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The Impact of Substance Use on the Prevalence of Sexual  
Misconduct at Institutions in the Midwest

by

Jerilyn Jean Reed

October 2017

A Dissertation submitted to the Education Faculty of Lindenwood University in  
partial fulfillment of the requirements for the degree of  
Doctor of Education  
School of Education

The Impact of Substance Use on the Prevalence of Sexual  
Misconduct at Institutions in the Midwest

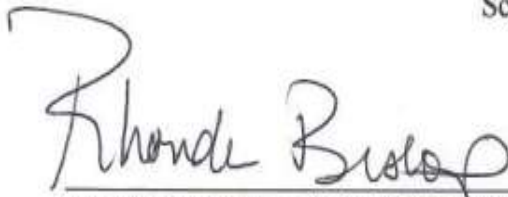
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A Dissertation submitted to the Education Faculty of Lindenwood University in  
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Date

Declaration of Originality

I do hereby declare and attest to the fact that this is an original study based solely upon my own scholarly work at Lindenwood University and that I have not submitted it for any other college or university course or degree.

Full Legal Name: Jcrilyn Jean Reed

Signature:  Date: 10/15/17

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## **Abstract**

Sexual assault has been an issue facing institutions of higher education for many years (Office of Civil Rights, 2011). Alcohol plays a role in both who have been victims of sexual assault and who have perpetrated the crime of sexual assault (Crawford, Wright, & Birchmeier, 2008). The purpose of this study was to look at sexual misconduct at institutions of higher education and to determine if substance use, such as alcohol or drugs, is a factor in the incidence of sexual misconduct happening to students on college campuses. The quantitative data section of the study reviewed three years of data from the Survey of College Health and Behavior. Baseline data were reviewed to show the rate of individuals experiencing nonconsensual sexual contact. Almost 6% of students reported they were taken advantage of sexually due to alcohol use. Over 16% reported they had engaged in risky sexual behavior due to alcohol use, and over 3% had been taken advantage of sexually due to alcohol use by others. Over 1% of students reported they had taken advantage of someone due to their alcohol use. More than 18% of students reported using alcohol or drugs to feel more comfortable with a sexual partner. Half of the 12 survey questions asked had an average of over 70% of respondents who had utilized protective factors. For the qualitative portion of the study, seven interviews were conducted with Title IX Coordinators at higher education institutions in the Midwest with experience ranging from one year to 15 years of working with sexual misconduct in the collegiate setting. Four themes emerged from the interviews: consent, communication, programming, and promotion. Based on the findings from this study, students need to be aware of the connection between substance use and sexual misconduct.

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## **Chapter One: Introduction**

Sexual assault has been an issue facing institutions of higher education for many years (Office of Civil Rights, 2011). Substance use, such as alcohol or drugs, plays a role in both who have been victims of sexual assault and who have perpetrated the crime of sexual assault (Crawford et al., 2008). The goal of this research study was to examine how sexual assaults impacted students on college campuses and risk factors associated with the use of alcohol or other drugs on sexual misconduct. There have been multiple studies which address the issue of sexual assaults such as drug facilitated, dating risk factors among college women, who report alcohol as a major component to sexual assault (Abbey, 2011; Eiden et al., 2013; Gautam, Sharratt, & Cole, 2014; Lawyer, Resnick, Bakanic, Burkett, & Kilpatrick, 2010).

Abbey (2011) noted the likelihood of a connection between alcohol and dating risk factors for sexual assault among college women. In the findings, three different risk factors were shown to be associated with sexual assault, one indicator being alcohol consumption (Abbey, 2011). Other studies have shown the use of sedatives are often the case in drug facilitated sexual assaults (Gautam et al., 2014). The four most common sedatives, benzodiazepines, flunitrazepam, diazepam, and temazepam are considered to be date rape drugs of choice due to the sedative and amnesia effect they have on individuals (Gautam et al., 2014).

Literature has shown an increase in drug facilitated sexual assault claims which can be due to multiple reasons (Dinnis-Oliveira & Magalhaes, 2013; Eiden et al., 2013; Gautam et al., 2014). One thought as to why drug facilitated sexual assault claims have risen can include media coverage (Gautam et al., 2014). Another motive could be the

increasing awareness of drug facilitated sexual assaults by date rape drugs and the ability of the perpetrator to administer the drug without the victim's knowledge (Gautam et al., 2014).

In this chapter, there is an introduction to the study and an explanation of the theoretical framework. The influences of alcohol and background for drug facilitated sexual assaults on college campuses will be discussed. The problem and purpose of the study are also explained. Research questions, definition of key terms, as well as limitations and postulations of the study are also provided within this chapter.

### **Background of the Study**

Numerous studies have looked at sexual victimization of college women (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2001; Gidycz et al., 2007; Koss & Dinero, 1989). One such study by Koss and Dinero (1989) specifically looked at vulnerability enhancing situations that can lead to sexual assaults. Another study published by Gidycz et al. (2007) assessed the relationships of sexual victimization with alcohol use and risk perception. In this study, the topic of sexual victimization of college students was viewed along with the discovery of common risk factors, such as alcohol and other drugs that influence potential behaviors or outcomes. According to Koss and Dinero (1989), alcohol consumption by the victim, perpetrator, and sometimes both, has been linked to sexual assault.

Abbey et al. (2001) reported at the time of their study, 50% of college women had been sexually assaulted. Another concerning fact from the same study revealed one-half of sexual assault victims had been under the influence of alcohol at the time of the assault, and one-half of men who had committed sexual assault were also under the



influence of alcohol (Abbey et al., 2001). Alcohol is the most commonly detected substance in sexual assaults, while illicit drugs follow closely behind (Eiden et al., 2013).

In drug facilitated sexual assaults, aggressors usually choose benzodiazepines to make the person unconscious and unable to resist the assault (Eiden et al., 2013). The majority of drug facilitated sexual assaults are performed by drugs that will make the person passive, unconscious, unable to fight, unable to think clearly, have little or no memory of the event, and to act without inhibition (Dinnis-Oliveira & Magalhaes, 2013). All of these effects almost make it appear as if the victim is cooperating with the assault (Dinnis-Oliveira & Magalhaes, 2013).

Calzada, Brown, and Doyle (2011) examined predictors of sexual aggression among college males by reviewing sexual aggression and athletic involvement, alcohol and drug use, fraternity membership, depression, social anxiety, and mistrust of women. As noted by Biddix (2016), sexual aggression on campus has been found with fraternity members. At the time of the study, which gaged the previous twelve months, 40% of undergraduate men in the study reported participating in some form of sexual aggression with six percent reporting either completing or attempting rape (Calzada et al., 2011). The perpetrators involved in the sexual assaults did so by using verbal pressure, alcohol or drugs, physical force, or the threat of physical force (Calzada et al., 2011).

Calzada et al. (2011) also found one in three men who reported being sexually aggressive engaged in these types of acts several times, often in the past year. Men who were affiliated with fraternities engaged in sexually aggressive behavior 52% of the time (Calzada et al., 2011). Similarly, Calzada et al. (2011) found college men involved with sports reported sexual aggression more than individuals who were not involved in some

form of athletic activity. Swartout et al. (2015) found by the end of their fourth year, 25% of male college students had engaged in some form of sexual coercion.

The abuse of alcohol has become a costly health problem and is a threat to public health for two main reasons: alcohol causes destructive behaviors both to individuals and society, and millions are held in the grip of its addiction (Steele & Josephs, 1990).

Alcohol and drug misuse affect millions of Americans, and imposes immense costs on society (Levy et al., 2017). The use of alcohol is an underlying cause associated with automobile accidents, suicide, and violent crimes (Steele & Josephs, 1990). As most people know, alcohol is a social lubricant, and many people often drink to achieve desired effects such as courage, social ease, relaxation, and a better mood (Steele & Josephs, 1990).

Substance use is also a problem faced by society which has caused many harmful consequences on all levels from the government to individuals (Unlu, Sahin, & Wan, 2014). As noted by Gryczynski et al. (2016), substance use contributes to significant societal burdens and includes the high cost of health care. Consequences from the government side are the large sums of money spent yearly on drug control (Unlu et al., 2014). Individual and societal consequences are seen from the impact long term substance misuse has on health (Unlu et al., 2014). The social structure impact and cost of drug control have been shown to negatively impact the effectiveness of government (Unlu et al., 2014). There are some key theories and concepts related to alcohol and drug use which helped guide this research.

## **Theoretical Framework**

Sexual assault can be documented to occur when substances such as alcohol, prescription, and illegal drugs are present (Lawyer et al., 2010). In order to view sexual assaults on collegiate campuses, the lens of reasoned action was used as the main theory in this study. Outcome expectancy, disinhibition, and alcohol myopia theories are also used as supportive tenets to the theory of reasoned action. By using these multiple theories as a guide, drug and alcohol's impact on an individual's ability to make decisions and how the effects of drug and alcohol use can influence human behavior are illustrated.

Sexual assault on a college campus can occur in a variety of different ways (Association of American Universities, 2015). The manner in which rape is characterized on television or in the movies can transpire; however, reality is, the common theme for most sexual assaults in the college environment involve the use of alcohol or other drugs in one form or another (Association of American Universities, 2015). For example, research has shown college students experience sexual victimization and rape (Canan, Jozkowski, & Crawford, 2016).

Inhibitions are lowered due to the prominence of substances used to incapacitate participants at Greek events (Stall, McKusick, Wiley, Coates, & Ostrow, 1986). When substances and alcohol are factored into situations, the ability to make a coherent decision about whether to partake in sexual interactions is compromised for both perpetrators and victims (National Institute on Drug Abuse, 2006). Thus, the theory of reasoned action comes into play.

According to the theory of reasoned action, it is the person's intention that can be predictive of the behavior (Hays, 1985). To clarify, a person will typically act in unity of his or her plans (Hays, 1985). If the intent of an individual is to go out and use substances to relax or get intoxicated, then by using the theory of reasoned action, the behavior followed suit of his or her intentions (Ajzen & Fishbein, 1980). According to Hays (1985), two basic factors influence intentions: attitudes and norms. Attitudes are how the person perceives the behavior and whether the behavior is seen as positive or negative (Hays, 1985). Also considered in attitude is if there are any consequence of engaging in the behavior or whether completing the behavior would meet their expectations (Hays, 1985). Norms are informal understandings of rules of social behavior in society (Hays, 1985). How norms are perceived refers to social pressure, both positive and negative, of performing certain behaviors (Hays, 1985). When applying the theory of reasoned action to sexual assaults on campus, a person could approach social situations with intent to engage in sexual activity even if he was to do so without consent of the other person or by using substances to gain access (Ajzen & Fishbein, 1980). Groups and individuals have a choice of whether they perform a behavior and if they choose to comply with the rules (Hays, 1985). Hays (1985) explained the desire to comply with rules can impact directly whether or not an individual will complete the behavior. In essence, there is knowledge of what the outcome is.

Outcome expectancy theory also aligns with the theory of reasoned action (Rotter, Chance, & Phares, 1972). In outcome expectancy theory, behavior is influenced by an individual having expectations that support the results of performing a behavior (Rotter et al., 1972). The expectations of the outcome, such as the use of drugs and alcohol, can

impact an individual's behavior and choices (Jones, Corbin, & Fromme, 2001). For outcome expectancy theory, Jones et al. (2001) discussed when individuals pair alcohol with their expectations, it appears individuals will consume alcohol in a way to make sure their expectations are met. Some people will use drugs or alcohol as an excuse to justify their actions which can be related to outcome expectancy (Jones et al., 2001). In order for outcome expectancies to impact behavior, it does not matter whether expectations are drawn from reasonable thoughts, only that they are held (Jones et al., 2001). This way of thinking can be true for the use of drugs as well (Lawyer et al., 2010). Some individuals will use drugs in order to gain a specific desired outcome (Lawyer et al., 2010). In the collegiate arena, students have reported unwanted or forced sex due to being given alcohol or drugs (Lawyer et al., 2010).

Other theories which complement the theory of reasoned action are the theories of disinhibition and alcohol myopia (Aguinaldo & Meyers, 2008; Steele & Josephs, 1990). The premise of disinhibition theory is to view how drugs and alcohol impact individuals and their decisions and choices (Aguinaldo & Meyers, 2008). Alcohol myopia affirms alcohol intoxication can decrease the amount of information an individual can process and impacts his or her ability to reason (Steele & Josephs, 1990). The person with intent to get intoxicated might be taken advantage of from the person who has intent to engage in sexual activity due to disinhibition and/or the effects of the myopia (Steele & Josephs, 1990). Both theories directly impact a person's ability to reason and can impact how plans to have a sexual encounter comes to fruition (Aguinaldo & Meyers, 2008; Steele & Josephs, 1990).

The effects of disinhibition, from victims' perspectives, are they may engage in sexual activities they would not normally do while they are under the influence (Aguinaldo & Meyers, 2008). The perpetrator may be specifically looking for individuals whose inhibitions are lessened, in order to make sure plans of achieving a sexual experience are achieved, just like in the theory of reasoned action (Hays, 1985). Disinhibition theory basically attributes negative social behaviors, like substance misuse, to violence (Aguinaldo & Meyers, 2008). The theory of disinhibition posits that drugs and alcohol's physiological effects encourage participation in high risk sexual activity (Stall et al., 1986). Some effects individuals experience are due in part to their own expectations and self-fulfillment as well as by using alcohol as a reason to excuse reprehensible behavior (Steele & Josephs, 1990). The disinhibiting effects might be caused from innate expectancies and thus lead to an individual engaging in unsafe sexual behaviors (Ostrow, 1994). Ostrow (1994) suggested one is more likely to engage in such behaviors when using alcohol or drugs if one believes the disinhibiting effects of substance use. Aguinaldo and Meyers (2008) noted the inebriating effects of substance use on safer sex behaviors among gay men have the most data to support disinhibition theory.

When an individual, like a perpetrator, experiences effects of alcohol myopia, he tends to behave or act in a way that would make the desired outcome or plan happen, like finding an individual to target and take advantage of (Ajzen & Fishbein, 1980). The theory related to alcohol myopia can decrease the amount of information an individual can process; having a direct impact on his or her ability to make decisions (Steele & Josephs, 1990). Steele and Josephs (1990) reasoned alcohol could prevent the drinker

from responding to normal cues which in turn could cause excessive social behaviors. External and internal cues a drinker experiences would also impact how the drinker would respond and what type of behavior he would exude (Ostrow, 1994). Alcohol has the ability to impair both perception and thought which has a direct correlation to the theory of reasoned action (Steele & Josephs 1990).

Disinhibition is a widespread and common phenomenon which aids in normalizing reported unsafe sexual experiences (Aguinaldo & Meyers, 2008). The National Institute on Drug Abuse (2006) stated alcohol and drugs interfere with judgment regarding sexual behavior and can affect the probability of engaging in unprotected and unplanned sex. There is research which establishes a statistical association between risky sexual practices and substance use among gay males (Aguinaldo & Meyers, 2008). Gay men who were surveyed were more likely to engage in unsafe sexual behaviors while under the influence of drugs or alcohol than individuals who did not report using drugs or alcohol (Aguinaldo & Meyers, 2008). A study completed by Adam, Husbands, Murray, and Maxwell (2005) had participants report, because of alcohol or drug use, temporary lapses in safer sex practices. According to Aguinaldo and Meyers (2008), widespread occurrence of the men's accounts highlighted the commonness that is disinhibition, and gay men reported substance use caused unsafe sex not just to who were interviewed but to others more commonly as well.

Nearly every aspect of information processing is impaired by substance intoxication (Steele & Josephs, 1990). Information processing impaired by intoxication includes the ability to think abstractly and conceptualize, skill to process situational cues, as well as the cognitive intelligence to translate meaning from incoming information

(Steele & Josephs, 1990). These effects have been well explained in all three theories covered in this study. The use of drugs and alcohol can lower inhibitions and create confusion over consent (Duke, n.d.). Substance use can impair effective communication about sexual activity, as well as one's ability to pick up on cues in a dangerous situation, like the ability to resist an assault (Duke, n.d.). Intoxication affects social behavior and emotion by the myopia it causes (Steele & Josephs, 1990). In essence, myopia is caused by alcohol intoxication and is short-sighted information synthesizing (Steele & Josephs, 1990). Studies have also shown alcohol use may make individuals more aggressive (Steele & Josephs, 1990).

A person who is not under the influence of alcohol and other substances is able to use all of the information to process and make choices, whereas a person who is under the influence is only able to use a limited amount of information in order to make decisions (Steele & Josephs, 1990). When an individual is under the influence of drugs or alcohol, he or she may not be able to reason or refer back to the norms (Steele & Josephs, 1990).

### **Statement of the Problem**

Sexual assaults are an issue that cross age, financial, and demographic borders (Center for Disease Control and Prevention, 2012). In 2012, the Center for Disease Control and Prevention Sexual Violence division reported 18.3% of women and 1.4% of men have experienced some form of rape in their lives. Fifty-one percent of female rape victims reported their perpetrators to be intimate partners (Centers for Disease Control, 2012). Familiar person sexual assault statistics are higher than reports of sexual violence with acquaintances at 41%, strangers at 14%, and other family members at 13% (Centers



for Disease Control, 2012). Male rape victims reported the majority of their perpetrators to be acquaintances at 52% and strangers at 15% (Centers for Disease Control, 2012). Alarmingly, over 37% of female rape victims were first raped between the ages of 18-24 (Centers for Disease Control, 2012). According to a report by the U.S. Department of Justice (2014), the highest rate of rape and sexual assault victimizations are 18-24 year old females. Sexual assault is a critical issue which impacts individuals while in college, with statistics showing that one in five women and 6.1% of men are affected during their college years (Office of Civil Rights, 2011).

Nineteen percent of female undergraduate college students have reported experiencing attempted or completed sexual assault since entering college (Centers for Disease Control, 2012). The spring 2015 National College Health Assessment reported sexual assaults have negatively impacted 1.1% of students in regards to academics (American College Health Association, 2015). In regards to personal safety, 7% of students reported experiencing violence and abusive relationships with sexual touching without permission and either attempted or completed sexual penetration without consent (American College Health Association, 2015). The 2015 Association of American Universities climate survey on sexual assault and misconduct had similar results. The Association of American Universities climate survey (2015) was administered to 27 member campuses during the spring semester. The climate survey found, 11.7% of students reported experiencing nonconsensual sexual contact since they had enrolled at their university (Association of American Universities, 2015).

In addition, the Association of American Universities (2015) report found 23.1% of female undergraduate students experienced sexual misconduct due to incapacitation,

physical force, or threats of physical force. Average rates of nonconsensual sexual contact by either incapacitation or physical force are just as high, or somewhat higher, than previous surveys (Association of American Universities, 2015). Individuals who experienced sexual assault and misconduct at a higher level were undergraduate females and persons who identified as transgender, genderqueer, non-conforming, and questioning (Association of American Universities, 2015). One in four transgender students have experienced sexual assault since enrolling in college (New, 2015). The Association of American Universities (2015) survey also found nonconsensual sexual contact declined from freshman to senior year.

A significant portion of all nonconsensual sexual contact involves drugs or alcohol (Association of American Universities, 2015). According to the National College Health Assessment, 64.9% of students had used alcohol within the last 30 days, and 10.9% had used drugs in the last 30 days (American College Health Association, 2015). A disturbing finding reported by the Association of American Universities (2015) was students who reported having witnessed a drunk person heading for a sexual encounter, and a little less than half did not try to intervene.

Higher education institutions in the United States have seen an increase in mandates and guidance, in regards to Title IX and sexual violence, from the federal level (Office of Civil Rights, 2011). An example of this is the recent emphasis on Title IX by the Office of Civil Rights (2011) to increase prevention, reporting, and the adjudication of sexual misconduct on college campuses. Guidance from the Dear Colleague Letter (Office of Civil Rights, 2011) discussed obligations schools have to address campus sexual violence. The Office of Civil Rights (2011) also dictates what college campuses

are expected to investigate, prioritize, and for higher education institutions to do their due diligence on each and every claim made. As part of prevention efforts, colleges and universities are expected to use education to try and lessen the use of alcohol and other drugs by their students (Office of Civil Rights, 2011). Research has highlighted the intersection between the use and abuse of alcohol and other drugs and the prevalence of sexual assault (Abbey, 2011; Eiden et al., 2013; Gautam et al., 2014; Lawyer et al., 2010). The influence alcohol and other drugs have on the incidence of sexual assaults while individuals are in college is staggering (Crawford et al., 2008).

### **Purpose of the Study**

The purpose of this study was to review sexual assaults at institutions of higher education and interview support staff to determine if alcohol and other drugs are a factor in the incidence of sexual assaults happening to students on college campuses. The study was necessary since prior research on this area is limited and timely because higher education institutions are mandated to prevent, report, and adjudicate sexual misconduct on campus based on guidance from the Office of Civil Rights (2011) related to Title IX of the Higher Education Act of 1972.

**Research questions.** The following research questions were used as the criterion to conduct this research study:

1. What factors or circumstances are documented most frequently by students who report nonconsensual sexual contact?
2. What factors or circumstances are documented most frequently by perpetrators who report engaging in nonconsensual sexual contact?

3. Of the college students who reported having nonconsensual sexual contact, to what extent, if any, do students report substance misuse playing a role in the nonconsensual sexual contact?
4. What pro-active strategies do college students report they engage in to reduce excess substance misuse?
5. What are support personnel perceptions to the reporting or investigation of nonconsensual sexual contact?

### **Definition of Key Terms**

For the purposes of this study, the following terms are defined:

**Alcohol myopia.** A person under the influence of alcohol will concentrate upon instant events with a reduced awareness of distant events, much like nearsightedness (Steele & Josephs, 1990).

**Binge-drinking.** When men consume five or more drinks, and when women consume four or more drinks, in about two hours (Centers for Disease Control and Prevention, 2015).

**Bystander intervention.** Taking proactive and preventive action to reduce relationship and sexual violence on and off campus (Duke, n.d.).

**Complainant.** An individual who has reported experiencing sexual misconduct (Duke, n.d.).

**Consent.** An agreement between participants to engage in sexual activity (Rape, Abuse & Incest National Network, 2016).

**Drug facilitated sexual assault.** Sexual activity where the victim is under the influence of drugs and either does not give consent or is unable to give valid consent due to the substances in their body (Gautam et al., 2014).

**Illegal drugs.** Illegal substance that causes addiction and that individuals are not allowed to have as regulated by the government (Merriam-Webster, n.d.).

**Intoxication.** A state in which a person's normal capacity to act or reason is inhibited by alcohol or drugs (Merriam-Webster, n.d.).

**Nonconsensual sexual contact.** Any intentional touching, without consent of the other person, or when an individual is unable to freely give consent, of the genitals or anus of any person, or the breast of any female person (Duke, n.d.).

**Opportunistic sexual assault.** The victim is rendered either fully or partially unconscious due to his or her own actions, like using substances such as alcohol or drugs, before sexual assault (Gautam et al., 2014).

**Pro-active drug facilitated sexual assault.** The perpetrator covertly administers a substance to the victim with the sole purpose of sexual assault (Gautam et al., 2014).

**Respondent.** An individual who has allegedly committed sexual misconduct (Duke, n.d.).

**Sexual assault.** The full range of forced sexual acts, including forced touching, kissing; verbally coerced intercourse; and vaginal, oral, and anal penetration (Abbey et al., 2001).

**Substance.** Referring to alcohol or drugs (World Health Organization, 2016).

**Substance misuse.** The harmful or dangerous use of psychoactive substances including drugs and alcohol (World Health Organization, 2016).

**Support personnel.** Individuals employed by institutions of higher education who meet with the respondent and complainant who investigate alleged sexual misconduct and offer resources to individuals impacted by alleged sexual misconduct, which can include a Title IX Coordinator and a Title IX Investigator (Duke, n.d.).

**Title IX.** Landmark federal civil right that prohibits sex discrimination in education (Know Your IX, 2016).

### **Limitations and Assumptions**

Limitations and assumptions that may affect the research need to be identified in order to ensure a good study (Fraenkel, Wallen, & Hyun, 2014). The following limitations were identified in this study:

**Sample demographics.** Participants in the quantitative section of this study were undergraduate degree seeking students in a Midwestern state. Participants in the qualitative phase who were interviewed were Title IX Coordinators located at higher education institutions in the Midwest. These factors serve as study limitations due to geographic restriction, as results could vary based on different geographic regions or areas (Creswell, 2014).

**Instrument.** The Survey of College Health and Behavior was used to gauge health behaviors and knowledge of students. The survey is an online, anonymous survey covering issues related to college student health and was given to a random sample of undergraduate degree seeking students (Midwestern State Coalition, n.d.). In order to assess perceptions of Title IX Coordinators, an interview survey was created.

The following assumption was accepted:

1. The responses of participants were offered honestly and without bias.

## Summary

As previously stated, sexual assaults on college campuses are an issue facing many institutions of higher education (Office of Civil Rights, 2011). Alcohol and other drugs have been known to play a factor in sexual assaults (Lawyer et al., 2010). Past studies provide evidence that many assaults occur when the victim is under the influence and unable to give consent (Lawyer et al., 2010). Research also confirms women face a higher rate of sexual victimization during their college years (Crawford et al., 2008). Data from the National Institute of Justice and Bureau of Statistics show that one in five women in college experience rape during their college years (Bureau of Justice and Statistics, 2016).

In this study, the incidence rate of sexual assaults on multiple college campuses were examined. The presence of alcohol or other drugs in reported incidents were factors considered for both who were sexually assaulted and who perpetrated assault, as well as any protective factors students reported employing. In this chapter, the theoretical framework was discussed, research questions were presented, and key terms were defined.

In Chapter Two, a review of literature that coincides with the subject matter associated with this study is presented. Information on the theoretical framework of reasoned action as supported by outcome expectancy, disinhibition, and alcohol myopia theories is examined. Additional topics discussed include the prevalence of sexual assaults, impact alcohol and other drugs have on sexual violence, and environmental factors and prevention.

## **Chapter Two: Review of Literature**

The prevalence of sexual assault has become a critical issue for colleges and universities (Office of Civil Rights, 2011). Protecting students, especially young women, is paramount at this time in history (Office of Civil Rights, 2011). According to the Office on Violence Against Women (2016), sexual offenses are a serious problem on college and university campuses. Sexual assault is a serious situation which impacts individuals while in college, with statistics showing 20% of women and 6.1% of men are affected by these incidents during their college years (Office of Civil Rights, 2011). Due to increases in mandates in response to Title IX, higher education institutions are increasing prevention efforts, adjusting reporting measures, and redefining the ways sexual assaults are adjudicated on campus (Office of Civil Rights, 2011). Prevention efforts related to the use of drugs and alcohol have become even more instrumental for colleges and universities as they work to lessen the number of sexual assaults and other forms of sexual harassment on campus (Office on Violence Against Women, 2016). The intersection between alcohol and drug use on occurrences of sexual assault has been highlighted by research (Abbey, 2011; Gautam et al., 2014). The impact these substances have on sexual assaults, especially in the college setting, is troubling (Bolger, 2016).

### **Theoretical Framework**

Several theories serve as the overarching premise of this study. An individual's ability to make decisions is impacted by drug and alcohol use (Aguinaldo & Meyers, 2008). The theory of reasoned action along with outcome expectancy theory, disinhibition theory, and alcohol myopia are supportive in understanding how substance and alcohol use connects with sexual misconduct and helps illustrate how use can



influence human behavior (Aguinaldo & Meyers, 2008; Hays, 1985; Jones et al., 2001; Steele & Josephs, 1990).

In the theory of reasoned action, it is the person's intentions which can be predictive of behavior (Hays, 1985). Outcome expectancy theory is supportive of the theory of reasoned action in the sense behavior is influenced by an individual having expectations that support results of performing a behavior (Rotter et al., 1972). Thus, the ability to make a coherent decision about whether to partake in sexual interactions is compromised for both perpetrators and victims when drugs and alcohol are factored into situations (National Institute on Drug Abuse, 2006).

The use of drugs and alcohol and expectations of the outcome can impact an individual's behavior and choices (Jones et al., 2001). Disinhibition theory can be impacted by the use of drugs and alcohol on individuals and their ability to make decisions and choices (Aguinaldo & Meyers, 2008). Alcohol myopia can also be used as a lens by which to understand why sexual assault on college campuses occurs (Hays, 1985). When viewed through alcohol myopia, intoxication can decrease the amount of information an individual can process, which can impact their ability to reason (Steele & Josephs, 1990). When overlaying the theories in this study on situations of sexual misconduct, it becomes clear how intention, reduced judgement, and risk play a key role in sexual assaults (Steele & Josephs, 1990).

### **Prevalence of Sexual Assault**

Sexual assault, especially in the form of student-on-student, is a current problem on many university campuses (Triplett, 2012). Victims as well as perpetrators are suing institutions for their lack of investigative and judicial proceedings in how sexual assaults

cases were handled (Triplett, 2012). The manner in which sexual assault cases are handled has caused a flood of concern and deliberation in regards to sexual assault in higher education, and campus rape has been a topic of new legislation (Bolger, 2016).

Awareness has been raised in regards to Title IX, with current emphasis nationally on institutions' obligations not only to students but also to the university as well (Bolger, 2016). In 1972, the U.S. Department of Education created Title IX, an educational amendment, which prohibits discrimination based on sex in all education programs or activities that receive any federal assistance (U.S. Department of Education, 2014). The greatest awareness of Title IX the general public possesses surrounds athletic programs (Bolger, 2016). As many public higher education institutions have seen, Title IX is not just about providing equal sports opportunities for female students (Bolger, 2016). Title IX encompasses much more than sports; it bans sex-based discrimination in any educational situation (Know Your IX, 2016).

Title IX is not limited to protecting female students; it shields all people on university or college campuses from discrimination based on sex (Bolger, 2016). The expectation is for schools to be proactive in protecting people from sexual discrimination, and procedures must be in place when complaints on sexual discrimination, sexual harassment, and sexual violence occur (Know Your IX, 2016). Schools must also take immediate action to ensure education can continue without further discrimination, harassment, or violence occurring (Know Your IX, 2016). Institutions are not allowed to make victims pay for any modifications to ensure their safety and cannot retaliate against any student who files a complaint (Know Your IX, 2016). It is the institutions' responsibility to ensure students who file a formal complaint are safe from retaliation of

any kind, especially from the accused (Know Your IX, 2016). Schools do have power to issue a no contact directive to keep the accused from interacting with the victim (Know Your IX, 2016). In cases of sexual violence, the school is not allowed to offer mediation instead of a formal hearing (Know Your IX, 2016).

Sexual assaults have financial outlay associated with them, and costs establish an inequitable barrier to educational access (Bolger, 2016). According to the National Alliance to End Sexual Violence (2017), for victims, rape is the most costly of all crimes, with total estimated costs at \$127 billion a year. In 2015, the U.S. Bureau of Labor increased the cost outlay to over a quarter of a million dollars per incident (U.S. Bureau of Labor, 2015).

Sexual assaults, also referred to as gender-based violence, can hinder a student's ability to access education, and this issue has been acknowledged by the judicial system since the establishment of Title IX (Bolger, 2016). According to Bolger (2016), the court system has recognized sexual violence can limit or deny victims access to education and is why institutions have an obligation under Title IX to limit this behavior as much as possible. The pervasiveness of sexual victimization on campus plays an important role in the university and its duty in protecting students (Triplett, 2012).

One in five women in college will either experience a sexual assault or an attempted sexual assault (Bolger, 2016). The impact of sexual assault is not limited to physical, mental, and emotional duress (Jordan, Combs, & Smith, 2014). In a study completed by Jordan et al. (2014), the academic GPA of victims of sexual assault dropped at the end of the first and second semester after women experienced rape during their first semester of college.

Bolger (2016) emphasized the viciousness of sexual assault can seriously hinder a student's ability to learn. Some students will drop out of school to avoid their perpetrator, skip classes, avoid shared areas, transfer, or even hide out in their residence hall room (Bolger, 2016). Being a victim of sexual assault, especially rape, can negatively impact a student's mental and physical health and academic outcomes (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). Victims who experience sexual assault can suffer from depression, posttraumatic stress disorder, and anxiety attacks, to name a few issues that can negatively impact access to education (Bolger, 2016). As reported in the spring 2015 National College Health Assessment, sexual assaults have negatively impacted over 1% of college students in regards to their academics (American College Health Association, 2015).

According to Napolitano (2015), sexual assault is not limited to college campuses, but there are some key reasons as to why there is such focus on sexual assault in the world of higher education institutions. One reason is federal law requires institutions of higher education to take prevention efforts, report, and respond to sexual assaults (Napolitano, 2015). Another viable reason is the mandate of Title IX dictates all institutions of higher education provide a safe and secure learning and working environment for all students, employees, parents, and alumni (Cantalupo, 2014). Governing college and university boards also trust institutions of higher education will ensure a safe and secure environment (Napolitano, 2015).

Napolitano (2015) purported colleges and universities have a unique opportunity to impact and change collegiate culture and eliminate sexual assault and violence. Changing culture is not without some challenges (Napolitano, 2015). Personnel at higher

education institutions need to continue to work on both ends of the spectrum, providing prevention and education efforts, as well as responding and investigating reported sexual assaults (White House Task Force to Protect Students from Sexual Assault, 2014, 2017). Institutions are also in a position to improve federal policies and laws of regulatory structure which can help ensure perpetrators are handled and sanctioned effectively (Napolitano, 2015). Better implementation of prevention efforts not only can make the whole campus safer, but also will help safeguard victims and make sure they are better served by the campus (Napolitano, 2015).

Silbaugh (2015) noted universities tend to use more resources in the aftermath of sexual assaults instead of directing efforts toward preventing them from occurring. The tendency to focus on post-sexual assault instead of prevention efforts seems to come from pressure colleges have in adjudicating sexual assaults which have already transpired (Silbaugh, 2015). Colleges may want to reduce the rate of sexual assaults, but instead of being held accountable for ineffective efforts to reduce this crime, institutions are being held liable for an inappropriate response to a sexual assault that has already occurred (Silbaugh, 2015). Prevention of sexual assault and good discipline procedures, as well as moral condemnation of perpetrators, can help deter future sexual assaults and may be needed to help with sex equality on campus (Napolitano, 2015). According to Silbaugh (2015), policy awareness of sexual misconduct might also be needed to send a message to perpetrators as well as people who might be contemplating sexual aggression.

The American College Health Association (2015) recognized sexual assault as a dangerous public health and campus issue. The American College Health Association (2015) also acknowledged high rates of sexual assault and violence on college campuses,

even though students reported low levels of these incidents. Dupain and Lombardi (2014) noted the Centers for Disease Control reported 80% of female victims were raped before they turned 25 and the majority of sexual assaults occur between the ages of 16 and 24. The age in which the majority of sexual assaults occur make college students especially at risk (Dupain & Lombardi, 2014).

Cassel (2012) stated, according to a review of research, sexual assaults occur frequently on college campuses and are considered a major problem. The majority of sexual assault victims are women, and 90% of perpetrators of sexual violence are men, so it appears more efforts to prevent assaults are focused on female population in regards to college campus prevention (Cassel, 2012). According to Cassel (2012), rape myth acceptance may be one of the reason behind these efforts. Rape myths, as defined by the University of Minnesota Duluth (n.d.), are stereotypical, prejudicial beliefs about reasons for sexual assaults and about rapists and rape victims, which usually leads to stigmatization and victim blaming. Rape myths have functioned to reaffirm a person's false sense of security in regards to immunity to sexual assault and explains why victims deserved rape (Cassel, 2012).

To alter underlying attitudes regarding gender relations and rape, prevention intervention programs need to target the issue of sexual assault (Cassel, 2012). Incorporating theoretical models of attitude change in programming and prevention have focused on minimizing rape myth acceptance and other relevant attitudes (Cassel, 2012). Educational interventions have also been successful in reducing rape myth acceptance (Cassel, 2012).

The role alcohol and other drugs play in the prevalence of sexual assault and other forms of sexual harassment cannot be understated (Fedina, Holmes, & Backes, 2016). Most incidents of sexual assault are less likely to be reported to campus officials most likely because of the consumption of alcohol or use of illegal drugs (Fedina et al., 2016; Zinzow & Thompson, 2015). The Bureau of Justice Statistics (2016) found only 7% reported rape incidents to school officials, while the majority of sexual assaults of college students go unreported by victims.

Selkin (1975) constructed a rape sequence in which stranger rapists use and follow a five-step behavior model. Thompson (1996) found a similar behavior pattern for familiar assaults which consists of a seven-step model called the sexual assault sequence. Both categorizations consists of target selection, approach and evaluation, intimidate, and termination (Selkin, 1975; Thompson, 1996). Selkin's (1975) rape sequence has sexual violation occurring between intimidation and termination steps in the sequence.

According to Thompson (1996), the first step in a sexual assault sequence, target selection, is the most important step. This step allows the assailant to find someone who will be flattered by attention and easily controlled (Edwards, 2014). The second step in the sexual assault sequence is approach and evaluation (Thompson, 1996). In the approach and evaluation step, the assailant will get close to the potential target and determine if she will be flattered by attention and will be easily controlled (Edwards, 2014).

If the environment has alcohol present, the assailant will try to make sure the potential target never has an empty glass (Edwards, 2014). The assailant will plan to incorporate alcohol and or drugs as tools to help with the success of the mission

(Thompson, 1996). According to Thompson (1996), the more alcohol or drugs the assailant can get the potential target to consume, the more control the assailant will have. When reflecting on the assault, targets stated there was a time when they felt uncomfortable by the assailant's behavior or language but did nothing because of the assailant being characterized as a nice person (Edwards, 2014). Acquaintance or date rape predators have an amazing ability to assess a potential target and will quickly move on if they feel the encounter will not be successful (Thompson, 1996).

Separation, the third step in the sexual assault sequence, is a critical component, and if the assailant is unable to get the target alone, he is unable to succeed (Thompson, 1996). Typically, an excuse to leave the group will happen, while keeping the nice person character intact (Edwards, 2014). The assailant is charming and manipulative, which is a classic example of familiar predator behavior (Thompson, 1996).

Sexual contact is the fourth step in the sexual assault sequence (Edwards, 2014). The predator will attempt to have sex with the target and become sexually aggressive if the target is unwilling (Thompson, 1996). If consensual sex occurs, where the target is of legal age, not under the influence of alcohol or drugs, and legally consents, no crime has been committed and the sequence ends (Edwards, 2014). If the target does not consent, the predator will move on to the fifth step in the sequence, which is intimidation (Thompson, 1996).

The intimidation stage in the sequence is when the predator will use physical measures or words to communicate to the target that he will not be leaving until the target does what the predator wants (Edwards, 2014). The predator no longer keeps up the nice guy persona and will do whatever it takes to succeed (Thompson, 1996). Sexual



violation is the sixth step in the sexual assault sequence (Thompson, 1996). After the predator has intimidated the target, sexual assault will occur with the perpetrator being forceful and self-interested (Edwards, 2014). The seventh and final step in the sexual assault sequence is termination (Thompson, 1996).

Once assault has occurred, the predator's main objective is to ensure there are no consequences for his actions (Edwards, 2014). The predator may revert back to the nice guy image, acting like there is nothing wrong, talking about the nice time he had, and he will call her soon (Thompson, 1996). The predator might take measures constructed to keep the target from telling anyone, by making her feel responsible for what happened, due to her dress or behavior (Edwards, 2014). Some predators will even threaten physical retribution if the target talks (Edwards, 2014). The predator is very persuasive during this termination phase, and the target is frequently disorientated and confused due to alcohol, drugs, and shock (Thompson, 1996).

The sexual assault sequence is used to illustrate pattern or behavior sequences often exhibited by someone who committed sexual assault against someone he knows, as in a familiar assault (Edwards, 2014). Thompson (1996) not only created the sequence of sexual assault but also developed a description of the familiar assailant. Survivors of date rape usually give an initial description of their assailant as a nice guy, and due to the disposition of his personality, is rarely seen as a predator (Thompson, 1996). Due to the assailant being recognized as being a nice guy, people assume he is wrongly accused (Thompson, 1996).

## **Impact of Substance Use on Sexual Violence**

The impact of substance use on sexual violence has been documented to occur (Abbey, 2011; Eiden et al., 2013; Lawyer et al., 2010). In this section, the issues of sexual violence and substance use are addressed. Substance use includes both alcohol and other substances and how drugs influence sexual violence.

**Alcohol and sexual violence.** According to Dupain and Lombardi (2014), most women who experience sexual assaults at college have voluntarily consumed alcohol. Less is known about perpetration of incapacitated assaults even though legal statutes define rape as when a victim is unable to give consent (Zinzow & Thompson, 2015). Risk factors include effects on individuals, consequences of alcohol use, intoxication impact, and impact of other drugs on sexual assault (Zinzow & Thompson, 2015).

**Risk factors.** College sample studies have suggested the use of alcohol has played a critical role in sexual perpetration (Zinzow & Thompson, 2015). White and Hingson (2013) stated there are many factors which influence whether a college student will drink alcohol as well as types of consequences he or she can experience from alcohol use. The consequences could affect a person by impacting ability to participate in activities personally, professionally, or educationally (White & Hingson, 2013). The scope of the influence of alcohol use can be minor or can be intensified by injuries, sexual assaults, or even overdoses (White & Hingson, 2013). According to Hingson, Zha, and Weitzman (2009), every year more than 97,000 students between the ages of 18 and 24 are victims of alcohol related sexual assault and date rape. A high number of unsafe sex incidents due to alcohol use were also reported (Hingson et al., 2009). According to a study by White and Hingson (2013), an estimated 400,000 students have experienced unprotected

sex linked to alcohol use. Furthermore, approximately 110,000 students were so intoxicated they were unaware if they actually consented to the sexual act (White & Hingson, 2013).

Abbey, Ross, McDuffie, and McAuslan (1996) discussed three risk factors for sexual assault: dating and sexual activity, misperception of friendly cues as sexual intent, and alcohol consumption. Consumption of alcohol by the victim, perpetrator, or both has been regularly linked to sexual assault (Abbey, 2011). To determine a female companion's sexual availability, some men use alcohol as a cue (Abbey et al., 1996). Several studies have illustrated it is perceived women who are drinking are more likely to have sex with their partner than peers who are not consuming alcohol (Abbey et al., 1996).

Studies have confirmed some college students engage in sexual activities while they are under the influence of alcohol (Abbey, 2011; Ward, Matthews, Weiner, Hogan, & Popson, 2012). Wilsnack, Wilsnack, and Kantor (2013) also indicated heavy alcohol consumption among women has been associated with an increased risk in sexual assault and intimate partner violence. Highly intoxicated women may not be unable to resist unwanted sexual advances due to being incapacitated, which may lead to an increased risk of being assaulted (Wilsnack et al., 2013). In a national survey, college women with a past year of binge drinking history were more at risk for experiencing incapacitated rape, and similar results were found in first-year college students who reported incidents of incapacitated rape after consuming large amounts of alcohol (Wilsnack et al., 2013).

Ward et al. (2012) highlighted the link between alcohol and sexual experiences. As consumption increases so do the numbers of experiences (Ward et al., 2012). Alcohol

has also been linked to sexual victimization, where a major difference between consensual and nonconsensual sexual experiences is consent (Wilsnack et al., 2013). Risk-taking among college students is also linked to an increase in alcohol consumption, and students who consume alcohol are six times more likely to engage in a vaginal intercourse with a new partner than counterparts who did not drink prior to the sexual situation (Ward et al., 2012). According to Ward et al. (2012), 97% of participants who had vaginal intercourse under the influence of alcohol also reported their partner was consuming alcohol.

*Effects on individuals.* According to Jones et al. (2001), alcohol has numerous effects on individuals, from loss of inhibitions, to engaging in unplanned sexual behavior, and even to engaging in dangerous behaviors. Sexual risk behavior has also been found to be connected to sex-related alcohol expectancies (Jones et al., 2001). Sex-related expectancies are ways in which individuals perceive alcohol to impact behaviors, social perceptions, and sexual thoughts (Gilmore et al., 2014).

Individuals with strong sexual enhancement expectancies believe sexual activity with alcohol consumption will improve (Gilmore et al., 2014). The framework for this study, the theory of reasoned action, and alcohol myopia both align with individuals who have sex-related expectancies (Ajzen & Fishbein, 1980; Steele & Josephs, 1990). Alcohol is perceived as contributing to a person's willingness of engaging in sexual activity (Gilmore et al., 2014). However in reality, the more alcohol consumed the less information a person can process clearly thus increasing the likelihood of nonconsensual sex as well as dangerous and risky sexual behaviors (Steele & Josephs, 1990).

Use of alcohol may influence sexual assaults by impacting cognitive and motor skills, stereotypes of women who drink, and beliefs associated with alcohol and its impact on sexual behavior (Zinzow & Thompson, 2015). It is difficult to prosecute sexual assaults when the victim is voluntarily intoxicated by alcohol at the time of the event (Gunby, Carline, Bellis, & Beynon, 2012). According to the Institute of Alcohol Studies (2014), in the United Kingdom, in half of reported rape cases, the complainant had been drinking, and consumption of alcohol was a recognized risk factor of experiencing a sexual offense. There are data to support the connection between alcohol use and nonconsensual sex in American student populations as well (Gunby et al., 2012).

*Consequences of alcohol use.* Alcohol is still the most commonly used substance in sex crimes (Eiden et al., 2013). In many drug-facilitated sexual assaults, the main toxicological discovery is a positive blood alcohol concentration (Jones, Holmgren, & Ahlner, 2012). When both parties involved are consuming alcohol, there tends to be a fine line between sexual assault and consensual sex (Jones et al., 2012).

According to Zinzow and Thompson (2015), of all sexual assaults involving college students, one-half to two-thirds involve alcohol, and incapacitated rape is common on college campuses. Male college students also experience unwanted sexual contact and sexual victimization with a range of 18% to 31% having experienced it within the past academic year (Turchik, 2012). Variables that impact college male sexual victimization are also related to greater alcohol use, and individuals who have experienced sexual victimization also reported high alcohol intake as well as a greater number of alcohol-related negative consequences (Turchik, 2012).

Societal norms in America frequently link sexuality, dating, and alcohol (Abbey, 2011). A study by Abbey et al. (1996) surveyed 1,160 college women in order to determine the role of alcohol and dating risk factors for sexual assault. Over half of women taking the survey had experienced sexual assault in some form, and almost half of assaults involved consumption of alcohol by either the woman, man, or both. The same study also found alcohol consumption was related to consensual sex, sexual misperceptions, and sexual assault (Abbey et al., 1996).

*The intoxication impact.* In a study of 2,000 women by Gunby et al. (2012), results showed 6.4% had experienced sexual assault where alcohol or drugs caused incapacitation. Also in this study, in 96% of cases, alcohol had been consumed voluntarily and was identified as the substance used to procure sex (Gunby et al., 2012). The same study revealed one-third of participants had experienced nonconsensual sex that was alcohol related (Gunby et al., 2012). Misuse of alcohol has been found consistently with people who perpetrate sexual assault and domestic violence (Institute of Alcohol Studies, 2014).

Abbey et al. (1996) interviewed college rapists and reported three-fourths of perpetrators indicated they knowingly got their dates drunk in order to have sexual intercourse with them. Offenders also noted their peer status increased if they forced sex on a woman with whom they drank alcohol at a bar (Abbey et al., 1996). Present research shows a strong correlation between alcohol use problems and sexual aggression (Tuliao & McChargue, 2014). A study completed by Tuliao and McChargue (2014) illustrated alcohol use was involved in half of all sexually aggressive acts on college

campuses, and 74% of perpetrators self-reported alcohol consumption leading up to an assault.

Wilsnack et al. (2013) found intoxication plays a factor for women who are more likely to experience sexual assault or rape. Two-thirds of women who had been raped reported to have been intoxicated at the time of the incident (Wilsnack et al., 2013).

Ward et al. (2012) found alcohol consumption in women has been linked to an increase in risk of sexual victimization. Ward et al. (2012) discovered 42% of college women who experienced sexual victimization had consumed alcohol before the incident, and of those women, 53% noted their perpetrator had similarly consumed alcohol before the incident.

Men who sexually victimize women are more likely to have consumed alcohol, just like women who consume alcohol are more likely to be at an increased risk in experiencing sexual victimization (Ward et al., 2012). The co-occurrence of alcohol consumption by both victim and perpetrator tends to coincide, so rarely is only the victim consuming alcohol (Abbey et al., 2001). This is not surprising since alcohol consumption tends to be a shared activity in social situations (Abbey et al., 2001).

Although, a woman's alcohol consumption may put her at an increased risk for sexual assault, in no way does it justify the act (Ward et al., 2012). Perpetrators are morally and legally accountable for their behavior (Abbey et al., 2001). According to Abbey et al. (2001), sexual assault perpetration has been linked to heavy alcohol consumption, and sexual assaults that occur between men and women who do not know each other well are more likely to involve alcohol consumption. Sexual assault can be related to alcohol consumption in many arenas (Abbey et al., 2001). According to Abbey et al. (2001), social situations where men drink heavily can lead to sexual assault.

Individuals who engage in unacceptable behavior, such as sexual assault, might use intoxication as a justification, and personal characteristics may add to the tendency of men to drink heavily and commit sexual assault (Abbey et al., 2001). One thing is clear, alcohol can add complexity to a sexual situation (Ward et al., 2012). Sexual assault and the relationship to substance use are well established (Gilmore et al., 2014). Consensual and nonconsensual sexual activities are impacted by the use of alcohol and the relationship between drinking and sexuality (Jones et al., 2012).

**The impact of other drugs on sexual violence.** Illicit drugs follow closely behind alcohol, which is the most commonly detected substance in sexual assaults (Eiden et al., 2013). An increase in drug-facilitated sexual assault claims has been documented in literature (Dinnis-Oliveira & Magalhaes, 2013; Eiden et al., 2013; Gautam et al., 2014). The numerous reasons why drug-facilitated sexual assault claims have risen can include extensive media coverage, as well as public awareness of drugs being used in sexual assaults without victim knowledge (Gautam et al., 2014).

There have been multiple studies which address the issue of drug-facilitated sexual assaults (Eiden et al., 2013; Gautam et al., 2014; Lawyer et al., 2010). Gautam et al. (2014) completed a study which showed the use of sedatives are often used in drug-facilitated sexual assaults. The three most common date rape drugs leave victims incoherent and unable to defend themselves (Gautam et al., 2014). Symptoms include victims becoming passive, unconscious, unable to fight, unable to think clearly, little or no memory of the event, and in some cases to act without inhibition (Gautam et al., 2014). In drug-facilitated sexual assaults, aggressors usually choose benzodiazepines to make the person unconscious and unable to resist assault (Eiden et al., 2013). All of



these effects almost make it appear as if the victim is cooperating with the assault (Dinnis-Oliveira & Magalhaes, 2013).

### **Environmental Influences on Sexual Assault**

Environmental factors can positively or negatively impact sexual assaults (Amar, Sutherland, & Kesler, 2012). Some elemental influences can include bystander intervention programs and creating a culture which does not support sexual violence (Amar et al., 2012; McMahon et al., 2014). Different habitat factors and influences, rape culture, impact of pornography, and bystander intervention programs are discussed in the following segment.

**Environmental influences and factors.** Allison and Risman (2013) explored sexual attitudes and how these have become more open than the past half century. According to Allison and Risman (2013), research is still varied on attitudes and whether these have become less gendered. There is a double standard that continues to organize sexuality on college campuses by looking at students' sexual and romantic relationships (Allison & Risman, 2013). Analysis completed by Allison and Risman (2013) has shown a direct impact on sexual attitudes with participation in American fraternity and sorority groups on collegiate campuses. Rates of rape are especially high among students who visit campus parties hosted by fraternities (Boyle, 2015). Increased risk of rape for students who attend these social events is believed to be related to behaviors and attitudes of fraternity members and organizational norms within the party subculture of the fraternity (Boyle, 2015). The ways in which negative attitudes and behaviors towards women intersect provides insight into the frequency of sexual violence among fraternity men and individuals who visit fraternity parties (Boyle, 2015).

The fraternity party is an environment where women are at risk of being taken advantage of and objectified (Boyle, 2015). According to Boyle (2015), fraternity men are more likely to hold different attitudes about rape than non-fraternity men, and members of a fraternity are more prone to engage in problematic levels of alcohol use. The increase and probability of sexual coercion and abuse are directly related to engagement in fraternity party subculture (Boyle, 2015). The institutionalized campus culture makes it possible for deviant behavior within the college campus party subculture to normalize and minimize the responsibility of sex crimes or discount institutional dynamics which make campus rape possible (Boyle, 2015). Allison and Risman (2013) discussed how participation in fraternity and sorority campus groups have a direct effect on sexual attitudes. According to Allison and Risman (2013), social life within the fraternity and sorority system is more male dominated than the rest of campus culture, and often the location of sexual misconduct, such as sexual assault, more than any other university setting (Allison & Risman, 2013).

Not only does involvement in fraternity and sorority life impacts sexual attitudes, but also involvement in varsity athletic life (Allison & Risman, 2013). Allison and Risman (2013) argued there is evidence of campus culture being impacted by socialization of fraternity and athletic life as it creates expectation of male privilege. Abdul-Jabbar (2015) discussed cultural sense of entitlement some athletes feel on the collegiate campus, as if they, the athlete, can do no wrong.

Research related to college athletes demonstrates they are less likely to be found guilty of sexual assault than their general peers in the collegiate setting (Abdul-Jabbar, 2015). According to Allison and Risman (2013), participants in masculine sports

environments can hold negative attitudes towards women. Allison and Risman (2013) also reported male varsity athletes are more often portrayed as campus privileged with access to many sexual partners. A high percentage of male varsity athletes have been found to be involved in campus sexual assaults (Allison & Risman, 2013). At higher rates than non-athlete peers, male varsity athletes embrace and promote an inequality between people with their sexual and gender attitudes (Allison & Risman, 2013).

Abdul-Jabbar (2015) argued when colleges ignore the problem of sexual assault they encourage the problem to grow. Abdul-Jabbar (2015) also emphasized any tolerance of sexual assault teaches students that women are less deserving of protection than men in society, and their sexual aggression is okay and even normal. Discussing rape culture mentality, Abdul-Jabbar (2015) emphasized the need to attack 'bros before hoes' attitude. Campuses need to realize it is not enough to provide training to alert female students to predators or provide panic buttons around campus, but there is a strong need to work on culture (Abdul-Jabbar, 2015). Gattuso (2015) affirmed rape culture as being a contract never signed; meaning men, or perpetrators, have a plan in mind to do whatever they would like to another person's body because they are entitled to it. Unfortunately for women, or victims, this contract was signed long before, because the male dominate attitude goes back centuries (Gattuso, 2015).

**Rape culture.** Rape culture is exhibited in society by the sexual objectification of women and prevalent endorsement of rape myths, which are legitimized by media everyday (Hildebrand & Najdowski, 2015). Posadas (2017) argued sexual violence is essentially a problem of masculinity, and rape culture is the method by which toxic masculinity legitimizes practice of sexual violence. Hildebrand and Najdowski (2015)

stated Americans live in a society that promotes violence and sexual aggression against women. Publicity about campus rape and rape culture have created concern over violence committed by college men who participate in deep-rooted norms (Gruber, 2016).

Sexual objectification of women and the media's role are central aspects of rape culture (Hildebrand & Najdowski, 2015). Women are objectified sexually when their body parts are used as pieces other than as representative of the whole female person and treated as existing for the utilization of others for pleasure (Hildebrand & Najdowski, 2015). The tradition of treating women as sex objects is legitimized by messages broadcasted in media and society (Hildebrand & Najdowski, 2015). Objectification of women is evident on college campuses (Hildebrand & Najdowski, 2015). An example is an incident at a university fraternity located in California (Jozkowski, 2015). The Gullet report, as it was denoted, referred to women as 'targets' and further objectified them by using demeaning names to describe their body parts (Jozkowski, 2015). The report kept track of women whom fraternity brothers engaged in sexual activity with and showed a list of 'sorostitutes'; women who were more prone to engage in sexual activity (Jozkowski, 2015). Sexual objectification of women dehumanizes women and perpetuates rape culture (Hildebrand & Najdowski, 2015).

Sexual exploitation of women on college campuses is not just found within fraternity life (Jozkowski, 2015). At a university in Ohio, a flier posted in a co-ed residence hall men's restroom had a top 10 list of ways to get away with rape (Jozkowski, 2015). One of the examples on the list was to make a woman unconscious by putting drugs in her drink so she would be unable to remember what had happened (Jozkowski,

2015). Jozkowski and Peterson (2013) completed a study and found around 13% of men were intentionally deceptive about gaining sexual consent with their partner. The men noted they would begin the sexual act and pretend insertion was an accident if the partner refused (Jozkowski & Peterson, 2013).

One essential aspect of rape culture is promotion and confirmation of myths about rape (Hildebrand & Najdowski, 2015). When engraining myths of assault, social norms tend to create normal belief patterns (Burnett et al., 2009). Some organizations, both athletic and fraternal, have strong sexual assault supportive attitudes based on rape myths (Burnett et al., 2009). Rape myths are often false beliefs which are stereotyped and prejudicial and often imply the person who was raped is responsible for her own victimization due in part to what she was wearing, her behavior, or if she had been engaging in alcohol or drug use (Hildebrand & Najdowski, 2015). Rape myths influence sexual violence against women and also highlight how inaccurate beliefs manifest the problem (Hildebrand & Najdowski, 2015).

Rape culture not only influences risk factors related to sexual violence but also post-rape behaviors, which only conceal and perpetuate rape culture (Burnett et al., 2009). Rape myths refute and tone down the implication of sexual violence and often shift blame on women for their own victimization (Hildebrand & Najdowski, 2015). The culture of rape seems to promote the silence of not reporting; an action which demonstrates not only a tolerance of rape but also protects perpetrators (Burnett et al., 2009). Due to rape culture and its impact, women may have a hard time labeling unwanted sexual experiences as a nonconsensual sexual act due in large part to victim blaming or alcohol and drug use (Burnett et al., 2009). Sometimes survivors may

question whether their experience was rape due to the uncertainty about what might comprise rape, consent, and responsibility (Burnett et al., 2009).

Culture and rape myth acceptance excuses perpetrators who use incapacitation or coercion to obtain sex and continues to immortalize the idea only forceful, stranger rape is real rape (Boyle, 2015). The only way to obtain consensual sex requires all participants to be present, free from substances and coercion, and able to give permission (Gattuso, 2015). Another influence on collegiate social life is consensual sexual activity outside of a relationship, which is now a dominant feature on college campuses (Allison & Risman, 2013). This switch in culture from courting and dating towards a more casual and commitment free sexual encounter, known as hook ups, has impacted the collegiate environment (Aubrey & Smith, 2013).

The shift in the college scene, like sex-integrated residence halls and changing student body sex ratios, may be some of the main contributing factors to the rise in hook up culture (Allison & Risman, 2013). Aubrey and Smith (2013) stated hooking up is a culture and not just a behavior. According to Allison and Risman (2013), the location of the student and institutional features of higher educational space interconnect and shape sexual practices of students. Hooking up has become the prevailing sexual script for college student sexual and romantic relationships (Allison & Risman, 2013).

**Pornography's impact.** An association between pornography use, negative views of women, sexist attitudes, and endorsement of violence has been found (Willoughby, Carroll, Neslon, & Padilla-Walker, 2014). Willoughby et al. (2014) found pornography used to be connected with higher levels of alcohol consumption and binge drinking with college students. The way in which an individual views and accepts

pornography can change his or her engagement and reaction, which can impact an individual's sexual decision making (Hald, Kuyper, Adam, & Wit, 2013). Willoughby et al. (2014) found differences in gender pornography use and acceptance. High male pornography use was associated with an increase in risk taking behaviors, and women's use led to an increase of negative mental health outcomes (Willoughby et al., 2014).

Wright and Bae (2015) found pornography to contribute to gendered sexual attitudes, such as rape myth acceptance and callous attitudes towards women. In popular pornographic internet videos, women are objectified through instrumentality and shown to be submissive, while men are shown more as the dominant partner (Klaassen & Peter, 2015). Viewing pornography influences attitudes towards women, especially if viewers believe women unconsciously want partners to force sex on them, then the exposure of women enjoying forced sex on dates changes the viewer's belief on specific sexual scripts (Wright & Bae, 2015). Pornography is a risk factor to conditioning, gendered power, and sexual scripting (Wright, Tokunaga, & Kraus, 2015). As noted by Foubert (2017), pornography is a recipe for rape, and the sexual script for sexual behavior of the millennial generation has been rewritten. Foubert (2017) argued pornography is rewiring brains of future generations.

Klaassen and Peter (2015) contended pornography portrays women as sex objects and promotes gender inequality by subordinating them and depicting violence and rape against them. Gender dynamics are often portrayed in pornography where the woman is submitting to the man (Wright & Bae, 2015). Male dominance with female submission is also depicted to show gratification happening for both the dominant and submissive (Wright & Bae, 2015). Consumers of pornography are impacted in their gendered

attitudes (Montgomery-Graham, Kohut, Fisher, & Campbell, 2015). Use of pornography and its impact of gendered attitudes has been found to affect college men who view pornography, with dominant themes having less progressive attitudes of women (Wright & Bae, 2015).

Pornography use not only creates a climate of rape culture but also the expectation of sexual behavior by people who view pornography (Sánchez, 2016). The result of pornography use can be seen in men who expect images presented in pornography to be replicated by their partners (Montgomery-Graham et al., 2015). Rothman and Adhia (2016) conducted a study which found more than half of participants had been asked to watch pornography with their partner. Rothman and Adhia (2016) also found 44% of individuals in the study had been asked to do something seen in viewed pornography. A large percentage of participants in the study, 58%, were not happy to have been asked to participate or recreate what was seen on the pornography (Rothman & Adhia, 2016). Pornography use has had a prominent impact on shaping sexual scripts (Braithwaite, Aaron, Dowdle, Spjut, & Fincham, 2015). Individuals who view pornography tend to integrate what was pictured into their own sexual behavior and script (Braithwaite et al., 2015).

Mainstreaming of pornography, party culture, and practice of trading sex for acceptance and popularity has an impact on rape culture (Sidebotham, 2013). Pornography use has increased across the United States, and its consumption has also gained acceptance (Willoughby et al., 2014). Some even view the use of pornography as healthy or illustrating normative sexual behavior (Willoughby et al., 2014). Individuals who consume pornography may not recognize the negative outcomes and effects



experienced on behavior and expectations, which may not be readily obvious to the user (Willoughby et al., 2014). According to Rodenhizer and Edwards (2017), exposure to sexually explicit and sexually violent media may be risk factors for dating violence and sexual violence.

Braithwaite et al. (2015) also found pornography use to increase the acceptance of rape and aggressive behaviors and attitudes towards women. According to Wright et al. (2016), the association between sexual aggression and pornography is not unique to the United States. Both nonviolent and violent pornography consumption were associated with sexual aggression (Wright et al., 2016). Nonviolent pornography also predicts aggressive behavior even though acts may not be perceived as violent (Wright et al., 2016). Content is still degrading and objectifying, and the user has become desensitized (Wright et al., 2016). Pornography creates an environment where women are often silenced on reporting rape (Sanchez, 2016). Pornography use often influences individuals to ignore or mistrust what a woman might say, especially if it contradicts the stereotype with which women are depicted in pornography (Sanchez, 2016).

The use of pornography has also influenced and changed the dating and relationship scene (Braithwaite et al., 2015). The change in expectations in relationships and sexual contacts can also be seen in the rise of friends with benefits relationships (Braithwaite et al., 2015). Montgomery-Graham et al. (2015) also found use of pornography to negatively impact marital and romantic relationships. Braithwaite et al. (2015) defined friends with benefits as a relationship without an expectation of commitment which includes sexual intimacy. A positive relationship has been found between riskiness of hookups and frequency of pornography use (Braithwaite et al.,

2015). A significant association between viewing pornography regularly and whether a participant engaged in a friend with benefits relationship was found to increase the more a participant had viewed pornography (Braithwaite et al., 2015).

**Bystander intervention and prevention.** The highest risk of sexual assaults, and when most have been documented to happen for students in college, is during the first and second year (Cranney, 2015; White House, 2014). The existence of a red zone, or danger zone, tends to be near the beginning of a student's time at college and is when female students are more susceptible and have a higher risk of sexual assault (Cranney, 2015).

The Centers for Disease Control (2012) has reported one in five women and one in 71 men will experience sexual violence, and college women are more likely to experience sexual violence than any other age group (Amar et al., 2012). Numbers reported by the Centers for Disease Control show a need for institutions of higher education to take a stand and incorporate education and prevention programs, such as bystander intervention (Amar et al., 2012). Bystander intervention programs are community-based prevention strategies that can help shift attitudes and perceptions, as well as campus norms related to sexual violence (Amar et al., 2012).

Bystander intervention usually has a variety of ways and opportunities for an individual to intervene from high-risk situations to not support a culture of violence or sexism (McMahon et al., 2014). Many sexual violence acts occur in either a social setting or a where intoxication, by alcohol or drugs, have occurred (Amar et al., 2012). Since high numbers of sexual violence occurs in social settings, it presents an opportunity for bystanders to intervene, change the outcome, and support the victim (Amar et al.,

2012). Bystander intervention training is now a common component of sexual assault prevention programs on college campuses (Orchowski, Berkowitz, Boggis, & Oesterle, 2016).

The American College Health Association and the Centers for Disease Control have suggested colleges contemplate incorporating bystander intervention programs to help with the issue of sexual assault and violence on college campuses (Amar et al., 2012). Bystander education has been productive in changing beliefs, behaviors, and attitudes (Amar et al., 2012). Bystander education is deemed to be an encouraging strategy to prevent sexual assault and violence as well as improve the response that victims receive from their peers (Amar et al., 2012). Yale and other institutions are training students in bystander intervention to watch for warning signs which might show someone to be at risk (Bazelon, 2014).

According to Engstrom (2015), institutions need to focus on students so they know how help in a potentially dangerous situation. Some institutions are utilizing and implementing bystander intervention programs and trainings (Green Dot, 2016; Step UP!, 2016). These trainings empower students and members of the campus community to intervene in risky situations (Green Dot, 2016; Step UP!, 2016). Two popular bystander intervention programs available for implementation are Step UP!, created by Becky Bell at Arizona State University, and Green Dot, created by Dorothy Edwards at University of Kentucky (Green Dot, 2016; Step UP!, 2016).

The Step Up! bystander intervention program is a comprehensive program that can be implemented to cover a plethora of topics ranging from academics to sexual assault (Step UP!, 2016). The Green Dot bystander intervention program focuses mainly

on sexual assault (Green Dot, 2016). One of the reasons bystander intervention is seen as a positive in this time of Title IX and emphasis on compliance, is the program puts more of an emphasis on the whole campus community and how one person can positively impact a situation that may be unfolding in his or her presence (Green Dot, 2016; Step UP!, 2016). Bystander intervention puts more responsibility on individuals who can step in on a situation and make a difference before the situation becomes more intense and critical, like in the case of sexual assault (Green Dot, 2016; Step UP!, 2016). Both programs emphasize the importance of individuals stepping up and intervening; not intervening is known as the bystander effect (Green Dot, 2016; Step UP!, 2016).

Hautala (2014) conducted a five-year study in Kentucky high schools and found Green Dot training to be effective at reducing sexual violence. Results showed a 50% reduction by students who received the training in self-reported incidences of perpetrated sexual violence (Hautala, 2014). Results also confirmed a 40% reduction in self-reported stalking, dating violence, sexual violence, and sexual harassment (Hautala, 2014). According to Coker et al. (2015), interpersonal violence victimization rates were 17% lower among students who attended the Green Dot intervention program. Since the beginning of Step UP! over 70 institutions have utilized the bystander intervention program and training (Everett-Haynes, 2010). Step UP! won the National Association of Student Personnel Administrators in Higher Education Excellence Gold award in 2009 (Everett-Haynes, 2010).

Two online student trainings higher education institutions offer to be compliant with Title IX are Haven, produced by Everfi, and My Student Body, produced by Hazelden (Everfi, n.d.; Hazelden, n.d.). Everfi (n.d.) is an education technology

company focused on teaching, assessing, and certifying students in critical thinking skills. The Everfi program, Haven, addresses critical issues of sexual assault, relationship violence, and stalking, which impacts countless college students across the country (Everfi, n.d.). My Student Body is a comprehensive approach to reducing the risk of drug and alcohol abuse and sexual violence among college students (Hazelden, n.d.). My Student Body engages students and parents in effective, evidence-based prevention and gives administrators data to target, evaluate, and strengthen prevention initiatives (Hazelden, n.d.). Both programs discuss the critical relationship between alcohol and drug use and sexual violence on college campuses (Everfi, n.d.; Hazelden, n.d.).

According to Bazelon (2014), universities are aware that one of the main threats to female students comes from a small group of serial predators who are responsible for most assaults. Institutions are helping educate students on preventing sexual misconduct and focusing on consent instead of an after-the-fact approach with an adjudication process in order to make their campus safer (Bazelon, 2014). Federal law requires institutions who receive federal funding to investigate and respond to sexual misconduct, and bystander intervention is a means which can help prevent sexual misconduct (Amar et al., 2012).

### **Summary**

Sexual assault is a concern on college campuses (Office of Civil Rights, 2011). Alcohol and drug use has been shown to impact an individual's ability to make informed decisions in regards to sexual activity, as well as impede one's ability to give consent (National Institute on Drug Abuse, 2006). Substance use by either party, the victim or perpetrator, has also been revealed to have a correlation to individuals who have been

victims of sexual assault (Crawford et al., 2008). In this chapter, the theoretical framework of reasoned action, outcome expectancy, disinhibition, alcohol myopia, and prevalence of sexual assault were discussed. Alcohol and sexual violence, risk factors, effects on individuals, consequences of alcohol use, impact intoxication plays into sexual assault, and impact of other drugs on sexual assault were examined. Environmental influences and factors which impact sexual assault were also reviewed. Additionally, the subjects of rape culture, impact of pornography, and bystander intervention were presented.

It is important to continue to delve more deeply into the topic of sexual misconduct and substance use. More information and resources need to be collected to provide further details and trends, as well as address prevention methods to help people in the educational setting deal with the issue of sexual misconduct prevention. Understanding this issue and gathering additional data will assist in the prevention of sexual assaults and sexual violence as well as assist people who are victims. In Chapter Three, research methods of this study are discussed and reviewed. The research design and mixed methods approach are examined. Population, instrumentation, data collection, and analysis are also reviewed.

### **Chapter Three: Methodology**

The use of substances such as drugs or alcohol plays a role in sexual assaults for both victims and perpetrators (Crawford et al., 2008). According to Lawyer et al. (2010), sexual assaults occur when substances such as alcohol, prescription, and illegal drugs are present. Dating risk factors for sexual assault among college women also address alcohol as a major component to sexual assault (Abbey, 2011). In order to gather more information on the relevant topic of sexual assault on college campuses and substance related sexual misconduct, pre-existing data collected from the Survey of College Health and Behavior (a pseudonym) from 2012 to 2016, which was disseminated to groups of students at 21 college campuses in a Midwestern state, was used.

In 2007, the higher education substance abuse consortium in a Midwestern state mandated members of the coalition survey their student populations by using the Survey of College Health and Behavior (Midwestern State Data, n.d.). Degree seeking undergraduate students were surveyed on attitudes and behaviors regarding various health issues at both public and private two- and four-year institutions of higher education (Midwestern State Data, n.d.). In this research study, de-identified information from the Survey of College Health and Behavior was used along with interviews of support personnel who work directly with students who report sexual misconduct on the collegiate campus. Purpose of the study, review of research questions, research design, and population and sample are discussed in this chapter. The instrumentation used, as well as data collection and analysis are also reviewed.

## **Problem and Purpose Overview**

The prevalence of sexual assault has become a critical issue for colleges and universities, and protecting students, especially young women, is paramount at this time in history (Bolger, 2016). Statistics show sexual assault of women between the ages of 18-24 is prevalent (Dupain & Lombardi, 2014). Due to increases in mandates in response to Title IX, higher education institutions are increasing prevention efforts, adjusting reporting measures, and redefining ways sexual assaults are adjudicated on campus (Bolger, 2016). Prevention efforts related to the use of drugs and alcohol have become even more instrumental for colleges and universities as they work to lessen the number of sexual assaults and other forms of sexual harassment on campus (Napolitano, 2015).

The intersection between the use of alcohol and sexual assault has been highlighted by recent research (Cassel, 2012). The extent to which alcohol and drugs play a role in sexual assaults, especially in the college setting, is troubling (Dupain & Lombardi, 2014). The purpose of this study was to examine substance misuse and its involvement on occurrences of sexual assault at institutions of higher education. Although research on this topic is still limited, more and more researchers are beginning to study the disturbing intersection between substance misuse and sexual violence (Eiden et al., 2013; Lawyer et al., 2010). Additional research supports the idea that for prevention efforts to be effective, professionals working with college populations must focus on the use of alcohol and other drugs as well as issues related to sexual and relationship violence (Bolger, 2016; Dupain & Lombardi, 2014; Napolitano, 2015). Timeliness of this study was also supported by the current national emphasis on Title IX of the Higher Education Act of 1972, which mandated higher education institutions to



prevent, report, and adjudicate sexual misconduct on campus (Office of Civil Rights, 2011).

### **Research Questions**

The research questions that guided this study were:

1. What factors or circumstances are documented most frequently by students who report nonconsensual sexual contact?
2. What factors or circumstances are documented most frequently by perpetrators who report engaging in nonconsensual sexual contact?
3. Of the college students who reported having nonconsensual sexual contact, to what extent if any do students report substance misuse playing a role in the nonconsensual sexual contact?
4. What pro-active strategies do college students report they engage in to reduce excess substance misuse?
5. What are support personnel perceptions to the reporting or investigation of nonconsensual sexual contact?

### **Research Design**

Both quantitative and qualitative data were employed in this study. According to Creswell (2014), utilizing both quantitative and qualitative research in a study is considered a mixed methods approach. This blend of methodologies was appropriate for this topic because de-identified, pre-existing data, as well as interviews of support personnel were gathered to provide more in-depth information (Creswell, 2014). A mixed methods methodology combines quantitative data with personal experience, which provides an enhanced understanding of research questions rather than by using either

form of data alone (Creswell, 2015; Fraenkel et al., 2014). By using a mixed methods design, mathematical findings can be amplified by the support of qualitative data (Fraenkel et al., 2014). Each method is discussed separately.

**Quantitative.** According to Creswell (2014), one way quantitative research can be measured is to test the relationship between variables by examining objective theories. Quantitative data can be measured both statistically and descriptively (Bluman, 2015). When collecting data through surveys, the analysis in most cases is descriptive where numbers can be ranked or ordered (Bluman, 2015). Quantitative methods are the appropriate way to analyze pre-existing data (Bluman, 2015). According to Bluman (2015) descriptive statistics consists of collection, organization, summarization, and presentation of data.

**Qualitative.** Qualitative research methods are also part of the mixed methods approach (Creswell, 2014). Qualitative research was used to garner perceptions of support personnel who work directly with sexual assault victims and accused perpetrators. Qualitative data can add descriptive information and support to pre-existing data (Fraenkel et al., 2014). Data were collected from support personnel that was general and open-ended to allow deep information to be gathered (Creswell, 2015). According to Creswell (2014), utilizing qualitative research allows for understanding and exploration of a social or human problem with a flexible structure. The outcome of qualitative research is thoroughly illustrative and often chosen to help explain events (Merriam & Tisdell, 2015). The qualitative data in this study were collected by conducting one-on-one interviews with support personnel.

## **Population and Sample**

The population and sample were examined by both quantitative and qualitative means since this study employed a mixed methods approach (Creswell, 2014). The sample used for each methodology required using different populations. How each population and sample varied is discussed in the following sections.

**Quantitative population and sample.** One part of the population used for the quantitative piece of this study included de-identified data extracted from the Survey of College Health and Behavior (a pseudonym) between the 2014-2016 academic school years. The Survey of College Health and Behavior is administered annually in the spring semester and is sent via email on targeted colleges campuses (Midwestern State Coalition, n.d.). Data used for this study were previously collected from undergraduate degree seeking students who participated in the survey located in a Midwestern state. Survey data were aggregated as part of a consortium effort. Institutions surveyed included both the public and private sectors. De-identified data obtained were utilized from all who participated in the survey.

**Qualitative population and sample.** According to Bluman (2015), a population is the total of all subjects with similar characteristics being studied. The qualitative sample for this study was a convenient, stratified sample and consisted of support personnel from public and private two- and four-year institutions (Creswell, 2014). According to Fraenkel et al. (2014), a convenience sample is one that is easily available, and a stratified sample guarantees the sample to be representative and can include grouping by region or by size. Participants were chosen because they hold specific knowledge about the topic of the study (Creswell, 2014). In this case, support personnel

have been involved in the process of working with students who have experienced sexual misconduct.

In order to gain a comprehensive sample, participants were invited from various institutions such as community colleges, public four-year institutions, and private four-year institutions, ending with seven total interviews from support personnel. These individuals were selected based on their job position and title as listed on their college or university's website. Support personnel were considered and selected based on their work with college students and who deal directly with sexual misconduct and assault at institutions of higher education. Support personnel interviewed included Title IX coordinators and investigators. Once selected, recruited individuals were emailed and asked to participate in the research for this study.

### **Instrumentation**

Data for this study were collected in two different manners to satisfy both quantitative and qualitative research methods (Creswell, 2014). Data collected from the Survey of College Health and Behavior (a pseudonym) and from support personnel interviews were utilized. The information from the survey was pre-existing data. The information was extracted and analyzed once received. The second instrument was an interview protocol (see Appendix A).

**Quantitative.** The de-identified data consisted of an annual, online survey implemented each spring semester at campuses across a Midwestern state. The survey was designed to ask students questions about personal attitudes and behaviors related to drinking and drug use, sexual history/attitudes, use of protective factors, mental health concerns, tobacco use, and other personal choices (Midwestern State Data, n.d.). Each

year approximately 20% of the total undergraduate, degree seeking student body is surveyed (Midwestern State Data, n.d.). Response rates vary between individual institutions since the survey is voluntary, however, the overall participation rate is approximately 5% (Midwestern State Data, n.d.).

**Qualitative.** The second instrument this study employed were interviews using a researcher-developed instrument. The interviews conducted were semi-structured, one-on-one interviews which allow the interview to be formal and conversational (Merriam & Tisdell, 2015). A semi-structured interview combines open-ended questions with structured questions (Fraenkel et al., 2014). According to Yin (2016), a considerable amount of data comes from listening. Good questions also need to be asked in order to collect quality data (Yin, 2016). Good questions allow the researcher to not miss critical information or collect irrelevant information (Yin, 2016). Creswell (2014) purported interviews provide information through participants' observances and are helpful when others in the study cannot be directly observed, as when using pre-existing data. The instrument was developed by the researcher to answer research questions (Creswell, 2014).

Interview questions were semi-structured and audio recorded, with the permission of the interviewee. All participants' identities were kept confidential and for reporting purposes given a randomly selected number to ensure confidentiality (Yin, 2016). Confidentiality and anonymity were ensured during the study by eliminating any institution identifying information (Yin, 2016).

**Reliability.** Olson (2012) defined reliability as the ability of the research to be replicated by another researcher. Fraenkel et al. (2014) stated that reliable instruments

provide consistent results. Consistent results provide assurance that despite the sample, results for one group are representative of the entire group (Fraenkel et al., 2014). Prior to conducting one-on-one interviews with support staff, field-testing of the interview instrument was performed in order to increase reliability and validity of the instrument (Krueger & Casey, 2015). Once the instrument was created and pilot tested, it was revised and finalized (Creswell, 2014).

**Validity.** According to Yin (2016) a valid study has properly collected and interpreted data. Collecting and interpreting data allows conclusions to accurately represent and reflect the area studied (Yin, 2016). Creswell (2014) stated validity has the ability to draw significant and beneficial conclusions from results on instruments. According to Creswell (2014), by examining both quantitative and qualitative data, reliability and validity of a study are strengthened. In order to ensure validity of the quantitative data, pre-existing data received from the Midwestern State Consortium were de-identified (Midwestern State Coalition, n.d.).

To guarantee validity of the qualitative data, all interviews were audio recorded and transcribed by a third party (Krueger & Casey, 2015). In order to increase validity, transcripts of the interviews were returned to participants for review (Krueger & Casey, 2015). Once recruited individuals reviewed the transcripts, the information was ready for analysis (Krueger & Casey, 2015). To ensure qualitative validity and reliability, the researcher checked for accurateness by utilizing certain processes and a consistent approach (Creswell, 2014).

## **Data Collection**

Research began once approval was granted from Lindenwood University's Institutional Review Board (IRB) (see Appendix B). Permission to use data from the Survey of College Health and Behavior was granted by the Midwestern State Coalition (see Appendix C). Once IRB approval was obtained, the researcher requested data in a de-identified format from the Midwestern State Coalition (see Appendix D). Once data were received, analysis began.

In order to begin the qualitative portion of data collection, an email was sent to multiple higher education institutions in the Midwest to garner participants for interviews (see Appendix E). Names were collected from higher education institutions' public websites. When interest in participating in the study had been identified, a permission form was sent along with communication to set up interview times (see Appendix F). Each interviewed support personnel was given an informed consent form prior to participation, which described the purpose of the research, possible risks, and the opportunity to opt out of the study without negative effects. Once times and locations were confirmed, interviews took place. Interviews were held in person, online through Skype, and via phone and were dependent on location and availability of interviewee. Some support personnel were in close geographic proximity to the researcher, which allowed for an in-person interview. Other support personnel were located far away from the researcher, and either Skype, if available, or phone were used to conduct the interviews. Pseudonyms were given to participants, and audio files were transcribed. Data analysis took place once audio was transcribed.

## **Data Analysis**

All quantitative data were analyzed using IBM SPSS. The means, standard deviation, and frequencies, or descriptive statistics, were used to summarize data (Bluman, 2015). The use of descriptive statistics allowed the researcher to describe data in graph or numerical form (Fraenkel et al., 2014). Comparisons were made between years of 2014-2016 to determine trend data related to the research questions (Bluman, 2015).

Qualitative data were analyzed when all interviews had been completed. Once interviews were completed interviews were converted into transcripts. An analytic approach was taken, and interview responses were grouped (Creswell, 2014). Grouping interview responses allowed the researcher to identify themes and patterns that appeared from collected data (Creswell, 2014). According to Fraenkel et al. (2014), coding themes enabled data synthesis. Purposeful sampling of qualitative data helped give a deeper understanding and explain the findings of quantitative results (Creswell, 2015).

## **Ethical Considerations**

All quantitative data for this study was collected previously using the Survey of College Health and Behavior and was received by the researcher as de-identified data. All qualitative data were collected during one-on-one interviews with support personnel. Confidentiality was ensured during the study, and all participants were protected and assured anonymity. Interview participants were given pseudonyms, and any identifying information was coded to ensure anonymity (Yin, 2016). There were no identifiers to link a participant to his or her responses. Once recorded interviews were transcribed and double checked for accuracy, recorded versions will be deleted after three years.



Transcribed interviews are on a computer only accessible to the researcher via a personal password and will be maintained password-protected and secured for three years. Once three years have passed, electronic transcribed interviews will be deleted and destroyed.

### **Summary**

The purpose of this study was to examine data and interviews, answer research questions to understand to what extent students reported being sexually assaulted, discover what factors influenced sexual assaults, identify any protective behaviors, and determine what support personnel believe to influence sexual misconduct. The research problem and purpose were presented in this chapter along with instrumentation and research methods. In order to gather and analyze more and different types of data, the researcher employed a mixed methods approach for this study (Fraenkel et al., 2014).

The quantitative part of this study explored data provided by the Survey of College Health and Behavior. Questions chosen from the Survey of College Health and Behavior related to the selected research questions. For the qualitative portion of the study, support personnel were interviewed to gain a better understanding of data collected from the Survey of College Health and Behavior (Creswell, 2014).

The quantitative and qualitative data collected are presented in Chapter Four. The quantitative data and statistical tests are portrayed. Results of the interviews are described and evaluated. Any themes found from the qualitative study are explained and presented.

## **Chapter Four: Analysis of Data**

The purpose of this study was to examine nonconsensual sexual contact and sexual assaults at Midwestern institutions of higher education. In addition, support staff and Title IX Coordinators were interviewed to obtain their perceptions in regards to factors related to reporting sexual misconduct incidents. All of the research centered around the use of alcohol and other drugs as factors in the incidence of sexual assaults happening to students on college campuses. The aim of this study was to enhance the body of research on nonconsensual sexual contact and sexual assaults at institutions of higher education.

### **Data Collection**

There were five research questions which guided this study, utilizing both quantitative and qualitative data. The first four research questions utilized quantitative data, and the fifth research question was qualitative in nature. The results from the first research question were used to examine factors most frequently documented by students who reported nonconsensual sexual contact. In the second research question, data were used to study circumstances frequently documented by perpetrators who report engaging in nonconsensual sexual contact. Data from the third research question focused on the scope in which college students report having nonconsensual sexual contact and substance use or misuse playing a role in the contact. The final quantitative research question was used to explore proactive strategies college students reported in order to reduce excess substance misuse. The qualitative and fifth research question was posed to understand the insights of support personnel who work with students in the arena of sexual misconduct.

**Demographics.** The first four research questions used de-identified data from the Survey of College Health and Behavior, which the researcher received from the Midwestern State Coalition, a pseudonym (Midwestern State Coalition, n.d.). The de-identified data were analyzed using IBM SPSS (Bluman, 2015). Data from the fifth and final research question were used to analyze responses from interviews of support personnel, Title IX Coordinators, as they work with reporting and investigation of nonconsensual sexual contact.

*Quantitative demographics.* In the de-identified data portion of the study, three consecutive years, 2014, 2015, and 2016, from the Survey of College Health and Behavior were reviewed. In 2014, the sample size was 8,994. Sample size for 2015 was 11,178. The third year, 2016, the sample size was 10,379. The size of each sample was recorded as the number of individuals who participated in the survey.

Data from all three years of the Survey of College Health and Behavior showed consistent trends. Most respondents, close to 60%, to the survey were female. The number of male responders to the survey also remained consistent at around 40%. A small number of students, less than 1%, reported themselves as transgendered. Also noted were a small number of students, less than 1%, who chose not to report their gender on the survey. The three-year demographic responses for the survey are reported in Table 1.

Table 1

*Survey of College Health and Behavior Demographics*

	2014	2015	2016
Female	5,334	6,737	6,029
Male	3,621	4,369	4,234
Transgender	13	22	28
Other	ONA	ONA	29
PNR	26	50	59
Total	8,994	11,178	10,379

*Note.* PNR = prefer not to respond; ONA = option not available. The 2016 survey expanded options to include Other. Results are shown in actual numbers.

***Qualitative demographics.*** Seven interviews were conducted with Title IX Coordinators at Midwestern institutions of higher education. These interviews ranged in length from 13:51 minutes to 44:08 minutes. Averaging all interviews led to the mean interview time of 25:41 minutes. Data were obtained from interviews via transcription. Interviews were transcribed into Microsoft Word files. All qualitative information were analyzed to identify recurring and consistent themes (Creswell, 2014).

Interviews represented a wide range of institutions, including a community college, private four-year institution, liberal arts college, and public four-year institutions, with varying enrollment size. The smallest institution of higher education represented in the study had a student population of 1,390, and the largest institution had 26,000 students. The average student enrollment for the seven colleges and universities which participated in interviews was 5,921. Demographic information from qualitative interviews is presented in Table 2.

Table 2

*Interview Demographics*

	Institution	Enrollment	Years in Role
Interview #1	Public 4 Year	16,719	5
Interview #2	Public 4 Year	7,415	6
Interview #3	Private 4 Year	1,600	5
Interview #4	Public 4 Year	26,000	2
Interview #5	Community College	5,523	1
Interview #6	Public 4 Year	1,390	2
Interview #7	Public Liberal Arts	6,200	2

*Note.* Average enrollment = 5,921.

**Quantitative baseline information.** In order to better understand the issue and problem of nonconsensual sexual contact and sexual assault which college students experience, data were studied to view the ways students were impacted by these issues. This information provided a baseline to understand the degree to which nonconsensual sexual contact was reported. Three years of survey information was used to determine trends and similarities. Later in this section, more specific data from the original survey questions are used in alignment with research questions in this study.

***Nonconsensual sexual contact.*** The first question on the Survey of College Health and Behavior used for the study asked students to report if they had ever experienced nonconsensual sexual contact. In 2014, 14.6% of respondents reported they had experienced nonconsensual contact. To understand the situation more fully, responses were also reported by gender (see Table 3). Of the almost 15% of students who reported having a nonconsensual sexual contact, 11.9% were female. Males reporting nonconsensual sexual contact was lower at 2.5%. A very small number, .2%, had encountered a nonconsensual sexual contact but preferred to not disclose their gender.

The same question in regards to nonconsensual sexual contact was also asked in 2015. Overall, the question had a response rate of 16.6%, an increase over the 2014 report. Results in 2015 were also reported by gender. Over 13% of respondents were female. Male responses in regards to nonconsensual sexual contact remained consistent from the 2014 results. The number of students who preferred to not divulge their gender in regards to being involved in nonconsensual sexual was still low, less than .1%, but had increased from 2014 to .4%.

The 2016 survey results had a response rate of 18.3% of students who participated experiencing nonconsensual sexual contact. The number of respondents reporting nonconsensual sexual contact increased over both 2014 and 2015. In 2016, the smaller category of non-gender specific responses was disaggregated even further to include transgendered students, other respondents, and those who preferred not to disclose their gender. The breakdown of students who experienced nonconsensual sexual contact by gender had the following results: 14.6% female respondents, 3.2% male respondents, .15% transgendered respondents, .15% other respondents, and .2% who preferred not to respond nonconsensual.

Table 3

*Nonconsensual Sexual Contact*

	2014	2015	2016
Female	856	1,207	1,123
Male	182	222	249
Transgender	4	8	6
Other	ONA	ONA	7
PNR	3	16	13
Total	1,045	1,453	1,398

*Note.* PNR = prefer not to respond; ONA = option not available. The 2016 survey expanded the options to include Other. Results are shown in actual numbers.

*Nonconsensual sexual contact past year.* The second question on the Survey of College Health and Behavior used for the study was created to determine if students disclosed if they had experienced nonconsensual sexual contact within the past year. In 2014, 3.5% of respondents reported they experienced nonconsensual sexual contact within the past year. This percentage is indicative that over 97% of respondents did not have nonconsensual sexual contact within the past year.

In order to better understand results from participants who did have a nonconsensual sexual incident, responses were disaggregated by gender (see Table 4). Of the 3.5% of students who reported experiencing nonconsensual sexual contact within the past year, 2.6% were female. Males who reported experiencing nonconsensual sexual contact within the past year was lower at .8%. An even smaller number, .1%, identified as transgendered.

The same question concerning students who experienced nonconsensual sexual contact within the past year was also asked in 2015. The question had a response rate of 4.1%, an increase over the results for 2014. Results indicated almost 95% of participants were not involved in a nonconsensual sexual incident.

Results of participants who indicated nonconsensual sexual contact within the past year, in 2015 were also broken down by gender. Over 3% of respondents were female. Male responses in regards to experiencing nonconsensual sexual contact within the past year were similar to 2014 results. The number of transgendered students in regards to nonconsensual sexual contact within the past year also remained consistent with 2014 results. An added option, prefer not to respond or pick one of the gender

options, was added in 2015 and had a small response rate of .1% of respondents who experienced nonconsensual sexual contact within the past year.

The 2016 survey results had a response rate of 6% of students experiencing nonconsensual sexual contact within the past year. The number of students who reported experiencing nonconsensual sexual contact within the past year was an increase over both the 2014 and 2015 data results. In 2016, the category of nongender specific responses also included other respondents and individuals who preferred not to disclose their gender. The dissection of students who experienced nonconsensual sexual contact within the past year by gender had the following results: 4.5% female respondents, 1.2% male respondents, .1% transgendered respondents, .1% other respondents, and .1% of individuals who preferred not to respond.

Table 4

*Past Year Nonconsensual Sexual Contact*

	2014	2015	2016
Female	190	282	347
Male	58	68	99
Transgender	2	2	3
Other	ONA	ONA	1
PNR	0	5	4
Total	250	357	454

*Note.* PNR = prefer not to respond; ONA = option not available. The 2016 survey expanded the options to include Other. Results are shown in actual numbers.

***Nonconsensual sexual contact at current institution.*** The third question on the Survey of College Health and Behavior applied for the study asked students to report if they ever experienced nonconsensual sexual contact while attending their current college or university. In 2014, 28.6% respondents reported they experienced nonconsensual



sexual contact at their school. In order to enhance the understanding of the situation further, responses are described by gender (see Table 5). Of the almost 29% of students who reported experiencing nonconsensual sexual contact while attending their current school, 22.8% were female. Males who reported experiencing nonconsensual sexual contact while attending their current institution was lower at 5.5%. A very small number, .3%, who had encountered nonconsensual sexual contact while attending their current college or university were transgendered.

The same question in regards to who had experienced nonconsensual sexual contact while attending their current college or university was also asked in 2015. The question had a response rate of 26.4%. Results for 2015 were also reported by gender. Close to 26% of students who reported experiencing nonconsensual sexual contact while attending their current institution were female. Males reporting having experienced nonconsensual sexual contact while attending their current institution was a small percentage, around .5%. An even smaller percentage, less than .1%, were reported by individuals who chose not to identify their gender.

The 2016 survey results indicated 31.7% of students who participated in the survey experienced nonconsensual sexual contact while attending their current college or university. The number of respondents who experienced nonconsensual sexual contact while attending their current institution was an evident increase over both 2014 and 2015. There were 24.2% of female students who reported experiencing nonconsensual sexual contact while attending their current college. Of male students, only 7% reported experiencing nonconsensual sexual contact at their current institution. A small percentage of transgendered students, .1%, and other students, .1%, also reported

experiencing nonconsensual sexual contact while attending their current institution.

There were .3% of individuals who preferred not to respond.

Table 5

*Nonconsensual Sexual Contact While Attending Current Institution*

	2014	2015	2016
Female	239	283	336
Male	58	74	95
Transgender	2	0	2
Other	ONA	ONA	2
PNR	0	4	4
Total	299	361	439

*Note.* PNR = prefer not to respond; ONA = option not available. The 2016 survey expanded the options to include Other. Results are shown in actual numbers.

***Experienced sexual assault in the past year.*** The fourth question on the Survey of College Health and Behavior used for the study asked students if they had experienced sexual assault in the past year. In 2014, 1.5% of respondents reported they had experienced sexual assault in the past year. This percentage is also indicative that over 98% of respondents reported they had not been sexually assaulted in the past year.

To better understand the situation more fully, responses of participants who had reported being sexually assaulted in the past year were also reported by gender (see Table 6). Of the nearly 1.5% of students who reported experiencing sexual assault in the past year, 1.3% were female. Males reported experiencing sexual assault within the past year at a lower rate of .2%. No students reported transgendered or prefer not to respond.

The same question in regards to sexual assault in the past year was also asked in 2015. Overall, the question had a response rate of 2.1%, a slight increase over 2014 results. Over 1.5% of respondents were female. Male responses in regards to

experiencing sexual assault within the past year remained consistent with 2014 results. The number of student respondents who were transgendered and who preferred not to respond also had the same rate of .5% who experienced sexual assault within the past year. This percentage is also indicative that over 96% of respondents reported they had not been sexually assaulted in the past year.

The 2016 survey results had a response rate of 2.6% of students who experienced sexual assault in the past year. The number of students who reported experiencing sexual assault in the past year had a slight increase over both 2014 and 2015. The breakdown of students who experienced sexual assault in the past year by gender had the following results: 2.1% female respondents, .4% male respondents, .05% transgendered respondents, and .05% of other respondents reported experiencing sexual assault in the past year. This percentage is also indicative that over 97% of respondents reported they had not been sexually assaulted in the past year.

Table 6

*Sexual Assault in Past Year*

	2014	2015	2016
Female	93	154	165
Male	16	25	31
Transgender	0	2	3
Other	ONA	ONA	1
PNR	0	3	0
Total	109	184	200

*Note.* PNR = prefer not to respond; ONA = option not available. The 2016 survey expanded the options to include Other. Results are shown in actual numbers.

**Survey questions related to research question one.** In order to obtain more specific information in regards to reports of nonconsensual sexual contact, questions were

asked about factors involved. Specific questions about alcohol use were given. These areas included nonconsensual sexual contact while under the influence of alcohol, engaging in risky behaviors because of personal alcohol consumption, and being involved in situations where others alcohol intake caused a nonconsensual sexual encounter.

*Alcohol use and nonconsensual sexual contact.* For the first survey question, participants were asked if they were taken advantage of due to alcohol use. In 2014, over 90% of responders to this survey question reported never being in a situation where the respondent was taken advantage of due to alcohol use (see Table 7). Of students who reported having a nonconsensual sexual encounter, almost 7%, or 419 respondents, reported unwanted sexual contact was due to alcohol use.

More specifically, data from the survey revealed 4.5% of students who reported nonconsensual sexual contact due to alcohol use experienced this one time. Slightly over 1% of respondents had experienced being taken advantage of twice. Less than 1% reported nonconsensual sexual contact due to alcohol use three to five times. A small number, .4%, of respondents experienced being taken advantage of sexually five plus times, and 3% of respondents preferred not to respond.

Students who experienced being taken advantage of sexually due to alcohol use decreased in the 2015 survey. In 2015, 95% of respondents indicated they were not taken advantage of sexually due to alcohol use. Over 3% of respondents had been taken advantage of sexually due to alcohol use one time. Less than 1% reported being taken advantage of sexually two times. A small number, .4%, of respondents had experienced being taken advantage of three to five times, and .3% reported five plus times.

There was a slight increase in respondents who had been taken advantage of sexually due to alcohol use in 2016. In 2016, over 5% of respondents reported they had been taken advantage of sexually due to alcohol use. Over 66% of respondents reported not being taken advantage of sexually due to alcohol use, and 28.2% were nondrinkers and not impacted by the question. To understand the issue more in depth, students were also asked how often they had experienced this phenomenon. Over 3% of respondents had been taken advantage of due to alcohol use one time. One percent of respondents reported they were taken advantage of sexually two times due to alcohol use. A small number, .6%, of respondents had been taken advantage of sexually due to alcohol use three to five times, .1% of respondents had been taken advantage of sexually due to alcohol use six to nine times, and .1% had been taken advantage over 10 times.

Table 7

*Alcohol Use and Nonconsensual Sexual Contact*

	2014	2015	2016
1 Time	278	327	337
2 Times	76	87	88
3-5 Times	41	41	54
5+ Times	24	26	ONA
6-9 Times	ONA	ONA	8
10 or More Times	ONA	ONA	9
PNR	187	ONA	95

*Note.* PNR = prefer not to respond; ONA = option not available. The 2016 survey expanded the options to include 6-9 times and 10 or more times and removed the 5+ times option. Results are shown in actual numbers.

***Risky behaviors due to alcohol use.*** For the second survey question, participants were asked if they had ever engaged in risky sexual behavior due to alcohol use. Over 22% of respondents in 2014 had engaged in risky sexual behavior due to alcohol use (see

Table 8). More specifically, results from the survey revealed, of students who did report engaging in risky sexual behavior due to alcohol use, almost 8% of respondents experienced this one time. Nearly 5% of respondents engaged in risky sexual behavior twice. Over 3% engaged in risky sexual behavior three to five times, and also five or more times, and 3.2% of respondents preferred not to respond. A little over 77% of respondents did not engage in risky sexual behavior due to alcohol use.

The same question asked students if they had engaged in risky sexual behavior due to alcohol use was also asked in 2015. In 2015, the question had a response rate of a little over 14%, or 1,395 students, a decrease from the previous year. Over 5.6% of respondents engaged in risky sexual behavior due to alcohol use one time. Almost 4% of respondents indicated they engaged in risky sexual behavior two times. Over 2.5% of respondents engaged in risky sexual behavior three to five times, and 2.3% of respondents had done so five or more times. The remaining participants, over 85% of respondents reported not experiencing this phenomenon at all.

The 2016 survey results had 13.6% of students who engaged in risky sexual behavior due to alcohol use. Over 28% of respondents were nondrinkers and were not impacted by the question, and 58% of respondents reported not engaging in risky sexual behavior due to alcohol use. To understand the issue more in depth, students were also asked how often they had experienced this event. Over 5% of respondents engaged in risky sexual behavior due to alcohol use one time. More than 3% of respondents engaged in risky sexual behavior two times. Three percent of respondents engaged in risky sexual behavior three to five times. There were .8% of respondents who engaged in risky sexual behavior six to nine times, and a little over 1% of respondents engaged in risky sexual

behavior ten or more times. The three-year set of responses for 2014, 2015, and 2016 are shown in Table 8.

Table 8

*Risky Sexual Behavior and Alcohol Use*

	2014	2015	2016
1 Time	484	541	485
2 Times	300	367	303
3-5 Times	216	265	278
5+ Times	208	222	ONA
6-9 Times	ONA	ONA	71
10 or More Times	ONA	ONA	106
PNR	194	ONA	123

*Note.* PNR = prefer not to respond; ONA = option not available. The 2016 survey expanded the options to include 6-9 times and 10 or more times and removed the 5+ times option. Results are shown in actual numbers.

***Nonconsensual sexual contact due to others use of alcohol.*** For the third survey question, participants were asked if they ever experienced nonconsensual sexual contact due to others use of alcohol. In the 2014 survey, over 95% of responders to the question reported never being in a situation where the respondent experienced nonconsensual sexual contact due to someone else's alcohol use. Of students who reported experiencing nonconsensual sexual contact due to someone else's alcohol use, almost 3%, or 206 respondents indicated they had experienced this event, and a little over 1% of respondents preferred not to respond.

The same question in regards to individuals experiencing nonconsensual sexual contact due to others alcohol use was reported in 2015. Overall, the question had a similar response rate to 2014, with almost 3% of participants experiencing nonconsensual

sexual contact due to others alcohol use. Of the 11,178 respondents who completed the survey, over 95% had not experienced nonconsensual sexual contact because of alcohol use by another individual. A little over 1% of respondents preferred not to respond.

The 2016 survey results had a response rate of 3% of students experiencing nonconsensual sexual contact due to others alcohol use. The number of respondents reporting nonconsensual sexual contact due to others alcohol use had similar results for all three survey years. The responses indicated 97% of responders to this survey did not experience nonconsensual sexual contact due to others alcohol use.

**Survey questions related to research question two.** In order to obtain more specific information in regards to individuals who self-reported taking advantage of someone sexually, questions were asked to address this issue. The specific question if participants had ever taken advantage of someone sexually due to alcohol use was asked in all three survey years. In 2016, the issue of people who self-report taking advantage of someone sexually expanded by two questions to glean more information about this topic. This clarification included asking survey participants if they ever forced someone to have nonconsensual sexual contact and also if the nonconsensual sexual contact happened within the past year.

***Taking sexual advantage of others because of alcohol use.*** For the first survey question, participants were asked if they had ever taken advantage of others because of their alcohol use. In 2014, over 95% of responders to this survey question reported never taking advantage of someone sexually due to their alcohol use (see Table 9). Of individuals who reported having taken advantage of someone sexually due to their alcohol use, almost 2%, or 115 individuals responded affirmatively. More specifically,



results revealed of students who reported taking advantage of someone sexually due to alcohol use, over 1% of respondents had done so one time. Slightly less than .5% of respondents had taken advantage of someone sexually two times due to alcohol use. There were .1% of respondents who had taken advantage of someone sexually due to alcohol use three to five times, and .3% of respondents who had taken advantage of someone sexually due to alcohol use over five times. There were 3% of respondents who preferred not to respond.

The same question in regards to taking advantage of someone sexually due to alcohol use was also asked in 2015. In 2015, 99% of responders to this survey question reported never taking advantage of someone sexually due to alcohol use. Overall, the question had a response rate of 1%, a slight decrease from the previous year. Survey data specifically exposed students who reported taking advantage of someone sexually due to alcohol use as .6% of students had taken advantage of someone one time. A small number, .2%, of respondents had done so twice, .1% of respondents had done so three to five times, and .1% had taken advantage of someone sexually due to alcohol use five times or more.

The 2016 survey results had a response rate of .7% of students who participated in the survey reporting taking advantage of someone sexually due to their alcohol use. In 2016, 71% of respondents had not taken advantage of someone sexually due to alcohol use, and 28.2% of respondents were non-drinkers and not impacted by the question. Data from the survey question disclosed of students who did report they took advantage of someone sexually due to alcohol use, .4% of respondents did this one time. A small number, .1%, of respondents reported taking advantage of someone two times. The same

small number, .1%, of respondents who reported taking advantage of someone sexually three to five times, and also 10 or more times.

Table 9

*Took Advantage of Someone Sexually Due to Alcohol Use*

	2014	2015	2016
1 Time	65	57	40
2 Times	25	17	12
3-5 Times	9	13	7
5+ Times	16	9	ONA
10 or More Times	ONA	ONA	9
PNR	187	ONA	89

*Note.* PNR = prefer not to respond; ONA = option not available. The 2016 survey expanded the options to include 10 or more times and removed the 5+ times option. Results are shown in actual numbers.

***Forcing someone to have nonconsensual sexual contact.*** A new addition to the 2016 survey asked participants if they had ever forced someone to have nonconsensual sexual contact. Over 97% of students who responded to the survey question had never forced someone to have nonconsensual sexual contact. Of students who reported forcing someone to have nonconsensual sexual contact, .6%, or 51 responded affirmatively. There were 1.8% of respondents who preferred not to respond to the question.

***Forcing someone to have nonconsensual sexual contact in the past year.*** The other addition to the 2016 survey, asked participants if they had ever forced someone to have nonconsensual sexual contact within the past year. Over 99% of individuals who responded to the survey had never forced someone to have nonconsensual sexual contact within the past year. Of the students who reported forcing someone to have

nonconsensual sexual contact, .3%, or 20 respondents reported forcing someone to have nonconsensual sexual contact within the past year.

**Survey questions related to research question three.** In order to obtain more specific information about the use of substances and sexual encounters, questions were asked about factors involved. Specific questions about alcohol and drug use were given. These areas included using alcohol or drugs to feel more comfortable with a sexual partner and engaging more sexually because of alcohol or drug use. Survey participants were also asked if both of the previous questions had happened in the past year.

***The use of alcohol and sexual relations.*** For the first survey question, participants were asked if they ever used alcohol or drugs to feel more comfortable with a sexual partner. In 2014, over 78% of responders to this survey question reported not using alcohol or drugs to feel more comfortable with a sexual partner. Nineteen percent of respondents reported using alcohol or drugs to feel more comfortable with a sexual partner. Almost 3% of respondents preferred not to respond to the question.

The same question in regards to using alcohol or drugs to feel more comfortable with a sexual partner was asked in 2015. Over 78% of responders to this survey question reported not using alcohol or drugs to feel more comfortable with a sexual partner. Similar to the previous year, a little over 18% reported having used alcohol or drugs to help them feel more comfortable with a sexual partner. Almost 3% of respondents preferred not to respond to the question.

The 2016 survey results had a response rate of almost 18% of individuals who participated in the survey who used alcohol or drugs to feel more comfortable with a sexual partner. A little over 55% of responders to this survey question reported not using

alcohol or drugs to feel more comfortable with a sexual partner. Almost 27% of respondents reported having no sexual partners and were not impacted by this question.

*The use of alcohol or drugs to feel more comfortable in sexual situations.* For the second survey question, participants were asked if they had used alcohol or drugs in the past year to feel more comfortable with a sexual partner. In 2014, 85% of responders to this survey question reported not using alcohol or drugs in the past year to feel more comfortable with a sexual partner. Of students who reported having used alcohol or drugs within the past year to feel more comfortable with a sexual partner, over 12% reported they had done so. Almost 3% of respondents preferred not to respond to the question.

The same question in regard to using alcohol or drugs in the past year to feel more comfortable with a sexual partner was also asked in 2015. Almost 85% of responders to this survey question reported not using alcohol or drugs in the past year to feel more comfortable with a sexual partner. Similarly, to the previous year, over 12% of respondents reported using alcohol or drugs in the past year to feel more comfortable with a sexual partner. Almost 3% of respondents preferred not to respond to the question.

The 2016 survey results had an increase as over 17% of respondents reported using alcohol or drugs in the past year to feel more comfortable with a sexual partner. Almost 82% of responders to this survey question reported not using alcohol or drugs in the past year to feel more comfortable with a sexual partner, and a small number, .8%, of respondents had no sexual partners in the past year.

***Doing more in a sexual situation because of alcohol or drugs.*** For the third survey question, participants were asked if they had ever done more sexually because of alcohol or drug use. In 2014, 76% of responders to this survey question had never done more sexually because of alcohol or drug use. Over 21% respondents had done more sexually because of alcohol or drug use. Almost 3% of respondents preferred not to respond to the question.

The same question in regard to doing more sexually because of alcohol or drug use was asked in 2015. Over 76% of responders to this survey question had never done more sexually because of their alcohol or drug use. Almost 21% of respondents reported doing more sexually because of alcohol or drug use. Almost 3% of respondents preferred not to answer this question

The 2016 survey results had a response rate of over 19% who reported doing more sexually because of alcohol or drug use. Almost 52% had never done more sexually because of alcohol or drug use. Almost 26% of respondents did not have sexual partners and were not impacted by this survey question.

***Doing more sexually because of alcohol or drugs in the past year.*** For the fourth survey question, participants were asked if they had done more in the past year sexually because of alcohol or drugs. In 2014, 84% of responders to this survey question reported not doing more sexually in the past year because of alcohol or drugs. Over 13% of respondents reported doing more sexually in the past year because of alcohol or drugs. Almost 3% of respondents preferred not to respond to this question.

The same question regarding doing more sexually in the past year because of alcohol or drug use was also asked in 2015. Over 84% of respondents reported not doing

more sexually in the past year because of alcohol or drugs. Fairly similar to the previous year, almost 13% of responders to this survey question reported doing more in the past year sexually because of alcohol or drugs. Almost 3% of respondents preferred not to respond to this question.

The 2016 survey results had over 16% of respondents who reported doing more sexually in the past year because of alcohol or drugs. Over 82% of responders to this survey question did not do more in the past year sexually because of alcohol or drugs, and a small number, .9%, of respondents had no sexual partners.

**Survey questions related to research question four.** In order to obtain more specific information about the use of proactive protective factors, questions were asked about aspects used. Specific questions about preventing the over use of alcohol and personal safety were given. These areas included ways to limit use, consume safely, and personal defensive factors. The response options for these proactive protective factors ranged in use options: *never*, *rarely*, *occasionally*, *sometimes*, *usually*, and *always*. There was also the option for survey participants to indicate if they preferred not to respond to the survey question.

***Not exceed set number of drinks.*** For the first survey question, participants were asked if they used the strategy of limiting their drink intake. In 2014, over 16% of responders to this survey question reported *never* using the protective factor of not exceeding a set number of drinks. Over 13% of respondents reported *rarely* not exceeding a set number of drinks. Over 22% reported *always* not exceeding a set number of drinks. Of the respondents who reported *usually* to not exceeding a set number of drinks, over 19% of responders chose this option. Students who reported *sometimes*, over

14%, or *occasionally*, over 10%, of not exceeding a set number of drinks. There were 3.5% of respondents who preferred not to respond.

The same question in regards to limiting drink intake was also asked in 2015. In 2015, over 18% of responders to this survey question reported *never* using the protective factor of not exceeding a set number of drinks. Similar to the previous year, almost 13% of respondents reported *rarely* not exceeding a set number of drinks. An increase from 2014, over 23% of respondents reported *always* not exceeding a set number of drinks. Twenty percent of respondents reported *usually* not exceeding a set number of drinks. Remaining students reported *sometimes*, 15%, or *occasionally*, a little over 10%, of not exceeding a set number of drinks.

The 2016 survey results had a response rate of over 19% of individuals who participated in the survey who reported *never* limiting their drink intake. The number of respondents who reported *rarely* exceeding a set numbers of drinks, almost 13%, was similar to both 2014 and 2015. In 2016, over 21% reported *always* not exceeding a set number of drinks. The respondents who reported *usually* not exceeding a set number of drinks was almost 22% in 2016. Students who reported *sometimes*, over 14%, or *occasionally*, almost 11%, to not exceeding a set number of drinks was also reported.

***Alternate alcoholic and nonalcoholic drinks.*** For the second survey question, participants were asked if they had alternated between drinking alcoholic and nonalcoholic drinks. In the 2014 survey, almost 19% of responders reported *never* alternating between alcoholic and nonalcoholic drinks. In 2014, over 15% of responders reported *rarely* alternating alcoholic and nonalcoholic drinks. Over 17% of responders reported *always* alternating between alcoholic and nonalcoholic drinks. Of the

respondents, 16% reported *usually* alternating between alcoholic and nonalcoholic drinks. Responders who reported *sometimes*, 17%, or *occasionally*, 12%, alternating between alcoholic and nonalcoholic drinks was also reported.

The same question in regard to alternating between alcoholic and nonalcoholic drinks was also asked in 2015. Over 19% of responders chose *never* to alternating between alcoholic and nonalcoholic drinks. Over 15% of responders to the question reported *rarely* alternating alcoholic and nonalcoholic drinks, which is the same percentage as 2014. Almost 19%, an increase from the previous year, of respondents reported *always* alternating alcoholic and nonalcoholic drinks. Of survey respondents, over 17% noted *usually* alternating alcoholic and nonalcoholic drinks. The responders reported *sometimes*, over 17%, and *occasionally*, over 12%, alternating between alcoholic and nonalcoholic drinks.

The 2016 survey results had a response rate of almost 17% of students who participated in the survey reporting *never* alternating alcoholic and nonalcoholic drinks. Overall, the *rarely* response had the same rate, over 15%. A decrease from the previous year, over 15% of responders reported *always* alternating alcoholic and nonalcoholic drinks. Of survey respondents, over 20% reported *usually* alternating alcoholic and nonalcoholic drinks. Of respondents who reported *sometimes*, over 19%, or *occasionally*, 13%, alternating alcoholic and nonalcoholic drinks.

***Friend let you know when you had too much.*** For the third survey question, participants were asked if they had a friend let them know when they had too much. In 2014, over 31% of responders reported *never* having a friend let them know when they had too much. Over 15% of responders reported *rarely* having friends let them know



when they had too much. Eighteen percent reported *always* having a friend let them know when they had too much. Over 10% of responders to the survey question reported *usually* having a friend let them know when they had too much. Over 12% of students reported *sometimes* or *occasionally* having a friend let them know when they had too much.

The same question in regard to having a friend let you know if you had too much was also asked in 2015. The question had a response of over 32% of students who reported *never* having a friend let them know when they had too much. Similar to the previous year, over 15% of respondents reported *rarely* having a friend let them know when they had too much. Over 18% of students reported *always* having a friend let them know when they had too much. Close to 13% of responders reported *usually* having a friend let them know when they had too much. Of participants who reported *sometimes* and *occasionally* having a friend let them know when they had too much, over 11% reported *sometimes*, and almost 9% reported *occasionally*.

The 2016 survey results had an increase over 2014 and 2015 with a rate of over 39% of students who participated in the survey who *never* had a friend let them know when they had too much. Another increase from the previous two years, almost 16% of responders reported *rarely* having a friend let them know when they had too much. Over 12% of the students reported *always* having a friend let them know when they had too much. Almost 11% of participants reported *usually* having a friend let them know when they had too much. Of students who reported having a friend let them know when they had too much, almost 12% reported *sometimes*, and over 8% reported *occasionally*.

***Avoid drinking games.*** For the fourth survey question, participants were asked if they avoided drinking games. In the 2014 survey, over 23% reported *never* avoiding drinking games. Over 19% of participants to the survey question *rarely* avoided drinking games. Of students who reported *always* avoiding drinking games, 18% reported *always*. Almost 11% of students *usually* avoided drinking games. Of students who reported avoiding drinking games, over 12% reported either *sometimes* or *occasionally*.

The same question in regard to avoiding drinking games was also asked in the 2015 survey. Overall, over 24% reported *never* avoiding drinking games, an increase from the previous year. Over 18% of participants reported *rarely* avoiding drinking games. Over 19% of students reported *always* avoiding drinking games. Over 12% of students reported *usually* avoiding drinking games. Of responders who reported avoiding drinking games, almost 12% reported *sometimes*, and over 13% reported *occasionally*.

The 2016 survey results had a response of over 22% of individuals who participated in the survey who reported *never* avoiding drinking games. Over 18% of students reported *rarely* avoiding drinking games, which was similar to 2015. Over 17% of participants *always* avoided drinking games. Thirteen percent of students reported *usually* avoiding drinking games. Of students who reported avoiding drinking games, over 15% reported *sometimes*, and over 13% reported *occasionally* avoiding.

***Leave at a predetermined time.*** For the fifth survey question, participants were asked if they would leave at a predetermined time. In 2014, over 18% of students who participated in the survey reported *never* leaving at a predetermined time. Almost 16% of students reported *rarely* leaving at a predetermined time. Of participants who did report leaving at a predetermined time, over 11% *always* left at a predetermined time. Over

16% of students reported *usually* leaving at a predetermined time. Of respondents who reported leaving at a predetermined time, almost 19% reported *sometimes*, and over 13% reported *occasionally*.

The same question in regard to leaving at a predetermined time was also asked in 2015. Over 20% of students reported *never* leaving at a predetermined time. Almost 15% of participants reported *rarely* leaving at a predetermined time. Of students who reported leaving at a predetermined time, 14% reported *always* leaving at a predetermined time. Over 18% of students reported *usually* leaving at a predetermined time. Of students who reported leaving at a predetermined time, over 18% reported *sometimes*, and over 14% reported *occasionally*.

The 2016 survey had a response rate of over 18% of individuals who participated and reported never leaving at a predetermined time. Almost 13% of students reported *rarely* leaving at a predetermined time. Over 11% of participants reported *always* leaving at a predetermined time. Over 22% of students reported *usually* leaving at a predetermined time. Of respondents who reported leaving at a predetermined time, almost 21% reported *sometimes*, and over 14% reported *occasionally*.

***Make sure to go home with a friend.*** For the sixth survey question, participants were asked if they made sure to go home with a friend. In 2014, over 9% of participants reported *never* making sure to go home with a friend. Over 5% of students reported *rarely* making sure to go home with a friend. Over 47% of students reported *always* making sure to go home with a friend. Over 18% of participants reported *usually* making sure to go home with a friend. Of students who reported making sure to go home with a friend, over 9% reported *sometimes*, and over 6% reported *occasionally*.

The same question in regard to making sure to go home with a friend was also asked in 2015. Overall, similar to the 2014 results, the question had a response rate of over 9% of students who reported *never* making sure to go home with a friend. Almost 5% of participants reported *rarely* making sure to go home with a friend. Over 51% of students reported *always* making sure to go home with a friend, and 18% of participants reported *usually* making sure to go home with a friend. Of the respondents who reported making sure to go home with a friend, over 9% reported *sometimes*, and almost 6% reported *occasionally*.

The 2016 survey results had a response rate of over 9% of student participants who reported *never* making sure to go home with a friend. Over 4% of students reported *rarely* making sure to go home with a friend. Over 50% of participants reported *always* making sure to go home with a friend. Over 21% of students reported *usually* making sure to go home with a friend. Of the respondents who reported making sure to go home with a friend, over 8% reported *sometimes*, and almost 6% reported *occasionally*.

***Know where drink was at all times.*** For the seventh survey question, participants were asked if they knew where their drink was at all times. In 2014, 5% of participants reported *never* knowing where their drink was at all times. Over 3% of students reported *rarely* knowing where their drink was at all times. Almost 66% of participants reported *always* knowing where their drink was at all times. Over 15% of the students reported *usually* knowing where their drink was at all times. Of respondents who reported knowing where their drink was at all times, over 4% reported *sometimes*, and almost 3% reported *occasionally*.

The same question in regard to asking participants if they knew where their drink was at all times was also asked in 2015. Overall, the question had over 5% of respondents who reported *never* knowing where their drink was at all times. Over 2% of students reported *rarely* knowing where their drink was at all times. Seventy-one percent of participants reported *always* knowing where their drink was at all times. Over 14% of students reported *usually* knowing where their drink was at all times. Of individuals who reported knowing where their drink was at all times, over 4% reported *sometimes*, and 3% reported *occasionally*.

The 2016 survey results had a response rate of almost 3% of individuals who participated *never* knowing where their drink was at all times. Close to 2% of students reported *rarely* knowing where their drink was at all times. Over 71% of participants reported *always* knowing where their drink was at all times. Over 18% of students *usually* knew where their drink was at all times. Of people who reported knowing where their drink was, almost 3% reported *sometimes*, and over 2% reported *occasionally* knowing.

***Stop drinking at a predetermined time.*** For the eighth survey question, participants were asked if they stopped drinking at a predetermined time. In 2014, over 20% of students reported they *never* stopped drinking at a predetermined time. Almost 17% of participants reported they *rarely* stopped drinking at a predetermined time. Over 12% of students reported they *always* stopped drinking at a predetermined time. Almost 14% of participants reported they *usually* stopped drinking at a predetermined time. Of students who reported they stopped drinking at a predetermined time, 18% reported *sometimes*, and over 13% reported *occasionally*.

The same question in regard to asking participants if they stopped drinking at a predetermined time was also asked in 2015. Over 21% of participants reported they *never* stopped drinking at a predetermined time. Over 17% of students reported they *rarely* stopping drinking at a predetermined time. Over 14% of participants reported they *always* stopped drinking at a predetermined time. Over 15% of students reported they *usually* stopped drinking at a predetermined time. Of students who report they stopped drinking at a predetermined time, over 19% reported *sometimes*, and over 12% reported *occasionally*.

The 2016 survey results had a response rate of over 18% of individuals who reported they *never* stopped drinking at a predetermined time. Almost 16% of students reported they *rarely* stopped drinking at a predetermined time. Over 12% of participants reported they *always* stopped drinking at a predetermined time. Over 18% of students reported they *usually* stopped drinking at a predetermined time. Of respondents who reported they stopped drinking at a predetermined time, almost 22% reported *sometimes*, and over 13% reported *occasionally*.

***Drink water while drinking alcohol.*** For the ninth survey question, participants were asked if drank water while drinking alcohol. In the 2014 survey, over 8% of respondents reported *never* drinking water while drinking alcohol. Five percent of students reported *rarely* drinking water while drinking alcohol. Of students who reported drinking water while drinking alcohol, 36% reported *always* drinking water while drinking alcohol. Over 25% of students reported *usually* drinking water while drinking alcohol. Of respondents who reported drinking water while drinking alcohol, over 13% reported *sometimes*, and over 7% reported *occasionally*.

The same questions in regard to drinking water while drinking alcohol was also asked in 2015. Close to 13% of students reported *never* drinking water while drinking alcohol. Almost 13% of participants reported *rarely* drinking water while drinking alcohol. Over 23% of students reported *always* drinking water while drinking alcohol. Twenty percent of participants reported *usually* drinking water while drinking alcohol. Of respondents who reported drinking water while drinking alcohol, over 18% reported *sometimes*, and over 12% reported *occasionally*.

The 2016 survey results had a rate of over 9% of students who reported *never* drinking water while drinking alcohol. Over 3% of students reported *rarely* drinking water while drinking alcohol. Over 23% of participants reported *always* drinking water while drinking alcohol. Over 22% of students reported *usually* drinking water while drinking alcohol. Of individuals who reported drinking water while drinking alcohol, almost 21% reported *sometimes*, and over 11% reported *occasionally*.

***Purposefully limited the amount of money spent on alcohol.*** For the tenth survey question, participants were asked if they purposefully limited the amount of money spent on alcohol. In 2014, over 8% of students reported *never* purposefully limiting the amount of money spent on alcohol. Five percent of participants reported *rarely* limiting the amount of money spent on alcohol. Thirty-six percent of students reported *always* limiting the amount of money spent on alcohol. Over 25% of participants reported *usually* purposefully limiting the amount of money spent on alcohol. Of respondents who reported purposefully limiting the amount of money spent on alcohol, over 13% reported *sometimes*, and over 7% reported *occasionally*.

The question on purposefully limiting the amount of money spent on alcohol was also asked in 2015. Almost 9% of participants reported *never* purposefully limiting the amount of money spent on alcohol. Over 5% of students reported *rarely* purposefully limiting the amount of money spent on alcohol. Over 38% of participants reported *always* purposefully limiting the amount of money spent on alcohol. Over 27% of students reported *usually* purposefully limiting the amount of money spent on alcohol. Of respondents who reported purposefully limiting the amount of money spent on alcohol, over 13% reported *sometimes*, and over 6% reported *occasionally*.

The 2016 survey results had a response rate of over 7% of students who reported *never* purposefully limiting the amount of money spent on alcohol. Over 3% of students reported *rarely* purposefully limiting the amount of money spent on alcohol. Over 40% of participants reported *always* purposefully limiting the amount of money spent on alcohol. Over 31% of students reported *usually* purposefully limiting the amount of money spent on alcohol. Of respondents who reported purposefully limiting the amount of money spent on alcohol, over 12% reported *sometimes*, and over 5% reported *occasionally*.

***Eaten before and/or during alcohol consumption.*** For the eleventh survey question, participants were asked if they had eaten before and/or during alcohol consumption. In 2014, over 3% of participants reported *never* eating before and/or during alcohol consumption. Over 1% of students reported *rarely* eating before and/or during alcohol consumption. Over 43% of participants reported *always* eating before and/or during alcohol consumption. Almost 34% of students reported *usually* eating before and/or during alcohol consumption. Of respondents who reported eating before



and/or during alcohol consumption, over 10% reported *sometimes*, and over 4% reported *occasionally*.

The same question in regard to asking participants if they had eaten before and/or during alcohol consumption was asked in 2015. Three percent of students reported *never* eating before and/or during alcohol consumption. Over 1% of participants reported *rarely* eating before and/or during alcohol consumption. Over 47% of students reported *always* eating before and/or during alcohol consumption. Almost 34% of participants reported *usually* eating before and/or during alcohol consumption. Of individuals who reported eating before and/or during alcohol consumption, over 10% reported *sometimes*, and over 4% reported *occasionally*.

The 2016 survey results had a rate of over 1% of people who reported *never* eating before and/or during alcohol consumption. Over 1% of students reported *rarely* eating before and/or during alcohol consumption. Almost 43% of participants reported *always* eating before and/or during alcohol consumption. Close to 40% of students reported *usually* eating before and/or during alcohol consumption. Of individuals who reported eating before and/or during alcohol consumption, over 10% reported *sometimes*, and almost 4% reported *occasionally*.

***Had at least one person in the group who was sober.*** For the twelfth survey question, participants were asked if they had at least one person in their group who was sober. In 2014, over 5% of students reported *never* having at least one person in the group who was sober (see Table 10). Eight percent of participants reported *rarely* having one person in the group who was sober. Over 36% of students reported *always* having at least one person in the group who was sober. Almost 24% of participants reported

*usually* having at least one person in the group who was sober. Of students who reported having one person in the group who was sober, over 13% reported *sometimes*, and over 8% reported *occasionally*.

The same question in regards to asking participants if they had at least one person in the group who was sober was also asked in 2015. Over 5% of students reported *never* having one person in the group who was sober, and 8% of participants reported *rarely* having one person in the group who was sober. Over 37% of students reported *always* having one person in the group who was sober. Almost 24% of participants reported *usually* having at least one person who was sober in the group. Of respondents who reported having at least one person in the group who was sober, over 14% reported *sometimes*, and over 10% reported *occasionally*.

The 2016 survey results had a response rate of over 4% of people who reported *never* having at least one person in the group who was sober. Over 9% of students reported *rarely* having at least one person in the group who was sober. Over 34% of participants reported *always* having at least one person in the group who was sober. Over 27% of students reported *usually* having at least one person in the group who was sober. Of students who reported having at least one person in the group who was sober, 15% reported *sometimes*, and over 9% reported *occasionally*.

Table 10

*Proactive Protective Factors*

	2014	2015	2016
Did not exceed a set number of drinks	3,998	4,756	4,361
Alternate alcohol and nonalcoholic drinks	3,742	4,532	4,327
Had a friend let you know when you had too much	2,969	3,545	2,978
Avoid drinking games	3,236	3,950	3,810
Leave at a predetermined time	3,622	4,427	4,345
Make sure to go home with a friend	4,904	5,890	5,463
Know where drink was at all times	5,309	6,417	6,144
Stop drinking at a predetermined time	3,469	4,208	4,176
Drink water while drinking alcohol	4,166	5,130	5,103
Purposefully limited amount of money spent on alcohol	4,926	5,874	5,661
Eaten before and/or during alcohol consumption	5,511	5,688	6,277
Had at least one person in the group who was sober	4,959	5,920	5,658

*Note.* Results shown include answers: always, usually, sometimes, and occasionally. Results are shown in actual numbers instead of percentages. 2014,  $n = 8,994$ ; 2015,  $n = 11,178$ ; 2016,  $n = 10,379$ .

**Interview questions related to research question five.** The fifth and final research question in this study was qualitative and focused on the support personnel, Title IX Coordinators, at Midwestern higher educational institutions. Seven interviews were conducted with Title IX Coordinators with experience working with students who had experienced nonconsensual sexual contact and sexual assault within the collegiate setting. The purpose of the interviews was to obtain added perspective on the impact of substance use on nonconsensual sexual contact. The responses acquired from the interviews are discussed in the following section.

**Interview question #1.** *How long have you been working in the area of sexual misconduct?* The responses to interview question one helped provide a baseline and understanding of how long support personnel, Title IX Coordinators, had been working in the area of sexual misconduct. Years of experience in dealing with sexual misconduct

was considerable. Some Title IX Coordinators were lawyers previously with extensive experience. One interviewee had 15 years of experience working with sexual misconduct, and others were just starting out with a little over a year experience. One Title IX Coordinator had been in the student conduct area for over 20 years. This particular Title IX Coordinator had been indirectly dealing with the issue of sexual misconduct during his time in student conduct and specifically with Title IX issues for the past six years. The experience of working on a collegiate campus as a Title IX Coordinator ranged from just over a year to six years. The majority of coordinators interviewed had two years of experience working with Title IX issues in the collegiate setting.

*Interview question #2. What factors do you consistently see when investigating cases of sexual misconduct?* The second interview question focused on factors the Title IX Coordinators regularly noticed or saw when conducting interviews on sexual misconduct. There were some universal answers such as alcohol, consent, and acquaintance. Interview #1, Interview #7, Interview #2, and Interview #6 discussed alcohol or substance as a factor commonly seen. Interview #1 stated, “Normally, alcohol plays a role.” Interview #7 cited, “Alcohol normally plays a role in a lot of the cases.” Interview #2 replied, “More often than not, substance use in some kind factors into it.” Interview #6 listed the “use of drugs, alcohol, and bad judgment” as factors seen. Interview #1 also discussed the impact alcohol has on communication and understanding cues and how people involved might not “know them [complainant] well enough to determine if a person is intoxicated or incapacitated.”

Consent and communication were also a common issue discussed by four of the interviewees. Interview #1 discussed the misunderstanding about what consent is,

“especially when the two parties involved never experienced sexual activity with one another.” Interview #7 examined another factor when students do not know each other very well; they do not have a “really great base line in communication about their sexual desires and boundaries.” Interview #2 talked about consent always being an issue and it is “something we always go back to.” Interview #3 discussed the one most frequent issue he encountered as “confusion on the part of the responding party on the definition of consent.” Not understanding this issue in full and the absence of ‘no’ is not consent was discussed by Interview #3.

Acquaintance, where both parties know each other on some level, was also another topic which multiple interviewees discussed. Interview #2 said all of the cases he had investigated the “complainant or victim has always known the alleged.” Interview #4 talked about how he sees “breaches of trust between the people since mostly they know each other” and how the person who experienced the sexual misconduct “would not have expected that behavior from the person they trusted.” Interview #5 also asserted the acquaintance piece, “It’s been more acquaintance, people know who the person is.”

Some other factors brought up by various interviews included the culture in which students live as being influences. Interview #6 discussed the lack of modeling appropriate behavior by caregivers contributing to the issue. Another consistent influence Interview #7 observed is the “hookup culture dynamic of folks being in fairly casual connections with one another.”

***Interview question #3.*** *What percentage of cases of sexual misconduct involve alcohol or other drugs on your campus?* The third interview question was designed to explore the number of cases which involve alcohol or other drugs on the interviews’

campus. A follow-up question, *What influence does alcohol or other drugs play in cases of sexual misconduct?* was also asked to gather more detailed information on the subject.

The majority of interviews estimated a high number of sexual misconduct cases involved alcohol or drugs, anywhere from 80% to 90% with Interview #1 stating, “basically all of them.” Interview #3 discussed that last year only 30% of cases involved alcohol or drugs. Interview #3 clarified when he stated, “It’s been higher than that in previous years.” Interview #5 had not experienced any sexual misconduct cases yet but believed alcohol and other drugs play an influence in cases of sexual misconduct. He stated, “We just have not seen it this last year from students who have come forward and reported.” Interview #6 “had no idea” on the percentage of cases of sexual misconduct that involved alcohol or other drugs on their campus, but “would say a high percentage as an educated guess” as to the influence alcohol or drugs play in cases of sexual misconduct.

The follow-up question, *What influence does alcohol or other drugs play in cases of sexual misconduct?* had a plethora of answers. Interview #1 noted the large role alcohol or drugs played in sexual misconduct cases and stated “almost all of the cases we saw we were dealing with an issue of incapacitation.” Interview #1 also talked about the huge role alcohol plays in cases of sexual misconduct and how “if the accused person has been drinking then they might have trouble understanding or reading cues.” Interview #2 said the impact of alcohol was a “significant influence particularly when you pair that with the idea of consent.” Another interesting concept which Interview #2 broached was the conundrum of if both parties involved had been drinking and “were both in a state where I would consider them not able to consent to anything.”

Interview #3 discussed both binge drinking and hook-up culture as impacting sexual misconduct cases and stated, “These people may not be incapacitated, but it certainly interferes with their judgment and can interfere with our investigation because memories are fuzzy.” Interview #7 also noted how intoxication can impact a person’s ability to read subtleties in body language and “are less able to read that information and process that information or be more willing to disregard that information because their inhibitions may be lowered.” Interview #4 also corresponded similar ideas on how alcohol use compromises communication and “your use of alcohol reduced your ability to accurately recognize what’s going on in terms of social cues or appropriate behavior.” A disturbing issue Interview #4 communicated was how some people might target individuals who are obviously intoxicated, stating there are “people who might mean them harm or who might take advantage of them when they are in a compromised situation.” Interview #4 has also seen alcohol used as a tool, meaning the “person purposely gets the person drunk, feeds them drinks so they will be easier, an easier target.”

Interview #7 also brought up the problem of whether the person was even able to give consent “given the state of their intoxication.” Interviewees stressed the need for students to have a deeper understanding of intoxication, incapacitation, and consent. Interview #7 talked about how students need to recognize the situation when a student has “become incapacitated, clearly, he or she would not be able to consent.”

***Interview question #4.*** *How are students being educated about the effects of alcohol and drugs on sexual assaults?* The focus of the fourth interview question was educational and how institutions of higher education were informing students on the

impact alcohol and drugs have on sexual assaults. Most of the interviews discussed various programming their respective institution was doing in regards to educating their campus on the influence alcohol and drugs can have on sexual assaults.

Some institutions, such as with Interview #1 and Interview #2, focused on programming before students get to campus. Interview #1 said, “There’s programming before you have to come to campus for freshmen that talk about sexual assault and a little bit about alcohol.” Interview #2 discussed how the programming begins with “bystander intervention, and we’re doing that in the summer before students start.” The majority of interviewees discussed how their institution was using some online educational component to educate students about the issue of sexual assault. Interviews #2, #3, and #4 specifically mentioned Haven, an online program created by Everfi. Interview #3 said the information in Haven “talks about not just sexual misconduct but different kinds of unsafe behavior.” Interview #4 was proud of what his institution does around Haven and discussed how “it’s a requirement for you to register for classes and shows a strong commitment of our institution that we’re committed to educating on this point.”

Interview #2 discussed how throughout the fall semester students “have a lot of education sessions that are happening in the classroom.” Interview #4 also discussed how information is being distributed in all freshmen classes where the presentation has a focus on “the relationship between alcohol, drugs, and sexual assault.” Some interviewees specifically discussed educational programs they are currently using. Interview #7’s campus created their own program which focuses on what they call the anatomy of a happy hookup, which goes body part to body part and different ways to think about consent. The anatomy of a healthy hookup addresses “consent and the



different factors that might influence your understanding of consent in the situation and alcohol's effects on the different parts of the body.”

Only one participant, Interview #5, said, “We have no formal training. That’s something we are going to implement this fall.” All other interviewees had programming in place to educate their campus on the issue of alcohol and drugs and sexual assault. Interview #6 reviewed how his campus utilized posters and how students “get reminders, intermittently, by way of their student email.” Interview #2 reviewed how his programming tone has changed to talk about general safety, sexual assault, and bystander intervention piece. Interview #2 also mentioned, “athletes are an at-risk population, so we try to get in front of all the first year student athletes through the athletic department.”

*Interview question #5. What steps are being taken on your campus to educate students about the issue of sexual misconduct?* The fifth interview question still focused on the educational component and how institutions of higher education were educating students on sexual misconduct. Interview question five followed the previous question and led into more dialogue about educational practices on the campuses.

In addition to using online trainings and bystander intervention programs to educate students on the issue of sexual misconduct, interviewees also discussed other methods being used. Some participants discussed passive programming, like posters and one page informational handouts. Interview #2 spoke about his one-page sheet which contained information about sexual harassment issues which also “provides resources like numbers to call and people to talk to and is placed in every academic building and residence hall on campus.” Three interviewees, #3, #6, and #7, discussed participating in ongoing campaigns and awareness events or months. Interview #3 emphasized campus

involvement in “sexual assault awareness month in April, and we have activities throughout the month.”

Interview #5 discussed how on campus there are educational programs for “our target populations, such as our athletes and our students that are involved in student organizations.” Interview #3 also mentioned bringing in a speaker to specifically talk to “athletic teams and the Greek organizations.” Interview #4 spoke about his institution going to “any social group that invite us, so we go to a lot of fraternities and sororities.”

Interview #3 reviewed how he provides information to students who are studying abroad as well as providing some “education and training to the faculty members who are the supervisors on those trips.” Interview #7 mentioned the need to continue the education to the continuing students, like upperclassmen. New students are continuously followed up with, “through residence halls and other programs that are targeted toward our new students.” According to Interview #7, “we have to identify these opportunities to give out these booster shots” in order to maintain the prevention efforts to all students.

***Interview question #6.** Are you using any bystander intervention or other types of educational programs on your campus? Explain what you are doing.* The sixth interview question still concentrated on the educational component and purposely examined the bystander intervention aspect of education. Interview question six also continued some previous discussions and built on information from interview question four.

Six of the seven interviewees already had a bystander intervention program in place, and the one which did not was looking at implementing Step UP! soon. Two interviewees said their institutions were using Green Dot, and one interviewee said his

institution was utilizing Step UP!. Interview #3 said the program, Green Dot, allows students to intervene in a situation where they see someone who is drinking too much or somebody “who may be exhibiting some sort of predatory behavior toward someone who has been drinking too much.”

Interview #2, after looking at Green Dot and Step UP!, noted the campus “took the things we thought were the best and most applicable” and created their own bystander intervention program. He stated, “We wanted [our students] to get their own [intuition specific] approach.” Interview #7’s campus also has created an approach which was modeled after Step UP! and has tried to think about the bystander intervention program more broadly as a citizenship issue. Interview #7 also stated his campus wanted to create a mindset of “we’re in this together, being a good citizen requires you to step up and intervene in situations where your help could make a difference.” Interview #7 reported the bystander intervention program does not solely focus on sexual misconduct and really puts the responsibility on the student. He said, “If you’re going to be a member of our community, it is your responsibility to be mindful of different issues.”

*Interview question #7. How do you work around/address the issue of victim blaming?* Interview question seven concentrated on the sensitive topic of victim blaming and how the issue is addressed in the area of sexual misconduct and assault. Answers for interview question seven varied greatly.

Some of the interviewees addressed the issue of victim blaming by the need to create a culture of understanding that it is not okay to blame victims. Interview #1 said he points out “that appears to be blaming the victim when that’s not that person’s fault” and even gave an example of “somebody could be drunk and naked, passed out at a party

and they still shouldn't be assaulted." Interview #4 discussed the message of "if you take advantage of someone in one of those situations [like intoxication], you're the one whose responsible for it." Interview #7 also took a direct approach and said, "We try to attack it head on, in the sense that, to kind of call out that layer of the rape culture pyramid."

Interview #7 also continued to explain and expand upon helping people see it's not just kind of a casual joke and "to call out the instances of victim blaming as it is sexual violence and kind of funnels into the ultimate act of violence."

Other interviewees also spoke about how difficult the issue of victim blaming is and how they struggled with this issue. Interview #5 said, "We don't have anything, I don't have a specific answer." Interview #2 discussed how the focus is on what his role is and make sure everyone understands it is "not my role to be like the defense attorney or prosecutor, but just to gather and present that information."

Interview #3 and #7 focused on educational topics covered at their institutions. Interview #3 provided the same educational programs to every group and stated, "We do this with everyone, try to think in terms of risk reduction, no matter what you are doing." Interview #7 researched different approaches to educating the school community about sexual misconduct and found some information which was not educating about things like alcohol due to the fear of it being seen like victim blaming. Interview #7 used the opposite approach and addressed alcohol use and sexual misconduct because it is "one of the most important themes we see, and that makes people more vulnerable." Interview #7 educated on research based information that "going to sorority and fraternity events, being female, being in your freshman year; these are the things that make you more vulnerable."

**Interview question #8.** *What trends are you seeing in reporting cases of sexual misconduct over the last four years?* Interview question eight was designed to explore possible trends happening in the collegiate setting across sexual misconduct cases. All interviewees concurred reporting sexual misconducts were on the rise.

Interview #1 has seen an increase in reporting and said reports have definitely “gone up number wise just because more programming and education is out there.” Interview #3 recently did more training and education for faculty, staff, and students, and “We expected a bump in the number of reporting.” Interview #3 expanded further and mentioned, “It doesn’t mean these weren’t happening before, the same numbers were happening before, they just weren’t being reported.” Interview #2 discussed how there are more reports, but the reports are “not necessarily things that happen within our campus community.”

A result of the increase in reporting could be the education campuses are doing in regards to sexual misconduct and assault. Interview #6 believed “people are more informed and aware,” and this could be the reason in more reports. This statement corresponded with Interview #7 response for why his campus is seeing an increase in numbers, “It correlates with our presence on campus because we go see many different groups on campus” and people know about their services. Interview #3 has seen an increase in reporting, because people are “more familiar with the process and more aware of what their rights and options are.” Interview # 3 also discussed the subject of Title IX being at the forefront of the media especially with the documentary the *Hunting Ground*.

Interview #7 has seen an increase in a specific type of sexual misconduct cases such as sexual exploitation. Interview #7 said these cases are in the area of “revenge

porn or nonconsensual pornography.” The sexual misconduct cases of revenge porn are making a big difference in the kind of experiences students are having and illustrate the different forms sexual misconduct and sexual exploitation can take. Interview #7 stressed how having a “powerful camera and computer in your pocket at all times” makes all sorts of things possible, and their campus has seen an increase in that activity in the last couple of years.

*Interview question #9. What are the next steps in preventative efforts on college campuses – what is the future of prevention sexual misconduct?* Interview question nine was created to see what areas Title IX Coordinators in the study thought were next steps in preventative efforts and future of sexual misconduct prevention. There were some common ideas to answer interview question nine. Education, training, and funding were some of the common ideas expressed by the Title IX Coordinators as the future of sexual misconduct prevention.

Interview #1 discussed the importance of continuing education and “follow up for people as they get older.” Both Interview #1 and #7 discussed the value of having peers educate one another. Interview #1 mentioned how hard it is for some to feel comfortable or ask “questions to a presenter that is not necessarily the same age or doesn’t use the same language.” Interview #7 discussed the significance of reaching inside the micro-cultures of students and using language that is most meaningful. He stated, if it “doesn’t connect with the language they hear and understand then we’re never going to one hundred percent get there.” Interview #1 also talked about the need of hitting the “high risk, like athletes and Greeks, and getting them more involved” as being a good way to

use peer education. Interview # 3 agreed with the importance of education and stated there “has to be more education.”

In terms of training, this area included training for both students and Title IX Coordinators. Interview #6 emphasized the need for more online training for “everyone including third party vendors and visitors.” Interview #2 believed there will be more online education for students, “because universities will see it as the best way to reach a lot of students” but also issued the need for “face to face training [as it] is what is really best for our students.” Interview #1 also felt it is a good start to require “all incoming freshmen to do an online course.” Interview #2 also told of the need for Title IX Coordinators to receive training and discussed requirements for Title IX Coordinators to have a certain amount of training. Interview #2 “hopes whoever requires the training also provides a means to get that training” and really emphasized the cost of training is an obstacle.

Continuing with training costs as an obstacle, some interviews discussed their concern over funding. Interview #2 really stressed the importance of having “resources to do it [educate] the right way. It takes people and time, and it takes funding to do that.” Interview #5 echoed the apprehension of funding and budget issues and being able to “find resources to provide what is required with a continually decreasing budget.” Interview #2 also reflected on how funding is “an investment in keeping our students safe.” Along the same lines as worrying over funding, others showed anxiety of what the future holds. Interview #3 expressed concern over the new administration and how everyone is “holding their breath to see what happens with Office of Civil Rights, the

Department of Education, and Title IX.” Interview #2 is hopeful there will be requirements for “individuals, like myself, who investigate and adjudicate cases.”

Some other areas which were brought up included consent and pornography. Interview #4 talked about how they are focused on getting people to communicate and understand consent “from the concept of ‘yes’ means ‘yes,’ and everything else means ‘no’.” Interview #4 shared a lot of “education these people are receiving are around pornography, and that leaves very violent and unnatural depictions of what sex is.” Social media also plays a part in the distortion of education around this topic.

*Interview question #10. Is there anything you would like to share with me that I have not asked?* The purpose of the last interview question was to allow individuals to share any information they felt might have not been addressed, or to impart any additional thoughts on the topic. Two of the interviewees expressed interest to see what will happen with the current administration and the Department of Education on the issue of Title IX. Interview #2 talked about how stressful it is to work in the Title IX area and the added stress of trying to “get upper level administration on board and trying to get them to buy in to why this training is important.” Interview #5 would like there to be an organized and standardized resource available to meet the needs and issues of Title IX. Interview #7 discussed how there is not an “educational tract that’s really available for either Student Affairs groups or lawyers, who are coming into the profession” and how it would make sense to have an intentional educational pathway for this area.

Pornography and social media impact was also brought up by Interview #4 as areas which impact sexual misconduct and assault. In the opinion of Interview #4, “tremendous increase in access to pornography has greatly impacted how much sexual



assault we have going on.” Interview #4 discussed how potential victims and perpetrators are learning things from pornography which are “extremely violent, extremely derogatory towards women, very painful, and yet the way it is displayed [in pornography] as a good idea, and people enjoyed it.” Interview #4 also believed “sexual assault to be on the rise because of things like Tinder apps and the access to pornography” but also believes there was a lot of sexual assault going on in the first place, but a combination effect is happening due to the impact of social media and pornography.

**Data analysis of interviews.** As stated previously, all qualitative data were analyzed to identify recurring and consistent themes (Creswell, 2014). There were four themes which emerged from the analysis of the interviews. These four themes included consent, communication, programming, and promotion.

**Emerging theme: Consent.** Interview participants frequently discussed consent and the impact it has on sexual misconduct and sexual assault. Whether it was the “confusion on the part of the responding party on the definition of consent” or the “misunderstanding about what consent is,” it was found to be a recurring topic. Some interviewees felt consent needed to be clearly defined to help students understand boundaries which can be placed on certain sexual activities when consent is not given. Interview #3 even utilized a “video [consent, it’s as simple as tea] and it equates consent is like tea” to explain in the clearest way what consent is.

**Emerging theme: Communication.** Students need to be educated on how to have open and honest conversations with their sexual partners. According to Interview #7, it is important to be able to “communicate consent and boundaries.” These conversations can

help alleviate any confusion in regards to communication or whether or not the activity is consensual. Interview #7 pointed out the importance of students using their own language to “communicate about consent.” Communicating clearly is important. Interview #4 discussed how “if the world all worked with you saying what you wanted to do and the other person clearly saying whether they did or they didn't.” Instead, according to Interview #4, communication is “so much more gray and complicated.”

***Emerging theme: Programming.*** Programming which focuses on educating individuals about sexual misconduct and sexual assault was also a theme which surfaced. Examples were shared as how some of institutions are utilizing online programs, such as Haven, to help educate students and meet requirements of Title IX. Institutions are also utilizing bystander intervention as a means of programming and prevention for sexual misconduct and sexual assault. Programming to certain groups, such as Greeks and athletes, is another way in which interviews expressed getting information out about sexual misconduct and sexual assault.

***Emerging theme: Promotion.*** Promotion consisted of the advertisement of various programs interviewees discussed and how these programs were being disseminated. The promotion of focused programming on Title IX, sexual misconduct, and safety was another theme which emerged from the interview portion of the study. Many interviews discussed how their institutions communicated about policies, one specifically mentioned promoting the policy by placing across campus a “one page sheet front and back on how to mind sexual harassment issues.” Some even promote education on the topic before students arrive to school during the summer and before students come to campus. Other institutions promote and communicate about the importance of the

issue by going to specific classes to discuss the issue of Title IX, sexual misconduct, and safety.

### **Summary**

The examination of nonconsensual sexual contact and circumstances which are involved in these acts at Midwestern institutions of higher education were analyzed.

There were five research questions which guided this mixed method study. Descriptive statistics explained the de-identified data used to answer the four quantitative research questions. The fifth research question utilized qualitative data, accessed by conducting interviews with Title IX Coordinators at Midwestern institutions of higher education.

Four themes emerged from conducting interviews: consent, communication, programming, and promotion.

In Chapter Five, detailed findings for both quantitative and qualitative portions of the study are discussed. Also, an in-depth review and deduction for each of the five research questions is provided. Future research and implications for practice on the topic of this study are also presented in the following chapter.

## Chapter Five: Summary and Conclusions

The issue of sexual misconduct and assault is a serious problem on college and university campuses and has been an issue for many institutions of higher education (Office of Civil Rights, 2011; Office on Violence Against Women, 2016). Statistics have shown 20% of women and 6.14% of men are impacted by sexual assault during their college years (Office of Civil Rights, 2011). The connection between the use of alcohol and drug use on incidences of sexual assault has been highlighted by research (Abbey, 2011; Gautam et al., 2014). The impact which substance use, such as alcohol, has on sexual assaults is disturbing (Bolger, 2016). Institutions of higher education are utilizing prevention efforts related to the use of drugs and alcohol as a means to lessen the number of sexual assaults and other forms of sexual harassment on campus (Office on Violence Against Women, 2016).

The findings and outcomes of the study are summarized in this chapter. The literature related to the study is also examined and connections to the findings are made. Implications for practice in the area of sexual misconduct, assault, and substance use are given. Finally, recommendations for future research in the areas of sexual misconduct, prevention, and programming are described.

### Findings

This study was a mixed methods design and centered around five research questions: four quantitative and one qualitative (Creswell, 2014; Fraenkel et al., 2014). The four quantitative research questions were constructed to examine data gathered over a three-year period from multiple institutions descriptively (Bluman, 2015). Data used for the four research questions were provided by the Midwestern State Coalition in de-

identified format. The qualitative research question was created with intent to gain the perceptions of support personnel and Title IX Coordinators in regards to their experiences working day-to-day with collegiate students who encounter or perpetrate sexual misconduct.

**Baseline data.** In order to have an enhanced understanding of students and their experiences of nonconsensual sexual contact and sexual assault, the baseline data are briefly discussed. When reviewing the Survey of College Health and Behavior, a response rate over the three-year period ranged from 8,994 students in 2014 to 11,178 students in 2015 with a slight decrease in responses in 2016. Most respondents for all three years were female, with an average of around 40% of males reporting.

Transgendered students as well as students who preferred not to reveal their gender made up an average of less than 1% of students who reported sexual misconduct. There were four baseline questions to help enrich comprehension of the issue of sexual misconduct and sexual assault for collegiate students.

Examining all three years of data, over 16% of respondents had experienced nonconsensual sexual contact. There were over 4% of respondents who reported experiencing sexual misconduct within the past year. Studying all three years of data, over 28% of respondents reported they had experienced nonconsensual sexual contact while attending their current institution of higher education. A little over 2% of respondents reported experiencing sexual assault within the past year.

**Research question one.** *What factors or circumstances are documented most frequently by students who report nonconsensual sexual contact?* The goal of the first research question was to investigate circumstances students document most when

experiencing nonconsensual sexual contact. Three Survey of College Health and Behavior questions were used to answer the first research question. On all three survey years, almost 1,400, or an average of almost 6% of students reported they were taken advantage of sexually due to alcohol use. Examining all three years of data, almost 16%, or 3,846 students reported engaging in risky sexual behavior due to alcohol use either one time to five or more times. Due to others alcohol use, over 700 students, or over 3%, reported they had been taken advantage of sexually over the three survey years.

**Research question two.** *What factors or circumstances are documented most frequently by perpetrators who report engaging in nonconsensual sexual contact?* The purpose of the second quantitative research question was to survey perpetrators to learn factors which impact nonconsensual sexual contact. There was one question asked on all three Survey of College Health and Behavior, and two new questions on the 2016 survey

Over the three survey years, 279 students had taken advantage of someone sexually, with an average of over 1% of respondents reporting taking advantage of someone sexually due to alcohol use. New to the 2016 survey, 51 students reported they had forced someone to have nonconsensual sexual contact. Another new survey question to the 2016 survey found 20 respondents who reported in the past year forcing someone to have nonconsensual sexual contact.

**Research question three.** *Of the college students who reported having nonconsensual sexual contact, to what extent, if any, do students report substance misuse playing a role in the nonconsensual sexual contact?* The intention behind the third quantitative research question was to learn if there was a connection between substance

use and nonconsensual sexual contact. Four questions on the Survey of College Health and Behavior were used to answer Research Question Three.

Examining all three years of data, 4,373 respondents, or 18%, of students who responded to the survey reported they had used alcohol or drugs to help them feel more comfortable with a sexual partner. Looking at all three survey years, almost 3,000 respondents, or 14%, reported they had used alcohol or drugs within the past year to feel more comfortable with a sexual partner. On all three survey years, over 20%, or 4,842 total students reported doing more sexually because of alcohol or drugs. Analyzing all three survey years, over 3,000 students, or 14%, reported they had done more sexually in the past year because of alcohol or drugs.

**Research question four.** *What pro-active strategies do college students report they engage in to reduce excess substance misuse?* The objective of the fourth quantitative research question was to examine ways students were using pro-active protective factors to prevent substance misuse and practice safety measures. Twelve Survey of College Health and Behavior questions were used to answer the fourth research question. Half of the 12 survey questions asked had an average, over the three years of data, of over 70% of respondents who utilized the protective factor *always* to *occasionally*.

Observing results over the three survey years, 13,115 respondents, or over 67%, reported they did not exceed a set number of drinks *always* to *occasionally*. Examining all three years of data, over 65%, or 12,601 reported *always* to *occasionally* alternating between alcoholic and nonalcoholic drinks. There were 9,492 students who reported *always* to *occasionally* having had a friend let them know when they had too much, or

over 48%. Studying the three survey years, over 56%, or almost 11,000 of respondents reported *always* to *occasionally* avoiding drinking games. There were 12,394 students, or almost 65%, who reported *always* to *occasionally* would leave at a predetermined time. Over 84% of respondents, or 16,257 students, reported they would *always* to *occasionally* make sure to go home with a friend.

Examining all three survey years, over 92%, or 17,870 students, reported *always* to *occasionally* knowing where their drink was at all times. Over 61%, or 11,855 respondents, reported they would *always* to *occasionally* stop drinking at a predetermined time. Observing results over the three survey years, 14,399 students, or over 74%, reported *always* to *occasionally* drinking water while drinking alcohol. There were 16,461 respondents, or over 86%, who reported *always* to *occasionally* purposefully limiting the amount of money spent on alcohol. Studying all three survey years, over 94%, or 18,376 respondents, reported *always* to *occasionally* eating before and/or during alcohol consumption. There were 16,477 respondents, or over 85%, who reported *always* to *occasionally* having at least one person in the group who was sober.

**Research question five.** *What are support personnel perceptions to the reporting or investigation of nonconsensual sexual contact?* The qualitative research question was intended to garner a deeper understanding of the area of sexual misconduct from the lens of individuals who work directly with students who are impacted by the issue. Interviews of 10 questions were conducted with seven Title IX Coordinators at Midwestern institutions of higher education. Interview participants included Title IX Coordinators from a community college, a private four-year institution, one liberal arts institution, and several public four-year institutions.



The first section of interview questions was used to gain an understanding of the experiences Title IX Coordinators had in regards to sexual misconduct. Common factors discussed by Title IX Coordinators were alcohol, consent, and acquaintance. The coordinators were asked about the percentage of sexual misconduct cases which involved alcohol or other drugs, and many estimated the cases between 80% and 90%. As a follow up to the percentage of sexual misconduct cases which involve alcohol, coordinators were asked how students were being educated about the impact substance use has on sexual misconduct. Participants reported specific programs on their campuses including online educational components which were implemented and given to students before they came to campus.

Another section of interview questions focused on education to examine and learn how students were being educated on the topic of sexual misconduct. The Title IX Coordinators discussed using online trainings and bystander intervention programs to educate their students. Many of the Title IX Coordinators discussed how they provided educational sessions to specific groups, like athletes and Greek organizations. The issue of victim blaming was also addressed, and some Title IX Coordinators talked about the need to create a culture of understanding and to not blame the victim.

The last section of interview questions concentrated on reporting trends, next steps in preventative efforts, and ended with information the coordinators felt important to share. Unanimously, Title IX Coordinators had seen an increase in the reports of sexual misconduct. Some next steps in preventative efforts is to continue training for both students and coordinators. Title IX Coordinators shared various topics they felt important: concern over how Title IX will be addressed with the new administration,

stress of working in the area, need for standards and resources on how to meet the requirements, and impact of pornography and social media on sexual misconduct.

**Emerging themes.** The responses from Research Question Five were merged to categorize themes from within the qualitative section. Three themes emerged from the interviews: consent, programming, and promotion. Both the results of quantitative research questions and themes which emerged from Research Question Five are reviewed in more detail and are discussed in regards to the literature provided in Chapter Two.

## **Conclusions**

In the following section, deductions are made and discussed as well as compared with the literature which was reviewed in Chapter Two. In order to collect more and different types of data, a mixed methods approach was utilized (Fraenkel et al., 2014). The use of a mixed methods approach allowed for the observation of quantifiable experiences and measurable data (Creswell, 2015). Conclusions are made to represent Midwestern college students and Title IX Coordinators.

**Research question one.** In order to address research question one, the three Survey of College Health and Behavior questions results were averaged. The average number of students who had reported engaging in risky sexual behavior due to alcohol use was almost 16%. Risk taking among college students is linked to an increase in alcohol consumption (Ward et al., 2012). Students who reported they were taken advantage of due to alcohol use averaged almost 6%. There were over 3% of students who reported they had been taken advantage of sexually due to someone else's alcohol use. Dupain and Lombardi (2014) found many college women who had experienced sexual assault had also consumed alcohol. College student studies have also indicated the

use of alcohol plays a significant role in sexual perpetration (Zinzow & Thompson, 2015).

**Research question two.** In order to understand Research Question Two, it is essential to know how many individuals perpetrate sexual misconduct. The Institute of Alcohol Studies (2014) found the misuse of alcohol to be consistent with people who perpetrate sexual assault and domestic violence. Over the three Survey of College Health and Behavior years in which data were gathered, a total of 279 students reported they had taken advantage of someone sexually. These findings are in alignment with Tuliao and McChargue (2014) who found alcohol use to be involved in half of all sexually aggressive acts on college campuses. Tuliao and McChargue (2014) also found 74% of perpetrators self-reported alcohol consumption leading up to an assault. In 2016, 51 students reported they forced someone to have nonconsensual contact, and 20 students reported forcing someone in the past year to have nonconsensual contact.

**Research question three.** Research Question Three was focused on substance use and doing more sexually, as well as using substance to feel more comfortable with a sexual partner. There were, on average for all three years of the Survey of College Health and Behavior, over 18% of students who reported using alcohol or drugs to feel more comfortable with a sexual partner. Within the past year, 2,910, or over 14% students reported using alcohol or drugs to feel more comfortable with a sexual partner. Studies have confirmed college students engage in sexual activities while under the influence of alcohol (Abbey et al., 1996; Ward et al., 2012). On average, over 20% of students who participated in the survey reported doing more sexually because of alcohol or drugs. Over the three survey years, over 14% of students reported they had done more

sexually in the past year because of alcohol or drugs. Ward et al. (2012) found students who consume alcohol are six times more likely to engage in a vaginal intercourse with a new partner than their counterparts who did not drink prior to the sexual situation.

**Research question four.** There were six proactive protective factors utilized most by students who participated in the Survey of College Health and Behavior. The six most utilized protective factors were chosen based on averaged respondent rates of over 70% for all three Survey of College Health and Behavior years. The protective factor utilized the most had an average of over 94% of students who reported they purposefully eat before and/or during alcohol consumption. There were 18,376 students who reported *always* to *occasionally* eating before and/or during alcohol consumption. According to The Salt (2014), eating something before and/or during drinking helps slow the absorption of alcohol.

The next most predominant proactive protective factor was knowing where drink your was at all times, which had 17,870 students who employed this protective factor *always* to *occasionally*, or an average of over 92% of students. The third most prevalent protective factor was purposefully limiting the amount of money spent on alcohol, which was reported by over 85%, or 16,461 students who used this protective factor *always* to *occasionally*.

The fourth most common proactive protective factor, having at least one person who was sober in the group, had over 85% or 16,447 students who reported *always* to *occasionally* utilizing this protective factor. The fifth most prevalent proactive protective factor, make sure to go home with a friend, had 16,257 students, or an average of over 84%, who reported they *always* to *occasionally* would utilize this proactive factor. The

last most predominantly used proactive factor, drink water while drinking alcohol had an average of over 74% of students who reported they *always* to *occasionally* implement this proactive factor. There were 14,399 students who would *always* to *occasionally* employ the protective factor of drinking water while drinking alcohol. The Salt (2014) also emphasized the importance of alternating between alcohol and water, which can help prevent dehydration. Project Turnabout (2012) also identified similar protective factors such as drinking soda or other nonalcoholic beverages and sticking to a limit.

**Research question five.** In Research Question Five, perceptions of Title IX Coordinators were investigated. After analyzing data, consent, communication, proactive programming, and promotion were themes which emerged from interviews. The themes in relation to the literature review of Chapter Two are discussed in the next section.

***Consent and communication.*** The most common theme in interviews was consent, the importance between individuals engaging in sexual activity to have good communication, and to understand what permission looks like. Multiple interviewees pointed out the need for students to have a better understanding on what consent entails and “understanding the absence of ‘no’ is not consent” (Interviewee #3). Interview #1 stated, “There’s a lot of misunderstanding on what consent is.” According to Interview #2, when interviewing situations of sexual misconduct, “consent is always an issue.” Interview # 3 equated “not everybody totally understanding what consent is and then you add in an alcohol aspect” to a mess. As is found in the theory of alcohol myopia, alcohol can decrease the amount of information individuals can process, thereby having a direct impact on their ability to make decisions (Steele & Josephs, 1990). Communication was also an area many interviewees noticed as an issue. Interview #7 discussed many

students do “not have a really great baseline communication about their sexual desires and boundaries.” Several interviewees noted discussion about intimate details of what each partner perceives to be acceptable does not occur in situations they investigate, mostly because of the influences of substances which can reduce reasoning and logic. The use of substances, such as alcohol and drugs, can be clearly seen in disinhibition theory and can impact how individuals make decisions and choices (Aguinaldo & Meyers, 2008).

The use of alcohol and communication was also addressed and how a perpetrator, who is intoxicated “maybe less likely to read cues communicating consent or boundaries” (Interview #7). As with alcohol myopia, Steele and Josephs (1990) reasoned alcohol could prevent the drinker from responding to normal cues. The problem of mixing consent and alcohol occurs when a person is under the influence, and “they are less able to understand what the other person is communicating to them” (Interview #7).

Communication can also be based on nonverbal cues such as “these are the things I was doing with my body language to try and communicate what I was feeling about that situation” (Interview #7). Interview #4 said alcohol use “compromises communication.” Individuals who are under the influence will “have trouble understanding signs or reading cues” (Interview #1). Interview #2 expressed concern when substance use is involved in sexual misconduct and examined if the “person was able to give consent, did they understand consent.” Interview #1 mentioned, “If the accused person has been drinking, then they might have trouble understanding signs or reading cues.” External and internal cues a drinker experiences can also impact how the drinker would respond and how he or she would behaviorally respond (Ostrow, 1994). The National Institute on Drug Abuse

(2006) found when substances and alcohol are factored into situations, the ability to make a coherent decision about whether to partake in sexual interactions is compromised.

***Programming and promotion.*** The next theme to materialize was programming and promotion. Both promotion and programming fit together and assist in the manner in which institutions educate and promote Title IX and policies surrounding sexual misconduct. The educational component brought to light how some institutions utilize online programs to help educate students on sexual misconduct and Title IX. Some institutions employ bystander intervention programs, like Green Dot and Step UP!, to help educate on the issue of sexual misconduct (Green Dot, 2016; Step UP!, 2016). Interview #3 conversed about implementing the Green Dot program to “educate our students in the importance of looking out for each other.”

The promotional component of the theme addresses how institutions approach dissemination and publication of educational Title IX sexual misconduct programs. Some interviewees reported their institutions’ promotion and education are done by going to classes. Other interviewees made sure to promote the importance of preventing sexual misconduct by reaching out to students before they arrive on campus. The highest risk of sexual assaults for students in college is during the first and second year (Cranney, 2015; White House, 2014). One thing is for certain, most interviewees indicated their institutions are communicating Title IX policies to students either before they come to campus or once students are on campus, and sometimes even both. According to Cranney (2015), there is an existence of a danger zone near the beginning of a student’s time at college, when female students are more susceptible and have a higher risk of sexual assault.

## **Implications for Practice**

There are several implications to consider in this study. Theories of disinhibition and alcohol myopia were useful as a guide to understanding the impact which alcohol has on decision-making ability of people who consume (Aguinaldo & Meyers, 2008; Steele & Josephs, 1990). The theories of reasoned action and outcome expectancy were also crucial in comprehending why some individuals take advantage of others and engage in sexual misconduct (Ajzen & Fishbein, 1980; Rotter et al., 1972). The two main implication topics are behavioral and educational in scope. Both are discussed in the next section.

**Behavioral choices.** It is important to discuss behavioral characteristics of sexual misconduct. Mental and physical aspects play a large role in occurrences of sexual misconduct, but can also be important in prevention of these situations. The behavioral topic encompasses consuming alcohol or drugs, engaging in risky sexual behavior, taking advantage of someone, and engaging in protective factors.

**Consuming alcohol or drugs.** In regards to the consumption of alcohol and drug use and sexual activity, 1,396 total students reported on the Survey of College Health and Behavior they were taken advantage of sexually due to alcohol. There were 4,373 students on the Survey of College Health and Behavior who reported using alcohol or drugs to help them feel more comfortable with a sexual partner. Interview #4 stated it is “certainly true that a great majority of them [sexual misconduct cases] have an alcohol component.” Interview #7 agreed and stated, “Alcohol seems to play a significant role in a lot of the cases that I see involving sexual misconduct.” One-half to two-thirds of all



sexual assaults involving college students consist of alcohol (Zinzow and Thompson, 2015).

According to White and Hingson (2013), the scope and influence alcohol use has can be minor, or can be intensified by injuries, sexual assaults, or even overdoses. Some students are engaging in alcohol use and sexual activity (White & Hingson, 2013). In order for students to understand the intersection between alcohol and sexual misconduct, students need to be informed on the impact alcohol use can have on their ability to make clear decisions (Steele & Josephs, 1990). The theory of alcohol myopia confirms that alcohol intoxication can decrease the amount of information an individual can process and can impact his or her ability to reason (Steele & Josephs, 1990). Students need to have a comprehension of alcohol use impacting decision-making before they engage in sexual activity.

***Engaging in risky sexual behavior.*** There were 3,849 students who reported on the Survey of College Health and Behavior they had engaged in risky sexual behavior due to alcohol use. The theory of disinhibition posits that drugs and alcohol's physiological effects encourage participation in high-risk sexual activity (Stall et al., 1986). A total of 4,842 students who reported on the Survey of College Health and Behavior they had done more sexually because of alcohol or drugs. Through the effects of disinhibition, a person may engage in sexual activities they would not normally do while they are under the influence (Aguinaldo & Meyers, 2008). Interview #3 discussed the issue by stating, "People may not be incapacitated. I think it [alcohol] certainly interferes with their judgment."

There is a high number of unsafe sex incidents due to alcohol use (Hingson et al., 2009). Understanding the influence alcohol or drug use can have on individuals and their inhibitions is an important issue to educate students on. All students and student groups need to be educated on this topic. A study completed by White and Hingson (2013) found 110,000 students were so intoxicated they were unaware if they actually consented to the sexual act in which they participated.

***Taking advantage of someone else.*** A total of 279 students reported on the Survey of College Health and Behavior they had taken advantage of someone sexually. If the intent of an individual is to go out and engage in sexual activity, the individual will often use substances to see the plan come to fruition, which plays right into the theory of reasoned action (Ajzen & Fishbein, 1980). Individuals who want to take advantage of others will look for people who are intoxicated. According to Interview #4, “if someone is obviously intoxicated, people who want to take advantage of them [when they are in a compromised situation] identify that and target them.” Steele and Josephs (1990) reasoned alcohol could prevent the drinker from responding to normal cues. Interview #7 stated individuals who are intoxicated are less able to read information and “process it or are more willing to disregard that information because their inhibitions maybe be lower to the point they're feeling reckless or bold.” Some will use drugs or alcohol as an excuse to justify their actions, which can be related to outcome expectancy (Jones et al., 2001). Some individuals will use drugs in order to gain a specific desired outcome (Lawyer et al., 2010). Interview #4 stated, “I've seen it used as a tool, meaning the person purposely gets the person drunk.”

Though not a large population reported taking advantage of someone sexually, any number is a disturbing amount. There needs to be others around, as shown in bystander intervention programs, who are willing to stand up and protect individuals who might not have a voice against people who are willing to take advantage of them. Individuals who are willing to take advantage of others need to be aware of the consequences. Institutions need to focus on students so they know how help a friend out of a potentially dangerous situation (Engstrom, 2015). Bystander intervention trainings empower students and other members of the campus community to intervene in risky situations (Green Dot, 2016; Step UP!, 2016). Penalties need to be clear, clearly communicated, and known by all students or others who engage in the sexual misconduct and take advantage of others. Institutions are helping educate students on preventing sexual misconduct and focusing on consent instead of an after the fact approach with the adjudication process in order to make their campus safer (Bazelon, 2014).

***Engage in protective factors.*** Students are reporting the use of protective factors. In regards to the Survey of College Health and Behavior, there were six protective factors which students employed *always* to *occasionally* at a rate of over 70%. These six protective factors and their average usage rate were the following: over 94% of students would eat before and/or during alcohol consumption, over 92% of students knew where their drink was at all times, over 85% of students would purposefully limit the amount of money spent on alcohol, over 85% of students had at least one person in the group who was sober, over 84% of students would make sure to go home with a friend, and over 74% of students drink water while drinking alcohol.

Protective factors are a positive way in which students can help themselves and be proactively safe (Perkins, 2014). Protective factors need to be normalized and promoted to all who engage in substance use. Social norming methods would be an ideal way to promote the use of protective factors by normalizing and illustrating the use of others implementing the methods. Social norms theory predicts misperceptions may encourage risky behavior in an attempt to conform to perceived norms, and correcting these misperceptions will lead to a decrease in such behaviors (Dardis, Murphy, Bill, & Gidycz, 2016). Reporting positive norms will help promote and normalize protective factors being utilized by students (Perkins, 2014).

**Educational opportunities.** It is important to discuss educational opportunities which can help prevent sexual misconduct. Education and awareness have a considerable part in the prevention of occurrences of sexual misconduct. The educational topic will encompass choices one makes, effective communication, and training of all on campus and can be positive ways to help educate students and staff to prevent sexual misconduct.

**Choices you make.** One educational area to focus on is personal choices. Personal choices can include the use of alcohol or drugs, whether or not to engage in risky sexual behavior, whether or not to take advantage of someone sexually, and whether or not to intervene in a situation and help another person. Some of these topics can be addressed by various online programs such as Haven or My Student Body (Everfi, n.d.; Hazelden, n.d.). Another way to educate students on bystander intervention would be to incorporate a bystander intervention program like Green Dot or Step UP! (Green Dot, 2016; Step UP!, 2016).

*Effective communication leads to consent.* Communication is another important educational topic. If an individual is under the influence of a substance, the disinhibiting effects of the substance encourage poor decision making and urges participation in high risk sexual activity, which is the theory of disinhibition at work (Stall et al., 1986). According to Interview #7, it is important to be able to “communicate consent and boundaries.” Students need to be educated on how to have open and honest conversations with their sexual partners. These conversations can help alleviate any confusion in regards to communication or whether or not the activity is consensual. Interview #7 pointed out the importance of students using their own language to “communicate about consent.” Communicating clearly is important. Interview #4 discussed how, “if the world all worked with you saying what you wanted to do and the other person clearly saying whether they did or they didn't.” Instead communication is “so much more gray and complicated” (Interview #4). It is important for everyone to understand communication involves more than just verbal, but also other aspects like body language and non-verbal communication as well as how to be assertive. According to Muehlenhard, Humphreys, Jozkowski, and Peterson (2016), there are aspects of college life which complicate sexual consent and increase the risk of sexual assault.

The ability to effectively communicate with one another needs and desires in order to ensure all parties have the opportunity to be heard and respected will lead to consenting parties. According to Interview #2, “consent always seems to be an issue.” There is a need to have a clear definition and understanding on what consent is and how to obtain it. Students need to think through what consent means and what consent means in certain situations. Numerous interviewees pointed out the need for students to have a

better understanding on what consent is. Interview # 1 stated, “There’s a lot of misunderstanding on what consent is.”

*Education for students and Title IX Coordinators.* Continuing the educational theme, it is important for both students and coordinators to have continued instruction on the area of sexual misconduct, policies, and Title IX compliance. Interview #2 discussed the importance of training and stated, “Whoever is requiring training [should] also provide a means for us [Title IX Coordinators] to get that training.” Interview #7 said, there needs to be a “more focused and intentional educational pathway into the work” and expressed an interest in an educational tract or certification for individuals interested in the field. Interview #3 stated the need for continued education, “Education is a cultural thing” and you need to have bystander intervention and education. Interview #6 confirmed the need for “continued, engaged online training for everyone.” Interview #5 also emphasized the importance of education and the need to “work together to increase awareness and education.” Interview # 1 stressed the need for more “ongoing education not just incoming students or freshman” there needs to be some kind of continuation and follow-up.

### **Recommendations for Future Research**

This study was constructed using a mixed method approach in order to gain a broader understanding of sexual misconduct, substance use, and common experiences of Title IX Coordinators; however, it should be stated this is not a comprehensive study. The focus of this study centered on Midwestern institutions of higher education pre-existing data and Title IX Coordinators. The significance of people who experienced sexual misconduct is considerable.

There are limitations to this study, as noted in Chapter One, which includes sample demographics, instrumentation, and researcher bias. The demographic sample for the pre-existing data were collected across a Midwestern state. The demographic sample of interviews consisted of Title IX Coordinators across the Midwest at institutions of higher education. Long term tracking of the issue of sexual misconduct could also be beneficial in learning more about the issue, if there is reoccurrence, which would add significant knowledge to the body of literature.

The sample demographic limitation could be addressed by researching across states and not just focusing in the Midwest (Creswell, 2014). The Zinzow and Thompson (2015) study looked only at males in a large southeastern university. New studies could include other geographic locations and institutional types (Creswell, 2014). Information collected could assist with gaining more information on students and their experiences with sexual misconduct as well as how different Title IX Coordinators educate and work with individuals dealing with sexual misconduct.

The pre-existing data were collected from the Survey of College Health and Behavior which is an online, anonymous survey, given to a random sample of undergraduate degree seeking students (Midwestern State Coalition, n.d.). Another limitation of the instrument is the assumption responses of participants were offered honestly and without bias. The data were reviewed using descriptive statistics, and it would be interesting to see if there was a statistical difference in the data by gender. The primary researcher created the qualitative instrument, which had limitations (Creswell, 2014). The continued use and improvement of the instrument would strengthen validity (Fraenkel et al., 2014). A study where individuals who are closely impacted by the issue

of sexual misconduct, both from the complainant and respondent, would be important and informative. Another interesting perspective would be to discuss and study more in-depth the impact pornography use has on sexual expectations and misconduct.

Additional research on male entitlement and sexual misconduct would be an area to pursue and note any connections. Recent studies of the hookup culture (Freitas, 2013; Wade, 2017) could also be continued to explore the cultural connection of hookups and sexual misconduct. Studies which include effectiveness of prevention programming, resources, and materials would also be enlightening to help understand which methods are more effective in reaching and educating students on the important topic of personal safety and sexual misconduct.

### **Summary**

According to the Office of Civil Rights (2011), sexual assault has been an issue facing institutions of higher education for many years. Sexual offenses are a serious problem on college and university campuses (Office on Violence Against Women, 2016). Statistics show 20% of women and 6.1% of men are affected by sexual assault during their college years (Office of Civil Rights, 2011). The 2015 Association of American Universities climate survey found that 11.7% of students reported experiencing nonconsensual sexual contact since they had enrolled at their university (Association of American Universities, 2015).

Multiple studies have addressed the issue of sexual assaults and dating risk factors among college women, and report alcohol as a major component (Abbey, 2011; Eiden et al., 2013; Gautam et al., 2014; Lawyer et al., 2010). The Association of American Universities (2015) report found 23.1% of female undergraduate students experienced



sexual misconduct due to incapacitation, physical force, or threats of physical force. According to Eiden et al. (2013), alcohol is the most commonly detected substance in sexual assaults, while illicit drugs follow closely behind.

In Chapter One, an introduction to the issue was discussed as well as a background to the study. There were several theories used to illuminate the overarching premise of this study, the theory of reasoned action, outcome expectancy theory, disinhibition theory, and alcohol myopia. The four theories were supportive in understanding how substance and alcohol use connect with sexual misconduct and help illustrate how substance use can influence human behavior (Aguinaldo & Meyers, 2008; Hays, 1985; Jones et al., 2001; Steele & Josephs, 1990). The purpose of this mixed method study was to review sexual assaults at institutions of higher education to verify if alcohol and other drugs are a factor in the incidence of sexual assaults which happen to college students. The perception of support personnel, Title IX Coordinators, was studied as the qualitative portion.

The focus of Chapter Two was a review of literature related to collegiate students and sexual assault. Sexual assault in the form of student-on-student is a current problem on many university campuses (Triplett, 2012). The impact of substance use on sexual violence was discussed and noted (Abbey, 2011; 2008; Eiden et al., 2013; Lawyer et al., 2010). Alcohol and other substances were covered. Alcohol and sexual violence, risk factors associated with alcohol use, effects alcohol has on individuals, consequences of consumption, and the impact of intoxication were presented to inform the reader of all aspects which are impacted by an individual's use. Environmental issues were also revealed, which impact sexual assault (Allison & Risman, 2013; Amar et al., 2012). The

culture of rape, impact of pornography, and use of bystander intervention and prevention were also discussed in Chapter Two.

Chapter Three was dedicated to the methodology of the study. In order to gain a more complete picture of the issue of sexual assault and substance use, a mixed methods approach was chosen (Creswell, 2014; Fraenkel et al., 2014). The first four research questions were part of the quantitative portion of the study. These questions focused on factors reported by students who experienced nonconsensual sexual contact, if substance use played a role in doing more sexually or feeling comfortable with a sexual partner, and if students were using any proactive protective factors to prevent excess substance misuse. The fifth research question and qualitative section, concentrated on perceptions of support personnel, Title IX Coordinators, who work closely with the issue of sexual misconduct.

The results were reported in Chapter Four. The four quantitative research questions were addressed by using pre-existing data from the Survey of College Health and Behavior for the years 2014, 2015, and 2016. There were 1,396 students who reported they were taken advantage of sexually due to alcohol use, 3,846 students reported they engaged in risky sexual behavior due to alcohol use, as well as 703 students who reported they had been taken advantage of sexually due to someone else's alcohol use. There were 279 students who reported they had taken advantage of someone sexually. Six of the 12 proactive protective factors were very popular among students, with over 70% of students reporting utilizing the six most predominant ones. Findings of the interview questions were reported in the four themes which emerged: consent, communication, programming, and promotion.

In Chapter Five, findings of the five research questions were discussed and conclusions were made. Literature reviewed in Chapter Two was woven into the conclusions and implications. Results of the first three research questions illustrated the connection between alcohol use and negative side effects, such as being taken advantage of sexually, engaging in risky sexual behavior, and doing more sexually because of substance use. The fourth research question highlighted some proactive protective factors which students are using to reduce negative consequence of substance use. The four emerging themes for the fifth research question, programming and promotion and consent and communication illustrated constructs utilized for the theoretical framework (Aguinaldo & Meyers, 2008; Hays, 1985; Jones et al., 2001; Steele & Josephs, 1990).

The emerging themes of the study were tied directly into the implications. The first area of implications focused on behavioral choices to consume alcohol/drugs, engage in risky sexual behavior, take advantage of someone sexually, and engage in protective factors. The second area of implication addressed the need of educational opportunities centered around choices, communication, consent, and education/training for students and Title IX Coordinators. All of the implications were connected to results from the study. An awareness of the issue, knowing students are experiencing sexual misconduct and engaging in risky sexual behavior due to alcohol use, needs further and future research.

**Appendix A**  
**Interview Protocol**

Interviewee/Institution:

Date:

Time of Interview:

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1. How long have you been working in the area of sexual misconduct?
  
2. What factors do you consistently see when investigating cases of sexual misconduct?
  
3. What percentage of cases of sexual misconduct involve alcohol or other drugs (on your campus)?
  - a. What influence does alcohol or other drugs play in cases of sexual misconduct?
  
4. How are students being educated about the effects of alcohol and drugs on sexual assaults?
  
5. What steps are being taken on your campus to educate students about the issue of sexual misconduct?

6. Are you using any bystander intervention or other types of educational programs on your campus? Explain what you are doing.
  
7. How do you work around/address the issue of victim blaming?
  
8. What trends are you seeing in reporting cases of sexual misconduct over the last four years?
  
9. What are the next steps in preventative efforts on college campuses – what is the future of prevention sexual misconduct?
  
10. Is there anything you would like to share with me that I have not asked?

**Appendix B****IRB Approval**

DATE: March 27, 2017

TO: Jerilyn Reed  
FROM: Lindenwood University Institutional Review Board

STUDY TITLE: [1031061-1] The impact of substance use on the prevalence of sexual misconduct at institutions in the Midwest.

IRB REFERENCE #:  
SUBMISSION TYPE: New Project

ACTION: APPROVED  
APPROVAL DATE: March 27, 2017  
EXPIRATION DATE: March 26, 2018  
REVIEW TYPE: Expedited Review

Thank you for your submission of New Project materials for this research project. Lindenwood University Institutional Review Board has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review (Cat 7) based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to the IRB.

This project has been determined to be a Minimal Risk project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the completion/amendment form for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of March 26, 2018.

Please note that all research records must be retained for a minimum of three years.

- 1 - Generated on IRBNet

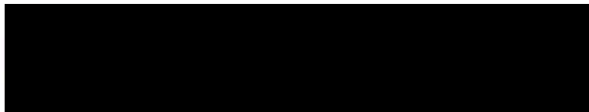
If you have any questions, please contact Michael Leary at 636-949-4730 or [mleary@lindenwood.edu](mailto:mleary@lindenwood.edu). Please include your study title and reference number in all correspondence with this office.

If you have any questions, please send them to [IRB@lindenwood.edu](mailto:IRB@lindenwood.edu). Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Lindenwood University Institutional Review Board's records.

## Appendix C

### Permission to Use De-Identified Data



February 8, 2017

Ms. Reed,

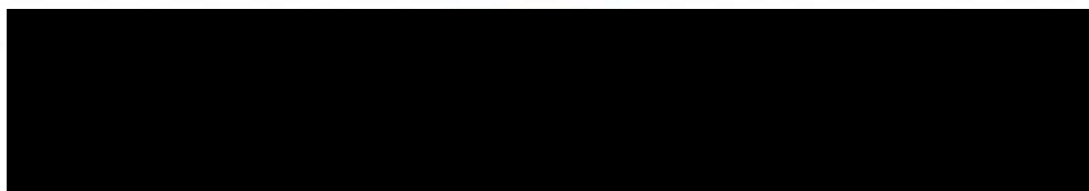
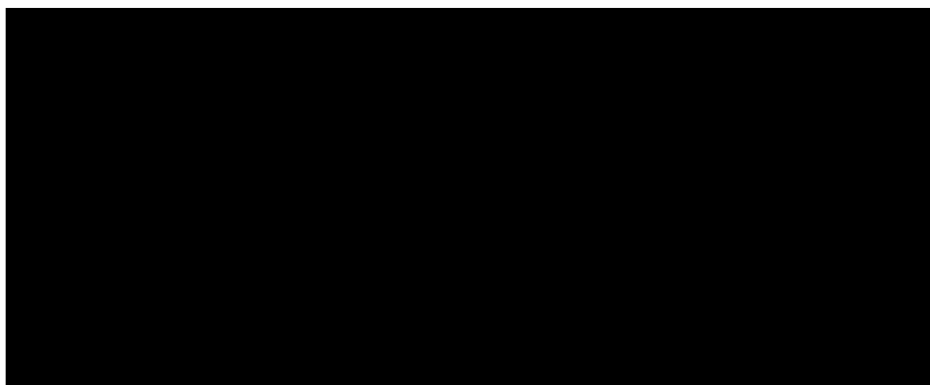
We look forward to collaborating with you, and you have permission to use the [redacted] data from 2012 to 2016 in de-identified form for your academic program.

The survey is anonymous, thus we do not have any identifying information on the individual level. We do however, collect campus information. We appreciate any steps you will take to meet the requirements of your program and assure anonymity of our campuses such as, renaming the instrument or blocking out any identifying information.



Please let me know how we can be of further assistance in your project.

Sincerely,





## **Appendix D**

### **Request for De-Identified Data**

Dear Midwestern State Coalition Staff Member,

I have received IRB approval from Lindenwood University and am requesting de-identified data from the Survey of College Health and Behavior. As we have discussed previously, I need data from the years 2014-2016 in de-identified form. Please let me know if you have any questions or need further information. Thank you for your assistance.

Jerilyn Reed  
Doctoral Candidate  
Lindenwood University

**Appendix E**  
**Recruitment Email**

May 1, 2017

Dear <Name>,

My name is Jerilyn Reed, and I am a doctoral student at Lindenwood University seeking an Ed.D. in Higher Education Instructional Leadership. As a current employee in student affairs, I have an interest in the experiences and observations that support personnel have had in dealing with sexual misconduct and sexual assault in the collegiate setting. I earnestly hope to have you participate in my study.

My research will focus primarily on the experiences and observances that you have had in dealing with student sexual misconduct and sexual assault cases. Participation will take approximately 60 minutes of your time, and I will schedule a date and time to visit you. The interview can be done in person, at a location of your choosing if we are in close proximity, or via Skype interview if that would be more convenient. There are no known risks involved in this research. Your identity will be protected through the use of a pseudonym, and nothing shared in your interview will be linked directly to your current institution.

If you have any questions or concerns, please feel free to contact me at the email address below, or my dissertation chair, Dr. Rhonda Bishop, at [REDACTED]. To indicate your willingness to participate in this study, please contact me by email at [REDACTED].

Thank you for your consideration.

Jerilyn Reed  
[REDACTED]

## Appendix F

# LINDENWOOD

## INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

### **The Impact of Substance Use on the Prevalence of Sexual Misconduct at Institutions in the Midwest.**

Principal Investigator Jerilyn Reed

Telephone: [REDACTED]

Participant \_\_\_\_\_

Contact info \_\_\_\_\_

1. You are invited to participate in a research study conducted by Jerilyn Reed under the guidance of Dr. Rhonda Bishop. The purpose of this research is to understand how substance and alcohol use can impact the prevalence of sexual assaults in college.
2. a) Your participation will involve participating in an interview and answer 10 questions about your involvement and work in sexual misconduct cases in the collegiate setting. This will be a one-time commitment that will occur at an agreed upon time and location.  
  
b) The amount of time involved in your participation will be about 45 to 60 minutes in length. Approximately six support personnel will be involved this research.
3. There are no anticipated risks associated with this research.
4. There are no direct benefits for your participation in this study. However, your participation will contribute to the knowledge about how substance and alcohol use can impact sexual assaults on the collegiate environment.
5. Your participation is voluntary, and you may choose not to participate in this research study or to withdraw your consent at any time. You may choose not to answer any questions that you do not want to answer. You will NOT be penalized in any way should you choose not to participate or to withdraw.

6. We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication or presentation that may result from this study, and the information collected will remain in the possession of the Principal Investigator in a safe location.
7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Principal Investigator, Jerilyn Reed at [REDACTED] or the Supervising Faculty, Dr. Rhonda Bishop at [REDACTED]. You may also ask questions of or state concerns regarding your participation to the Lindenwood Institutional Review Board (IRB) through contacting Dr. Marilyn Abbott, Provost, at mabbott@lindenwood.edu or 636-949-4912.

**I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I consent to my participation in the research described above.**

_____		_____
Participant's Signature	Date	Participant's Printed Name

_____		_____
Signature of Principal Investigator	Date	Investigator Printed Name

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### **Vita**

Jerilyn Reed serves as the Student Wellness Coordinator at Missouri State University in Springfield, Missouri. Reed oversees wellness activities, classes, website, and social media accounts for the health and wellness center on campus. Jerilyn received her Bachelor of Science in Health Studies, with a teaching certificate in Secondary Education from Eastern Illinois University. She received her Master of Science in College Student Affairs from Eastern Illinois University. Reed also holds a certification from the Mayo Clinic as a tobacco treatment specialist.

Jerilyn has over 14 years of higher education experience at multiple institutions in the Midwest. She has worked in the areas of sexual health, student wellness, health promotion, and teaches foundation classes. Reed has served on multiple committees regarding Title IX, higher education, mental health, opioid addiction, sexual harassment, conduct, tobacco, hiring, continuous quality improvement, and marketing. She coordinates Missouri State's coalition and is a part of Missouri's higher education consortium on substance abuse. Jerilyn is a certified Master Academic Advisor and cofounded the collegiate recovery program at Missouri State University. Reed is also a partner with the fit and well living learning community at Missouri State University. Additionally, Jerilyn serves in the children's ministry at her church.