse, by means of threat, force or duress (Jackson, 2000). Historically, rape has been used as a form of warfare and total control by conquerors in battle with other civilizations. The cultural context of rape today is often obscured by the subliminal messages received through mass media, where young people specifically are targeted and exposed to rape and gender notions, often knowingly or unknowingly perpetuating them. These rape beliefs are prejudicial, stereotyped, or false ideas about rape, rape victims, and rapists or attitudes and beliefs that are generally false, yet widely and persistently held, and that serve to deny and justify male sexual aggression against women (McMahon, 2011).

Statistically, one in three females and one in six males will become the victim of rape or attempted rape before age 18, although many of these crimes will go unreported (RAINN, 2011). The common incidence of rape and sexual assault amongst high school and college age students is alarming, as these younger populations find themselves engaging in high risk activities placing them in situations where rape or sexual assault is more likely to occur. Researchers have demonstrated that the acceptance of rape myths not only indicates problematic attitudes, but also is an explanatory predictor in the actual perpetration of sexual violence or proclivity to rape (Hinck & Thomas, 1999).

It is this dangerous reality that has inspired educators to develop sexual assault prevention programs in an effort to deflate these misconceptions about rape and sex with the hopes of bringing these statistics to a lower rate, while cultivating a safer environment for students.

Without tracking over time, there is no solid way to evaluate the preventative effectiveness of these programs. Additionally, many rape education prevention programs use instruments that were developed years or even decades ago, which raises serious concerns about their validity for high school and college students, as the instruments' language and context are not apart of current student culture (McMahon, 2011). Furthermore, there is not a vast amount of research done on measuring how effective these prevention programs actually are, nor does much of the research support future preventative actions on the part of the students exposed to the intervention and the alteration of their own personal beliefs and behaviors in regards to sexual assault and rape. This causes a problem in understanding the proper implementation of these programs as utilized in a high school setting. In order for sexual assault prevention occur, and for the incidents of rape and sexual assault to decrease over this target population, further evaluation is needed.

The purpose of this study is to examine and measure the effectiveness of a rape and sexual assault prevention education presentation amongst 9<sup>th</sup> grade health class students. This particular age group being statistically at higher risk to engage in unsafe activities potentially ending in rape or sexual assault, is targeted in an effort to implement an early extinction of these false beliefs about rape and sexual assault.



The presentations discuss many topics that seem to contribute or validate the occurrence of rape and sexual assault, including rape myths, statistics, gender roles, rape culture and the definitions of rape and sexual assault. Additionally, the subject of consent versus non-consent explains to students who are unclear of the ways in which one can lose the ability to give consent in a sexual encounter. This thesis study is attempting to prove through research, data and results, that a rape and sexual assault prevention education can effectively change these students' attitudes as well as projectively alter their future sexual behaviors and the frequency of rape. This study aims to contribute new findings on how effective these programs can be over time. The importance of this study is supported by statistical evidence that rape and sexual assault are far too common in our society, and this thesis is aimed around contributing to a larger cultural shift in beliefs about rape and sexual assault. If these myths can be changed or removed from cultural practices and the media, then the occurrence of sexual assault will decrease dramatically.

KEY WORDS: Sexual Assault, Adolescence, Rape Myths, Statistics, Consent and Prevention.

## **Chapter 2. Review of the Literature**

### **Statistics**

It is no mystery that rape and sexual assault are a very common crime in the United States. Though statistical evidence is never fully accurate and may vary upon source and population, widely used statistics surrounding the occurrence of rape and sexual assault show a pattern of high frequency. Sexual violence against women and men is a very serious crime (Macy, 2008). A recent, large-scale study conducted in the United States found that one in four women will experience sexual violence at some point in their lives (Tjaden & Thoennes, 2006). In a comparative analysis of police statistics and victimization surveys (Wittebrood & Junger, 2002), the police information was considerably lower in frequency versus the anonymous reporting of sexual assault occurring through the victimization surveys. Because of the difficulty involved in prosecuting rape, coupled with the embarrassing and rather shameful perception of sexual assault in our society, victims are much less inclined to seek police aid when they have been assaulted. In fact, the discrepancy in reported crimes was so significant that police had deduced a large decrease in rapes where victim surveys had illustrated an increase in sexual violence.

Valley Trauma Center (2008) reported that they accompanied 777 sexual assault survivors to the hospital for forensic examinations.

Of that number, 306 were over 18 and 155 were between the ages of 13-17; 129 were between the ages of 7-12 and 187 victims of sexual assault were between the ages of 0-6. This meant that the majority of sexual assault accompaniments were made up of minors, the sum of which were higher than the number of clients being treated for assault over the age of 18. Both high school students and college students are at an increase for rape and sexual assault, specifically within the first 6 weeks of their freshman year. College women report high rates of sexual victimization. Approximately 50% of college women have experienced some form of sexual aggression, with 25% of those women experiencing an attempted or completed rape. (Fisher, Cullen and Turner, 2000). Statistics for men are also relatively high. In 2011, an estimated one in six boys under the age of 18 would be victimized by sexual assault perpetrators; those numbers decreasing to one in 33 after age 18 (RAINN, 2011). These numbers prove not only the alarming prevalence of rape and sexual assault, but that anyone, despite gender or race or creed, can be assaulted.

### **Rape Myths**

The social constructs of power and sex are somehow closely related in our thinking. A common example is describing sex as a conquest or as a surrender, which suggests that sex is about one person overpowering another, (Chapleau & Oswald, 2010). Social rape myths serve as both explanations and justifiers to actions of sexual violence, specifically against women. Rape myths are beliefs about rape and sexual assault that blame the victim, justify the perpetrator's actions, and discount the violence of rape

(Lonsway & Fitzgerald, 2004). Rape myth acceptance has been found to be a strong correlate of rape proclivity (Bohner et al, 2005).

In the 1980's, Bohner et al (1980), used the Rape Myth Acceptance Scale (RMAS) to determine whether or not someone was more or less likely to commit rape. The scale was broken into two parts: belief in rape myths as an increase in likeliness to rape (acceptance scale), and justification of rape after the fact through the use of these myths (proclivity measurement). For participants who completed the Rape Myth Acceptance scale first and the Rape Proclivity measure second, the correlation between rape myth acceptance and rape proclivity was significantly higher than it was for the participants who completed the Rape Proclivity measure first and the Rape Myth Acceptance scale second—that is, when men's reported level of rape myth acceptance was salient their subsequent report of rape proclivity was more aligned with their level of rape myth acceptance. When men's reported level of rape proclivity was salient, however, their subsequent report of rape myth acceptance was less aligned with their level of rape proclivity. (Chapleau & Oswald, 2010). Ultimately, the data proved that acceptance and internalization of these rape myths naturally preceded sexual aggression and sexualized violence.

### **Sexual Assault**

Sexual assault serves as an umbrella term for the many types of assault that exist. Sexual assault, by definition, is any unwanted sexual contact (Webster's. 2011). Sexual assault is a general category comprised of many subcategories, one of which is rape.

There are several types of rape and sexual assault. Under the subgroup of rape, there are different forms of rape, and rape always involves forced sexual intercourse. Acquaintance rape is rape between people who know each other or are “acquainted”. Date rape occurs exclusively on a date but is a type of acquaintance rape. Gang rape is forced sexual intercourse involving two or more perpetrators. Stranger rape occurs between a victim and a perpetrator who do not know each other, and although commonly seen as a typical rape scenario, is actually significantly less common than rape between people who are acquainted (Valley Trauma Training Manual, 2008). Marital or spousal rape occurs between people who are married, and is most commonly seen in domestic violence relationships (Valley Trauma Center, 2008). In spousal rape, for example, a batterer will use rape as a form of control rather than a form of sexual intimacy. Statutory rape is common amongst adolescents and involves a minor engaging in non-legal but consensual sex with an adult. Incest occurs when family members perpetrate on relatives. Another type of sexual assault is child molestation, where the perpetrator is an adult and the victim is a child, and although this may not involve the act of sex itself, is still considered assault because children are not in a position to consent nor is it legal to have sexual contact of any nature with a child (RAINN, 2011).

## **Consent**

The key feature in distinguishing sex from rape is the lack of consent. Consent is needed in order to engage in sexual intercourse whether it is verbal or communicated physically. Without consent, or a willing participant, it is both immoral and unlawful to

have sex without an understanding and permission. There are many ways one can lose the ability to give consent. Amongst adolescents and young college students, a common way to lose the ability to consent is under the influence of drugs and alcohol, whether self induced or administered without permission (drug-induced rape). Other forms of losing the ability to consent are through physical force, verbal threat and coercion (Valley Trauma Center, 2008). In a study conducted with college student-athletes, McMahon (2005) found that “respondents would not directly blame the victim for her assault but expressed the belief that women put themselves in bad situations by dressing a certain way, drinking alcohol, or demonstrating other behaviors such as flirting. In addition, some respondents indicated a belief that rape could happen accidentally or unintentionally and that there are certain situations in which men should not be held entirely accountable for sexual assault,” (McMahon, 2011). This idea is dangerous and unaligned with the law that clearly states neither women nor men can consent under the influence of alcohol.

### **Rape and Adolescence**

Developmentally, adolescents are in an exploratory stage during their teen years. With the onset of puberty and full development of sexual functions, teenagers tend to engage in high-risk behaviors that combine curiosity with recklessness. An age group known for experimentation with alcohol and drugs (statistically proven to increase risk of sexual assault incidence), adolescents are often targeted by prevention programs in attempts to educate them on how to abstain from experimenting or how to avoid or

protect themselves from being assaulted. Foshee et al. (1998) found that 25% of eighth-grade and ninth-grade students reported being victims of non-sexual dating aggression, and 8% of these students reported being victims of sexual dating violence. Ackard & Neumark-Sztainer (2001) determined that date abuse was reported by nearly 9% of Minnesota high school girls and 6% of boys.

Because of the mass media and rape culture, boys and girls in this phase of development may try to assert their gender or social identity through sexual activity. Adolescents in the early 21st century in Western societies are exposed to a pervasive flow of explicit sexual information, especially conveyed by television, magazines, and the Internet (Sutton, Brown, Wilson, & Klein, 2002). This allows for validation of boys' propensity to view women as sexual objects and force their will upon them. Music videos, lyrics, newspaper ads, and video games that portray men in positions of power or wealth are often flanked by beautiful women as arm candy. It is these images in particular that tend to portray scantily clad women, intoxicated and "asking" for sex, when in reality intoxication deactivates the ability to give legal consent to have sex.

Boys may pressure girls or each other to engage in sexual acts in order to prove themselves in social situations. "One of the reasons some boys force sex on girls might lie in boys' and girls' beliefs regarding the extent to which it is acceptable for boys to force sex on girls in certain situations. For example, by focusing on a given aspect of the situation, an individual may see his or her transgression as acceptable. Such rape-supportive beliefs can be seen as a tendency to think that a well-known prohibition can be ignored in certain circumstances," (Mallet, 2011). Coercion among younger teens is of

increased concern because they are just starting to develop social scripts for dating, and at the same time they are subjected to peer pressure for sex and to fantasy depictions of sexual relations in the popular media that normalize coercive attitudes and behavior (Koss, 1990). In a self-report study, Kershner (1996) observed that 14- to 19-year-old boys and girls adopt and perpetuate adult-like rape myths. These misconceptions may account for the high level of adolescents' beliefs that a boy can force sex on a girl. Davis, Peck, and Storment (1993) reported that 60% of U.S. middle adolescent males found it acceptable in one or more situations to force sex on a girl; fewer girls thought it was acceptable. Situations in which it was relatively acceptable were, for example, "She has had sex with some of his friends" and "She is wearing revealing= sexy clothing" (Davis et al, 1993).

### **Prevention Education**

Efforts to prevent sexual coercion are increasingly targeting young teenagers (Patton & Mannison, 1995). Because of the prevalence of sexual assault and rape amongst teens, prevention programs attempt to create early intervention with teenage groups in order to prevent them from being assaulted in their college years and beyond. These groups also aim to dissuade people from perpetrating or accidentally perpetrating sexual assault.

Though there is not a lot of research on the preventative success of these programs, there are other psychometric tools that have been developed to demonstrate the correlation between rape beliefs and sexual aggression which in turn lead to the increase



incidence of rape in our society. For example, the Illinois Rape Myth Acceptance Scale (IRMA) is arguably the most reliable and psychometrically demonstrated rape myth scale to date (Payne, et al., 1999). The scale is made up of a general rape myth construct and seven subscales: (1) She Asked for It, (2) It Wasn't Really Rape, (3) He Didn't Mean To, (4) She Wanted It, (5) She Lied, (6) Rape Is a Trivial Event, and (7) Rape Is a Deviant Event. The resulting 45-item scale was tested with a sample of 604 undergraduate students (McMahon, 2011)

The overall scale reliability was .93, with subscale alphas ranging from .74 to .84 (Payne et al., 1999). The IRMA authors conducted a series of studies to demonstrate the scale's construct validity through the relationship of the IRMA to empirically and theoretically related rape acceptance variables (McMahon, 2011). The IRMA demonstrated predictive validity through its positive correlation with men's actual rape proclivity and sexual aggression (Stephens & George, 2009) and related variables such as hostile sexism toward women (McMahon, 2011). In other words, the IRMA scale revalidated the concept that men's view of rape and women contributed to their propensity to rape. Additionally, if these myths and ideas were changed, altered or removed, the motivation or intention behind committing sexual assault or rape acts would decline.

## **Chapter 3. Methods**

### **Hypothesis**

My hypothesis for this study was that 9<sup>th</sup> grade health class students who were exposed to a sexual assault prevention presentation would have a decreased proclivity to perpetrate rape and would engage in fewer high-risk sexual behaviors than students who were not given the presentation. I believed that if teenagers were educated in sexual assault prevention and given enough resources to draw upon in a dangerous situation, that they would be more equipped to safeguard themselves and others close to them and less likely to become victims of sexual assault.

### **Instrument Used**

A 9 item preliminary survey (see appendix B) and a 15 item post-intervention survey (see appendix C) was developed as a form of early intervention and prevention on the topic of sexual assault and rape. The surveys were designed to measure knowledge about the topic without intervention and then to measure knowledge on the topic with intervention, so that students were asked some of the same questions on both the first survey and the second survey. In questions 1 & 2 on both surveys, students were tested on statistical knowledge as relating to females and males victimized by rapists. Questions 3 through 6 tested their knowledge on the definitions of sexual assault, date rape drugs and types of resources available. Questions 7 through 9 were more subjective and focused on date rape scenarios and who can be raped.

The post-test (see appendix C) had more questions, in which the student's were

asked to describe their feelings about the topic and to choose the level of effectiveness they thought the presentation had on their thinking. In question 12, the students are asked to describe the ways in which one can lose the ability to give consent, a topic covered in the beginning of the prevention education presentation. The post-test included an opinion-based projective question that asked the students to use a Likert bipolar rating method to measure the degree in which the presentation did or did not effect their own future sexual behaviors. The post-test also included a projective question- question number 14- in which students were given another Likert rating scale to determine how much more likely or less likely they are to commit an act of sexual assault (more likely to perpetrate or less likely to perpetrate as a result of experiencing the intervention).

The demographic information requested at the beginning of the surveys was not incorporated in the analysis of the data from both questionnaires. The information was used for the purpose of population examination. The demographic information, as well as participant name, remained confidential and were only used to assess the overall population of the school and the general ages of 9<sup>th</sup> grade class members, which ranged from age 14-16. Because the presentations were conducted on school grounds, a letter of approval was obtained from the school's assistant principal and each child received a permission request from parents and a statement of informed consent. Students whose parents did not allow them to participate in the presentation were sent to the library to work independently. Both the importance of the presentation and student participation, as

well as potential risks, was highlighted in the informed consent statement (see appendix A).

### **Sample**

The presentation was administered to 407 participants across 11 class sections of 9<sup>th</sup> grade health. Respondents included 193 females and 214 males (from a variety of racial, religious and ethnic backgrounds), aged 14-16. The mean age was 14.3 years old. 78% of students identified as members of the 9<sup>th</sup> grade and 22% identified as members of the 10<sup>th</sup> grade.

### **Research Approval Process**

In conjunction with the policies and procedures of both the California State University Northridge office of Graduate Studies, as well as the Los Angeles Unified School District, a letter of approval was signed by the assistant principal of the schools in which the presentations were conducted. Additionally, each child was sent home with an informed consent statement and a request for permission to participate in the intervention from their parents. Students who did not obtain permission were not exposed to the presentation.

Prior to requesting approval, this study was submitted to the Human Subjects Review Committee at California State University, Northridge. The committee assessed the suggested research, and concluded that it met the criteria for ethical research

involving human subjects.

### **Analyzing Data**

Data was analyzed with the assistance of research professor and thesis committee member Shari Tarver-Behring and Patrick Geary, as well as thesis chairperson Charles Hanson, both who serve as professors in the Educational Psychology and Counseling Department at California State University, Northridge. This was a preliminary study at the forefront of anticipated future research and as such employed introductory statistical analysis. Future research will be determined on projective questions used in the post-intervention surveys.

## **Chapter 4. Results**

This project focused on measuring the preventative effectiveness of a rape and sexual assault prevention education presentation on 9<sup>th</sup> grade health class students. Results were based on qualitative data in the form of choice-based answers to a 9-question preliminary survey and a 15-question post-intervention survey. Each student received both surveys before and after the 45-minute sexual assault prevention presentation (see appendix D). Questions were organized in a variety of ways including polar, bi-polar, multiple choice, short answer, opinion-based, and by utilizing a Likert-scale rating (from 1 to 6, 1 being no influence and 6 being complete influence). It was hypothesized that students who were exposed to the prevention presentation would be less likely to perpetrate illegal sexual acts and would also be less likely to engage in high-risk sexual behaviors than students who were not exposed to the prevention presentation.

### **Demographics**

As previously mentioned, the presentation was administered to 407 participants across 11 class sections of 9<sup>th</sup> grade health. Respondents included 193 females and 214 males (from a variety of racial, religious and ethnic backgrounds), aged 14-16. The mean age was 14.3 years old. 78% of students identified as members of the 9<sup>th</sup> grade and 22% identified as members of the 10<sup>th</sup> grade. Of the 407 participants, 58% identified as Latino-American, 12% identified as African-American, 23.5% identified as Caucasian or White, 2.5% identified as Pacific Islander, and 4% identified as Other. Prior education to the topic was assessed by the preliminary survey, questions 1 through 9. Students who

had personal experience with sexual assault or rape, or who stated that they knew someone who had been a victim of sexual assault, were more likely to answer the polar and multiple choice questions correctly.

### **Preliminary Survey Results**

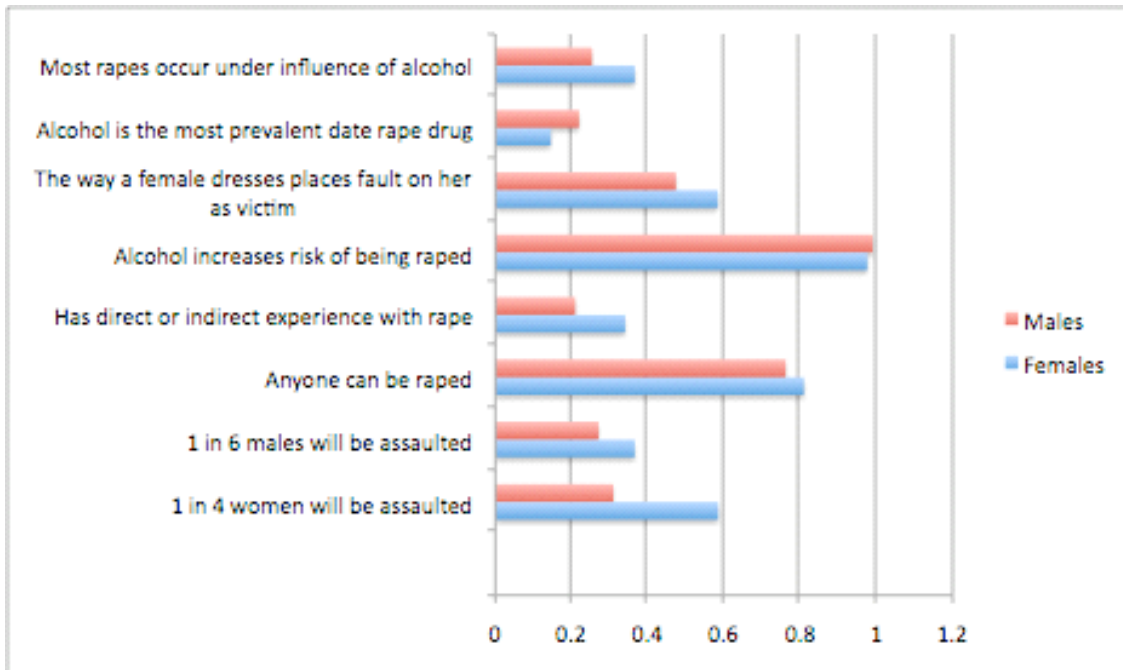
Results from the preliminary survey varied based upon prior knowledge of the subject of sexual assault and/or personal experience with the matter. Personal experience that was disclosed by the respondent included both self-experience and the experience of others known to them, and was based upon perceptions of the topic of rape and sexual assault prior to the intervention (level of accuracy unknown). All 407 participants were given 10 minutes to complete this survey. Correct answers for questions 1 through 6 and question 8 were tabulated, whereas opinion-based answers to questions 7 and 9 were excluded as the interpretation of these answers were neither right or wrong, and were based upon personal hierarchies and beliefs about where to receive resources for victims of sexual assault.

<b>PRELIMINARY SURVEY</b>	<b>Female</b>	<b>Male</b>
<i>% of respondents who answered correctly</i>		
1 in 4 women will be assaulted	0.59	0.31
		0.27
1 in 6 males will be assaulted	0.37	1
		0.76
Anyone can be raped	0.81	2
Has direct or indirect experience with rape	0.34	0.21
Alcohol increases risk of being raped	0.98	0.99
		0.47
The way a female dresses places fault on her as victim	0.58	4
Alcohol is the most prevalent date rape drug	0.15	0.22
		0.25
Most rapes occur under influence of alcohol	0.37	4

### **Gender Analysis of Preliminary Survey Answers**

Female students were more likely to answer correctly to questions 1 through 4, than male students. For question 6, Female students were 13% more likely to know someone who has been victimized by rape or sexual assault perpetrators than male students. Questions 5 and 6 assessed beliefs about alcohol and date rape drugs in relation to the incidence of rape. Both questions 5 and 8 were more accurately answered by males than females, 22% of males knowing prior to the intervention that alcohol is the most prevalent date rape drug compared to 14.6% of females. Nearly all the male students (99%) were aware of the fact that alcohol increased the likeliness of becoming a rape or sexual assault victim.





### Post-Intervention Survey Results

Post-intervention survey analysis was based upon 15 questions, some of which were projective and measured students self-perceived analysis of their own future behaviors. Other questions were opinion based, in which there were no right or wrong answers, but rather were based upon personal hierarchies and beliefs about rape and sexual assault. 9 of the 15 questions were the exact same as the first 9 questions posed to students in the preliminary survey, prior to the sexual assault prevention presentation. Students were given approximately 10 minutes to complete the post-intervention questionnaire. The topic of consent (Question 7) and the ways in which one loses ability to consent was assessed in the post-test. Questions 7 through 9 were multiple choice questions and assessed students personal perspective on the degree in which the intervention effectively educated them, specifically in the areas of gaining consent and losing consent (with the

increase in accurate answer to these questions shown through the number of boxes checked, with all boxes meaning 100 percent correct).

POST PRESENTATION SURVEY		
	Females	Males
1 in 4 women will be assaulted	0.998	0.932
1 in 6 males will be assaulted	0.879	0.86
Anyone can be raped	0.82	0.78
Has direct or indirect experience with rape	0.49	0.373
Alcohol increases risk of being raped	0.93	0.95
The way a female dresses places fault on her as victim	0.34	0.27
Prevention intervention taught them more than already knew about rape and sexual assault	0.88	0.66
Prevention intervention taught them ways in which one must consent prior to having sex	0.975	0.92
Prevention Intervention taught them ways in which one may lose ability to consent	0.996	0.983
Alcohol is the most prevalent date rape drug	0.99	0.96
Most rapes occur under influence of alcohol	0.78	0.99

### Gender Analysis of Post-Intervention Survey Answers

Post-intervention survey answers proved favorably in percentage of correct answers for both female and male students. For questions 1 and 2, almost all students were aware of the prevalence of rape and sexual assault. In question 3, there was a difference of only 4% in accuracy of female to male answers, and in question 5, more students self-disclosed that they had personal experience with the topic (results could be based upon comfort level to self-disclose or understanding definitions of sexual assault and applying it to personal experience, i.e. they may not have known what it meant to be sexually assaulted until after the intervention). Still, in this area, more females had personal experience with sexual assault than males, with a difference of 11.3%. In questions 6, fewer males put blame on the victim for the manner in which she dressed than females, with a difference of 7%. The number of males who understood that rape

was more prevalent under the influence was still higher than the number of females, by 21%. Both genders seemed to know that alcohol is the most prevalent date rape drug, with a difference of 3% of females to males. The prevention intervention was successful in educating students on the topic of consent and the ability to lose consent, with 97.5% of females and 92% of males understanding the ways to gain consent prior to having sex, and 99.6% of females and 93% of males understanding the ways to lose the ability to consent prior to having sex (or being sexually assaulted). As a matter of opinion, 88% of females claimed the intervention taught them more than they already knew about rape and sexual assault compared to 66% of males.



### Analysis of Projective Questions 14 & 15

The post-intervention survey featured 2 predictive questions, both utilizing a

Likert rating scale with 6 possible answers, ranging from no influence (option 1), very little influence (option 2), some influence (option 3), influenced (option 4), highly influenced (option 5) and completely influenced (option 6). Because it is hypothesized that prevention education is most accurately measured over time, and that the level of preventativeness is can also be better measured long-term, these questions were projective in nature, and gave the students an opportunity to asses their own future behaviors around sex, high-risk activities and the proclivity to rape or accidentally rape.

**POST-TEST QUESTION 14**

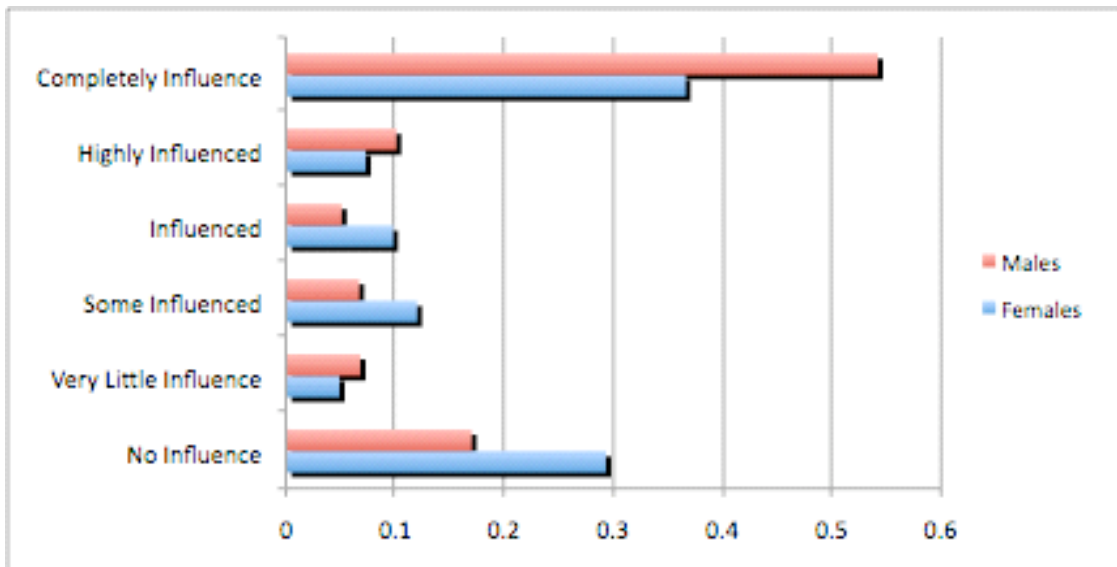
*Degree of influence on future sexual behavior*

	<b>Females</b>	<b>Males</b>
No Influence	0.049	0.034
Very Little Influence	0.001	0.033
Some Influence	0.098	0.102
Influenced	0.320	0.288
Highly Influenced	0.292	0.237
Completely Influenced	0.244	0.305

For answers to question 14, 30.5% of males and 24.4% of females stated that their future sexual behavior would be completely influenced by the information given to them in the sexual assault prevention presentation. Less than 5% of females and 4% of males stated to have not been influenced at all by the presentation, which meant that the majority of the students projected that their future behaviors would indeed be influenced by the intervention they experienced. Around 10% of both males and females were somewhat influenced and 32% females and 28% males claimed to have been influenced. 29% of females and 23.7% of males were highly influenced by the presentation, marking a positive correlation between exposure to the intervention and increase in preventative

influence over the respondents' future sexual behaviors.

<b>POST-TEST QUESTION 15</b>		
<i>Degree of influence on students being less likely to commit or accidentally commit sexual assault in future</i>	<b>Females</b>	<b>Males</b>
No Influence	0.293	0.17
Very Little Influence	0.049	0.068
Some Influence	0.12	0.067
Influenced	0.098	0.051
Highly Influenced	0.073	0.101
Completely Influenced	0.366	0.542



### Post-Test Question 15

For post-test question 15, a larger majority of both males and females claimed to be completely influenced by the intervention, 54.2% of males and 36.6% of females. This meant that these students projected that they were completely influenced and thus

completely unlikely or less likely to perpetrate rape or sexual assault. Additionally, a larger number of females (29%) claimed to have not been influenced at all by the intervention. In unexpected contrast, 17% of males claimed to have not been at all influenced by the presentation at well. Percentages for influenced and highly influenced individuals were similar, all around 10-12% for both females and makes, with a slight decrease in occurrence of very little influence for males and females, closer to 3-5%. This meant that more students were not influenced at all than those slightly influenced, but the majority of students were completely influenced in their projected future behaviors, which aligned directly to the hypothesized results as discussed in Chapter 3.

## **Chapter 5. Discussion**

### **Summary**

The purpose of this study was to examine the effectiveness of a rape and sexual assault prevention education on 9<sup>th</sup> grade health class students. The study focused on measuring the level preventative learning the students' view they experienced as a result of a one-hour sexual assault and rape educational presentation. The study reviewed the literature related to rape culture, rape myths, statistics, definitions of sexual assault, legal ramifications of rape as well as personal views or experience with the topic prior to receiving the intervention.

This thesis was prefaced upon the notion that early intervention is most effective in preventing children and adolescents from engaging in high-risk behaviors that could lead them into dangerous scenarios, such as an incidence of rape. Because sexual assault and rape most often occur under the influence of alcohol, and even more frequently amongst young people who are acquainted with each other, education on the topic may in turn help decrease the frequency that rape and sexual assault occur. As it stands now, nearly 25% of females and 16.6% of males are reported as victims of rape or attempted rape, all before the age of 18. (RAINN, 2011) This study hypothesized that if students underwent a one-hour long rape and sexual assault prevention education presentation, with their prior and post knowledge tested and surveyed, that the results would show an increase in knowledge on the topic and a decrease in the projected likeliness of students to perpetrate rape or become victims of sexual assault.

## **Discussion**

Results in this study showed an increase in both no influence and complete influence over students projected behaviors in the post-intervention survey analysis. As hypothesized, students claimed that not only did they know more about the topic after the presentation, but that they would be less likely to rape or accidentally rape in the future.

In the projective questions such as question 14, 30.5% of males and 24.4% of females stated that their future sexual behavior would be completely influenced by the information given to them in the sexual assault prevention presentation. Less than 5% of females and 4% of males stated to have not been influenced at all by the presentation, which meant that the majority of the students projected that their future behaviors would indeed be influenced by the intervention they experienced. This meant that almost all of the students were, to some degree, positively effected by the presentation.

In projective question 15, a larger majority of both males and females claimed to be completely influenced by the intervention, 54.2% of males and 36.6% of females. This meant that these students projected that they were completely influenced and thus completely unlikely or less likely to perpetrate rape or sexual assault. This showed a rise in the effectiveness of the presentation and its ultimate influence on the students beliefs about their own future behaviors, or how their choices for the future may have been altered in a positive and preventative manner.



## **Future Research**

The results of this study supported much of the research and the hypothesis itself that sexual assault can be potentially prevented with proper education and intervention, with the understanding that sexual assault is pre-meditated and is often caused by social media influence, popular beliefs about gender and cultural beliefs about the relationships between men and women.

In order for a study of this caliber to sufficiently prove its effectiveness it is best to be done over a long period of time, with a minimum of five years. The age group used in this study was chosen to effect students in the prime of their adolescence, during which time sexuality and experimentation become a key element in their socialization and choices in behavior. The study's aim to prevent young people in engaging in sexual assault can only be proven effective if the same group of students sampled at the time of the presentation are monitored over a long period of time. The five years following their high school entry is stereotypically a time when they would not only engage in their first acts of sex but is also statistically a high-risk age group for becoming victims as well as perpetrators of sexual assault. Additionally, the same group of students who claimed to not at all be influenced by the prevention presentations would be re-assessed as well to see if their views changed over time, or if their behavior at all became effected. By giving the sample a sexual assault prevention presentation or workshop every six months to a year, over a minimum of five years, results may prove more favorable for the positive effect that this study may have on these students and their developing viewpoints and the

choices they may eventually make.

## References

Ackard, D. M. & Neumark-Sztainer, D. (2001) Date violence and date rape among adolescents: associations with disordered eating behaviors and psychological health, paper presented at the Meeting of the American Psychological Association, San Francisco, August.

Bohner, G., Jarvis, C., Eyssel, F., & Siebler, F. (2005). The causal impact of rape myth acceptance on men's rape proclivity: Comparing sexually coercive and non-coercive men. *European Journal of Social Psychology*, 35, 819–828.

Chapleau, K. , & Oswald, D. (2010). Power, sex, and rape myth acceptance: Testing two models of rape proclivity. *Journal of Sex Research*, 47(1), 66-78.

Davis, T. C., Peck, G. Q., & Storment, J. M. (1993). Acquaintance rape and the high school student. *Journal of Adolescent Health*, 14, 220–224.

Fisher, B. S., Cullen, F. T., & Turner, M. G. (2000, December). The sexual victimization of college women. Washington, DC: National Institute of Justice and Bureau of Justice Statistics, U.S. Department of Justice.

Foshee, V. A., Linder, F., MacDougall, J. E. & Bangdiwala, S. (2001) Gender differences in longitudinal predictors of adolescent dating violence, *Preventative Medicine*, 32, 128–141.

Hinck, S., & Thomas, R.W. (1999). Rape myth acceptance in college students: How far have we come? *Sex Roles*, 40, 815-832.

Jackson, S. , Cram, F. , & Seymour, F. (2000). Violence and sexual coercion in high school students' dating relationships. *Journal of Family Violence V. 15 No. 1 (March 2000) P. 23-36, 15(1), 23-36.*

Kershner, R. (1996). Adolescent attitudes about rape. *Adolescence, 31, 29–33.*

Koss, M. P. (1990). Violence against women. *American Psychologist, 45, 374-380.*

Lonsway, K. A., & Fitzgerald, L. F. (1994). Rape myths: In review. *Psychology of Women Quarterly, 18, 133–164.*

Macy, R. (2008). A research agenda for sexual revictimization: Priority areas and innovative statistical methods. *Violence Against Women V. 14 No. 10 (October 2008) P. 1128-47, 14(10), 1128-1147.*

Mallet, P. , & Herbe, D. (2011). Does knowledge about sexuality prevent adolescents from developing rape-supportive beliefs?. *Journal of Sex Research, 48(4), 372-380.*

McMahon, S. (2005). Student-athletes, rape supportive culture, and social change (Unpublished doctoral dissertation). Rutgers, New Brunswick, NJ.

McMahon, S. , & Dick, A. (2011). “Being in a room with like-minded men”: An exploratory study of men's participation in a bystander intervention program to prevent intimate partner violence. *Journal of Men's Studies V. 19 No. 1 (Winter 2011) P. 3-18, 19(1), 3-18.*

Patton, W., & Mannison, M. (1995). Sexual coercion in high school dating. *Sex Roles: A Journal of Research, 33, 447-457.*

Payne, D. A., Lonsway, K. A., & Fitzgerald, L. F. (1999). Rape myth acceptance: Exploration of its structure and its measurement using the Illinois Rape Myth Acceptance Scale. *Journal of Research in Personality*, 33(1), 27-68.

Rape and Incest National Network RAINN (2011). Statistics and definitions for sexual assault and rape. Retrieved November 1st, 2011, from <http://www.rainn.org>

Sexual Assault. 2011. In *Merriam-Webster.com*. Retrieved May 8, 2011, from <http://www.merriam-webster.com/dictionary/sexualassault>

Stephens, K. A., & George, W. H. (2009). Rape prevention with college men: Evaluating risk status. *Interpersonal Violence*, 24, 996-1013.

Sutton, M. J., Brown, J. D., Wilson, K. M., & Klein, J. D. (2002). Shaking the tree of knowledge for forbidden fruit: Where adolescents learn about sexuality and contraception. In J. D. Brown, J. R. Steele, & K. Walsh-Childers (Eds.), *Sexual teens, sexual media. Investigating media's influence on adolescents' sexuality* (pp. 25–55). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Tjaden, P., & Thoennes, N. (2006). *Extent, nature and consequences of rape victimization: Findings from the National Violence Against Women Survey*. Washington, DC: National Institute of Justice.

Valley Trauma Center for Counseling (2008). *Annual statistics of counselees as survivors of rape and sexual assault*.

Wittebrood, K. , & Junger, M. (2002). Trends in violent crime: A comparison between police statistics and victimization surveys. *Social Indicators Research*, 59(2), 153-173.

## APPENDIX A

California State University, Northridge

Project: Measuring the Effectiveness of Sexual Assault Prevention Education with 9<sup>th</sup> Grade Health Class Students

### **Parental Informed Consent Form- Grover Cleveland High School**

Measuring the Effectiveness of Sexual Assault Prevention Education with 9<sup>th</sup> Grade Health Class Students Project, conducted by Rebecca Spielman as part of the requirements for the M.A. Degree in Marriage and Family Therapy/ School Counseling is designed to train 9<sup>th</sup> grade students at Cleveland High School in what the law regarding sexual assault and rape is, how to prevent themselves from being assaulted, and who to contact for more information or counseling services. The goal of this project is show how prevention education can help in ending interpersonal violence both on the high school campus and ultimately in the general population.

Each student will be subject to a 55 minute in-class presentation during their Health period. The students will learn the penal code and legal ramifications regarding sexual assault, the definitions and types of sexual assault and rape, an interactive role-play, a brief overview of Posttraumatic Stress Disorder, and lastly sexual assault prevention tips and local resources. These are all topics that are discussed in the curriculum of LAUSD Life Skills classes and this study will further complement those classes. Participating students will fill out two surveys- one at the beginning of the presentation, and one at the end. The surveys will ask questions about students knowledge of what sexual assault is, what the law surrounding sexual assault is, statistics regarding rape and sexual assault, and a projective question about how this presentation has effected their belief about sexual assault.

There are some risks involved in participating in this intervention as a student. If the subject is a victim/survivor of sexual assault or rape, she/he may experience negative psychological or emotional reactions to the information being discussed in the presentation. If someone close to or related to the subject has been sexually assaulted or has acted as a sexual assault perpetrator, there may be a reaction as well. Lastly, if a subject has acted as a perpetrator prior to the presentation, there may be a negative emotional response. If parents choose not give their child permission to participate in this prooject,, students will go to the school library to have independent study time.

Any information in this study that can be identified specifically with your child will remain confidential without your written permission or if required by law. The cumulative results of this study will be published but the names or identities of subjects will not be made known. All data/documentation of this study will be destroyed when completed.

However, there may be benefits to your child's participation in that they may learn not only what the law is surrounding sexual assault and rape but how to prevent themselves from being assaulted or help others who have been assaulted.

If you wish to voice a concern about the research, you may direct your questions to Research and Sponsored Projects, 18111 Nordhoff Street, CSUN, Northridge CA 91335, and by phone 818-677-2901. If you have specific questions about this study you may contact Dr. Charles Hanson, faculty advisor, at 818-677-4013.

You should understand that approval for your child to participate in this study is completely voluntary, and you may decline to allow your child to participate or withdraw from the study at any time without jeopardy. Likewise, the researcher may cancel this study at any time.

I have read the above and understand the conditions outlined for participation in the described study. I have been provided with a copy of this consent form to keep and I give informed consent for my child, named below, to participate in the study. If you choose not to permit your child to participate, he/she will be relocated to the library for independent study time.

Name \_\_\_\_\_  
Last First MI

Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Last First

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have signed this form, please return one copy in an envelope by mail to:

Dr. Charles Hanson  
Department of Educational Psychology  
CSUN  
18111 Nordhoff Street  
Northridge, CA 91330-8232

Or give this form to REBECCA SPIELMAN.  
Keep one copy of this consent form for your records

Appendix B

**DATE/ACQUAINTANCE RAPE & SEXUAL ASSAULT PREVENTION  
EDUCATION PRE-TEST**

**Please Do Not** write your name on this form.

Date: \_\_\_\_\_ School: \_\_\_\_\_ Class: \_\_\_\_\_

Gender:  Male or  Female Age: \_\_\_\_\_ Grade Level 7 8 9 10 11 12

**Main Ethnic or Racial Group (please check one)**

- Latino/Hispanic       Black/African American       White/Caucasian  
 Asian/Pacific Islander       Native American       Multi-Cultural  
 Bi-Cultural/Bi-Racial       Other \_\_\_\_\_

**Based on what you have learned during our presentation series, please choose only one answer to the following questions:**

1. How many women will be sexually assaulted before they reach the age of 18?  
 1 in 4  
 1 in 5  
 1 in 16  
 1 in 12
2. How many males will be sexually assaulted before they reach the age of 18?  
 1 in 6  
 1 in 4  
 1 in 10  
 1 in 33
3. Which of the following statements about sexual assault is true:  
 Anyone, including women, men, girls, boys, infants, grandmothers, and teenagers can be raped.  
 Rape is an act of violence.  
 You are more likely to be raped by someone you know than by a stranger.  
 All of the above are true.
4. Have you, or anyone you know ever been sexually assaulted? Yes No
5. If a woman drinks alcohol at a party will she be more likely to be assaulted?  
Yes No
6. If a woman wears a short skirt or dresses in a **\*\*sexy\*\*** manner, do you think she is at fault if she is assaulted wearing such an outfit? Yes No



7. Where is the first place you would go to find information or help if you or someone you know is sexually assaulted?

- A Rape crisis hotline                       The Internet                       Your parents  
 A counseling center                       Your teacher

Other \_\_\_\_\_

8. What is the most common date rape drug? Circle one only.

1. Rohypnol or Roofies
2. Exstacy
3. GHB
4. Alcohol

9. Choose the ways in which you believe people may lose their ability to give consent to having sex (check all that apply).

- Being drunk     Being forced     Being threatened     Being peer pressured  
 Being intimidated

- Being unconscious     Being mentally disabled     Being drugged or high

Other: \_\_\_\_\_

Appendix C

**DATE/ACQUAINTANCE RAPE & SEXUAL ASSAULT PREVENTION  
EDUCATION POST-TEST**

**Please Do Not** write your name on this form.

Date: \_\_\_\_\_ School: \_\_\_\_\_ Class:  
\_\_\_\_\_

Gender:  Male or  Female Age: \_\_\_\_\_ Grade Level 7 8 9 10 11 12

**Main Ethnic or Racial Group (please check one)**

- Latino/Hispanic  Black/African American  White/Caucasian  
 Asian/Pacific Islander  Native American  Multi-Cultural  
 Bi-Cultural/Bi-Racial  Other \_\_\_\_\_

**Based on what you have learned during our presentation series, please choose only one answer to the following questions:**

10. How many women will be sexually assaulted before they reach the age of 18?

- 1 in 4  
 1 in 5  
 1 in 16  
 1 in 12

11. How many males will be sexually assaulted before they reach the age of 18?

- 1 in 6  
 1 in 4  
 1 in 10  
 1 in 33

12. Which of the following statements about sexual assault is true:

- Anyone, including women, men, girls, boys, infants, grandmothers, and teenagers can be raped.  
 Rape is an act of violence.  
 You are more likely to be raped by someone you know than by a stranger.  
 All of the above are true.

13. Have you, or anyone you know ever been sexually assaulted? Yes No

14. If a woman drinks alcohol at a party will she be more likely to be assaulted?

- Yes No

15. If a woman wears a short skirt or dresses in a **\*\*sexy\*\*** manner, do you think she is at fault if she is assaulted wearing such an outfit? Yes No

16. Where is the first place you would go to find information or help if you or someone you know is sexually assaulted?

- A Rape crisis hotline                       The Internet                       Your parents  
 A counseling center                       Your teacher

Other \_\_\_\_\_

17. What did you think about the presentation? -- **Please select only one answer!**

- It was very good.                       It was very bad.  
 It was kinda bad.                       I don't know.  
 It was okay.

18. Do you think this presentation has changed your opinions about what rape is and what the laws about rape are? Yes No

Please explain why or why not

---

---

---

19. Do you think this presentation has taught you what ways in which you must gain consent before having sex with someone? Yes No

Please explain why or why not

---

---

---

---

20. Before this presentation, did you know that both men and women can be raped or sexually assaulted?

- Yes No

21. What is the most common date rape drug? Circle one only.

5. Rohypnol or Roofies  
6. Exstacy  
7. GHB  
8. Alcohol

22. Do you think this presentation has taught you the ways in which people can lose consent to engage in sexual acts? Yes No

Choose the ways in which you believe people may lose their ability to give consent to having sex (check all that apply).

Being drunk  Being forced  Being threatened  Being peer pressured  
 Being intimidated

Being unconscious  Being mentally disabled  Being drugged or high   
Other: \_\_\_\_\_

23. To what degree do you think what you've learned today has influenced your own future sexual behavior?

Circle one

1	2	3	4	5	6
None	Very little	Some influenced	Influenced	High influence	
Completely influenced					

24. To what degree do you think you are less likely to commit or accidentally commit sexual assault?

Circle one

1	2	3	4	5	6
None	Very little	Some influenced	Influenced	High influence	
Completely influenced					

25. Did this presentation make you feel comfortable  or uncomfortable  ?

Please explain why it made you feel comfortable or uncomfortable:

---

---

---

---

26. Please let us know how you feel this presentation can be improved. What could we have done differently? What did information did you find to be the most helpful and interesting?

---

---

---

---

---

## Appendix D

### 9<sup>th</sup> GRADE SEXUAL ASSAULT PREVENTION PRESENTATION

Rebecca Spielman

#### I. Introduction:

Hello everyone my name is Rebecca Spielman and I am a graduate student at CSUN. I am here to talk to you today about preventing sexual assault and spreading the word to your friends and peers here at your own school.

#### II. Establish Ground Rules

Before I begin I'd like to set some ground rules for the next hour. I am going to be discussing some sensitive, sometimes difficult things that may make some people uncomfortable.

I'd like to create a safe environment for everyone to express their views and ask questions.

1. Listen – listen to one another with open mindedness
2. Take turns – agree to talk in turn allowing all to participate
3. Respect – agree to not put down or ridicule other's input or responses.

Students will then fill out pre-test survey to assess previous knowledge on rape and assault.

#### III. Definitions:

*The idea of this exercise is to get students thinking about sexual assault and what they imagine it to be. Draw an umbrella on the board and write "sexual assault" in the middle of it. Discuss how sexual assault is an umbrella term, and describe the different forms of sexual assault. Use this discussion as a way of talking about the different types of sexual assault and the different ways one can be forced to have sex, e.g. pressure, blackmail, (emotional & financial), intimidation, bribery, threats, physical, drugs etc... Sexual Assault = forced sexual contact.*

Assault has two components. 1) it is against your will 2) it must be harmful to you

**Rape** – penis to vagina penetration in state of California

**Child molestation** – when an adult has sexual contact with a child

**Statutory** – when someone over 18 has sex with a minor.

Legal definition: any person 18 years old and over having consensual sex with a person under 18 years old.

**Incest** – Sexual contact between family members

**Spousal rape** – forcing a spouse to have sex

**Gang or party rape**

**ASK: WHAT DOES ACQUAINTANCE MEAN?**

**Acquaintance rape** – victim and perpetrator know each other

**Date Rape**- Victim and perpetrator are on a date

**Use of words:**

Most people refer to any kind of forced intercourse as “rape.” In this presentation, we will use the terms “rape” and “sexual assault” interchangeably

**Consent: ASK: WHAT IS CONSENT?**

As I mentioned earlier, the definition of sexual assault is forced sexual contact, which means there is no consent. And consent is equal to permission with a willing, active participant. So remember, you did not give consent if:

**-Too scared to say no**

**-You gave in because you thought he/she would do it anyway**

**-It happened so fast that you didn't have time to realize what was going on**

**-You thought you had to in order to protect other people**

**-You thought you couldn't say no for any other reason**

*Write ways to lose consent on board.*

**“Now I am going to show you ways someone can lose the ability to give consent”**

- Seduction/Manipulation
- Coercion/Intimidation
- Force and Threat
- Alcohol and Drugs
- Unconsciousness/ mental disability

#### **IV. Statistics**

**Now I am going to show you the extent of the problem:**

Our most reliable statistics estimate that 1 in 3 girls and 1 in 6 boys have been sexually assaulted by their 18th birthday. 1 in 4 women will be a victim in her lifetime. 1 in 33 males will be a victim in his lifetime.

So when we are talking about S.A. survivors while the image of a drunken college girl in a short skirt the fact is that anyone is vulnerable to be assaulted and it has not to do with their sexuality. In fact- Valley trauma center has seen victims as young as 3 months old and women in their 90's

*Write this on the board if time permits. The incidence of child sexual assault is quite shocking. For ex. at VTC last year alone we accompanied 777 victims to the hospital for forensic examinations. Of that # 306 were over 18 and 155 were between the ages of 13-17; 129 were between the ages of 7-12 and believe it or not 187 victims of sexual assault were between the ages of 0-6*

Estimated that 90% of rapes not reported

**Rape is not about sex; it is about power and control.**

## **V. Rape Myths / Who Rapes**

There are a lot of Rape Myths which make it hard to be aware of the Realities of Sexual Assault

*Ask the audience to close their eyes and imagine what a rapist looks like? List responses on board. Typical responses create a picture of a big, ugly, desperate, dirty man with facial hair who wears dark clothing and drives a van. (What most people tend to visualize when we ask this question is the stranger waiting in the alley)*

*Comment on how:* this image is described at almost every presentation that we do.

*Ask where this image comes from?* Common responses are media, TV, movies. *Acknowledge that these are common sources for this myth*

78% of rapes are committed by acquaintances -friends, classmates, boyfriends, fathers/step-fathers, husbands, coaches, neighbors and other relatives

Maintaining this stereotypical image of rapists gives us a sense of security because we believe that if we just know who to avoid we will not be the victims of sexual assault.

Usually the perpetrators of rape are men. In most cases men rape women or girls, but women can also sexually assault men or boys. However, even when men are victims of sexual assault they are usually raped by other men.

### **Who gets raped:**

There is no one answer to the question, "Who gets raped?" Rape crosses all socioeconomic boundaries and affects all ethnic groups. It can happen to anyone anytime.

Women do not ask to be assaulted. They do not provoke rape. There is one person responsible for a rape, the rapist.

## **VI. Media, Language and Gender Roles**

The idea of stranger danger as the primary form of rape comes from the media.

What is masculinity? How would you describe a masculine man?

What is femininity? How would you describe a feminine woman? *List in box below.*

What would you call someone who didn't fit the stereotypical masculine/feminine role?  
*List outside box.*

*(I know some of the language in this activity is harsh if you feel uncomfortable let me know and I will make modifications)*

Feminine	Masculine
<b>Timid</b> <b>Sexy</b> <b>Quiet</b> <b>Dependent</b> <b>Submissive</b>	<b>Strong</b> <b>Independent</b> <b>Tough</b> <b>Money maker</b> <b>Dominant</b>
<b>Bitch</b> <b>Dyke/Butch</b> <b>Slut</b>	<b>Gay</b> <b>Pussy</b> <b>Girly Man</b>

Rape Culture- describing a culture in which rape and other sexual violence (usually against women) are common and in which prevalent attitudes, norms, practices, and media condone, normalize, excuse, or encourage sexualized violence.

*\*Make sure you ask: What is the worst thing you can call a guy? (answer: A girl)*

### **Sensitivity Exercise**

**Ask a volunteer from the audience to play the survivor and someone to play the perpetrator. Then hand out a card to each person. Announce that each person needs to read their line then say who their role is and turn around and face away from the survivor- turning their back on the survivor.**

Ask Survivor role player: How does it feel to be the survivor in this situation

Ask class: What was it like to play your role?

## **VII. Post Traumatic Stress Disorder/RTS**

### **Transition from Socialization to PTSD(Applies to all trauma):**

- When someone is sexually assaulted the majority of victims don't tell a soul, in great part because of the bias and myths in society that create extreme feelings of shame for the victim. PTSD -Post Traumatic Stress Disorder refers to a particular set of



behavioral, emotional, and physical reactions suffered by someone who has survived a traumatic event over which they had little or no control (such as natural disasters or wars) Survivors of sexual assaults often experience these same symptoms.

PTSD symptoms can emerge from several months to years after the traumatic event. The **acute symptoms** that can happen after a rape are nightmares, flashbacks, anxiety, intrusive thoughts, hostility or violence, and panic attacks.

Symptoms may be triggered by the anniversary of the traumatic event, a present event similar to the trauma, or a stressful event such as divorce, job loss, death in the family, etc.

### **Effects of Sexual Assault Post Traumatic Syndrome & Rape Trauma Syndrome**

- RTS is a cluster of emotional responses to the extreme stress experienced by the survivor during the sexual assault. More specifically, RTS is a response to the profound fear of death that almost all survivors experience during an assault.  
**Reference 9/11- irrational fear of flying and of anyone who fit a “terrorist” profile**
- Key Points
  - Loss of trust
  - Depression
  - Guilt and Shame
  - Anger
- Different people exhibit the reactions in different ways; no two survivors respond identically. This is important because often when someone discloses that they have been raped, friends and family may not believe them because they feel that the survivor is not acting like someone who has been raped.
- A lot of people do not realize just how severe these effects can be. In fact, sexual assault is one of the few traumas that can actually cause Post-traumatic Stress Disorder also referred to as PTSD. About 30% of rape victims develop PTSD.

### **Misc. Questions:**

- **Why is the rape rate so high in the U.S.?**
- **Why do so many men rape women?**
- **If over 99% of rape is perpetrated by men- whether the victims are male or female-why is rape considered a woman’s issue?**
- **Do men who are not rapists contribute to the problem, or to its solution?**
- **What role is played by friends, family members, classmates, and teammates**

## Closing

- Key point - Statistically you saw at the beginning of the class how many of you were likely to be survivors and I know just talking about this issue if you are a survivor may have struck a cord for you.
- Ways to prevent yourself and others from assault:

Watch yourself and your environment

Use the buddy system- whenever you go somewhere make sure you have a ride

Don't let someone pressure you into having sex- be clear with your sexual desires.

If you do decide to drink- the legal age is 21- always watch your drink.

And lastly- no means no- and if you have been assaulted it is never your fault.

Have them students fill out the post-test evaluation.