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## Understanding Barriers to Sexual Assault Reporting Among Undergraduate Sorority Women

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# UNDERSTANDING BARRIERS TO SEXUAL ASSAULT REPORTING AMONG UNDERGRADUATE SORORITY WOMEN

Isabella Rivera

## INTRODUCTION

This study examined the correlations between sexual health and sexual assault knowledge, and the disclosure of sexual assault at St. John's University amongst undergraduate sorority students (ages 18-24). The 2019 St. John's Clery report states that on the Queens campus there were four documented rapes per year for the years 2016 and 2017, and two documented rapes for the year 2018 (St. John's University, n.d.a.). Despite this, a campus climate survey revealed that 266 out of the 1332 student surveyed reported an incidence of sexual violence during the past year (Acevedo, 2019, February 20). It is unclear whether all victims formally disclosed their assault to the university or chose to disclose informally to friends and family. However, many are publicly disclosing it now through informal channels such as social media hashtags (#survivingSJU) on twitter. This prompts the question as to what causes the low numbers for reporting and what can be implemented to ensure students are well educated and comfortable with the university policies surrounding sexual assault.

Sexual assault can be defined as "any oral, vaginal, or anal penetration that is forced upon another, regardless of sex and sexual orientation, using any object or body part" (Aronowitz et al., 2012). Sexual assault is a problem that disproportionately affects women with higher rates during the college attendance years. Of those who have experienced sexual assault, 91% are women and 9% are men (NSVRC, 2015). Statistically, 1 out of every 5 women will be raped (NSVRC, 2015). Over the

four years of college, 21.3% of undergraduate women are victims of sexual assault (RAINN, n.d.). Of the women who were raped in their lifetime, 37% of those women experienced their first rape between the ages of 18-24, which are predominantly college years (Sabina & Ho, 2014). Sexual assault across all demographics is the most under-reported crime as only 37% of sexual assaults are reported to police (Rennison, 2002).

These findings are indicative of a serious national problem. As compared with other undergraduate women, sorority women are 74% more likely to experience rape (Fierberg & Neely, 2018).

While many catholic universities have similar stances about premarital sex and contraception, others do include more comprehensive sexual health resources and more integrated sexual assault education programs. For example, Boston College, a Jesuit and Catholic school, provides STI testing for its students (Dromgoole, 2011). The University of San Francisco began a program called "Think About it" which is a digitally interactive awareness program that is both pastoral and conscious of the reality of students' lived experiences (Dromgoole, 2011). A course currently offered at Duquesne University recognizes the civic issue of sexual violence and the "moral center of higher education" which teaches sex education and sexual violence in the scope of ethical education (Vasko, 2017). Research conducted at the University of Notre Dame discusses the risk and reward of

**"Sexual assault is a problem that disproportionately affects women with higher rates during the college attendance years."**

teaching about sexual assault on catholic campuses (Freitas, 2017). Freitas states that catholic universities may be better suited to respond to Title IX than non-religious affiliated schools since religion and spirituality can become the “locus of chance, empowerment, and prevention” (Freitas, 2017).

This research aimed to understand the number of women who have disclosed their assault formally or informally, develop an understanding of baseline knowledge about sexual health and sexual assault for women in sororities, and discern what the barriers are to reporting. The goal of this project was to increase knowledge about sexual health and sexual assault in general, to improve the rates of sexual assault reporting amongst women in sororities. There are currently many possible barriers that inhibit victims from formally reporting, including overall accessibility to resources, emotional reasoning, race, gender, and sexuality (Seibold-Simpson et al., 2018). Along with accessibility, acceptability can be a major reason why students do not report, as they are unwilling to face the negative emotions, consequences, contextual characteristics, minimization of the impact of their assault, or minimization of the detrimental behavior that occurred towards them (Holland, 2017). Additionally, due to the presence of alcohol, many sorority women do not believe what happens to them constitutes sexual assault (Worthen & Wallace, 2017; Minow & Einolf, 2009). Concurrently, if sorority women are more knowledgeable about their personal definitions of sexual health and sexual assault, they will be able to better prepare and protect themselves in situations, including those involving alcohol.

## **METHODS**

### **Participants**

The participants were St. John’s University Queens campus Panhellenic Sorority women ages 18-24 who were chosen based upon their affiliation with sororities. Chapter presidents were contacted with

a set script in order to disseminate the survey. The only requirement to participate in the survey and pilot program is that they were above 18, the legal age to consent. Informed consent was obtained via the first question in the survey which explained the contents of the questions, purpose of this research, ability to stop at any time without repercussions, and contact information.

The pilot project was implemented on December 30th, 2020 with the Beta Omega Chapter of Delta Phi Epsilon at St. John’s University. The pilot was composed of a 1-hour workshop for between 15-25 girls that encompassed sexual health and sexual assault education. The workshop covered the definition of sexual health, benefits and importance of sexual health education, methods of contraception, Frequently Asked Questions (FAQs) about contraception, definition of consent, definition of sexual assault, statistics about sexual assault as a whole, statistics about sexual assault in Greek life, statistics from the survey conducted in this research, information regarding bystander intervention, chapter plans, confidential resources on campus, non-confidential resources on campus, confidential resources off campus, and non-confidential resources off campus.

### **Data Collection**

Primary data collection, to understand the scope of the problem and demographics of participants, was completed in April 2020. Secondary data collection began 9/1/2020 and ended 9/10/2020. In the second survey, participants were asked to define what constitutes sexual assault in the presence of drugs and alcohol which yielded five major categories; inability to properly consent as a result of an altered mental state from intoxication (15 mentions), lack of consent (9 mentions), unwanted encounters (5 mentions), no responses (4 mentions), and forced or pressured actions (3 mentions). Due to the pandemic and quarantine, the survey was completed online along with recruitment methods. For this, a poster was created that was shared to the researcher’s Instagram page explaining the scope of the survey along with the link to access it. The research consisted of anonymous Qualtrics survey questions. All

questions were optional. The write-in questions may describe personal situations, education, and sexual assault experiences, if desired by the participant.

The effectiveness of the pilot project was measured using an entrance and exit survey via Google Polls for all participants in attendance. Both the entrance and exit surveys consisted of the same questions with an additional question in the exit survey pertaining to feedback. It consisted of likert scales, multiple choice, and select all that apply items. Recruitment methods were not used for the pilot project.

### Data Analysis

Quantitative data was analyzed using tools within Qualtrics in an attempt to establish trends. Graphics were derived from said quantitative data. Qualitative data was downloaded and analyzed by hand to look for keywords and phrases to establish trends.

Pilot Project Data was analyzed using Google Polls, which automatically presents the data in various graphical forms.

### Strategies Implemented to Avoid Bias in Data Collection and Analysis

We employed numerous strategies in order to reduce bias. We ensured that the survey questions did not include the research hypothesis bias. Participants were allowed to use free text instead of choosing from a set list of answers that could be leading. We then analyzed answers with a word cloud as well as by hand to look for repeating mentions of answers. The survey questions were created based on continuous feedback from the faculty mentor and graduate research assistant at the Ozanam Scholars program to ensure that the questions did not have any implicit bias.

## RESULTS

In the first survey, the top three answers for sexual health education of participants' education prior to college was "Nothing" (32%), "STD's/STI's" (19%), and "abstinence" (13%). Most

of the participants (56.7%) did not remember the contents of "Sexual Assault Prevention for Undergraduates," a required online module for incoming freshman students. 78.1% of participants stated that the course was "definitely not" or "probably not" effective. The most common response to the statement "Please list the sexual health knowledge and sexual assault knowledge that was learned at the University," was "none" with 18 individual mentions. Additional answers to said question can be shown in a word cloud derived from answers written by participants (Figure 1). The most common responses to "please list the resources that are available on campus" were "Center for Counseling and Consultation (CCC)" (20), "unsure" (13), and "Public Safety" (11).

**Figure 1.**

*A word cloud derived from the results of the question "Please list the sexual health knowledge and sexual assault knowledge that was learned at the University."*



Participants did not know how to report sexual assault on campus, with "I don't know" (39.7%) being the top answer. More than a third (36.9%) of participants indicated that they had been sexually assaulted while being a student and the majority (79.2%) of those participants did not report their sexual assault formally to public safety or the police. A majority of the participants

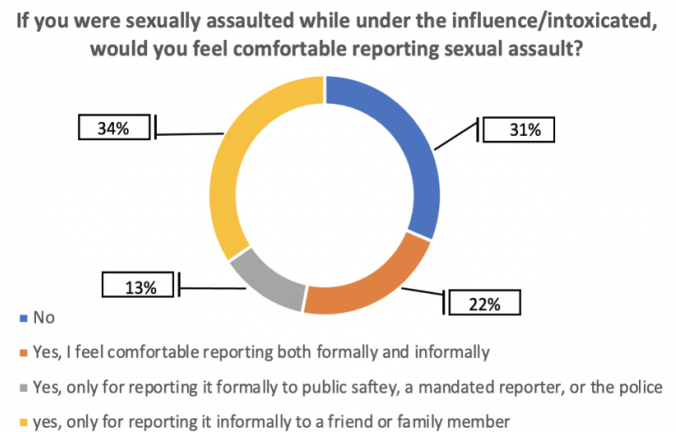
(79.7%) also stated that they know someone who was sexually assaulted while being an undergraduate student. Participants also indicated that knowing about their friend's experience of reporting made them "less likely" to report (56%). Participants who did not feel comfortable formally reporting to the university cited "distrust in the university" (21.7%), "mishandling of past student cases" (18.9%), "victim shaming" (18.9%), "stigma associated" (16.2%), "assailants are not held accountable" (8.1%), "N/A" (8.1%), "lack of protection for the victims" (5.4%), and "fear of not being believed" (2.7%) as reasons.

In the second survey, participants indicated the average number of drinks that students believed one was intoxicated was 3.4 drinks although 24% of participants stated that "it depended on the person." The average number of drinks after which participants believed one was no longer able to consent was 4.36 drinks. The majority of participants (97%) believed that non-consensual sex is sexual assault, while only 47% of participants noted that one can not properly consent to sex while intoxicated from an unnamed substance.

When asked to identify when participants know they are too intoxicated to consent, the top 2 answers were "decrease in mental processing abilities" (57.6%) and "increase in physical imbalances" (30.3%). When asked to identify when participants know their friends are too drunk the top 3 answers were "decrease in mental processing abilities" (35%), "increase in physical imbalances" (30%), and "personality changes" (32.5%) The majority of participants believed that intoxication of both parties vs. one party changes consent. Participants were also asked to state who they would feel comfortable reporting to if they were sexually assaulted while under the influence/intoxicated. 31% of the participants stated they did not feel comfortable reporting to anyone, 21.8% of participants stated they felt comfortable reporting "formally and informally" to the university, 12.5% of participants stated they only felt comfortable "formally reporting to public safety, a mandated reporter (such as an

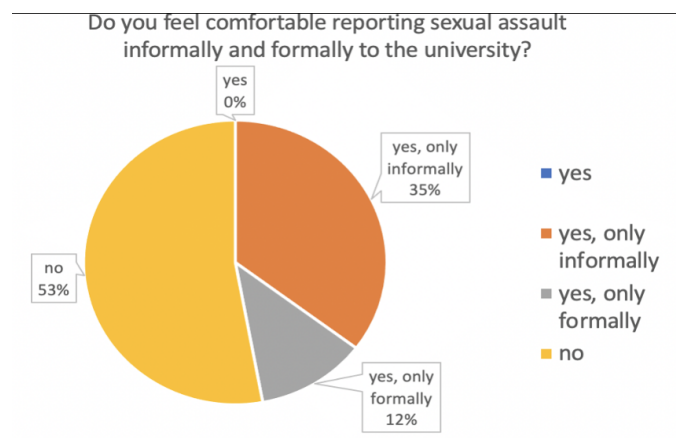
resident assistant (RA), or the police," and 34.4% of participants stated they only felt comfortable "reporting informally to a friend or a family member" (Figure 2).

**Figure 2:**  
*Responses to "If you were sexually assaulted while under the influence/intoxicated, would you feel comfortable reporting sexual assault?"*



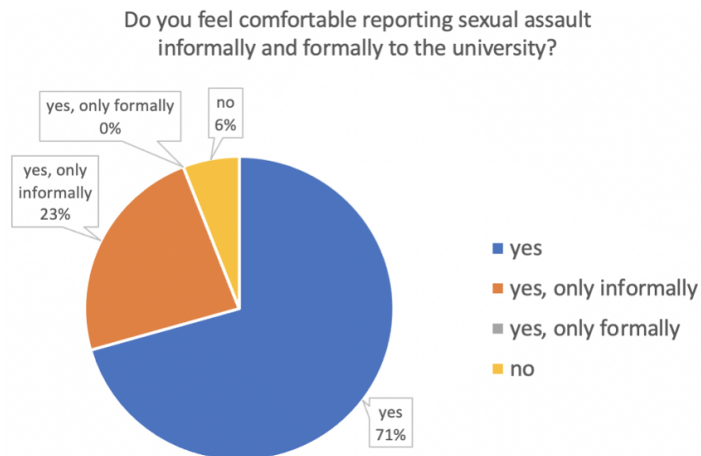
From the Pilot Project, an unqualified yes increased 0% to 70.6% pertaining to the percentage of participants who felt comfortable reporting formally or informally to the university between the entrance and exit polls. It is important to note that in the entrance survey, 11.8% of participants stated they would only report formally, 35.3% stated they would only report informally, and 0% states they would report formally or informally (Figure 3 and Figure 4).

**Figure 3:**  
*Pilot Entrance Survey Results*





**Figure 4:**  
*Pilot Exit Survey Results*



In terms of sexual health knowledge, the average prior to the workshop was 6.53/10 and post was 8.82/10. The average sexual assault knowledge was 6.24/10 prior to the workshop and 9.24/10 after. For the identification of the confidential sources (informal reporting), there were four correct choices, Sexual Violence Outreach, Awareness, and Response (SOAR), CCC, Sexual Assault and Violence Intervention Program (SAVI), and Womankind. In the entrance poll, only 53.5% of participants identified SOAR, 66.7% identified CCC, 60% identified SAVI, and 33.3% identified Womankind. In the exit poll 100% identified SOAR, 82.4% identified CCC, 82.4% identified SAVI, and 94.1% identified Womankind. The five non-confidential sources (formal reporting) are Public Safety, Reporting to the Resident Advisor (RA), Local Law Enforcement, Title IX coordinator, and St. John’s Faculty and Staff. In the entrance poll, 75% identified Public Safety, 50% identified Reporting to the RA, 56.3% identified Local Law Enforcement, 18.8% identified Title IX Coordinator, and 43.8% identified St. John’s Faculty and Staff. In the exit poll, 100% identified Public Safety, 94.1% identified reporting to the RA, 94.1% identified Title IX Coordinator, 76.5%, and 94.1% identified St. John’s Faculty and Staff.

## DISCUSSION

In the first survey, a clear lack of knowledge pertaining to sexual health, comfort with disclosing to campus, and knowledge of resources was demonstrated. This was primarily shown by the response to the perceived effectiveness of “Sexual Assault Prevention for Undergraduates” in which the majority of the students did not believe it to be effective or recall the contents. This is indicative of the fact that the one instance of education provided by the school is not sufficient for the student body.

Based upon “#survivingstu” and other social media campaigns by St. John’s University students, there is a clear distrust of the university and how they handle cases of sexual assault. The responses to questions pertaining to sexual assault at St. John’s University did reflect that. Concurrently, 36.9% of participants, higher than the national average of 21.3% of undergraduate women, had experienced sexual assault while being a student at St. John’s University (RAINN, n.d.). However, this is in alignment with the fact that “sorority women are 74% more likely than other college women to experience rape” (Fierberg & Neely, 2018).

Participants were asked the likelihood of them reporting sexual assault to the university. Despite past mishandled cases that were continuously spoken about in the write-in section, 43.3% of students responded that they would be either “extremely likely” or “somewhat likely” to report their assault to the university. However, 38.4% of respondents stated they were or “extremely unlikely” or “somewhat unlikely” to disclose to the university. The explanation for those who would not were in alignment with past studies that illustrated barriers to reporting.

The second survey identified the student body’s thoughts about consent in relation to intoxication. It depicted the students’ varying beliefs about consent in the presence of drugs and alcohol. There were many contradicting answers as intoxication varies from person to person. Despite this, participants were able to identify the neurological,

physical, and general disposition signs of someone who is intoxicated. The point of contention occurs in attempting to define participants' ideals surrounding intoxication and whether that alone is enough to disqualify the ability to give consent.

While participants stated the average number of drinks that a person is intoxicated is 3.4, the number of drinks that they deemed one "unable to consent" is 4.36. This space of one drink illustrates that participants do not necessarily associate "intoxication" with inherent decreased mental and physical capacities. They believe that it is a point past intoxication in which a person is deemed unfit to decide for themselves. This response could be a result of the lack of a proper understanding of the definition of intoxication and the culture of binge drinking surrounding college students.

One of the main takeaways from the research was that the student body was largely unaware of the resources on campus and their differentiation. As demonstrated by the entrance and exit polls, the pilot project resulted in an increase in sexual health and sexual assault education that directly correlated to the willingness to disclose assault to the university formally or informally. This supports the hypothesis that an increase in sexual health and sexual assault education positively correlates to a student's comfort level with reporting to the university. Initiatives such as targeted educational workshops, especially for sorority women, may aid in bridging the gap between the university and student-reported numbers. We observed a direct correlation between the increase of rated knowledge and the percentage of those who stated they would report from pre- and post-workshop.

As seen by these results, it is clear that undergraduate students in Greek life at an urban University do not have a good understanding of what resources are available in the event of a sexual assault, and how they can seek help. In the entrance survey, identification of the non-confidential and confidential sources was largely irregular. The identification of confidential and non-confidential sources became more streamlined

in the exit survey. In conjunction with students rating their sexual assault knowledge as higher, this was seen by the results of differentiating between confidential and non-confidential resources. In this set of results, 100% of participants identified SOAR as a confidential source. This is an extremely important revelation as SOAR is the office on campus specifically designed and tasked with sexual assault and bystander prevention at the university.

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Isabella Rivera graduated St. John's University in May 2021 Summa Cum Laude with a bachelor's in Biology and minors in Chemistry and Social Justice. Throughout her four years in the Ozanam program, Isabella's passion for women's sexual health and sexual assault education has been fortified while learning the importance of community involvement. Isabella is currently working as a medical assistant and studying for her Medical College Admission Test. She plans to apply to medical school this year and hopes to become an Obstetrician-Gynecologist in the future.