Sexual Violence in Utah: The Relationship between Sexual Education and Sexual Violence

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Background

In 2017, Utah Representative Brian King proposed a comprehensive sexual education bill. H.B. 215. This bill included an emphasis on teaching sexual consent, and permitted parents to choose abstinence-based, comprehensive, or no sexual education for their children. While Utah lawmakers admitted there was a need for sexual education reform, they ultimately rejected the bill (Wood, 2017).

This choice seems untimely as rates of sexual assault in Utah consistently rank higher than the national average (Public Health Indicator Based Information System [IBIS], 2018; Utah Department of Health, 2014). Sexual violence is a comprehensive term that includes various sexually related crimes. "Sexual assault is any unwanted sexual contact or attention resulting from force, threats, bribes, manipulation, pressure, or violence" (Utah Department of Health, 2014). Sexual assault includes, but is not limited to, rape, attempted rape, unwanted sexual touch or fondling, and childhood sexual abuse (CSA).

Supporters of H.B.215 implicated Utah's abstinence-based sex education for the state's alarming rate of sexual violence, claiming it fails to teach students about healthy sexual relationships and to how identify sexual assault (Wood, 2017). Evidence suggests a possible relationship between abstinence-based sexual education and rates of sexual violence. More specifically, research indicates that abstinence-based sexual education curricula, like that taught in Utah, fosters sexual violence by teaching gender stereotypes, placing the onus of sexual assault on victims, and neglecting to educate young people about consent and recognizing sexual assault (Edwards, Bradshaw, & Hinsz, 2014; Fava & Bay-Cheng, 2013; Lamb, Graling, & Lustig, 2011; Lundgren & Amin, 2015; Schalet et al., 2014).

There are numerous examples of implicit and explicit gender stereotypes and gender biases in abstinence only curricula (Lamb et al., 2011). Schalet et al. even posits that many abstinence-based programs "…have taught gender stereotypes as facts" (2014). Curricula attribute specific, biologically-determined roles to males and females, presenting males as "unstoppable" hormonally driven sexual initiators, and females as passive sexual objects bereft of independent sexual desire (Lamb et al., 2011; Schalet et al., 2014). Researchers concur that gender stereotypes, gender inequalities, and the cultural attitudes that allow them to exist, are among the major risk factors for sexual violence (Fava & Bay-Cheng, 2013; Lamb et al., 2011; Lundgren & Amin, 2015; Schalet et al. 2014). Evidence links certain gender stereotypes, specifically relating to masculinity, with hostile attitudes towards women, intimate partner violence, and sexual aggression (Edwards et al., 2014; Lamb et al., 2011; Schalet et al., 2014). "Compared to other men," reports Schalet et al. (2014), " men who report more traditional masculinity ideologies are more likely to report having perpetrated violence or sexual coercion." The female stereotypes portrayed in abstinence-based curricula are equally harmful; traditional feminine gender roles are associated with reduced sexual autonomy and sexual negotiating power, and higher risk for sexual violence (Lamb et al., 2011; Lundgren & Amin, 2015; Schalet et al., 2014).

These attitudes regarding gender norms, along with moralistic tactics common in abstinence programs, are particularly inimical towards sexual assault victims and sexually active teens (Fava & Bay-Cheng, 2013). Presenting sexual experience as a type of moral failing can influence attitudes

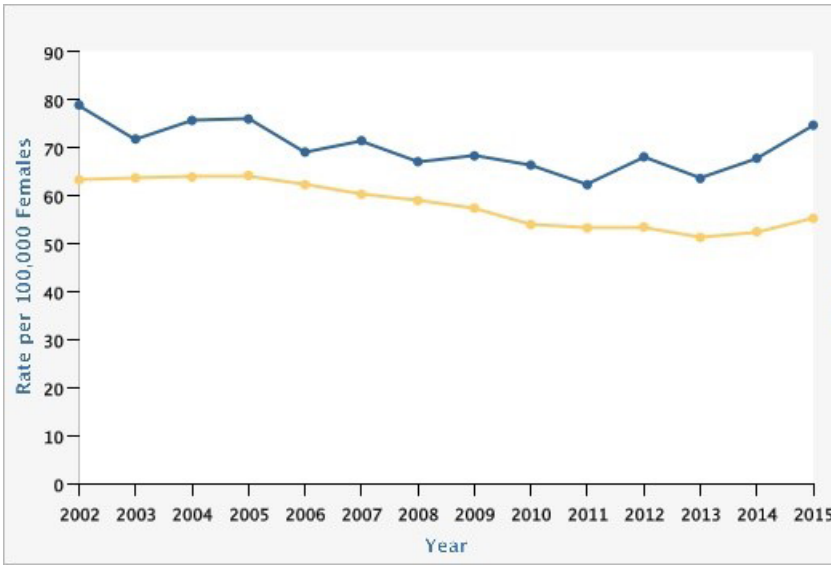
that view these groups as irreparably damaged and incapable of having healthy sexual relationships in the future (Fava & Bay-Cheng, 2013). Fava & Bay-Cheng (2013) report that "…negative sexual self-schemas (i.e. belief that one is sexually damaged, immoral, and dirty) [are] related to adolescent revictimisation experiences of sexual assault in young women with a history of CSA." Additionally, in Lamb et al.'s analysis of abstinence curricula, they found "…messages [that] imply that women are partly responsible for their own victimization" (2011). Sexual assault victims already experience higher levels of shame, and victim blaming could potentially be retraumatizing (Fava & Bay-Cheng, 2013). In turn, victim blaming reinforces gender stereotypes (men are unable to control their desires and women are the gatekeepers of sexual activity) and obscures the concept of consent (Lamb et al., 2011, Schalet et al., 2014). Gender norms may also stigmatize male sexual assault victims, rendering them more reticent to report or disclose assault (Schalet et al., 2014).

Abstinence-based sexual education programs habitually teach "refusal tactics" in lieu of sexual consent (Lamb et al., 2011). This distinction is important because research on sexual aggression reveals that many individuals experience difficulty in identifying various forms of sexual assault (Edwards, et al., 2014). Edwards et al. found that when participants were presented with behavioral descriptions of sexual assault, men were more likely to admit to past sexually violent behavior than if the behavior was explicitly labeled (i.e. "rape"), and more women "self report[ed] past victimization" (2014). Clear education regarding different forms of sexual assault is critical for men who may not otherwise perceive their sexually aggressive behavior as rape, and for women who may not recognize their experiences as assault (Edwards et al., 2014).

Data

National data suggest that as many as 1 in 5 women will be sexually assaulted in their lifetime (Edwards et al., 2014). In Utah, however, it is projected that 1 in 3 women will become victims of sexual assault (Utah Department of Health, 2014). In fact, Utah ranks 10th highest in number of reported rapes in the nation (Federal Bureau of Investigation, 2015). This is surprising as Utah's rates of other violent crimes, such as homicide, aggravated assault, and robbery, historically have been significantly lower than the national average (IBIS, 2018). Rates of rape in Utah have been higher than the national average for over a decade (See Figure 1 and Table 1). In general, the national rate of rape is decreasing, but the rape rate in Utah is trending upwards (See Figure 1 and Table 1); between 2014 and 2017, Utah's rape rate increased 10.7% (IBIS, 2018).

(Figure 1) **Rape Rates in the Utah vs. the US**



(Source: IBIS, 2017)

(Table 1)

Rape Rates in Utah vs. US
(per 100,000)

Year	US	Utah
2002	63.2	78.8
2003	63.6	71.7
2004	63.8	75.6
2005	64.1	75.9
2006	62.2	69
2007	60.2	71.4
2008	58.9	67
2009	57.3	68.2
2010	53.9	66.3
2011	53.2	62.2
2012	53.4	68
2013	51.2	63.5
2014	52.4	67.7
2015	55.2	74.6

(Source: IBIS, 2017)

In 2013, 9% of female and 6% of male high schoolers reported being raped (Utah Department of Health, 2014; IBIS, 2018) but other research suggests the rate of adolescents' exposure to sexual violence may actually be higher (Lundgren & Amin, 2015). It is estimated that 88% of Utah rapes remain unreported, making it difficult to accurately assess the severity of the issue (Utah Department of Health, 2014).

In terms of sex education, Utah is one of the 24 states in the country that mandates sexual education. Utah is also one of only 13 states that require curricula to be medically accurate. However, education regarding contraceptives is not required in Utah schools, and abstinence-only-until-marriage ideology is stressed (Guttmacher Institute, 2017).

7 Domains of Health

Sexual violence impacts the overall health and well being of girls and women in Utah. Approximately 13% of sexual assault victims seek medical treatment following the incident, leaving 87% of victims at risk of a sexually transmitted infection (STI) and/or pregnancy (IBIS, 2018; Utah Department of Health, 2014). Sexual violence can have long-term affects on physical health, chronic pain disorders, gastrointestinal disorders, premenstrual syndrome, chronic pelvic pain, sleep disturbances, sexual dysfunction, and generally poor health (IBIS, 2018).

Victims of sexual assault are at an increased risk for anxiety disorders, depression, substance abuse, and are "more likely to attempt or commit suicide" (IBIS, 2018). 15% of rape victims reported a diminished quality of life, and 34% expressed that they didn't feel adequately emotionally or socially supported. Nearly 40% of rape victims disclosed they were "limited in activities because of physical, mental, or emotional problems" (IBIS, 2018). Women with histories of sexual violence are more likely to experience shame, guilt, and struggle with interpersonal relationships (Fava & Bay-Cheng, 2013).

The Utah Department of Health reports that sexual violence cost Utahns approximately $5 billion dollars in 2011, and attributed the majority of the cost to "…the pain, suffering, and diminished quality of life that victims experience" (2014).

Recommendations

In 2001, Surgeon General David Satcher advocated for comprehensive sex education on the basis that youth "needed enough information about contraception to protect themselves from pregnancy and/or disease, that they needed to be protected from abuse, and they needed to be treated equally in a nondiscriminating way with regard to their sexual development" (Lamb et al., 2011). Other research certainly supports this appeal. Based on the data reviewed in this article, there are several key recommendations for sexual education reform in Utah that may ameliorate rates of sexual violence. First, sex education should be comprehensive and sex positive. Failing to educate youth about healthy sexual relationships, desire, and pleasure puts them, particularly girls, at risk

for exposure to sexual violence (Lamb, et al., 2011; Schalet et al., 2014). Second, considering the relationship between gender stereotypes and sexual violence (Edwards, et al., 2014; Lamb et al., 2011; Lundgren & Amin, 2015; Schalet et al., 2014), sex education needs to be "free from harmful gender beliefs—which may be explicit or implicit in the curricula—and include tools to help students address and challenge these beliefs" (Schalet et al., 2014). To more effectively combat stereotypes and damaging cultural attitudes, sexual education should also be LGBTQ+ inclusive, and considerate of racial and socioeconomic factors (Fava & Bay-Cheng, 2013; Schalet et al., 2014). Third, sexual education should be Trauma-Informed to prevent victim blaming and retraumatization of students with histories of sexual assault (Fava & Bay-Cheng, 2013; Lamb et al., 2011; Lundgren & Amin, 2015). Finally, sex education needs to be consent centered. Consent education promotes sexual autonomy (Lamb et al., 2011; Schalet et al., 2014) and disambiguates various forms of sexual assault (Edwards et al., 2014). Implementing these concepts into sex education curricula will aid in addressing the attitudes, beliefs, and inequalities that influence sexual violence. More direct research is necessary in the future to further investigate the relationship between sex education and sexual violence.

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