Combining Skills Training, Norms Clarification, and Motivational Enhancement: Lessons Learned in Designing a Comprehensive Program for Sexual Assault Prevention

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The Missouri Department of Health and Senior Services' Office of Women's Health is helping colleges and universities in Missouri address the complex intersection of alcohol use and sexual assault as part of a Rape Prevention Education grant from the Centers for Disease Control and Prevention. This white paper will review personal observations, lessons learned, needs on college campuses, and gaps in services related to prevention efforts that address the overlap of alcohol and sexual assault. It will also address relevant scientific literature, a proposed program to respond to needs, and next steps at the University of Central Missouri.

All reflections from Amy Kiger, Director of Violence and Substance Abuse Prevention at the University of Central Missouri, appear offset and in italics below.

> *"How drunk is too drunk to give consent for sexual activity?"*

> *"What if one person says yes and seems really into it, but then the next day they realize they were blacked out and don't remember consenting?"*

> *"What if they're both drunk?"*

> *"Is it even possible to have consensual drunk sex?"*

> *These and similar questions regarding the intersection of alcohol, sex, and sexual assault have been some of the most challenging to facilitate in my past 16 years as a violence and substance abuse prevention professional. This is not due to lack of opportunity. At least 50% of campus sexual assaults involve alcohol use by the victim, the perpetrator, or both (Abbey, 2002), and this reality often shows up in conversations with students. Sometimes their questions are genuine; the student is trying to do the right thing by learning to navigate their new social environment at college. Other times, the questions are thinly-veiled victim-blaming statements. Most devastatingly, these questions are sometimes asked by survivors who are wrestling with rape culture messages about what culpability they might have had in their own victimization.*

At the University of Central Missouri (UCM), we used support from Missouri's Office of Women's Health to contract with experts Jason Kilmer and Shannon Bailie from the University of Washington to provide a "train-the-trainer session" to help us implement a comprehensive program to address this intersection between alcohol, sex, and sexual assault.

Alcohol Prevention and Intervention on College Campuses

Over the past 30 years, there have been great advances in identifying successful prevention, intervention, and policy-based efforts to reduce the harms associated with college student alcohol use. This culminated in the September 2015 release of the College Alcohol Intervention Matrix (CollegeAIM) from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) (NIAAA, 2015). CollegeAIM reviews almost 60 individually- and environmentally-focused strategies, and rates them among several domains, including their relative effectiveness and cost.

I started working at UCM as our institution's first full-time Health Promotion and Wellness Coordinator in 2002, the same year the original NIAAA report was released. UCM used this resource to guide campus alcohol prevention efforts; over time, after implementing evidence-informed strategies based on local data, we started to see meaningful decreases in high-risk drinking among students. Encouraged by that success, we searched for a resource similar to the NIAAA report to guide our sexual assault prevention efforts, particularly how to address the intersection between alcohol and sexual assault.

*What we found in our initial search and have continued to find over time are several useful tools for implementing a comprehensive approach to sexual assault prevention (e.g. Linda Langford's 2004 "Preventing Violence and Promoting Safety in Higher Education Settings", the 2008 American College Health Association (ACHA) toolkit, "Shifting the paradigm: Primary prevention of sexual violence", the 2013 Pennsylvania Coalition Against Rape's "Assessing campus readiness for prevention: Supporting campuses in creating safe and respectful communities", and "STOP SV"—the technical package released in 2016 by the Centers for Disease Control and Prevention to prevent sexual violence). These and other resources consistently called for practitioners to address the intersection between alcohol and sexual assault in our interactions with students as part of a comprehensive approach to sexual violence prevention, but did not provide guidance on **how** to facilitate these critical conversations in a way that is evidence-informed and minimizes the perpetuation of rape myths and victim blaming.*

Unfortunately, the body of literature is still being developed for sexual assault prevention efforts in the college setting, and an accompanying comprehensive tool to inform prevention efforts is not available to college campuses. Yet, more than ever before, college campuses realize the need for effective prevention efforts as well as support and advocacy services for

survivors of assault. A particular gap exists in effective programs to address the overlap of alcohol use and sexual assault. With appropriate concerns about messages being heard as "victim blaming," some programs omit the discussion of alcohol entirely, or have kept alcohol prevention and sexual assault prevention as separate curricula.

> *The University of Central Missouri is dedicated to addressing the overlap between alcohol and sexual assault. In 2007, to prioritize these intersecting issues that can have such devastating effects on students' lives and their success in college, we shifted the mission of our office from health promotion in general to violence and substance abuse prevention, specifically. We require all incoming first year students to take two online education courses, one covering alcohol and the other addressing sexual assault. We have consulted with national experts to evaluate our policies and procedures regarding Title IX and we regularly discuss the role alcohol has in our campus conduct cases. Yet even with these multiple partners and supports in place, we have not found a way to create a comprehensive program in which we address alcohol, sex, and sexual assault in the same space.*

> *It's not just us, either. UCM is fortunate be a member of a coalition of 21 colleges and universities in Missouri, Partners in Prevention. This organization recently hosted a Summit on Alcohol and Sexual Assault to address this intersection. (Visit http://pip.missouri.edu/docs/Fall_2017_Summit_Report_Web.pdf for a summary of this event.) Thirty-four professionals from prevention, law enforcement, advocacy and Title IX across the state participated in the Summit; their challenges mirrored my own experience. These are examples of "difficult questions" that were shared at the Summit:*

> - *What if both people involved [in a Title IX investigation] were drunk? Shouldn't they both get in trouble?*
>
> - *When someone says, "it's her fault, look how much she drank," how can I respond?*
>
> - *Keeping in mind the internal ambivalence that women may feel due to social and/or personal standards or the influence of alcohol, how are we to help men know whether a woman is truly consenting?'*
>
> - *Can I get someone to sign something like a legal document or take a video of them saying yes to show consent (before drinking)?*

A component of previous NIAAA reports that likely helped the college student alcohol field advance was an emphasis on encouraging campuses to implement and evaluate "Tier III" programs that had logical or theoretical promise but would need to be studied further (NIAAA,

2002). Also setting the stage for developing new content and programs is research that highlights that evidence-based decision making is more than just relying on published literature; instead, evidence-based decision making can include consideration of the overlap of (a) the best available research evidence, (b) environment and organizational context, (c) population characteristics, needs, values, and preferences, and (d) resources, including practitioner expertise (Satterfield, et al., 2009).

This current project utilized Satterfield and colleagues' approach by considering lessons learned from effective programs that could be applied to a program addressing alcohol, consent, sexual assault, and bystander behavior, and culminated in staff being trained in a program with logical and theoretical promise that could be evaluated.

Sexual Assault on College Campuses

The rates of sexual assault have consistently been documented in the last few decades by the Department of Justice and the National Sexual Violence Resource Center. Reported rates of sexual assault across the country and have found one in five women to one in sixteen men will be the victim of sexual assault while in college (Black et.al, 2011). In addition, the Association of American Universities (AAU) conducted one of the largest campus climate studies in the United States in 2015. In that report, 11.7 percent of student respondents across 27 universities reported experiencing nonconsensual sexual contact by physical force, threats of physical force, or incapacitation since they enrolled at their university. The majority of assaults occur between individuals who are known to each other and most of the assaults that occur involve alcohol or other drugs.

> *The 2017 Missouri Assessment of College Health Behaviors (MACHB), administered to a random sample of students at 21 Missouri colleges and universities, n=10,781, suggests 6% of Missouri college students have experienced nonconsensual sexual contact in the past year, while 18% have experienced this in their lifetime. In addition, 19% of students report having used alcohol or drugs in the past year to help them feel more comfortable with a sexual partner (Missouri Partners in Prevention, 2017).*

Consistent with previous findings, alcohol is often used by perpetrators to facilitate sexual assault and is often used by perpetrators themselves prior to committing of sexual assault (Abbey et. al, 2014), further highlighting the need for combined education and intervention in the domains of sexual assault and alcohol and other drugs. Research has also shown us that intoxicated perpetrators are more likely than sober or light-drinking perpetrators to engage in isolating behaviors to get the victim alone. Intoxicated perpetrators are also more likely to misread cues and signals of perceived sexual interest of victims. Finally, the more intoxicated the perpetrator, the more often physical force is used to commit more severe sexual assaults. (Abbey, 2002).

Perpetrators who use alcohol prior to committing sexual assault often endorse higher rates of hostility towards women, demonstrate less empathy, have higher rates of problematic drinking, and have stronger beliefs that women are more susceptible to sexual coercion when intoxicated than non-perpetrators (Kilpatrick, et al. 2007).

One successful program with alcohol as a model: The Alcohol Skills Training Program

In the late 1980s, Dr. Alan Marlatt developed the Alcohol Skills Training Program (ASTP); now over 30 years later, it is one of only 8 individually-focused interventions rated with "higher effectiveness" by NIAAA, and is the only group-based intervention with this distinction (NIAAA, 2015). This program combines cognitive behavioral skills training with norms clarification, and facilitators use motivational enhancement strategies in the program's delivery. Here, cognitive behavioral skills refer to strategies for drinking in a less dangerous or less risky way for those who make the choice to drink. Norms clarification builds on decades of research documenting that misperceptions surrounding the prevalence of alcohol use (i.e., the perception that drinking occurs more frequently and at greater amounts than is actually the case) can be related to students' own drinking and experience of consequences; importantly, correcting misperceived norms can be associated with changes in one's own alcohol use (e.g., Perkins & Berkowitz, 1986).   Finally, motivational enhancement approaches involve a non-judgmental, non-confrontational style in which the facilitator utilizes strategies to prompt consideration of or commitment to change.

Additionally, within a motivational framework, strategies can be implemented to develop discrepancies between values and goals of importance to participants and ways in which their current behavior could be in conflict with these values or goals (e.g., Miller & Rollnick, 2013).

Recommended strategies in sexual assault prevention:
Preparing the environment to receive a workshop

While the field of sexual assault prevention lacks the depth of reviewed programs addressing alcohol, there have been significant strides in the last decade to assess current prevention programs for effectiveness. DeGue and colleagues (2014) conducted one of the largest reviews of sexual assault prevention programs in a large scale evaluation of effective prevention programs. This forms the basis for recommendations set forth by the Centers for Disease Control on best practices as related to sexual assault prevention programming. Findings concluded brief, one-session educational programs focused on increasing awareness or changing beliefs and attitudes are not effective at changing behavior in the long-term. This mirrors research on alcohol that shows that information-only or awareness-increasing programs only serve to increase knowledge (with no change in behavior) (NIAAA, 2015). Further, brief one-session interventions were not found to have impact on rates of violence either as a stand-alone strategy or as a primary component of a prevention program. The one session, brief-educational program may be useful as one component of a comprehensive strategy but it was clear they need to be embedded in a larger comprehensive strategy.

An overall comprehensive program is one that focuses on the larger public health model that incorporates interventions on all levels of the ecological map. Best practices within individual intentions include bystander training and education; focus on positive community norms, and positive healthy relationships/sexual encounters, including understanding the nature of consent. Typical education and intervention programs that address sexual assault prevention during "one dose" interventions (e.g., college orientation) are not sufficient and need to be embedded in a tiered strategy allowing multiple doses of graduated and varied curriculum over the course of the college experience, speaking to both the developmental and experiential appropriateness of the student experience.

> *At UCM, all new students take an online violence prevention course before they are allowed to enroll in their second semester of classes. We are implementing the Green Dot Bystander Intervention program, and we offer an opportunity for students to engage in prevention through an It's On Us student organization. Regarding alcohol, we implement a social norms marketing campaign, and we have developed chapter-specific, small-group social norms clarification and bystander intervention skills training for our fraternity and sorority chapters. We intend to work with these fraternities and sororities to implement this pilot program. While we are continually working to improve our efforts for a comprehensive approach to violence prevention, we have enough key components in place that we feel ready to focus on developing this sexual assault prevention program.*

Considering theory, needs, and existing research:

Developing the proposed program to address sexual assault and alcohol within a context.

Using the effective components of ASTP as a model, a motivational-enhancement based program could (1) address skills related to (a) consent, (b) intervening as a bystander, and (c) protective behavioral strategies related to alcohol use, while clarifying (2) norms related to (a) rape myths acceptance, (b) beliefs about consent, and (c) drinking rates on campus.

Norms to be addressed in prevention efforts.

Normative perceptions include descriptive norms (i.e., rates of a behavior) and injunctive norms (i.e., attitudes surrounding a behavior). Researchers have warned against an exclusive focus on descriptive norms, which focus on the extreme behaviors of a few, and leads to potentially ignoring the healthy community norm (i.e., that most people do not assault other people) (Fabiano, et al., 2003). That said, it is important to correct norms when there are misperceptions; for example, Witte, Mulla, & Weaver (2015) reported that the more students think others are acting aggressively, the more they act aggressively as well. Paul and Gray (2011) suggest that presenting descriptive norms in isolation could undermine the injunctive norm that these are not socially appropriate behaviors, and that programs should therefore

align both descriptive and injunctive norms that include all individuals and that are presented multiple times through different mediums.

Injunctive norms/attitudes can be addressed in the following areas:
- **Rape Myth Acceptance**. Consistently documented in the literature is the tendency to overestimate other people's belief in rape myths (or "rape myth acceptance," including beliefs like the person "asked for it," the perpetrator "didn't mean to," that if a person doesn't say "no" then "it wasn't really rape). Also documented is the need to challenge these in prevention efforts (Aronowitz, Lamber, & Davidoff, 2012). Paul and colleagues (2009) showed that among survivors of sexual assault, post-traumatic stress symptoms were significantly correlated with estimated peer rape myth acceptance. Hust and colleagues (2013) demonstrated that individuals who were more likely to accept rape myths had lower intentions to intervene in a potential sexual assault situation.
- **Intervening as a bystander**. Hust and colleagues (2013) also showed that those who perceived their peers would intervene were more likely to intervene themselves.
- **Consent**. Research has shown that men consistently underestimate the importance of consent held by their peers (Fabiano, et al., 2003).

In a comprehensive program, there is the chance to also address norms related to alcohol. Bird and colleagues (2016) illustrated that higher perceived norms about alcohol use can be associated with increased alcohol consumption before sexual activity, and that alcohol norms could be targeted in the context of sexual assault prevention and intervention efforts rather than in separate domains (Cowley, 2014).

It has also been suggested that programs that emphasize bystander approaches could be an appropriate avenue for addressing norms (McMahon, 2015). Brown and Messman-Moore (2010) showed that greater perceived support for sexual aggression was related to lower willingness to intervene against sexual aggression, and that perceived peer attitudes affected behavior more than personal willingness to intervene.

> *At the University of Central Missouri we have several positive descriptive and injunctive social norms which could be included in the proposed program. For example, from the UCM 2017 administration of the Missouri Assessment of College Health Behavior we know most UCM students:*
> - *drink 0-4 when they party (79%).*
> - *have NOT blacked out from alcohol in the past year (74%)*
> - *have had 0-1 sexual partners in the past year (72%).*
> *In addition, UCM undergraduates taking the online sexual assault prevention education course:*
> - *would refrain from sexual activity if the other person was incapacitated (88%)*
> - *would never place blame on a sexual assault victim (86%)*

- *would respect someone who made sure they asked for and received consent in a sexual situation (91%)*
- *believe clear, verbal, and sober permission is the best way to make sure a person is okay with sexual activity (92%).*

Finally, when we assessed UCM social fraternities and sororities we found:
- *80% of sorority women and 74% of fraternity men believe "drunken hook ups" are unacceptable.*
- *94% of sorority women and 91% of fraternity men believe it is unacceptable for a chapter member to intentionally use alcohol to sexually take advantage of another person.*
- *91% of sorority women and 85% of fraternity men believe it is unacceptable to continue to provide alcohol to someone who is already intoxicated*
- *66% of sorority women and 76% of fraternity men have cut off someone's alcohol consumption at a party or social at least once in the past year.*

In short, correcting normative misperceptions could lessen distress for survivors and increase bystander behavior.

Skills to be addressed

Because perpetrators of sexual assault may not be aware that their behavior is coercive or inappropriate, programs could outline what constitutes appropriate behavior, describe signals on what non-consent sounds like, provide positive examples of consent, and illustrate how to recognize inappropriate behavior in others such that steps can be taken to intervene (Loh, et al., 2007).

Thus, for the proposed program, using a motivational enhancement framework, skills can include:

- **Consent**
  - Distinguishing consent from coercion and force
  - Model ways to ask for consent
  - Demonstrate ineffective ways to get consent
  - Clarify what consent sounds like
- **Bystander intervention**
  - Consider times when intervention would be warranted
  - Discuss ways to intervene and be an active bystander
- **Alcohol skills (and reducing risks around alcohol use)**
  - Consider the role of expectancies in how a person acts/feels in social situations
  - Understanding what constitutes a standard drink
  - Identify blood alcohol concentrations at which judgment/decision-making is affected and at which blackouts occur

- o Understand how alcohol affects men and women differently, and understand impact of drink matching in a social situation
- o Understand the role of environment in tolerance, since this could result in tolerance "failing" to follow someone to a new setting
- o Alcohol's biphasic effect, which allows the person who makes the choice to drink to set a limit that allows them to go up to (but not exceed) a BAC between .05% and .06%; once this limit is exceeded, depressant effects of alcohol get more pronounced.

Putting the Prevention Puzzle Together
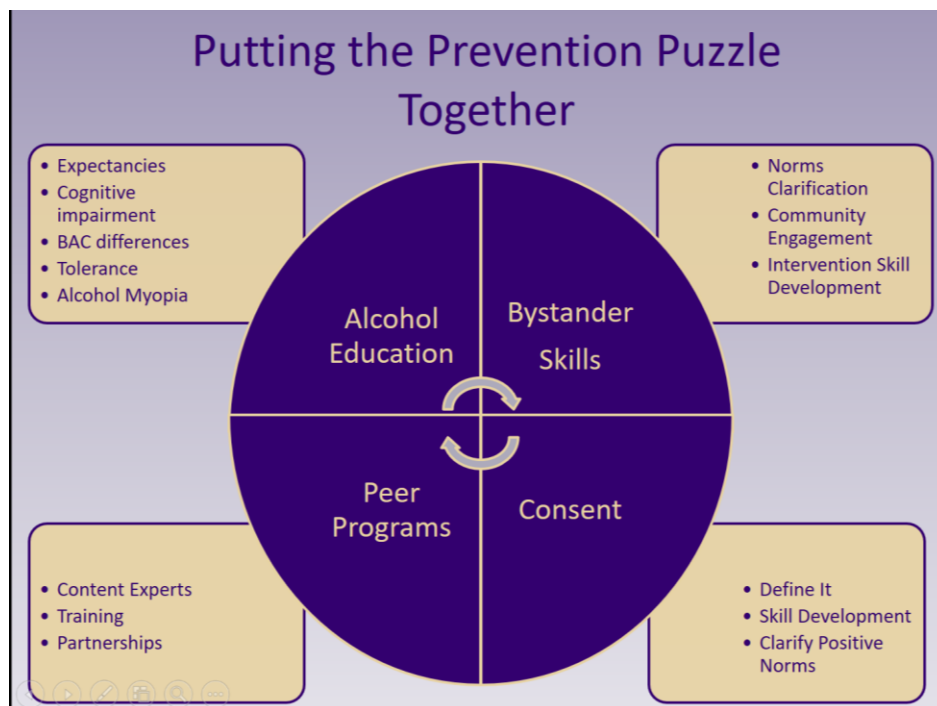
Where applicable, the overlap of these issues can be addressed, including:
- Understanding that some people who believe they are drinking will behave more aggressively – this can alert bystanders when they hear someone talking about what they expect during their evening
- Illustrating how alcohol impairs information processing (i.e., Steele & Joseph's (1990) concept of "alcohol myopia"), which can lead to difficulty interpreting cues when someone is considering intervening on behalf of a peer

Immediate evaluation

Miller and Rollnick (2013) explain that what people say about change is important – those who express an intent to change (and even those who don't disagree that change is possible) are likely to change behavior in the future. While behavioral outcomes are ideal and would require longitudinal follow-up, post-program surveys can assess the degree to which people are thinking differently about their behavior, intend to act differently in the future, and

even have a specific goal in mind about changing in the future. Thus, as this program is implemented, assessments can look at these important markers of program impact.

Final reflections

We are excited to begin the work of piloting and evaluating this program at the University of Central Missouri. We will start small, with one fraternity and one sorority. Eventually, if evaluation results are positive, we intend to provide a tailored version of this program to multiple cohorts on campus.

I have realized several things from this process. First, there are always opportunities to learn more about our field. I have been teaching alcohol risk reduction to groups and providing individual-level interventions for most of my career, yet I still learned new information about alcohol and how to teach these concepts. In fact, it took me several attempts to be able to explain how tolerance doesn't follow us to new environments. Continuing education and professional development is important for all staff, no matter the level of their expertise.

Next, creating and implementing a new program takes time. Originally, I had proposed to be trained on this program and implement and evaluate the pilot within a 6 month timeframe. Thankfully, our funder understood when we were not able to make that goal, and we were able to adjust our deliverables to fit the time frame. A more realistic time frame for pilot implementation and evaluation would have been 12 months.

Creating a new program also requires a willingness to try thing differently, and alcohol and violence prevention staff need to work together to make a workshop like this possible. Sexual assault prevention staff may need to be willing to learn the new concepts such as motivational interviewing, alcohol expectancies, and the physiological impacts of alcohol. Alcohol prevention staff may need to be willing to reconsider their own beliefs regarding rape myths and about the nature of perpetration on college campuses. Collaboration by content experts is essential in a multi-disciplinary program such as this.

Additionally, both the content and how we present the content are important. This workshop is designed to provide students with the content they need to think critically about the intersection of alcohol, sex, and sexual assault. However, it is not a didactic presentation where I, as the expert, bestow my knowledge upon them. Although I know better than to try to lecture to college students, before this train-the-trainer workshop I had a hard time convincing myself that I did not need to be able to answer their black and white question of "how drunk is too drunk?" with a black and white answer. Previously, I got stuck trying to determine what *content to present that would avoid shaming students when I suggested alcohol risk-reduction strategies. Using the group motivational enhancement presentation approach avoids this problem altogether.*

Having access to normative data is also important. If your institution is considering using these recommendations to implement a similar program, my advice is to start by assessing descriptive and injunctive norms. Ideally this will be done as part of an annual or biannual survey. If this is not an option, however, you could consider using automatic polling technology to assess norms.

Finally, this project would not have been possible without the willingness of the Missouri Department of Health and Human Services' Office of Women's Health to let us address the intersection of alcohol, sex, and sexual assault. Previous grants we have had explicitly disallowed discussion of alcohol in sexual assault prevention, presumably for fear of facilitating victim blaming. It is critical that institutions of higher education and external funders continue to fund projects to better address the intersection of alcohol, sex, and sexual assault.

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