

Social Programs That Work Review

Evidence Summary for Enhanced Assess, Acknowledge, Act (EAAA) Sexual Assault Resistance Program

HIGHLIGHTS:

- **PROGRAM:** A sexual assault resistance program for first-year female university students.
- **EVALUATION METHODS:** A well-conducted multi-site randomized controlled trial (RCT) with a sample of 899 women at three diverse Canadian universities.
- **KEY FINDINGS:** Approximately a 50% reduction in the incidence of rape during the 12 months after random assignment (5.2% of women in the treatment group were raped vs. 9.8% of women in the control group, a difference that was statistically significant).

I. Evidence rating: **TOP TIER**

The standard for Top Tier is:

Programs shown in well-conducted RCTs, carried out in typical community settings, to produce sizable, sustained effects on important outcomes. Top Tier evidence includes a requirement for replication – i.e., the demonstration of such effects in two or more RCTs conducted in different implementation sites, or, alternatively, in one large multi-site RCT. Such evidence provides confidence that the program would produce important effects if implemented faithfully in settings and populations similar to those in the original studies.

II. Description of the Program:

The Enhanced Assess, Acknowledge, Act (EAAA) Sexual Assault Resistance program consists of four three-hour units that involve games, lectures, discussion, and application and practice activities. The Assess unit focuses on improving women’s assessment of the risk of sexual assault by male acquaintances and developing strategies to minimize that risk; the Acknowledge unit focuses on overcoming emotional barriers to seeing the danger in situations that have turned coercive; the Act unit offers instruction about effective options for resistance and includes two hours of self-defense training; and the Sexuality and Relationships unit provides information on sexual health, safer-sex practices, strategies for communicating about sex, and an opportunity for participants to explore their sexual attitudes, values, and desires.

The cost of the program to a university is approximately \$600 per student in U.S. dollars during the first year of implementation (including staff training and all other costs), and slightly lower in subsequent years.¹

[Click here for the EAAA Program website.](#)

III. Evidence of Effectiveness:

Study Design:

More than 3,000 first-year female students, ages 17 to 24, from three diverse Canadian universities were invited to participate in the study; 899 were eligible,² agreed to participate, and were randomly assigned to either receive the EAAA program (the treatment group, n=456) or to a session providing access to brochures on sexual assault as is the universities' usual practice (the control group, n=443). The study assessed outcomes using a computerized version of the Sexual Experiences Survey–Short Form Victimization (SES-SFV), a widely-used validated measure, 12 months after randomization. In a secondary analysis, the study also assessed outcomes 24 months after random assignment for the subsample of 412 women enrolled in the first year of the study's recruitment period.

Key Findings:

In the first 12 months after random assignment, 5.2 percent of the treatment group reported being raped compared to 9.8 percent of the control group. This outcome was the study's pre-specified, primary outcome measure, and the effect on this measure was statistically significant ($p=0.02$). The program also significantly reduced the incidence of attempted, but not completed, rape (3.4 percent for the treatment group vs. 9.3 percent for the control group, $p<0.001$).

The 24-month analysis of a subsample of women in the study found no significant effect on rapes occurring in months 12 to 24 (2.9 percent of treatment group women reported being raped during this time vs. 2.0 percent of control group women). This suggests that a year-two booster session may be desirable to test as a next step in the research. The analysis did, however, find an effect on attempted, but not completed, rape in months 12 to 24 (1.5 percent for the treatment group versus 4.2 percent of the control group; the statistical significance of this effect is not reported).

¹ Our cost estimate is somewhat higher than that developed by Blueprints for Healthy Youth Development because we assume higher staffing costs.

² To be eligible, students had to be able to attend one of the four scheduled sets of program sessions during the semester in which they enrolled in the study. The study actually randomized 916 students, but 17 of them were found ineligible upon a review of records after random assignment, resulting in the sample of 899.

Summary of Study Quality:

This was a well-conducted RCT. The study had a large, demographically diverse sample across three universities of different sizes and characteristics, suggesting that the findings may generalize to many other North American university campuses. The study had low sample attrition—8 percent at the 12-month follow-up and 13 percent at the 24-month follow-up—and attrition rates were nearly identical in the treatment versus control group. The two groups were also highly similar in their pre-program characteristics (*e.g.*, demographics, rates of prior sexual victimization). The study measured outcomes with a well-established, validated measure (a computerized version of the SES-SFV, as noted above).³

A modest limitation of this study is that it relied exclusively on self-reported outcomes, which could potentially have introduced reporting bias, although as the authors note, it is not clear whether this would cause an under- or over-statement of the program’s effects. For example, women in the treatment group might have been inclined to underreport sexual assault, believing they should have been able to resist it (which would cause the study to overstate the program’s impact). Alternatively, they might have over-reported sexual assault, having been sensitized to sexual assault as a result of the program (which would cause the study to understate the program’s impact).⁴

IV. References:

Senn, C.Y., Eliasziw, M., Barata, P.C., Thurston, W.E., Newby-Clark, I.R., Radtke, H.L. & Hobden, K.L. (2015). Efficacy of a Sexual Assault Resistance Program for University Women. *The New England Journal of Medicine* 372:2326-35.

Senn, C.Y., Eliasziw, M., Hobden, K.L., Newby-Clark, I.R., Barata, P.C., Radtke, H.L., and Thurston, W.E. (2017). Secondary and 2-Year Outcomes of a Sexual Assault Resistance Program for University Women. *Psychology of Women Quarterly* 41(2):147-62.

³ A strength of the SES-SFV is that it does not require correct labeling of sexual assault by participants and instead asks how often particular experiences occurred (such as “a man put his penis into my vagina ... without my consent by using force, for example by holding me down with his body weight, pinning my arms, or having a weapon”).

⁴ Another minor limitation of the study is that it did not track outcomes for women who withdrew from the study between random assignment and the time that treatment or control group sessions began (*i.e.*, the study did not use a strict intention-to-treat approach). In practice, this was not a major threat to the study’s validity since less than 1 percent of the sample withdrew prior to the sessions getting underway.