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November 2010

The Historically Black College and University Campus Sexual Assault (HBCU-CSA) Study

NIJ Grant No. 2007-WG-BX-0021

Final Report

Performance Period: August 1, 2007–November 30, 2010

Prepared for

The National Institute of Justice (NIJ)

Prepared by

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RTI Project Number 0210872

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Executive Summary

Sexual assault has a substantial impact on both victims and society. Victims of sexual assault may suffer both immediate and long-term physical and mental health consequences, including injury, sexually transmitted diseases, and pregnancy (Holmes, Resnick, Kirkpatrick, & Best, 1996). Victims of sexual assault report increasing their visits to physicians by 18% the year of the assault, by 56% the year after the assault, and by 31% two years after the assault (Koss, 1993). Four out of five rape victims subsequently suffer from chronic physical or psychological conditions (American Medical Association, 1995), and rape victims are 13 times more likely to attempt suicide than persons who have not been crime victims and 6 times more likely than victims of other crimes (*Rape in America: A Report to the Nation*, 1992). Overall, rape is believed to carry the highest annual victim cost of any crime: \$127 billion (excluding child sex abuse cases). It is followed by assault at \$93 billion per year, murder (excluding arson and drunk driving) at \$61 billion per year, and child abuse at \$56 billion per year (Miller, Cohen, & Wiersema, 1996).

Given the substantial impact that sexual victimization has on individual victims and society, collecting information that advances our understanding of sexual assault, helps us prevent victimization, and better meets the needs of victims is critical. Although a considerable amount of research on sexual violence on college campuses has been conducted, very little of this research has involved historically black college and university (HBCU) students. As a result, there is a substantial gap in the literature and knowledge base about the magnitude of the problem, what is being done to reduce the problem, and what more can be done to prevent sexual violence and meet the needs of victims of sexual assault on HBCU campuses. The gap in research makes it difficult to fully understand the sexual assault experiences of African American students in general, given that almost 20% of African American baccalaureates receive their degree from HBCUs (Provasnik & Shafer, 2004).

RTI International was funded by the National Institute of Justice (NIJ) to conduct the HBCU Campus Sexual Assault (HBCU-CSA) Study. The HBCU-CSA Study was undertaken to document the prevalence—as well as associated personal and behavioral factors, context, consequences, and reporting—of distinct forms of sexual assault. This study also examines campus police and service provider perspectives on sexual victimization and student attitudes toward law enforcement and ideas about prevention and policy. Faculty, staff, and students at all four of the participating HBCUs, many of whom were women of color, played an invaluable role in ensuring that the study was culturally sensitive and would be well received by the population of undergraduate women at HBCUs. HBCU faculty, staff, and students collaborated with RTI on all aspects of the study including design, instrumentation, marketing and recruitment, and analysis and dissemination of findings.

In the HBCU-CSA Study, the term “sexual assault” includes a wide range of victimizations, including rape and other forms of unwanted sexual contact (e.g., sexual battery). Following the typology put forth in the previously conducted CSA Study, we classify sexual assault based on how the assault was

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achieved. Virtually all sexual assault research distinguishes between assaults occurring as a result of *physical force or threats of physical force* and those that do not involve the use or threat of force. Similarly, in the HBCU-CSA Study, we consider physically forced sexual assault as a distinct category of assault. Another means through which sexual assault is achieved is *incapacitation of the victim*. Legal definitions of sexual assault factor in one's ability to provide consent, and individuals who are incapacitated because of the effects of alcohol or drugs (or otherwise incapacitated, such as when they are unconscious or asleep) are incapable of consenting. Incapacitated sexual assault can be broken down into three subtypes: alcohol or other drug (AOD)-enabled, drug-facilitated, and other incapacitated sexual assault. Drug-facilitated sexual assault (DFSA) is defined as unwanted sexual contact occurring when the victim is incapacitated and unable to provide consent after she has been given a drug without her knowledge or consent. If a woman experiences unwanted sexual contact when she is incapacitated and unable to provide consent because of voluntary consumption of alcohol or other drugs, we classify it as AOD-enabled sexual assault. Other incapacitated sexual assaults capture the remaining, and uncommon, situations in which a victim can be incapacitated, such as by being asleep or unconscious.

The HBCU-CSA Study addresses several gaps in the existing literature and makes a number of contributions to the field. It is the first to generate prevalence estimates of sexual assault on a collection of HBCU campuses and thus enable us to explore whether findings on sexual assault generated from the “general” population of undergraduate women are consistent with the experiences of undergraduate women attending HBCUs. Furthermore, it is among the first to explore in substantial detail the responses to sexual assault by campus law enforcement (as well as service providers) based on data gathered both from victims themselves and from law enforcement and service provider staff. Learning more about the extent to which sexual assault is reported among HBCU students, and the criminal justice and service provider response to such reporting, is extremely important so we can assess the efficacy of these responses and make necessary policy and practice changes capable of improving the services for victims and ultimately preventing sexual assault.

ES.1 Methods

The HBCU-CSA Study involved conducting a Web-based survey of undergraduate women at four HBCUs. The HBCUs, which varied in terms of size, geography, and type (e.g., public or private), were selected based on existing collaborations, interest in participation, and institutional capacity for participation. Faculty, staff, and students at all four of the HBCUs designed, controlled, and delivered the information about the study, and they responded to inquiries from potential respondents. The HBCU-CSA Survey was administered in the fall of 2008; a total of 3,951 undergraduate women participated. The HBCU-CSA Study was reviewed and approved by RTI's Institutional Review Board (IRB), as well as the HBCU IRBs.

Undergraduate women from four HBCUs participated in this study. Registrars at the HBCUs provided sampling frames with demographic information on all undergraduate women enrolled for the fall 2008 semester. Initially, we randomly sampled women from each sampling frame and invited the women chosen to participate in the study, but when it became clear that response rates were going to be lower than anticipated, we eventually invited all undergraduate women at the four HBCUs to participate in the study. A nonresponse bias analysis was conducted, comparing respondents and nonrespondents on

dimensions of race, age, and year of study, generally, as well as within each of the four HBCUs. Observable differences between respondents and nonrespondents on these dimensions were negligible. Additionally, weights were used, which reduced all of the observed differences to 0.

The student survey was administered anonymously and included questions on demographics and other background information, alcohol and other drug use, health, dating, sexual assault victimization, and attitudes toward law enforcement and about sexual assault. After the last survey question was answered, respondents were presented with an informational module on sexual assault, which included sexual assault definitions, prevention advice, legal consequences of giving someone a drug without their knowledge or consent, and signs of drug ingestion. The students were then directed to a *separate* Web site (which opened up in a new window) to obtain their incentives (\$20 gift certification codes for Amazon.com).

The data collection methods for campus police and service providers were very similar to those used to collect data from HBCU students, in that respondents were recruited via their university e-mail addresses (receiving follow-up recruitment or reminder messages periodically) and that the survey was Web based. However, staff were given \$40 Amazon.com gift certificate codes for completing the survey, and the staff survey was not anonymous. The law enforcement and service provider survey included questions on demographic and other background information, prevalence of sexual assault, student reporting of sexual assault, the context of sexual assault, attitudes toward sexual assault, policies and practices, prevention activities, and recommendations.

ES.2 Results

A variety of analytic techniques were employed to achieve the project goals. Descriptive analyses were conducted to familiarize ourselves with the data, assist in data cleaning and coding, and prepare for running multivariate models. We used frequency distributions, cross-tabulations, bivariate correlations, chi-squares, and t-tests to review large amounts of data, recognize patterns in the data, inform the recoding of some variables, inform the creation of derived variables, and plan for bivariate and multivariate analyses.

Prevalence Estimates of Sexual Assault Before and Since Entering College

Of the 3,951 women, 14.9% reported experiencing an attempted or completed sexual assault before entering college and 14.2% reported experiencing an attempted or completed sexual assault since entering college. The prevalence of completed sexual assault is slightly higher than that of attempted sexual assault for incidents occurring both before and since entering college. The prevalence of physically forced sexual assault is higher for the time period reflecting experiences before entering college (8.7%) than those occurring since entering college (4.8%). In contrast, the prevalence of sexual assault occurring when the victim was incapacitated is higher for the time period reflecting experiences since entering college (6.2%) than before entering college (3.4%).

Risk Factors for Sexual Assault Since Entering College

Three multivariate models were used to identify individual characteristics and behavioral risk factors that are associated with being a victim of three types of sexual assault: any sexual assault, forced

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sexual assault, and incapacitated sexual assault. These results indicated that several factors are differentially associated with specific types of sexual assault. Hispanic ethnicity, opinion of school, fraternity party attendance, intimate partner violence, and having been a victim of forced sexual assault before entering college were associated with experiencing physically forced (but not incapacitated) sexual assault since entering college. Depression, getting drunk, and having been a victim of incapacitated sexual assault before college were associated with experiencing incapacitated (but not physically forced) sexual assault since entering college. Some risk factors, such as sorority membership, sexual activity, posttraumatic stress disorder, and accepting a drink from a stranger, were risk factors for experiencing both forced and incapacitated sexual assault since entering college.

Context, Consequences, and Reporting of Sexual Assault Since Entering College

Descriptive analyses of the context, consequences, and reporting of sexual assault also suggest that differences exist between forced and incapacitated sexual assault. For example, forced sexual assaults were more likely to be perpetrated by a dating partner or spouse. Victims of forced sexual assault were also more likely to be on a date with the assailant at the time of assault. Incapacitated sexual assaults, on the other hand, were more likely to be perpetrated by a member of a fraternity and to involve more than one assailant. Not surprisingly, victims of incapacitated sexual assault were considerably more likely to have been drunk or using drugs before the assault. Incapacitated assaults were also more likely to happen at a party and between midnight and 6 a.m., whereas forced sexual assaults were more likely to happen at the victim's living quarters and between 6 p.m. and midnight. Forced sexual assaults were more likely to involve a weapon and result in injury, and victims of forced sexual assault were more likely to consider the incident rape.

Victims of forced sexual assault were more likely to report the assault to friends or family, crisis centers, and law enforcement, and they were less likely to regret reporting the assault than incapacitated sexual assault victims who reported their assaults. Overall, victims of forced sexual assault were also more likely to make changes in their lives in reaction to the assault, such as dropping a class, moving, or changing majors, and were more likely to seek psychological counseling as a result of the victimization.

Perspectives of Campus Police and Service Providers

Responses from campus police and service providers indicate that their perceptions about sexual assault frequently align with what was reported in the student survey. For example, responses by campus police and service providers about the reporting of sexual assault correspond with the victims' reports in the student survey, and they also appeared knowledgeable about the reasons why victims may not contact a victim's crisis, or health care center or law enforcement. Regarding the context of sexual assault, staff responses corresponded with student responses with regard to factors such as whether the victim knew the assailant and characteristics of the perpetrator and victim.

For the most part campus police and service providers reported that particular victim characteristics would not make them more or less likely to believe a woman claiming she had been sexually assaulted; however, there were several characteristics that approximately half of the staff respondents indicated would make them more likely to believe the victim (e.g., alleged perpetrator had

allegedly assaulted another woman last year, the woman sustained injuries from the assault, the woman sought medical treatment after the assault, or a rape kit was administered and evidence was collected).

The most common practices and policies that universities have in place to improve their responses to sexual assault incidents and better meet the needs of victims were having an official sexual assault protocol; campus police regularly referring sexual assault victims to university victim's, health, or crisis centers; campus law enforcement maintaining a daily crime log that is available to the public; and campus law enforcement providing annual records of reported crimes to the institution for inclusion in the annual security report. The most commonly reported prevention activities were general crime prevention education for students, blue light emergency boxes, surveillance cameras on campus, periodic checks of security systems, and prohibiting alcohol at university athletic events and in campus housing.

ES.3 Conclusions and Recommendations

The HBCU-CSA Study results carry many social and policy-oriented implications. Most importantly, because the majority of sexual assaults experienced by HBCU women are associated with the use of alcohol or other drugs, one implication is the need to address the risks of substance use, particularly the risk of drinking to excess, in sexual assault prevention and risk reduction messages presented to students. Another implication worth mentioning is that DFSA seems to be extremely rare among HBCU students. Universities should fully and directly address the dangers of alcohol use rather than focusing on the rare phenomenon of DFSA and coercive drug ingestion. Finally, victims of sexual assault reported their experiences to crisis centers and law enforcement at very low rates. These results suggest that perhaps something can and should be done to encourage or increase reporting so more perpetrators are prosecuted, more victims receive the services they need, and fewer instances of sexual assault occur. Improving the relationships among campus service providers, law enforcement, and students may be one way to improve communication among these groups and ultimately increase the rate of reporting, the number of investigations and prosecutions, and the number of victims receiving services.

The HBCU-CSA Study generated many useful data on the sexual assault of undergraduate HBCU women that have not previously been presented in the literature. Sexual assault is a serious social, public safety, and public health problem that affects men and women across the country. Some evidence suggests that university students may be at increased risk for sexual assault, particularly certain types of sexual assault. HBCUs and universities in general may be able to help reduce the prevalence of sexual assault and improve the resources for and the responses to victims of sexual assault, by

- better educating male and female students about what constitutes sexual assault, how prevalent it is, when it is most likely to happen, factors that seemingly put them at greatest risk of being assaulted, and characteristics of high risk situations;
- including information about the use and abuse of alcohol and how it can increase one's risk for sexual assault in all prevention and education messages;
- including information about risk factors for both physically forced and incapacitated sexual assault;

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- making sure all students are aware of the various on- and off-campus resources available to victims of sexual assault and are informed about how to report a sexual assault to law enforcement
- improving outreach efforts to increase the number of victims who seek out crisis, health care, or law enforcement services;
- ensuring that crisis centers and law enforcement have appropriate protocols and staff in place to accommodate the needs of victims of sexual assault as well as ensuring that campus police and service providers have received adequate training related to the needs of sexual assault victims; and
- educating students about what they should do if they witness a potential sexual assault, experience a sexual assault, or have a friend who is sexually victimized.

Introduction

Existing data and research on sexual assault reveal its substantial impact on both victims and society. Victims of sexual assault may suffer both immediate and long-term physical and mental health consequences, including injury, sexually transmitted diseases, and pregnancy (Holmes, Resnick, Kirkpatrick, & Best, 1996). Victims of sexual assault report increasing their visits to physicians by 18% the year of the assault, by 56% the year after the assault, and by 31% 2 years after the assault (Koss, 1993). Four out of five rape victims subsequently suffer from chronic physical or psychological conditions (American Medical Association, 1995), and rape victims are 13 times more likely to attempt suicide than persons who have not been crime victims and 6 times more likely than victims of other crimes (*Rape in America: A Report to the Nation*, 1992). Overall, rape is believed to carry the highest annual victim cost of any crime: \$127 billion (excluding child sex abuse cases). It is followed by assault at \$93 billion per year, murder (excluding arson and drunk driving) at \$61 billion per year, and child abuse at \$56 billion per year (Miller, Cohen, & Wiersema, 1996).

Given the substantial impact that sexual victimization has on individual victims and society, collecting information that advances our understanding of sexual assault, helps us prevent victimization, and better meets the needs of victims is critical. Campus environments are particularly appropriate places to examine sexual violence and the efficacy of criminal justice and service provider responses because risk of sexual victimization is often elevated, rates of reporting are relatively low, and little is known about criminal justice and service provider responses on college campuses. Although a considerable amount of research on sexual violence on college campuses has been conducted, very little of this research has involved historically black college and university (HBCU) students. As a result, there is a substantial gap in the literature and knowledge base about the magnitude of the problem, what is being done to reduce the problem, and what more can be done to prevent sexual violence and meet the needs of victims of sexual assault on HBCU campuses. The gap in research makes it difficult to fully understand the sexual assault experiences of African American students in general, given that almost 20% of African American baccalaureates receive their degree from HBCUs (Provasnik & Shafer, 2004).

The first HBCUs were founded in 1837, well before the end of slavery and the beginning of the civil rights movement, to provide education to African Americans (Brown & Davis, 2001; LeMelle, 2002). Many of the more than 100 HBCUs in existence are in the southeastern United States, although some are located in the Midwest (U.S. Department of Education, 2007). By providing financial aid and offering lower tuition, HBCUs enroll many students who may otherwise be unable to afford college (Allen, 1992; Kim, 2002). In fact, many students attending HBCUs are the first in their families to attend a 4-year institution (Brown & Davis, 2001). Many HBCUs have limited resources and are sometimes unable to invest in the institutional research that might inform and benefit their administrations and their students. This consideration further increases the utility and importance of conducting research for HBCUs with HBCU students and staff.

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Introduction

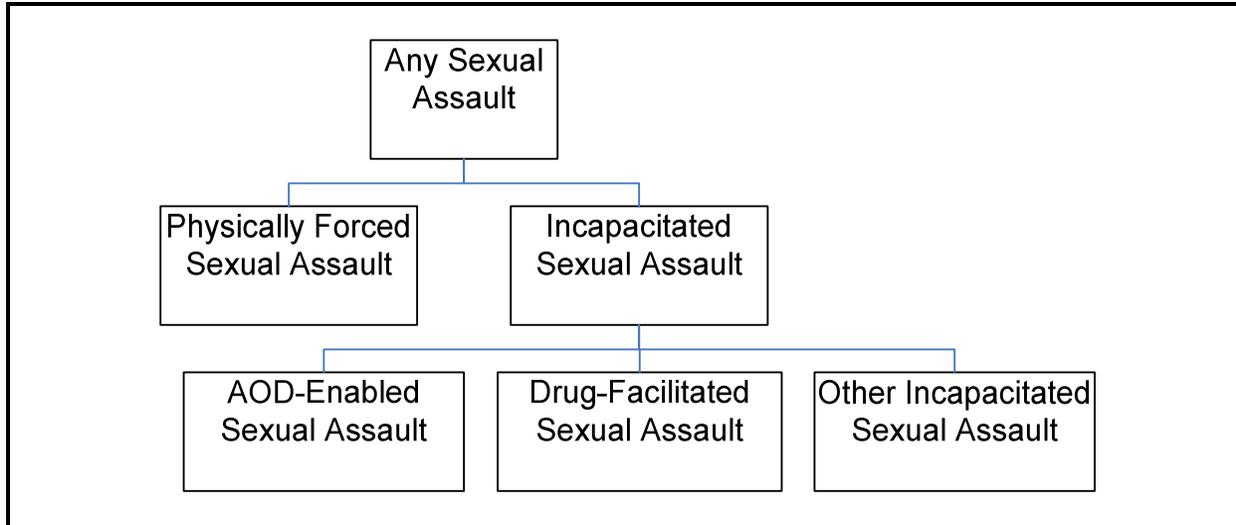
RTI International was funded by the National Institute of Justice (NIJ) to conduct the HBCU Campus Sexual Assault (HBCU-CSA) Study. The HBCU-CSA Study was undertaken in collaboration with four HBCUs to capture data from approximately 4,000 undergraduate women using methodology demonstrated to effectively and efficiently collect sensitive data from university students. In addition, faculty, staff, and students at all four of the HBCUs, many of whom were women of color, played an invaluable role in ensuring that the study was culturally sensitive and would be well received by the population of undergraduate women at HBCUs. In addition to documenting the prevalence, associated personal and behavioral factors, context, consequences, and reporting of distinct forms of sexual assault, this study also examines campus police and service provider perspectives on sexual victimization and student attitudes toward law enforcement and ideas about prevention and policy. The HBCU-CSA Study addresses several gaps in the existing literature. It is the first to generate prevalence estimates of sexual assault on a sample of HBCU campuses and thus enable us to explore whether findings on sexual assault generated from the “general” population of undergraduate women are consistent with the experiences of undergraduate women attending HBCUs. Furthermore, it is among the first to explore in substantial detail the responses to sexual assault by campus law enforcement (as well as service providers) on the basis of data gathered both from victims themselves and from law enforcement and service provider staff. Learning more about the extent to which sexual assault is reported among HBCU students, and the criminal justice and service provider response to such reporting, is extremely important so we can assess the efficacy of these responses and make necessary policy and practice changes capable of improving the services for victims and ultimately preventing sexual assault.

In the HBCU-CSA Study, the term “sexual assault” includes a wide range of victimizations, including rape and other forms of unwanted sexual contact (e.g., sexual battery). Consistent with previous research and most legal definitions, we define rape as unwanted sexual penetration (vaginal, anal, oral, or object penetration by an offender) achieved either through physical force, threat of force, or incapacitation of the victim. We define sexual battery as unwanted sexual touching. Following the typology put forth in the previously conducted CSA Study, we classify sexual assault based on how the assault was achieved. Virtually all sexual assault research distinguishes between assaults occurring as a result of *physical force or threats of physical force* from assaults that do not involve the use or threat of force. Similarly, in the HBCU-CSA Study, we consider physically forced sexual assault as a distinct category of assault.

Another means through which sexual assault is achieved is *incapacitation of the victim*. Legal definitions of sexual assault factor in one’s ability to provide consent, and individuals who are incapacitated because of the effects of alcohol or drugs (or otherwise incapacitated, such as when they are unconscious or asleep) are incapable of consenting. Incapacitated sexual assault can be broken down into three subtypes: alcohol or other drug (AOD)–enabled, drug-facilitated, and other incapacitated sexual assault. Drug-facilitated sexual assault (DFSA) is defined as unwanted sexual contact occurring when the victim is incapacitated and unable to provide consent after she has been given a drug without her knowledge or consent. If a woman experiences unwanted sexual contact when she is incapacitated and unable to provide consent because of voluntary consumption of alcohol or other drugs, we classify it as AOD-enabled sexual assault. Other incapacitated sexual assaults capture the remaining, and uncommon, situations in which a victim can be incapacitated, such as by being asleep or unconscious.

Many studies also attempt to capture unwanted sexual contact achieved by the use of *verbal or emotional coercion*. This type of sexual encounter, although unwanted or regretted, is often not classified as sexual victimization or sexual assault. In the HBCU-CSA Study, we measure unwanted sexual contact resulting from verbal or emotional coercion but do not include it as a form of sexual assault. The basic components of the resulting HBCU-CSA typology of sexual assault are presented in Figure 1-1.

Figure Error! No text of specified style in document.-1. Basic Sexual Assault Typology



Note. AOD = alcohol or other drug.

Although the preceding discussion has outlined three primary means by which sexual assault is achieved as the first level of a typology of assault types, we recognize that in actuality a single assault could be achieved by more than one means. For example, a woman who is drunk (incapacitated) could be forcibly held down and raped—in which case the assault could be classified as both physically forced and incapacitated rape.

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Background

This section summarizes previous research on the prevalence of sexual assault, risk factors associated with experiencing sexual assault among university women, the context in which campus sexual assault occurs, consequences of sexual assault, and the reporting of sexual assault among undergraduate women. Previous literature is presented within the context of the typology presented above and specifically for African American or HBCU women wherever possible. It is worth noting, however, that the *only* previous study on campus sexual assault that has explicitly included HBCUs is a policy-oriented study that included 2,438 institutions of higher learning, including the 98 HBCUs in operation at the time of the study (Karjane, Fisher, & Cullen, 2005). Karjane and colleagues found that HBCUs most often resembled public 4-year institutions (rather than 4-year private institutions and 2-year public or private institutions) in terms of the institutional policies associated with collecting and disseminating data on sexual assault, provision of sexual assault awareness training to students, policies and procedures available for students to report sexual assault and for institutions to respond, and policies and procedures for investigating reported assaults and adjudicating offenders.

2.1 Prevalence Estimates for Sexual Assault

In 2005, the National Crime Victimization Survey (NCVS) identified 191,670 incidents of rape or sexual assault (Catalano, 2006), with the highest victimization rate evident for 16- to 19-year-olds. Differences by race are striking within this age group, with a victimization rate of 7.5 per 1,000 persons for blacks and 2.7 per 1,000 persons for whites (*Criminal Victimization in the United States, 2005—Statistical Tables* [2006], p. 22).¹

Several studies suggest that university women are at greater risk than women of a comparable age in the general population (DeKeseredy & Kelly, 1993; Fisher et al., 2000; Koss, Gidycz, & Wisniewski, 1987), probably because of the close daily interaction between men and women in a range of social situations common to university settings (Fisher, Sloan, Cullen, & Lu, 1998) and because students are in a new environment characterized by relatively little supervision. Using items similar to those in the NCVS, the National College Women Sexual Violence (NCWSV) Study—a telephone survey with a national sample of 4,446 college women—found that 2.8% of college women had experienced an attempted or completed rape during the current academic year and estimated that between 20% and 25% of women will experience an attempted or completed rape during their college careers (Fisher et al., 2000). A prior study of a national sample of more than 6,000 women enrolled in 32 colleges and universities reported that 27% had experienced attempted (12%) or completed (15%) rape in their lifetimes (Koss et al., 1987). More recently, in the CSA Study—a Web-based survey with a sample of 5,446 women from two universities—Krebs, Lindquist, Warner, Fisher, and Martin (2009) reported that 16% of college women

¹ However, all estimates for rape or sexual assault by age group are based on 10 or fewer cases.

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experienced an attempted or completed sexual assault before college and 19% of college women experienced an attempted or completed sexual assault since entering college.

No prior studies of which we are aware have explored sexual assault on HBCU campuses, which is a notable omission given their role in graduating nearly 20% of African American baccalaureates (Provasnik & Shafer, 2004). Extending findings generated from college campuses in general to HBCUs is impossible, partly because the extent to which African American women attending non-HBCUs are similar to those who attend HBCUs is relatively unknown. Furthermore, previous studies of campus sexual assault have not tended to examine differences in victimization rates by race or ethnicity, primarily because of the small number of racial and ethnic minorities represented in these non-HBCU samples.

We were able to find only three studies that attempted to examine racial or ethnic differences in sexual assault among university students. In Koss and colleagues' (1987) National College Women Survey, Native American college women reported the highest incidence of rape, and white women had higher rates than African American, Hispanic, and Asian women. However, differences in sexual assault rates (including rape) by race or ethnicity may differ depending on the type of assault being considered. For example, the Harvard College Alcohol Study found that white undergraduate females were more likely to report experiencing rape when intoxicated than women of other races (Mohler-Kuo, Dowdall, Koss, & Wechsler, 2004), which is likely because heavy alcohol use is more common among white college students (Caetano, Clark, & Tam, 1998; Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994; Wechsler, Lee, Kuo, & Lee, 2000). In the same study, white women were *less* likely to report experiencing other forms of rape (which included physically forced rape and threats of force) than women of other races (Mohler-Kuo et al., 2004). Similarly, in a study conducted in a single southeastern university, Gross, Winslett, Roberts, and Gohm (2006) found significantly higher rates of physically forced sexual intercourse (and emotional coercion) for African American women than for white women.

The extent to which these patterns may be generalized to women attending HBCUs is unknown. HBCUs educate a sizeable proportion of the African American women who attend college in this country. It is therefore important to develop a better understanding of what HBCU women encounter in terms of sexual violence. In addition to learning about the prevalence of sexual assault (including specific types of sexual assault) on HBCU campuses, it is important to understand the risk and protective factors that may be associated with victimization for HBCU students, as well as the consequences (behavioral, physical health, and mental health) of experiencing sexual assault. A better understanding of these issues can inform efforts intended to improve responses to and services for victims, and ultimately prevent sexual assault.

2.2 The Context of Campus Sexual Assault

In addition to learning about the prevalence of sexual assault (including specific types of sexual assault), it is important to understand the contexts in which sexual assault occurs and the consequences it produces. Despite an extensive literature on the context and consequences of sexual assault, these issues have not been explored sufficiently among minority or HBCU women, so the more general literature on context and consequences is reviewed herein.

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In the vast majority of sexual assaults experienced by university women, the perpetrator and victim know each other in some way. In the National Survey of College Women, 93% of sexual assault victims reported that they knew the perpetrator (Ullman, Karabatsos, & Koss, 1999). Similarly, the NCWSV study revealed that, among the college women who experienced attempted or completed rape, the perpetrator (most commonly a classmate, friend, boyfriend or ex-boyfriend, or acquaintance) was known to the victim in nearly 90% of cases (Fisher et al., 2000). Interestingly, it has been suggested that in sexual assaults involving substance use, the perpetrator and victim are *less* likely to be intimately acquainted than sexual assaults in which substance use is not involved (Abbey, Ross, McDuffie, & McAuslan, 1996; Koss & Dinero, 1988; Ullman & Brecklin, 2000).

In the NCWSV, victims were on a date with the perpetrator in 12.8% of completed rapes and 35% of attempted rapes (Fisher et al., 2000). In the National College Women's Study, nearly 40% of women experiencing sexual victimization were on a date with the perpetrator (Ullman et al., 1999). The NCWSV study also showed that respondents reported that the perpetrator was of the same race as the victim in nearly 80% of the incidents (Fisher, Daigle, Cullen, & Turner, 2003).

The NCWSV study identified several other contextual factors associated with sexual assault. Just over half of the completed rapes (51.8%) took place after midnight, whereas 36.5% occurred between 6 p.m. and midnight and only 12.8% occurred between 6 a.m. and 6 p.m. Most sexual assaults took place in living quarters. For all forms of sexual victimization, students were more commonly victimized off campus (66% of completed rapes occurred off campus)² (Fisher et al., 2000).

In the NCWSV, the majority of victims reported employing some type of protective action—typically using physical force against the perpetrator. However, victims of attempted rape were more likely to take protective action (particularly using physical force) than victims of completed rape, which may suggest the effectiveness of such action at preventing the attempt from being successful (Fisher et al., 2000). The National College Women's Study also reported high levels of victim resistance (91%), yet the relationship between degree of victim resistance and the outcome of the assault was the opposite of that observed in the NCWSV: women who resisted more during the assault (with resistance measured on a scale ranging from less forceful verbal resistance to more forceful physical resistance) reported greater severity of sexual victimization (with completed rape being the highest severity outcome). This pattern was more pronounced for victims who had not been drinking before the assault than for those who had been drinking (Ullman et al., 1999).

In the National College Women's Study, the assailant had a weapon in only 1.9% of sexual victimizations (Ullman et al., 1999). With respect to victim injury, NCWSV data show that the victim reported experiencing an injury in about 20% of the attempted or completed rape incidents, with the most common injury reported being “bruises, black-eye, cuts, scratches, swelling, or chipped teeth” (Fisher et al., 2000). Fewer respondents reported injuries from the other forms of sexual victimization. Some studies have observed that victim injury is more likely when perpetrators had been using alcohol or other drugs

² The pattern of living on campus being a risk factor and most assaults occurring off campus is slightly counterintuitive; however, students who live on campus clearly participate in social activities off campus. In addition, living on campus may be a proxy for year of study, given that other studies have found sexual assault more common among freshmen and sophomores (Meilman & Haygood-Jackson, 1996).

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before the incident (Coker, Walls, & Johnson, 1998; Martin & Bachman, 1998; Ullman & Brecklin, 2000) but others have not (Brecklin & Ullman, 2001, 2002). Testa, Vanzile-Tamsen, and Livingston (2004) found that the relationship between perpetrator intoxication and increased likelihood of victim injury was specific to incidents in which the victim was sober. This interaction effect may be explained by either the possibility that sober women may resist more strongly, which may increase their chances of injury (although ultimately may reduce the severity of the sexual assault), or that perpetrators resort to force when the victim is not more vulnerable or susceptible as a result of intoxication (Testa et al., 2004). In one of the few studies to consider physically forced rape and incapacitated rape as distinct types of rape, Testa, Livingston, Vanzile-Tamsen, and Frone (2003) found that injury as a result of rape was significantly less likely to occur in incapacitated rape than forcible rape. Specifically, in their community-based sample of 18- to 30-year-old women, 33% of victims of incapacitated rape were injured during the assault compared with 57% of victims of forcible rape.

2.3 Risk Factors Associated With Sexual Assault

Again, despite there being an extensive literature on risk factors associated with experiencing sexual assault, very little research has involved a sufficient number of minority or HBCU women. As a result, the more general literature on risk factors for sexual assault is presented herein. It is important to note that efforts to identify risk factors should not be construed or interpreted as victim-blaming or as attempts to attribute responsibility for the incidents to the victim. Instead, better targeting risk reduction and creating effective prevention programming require us to know as much as possible about factors that place certain individuals at greater risk for being victimized.

2.3.1 Prior Victimization

One of the strongest predictors of sexual assault is prior victimization. In the NCWSV, 10% of the sample reported being raped before the start of the academic year in which the study was conducted; 11% reported a prior attempted rape (Fisher et al., 2000). Women who had experienced a prior sexual assault were shown to have an increased risk of sexual victimization during the current academic year (Fisher et al., 2000). Adolescents who experienced a completed or attempted rape are twice as likely to experience a subsequent sexual assault during their college years (Hanson & Gidycz, 1993). Findings from the CSA Study suggest that the type of prior victimization is associated with the type experienced after entering college (Krebs et al., 2009). The odds of experiencing physically forced sexual assault after entering college were nearly 7 times higher for women who experienced forced sexual assault before college than women who did not. Similarly, women who experienced incapacitated sexual assault before entering college had more than 3 times the odds of experiencing incapacitated sexual assault after entering college than women who did not. However, prior physically forced sexual assault victimization was not associated with experiencing incapacitated sexual assault after entering college, and prior incapacitated sexual assault victimization was not associated with experiencing physically forced sexual assault after entering college.

Himelein's (1995) longitudinal study of college women found that women who had experienced sexual victimization by a dating partner before entering college were significantly more likely to be victimized during college, with prior victimization being the strongest predictor of victimization during college. In Himelein's study, although precollege victimization by a dating partner strongly predicted

victimization during college, childhood sexual abuse did not. In Gidycz, Hanson, and Layman's (1995) longitudinal study, women who had been victimized during the first time period of the study were 3 times more likely than nonvictims to be revictimized during the second observation period.

Several factors may mediate the relationship between previous and subsequent sexual assault, including low self-esteem, depression, and poor psychological adjustment, all of which may increase vulnerability for revictimization. For example, Himelein suggested that "a tendency to internalize blame suggests that victimization would exacerbate existing self-doubts, making future attempts at assertion in sexual situations more difficult" (1995, p. 44). Another explanation posited for the greater risk of revictimization among adolescents and young adults who have been sexually abused is that sexual and physical abuse contribute to the use of alcohol and other drugs, which can in turn place a previous victim at risk for future victimization (Dembo, Williams, Wothke, Schmeidler, & Brown, 1992; Watts & Ellis, 1991). Researchers have, in fact, documented that heavy drinking may be a means of coping with the psychological distress that follows sexual assault (Grayson & Nolen-Hoeksema, 2005; Miranda, Meyerson, Long, Marx, & Simpson, 2002). Several studies among college students have identified increased alcohol consumption and a greater number of drinking-related negative consequences in sexual assault victims than in nonvictims, using both cross-sectional (Corbin, Bernat, Calhoun, McNair, & Seals, 2001; Koss & Dinero, 1989; Larimer, Lydum, Anderson, & Turner, 1999; Marx, Nichols-Anderson, Messman-Moore, Miranda, & Porter, 2000) and longitudinal (Gidycz et al., 1995; Kaysen, Neighbors, Martell, Fossos, & Larimer, 2006; Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997) designs.

2.3.2 Substance Use

Regardless of prior victimization status, there is growing evidence of links between victims' substance use and sexual assault. Studies using data from the nationally administered 2005 Core Alcohol and Drug Survey (CADS) report that 82% of the students who experienced unwanted sexual intercourse and 73% who experienced forced sexual touching during the current academic year were under the influence of alcohol or other drugs when they were victimized. In the NCWSV, women who frequently drank enough to get drunk were at greater risk of sexual victimization than those who did not (Fisher et al., 2000). Similarly, Greene and Navarro (1998) showed that heavy alcohol use predicted later sexual assault over the course of an academic year among college women. Interestingly, the severity of the outcome also appears to be affected by substance use by the victim and perpetrator. In the National College Women's Study, victims who reported getting drunk more often also reported more severe sexual victimization than victims who got drunk less often (Ullman et al., 1999).

Other studies have separately examined the impact of victims' substance use on distinct types of sexual assault. Mohler-Kuo et al. (2004) found that heavy episodic drinking was the strongest predictor of both rape when intoxicated and other forms of rape (physically forced rape and rape due to threats of force) and that drug use was associated with an increased risk of rape (including rape when intoxicated and other forms; Mohler-Kuo et al., 2004). However, Krebs et al. (2009) examined five measures of substance use (get drunk, given drug without knowledge, used marijuana, used other illicit drugs, ever drunk during sex) and, while four of the five were associated with increased odds of incapacitated sexual assault, none were associated with experiencing forced sexual assault. Studies examining incapacitated sexual assault have found that early age of onset of drinking and frequency of alcohol consumption are

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associated with greater risk of incapacitated sexual assault and penetration (Testa, Livingston, & Leonard, 2003; Tyler, Hoyt, & Whitbeck, 1998).

2.3.3 Age and Year of Study

Freshmen and sophomore women appear to be at greater risk of being victims of sexual assault than upperclassmen. A recent study employing a convenience sample of university women found that 84% of the women who reported being sexually coerced indicated the incident occurred during their first four semesters on campus (Gross et al., 2006). Age itself may be a related risk factor. In the College Alcohol Study (CAS), underage women were more likely to report being raped (including rape when intoxicated) than women 21 or older (Mohler-Kuo et al., 2004).

2.3.4 Sorority Membership

Sorority membership itself has been identified as a risk factor for sexual assault, including being a victim of alcohol or drug coercion (Copenhaver & Grauerholz, 1991; Kalof, 1993; Mohler-Kuo et al., 2004; Tyler et al., 1998). This finding is probably due to the pattern of sorority women being more likely to drink (Tyler et al., 1998) and to associate with fraternity men, who have been identified as being more likely to perpetrate sexual assault or sexual aggression than nonfraternity men (Lackie & deMan, 1997; Tyler et al., 1998). Not surprisingly, previous research has documented that students who are members of Greek organizations drink more frequently and heavily than nonmembers (Cashin, Presley, & Meilman, 1998; Kilmer, Larimer, Park, Dimeff, & Marlatt, 1999), and it is questionable whether Greek affiliation is associated with sexual assault once alcohol consumption is controlled for analytically.

2.3.5 Dating Violence History

Although less well researched than many of the other factors discussed in this section, dating violence may be a risk factor for sexual assault. The American College Health Association–National College Health Assessment (NCHA) study found that women who were physically abused by a dating partner in any year were more likely to be sexually assaulted that year (American College Health Association, 2004). Similarly, the CSA Study found that women who were threatened, humiliated, or physically hurt by a dating partner were at increased risk of experiencing forced sexual assault (odds ratio [OR] = 7.4), incapacitated sexual assault (OR = 2.2), or both (OR = 5.2; Krebs et al., 2009).

2.3.6 Consensual Sexual Experiences

Engaging in consensual sexual activity is a risk factor for sexual assault (Tyler et al., 1998). A positive association between sexual assault and both the number of sexual partners and an earlier age of initiation of sexual activity has been identified (Gidycz, Hanson, & Layman, 1995; Koss & Dinero, 1989).

2.4 Post-Assault Actions and Consequences of Sexual Assault

2.4.1 Reporting of Sexual Assault and the Criminal Justice Response

It is well documented that sexual assault is extremely underreported to law enforcement for all populations. Among the general population, fewer than half (38.3%) of the rapes or sexual assaults

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reported in the 2005 NCVS were reported to the police. The rate of reporting is substantially lower among black victims than white victims, with 44.3% of white victims and 17.1% of black victims reporting their experiences to the police (*Criminal Victimization in the United States, 2005—Statistical Tables* [2006], p. 112). Because date and acquaintance rapes are less likely to be reported than stranger rapes (Lott, Reilly, & Howard, 1982), the likelihood of reporting sexual assault is lower on college campuses, given that the vast majority of university women who are sexually assaulted know the perpetrator (Fisher et al., 2000; Ullman et al., 1999). Indeed, in the NCWSV study, completed or attempted rapes were reported to law enforcement officials in fewer than 5% of cases (Fisher et al., 2003). Racial or ethnic differences in likelihood of reporting campus sexual assault are not well understood. The NCWSV found that African American victims were more likely to report incidents than students of other races or ethnicities (Fisher et al., 2003). Interestingly, the relationship between the victim's and perpetrator's race may also play a role in the likelihood of reporting, given the NCWSV finding that incidents most likely to be reported to law enforcement are those in which the offender was a stranger and in which the victim and offender did not share the same race or ethnicity (Fisher et al., 2003). The extent to which these patterns can be generalized to HBCU students is unclear, and more research into barriers to reporting and the outcomes of reporting is greatly needed.

Among victims included in the NCWSV, the most frequently cited reason for not reporting incidents to the police was that victims believed the event would not be considered serious enough by authorities. In 42.1% of the incidents, victims did not report the incident because they were not sure a crime or harm was intended, and in 30% of the incidents, victims believed the police would not think the incident was serious enough (Fisher et al., 2003). For rape victims in particular, a commonly cited reason for not reporting the incident to any police agencies is not wanting family members and others to know about the victimization (38.9% of rape victims in the NCWSV cited this as a reason for failing to report the event). Interestingly, however, the vast majority of sexual assault victims do tell someone close to them about the incident (the NCWSV found that victims told someone other than the police about their victimization in approximately 70% of the incidents; Fisher et al., 2003), even though a very small percentage actually report it to law enforcement.

From the perspective of campus administrators, some policies are thought to potentially discourage victims from reporting, such as campus policies on drug and alcohol use (victims who have been drinking may be concerned about reprisal for violating such policies) and policies requiring victims to participate in the adjudication process (Karjane et al., 2005).

Factors that are perceived to encourage reporting (according to administrators) include victim services, written law enforcement response protocols, coordination between campus and community, new student orientations, campuswide publicity about past crimes, sexual assault peer educators, and availability of confidential and anonymous reporting (Karjane et al., 2005). Very little is actually known, however, about how college campuses respond to sexual assault reports, particularly at HBCUs, and how these responses affect the propensity of victims to report their experiences to authorities.

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2.4.2 Other Post-Assault Actions

Given the unique context in which sexual assault occurs among university students, particularly with recurrent contact between the victim and perpetrator, one could speculate about a number of actions the victim may take after the assault. For example, victims may drop classes, transfer to another school, or move. Little is known, however, about these and other actions victims may take following the assault, which limits universities' abilities to effectively serve victims and mitigate negative consequences of sexual assault.

2.4.3 Consequences of Sexual Assault

Experiencing sexual assault can cause immediate, as well as long-term, physical and mental health consequences, and understanding the consequences is critical for effectively serving victims of sexual assault. Numerous studies have identified high rates of posttraumatic stress disorder (PTSD; Clum, Calhoun, & Kimerling, 2000; Kilpatrick & Resnick, 1993; Kilpatrick et al., 1989; Kilpatrick, Saunders, Veronen, Best, & Von, 1987; Rothbaum et al., 1992) and depression (Acierno et al., 2002; Becker, Skinner, Abel, Axelrod, & Treacy, 1984; Burnam, et al., 1988; Clum et al., 2000; Dickinson, deGruy, Dickinson, & Candib, 1999; Frank & Anderson, 1987; Golding, 1996; Kilpatrick et al., 1987; Winfield, George, Swartz, & Blazer, 1990) among women who have been sexually assaulted. Although there do not appear to be racial or ethnic differences in the relationship between sexual assault and these outcomes (as reviewed by Campbell, Dworkin, & Cabral, 2009), most of the previous research on this issue has focused on community-based samples or predominantly white samples. Therefore, further research specific to HBCU campuses is critical for informing strategies designed to serve victims effectively.

Research Methods

The HBCU-CSA Study involved conducting a Web-based survey of undergraduate women at four HBCUs. The HBCUs, which varied in terms of size, geography, and type (e.g., public or private), were selected based on existing collaborations, interest in participation, and institutional capacity for participation. Faculty, staff, and students at all four of the HBCUs, many of whom were women of color, played an invaluable role in ensuring that the HBCU-CSA Study was culturally sensitive and would be well received by the population of undergraduate women at HBCUs. The HBCU collaborators were heavily involved in all aspects of the HBCU-CSA Study. Specifically, faculty, staff, and students:

- Identified the information that would be most useful for them to have regarding the sexual assault experiences of the women on their campuses;
- Assisted with finalizing the target population for the study (undergraduate women);
- Reviewed the survey instrument to ensure that it was culturally sensitive and covered all key priority areas, with this review resulting in some revisions and additions to the survey questions;
- Reviewed the survey website (including web pages that provided descriptive information about the study) and tested the programmed survey;
- Provided lists of student resources available at their university, which were incorporated into the survey website so that students could access them if they needed help;
- Contributed to the development of marketing and recruitment protocols for the survey, reviewing draft brochures, posters, and recruitment e-mails;
- Marketed the study to undergraduate women using a variety of mechanisms (e.g., distributing the brochures developed, putting up posters, making classroom announcements, holding marketing events on campus, making announcements on radio stations);
- Purchased and distributed additional “giveaways” at student events as a marketing strategy;
- Responded to inquiries about the study from potential respondents;
- Assisted with the Institutional Review Board (IRB) approval process at their respective institutions;
- Provided the sampling frames to RTI for both the student survey and service provider/law enforcement survey; and
- Contributed to the analysis of results and dissemination of findings (e.g., conference presentations and journal articles).

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The HBCU-CSA Survey was administered in the fall of 2008; a total of 3,951 undergraduate women participated. The HBCU-CSA Study was reviewed and approved by RTI's Institutional Review Board (IRB), as well as the HBCU IRBs. Notable aspects of the HBCU-CSA methodology are that it examined both attempted and completed rape and sexual battery, with attention paid to whether the assault occurred by means of physical force or threatened force or by incapacitation of the victim. Furthermore, the HBCU-CSA Study gathered data on sexual assaults that happened before and after entering college. To supplement the data gathered from HBCU women in the Web-based student survey component, the HBCU-CSA Study included a survey of campus law enforcement personnel and service providers.

The remainder of this section of the HBCU-CSA final report presents detailed information about the methodology employed in both study components, including sampling techniques, data collection methodology, and data analysis.

3.1 Methodology for Student Survey

Undergraduate women from four HBCUs participated in this study. Registrars at the HBCUs provided sampling frames with demographic information on all undergraduate women enrolled for the fall 2008 semester. A total of 15,891 undergraduate women were included across the four HBCU sampling frames. Initially, random samples of women were drawn from each sampling frame and invited to participate in the study, but when it became clear that response rates were going to be lower than anticipated, all undergraduate women at the four HBCUs were eventually invited to participate in the study.

3.1.1 Recruitment Procedures and Response Rates

For several months preceding recruitment, the HBCUs engaged in extensive marketing efforts designed to promote awareness about the study and encourage participation. Flyers, posters, and other materials were distributed by the HBCUs at a variety of campus events during the fall of 2008. Staff and students at each of the HBCUs also engaged in a wide variety of marketing-related activities to ensure that undergraduate women knew about the project and understood why their participation was important.

When the survey was launched (in late fall 2008), undergraduate women at the four HBCUs were sent an initial recruitment e-mail that described the study and provided them a unique study identification number and a hyperlink to the study Web site. Importantly, however, because the survey was anonymous, women did not enter their identification number on the study Web site. The identification number was used only to receive the incentive for study participation (a gift code for an online retailer worth \$20). The incentive was provided after the women entered the study identification number along with a computer-generated survey completion code supplied after the last survey question was answered. Approximately 2 weeks after the initial e-mail, women who had not completed the survey—the only evidence of which was that they had not received a gift code for the online retailer—were sent their first follow-up e-mail encouraging them to participate. Women could have received a total of six follow-up e-mails over a data collection period that lasted approximately 10–12 weeks. The overall response rate for survey completion

for the undergraduate women at the four HBCUs was 24.9%. Nonresponse analyses and weight adjustments were conducted and are discussed later in the report.

3.1.2 Web Site and Survey Design and Content

To increase efficiency and allow for the comparison of findings across HBCUs and other campuses included in the 2005 CSA Study, the HBCU-CSA survey instrument was modeled closely after the 2005 CSA Study instrument, which has undergone extensive pilot testing and successful implementation. The HBCU-CSA survey was, however, reviewed, expanded, and tested through a collaborative process undertaken by RTI and the participating HBCUs. Before the survey was launched, all study materials were reviewed and approved by the IRBs at RTI and the participating universities.

The HBCU-CSA survey was designed to be administered in a user-friendly manner. We minimized the need for scrolling (within a given Web page), used large font sizes, and relied on question structures that are familiar and straightforward to this population. Most importantly, we relied heavily on fill and skip patterns, so each question a student received reflected how she had answered previous questions and was tailored to her particular situation. Students from the four HBCUs were routed to unique Web sites so we could customize some of the Web site material (such as locally available resources for sexual assault victims) for the four HBCUs and so that we could differentiate data from each university.

The HBCU-CSA Study Web site provided detailed information about the study; it also included descriptive information about sexual assault and a list of local, state, and national resources for sexual assault victims. Prompted by the recruitment materials, sampled students entered the HBCU-CSA Study Web site, at which point they were directed to the survey and provided with instructions on how to take the survey. As stated previously, to ensure respondent anonymity, nowhere in the study Web site did students enter their unique HBCU-CSA Study identification numbers.

Students navigated themselves through the Web-based HBCU-CSA survey. The survey instrument was programmed to accommodate a significant degree of customization on the basis of responses to specific questions (e.g., skip patterns based on responses to “gate” questions, fill patterns reflecting an individual’s responses to previous questions). The survey was designed to be completed in approximately 25 minutes, on average; however, large portions of the survey applied only to students who answered affirmatively to any of the sexual assault gate questions. Because of the voluntary nature of the survey, students were not forced to enter a response to each question before moving through the survey. However, for key survey questions, the instrument was programmed to display a message encouraging a response if the student did not answer the question before advancing to the next question.

The survey was divided into six modules. *Background Information* included survey items on demographics, school classification (year of study, year of enrollment, transfer status), residential characteristics, academic performance (GPA, ever failed a course), sports and social involvement (sports team membership, social organization membership, party attendance), attendance at functions where alcohol is served, and attitudes toward one’s university. *Alcohol and Drug Use* included items regarding frequency of alcohol and drug consumption since entering college (data on 15 different classes of drugs

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were obtained), frequency of binge drinking and getting drunk, risk behaviors associated with unknown drug ingestion (accepting a drink from someone unknown, leaving a drink unattended), and experiences (suspected or known) with unknown drug ingestion (a series of questions about both giving a drug to someone without their knowledge or consent and being given a drug without one's knowledge or consent). *Health* included items on current physical and mental health, symptoms of depression, and indicators of PTSD. *Dating* included items on sexual orientation, frequency of dating and consensual sexual intercourse, AOD consumption before sexual intercourse, condom use, and dating violence (questions were asked about both victimization and perpetration of emotional and physical abuse).

The information on sexual assault victimization was included in the *Experiences* module. This module included a series of gate questions for numerous forms of nonconsensual sexual contact experienced by the victim. Distinct gate questions were asked for the following forms of nonconsensual sexual contact, both before and after entering college: (1) physically forced sexual assault (both completed and attempted but not completed incidents) and (2) sexual assault occurring when the respondent was incapacitated (respondents were asked about incidents they were certain happened and incidents they suspected happened).³ Detailed follow-up questions were asked of respondents who reported experiencing, since they began college, attempted or completed physically forced sexual assault or known or suspected sexual assault occurring when the respondent was incapacitated. The follow-up questions were asked separately for the two types of sexual assault (physically forced and incapacitated) and included items on

- the number of incidents⁴;
- the specific types of assaults that occurred (forced touching of a sexual nature, oral sex, sexual intercourse, anal sex, or sexual penetration with a finger or object);
- the number of perpetrators;
- the relationship between the victim and the perpetrators;
- characteristics of the perpetrators;
- AOD use by the perpetrators;
- AOD use by the victim;
- the location of the incidents;
- the timing of the incidents;

³ The survey also included gate questions about verbally coerced sexual contact. However, because this type of sexual contact was not considered to be sexual assault, the follow-up questions described above were not asked for verbally coerced sexual contact, and it is not included in any sexual assault prevalence estimates.

⁴ The “number of incidents” question was used to customize the wording for the remaining follow-up questions. For respondents who had reported experiencing more than one incident of the specific type of sexual assault, the follow-up questions primarily asked about “any of the incidents.” This option was chosen over asking the victims to focus on a specific incident because we were interested primarily in the totality of each victim’s experiences rather than characteristics of a single incident.

- the use of weapons by the perpetrators;
- injuries sustained in the incidents;
- disclosure about the incidents to family or friends, victim's, crisis, or health care centers and law enforcement;
- timing of reporting to victim's, crisis, or health care centers and law enforcement;
- physical examinations or drug tests received;
- drugs tested positive for;
- satisfaction with reporting;
- reasons for not reporting the incidents;
- other actions (both personal and academic) taken as a result of the incidents;
- legal consequences experienced by the perpetrator; and
- whether the respondent considered the incident to be rape.

Although the survey was predominantly closed-ended, victims were also given the opportunity to write in (in a narrative fashion) any additional information about the incidents that they wanted to share.

The final section of the HBCU-CSA survey included attitudinal items and questions designed to enable an *aggregate-level* prevalence estimate of physically forced sexual assault to be generated among the study participants. Using an "item count" technique, survey respondents were randomly assigned to respond to one of two questions in which a list of adverse events was provided and the respondents simply reported the number of the events they had experienced (without indicating which events they have experienced). One list included the key event ("Someone has had sexual contact with you by using physical force or threatening to physically harm you") and the other did not, enabling a prevalence estimate to be generated simply by subtracting the average number of events experienced by the group whose list did not include the key event from the average number of events experienced by the group whose list did include the key event. Additionally, respondents were asked about their attitudes toward campus and city police as well as sexual assault and reporting experiences of other female students they knew. The final module also included two open-ended questions in which respondents were asked what they think could be done to encourage sexual assault victims to report the incident to law enforcement agencies and what incoming freshmen should be told to avoid being sexually assaulted.

After the last survey question was answered, respondents were presented with an informational module on sexual assault (as mentioned previously, a link to this informational module was also included on the home page of the survey). The informational module included sexual assault definitions and steps to take if they have been sexually assaulted, which included a list of campus, local, state, and national resources for victims of sexual assault. In addition, detailed information on drug-facilitated sexual assault was included in the informational module. This section provided a description of this type of sexual

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assault (including drugs commonly involved in drug-facilitated sexual assault), potential signs that someone has been given a drug without their knowledge or consent, and potential consequences of giving someone a drug without their knowledge or consent, including legal consequences to the individual who gives someone a drug and health risks to the victim.

3.1.3 Incentive Redemption

The instrument was programmed to generate a survey completion code immediately after the respondent scrolled through the informational module. The student was then directed to a *separate* Web site (which opened up in a new window) to obtain her incentive for completing the survey. At this Web site, the student entered her HBCU-CSA Study identification number and her survey completion code. The Web site was programmed to ensure that the identification number and the code were valid (and had not been previously used to obtain an incentive) before issuing a \$20 gift certificate code for Amazon.com. When an incentive was issued, the sample member was identified as having received an incentive, but no link between the identity of a sample member and her survey data was ever created. This incentive redemption strategy fulfilled three major objectives: (1) maintaining the anonymity of the survey data, (2) allowing us to track survey completion (so that we could follow up with noncompleters, generate response rate estimates, and compare the final respondents with the sampling frame), and (3) ensuring that each respondent could receive only one incentive and that only the students sampled for the survey would be able to receive the incentive.⁵

Because the survey was administered anonymously, we were not able to determine with certainty which students in the sampling frame participated in the HBCU-CSA Study and which did not. The only way for us to determine with certainty which sampling frame members participated was the redemption of the incentive, and not all students who participated in the HBCU-CSA Study redeemed their incentives. In fact, about 84% of students who completed the HBCU-CSA survey followed through to obtain their incentives. Those who completed the survey but did not obtain their incentive simply continued to receive reminders, but they were told to ignore them if they had already completed the survey. We also had mechanisms by which we could identify people trying to obtain a second incentive by completing the survey a second time (e.g., additional attempts to use a previously used HBCU-CSA Study identification number or survey completion code) that enabled us to delete 177 records that were clearly duplicates.

3.1.4 Data Preparation and Cleaning

Throughout the 10- to 12-week period in which the survey was administered, data were automatically saved to a data file on a secure network. Data were reviewed weekly to ensure that the survey instrument was working properly. As with any survey data, some cleaning of the HBCU-CSA data was required; however, the nature and extent of the necessary cleaning was limited and mostly involved recording data into more reasonable or preexisting categories. For example, on a number of survey items, we provided respondents with response options, but we also let them choose an “other” category and type in information that we received in the form of verbatim data. One such question asked about drugs that the respondent had been given without her knowledge or consent; 15 options were provided. Although

⁵ However, we cannot rule out the (very unlikely) possibility that some individuals sampled for the survey provided their study identification numbers to students not included in the sampling frame.

some of the verbatim data are difficult to recode into the pre-existing categories (e.g., “rape drug”), other answers could be recoded easily (“codeine” into “Pain killers or narcotics”). We recoded data whenever doing so was straightforward. In situations in which recoding was not straightforward, we usually simply left those responses in a catchall category like “other.”

3.1.5 Nonresponse Bias Analyses

A nonresponse bias analysis was conducted in which respondents and nonrespondents were compared on dimensions of race, age, and year of study—generally as well as within each of the four HBCUs. Observable differences between respondents and nonrespondents on these dimensions were negligible. A statistic known as Cohen’s effect size was used to assess the magnitude of any observed differences. Cohen (1992) indicates that an effect size of 0.2 to 0.3 is small in magnitude, suggesting that differences with an effect of 0.3 or less reflect a small amount of potential bias. Across all comparisons, three comparisons approached this level: distribution of respondents across HBCUs (0.25; i.e., the response rate was higher at some HBCUs than others), the distribution of year of study across respondents from one of the HBCUs (0.29; i.e., the response rate was higher among freshmen at one of the HBCUs), and the distribution of age across respondents from one of the HBCUs (0.30; i.e., the response rate was higher among younger students at one of the HBCUs). All other effect sizes were considerably lower. Although none of the effect sizes were above the 0.30 threshold, to reduce nonresponse bias and to increase sample representativeness, we developed weights adjusting for nonresponse using a generalized exponential model (Folsom & Singh, 2000). Weights were added for university, year of study, age, and race/ethnicity, which reduced all of the observed Cohen’s effect sizes to 0.

3.1.6 Analysis of Student Data

The HBCU-CSA Study was designed to generate data on the prevalence, nature, consequences, and reporting of various types of sexual assault. Specific analytic goals were to

- document the prevalence of various types of sexual assault on HBCU campuses,
- identify risk and protective factors for both types of sexual assault,
- describe the context in which both types of sexual assault occurred,
- describe the reporting and nonreporting of both types of sexual assault, and
- document attitudes about sexual assault and criminal justice system responses to sexual assault among HBCU students.

A variety of analytic techniques were employed to achieve these goals. Descriptive analyses were conducted to familiarize ourselves with the data, assist in data cleaning and coding, and prepare for running multivariate models. We used frequency distributions, cross-tabulations, bivariate correlations, chi-squares, and t-tests to review large amounts of data, recognize patterns in the data, inform the recoding of some variables, inform the creation of derived variables, and plan for bivariate and multivariate analyses.

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3.1.6.1 Generation of Prevalence Estimates

Because one of the primary purposes of the HBCU-CSA Study was to generate prevalence estimates of distinct types of sexual assault experienced by undergraduate students before and after they entered college, a detailed discussion of the methods used to classify respondents into the relevant categories is warranted. The specific wording of all sexual assault victimization items used to categorize victims by assault type is included in Appendix A. The first level of classification pertains to the *nature of the sexual assault*. The two primary types of sexual assault captured by the Web-based survey are physically forced sexual assault and incapacitated sexual assault (i.e., sexual assault when the victim was incapacitated and unable to provide consent).⁶ As described previously, the survey asked about these two types of sexual assault separately, with detailed follow-up questions for each type. However, in addition to creating prevalence estimates for physically forced and incapacitated sexual assault, a composite measure reflecting any sexual assault was also created.

The second level of classification pertains to *whether the assault was completed*. For physically forced sexual assault, data on both completed and attempted (but not completed) incidents were collected separately. Because recall of the event can be problematic for incapacitated sexual assault, we asked separately about events the respondent was certain happened and those the respondent suspected happened. In this report, the incapacitated sexual assault measures include only sexual assaults that the victim was certain happened.

The third level of classification pertains to incidents occurring *before and after entering college*. For both physically forced and incapacitated sexual assault, data on completed and attempted incidents were collected to reflect two time periods: before and after entering college.

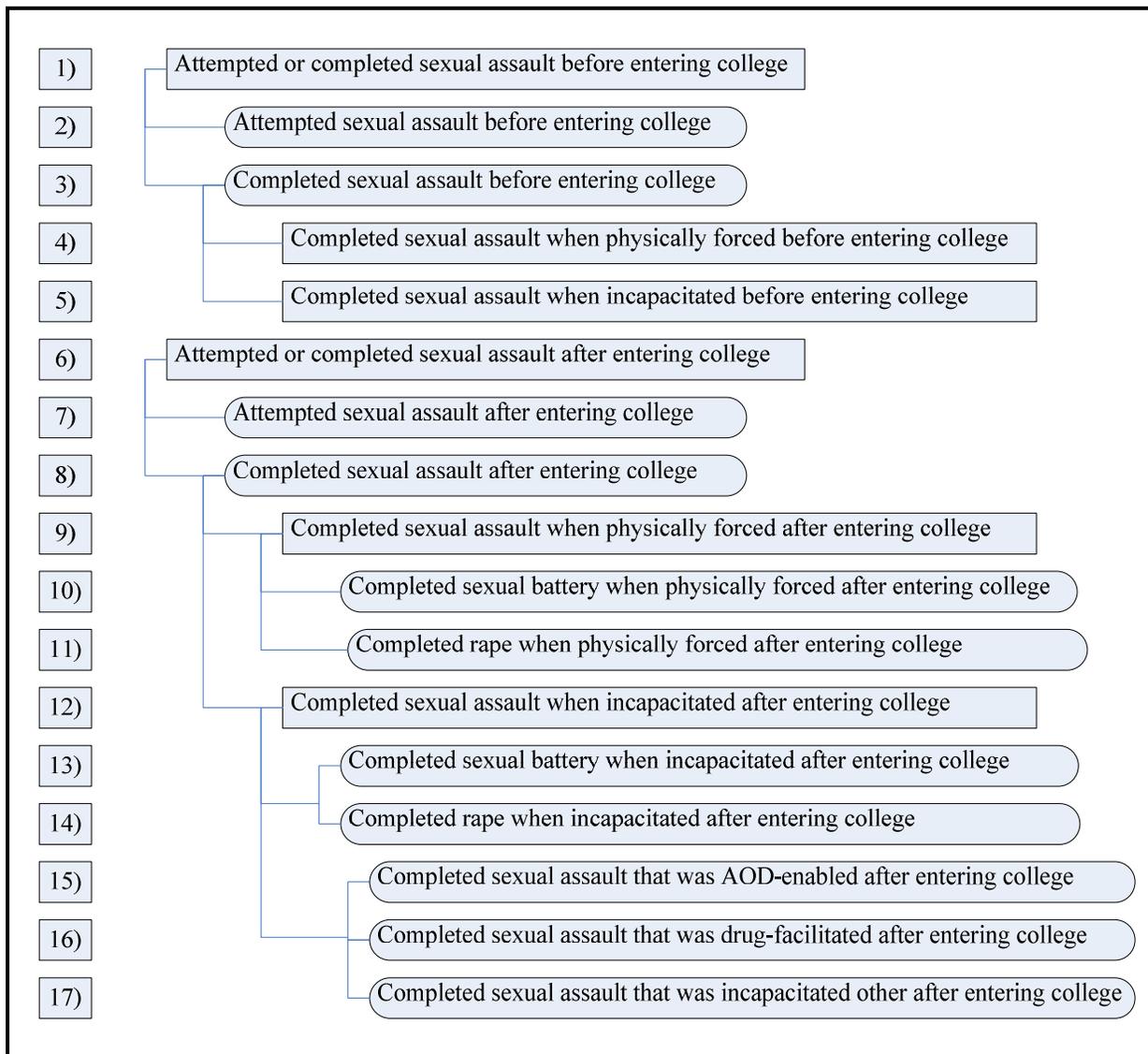
A fourth level of classification pertains to the *seriousness of the sexual assault*. For completed incidents of both forms (physically forced and incapacitated), we further classified sexual assault based on seriousness. Specifically, we generated subtype prevalence estimates for sexual battery (i.e., sexual assault that entailed sexual touching only) and rape (i.e., sexual assault that entailed oral, vaginal, or anal penetration). This level of categorization was achieved using responses to the follow-up questions about the specific type of sexual contact that occurred (forced touching of a sexual nature, oral sex, sexual intercourse, anal sex, or sexual penetration with a finger or object).

A fifth level of classification was employed for incapacitated sexual assault to distinguish between *AOD-enabled sexual assault, DFSA, and other incapacitated sexual assault*. Using follow-up questions asked of victims who reported experiencing sexual assault when they were incapacitated and unable to provide consent, we broke down incapacitated sexual assault into finer categories. Specifically, students who reported sexual assault when they were incapacitated and unable to provide consent were asked whether they had been drinking alcohol or voluntarily been taking or using any drugs other than alcohol just before the incident and whether they had been given a drug without their knowledge or consent just before the incident. On the basis of these responses, we divided the victims into three subtypes: those who were victims of AOD-enabled sexual assault (i.e., they were sexually assaulted when

⁶ As mentioned previously, the survey also gathered information on verbally coerced, unwanted sexual contact; however, data on this form of unwanted sexual contact are not presented in this report.

they were incapacitated after voluntarily consuming drugs or alcohol), those who were victims of DFSA (i.e., they were sexually assaulted when they were incapacitated after they had been given a drug without their knowledge), and those who were sexually assaulted when they were otherwise incapacitated. If a student was a victim of both AOD-enabled sexual assault and DFSA, we classified her as a DFSA victim only. The 17 prevalence measures for sexual assault are summarized in Figure 3-1. All estimates presented in this report are based on weighted data.

Figure Error! No text of specified style in document.-1. Sexual Assault Prevalence Measures



3.1.6.2 Risk Factors for Sexual Assault

To identify characteristics associated with the likelihood of having experienced a sexual assault, we first ran cross-tabulations by three sexual assault measures (any sexual assault, physically forced

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sexual assault, and incapacitated sexual assault since entering college) and a comprehensive set of individual characteristics and behavioral factors. Chi-square tests were used to determine if the bivariate relationship between each sexual assault measure and each variable was statistically significant. These analyses helped us determine which variables should be considered for insertion into multivariate models.

We then used logistic regression to analyze the HBCU-CSA data in a multivariate framework. We started constructing multivariate models by entering all independent variables of potential interest into the model. The full models were reviewed to help us determine whether certain variables needed to be recoded for, removed from, or added to the multivariate models. We then used a backward stepwise procedure to refine the logistic model. In each step, the variable (or set of variables) with the highest significance value was dropped from the model. This process was repeated until all variables were significant at $p < 0.20$. However, because we believe certain measures (e.g., age, race/ethnicity) are important to control for, we retained these variables in the models even if they did not meet the significance criteria.

All individual characteristics and behavioral factors that were significant in the bivariate models were used in logistic regression models as independent variables. Dummy variables were included for each HBCU, with the largest school as the reference category. Age was included as a continuous variable ranging from 1 (18 years or older) to 8 (40 or older). Because students were allowed to select multiple racial and ethnic categories, four separate race/ethnicity dummy variables were included: white (vs. nonwhite), black (vs. nonblack), Hispanic (vs. non-Hispanic) and other race (vs. not other race). Sexual attraction is dummy coded into “attracted to women only” and “attracted to both men and women,” with “attracted to men only” as the reference category. College class is dummy coded into sophomore, junior, senior, and other class, with freshman as the reference category. College experiences are measured by whether the respondent ever failed a course, whether she is a member of a sorority, what her opinion is of college, whether she would enroll in the same school again, and how frequently she attends sorority and fraternity parties or goes to bars and clubs. Dating and sexual history were measured by the number of dating and male sexual partners the respondent had had since entering college (with 0 as the reference). Intimate partner violence is measured by the sum of six types of dating violence the respondent experienced in the past year. Mental health is measured by the respondent’s assessment of her current emotional or mental health as fair or poor (compared with good, very good, or excellent). Several indicators of substance use were used. Frequency measures of being drunk or binge drinking after entering college are dummy coded as less than once a month and at least once a month, with “never” as the reference category. Respondents were also asked if they had ever accepted a drink from someone they did not know or had consumed a drink after it had been left unattended (1 = yes, 0 = no). Respondents were also asked if they had used marijuana or any of 14 other illicit substances since entering college (1 = yes, 0 = no). Finally, past sexual assault victimization is measured as forced sexual assault and incapacitated sexual assault before college (1 = yes, 0 = no). Table 3-1, which appears in Section 3.1.7, presents additional sample descriptors not included in the full logistic regression models.

3.1.6.3 Context, Post-Assault Actions, and Consequences of Sexual Assault

To examine the context in which sexual assault occurs among HBCU students, post-assault actions (including reporting) and consequences, and differences in the context in which physically forced

and incapacitated sexual assaults occur, we extracted two subsamples from the full sample of respondents: physically forced sexual assault victims ($n = 188$) and incapacitated sexual assault victims ($n = 250$).⁷ Descriptive statistics relating to the context of sexual assault (assailant characteristics, social context and substance use, location, timing of incident, and weapon use and injuries), post-assault actions (informing friends and family about the incident; seeking help from a health care or victim's assistance organization; reporting to law enforcement; or taking other actions such as switching residences, transferring to another university, etc.), and consequences (including depression and PTSD) were then examined for both physically forced and incapacitated sexual assault victims.

Depression was measured through a 10-item modified version of the Center for Epidemiologic Studies Depression Scale (CES-D). The 10 items asked about how often respondents felt or behaved certain ways during the past week (e.g., you were bothered by things that don't usually bother you, you felt depressed, you were happy). The items were scored such that indicating the feeling or behavior all of the time = 4, most of the time = 3, some of the time = 2, a little of the time = 1, and none of the time = 0. These were reverse coded for two items that reflected feeling happy or hopeful. The responses to each of the 10 questions were summed to create the depression scale ($\alpha = 0.8$). The scale ranges from 0 to 38, with a mean of 12.5. Posttraumatic stress was measured through a modified version of the of the Primary Care PTSD screen (Prins et al., 2004), which included 4 items that assess traumatic stress. Respondents were presented with a list of four problems or complaints that people sometimes have in response to a very stressful life experience (e.g., had any nightmares, been constantly on guard) and were asked to indicate whether they had experienced each of these symptoms in the past 30 days. Respondents who reported experiencing two or more of these problems were coded as having symptoms of PTSD. In the full sample, 44% of the respondents experienced PTSD symptoms.

3.1.7 Description of Student Sample

Descriptive data on the undergraduate women in our sample are presented in Table 3-1. As the data indicate, half of the women are under the age of 21 and the majority (94.2%) are black. Most of the women are attracted to men only (89.9%) and identify as heterosexual (94.6%). The percentage of juniors and seniors in the sample is larger than that of freshmen and sophomores. The majority of the women have GPAs between 2.67 and 3.66, and nearly half (46.4%) reported having failed a course since entering college. Most women held favorable opinions about their HBCU; only 16.7% reported they would not choose to attend their college if they had a chance to make the decision again. Few women participated on a sports team (10.0%) or belonged to a sorority (7.2%). Although only 17.5% of the women reported attending fraternity parties at least once a month, approximately half attended parties where alcohol was served (51.4%) or went to bars or clubs (47.8%) at least monthly. Approximately three-quarters of the women had at least one dating (75.6%) and sexual (72.8%) partner. Over half of the women reported consuming alcohol or drugs before sex, with 40.6% reporting having been drunk or high during sex at least once since entering college. Thirteen percent of the women had unwanted sexual contact in which the person later tried to convince her that she wanted it to happen or that she led them on, and 12% had sexual contact with someone because they told her lies, made promises, threatened to end a relationship, threatened to spread rumors about her, or verbally pressured her.

⁷ Fifty-five victims were victims of both types of sexual assault and were therefore included in both sub-samples.

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With regard to substance use, 80.3% reported using alcohol; 26.4% reported getting drunk and 18.6% reported binge drinking at least once a month. One-third of the women (33.6%) reported using marijuana and 5.3% reported another illicit drug. Since entering college, 20.6% had accepted a drink from a stranger and 5.3% consumed a drunk after leaving it unattended.

Table Error! No text of specified style in document.-1. Description of Student Sample

Factor	All respondents N = 3,951	
	%	n
University		
HBCU1	15.37	502
HBCU2	32.65	983
HBCU3	28.68	1,554
HBCU4	23.30	912
Age		
18	15.18	668
19	20.01	840
20	16.43	690
21	16.08	632
22–24	18.60	631
25–29	6.83	237
30–39	4.23	154
40+	2.63	99
Race		
White	4.47	195
Black	94.21	3,715
Hispanic	3.35	139
Other	6.70	268
Sexual attraction		
Women only	2.48	100
Men only	89.93	3,529
Both men and women	7.59	305
Sexual orientation		
Heterosexual	94.62	3,724
Lesbian/gay	1.85	73
Bisexual	3.53	144

(continued)

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Table 3-1. Description of Student Sample (continued)

Factor	All respondents N = 3,951	
	%	n
College class		
Freshman	23.16	985
Sophomore	20.76	860
Junior	24.62	985
Senior	28.34	1,008
Other	3.12	103
Grade point average		
Below 0.67	0.09	4
0.67–1.66	0.77	30
1.67–2.66	19.89	739
2.67–3.66	58.29	2,285
3.67+	14.45	616
Don't know or not applicable	6.51	273
Failed a course		
No	53.56	2,239
Yes	46.44	1,687
Opinion of college		
Really like it	39.23	1,542
Like it	37.79	1,494
Neutral about it	18.66	742
Do not like it	4.32	162
Choose college again		
No	16.67	628
Yes	52.87	2,097
Maybe	30.46	1,215
Transfer student		
No	78.07	3,123
Yes	21.93	810
Participation on sports team		
No	90.01	3,539
Yes	9.99	412
Participation in Greek organization		
No	92.85	3,659
Yes	7.15	292
Attended sorority parties		
Never	50.09	2,041
Less than once a month	39.57	1,517
At least once a month	10.34	385

(continued)

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Table 3-1. Description of Student Sample (continued)

Factor	All respondents N = 3,951	
	%	n
Attended fraternity parties		
Never	35.93	1,443
Less than once a month	46.53	1,827
At least once a month	17.54	671
Attended parties where alcohol served		
Never	13.41	522
Less than once a month	35.21	1,373
At least once a month	51.38	2,046
Gone to bar/club		
Never	14.07	566
Less than once a month	38.15	1,563
Once or twice a month	33.46	1,287
Once or twice a week	13.39	498
Daily or almost daily	0.93	32
Dating partners		
Zero	24.43	994
1–5	64.23	2,533
6–10	7.53	283
11–25	3.00	109
26+	0.81	27
Male sexual partners		
Zero	27.22	1,139
1–5	58.34	2,266
6–10	9.50	353
11–25	3.88	147
26+	1.07	36
Consumed alcohol or drugs before sex ^a		
Never	45.97	1,293
Rarely	32.35	903
Sometimes	17.69	496
Most of the time	3.54	98
Always	0.45	13
Been drunk or high during sex ^a		
Never	59.45	1,662
Rarely	26.06	730
Sometimes	12.01	343
Most of the time	2.14	61
Always	0.35	11

(continued)

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Table 3-1. Description of Student Sample (continued)

Factor	All respondents N = 3,951	
	%	n
Carried condoms		
Never	44.69	1,831
Rarely	17.47	686
Sometimes	12.99	505
Most of the time	10.74	406
Always	14.10	511
Asked partner to wear condom ^a		
Never	10.44	304
Rarely	8.06	233
Sometimes	11.22	313
Most of the time	25.37	705
Always	44.91	1,251
Used condoms ^a		
Never	7.12	206
Rarely	8.43	240
Sometimes	12.87	354
Most of the time	35.30	984
Always	36.28	1,021
Since college, had unwanted sexual contact where person tried to convince you that you wanted it to happen or that you led them on		
Yes	13.24%	514
No	86.76%	3,412
Since college, had unwanted sexual contact because someone told lies, made promises, threatened to end a relationship, threatened to spread rumors, or verbally pressured you		
Yes	12.43%	471
No	87.56%	3,459
Current physical health		
Excellent	15.37	586
Very good	37.30	1,504
Good	35.22	1,397
Fair	10.85	413
Poor	1.26	49

(continued)

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Table 3-1. Description of Student Sample (continued)

Factor	All respondents N = 3,951	
	%	n
Current emotional/mental health		
Excellent	21.59	815
Very good	35.74	1,415
Good	27.56	1,105
Fair	12.52	507
Poor	2.60	105
Frequency of alcohol consumption		
Never	19.70	794
Less than once a month	34.80	1,368
Once or twice a month	29.03	1,124
Once or twice a week	15.16	609
Daily or almost daily	1.31	48
Frequency of getting drunk		
Never	34.42	1,084
Less than once a month	39.14	1,219
At least once a month	26.44	847
Frequency of binge drinking		
Never	46.06	1,441
Less than once a month	35.34	1,112
At least once a month	18.60	602
Marijuana use		
Never	66.40	2,601
1–2 times	13.48	525
3–9 times	7.53	316
10–19 times	3.62	148
20–39 times	2.90	113
40–99 times	2.65	108
100+ times	3.43	131
Illicit drug use (excluding marijuana)		
No	94.68	3,536
Yes	5.32	203
Consumed drink given by someone unknown		
Never	79.43	2,471
Less than once a month	16.82	552
At least once a month	3.75	133

(continued)

Table 3-1. Description of Student Sample (continued)

Factor	All respondents N = 3,951	
	%	n
Consumed drink after leaving it unattended		
Never	94.66	2,981
Less than once a month	4.51	151
At least once a month	0.83	24
Suspected/known given drug w/o consent		
No	95.72	3,786
Yes	4.28	164
Dating partner or spouse yelled, screamed, swore at your		
No	42.48	1,707
Yes	57.52	2,226
Dating partner or spouse insulted or humiliated you, or treated you like an inferior		
No	66.28	2,619
Yes	33.72	1,295
Dating partner or spouse monitored your time, made you account for your whereabouts, or kept you from doing things with your family/friends		
No	69.65	2,748
Yes	30.35	1,178
Dating partner or spouse threatened to hurt you		
No	86.16	3,397
Yes	13.84	523
Dating partner or spouse pushed, shoved, hit, slapped, grabbed you		
No	82.83	3,256
Yes	17.17	665
Dating partner or spouse choked, slammed, kicked, burned, beat you		
No	93.19	3,668
Yes	6.81	252
Any completed sexual assault before college		
No	89.45	3,529
Yes	10.55	416
Forced sexual assault before college		
No	91.32	3,610
Yes	8.68	336
Incapacitated sexual assault before college		
No	96.59	3,804
Yes	3.41	140

Note. HBCU = historically black college or university.

^a Asked only of those who reported one or more male sexual partners.

3.2 Campus Law Enforcement Personnel and Service Provider Survey

3.2.1 Data Collection

Three of the HBCUs provided us with the names and e-mail addresses of all campus law enforcement and service provider personnel who were considered to be the primary contacts for university students who experience sexual assault.⁸ The total sampling frame included 88 staff from the following departments: campus police, counseling centers, student health services, office of judicial affairs, women's center, office of the dean of students, and residential life.

As with the student survey, this component of the study was approved by RTI's and the participating HBCUs' IRBs. The data collection methods were very similar to those used to collect data from HBCU students, in that respondents were recruited via their university e-mail addresses (receiving follow-up recruitment or reminder messages periodically) and that the survey was Web based. However, staff were given \$40 Amazon.com gift certificate codes for completing the survey, and the staff survey was not anonymous. The overall staff response rate for survey completion was 52.3%; however, it was considerably higher for service providers, of whom 72.5% responded (29 of 40). A total of 17 campus law enforcement officers (out of 48) completed the staff survey, yielding a law enforcement staff response rate of 35.4%.

3.2.2 Survey Content

The law enforcement and service provider survey was divided into eight sections. *Background Information* included survey items on years employed by university and in current position, sex, age, and race/ethnicity. *Prevalence* included items regarding respondents' perceptions of the percentage of women who are sexually assaulted at their university, frequency with which these incidents are reported, the number of victims the respondent comes in contact with, the number of perpetrators the respondent comes in contact with (law enforcement only), and the number of sexual assaults reported under the Clery Act. *Reporting* included items on respondents' perceptions about reasons that undergraduate women who are sexually assaulted may not contact a victims', crisis, or health care center or a law enforcement agency. *Context of Sexual Assaults* included items about potential characteristics of sexual assault incidents, such as the relationship between victims and perpetrators, use of force and weapons, injuries, victim and perpetrator drinking and drug use, and location of sexual assault incidents. *Attitudes* presented a list of potential characteristics of sexual assault incidents and asked the respondent to indicate whether the presence of the characteristic made them more or less likely to believe the woman's account of the assault. *Policies and Practices* included items about strategies for improving universities' responses to sexual assault incidents and better meeting the needs of victims. Respondents were asked about their university's use of these policies and practices and whether it was effective (if the university used it) or whether it would be effective (if the university did not use it). *Prevention Activities* used the same format as the previous section but included questions about strategies for sexual assault prevention. Finally, *Recommendations* included six open-ended questions asking about recommendations the respondent had

⁸ The fourth HBCU did not approve the law enforcement/service provider component of the study.

for improving the university's activities related to sexual assault, including prevention, reporting, and meeting the needs of victims.

3.2.3 Law Enforcement and Service Provider Sample

On average, staff respondents were 41 years old and had been employed by the university for almost 8 years, with almost 6 of those years in the current position. Most of the respondents were women (63%). The majority indicated they were black (84.8%), with the remainder indicating that they were white (8.7%) or a member of another race (6.5%).

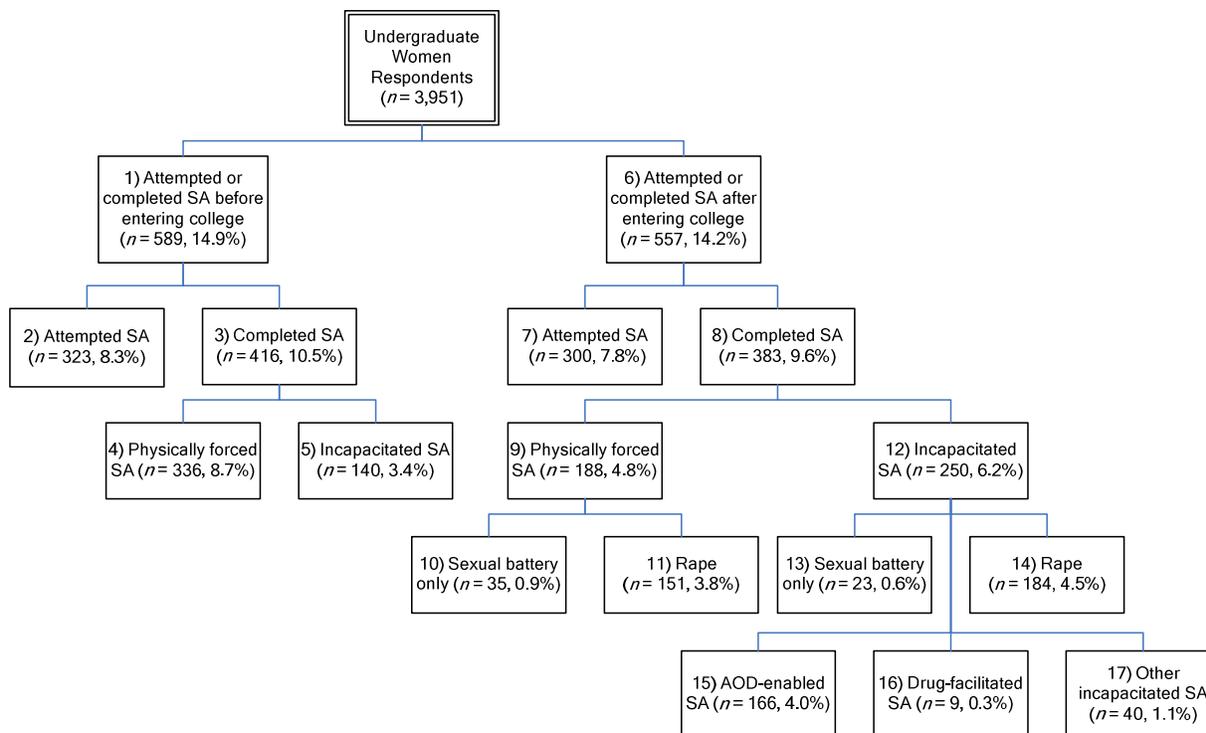
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Findings

4.1 Prevalence Estimates of Sexual Assault Victimization

Prevalence estimates for undergraduate women on the 17 measures of sexual assault are presented in Figure 4-1. Each estimate has a number in parentheses that corresponds to the descriptive list of estimates presented in Figure 4-1. The first and most inclusive measures we present are the number and percentage of undergraduate women who reported having been a victim of attempted (but not completed) or completed sexual assault of any type before entering college (#1; $n = 589$, 14.9%) and after entering college (#6; $n = 557$, 14.2%). The next set of prevalence estimates breaks down attempted and completed assaults for each time period. As shown in the figure, the prevalence of completed sexual assault is slightly higher than that of attempted (but not completed) sexual assault for incidents occurring both before (#2 and #3) and after (#7 and #8) entering college.

Figure Error! No text of specified style in document.-1. Prevalence Estimates for the Sexual Assault Measures for Women, Unweighted Frequencies, Weighted Percentages



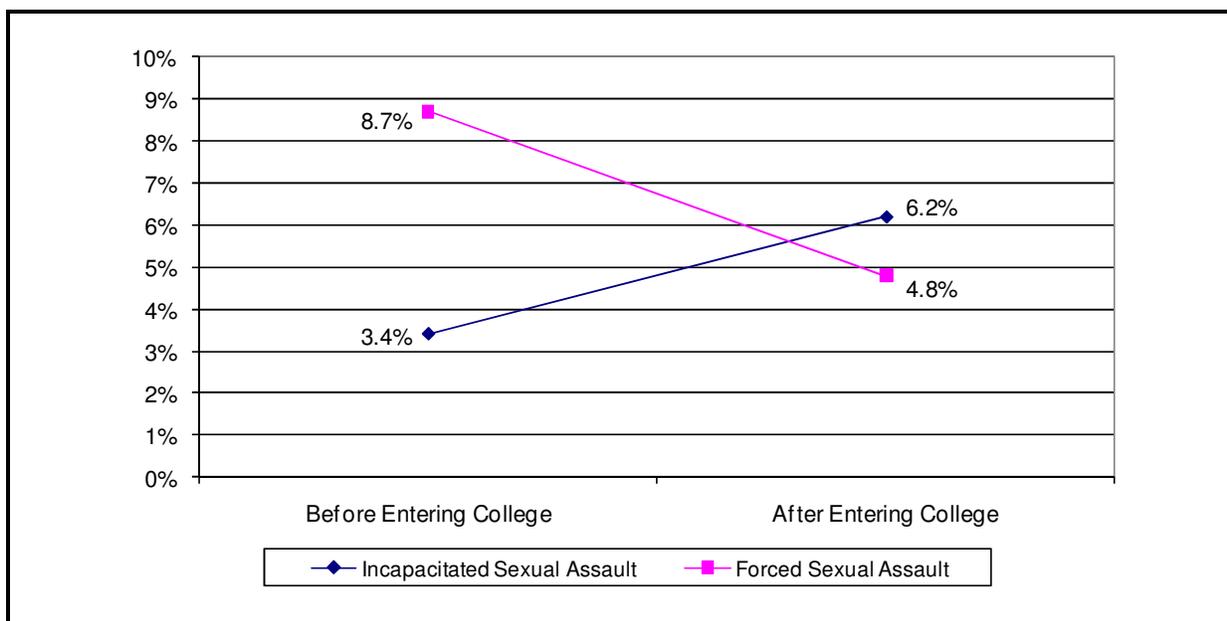
Note. AOD = alcohol or other drug; SA = sexual assault.

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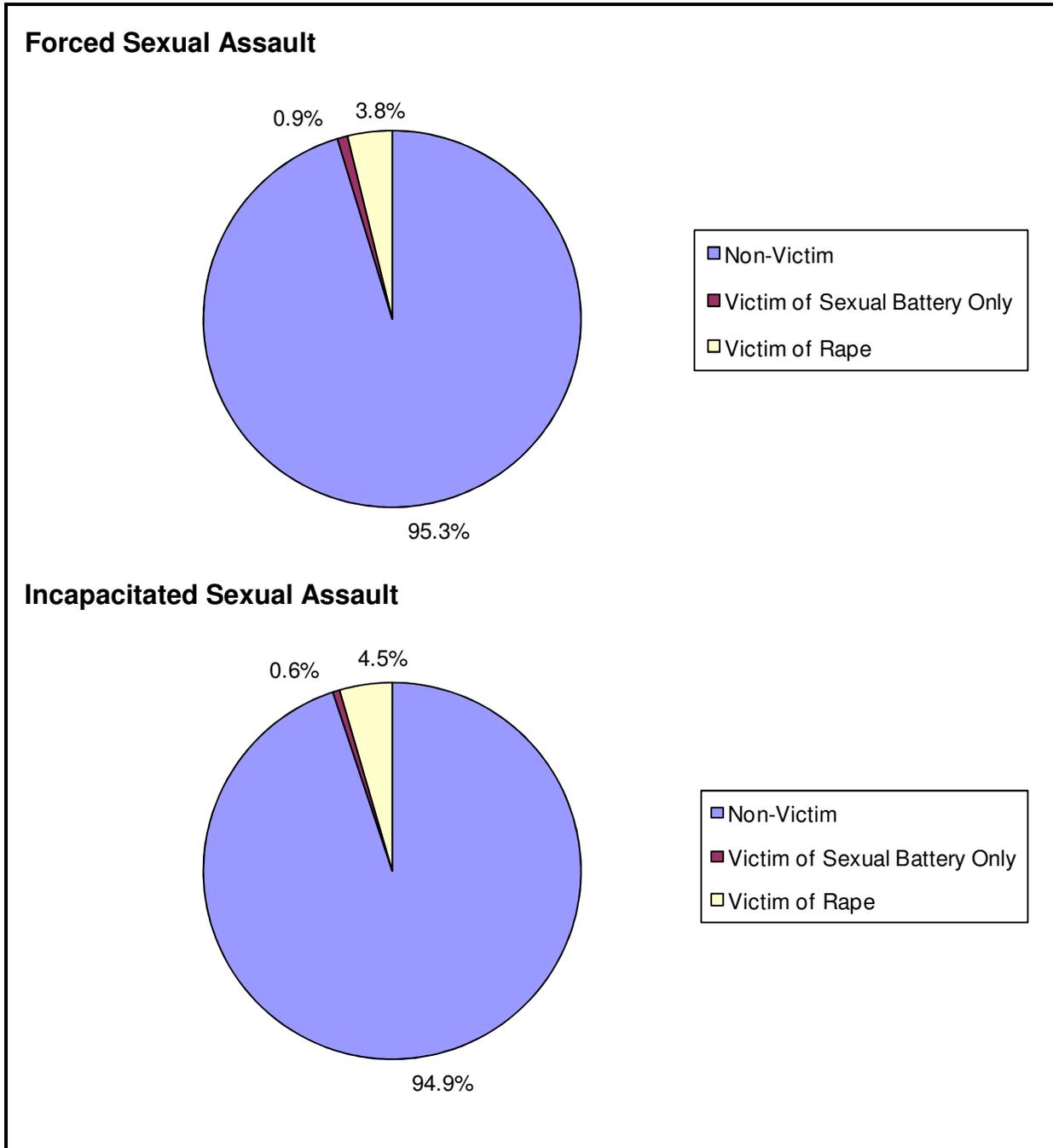
The third set of prevalence estimates breaks down completed sexual assault for each time period into the two primary types described earlier: physically forced and incapacitated sexual assault. When we examine this set of prevalence estimates, an interesting pattern is evident. The prevalence of physically forced sexual assault is higher for the time period before entering college (#4, 8.7%) than for after entering college (#9, 4.8%). In contrast, the prevalence of sexual assault occurring when the victim was incapacitated is higher for the time period after entering college (#12, 6.2%) than for before entering college (#5, 3.4%). Figure 4-2 is a graphical depiction of the pattern of differential risk for the two main types of sexual assault by time period. The pattern suggests that, among undergraduate HBCU women, the risk of experiencing sexual assault when they are incapacitated is greater during college than before entering college. Conversely, the risk of experiencing physically forced sexual assault is greater before entering college than during college.

Figure Error! No text of specified style in document.-2. Prevalence of Sexual Assault by Type, Before and After Entering College



The fourth set of prevalence estimates shows, for completed incidents after entering college, the number and percentage of HBCU women experiencing sexual assaults of varying severity. As described previously, sexual battery was defined as sexual assault that entailed sexual touching only, and rape was defined as sexual assault that entailed oral, vaginal, or anal penetration. As shown in Figure 4-1, 3.8% of women reported experiencing rape that was physically forced (#11), 0.9% reported experiencing sexual battery (but not rape) that was physically forced (#10), 4.5% of the sample reported experiencing rape while they were incapacitated and unable to provide consent (#14), and 0.6% reported experiencing sexual battery (but not rape) while they were incapacitated and unable to provide consent (#13). Figure 4-3 shows the breakdown of assault severity separately for the two major forms of sexual assault. The graphic depiction helps illustrate that roughly the same proportions of victims experience rape and sexual battery for the two major forms of sexual assault.

Figure Error! No text of specified style in document.-3. Percentage of Victims of Physically Forced and Incapacitated Sexual Assault Who Experienced Sexual Battery Only or Rape



The final set of prevalence estimates included in Figure 4-1 further classifies sexual assault occurring when the victim was incapacitated and unable to provide consent. Specifically, estimates are shown for AOD-enabled sexual assault (i.e., assault that happened after the victim voluntarily consumed

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alcohol and/or drugs) (#15), DFSA (i.e., assault that happened after the victim was given a drug without her knowledge or consent) (#16), and incidents that happened after the victim was otherwise incapacitated (typically involving situations in which the victim was asleep) (#17). A total of 166 women (4.0%) were victims of sexual assault that was AOD enabled, 9 women (0.3%) were victims of DFSA, and 40 women (1.1%) reported being sexually assaulted when they were otherwise incapacitated and unable to provide consent.

The data presented in this section have shown the prevalence of various measures of sexual assault among university women in a snapshot in time. Overall, 14% of undergraduate HBCU women reported experiencing attempted or completed sexual assault after entering college. However, nearly half (44.0%) of our sample were freshmen or sophomores. This makes it difficult to predict a woman's risk of sexual assault during her overall college career. Therefore, another way of looking at these data is to focus on seniors, who are theoretically in their last year of college. In the subset of the 1,008 seniors, the data show that 6.9% were victims of physically forced sexual assault after entering college, and 6.6% were victims of incapacitated sexual assault after entering college. Note, however, that although the cumulative prevalence estimates of sexual assault are understandably highest for seniors, the past-12-month prevalence estimates of sexual assault are highest among freshmen and sophomores (data not shown). This pattern indicates that women who are victimized during their college career are most likely to be victimized during their freshman and sophomore years. This finding is consistent with the literature, including a recent study employing a convenience sample of university women, which found that 84% of the women who reported sexually coercive experiences experienced the incident during their first four semesters on campus (Gross et al., 2006).

4.1.1 Risk Factors for Sexual Assault

4.1.1.1 Bivariate Results

The purpose of this section of the final report is to describe risk and protective factors for various forms of sexual assault experienced by HBCU women. It is important to acknowledge that the cross-sectional nature of our data prevents a temporal understanding of the role of these factors in increasing (or decreasing) risk for sexual assault. However, the data are useful in understanding subgroups of the university population that appear most likely to have experienced sexual assault. The information provides insight into (1) the types of sexual assault undergraduate HBCU women are at greatest risk of experiencing and (2) what individual characteristics and behavioral factors seemingly put them at risk for each type of sexual assault. The results can inform the development of prevention programming, campus policies, and crisis and law enforcement response strategies.

We ran cross-tabulations of various demographic, college and social experience, dating, health, substance use, intimate partner violence, and prior sexual assault measures by three measures of completed sexual assault after entering college: any sexual assault, physically forced sexual assault, and incapacitated sexual assault. Chi-squares were used to determine if the bivariate relationship between each sexual assault measure and each variable was statistically significant. These analyses, which are shown in Table 4-1, helped us determine which variables should be considered for inclusion in multivariate models.

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Table 4-1. Factors Bivariately Associated With Experiencing Various Sexual Assault Outcomes

	All Respondents N = 3,951		Any Sexual Assault		Forced		Incapacitated	
	%	n	%	p-value	%	p-value	%	p-value
University								
HBCU1	15.37	502	8.07	0.0133	3.49	0.0410	5.54	0.1506
HBCU2	32.65	983	9.61		5.55		5.96	
HBCU3	28.68	1,554	11.99		5.73		7.66	
HBCU4	23.30	912	7.80		3.51		5.25	
Age								
18	15.18	668	5.20	<0.0001	2.28	<0.0001	4.31	0.0114
19	20.01	840	10.27		4.10		7.12	
20	16.43	690	9.38		3.58		6.88	
21	16.08	632	11.03		5.31		7.47	
22–24	18.60	631	12.45		8.26		5.93	
25–29	6.83	237	13.21		7.31		8.66	
30–39	4.23	154	3.63		2.22		1.39	
40+	2.63	99	3.64		2.60		1.86	
Race								
White	4.47	195	10.49	0.6940	43.64	0.4491	7.35	0.5269
Not white	95.53	3756	9.60		4.87		6.16	
Black	94.21	3,715	9.61	0.8399	4.81	0.9738	6.22	.9562
Not black	5.79	236	10.07		4.87		6.13	
Hispanic	3.35	139	18.43	0.0010	9.22	0.0166	11.78	0.0150
Not Hispanic	96.65	3812	9.33		4.66		6.02	
Other	6.70	268	12.64	0.1282	7.03	0.1334	8.179	0.0945
Not other	93.30	3683	9.42		4.65		6.03	
Sexual attraction								
Women only	2.48	100	11.05	<0.0001	7.71	<0.0001	7.10	<0.0001
Men only	89.93	3,529	8.70		4.30		5.49	
Both men and women	7.59	305	20.84		10.17		14.84	
Sexual orientation								
Heterosexual	94.62	3,724	9.58	0.6027	4.68	0.2743	6.19	0.5769
Lesbian/gay	1.85	73	8.43		8.43		4.35	
Bisexual	3.53	144	12.33		6.62		8.27	

(continued)

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Table 4-1. Factors Bivariately Associated With Experiencing Various Sexual Assault Outcomes (continued)

	All Respondents N = 3,951		Any Sexual Assault		Forced		Incapacitated	
	%	n	%	p-value	%	p-value	%	p-value
College class								
Freshman	23.16	985	6.23	0.0040	2.43	0.0002	4.93	0.1353
Sophomore	20.76	860	10.63		5.09		6.89	
Junior	24.62	985	9.99		4.07		6.99	
Senior	28.34	1,008	11.45		6.92		6.61	
Other	3.12	103	9.28		7.13		2.15	
Grade point average								
Below 0.67	0.09	4	24.01	0.2367	^a	0.3891	24.01	0.1022
0.67–1.66	0.77	30	4.24		2.12		2.12	
1.67–2.66	19.89	739	11.39		5.92		7.90	
2.67–3.66	58.29	2,285	9.03		4.49		5.54	
3.67+	14.45	616	10.47		5.25		6.87	
Don't know/not applicable	6.51	273	8.44		3.74		5.97	
Failed a course								
No	53.56	2,239	7.73	<0.0001	3.70	0.0006	5.02	0.0011
Yes	46.44	1,687	11.91		6.15		7.63	
Opinion of college								
Really like it	39.23	1,542	8.72	0.0426	4.25	0.0079	5.88	0.0904
Like it	37.79	1,494	8.98		4.02		5.73	
Neutral about it	18.66	742	11.64		7.02		6.54	
Do not like it	4.32	162	14.00		7.57		10.85	
Choose college again								
No	16.67	628	12.78	0.0121	6.14	0.0420	9.05	0.0066
Yes	52.87	2,097	8.62		3.98		5.61	
Maybe	30.46	1,215	9.64		5.57		5.66	
Transfer student								
No	78.07	3,123	9.65	0.9794	4.45	0.0550	6.49	0.2173
Yes	21.93	810	9.69		6.19		5.27	
Participation on sports team								
No	90.01	3,539	9.51	0.423	4.72	0.4561	6.07	0.2711
Yes	9.99	412	10.81		5.63		7.51	
Participation in Greek org.								
No	92.85	3,659	8.98	<0.0001	4.44	0.0003	5.74	<0.0001
Yes	7.15	292	18.16		9.60		12.40	

(continued)

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Table 4-1. Factors Bivariately Associated With Experiencing Various Sexual Assault Outcomes (continued)

	All Respondents N = 3,951		Any Sexual Assault		Forced		Incapacitated	
	%	n	%	p-value	%	p-value	%	p-value
Attended sorority parties								
Never	50.09	2,041	7.41	<0.0001	3.64	0.0061	4.60	0.0003
Less than once a month	39.57	1,517	12.09		5.87		7.89	
At least once a month	10.34	385	10.75		6.07		7.76	
Attended fraternity parties								
Never	35.93	1,443	5.54	<0.0001	3.07	0.0006	3.23	<0.0001
Less than once a month	46.53	1,827	10.74		5.22		6.95	
At least once a month	17.54	671	14.78		6.89		10.48	
Attended parties where alcohol served								
Never	13.41	522	2.34	<0.0001	1.96	0.0071	0.62	<0.0001
Less than once a month	35.21	1,373	8.34		5.08		4.61	
At least once a month	51.38	2,046	12.47		5.39		8.80	
Gone to bar/club								
Never	14.07	566	4.26	<0.0001	3.28	0.0492	1.43	<0.0001
Less than once a month	38.15	1,563	8.17		4.47		5.08	
Once or twice a month	33.46	1,287	12.12		5.01		8.34	
Once or twice a week	13.39	498	12.43		6.37		8.67	
Daily or almost daily	0.93	32	22.93		12.84		14.14	
Dating partners								
Zero	24.43	994	3.72	<0.0001	1.87	<0.0001	2.47	<0.0001
1–5	64.23	2,533	9.75		5.04		6.15	
6–10	7.53	283	16.10		6.00		12.22	
11–25	3.00	109	30.23		14.03		19.31	
26+	0.81	27	44.74		30.85		21.28	
Male sexual partners								
Zero	27.22	1,139	3.36	<0.0001	2.26	<0.0001	1.48	<0.0001
1–5	58.34	2,266	8.52		4.22		5.45	
6–10	9.50	353	21.95		9.58		15.27	
11–25	3.88	147	28.31		13.48		20.02	
26+	1.07	36	51.57		29.18		36.34	

(continued)

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Table 4-1. Factors Bivariately Associated With Experiencing Various Sexual Assault Outcomes (continued)

	All Respondents N = 3,951		Any Sexual Assault		Forced		Incapacitated	
	%	n	%	p-value	%	p-value	%	p-value
Consumed alcohol or drugs before sex ^b								
Never	45.97	1,293	6.63	<0.0001	4.71	0.0331	2.82	<0.0001
Rarely	32.35	903	13.96		5.56		9.88	
Sometimes	17.69	496	18.76		7.63		14.84	
Most of the time	3.54	98	28.80		11.29		23.81	
Always	0.45	13	23.93		13.93		10.00	
Been drunk or high during sex ^b								
Never	59.45	1,662	7.24	<0.0001	5.07	0.0361	3.12	<0.0001
Rarely	26.06	730	17.89		6.07		13.78	
Sometimes	12.01	343	18.97		7.42		15.68	
Most of the time	2.14	61	33.06		13.20		29.15	
Always	0.35	11	12.79		^a		12.79	
Carried condoms								
Never	44.69	1,831	7.74	0.0045	4.36	0.1794	4.84	0.025
Rarely	17.47	686	12.18		6.73		7.51	
Sometimes	12.99	505	12.01		4.68		8.05	
Most of the time	10.74	406	11.02		4.80		7.67	
Always	14.10	511	9.24		4.09		6.09	
Asked partner to wear condom ^b								
Never	10.44	304	9.11	<0.0001	2.90	0.0721	7.46	<0.0001
Rarely	8.06	233	11.23		6.09		8.78	
Sometimes	11.22	313	13.18		6.98		7.78	
Most of the time	25.37	705	17.40		7.26		12.69	
Always	44.91	1,251	9.34		5.15		5.36	
Used condoms ^b								
Never	7.12	206	6.70	<0.0001	3.12	0.0226	4.61	<0.0001
Rarely	8.43	240	7.66		3.30		5.29	
Sometimes	12.87	354	14.39		7.26		9.41	
Most of the time	35.30	984	16.92		7.26		12.27	
Always	36.28	1,021	8.39		4.89		4.61	

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Table 4-1. Factors Bivariately Associated With Experiencing Various Sexual Assault Outcomes (continued)

	All Respondents N = 3,951		Any Sexual Assault		Forced		Incapacitated	
	%	n	%	p-value	%	p-value	%	p-value
Current physical health								
Excellent	15.37	586	8.41	0.1812	4.83	0.1767	4.70	0.2700
Very good	37.30	1,504	9.70		4.12		6.87	
Good	35.22	1,397	9.35		4.79		6.02	
Fair	10.85	413	10.72		6.74		5.94	
Poor	1.26	49	19.34		9.26		11.37	
Current emotional/mental health								
Excellent	21.59	815	4.72	<0.0001	2.75	<0.0001	2.43	<0.0001
Very good	35.74	1,415	8.09		3.67		5.16	
Good	27.56	1,105	11.35		5.41		7.95	
Fair	12.52	507	16.52		8.55		10.36	
Poor	2.60	105	20.64		13.37		13.90	
Frequency of alcohol consumption								
Never	19.70	794	3.31	<0.0001	2.76	<0.0001	0.66	<0.0001
Less than once a month	34.80	1,368	7.23		3.85		4.11	
Once or twice a month	29.03	1,124	12.17		5.62		8.31	
Once or twice a week	15.16	609	16.80		6.74		12.74	
Daily or almost daily	1.31	48	31.02		21.65		24.71	
Frequency of getting drunk								
Never	34.42	1,084	5.50	<0.0001	3.83	0.0072	2.36	<0.0001
Less than once a month	39.14	1,219	11.99		5.32		8.27	
At least once a month	26.44	847	17.49		7.27		13.42	
Frequency of binge drinking								
Never	46.06	1,441	6.02	<0.0001	3.44	0.0002	3.63	<0.0001
Less than once a month	35.34	1,112	14.52		6.53		9.59	
At least once a month	18.60	602	17.64		7.65		13.52	

(continued)

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Table 4-1. Factors Bivariately Associated With Experiencing Various Sexual Assault Outcomes (continued)

	All Respondents N = 3,951		Any Sexual Assault		Forced		Incapacitated	
	%	n	%	p-value	%	p-value	%	p-value
Marijuana use								
Never	66.40	2,601	6.50	<0.0001	3.83	0.0058	3.49	<0.0001
1–2 times	13.48	525	13.80		7.79		8.97	
3–9 times	7.53	316	15.46		5.07		11.84	
10–19 times	3.62	148	18.44		7.79		14.45	
20–39 times	2.90	113	23.65		5.63		20.91	
40–99 times	2.65	108	15.36		4.36		12.45	
100+ times	3.43	131	15.48		7.63		10.37	
Illicit drug use (excluding marijuana)								
No	94.68	3,536	9.10	<0.0001	4.46	<0.0001	5.82	<0.0001
Yes	5.32	203	21.25		11.61		16.15	
Consumed drink given by someone unknown								
Never	79.43	2,471	9.04	<0.0001	4.14	<0.0001	5.80	<0.0001
Less than once a month	16.82	552	18.84		8.87		14.38	
At least once a month	3.75	133	22.11		14.24		14.52	
Consumed drink after leaving it unattended								
Never	94.66	2,981	10.42	<0.0001	4.96	0.0056	6.91	<0.0001
Less than once a month	4.51	151	25.34		11.34		21.41	
At least once a month	0.83	24	21.29		12.52		8.77	
Suspected/known given drug w/o consent								
No	95.72	3,786	8.79	<0.0001	4.44	<0.0001	5.58	<0.0001
Yes	4.28	164	28.65		13.03		20.43	
Yelled, screamed, swore								
No	42.48	1,707	7.16	<0.0001	3.13	<0.0001	4.68	0.0010
Yes	57.52	2,226	11.38		5.99		7.34	
Insulted or humiliated								
No	66.28	2,619	7.28	<0.0001	3.73	<0.0001	4.37	<0.0001
Yes	33.72	1,295	14.16		7.01		9.71	
Monitored								
No	69.65	2,748	7.84	<0.0001	3.77	<0.0001	4.90	<0.0001
Yes	30.35	1,178	13.70		7.24		9.12	

(continued)

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Table 4-1. Factors Bivariately Associated With Experiencing Various Sexual Assault Outcomes (continued)

	All Respondents N = 3,951		Any Sexual Assault		Forced		Incapacitated	
	%	n	%	p-value	%	p-value	%	p-value
Threatened to hurt								
No	86.16	3,397	8.53	<0.0001	4.16	<0.0001	5.33	<0.0001
Yes	13.84	523	16.30		8.70		11.68	
Pushed, shoved, hit, slapped, grabbed								
No	82.83	3,256	8.17	<0.0001	4.05	<0.0001	5.16	<0.0001
Yes	17.17	665	16.59		8.45		11.27	
Choked, slammed, kicked, burned, beat								
No	93.19	3,668	8.94	<0.0001	4.28	<0.0001	5.88	0.0027
Yes	6.81	252	19.07		12.31		10.66	
Any completed sexual assault before college								
No	89.45	3,529	8.03	<0.0001	3.78	<0.0001	5.23	<0.0001
Yes	10.55	416	23.16		13.62		14.43	
Forced sexual assault before college								
No	91.32	3,610	8.56	<0.0001	4.00	<0.0001	5.61	<0.0001
Yes	8.68	336	20.86		13.46		12.37	
Incapacitated sexual assault before college								
No	96.59	3,804	8.74	<0.0001	4.43	<0.0001	5.39	<0.0001
Yes	3.41	140	34.35		15.62		29.01	

Note. HBCU = historically black college or university.

^a Category not included in chi-square (cell size = 0). ^b Asked only of those who reported one or more male sexual partners.

Most of the bivariate relationships are significant at the $p < 0.05$ level, indicating that the prevalence of sexual assault differs by a variety of individual characteristics. With only a few exceptions, similar characteristics are associated with each type of sexual assault. For example, all measures of party and bar attendance, dating and sexual partners, substance use, intimate partner violence victimization, and prior sexual assault are associated with an increased risk of all three types of sexual assault, whereas two measures of condom use are associated with the any sexual assault and the incapacitated sexual assault measures, but not with the forced sexual assault measure.

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4.1.1.2 Multivariate Results

Factors that were significant in the bivariate models were then entered into a series of logistic regression models to identify individual characteristics and behavioral risk factors that are associated with being a victim of three types of completed sexual assault: any sexual assault, forced sexual assault, and incapacitated sexual assault. Initially, the outcomes were regressed on all variables that were significant in the bivariate analyses. Next, the tolerance and variance inflation factor (VIF) were examined for multicollinearity. Three measures related to social activities and alcohol consumption (attending parties that serve alcohol, going to bars, and frequency of alcohol consumption) had variance inflation statistics over 4, indicating a multicollinearity problem. Because these measures tap into the same construct, the measure with the highest VIF (attending parties) was first dropped from the model. The model was rerun and alcohol frequency still had a VIF greater than 4 and was subsequently dropped from the model. After multicollinearity was addressed, insignificant variables ($p > .20$) were individually removed from each of the models using backward stepwise methods. This process was conducted separately for each type of sexual assault rather than applying the results from one type of sexual assault and to the others because we anticipated that different factors may be associated with incapacitated sexual assault than physically forced sexual assault. Thus, the same variables were not necessarily included in each model. Because they are important for control, race and age were included in the models regardless of level of significance. The final models include race and age along with variables that were significant at the .20 level (see Table 4-2). Although some characteristics are significant in all three models, there are also some notable differences.

Being black, white, or of another race was not associated with experiencing any type of sexual assault. However, the odds that Hispanic women would be victims of any and forced sexual assault were about twice as high (ORs = 1.983 and 2.263, respectively) as those for non-Hispanic women. Compared with women who are attracted only to men, women attracted to both men and women were significantly more likely to report any sexual assault victimization. Neither age nor college class was significantly associated with sexual assault.

Regarding college experiences, being a sorority member was positively associated with being a victim of all forms of sexual assault. Although attending fraternity parties at least once per month was associated with an increased likelihood of any and forced sexual assault, attending sorority parties was not a significant risk factor for any type of sexual victimization. Women who reported not liking or feeling neutral about their HBCU were significantly more likely to report physically forced sexual assault victimization; however, because the question referenced their current opinion of their school, it is likely to be viewed more accurately as a consequence, rather than a predictor, of victimization.

Differences in the likelihood of sexual assault victimization were also found for dating and sexual experiences. Women who dated at least one person after entering college were significantly more likely to experience any sexual assault (compared with women who reported no dating partners), and women who reported having had between one and five male sexual partners since entering college were more likely to experience any and incapacitated sexual assault (compared with women who reported no male sexual partners). Additionally, women who reported having more than five male sexual partners were more likely to experience all types of sexual assault victimization than were women with no male partners, and

the odds ratios (2.356–7.152) for this measure are quite large. The higher a woman scored on a scale of intimate partner violence victimization, the more likely she was to experience forced sexual assault; however, intimate partner victimization was not associated with other forms of sexual assault.

Regarding alcohol consumption, women who reported getting drunk had higher likelihoods of being victims of incapacitated sexual assault, whereas binge drinking (consuming four or more alcoholic drinks within a couple of hours) was associated with any sexual assault victimization. Similarly, women who had ever accepted a drink from a stranger were significantly more likely to have experienced all three forms of sexual assault.

Finally, previous victimization (i.e., before entering college) also appears to be a risk factor for experiencing sexual assault after entering college. Being a victim of forced sexual assault before college was significantly associated with being a victim of forced sexual assault (but not any or incapacitated sexual assault) after entering college (OR = 2.6). Being a victim of incapacitated sexual assault before entering college was significantly associated with being a victim of any (OR = 3.11) and incapacitated sexual assault (OR = 4.46) after entering college.

Table 4-2. Logistic Regression Models of Sexual Assault

Variable (reference)	Model 1			Model 2			Model 3		
	Any Sexual Assault			Forced Sexual Assault			Incapacitated Sexual Assault		
	B	SE	OR	B	SE	OR	B	SE	OR
Intercept	-5.479	0.566		-6.743	0.765				
Demographics									
HBCU1 (vs. HBCU2)	0.295	0.241	1.343	0.414	0.348	1.513			
HBCU3 (vs. HBCU2)	0.488	0.226	1.629*	0.515	0.334	1.674			
HBCU4 (vs. HBCU2)	0.161	0.256	1.175	0.040	0.391	1.041			
Age	-0.018	0.044	0.982	0.123	0.078	1.131	-0.115	0.077	0.891
White (vs. nonwhite)	-0.155	0.322	0.856	-0.457	0.522	0.633	-0.236	0.388	0.790
Black (vs. nonblack)	0.175	0.353	1.191	0.211	0.458	1.235	0.292	0.426	1.339
Hispanic (vs. non-Hispanic)	0.685	0.285	1.983*	0.817	0.397	2.263*	0.411	0.336	1.509
Other race (vs. not other race)	0.277	0.248	1.319	0.472	0.300	1.603	0.377	0.304	1.458
Sophomore (vs. freshman)				0.593	0.325	1.810	-0.063	0.282	0.939
Junior (vs. freshman)				0.091	0.383	1.095	-0.168	0.334	0.845
Senior (vs. freshman)				0.544	0.405	1.722	-0.258	0.382	0.772
Other college class (vs. freshman)				0.778	0.632	2.176	-1.189	0.873	0.305
Attracted only to women (vs. attracted only to men)	0.093	0.430	1.098				0.180	0.458	1.197
Attracted to both men and women (vs. attracted only to men)	0.393	0.198	1.482*				0.380	0.224	1.463
College experiences									
Not like or neutral towards HBCU (vs. like or really like it)				0.553	0.202	1.738**			
Enroll again same college	-0.195	0.133	0.823						
Member of a sorority	0.631	0.205	1.879**	0.612	0.282	1.844*	0.601	0.222	1.824**
Attend sorority parties less than once per month (vs. never)	-0.150	0.171	0.861						
Attend sorority parties at least once per month (vs. never)	-0.557	0.295	0.573						

(continued)

Table 4-2. Logistic Regression Models of Sexual Assault (continued)

Variable (reference)	Model 1			Model 2			Model 3		
	Any Sexual Assault			Forced Sexual Assault			Incapacitated Sexual Assault		
	B	SE	OR	B	SE	OR	B	SE	OR
College experiences (continued)									
Attend fraternity parties less than once per month (vs. never)	0.355	0.198	1.426	0.392	0.244	1.480			
Attend fraternity parties at least once per month (vs. never)	0.722	0.274	2.059**	0.727	0.313	2.068*			
Go to bars less than once per month (vs. never)				-0.400	0.339	0.670			
Go to bars at least once per month (vs. never)				-0.686	0.368	0.504			
Dating									
Dated 1 to 5 people since entering college (vs. dated 0)	0.521	0.207	1.684*	0.506	0.290	1.659	0.399	0.259	1.490
Dated 6+ people since entering college (vs. dated 0)	0.676	0.271	1.965*	0.403	0.384	1.496	0.548	0.329	1.729
Had sex w/ 1 to 5 men since entering college (vs. sex w/0)	0.580	0.212	1.786***	0.114	0.277	1.121	0.972	0.291	2.644***
Had sex w/ 6+ men since entering college (vs. sex w/0)	1.461	0.259	4.308***	0.857	0.347	2.356*	1.967	0.326	7.152***
Intimate partner violence scale	0.053	0.039	1.054	0.129	0.051	1.137*			
Substance use									
Drunk less than once per month (vs. never)				-0.381	0.283	0.683	0.755	0.291	2.127**
Drunk at least once per month (vs. never)				-0.579	0.350	0.561	0.998	0.324	2.713**
Binge drink less than once per month (vs. never)	0.561	0.154	1.752***	0.423	0.253	1.527	0.434	0.247	1.544
Binge drink at least once per month (vs. never)	0.562	0.184	1.754**	0.541	0.343	1.717	0.388	0.285	1.475
Ever accepted drink from someone unknown (vs. never)	0.407	0.163	1.502*	0.709	0.209	2.031***	0.504	0.180	1.655**
Ever consumed a drink after it was left unattended (vs. never)	0.390	0.239	1.477				0.406	0.260	1.501

(continued)

Table 4-2. Logistic Regression Models of Sexual Assault (continued)

Variable (reference)	Model 1			Model 2			Model 3		
	Any Sexual Assault			Forced Sexual Assault			Incapacitated Sexual Assault		
	B	SE	OR	B	SE	OR	B	SE	OR
Prior sexual assault									
Physically forced sexual assault before college	0.304	0.217	1.355	0.959	0.241	2.608***			
Incapacitated sexual assault before college	1.135	0.260	3.111***				1.495	0.268	4.46***
Nagelkerke R-square	0.414			0.2892			0.4031		

Note: B = Beta coefficient; HBCU = historically black college or university; OR = odds ratio; SE = standard error; empty cells indicate that a variable was not included in the model.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

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4.1.2 Context of Sexual Assault

The HBCU-CSA Study captured substantial information on the contexts in which sexual assaults occurred. Victims of physically forced and incapacitated sexual assault were asked separate sets of contextual questions for each assault type (see Table 4-3). For victims who reported more than one sexual assault of a single type (e.g., two or more physically forced victimizations), the contextual questions typically asked about “any of the incidents” in a combined format. Therefore, the percentages reported in the exhibit indicate the percentage of victims who reported the particular contextual variable was present for one or more of their victimization experiences of a particular type, rather than the percentage of incidents for which the variable was present.

Table 4-3. Percentage of Victims Reporting Various Victimization Contextual Factors, Unweighted Frequencies, Weighted Percentages

Contextual Factors	Physically Forced Sexual Assault		Incapacitated Sexual Assault	
	<i>n</i>	%	<i>n</i>	%
Assailant characteristics				
More than 1 assailant involved	17	8.75	25	11.17
Assailant-victim relationship				
Someone victim did not know at all	14	7.29	20	10.26
Someone victim did not know well	77	41.47	85	37.57
Someone victim knew well	58	28.36	83	37.79
Someone victim knew very well	45	26.14	40	17.69
Acquaintance	41	21.71	64	28.60
Coworker or employer	5	2.56	6	2.66
Classmate or fellow student	71	36.72	82	35.12
Professor or teaching assistant	3	1.23	0	0.00
Roommate	0	0.00	1	0.29
Friend	0	0.00	57	25.97
Dating partner, spouse, or ex	69	38.43	46	20.71
Relative	1	0.46	3	1.50
Some other person	14	7.77	18	7.76
Victim was on a date with assailant	43	21.43	31	14.50
Assailant was a fraternity member	24	12.82	37	16.96
Race of assailant				
Different race than victim	18	9.30	20	9.42
White	8	4.26	12	5.24
Black	172	91.72	190	86.07
Hispanic	5	2.68	4	1.38
Asian	2	1.00	0	0.00
Hawaiian or Pacific Islander	1	0.95	0	0.00
American Indian	0	0.00	1	0.61
Multiracial/ethnic or other race/ethnicity	8	3.85	18	7.90

(continued)

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Table 4-3. Percentage of Victims (by Sexual Assault Type) Reporting Various Victimization Contextual Factors, Unweighted Frequencies, Weighted Percentages (continued)

Contextual Factors	Physically Forced Sexual Assault		Incapacitated Sexual Assault	
	<i>n</i>	%	<i>n</i>	%
Substance use				
Assailant substance use				
Drinking before incident	42	21.49	96	41.86
Using drugs before incident	5	2.79	7	3.59
Drinking and using drugs before incident	12	6.21	48	22.55
Drinking or using drugs before incident	5	2.83	8	4.31
Neither drinking nor using drugs before incident	70	37.54	25	11.43
Don't know	53	29.12	32	16.26
Victim substance use				
Drinking before incident	42	23.08	167	75.62
Drunk	23	11.86	144	64.79
Voluntarily used drugs before incident	12	5.65	42	19.22
Given drug w/o consent or knowledge	1	0.79	9	5.02
Location				
At a party when incident occurred	39	20.97	104	47.75
Incident occurred on campus	45	22.87	51	21.47
Victim's dorm or living quarters	23	45.24	21	35.96
Outside but near living quarters	1	1.59	2	3.54
Other person's dorm or living quarters	17	36.88	28	49.55
Classroom, lab, or campus building	7	13.53	2	4.04
Outside	2	7.01	2	5.26
On-campus fraternity or sorority house	0	0.00	1	2.11
Vehicle	1	1.94	0	0.00
Other location on campus	2	8.92	1	1.36
Incident occurred off campus	140	77.13	163	78.53
Victim's living quarters	33	27.53	25	15.37
Outside but near living quarters	6	3.42	1	0.45
Other person's living quarters	76	53.11	97	57.88
Outside	5	3.17	1	0.42
Off-campus fraternity or sorority house	0	0.00	2	1.25
Another college	10	7.78	13	7.97
Building off campus	7	4.69	7	4.75
Vehicle off campus	9	6.65	1	0.49
Away from campus	23	14.33	30	17.50
Other location off campus	11	6.73	3	1.68

(continued)

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Table 4-3. Percentage of Victims (by Sexual Assault Type) Reporting Various Victimization Contextual Factors, Unweighted Frequencies, Weighted Percentages (continued)

Contextual Factors	Physically Forced Sexual Assault		Incapacitated Sexual Assault	
	<i>n</i>	%	<i>n</i>	%
Timing of incidents				
Month				
January	19	10.53	21	9.70
February	22	10.79	16	7.16
March	25	13.32	26	12.20
April	15	7.74	15	6.73
May	8	4.55	10	4.24
June	12	5.79	7	3.79
July	10	5.34	7	2.76
August	11	5.88	18	7.56
September	17	8.22	21	8.88
October	31	15.50	32	14.16
November	28	13.64	21	9.32
December	21	11.93	13	6.89
Day				
Monday	9	5.37	5	2.06
Tuesday	19	9.31	6	2.94
Wednesday	12	6.72	9	5.04
Thursday	13	7.63	14	6.84
Friday	28	13.94	44	20.37
Saturday	33	16.52	52	22.68
Sunday	13	6.20	6	2.58
Time				
Midnight–6 a.m.	84	45.19	161	73.38
6 a.m.–noon	11	6.57	5	2.43
Noon–6 p.m.	33	17.62	4	2.44
6 p.m.–midnight	92	49.61	51	24.35
Weapon use and injuries				
Weapon use				
Assailant had weapon	8	5.18	1	0.89
Assailant claimed to have weapon	3	1.52	2	1.08
Assailant used weapon	3	33.70	0	0.00

(continued)

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Table 4-3. Percentage of Victims (by Sexual Assault Type) Reporting Various Victimization Contextual Factors, Unweighted Frequencies, Weighted Percentages (continued)

Contextual Factors	Physically Forced Sexual Assault		Incapacitated Sexual Assault	
	<i>n</i>	%	<i>n</i>	%
Victim sustained injuries	116	62.33	72	35.31
Injury from sexual contact	29	24.73	18	24.89
Knife or stab wounds	0	0.00	0	0.00
Gunshot wounds	0	0.00	0	0.00
Internal injuries	5	5.00	1	2.37
Knocked unconscious	0	0.00	2	4.10
Bruises or black eye	23	22.25	8	10.70
Chipped teeth	1	0.88	0	0.00
Broken bones	0	0.00	0	0.00
Emotional or psychological injury	104	89.55	65	86.88
Other injury	9	8.24	5	6.52
Perception of any incidents as rape				
Victim considers incidents rape	95	52.40	56	26.87

4.1.2.1 Assailant Characteristics

Approximately 10% of victims reported that more than one assailant was involved in the physically forced (9%) and incapacitated (11%) sexual assaults they experienced. Only a small percentage of physically forced (7%) and incapacitated (10%) sexual assaults were perpetrated by someone the victim did not know at all. For physically forced sexual assault, the most frequently reported assailant-victim relationships were a dating partner, spouse, or ex (38%) and a classmate or fellow student (37%). For incapacitated sexual assault, the most frequently reported assailant-victim relationships were classmate or fellow student (35%), acquaintance (29%), and friend (26%). A higher proportion of victims of physically forced (21%) than of incapacitated sexual assault (15%) were on a date with the assailant. More incapacitated (17%) than physically forced sexual assault victims (13%) reported that the assailant was a fraternity member. Fewer than 10% of both physically forced (9.3%) and incapacitated (9.4%) sexual assault victims reported that the assailant was of a different race than they.

4.1.2.2 Substance Use

Nearly twice as many incapacitated (41.9%) as physically forced sexual assault victims (21.5%) reported that the assailant had been drinking before the incident. Three times as many incapacitated (75.6%) as physically forced sexual assault victims (23.1%) indicated that they had been drinking before the incident. Additionally, compared with physically forced sexual assault victims, more victims of incapacitated sexual assault reported being drunk (12% and 65%, respectively), voluntarily using drugs before the incident (6% and 12%, respectively), and being given a drug without their knowledge or consent (1% and 5%, respectively).

4.1.2.3 Location

More than twice as many incapacitated sexual assault victims (48%) as physically forced sexual assault victims (21%) indicated the incident occurred at a party. More than three-quarters of both physically forced and incapacitated sexual assaults occurred off campus (77% and 79%, respectively). Among off-campus incidents, the most commonly reported location was another person's living quarters (reported by more than half of both types of victims). Other commonly reported off-campus locations were the victim's own living quarters and away from campus; however, nearly twice as many physically forced (28%) as incapacitated sexual assault victims (15%) reported that the incident occurred in their own living quarters. Among incidents occurring on campus, the most commonly reported locations were the victim's dorm room (reported by 45% of physically forced sexual assault victims and 36% of incapacitated sexual assault victims) and another person's dorm room (reported by 37% of physically forced sexual assault victims and 50% of incapacitated sexual assault victims).

4.1.2.4 Timing of Incidents

Substantial variability in the time of year in which sexual assault incidents took place is evident, with most occurring in the fall and winter. The largest proportion of victims (of both types of sexual assault) reported being victimized in October (16% of physically forced sexual assault victims and 14% of incapacitated sexual assault victims). The majority of victims experienced sexual assault on Fridays (14% of physically forced sexual assault victims and 20% of incapacitated sexual assault victims) and Saturdays (17% of physically forced sexual assault victims and 23% of incapacitated sexual assault victims). Nearly three-quarters of incapacitated victims of sexual assault reported being assaulted between midnight and 6:00 a.m. Among victims of physically forced sexual assault, most reported that incidents occurred between 6:00 p.m. and midnight (49.6%) or between midnight and 6:00 a.m. (45.2%).

4.1.2.5 Weapon Use and Injuries

Very few victims of either type of sexual assault reported that the assailant had or claimed to have a weapon. The proportion of victims reporting assailant weapon possession was higher for victims of physically forced sexual assault than victims of incapacitated sexual assault. Among the small number of victims reporting assailant weapon possession, the assailant actually used the weapon against one-third of the physically forced sexual assault victims and none of the incapacitated sexual assault victims. A much higher proportion of victims of physically forced sexual assault (62%) than incapacitated sexual assault victims (35%) reported sustaining injuries. Among those who were injured, the most prevalent injuries were emotional or psychological; injury from sexual contact; and bruises or black eyes. None of the victims reported knife or stab wounds, gunshot wounds, unconsciousness, or broken bones.

4.1.3 Reporting of Sexual Assault

Victims of both types of sexual assault were asked a detailed set of questions about informal and formal reporting of their sexual assault experiences (see Table 4-4).

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Table 4-4. Reporting of Sexual Assault, by Assault Type, Unweighted Frequencies, Weighted Percentages

	Physically Forced Sexual Assault		Incapacitated Sexual Assault	
	<i>n</i>	%	<i>n</i>	%
Family or friends				
Disclosed incident to someone close	127	69.29	121	55.70
Victim's, crisis, or health care center				
Contacted a victim's, crisis, or health care center	24	13.90	15	7.59
Crisis center or victim services program affiliated with the university	3	13.03	2	10.60
Crisis center or victim services program not affiliated with the university	7	32.32	3	20.30
Doctor's office or medical facility affiliated with the university	7	23.57	3	14.10
Doctor's office or medical facility not affiliated with the university	10	41.20	10	55.88
Counselor or therapist affiliated with the university	7	22.35	3	17.74
Counselor or therapist not affiliated with the university	2	8.98	1	4.72
Women's program or service affiliated with the university	0	0.00	1	7.14
Women's program or service not affiliated with the university	2	8.98	1	4.43
Given a physical or sexual assault examination	17	72.72	11	74.59
Time period of contact				
Less than 3 hours	7	32.90	0	0.00
Within 3 to 24 hours	5	19.13	4	31.17
Within 1 week	6	23.90	10	63.61
Within 1 month	4	15.45	1	5.22
More than a month	2	8.62	0	0.00
Satisfaction with reporting				
Regret reporting	7	27.42	4	30.88
Satisfied with way reporting was handled on-campus	7	55.50	3	56.71
Satisfied with way reporting was handled off-campus	12	80.64	8	80.65
Reasons for not reporting to victim's, crisis, or health care center				
Did not want anyone to know	66	40.73	73	37.32
Did not want to talk about it	87	54.07	92	46.03
Embarrassed	63	39.67	71	34.86
Did not know what facilities or centers were available	17	9.48	7	3.80
Did not know how to contact facilities or centers	13	6.54	6	2.91
Did not need assistance	78	48.48	97	46.20
Not serious enough	77	47.07	79	41.01
Did not remember or know what actually happened	6	3.40	33	16.86
Thought self partly or fully responsible for what happened	78	47.58	69	32.71
Afraid they would contact law enforcement	23	13.55	14	7.25

(continued)

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Table 4-4. Reporting of Sexual Assault, by Assault Type, Unweighted Frequencies, Weighted Percentages (continued)

	Physically Forced Sexual Assault		Incapacitated Sexual Assault	
	<i>n</i>	%	<i>n</i>	%
Reasons for not reporting to victim's, crisis, or health care center (continued)				
Afraid they would contact parents	30	18.04	24	12.49
Afraid they would file an insurance claim	5	2.79	1	0.36
Thought you would be treated poorly or staff would not be sensitive	17	10.10	4	2.33
Did not think female staff member would be available	2	0.94	0	0.00
Did not think staff member of same race/ethnicity would be available	1	0.43	0	0.00
Did not want other people to think you had a mental health problem	15	9.68	6	2.78
Did not want anyone to know you were drinking or using drugs	9	4.88	23	10.86
Some other reason	13	8.62	12	6.11
Law enforcement				
Reported to law enforcement	16	9.87	6	3.41
Campus police	9	51.59	3	56.89
Municipal, local, or city police or 911	7	44.69	3	42.75
County sheriff	1	8.20	0	0.00
State police	1	3.57	1	12.49
Time period of contact				
Less than 3 hours	7	49.34	1	12.13
Within 3 to 24 hours	3	19.33	2	36.91
Within 1 week	3	15.61	3	50.96
Within 1 month	2	8.14	0	0.00
More than a month	1	7.59	0	0.00
Satisfaction with reporting				
Regret reporting	5	35.86	4	69.48
Satisfied with way reporting was handled	6	38.71	3	43.11
Reasons for not reporting to law enforcement				
Did not want anyone to know	78	45.21	81	38.54
Embarrassed	63	38.05	66	30.40
Afraid of reprisal	50	29.81	20	9.88
Not serious enough	77	45.88	96	46.41
Unclear it was a crime or harm was intended	49	30.46	59	29.07
Did not have proof	35	19.75	22	10.26
Did not remember or know what actually happened	11	6.10	30	13.63
Thought self partly or fully responsible for what happened	65	38.72	69	32.37
Did not know how to report it	10	5.35	7	3.52
Did not think a female officer would be available	3	1.65	0	0.00

(continued)

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Table 4-4. Reporting of Sexual Assault, by Assault Type, Unweighted Frequencies, Weighted Percentages (continued)

	Physically Forced Sexual Assault		Incapacitated Sexual Assault	
	<i>n</i>	%	<i>n</i>	%
Reasons for not reporting to law enforcement (continued)				
Did not think an officer of same race/ethnicity would be available	2	1.16	0	0.00
Did not think police would think it was serious enough	22	14.21	14	6.94
Thought you would be treated poorly by police or other parts of justice system	13	7.47	6	3.13
Did not think anything could be done to the assailant	24	14.90	12	5.54
Did not want to get the person in trouble	36	19.72	33	15.50
Person was friend or acquaintance	46	25.33	48	22.56
Did not want anyone to know you were drinking or using drugs	7	4.12	20	8.72
Some other reason	11	6.64	17	8.26

4.1.3.1 Family Member or Friend

The majority of victims of both types of sexual assault reported they told someone close to them, such as a family member, friend, roommate, or intimate partner. However, a higher proportion of physically forced sexual assault victims (69%) than incapacitated sexual assault victims (56%) endorsed this type of reporting.

4.1.3.2 Victim’s, Crisis, or Health Care Center

A smaller percentage of victims reported they contacted a victim’s, crisis, or health care center after their sexual assault experiences. Again, reporting was more prevalent among physically forced sexual assault victims (14%) than incapacitated sexual assault victims (8%). Because of the small number of victims who reported contacting this type of service agency, the data on follow-up questions pertaining to this experience should be interpreted with caution. Victims of both types of sexual assault most commonly reported to a doctor’s office or medical facility not affiliated with the university or to a crisis center or victim services program not affiliated with the university. Nearly three-quarters of victims of both physically forced (73%) and incapacitated (75%) sexual assault who contacted a victim’s, crisis, or health care center reported receiving a physical or sexual assault examination. Physically forced sexual assault victims most commonly reported their sexual assault experiences within 3 hours, and incapacitated sexual assault victims most commonly reported their sexual assault experiences within 1 week. Although more than one-quarter of the victims indicated they regretted reporting to this type of center, the majority were satisfied with the way their reporting was handled. Higher proportions of victims reported satisfaction with way reporting was handled at off-campus than on-campus facilities.

The victims who did not report their sexual assault experiences to victim’s, crisis, or health care center were asked why they made this decision. The most commonly reported responses by both types of

victims included victims' not wanting to talk about it, not needing assistance, having perceptions that it was not serious enough to report, not wanting anyone to know about it, and feeling embarrassment.

4.1.3.3 Law Enforcement

A small proportion of victims of both types of sexual assault reported their sexual assault experiences to a law enforcement agency, with physically forced sexual assault victims once again being more likely than incapacitated sexual assault victims to report the incident (10% vs. 3%, respectively). Most commonly, victims who reported this incident to law enforcement contacted campus police. Of those who reported to law enforcement, physically forced sexual assault victims most commonly reported in less than 3 hours, whereas incapacitated sexual assault victims most commonly reported within 1 week. A higher proportion of incapacitated sexual assault victims (69%) regretted reporting to law enforcement than did physically forced sexual assault victims (36%). Fewer than half of both types of victims were satisfied with how the reporting was handled.

Among victims who did not report the incident to law enforcement, the most commonly reported response by both types of victims (46% in both cases) was that what happened was not serious enough. Other commonly reported reasons included not wanting anyone to know, thinking they were fully or partly responsible for what happened, and feeling embarrassed. Victims of incapacitated sexual assault were more likely than physically forced sexual assault victims to select the following reasons for not reporting: the incident was not serious enough, they did not remember exactly what happened, and they did not want anyone to know they were drinking or using drugs. Physically forced victims of sexual assault were more likely than incapacitated victims of sexual assault to select the remaining reasons for not reporting to law enforcement.

4.1.4 Other Post-Assault Actions and Consequences of Sexual Assault

Finally, sexual assault victims of both types were asked about actions they took as a result of the incident and consequences received by the assailant (see Table 4-5). A higher proportion of incapacitated sexual assault victims (59%) than physically forced sexual assault victims (31%) reported that they took no actions as a result of the incident. Among both types of victims, the most commonly reported action was to avoid the assailant (70% of physically forced sexual assault victims and 45% of incapacitated sexual assault victims). Fewer than 5% of incapacitated sexual assault victims reported taking any of the other actions. Physically forced sexual assault victims reported seeking psychological counseling (13%), moving their residence (10%), or dropping a class (9%). Additionally, nearly three-quarters of physically forced and incapacitated sexual assault victims reported symptoms of PTSD in the 30 days before the survey. Not surprisingly, given the very low percentage of victims who reported the incident to law enforcement, a very small number of victims reported that the assailant received disciplinary action from the university or was arrested, prosecuted, or convicted by the criminal justice system.

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Table 4-5. Consequences of Sexual Assault, by Assault Type, Unweighted Frequencies, Weighted Percentages

	Physically Forced Sexual Assault		Incapacitated Sexual Assault	
	<i>n</i>	% or Mean	<i>n</i>	% or Mean
Victim actions				
None	58	31.08	130	59.24
Avoided assailant	129	70.37	94	44.92
Dropped a class	16	9.09	6	2.83
Changed majors	7	4.82	1	0.87
Changed universities	9	5.67	4	1.93
Moved residence	15	9.91	8	3.94
Quit job	5	3.45	1	0.41
Sought a restraining order	5	3.57	0	0.00
Filed civil charges	1	0.80	0	0.00
Pursued criminal charges	7	5.14	1	0.60
Filed a grievance with the university	7	4.25	0	0.00
Sought psychological counseling	23	13.15	8	4.40
Other action	14	8.46	11	5.00
Victim health consequences				
Posttraumatic stress disorder	139	74.29	183	74.15
Depression scale (0–40, high worse)		16.27		16.27
Assailant consequences				
Received disciplinary action from university	5	2.81	0	0.00
Arrested, prosecuted, or convicted by criminal justice system	7	4.81	2	0.99

4.2 Perspectives of Campus Police and Service Providers

4.2.1 Prevalence of Sexual Assault

The 46 campus police and service provider staff who participated in the staff survey were asked to estimate the number of women who they believe were sexually assaulted, as well as the number of victims and perpetrators they worked with, during the 2008–2009 academic year (see Table 4-6). First, they were asked about the percentage of women they think were sexually assaulted at their university in the last academic year. Although the mean response was 19.61%, the values ranged from 1% to 100%. Respondents reported that their departments worked with 11 sexual assault victims, on average, and that they personally worked with 4 of the 11 victims, on average, during the referenced time period. Campus police were asked about sexual assault perpetrators and reported that, on average, their department worked with 3.4 sexual assault perpetrators and that they personally worked with 1.5 sexual assault perpetrators, on average.

Table 4-6. Staff Respondents’ Estimates of Prevalence of Sexual Assault During the 2008–2009 Academic Year

	Min	Max	Mean
Percentage of women you think were sexually assaulted at your university	1	100	19.61
Number of sexual assault victims your department worked with	0	40	10.54
Number of sexual assault victims you worked with	0	30	4.26
Number of sexual assault perpetrators your department worked with	0	9	3.43
Number of sexual assault perpetrators you worked with	0	8	1.50
Number of sexual assaults university reported under Clery Act	0	10	4.46

4.2.2 Reporting

Respondents were also asked to estimate how many of the undergraduate women who were sexually assaulted at their university during the 2008–2009 academic year reported the incident to campus law enforcement, other law enforcement, doctor’s office or medical facility, crisis center or victim services program, friend or family member, counselor or therapist, or women’s program or service (see Table 4-7). The majority of the respondents thought that none or very few victims reported to campus law enforcement (66.7%), other law enforcement (71.8%), a crisis center (52.6%), a counselor or therapist (51.3%), or a women’s program or service (52.6%). A higher proportion of respondents thought that at least some victims would report to a doctor (52.7%) or a friend or family member (79.5%). The campus police and service provider responses appear to correspond with the victims’ reports in the student survey—women are most likely to report the incident to a friend or family member and least likely to report to law enforcement.

Table 4-7. Percentage of Staff Respondents Estimating the Extent of Victims’ Reporting of Sexual Assault to Various Sources During the 2008–2009 Academic Year

	None	Very Few	Some	Most	Almost All	All
Campus law enforcement	2.6%	64.1%	28.2%	5.1%	0%	0%
Other law enforcement (city, county, state)	7.7%	64.1%	25.6%	2.6%	0%	0%
Doctor’s office or medical facility (either on or off campus)	10.5%	36.8%	47.4%	5.3%	0%	0%
Crisis center or victim services program (either on or off campus)	7.9%	44.7%	36.8%	10.5%	0%	0%
Friend or family member	2.6%	17.9%	41.0%	28.2%	10.3%	0%
Counselor or therapist	17.9%	33.3%	38.5%	10.3%	0%	0%
Women’s program or service	15.8%	36.8%	42.1%	5.3%	0%	0%

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Campus police and service provider staff were also asked why undergraduate women who are sexually assaulted may not contact a victim's, crisis, or health care center (see Table 4-8) or law enforcement (see Table 4-9). For the most part, responses from campus police and service providers about reasons for not contacting a victim's, crisis, or health care center or law enforcement align with those of the victimized student respondents.

Table 4-8. Percentage of Staff Respondents Indicating Agreement With Reasons That Sexual Assault Victims May Not Contact a Victim's, Crisis, or Health Care Center

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
They do not want anyone to know about it.	56.4%	41.0%	2.6%	0%	0%
They do not want to talk about it.	34.8%	41.3%	6.5%	2.2%	0%
They are embarrassed.	43.6%	46.2%	10.3%	0%	0%
They do not know what facilities or centers are available.	10.3%	28.2%	20.5%	35.9%	5.1%
They do not know how to contact these facilities or centers for assistance.	5.1%	25.6%	23.1%	41.0%	5.1%
They do not feel that they need assistance.	7.7%	51.3%	12.8%	25.6%	2.6%
They do not think it is serious enough to report.	2.6%	43.6%	12.8%	35.9%	5.1%
They do not really remember or know what actually happened.	7.9%	26.3%	23.7%	36.8%	5.3%
They think they are partially or fully responsible for what happened.	15.4%	61.5%	12.8%	7.7%	2.6%
They are afraid that the victim's, crisis, or health care center would contact law enforcement.	17.9%	53.8%	15.4%	10.3%	2.6%
They are afraid that the victim's, crisis, or health care center would contact their parents.	10.3%	56.4%	12.8%	20.5%	0%
They are afraid that the victim's, crisis, or health care center would file a claim with their insurance company.	2.6%	7.7%	15.4%	46.2%	28.2%
They think they would be treated poorly by the facility or center or that the staff would not be sensitive to their situation.	7.7%	25.6%	23.1%	33.3%	10.3%
They do not think that a female staff member or health care provider would be available.	2.6%	12.8%	12.8%	56.4%	15.4%
They do not think that a staff member or health care provider of their race/ethnicity would be available.	2.6%	17.9%	5.1%	48.7%	25.6%
They do not want other people to think they have a mental health problem.	8.1%	29.7%	16.2%	32.4%	13.5%
They do not want anyone to know they were drinking or using drugs.	28.9%	50.0%	13.2%	2.6%	5.3%

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Table 4-9. Percentage of Staff Respondents Indicating Agreement With Reasons That Sexual Assault Victims May Not Contact Law Enforcement

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
They do not want anyone to know.	51.4%	43.2%	2.7%	2.7%	0%
They are embarrassed.	40.5%	51.4%	5.4%	0%	2.7%
They are afraid of reprisal by the person who did it.	37.8%	54.1%	8.1%	0%	0%
They do not think it was serious enough to report.	5.4%	51.4%	8.1%	21.6%	13.5%
It is not clear that it is a crime or that harm was intended.	19.4%	44.4%	16.7%	5.6%	13.9%
They do not have proof that the incident happened.	16.2%	59.5%	8.1%	13.5%	2.7%
They do not really remember or know what actually happened.	10.8%	45.9%	13.5%	27.0%	2.7%
They think they were partly or fully responsible for what happened.	27.0%	56.8%	10.8%	2.7%	2.7%
They do not know how to report it.	2.7%	35.1%	27.0%	27.0%	8.1%
They do not think a female officer would be available.	8.1%	32.4%	24.3%	29.7%	5.4%
They do not think an officer of their race/ethnicity would be available.	0%	16.2%	10.8%	54.1%	18.9%
They do not think the police would think it was serious enough.	16.2%	37.8%	18.9%	21.6%	5.4%
They think they would be treated poorly by police, lawyers, or other parts of the justice system.	13.9%	55.6%	22.2%	5.6%	2.8%
They do not think anything could be done to the person who had sexual contact with them.	10.8%	54.1%	27.0%	8.1%	0%
They do not want to get the person in trouble.	27.0%	59.5%	5.4%	5.4%	2.7%
The person is a friend or acquaintance.	29.7%	70.3%	0%	0%	0%
They do not want anyone to know they were drinking or using drugs.	32.4%	62.2%	5.4%	0%	0%

Both students and staff commonly reported the following reasons for not reporting to a victim’s, crisis, or health care center: victims did not want anyone to know, they were embarrassed, they did not want to talk about it, they did not need assistance, and they did not think it was serious enough to report. However, the majority of campus police and service provider staff also agreed or strongly agreed with several reasons for nonreporting that were not frequently selected by victims in the student survey. These included victims’ feeling that they were partially or fully responsible, being afraid that the person to

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whom they reported would contact law enforcement, being afraid that the person to whom they reported would contact their parents, and not wanting anyone to know they were drinking or using drugs.

Similar to the findings above, both students and staff commonly reported the following reasons for victims' not reporting to law enforcement (see Table 4-9): they did not want anyone to know, were embarrassed, felt it was not serious enough, or thought they were partly or fully responsible for what happened. However, campus police and service provider staff may have overestimated the importance of the following considerations: victims' not remembering or knowing what actually happened, victims' thinking that they would be treated poorly by the criminal justice system, and victims' not wanting anyone to know that they were drinking or using drugs (each of which was identified by fewer than 10% of physically forced and incapacitated sexual assault victims).

4.2.3 Context of Sexual Assault Incidents

Campus police and service provider staff were presented with a list of potential characteristics of sexual assault incidents and asked to indicate how many of the sexual assault incidents at their university could likely be described by each characteristic (see Table 4-10). Staff respondents indicated that most or almost all of the victims knew the perpetrator, but a smaller number were on a date with the perpetrator. This corresponds to the student survey, in which 93% of physically forced sexual assault victims and 90% of incapacitated sexual assault victims knew the assailant, but only 21% of forced and 15% of incapacitated sexual assault victims reported being on a date with the perpetrator.

Regarding characteristics of the perpetrator, the vast majority of staff respondents believed the perpetrator was a student and was drinking or using drugs in at least some of the incidents, and more than half believed the perpetrator was a member of a fraternity in at least some of the incidents. For the most part, this aligns with the responses from the students. More than one-third of physically forced and incapacitated sexual assault victims reported that the assailant was a classmate or fellow student; however, fewer than 20% reported that he was a fraternity member. About twice as many incapacitated sexual assault victims (42%) as forced sexual assault victims (21%) reported that the perpetrator was drinking; fewer than 4% of both types of victims reported assailant drug use.

Regarding victim characteristics, a larger proportion of staff respondents believed that drinking was involved in the incidents than voluntary drug use, and more than half of the staff respondents believed that in very few or none of the incidents was the victim given a drug without her consent. Nearly one-third of staff respondents believed that the victim was unable to provide consent or stop what was happening because she was passed out, drugged, drunk, incapacitated, or asleep during most of the sexual assaults.

A large proportion of staff respondents believed that at least some of the sexual assaults occurred at a party or on campus. Finally, whereas more than half of the staff respondents believed that physical force or the threat of force was used, 40.5% believed that none of the sexual assaults involved a weapon and nearly half believed the victim was injured in none or very few of the sexual assaults.

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Table 4-10. Percentage of Staff Respondents Estimating the Number of Sexual Assault Incidents With These Characteristics During the 2008–2009 Academic Year

	None	Very Few	Some	Most	Almost All	All
Victim knew the perpetrator	0%	0%	8.1%	37.8%	48.6%	5.4%
Victim was on a date with perpetrator	0%	2.7%	54.1%	29.7%	13.5%	0%
Physical force (or the threat of force) was used	0%	13.5%	32.4%	27.0%	24.3%	2.7%
Perpetrator was a member of a fraternity	8.1%	29.7%	54.1%	5.4%	2.7%	0%
Perpetrator was drinking or using drugs	0%	2.9%	40.0%	20.0%	34.3%	2.9%
Victim was unable to provide consent or stop what was happening because she was passed out, drugged, drunk, incapacitated, or asleep	0%	13.5%	51.4%	27.0%	8.1%	0%
Victim was drinking	0%	5.4%	35.1%	35.1%	24.3%	0%
Victim was using drugs (voluntarily)	5.6%	30.6%	30.6%	19.4%	13.9%	0%
Victim was given a drug without her knowledge or consent	16.2%	45.9%	24.3%	5.4%	8.1%	0%
Occurred at a party	5.6%	16.7%	44.4%	16.7%	16.7%	0%
Occurred on campus	2.7%	8.1%	56.8%	29.7%	2.7%	0%
Involved a weapon	40.5%	43.2%	10.8%	5.4%	0%	0%
Victim sustained injuries	16.2%	32.4%	32.5%	10.8%	8.1%	0%
Perpetrator was a student	0%	2.7%	40.5%	40.5%	13.5%	2.7%

4.2.4 Attitudes

Campus police and service provider staff were then presented with a list of potential characteristics of sexual assault incidents and were asked to indicate whether the presence of the characteristic would make them more or less likely to believe a woman claiming she had been sexually assaulted (see Table 4-11). For each of the characteristics, at least half of the staff respondents indicated that that characteristic would not affect whether they would believe the woman. However, approximately half of the staff respondents indicated they would be slightly or much more likely to believe the woman in the following situations: alleged perpetrator had allegedly assaulted another woman last year, the woman sustained injuries from the assault, the woman sought medical treatment after the assault, or a rape kit was administered and evidence was collected.

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Table 4-11. Percentage of Staff Respondents Indicating Characteristics of Sexual Assault Incidents That Would Affect How Much They Believe the Woman

	Make You Much More Likely to Believe the Woman	Make You Slightly More Likely to Believe the Woman	Not Affect Whether You Believe the Woman	Make You Slightly Less Likely to Believe the Woman	Make You Much Less Likely to Believe the Woman
The woman was a freshman	13.9%	0%	83.3%	2.8%	0%
The woman was a senior	11.1%	2.8%	83.3%	2.8%	0%
The woman had a 4.0 grade point average (i.e., all A's)	8.3%	2.8%	88.9%	0%	0%
The woman had a 2.0 grade point average (i.e., C average)	8.3%	0%	91.7%	0%	0%
You knew the woman before she came to you	0%	16.7%	63.9%	0%	0%
The woman had previously stated that she was a victim of sexual assault	13.9%	11.1%	69.4%	5.6%	0%
The woman had been drinking before the alleged incident occurred	11.1%	13.9%	72.2%	2.8%	0%
The woman was drunk and passed out when the alleged incident occurred	13.9%	8.3%	66.7%	11.1%	0%
The woman had been smoking marijuana before the alleged incident occurred	8.3%	13.9%	72.2%	5.6%	0%
The alleged perpetrator was a student	11.1%	0%	88.9%	0%	0%
The alleged perpetrator was not a student	8.3%	0%	91.7%	0%	0%
Last year, the alleged perpetrator had allegedly assaulted another woman	22.2%	27.8%	50.0%	0%	0%
The woman did not know the alleged perpetrator	8.3%	0%	88.9%	2.8%	0%
The woman told you she previously had consensual sex with the alleged perpetrator	5.6%	11.1%	75.0%	8.3%	0%
The woman had been out on a date with the alleged perpetrator	8.3%	5.6%	86.1%	0%	0%
The woman was married to or in a committed relationship with the alleged perpetrator	2.8%	8.3%	83.3%	5.6%	0%
The woman sustained injuries from the assault	25.0%	25.0%	50.0%	0%	0%
The woman sought medical treatment after the assault	30.6%	13.9%	52.8%	0%	2.8%
A rape kit was administered and evidence collected	33.3%	13.9%	50.0%	0%	2.8%

4.2.5 Policies and Practices

Campus police and service provider staff were then presented with a list of strategies that some universities have in place to improve their responses to sexual assault incidents and better meet the needs of victims (see Table 4-12) and asked which ones their university used. If they said that their university had the policy or practice, they were subsequently asked how effective it was at improving the university's responses to sexual assault; if their university did not have the policy or practice, they were asked how effective they thought it would be. The most common practices and policies were having an official sexual assault protocol (86%); campus police regularly referring sexual assault victims to university victim's, health, or crisis centers (83%); campus law enforcement department maintaining a daily crime log that is available to the public (63%); and campus law enforcement providing annual records of reported crimes to the institution for inclusion in the annual security report (100%). For the most part, respondents thought that each of the policies or practices was (or would be) somewhat or very effective. The main exceptions include campus law enforcement maintaining a daily crime log and providing records of reported crimes for the annual security report, for which more than 20% of the respondents thought it was not (or would not be) at all effective.

4.2.6 Prevention Activities

In a similar format, staff respondents were asked about the presence and effectiveness of a variety of sexual assault prevention activities (see Table 4-13). The most commonly reported prevention activities were general crime prevention education for students (92%), blue light emergency boxes (86%), surveillance cameras on campus (81%), periodic checks of security systems (86%), and prohibiting alcohol at university athletic events (81%) and in campus housing (97%). For the most part, respondents thought that each of the prevention activities was (or would be) somewhat or very effective. There are, however, a few exceptions. More than 40% of staff respondents from universities that use surveillance cameras thought they were not at all effective. Approximately one in five staff respondents thought having staff or volunteers on call to escort students around campus and using blue light emergency boxes were not (or would not be) at all effective.

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Table 4-12. Number and Percentage of Staff Respondents Indicating Whether Their University Has Specific Policies and Practices and How Effective They Are (or Would Be)

Policies and Practices	Policy or Practice in Place?		Policy or Practice Is/Would Be...					
	n	%	Very Effective		Somewhat Effective		Not at All Effective	
			n	%	n	%	n	%
Official sexual assault protocol								
Yes	31	86.1	8	25.8	22	71.0	1	3.2
No or don't know	5	13.9	4	80.0	1	20.0	0	0
Sexual assault response team								
Yes	14	38.9	7	50.0	7	50.0	0	0
No or don't know	22	61.1	10	50.0	8	40.0	2	10.0
Require campus police staff to participate in sexual assault training								
Yes	16	44.4	6	40.0	9	60.0	0	0
No or don't know	20	55.5	19	100	0	0	0	0
Require student health or counseling staff to participate in sexual assault training								
Yes	19	52.8	13	77.2	5	27.8	0	0
No or don't know	17	49.3	15	88.2	2	11.8	0	0
Campus police regularly refer sexual assault victims to university victim's, health, or crisis centers								
Yes	30	83.3	22	73.3	8	17.4	0	0
No or don't know	6	16.7	4	66.7	2	33.3	0	0
University's victim's, health, or crisis centers regularly refer sexual assault victims to campus police								
Yes	19	52.8	10	52.6	9	47.4	0	0
No or don't know	17	47.3	5	29.4	10	58.8	2	11.8
Department maintains a daily crime log that is open to the public (LE only)								
Yes	5	62.5	1	20.0	3	60.0	1	20.0
No or don't know	3	37.5	0	0	2	66.7	1	33.3
Department provides annual records of reported crimes for inclusion in annual security report (LE only)								
Yes	8	100	2	25.0	4	50.0	2	25.0
No or don't know								
Department provides numbers of sexual assault reports for inclusion in annual security report (service provider only)								
Yes	8	33.3	5	62.5	3	37.5	0	0
No or don't know	16	66.6	8	53.3	2	13.3	5	33.3

Note: Respondents stating that the university had the policy or practice were asked how effective it is; those saying that the university did not have it were asked how effective they thought it would be. LE = law enforcement.

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Table 4-13. Number and Percentage of Staff Respondents Indicating Whether Their University Uses Specific Prevention Activities and How Effective They Are (or Would Be)

Policies and Practices	Policy or Practice in Place?		Policy or Practice Is/Would Be...					
	n	%	Very Effective		Somewhat Effective		Not at All Effective	
			n	%	n	%	n	%
General crime prevention education for students								
Yes	33	91.7	8	24.2	23	69.7	2	6.1
No or don't know	3	8.4	3	100	0	0	0	0
Self-defense training for students								
Yes	22	61.1	4	19.0	14	66.7	3	14.3
No or don't know	14	38.9	5	35.7	8	57.1	1	7.1
Staff or volunteers on call to escort students around campus								
Yes	23	63.9	8	34.8	11	47.8	4	17.4
No or don't know	13	37.1	5	38.5	4	30.8	4	30.8
Security desks in campus housing								
Yes	26	72.2	5	19.2	18	69.2	3	11.5
No or don't know	10	27.8	7	70.0	1	10.0	2	20.0
Blue light emergency boxes on campus								
Yes	31	86.1	9	30.0	15	50.0	6	20.0
No or don't know	5	13.9	2	40.0	3	60.0	0	0
Rape awareness and prevention programming for students in mixed-gender groups								
Yes	22	61.1	8	36.4	13	59.1	1	4.5
No or don't know	14	38.9	7	46.7	7	46.7	1	6.7
Rape awareness and prevention programming specifically targeting male students								
Yes	13	36.1	6	46.2	7	53.8	0	0
No or don't know	23	63.9	10	43.5	11	47.8	2	8.7
Surveillance cameras on campus								
Yes	29	80.6	7	24.1	10	34.5	12	41.4
No or don't know	7	19.4	5	71.4	2	28.6	0	0
Periodic checks of outdoor lighting, alarms, locks, etc.								
Yes	31	86.1	16	51.6	15	45.2	1	3.2
No or don't know	5	13.9	4	80.0	1	20.0	0	0
Prohibit sale and consumption of alcohol at campus athletic events								
Yes	29	80.6	14	48.3	12	41.4	3	10.3
No or don't know	7	19.5	4	57.1	2	28.6	1	14.3

(continued)

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Findings

Table 4-13. Number and Percentage of Staff Respondents Indicating Whether Their University Uses Specific Prevention Activities and How Effective They Are (or Would Be) (continued)

Policies and Practices	Policy or Practice in Place?		Policy or Practice Is/Would Be...					
			Very Effective		Somewhat Effective		Not at All Effective	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Prohibit sale and consumption of alcohol in campus housing								
Yes	35	97.2	15	42.9	16	45.7	4	11.4
No or don't know	1	2.8	1	100				
Sexual assault prevention programming delivered by students or peers								
Yes	17	47.2	8	50	8	50	0	0
No or don't know	19	52.8	10	52.6	9	47.4	0	0

Note. Respondents who said their university had the policy or practice were asked how effective it is; those who said their university did not have it were asked how effective they thought it would be.

Conclusions and Recommendations

5.1 Summary of Findings

One of the primary purposes of the HBCU-CSA Study was to determine the prevalence of various types of sexual assault for undergraduate HBCU women. It is clear that a sizeable proportion of the undergraduate HBCU women in our sample (9.6%) have experienced a completed sexual assault since entering college. Incapacitated sexual assault (6.2%) was slightly more prevalent than physically forced sexual assault (4.8%). There are no estimates in the literature on HBCU women to which these figure can be credibly compared, but it seems that the rates of sexual assault are slightly lower among HBCU women than among their non-HBCU counterparts: a previous study using the same methodology found that 13.7% of non-HBCU undergraduate women experience a completed sexual assault after entering college (Krebs et al., 2009). The difference between the HBCU and non-HBCU prevalence rates seems to be driven entirely by a difference in the rate of incapacitated sexual assault, which is likely explained by the fact that HBCU women drink alcohol much less frequently than non-HBCU women (Krebs, Barrick, & Lindquist, 2010).

The HBCU-CSA survey was done at a single point in time; our “since entering college” estimates do not reflect the sample’s entire collegiate experience, as the sample includes freshmen, sophomores, and juniors (and even seniors who had not completed their senior year). As a result, the true rate of sexual assault for undergraduate HBCU women during the entire college experience is likely higher. When we look at the subset of seniors at HBCUs, the data show that 163 women (16.1% of seniors) reported experiencing attempted or completed sexual assault after entering college. Among the seniors, 70 (6.9%) seniors had been victims of physically forced sexual assault since entering college, and 69 (6.6%) seniors were victims of incapacitated sexual assault after entering college. It is important to note, however, that although the cumulative prevalence estimates of sexual assault are understandably highest for seniors, the past-12-month prevalence estimates of sexual assault are higher for freshmen (5.5%) and sophomores (8.0%) than juniors (4.0%) and seniors (3.7%). This pattern suggests that HBCU women who are victimized during their college careers are most likely to be victimized during their freshman or sophomore years, which is consistent with a recent study that employed a convenience sample of university women and found that 84% of the women who reported sexually coercive situations experienced the incident during their first four semesters on campus (Gross et al., 2006).

Our multivariate analyses to identify factors associated with experiencing sexual assault among undergraduate HBCU women indicate that several factors are differentially associated with the various types of sexual assault. Specifically, Hispanic women were more likely than non-Hispanic women to be victims of physically forced sexual assault but not incapacitated sexual assault. Victims of physically forced sexual assault were more likely to report not liking or feeling neutral toward their school, attending fraternity parties monthly, and experiencing higher levels of intimate partner violence. In contrast, none of these risk factors were significantly associated with incapacitated sexual assault. Scoring higher on the

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depression scale and getting drunk more frequently were associated with incapacitated (but not physically forced) sexual assault. Interestingly, having been a victim of forced sexual assault before entering college was a risk factor for being a victim of forced (but not incapacitated) sexual assault after entering college, and having been a victim of incapacitated sexual assault before entering college was a risk factor for being a victim of incapacitated (but not forced) sexual assault after entering college. This is consistent with the CSA Study, which also found that the risk posed by previous victimization is specific to the type of victimization experienced. In addition to these type-specific risk factors, some risk factors were consistent across sexual assault types. For example, being a member of a sorority, having sex with at least six men since entering college, experiencing symptoms of PTSD, and ever accepting a drink from a stranger were risk factors for both forced and incapacitated sexual assault.

While statistical analyses of differences in the context, consequences, and reporting of sexual assault were not possible given the small number of victims in each category, descriptive analyses suggest that differences exist between forced and incapacitated sexual assault. For example, nearly twice as many forced sexual assaults were perpetrated by a dating partner or spouse. Victims of forced sexual assault were also more likely to be on a date with the assailant at the time of assault. Incapacitated sexual assaults, on the other hand, were more likely to be perpetrated by a member of a fraternity and to involve more than one assailant. Not surprisingly, victims of incapacitated sexual assault were considerably more likely to have been drunk and using drugs before the assault. Incapacitated assaults were also more likely to happen at a party and between midnight and 6 a.m., whereas forced sexual assaults were more likely to happen at the victim's living quarters and between 6 p.m. and midnight. Forced sexual assaults were more likely to involve a weapon and result in injury. Victims of forced sexual assault were more likely to consider the incident rape.

Victims of forced sexual assault were more likely to report the assault to friends or family, crisis centers, and law enforcement and were less likely to regret reporting the assault than incapacitated sexual assault victims who reported their assaults. Overall, victims of forced sexual assault were also more likely to make changes in their lives in reaction to the assault, such as dropping a class, moving, or changing majors, and were more likely to seek psychological counseling as a result of the victimization.

Responses from campus police and service providers indicate that their perceptions about sexual assault frequently align with what was reported in the student survey. For example, responses by campus police and service providers about the reporting of sexual assault correspond with the victims' reports in the student survey and they also appeared knowledgeable about the reasons why victims may not contact a victim's crisis, or health care center or law enforcement. Regarding the context of sexual assault, staff responses corresponded with student responses with regard to characteristics such as whether the victim knew the assailant and characteristics of the perpetrator and victim.

For the most part, campus police and service providers reported that particular victim characteristics would not make them more or less likely to believe a woman claiming she had been sexually assaulted; however, there were several characteristics that approximately half of the staff respondents indicated would make them more likely to believe the victim (e.g., alleged perpetrator had allegedly assaulted another woman last year, the woman sustained injuries from the assault, the woman sought medical treatment after the assault, or a rape kit was administered and evidence was collected).

The most common practices and policies that universities have in place to improve their responses to sexual assault incidents and better meet the needs of victims were having an official sexual assault protocol; campus police regularly referring sexual assault victims to university victim's, health, or crisis centers; campus law enforcement maintaining a daily crime log that is available to the public; and campus law enforcement providing annual records of reported crimes to the institution for inclusion in the annual security report. The most commonly reported prevention activities were general crime prevention education for students, blue light emergency boxes, surveillance cameras on campus, periodic checks of security systems, and prohibiting alcohol at university athletic events and in campus housing.

5.2 Study Implications

The HBCU-CSA Study results carry many social and policy implications. Most importantly, because the majority of sexual assaults experienced by HBCU women are associated with the use of alcohol or other drugs, one implication is the need to address the risks of substance use, particularly the risk of drinking to excess, in sexual assault prevention and risk reduction messages presented to students. For many students, college offers an environment notorious for encouraging excessive drinking and experimenting with drugs. Although many students understand the risks associated with alcohol and drug use, not all students fully appreciate how alcohol affects their ability to assess risk in the moment or to control the situation. Students may also be unaware of the image of vulnerability projected by a visibly intoxicated individual. Despite the link between substance use and sexual assault found in this study, and the well-established link found in the literature, it appears that few sexual assault prevention programs address the relationship between substance use and sexual assault. In a review of 15 university-based prevention interventions conducted between 1994 and 1999, only 3 included references to alcohol use (Bachar & Koss, 2001). This suggests the need for sexual violence prevention and risk reduction programs that include a discussion about the potential consequences of alcohol use. Additionally, bystander intervention programs that educate about both drinking and sexual violence issues may increase student awareness of these issues and empower students help prevent sexual assault incidents from occurring. In delivering these messages, however, it is important not to blame the victim by suggesting that a woman's alcohol or drug use makes her responsible for her victimization.

Another implication worth mentioning is that DFSA seems to be extremely rare among HBCU students. Although universities should continue to be mindful of the DFSA phenomenon and educate students about the potential dangers and consequences of clandestinely giving someone a drug or being given a drug, an overemphasis on DFSA takes attention away from the true nature of sexual assault on HBCU campuses. Most sexual assaults occur either after voluntary alcohol consumption by the victim and assailant or via physical force by the perpetrator. Universities should fully and directly address the dangers of alcohol use rather than focusing on the rare phenomenon of DFSA and coercive drug ingestion.

Finally, victims of sexual assault reported their experiences to crisis centers and law enforcement at very low rates. These results suggest that perhaps something can and should be done to encourage or increase reporting so more perpetrators are prosecuted, more victims receive the services they need, and the prevalence of sexual assault is reduced. When reports of sexual assault are handled properly and effectively, the process can be important to the recovery and healing of the victim as well as to the

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identification, punishment, and deterrence of perpetrators. Universities and law enforcement should thus seek out and implement strategies that improve relationships among students, student services, and law enforcement; encourage the reporting of sexual assault experiences; and ensure that reports of sexual assault are handled effectively. One option might be to enable students to report their sexual assault experiences confidentially, anonymously, or both. Other studies have suggested that this approach may be an effective way to increase reporting (Karjane et al., 2005).

5.3 Study Limitations

Although the HBCU-CSA Study captured important new data on the sexual assault experiences of undergraduate HBCU women and generated many interesting and useful findings, the study is not without limitations. First, the data are cross-sectional in nature, which precludes us from knowing exactly how variables and findings relate to each other temporally, particularly with respect to risk factors for, and consequences of, sexual assault. For example, the frequency with which undergraduate HBCU women drink alcohol is associated with their risk for being victims of sexual assault. However, it is possible that victims of sexual assault increase the frequency with which they drink alcohol as a result of their victimization, in which case frequency of drinking alcohol is not a risk factor for, but a consequence of, experiencing sexual assault.

Another limitation of the HBCU-CSA Study, inherent in Web-based surveys, is that the response rate was low at 25%. Other modes of data collection may have produced a higher response rate, but they are considerably more expensive and time-consuming. Additionally, other modes would not have given respondents the same degree of anonymity and privacy and thus could have reduced data quality. Thus the downside associated with a low response rate may have been offset by the benefits of cost-efficiency and data quality. It is also important to mention that the nonresponse bias analyses were encouraging and that we were able to weight the data to adjust for the minimal nonresponse bias observed. It is also encouraging that the data collected on the prevalence, nature, and reporting of sexual assault seem to have strong face validity.

5.4 Conclusions

The HBCU-CSA Study generated many useful data on the sexual assault of undergraduate HBCU women that have not previously been presented in the literature. Sexual assault is a serious social, public safety, and public health problem that affects men and women across the country. Some evidence suggests that university students may be at increased risk for sexual assault, particularly certain types of sexual assault. HBCUs and universities in general may be able to help reduce the prevalence of sexual assault and improve the resources for and the responses to victims of sexual assault by

- better educating male and female students about what constitutes sexual assault, how prevalent it is, when it is most likely to happen, factors that seemingly put them at greatest risk of being assaulted, and characteristics of high risk situations;
- including information about the use and abuse of alcohol and how it can increase one's risk for sexual assault in all prevention and education messages;

- including information about risk factors for both physically forced and incapacitated sexual assault;
- making sure all students are aware of the various on- and off-campus resources available to victims of sexual assault and are informed about how to report a sexual assault to law enforcement;
- improving outreach efforts to increase the number of victims who seek out crisis, health care, or law enforcement services;
- ensuring that crisis centers and law enforcement have appropriate protocols and staff in place to accommodate the needs of victims of sexual assault as well as ensuring that campus police and service providers have received adequate training related to the needs of sexual assault victims; and
- educating students about what they should do if they witness a potential sexual assault, experience a sexual assault, or have a friend who is sexually victimized.

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