

New Directions, New Opportunities in Sexual Misconduct Response and Prevention

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About me

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3 focus topics

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Training about autism for sexual assault counselors

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Manual-based group for college men accused of sexual misconduct

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Ideas for the new sex ed

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Higher ed context

Challenges

- Financial constraints
- Changes to DEI
- Student mental health
- Cutbacks to community sexual violence programs
- Binary thinking:
 - Silo-ing sexual assault response away from other programming
 - victim vs. perpetrator
 - 'cancel culture'

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Higher ed context

Compliance Culture

- Priority is avoiding liability, minimizing institutional risk
- Demonstrating procedural compliance during audits or investigations
- Mandatory online trainings
- One-size-fits-all approach to prevention (not culturally relevant)

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Higher ed context

Opportunities

- Seasoned sexual assault prevention and response offices and personnel
- Prioritization of sexual assault among administration
- Better climate survey tools
- Scaling up of disability accommodations
- Recognition that “who harms” (entitled, privileged) is more multi-faceted

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New directions in sexual misconduct prevention and response

Universities in MA

- Group-level interventions (with student clubs and organizations)
- Attention to postvention
 - Restorative justice approaches
 - Educational approaches like STARRSA in use at Univ of Michigan

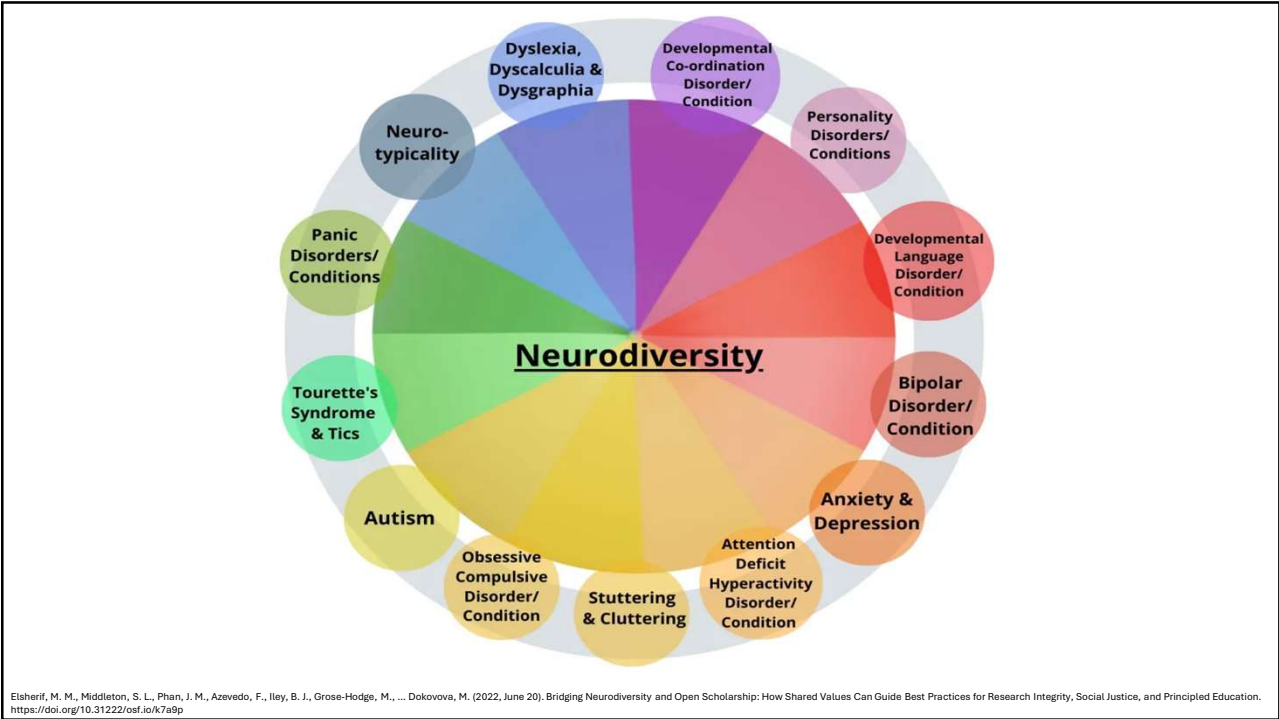
Universities elsewhere

- Architecture and space

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Neurodivergent students

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What percent of the world population is neurodivergent?

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What percent of the world population is neurodivergent?

15-20%

References

1. Doyle N. Neurodiversity at work: A biopsychosocial model and the impact on working adults. *Br Med Bull*; 2020. doi: 10.1093/bmb/ldaa021.
2. Centers for Disease Control and Prevention. Autism Spectrum Disorder Data and Statistics, 2022. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
3. Centers for Disease Control and Prevention. Attention-Deficit / Hyperactivity Disorder (ADHD) Data and Statistics, 2021. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

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Prevalence of some neurodiverse conditions

Condition	Prevalence	Source
ADHD	9%	Danielson et al., 2016
Autism	3%	Maenner et al., 2023
Dyslexia	7%	Wagner et al., 2020
Dyspraxia/DCD	6%	Gibbs et al., 2007
OCD	1%	NIMH
Tourette syndrome	1%	Scharf et al., 2014
Traumatic Brain Injury (TBI)	1%	Dewan et al., 2018
Intellectual disability	2%	Zablotsky et al., 2023
Social anxiety	7%	Harvard Medical, 2007
ANY	15-20%	Doyle, 2020

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Pathology paradigm vs. Neurodiversity paradigm

Pathology paradigm →

Help people be or appear
“normal,” reduce
symptoms and “deficits”

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Pathology paradigm vs. Neurodiversity paradigm

Pathology paradigm →

Help people be or appear
“normal,” reduce
symptoms and “deficits”

Normal is a social construct, support
people to experience autonomy and
reduce challenges

← **Neurodiversity paradigm**

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**Identity-first language:
Autistic people**

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Autistic people and sexual assault victimization

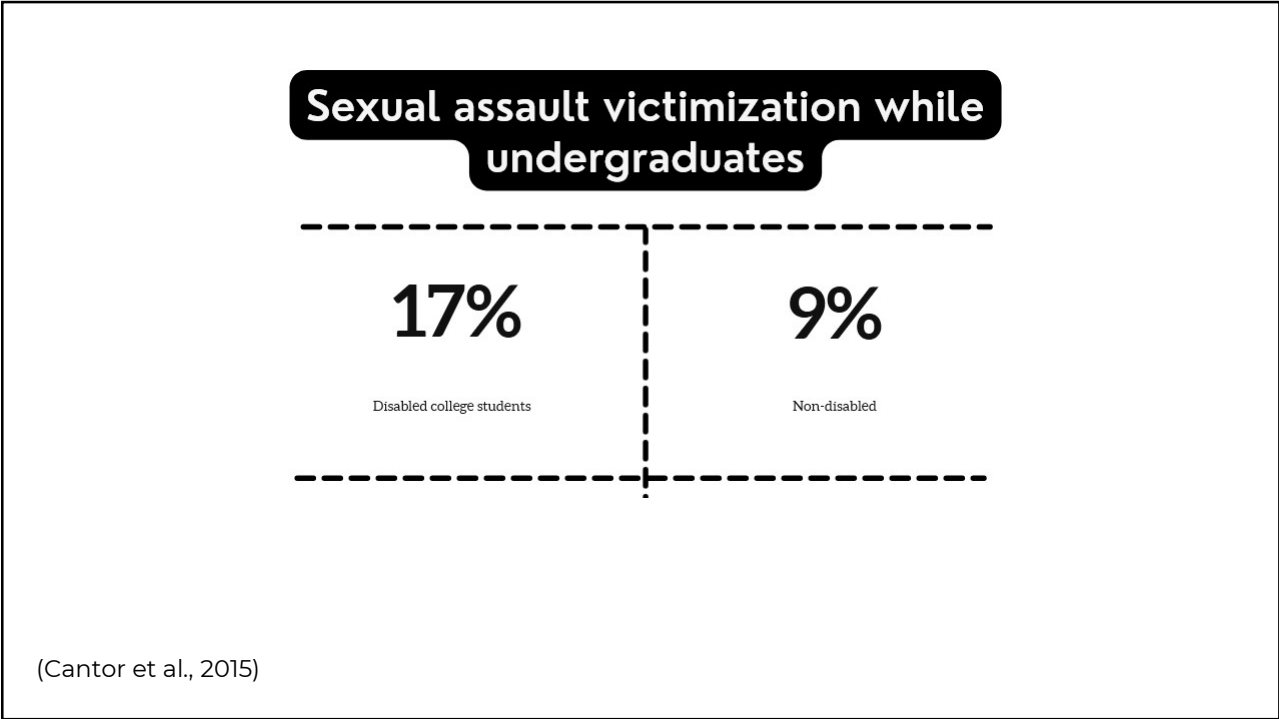
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Autistic students

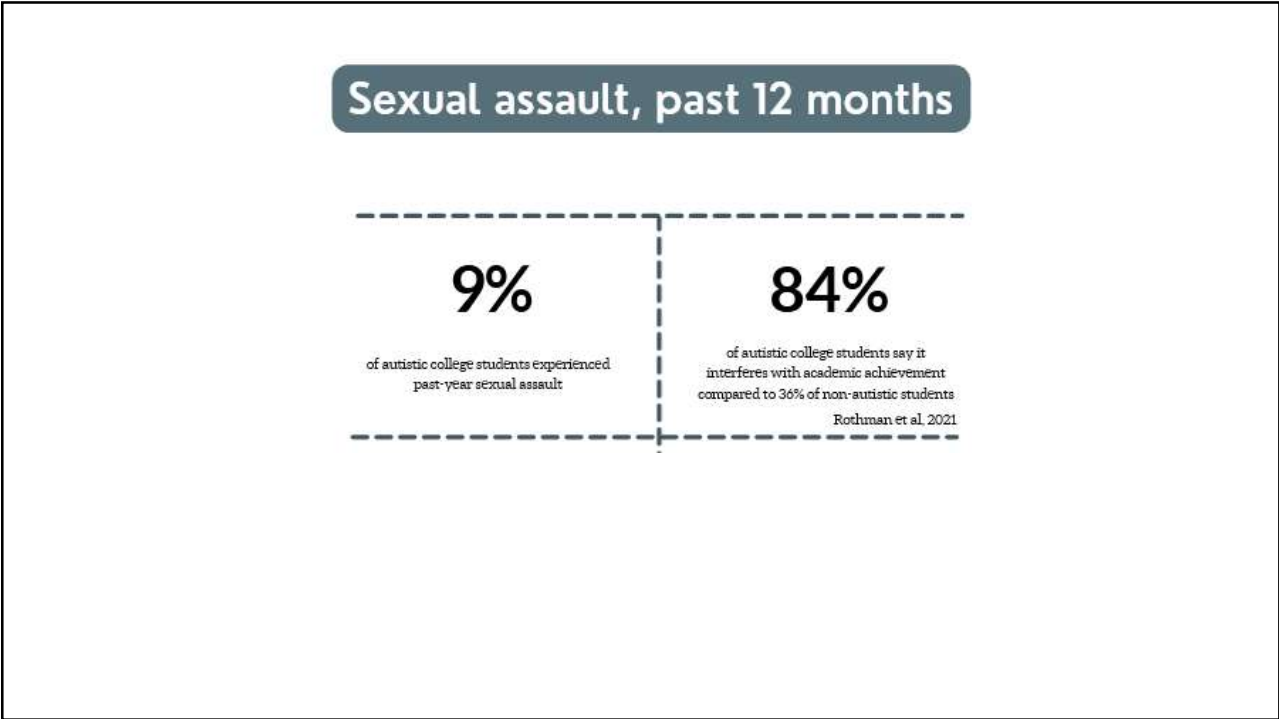
- **Prevalence**

- About 1 in 31 (**3.2%**) children (CDC)
- Estimated that **1-2%** of undergraduates may be autistic (White et al., 2011)
 - this would be ~3000 individuals at Boston University
- Researchers predict a **surge** in the number of autistic individuals who will enroll in higher education (Fernandes et al., 2021)

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Why are autistic students' needs for support different?

- Alexithymia
- Sensory processing
- Executive functioning
- Social communication
- Experiences with counseling and therapy

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An autistic college student said:

“My fear is that if a sexual assault counselor knows that I am on the spectrum they won’t take me seriously because they will think that I misunderstood the situation.”

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When seeking services from a sexual assault counselor

“...an autistic student could be blamed for her emotional response in some way: either being told she doesn't seem upset enough, or being told that she seems so distraught that she should go on medical leave.”

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An autistic college student said:

I fear that the counselor will say, “You don't look autistic,” or “You don't act autistic enough,” or question whether I have an autism diagnosis.”

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An autistic college student said:

“A lot of times sexual assault centers are hidden and hard to find on campus. I get lost easily. I can get turned around and freaked out before I even get to the room.”

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An autistic college student said:

“[Autistic] students are not prepared for non-stranger sexual assault; not prepared that acquaintances and friends-of-friends could be the perpetrators.

Autistic people often have to work so hard to establish and keep friends, it's all the more painful to have to treat acquaintances with suspicion.”











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The image shows a training index page for 'Providing Sexual Assault Services to Autistic Students'. The page features a teal background with the title in large white font. Below the title is the subtitle 'How to serve neurodivergent students who have experienced sexual violence or sexual harassment'. In the top right corner, there are logos for 'OAR' (Office of Autism and Related Disabilities) and 'BOSTON UNIVERSITY'. On the right side, there is a photograph of two women sitting on a couch and looking at a document together. Below the image is the URL: <https://sites.bu.edu/autismsa/training/index.html>

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Created by a team that included both autistic and non-autistic contributors:

 Brandy Haberer	 Joe Storch	 Roma Shah	 Morgan Clifford	 Martine Chase
 Laura Graham Holmes	 Val Erwin	 Reid Caplan	 Gina Scaramella	 Melody Chiang

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Module 1: Autism

Module 2: Sexual assault and autism

Module 3: Counseling sexual assault survivors who are autistic

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Autistic people who cause sexual harm

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Causing sexual harm

- Rates of sexual perpetration by autistic individuals are similar to the non-autistic population

(Young & Cocallis, 2023; Weiss & Fardella, 2018; Dewinter et al., 2016).

[<https://autism.org/sexual-victimization-in-autism/>]

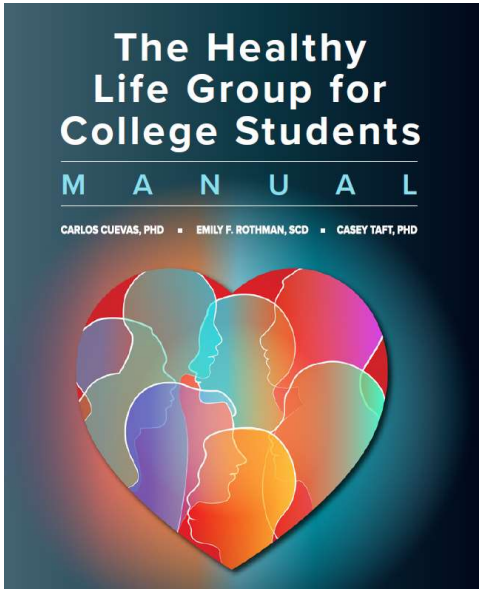
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Our idea

Some college students who cause sexual harm are **capable of change.**

The best way to produce that behavior change is a **psychoeducational group** with peers, following an evidence-based curriculum

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PART 1

Overview and Conceptual Background

Overview

This prevention program is designed to prevent intimate relationship physical, psychological, and sexual aggression. The program is based on existing cognitive-behavioral interventions, specifically incorporating components of CBT for intimate partner violence perpetration (IPV, Murphy & Scott, 1996), anger management and assertiveness training (Grusec, Niles, Quinn, & Taft, unpublished manual), and relationship-focused treatment of posttraumatic stress disorder (PTSD, Monson & Fredman, in press). The program is intended to promote healthy relationships and end aggression or misconduct in current relationships and prevent it in future relationships (which may include intimate partnerships or other peer relationships) by helping participants to develop effective conflict resolution skills, enhance intimacy and closeness in their relationships, and reduce the negative effects of stress. It is intended for undergraduates or graduate students who are in contact with Judicial Affairs because is suspected or confirmed that they have engaged in a form of interpersonal aggression that might be considered IPV, sexual violence (SV), stalking, or harassment.

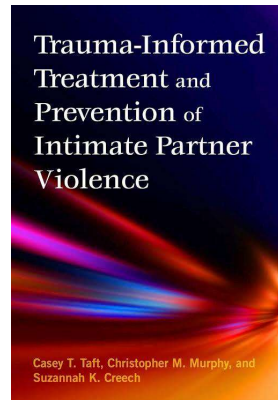
The *Healthy Life group* is a 6-week program conducted in a group format. The program targets social information processing deficits that are associated with interpersonal aggression. Several common themes that may underlie relationship difficulties are also targeted. These themes are discussed in the following section. It was designed to be highly sensitive to the fact that many aggressive individuals have histories of negative life events that negatively impact their relationships and behavior. The program is conducted in a supportive, nonconfrontational atmosphere, by two coleaders. It follows a closedgroup format involving weekly 90 minute meetings. Each meeting contains brief instructional material, group activities to discuss, learn, and practice new behaviors, and flexible time to solve ongoing problems, explore change efforts, and build group cohesion.

The first two meetings of the *Healthy Life group* provide psychoeducation on certain forms of interpersonal aggression (IPV, SV, stalking, harassment) and common reactions to negative life events. There is a focus on goal-setting, enhancing motivational readiness for change, and building a group cohesion and a positive facilitator-participant working alliance. The third meeting focuses on conflict management skills and learning to become assertive in a healthy way, rather than passive or aggressive. The remaining meetings all focus on communication skills: how one learned to communicate over the course of their lives, enhancing listening skills, and recognizing and expressing feelings more effectively and cueing in to the feelings and boundaries of others. Across all of the meetings, participants complete in-session practice exercises and are provided "practice assignments" to consolidate information learned.

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Using the Strength at Home model



Cognitive behavior therapy
Social information processing skills

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The college curriculum: Healthy Life

Meeting #	Topic
Meeting 1	Introduction and Welcoming
Meeting 2	Negative Life Events and Relationships
Meeting 3	Roots of Communication Style & Assertiveness
Meeting 4	Roots of Sexual Behavior
Meeting 5	Active Listening
Meeting 6	Expressing Feelings

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Lessons learned

Therapeutic alliance is important

Information about healthy relationships was new to them

Autism and the processing of social information came up for multiple participants

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Gen Z: Factors influencing sexual communication style

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My current research

- Began April 2025
- Interviewed n=17 Gen Z youth ages 18-24 years old;
- Parents (n=2), counselors (n=1), educators (n=2), pediatricians (n=1), porn industry executives (n=2), OnlyFans creators (n=1)

Research question: Generation Z was the first to be exposed to unfiltered adult content (i.e., porn) from an early age with few parental controls during the uptick in internet use that took place during COVID, when they were 13-19 years old. How is that influencing their college dating and sexual relationships today, if at all (when they are 18-24 years old)?

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Theme 1

Generation Z knows that porn isn't real, but that hasn't stopped them from modeling their sexual behavior on porn.

- For example, rough sex and sexual choking without consent
- And, not asking verbally for consent

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Theme 2

Generation Z is less motivated to enter into pair-bonded (dyadic) monogamous relationships and less likely to have discussions about sexual tastes, preferences, comfort, and reproductive health with hookups than with long-term partners.

This is not only a porn problem, this is also due to dating apps and exhaustion/fatigue/motivation to interact in person.

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Theme 3

Generation Z is feeling badly about themselves – because of all types of media (social media, explicit media). They feel bad about their bodies, about their masculinity/femininity, about the likelihood they will be rejected if they flirt, about their metrics on dating apps and social media, and about how often they are on their phones ('people think we're dumb').

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Other issues

- Performative sex
- Gender inequity related to pleasure
- Dating apps
- Different social skills
- Depression and anxiety
- Limited impact of alcohol and other online training

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Solutions

Gen Ed about sex and pleasure and desire, reproductive and sexual health, healthy relationships, consent, how to communicate transparently and openly, how to find and maintain friend relationships.

Education to support communication skills

Social norms campaigns: Verbal consent: "Is this OK?"; and regarding choking

Mixers!

Date night options

Caring communities; and Engage students in social justice to build a sense of hope

Champions of gender equity: bring them to campus (antidote to toxic masculinity)

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Conclusions

Conclusions

- Meet students where they are at in terms of communication needs
- We need to adapt and evolve as their population-level needs have evolved

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