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Pepperdine University  
Graduate School of Education and Psychology

EARLY IDENTIFICATION OF INDIVIDUALS AT RISK FOR INITIATING SEXUAL ASSAULT:  
RECOMMENDATIONS FOR COLLEGE CAMPUSES

A clinical dissertation submitted in partial satisfaction  
of the requirements for the degree of  
Doctor of Psychology

by

Rachel Weller

March, 2018

Dennis Lowe, Ph.D.– Dissertation Chairperson

This clinical dissertation, written by

Rachel Weller

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Dennis Lowe, Ph.D. Chairperson

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Connie Horton, Ph.D.

Amanda di Bartolomeo, Ph.D.

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I would also like to express my gratitude to my committee members, Drs. Stephanie Woo, Connie Horton, and Amanda di Bartolomeo, whose willingness to offer their expertise and dedicated feedback enhanced the applicability of this dissertation to college settings.

## VITA

### EDUCATION & TRAINING

- Predoctoral Clinical Psychology Intern, Child Track** 2017 - present  
Mount Sinai St. Luke's and Mount Sinai West Hospitals  
New York, NY  
American Psychological Association-Accredited Program
- Doctor of Clinical Psychology** *anticipated graduation 2018*  
Pepperdine University Graduate School of Education and Psychology  
Los Angeles, CA  
Dissertation: *Early Identification of Individuals at Risk for Initiating Sexual Violence: Recommendations for College Campuses*  
Committee Chairs: Dennis Lowe, Ph.D.; Stephanie Woo, Ph.D.  
Dissertation Status: Defended June 9, 2017
- Master of Arts in Psychology** 2013  
Pepperdine University Graduate School of Education and Psychology  
Los Angeles, CA
- Course Completion for Board Certified Behavior Analyst Certification** 2013  
Florida Institute of Technology  
Melbourne, FL
- Bachelor of Science in Psychology** 2011  
California State University Channel Islands  
Camarillo, CA

### CLINICAL EXPERIENCE

- Predoctoral Clinical Psychology Intern, Child Track** 2017 - present  
**Mount Sinai St. Luke's and Mount Sinai West Hospitals**, New York, NY  
*Rotation: Comprehensive Adolescent Rehabilitation and Education Service (CARES) - Yearlong*  
Provide treatment at a safe and therapeutic school environment for New York City public high school students whose previous school performance has been limited by emotional and behavioral difficulties. Serve patients in the following tracks: (1) Adolescent Alternative Day program (AADP) is designed to help students whose school performance has been most affected by problems with social skills, anxiety, and or/mood changes; (2) Comprehensive Addiction Program for Adolescents (CAPA), offers additional services for students seeking recovery from substance use. Utilize an integrative treatment approach—combining psychodynamic, cognitive behavioral, systems, ethno-cultural, developmental, and medical model perspectives. Carry three individual treatment cases and one family therapy case, serve as a milieu therapist, and provide crisis intervention as needed. Co-lead two DBT groups and one substance use group. Attend weekly rounds and receive one hour of weekly individual supervision, as well as one hour of weekly group supervision.
- Rotation: Child Outpatient Department (OPD) - Yearlong*  
Carry a caseload of 10 to 12 individual patients, with a broad range of psychiatric and developmental problems, ages, demographic characteristics, ethno, cultural and sexual identities, and life situations within Mount Sinai's Child Outpatient Department. Co-lead a weekly

social skills and behavioral management group for children, ages 10 to 12. Provide family therapy and co-parenting therapy. Receive supervision in each of the following areas: group psychotherapy; individual (psychodynamic therapy, dialectical behavior therapy, cognitive behavioral therapy, supportive therapy) case management and crisis intervention (two hours per week, delivered by two supervisors); and family therapy (one hour per week, delivered in real-time, using a one-way mirror).

*Rotation: Parent-Infant Center (PIC) – Elective rotation*

Participate in the Parent-Infant Center—a prevention and treatment program that provides multidisciplinary assessment and psychotherapeutic services to pregnant women, caregivers, and their young children. Receive weekly supervision from a team of specialists in early childhood development and evidence-based Child-Parent Psychotherapy (CPP) for children and families exposed to trauma. Attend weekly group supervision geared toward conducting developmental screenings.

*Rotation: The Inpatient Child/Adolescent Psychiatry Unit (Babcock 5)– 7-week rotation*

Participate in a 7-week rotation (three hours per day, four days per week) to gain experience working therapeutically with severely disturbed youth and their families and to work side-by-side in a team approach with psychiatric nurses, art and rehabilitation therapists, medical students, social workers, psychiatric trainees, and attending psychiatrists. The unit services a diverse population of up to seven children ages six through 12 and up to 10 adolescents aged 13 to 17. Carry a caseload of two to three individual cases per week and participate in group therapy and the management of a milieu behavioral program. Gain the opportunity to learn basic principles of medication management and its surrounding nuanced effects on the parent-child dyad, dispositional planning considerations and strategies, and a broader understanding of the role of social service and family system work in the delivery of care to children and adolescents.

**Psychology Pre-Intern**

2016-2017

**VA Long Beach Healthcare System, Long Beach, CA**

*Rotation: Women's Mental Health Center (WMHC) & Trauma*

Provided evidence-based individual psychotherapy to women veterans with a wide range of presenting problems, including mood disorders, anxiety disorders, posttraumatic stress disorder, personality disorders, and co-occurring conditions (e.g., problems related to unwanted pregnancy, intimate partner violence). Theoretical approaches included cognitive-behavioral therapy, acceptance and commitment therapy, and psychodynamic/interpersonal process therapy. Carried a caseload of four to six individual therapy patients and co-led a 10-week trauma skills group. Conducted intakes and coordinated appropriate follow-up care. Attended individual supervision, group supervision, and weekly didactics.

*Rotation: Spinal Cord Injury/Dysfunction (SCI/D)*

Provided evidence-based individual psychotherapy in the acute rehabilitation unit of the Spinal Cord Injury center to tetraplegic or paraplegic veterans, with presenting problems including adjustment to disability, mood disorders, chronic pain, and concerns relevant to treatment compliance. Utilized a brief, integrative therapeutic approach imparting interventions from cognitive, behavioral, motivational interviewing, and strengths-based approaches. Conducted initial and annual psychodiagnostic evaluations to obtain thorough patient profile in an effort to deepen understanding of clinical presentation and adjustment to spinal cord injury, formulate case conceptualization, and develop psychological recommendations. Collaborated with multidisciplinary team of medical, psychological, rehabilitation, adjunctive care, and case management professionals in order to devise and implement treatment plan, address barriers to service, and ensure continuity of care across disciplines.

**Assessment Clerk**

2016-2017

**STAR of CA Behavioral and Psychological Services, Culver City, CA**

Administered and scored psychodiagnostic and psychoeducational assessments to children, adolescents, and adults to provide detailed clinical and academic recommendations.

Evaluations primarily assessed symptomology and presence of neurodevelopmental disorders (e.g., CARS-2, ADOS-2). Additionally, evaluations examined cognitive (e.g., WAIS-IV, WISC-IV), academic (e.g., Conners-3), and behavioral and socio-emotional functioning (e.g., BASC-2, CBCL, BDI, BAI). Assisted in patient and parent feedback sessions to relay information from comprehensive reports.

**Psychology Extern**

2015-2016

**Star View Adolescent Center, Torrance, CA**

Provided evidence-based, trauma-informed mental health services to adolescents, ages 12-18, with presenting problems including complex trauma, psychotic disorders, mood disorders, anxiety disorders, substance abuse, developmental trauma, and personality disorders in a locked, Level-14 residential facility with an on-site psychiatric hospital. Carried a caseload of three patients and provided biweekly individual psychotherapy, as well as regular case management. Independently led two process-oriented psychotherapy groups. Provided crisis intervention and assisted in milieu therapy. Administered and scored diagnostic test batteries to inform psychological treatment and provide detailed academic and clinical recommendations. Evaluations examined cognitive (e.g., WAIS-IV, KABC-II), executive (e.g., DKEFS), academic (e.g., Conners-3), psychological impact of trauma (e.g., TABS), and socio-emotional functioning (e.g., MACI, MCMI).

**Doctoral Practicum Student Therapist**

2015-2017

**Pepperdine University West Los Angeles Community Counseling Center, Los Angeles, CA**

Carried a caseload of 3 weekly individual clients within a community-based, outpatient clinic for approximately two years. Completed comprehensive intake evaluations, developed case conceptualizations, and generated and executed treatment plans. Utilized empirically supported brief psychodynamic treatments and long-term psychodynamic psychotherapy under the supervision of clinical psychologist and psychoanalyst. Routinely presented videotaped sessions at weekly case conference supervision meetings. Participated in weekly group supervision to support and enhance treatment across open-ended long-term psychodynamic, cognitive-behavioral, and third-wave theoretical approaches.

**Doctoral Practicum Student Therapist**

2014-2015

**Wiseburn School District Practicum – Dana Middle School, Torrance, CA**

Provided individual and group therapy to 10-12 children and adolescents at a middle school with typical presenting problems including adjustment difficulties, mood disorders, substance use, and other presenting problems to bolster scholastic aptitude and enhance the quality of life across multiple areas of functioning. Conducted and completed intake evaluations, mental status evaluations, brief diagnostic assessments, and diagnostic conceptualizations for the purpose of informing evidence-based treatment plans. Collaborated with school personnel and faculty to provide wrap-around support within the academic setting. Participated in weekly dyadic supervision, as well as weekly case conferences to inform therapy, assess progress toward treatment goals, and enhance cultural awareness and competency.

## ADDITIONAL RELATED EXPERIENCE

### **Early Intervention Manager**

2013-2014

**California Psychcare**, Camarillo, CA

Provided home-based treatment to children, ages zero to three, with developmental delays and early warning signs of autism spectrum disorder. Managed a caseload of 25-30 children to ensure provision of services, allocate adjunctive resources, and provide psychoeducation to parents. Conducted developmental assessments to determine eligibility for Early Start Services. Evaluations examined cognitive capacity and early development (e.g. Bayley-III; DAYC-2). Responsible for developing individually-tailored behavioral and developmental curriculums imparting interventions from applied behavior analysis.

### **Board Certified Behavior Analyst (BCBA) Intern**

2012-2014

**California Psychcare**, Camarillo, CA

Completed five courses required for BCBA certification through Florida Institute of Technology. Provides in-home and school based behavioral service through the utilization of applied behavior analysis methodologies, tactics, and procedures to populations, including children, adolescents, and adults diagnoses of intellectual disability, autism spectrum disorder, attention. Administered, scored, and interpreted various assessments related to the need for behavioral intervention (e.g. stimulus preference assessment, functional behavioral assessment, brief functional behavior assessment). Supervised 5-8 behavioral interventionists, provided instructional feedback, and conducted 16-hour orientation trainings for new staff. Provided parent training to support parents with teaching behavioral replacement skills and to manage maladaptive, excess behaviors. Met with the clinical team weekly to evaluate ethical considerations, consult about clinical cases, discuss behavior change procedures, and receive training based on current literature.

### **Direct Behavior Interventionist**

2010-2012

**California Psychcare**, Camarillo, CA

Provided in-home and school based behavioral service through the utilization of applied behavior analysis methodologies, tactics, and procedures to populations, including children, adolescents, and adults with neurodevelopmental disorders. Recorded, tracked, and analyzed data to ensure treatment efficacy and to monitor progress. Worked collaboratively with school personnel, caregivers, and individuals in the community to address the individual needs of the client.

## SUPERVISORY EXPERIENCE

### **Clinical Peer Supervisor**

2016-2017

**Pepperdine University West Los Angeles Community Counseling Center**, Los Angeles, CA

Provided weekly individual peer supervision for first- and second-year, doctoral level therapists to bolster the development of clinical skills, including intake evaluation, treatment planning, diagnosis, and the application of ethical and legal issues. Co-facilitated case conferences and provided feedback to supervisees. Participated in weekly supervision-of-supervision clinical trainings.

## RESEARCH EXPERIENCE

### **Doctoral Dissertation** 2015-2017

**Pepperdine University Graduate School of Education and Psychology**, Los Angeles, CA  
*Committee: Dennis Lowe, Ph.D.; Stephanie Woo, Ph.D.; Amanda di Bartolomeo, Ph.D.; Connie Horton, Ph.D.*

*Title: Early Identification of Individuals at Risk for Initiating Sexual Violence: Recommendations for College Campuses*

Conducted a critical review of the literature on college sexual violence in order to develop a collection of protocols that may be utilized by universities to engage in active early identification of students at risk for initiating sexual assault. Comprehensively examined existing literature to identify risk factors for sexual violence, explore early identification strategies, and review university-based prevention efforts. Constructed an executive summary that can be easily distributed to university personnel.

### **Research Assistant** 2011-2012

**Pepperdine University Graduate School of Education and Psychology**, Los Angeles, CA

Analyzed research regarding the healing ingredients in counseling and psychotherapy, commonalities among various theoretical orientations and therapy modalities, the therapist and the change process, relationship elements, and the potency of the personal and interpersonal aspects of therapy.

### **Research Assistant** 2010-2011

**California State University of Channel Islands**, Camarillo, CA

Collaborated on data collection procedures, as well as interview procedures to assess the role of the parent-child relationship following parental separation. Contributed to data analysis utilizing SPSS Statistics.

## PRESENTATIONS

**Weller, R.** (November 3, 2017). Primary Prevention in Sexual Violence: Generalizing University-Based Recommendations to Various Academic and Community Settings. Colloquium delivered at Mount Sinai St. Luke's Hospital, New York, NY.

Burke, C., Leonetti, A., Perez, C., & **Weller, R.** (April, 2012). What heals in Psychotherapy? Poster presented at the American Psychological Association Fifth Annual Conference of the Society for Humanistic Psychology Division 32, Pittsburgh, PA.

Delfoss, A., Moon, M., Thom, A., & **Weller, R.** (March, 2011). Dating Post-Divorce: A Double Standard for Mothers and Fathers? Poster presented at the Western Psychological Association Annual Convention, Los Angeles, CA.

## ABSTRACT

It is estimated that 23.1% of female students are raped or sexually assaulted during college (Department of Justice, 2014). As such, universities and colleges have a duty to address and respond to college sexual assault, but despite ongoing research, policy change, and extensive media coverage, the prevalence of sexual violence on campuses remains disturbingly high. This clinical dissertation proposes an enhanced approach to college sexual violence by shifting the focus of research and prevention programming away from the victims and toward the perpetrators. The primary objective of this dissertation was to develop a collection of protocols that may be utilized by colleges and universities to engage in active early identification of students at risk for initiating sexual assault via thorough exploration of risk factors for initiating sexual violence and existing early identification strategies. It is hoped that these recommendations will, in turn, inform intervention efforts in remediating the potential damaging effects for victims, perpetrators, and colleges at large.

## **Chapter I: Introduction**

Sexual assault has been deemed a national, silent and violent epidemic for a number of decades (Gilbert, 1991), as its effects have swept across numerous settings within this nation. The National Violence against Women Survey (NVAWJS) estimated 17.7 million females and 2.8 million males reported experiencing forced sexual violence at some point in their lives (Tjaden & Thoennes, 2006). Notably, college-aged women (ages 18-24) are at an elevated risk of sexual violence (The Rape, Abuse, and Incest National Network, 2007). Universities and college campuses have a significant role in addressing and responding to college sexual assault. Yet, despite ongoing research, policy change, and extensive media coverage, the prevalence of campus sexual assault remains disturbingly high. As such, this clinical dissertation project is a response to the ongoing call of action to break the omnipotent cycle of sexual violence.

Historically, the foci of college sexual violence research included factors that heighten victimization, theoretical perspectives surrounding the etiology, development, and initiation of sexual assault, and the ramifications of sexual assault (Franklin, 2010). These studies have informed the development of prominent and well-cited sexual violence education programming and interventions, such as bystander intervention programs, performance-based programs, and workshops (National Adult Protective Services Association, 2016). Unfortunately, many of the sexual assault prevention programs implemented on college campuses have not been evaluated (World Health Organization [WHO], 2002). Moreover, it has been suggested that commonly utilized sexual assault prevention programs are built upon weak and largely contradictory evidence (Morrison, Hardison, Mathew, O'Neil, 2004).

There is a need to shift research efforts toward primary prevention strategies or approaches that take place before sexual violence has occurred to prevent perpetration or victimization (DeGue, Valle, Holt, Massetti, Matjasko, & Tharp, 2014). While commonly utilized risk reduction approaches that target victimization are critical to sexual violence prevention, “a



decrease in the number of actual and potential perpetrators in the population is necessary to achieve measurable reductions in the prevalence of sexual violence” (DeGue et al., 2014). This begets a paradigmatic alteration, wherein the focus of research and prevention programming moves away from the victims and toward the perpetrators. It is through this process—wherein we move toward a more complex understanding of violent systems and the perpetuation of these systems in our culture—that we provide ourselves with better strategies to predict and prevent further victimization (Zur, 1995).

This clinical dissertation proposes an enhanced approach to college sexual violence by embracing this paradigmatic shift. Until now, it appears as if sexual violence prevention efforts have operated from narrow theoretical frameworks and have devoted little attention to reducing one’s likelihood of perpetrating sexual violence (Morrison et al., 2004). Thus, the primary goal of this dissertation was to develop a collection of protocols that may be utilized by colleges and universities to engage in active early identification of students at risk for initiating sexual assault via thorough exploration of risk factors for initiating sexual violence and existing early identification strategies. To the investigator's knowledge, a set of recommendations for higher education institutions to engage in the early identification of students at risk for sexual assault does not yet exist in empirical or applied writings. As such, this project aimed to make an original contribution to the literature and to fill a critical gap in primary prevention efforts.

## **Chapter II: Background**

### **Sexual Violence: A Major Public Health Crisis**

Researchers suggest sexual violence and rape victimization is a major public health crisis associated with damaging physical, social, and psychological sequelae in individuals of disparate genders, ages, and ethnicities (Tjaden & Thoennes, 2006). According to the National Sexual Violence Resource Center, one in five women in the United States will be raped at some point in their lives (Moynihan, 2016). Moreover, the National Violence against Women Survey (NVAWJS) estimated 17.7 million females and 2.8 million males reported experiencing forced sexual violence at some point in their lives (Tjaden & Thoennes, 2006). National surveys indicate the following statistics: 33.5% of multiracial women, 27% of American Indian and Alaska Native women, 15% of Hispanic Women, 22% of Black women, and 19% of women in general have been raped (Black et al., 2011). Data also support the following components of the rape epidemic: (a) women and girls are more commonly victimized, (b) most victims know their perpetrators, (c) repeat victimization is common, (d) the vast majority of perpetrators are male, (e) young people are at a higher risk than others (Black et al., 2011).

However, violence toward women has been a longstanding phenomenon—propagated by cultural acceptance, widely held beliefs, and an imprint of a psychic cultural memory that “lingers and continues to motivate belief and behavior, despite historic change” (Conley, 2014, p. 16). The roots of sexual violence extend past the third to second millennium BCE, in which the ideology of sexual superiority began to evolve (Lerner, 1990). Arguably, oppression, in its multitude of forms, is responsible for the initiation and maintenance of sexual violence. This vehement form of oppression remains a plague—afflicting both its victims and collaterals.

### **College Sexual Violence**

In recent decades, particular attention has been paid to the high incidence of sexual assault and dating violence experienced by college women. According to the U.S. Department of Justice (2014), between 1995 and 2014 females age 18 to 24 had the highest incidence of

rape and sexual assault compared to females in all other age groups. The Rape, Abuse, and Incest National Network (RAINN), estimated that 11.2% of undergraduate or graduate students experience rape or sexual assault through physical force, violence, or incapacitation (2007). Of these students, about 20% of female victims report the assault to law enforcement (RAINN, 2007). Further illustrating this notion—the U.S. Department of Justice (2014) found that student victims were less likely to report sexual assault than nonstudent victims.

A growing number of national initiatives have been launched to address sexual assault on college campuses and communities. In September, 2014, the Obama administration introduced “It’s On Us”—a public awareness campaign aimed at combating the college sexual violence epidemic (Office of the Press Secretary, 2015). This campaign seeks to reduce sexual assault through activating the efforts of all Americans to pay more attention to this alarming national concern; it encourages individuals to take a pledge to no longer be a bystander and to contribute to creating a solution. Similarly, federal initiatives such as Title IX and the Clery Act require that universities and colleges take specific proactive and reactive stances to address crimes such as, providing schools with guidance and mandates, facilitating victims in gaining assistance, and requiring and distributing prevention programs and policies (White House Council on Women and Girls, 2014). Various efforts and regulations have also been devoted to disseminating information related to campus crime in order to bolster the number and efficacy of safety programs within educational institutions (Student Right-to-Know and Campus Security Act, 1990). California’s “Yes Means Yes” campus sexual assault bill also seeks to address sexual violence by instituting an “affirmative consent” standard—requiring clear and ongoing consent—in all sexual assault policies (Chappell, 2014).

Despite this increase in prevention efforts and national attention, rates of sexual violence on college campuses remain alarmingly high. Researchers note “over a relatively short 10-week academic quarter, between 11% to 28% of college women report some form of unwanted sexual experience, ranging from unwanted sexual contact to rape” (Gidycz, Orchowski, King, &

Rich, 2008; Rich, Gidycz, Warkentin, Loh, & Weiland, 2005; Turchik, Probst, Chau, Nigoff, & Gidycz, 2007). Given this prevalence, it is estimated that the cost of sexual violence is near two billion dollars per single national graduating class (Brodsky, 2014); it is likely that actual costs are higher, as this estimate solely encompasses withdrawal from universities. Similarly—in examining the cost per rape and accounting for victim services and law enforcement resources—Miller, Cohen, and Wiserman (1996) estimate that the cost of individual instances of sexual assault range from \$87,000 to \$240,776; this is further supported by the National Crime Victimization survey—conducted between 2005-2010—which indicated that survivors of sexual assault face the intangible costs noted by the aforementioned researchers (Planty, Berzofsky, Krebs, Langton, & McDonald, 2013).

### **The Impact of College Sexual Violence**

Sexual violence is a widespread problem. The consequences to victims of sexual violence on college campuses include detrimental ramifications that extend beyond physical, emotional, psychological, and fiduciary domains. Sexual violence affects both survivors and perpetrators, significant others, colleges, communities, and society at large.

**The impact of sexual violence on the individual.** Researchers note that individuals that are sexually assaulted face impairment in social settings, occupational success, and to familial relationships (Amar & Gennaro, 2005; Kaura & Lohman, 2007; as cited in Jordan, Combs & Smith, 2014, p. 5). Physical impacts of sexual violence may include personal injury, concerns about pregnancy, and/or risk of contracting sexually transmitted diseases, and the psychological ramifications of sexual violence have been associated with long-term health risk behaviors (National Sexual Violence Resource Center, 2016). The Centers for Disease Control and Prevention (2010) state “some health outcomes can be fatal such as suicide, homicide, maternal mortality, and AIDS related deaths” (p. 1). An empirical study of the psychological symptoms, involving 40 women who were sexually victimized, Faravelli, Giugni, Salvatori, and Ricca (2004) found that psychiatric diagnoses such as post-traumatic stress disorder, sexual

disorders, major depressive disorders, eating disorders, and anxiety disorders were significantly more prevalent than 32 women who underwent severe, nonsexual traumas, such as physical assaults or robberies. In addition, research has evidenced significant academic impediments for women who were sexually victimized during college. Jordan, Combs, and Smith (2014) found that women who experienced sexual violence during college earned lower grades post assault than nonvictimized women. Sexual violence has also been linked to changes in victims' routines and behaviors that often contribute to decreased class attendance (Amar & Gennaro, 2005). In a study conducted over four years on college women, Smith, White, and Holland (2003) found that female victimization often results in dropout. Given this, the researchers posited that university officials should consider the risk of sexual victimization in retention programming.

Likewise, perpetrators of sexual violence on college campuses also face a number of adverse outcomes. Sexual assault is a felony, and convicted offenders often face jail sentences. Conviction also results in the subsequent registering as a sex offender, which often contributes to harsh stigmatization, rejection from the community and other individuals, and isolation on individual and societal levels. Based on offense classification, offenders also face the following potential consequences: (a) living restrictions, (b) requirements to inform neighbors of sex offender status, (c) forfeiture of the right to bear arms, and (d) reporting to local police office recurrently ("California Megan's Law," 2009).

Aside from legal consequences, the quality of life for sexual perpetrators can be severely altered following assault. Sex offenders are at a significantly elevated risk of self-harm behaviors and suicidality. In their evaluation of male patients at a Midwestern U.S. state forensic hospital, Stinson and Gonsalves (2014) found that more individuals within sex offender samples engage in self-injurious behaviors than the non-sexual violent offending group (27% vs. 18%). Additionally, individuals within the sex offender sample displayed more suicide attempts (15% vs. 10%). Moreover, sexual violence perpetrators—following conviction—demonstrate

higher levels of depressive and anxiety symptoms than non-offending samples (Ahlmeyer, Kleinasser, Stoner, & Retzlaff, 2003, as cited in Voller & Long, 2010).

As previously indicated, sex offenders and perpetrators also face significant stigma. These individuals often face fear, antipathy, severe emotional reactions, and harsh judgment from the public. Tewksbury (2012) found that “convicted sex offenders recognize that they are labeled and stigmatized and indicate that the sex offender label becomes their social identity, superseding other aspects of their identities” (Furst & Evans, 2015, p. 132). Given this information, harsh stigmatization likely leads to internalized stigma and shame. In their exploration of stigma in the lives of sex offenders, Furst and Evans (2015) found that sexual offenders face internal stigma, in-group stigma, decreased quality of life, and loss of income, and often engage in unhealthy behaviors such as familial deception, concealing information, and avoidance of HIV testing.

Notably, while the vast majority of research on college sexual violence has focused on heterosexual students, Ollen, Ameral, Palm Reed, and Hines (2016) indicate, “Victimization rates among sexual minority students are the same or higher” (p. 112). One study, conducted by Edwards, Sylaska, and Neal (2015), found that gender diverse and sexual minority students reported higher rates of sexual violence assault (24.3%) as compared to heterosexual students (11%). Moreover, while many of the same risk factors exist for heterosexual and sexual minority individuals, the literature points to additional factors that heighten these students’ risk for sexual violence. For instance, Meyer (2003) noted that sexual minority students experience distinct stressors due to their marginalized identities, and such minority stressors are linked to an increased risk for domestic violence perpetration and sexual violence victimization.

**The impact of sexual violence on college campuses.** Notwithstanding the individual effects of sexual violence, universities and colleges also face deleterious consequences. Administrators’ and universities’ insufficient responses to sexual assault have been cited as one of the largest contributing factors to this crisis by many researchers. According to the U.S.

Department of Justice (2014), less than 1/3 of students found responsible for sexual violence are expelled. Additionally, only between 29% and 68% of students guilty of sexual assault in this data set were suspended. This lack of disciplinary action—potentially stemming from the fear of damaging the university’s reputation—underscores the absolute necessity to implement more effective sexual education programs that no longer perpetuate a rape culture.

Aside from financial costs and the impact of insufficient responses to sexual assault, incidents of sexual violence present a number of deleterious penalties for universities, including that they: (a) affect the universities’ reputation for providing a safe learning environment, (b) undermine campus leaders’ mission to terminate campus violence, (c) bring negative national media attention to universities, and (d) facilitate distrust in administrators, faculty, and school personnel (Green, Potts, Treichler, Levy, 2012). Many universities’ core values are centralized around educating and nurturing students—with the unanimous recognition for students’ need for school safety. These values may be subject to criticism following reports of sexual assaults.

Students and their families expect college campuses to be safe environments. Moreover, with over 327 colleges under federal investigation for possibly mishandling sexual assault cases (The Chronicle of Higher Education, 2017), researchers suggest that the way higher institutions address sexual assault claims may affect which schools applicants and their families pursue. For example, applications to Dartmouth College dropped 14% following a student protest over sexual assault and harassment (McDonald & Lauerman, 2014).

**The impact of sexual violence on the larger community.** Sexual violence and victimization have ripple effects—spreading damage from victims to society as a whole. According to the National Sexual Violence Resource Center (2016), “Sexual violence endangers critical societal structures because it creates a climate of violence and fear” (p. 1). One explanation for the widespread effects of sexual assault was derived from the Australian Centre for the Study of Sexual Assault (Morrison, Quadara, & Boyd, 2007). Using a trauma framework, Morrison and colleagues argue that “secondary traumatization” and “vicarious traumatization”

are two of the processes by which the effects of sexual assault are generalized across people and societal structures. The following consequences flow out of these processes: (a) restricted freedom of movement and participation in the public sphere, (b) impact on women's presence in the "home," (c) debates about women's safety are informed by problematic assumptions, (d) the minimization of the reality of violence against women.

### **A Case for Looking at Risk Factors for Initiating Sexual Violence**

Historically, sexual assault literature and prevention efforts have focused largely on risk factors associated with being a victim of sexual violence. A number of studies have demonstrated the relationship between sexual victimization and such factors as alcohol or substance use (e.g. Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004; Brener et al., 1999; Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; Messman-Moore, Coates, Gaffey, & Johnson, 2008; Turchik, 2012), sexual risk-taking behaviors (e.g., Grello, Welsh, & Harper, 2006; Gullette & Lyons, 2006; Ravert et al., 2009; Turchik & Gidycz, 2012, as cited in Turchik & Hassija, 2014), and difficulty recognizing potential threats (Cloitre, 1998, as cited in Combs-Lane & Smith, 2002). These studies have given rise to sexual assault prevention efforts that utilize bystander interventions, empowerment of victims, recognition of "warning signs" of potential sexual violence, and primary prevention programs such as resistance training and rape avoidance (Basile, 2003). However, the Division of Violence Prevention indicates that these approaches have "limited impact on rates of [sexual violence], as such strategies do not reduce the number of potential perpetrators or address the social norms that allow [sexual violence] to flourish" (DeGue, Simon, Basile, Yee, Lang, Spivak, 2012, p. 1213).

This begs the question—what piece is missing from prevention efforts? One answer seems to lie in the examination of the risk factors for initiating sexual violence and the variables involved in decreasing the rate of perpetration. As suggested by McMahon (2000), "there is a need to look harder for ways to end the violence, to move beyond locking up perpetrators of violence and patching up their victims" (p. 28). Further, there is a need to shift the sexual



violence prevention paradigm to one that encompasses early identification and extinguishing the behavior before it begins (Foege, Roesenberg, & Mercy, 1995).

### **Early Identification of Individuals at Risk for Initiating Sexual Assault**

In “A Strategic Primer on College Student Mental Health” (2014), Douce and Keeling argue that college and university health and counseling centers are instrumental to addressing critical issues of mental and behavioral health. This primer highlights the critical need for counseling centers to ensure access, meet clinical needs, and respond efficaciously to crises. However, Douce and Keeling (2014) note that an overwhelming portion of students with mental health and behavioral difficulties do not obtain services. As such, they suggest that screening and “early identification of problematic behavior and effective intervention to mitigate risk by decreasing risk factors and promoting protective factors combined with immediate access to counseling and psychological services on campus, are essential” (Douce & Keeling, 2014, p. 6). More specifically, Douce and Keeling (2014) recommend that college campuses adopt behavioral threat assessment strategies, wherein professionals identify and intervene with individuals who have communicated threats of violence and/or have engaged in problematic behavior suggestive of preparation to commit a violent act.

Identification of variables that influence sexual violence perpetration is vital for college prevention efforts, in that they can potentially aid in early identification of individuals at risk for initiating sexual assault. Early identification, in turn, could also inform earlier and more successful interventions—thereby lowering the rates of sexual violence. Despite the potential benefits, proactive identification of individuals at risk for initiating sexual assault remains markedly understudied. The benefits and challenges of early identification will be discussed, as well as a brief examination of existing programs.

**Benefits of early identification.** Sexual violence prevention has been divided into three categories—primary prevention, secondary prevention, and tertiary prevention. Primary prevention is aimed at decreasing the incidence of a problem, secondary is aimed at lowering

the prevalence, and tertiary focuses on decreasing the disability associated with and preventing reoccurrence (Basile, 2003). As indicated by Degue, Simon, Basile, Yee, Lang, and Spivak (2012), there is a need to shift to primary prevention strategies—preventing the offender from assaulting and decreasing rape supportive attitudes. Therefore, early identification can considerably improve early intervention outcomes. This is supported by DeGue and researchers' (2014) view that “explicit attention to an expanded range of risk factors in intervention development and a broader set of behavior change theories...may result in more integrative and effective models of prevention” (p. 360). Additionally, early identification could potentially glean the following benefits: (a) intervening before assault occurs, (b) monitoring these individuals' participation in college activities that are linked with sexual assault, like fraternities and sports teams, and (c) addressing situational risk factors like alcohol use.

**Challenges of early identification.** Conversely, there are a number of challenges to early identification. Bernstein's question (2008), “How do colleges balance the responsibility of protecting the privacy of students with mental health problems, while still ensuring the safety of young people?” highlights the conundrum of early prevention. It is critical to acknowledge the potential for stigmatization of individuals who are identified as possible perpetrators of sexual violence. Moreover, there are a number of ethical and legal considerations to examine regarding screening for potential sexual violence perpetuation. Pena and Maguno-Mire (2013) stated, “universities must navigate between the Scylla of automatic withdrawal policies and other actions that may negatively affect the well-being of students who have mental illness and the Charbydis of failing to take prompt action in situations that represent a threat to the sanctity of the campus community or the safety of any of its members” (p.273). Considerations include confidentiality and its limits, academic privacy and responsibility, the role of mental health professionals within college settings, and potential stigmatization.

There are also limitations in identifying individuals at risk for initiating sexual assault. Because an individual possesses certain characteristics, is it inevitable that he/she will engage

in the predetermined behavior? As noted by Koss (1988) and Pryor (1987), identified offenders are typically only a small percentage all sexual aggressors. Additionally, most comprehensive studies of identified individuals that perpetuate sexual abuse include data regarding sexual offenders (Borduin et al., 1990; Hsu & Starzynski, 1990) or convicted pedophiles that are currently receiving treatment at clinics (Maletzky, 1991).

### **Statement of the Problem**

Despite our growing knowledge about the impact of sexual assault on college campuses along with federal mandates to provide prevention programming, extant research has focused little attention on individuals at risk for initiating sexual assault. While a number of studies have assessed the predisposing characteristics of perpetrators, factors predicting violence prevention, and motives for violence (e.g. Baker, 2008; Carr & VanDeusen, 2004, Gidycz, Orchowski, & Berkowitz, 2011; Kelly, Edwards, Dardis, 2015), proactive identification of these individuals and prevention efforts remain markedly understudied. Gidycz, Orchowski, and Berkowitz (2011) highlighted a critical aspect of sexual violence prevention in the following statement: “Although it is ultimately the responsibility of potential perpetrators to take responsibility for ending violence against women... researchers and advocates can play an important role in developing preventative interventions to facilitate community-based change in the norms that serve to condone sexual violence” (p. 737).

### **Dissertation Aims: Proposing Recommendations for Colleges and Universities to Identify Students at Risk for Initiating Sexual Assault**

The primary goal of this dissertation is to narrow the gap in prevention literature by investigating an understudied aspect of sexual violence—the identification of individuals at risk for initiating sexual assault on university campuses. The development of written recommendations may help universities institute early identification procedures to inform prevention efforts. Moreover, this project was conducted to inform intervention efforts in remediating the potential damaging effects for victims, perpetrators, and colleges at large. In

turn, these recommendations may potentially lower the disturbing rates of sexual violence—thereby creating safe environments for college students to foster their academic, interpersonal, and individual growth.

### **Research Questions**

The principal research questions of this study are as follows:

*Question 1:* What are the predisposing characteristics or risk variables of perpetrators of sexual violence on college campuses?

*Question 2:* What efforts have been made for identifying or screening for individuals who may perpetuate sexual violence?

*Question 3:* How do risk variables and early identification inform the implementation of sexual violence prevention programs on college campuses?

### **Delimitations**

As previously noted, students who identify as a sexual minority are at a heightened risk for experiencing sexual victimization (Ford & Soto-Marquez, 2016). Moreover, the body of literature focusing on the sexual victimization of sexual minority students in college is scant (Schulze & Perkins, 2017). While there is a critical need for research and interventions to address the high rate of victimization of sexual minority students in college, it is beyond the scope of this clinical dissertation. As such, the delimitations of the dissertation are as follows:

1. The researcher elected to address sexual violence with the assumption of a cisgender male perpetrator and cisgender female victim.

### **Chapter III: Review of the Literature**

This clinical dissertation aims to develop a collection of protocols that may be utilized by colleges and universities to engage in active early identification of students at risk for initiating sexual violence. This objective arises from the dearth of literature and empirical writings on remediating the consequences of sexual violence *before* it has occurred. Thus, this project aimed to make an original contribution to the literature. Existing literature lacks applicable strategies to identify individuals at risk for initiating sexual assault and provide critical intervention strategies without stigmatizing these individuals or necessitating punitive action. In supporting this dissertation, the following literature review intends to illuminate the ways in which college sexual violence is currently addressed in research pertaining to theory and intervention. This selective review of the literature will emphasize some of the nuances of: (a) the theoretical underpinnings of sexual violence; (b) factors that heighten individuals' engagement in sexual violence; (c) sexual violence interventions; (d) existing early intervention efforts on college campuses; and (e) constructs of early identification in sexual education programming.

#### **Theoretical Underpinnings of Sexual Violence**

The available literature poses a number of theoretical perspectives surrounding the etiology, development, and initiation of sexual assault. Those that are frequently cited include social norms theory, evolutionary theory, feminism theory, personality theories, and attachment theory.

**Social learning theory.** Social learning theory posits that individuals acquire and replicate behaviors by watching others act and noting the consequences. With specific regard to sexual violence perpetration, Ellis (1989) argues that rape and sexual violence is a consequence of the "acquisition of attitudes and vicarious learning experiences favorable to males behaving aggressively toward women" (p. 3). Marshall and Barbaree (1984) suggest that forcible encounters and sexual assault are due to the following social learning tenants: (a) male

perpetrators lack the cognitive and social abilities for appropriate interaction with women, (b) perpetrators have negative expectancies about the morality of sexual experiences, and (c) perpetrators tend to believe rape myths (as cited in Hogben & Byrne, 1998).

**Evolutionary advantage theory.** Another theory that is cited in the sexual violence literature is the evolutionary advantage theory. Evolutionary theories seek explanations of maladaptive behavior involving “features of ancestral environments that selected particular characteristics observable in present populations through their historical relationship with differential reproductive success and are distinguished from proximal causes” (Quinsey, 2002, p. 1). From this viewpoint, Quinsey suggests that sexual assault results from indifference to mating preferences, being too intoxicated to consider the consequences of sexual aggression, antisocial characteristics, and arousal by coercive sex (2002).

Within the evolutionary theory framework, Lalumiere, Harris, Quinsey, and Rice (2005) described three major courses to sexual violence including young male syndrome, competitive disadvantage, and psychopathy. Young male syndrome refers to the high levels of risk and antisocial activities that young men may engage in; Wilson and Daly (1985) indicate that a Darwinian explanation for the young male syndrome “is that fitness benefits were conferred to males who engage in risky behavior (including sexual coercion) during the time of life that involves the highest competition for mates” (as cited in Camilleri & Quinsey, 2009, p. 113). Young male syndrome, coupled with competitive disadvantage (unsuccessful at economic competition or at mating competition), and psychopathic symptomology are, therefore, considered the three routes to sexual violence.

**Feminist theory.** Feminist theory argues that high levels of sexual assault against women are due to the male-dominated, rape-supportive culture of the United States (DeKeseredy & Kelly, 1993; Sanday, 1990; Schwartz & Dekesedery, 1997). The feminist theory of sexual violence and assault holds that men utilize sexual aggression as a form of supremacy and domination over women. Historically, feminists have argued “a rape culture exists that

fosters widespread assault of women not by men outside the mainstream but rather by men who are in some ways hypermasculine, overly socialized males” (Buchwald et al. 1993, Finkelhor and Yllo, 1985; Jackson, 1978; Scully, 1990, as cited in Chasteen, 2001, p. 107).

**Attachment theory.** For over 20 years, attachment theory has also been utilized in the explanation of sexual aggression and perpetration. According to attachment theory, children develop certain attachment styles and personality characteristics in response to their caregiving experiences—thereby influencing children’s sexual behaviors and attitudes. Commonly supported by the literature, scholars posit a relationship between an insecure, avoidant attachment style—characterized by reluctance to engage in relationships characterized by emotional closeness—and sexual perpetration (Hazan & Shaver, 1987 as cited in Sutton & Simons, 2015). Dutton and Golant (1995), on the other hand, attributed violent sexual behavior to an anxious attachment style. Moreover, these researchers indicate that many batterers and sexual perpetrators show borderline personality organization, which may be the result of characteristics of anxious attachment, such as difficulty regulating affect and responding appropriately to cues in a relationship.

### **Factors that Heighten Individuals’ Engagement in Sexual Violence**

According to a national survey, 1 in 12 college men have engaged in acts that meet the legal definition of rape (Koss, Gidycz, and Wisniewski, 1987). Moreover, surveys indicate that college men admitted to perpetrating forced intercourse “at a rate of 5-15% and sexual aggression at a rate of 15-25%” (Koss et al., 1987; Malamuth, et al., 1991 as cited in Carr & VanDeusen, 2004, p. 279). Given these prevalence rates, researchers have begun to examine the variables associated with sexual violence perpetration. Prentky and Knight (1991) contend that “rapists are a heterogeneous group with a wide range of past experiences, personality characteristics, and offense styles” (as cited in Abbey & McAuslan, 2004, p. 747). Malamuth and colleagues (1991, 1995) also endorsed the examination of multiple factors for committing

sexual violence and highlighted the following courses to perpetration: (a) hostile attitudes toward women and (b) sexual promiscuity.

Notwithstanding variables such as attitudes and personality that are correlated with sexual assault perpetration, Abbey, Zawacki, Buck, Clinton, and McAuslan (2004) argued that individuals with these predisposing characteristics do not engage in perpetration on every potential occasion. Rather, situational variables, including alcohol consumption, agreement and then refusal of consensual sexual activity by women, and misperceiving sexual interest increase the likelihood of sexual assault perpetration. Other researchers argue the role that childhood and adolescent development—with specific regard to aggression and antisocial behavior—play in sexual assault perpetration (Moffitt, 1993; Patterson, 1996; Baumrind, 1987; Harter, 1999). Several researchers have identified early signs of conduct disorder, engagement in illegal or socially disapproved behaviors, and interpersonal aggression as potential trajectories for the development of aggression, delinquency, and sexual assault perpetration (Abbey & McAuslan, 2004).

At a broader level, some research indicates that college campuses promote a rape culture, in which beliefs conducive to sexual assault are widely accepted (Sanday, 2007). Factors that are cited as contributors to rape include myths and misconceptions (e.g. that women can resist rape if they wish), the cultures involved in men's athletics and fraternities, and the fostering of silence (Burnett, Mattern, Herakova, Kahl Tobola, & Bornsen, 2009). Additionally, Burnett and researchers (2009) conclude that attitudes and behaviors preceding and following sexual assault—within college campuses—result in the muting of victims and perpetuation of a campus rape culture. Similarly, Doherty and Anderson (1998) argue that society and American culture often normalizes perpetrator behavior through trivializing the severity of rape experiences. Taking into account the multitude of aspects associated with sexual assault perpetration, this dissertation project will explore the individual risk factors that are strongly associated with the initiation of sexual assault on college campuses.



## **Sexual Violence Interventions on College Campuses**

Clifford Kirkpatrick and Eugene Kanin published one of the first studies examining sexual assault in 1957. Their study, “Male Sex Aggression on a University Campus,” contained an analysis of the reactions of a sample of university co-eds who had been offended by aggressive male sexuality and posited a model where men used secrecy and stigma to exploit women (Kirkpatrick & Kanin, 1957). Since this study, there has been an evolution in the research of this prevalent health problem. However, many universities did not establish rape prevention and education programs until the National Association of Student Personnel Administrators mandated this education on college campuses receiving federal funding in 1994 (Heppner, Humphrey, Hildebrand-Gunn, & Debord, 1995).

In their evidence-based review of rape and sexual assault preventive intervention programs (SAPIs) from 1993-2003, Morrison, Hardison Mathew, and O’Neil (2004) documented what is known about SAPI evaluation research, pinpointed significant gaps, and provided recommendations for future sexual assault prevention practice. In their initial perusal of the literature, Morrison and researchers (2006) noted that college-based rape prevention programs vary widely in their effectiveness and implementation. However, they identified the following shared components of many of these programs: (a) providing information on the rates and prevalence of sexual assault, (b) challenging rape myths and sex-role stereotypes, (c) identifying risk-related behaviors, (d) increasing empathy for rape survivors, (e) providing information on the effects of rape on victims, and (f) providing lists of victim resources (Morrison et al., 2006). Their examination yielded the finding that 14% of the 52 studies reported positive intervention effects at post-test and 80% reported mixed results—thereby necessitating the examination of the factors that characterize successful education strategies. For the purposes of this dissertation, primary prevention and sexual assault intervention strategies will be subsequently reviewed.

**Primary prevention.** Primary prevention encompasses efforts to prevent sexual violence before it occurs (Centers for Disease Control & Prevention, 2004). Using a review-of-reviews approach, Nation, Crusto, Wandersman, Kumpfer, Seybolt, Kane, and Davino (2003) identified nine characteristics that were consistently associated with effective prevention programs. These nine characteristics are depicted in the following table:

Table 1

*Characteristics of Effective Primary Prevention*

Characteristic	Description
Comprehensive	Includes multiple interventions and multiple settings.
Varied teaching methods	Involve interactive instruction and provide active, hands-on experiences. Programs should be cautious to rely too much on psychoeducation or lecture-based methods as the primary components of change.
Sufficient dosage	Programs provide enough intervention to produce the desired effects
Theory driven	Programs are driven by empirical research
Positive relationships	Programs provide opportunities to develop strong, positive relationships. Peer and adult mentors have been endorsed.
Appropriately timed	Interventions should be appropriately timed to have maximal impact. Elementary school to middle school may be an important window for intervention.
Socioculturally relevant	Programs should be tailored to the community and cultural norms of the participants
Outcome evaluation	Evaluation is necessary to determine program effectiveness.
Well-trained staff	Program staff support and are provided comprehensive training

*Note.* Adapted from “Evaluation of green dot: An active bystander intervention to reduce sexual violence on college campuses,” by Coker et al., 2011, *Violence Against Women*, 17, p. 781. Copyright 2011 by SAGE Journals.

**Effective primary prevention programs.** DeGue, Valle, Holt, Massetti, Matjasko, and Tharp (2014) conducted a systematic review of primary prevention strategies, extracted from 140 outcome evaluations, for sexual violence perpetration to accomplish the following goals: (a) describe the state of the field in sexual violence prevention and (b) summarize what works in sexual violence prevention.

Of the 140 interventions reviewed, DeGue et al. (2014) determined that interventions varied in terms of number of sessions and session length, study setting, participant gender,

presenter gender, presenter type (i.e. professional, peer facilitator, teacher), program content (i.e. attitudes, knowledge, relevant skills, victim empathy, substance use, sexual violence behavior), targeted audience, and intervention mode of delivery (e.g. interactive presentation, didactic-only lectures, film/media, active presentation, live theater). Their review determined that only three interventions were categorized as effective: *Safe Dates* (Foshee, Bauman, Arriaga, Helms, Koch, Fletcher, 1998), *Shifting Boundaries*, (Taylor, Stein, Mumford, & Woods, 2013), and efforts associated with the 1994 U.S. Violence Against Women Act. (Boba & Lilley, 2009).

One promising program is *Safe Dates*—a program for adolescents that includes school activities, a 10-session curriculum, and community activities. The goals of the program are as follows: (a) change gender attitudes and stereotypes, (b) shift norms regarding dating violence, and (c) provide access to services for victims and perpetrators of dating violence (Foshee, Bauman, Arriaga, Helms, Koch, Fletcher, 1998). Foshee and researchers (1998) evaluated the efficacy of this program through allocating fourteen schools to control and treatment conditions; participants completed baseline questionnaires and follow-up measures upon completion of programs. At baseline, the treatment and control groups were nearly homogenous. However, at follow-up, the researchers found that there was less psychological abuse and sexual violence perpetration in a subsample of adolescents reporting dating violence at baseline—indicating that the *Safe Dates* program is effective in reducing violence perpetration.

*Shifting boundaries* (Taylor, Stein, Mumford, & Woods, 2013) is a building-based intervention, which includes the use of building-based restraining orders, higher levels of faculty and security presence in safe/unsafe spots, and posters to increase domestic violence awareness and reporting. This was used with 6<sup>th</sup> and 7<sup>th</sup> graders, and the intervention was implemented across 117 classrooms. Key outcomes of this program included: reduction in perpetration and victimization of sexual harassment and peer sexual violence, as well as reductions in in dating sexual violence victimization.

Another promising sexual violence intervention includes “Step Up!” (University of Arizona, 2011). This on-line bystander intervention program focuses on promoting pro-social behavior via educational resources, student guides, strategies for helping, disseminating resources, and displaying videos. Of note, this program was recently selected as ‘Best Practice’ by the NCAA Sports Science Institute of national and international scholars.

Finally, the 1994 Violence Against Women Act Funding (Boba & Lilley, 2009) resulted in a reduction in annual rape rates. VAWA funding distributed by U.S. Department of Justice was utilized to improve criminal enforcement, victim advocacy, and state and local capacity from 1997-2002.

### **Existing Early Intervention Efforts**

To the investigator’s knowledge, few effective early sexual violence intervention programs exist on college campuses. Researchers suggest that this dearth in programming may be due to limited resources available for development, lack of evaluative research, and lower funding when compared to other forms of public health (DeGue et al., 2014). However, one program that has demonstrated efficacy in changing norms about sexual violence is *The Men’s Program* (Foubert, 2005). This program is designed to promote attitude and behavior change, which in turn, leads to decreases in rape myth acceptance and the risk for initiating sexual assault. This all male, hour-long workshop includes a video depicting male-on-male rape to promote empathy for rape victims. Afterwards, facilitators lead discussions about male-on-female rape, provide information about how to support a rape victim, teach about consent and confronting individuals who may be perpetuating negative attitudes toward women, and discuss rape myth acceptance. Foubert and Newberry (2006) evaluated the efficacy of the program and found that participants demonstrated “significant declines in rape myth acceptance, likelihood of raping, and likelihood of committing sexual assault” (p. 133).

## **Constructs of Early Identification in Sexual Education Programming**

The early detection of sexual offenders, to the investigator's knowledge, has gone widely unsearched. A thorough review of the literature yielded one existing sexual violence risk model: the Threat Matrix (Jones, Harkins, & Beech, 2013). The Threat Matrix utilizes information derived from police systems to generate proactive assessments of individuals who may pose risk of sexual violence through a two-part system: (a) assess the risk of recidivism, and (b) assess risk of harm. The proponents of the Threat Matrix argue that this could be accomplished through assessment via the Risk Matrix 2000, a static actuarial tool designed for adult male sex offenders and comprised of three scales including the Risk Matrix 2000/Sexual (RM/S) Scale (Thornton et al., 2003). The Risk Matrix 2000 was intended to assess risk for sexual, non-sexual violent, and any violence recidivism. According the Jones and researchers (2013), the Threat Matrix has promising face validity and may be useful in determining the likelihood of one's risk for committing a sexual offense or offense that will cause serious harm.

## **Chapter IV: Methodology**

The current dissertation is an original investigation of the risk factors for initiating sexual violence. This exploratory study specifically sought to shed light on the benefits of early detection of individuals at risk for initiating sexual assault, as well as develop a set of recommendations for universities and colleges to bolster sexual violence programming. This was accomplished through the comprehensive review and analysis of overlapping bodies of literature, including: (a) early identification efforts within various settings (e.g. community-based settings, forensic settings, and inpatient settings); (b) individual risk factors for initiating sexual assault; and (c) how prevention efforts can be informed by existing research on the risk factors for initiating sexual assault. Existing literature was synthesized and examined for gaps or missing literature to properly inform appropriate recommendations.

### **General Procedure**

Initially, existing literature on approaches to proactively identify individuals at risk for initiating sexual assault was thoroughly examined to demonstrate what information is presently available. This also served to highlight and distinguish the gaps in the literature. This allowed the researcher to identify specific efforts that have been utilized in the community to generalize to college campus populations. Moreover, the comprehensive examination of these bodies of literature was used to develop recommendations for U.S. colleges and universities to participate in both early identification and early intervention for individuals at risk for initiating sexual assault.

The second phase of the dissertation process involved the construction of the aforementioned recommendations. These recommendations are presented in the form of a white paper or executive summary that can be easily distributed to university personnel. The resource includes the rationale for formulating the recommendations, the benefits and challenges for implementing them, and the steps and/or goals for implementing them.

## Literature Review and Analysis Procedures

**Identification of source material and study selection.** Several topics in the literature on college sexual violence were reviewed to develop a valuable resource for universities. Literature on the prevalence of sexual violence, as well as the ramifications for universities—including individual consequences for victims and perpetrators, fiscal consequences, and overall penalties for universities at large—were explored to provide the critical rationale for the development of the recommendations. This information provides the context for universities to direct their attention to missing components of prevention efforts. Literature on the early identification of individuals at risk for initiating sexual assault in the community was examined. Additionally, research on existing sexual prevention efforts was reviewed to highlight the utility of primary prevention efforts (i.e. early identification and early intervention). The fundamental rationale for reviewing this literature was to identify any efficacious methodology that can be utilized in the development of recommendations. Finally, the most critical element of this dissertation included a review of the risk factors for initiating sexual violence on college campuses.

**Literature search.** Research databases such as PsycINFO and PubMed, as well as public search engines such as Google Scholar, were utilized in the examination of literature for this proposed dissertation project. For quality purposes, only peer-reviewed articles were selected to ensure that this study represented the literature that is most accessible to practitioners. The search was limited to English documents with human samples published between 2000 and 2016, in order to capture research conducted over the last 16 years. To facilitate the systematic review of the literature, combinations of the following keywords were inputted into literature databases: *sexual violence, sexual assault, sexual offense, rape, perpetrators, offenders, early identification, early intervention, theories, risk factors, characteristics, assessments, outcomes, prevalence, impact, ramifications, consequences,*

*long-term effects, colleges, students, universities, screening, prevention, recommendations, evidence-based, and likelihood.*

**Development of resource content.** The purpose of the extensive literature review served to aid in the construction of a relevant and valuable resource that will provide concrete recommendations for universities to aid in the identification of individuals at risk for initiating sexual assault. This resource was informed by existing research on the impact of sexual assault on college campuses, early identification of individuals at risk for initiating sexual assault, and early intervention/prevention efforts. Through the synthesis of these existing bodies of literature, the investigator identified efficacious efforts for university adaptation. The recommendations were written in a white paper, which informs the reader/university officials of the complex issues derived from the researcher's analysis. The resource developed included sections on the prevalence of sexual violence, aims of the development of a series of recommendations for universities, and specific steps for universities to take. The resource is organized as follows:

1. A mission statement or brief discussion of the resource's purpose and goals.
2. Information regarding the alarming prevalence rates of sexual violence and the ramifications for colleges and universities.
3. A discussion regarding existing prevention efforts—highlighting the need for more efficacious efforts. Additionally, information regarding the lack of literature on identifying individuals at risk for initiating sexual assault on college campuses was included.
4. A systematic plan was included to facilitate the early identification of individuals at risk for initiating sexual assault.
5. The benefits and challenges of identifying individuals at risk for initiating sexual assault was included, as well as a discussion of how this early identification can inform prevention efforts.



## Chapter V: Results

A tripartite systematic review of the existing sexual violence literature was conducted. The purpose of the initial review was to identify and synthesize predisposing characteristics or risk factors for the perpetration of sexual violence on college campuses in order to generate recommendations for college campuses. The second review contains a synthesis of recommendations for sexual violence programming from existing studies. The objective of the third review was to examine approaches to early identification of individuals at risk for initiating sexual assault. There were a total of 38 articles included in the reviews; of these, 32 involved collegiate samples and six involved community-based samples.

### Review 1: Risk Factors for Initiating Sexual Violence

The initial examination of the literature yielded 42 significant risk factors for perpetration of sexual violence (See Table 1). Due to the notion that the propensity of sexual violence is determined by the intersection of sociocultural, interpersonal, dyadic, situational, and social network variables, the risk factors will be discussed from various locations in the social ecology (White & Smith, 2004). As such, the risk factors were codified into the following domains: risk factors at the individual level (15 factors), risk factors at the relationship level (18 factors), and risk factors at the community and societal level (9 factors).

Individual Factors	Relationship Factors	Community and Societal Level Factors
<ul style="list-style-type: none"><li>• Substance Use</li><li>• Adverse Childhood Experiences</li><li>• History of Impulsive Behavior</li><li>• Personality Traits</li><li>• Emotion/Emotion Regulation</li></ul>	<ul style="list-style-type: none"><li>• Sexual Behaviors</li><li>• Peer Influence</li><li>• Membership in High Risk Groups</li><li>• Attachment Style</li><li>• Situational Factors</li></ul>	<ul style="list-style-type: none"><li>• Gender-Related Cognitions</li><li>• Sex-Related Cognitions</li></ul>

*Figure 1.* Risk factors increasing men's risk of initiating sexual assault

**Risk factors at the individual level.** McCaulley and Casler (2015) assert college students are not blank slates; rather, they come to university campuses with complex histories, an array of childhood experiences, variations in families of origin, and different interpersonal experiences. Several researchers contend that childhood and adolescent development plays a significant role in sexual assault perpetration in college (Baumrind, 1987; Harter, 1999; Moffitt, 1993; Patterson, 1996). This warrants an examination of risk factors at the individual level.

For this project, a substantial portion (88%) of the literature suggested significant associations between individual risk factors and sexual violence perpetration. Individual risk factors include substance use, adverse childhood experiences, history of impulsive and deviant behavior, personality traits, and emotion regulation strategies.

**Substance use.** Substantial research has corroborated the association between substance use and sexual violence. According to Kingree and Thompson (2015), approximately one half of college sexual assault incidents are preceded by alcohol use. Consistent effects were found for alcohol across 21 studies (e.g. Humphrey & Kahn, 2000; Locke & Mahalik, 2005;). More specifically, problematic alcohol use (e.g. Thompson, Swartout, & Koss, 2013; Tuliao & McChargue, 2014), hazardous alcohol use (Shorey, Brasfield, Zapor, Febres, & Stuart, 2015), and binge drinking (Kingree & Thompson, 2015) were identified as significant risk factors for sexual violence perpetration. A disproportionate number of the reviewed studies examined the relationship between other substance use and sexual violence perpetration. However, two studies demonstrated associations between sexual violence and marijuana or other drug use (e.g. Gross, Winslett, Roberts, & Gohm, 2006; Humphrey & Kahn, 2000).

**Adverse childhood experiences.** Adverse childhood experiences (ACEs) are “potentially traumatic events that can have negative, lasting effects on health and well-being” (Felitti et al., 1998). These experiences include, but are not limited to: physical abuse, emotional abuse, sexual abuse, parental divorce, parental conflict, harsh parenting, and incarceration of a parent or guardian. A large and growing body of literature highlights the

connection between adverse childhood experiences and poorer behavioral and health outcomes in adulthood. Furthermore, there are strong relationships between childhood maltreatment and increased risk for violence perpetration (Widom, 2001).

In the current review, the most prevalent ACEs finding was the significant association between childhood sexual victimization and college sexual violence perpetration across four studies (Abbey, Parkhill, BeShears, Clinton-Sherrod, & Zawacki, 2006; D'Abreu & Krahé, 2014; Loh & Gidycz, 2006; Zinzow & Thompson, 2015). Explanations for this link includes modeling the perpetrator's violent tactics, identification with the aggressor, development of hostile beliefs about interpersonal relationships, and attempts to regain a sense of control or autonomy in one's life to mitigate painful past experiences (Lisak, 1997). Exposure to harsh parenting (Aberle & Littlefield, 2001; Voller & Long, 2010) and interparental hostility (Abbey & McAuslan, 2004; Voller & Long, 2010) were also associated with perpetration later in life.

***History of impulsive, deviant behaviors.*** A portion of the literature on sexual violence has cited individuals' prior histories of impulsive and deviant behaviors as a correlate of sexual violence in adulthood. Impulsive and deviant behaviors include, but are not limited to: perceived lack of self-control, getting into fights, stealing, trespassing, verbal aggression, sexual aggression, sexual assault, attempted rape, and physical aggression. In the current review, history of delinquent behaviors (Abbey & McAuslan, 2004; Abbey et al., 2006; Gidycz, Warkentin, & Orchowski, 2007) and history of past sexual violence/aggression (Abbey, Jacques-Tiura, 2011; Mouilso & Calhoun, 2012; Warkentin & Gidycz, 2007) were both associated with college sexual perpetration. Additionally, in an examination of the offending patterns of male sexual offenders in the United Kingdom, Almond, McManus, Worsley, and Gregory (2015) found that sexual offenders tend to have "versatile criminal careers, with their serious sexual offending embedded in more general offending behavior" (p. 218).

***Personality traits.*** Exploration of sexual aggression among college men has suggested that pathological personality traits play a significant role in perpetration. Pathological personality

traits such as narcissism—defined by grandiose sense of self and deficient empathy—and psychopathy have been clearly linked with the propensity of crime behaviors; less studied, however, is the correlation between personality traits and sexual assault.

Two of three studies identified low empathy as a risk factor for sexual violence (Wheeler, George, & Dahl, 2002; Zinzow, & Thompson, 2015). Wheeler, George, and Dahl (2002) suggested that having empathy might actually be a potential protective factor for “at risk” males. However, a study of 163 unmarried Caucasian and African American men in a large metropolitan area did not corroborate these findings and was unable to establish a relationship between low empathy and sexual assault.

Narcissism was positively associated with college sexual violence in one study (Mouilso & Calhoun, 2012). Additionally, Voller and Long (2010) investigated the role of the Big Five Personality traits in sexual aggression and rape perpetration by college men. The researchers concluded the following: (a) perpetrators had lower levels of agreeableness and conscientiousness and (b) lower levels of extraversion (Voller & Long, 2010).

***Emotion/emotion regulation.*** Temperament and emotional dysregulation are also two factors that affect sexual behavior. Available literature cites the significant relationship between violence and both negative affect and emotional dysregulation. Features of negative affect and emotional dysregulation, such as anger and impulse control difficulties have been associated with violence and deviant sexual behavior (Miller, Vachon, Aalsma, 2012). In the current review, anger and impulsivity were found to be correlates of sexual violence in three studies (Kingree & Thompson, 2015; Miller, Vachon, & Aalsma, 2012; Zinzow, & Thompson, 2015).

**Risk factors at the relationship level.** Sexual violence does not occur in a vacuum. Research has consistently supported the premise that risk factors for sexual violence operate at the relationship level (Tharp et al., 2013). More specifically, this research has highlighted the influence of parents, peers, siblings, and intimate partners in one’s risk for engaging in sexual violence. Resnick, Ireland, and Borowsky (2004) noted: “Young men who experience caring

and connection from adults are less likely to perpetrate violence, while men with peers who encourage sexual coercion are at a heightened risk for perpetration” (p. 7). At the relationship level, some of the risk factors for sexual violence perpetration within this review include sexual behaviors, peer influence, membership in high-risk groups, attachment style, and situational factors.

***Membership in high-risk groups.*** Many researchers have examined the association between participation in either athletics or fraternities and the self-report of behaviors, cognitions, and attitudes associated with sexual violence. Martin and Hummer (1989) argue that fraternity members and male athletes “have been found to have group norms that reinforce within-group attitudes that perpetuate sexual coercion against women” (as cited in Foubert & Perry, 2007). These types of membership have also been linked to social support for the use of violence, hostile attitudes and objectification of women, hypermasculinity, and excessive alcohol use (Tharp, DeGue, Valle, Brookmeyer, Massetti, & Matjasko, 2013).

In the current review, fraternity membership was significantly related to sexual violence in four studies of college males (Franklin, Bouffard, & Pratt, 2012; Humphrey & Kahn, 2000; Kingree, & Thompson, 2015; Loh, & Gidycz, 2006). Three of the studies suggest that fraternity members use alcohol to a greater degree, which may play a substantial role in the perpetration of sexual violence (Franklin, Bouffard, & Pratt, 2012; Kingree & Thompson, 2015; Loh & Gidycz, 2006). Additionally, one study suggested that fraternity member participants showed significantly more hostility toward women than nonmember participants (Humphrey & Kahn, 2000).

Athletic involvement—specifically high school or college athletic team membership—was significantly related to sexual violence perpetration in two studies (Forbes, Adams-Curtis, Pakaluk, & White, 2006; Humphrey & Kahn 2000). Additionally, Forbes et al. (2006) indicated that men in aggressive sports groups scored higher on measures assessing acceptance of violence, hostility toward women, rape myth acceptance, and homonegativity. Despite these

findings, two studies found no relationship between athletic involvement and sexual violence (Gidycz, Warkentin, & Orchowski, 2007; Locke & Mahalik, 2005). The disparate findings of these studies may be due to low reporting rates for some of the variables, response bias, and study design.

**Peer influence.** Developmental psychologists and sociologists have extensively documented the potent effects of the peer group, with regards to its significant influence and shaping and reinforcing the behaviors of its individual members (Harris, 1995). It comes as no surprise that peer influence plays a role in college sexual violence. For example, Swartout (2013) administered questionnaires to 341 college-aged men to add to knowledge concerning predictors of sexually aggressive behaviors by extending an existing model of sexual aggression to include variables of participants' peer groups. Findings of this study suggested that peer network density negatively predicted hostile attitudes and that peer rape-supportive attitudes significantly influenced individual members' hostile attitudes toward women.

In the present study, approximately 15% of the total reviewed studies found significant relationships between peer influence and sexual violence. More specifically, acceptance of verbal pressure and peer approval for forced sex had the most prevalence, as evidenced by being cited across four studies (e.g. Humphrey & Kahn, 2000; Kingree & Thompson, 2015). Additionally, one study suggested that men who held the belief that their friends had increased hypergender ideology, hostility toward women, rape myth acceptance, and belief that their friends perpetrated sexual aggression are at a heightened risk to engage in sexual violence or assault (Dardis, Murphy, Bill, & Gidycz, 2016).

**Characteristics of the situation.** Explanations of sexual assault have focused on history between the perpetrator and victim (Koss, Leonard, Beezley, & Oros, 1985), perpetrator misperceptions (Abbey & Harnish, 1995), and characteristics of the setting where sexual violence occurred (Koss, 1998). In the current review, two studies cited situational characteristics as risk factors for sexual violence (Abbey, McAuslan, Zawacki, Clinton, & Buck,

2001; D'Abreu & Krahé, 2014). Abbey et al. (2001) found that sexual assault was associated with how well the perpetrator knew the victim, a more isolated setting, prior consensual activity, and the length of time the perpetrator misperceived the victim's degree of sexual interest. Additionally, D'Abreu and Krahe (2014) determined that ambiguous communication about sexual intentions (i.e. saying "no" but meaning "yes" or saying "yes" and meaning "no") is linked to sexual violence.

**Sexual history and behaviors.** Sexual promiscuity, early initiation of sex, exposure to sexually explicit media, casual attitudes toward sex, and arousal to deviant/aggressive stimuli have been found to increase the risk for sexual violence perpetration (Tharp et al., 2013). In the current review, sexual history and behaviors was the most prominent life history variable associated with college sexual violence perpetration. Eight of nine studies demonstrated significant associations between sociosexuality (engagement in the hook-up culture, impersonal sex, and sexual promiscuity) and sexual violence perpetration (Abbey & McAuslan, 2004; Abbey & Jacques-Tiura, 2011; D'Abreu & Krahé, 2014; East & Hokoda, 2015; Mouilso & Calhoun, 2012; Sutton & Simons, 2015; Thompson, Swartout, & Koss, 2013; Wheeler, George, & Dahl, 2002; Zinzow, & Thompson, 2015). Consistent effects were also found for pornography use and sexual violence perpetration in four studies (Bergen, 2000; Carr & VanDeusen, 2004; D'Abreu & Krahé, 2014; Franklin, Bouffard, & Pratt, 2012). Additionally, sexual preoccupation and compulsivity (East, & Hokoda, 2015; Martiñ, Vergeles, Acevedo, Sánchez, & Visa, 2005) and dominance fantasies play a role in sexual assault (Renaud, & Byers, 2005).

**Attachment style.** According to attachment theory, children develop certain attachment styles and personality characteristics in response to their caregiving experiences—thereby influencing children's sexual behaviors and attitudes. Commonly supported by the literature, scholars posit a relationship between an insecure, avoidant attachment style—characterized by reluctance to engage in relationships characterized by emotional closeness—and sexual perpetration (Hazan & Shaver, 1987 as cited in Sutton & Simons, 2014).

In the current review, only two studies found significant relationships between attachment style and sexual violence perpetration. In one study examining risk factors for sexual assault in a sample of 711 undergraduate students, Sutton and Simons (2015) found avoidant attachment style and participation in the hook-up culture to be associated with sexual violence. Conversely, in Abracen, Looman, Di Fazio, Kelly, and Stirpe's (2006) on patterns of attachment and alcohol abuse in sexual and violent non-sexual offenders, they found that sex offenders had preoccupied attachment patterns.

**Risk Factors at the community and societal level.** Social learning theory posits that individuals acquire and replicate behaviors by watching others act and noting the consequences. With specific regard to sexual violence perpetration, Ellis (1989) argues that rape and sexual violence is a consequence of the "acquisition of attitudes and vicarious learning experiences favorable to males behaving aggressively toward women" (p. 3). As such, numerous researchers have explored the impact of community factors (i.e. norms, customs, or people's experiences with local institutions) and societal factors (i.e. inequality, oppression, and belief systems) in the maintenance of sexual violence. While cognition and attitudes may be thought of as individually constructed variables, extant literature supports the notion that society influences gender and sex-related attitudes (Bem, 1981). As such, this study assumes that gender-related cognitions and sex-related cognitions are byproducts formed from interactions with the environment rather than individual attitudes or factors.

Forty-seven percent of the studies reviewed found significant associations between community and societal level risk factors and college sexual violence perpetration. For purposes of this review, community and societal level variables were divided into two categories: gender-related cognitions and sex-related cognitions.

***Gender-related cognitions.*** Across cultures, attitudes toward gender invariably affect male-female relationships and how these relationships are viewed. Traditional general roles often place men in positions of power and embolden assertiveness, aggressiveness, and



competition, whilst women are encouraged to be passive and subservient. Accordingly, Kaira and Bhugra (2013) argue, “apart from sexual gratification itself, sexual violence against women is often a result of unequal power equations both real and perceived between men and women and is also strongly influenced by cultural factors and values” (p. 244).

The most prevalent gender-related cognition associated with college sexual violence in the current study was hostility toward women (e.g. Kingree & Thompson, 2015; Locke, & Mahalik, 2005; Wheeler, George, & Dahl, B. 2002). This factor was significant in 11 of 12 studies and is consistent with Forbes, Adams-Curtis, and White’s (2004) research that, after controlling for attitudinal risk factors, suggests men’s hostility toward women is the strongest predictor of sexual aggression toward women. Traditional gender role beliefs, or a set of ideas about how “normal” men and women should act, were also significantly associated with sexual violence in five studies (e.g. Forbes, Adams-Curtis, & White, K. B. 2004; Thompson, Swartout, & Koss, 2013).

Hypermasculinity—which encompasses hostile masculinity and conformity to masculine norms—was significant in 3 of 3 studies (Locke & Mahalik, 2005; Thompson, Swartout, & Koss, 2013; Wheeler, George, & Dahl, B. 2002). Additionally, one study found that individuals that identify with males that display sexual aggression are at a higher risk for perpetrating sexual violence in college (Loh, Orchowski, Gidycz, & Elizaga, 2007). Considered together, these findings demonstrate a link between sexually aggressive behavior and socialization.

***Sex-related cognitions.*** Existing research also demonstrates a strong association between sex-related cognitions and sexual aggression. In an investigation of 777 individuals at a large university, Emmers-Sommer (2014) found “men are inclined to perceive women as being responsible for negative relational outcomes, such as rape, are more likely to perceive the woman as responsible or partially response for such outcomes and perceive less accountability on the role of the perpetrator” (p. 813). Most notably, rape myth acceptance was the strongest sex-related cognition variable associated with sexual violence in the current study, as evidenced

by being cited as a significant factor in seven out of eight studies (e.g. Bohner, Jarvis, Eyssel, & Siebler, 2005; Carr & VanDeusen, 2004; Kingree & Thompson, 2015). Rape myth acceptance is defined as stereotyped, prejudicial, or biased beliefs about rape, rape victims, and rapists (Burt, 1980). Moreover, it has been suggested that these beliefs and attitudes contribute to the marginalization of victims and justification for the use of violence against women.

Two other variables were also associated with sexual violence perpetration in college. Positive attitudes about casual sex were directly related to the number of sexual assaults committed by college males in two studies (Abbey et al., 2006; Abbey & Jacques-Tiura, 2011). Additionally, Abbey et al. (2006) suggested that the more alcohol problems men experienced, the more likely they were to have positive attitudes about casual sexual relationships. It is also suggested, in one study, that disdain for gay men or negative attitudes about homosexuality is a partially strong predictor of sexual aggression (Locke & Mahalik, 2005).

Table 1

*Significant Factors Increasing Men's Risk of Initiating Sexual Assault*

Domain	Risk Factor	Studies Significant
Individual level		
Substance Use	Alcohol Use	21 of 23
	Other Substance Use	2 of 2
Adverse Childhood Experiences	Childhood sexual victimization	4 of 5
	Exposure to Harsh parenting	2 of 2
	Interparental Hostility	2 of 3
History of Impulsive & Deviant Behavior	History of Delinquent Behavior	3 of 3
	History of Past Sexual Violence/Aggression	3 of 3
Personality Traits	History of Physically Aggressive Behavior (Sexually Aggressive Tactics)	1 of 1
	Lower Levels of Agreeableness	1 of 1
	Lower Levels of Conscientiousness	1 of 1
	Lower Levels of Extraversion	1 of 1
	Narcissism	2 of 2
	Psychopathy	1 of 1
Emotion/Emotion Regulation	Anger	3 of 3
	Impulsivity	3 of 3
Relationship level		
Sexual Behaviors	Sociosexuality (Engagement in the hook-up culture, Impersonal Sex, More Sexual Partners)	8 of 9
	Pornography Use	4 of 4
	Sexual preoccupation and compulsivity	2 of 2
	Dominance Fantasies	1 of 1
Peer Influence	Acceptance of verbal pressure/Peer Pressure	4 of 4

(continued)

Domain	Risk Factor	Studies Significant
	Belief that their friends had increased hypergender ideology, hostility toward women, and rape myth acceptance	1 of 1
	Belief that their friends perpetrated sexual aggression	1 of 1
Membership in High Risk Groups	Membership in athletic team	2 of 4
	Membership in a fraternity	4 of 5
	Group secrecy	1 of 1
Attachment Style	Insecure Attachment	1 of 1
	Avoidant Attachment	1 of 1
	Low Empathy	2 of 3
Situational Factors	Ambiguous Communication	1 of 1
	History of prior consensual activity with victim	1 of 1
	Isolation of the date setting	1 of 1
	Misperception of sexual interest	1 of 1
Community and societal level		
Gender-Related Cognitions	Hostility Toward Women/Adversarial Sexual Beliefs	11 of 12
	Traditional Gender role beliefs	5 of 5
	Hypermasculinity (Hostile Masculinity, Conformity to Masculine Norms)	3 of 3
	Identification with males that displayed sexual aggression	1 of 1
Sex-Related Cognitions	Rape Myth Acceptance	7 of 8
	Positive Attitudes about casual sex	2 of 2
	Perceived token resistance	1 of 1
	Rape supportive social norms	1 of 1
	Negative attitudes about homosexuality	1 of 1

## Review 2: Recommendations Offered in Existing Studies

A number of researchers have contributed valuable recommendations based on their studies of college sexual violence. This subsequent examination of the literature reviewed recommendations that have been made in the existing research. These recommendations were conceptually organized into the following two categories: sexual violence education program recommendations and alternative recommendations (See Table 2).

Table 2

### *Recommendations from Existing Sexual Violence Literature*

Category	Recommendation
Sexual Violence Education Programming	Program alteration Implementation strategizing Use of theory-driven interventions
Alternative Recommendations	Recommendations for future research Prospects for longitudinal studies Components of meta-analyses

**Sexual violence education program recommendations.** Eighteen of the 38 articles reviewed included recommendations regarding sexual violence education programs. Of these

articles, ten studies (56%) contained specific proposals about the alteration of existing programs, strategies for implementation, and/or specific, theory-driven interventions that could be utilized in sexual education programming. About half of these studies recommend that sexual education programs should be modified to target the negative attitudes regarding women that are held by some men, masculinity norms, sexist beliefs and rape-supportive attitudes, and acceptance of rape myths (e.g. Abbey & McAuslan, 2004; Brown, Sumner, & Nocera, 2002; Zinzow & Thompson, 2015). The other portion of the studies recommends the incorporation of brief alcohol interventions into sexual education programming, screening for hazardous alcohol consumption, and tailoring interventions to target the relation between alcohol and dating violence (Locke & Mahalik, 2005; Tuliao & McChargue, 2014; Zinzow & Thompson, 2015). Abbey and Jacques-Tiura (2011) created some promising sexual violence education recommendations based on the research suggesting the effectiveness of prevention programs that increase men's empathy toward rape survivors. They also indicated that a potentially promising direction "involves providing skills-based training to help young men identify the characteristics of social situations associated with sexual assault and how they can avoid crossing the line between using acceptable and unacceptable strategies to obtain sex" (Abbey & Jacques-Tiura, 2011 p. 245).

**Alternative recommendations.** Twenty-nine percent of the studies reviewed included recommendations for future research, longitudinal studies, and/or meta-analyses. Most of these recommendations include potential implications for sexual education programming. For example, Mouilso and Calhoun (2012) suggested that future longitudinal studies include measures of personality and examine the role of these traits in distinguishing consistent and inconsistent perpetrators. This research method, from their perspective, may be useful in developing prevention programs that target specific personality dimensions, as well as the norms/attitudes that may be particularly salient for certain personality profiles. As another example, Smallbone and Dadds (2001) indicated the necessity of examining and clarifying the

role of attachment insecurity in the development and maintenance of sexually-deviant behaviors. They noted that this research could be integral in developing primary prevention practices.

Seven of the 38 articles reviewed contained recommendations that highlighted the critical need for the development of more promising sexual education programs. However, these articles do not contain specific recommendations for future studies nor do they include specific programmatic recommendations. For example, Forbes and researchers' (2006) study on dating aggression, sexual coercion, and aggression-supporting attitudes among college men included the following study recommendation: "Our results indicate the importance of understanding and studying aggression against college women as simply one point in developmental pathways that begin in childhood and extend through the lifespan" (p. 452).

One of the studies reviewed contains findings that have implications for policy and practice. Sutton and Simon's (2015) examination of sexual assault among college students yielded results about the role of family of origin, attachment, and hook-up culture in the perpetration of sexual violence. These researchers posit that parent education programs are needed to bolster awareness of the impact of parents' behavior on their children's attachment security. Furthermore, by implementing early practices beginning with parents and their parent-child relationships, these researchers argue that this may help college students develop more positive internal working models of intimate relationships—therein reducing the risk of sexual violence. Finally, six of the 38 studies did not include specific recommendations.

### **Review 3: Early Identification of Individuals at Risk for Initiating Sexual Violence**

Early identification efforts within various settings were methodically reviewed. To the researcher's knowledge, there are no existing early identification procedures within college settings. However, the review of extant research yielded a number of elements for reducing the likelihood of perpetration and/or providing early intervention: (a) risk reduction and bystander

intervention programming, (b) risk assessments, (c) intimate partner violence and sexual violence screenings in health care settings (See Table 3).

Table 3

*Early Identification Efforts*

Modality	Clinical Tool or Programming
Risk Reduction and Bystander Programming	Green Dot Bringing in the Bystander
Risk Assessments	The Historical Clinical Risk Management-20 (HCR-20V3) The Risk for Sexual Violence Protocol-Structured Professional Guideline for Assessing Risk of Sexual Violence Sexual Violence Risk-20
Screenings in Health Care Settings	Childhood Trauma Questionnaire-Short Form (CTQ-SF) Abuse Assessment Screen (AAS) Parent Screening Questionnaire (PSQ) Partner Violence Screening (PVS) Woman Abuse Screening Tool (WAST)

**Risk reduction and bystander intervention programming.** A large proportion of the literature cites bystander intervention programming as a facilitator of early identification of individuals at risk for initiating sexual assault (Banyard, Plante, & Moynihan; 2005; Foubert, Langhinrichsen-Rohlin, & Brasfield, 2010; McMahon & Banyard, 2012). Bystander intervention programs frame sexual violence “as a community issue in which all members can intervene before, during, or after a sexual assault occurs” (McMahon et al., 2014). The primary purpose of this intervention is to empower individuals to take part in preventing sexual violence through education and the dissemination of knowledge and tools. This programming requires that bystanders make a commitment to intervene. The tenets of bystander interventions are as follows: (a) providing community members with roles they can use to prevent sexual assault, (b) facilitating identification of situations that could lead to sexual violence before it occurs, (c) teaching strategies to step in before and during an incident, (d) challenging ideas and norms that support sexual violence, and (e) giving individuals a toolbox to be supportive allies to survivors after an assault has occurred (National Sexual Violence Resource Center, 2011). Researchers argue that bystander interventions and programming have a number of positive

outcomes. Burn (2009) stated, “bystanders can help create new community norms for intervention to prevent sexual assault, increase others’ sense of responsibility for intervening and their feelings of competence, and provide role models of helping behavior” (p. 198). Berkowitz (2002) also indicated that a bystander framework creates less defensiveness. Lastly, Ullman (2007) indicated that emphasizing bystanders as prevention agents reduces the common effect of placing responsibility for rape avoidance on the potential victim.

Latane and Darley’s (1968) situational model is one of the best-known bystander intervention models. According to their situational model, there are five steps in preventing sexual assault: (a) notice the event, (b) identify the situation as inappropriate, (c) take intervention responsibly, (d) decide to help, and (e) act to intervene (Latane & Darley, 1968). Using this model, a number of bystander intervention programs have been developed and widely disseminated to universities and college campuses. Two of the most widely utilized bystander intervention programs are “Green Dot” and “Bringing in the Bystander”; these programs will be subsequently discussed.

The “Green Dot” intervention program was developed by Dr. Dorothy Edwards in order to reduce dating and sexual violence on college campuses. Its development was built on literature focused on the inhibitory factors of intervening as a bystander, as well as literature related to how perpetrators target and commit acts of sexual violence (Coker et al., 2011). Green Dot includes two phases: (a) a 50-minute motivational speech provided to students and faculty to introduce the concept of active bystander behaviors and (b) an intervention program called Students Educating and Empowering to Develop Safety (SEEDS). SEEDS is a program that focuses on preventing perpetration behavior by providing a toolbox of skills; in this phase, “students attended small-group, intensive sessions where they were trained in recognizing and implementing proactive bystander behaviors” (Coker et al., 2011, p. 781). Evaluation of the efficacy of this programming supports the notion that Green Dot is associated with significantly higher active bystander behavior scores (Coker et al., 2011).

“Bringing in the Bystander”, developed by researchers at the University of New Hampshire, is a sexual violence prevention program designed for college populations and adapted for use with high school students (Banyard et al., 2005). This curriculum has a number of objectives; of note, the program was designed to facilitate participants’ ability to identify inappropriate sexual behavior, understand the concept of prosocial bystander intervention, and analyze how culture and media messages play a role in sexual violence. A number of researchers have highlighted this program’s efficacy in increasing knowledge about sexual violence, reducing rape myth acceptance, and bolstering bystander attitude, behavior, and efficacy (Bickman, 1984).

Katz and Moore (2013) conducted a meta-analysis to evaluate the effectiveness of bystander education programs for preventing sexual assault in college communities. 12 studies of college students (N = 2,926) were systematically analyzed to estimate the degree to which bystander education programs promote positive outcomes. The following outcomes were obtained: (a) students trained in bystander education reported increased bystander efficacy, intent to help others, and actual bystander behavior; and (b) trained students reported less rape myth acceptance and rape proclivity. However, there was no evidence for an effect on perpetration behaviors.

**Risk assessments.** Of the literature reviewed, a significant portion of studies point to the usefulness of risk assessments in identifying individuals at risk for initiating sexual assault. Singh, Grann, and Fazel (2011) argue that a number of instruments have been developed to assist in the assessment of antisocial behavior, violence, and sexual risk. Risk assessments are commonly used in forensic health settings to address recidivism of sex offenders and violent offenders. However, researchers argue that screening and early identification can lead to interventions that will reduce potentiality for subsequent violence, will improve health outcomes, and will lead to referrals to mental health treatment (Sutherland, Fantasia, Hutchinson, 2016).



Fabian (2006) suggests there are multiple pathways to assessing risk, including: both structured and unstructured clinical assessment, assessment based on recalled data, research-guided assessment, and statistical methods for assessing risk. While there are advantages and disadvantages of the aforementioned pathways, Fabian argues that the central tenant of risk assessment is that instruments should be carefully chosen and utilized for the purposes for which they are developed, normed upon, and validated (Fabian, 2006).

While there have been significant advances in the development of useful risk assessments and the research base on the predictive validity of risk violence has expanded, clinicians and policymakers continue to be uncertain about the degree of predictive validity of risk assessment instruments, the reliability of these assessment tools across different demographic backgrounds, and whether assessment tools that incorporate structured clinical judgment produce higher rates of predictive validity. To address these uncertainties, Singh, Grann, and Fazel (2011) conducted a comparative study of violence risk assessment tools. These researchers concluded that the predictive validity of commonly utilized risk assessment tools varies widely, risk assessment tools designed for more specific populations were more accurate in predicting risk for those populations, and risk assessment tools were better at detecting risk of violent offending than general offending.

Commonly cited risk assessments for sexual violence include: The Historical Clinical Risk Management-20, Version 3 (HCR-20V3; Douglas, Hart, Webster, & Belfrage, 2013), The Risk for Sexual Violence Protocol-Structured Professional Guideline for Assessing Risk of Sexual Violence (RSVP; Hart, Kropp, Laws, Klaver, Logan, Watt, 2003), and the Sexual Violence Risk-20 (SVR-20; Boer, Hart, Kropp, & Webster, 1997). The Historical Clinical Risk Management-20, Version 3 (HCR-20V3) is the most commonly and widely used risk assessments in the world, and it provides an index for one's risk or potential for violence and guidelines for managing and/or addressing that risk (Howe, Rosenfeld, Foellmi, Stern, & Rotter, 2015). The RSVP is a set of professional guidelines for the assessment of static and dynamic

risk factors based on literature review and consultation. This tool is designed to be used with adult males with a known or suspected history of sexual violence and provides detailed guidelines for risk formulation. Alternatively, the Sexual Violence Risk-20 (SVR-20) is another one of the most commonly used SPJ instruments for the risk assessment of sexual offenders. The SVR-20 is a 20-item checklist of risk factors for sexual violence (i.e., sexual deviation, sexual abuse, psychopathy, major mental illness) developed from a thorough research of the empirical literature. Through a three-step process, the SVR-20 determines whether someone should be considered as low, moderate, or high risk of initiating sexual violence.

#### **Intimate partner violence and sexual violence screenings in health care settings.**

Routine provider screening for Intimate Partner Violence and Sexual Violence (IPV/SV) in health care settings have the potential to remediate the adverse physical and mental consequences of sexual assault (Black & Breiding, 2008; Coker et al., 2002; Golding, 1999). Sutherland, Fantasia, and Hutchinson (2014) argue, “screening for IPV/SV in health care settings can identify women at risk and lead to interventions (treatment for injuries, crisis intervention, counseling, safety planning) that reduce subsequent violence and improve health outcomes and referrals to decrease long term sequelae” (p. 218). The intent of screening for IPV is to identify victims or potential victims of IPV/SV and refer them for necessary treatment. This identification procedure also allows for practitioners to make appropriate referrals for perpetrators, as well as victims (Basile, Hertz, & Back, 2007).

Commonly cited screening tools include: Childhood Trauma Questionnaire—Short Form (CTQ-SF; Bernstein & Fink, 1997), Abuse Assessment Screen (AAS; Soeken, McFarlane, Parker, & Lominack, 1998); Parent Screening Questionnaire (PSQ; Dubowitz; Lane et al., 2011), Partner Violence Screening (PVS; Feldhaus et al., 1997), and the Woman Abuse Screening Tool (WAST; Brown, Lent & Schmidt, 2000). These screening tools have been empirically supported for assessing partner violence and sexual violence. However, despite their efficacy, IPV/SV screening is rarely utilized on college campuses. Sutherland et al. (2014),

in their study of screening for intimate partner and sexual violence in college women, found that nearly 90% of a sample of 615 college women reported not being asked about IPV/SV at their most recent visit to the college health center. As such, there are a number of missed opportunities to intervene in cases of sexual assault.

Male screening for intimate partner violence perpetration also shows promising practice. Jaegar, Spielman, Cronholm, Applebaum, and Holmes (2008) conducted a cross-sectional study to determine whether men disclose current IPV perpetration when asked by a primary care provider. 128 consecutive male patients of 6 providers in public health, university, and VA hospital clinics were screened for IPV perpetration during routine visits, then given a Conflict Tactics Scale questionnaire to complete and mail back anonymously. Results indicated that men were more likely to disclose IPV perpetration via anonymous questionnaire than in face-to-face screening. Jaegar and researchers (2008) argue, “these findings suggest that more perpetrators may be identifiable through a questionnaire-based approach than through face-to-face screening, although it remains to be seen whether these levels of identification would continue if questionnaire-based information were identifiable” (p. 1155).

## **Chapter VI: Discussion**

The current study is a response to a renewed call of action to break the cycle of sexual violence. The primary goals of this study were to: (a) identify the predisposing characteristics or risk variables of perpetrators of sexual violence on college campuses, (b) review what efforts have been made for identifying or screening for individuals who may perpetuate sexual violence, and (c) determine how risk variables and early identification inform the implementation of sexual violence prevention programs on college campuses.

In reviewing the predisposing characteristics or risk variables of perpetrators of sexual violence on college campuses, consideration of risk factors from various locations in the social ecology was warranted. The results of this clinical dissertation suggest the following individual risk factors are strongly associated with higher risks of initiating sexual violence: alcohol use, childhood sexual victimization, history of delinquent behavior, history of past sexual violence/aggression, anger, and impulsivity. With regards to relational factors, sociosexuality, pornography use, acceptance of verbal pressure and/or peer pressure, peer approval for forced sex, and membership in a fraternity increased one's risk for engaging in sexual violence. Finally, community and societal factors, such as hostility toward women, traditional gender role beliefs, rape myth acceptance, and hypermasculinity were identified as salient risk factors for sexual violence and assault. These findings can considerably improve early identification and intervention outcomes.

In reviewing various efforts for the early identification of individuals at risk for initiating sexual assault, no existing procedures within college settings were found. In fact, limited literature appears to exist on general efforts to identify individuals at risk for sexual violence. However, review of extant research yielded a number of elements for reducing the likelihood of perpetration and/or providing early intervention: (a) risk reduction and bystander intervention programming, (b) risk assessments, and (c) intimate partner violence and sexual violence screenings in health care settings. Thus, the clear, delineated protocol being put forth by this

dissertation may serve as a valuable foundation for future implementation and evaluation of early identification efforts on college campuses.

### **Recommendations for College Campuses and a Proposed Model for a Comprehensive Sexual Violence Education Model**

It has been established that there is a growing need for improved primary prevention strategies—including early identification and early intervention components. However, in order to develop efficacious primary prevention strategies, explicit attention must be paid to the range of risk factors in intervention development (DeGue et al., 2014). The results of the present dissertation provide a comprehensive view of the various risk factors that heighten one's risk for engaging in sexual violence and provide additional support regarding the components of effective prevention problems. Consistent with findings by Nation and colleagues (2003), the present project's results suggest an ecological-based approach to determining risk—taking into consideration individual risk factors, relational risk factors, and community and societal risk factors.

Strategies for early intervention and identification at multiple socioecological levels, as informed by this study's findings, will be discussed. Recommendations for universities, as derived from this clinical dissertation project, are categorized into Level 1 Recommendations and Level 2 Recommendations (See Figure 2). Level 1 Recommendations contain specific guidelines for implementing sexual violence education programming, as informed by this project's second review of the literature (existing study recommendations). Level 2 Recommendations contain guidelines for early identification of students at risk for initiating sexual assault, as informed by this projects first and third review of the literature (risk factors; approaches to early identification).

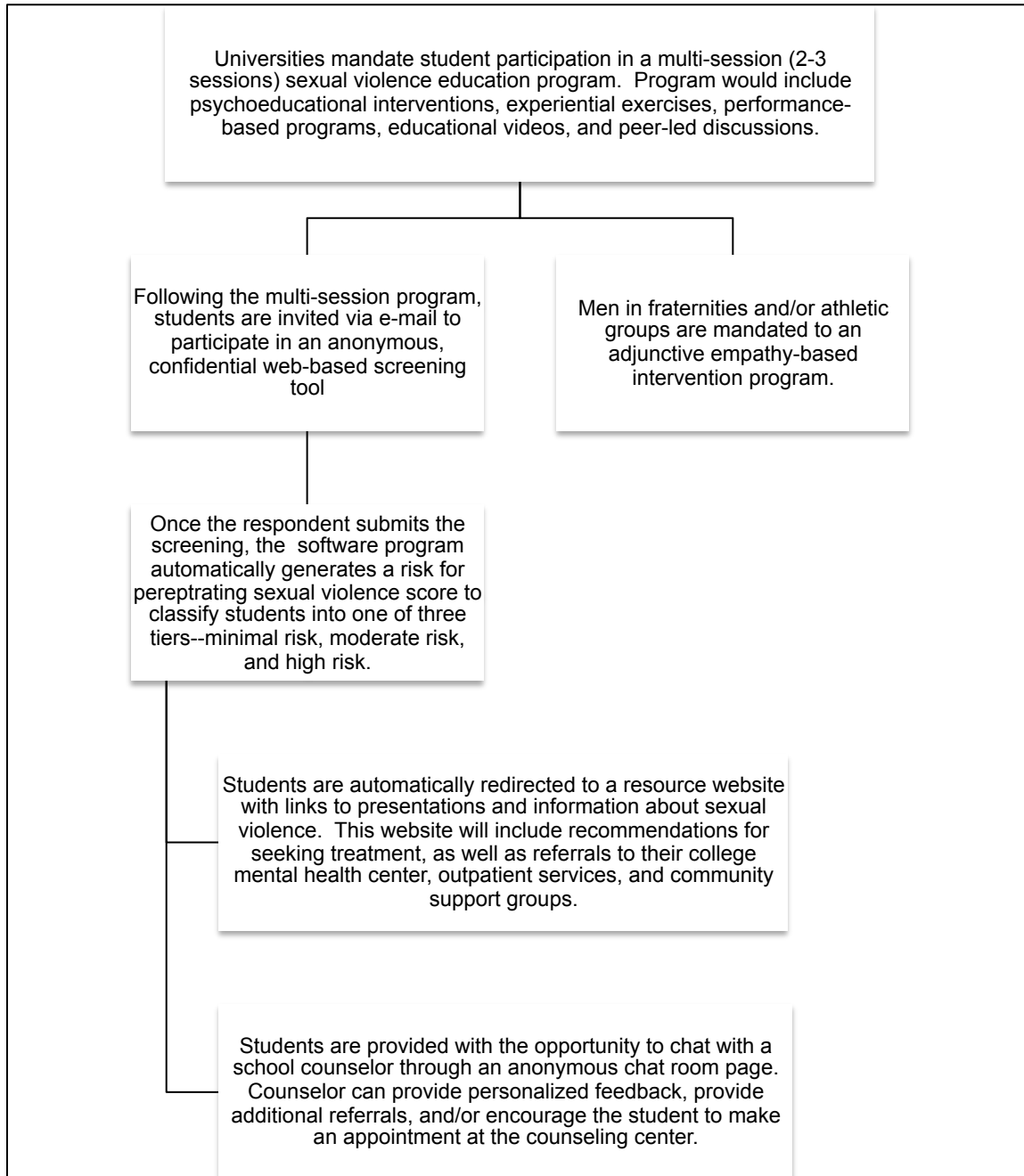


Figure 2. Proposed model for comprehensive, college sexual violence education program

**Level 1 recommendations: Intervention.** Consistent with research on characteristics that bolster the effectiveness of prevention programs (Nation et al., 2009), developing intervention programming with the following shared elements is recommended: (a)

comprehensive, multi-level intervention to both the general student population and high-risk groups; (b) varied delivery format that incorporates skill-based, hands-on training; (c) theory driven; and (d) comprehensive training and staff support.

**Recommendation 1.1: Comprehensive, multi-level intervention.** It is recommended that universities and college campuses take a two-pronged approach to sexual violence education, including both a general program for all university students and a focused sexual violence education program for individuals at a higher risk for initiating sexual assault. In terms of delivery format, single gender programs have been shown to be more effective specifically for men than mixed-gender programs (Brecklin & Forde, 2001). Additionally, professional presenters should teach these educational programs, as research has demonstrated that they are more successful in promoting positive changes as opposed to peer or graduate student presenters.

With regards to the general sexual violence education program, it is recommended that all university students participate in a live, multi-session (2-3 sessions) sex education program. Research supports the notion that longer, multi-session live formats (as opposed to online programming) have been shown to be more effective in promoting positive change (Anderson & Whiston, 2005). Some feasible options for carrying out this live, multi-session program are as follows: (a) conducting the program during campus orientation, (b) incorporating the sessions into a first year seminar class, or (c) incorporating the sessions into residence hall educational programs. It may be beneficial to offer credit for attending these sessions to bolster motivation and participation.

It is also recommended that men in high-risk groups (fraternities, sports-teams) are required to participate in an additional, focused program. This researcher recommends a two and a half hour empathy-based program, including a one-hour presentation and 90-minute process group, modeled after *The Men's Program* (Foubert, 2005). Empathy-based prevention programs that include open-ended questions and a focus group format, which allows for the

clarification of how men understand their role in preventing sexual violence have been shown to be effective in producing lasting attitude change (Foubert & Perry, 2007). This flows out of the need for primary sexual education programs that specifically target men's cognition and thought processes.

In order to facilitate such a comprehensive, multi-level intervention, it is recommended that partnerships be formed between various stakeholders. The National Center for Injury Prevention and Control advocates, "these partnerships can strengthen, coordinate, and align prevention efforts" (Dills, Fowler, Payne, 2016, p. 12). Key suggestions for bolstering partnerships include: (a) developing Memorandums of Understanding (MOUs); (b) Considering leading parties, such as administrators, as well as student leaders, staff and faculty; (c) Creating sustainable staff positions; (d) Ensuring buy-in by incorporating students in planning; and (e) Partnering with community health services. Other key stakeholders may include athletic departments, fraternity and sorority affairs, and Title IX representatives.

***Recommendation 1.2: Varied delivery format.*** Prevention programs that have included multiple delivery formats rather than relying on one approach have been shown to be most effective. Best practices for intervention programming include interactive instruction, hands-on experiences, and facilitation of skill development (Dusenbury & Falco, 1995; Tobler & Stratton, 1997). Common modes of intervention delivery incorporate interactive presentation, didactic lectures, videotapes, and active participation in the form of role playing, skills practice, or other group activities (DeGue et al., 2014).

Based on the findings of this clinical dissertation, it is recommended that colleges incorporate multiple modes of instruction. More specifically, it is suggested that intervention programming contains psychoeducational interventions, experiential exercises, performance-based programs, educational videos, and peer-led discussions. Table 4 includes specific guidelines for these interventions, as well as existing resources that detail instructions for these



interventions. This table also includes the level of evidence per each intervention (i.e. supported by evidence; emerging; and promising direction).

**Recommendation 1.3: Theory driven.** Fisher and Fisher (1992) argue that many preventive sexual violence programs include interventions that were based on a blend of logic and subjective experience. However, researchers consistently point to the importance of developing intervention programming based on empirical research and psychological theory (Nation et al., 2009). Nation and researchers (2009) also argue the two types of theories that are integral to prevention programming include etiological theories and intervention theories. As such, the types of programs and interventions that are recommended by this clinical dissertation are grounded in theory.

The results of this clinical dissertation delineated a number of risk factors for sexual violence across individual, relational, and societal levels. Therefore, the proposed recommendations contain interventions that blend empirically-tested research on bystander interventions, alcohol interventions, and dispelling rape myths (See Table 4). Additionally, it is recommended that colleges and universities hold the following foci: negative attitudes regarding women that are held by some men, masculinity norms, sexist beliefs and rape-supportive attitudes, and acceptance of rape myths

**Recommendation 1.4: Comprehensive training and staff support.** Lastly, extant research indicates “a high-quality, research-based program can produce disappointing results in dissemination field trials if the program providers are poorly selected, trained, or supervised” (Nation et al., 2009, p. 454). Given this information, it is recommended that staff members are sensitive, competent, and well trained—as evidenced by receiving sufficient support, training, and supervision. While peers, students, and staff typically facilitate sexual violence prevention programs, the literature supports the notion that these programs would benefit from facilitation by professionals with specific expertise in areas of sexual violence.

As the stigma surrounding rape and sexual violence continued to grow, addressing sexual violence extends beyond comprehensive interventions and training. Notably, how media currently structures news around rape is problematic. Oftentimes, news stories news stories “feature provocative or salient aspects of an event, ignoring overarching patterns or risk factors for particular events” (The Chicago Task Force, 2011, p. 4). In response, the Chicago Task Force (2011) created a “Media Toolkit for Local and National Journalists to Better Media Coverage” with tips for reporting. It is recommended that a toolkit such as this be provided to staff, educators, and stakeholders to begin shifting toward a culture of non-gender-based-violence.

Table 4

*Intervention Recommendations*

Intervention	Description	Resource	Level of Evidence	Category of Intervention
General sexual violence education program				
Psychoeducation	Information regarding the association between substance use and sexual violence should be discussed. It may be useful to administer an anonymous brief alcohol screener, allow participants to score it independently, and then determine their level of risk (low, moderate, high) for engaging in a “risky” sexual situation.	The Alcohol Use Disorders Identification Test (World Health Organization, 2010)	Supported by evidence	EI
	Brief discussion about the correlation of sexual history, adverse childhood experiences, and history of engagement in impulsive behaviors and college sexual violence is included. Methods may include: instructional lecture, video and role-play, social marketing, and provision of information regarding engagement in mobilizing events.	Red Flag Campaign (Lungren-Spurlock, 2015)	Emerging	A; B; D; P
		Green Dot (Coker et al., 2011)	Supported by evidence	A; B; E; P
Experiential exercises	Guided activities on regulating one’s emotions may be useful (deep breathing, mindfulness)	SOS For Emotions (Mathew, 2012)	Evidence-based	P
Performance-based program	It is recommended that a performance-based workshop is included to analyze and challenge the components of a rape-supportive culture.	Sex Signals (Catharsis Productions, 2007)	Supported by evidence	A; B; D; E

(Continued)

Intervention	Description	Resource	Level of Evidence	Category of Intervention
Performance-based program	Methods may include: scripted dialogue, audience-driven improvised scenes, and presenter-led discussion.			
Educational video	Include an educational video discussing interpersonal risk factors contributing to date rape and sexual violence (addressing rape myth acceptance, gender norms)	Words Speak Louder than Actions (TED., 2011)	N/A	P
Peer-led discussion	It is recommended that a 30-minute peer-led discussion is included	Standing Together Against Sexual Violence and Misconduct (Informed-U, 2009)	Promising direction	B; D; E
Focused Sexual Violence Education Program for Individuals at a Higher Risk of Initiating Sexual Assault				
Psychoeducation	Participants are initially instructed that they would be learning how to assist women who come to them for help minutes or even years after being sexually assaulted. Men are approached as potential helpers of women who are recovering from rape.	The Men's Program Curriculum (Foubert, 2005)	Supported by evidence	A; B; D; E; P
		RealConsent (Salazar, Vivolo-Kantor, Hardin, & Berkowitz, 2014)	Supported by evidence	A; B; D; E; P
	Basic review of rape and definitions is provided. Provide men be with tools (e.g.), practical methods, and strategies to understand the impact of our society on their own attitudes towards women.	A Call to Men (Porter & Bunch, 1987)	Emerging	B; D; P
Educational video	Videotape that describes a rape-related situation and the impact on actual survivors would be included.	"How to Help a Sexual Assault Survivor: What Men Can Do" (One in Four, Inc., 2005)	N/A	E; P
Peer-led discussion	It is recommended that a 90-minute process group is conducted. This group includes open-ended questioning, guided imagery of an alcohol-related rape, and a discussion about how to effectively intervene in this situation.	Mentors in Violence Prevention (Katz, 2009)	Promising direction	A; B; E

*Note.* Adapted from *Prevention programming matrix* by Culture of Respect, 2016. Copyright 2016 by NASPA Student Affairs Administrators in Higher Education.

**Level 2 recommendations: Early identification.** Screening and early identification has demonstrated positive outcomes, as evidenced by reducing the potential for violence, improving health outcomes, and leading to referrals to mental health treatment (Sutherland,

Fantasia, Hutchinson, 2016). While a number of instruments have been developed to assist in the assessment of antisocial behavior, violence, and sexual risk in forensic settings and primary health care settings (Singh, Grann, & Fazel, 2011), these tools are widely underused in college settings (Sutherland et al., 2014). The American Psychological Association (2011) has advocated for college campuses to incorporate screeners to assess for risk for sexual violence as part of their typical screening batteries in order to initiate appropriate treatment, intervention, and referrals.

Data from the Center for Collegiate Mental Health's (CCMH) *Annual Report* (2016) indicated that 150,483 college students sought mental health treatment in the last year (a 50% increase over last year). A supplemental survey determined that "on average, counseling centers are providing 28% more "rapid-access" service hours per client and 7.6% fewer 'routine' service hours per client over the last six years" (CCMH, 2016). Best practices for college mental health centers focus on reducing risk and enhancing protective factors. Of note, the Jed Foundation argues the most critical component in promoting mental health is identifying students at risk via increasing on campus screening activities and opportunities and cross-training "staff to be gatekeepers and have the knowledge, attitudes, and skills to identify persons at risk, determine level of risk, and make referral when necessary" (Jed Foundation Campus Mental Health Action Map, 2011).

However, assessing for sexual violence poses a number of critical challenges, including academic privacy and administrative responsibility, confidentiality, and stigmatization (Pena & Manguno-Mire, 2013). Existing research suggests that individuals are less likely to disclose information about sexual violence within primary care settings when meeting face-to-face with professionals (Jaegar et al., 2008). As such, it is recommended that college campuses develop a screening process that is anonymous, confidential, and Web-based.

***Recommendation 2.1: Develop an anonymous, confidential, and web-based screening tool.*** Stigma has been identified as a significant barrier to college students seeking

and receiving mental health services (Feng & Campbell, 2011). In a study of 5,555 college students, Eisenberg (2009) found that “personal stigma was significantly and negatively associated with measures of help seeking” (p. 522). Given this barrier, web-based mental health screening, as opposed to traditional face-to-face assessment, may bolster students’ help seeking behaviors. Web-based interventions have been found to be particularly effective in modifying health care behaviors, such as exercise, diabetes self-management, and weight loss (Ritterband et al., 2003). Additionally, a substantial body of literature supports the effectiveness of web-based interventions in treating wide range of mental health and behavioral problems (Marks, Cavanagh, & Gega, 2007).

Nguyen, Klein, Meyer, Austin, and Abbott (2015) posit that the internet offers a number of benefits to assist in the screening of mental health and behavioral problems, including: (a) incorporation of automatic scoring, (b) allows for standardized feedback, (c) minimal ongoing delivery cost, and (d) greater convenience. Moreover, these researchers argue, “The potential anonymity of online assessment facilitates self-awareness and self-disclosure, potentially enabling more valid outcomes” (Nguyen et al., 2015). Web-based screenings and programs provide rich feedback, tailored to student needs in a confidential, anonymous, and cost-effective manner (Rhodes, Fishbein, & Reis, 1997).

*Existing Web-based screening tools utilized by colleges.* Numerous colleges offer anonymous mental health screening. For instance, Pepperdine University offers online screenings for alcohol use, depression, anxiety, and other common challenges on their counseling center website. These screenings allow students to answer brief sets of questions, provide comprehensive explanations about their moods and behaviors, and allow them to access information materials about recommendations and key resources.

One promising online screening program model is the Interactive Screening Program (ISP) American Foundation for Suicide Prevention Program (Mortali, 2009). ISP provides an innovative and confidential platform for individuals to complete a brief screening and

subsequently receive personalized feedback from a mental health provider. As indicated on the ISP website, “individuals can anonymously communicate with a mental health professional to receive recommendations, feedback, and support for connecting to available mental health services” (American Foundation for Suicide Prevention, 2017, p. 1). Key principles of ISP include: *anonymity*, *personalized contact*, and *interactive engagement*. In a pilot randomized control trial of ISP, it was determined that students assigned to this program reported improved help-seeking and enhanced willingness to talk to family, friends, and see a mental health professional (King, Eisenberg, Czyz, Kramer, Horwitz, & Chermack, 2015). Moreover, students assigned to this program also reported lower stigma levels and were more likely to access mental health treatment.

*Rationale for sexual violence screening.* Web-based screening for individuals’ risk for perpetrating sexual violence has the potential to bolster help-seeking behaviors before perpetration has occurred. While there is a dearth of literature on the effectiveness of sexual violence screening in promoting help-seeking behaviors, the literature on web-based screening for alcohol use disorders and eating disorders provides promising implications. Saitz, Helmuth, Aromaa, Guard, Belanger, and Rosenbloom (2004) evaluated the use of a novel alcohol screening and brief intervention web site. These researchers found that visitors with higher alcohol abuse or dependence were more likely to visit a part of the web site that included information about seeking treatment than those without these disorders (Saitz et al., 2004). In another study, researchers examined treatment-seeking behaviors for individuals with eating disorders and body image concerns on college campuses through online screening and intervention (Lipson et al., 2016). Participants completed an online survey to assess eating disorder symptom level and habits/attitudes related to service utilization, and then these students were referred to online prevention and selective intervention programs. The results of their study indicated that students classified as high risk for eating disorders enrolled in the indicated interventions more than students at a low risk (Lipson et al., 2016).

Results from these studies suggest that the most salient barrier to seeking treatment is the notion that many students may not think they need it (Lipson et al., 2016). Furthermore, Lipson and researchers (2016) argue, “Efforts should concentrate on increasing perceived need and convincing students of their need for treatment” (p. 5). This notion is particularly helpful in considering the sexual violence treatment gap on college campuses. Consistent with a motivational framework, these studies suggest that identification of the problem is most necessary for committing to behavioral change.

A recent protocol has been created for reaching non-adjudicated and untreated male batterers—The Men’s Domestic Abuse Check-Up (Roffman, Edleson, Neighbors, Mbilinyi, & Walker, 2008). This program utilizes motivational enhancement therapy (MET) to improve self-referral to treatment, program retention, and treatment compliance, and it has demonstrated positive results. The researchers highlight that one of the most important components in changing batterers’ behavior is by facilitating their awareness of a discrepancy between their present behaviors and their personal goals. Considering these findings in the context of sexual violence, simply receiving feedback about one’s risk for engaging in sexual violence (i.e. a score and/or category of risk) may affect one’s propensity for seeking treatment.

*Potential Challenges and Limitations.* Underreporting and misreporting is a well-documented phenomenon in survey methodology. Social desirability bias is particularly problematic with respect to self-reports of sexual behaviors (Kelly, Soler-Hampejsek, Mensch, & Hewett, 2013). In a study of self-reported honesty among middle and high school students responding to sexual behavior questionnaire, Siegel and researchers found that students’ levels of honesty regarding sexual behavior were consistently lower than overall honesty (1998). Conversely, another study evaluating the validity of an anonymous measure of sexual risk taking among college students found that social desirability was not related to risk taking scores (Turchik & Garske, 2009). Moreover, this study supported the notion that men actually tend to over-report their sexual risk taking behavior (Turchik & Garske, 2009).

Common factors that affect respondent honesty, include: (a) the likelihood that an individual can be identified based on his or her responses; (b) the intrinsic propensity of the individual to be honest; and (c) the nature of the information being solicited, particularly the extent of belief regarding the possibility of punishment (Siegel, Aten, & Roghmann, 1998). As such, it is recommended that the development of a web-based tool should prioritize privacy and ensure anonymity, as fear and stigma could potentially compromise optimal engagement of students.

***Recommendation 2.2: Incorporate screening items that assess for risk factors at individual, relationship, and societal levels.*** Findings from this clinical dissertation indicate that risk factors for sexual violence occur across social-ecological levels. As such, it is recommended that a screening tool be created to assess risk factors across these domains.

*Assessing individual risk factors for sexual violence.* As previously highlighted, the following individual risk factors are strongly associated with higher risks of initiating sexual violence: alcohol use, childhood sexual victimization, history of delinquent behavior, history of past sexual violence/aggression, anger, and impulsivity. It is necessary that items are adapted from screeners that specifically target the aforementioned factors. One promising screener is the *Sexual Violence Risk-20* (SVR-20; Boer, Hart, Kropp, & Webster, 1997), a 20-item checklist of risk factors for sexual violence that were identified by a review of the literature on sex offenders. The items fall into three main categories: psychosocial adjustment, history of sexual offenses, and future plans. The screener determines level of risk (i.e. Low, Moderate, or High). Additionally, given the high comorbidity between alcohol consumption/binge drinking and sexual violence perpetration, items about alcohol use would also be included. The Alcohol Use Disorders Identification Test (AUDIT; World Health Organization, 2010) contains 10 questions about the amount and frequency of drinking, alcohol dependence and alcohol-related problem behaviors. The AUDIT has a number of strengths, including its use in identifying individuals with potential alcohol problems, educational components, and high efficacy with college



students (Walters & Baer, 2006). Additionally, the AUDIT presents information regarding tools and strategies to prevent against the deleterious effects of alcohol use.

*Assessing for risk factors at the relationship level.* The literature review in this clinical dissertation established a link between sociosexuality, pornography use, acceptance of verbal pressure and/or peer pressure, peer approval for forced sex, and membership in a fraternity increased one's risk for engaging in sexual violence. While sociosexuality and pornography use can be reliably assessed by a screener, such as the *Sexual Violence Risk-20*, the researcher advocates for the inclusion of items to assess students' responses to peer pressure. One of the well-validated measures of peer pressure is the *Peer Pressure Inventory* (PPI; Brendt, 1979). The 53-item PPI was developed to determine the multidimensionality of peer pressure in adolescence and young adulthood; it includes items that measure peer social activities, misconduct, conformity to peer norms, involvement in school, and involvement with family (Santor, Messervey, Kusumakar, 1998). This tool is widely used and has high reliability, validity, and internal consistency (Brown, 1986).

*Assessing for risk factors at the community or societal level.* Gender-related and sex-related cognitions, such as hostility toward women, traditional gender role beliefs, rape myth acceptance, and hypermasculinity were found to be strong determinants of sexual violence. Incorporating items to assess these attitudes and beliefs is imperative in determining risk. Items from the following scales show promise: *Hypergender Ideology Scale* (HGIS; Hamurger, Hogben, McGowan, & Dawson, 1996); *Adversarial Heterosexual Beliefs Scale* (ABHS; Lonsway & Fitzgerald, 1995); and *The Illinois Rape Myth Acceptance Scale* (IRMA; Payne, Lonsway, & Fitzgerald, 1999). The HGIS assesses extreme, stereotypical gender roles, while the ABHS measures the degree to which individuals feel that the fundamental relationships between the sexes are adversarial in nature. Finally, the IRMA is a 20-item survey developed to assess general rape-myth acceptance.

**Recommendation 2.3: Incorporate comprehensive feedback.** Feedback is a critical component of assessment. With respect to sexual violence screening, it is recommended that feedback includes the following three components: psychoeducation, recommendations, and referrals. Providing detailed information about seeking treatment or assistance is critical. Students should be provided referrals to college counseling centers, outpatient or community-based counseling, and additional community resources. It is recommended that feedback is tiered and tailored based on one's level of risk.

An additional component of feedback may also include the option to anonymously chat with a mental health professional or counselor. This component has been shown to be particularly effective in a Suicide Prevention and Depression Awareness Program at the University of California, San Diego School of Medicine. Using an online anonymous dialogue webpage, counselors provided treatment options, referrals to the campus counseling center, and lists of faculty and community mental health professionals and primary care physicians who had committed to providing prompt care (Moutier et al., 2012).

### **Strengths and Limitations of the Present Study**

The present research demonstrates notable strengths. First, this clinical dissertation project represents an original contribution to the literature, as to the investigator's knowledge, there does not yet exist a set of recommendations for colleges and universities to identify students at risk for initiating sexual violence. Furthermore, the development of protocols in a written, publishable manner makes it possible to influence a wide-ranging audience at a relatively low cost. Its emphasis on the important correlation between early identification and early intervention presents an innovative model for addressing campus sexual violence.

An important potential limitation of the present research pertains to its methodology. The objectives of this dissertation project involved the exploration of risk factors for initiating sexual violence, a comprehensive review and analysis of overlapping bodies of literature, and the development of recommendations for U.S. colleges and universities to participate in both

early identification and early intervention for individuals at risk for initiating sexual assault. The proposed model for a comprehensive, college sexual violence education program is preliminary in nature. Moreover, it was beyond the scope of this dissertation project to carry out or assess the efficacy of the proposed recommendations. As such, there is a need for future research to evaluate the utility, means for dissemination, and resources required for the implementation of the delineated recommendations.

Lack of diversity in the studies explored is another potential shortcoming of this study. The assumption of heterosexuality and a binary, cis-gendered identity likely confounds the generalizability of the recommendations. Future research is needed to account for the wide diversity of college student identities.

### **Recommendations for Future Research**

While it was beyond the scope of this dissertation to carry out or assess the recommendations that were proposed, this is an endeavor that future research may undertake. There is a dire need to develop empirically tested methods for assessing risk factors for sexual violence, as well as motivating individuals at risk for initiating sexual assault to seek treatment and/or early intervention. To evaluate the effectiveness of the proposed recommendations, college campuses or universities could potentially pilot the proposed model for a comprehensive, sexual violence education program. Students could be randomly assigned to a treatment or control condition. Treatment students would be exposed to the two-pronged program approach depicted in the proposed model: (a) early identification and (b) early intervention, whereas control students would be exposed to a single prevention program (i.e. “Bringing in the Bystander”). It is then recommended that future researchers include rigorous longitudinal measures of the program’s effect on college students’ behavior into later adulthood. This should include measurement of behavioral outcomes, as well as attitudes.

Additionally, exploring ways to increase college student participation in web-based surveys and screeners is warranted. Web-based screening programs, such as the Suicide

Prevention and Depression Awareness Program at San Diego School of Medicine has shown promising implications in increasing awareness and destigmatizing help-seeking. Web-based screeners provide a feasible and cost-effective way to help educate college communities and have the potential to break the cycle of sexual violence.

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## APPENDIX A

Pepperdine University's Graduate and Professional Schools Institutional Review Board

Exemption Notice

# PEPPERDINE UNIVERSITY

## Graduate & Professional Schools Institutional Review Board

March 24, 2017

Rachel Weller

Project Title: Early Identification of Individuals at Risk for Initiating Sexual Assault:  
Recommendations for College Campuses

**Re: Research Study Not Subject to IRB Review**

Dear Ms. Weller:

Thank you for submitting your application, *Early Identification of Individuals at Risk for Initiating Sexual Assault: Recommendations for College Campuses*, to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). After thorough review of your documents you have submitted, the GPS IRB has determined that your research is **not** subject to review because as you stated in your application your dissertation **research** study is a "critical review of the literature" and does not involve interaction with human subjects. If your dissertation research study is modified and thus involves interactions with human subjects it is at that time you will be required to submit an IRB application.

Should you have additional questions, please contact the Kevin Collins Manager of Institutional Review Board (IRB) at 310-568-2305 or via email at [kevin.collins@pepperdine.edu](mailto:kevin.collins@pepperdine.edu) or Dr. Judy Ho, Faculty Chair of GPS IRB at [gpsirb@pepperdine.edu](mailto:gpsirb@pepperdine.edu). On behalf of the GPS IRB, I wish you continued success in this scholarly pursuit.

Sincerely,



Judy Ho, Ph. D., ABPP, CFMHE  
Chair, Graduate and Professional Schools IRB

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives  
Mr. Brett Leach, Compliance Attorney  
Dr. Dennis Lowe, Faculty Advisor

APPENDIX B

Executive Summary

# Identifying Individuals at Risk for Initiating Sexual Assault

Prepared by:  
Rachel Weller, M.A.  
Pepperdine University  
Graduate School of  
Education and  
Psychology

May 14, 2017

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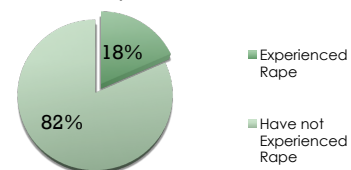
## EXECUTIVE SUMMARY

Sexual assault has been deemed a national, silent and violent epidemic for a number of decades (Gilbert, 1991), as its effects have swept across numerous settings within this nation. The National Violence against Women Survey (NVAWJS) estimated 17.7 million females and 2.8 million males reported experiencing forced sexual violence at some point in their lives (Tjaden & Thoennes, 2001).

Researchers suggest sexual violence and rape victimization is a major public health crisis associated with damaging physical, social, and psychological sequelae in individuals of disparate genders, ages, and ethnicities (Tjaden & Thoennes, 2006). According to the National Sexual Violence Resource Center (2015), one in five women in the United States will be raped at some point in their lives.

The National Violence against Women Survey (NVAWJS) estimated 17.7 million females and 2.8 million males reported experiencing forced sexual violence at some point in their lives (Tjaden & Thoennes, 2006). National surveys indicate the following statistics:

### Sexual Violence by Any Perpetrator



### College Sexual Violence

According to the U.S. Department of Justice (2014), between 1995 and 2014 females age 18 to 24 had the highest incidence of rape and sexual assault compared to females in all other age groups. The Rape, Abuse, and Incest National Network estimated that 11.2% of undergraduate or graduate students experience rape.

College sexual violence is a widespread problem. The consequences to victims of sexual violence on college campuses include detrimental ramifications that extend beyond physical, emotional, psychological, and fiduciary domains. Sexual violence affects both survivors and perpetrators, significant others, colleges, communities, and society at large.

# EXECUTIVE SUMMARY

## The Impact of Sexual Violence on the Individual

Researchers note that individuals that are sexually assaulted face impairment in social settings, occupational success, and to familial relationships (Amar & Gennaro, 2005; Jordan, Combs & Smith, 2014, p. 5). Physical impacts of sexual violence may include personal injury, concerns about pregnancy, and/or risk of contracting sexually transmitted diseases, and the psychological ramifications of sexual violence have been associated with long-term health risk behaviors (National Sexual Violence Resource Center, 2016). The Centers for Disease Control and Prevention (2010) state "some health outcomes can be fatal such as suicide, homicide, maternal mortality, and AIDS related deaths" (p. 1).

Jordan, Combs, and Smith (2014) found that women who experienced sexual violence during college earned lower grades post assault than nonvictimized women. Sexual violence has also been linked to changes in victims' routines and behaviors that often contribute to decreased class attendance (Amar & Gennaro, 2005).

Likewise, perpetrators of sexual violence on college campuses also face a number of adverse outcomes. Sexual assault is a felony, and convicted offenders often face jail sentences. Conviction also results in the subsequent registering as a sex offender, which often contributes to harsh stigmatization, rejection from the community and other individuals, and isolation on individual and societal levels.

## The Impact of Sexual Violence on College Campuses

Incidents of sexual violence present a number of deleterious penalties for universities, such as:

- Affect the universities' reputation for providing a safe learning environment
- Undermine campus leaders' mission to terminate campus violence
- Bring negative national media attention to universities,
- Facilitate distrust in administrators, faculty, and school personnel

It is estimated that the cost of sexual violence is near two billion dollars per single national graduating class (Brodsky, 2014); it is likely that actual costs are higher, as this estimate solely encompasses withdrawal from universities. Similarly—in examining the cost per rape and accounting for victim services and law enforcement resources—Miller, Cohen, and Wiserman (1996) estimate that the cost of individual instances of sexual assault range from \$87,000 to \$240,776.

## Sexual Violence Interventions on College Campuses

Clifford Kirkpatrick and Eugene Kanin published one of the first studies examining sexual assault in 1957. Their study, "Male Sex Aggression on a University Campus," contained an analysis of the reactions of a sample of university co-eds who had been offended by aggressive male sexuality and posited a model where men used secrecy and stigma to exploit women (Kirkpatrick & Kanin, 1957). Since this study, there has been an evolution in the research of this prevalent health problem.

College-based rape prevention programs vary widely in their effectiveness and implementation (Morrison et al., 2006).

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Shared components of most college sexual violence programs, include: a) providing information on the rates and prevalence of sexual assault; b) challenging rape myths and sex-role stereotypes; c) identifying risk-related behaviors; c) increasing empathy for rape survivors; d) providing information on the effects of rape on victims; and e) providing lists of victim resources (Morrison et al., 2006). The following primary prevention programs have been identified as effective interventions: *Safe Dates* (Foshee, Bauman, Ariaga, Helms, Koch, Fletcher, 1998), *Shifting Boundaries*, (Taylor, Stein, Mumford, & Woods, 2013), and efforts associated with the 1994 U.S. Violence Against Women Act. (Boba & Lilley, 2009).

### Existing Early Identification and Intervention Efforts

The early detection of sexual offenders, to the investigator's knowledge, has gone widely unsearched. A thorough review of the literature yielded one existing sexual violence risk model: the Threat Matrix (Jones, Harkins, & Beech, 2015). The Threat Matrix utilizes information derived from police systems to generate proactive assessments of individuals who may pose risk of sexual violence through a two-part system: 1) assess the risk of recidivism, and (2) assess risk of harm.

To the investigator's knowledge, few effective early sexual violence intervention programs exist on college campuses. Researchers suggest that this dearth in programming may be due to limited resources available for development, lack of evaluative research, and lower funding when compared to other forms of public health (DeGue et al., 2014).

### Statement of the Problem

Despite our growing knowledge about the impact of sexual assault on college

campuses along with federal mandates to provide prevention programming, extant research has focused little attention on individuals at risk for initiating sexual assault. While a number of studies have assessed the predisposing characteristics of perpetrators, factors predicting violence prevention, and motives for violence (e.g. Gidycz, Orchowski, & Berkowitz, 2011), proactive identification of these individuals and prevention efforts remain markedly understudied.

Gidycz, Orchowski, and Berkowitz (2011) highlighted a critical aspect of sexual violence prevention in the following statement: "Although it is ultimately the responsibility of potential perpetrators to take responsibility for ending violence against women... researchers and advocates can play an important role in developing preventative interventions to facilitate community-based change in the norms that serve to condone sexual violence" (p. 737).

### A Case for Looking at Potential Perpetrators and Risk Factors for Initiating Sexual Violence

Historically, sexual assault literature and prevention efforts have focused largely on risk factors associated with being a victim of sexual violence. A number of studies have demonstrated the relationship between sexual victimization and such factors as alcohol or substance use, sexual risk-taking behaviors, and difficulty recognizing potential threats.

These studies have given rise to sexual assault prevention efforts that utilize bystander interventions, empowerment of victims, recognition of "warning signs" of potential sexual violence, and primary prevention programs such as resistance training and rape avoidance (Basile, 2003). However, the Division of Violence Prevention indicates that these approaches have "limited impact on

# EXECUTIVE SUMMARY

rates of [sexual violence], as such strategies do not reduce the number of potential perpetrators or address the social norms that allow [sexual violence] to flourish" (DeGue, Simon, Basile, Yee, Lang, Spivak, 2012, p. 1213).

## Risk Factors for Initiating Sexual Violence

Individual Factors	Relationship Factors	Community and Societal Level Factors
Substance Use	Sexual Behaviors	Gender-Related Cognitions
Adverse Childhood Experiences	Peer Influence	Sex-Related Cognitions
History of Impulsive Behavior	Membership in High Risk Groups	
Personality Traits	Attachment Style	
Emotion/Emotion Regulation	Situational Factors	

## Early Identification of Individuals at Risk for Initiating Sexual Violence

Early identification efforts within various settings were methodically reviewed. To the researcher's knowledge, there are no existing early identification procedures within college settings. However, the review of extant research yielded a number of elements for reducing the likelihood of perpetration and/or providing early intervention:

### Risk Reduction and Bystander Programming

- *Green Dot; Bringing in the Bystander*

### Risk Assessments

- The Historical Clinical Risk Management-20; The Risk for Sexual Violence Protocol; Sexual Violence Risk-20

### Screenings in Health Care Settings

- Childhood Trauma Questionnaire; Abuse Assessment Screen; Parent Screening Questionnaire; Partner Violence Screening; Woman Abuse Screening Tool

## Recommendations for College Campuses

It has been established that there is a growing need for improved primary prevention strategies—including early identification and early intervention components. However, in order to develop efficacious primary prevention strategies, explicit attention must be paid to the range of risk factors in intervention development (DeGue et al., 2014). The results of the present dissertation provide a comprehensive view of the various risk factors that heighten one's risk for engaging in sexual violence and provide additional support regarding the components of effective prevention problems.

### Level 1 Recommendations: Intervention

**Comprehensive, Multi-Level Intervention:** It is recommended that universities and college campuses take a two-pronged approach to sexual violence education, including both a general program for all university students and a focused sexual violence education program for individuals at a higher risk for initiating sexual assault. The proposed multi-level intervention is displayed in Appendix 1. In terms of delivery format, single gender programs have been shown to be more effective specifically for men than mixed-gender programs (Brecklin & Forde, 2001).

It is recommended that all university students participate in a live, multi-session (2-3 sessions) sex education program. Research supports the notion that longer, multi-session live formats (as opposed to online programming) have been shown to be more effective in promoting positive change (Anderson & Whiston, 2005)..

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Some feasible options for carrying out this live, multi-session program are as follows: a) conducting the program during campus orientation; b) incorporating the sessions into a first year seminar class; or c) incorporating the sessions into residence hall educational programs.

*Varied Delivery Format:* Prevention programs that have included multiple delivery formats rather than relying on one approach have been shown to be most effective. Best practices for intervention programming include interactive instruction, hands-on experiences, and facilitation of skill development (Tobler & Stratton, 1997; Dusenbury & Falco, 1995). It is suggested that intervention programming contains psychoeducational interventions, experiential exercises, performance-based programs, educational videos, and peer-led discussions. Appendix II includes specific guidelines for these interventions, as well as existing resources that detail instructions for these interventions.

*Theory Driven:* Researchers consistently point to the importance of developing intervention programming based on empirical research and psychological theory (Nation et al., 2009). Education programming should focus on bystander interventions, alcohol interventions, and dispelling rape myths. It is recommended that colleges and universities hold the following foci: negative attitudes regarding women that are held by some men, masculinity norms, sexist beliefs and rape-supportive attitudes, and acceptance of rape myths

*Comprehensive Training and Staff Support:* extant research indicates “a high-quality, research-based program can produce disappointing results in dissemination field trials if the program providers are poorly selected, trained, or supervised” (Nation et al., 2009, p. 454).

Given this information, it is recommended that staff members are sensitive, competent, and well trained—as evidenced by receiving sufficient support, training, and supervision. Sexual violence prevention would benefit from having interventions implemented by professionals with expertise related to sexual violence prevention rather than peer facilitators, advanced students, or staff who may not have specific expertise in the topic.

### *Level 2 Recommendations: Early Identification*

Screening and early identification has demonstrated positive outcomes, as evidenced by reducing the potential for violence, improving health outcomes, and leading to referrals to mental health treatment (Sutherland, Fantasia, Hutchinson, 2016). While a number of instruments have been developed to assist in the assessment of antisocial behavior, violence, and sexual risk in forensic settings and primary health care settings (Singh, Grann, & Fazel, 2011), these tools are widely underused in college settings (Sutherland et al., 2014).

The American Psychological Association (2011) has advocated for college campuses to incorporate screeners to assess for risk for sexual violence as part of their typical screening batteries in order to initiate appropriate treatment, intervention, and referrals. However, assessing for sexual violence poses a number of critical challenges, including academic privacy and administrative responsibility, confidentiality, and stigmatization (Pena & Manguno-Mire, 2013). Existing research suggests that individuals are less likely to disclose information about sexual violence within primary care settings when meeting face-to-face with professionals (Jaegar et al, 2008).



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Develop an anonymous, confidential, and web-based screening tool: Stigma has been identified as a significant barrier to college students seeking and receiving mental health services (Feng & Campbell, 2011). Given this barrier, web-based mental health screening, as opposed to traditional face-to-face assessment, may bolster students' help seeking behaviors. Nguyen, Klein, Meyer, Austin, and Abbott (2015) posit that the internet offers a number of benefits to assist in the screening of mental health and behavioral problems, including: a) incorporation of automatic scoring; b) allows for standardized feedback; c) minimal ongoing delivery cost; d) greater convenience.

One promising online screening program model is the Interactive Screening Program (ISP) American Foundation for Suicide Prevention Program (Mortali, 2009). ISP provides a safe and confidential way for individual for individuals to take a brief screening and receive a personalized response from a mental health counselor. Through the ISP website, individuals can anonymously communicate with a mental health professional to receive recommendations, feedback, and support for connecting to available mental health services. Key principles of ISP include: *anonymity, personalized contact, and interactive engagement.*

Incorporate screening items that assess for risk factors at individual, relationship, and societal levels: Findings from this clinical dissertation indicate that risk factors for sexual violence occur across social-ecological levels.

Promising screeners for assessing individual risk factors for sexual violence include:

- **Sexual Violence Risk-20**
- **The Alcohol Use Disorders Identification Test**

Promising screeners for assessing risk factors at the relationship level include:

- **Peer Pressure Inventory**

Promising screeners for assessing risk factors at the community or societal level:

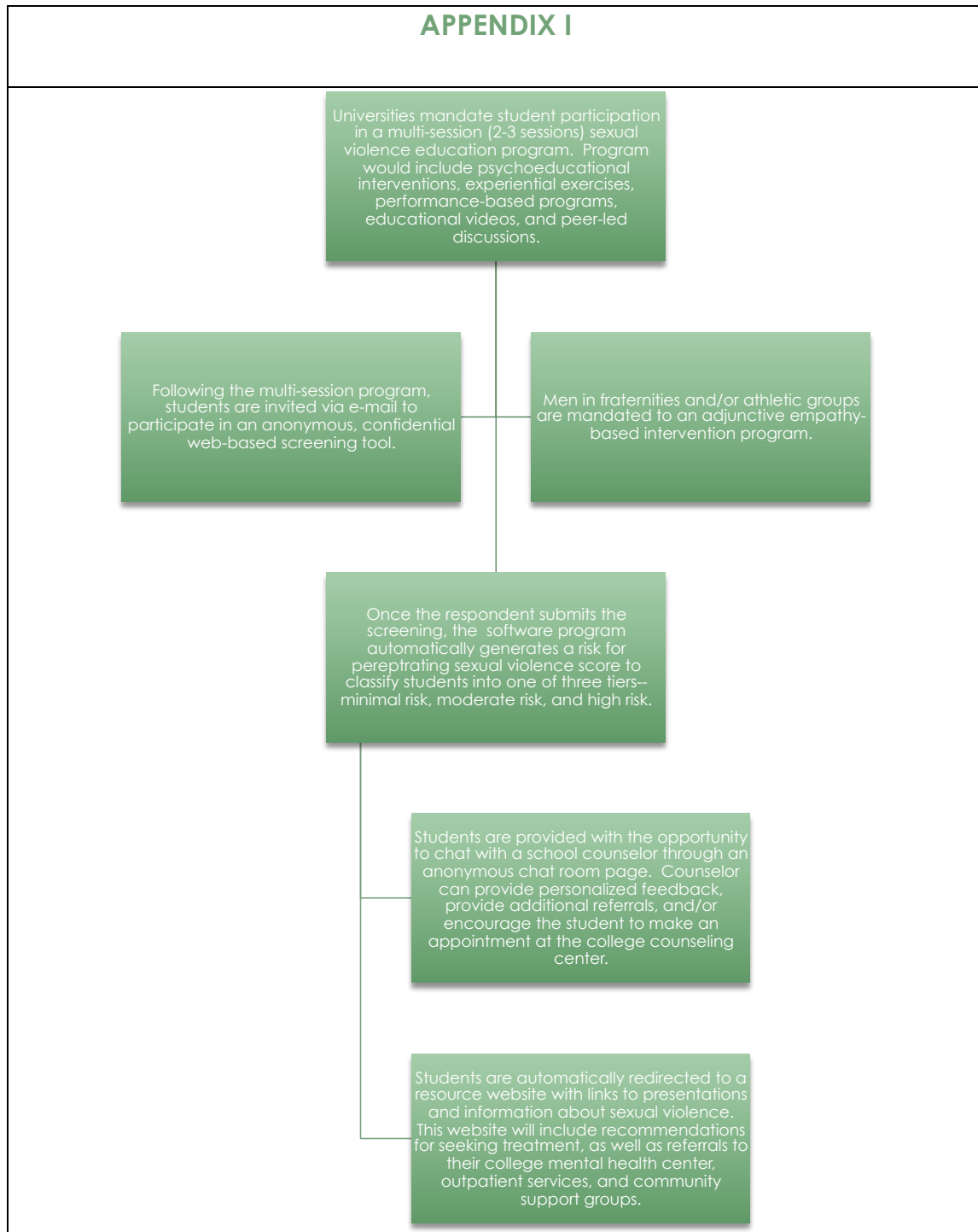
- **Hypergender Ideology Scale**
- **Adversarial Heterosexual Beliefs Scale**
- **The Illinois Rape Myth Acceptance Scale**

Incorporate Comprehensive Feedback:

Feedback is a critical component of assessment. With respect to sexual violence screening, it is recommended that feedback includes the following three components: psychoeducation, recommendations, and referrals. Providing detailed information about seeking treatment or assistance is critical. Students should be provided referrals to college counseling centers, outpatient or community-based counseling, and additional community resources.

An additional component of feedback may also include the option to anonymously chat with a mental health professional or counselor. This component has been shown to be particularly effective in a Suicide Prevention and Depression Awareness Program at the University of California, San Diego School of Medicine. Using an online anonymous dialogue webpage, counselors provided treatment options, referrals to the campus counseling center, and lists of faculty and community mental health professionals and primary care physicians who had committed to providing prompt care (Moutier, Norcross, Jong, Norman, Kirby, McGuire, & Zisook, 2012).

## APPENDIX I



Appendix II Intervention Recommendations			Intervention Key: P-Psychoeducation B-Bystander A-Alcohol Intervention D-Dispelling Rape Myths E-Empathy EI-Early Intervention		
Intervention	General Sexual Violence Education Program		Focused Sexual Violence Education Program for Individuals at a Higher Risk of Initiating Sexual Assault		
Psychoeducation	Information regarding the association between substance use and sexual violence should be discussed. It may be useful to administer an anonymous brief alcohol screener, allow participants to score it independently, and then determine their level of risk (low, moderate, high) for engaging in a "risky" sexual situation.		Participants are initially instructed that they would be learning how to assist women who come to them for help minutes or even years after being sexually assaulted. Men are approached as potential helpers of women who are recovering from rape.		
	<b>Resource</b> <a href="#">The Alcohol Use Disorders Identification Test (AUDIT, 2010)</a> ;	<b>Level of Evidence</b> Supported by evidence	<b>Form of Intervention</b> EI	<b>Resource</b> <a href="#">The Men's Program Curriculum</a> (Foubert, 2005)	<b>Level of Evidence</b> Supported by Evidence
				<a href="#">RealConsent</a> (Salazar, Vivolo-Kanto, Hardin, & Berkowitz, 2014)	<b>Form of Intervention</b> P; B; E; D; A
	Brief discussion about the correlation of sexual history, adverse childhood experiences, and history of engagement in impulsive behaviors and college sexual violence is included. Methods may include: instructional lecture, video and role-play, social marketing, and provision of information regarding engagement in mobilizing events.		Basic review of rape and definitions is provided. Provide men be with tools (e.g., ), practical methods, and strategies to understand the impact of our society on their own attitudes towards women, as well as proactive elements for positively addressing these social issues.		
Experiential Exercises	<b>Resource</b> <a href="#">Red Flag Campaign</a> (Virginia Sexual and Domestic Violence Act, 2007)	<b>Level of Evidence</b> Emerging	<b>Form of Intervention</b> P; B; D; A	<b>Resource</b> <a href="#">A Call to Men</a> (Porter & Bunch, 1987)	<b>Level of Evidence</b> Emerging
	<a href="#">Green Dot</a> (Coker et al., 2011)	Supported by evidence	P; B; E; A		P; B; D
	Guided activities on regulating one's emotions may be useful (deep breathing, mindfulness)				
	<b>Resource</b> <a href="#">SOS For Emotions</a> (NYU Student Health Center, 2016)	<b>Level of Evidence</b> Evidence-based	<b>Form of Intervention</b> Psychoeducation	<b>Resource</b>	<b>Level of Evidence</b>
Performance-Based Program	It is recommended that a performance-based workshop is included to analyze and challenge the components of a rape-supportive culture. Methods may include: scripted dialogue, audience-driven improvised scenes, and presenter-led discussion.				
	<b>Resource</b> <a href="#">Sex Signals</a> (Catharsis, 2007)	<b>Level of Evidence</b> Supported By Evidence	<b>Form of Intervention</b> B; E; D; A	<b>Resource</b>	<b>Level of Evidence</b>
	Include an educational video discussing interpersonal risk factors contributing to date rape and sexual violence (addressing rape myth acceptance, gender norms)		Videotape that describes a rape-related situation and the impact on actual survivors would be included.		
	<b>Resource</b> <a href="#">Words Speaker Louder than Actions</a> (Perera, TedX Ryerson U)	<b>Level of Evidence</b>	<b>Form of Intervention</b> P	<b>Resource</b> <a href="#">How to Help a Sexual Assault Survivor: What Men Can Do</a> (Foubert, 2005)	<b>Level of Evidence</b> P
Educational Video	It is recommended that a 30-minute peer-led discussion is included		It is recommended that a 90-minute process group is conducted. This group includes open-ended questioning, guided imagery of an alcohol-related rape, and a discussion about how to effectively intervene in this situation.		
	<b>Resource</b> <a href="#">Standing Together Against Sexual Violence and Misconduct</a> (Informed-U, 2009)	<b>Level of Evidence</b> Promising Direction	<b>Form of Intervention</b> B; E; D	<b>Resource</b> <a href="#">Mentors in Violence Prevention</a> (Katz, 2009)	<b>Level of Evidence</b> Promising Direction
					<b>Form of Intervention</b> B; E; A

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