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Sexual Assault: Clinical Issues

The Community Awareness Rape Education (CARE) Program for high school students

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According to national statistics, 17% of rape victims are between the ages of 13 and 17 years¹; however, this age group has limited access to information about sexual assault. In light of this fact and the widely held belief that sexual assault nurse examiners (SANEs) have a responsibility to educate others about sexual assault,² we developed an educational program for adolescents.

For this program to be successful, we believed that including existing community resources in the teaching process was important. We received input for the program from the following resources: local police detectives, school nurses, health teachers, counselors, Response (the local rape crisis center), and other area sexual assault response team members. The goals of this program were to promote awareness of sexual assault, to teach measures to reduce the risk of being sexually assaulted, and to inform high school students of the resources available in the community.

Adolescents have been said to live in an "intense present."³ Adolescents are of the belief that "It can't happen to me" or "I know all I need to know about this subject" (D. Cutchins, Office of Health Promotions, Virginia Commonwealth University, personal communication, March 1999). Because of these attitudes, gaining students' attention and making this issue a reality is difficult. Thus, teaching strategies to address these challenges included several forms of class participation.

The program

Our program was presented to 10th grade students in a classroom setting at 3 local high schools. Each class consisted of approximately 45 to 60 students. At high school No. 1, a total of 245 students attended the presentation and participated in the posttest. At high schools No. 2 and 3, a total of 257 and 196 students, respectively, attended the presentation and participated in the posttest.

Based on their extensive real-life experience, SANEs were able to share a wealth of knowledge.

The warm-up exercise consisted of each student writing an example of something he or she could do to reduce the risk of sexual assault. These examples were set aside for future use. Scenarios discussing rape, risk reduction measures, and community resources were presented through role playing. The participants in the role playing included 2 registered nurses, a teacher, a counselor, and a representative from Response. Index cards and posters were used to facilitate student participation. The classroom teacher distributed preprinted index cards to select students at the beginning of class. The cards contained information about rape statistics and common "myths and truths" about sexual assault and rape. The students were asked to read each card out loud. The facilitator then briefly discussed the information with the students. When discussing the "myths and truths," the students were encouraged to give their comments and feedback (Figure 1). When discussing risk reduction measures, the students were asked to

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1. Myth: When a person says "no," they mean "maybe" or "yes."
Truth: When a person says "no," they mean *No*. "No" means no. Sexual intercourse without consent is RAPE.
2. Myth: Most sexual assaults are committed by strangers.
Truth: Most sexual assaults are committed by someone the victim knows.
3. Myth: Sexual assault happens to people who "ask for it" by dressing provocatively.
Truth: Sexual assault is not a result of the way a person dresses or acts.
4. Myth: Sexual assault results from an uncontrollable sexual urge.
Truth: Sexual assault is motivated by hostility, power, and control.

Figure 1

Myths and truths. (Reprinted with permission from Virginians Aligned Against Sexual Assault.)

refer to the warm-up exercise and share their examples with the class. Based on their extensive real-life experience, SANEs were able to share a wealth of knowledge.

Obstacles

Because of the subject material and the age of the target audience, school administrators, teachers, health care workers, and counselors reviewed the program. Many individuals and agencies expressed skepticism. "The subject material is too sensitive." "You can't teach this subject with both sexes present." "You aren't qualified to teach family life education." The Student Assistance Counselor for the schools sponsored our program. They assessed a need for the educational material to be presented. This program was not taught during the scheduled time for Family Life Education, nor was it meant to take the place of the material covered during that class; rather, it was intended to be an adjunct to the classroom teacher's instruction.

In addition, an "Option Out" form was sent home to the students' parents 2 weeks prior to the class. This form informed the parents of the program and gave them the option of not allowing their son or daughter to participate. Only parents who desired to withdraw their child from the program were required to return the form. This process was required by the school's administration.

Evaluation

A pretest and posttest were developed as tools to assess the students' current knowledge on this subject

Do not place your name on this form. Sex ____ Age ____

- What would you like to learn from a presentation on sexual assault?
 - What is a date rape drug?
 - Define *rape*.
1. *Sexual assault* is defined as: _____
 - a. Undesired contact with any sexual body area.
 - b. Sexual intercourse with a complaining witness against that person's will with the use of intimidation, threat, or force.
 - c. Sexual intercourse with a willing participant who is younger than 15 years old.
 2. *Rape* is defined as: _____
 - a. Undesired contact with any sexual body area.
 - b. Sexual intercourse with a complaining witness against that person's will with the use of intimidation, threat, or force.
 - c. Sexual intercourse with a willing participant who is younger than 15 years old.
 3. True or False
Most sexual assaults result from an uncontrollable, impulsive sexual urge.
 4. True or False
Most sexual assaults are committed by strangers.
 5. True or False
Sexual assault happens to people who "ask for it" by dressing or acting provocatively.
 6. List three people you could contact if someone you know was sexually assaulted.
 7. List three measures you could take to reduce your risk of sexual assault and rape.

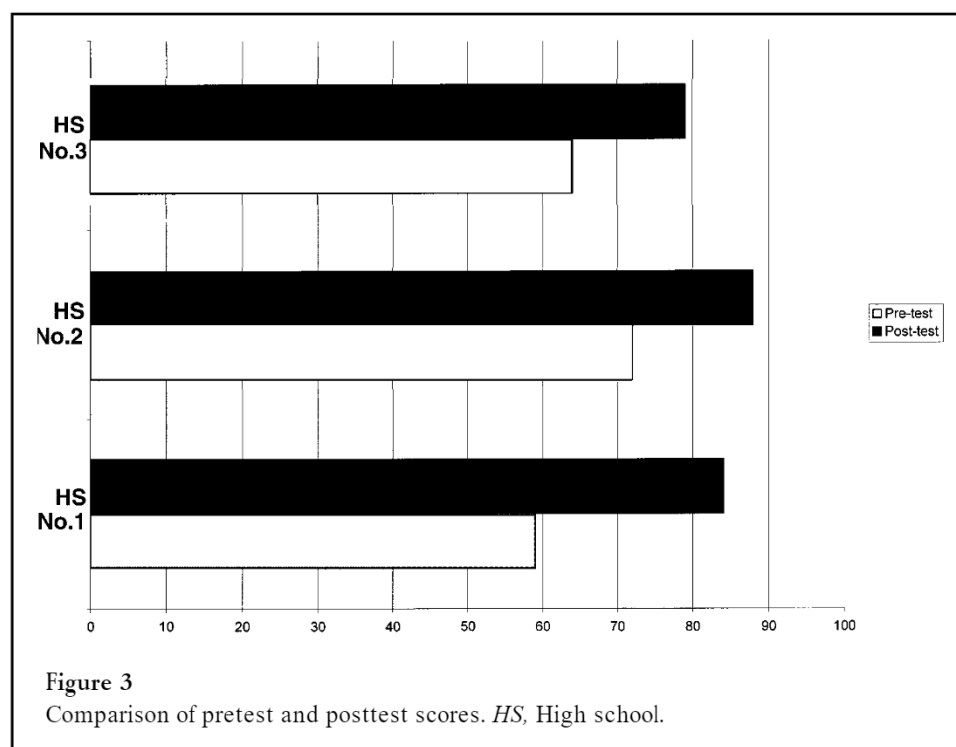
Figure 2

Pretest.

and to evaluate the program. The first 3 questions on the pretest were assessment questions to determine the students' prior knowledge on the topic (Figure 2). The pretest and posttest were otherwise identical.

The classroom teachers administered the pretests and the posttests. There was a significant increase in the posttest scores. As our objectives stated, the purpose of the program is for the students to understand the definition of rape and to list 3 risk reduction measures and 3 community resources. The pretest scores ranged from 60% to 72%. After participation in the program, the test scores increased to an average of 70% to 88% (Figure 3).

The first objective (the definition of rape) was met, as evidenced by a 17% increase in correct answers. The second objective (3 measures to reduce their risk of sexual assault) was also met. The results at high school No. 1 were very dramatic, with an increase of 57% from pretest to posttest. High schools



No. 2 and 3 each had an increase of 28%. It was important for the students to walk away from this program with more information about sexual assault and what they personally could do to reduce their risk of becoming a victim (Figure 4).

Many individuals and agencies expressed skepticism. "The subject material is too sensitive."
"You can't teach this subject with both sexes present."
"You aren't qualified to teach family life education."

The third objective (list 3 community resources) was accomplished with an increase of 12% in correct answers. On the pretests, the most common answers included parents, police, friends, and teachers. Many students could list 2 but not 3 contacts before attending the presentation. Interestingly, answers changed to Response (local rape crisis center), the local hospital emergency department, and a counselor; however,

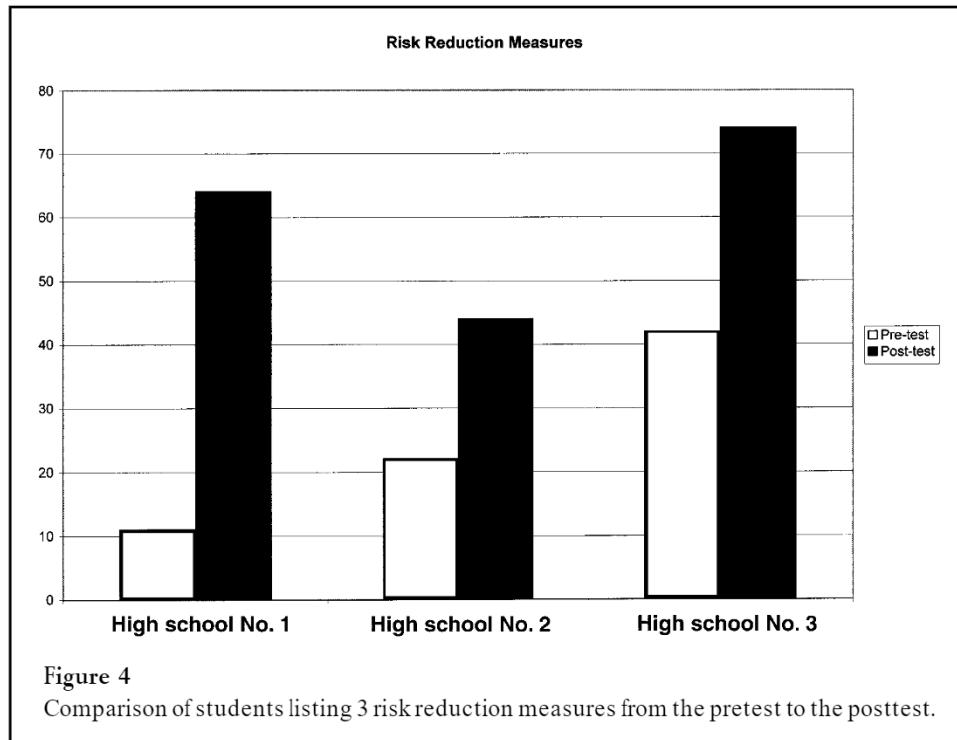
many students continued to cite parents and the police.

Evaluation forms were given to the classroom instructors and to the counselors at each school. Eleven evaluation forms were submitted by the classroom teachers. All stated that the objectives were clearly presented and that the material followed the goals and objectives. One hundred percent of the evaluations also stated that the presentation was helpful and educational. One teacher suggested that we not stand behind the desk but walk around while we were speaking; we implemented this suggestion immediately. The evaluations included comments that the presenters had good control of the classroom. One educator stated, "The program was very organized, informative, and something we have needed for a long time." The positive feedback from the classroom instructors also confirms the success of this program.

Conclusion

Teenagers' lack of education on this topic was shown by the overall pretest score average of 64%.

The results of the posttest demonstrate that this topic can be successfully taught in a manner that high school students can comprehend. Teenagers can learn how to reduce their risk of assault and know, ahead of time, who to contact if they or a friend are victimized.



Future implications

Although the material was taught to 10th graders, it applies to all high school students. Our team was asked to consider presenting this educational material to all of the area high schools before prom, spring break, and graduation. It was believed that educating high school seniors about the risks of rape and reduction measures before they entered the work force or attended college would be very useful. Student assistant counselors at the middle schools have also asked to have this education begin earlier than high school. This request is in response to increasing reports of sexual assault in this younger age group. Changes will need to be made in the teaching methods to address this younger audience.

This program has been named the Community Awareness Rape Education (CARE) Program. Twelve members of the area sexual assault response team (4 SANE nurses, 4 rape counselors, and 2 detectives) have committed to presenting this program in local high schools, and they are making changes to the

program to present the material to a younger audience. Currently a SANE nurse, a rape counselor, and a sexual assault detective teach each program.

References

1. Virginians Aligned Against Sexual Assault. Virginia State-wide Public Awareness Campaign Against Violence information packet. Richmond (VA): Virginians; 1998.
2. Virginia State Council of Forensic Nurses State Standards Task Force. Standards of practice for sexual assault nurse examiners. Richmond (VA): The Council; 1996.
3. McMahon J, McMahon F, Romano T. Psychology and you. 2nd ed. St Paul: West Publishing Company; 1995. p. 183-6.

*Submissions to this column are welcomed and encouraged. Contributions should be sent to **Linda E. Ledray, RN, PhD, FAAN**, Sexual Assault Resource Service, 525 Portland Ave South, Minneapolis, MN 55415; phone (612) 347-5832; E-mail: linda.ledray@co.hennepin.mn.us.*