



Sexuality Education, Sexual Communication, Sexual Assault Knowledge, Rape Myth Acceptance, and Sexual Assault Experience among Deaf and Hard of Hearing College Students

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INTRODUCTION



Definitions I

- Sexuality Education: sexuality information learned formally and informally throughout life
- Sexual Communication: the ability of an individual to state her/his accurate sexual behavioral intentions openly with a partner--wanted and unwanted sexual activity
- Sexual Assault Knowledge/Rape Myth Acceptance: attitudes and beliefs about rape, rape survivors, and rapists that are generally false yet widely and persistently held...creating a climate hostile to rape survivors
- Sexual Activity: consensual sexual behaviors/acts



Definitions II

- Sexual Assault: a wide range of unwanted, pressured, coerced, or forced sexual acts without the consent of a person
- Rape: force or incapacitation, non-consent, and sexual penetration
- Consent: when both partners want to and agree to the sexual activity that is occurring--saying “yes”
- Non-consent: saying “no,” not saying “yes,” use of alcohol, being convinced, coerced, threatened, or forced to participate in sexual activity
- Date Rape (Acquaintance rape): a rape committed by a person the survivor knew
- Survivor: a positive term used to empower victims of sexual assault or rape
- Offender (Perpetrator): a person who forced or coerced another to participate in sexual behaviors against their will



Background

- Deaf and Hard of Hearing individuals were found to be at higher risk for sexual assault compared to their hearing peers
 - 50 – 83% of Deaf individuals reported experiencing sexual assault in their lifetime
 - Deaf females experience sexual assault more often than Deaf males
- Deficit of accurate sexual health and sexual assault information
 - Disproportionate and insufficient access to sexuality education
 - Formal and Informal
 - Lack of sexual communication skills
 - Miscommunication about sex a risk factor for sexual assault
 - Rape myth acceptance attitudes (acceptance of sexual myths)



Rationale for the Research

- Deficiency in published sexual assault studies regarding Deaf and Hard of Hearing individuals
- What we DO know:
 - Deaf and Hard of Hearing individuals are more disadvantaged than their hearing peers
 - Limited sexuality education and lower levels of knowledge
 - Communication and language barriers
 - Experience higher rates of sexual assault
 - Deaf and Hard of Hearing college students represent one of the most vulnerable communities in regards to sexual assault
 - Hearing status, gender, and age
 - Sexuality education, sexual communication, and rape myth acceptance



Research Question

- Is there a relationship between sexuality education, sexual communication, rape myth acceptance, sexual assault experience, gender, and years in college among Deaf and Hard of Hearing college students?
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Research Hypotheses I

- Hypothesis a: Deaf and Hard of Hearing students with less formalized sexuality education will demonstrate lower levels of sexual communication than those with more formalized sexuality education.
 - Hypothesis b: Deaf and Hard of Hearing students with less formalized sexuality education will demonstrate higher levels of rape myth acceptance than those with more formalized sexuality education.
 - Hypothesis c: Deaf and Hard of Hearing students with lower levels of sexual communication will report having experienced higher rates of sexual assault than those with higher levels of sexual communication.
 - Hypothesis d: Deaf and Hard of Hearing female students will report having experienced higher rates of sexual assault than Deaf and Hard of Hearing male students.
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Research Hypotheses II

- Hypothesis e: Deaf and Hard of Hearing male students will demonstrate higher levels of rape myth acceptance than Deaf and Hard of Hearing female students.
 - Hypothesis f: Deaf and Hard of Hearing college juniors and seniors will demonstrate lower rape myth acceptance than Deaf and Hard of Hearing college freshmen and sophomores.
 - Hypothesis g: Deaf and Hard of Hearing students with lower levels of sexual communication will demonstrate higher levels of rape myth acceptance than those with higher levels of sexual communication.
 - Hypothesis h: Deaf and Hard of Hearing students who reported having experienced sexual assault will demonstrate higher levels of rape myth acceptance than those who have not experienced sexual assault.
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The Social Cognitive Theory

- Reciprocal determinism—continuous interaction between the characteristics of the person, behaviors, and the environment
 - Environment: Rape myth acceptance and sexuality education (formal and informal)
 - Behaviors: Sexual assault experience, sexual activity, and sexual communication
- Modeling—learning and acquiring behaviors by observing others’ actions and outcomes (positive and negative)
 - Sexuality education (formal and informal) and sexual communication
- Expectations—beliefs about the likely results of an action (anticipated outcomes—precedes the behaviors)
 - Sexuality education, sexual communication, and sexual assault experience
- Behavioral capacity—knowledge, education, and skills to perform a behavior
 - Sexuality education (formal and informal) and sexual communication skills—affects on sexual assault experience



METHODS



Sampling Procedures/ Data Collection

- Deaf and Hard of Hearing undergraduate students
 - Cross-sectional online survey via a nonprobability convenience sampling method
 - Sample recruitment
 - Facebook announcements
 - Flyers in academic and residential buildings
 - Blackboard announcements
 - Booths set up with laptops
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Measures/Scales I

- **Sexual Communication Survey (SCS)**
 - Perception of respondent's own communication regarding sexual intentions with a partner
 - 21 8-point Likert scale items
 - **Rape Myth Acceptance Scale (RMAS)**
 - Attitudes regarding rape myths
 - 13 Likert scale items
 - **Sexual Experience Survey (SES)**
 - Assesses experiences of unwanted sexual behaviors
 - 10 scale items
 - 4 additional adapted items to measure consensual sexual experiences of respondents
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Measures/Scales II

- Sexuality Education
 - 5 5-point Likert scale items: perceptions of how in-depth or complete each students' sex education experience has been in:
 - Elementary school
 - Middle school
 - High school
 - College
 - Overall
 - Formal and informal sources of sexuality education (i.e., friends, sex education, parents, media)



Procedures

- Online survey through GoogleDocs
 - Completely anonymous
- Informed consent form
- Readability of Instrument
 - Small group of Deaf and Hard of Hearing students
 - Development and readability of instrument to ensure comprehension
 - Revisions to instrument based on 1-on-1 feedback from students
 - Group discussion of revised instrument
 - Online review and field test of instrument
 - Flesch Reading Ease formula and Flesch-Kincaid Grade Level formula
 - Standard level of Reading Ease and 8th Grade Reading Level



RESULTS /DISCUSSION



Sample Characteristics

- 371 respondents
 - 360 Deaf and Hard of Hearing students
 - Well above required sample size for adequate power
 - Required sample size—200
 - Response rate—approximately 38%
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Demographic Characteristics

Demographics		n	%
Gender	Female	210	58
	Male	150	42
Age	18	70	19
	19	49	14
	20	55	15
	21	29	8
	22	29	8
	23	32	9
	24	21	6
	25 +	75	21
High School Attended	Mainstream School	145	40
	School for the Deaf	215	60
Year in College	Freshman	101	28
	Sophomore	94	26
	Junior	51	14
	Senior	114	32
Race / Ethnicity	White / Caucasian	242	67
	Black / African-American	44	12
	Asian / Pacific Islander	20	6
	Latino / Hispanic	43	12
	Native American / Alaskan Native	3	1
	Other	8	2
Sexual Orientation	Exclusively Heterosexual	239	66
		31	9
		27	8
		19	5
	Exclusively Homosexual	44	12

- Sample demographics similar to overall Gallaudet University population
 - Gender
 - Gallaudet: 58% female
 - Sample: 55% female
 - High School Attended
 - Gallaudet: 66% school for the Deaf
 - Sample: 60% school for the Deaf
 - Ethnicity
 - Gallaudet and Sample: 33% from traditionally underrepresented groups
- Sexual Orientation
 - 12% homosexual
 - 22% in-between heterosexual and homosexual
 - General population prevalence is 2-4%



Perceptions of Sexuality Education

Level of Schooling		n	%
Elementary School	Incomplete	144	40
		65	18
		77	21
		31	9
	Complete	43	12
Middle School	Incomplete	41	11
		61	17
		112	31
		77	21
	Complete	69	19
High School	Incomplete	32	9
		27	8
		69	19
		84	23
	Complete	148	41
College	Incomplete	56	16
		25	7
		44	12
		62	17
	Complete	173	48
Overall	Incomplete	8	2
		25	7
		59	16
		109	30
	Complete	159	44

- Incomplete sexuality education until high school
 - 41% complete in high school
 - 48% complete in college
 - 44% complete overall
- Sexuality curricula is needed for younger aged students
- Inclusion of sexual assault and rape information is necessary
- Adaptation of a currently available curriculum



Feelings and Thoughts about Sexuality

Influence / Affect	n	%
Friends / Peers	108	30
Media	85	24
Partner / Significant Other	83	23
Family Members	75	21
Sexual Experience	49	14
Self	48	13
Society / Community	33	9
Physical Attraction	33	9
School / Sex Education	29	8
Love / Feelings / Emotions	27	8
Gay / Bi / Gay Culture	23	6
Sexual Assault Experience	17	5
Human Nature	16	4
God / Church / Religion	13	4
Internet	9	3
Open-mind	5	1
Role-models	5	1
Negative Feelings	5	1
Gender	4	1
Observations	3	1
Orgasm	2	1
Health	2	1
Other	5	1

- Peers—most frequent response (53%)

- (Friends/peers—30% and Partner/significant other—23%)
- Supported by previous researchers among Deaf and Hard of Hearing populations
- Utilize “Deaf Grapevine” and credible role-models
 - Marlee Matlin—“I’ll Scream Later”

- Media—common response (24%)

- “I Hope They Serve Beer in Hell” ads posted on buses: “Deaf girls can’t hear you coming” (Tucker Max)

- School/sexuality education—8%

- Don’t perceive formal sexuality education as a valuable resource
- Updated visual curricula, materials, and resources are needed



Sexual Activity

<u>Experienced Sexual Behavior With Consent</u>	<u>n</u>	<u>%</u>
Fondling, Kissing, Touching, or Rubbing of Private Areas	304	84
Oral Sex	263	73
Vaginal Sexual Intercourse	233	65
Anal Sex	111	31

- Majority of respondents had engaged in sexual activity (84%)
- Supported by previous research among Deaf and Hard of Hearing college students
- The “hidden curriculum”



Sexual Communication Items 1-2

<u>Sexual Communication about Sexual Behaviors</u>		<u>n</u>	<u>%</u>
Talk openly to your partner about the issue of birth control	Never	85	24
	Almost Never	12	3
	Some of the Time	32	9
	About Half the Time	17	5
	Most of the Time	43	12
	Almost all of the Time	24	7
	Always	53	15
Talk openly to your partner about the issue of sexually transmitted infections (STIs)	Doesn't Apply	94	26
	Never	77	21
	Almost Never	27	8
	Some of the Time	33	9
	About Half the Time	27	8
	Most of the Time	55	15
	Almost all of the Time	33	9
	Always	49	14
Doesn't Apply	59	16	

- 24% of students “Never” talked openly about birth control
- 21% of respondents “Never” discussed STIs
- Sexual communication skills are not being taught to Deaf and Hard of Hearing students
- Lack of formal sexuality education
- Unaware of “unofficial” media information available to hearing individuals



Sexual Communication Items 3-4

Sexual Communication about Sexual Behaviors		n	%
Ever say "yes" to something sexual when you are really thinking "no"	Never	91	25
	Almost Never	64	18
	Some of the Time	112	31
	About Half the Time	34	9
	Most of the Time	10	3
	Almost all of the Time	8	2
	Always	10	3
	Doesn't Apply	31	9
Ever say "no" to something sexual when you are really thinking "yes"	Never	83	23
	Almost Never	50	14
	Some of the Time	109	30
	About Half the Time	34	9
	Most of the Time	18	5
	Almost all of the Time	15	4
	Always	26	7
	Doesn't Apply	25	7

- 48% of respondents say "yes" to something sexual when they are really thinking "no"-- "some of the time" to "always"
- 55% of students stated that they say "no" to something sexual when they are really thinking "yes"-- "some of the time" to "always" (token resistance)
- Communication skills training to reduce sexual assault
- Include partners in sexual communication measurements



Sexual Assault Knowledge/Rape Myth Acceptance

Rape Myth 4		n	%
Any healthy person can successfully resist a rape if s/he really wants to.	Strongly Disagree	90	25
	Disagree	51	14
	Disagree Some of the Time	37	10
	Unsure	67	19
	Agree Some of the Time	43	12
	Agree	29	8
	Strongly Agree	43	12

Rape Myth 5		n	%
When people wear sexy or revealing clothing, they are just asking for trouble.	Strongly Disagree	87	24
	Disagree	49	14
	Disagree Some of the Time	55	15
	Unsure	57	16
	Agree Some of the Time	53	15
	Agree	29	8
	Strongly Agree	30	8

- Students “Agreed” to some degree with:
 - Rape Myth 4 (32%)
 - Rape Myth 5 (31%)
- Lack of access to sexuality education
 - Dismiss rape due to learned rationalizations
- Cultural norms need to promote healthy behaviors
 - Environmental changes
 - Education about rape myths
 - Perceptions of sexual violence



Sexual Assault Knowledge/Rape Myth Acceptance (2)

Rape Myth 3		n	%
One reason that people falsely report a rape is that they frequently have a need to call attention to themselves.	Strongly Disagree	31	9
	Disagree	25	7
	Disagree Some of the Time	33	9
	Unsure	69	19
	Agree Some of the Time	87	24
	Agree	48	13
	Strongly Agree	67	19

Rape Myth 12		n	%
How many people who report a rape would you say are lying because they are angry and want to get back at the person they accuse?	None	48	13
	Very Few	119	33
	About Half	125	35
	Most	57	16
	All	11	3

Rape Myth 13		n	%
How many reported rapes would you guess were merely invented by people who wanted to protect their own reputation?	None	42	12
	Very Few	112	31
	About Half	115	32
	Most	67	19
	All	24	7

- Students “Agreed” to some degree about false rape reports:
 - Rape Myth 3 (56%)
- Respondents stated that the majority of people lie about rape:
 - Rape Myth 12 (54%)
 - Rape Myth 13 (58%)
- Definition and context of sexual assault and rape need to be clear
- Increase knowledge and awareness
 - Lack of quality sexuality education
 - Low understanding of sexuality education
- Modify attitudes about rape
 - Comment from respondent about rape: “something invent just to punish the other partner”
 - Hearing samples have demonstrated success in decreasing rape myth acceptance with rape education programs



Sexual Assault Experience

<u>Experienced Sexual Behavior Without Consent</u>	<u>n</u>	<u>%</u>
Fondled, Kissed, Touched, or Rubbed Private Areas	174	48
Removed Her/His Clothing	100	28
Oral Sex	79	22
Vaginal Sexual Intercourse	67	19
Anal Sex	47	13
Attempted Oral Sex	98	27
Attempted Vaginal Sexual Intercourse	66	18
Attempted Anal Sex	51	14
Rape	72	20
Under the Age of 18	119	33

- 1 in 2 students experienced sexual assault
- Sample reported high rates of experiencing sexual assault
 - Considerably higher than rates found among hearing college students (1 in 4)-
-DOUBLE
 - Similar to data reported among Deaf and Hard of Hearing individuals in other studies
- Only 20% of respondents acknowledged their experiences as rape
 - Definitions of sexual assault and rape need to be clearly defined



Anecdotal Evidence: Acknowledged Sexual Assault

- “I was raped when I was 14.”
- “I have been raped three times in the past, long time ago...”
- “I have experience it sometime.”



Anecdotal Evidence: Unacknowledged Sexual Assault

- “I was ‘forced’ to have a sex with my first boyfriend. I wasn’t considered it as a raped. I was afraid and unsure but I was willing to do it anyway. I didn’t make the report.”
- “I lost my virginity at age 15, it wasn't a rape. It was when someone seduced me into sex.”
- “I wasn’t exactly raped—I was pretty much ‘molested’ by this guy who would not listen to my ‘no’s’ but never had sex.”
- “Someone did tried to have sex with me but I told him no and stop 4 or 5 times. He don’t stop at once I said no for like 4 or 5 times...”
- “I am not sure I was raped as I was blacked out that night and next morning I found out that I had sex with him the night before so we did have sex sometime before but that night I was veryyy drunk...”
- “I have many guys/girls who try to do stuff with me without my consent...”



Cronbach's Alpha Reliability

<u>Scale</u>	<u># of Items in Scale</u>	<u>α</u>
Sexuality Education	5	.72
Sexual Communication Survey (SCS)	21	.91
Rape Myth Acceptance Scale (RMAS)	13	.80
Sexual Experiences Survey (SES)	10	.87
Sexual Activity	4	.69

- All scales had acceptable Cronbach's alpha scores
 - SCS, RMAS, and SES scores were consistent with previous research
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Pearson Correlations of Composite Scores

- 4 correlations significant at the .01 level (2-tailed)
 - Sex Ed & RMAS
 - SCS & SES
 - SCS & Sex Act
 - SES & Sex Act
- 2 correlations significant at the .05 level (2-tailed)
 - RMAS & SES
 - RMAS & Sex Act

	<u>Sexuality Education</u>	<u>Sexual Communication</u>	<u>Rape Myth Acceptance</u>	<u>Sexual Assault Experience</u>	<u>Sexual Activity</u>
<u>Sexuality Education</u>	1	-.042	.240**	-.092	.024
<u>Sexual Communication</u>		1	.097	.306**	.251**
<u>Rape Myth Acceptance</u>			1	-.123*	-.115*
<u>Sexual Assault Experience</u>				1	.320**
<u>Sexual Activity</u>					1

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).



Linear Regression Results

<u>Hypotheses</u>	<u>R</u>	<u>R²</u>	<u>Adjusted R^{2†}</u>	<u>B</u>	<u>SE</u>
a	.042	.002	-.001	-.046	.058
b	.240**	.058	.055	.257**	.055
c	.306**	.094	.091	.138**	.023
d	.354**	.125	.123	-.320**	.045
e	.182**	.033	.030	.352**	.101
f	.104*	.011	.008	-.082*	.042
g	.097	.009	.007	.093	.051
h	.123*	.015	.012	-.263*	.112
Z	.320**	.103	.100	.303**	.047

* Significant at the 0.05 level (2-tailed).

** Significant at the 0.01 level (2-tailed).

† Negative values for adjusted R² are not common, but can occur due to the fact that the adjusted R² will always be less than or equal to R².



Hypotheses Results

<u>Hypothesis #</u>	<u>Hypothesis</u>	<u>Significant or Not Significant</u>	<u>Proven or Not Proven</u>
a	Deaf and Hard of Hearing students with less formalized sexuality education will demonstrate lower levels of sexual communication than those with more formalized sexuality education.	Not Significant	Not proven
b	Deaf and Hard of Hearing students with less formalized sexuality education will demonstrate higher levels of rape myth acceptance than those with more formalized sexuality education.	Significant	Not proven
c	Deaf and Hard of Hearing students with lower levels of sexual communication will report having experienced higher rates of sexual assault than those with higher levels of sexual communication.	Significant	Proven
d	Deaf and Hard of Hearing female students will report having experienced higher rates of sexual assault than Deaf and Hard of Hearing male students.	Significant	Proven
e	Deaf and Hard of Hearing male students will demonstrate higher levels of rape myth acceptance than Deaf and Hard of Hearing female students.	Significant	Proven
f	Deaf and Hard of Hearing college juniors and seniors will demonstrate lower rape myth acceptance than Deaf and Hard of Hearing college freshmen and sophomores.	Significant	Proven
g	Deaf and Hard of Hearing students with lower levels of sexual communication will demonstrate higher levels of rape myth acceptance than those with higher levels of sexual communication.	Not Significant	Not Proven
h	Deaf and Hard of Hearing students who reported having experienced sexual assault will demonstrate higher levels of rape myth acceptance than those who have not experienced sexual assault.	Significant	Not proven



Research Hypotheses (Sexual Assault Experience)

- Deaf and Hard of Hearing female students were found to experience sexual assault at higher rates than Deaf and Hard of Hearing male students (d)
 - Confirmed by findings in earlier studies among Deaf and hearing populations
 - Males are more hesitant to report rape
 - Modification of state rape laws to more gender-neutral



Research Hypotheses (Sexual Assault Experience) (2)

- Students with lower levels of sexual communication reported higher levels of sexual assault experience (c)
 - Supported by previous research among hearing samples
 - Sexual miscommunication has been found to be a risk factor associated with sexual assault
 - Communication barriers develop between sexual partners
 - Lack of social skills with peers
 - Inability to learn and interact with parents while growing up
 - Sexual assertiveness training has been successful among hearing and Deaf students, and may possibly reduce sexual assault rates



Research Hypotheses (Sexual Assault Experience) (3)

- Engaging in consensual sexual activity experience was associated with higher reported rates of experiencing sexual assault (Z)
 - Found also by previous researcher
 - Sexually active students may be involved in more vulnerable situations
 - Date rape is the most common type of sexual assault experienced on college campuses



Research Hypotheses (Rape Myth Acceptance)

- Deaf and Hard of Hearing male students were found to be more accepting of rape myths than Deaf and Hard of Hearing female students (e)
 - Widely supported by previous literature among hearing populations
 - Traditional gender roles associated with higher acceptance of rape myths
 - Target workshops toward males to teach new cultural norms and less stereotypical attitudes
 - Sexual assault programs have reduced men's rape myth attitudes among hearing students



Research Hypotheses (Rape Myth Acceptance) (2)

- Deaf and Hard of Hearing juniors and seniors do demonstrate lower rape myth acceptance than Deaf and Hard of Hearing freshmen and sophomores (f)
 - Research among hearing college students has found similar results
 - Older students may have had:
 - A larger amount of sexuality education
 - Greater life experiences and more maturity
 - 48% thought college sexuality education was complete and may have contributed to lowering RMA
 - Future programming focus on first- and second-year students
 - Sexual assault programming among hearing first-year students successfully reduced RMA



Practical Implications I

- Evaluate current sexuality education programs in schools for the Deaf and mainstream schools;
 - Adapt a currently available sexuality curriculum for Deaf and Hard of Hearing students;
 - Model Gallaudet University's Peer Health Advocate (PHA) program as a comprehensive example of how college students can effectively deliver interventions to their peers to raise awareness, and therefore, assist in preventing sexual assault;
 - Identify and replicate successful components of programs throughout the United States to reach all Deaf and Hard of Hearing students;
 - Develop guidelines for more effective sexuality education programs;
 - Include the following in health prevention programs: comprehensiveness, variety of methods, adequate dosage, theoretical basis, positive relationships, appropriate timing of interventions, cultural sensitivity, competency, trained staff members, and continuous outcome evaluations;
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Practical Implications II

- Specific to sexual violence primary prevention programs, include: sexual assault attitudes, impact of gender roles, healthy relationships, consent, respect of personal boundaries, conflict resolution, and skills building;
 - Implement sexual assault prevention programs and rape educational tools in all sexuality education programs on all school levels;
 - Ensure sexuality education is age, language, and culture-appropriate;
 - Develop clear definitions of sexual assault and rape to ensure that individuals will be able to acknowledge a sexual assault experience;
 - Update visual resources, materials, and sexuality curricula to include: videos, books, brochures, training and educational materials, computer programs, and learning tools;
 - Promote healthy behaviors and cultural norms;
 - Change social environments concerning gender roles and expectations, rape myth acceptance, and perceptions of sexual violence;
 - Target males and younger students with rape myth acceptance education;
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Practical Implications III

- Utilize credible role-models for students to emulate;
 - Refer to others' experiences of sexual assault, including speakers who are survivors of sexual assault—someone “just like them;”
 - Make use of the “Deaf Grapevine” and credible Deaf leaders to circulate sexual assault and rape information within the community;
 - Train about how to handle sexual pressure from others;
 - Integrate assertiveness strategies and role-plays with partners to help students in peer pressure situations;
 - Incorporate information about likely consequences of an action in advance;
 - Teach skills building to communicate with sexual partners, including token resistance;
 - Involve partners in sexual communication training, instead of only a one-sided approach.
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Recommendations for Future Research I

- Repeat the study with Deaf and Hard of Hearing college students and compare results
 - Replicate the study with hearing college students and compare the results
 - Supplementary research on rape myth acceptance in the Deaf and Hard of Hearing community
 - Lack of previous empirical evidence
 - High acceptance of rape myths associated with individuals lying about rape
 - Investigate sexuality education specific to rape and sexual assault in all secondary schools
 - Quality and content of sexuality education need to be determined
 - Use of the Sexual Assault Knowledge Survey (SAKS) for assessment
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Recommendations for Future Research II

- Further examination of consensual sexual activity with variables of significant correlation
 - Sexual assault experience
 - Sexual communication
 - Rape myth acceptance
 - Revictimization of sexual assault survivors—commonly found in hearing and Deaf college students
 - Alcohol as a predictor for acquaintance rape
 - Alcohol has been found to be used twice as often as force in date rape among hearing students
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Thank you!

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