



Sexual Assault Resource Availability on Texas Higher Education Campuses

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Five decades of research on higher education campuses across the United States has consistently demonstrated that approximately 25 percent of women will experience attempted or completed rape during their college career.¹ Despite the extensive study of violence against college women and multiple iterations of legislation pertaining to sexual assault in the university context,^{2,3,4} this form of victimization remains an extensive problem. The Clery Act specifically requires sexual assault education and response policies on federally funded four-year campuses. Unfortunately, this has not always translated to the standardized delivery of programs and services across universities. Some campuses have found it difficult to provide quality resources for student populations⁵ due to a lack of funding or because resource depletion comes from budget cuts during periods of economic difficulty.⁶ In addition, depending upon the exposure of the program or service, students enrolled at a college or university may not be aware of victimization-response and sexual health resources available to them. These resource shortcomings prompted a recent content analysis of college campus websites to locate the “availability and usability of women’s resources” on higher education campuses in the Midwest, including colleges and universities in Michigan, Illinois, Ohio, Minnesota, and Wisconsin.^{7,8} Results demonstrated a lack of conformity for the provision of services offered. Specifically, schools differed in terms of the manner in which resources were advertised to students, and specific programs were not systematically available across campuses. These findings have raised important questions regarding service availability on college and university campuses in Texas. The following legislative brief presents findings from a study of 74 Uniform Crime Reports (UCR)-reporting public and private not-for-profit higher education campuses in Texas to determine the availability of sexual assault resources for enrolled students.

Health Services

Health service clinics located on higher education campuses may offer prevention and responsive treatment for basic healthcare needs such as vaccinations and sexual health resources. Examples include screening for sexually transmitted infection or pregnancy testing. Clinics may offer birth control, condoms, or emergency contraceptives. Health clinics servicing student populations are in a unique position to respond to sexual assault by providing victim-centered responses to negative health outcomes. Studies have

shown that approximately 1/5 of victims are provided with information on sexually transmitted infection and unwanted pregnancy, but for those who do not receive information regarding HIV, sexually transmitted infection, and emergency contraception, their likelihood of later psychological and physical health distress increases as compared to counterparts.⁹ Incomplete or insensitive care further undermines victims’ healing, prompting feelings of powerlessness, shame, and guilt.¹⁰

Among 74 UCR-reporting four-year and two-year schools in Texas, general health services are widely available. Specifically, 71.6 percent of all campuses report an on-campus health clinic. Of these, nearly 13 percent offer services at no additional cost to the student, beyond fees paid at registration. The remaining clinics provide services at low cost (54.5%), charge a fee for the service (20%) or bill private insurance (7.3%). In terms of servicing student health needs, 83.6 percent of facilities are open during the summer break and 20 percent have a 24-hour nurse’s line available to aid students over the telephone. The majority of clinics provide pregnancy testing (83.0%) and screening for sexually transmitted infections (90.7%), with just under half of clinics offering oral contraceptives (49.1%) and more than one-third of facilities providing emergency contraception. Finally, the majority of on-campus clinics offer women’s wellness exams (73.6%), but only 15 percent staff an OBGYN.

Counseling Services

Counseling services on college campuses are important resources for students, but particularly for those who have experienced sexual assault. Victims of sexual and relationship violence have underscored the value in being listened to, emotionally supported, and validated. Similarly, victims have expressed the importance of being believed and not blamed for their assault experiences.¹¹ Among campuses included in this study, nearly 81 percent reported the provision of counseling services for relationship complications, couples counseling, and sexual health issues, including victimization. Despite this, only 15 percent offered a women’s resource center and only one campus housed a men’s resource center. Additionally, a mere three schools offer a rape crisis or victim advocacy center on campus. While none of the UCR-reporting schools currently offer an online student newspaper to feature sexual health and assault resources, just over one-

third of higher education institutions maintain a Facebook page with campus health and sexual assault resource information. Finally, only 16 percent provide a 24-hour hotline for crisis intervention, underscoring the need to invest in the variety of mental health service options for students faced with sexual victimization and related trauma, particularly as it is related to a decrease in post-trauma symptoms.

Prevention Programs

Scholars and university administrators have long hailed the efforts of preventative programming for producing behavioral change in order to decrease sexual assault among college students. Statistical reviews of prevention programs have revealed, however, that interventions focused on attitude change alone produce short-term declines in victim-blaming attitudes and have little effect at reducing sexual assault among program participants.¹² In contrast, recent research has indicated that for programs to be effective, they must follow specific guidelines in terms of content and delivery. To be sure, programs with long-term exposure, those that incorporate peer-to-peer delivery techniques, that separate learning groups by sex, and that focus on bystander intervention to increase empathy among men have been successful in changing behavior.^{13,14,15} Collectively, these types of interventions also enhance victim reporting and aid in mental health recovery following sexual assault, because victims are met with empathic and positive responses upon disclosure, which mediates the effect of the trauma and decreases the likelihood of post-traumatic stress disorder.¹⁶

While nearly 75 percent of college campuses in Texas provide alcohol prevention programming and events related to educating students about the ill effects of over-consumption, only 7 campuses require mandatory participation in sexual assault prevention programs, with an additional 36.5 percent providing educational prevention upon request. The manner in which programs are delivered and the material contained in prevention efforts is not, however, consistent across campuses. Additionally, a full 19 percent of institutions do not offer any type of sexual assault prevention. The availability of programs targeting men for prevention of victimization and enhancement of empathy and intervention are similarly bleak. Specifically, only 11 institutions offer programs tailored directly to men, and only 15 campuses provide for bystander intervention programs, despite demonstrated success at changing behavior among would-be perpetrators and potential victims.

Consciousness-Raising Programs

While prevention programs are a fundamental component in combating sexual assault on college campuses, additional efforts focus on raising awareness for the general campus community through education, protest, support, and empathy building by giving victims

an opportunity to voice their experiences.¹⁷ Organized efforts have included “Take Back the Night” marches, “Denim Day” sponsorships, participation in the “Clothesline Project,” and campus-wide observance in Domestic Violence Awareness Month and Sexual Assault Awareness Month. “Take Back the Night” marches originated in the mid-1970s as part of an anti-violence rally in Pittsburg. Efforts have spread internationally, and protest marches are currently held on college campuses across the United States. “Denim Day” has been celebrated across U.S. universities since 1999 in response to an Italian Supreme Court decision in which the Chief Judge argued that the victim of a sexual assault must have helped the perpetrator remove her tight jeans, thus instigating her victimization. “Denim Day” is celebrated as a protest and prevention campaign aimed at changing cultural attitudes of victim-blaming. The “Clothesline Project” is another avenue for victims to voice their experiences in a way that provides validation and healing, while also raising awareness and educating the public. Women disclose their victimization experiences on t-shirts that are hung on clotheslines situated in heavily trafficked areas on campus.

In assessing efforts to raise awareness about sexual assault among Texas higher education campuses, results demonstrated that only about 26 percent of institutions host “Take Back the Night” marches, 18 percent participate in “Denim Day,” and 27 percent sponsor “Clothesline Projects.” Moreover, 45 percent of campuses observe Sexual Assault Awareness Month, and 41 percent participate in Domestic Violence Awareness Month. Aside from nationally-organized efforts, 42 additional programs were reported as part of campus efforts to promote education and awareness. These included fund-raisers, art exhibits, workshops, seminars and presentations by sexual assault survivors, and three performances of the off-Broadway play, “The Vagina Monologues.”

Law Enforcement Responses

Responses to sexual assault and other forms of college student victimization have historically originated with law enforcement. In line with this practice, 100 percent of institutions report having a campus police department with commissioned officers who are independent of the municipal police. An additional 53.5 percent of campuses also employ private, non-commissioned security officers to aid law enforcement. While efforts geared toward the apprehension of perpetrators makes sense on college campuses, victims are more likely to report sexual assault to the police if they have been educated through primary prevention programs. Indeed, conservative estimates suggest that only about 8 percent of sexual assaults that occur are actually reported to the police.¹⁸

Uniform Crime Report (UCR) data for the 74 Texas college campuses included here indicate that, for

2011, 56.8 percent of schools reported 0 forcible sexual assaults. Indeed, among the 74 campuses, only 45 forcible sexual assaults were reported for 2011. Conservative assessments of unreported forcible sexual assaults among these higher education campuses would suggest that approximately 563 students are actually being victimized in this capacity. This does not take into consideration those instances where alcohol intoxication is used as a sexual access strategy to extort sex—an all too common occurrence among this population.¹⁹ Thus, these official data suggest that while law enforcement efforts capture a small proportion of sexual assaults, additional approaches for preventing, containing, and responding to sexual assault on college campuses are necessary.

Target-Hardening Strategies

Traditionally, higher education responses to sexual assault have relied upon strategies that make it difficult for a potential perpetrator to select victims who they deem “easy targets.”²⁰ In the university setting, these efforts have materialized as blue light emergency phones, escort services, a change in campus landscape, and self-defense classes. Reliance on target-hardening strategies as a primary prevention strategy to sexual assault is problematic as it ignores the true context of violence—that victims are targeted most often by those with whom they are closely acquainted.²¹ Target-hardening strategies also place the onus for behavioral change on would-be victims, with the expectation that they protect themselves from potential assault. That said, research has demonstrated that assertiveness training and self-defense classes can aid in prevention, when combined with other educational strategies, like ‘men’s programs’ and bystander interventions.²² This same research has demonstrated that as stand-alone strategies, target-hardening techniques do not effectively decrease or prevent sexual assault.^{23, 24}

Data from this study indicate that Texas college campuses continue to rely heavily upon these strategies both in terms of prevention and response to violence against college women. Indeed, nearly 95 percent of campuses provide safe walk escort services. Additionally, 77 percent have self-defense courses, and 63.5 percent employ blue-light emergency phones that are strategically placed across campuses and dial directly to the University’s on-campus police department. Without appropriate prevention programs, counseling services, and sexual health information available for students, however, target-hardening strategies are likely to have little impact on sexual assault prevention.

Importance of Multi-Faceted, Victim-Centered Responses to Sexual Assault

While efforts geared toward sexual assault prevention and response are making headway among college settings in Texas, the research reported in this Legisla-

tive Brief has highlighted areas that require continued attention and development. Indeed, studies have shown that formal support providers, such as physicians and law enforcement officers, have offered limited aid to victims in terms of their responses to disclosure and in many instances, negative reactions have been damaging to victims’ long-term healing. To be sure, interventions that increase victims’ access to effective and empathic support providers can reduce some of the negative psychological and physical health effects of sexual assault and enhance post-assault adjustment. Thus, while physical health service delivery, law enforcement responsiveness and target-hardening strategies may be helpful,²⁵ an over-reliance on these approaches to the neglect of counseling services, victim advocacy, educational prevention, awareness-raising efforts, men’s programs, and bystander intervention falls short in terms of effectively preventing and responding to sexual assault. A holistic approach incorporating the latter as necessary primary strategies will better prepare Texas higher education campuses for effectively and compassionately responding to sexual assault in a way that meets the needs of victims and campus administrators alike. Positive, victim-centered responses from service providers aids in trauma responses and recovery and may mitigate post-traumatic stress disorder and internalizing behaviors such as generalized anxiety and clinical depression. While these health outcomes are important for the general well-being of the student population, they also have direct consequences for the higher education environment in which students are enrolled, and the retention and persistence of university students who can complete their education in a safe and supportive environment.

Endnotes

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