

The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title: Rape Prevention Through Bystander Education: Bringing a Broader Community Perspective to Sexual Violence Prevention

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Document No.: 208701

Date Received: February 2005

Award Number: 2002-WG-BX-0009

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Rape Prevention through Bystander Education: Bringing a Broader Community Perspective to Sexual Violence Prevention

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This project was supported by Grant No. 2002-WG-BX-0009 awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Acknowledgements

We wish to thank the many people for their help, support, and encouragement on this research endeavor.

We are grateful for the support of our NIJ Project Directors, Katherine Darke, Nicole Gaskin-Laniyan and Richard Titus as well as input from our NIJ Technical Work Group, Karen Bachar, Jeff O'Brian, Sandy Ortman, Marty Schwartz and Ron Slaby.

We wish also to thank our consultants for their helpful suggestions and commentary, Vangie Foshee, Daryl Fort, Sally Laskey, Sharyn Potter, Becky Warner and Linda Williams.

We want to acknowledge the efforts of graduate students, Elise Cantor and Kathy Modecki, our research assistant, M. Denise Wissell, who co-wrote the chapter on recruitment and retention.

We wish also to acknowledge the support of the University of New Hampshire College of Liberal Arts (COLA), Department of Psychology, Women's Studies Program, Sexual Harassment And Rape Prevention Program and Office of Sponsored Research as well as the UNH COLA Business Service Center, especially Angele Cook and Cindy Corriveau. We are grateful to New Hampshire Coalition Against Domestic and Sexual Violence for its encouragement.

Our work would have been impossible without the work of the peer educators who facilitated the programs: Angela Borges, Bobby Eckstein, Molly Goulet, Mike Lavers, Elle Petcavage, Brittany Pye, Andy Smiler, Adam Vigneault, and Jessica Wisocky. We also had help from an able staff or students who did data entry and related tasks: Theresa Marquardt, Emily Olsen, Laura Perfield, Calle Spinney, Kimberly Strovink, and Cylvn Williams.

We are especially grateful to the 389 undergraduates who completed the program sessions and filled out questionnaires, especially those who completed all phases of the research project.

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Abstract

The sexual violence prevention program we evaluated uses a community of responsibility model to teach women and men how to intervene safely and effectively in cases of sexual violence before, during, and after incidents with strangers, acquaintances, or friends. The program varies from other prevention programs in that it does not address men as potential perpetrators or women as potential victims. Rather it approaches both women and men as potential bystanders or witnesses to behaviors related to sexual violence. The program is grounded in recent research in social and community psychology on bystander intervention and community-focused solutions. The program draws upon findings from research on community change and prevention as well as more individually-focused studies of rape prevention programs and bystander behavior in emergency and crime situations.

Three hundred and eighty-nine undergraduates participated and were randomly assigned to one of two treatment groups or a control group. Results from the research reveal that up to two months after participating in either a one or three session version of the program, participants in the treatment conditions showed improvements across measures of attitudes, knowledge, and behavior while the control group did not. Most program effects persisted at four and twelve month follow-ups. The program appeared to benefit women and men equally. Implications and future directions for research are discussed.

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Executive Summary

Sexual violence is a widespread problem across communities (e.g. Fisher, Cullen, & Turner, 2000). Increasing recognition of this problem has generated a growing literature on prevention efforts (e.g. Lonsway, 1996) at times with mixed results on their efficacy. The result is a call for more empirical evaluation of rape prevention programs and the continued development of program innovations that are grounded in strong theoretical literature about mechanisms of proposed change (e.g. Lonsway, 1996; Yeater & O'Donohue, 1999). The current report uses recent reviews of the rape prevention literature as an important starting point for the discussion of next steps in the development of prevention programs. We then posit that the broader literature in social and community psychology has much to offer in terms of new theoretical concepts for expanding rape prevention efforts using the more specific high-risk community of college campuses as an illustrative example. Next, we present an evaluation of a bystander education program the results from which reveal that up to two months after participating in either a one or three session version of the program, participants in the treatment conditions showed improvements across measures of attitudes, knowledge, and behavior while the control group did not. Most of these program effects persisted at four and twelve month follow-ups. The program appeared to benefit women and men equally. Finally, implications and future directions for research are presented and discussed.

Specifically, then, this report highlights the importance of a bystander focus for interventions that go beyond the individual level discussed by previous researchers (e.g. Berkowitz, 2002), or a focus only on men (e.g. Foubert, 2000; Foubert & Marriott, 1997;

Schwartz & DeKeseredy, 1997) to models of community levels of change. The current report reviews literature on theories of both community readiness to change (e.g. Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000), competent communities and social action (e.g. Dalton, Elias, & Wandersman, 2001 for a review) and studies of helping and bystander intervention behavior (e.g. Shotland & Goodstein, 1984) to propose a theoretical model for an added avenue of rape prevention education. The conceptual model focuses both on increasing community members' receptivity to prevention messages and training and supporting bystander behaviors – helping all community members become more sensitive to issues of sexual violence and teaching them skills to intervene with the intent to prevent assaults from occurring and support survivors who may disclose. Thus, unlike many other programs, this approach does not rely on identifying men as potential perpetrators or focus on women as victims, messages which may promote defensiveness. It is believed that such an approach may reduce both men and women's resistance to rape prevention messages and enhance efforts to change broader group and community norms around sexual violence. It adds to previous discussions of rape prevention a message that is broad and has applicability to all community members, a message that specifically addresses noted problems with receptivity to prevention messages, and the potential to create wider community and social change.

We take this broader community perspective and illustrate it using the specific example of college campus communities. While there are unique aspects of this community, given that research suggests that the campus community has a particularly

high risk for sexual violence (e.g. Koss, Gidycz, & Wisniewski, 1987), it is an important illustrative community in which to examine these issues and will be used as a more specific example of points discussed in the report.

Rape prevention in a broader community context

Views about the causes of rape have provided the foundation of information on which interventions and prevention programs have been based. The empirical literature contains many accounts of rape prevention programs that target both men and women (e.g. Heppner, Humphrey, Hillenbrand-Gunn, & Debord, 1995; Lanier, et al., 1998; Lonsway & Kothari, 2000; Pinzone-Glover, Gidycz, & Jacobs, 1998) and those that focus on men in particular (e.g. Foubert & McEwen, 1998; Schewe & O'Donohue, 1996). Breitenbecher's (2000) review highlights the overall effectiveness of many of these programs. For example, there is support for the impact of a variety of rape prevention strategies particularly in the college population on attitudes about rape, positive changes in adversarial sexual beliefs, increased knowledge about sexual violence, and reduction of risky dating behaviors such as use of alcohol.

Along with such positive findings, the rape prevention literature also has limitations. Some researchers have critiqued rape prevention efforts for focusing too much on individuals or small groups such as athletes or fraternity members rather than wider social change (e.g. Swift & Ryan-Finn, 1995). Swift and Ryan-Finn (1995, p.20) state, "prevention approaches must go beyond changing individuals to changing the system that creates and maintains sexual abuse." We need prevention efforts at all levels of the ecological model. The history of the rape crisis center movement and studies of its

effectiveness highlight the importance of social change through community education at a primary prevention level as well as work at the secondary and tertiary levels to expand safety nets for victims (e.g. Koss & Harvey, 1991).

The Bystander Approach

Lonsway and Kothari (2000) note what they call a virtual explosion in the number of rape prevention programs being implemented in college communities. Banyard, Plante, and Moynihan (2004) note that one innovation in this area is the use of a bystander approach to the widespread problem of sexual violence prevention across campuses and other communities (e.g. Slaby & Stringham, 1994; Katz 1994; DeKeseredy, et al, 2000; Foubert, 2000; Foubert & Marriott, 1997; and Berkowitz, 2002). This approach involves teaching bystanders how to intervene in situations that involve sexual violence but given that the literature demonstrates mixed results on efficacy, further research is needed.

The bystander model gives all community members a specific role, with which they can identify and adopt in preventing the community problem of sexual violence. This role includes interrupting situations that could lead to assault before it happens or during an incident, speaking out against social norms that support sexual violence, and having skills to be an effective and supportive ally to survivors. Additionally important about this perspective is that it may also provide an entry into broader community change. By presenting material about sexual violence in the context of discussions about sense of community and the interconnections between members of the community, individual and groups may begin to take on broader challenges in creating social change

around these issues. In addition, a bystander approach integrates favorably with findings from sexual violence prevention literature about what we already know works. Strong messages that challenge sexual violence myths make community members more aware of sexual violence, its prevalence, and consequences.

A bystander focus also goes beyond traditional programs. For one, bystanders are asked to make a commitment to intervene. Using the bystander literature as a focus of prevention programs will also provide skill-building opportunities for both direct and indirect intervention in order to increase helping behavior without placing bystanders' own safety in jeopardy. Finally, a bystander approach can work within broader community models of change by providing a perspective that shows how all community members have a direct stake and role to play in sexual violence prevention, including community attitude change.

The Program

We created our own version of a bystander intervention program in order to address some of the limitations we perceived in the earlier programs. For example, Foubert (2000), DeKeseredy, Schwartz and Alvi, (2000) and Berkowitz (2003) look at the role of bystanders in relation to sexual violence prevention and have focused on the effectiveness of the approach for men. The Mentors in Violence Prevention (MVP) program (Katz, 1994) is conducted with high-school aged men and women, its effectiveness has been presented more in terms of changing individual attitudes, rather than focusing on a community level of change and is limited to student athletes and students leaders (Ward, 2001, p. 6). Slaby and Stringham's (1994) program focuses on

teaching children how to develop skills to avoid being victims of violence of all types, especially bullying.

We based each component of the current program on the empirical literature on bystander behavior (e.g. Edwards, et al, 2000) as well as noted best practices regarding rape prevention (e. g., Lonsway, 1996). Following from this, for purposes of our prevention program we incorporated predictors of successful bystander intervention that we could reinforce through education: recognizing inappropriate behavior; skill building, requesting a commitment to intervene, and role modeling (e.g. Lanier et al., 2001; Christy & Voight, 1994). Following from recommendations from the college campus rape prevention literature, our program used peer educators (e.g. DeKeseredy, Schwartz & Alvi, 2000), single sex groups (e.g. Katz, 1994), and used active learning methods to address knowledge, attitudes and behavior.

We chose a one-woman, one-man team to model women and men working together successfully and respectfully, with the emphasis on the male member of the team recognizing his female counterpart as a knowledgeable co-leader.

In the first session, we introduce students gradually to the notion of bystander responsibility, examine issues relating to sense of community membership, and ask students to draw upon their own experiences. Examples occurring on our own campus are especially effective in promoting discussion and making points about bystander and community responsibilities. During the second session of the program students increase their awareness of sexual violence and are given an opportunity to apply bystander responsibility to sexual violence. Finally, we designed the third session to increase

awareness among participants about the importance of personal safety, resources available to aid them during intervention, and understanding the decision-making process behind successful bystander intervention. Students were also given information about campus resources, and facilitators served as role models for expected behaviors (Banyard, Plante & Moynihan, 2004).

Research Design and Methods

Research Design

The purpose of the current study was to evaluate the effectiveness of a new approach to rape prevention education. The longitudinal phase of the study compared students who do and do not receive the program on measures of knowledge and attitudes about sexual assault. Assessments were also of bystander behaviors such as willingness to engage in helping behaviors. Analyses of gender differences in effectiveness of program were conducted.

Participants

One hundred- twenty-three students in Introduction to Psychology during fall semester 2002 filled out one of 2 iterations of the questionnaire. Later that semester 31 students filled out pretest questionnaires to participate in the formative evaluation. Of that latter number, 14 women and 12 men completed the program and 11 men and 13 women returned a week later to participate in the focus group sessions on the program.

In order to qualify as a participant in the formative and longitudinal phases of our research, an individual had to meet the following eligibility requirements: a university student between the ages of 18 and 23 who had never been trained as a sexual violence

advocate at the university or other similar program elsewhere. Students who had participated in the pilot project were not eligible to participate in either the formative or the longitudinal phases of the research and those who participated in the formative evaluation were not eligible to participate in the longitudinal study. All participants in the formative and longitudinal studies were paid for their time.

Three hundred and eighty-nine undergraduates (271 women and 172 men) filled out pretest questionnaires for the longitudinal phase of the research. Of that group, 64 women and 60 men completed the 3-session program, 69 women and 60 men participated in the 1-session program, and 65 women and 45 men composed the control group, for a total of 198 women and 165 men filling out posttest questionnaires immediately after the program sessions ended. The control groups filled out their first posttest questionnaires at the same time and are included in these numbers. Booster sessions for the experimental groups and follow-up sessions for the control group were held two months after the program sessions, which 301 participants attended. In February 2004, we recontacted 160 students for the 4-month follow-up phase of the research. Of that group, 140 (77 women and 63 men) completed questionnaires. At that same time, 83 students (29 men and 54 women) from the first wave completed the 12-month follow-up questionnaire. In all, then, 223 students filled out questionnaires.

Description of research instrument

Outcome measures. Outcome measures at pretest, posttest, and 2 and 4 or 12 month follow-up will consist of the same set of measures that include assessment of knowledge, attitudes, and behavior.

Knowledge assessment (Banyard, Plante, & Moynihan, 2002). To assess knowledge, ten items were developed for use with this project including multiple choice and short answer items. In addition, for each of the ten questions, participants could indicate that they “did not know” the answer.

Attitudes were assessed with several measures which have been shown in the research literature to have adequate reliability and validity and which have been used in evaluations of rape prevention programs.

Illinois Rape Myth Acceptance Scale – Short form (Payne, Lonsway, & Fitzgerald, 1999). This is a 20-item scale developed to assess participants’ endorsement of a variety of common myths about sexual assault.

College Date Rape Attitude Survey (Lanier & Elliott, 1997). This measure consists of 20 items assessing attitudes related to date rape. It has been used in a modified form by Schultz et al. (2000) to assess behavioral change among students participating in a rape prevention program.

ELMQ (Heppner et al, 1999). Heppner et al. (1999) discuss their Elaboration Likelihood Model of attitude change and have developed a questionnaire to assess how prevention messages are processed by participants in a rape prevention program. This is a 12-item questionnaire.

Readiness to change. Participants were asked to complete a questionnaire developed for this research and based on Prochaska and DiClemente’s Transtheoretical Model of health behavior change (Grimley et al, 1994) which has been discussed as potentially important in sexual assault prevention (Berkowitz, 2002).

Vignettes (Banyard, Plante, & Moynihan, 2002). Following previous research (e.g. Lonsway & Kothari, 2000; Pinzone-Glover, et al. 1998) descriptions of rape scenarios were given to participants to assess of the extent to which individuals judge the scenarios to be an example of sexual assault.

Bystander attitudes (Banyard, Plante, & Moynihan, 2002). A list of 51 potential bystander helping behaviors was generated from examples in the literature, discussions with advocates and professionals working in the field of sexual violence, and the pilot study and formative evaluation with a sample of college students.

Bystander behaviors (Banyard, Plante, & Moynihan, 2002). Using the same list of behaviors as in the attitude scale above, a second scale was created.

Bystander efficacy scale (Banyard, Plante, & Moynihan, 2002). This scale was modeled on recent work by LaPlant (2000, 2002). Participants were asked to indicate their confidence in performing each of 14 bystanding behaviors.

Slaby Bystander Efficacy Scale (Slaby, Wilson-Brewer, & DeVos, 1994). This is a nine-item scale designed to assess participants' beliefs about the efficacy of violence prevention.

MVP Efficacy Scale (Ward, 2001). This scale developed for use in the program evaluation of the Mentors in Violence Program (Katz, 1994) consists of ten items assessing self-efficacy related to gender violence prevention.

Decisional Balance scale (Banyard, Plante, & Moynihan, 2002). Participants were asked to complete a questionnaire based on Prochaska and DiClemente's Transtheoretical Model of health behavior change (Grimley et al, 1994). This was a 10

item scale reflecting both positive benefits and negative consequences for intervening “in a situation where you thought someone might be being hurt or was at risk of being hurt.”

Sense of Community (Unger & Wandersman, 1982). Participants completed a modified version of Unger and Wandersman’s (1982) sense of community scale (3-items) that used in prior studies with college students measure to assess the extent to which program messages specific to sexual assault may generalize to more general community building and helping behaviors (Banyard & LaPlant, 2002).

Assessing individual differences among participants

Demographic data. Participants were asked a number of demographic questions including age, year in school, and sex. They were also asked a series of brief questions related to the topic of sexual violence (e.g. did they know a victim of sexual violence?)

Social Desirability (Crowne & Marlowe, 1960). This is a 33-item measure to assess a socially desirable response bias among participants.

Perceived Control (Paulhaus, 1983). Individual differences in perceptions of control and efficacy may also influence participants' responses to behavioral measures. To examine this effect, participant completed two subscales of Paulhaus’ (1983) “Sphere Specific Measure of Perceived Control,” a 30-item measure of perceptions control in a number of arenas.

Extroversion (John & Srivastava, 1999). A brief eight-item assessment of the personality trait extroversion was also included.

Experiences with sexual violence. This nine-item measure asked about participants’ own experiences with sexual violence.

The following sections on hypotheses, findings and main conclusions pertain to the longitudinal phase of the study.

Hypotheses

The data analysis strategy focuses on using statistical analyses to examine five main hypotheses. The statistical package, SPSS for Windows was used.

1) Participants in the experimental group will show an increase in outcome measures of knowledge, attitudes, and behaviors from pretest prior to participation in the prevention program to posttest following the prevention program.

2) Participants in the experimental group who receive the prevention program will score higher than participants in the control group on all outcome measures that follow the prevention.

3) We hypothesize that these differences will persist at 2 and 4 months following the administration of the prevention program.

4) We hypothesize that there will be few differences between men and women in their perceptions of the program such that the program works equally well for men and women in changing attitudes and behaviors.

5) Effects of the prevention program in terms of increasingly positive bystander behaviors, greater knowledge of sexual violence, and less victim-blaming attitudes will persist even after controlling for individual differences among participants including social desirability, general willingness to engage in helping behaviors, perceptions of control, and previous experiences with sexual violence.

Findings

Hypothesis 1

The first hypothesis was supported. Participants in both the one and three session prevention program groups showed improvement across outcome measures from pre- to posttest as compared to the control group participants. This finding is consistent with previous studies using other models of rape prevention (e.g. Lanier & Elliott, 1998; Lonsway & Kothari, 2000; Pinzone-Glover, Gidycz, & Jacobs, 1998). These effects were seen across outcome measures typically assessed in rape prevention evaluation research, including decrease in rape myth acceptance and increased knowledge of sexual violence. In addition, the current study found significant increases in prosocial bystander attitudes, increased bystander efficacy, and increases in self-reported bystander behaviors. Significant differences from pretest scores for the treatment groups were also seen in attitudes, knowledge, and behaviors at two, four, and twelve month follow-up. Results of the current program seem to show persistence of effects over a somewhat longer time than some other programs (e.g. Yeater & O'Donohue, 1999 for a review). In the current study, the persistence of effects at two months is likely due in part to the brief booster session given at that time that consisted of a brief discussion of what participants remembered from the program. Some effects of the program did seem to decline somewhat by the four and twelve month follow-ups, though for the treatment groups there were still many outcomes related to efficacy, knowledge, attitudes and behavior that remained significant. Few studies within the rape prevention literature have followed participants for up to one year.

Hypothesis 2

The bulk of the results from gender analyses suggest that the program worked equally well for male and female participants. Consistent with past research, women at pretest overall had higher scores on measures such as knowledge of sexual assault and lower rape myth acceptance than men (e.g. Muir, Lonsway, & Payne, 1996). In terms of bystander outcomes, across measures at pretest women and men looked a bit more similar on bystander efficacy, pros of bystanding, and perception of victim's need for help, though women reported greater willingness to intervene as a bystander, higher numbers of actual bystander behaviors but also greater perceived cons to intervening as a bystander than men at pretest. Both women and men in treatment conditions improved their knowledge of sexual violence, decreased their acceptance of rape myths, and reported increases in bystander efficacy and behavior as a result of participation in either the one or three session program. This difference in scores remained across time points such that at posttest and other follow-up points men in the treatment groups, while they made significant positive changes in knowledge, attitudes and behaviors, still did not match women on these outcomes.

However, large effect sizes for the intervention were found for both men and women, even though overall women showed higher effect sizes. When looking at the few outcomes where the program might have worked differently women showed greater increases in knowledge and efficacy and perceived pros of bystanding, perhaps because women needed more empowerment to feel effective as bystanders. Men may already have high level of perceived efficacy – indeed they start with higher scores on at least one efficacy measure and have a lower degree of perceived cons. These findings fit with

Schewe and O'Donohue's (1996) recommendations to move beyond more traditional programming that blames victims and approaches men as perpetrators and women as victims. It also fits with Lonsway's (1996) call to develop prevention programs grounded in social psychological literature on attitude change. The current study also extends previous research on rape prevention using more of a bystander model. Katz's (1994) MVP program used a pre-post test design to evaluate the program with high school students but did not include a control group or random group assignment (Ward, 2001). Foubert and Mariott (1997) found effects of their program for men but to our knowledge have not applied their work to prevention with women. The current study demonstrates the utility of a bystander approach grounded in community change for both men and women.

Hypothesis 3

There was not a pattern of significant effects for individual difference variables such as extroversion or sense of control. Indeed, the program seems to work well for college students across a variety of personality dimensions. Importantly, in an exploratory way we were able to also examine the utility of this program for self reported survivors of sexual violence. Recent work has focused more on self-defense programs for women (Sochting, Fairbrother & Koch, 2004). While these programs may be empowering for some, in isolation they may continue the victim blaming emphasis in prevention criticized by Schewe and O'Donohue (1996). The current program seems to enhance survivors' knowledge and ability to prevent sexual violence but within a community empowerment context.

Hypothesis 4

Again, exploratory analyses of the relationship between knowledge and attitudes as assessed at posttest and later bystander behaviors produced interesting results. Consistent with the social psychological literature on bystander behavior, scores on bystander efficacy and higher perceptions that a hypothetical victim needed help were related to increased bystander behaviors two months later (e.g. Huston, Ruggiero, Conner, & Geis, 1981; Yee & Greenberg, 1998). Additionally, the strong correlations between knowledge, attitudes, and actual behaviors helps to address critiques that changes in attitudes and knowledge through prevention programs does not necessarily contribute to behavior change (e.g. Lonsway, 1996).

Findings from Qualitative Analysis

The findings from the qualitative process evaluation triangulate well with the quantitative findings. Overall, students liked the program and felt it was effective. Their responses underscore best prevention practices noted in the literature including the use of peer educators, single sex groups, and active learning approaches (e.g. Lonsway, 1996; Yeater & O'Donohue, 1999 for reviews). Of particular note, given that the current study was grounded in community models of change, is that students particularly learned from material and examples directly connected to their own community.

Main Conclusions from This Study

Overall, the current study demonstrated the utility of using a bystander approach to sexual violence prevention. While earlier studies have discussed this approach (e.g. Berkowitz, 2000) and evaluated its effectiveness for men (e.g. Foubert & Mariott, 1997),

to our knowledge this is the first experimental evaluation of such a program using a large sample of both men and women. The findings suggest that this line of prevention programming is an important area for future study and an aspect of prevention curriculum development that should be further developed.

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CHAPTER 1: Introduction

Sexual violence is a widespread problem across communities (e.g., Abbey, Ross, & McDuffie 1996; Fisher, Cullen, & Turner, 2000; Himelein, 1995; Koss, Gidycz, & Wisniewski, 1987; Synovitz & Byrne, 1998). Increasing recognition of this problem has generated a growing literature on prevention efforts (e.g., Lonsway, 1996) at times with mixed results on their efficacy. The result is a call for more empirical evaluation of rape prevention programs and the continued development of program innovations that are grounded in strong theoretical literature about mechanisms of proposed change (e.g., Lonsway, 1996; Yeater & O'Donohue, 1999). The current report uses recent reviews of the rape prevention literature as an important starting point for the discussion of next steps in the development of prevention programs. We then posit that the broader literature in social and community psychology has much to offer in terms of new theoretical concepts for expanding rape prevention efforts using the more specific high-risk community of college campuses as an illustrative example.

Specifically, this report highlights the importance of a bystander focus for interventions that go beyond the individual level discussed by previous researchers (e.g., Berkowitz, 2002), or a focus only on men (e.g., Foubert, 2000; Foubert & Marriott, 1997; Schwartz & DeKeseredy, 1997) to models of community levels of change. The current report reviews literature on theories of both community readiness to change (e.g., Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000), competent communities and social action (e.g., Dalton, Elias, & Wandersman, 2001 for a review) and studies of helping and bystander intervention behavior (e.g., Shotland & Goodstein, 1984) to

propose a theoretical model for an added avenue of rape prevention education. The conceptual model focuses both on increasing community members' receptivity to prevention messages and training and supporting bystander behaviors – helping all community members become more sensitive to issues of sexual violence and teaching them skills to intervene with the intent to prevent assaults from occurring and support survivors who may disclose. Thus, unlike many other programs, this approach does not rely on identifying men as potential perpetrators or focus on women as victims, messages which may promote defensiveness. It is believed that such an approach may reduce both men and women's resistance to rape prevention messages and enhance efforts to change broader group and community norms around sexual violence. It adds to previous discussions of rape prevention a message that is broad and has applicability to all community members, a message that specifically addresses noted problems with receptivity to prevention messages, and the potential to create wider community and social change. Such a community focus is supported by evidence for ecological models of the causes of sexual violence, and the ways in which calls for improvements in rape prevention intersect with recent developments in the broader literature on prevention and community change.

The current report takes this broader community perspective and illustrates it using the specific example of college campus communities. While there are unique aspects of this community, given that research suggests that the campus community has a particularly high risk for sexual violence (e.g., Koss, Gidycz, & Wisniewski, 1987), it is

an important illustrative community in which to examine these issues and will be used as a more specific example of points discussed in the report.

The importance of a focus on sexual violence and campuses as an at risk community

A variety of empirical research has documented the problem of sexual violence. Koss and Harvey (1991) in summarizing a variety of research, report that one in five women have experienced sexual violence in their lifetime. Silverman, Raj, Mucci, and Hathaway (2001) found that 20% of adolescent girls had experienced sexual or physical abuse in a dating relationship and work like recent research has brought to light the problem of marital rape (e.g., Mahoney & Williams, 1998 for a review). Approximately 50% of college women have experienced some form of unwanted sexual activity (Abbey, Ross, & McDuffie 1996; Himelein, 1995; Koss, Gidycz, & Wisniewski, 1987; Synovitz & Byrne, 1998). When examining the prevalence of the most serious forms of sexual violence, attempted or completed rape, the percentage of victims ranges from a low of 5% (Finkelton & Oswald, 1995) to a high of approximately 30% (Abbey, Ross, & McDuffie, 1996; Banyard, V. L., Plante, E., Ward, S., Cohn, E. S., Moorhead, C., & Walsh, W. (2000); Koss, Gidycz, & Wisniewski, 1987; Mills & Granoff, 1992). The recent National College Women Sexual Victimization study (Fisher, Cullen, & Turner, 2000) found a rate of 2.8% of women experiencing rape or attempted rape during the college academic year. Still other studies have looked at sexual coercion more broadly, finding that both college men and women report being victimized, though women report much higher rates (Larimer, Lydum, Anderson, & Turner, 1999; O'Sullivan, Byers, & Finkelman, 1998).

In addition, exposure to sexual violence has been associated with a variety of negative outcomes including increased substance use, depressive symptoms, health risk behaviors, and symptoms of Posttraumatic Stress Disorder among various samples of survivors (e.g., Acierno, Brady, Gray, Kilpatrick, Resnick & Best, 2002; Arata & Burkhart, 1996; Banyard, Williams, & Siegel, 2001; Brener, McMahon, Warren, & Douglas, 1999; Campbell & Soeken, 1999; Larimer et al., 1999). These effects have been found across clinical, community, and college samples in a variety of communities.

Discussions of causal factors fit best within an ecological model (Bronfenbrenner, 1980). For example, Koss and Dinero (1989) found risk factors for victimization among college students at all levels of the ecological model including intrapersonal factors such as past abuse history and situational variables. (Abbey, McAuslan, & Ross, 1998; Boswell & Spade, 1996; Fisher, Cullen, & Turner, 2000; Fritner & Rubinson, 1993; Koss & Dinero, 1989; Koss & Gaines, 1993; Ullman, Karabatsos, & Koss, 1999). Studies of risk for perpetration are similar and include variables within the individual such as rape myth acceptance (e.g., Nagayama & Barongan, 1997 for a review), and drug and alcohol use (e.g., Schwartz & Nogrady, 1996). Other studies have examined the impact of wider norms and community beliefs. For example, some studies have shown higher sexual violence among groups such as athletes and social fraternities on college campuses (e.g., Boeringer, 1996). Others, such as Schwartz and Nogrady (1996) did not find specific differences for such groups but did highlight the importance of norms within the broader community of men, such that having friends who hold beliefs that support sexual violence predicts perpetration. Schwartz and DeKeseredy (2000) found higher rates of

sexual violence community wide on campuses with higher levels of “male peer support” for sexual violence.

Many of these studies of prevalence, consequences, and risk factors as well as studies of prevention efforts that follow, target school populations, particularly college students and much less is known about the ecology of sexual violence more broadly. A review by Nagayama and Barongan (1997) highlights both risk and protective factors for sexually aggressive behavior that include aspects of the individual, the family, and community levels.

Feminist analyses of the causes of rape also point to the need to take a broader ecological perspective by examining the ways in which larger community and societal issues such as gender inequality and male social control and entitlement permeate the foundation of attitudes that condone violence against women, blame individuals for their own victimization, and pair sexuality and aggression (e.g., Brownmiller, 1975; Koss et al. 1994; Rafter and Stanko, 1982; Sanday, 1981, 1996; Stanko, 1985, 1990, 1995; Yllo, 1993; Yonanis, Godenzi & Stanko, 2000).

As early as 1975, Brownmiller linked sexual violence in general and rape of women in particular with attitudes and beliefs about women perpetuated by male-dominated social and cultural expectations about women. Brownmiller is credited with establishing that rape is about violence, not about sex or passion and therefore began the feminist theoretical reinterpretation of rape from a woman’s perspective (Buchwald, Fletcher, Roth, 1993; Ward, 1995). Sanday (1996) discusses her own work on characteristics of rape-prone versus rape-free cultures, asserting that, “... the outstanding

feature of rape-free societies is the ceremonial importance of women and the respect accorded the contribution women make...a respect which places men and women in relatively balanced power spheres (p.201).”

What is more, Rafter and Stanko (1982) identified six controlling images of women that have shaped theory and research on women, crime, and criminal justice. The contributing pieces in their volume serve to show that the broader cultural definitions of the genders and behaviors expected of men and women affect the way researchers and others view women as “judge, lawyer, victim, thief (Rafter & Stanko, 1982, p.1).”

Stanko’s (1990) and Yllo’s (1993) works look at the gendered nature of violence, its relationship to inequality and the ways patriarchy leads men to feel entitled to commit violence, particularly violence against women, and the way women’s lives are constrained by the existence of male violence and their fear of it. Stanko (1995, p. 102) clearly states her perspective on violence against women in her review of Koss et al.(1994): “Men’s behavior is responsible for creating and maintaining the conditions of terror and potential threat in our lives. Conditions within wider society—economic, social, institutional, and legislative—continue to support men’s violence.”

Yodanis, Godinzi & Stanko (2000, p. 270) take the issues highlighted in this structural perspective to the national level of social policy decisions. They reviewed studies on the economic costs of violence against women. Their findings show how such a community level analysis of the causes of sexual violence can be applied to social change. They argue that “studies of the economic costs of violence against women have the potential to promote social policy and reduce violence against women.” They

conclude their review by noting that although it seems callous to discuss violence against women from an economic perspective, showing policy-makers and other power brokers the enormous cost of violence against women may be an effective way for “fueling widespread efforts for ending violence against women (pp.274-75).” Such theoretical perspectives suggest that sexual violence will be eliminated only when broader social norms are also addressed and a broader range of audiences are reached. Moreover their approach is targeted at broader community social change in that political leaders may be able to cite Yodanis et al.’s findings to argue effectively for social change based on economically sound and socially responsible reasons.

Sanday (1996) brings this discussion to the more specific example of the college campus. While she calls for more investigation of characteristics of rape-prone and rape-free campus communities she highlights some preliminary findings. Overall, central characteristics of rape-free campuses are similar to those of rape-free society with the value of and respect for women and gender equality and intolerance for sexual violence throughout all segments of the community. She also implies that rape-free campuses are characterized by a broad sense of community connection and responsibility. She states, “On this campus, everyone – administrators, faculty, and students – is on a first name basis, which makes the atmosphere more egalitarian than most campuses. Decision making is by consensus, and interpersonal interaction is guided by an ethic of respect for the individual. Those who are disrespectful of others are ostracized as campus life is motivated by a strong sense of community and the common good (p.203).” This again fits well with ecological views of community that highlight the need to appreciate the

interconnectedness of parts of systems rather than exclusively focusing on individuals separately (e.g., Trickett, 1984).

Rape prevention in a broader community context

Views about the causes of rape have provided the foundation of information on which interventions and prevention programs have been based. The empirical literature contains many accounts of rape prevention programs that target both men and women (e.g., Anderson, Stoelb, Duggan, Hieger, Kling, & Payne, 1998; Heppner, Humphrey, Hillenbrand-Gunn, & Debord, 1995; Lanier & Elliott, 1998; Lonsway & Kothari, 2000; Pinzone-Glover, Gidycz, & Jacobs, 1998) and those that focus on men in particular (e.g., Foubert & McEwen, 1998; Lee, 1987; Schewe & O'Donohue, 1996). Breitenbecher's (2000) review highlights the overall effectiveness of many of these programs. For example, there is support for the impact of a variety of rape prevention strategies particularly in the college population on attitudes about rape, positive changes in adversarial sexual beliefs, increased knowledge about sexual violence, and reduction of risky dating behaviors such as use of alcohol. Flores and Hartlab (1998) focused specifically on college men and rape prevention but examined effects quantitatively using meta-analysis. They found an overall positive effect size across programs with no overall differences based on format of the program or length (with the exception that the largest effect size was found for a prevention program that was a semester long course).

Along with such positive findings, the rape prevention literature also has limitations. Some researchers have critiqued rape prevention efforts for focusing too much on individuals or small groups such as athletes or fraternity members rather than

wider social change (e.g., Swift & Ryan-Finn, 1995). Swift and Ryan-Finn (1995, p.20) state, “prevention approaches must go beyond changing individuals to changing the system that creates and maintains sexual abuse.” We need prevention efforts at all levels of the ecological model. The history of the rape crisis center movement and studies of its effectiveness highlight the importance of social change through community education at a primary prevention level as well as work at the secondary and tertiary levels to expand safety nets for victims (e.g., Koss & Harvey, 1991).

Koss and Harvey (1991) describe a history of the rape crisis center movement that is deeply embedded in a feminist analysis of the causes of sexual violence against women and that highlights early and ongoing work to deal with it at the community level. They note that this movement has been successful in creating social change in many areas of the community through rape prevention, the reform of services for survivors to better foster empowerment, and the improvement of legal advocacy for survivors. In their review of research on the effectiveness of rape crisis centers, they note that, “whatever qualities may distinguish these programs from one another, none is ‘separatist’ in its orientation to social and community change. Instead, each is a leader and a participant in community affairs, able to catalyze change in other settings (Koss & Harvey, 1991, p.151).” A key component of success, then, is the ability to engage the broader community in attitude and behavioral change efforts.

The need for this community perspective is also echoed in research by Campbell, et al. (1999) who discuss the powerful impact of community responses to sexual violence victims on survivors’ functioning. They describe the negative experiences that victims

may encounter in their interactions with community members in the criminal justice or medical systems that can cause “secondary victimization (p.847).” Campbell, et al.’s analyses highlight the ways in which such negative interactions are associated with increased psychological distress for survivors. They suggest that prevention efforts should also include components that increase support systems for survivors. This is particularly crucial given research that shows that positive social support in the aftermath of trauma can promote resilience and recovery (e.g., Ullman, 1999 for a review) and that friends of sexual violence victims are frequently first responders (e.g., Ahrens & Campbell, 2000; Banyard, et al., 2000).

This literature and research suggest that prevention efforts for sexual violence need to look at interventions that take place at broader community level, including changing community norms and better preparing all community members to be supportive to survivors. Koss and Harvey (1991) describe the various functions of communities including the ways in which they “teach a set of values and behaviors, socialize particular norms and provide institutions and resources (p.94-95).” They state, “...in performing or failing to perform these functions on her behalf, each community of which the rape victim is a member will help or hinder her physical and emotional recovery from rape (p.95).” While this perspective mainly describes how communities have an important role to play in the aftermath of rape, an additional specific area of community change in relation to sexual violence focuses on prevention.

Koss and Harvey (1991) describe how the rape crisis center movement has developed prevention programs with a community approach. They describe programs

that take either a “community education” or “rape avoidance” approach (p.114).”

Community education focuses on such things as diminishing the acceptance of rape myths by community members while rape avoidance focuses on teaching skills to at-risk groups (primarily women) so that they can protect themselves from becoming victims. Koss and Harvey (1991) also categorize the specific strategies used including forms of “citizen inoculation” that work with individuals to change views about rape and increase knowledge, and “environmental action” that works to change power structures for women and increase community resources for survivors (pp. 260-261). The evaluation literature on violence prevention also includes some examples of this. Slaby and Stringham (1994, p.613) discuss prevention of bullying and youth violence noting that “working in partnership with community leaders and organizations...can help to change the community definition of what is ‘normal violence.’” Mattaini (2001) discusses a comprehensive youth prevention program that uses tools that act at a broader systems level in addition to individual change. Foshee et al. (1996) also describe a dating violence prevention program that included components to involve expanding services in the community and providing resources for important community members such as parents and service providers. Schwartz and DeKeseredy (1997) and DeKeseredy, Schwartz, and Alvi (2000) describe how pro-feminist men can become involved in changing norms for other men around the problem of violence against women on college campuses. While such examples highlight the fact that important prevention efforts informed by a community perspective have begun, the broader literature on sexual violence prevention reviewed previously suggests that work and innovation in this area must be ongoing.

For example, Koss and Harvey (1991) review the history of the rape crisis center movement and describe a time when there were no services for rape survivors and few communities acknowledged the problem. This was in the early stages of “no awareness” or “denial” of the problem of sexual violence using the community readiness to change model of Edwards et al.(2000) model. Koss and Harvey (1991) also describe how over the past 30 years most communities have taken steps to move beyond these early stages of readiness and now have crisis centers and other services, what might be seen as “stabilization” or even “professionalization” levels of readiness (Edwards et al., 2000, p.298-300). However, studies continue to show that negative stereotypes about victims continue along with endorsement of rape myths (e.g., Payne, Lonsway, & Fitzgerald, 1999). The prevalence and persistence of such beliefs suggests that need for broader interventions to raise awareness about the prevalence of the problem at a local level and the need for more community members to play a role in making change. Using Edwards et al.’s (2000) community readiness model may perhaps help us envision some next stages of change. We have already moved beyond the historical perspective that rape does not exist or is a problem for other places to noticing and developing crisis centers that deal with the problem. However, while many communities have moved to the stage of “professionalization” in terms of the high quality of services offered by crisis centers, these same communities may tend to rely solely on such centers to deal with the problem of sexual violence, absolving the broader community from taking responsibility for it as their issue. Future developments must focus on efforts to have all community members take responsibility for playing a role in ending sexual and interpersonal violence on

campus. Again, using the specific case of college communities, Potter et al. (2000, p.1351) state, “The mere existence of such [sexual violence] programs is not enough, however. The intent of the programs and their content must be conveyed to all members of the university community in a clear and consistent manner... to further spread the campus community expectation that such behavior is not acceptable.”

Getting the community to listen

Part of the challenge of rape prevention in community context also consists of finding ways to get the community to listen to the message. This challenge has been examined in terms of prevention at the community level by researchers at the Tri-ethnic Center for Prevention Research at Colorado State University who described how communities may vary in their readiness to change around a particular prevention effort. They brought together Prochaska and DiClemente’s transtheoretical model of change (a widely used model for understanding individuals’ readiness to change a variety of health behaviors) and models of community development to inform their prevention efforts in the area of substance abuse (Edwards et al., 2000; Oetting, Donnermeyer, Plested, Edwards, Kelly, & Beauvais, 1995; Plested, Smitham, Jumper-Thurman, Oetting, & Edwards, 1999). They describe a series of interviews to be conducted with key informants in communities to gain an understanding of where a community is in its receptiveness to broader community change and social norms initiatives. As communities move from “no” or “little awareness” of the problem toward preparation to address the problem and ultimately to expanding efforts, different prevention strategies will be most effective. It is believed that assessment of where communities are in their readiness to

change around certain social problems will enhance the effectiveness of prevention efforts. Their work also suggests that alterations in prevention efforts must continue to be made as communities move forward in making changes. What seems most important about this work to the current discussion is how it highlights the importance of receptivity and resistance of a community to prevention ideas.

The specific rape prevention literature struggles with issues of receptivity to prevention messages. Research suggests that no one program works for all participants and individual differences (e.g., history of sexual violence) may impact the effectiveness of program messages (e.g., Heppner, Neville, Smith, Kivlighan, & Gershuny, 1999; Lonsway, 1996). Breitenbecher (2000) notes mixed findings of prevention programs on such things as attitudes toward women and reports of the likelihood of using sexually coercive behaviors. She reviews the relative lack of evidence that existing prevention programs increase empathy for rape victims, improve sexual communication around issues such as consent, or reduce endorsement of the notion that interpersonal violence is acceptable.

Central to such questions seems to be the problem of individuals' receptivity to prevention messages. Schewe and O'Donohue (1993), for example assess critically rape prevention programs that focus heavily on women as potential victims and teaching them strategies for self-protection. Schewe and O'Donohue discuss the limitations of such an approach both in terms of the injustice to women by putting the responsibility for prevention on their shoulders and in terms of the lack of efficacy of such an approach. Women may get the message that they are supposed to control men's sexuality and that

women are responsible for all aspects of sexual encounters. Others have focused on problems related to motivating participants to be involved enough to think deeply about prevention material and apply it to their own lives. Lonsway (1996, p.252) notes that, “it is likely that beliefs regarding rape will indeed be held with heightened intensity and commitment, and to that extent resistance would seem to be virtually inevitable when attempting to produce change.” Struggles with this resistance and defensiveness in participants is frequently echoed by the experiences of those implementing prevention programs (e.g., Mattern, 2001, personal communication). Lonsway (1996) discusses the need to apply theories of attitude change and persuasion from the social psychology literature in the development of content and process variables that will be more effective in changing beliefs, attitudes, and behaviors. Indeed, traditional rape prevention programs provide information about sexual violence and its effects. However, some men may erroneously hear a message that targets them only as potential rapists while women see themselves mainly as potential victims. There may be a great deal of defensiveness on the part of participants toward viewing themselves in such roles, increasing resistance to rape prevention messages.

Heppner et al.(1995) and Heppner et al. (1999) have conducted specific work on this problem. They discuss the use of the Elaboration Likelihood Model as a theoretical framework for understanding attitude changes related to sexual violence. They describe the difference between central and peripheral processing and discuss the former as a key component to prevention messages that are effective in creating change. Peripheral processing occurs when an individual does not see the message as relevant and thus is not

motivated to pay attention to the main content of the message, focusing instead on such things as characteristics of the presenter. When the message is seen as personally meaningful then the individual becomes more engaged in thinking about the message and making changes in her/his attitudes (Heppner, M.J., Neville, H.A., Smith, K., Kivlighan, D.M., & Gershuny, B.S. (1999). They were successful in using this model to develop rape prevention programs based on questions designed to assess how centrally or deeply participants processed the messages. They found that men may be more likely to engage in peripheral processing because they see the message of the education program as negative toward men. They worked to design more interactive interventions through the use of dramas, multi-session programs, and programs that incorporated cultural relevance for particular groups and found that such strategies increased central processing for men.

Taken together, consideration of these limitations and ongoing questions has led to recommendations for further program development and research and the further development of theoretical models to guide this work (e.g., Yeater & O'Donohue, 1999). Again using college campuses as an example, Potter, Krider, & McMahon (2000) conducted a review of campus policies related to sexual violence. They distinguished between public health/health promotion focused efforts and those that used a more “criminal justice-oriented deterrence” approach (p. 1347). Their review found that among the campuses they studied, criminal-justice policies were more prevalent than public health prevention models. They advocate for the further development of prevention efforts that focus on health promotion “shifting the focus from a victim-impact model (secondary prevention) to a primary prevention model based equally in promoting

positive sexual behavior (generalized to other social relationships) and fear of punishment for sexual violence (deterrence) (p.1360-1361).” An example of this is in a recently noted campaign at the University of New Hampshire called “Got consent?,” that focused attention on the process of giving and receiving expressed permission for all aspects of sexual behavior through a positive social norming campaign (Plante, personal communication, 2002). This call fits with work by Mantak (1995) who discusses the use of public health models of injury prevention in the development of responses to sexual violence and Berkowitz (2002) who reviews elements of effective rape prevention programs and highlights the need to include “positive messages (p.5).” Given the previously reviewed limits of current rape prevention efforts and research supporting an ecological view of the causes of sexual violence, an important part of the endeavor revolves around involving a broader community perspective on prevention

Next steps

There is a need to go further in our efforts. While Koss and Harvey (1991) carefully detail the importance and applicability of community psychology principles and analyses to the problem of sexual violence, the empirical rape prevention literature reviewed earlier in this report shows that much more emphasis has been placed on rape avoidance (e.g., Schewe & O’Donohue, 1993 for a review) and on more individual-centered efforts with small groups of students. A full community perspective demands that we not stop here but that we keep working to build individual and community competence in the face of sexual violence and continue to more fully engage all community members in the process of rape prevention. This latter involvement must go

beyond teaching them how to avoid being perpetrators or victims but must also “combine educational activities to build individual competence with action strategies to create new social supports for those at risk (Koss & Harvey, 1991, p. 280).” In addition, further approaches must be developed to support feminist and community psychology approaches that focus on social action and changing community norms (e.g., Schwartz & DeKeseredy, 1997). Such work can only occur in the context of programs that increase community members’ receptivity and engagement with prevention messages and decrease defensive resistance. What may assist in this process is a theoretical model that builds on the community model of Koss and Harvey (1991) but that targets the area of rape prevention with a focus on placing a sense of responsibility and empowerment for ending sexual violence on the shoulders of all community members. By placing community change and work in community psychology at the center of program development, additional program tools that decrease resistance and foster community responsibility while also providing skills training to de-escalate risky situations to prevention sexual violence and helping community members to be effective allies for survivors can be developed and implemented.

Bond (1995) describes a framework for preventing workplace harassment that is instructive. She uses the ecological model to map risk factors for sexual harassment in the workplace, highlighting the need to move beyond a focus on variables within individuals to “understand how the environment shapes and constrains behavior (p.165).” She outlines the need for prevention efforts focused on creating “empowering climates (p.164)” which allocate resources and power such that all members of the organization

are supported. Bond describes such climates as consisting not only of a set of policies and procedures prohibiting harassment, but broader values that are embraced by the organization and that create a climate in which harassment is unlikely to occur. Key components “include an ethic of caring and responsibility...and increased contextual thinking (p.165).” She describes that a sense of caring comes about when individuals in an organization see themselves as interconnected with others and when cooperation is encouraged and valued. In this way, for example, women’s views of the impact of sexual harassment can move to the center of discussions of harassment rather than more male views that tend to focus on the intent of the perpetrator. Bond also stresses the need for promoting “contextual thinking (p. 167)” which moves away from an exclusive focus on individuals without appreciating how contextual variables constrain or support individual behaviors and choices. Organizational policies and values that promote appreciation of context, she asserts, should help to reduce individual-blaming attitudes. Bond states (1995, p. 168), “An empowering climate is one that adopts an ethos beyond the dominant stories that support, hide, or deny sexual harassment. This process involves creating new norms where it is clear to all that harassment is unacceptable. An empowering climate needs to incorporate new stories based on caring, responsibility and empathy. The new stories need to be less linear and incorporate an understanding of how context shapes behavior.” The current report outlines a theoretical model for creating such new stories in the context of rape prevention curricula in communities such as college campuses rather than workplace organizations.

The role of the bystander

The review of the literature above suggests that further developments in rape prevention are needed. These efforts should continue to draw from theoretical models in such fields as social and community psychology to strengthen the ability of prevention messages to overcome resistance and defensiveness of participants, decrease victim-blaming messages whether intentional or not, and find ways to engage the broader community in actual behaviors that promote a “rape-free culture (Sanday, 1996).” Previous work has drawn upon the social psychology literature on persuasion to address such issues (e.g., Lonsway, 1996) and work on social norms (e.g., Berkowitz, 2002; Berkowitz, unpublished manuscript). Yet there is another body of theoretical and empirical literature that may be equally fruitful as a foundation for innovation in prevention. That area is the extensive literature on helping behavior and bystander intervention. Below we provide a critical overview of this literature and the implications it may have as a theoretical model for a community approach to sexual violence prevention with a focus on college campus communities as an example. In particular, prevention using this approach may be better able to engage people and increase their receptivity to prevention messages by identifying participants as potential witnesses or bystanders who have a role to play in interrupting situations that could lead to assault or by being an effective ally for victims. This moves people beyond having to identify themselves as potential perpetrators or victims, which results in rejection of prevention messages or an unintended victim-blaming stance. This bystander approach includes a message that may be better adapted for primary prevention in that everyone in the community can have a role to play, not just those who perceive themselves most at risk

for becoming a perpetrator or victim. Thus, the impact of the program may more readily extend to the alteration of broader group and community norms.

Theories of general helping behavior and bystander intervention.

There is an enormous literature in the field of social psychology investigating helping behaviors in an attempt to understand under what conditions people help others (e.g., Myers, 1999). This literature includes theoretical models of helping behavior (e.g., Brickman et al., 1982) as well as empirical studies that have identified individual and situational factors that promote or hinder prosocial bystander intervention. Bystanders are defined as individuals who witness emergencies or criminal events and by their presence may have the opportunity to provide assistance, do nothing, or contribute to the negative behavior. We provide a brief review of this literature below before discussing its application to sexual violence prevention.

Factors that impact bystander intervention.

A large literature has been devoted to understanding both situational and individual factors that may predict helping behavior in emergencies (see Batson, 1998; Bar-Tal, 1976 for reviews). A variety of studies have focused on aspects of the situation that promote or inhibit helping. One important factor is the size of the group, with larger groups inhibiting helping through what has been termed “diffusion of responsibility” or the belief that someone else will step in to help (e.g., Darley & Latane, 1968; Morgan, 1978; see Myers, 1999 for a review). Other research has uncovered complexity in this process, however, noting that more cohesive groups who communicate and develop consensus around helping are more likely to promote intervention (e.g., Harada, 1985).

Harada (1985, p.178) states, "...if the degree of consensus to help is strong enough, people will be more helpful when in the presence of others." Having role models who help and witnessing others provide help in other situations can facilitate intervention (see Batson, 1998; Myers, 1999 for reviews. In addition, perception of victim distress promotes intervention (e.g., Yee & Greenberg, 1998). Other theories such as the inhibiting effects of information overload that may influence bystanders living in contexts such as busy urban environments have also been proposed and supported by research (e.g., Batson for a review). Finally, some literature suggests that requests for help facilitate bystanders taking a more active role (e.g., Shaffer, Rogel, & Hendrick, 1975).

Intrapersonal factors have also been found to be important. A key factor relates to individual's perceptions of the event. Research shows that intervention and giving help are less likely in situations where the emergency or need for help is ambiguous (e.g., Harada, 1985). Brickman et al. (1982) discuss the importance of individual's attributions for both who is responsible for the problem and who is viewed as responsible for the solution. In situations where victims are seen as being to blame for their problems, help is less likely to be forthcoming (e.g., Brickman et al., 1982; Batson, 1998). Researchers have also investigated factors such as the impact of the bystander's mood, sense of responsibility including nature of relationship to the person in need of help, locus of control, or esteem-orientation (Huston, Ruggiero, Conner, & Geis, 1981; Myers, 1999 for a review; Dozier & Miceli, 1985 for a review; Michelini, Wilson, & Messe, 1975; Tice & Baumeister, 1985; Yee & Greenberg, 1998; Wispe, 1980). Finally, some research has

suggested that skill level of bystanders is also important, with active bystanders more likely to have had previous training in emergency intervention or a strong sense of their own physical strength (e.g., Huston, Ruggiero, Conner, & Geis, 1981).

Yet another group of studies has focused in more detail on the decision-making process for bystanders. This process includes consideration of the potential costs to bystanders of intervening or of not intervening, and the complex decision making process that individual may use when trying to decide what they will do (e.g., Shaleff & Shichor, 1980; Dozier & Miceli, 1985; Fritzsche, Finkelstein, & Penner, 2000). This research suggests that bystander intervention and helping will be increased in situations where costs of intervening are reduced.

The importance of bystander intervention: The case of crime.

The broader literature on helping covers both emergency and non-emergency situations. Of high relevance to the current discussion, however, are investigations of bystanders and crime. Shotland and Goodstein (1984) outline the relevance of bystanders to reducing crime. They argue that bystanders can help deter crime through direct interventions, such as when a crime in progress is disrupted by others, or indirectly by reporting to the authorities. They also discuss the role bystanders' presence can play in creating an environment that increases criminals' perceptions that committing a crime in this particular situation would be highly risky. "There is evidence that the mere presence of bystanders reduces crime and that criminals try to avoid being observed while committing crimes (Shotland & Goodstein, 1984, p. 17)."

Given these findings, several articles discuss programs designed to increase bystander intervention related to crime. Descriptions of such programs, however, are relatively few in number and, thus, broad conclusions about their efficacy are difficult to assess at present. Bickman (1975) evaluated the use of a media campaign to increase bystander intervention in relation to crime on a college campus. The results were mixed, with changes in attitudes toward helping shown but not changes in behavior. Bickman (1984) also reviews a variety of community projects such as neighborhood watch programs that aim to increase bystanders' intervention and reporting of crime. Most of these programs were not evaluated and so determining their efficacy is difficult.

Summary.

Thus, the literature on helping and bystanders teaches us a number of things. In order to maximize the likelihood that bystanders will engage in prosocial helping behavior, they need to have an awareness of the problem and its negative impact on the victim. They will be more likely to help if they are asked to make a commitment to help and to see themselves as partially responsible for solving the problem. They also need to view victims as not the cause of their own problems. Finally, bystanders need to feel that they possess the skills to intervene and be able to view individuals who model such behaviors. Building a repertoire of such skills will also help as bystanders engage in costs/benefits analyses of helping so that they have opportunities for indirect as well as direct helping and understand the consequences of nonintervention. One important cost or benefit may be the extent to which intervention enhances or threatens the individual's status in the group. This reinforces the need for understanding a bystander approach

within community levels of intervention. This model can be applied to rape prevention as efforts are needed to create consensus within the community around recognition of the problem of sexual violence, empathy for survivors, and in support of helping behaviors which will in turn further promote prosocial bystanding.

Bystanders and interpersonal violence.

Such research has begun to be applied to the field of interpersonal violence. Such literature describes bystanders in relation to child abuse, partner violence, and peer bullying and some recent efforts have made links to sexual violence prevention (e.g., Berkowitz, 2002; Schwartz & DeKeseredy, 1997). Staub (1993) discusses bystanders and genocide. As with the more general literature on bystanders, most studies focus on documenting intrapersonal and situational factors related to helping or non-intervention, and few discuss programming to increase bystander intervention.

Christy and Voigt (1994) conducted studies on bystander responses to child abuse and found that “bystanders intervened in situations where others also intervened” (p.841). They found that intervention was associated with the characteristics of the bystander, the abusive situation, the victim, and the perpetrator. Shotland and Straw’s (1976) review of the literature showed that men are less likely to intervene when a man attacks a woman than they are to intercede in other fights. Other literature also suggests that women are more likely than men to elicit help from strangers (see Laner, Benin, & Ventrone, 2001, for a review). However, researchers have noted that in terms of interpersonal violence, knowledge that the abuser is related to the victim will affect the likelihood of intervention. If respondents know that the abuser and victim are related, respondents will

be less likely to intend to intervene (Laner, Benin, & Ventrone, 2001; Levine, 1999; Shotland & Straw, 1976). However, a study by Harari, Harari, and White (1985) using a simulated rape found high rates of intervention by male bystanders whether the bystanders were alone or in a group. It should be noted, however, that the rape scenario involved the stereotypical scene of a stranger jumping out of the bushes and attacking a woman. Much less is known about interventions in situations of sexual violence by an acquaintance in a social setting such as a party.

The growing literature on youth violence has also begun to integrate discussions of bystander behavior. For example, Slaby and Stringham (1994) in discussing peer violence among children, describe the ways in which bystanders to peer violence may either encourage perpetrators and support violence, or intervene in more prosocial ways to stop violence. A web-site on bullying in the workplace (UK National Workplace Bullying Advice Line, 2002) has several pages on bystanders and highlights reasons why co-workers may not help someone who is being bullied.

Fundamentally this literature suggests that active bystander interventions in cases of interpersonal violence are possible and are often influenced by characteristics of the situation and the individual bystander. Models of community readiness to change suggest that broader community norms may also play a role. In other words, in a situation in which a person is being attacked, people who have the appropriate capacity and beliefs will have an intention to intervene. Drawing from these models, then, one may hypothesize that if bystanders are taught these skills and beliefs, they may be more likely to intervene with regard to rape, attempted rape, sexual violence, and intimate partner violence

incidents on the college campus. Lanier et al. (2001), for example, found the participant reports of experience dealing with fights was a predictor of bystander intervention in a case of physical violence, although training in things such as self-defense or lifesaving did not make significant contributions to willingness to intervene. This finding suggests that training bystanders is important but that this training needs to be specific to the type of situation in which they may be called upon to act. According to Christy and Voigt (1994), an intervening bystander is someone who felt personally responsible to stop the witnessed abuse. Their study also shows that “intervening bystanders felt certain about how to intervene (841).” This is a key to the “if” in bystander activity. People must know how to intervene and what to expect. “The notion that certainty about how to respond to the demand situation might be reason for bystander action was first implied in the results of a Darley and Latane (1968) study, where almost one-third of the non-interveners reported that they did not know what to do in response to the victims call for help” (Christy and Voigt, 1994, p. 841).

Promoting bystander intervention in sexual violence prevention

The research literature has focused much more on explaining and describing bystander behavior than on developing effective interventions to promote it. Yet this broader literature on understanding helping behavior and bystander intervention has potentially important links to sexual violence prevention efforts and using the empirical and theoretical literature on “the bystander effect” may act as an important model for rape prevention. A model that adds new components to programming as well as supports and explains key aspects of rape prevention that have already been identified and supported

by research. Its message to wider community audiences and potential role in changing community norms embeds it within ecological and feminist models of the causes of sexual violence and calls for broader community approaches that target both men and women and move beyond individual levels of analysis (e.g., Koss & Harvey, 1991).

As a basis for prevention programming, a focus on bystanders has several positive outcomes. It can help create new situational norms for intervention to prevent sexual violence, provide role models of helping behavior, and build a repertoire of specific skills for bystanders. In addition, it can create attitude change that fosters a bystander's sense of responsibility for intervening, sense of competence for intervening, and an appropriate understanding of sexual violence to facilitate identifying situations where intervention may be necessary. It may do this in the context of a program message that does not implicitly or explicitly label participants as victims or perpetrators and therefore decreases defensiveness toward the prevention material and reduces potentially victim-blaming attitudes. Furthermore, such a focus has the potential for wider community change. Using a bystander model increases community receptivity and support for intervening against sexual violence and reducing implicit societal support for sexual violence over and above limited opportunities that individual community members may have to intervene. The bystander role gives all participants and indeed all community members a specific role with which they can personally identify and adopt in preventing the community problem of sexual violence. Support for examining this approach comes from the wider literature on prevention of other risky behavior where such links have

already been made. Support is also drawn from broader theories about elements of effective rape prevention programming.

Kalafat, Elias, and Gara (1993) applied research on bystander intervention to the prevention of adolescent suicide. They discuss their research in the context of calls to shift from prevention focused on teens as suicide victims to a focus on teens as rescuers. Thus they focused on the combination of bystander factors including bystanders' views of social norms, diffusion of responsibility that can occur when there are multiple bystanders, and the ambiguity in the mind of the bystander about whether there is a need for action. Kalafat, Elias, and Gara (1993) found that these factors identified in the bystander literature were indeed predictive of whether or not teens indicated that they would intervene by telling an adult about a suicidal peer. These responses were assessed using vignettes and questionnaires. Kalafat et al. discuss the importance of these findings for developing prevention programs that focus on teaching teens how to take action.

Some recent examples of applications of bystander approach to violence prevention are also available. Slaby and Stringham (1994) encourage a focus on bystander roles as part of comprehensive violence prevention efforts though the specifics of this are not elaborated and most of their discussion is devoted to skills to avoid victimization. Katz's (1994) Mentors in Violence Prevention (MVP) program at Northeastern University encourages prosocial bystanding and is one example of a more developed program in the literature. However, this program seems to more specifically focus on athletes and works to encourage active intervention in a variety of situations where racism, sexism, and gendered violence may be occurring. Initial empirical

evaluation of this program that was developed more specifically for males has shown some effectiveness in terms of individual attitudes of both male and female participants (Ward, 2001). DeKeseredy, Schwartz, and Alvi (2000) highlight ways in which “profeminist” men can play a role in ending violence against women and provide case studies to illustrate their points. Berkowitz (2002) describes how his summary of bystander stages of intervention can become an important component of rape prevention that targets men. Foubert (2000) and Foubert and Marriott (1997) have empirically demonstrated the effectiveness of engaging men in rape prevention through messages focused on how to help a rape survivor. Yet other avenues of bystander intervention remain to be explored – bystanders may be important as helpful allies to survivors after an incident of sexual violence but may also play roles in risky situations with friends, acquaintances, or strangers before an incident occurs.

Yet another avenue of support for a bystander focus comes from research that has examined the problem of resistance to rape prevention programs. Heppner et al. (1999)’s “Elaboration Likelihood Model” described earlier found that it was possible to design rape prevention programs that promote more central processing where participants were more open to thinking deeply about the ideas presented. The focus of bystander education in rape prevention fits well with calls to improve central processing of participants. The emphasis is on helping each individual see the message as personally relevant. Traditional rape prevention programs provide information about sexual violence and its effects. However, some men may erroneously hear a message that targets them as potential rapists. Making the material personally relevant by requiring participants to see

themselves as potential rapists is something that many may refuse to do and that may make them feel quite defensive. For women, central processing of traditional prevention messages may require them to identify themselves as victims. This again may be a difficult step to take. Perhaps a better first step in sexual violence prevention is for participants to see themselves as potential bystanders. It may then be easier to take in information about the prevalence and causes of sexual violence when it is personalized in this way, a point made by Foubert and Marriott (1997) in their discussion of a rape prevention approach for men focused more narrowly on teaching men how to help a rape survivor. Thus, in part, the bystander message becomes a positive, pro-active vehicle through which a variety of messages about sexual violence may be taken in and processed by participants.

Prevention programs using this approach can also use interactive exercises to build specific skills around identifying risky situations and how to intervene. Such scenarios can include both situations where a community member might have the opportunity to de-escalate a risky situation and prevent sexual violence or interrupt its occurrence but also include opportunities for community members to support survivors after an incident of sexual violence has occurred. Using the example of a college campus, scenarios might include walking a friend home from a party, talking to a dorm counselor or coach, contacting the rape crisis center on behalf of a friend who asks for information or help, or refusing to keep silent about information about an incident of sexual violence. Such work has been started and is beginning to be described in the literature on rape

prevention with men (e.g., Berkowitz, 2002; Foubert, 2000; Katz, 1994; Schwartz & DeKeseredy, 1997).

What is additionally important about this perspective is that it may also provide an entrée into broader community change. It does this through its potential for increased receptivity to the prevention message, the way it provides roles for all community members to play in prevention, and its linked to “empowering climates (Bond, 1995, p.164).”

Likewise, receptivity to prevention messages may be important for broader community change. It may be the case that if community members are more receptive to the rape prevention message by being able to view themselves not necessarily as perpetrators or victims, they may also be more likely to take in the rape prevention message, increasing their empathy for survivors and decreasing their tolerance for behaviors of other community members across the full continuum of harassing and violent behavior. All together these changes may make shifts in community norms about behavior more likely (e.g., Berkowitz, 2003).

Rather than just focusing prevention messages on helping individuals change their own behavior or helping selective groups such as men or athletes, the bystander model also provides all community members with a key role to play in sexual violence prevention. A basic assumption of the model is that each member of a community can be part of the solution to the problem of sexual violence without being directly involved as a perpetrator or victim. This basic assumption presumes a wider degree of community involvement beyond individual behavior change. Dalton, Elias, and Wandersman (2001)

review research on effective or “competent communities (p.213).” Characteristics of these communities include environments where individuals have an impact on one another and share a strong sense of community including, “the perception of similarity to others, an acknowledged interdependence with others, a willingness to maintain this interdependence by giving to or doing for others what one expects from them... (Sarason, 1974 cited in Dalton et al., 2001, p.193).” A focus on bystander intervention fits well within such a framework. It may be argued that a bystander focused prevention message, with its emphasis on shared responsibility, will work to foster such a sense of community and promote more competent communities around the issue of sexual violence.

This also fits with work by Bond (1995) on empowering organizational climates. Indeed, her description of factors such as building an “ethic of caring and responsibility” and “contextual thinking” which she describes as critical components of “empowering climates” (Bond, 1995, p.167) are also central assumptions of the bystander model.

Furthermore, the bystander message, in the centrality of notions of community responsibility, may encourage participants to add their efforts to creating community levels of change since the responsibility for action rests not only with potential perpetrators or victims but with all members of the community. Indeed, a prosocial bystander perspective provides all community members with a positive role to play in ending sexual violence. This fits with discussions of the need for positive messages in prevention (e.g., Berkowitz, 2002) and also with research on components of citizen action. As noted above, Dalton et al. (2001) reviewed the growing literature on citizen participation in social action and empowerment. They describe key components of what

motivates individuals to become active in social change movements in their community including a high sense of community and awareness and concern about community problems (e.g., Chavis & Wandersman, 1990). Again, a bystander prevention approach teaches all community members about the problem of sexual violence, with the intention of increasing concern about this issue, while also fostering a sense of shared community responsibility for solving the problem. Similarly to Bond (1995), Zimmerman (1995) discusses the components of empowerment but in the context of being an active citizen in one's community. He describes the importance of critical awareness of the problem, a condition also shown in the bystander literature to be crucial, as well as actual competencies and skills such as actively listening to others, building coalitions with others, and planning specific strategies to create change (Dalton et al., 2001 for a review). All of these are components of a bystander model that asks each person to take responsibility for the community problem of sexual violence but also teaches skills to empower participants be competent allies to survivors and to work with others to de-escalate risky situations.

Furthermore, a bystander approach integrates favorably with findings from rape prevention literature about what we already know works and studies that have already been conducted. Strong messages that challenge rape myths, make community members more aware of sexual violence, its prevalence, and consequences, along with programs that promote empathy for rape victims will also decrease the ambiguity in situations where risk for sexual violence is high, an important component of bystander behavior discussed in the empirical literature reviewed earlier. Previous research on the

effectiveness of rape prevention programs that include these elements suggest that they will be effective as components of bystander focused programs as well. Indeed, this focus includes both the “citizen inoculation” and “environmental action” components that Koss and Harvey (1991) identify as key aspects of rape prevention from a community perspective. It is also in keeping with an empowerment focus that moves beyond a “deficit-oriented” approach that instills fear in potential victims, to a focus on building competence (Koss & Harvey, 1991, p. 257-259).”

But a bystander focus also goes beyond traditional programs. In particular, bystanders are asked to make a commitment to intervene by being shown role models through group leaders, and examples of bystanders in the wider community and society, and by being shown the ways in which they can play an active role in rape prevention beyond not becoming a perpetrator or victim. Using the bystander literature as a focus of prevention programs will also provide skill building opportunities for both direct and indirect intervention, to increase helping behavior without placing bystanders’ own safety in jeopardy. Finally, a bystander approach can work within broader community models of change by providing a perspective that shows how all community members have a direct stake and role to play in sexual violence prevention including community attitude change. Even so, previous discussions that note bystanders in relation to rape prevention have tended to focus exclusively on the utility of this approach for men (e.g., Berkowitz, 2002; Foubert, 2000; DeKeseredy et al., 2000) or have tended to embed that discussion within more individual models of change (e.g., Berkowitz, 2002). It also seems clear from a review of the broader helping and bystander literature that such an approach has more

broad and important applicability to improving rape prevention for both men and women and among a wider range of community members. On a college campus, for example, it would include students, staff, faculty, and administrators.

Conclusion

Given the importance of rape prevention across an array of communities, the need continues for both innovative and carefully evaluated studies grounded in developed theory (e.g., Lonsway, 1996; Yeater & O'Donohue, 1999). The mobilization of prosocial behavior on the part of bystanders stands out as a potentially feasible model for presenting programs aimed at preventing sexual violence and intervening to help victims of sexual violence. This model is embedded in calls for prevention efforts that take a wider community approach rather than simply targeting individuals as likely perpetrators or victims. As noted above, this model has several other features that lead us to regard it as a strong candidate for developing and evaluating rape prevention programs. The foregoing review of literature on community readiness to change and research on bystander behavior in emergency and crime situations make it conceptually compelling to go forward with such efforts at rape prevention. It fits well with emerging discussions in the field of the applicability of social norms theory to violence prevention (e.g., Berkowitz, unpublished manuscript) and notions of the development of “profeminist masculinity” in the service of prevention violence against women (DeKeseredy et al., 2000).

In sum, then, this model is differentiated from others in that rape prevention is conceptualized in a broader community context, in its potential to overcome resistance

and defensiveness of participants in rape prevention programs, and in discouraging victim-blaming messages, intended or unintentional. Moreover, this approach is seen as having the ability to make all community members more aware of sexual violence, its prevalence and consequences. In addition, it gives them strong messages that challenge rape myths and promote empathy for rape victims regardless of relationship as a friend, acquaintance or stranger, and imparts to them skills for decreasing the ambiguity in situations where the risk for sexual violence is high either before or during an incident of abuse, and skills for being an effective ally to sexual violence survivors. This approach includes a message that is adapted for primary prevention in that everyone in the community can have a role to play. It moves the focus away from just those most at risk for becoming victims or perpetrators. Thus, the impact of the program may readily extend to changing the broader group and community norms. The predictable outcome is that it will teach all community members to identify themselves as prosocial bystanders who have a role to play in supporting victims or interrupting potential sexual violence.

Aims and Hypotheses

The purpose of the current study is to evaluate the effectiveness of a new approach to rape prevention education. The study compares students who do and do not receive the program on measures of knowledge and attitudes about sexual assault. Assessments were also made of bystander behaviors such as willingness to engage in helping behaviors. Analyses were also conducted to determine whether the program benefits women and men equally.

The data analysis strategy focuses on using statistical analyses to examine five main hypotheses. The statistical package, SPSS for Windows was used.

1) Participants in the experimental group will show an increase in outcome measures of knowledge, attitudes, and behaviors from pretest prior to participation in the prevention program to posttest following the prevention program. It is expected that the pretest posttest measure will show the greatest change in score with perhaps some decrease in scores on outcome measures following the posttest at 2 and 4 months but with levels of outcome measures still different from pretest.

2) Participants in the experimental group who receive the prevention program will score higher than participants in the control group on all outcome measures that follow the prevention program (greater knowledge of sexual assault and how to prevent it; less victim-blaming attitudes about sexual violence and greater awareness that all have a role to play in preventing sexual violence; increased willingness to intervene in a situation of sexual harassment or violence; and report of greater number of times when actually did help another individual in risky situation).

3) We hypothesize that these differences will persist at 2 and 4 months following the administration of the prevention program.

4) We hypothesize that the program will benefit men and women equally in changing attitudes and behaviors.

5) We hypothesize that the effects of the prevention program in terms of increasingly positive bystander behaviors, greater knowledge of sexual violence, and less victim-blaming attitudes will persist even after controlling for individual differences

among participants including social desirability, general willingness to engage in helping behaviors, perceptions of control, and previous experiences with sexual violence.

In addition, qualitative analyses were conducted on the open-ended responses asking for feedback about the prevention program and responses from participants in the focus groups. We anticipated that open-ended responses will be generally favorable.

CHAPTER 2: Description of Program

Seeking to address some of the limitations in other intervention programs, we have created our own version of a bystander intervention program based in a community readiness to change model. We have developed both a single and multi-session program for single sex groups of men and women. We describe the longer of the programs below, though the single session is an abbreviated version of the multi-session one.

Each component of the program is based on the empirical literature on bystander behavior (e.g., Banyard, Plante, & Moynihan, 2003 for a review). As mentioned previously, research has identified the following predictors of successful bystander intervention: group size, recognizing a situation as a problem, being asked to intervene, witnessing interventions by role models and possessing skills to intervene (e.g., Batson, 1998; Darley & Latane, 1968; Morgan, 1978; Moriarity, 1975; Shaffer, Rogel, & Hendrick, 1975). For purposes of our prevention program, we have incorporated those predictors that we can reinforce through education: recognizing inappropriate behavior, skill building, requesting a comment to intervene, and role modeling. Consistent with recommendations found in the general prevention literature, the program includes educational, motivational, and skill-building components (e.g., Breitenbecher, 2000; Lonsway, 1996). Participants begin with discussions of their definitions of community and the importance of an ecological approach to social problems and the role of sense of community. Throughout the program, the facilitators (a woman and man working as a team) serve as role models.

Selection and training of the Facilitators

Selecting facilitators

The women and men we choose to facilitate the programs were selected based on their experience with group and/or classroom facilitation, leadership in the community, and their dedication and/or interest in the prevention of sexual violence. They were selected to be peers of students participating in the program and all were students at the university (some were graduate and others undergraduate students).

Process of facilitator training

Training for the facilitators was completed over two three-hour sessions. In the first session, the trainer went through each ninety minute session of the program point by point, stopping only to review the information or answer questions. Occasionally facilitators were asked to write down their own examples of various exercises to help prepare them for when they would be facilitating sessions. Based on the trainer's experience in giving programs on this issue for 17 years, she highlighted areas where students were likely to resist the information presented and went over suggestions on how to avoid resistance or work through it with the participants. The second training session for facilitators involved having the each pair (one man and one woman) work together on who would present which section of information to ensure each person would share responsibility.

Content of facilitator training

Before facilitators begin we distinguish our program from other rape prevention programs that address men as potential perpetrators and women as potential victims (e.g., Schewe & O'Donohue, 1996 for discussion of this issue). This program seeks to

overcome the limitations of this traditional approach in order to reduce defensiveness 1) for men around being a perpetrator and 2) for women around preventing their own victimization. This program reduces defensiveness by focusing on women and men as active bystanders and by emphasizing this activity as part of their responsibility to the greater community (Banyard, Plante, & Moynihan, 2002). Men and women have not been socialized to intervene in the case of sexual violence. This program will counter that socialization. An outcome of this approach is that participants will identify themselves as bystanders who have a role in supporting victim/survivors and interrupting situations that could lead to sexual violence, and that they can do this in ways that are safe. To summarize this approach:

It is noticeably different from other rape prevention programs in that it:

- Focuses on rape prevention in a broader community context
- Overcomes resistance and defensiveness of participants
- Does not send victim-blaming messages, intended or unintended
- Promotes engagement of the broader campus community in rape prevention

Finally we offer the facilitators these guidelines in order to enhance the acceptance of messages contained in this curriculum:

1. As a facilitator, we hope you:

- Understand that you are also role models for the behavior we hope to enhance through the curriculum.

- Recognize that co-facilitation by a female and male pair is most desirable. This reinforces the idea that men and women can work together to end sexual violence.
- Realize why facilitators should be students who have some credibility among the students to whom they present.
- Appreciate knowing that facilitators have the responsibility for providing emotional care of the participants. Acknowledging the likelihood that some of the participants are also survivors or know a survivor is important. Give participants the permission to take care of themselves and think of ways to offer support. One way to address this concern is to have one or both the facilitators train as an advocate from a local crisis center.

2. Points to emphasize throughout the program:

- Students are responsible first and foremost for their own safety and only then they can act to protect the safety of others. Any intervention must balance their desire to intervene with self-care. We have found noteworthy differences in how men and women intervene. When men do choose to intervene, it is often without regard for their personal safety. Think back to High School experiences, fights, heroes, what it means to be a man in our culture. Give men permission to ask for assistance from proper authorities, or allow for options that involve less personal risk. Because women are socialized differently, they begin this curriculum at a different place than men. They are often aware of the safety risk, and as such, do

not intervene at all. Encourage women to intervene in ways that involve less personal risk –but still to intervene.

- Ask students why people should intervene: what positive impact does it have on themselves, others and in the community. Throughout each session, link these benefits to local community, societal and global change.
- Remind students that they are responsible to intervene. They are not responsible for the outcome of the intervention.
- Acknowledge the broad scope of sexual violence but let the participants know that in this project we are only able to look at one part of it: men’s violence against women. In other words, we know that same sex violence exists, as does women’s violence against men but we cannot cover all the whole scope of sexual violence in this one program.

3. Notes of caution:

- Throughout the program, students may challenge facilitators by being hostile, resistant, disrespectful, or asking tough questions. We have tried to anticipate some of the more difficult questions and suggested ways to address them at the beginning of each session.
- Allow for discussion and application of the knowledge, but keep them focused and on track.
- When you ask students to discuss their own bystanding behavior, instruct them not to reveal any identifying information about the people in the situation and monitor the discussion to insure that students remain vigilant to this instruction.

- Be sure to read through the curriculum carefully before you facilitate and be prepared to share some of your experiences: when you have intervened or when someone intervened on your behalf.
- Make notes in the margin to help you along the way.

Process and Content of the Three Session Program

Each session began with the facilitators introducing the participants to the outline and learning outcomes of the session. Secondly, the facilitators worked with the group to establish the ground rules for the session or simply reminding them of the ground rules that had been agreed upon. Obvious cautions were confidentiality: what kinds of information from the session can be shared with others and the kind of information that can not. Participants were cautioned not to provide identifying information when using examples, to speak respectfully, to take care of themselves, etc.

Each session would end with a summary of what had been gone over, and an opportunity to ask questions about any of the information they had received.

The Program: Session One

The first session presents the context of sense of community and community responsibility. Students are introduced to the notion of bystander responsibility, examine issues relating community membership, asked to draw examples from their own experience times when they witnessed an intervention or intervened to help someone, and finally gain an understanding of individual and situation factors that enhance appropriate bystander intervention.

Facilitators begin the session by asking participants to brainstorm a definition of bystander. What is positive or negative bystander behavior? Facilitators write their ideas and examples on the board. Examples are not limited to sexual violence, but open to all types of helping behaviors. Facilitators then parlay their responses into citing local, regional, and national examples of both successful and unsuccessful interventions. These interventions are taken directly from news sources. We have found that examples that have occurred on our own campus are particularly effective.

Participants are then asked to form small groups of 4 or 5 and share their own experience with bystander responsibility: situations where they chose to or not to intervene, when they witnessed someone else intervene, when someone intervened on their behalf. Secondly, participants are asked to consider reasons two questions: Reasons why they thought others chose to or chose not to intervene and whether they thought it was easier to intervene with an acquaintance, friend or stranger.

Facilitators convene the larger group and go over responses. During this large group discussion we highlight the context (both situational and personal factors) which influences bystanding behavior. We then go over the five factors from research that have been shown to influence bystanding behavior: awareness and recognition that a person (or persons) need assistance; commitment to intervene; having the right skills to intervene; empathy for the victim; and group size and personal responsibility.

Then, in order to set up the next session, facilitators begin a visualization exercise. We ask participants to imagine that the woman closest to them is being raped by a man. There are witnesses or potential bystanders who are in a position of stopping the rape but

choose not to. They are asked to consider how they might feel and react in these circumstances and to discuss their reactions in the large group.

Facilitators end the session by asking participants to summarize what they have learned and open it up for questions and remind them not to try to intervene with others as information about strategies for safe intervention are forth coming.

The Program: Session Two

We designed the second session of the program to increase awareness of sexual violence and give students an opportunity to apply bystander responsibility to sexual violence. We did not, however, want participants to limit their definition of sexual violence to the act of rape but instead to be able to identify the range of unacceptable sexual behaviors that are part of a culture that can lead to rape. Therefore, in this session we offer exercises and information that will broaden their definition of sexual violence and increase awareness of the prevalence and context of sexual violence. Participants also understand the variety of negative consequences of sexual violence for victims and communities. We also incorporate an exercise to build victim empathy through visualization and include knowledge about the scope and causes of sexual violence that are grounded in statistics, research, and needs assessments conducted in the community in which the prevention program is taking place. This includes, for example, statistics about the number of sexual assaults reported to the local campus rape crisis center, case studies of rapes on the local campus where bystanders had multiple points to intervene but chose to do nothing, and a recent local community study of sexual violence on campus, (Banyard et al., 2000).

We begin this session in the large group asking participants to identify sexual violent behaviors and placing them on the continuum of sexual violence. Behavior from sexual jokes to calling someone a “slut” to forcing someone to watch pornography is included. Group members are asked to think of ways one might help to deescalate various behaviors along the continuum. They are then presented with the pyramid of aggression as a model that demonstrates how seemingly harmless jokes, objectification, and dehumanization of a group of people contribute to acts of violence. If left unchecked, inappropriate behavior is likely to progress to other more serious forms of violence.

Somewhere along the continuum, certain behaviors become not only inappropriate but illegal as well. At this point in the program, facilitators present information about the legal standard and definition of sexual violence not only according to the state statutes but also the University’s student code of conduct. So that participants are not overwhelmed with legalese, we make this section as brief as possible.

Usually participants want to know more about what is happening locally – what impacts them directly. We found that including prevalence rates from a recent study conducted at our university are sobering and effective in maintaining their attention.

After a presentation of information on the legal and university regulations, we incorporate an exercise to enhance empathy for victims of sexual violence. This Empathy Exercise, found in Appendix A, is helpful in setting up a discussion on consequences for victims of violence and motivating participants to examine strategies to intervene before, during and after an incident of sexual violence.

After the empathy exercise is completed, facilitators discuss the importance of community response (before, during or after) to promote resilience and recovery after an incident of sexual violence. The potential for “secondary victimization” if community members whether they be formal (police, medical or university personnel) or informal (friends, acquaintances, classmates) respond negatively toward victims are examined.

The Program: Session Three

Finally, we put together the third session to develop skills as a bystander. This session increases awareness among participants of the range of potential bystander behaviors with regard to personal safety, resources available to aid them during intervention, and help them to understand the decision-making process behind successful bystander intervention. The participants explore individual strategies that reflect the appropriate level of intervention needed for the inappropriate behavior. Facilitators role play, give the participants scenarios and then ask them to practice intervention strategies and share their observations with others. Skill building is achieved through group discussion and role-playing of scenarios designed to highlight bystander options. The program emphasizes understanding appropriate levels of intervention, being mindful of personal safety, and different personal options bystanders may employ depending on the nature of the situation. Students receive information about campus resources that they can use to support their role as active bystander (e.g., becoming knowledgeable about the campus crisis center to help refer a friend who may disclose about being a victim of sexual assault). Here, facilitators who may have experience at successful interventions serve as role models for expected behaviors.

We also use interactive exercises to model and teach skills about how to be an active bystander at all points on the sexual violence continuum – before sexual violence occurs (e.g., hear sexist comments in community), during a risky situation (e.g., at a party where observe physical conflict between partners or see overly intoxicated person being taken upstairs by group of others), and afterward (e.g., friend discloses about abuse). These and similar scenarios can include both situations where a community member might have the opportunity to de-escalate a risky situation and prevent sexual violence or interrupt its occurrence but also include opportunities for community members to support survivors after an incident of sexual violence has occurred. Using the example of a college campus, scenarios might include walking a friend home from a party, talking to a dorm counselor or advisor, contacting the rape crisis center on behalf of a friend who asks for information or help, or refusing to keep silent about information about an incident of sexual violence.

Consistent with the bystander literature, peer group leaders role model appropriate behavior and participants become knowledgeable about factors that help and hinder bystanders. Participants are asked to sign a pledge and make a commitment to actively intervene. They also discuss in great detail the pros and cons of intervention including how to keep themselves safe as an active bystander.

One session program – Similarities and Differences

With similar learning outcomes of the three session program, the one 90 minute session began with a brief introduction of bystander responsibility and still seek examples from participants past experience with fewer national examples. Facilitators use the

example of Stoke Hall and the Kitty G. case in Queens, NY 1964. The facilitators move quickly into the continuum of sexual violence, pyramid of aggression to the empathy exercise. Finally, facilitators go over the decision making process with an emphasis on personal safety. Thirty minutes is saved to give participants time to analyze scenarios and decide a plan of action for each. Finally, participants are given an opportunity to develop their own plan of action for a scenario she or he is likely to encounter and share their scenario with the group. They are asked to sign a pledge to intervene and keep the pledge. Other than the obvious difference of time, the one session program varies from the longer version in few ways. Less time is given to go over each new idea and fewer examples are given. For example, findings from research is briefly mentioned or avoided altogether. Facilitators do not specifically go over legal definitions or laws for sexual assault, nor do they have time to examine the specific expectations for behavior around sexual misconduct at UNH. They do, however, try to incorporate examples of legal definitions while going over the sexual violence continuum. Finally, although participants are given time to build a plethora of ideas on how to intervene safely and effectively, they are not granted as much time to role-play.

Two month booster session

At two months, participants from both three session and one session groups were asked to come back for a 30 minute booster session. The goal of the booster session was to remind participants the key aspects of the prevention program message; everyone has a role to play in preventing or intervening in sexual violence, bystanders can intervene safely and effectively along the continuum of sexual violence and intervention has a

positive outcome for the victim/survivor and for the community members. Once participants were reminded of the ground rules for communication, they were invited to review key information from the program. Participants watched a 7 minutes skit performed by UNH Theater Troupe called “Wild Acts.” Participants were asked to remunerate key points they remember from the program. They were reminded of the aforementioned points if they did not remember these points on their own. Lastly, facilitators asked for participants who wanted to share their bystander plan of action and whether or not they had any recent opportunity to use it.

CHAPTER 3: Recruitment and Retention

As a source for recruitment and retention methods, we referenced Rosenthal and Rosnow's classic, *The Volunteer Subject* (1975), and found that most of their recommendations remained sound in the age of email and cell phones. However, since their work predates the widespread dependency on computers for communication, especially on a college or university campus, it does not cover the potential effects of computer SPAM, viruses, and worms on recruitment and especially retention practices. Given that these three menaces evolved at the same time we were conducting our research, we could only respond to them as they affected our work. Nevertheless, we learned tactics to mediate some of their potentially harmful effects worthy of note here.

We sought additional references to techniques of recruitment and retention in works on studies of sexual experiences and bystander intervention cited in our review of the literature (e.g., Breitenbecher & Scarce, 1999, Foubert, 2000; Katz, 2002). However, because their recruitment efforts varied from what we intended or were not described in much detail in the articles, we found little that was helpful to guide us in our efforts in most of those publications. The exception to this was Breitenbecher and Scarce (1999). They described recruiting the women in their sample "... through advertisements in the university newspaper and flyers posted at various locations on campus describing a research project investigating sexual experiences among women" (p. 462). In addition, we were more successful at finding information on recruitment in other somewhat related literature – publications on college students volunteering for sex research (Senn & Desmarais, 2001), college men participating in sexual assault programs (Briskin & Gary,

1986), and review on recruitment and retention in intimate partner violence research (Dutton et al, 2003).

Combining the information in these sources helped us put together a variety of methods to recruit and retain participants for our research. We recruited in 2 waves: the first in Spring Semester 2003 and the second in Fall Semester 2003. Table 3.1 shows the number and gender of participants in each the treatment groups for all the data collection points, and Table 3.2 displays the retention rates across all points. We successfully recruited 389 students to take the pretest questionnaire associated with our research and of those, 363 filled out posttest questionnaires, 301 came back in 2 months. Of the 228 from the second wave, 140 returned after 4 months, and 83 returned to fill in questionnaires 12 months later from the first wave of participants. We were able to do this despite SPAM, viruses, and worms, severe weather that closed the university (thus canceling our program session scheduled for that evening), a men's ice hockey playoff, and the Red Sox playing the Yankees for the 2003 American League pennant at a northeastern university where ice hockey and the Red Sox "rule." All of these events occurred in the midst of our ongoing research. There is little one can do to plan for such events in one's design, but when multiple sessions are scheduled, some of the impact of these events can be reduced. Tables 3.3 through 3.7 show the demographic makeup for each point of recruitment (pretest, posttest, 2 months, 4-months, and 12 months).

Methods of Recruitment and Retention

The various methods we used are similar to those employed by other researchers relying on volunteers (e.g., Breitenbecher & Scarce, 1999, Gilliss et al., 2001; Klawnsky &

Peterson, 1990; Wiederman, 1999) plus we invented some of our own methods to combat the problem of no-shows and other participant-related threats to reliability. These included flyers with tear-off tabs with a telephone number and email address posted in and around campus, an advertisement in the student newspaper, and face-to-face recruitment in the student center. Lessons learned as we moved from the formative evaluation and throughout the entire course of the study helped guide our recruitment activities. As this was a longitudinal study, we remained mindful of effective recruitment methods that could be applied to our on-going retention efforts. Over the course of this process, we narrowed our recruitment practices to the ones we found to be most productive: flyers and face-to-face recruitment.

Flyers posted for the formative evaluation quickly yielded responses from the required number students (15 women and 15 men) for that study. However, we determined from that experience, from our review of the related literature, and from our early efforts to recruit for the longitudinal study that we would need a more “intensive advertisement” campaign effort to recruit men (Briskin & Gary, 1986, p. 208; Senn & Desmarais, 2001:111). Recruiting and retaining participants in an age of email spam, viruses, and worms presented additional challenges to the researchers not discussed in the literature on retention. Our solutions to some of the problems presented by these obstacles are included in this report.

Participants

In order to qualify as a participant in our research, an individual had to meet certain eligibility requirements. These included being a university undergraduate student

between the ages of 18 and 23 who had never been trained as a sexual violence advocate at the university or other similar program elsewhere. In addition, students who had participated in a pilot project that helped us finalize our research instrument were not eligible to participate in either the formative or the longitudinal phases of the research. Similarly, those who participated in the formative evaluation were not eligible to participate in the longitudinal study. No demographic information on is available on those who were ineligible and for no-shows because these data could not be collected until after consent forms were signed.

It was necessary to schedule many sessions for the two variations of the experimental condition in order to accommodate the many participants needed to yield a number large enough to meet the requirements of the research design. This led to our decision to divide the longitudinal study into 2 waves. Based around the semester system, we conducted the initial wave during Spring Semester 2003 and the second wave during the following semester (Fall 2003). All first-wave participants filled out pretest questionnaires, posttest questionnaires, and questionnaires 2 and 12 months following the first posttest. In addition, those in the experimental conditions participated in the 3- or 1-session program prior to filling out the posttest questionnaire and a booster session before to filling out the questionnaire at the 2-month mark. Second-wave participants experienced similar treatments through the 2-month sessions. After that, they received a 4-month follow-up questionnaire at the same time that the first-wave participants did their 12-month follow-up questionnaire.

Description of participants

Approximately 57% of our participants were women. This percent reflects that of the undergraduate population at the university. The average age of the participants was slightly over 19 years of age (19.1 – 19.3). This is younger than the average age of undergraduate students at the university as we had a limitation on age as part of our eligibility requirements. Only about 10% of the participants indicated that they were of color. Approximately 87% of all university undergraduates report being white, 90% of those reporting race/ethnicity reported being so. However, we did not have data on 15% of our participants regarding their race or ethnicity.

We compared the three treatment groups on the above demographic variables: gender, ethnicity/race, age, year in school, and college of major. We found few significant differences among treatment group on these variables. Exceptions are as follows. A significant difference was found at 4 months among the treatment groups for college of major ($X^2=19.5$, $p=.012$) and among the treatment group on gender at 12 months. No significant differences were found among the three experimental groups from pretest to the posttest, 2-month, or 4-month points. However, at 12-months participants varied somewhat from earlier first-wave groups in that some seniors were no longer enrolled at the university. The original very small number of men in the first wave control group at pretest time was further reduced at the 12-month time, leading to a significant difference among the treatment group with respect to gender at that time ($X^2 = 10.42$, $p=.005$). Perhaps somewhat related to this, a significant difference was found among the treatment groups and college of major at 12 months ($X^2=15.49$, $p=.054$).

Recruitment

Initially, and similarly to Breitenbecher and Scarce (1999), we relied on the flyers as our major recruitment tool. We found them to be a very successful recruitment device during the formative evaluation. We distributed over 500 flyers at the beginning of the first-wave, and an additional 500 prior to the second-wave of the study. The flyers were displayed around campus and the nearby downtown area to attract prospective participants. They were printed on neon colored paper: lime green, blaze orange, hot pink; and included tear-off tabs with a telephone number and email address for contacting the researchers. They were worded to appeal to students' interest in participating in research and also advertised the potential to earn money. They featured big bold print and extra large dollar signs (\$\$) to further attract attention. This recruitment technique is in line with Rosenthal's & Rosnow's (1975) first suggestion for the reduction of volunteer bias, that recruiters make the appeal for volunteers as interesting as possible, keeping in mind the nature of the target population.

Much consideration also went into the strategic placement of flyers to increase their visibility. We blanketed public bulletin boards in academic buildings and the downtown area, we obtained a distribution list of student organizations, provided the required number of flyers to the Residence Life Office to be given to all the Resident Assistants (RAs) at each residence hall, and gave the Greek Affairs coordinator flyers to give to leaders of all affiliated fraternities and sororities for posting in chapter houses. By supplying flyers to specific contact personnel, we were able to avoid entering each residence hall, thus focus our attention on posting flyers on public bulletin boards in academic halls and other university buildings, such as the student union building, as well

as the downtown area, taking care to ensure that we posted multiple copies of our flyers in the paths of students (i.e. bookstores, coffee-shops, and community centers, etc.). We made follow-up calls to insure that the RAs received and then posted our flyers. When the research assistant asked students how they learned about the study, their responses encouraged us to revisit and replenish with flyers regularly the most popular locals cited by students, and insured us that RAs had indeed hung our flyers throughout the resident halls. Additionally, in an effort to increase the diversity of students participating in the research, we made a special, personal appeal to the Office of Multicultural Student Affairs to post flyers at its office and to draw the flyers to students' attention.

We also obtained and followed the rules and permission process for posting flyers in the student union building so they would not be removed for not having the proper authorization stamp. In addition, learning about the university's practice of date-stamping and removing flyers after two weeks allowed us to keep a fresh supply in high-traffic areas for students to see. Surrounding the campus-wide and local numbers "courtesy" phone in the student union building with numerous flyers made initial contact by prospective participants.

Although we initially used telephone calls as a means of maintaining contact with our participant pool, we eventually corresponded with them mostly by email. In addition to being the preferred method of communicating by the overwhelming number of students, the greater speed and convenience coupled with its lower cost is a vast improvement over postal mail and calls to students with out-of-area cell-phone numbers.

Previous research supports the notion that convenience of response increases volunteerism (e.g., Rosenthal & Rosnow, 1975, p. 96).

Based on lessons learned from the first-wave, in conjunction with the second wave, we created the alias address specifically for this study to facilitate recruitment of participants. The alias account had the added benefit of giving more than one member of the recruitment team access to email from separate computers, allowing us to organize and carry out more quickly and efficiently the recruitment and retention tasks. The alias address appeared on the tear-off tabs on the flyers, was given to students at the recruitment table when they received their treatment-group assignment.

As noted above, we used flyers only to recruit for the first-wave. When it became apparent that more women than men were responding to our flyers, we re-doubled our efforts by putting flyers in places that we guessed more men would see. For example we, posted flyers specifically calling for men in the men's locker rooms of the university recreation center and in academic buildings such as engineering.

In spite of the above efforts to place our flyers in the view of more men, women's responses to the flyers continued to outpace those of men. Breitenbecher and Scarce (1999) did not encounter this problem as they recruited women only for their research. Our experience is similar to that discussed by Senn and Desmarais who noted a comparable problem of recruiting a sufficient number of men for other research studies. These authors report that it is likely that this "trend of lower participation by men" (2001, p. 111) is present in all types of research and echoes our thinking that recruiting men for research requires greater efforts than do women.

We had scheduled the first-wave experimental sessions to begin but continued recruiting as long as possible to fill the sessions. It was at this point that we began the face-to-face recruitment in the student center that yielded a much greater number of male volunteers. This method proved to be the one that garnered the highest number of male participants for the study. With the increased recruitment efforts, we were able to fill the 2 experimental group sessions but given the concomitant problems relating to no shows, SPAM, viruses and worms, we were not able to fill the control group with the number of men we had hoped to include. Additionally, even when initially signing up, some men later declined because they would find that their schedules would not accommodate the treatment session to which they had been assigned.

Even face-to-face recruiting did not completely solve this problem. In an effort to accommodate as many men as possible, we decided to make individual appointments with men (and eventually women) assigned to the control group so that they could fill out the pretest questionnaire at their convenience to the extent possible without compromising the research design requirements.

Recruiter contacts with prospective participants

Telephone and email.

Students initially responded to flyers by leaving their phone numbers on a special university extension with a voice mail that specified that they had reached the research phone and to leave telephone numbers or email addresses so that the researchers could get back to them. We quickly determined that it was much more convenient to contact those for whom we received email addresses. A research assistant retrieved messages

from the research telephone and either returned calls or sent emails depending on the contact information given. When communicating with students by phone, the recruiter presented them with questions to determine their eligibility. Students not eligible were thanked for their interest in the study, and the conversation was graciously closed. If eligible, each student received the same general description of the study. We advertised and described the study as one about “community and relationship problems” in order to keep the hypotheses from being revealed to participants. We intended our description to communicate the spirit of the study and its relevance to students. Our description also enabled us to communicate the importance of participation to interested students. Together these factors satisfy Rosenthal and Rosnow’s (1975, p. 120) recommendations to explicitly state the importance of the research, its relevance to the target population and the value of a potential volunteer’s participation. For the initial contact, the recruiter used a previously-scripted protocol primarily as a guide, but adopted a more conversational, relaxed tone with students. At this time, the recruiter also gathered information as to how student learned about the study, took an email address if possible, and requested the preferred means of contact from each student. Students who requested email contact were told what to look for in the subject line so they were less likely to delete our emails as unwanted “junk” email. Recruiters also made efforts to establish email contact as soon as possible following the telephone conversation. Other students contacted us initially by email. The research assistant returned an email message to them containing eligibility questions. Once their eligibility was determined, a follow-up email either thanked them for their interest if they were not eligible or contained the schedule of

sessions appropriate to their randomly assigned placement in the groups, the recruiter used the roll of a die to determine placement in one of the 3 groups. The recruiter identified herself by first name as well as her title of research assistant. Again, this is consistent with Rosenthal and Rosnow's (1975, p.120) recommendation that the request for volunteering be made by a person of as higher status and preferably by a woman.

Face-to-face recruitment in the student center.

We reserved a table at the student union building in the specific location reserved for information tables – the category designated for our type of work. Fortunately these tables were set up in a high-traffic area of the building, close the students' post office and a passageway to the adjacent large dining hall or "commons." Once we had reserved the tables, we recruited from 11:00AM to 2:00 or 3:00PM. Our face-to-face recruiters were undergraduate work-study students, familiar to our target population, again reflecting Rosenthal & Rosnow's finding that the normative nature of volunteering is communicated by utilizing recruiters familiar to potential volunteers (1975, p.129). We displayed the same flyer and a larger poster with the same information in larger print. A large bowl of chocolate candy was prominently displayed as a further enticement. As reported in Rosenthal and Rosnow (1975, p. 96), small gifts and courtesies increase volunteering rates, particularly if given before the potential recruits have decided whether or not to volunteer, and not contingent upon their decision. This speaks to both feelings of obligation to participate (after receiving a gift), and perceived task importance (recruiter's gifts may impress upon the recipient the seriousness of the recruiter's purpose). Rosenthal and Rosnow (1975, p. 108) report a positive relationship between

volunteerism and level of perceived task importance, and state, “A small gift may obligate the recipient to participate...” (p. 96), and they thus assert that recruiters should offer not only pay for participation, but small courtesy gifts simply for a potential volunteer taking time to consider participation (p.120).

At our table, recruiters greeted students, described the study, answered questions, ascertained student’s eligibility, signed up students, and randomly assigned participants to one of the three groups. Extra pens and at least two recruiters stationed at the information table made the process run relatively smoothly although sometimes many prospective participants crowded around the table.

At the point of face-to-face recruitment, students were asked to furnish both their email address and their phone numbers. No attention to the smallest of details proved unimportant in the recruitment process. For example, we found that recruiters’ handwriting tended to be more legible than students. The handwriting of many of the recruits proved too challenging to read even when they were asked to *print* their names clearly. All recruits left the table with the time, date, and place of their initial information sessions. Those assigned to one of the two experimental treatments left the table with additional information about the time, date and place of the assigned sessions.

Face-to-face recruitment at the student center proved to be a very effective one for recruitment of both women and men. This conclusion is consistent with what other researchers found. For example, Gilliss et al. (2001, p.77) attributed their highest yields of eligible participants and lowest attrition rates to face-to-face contacts but stated that it required more resources than other methods. We determined that the combination of

flyers with face-to-face recruitment yielded an 80% retention rate (from contact to participation) whereas just the use of flyers as we had done in the first wave, only yielded a 40% retention rate. We calculated this from the time spent recruiting during the first wave (103 hours) and that spent during the second wave (115 hours), the number of students with whom we contacted (400 for the first wave and 282 for the second wave), and the number who showed up for the pretest sessions (160 for the first wave and 229 for the second wave). Moreover, the overall number of hours spent recruiting for the first wave and those spent recruiting for the second wave were not very different: 103 hours for the first wave and 115 hours for the second. But comparatively we spent about 39 minutes $((103/160) \times 60 = 39)$ per eligible contact for the first wave compared to 30 minutes $((115/229) \times 60 = 30)$ for the second.

SPAM, viruses and worms

The SPAM problem that accompanies the use of email influenced both recruitment and retention of students. Originally during the first wave to increase the likelihood that participants would show up for the initial informational session, we sent blind-group e-mailings out to remind participants of the time, date, and room numbers they should attend. In spite of this practice, many students were no-shows at their scheduled information sessions. When an individual follow-up contact was made either by phone or email to reschedule if possible the majority of no-shows reported that they had not receive the reminder email. If only a few of them had given this response, we would have assumed that they were covering for their forgetfulness or negligence, however with the large numbers echoing this response, we had to consider that something

was happening with the group emails that affected the reception of our messages. In order to bypass the problem, all further emails were sent individually to each student. Sending individual emails was time consuming, but it solved the anti-SPAM problem. Alas, campus-wide computer viruses and worms created still more problems. Over the period of recruitment and retention for this research project (September 2002 to February 2004), the university's computing and information services issued 24 separate virus alerts along with a number of other hoax and "scam & fraud" alerts. Students who did not properly update their anti-virus software, or obtain critical updates, or frequently scan their machines, were pulled off the university system in an effort to control contamination of the university system. Although we were typically able to reach most of these students by phone, the graduate research assistant on the project gave students the university help desk phone number and encouraged them to call to get instructions on how to resolve the problem. Our awareness of the university's policy regarding "unplugging" enabled us to minimize some of the negative impact on our retention efforts by passing on resources to students that helped them stay "connected." We also believed that passing on this information to students would also help us retain participants over the course of the virus and worm invasions we were experiencing on our campus.

Retention

Once we had recruited students, retention efforts began, at first to get them to the initial information and pretest sessions, and then to insure high attendance at the two experimental conditions and posttest sessions for control group members. Later retention efforts focused on re-contacting those who signed consent forms allowing us to contact

them for sessions at 2, 4, and 12 months. Over the course of the recruitment and retention process, tenacity, creativity, and flexibility on the part of recruiters, as well as personal attention and special accommodations when possible proved to be essential to achieve the high participant retention rate necessary for sufficient data collection for this longitudinal study. Table 3.2 displays the retention rate from pretest to all subsequent times.

Incentives

We used a number of incentives to encourage students to participate and stay in the study. We paid participants for their time. Those who participated in the 3-session program received \$80.00, the 1-session participants earned \$40.00, and those in the control group were paid \$25.00 for the initial phase of the research. After the posttest session, all students were paid \$15.00 for each additional questionnaire they returned to fill out. We held a \$75.00 lottery as additional incentive for all students who participated in all possible phases of the research. In addition to enticing the large number of participants we would need for our research, another rationale for offering students money was to mitigate the altruistic volunteer subject effect. Eleven percent of the participants indicated in open-ended responses about the program that getting paid was one of the three things they liked about the program. Even though we may have preferred more answers about the content or format, their responses indicate that the monetary incentive appealed to them. We also provided juice and snacks at all of our program sessions and snacks at the posttest sessions for the control group. The importance of providing even a small incentive such as a snack should not be underestimated. Fifteen percent of the students listed snacks as one of the things they liked about the program.

Information sessions

During the initial information session, we checked participants' names on our list of pre-recruited students. Then participants signed consent forms, consent to re-contact forms, and completed pretest questionnaires. Those assigned to the experimental sessions received a color-coded handout specifying the time, date, and location of their program session (s). In order to insure greater participation in the 2 experimental treatments, we sent each student an individual reminder of her or his session the day prior to the session. Control group members also received reminders to come back to fill out their questionnaires, although it was not as critical if someone in the control group missed a session as we could schedule individual appointments for them.

Booster and Follow-up sessions

Emails were sent to those participants from whom we had consent, reminding them that they had signed consent forms allowing us to re-contact them for follow-up sessions. In the email, we explained what we needed participants to do, how long it would take, and how much they would be paid for their work. We also provided information on the time and date options from which they could choose. Not including program and booster sessions, we offered any student unable to attend any of the scheduled sessions the option to come for an individual appointment at a time convenient for them within reason for the research team.

Retention methods

We used the following methods to achieve a higher retention rate. As noted above, we scheduled sessions at different times and different days of the week to

accommodate a variety of student needs. In addition, we marked all emails sent to participants as “high priority” in order to get their immediate attention. Participants recognized the email address as that of one of the researchers or the research assistant, or as the “research project” alias address. Often students requested that we contact them by their AOL, yahoo, hotmail, or other non-university email addresses. For the most part this was a successful way to contact them, but if an email bounced back as “undeliverable,” we consulted the student directory for phone numbers and university email addresses in order to get in touch with them in an alternative way. After moving to individual reminders we personalized them with, “Hi” then the individual’s name.

We re-contacted students who missed their sessions, offering them alternative sessions times if any remained, to fill out their questionnaires. During the 4- and 12-month follow-up sessions, we could make individual appointments with all students who missed sessions as everyone filled out the same questionnaire and participated in no booster sessions. We sent “Last Chance” emails to anyone who did not show up for their 4-month or 12-month follow-up sessions in February 2004 in order to entice those who had participated in the 2-month sessions to return.

The personal touch

We think that personalizing the email with the student’s name made the contact less impersonal than the group email. We also believe that taking a personal approach kept some students from dropping out of the research, although we have no hard data to support this claim. Rosenthal and Rosnow (1975, p.104) reported that superficial attempts to personalize, such as using the respondent’s name in correspondence alone did not yield

significant gains in volunteerism, but if the recruiter friendliness is perceived as genuine by participants, adding a personal touch to the recruiting procedure may increase the rate of volunteerism. In the course of our correspondence with the students, some contacted us with their problems or schedule conflicts to see if some rescheduling could be done. We tried to be as accommodating as possible within the confines of the research and were often able to keep a participant from leaving the study because they saw us as approachable. This view is supported by findings from Gilliss et al. (2001, p. 84) that the flexibility of staff was “invaluable” to participants who either forgot appointments, or needed to reschedule last minute, and the accommodations made by staff reportedly left participants feeling “understood and respected by the study personnel.”

Discussion

The use of a variety of recruitment methods, combined with our on-going commitment to accommodate as many eligible participants as possible all contributed to outstanding recruitment and retention rates over the data-collection period. We paid participants for their time and as an added incentive to stay with the study, we conducted a lottery for those who participated in all phases of the research.

Earlier retention efforts yielded good response rates, and we were able to place students in their preferred specific session of the treatment group to which they had been randomly assigned. We noted a pattern of gender differences, with more women than men responding to our emails, and doing so in a timelier fashion, in both recruiting and retention. This difference is in line with what other researchers have found (e.g.,

Rosenthal & Rosnow, 1975; Senn & Desmarais, 2001). We were able to mitigate this gender difference somewhat by using face-to-face recruitment.

We found the use of face-to-face recruiting at the student center during high traffic times in addition to posting flyers around campus and the local downtown area to be the two most effective recruitment tools for attracting university students for our study. Our employment of these two methods produced the larger number of eligible contacts and an 80% retention rate of participants. Our findings regarding face-to-face recruitment are similar to the reportedly highest overall levels of enrollment and least attrition achieved by Gilliss, et al. (2001, p. 84).

An important contribution to our successful recruitment and retention not to be underestimated was the genuine personal attention and flexibility by recruiters and data collectors toward prospective and actual participants in our study. At a focus group attended by participants in the experimental groups during the first wave of our study, positive comments about our personal attention and flexibility were made, and the reminders we sent regarding each student's upcoming sessions were greatly appreciated.

Although we had a large source of funds to pay participants and understanding that conducting a study of this nature requires funds, we suggest that most universities have funds set aside to support research and we encourage researchers to apply for such grants. That said, we conclude that a combination of approaches to recruitment in research on a university campus is essential to reach the diversity of students. Face-to-face recruitment, combined with advertisement (flyers) with contact information, and efforts to make contacting recruitment personnel convenient for prospective participants

will yield high enrollment. Extra efforts targeting the men must be made to achieve “balance” between the sexes. Anything that can be done to make participation convenient, pleasant, and worth their while (e.g., money and food) will boost enrollment and retention of participants. The use of email adds to convenience, but with ever-changing technology and its co-existing “bugs,” tenacity of staff when confronted by unexpected obstacles will be rewarded with high enrollment and retention rates. Lastly, flexibility and genuine personal attention are crucial to good recruitment and retention in longitudinal research studies on university and college campuses.

Table 3.1
 Number and gender of participants in each treatment group for all data collection points

Treatment Group	Pretest			Posttest			2-month booster or follow-up			4-month follow-up			12-month follow-up		
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Total	389 ¹	172	217	363 ²	165	198	284 ³	121	162	140 ⁴	62	78	83 ⁵	26	57
Control Group	115	46	69	110	45	65	94	35	59	52	24	28	30	4	22
1-Session Program	137	63	74	129	60	69	92	40	52	40	18	22	53	9	18
3-Session Program	137	63	74	124	60	64	107	46	51	48	20	28	30	13	17

¹ Of this number, 160 students (91 women and 69 men) filled out pretest questionnaires in the first wave of the research project in Spring Semester 2003 and 229 students (126 women and 103 men) filled out pretest questionnaires in the second wave in Fall Semester 2003.

² Of this number, 145 (64 men and 81 women) students were in the first wave, and 218 (117 women and 101 men) were in the second wave.

³ Of this number, 117 (62 women and 55 men) were from the first wave, and 167 (91 women and 76 men) were in the second wave.

⁴ Only second-wave (Fall 2003) participants were involved in the 4-month data-collection period.

⁵ Only first-wave (Spring 2003) participants were involved in the 12-month data-collection period. Some attrition results from students graduating and being abroad. Twenty-one students identified as seniors at pretest time.

Table 3.2
Retention rates

Pretest	To	Posttest	2-month	4-month	12-month
		94%	75%	61%	51%
Posttest			83%	64%	57%
2-month				83%	81%

Table 3.3
 Pretest Demographic Variables (N=389)⁶

Treatment Groups

C=115, X1=137, X3=137

Gender (N=389)

172 men (C=46, X1=63, X3=63) 217 women (C=69, X1=74, X3=74)

Ethnicity/Race (N=334)

90.4% European American/Caucasian (302)
 9.6% African American, Asian American, Hispanic, Biracial, Multiracial, or
 Native American (32)⁷

Age: Mean=19.3, SD=1.20 (N=382)

Year in School (N=389)

First year	38.3%	Junior	19.8%
Sophomore	29.4%	Senior	12.4%

College of Major (N= 388)

College of Liberal Art (COLA)	43.8%
College of Engineering and Physical Sciences (CEPS)	10.6%
School of Health and Human Services (HHS)	16.8%
College of Life Science and Agriculture (COLSA)	17.8%
Whittemore School of Business and Economics (WSBE)	11.1%

Household Income (N=378)

\$49,999 and under:	19.6%
\$50,000 to 74,999:	26.7%
\$75,000 to 99,999:	20.4%
\$100,000 to 149,999:	19.0 %
\$150,000 and above:	14.4%

There were no significant differences between the 3 treatment groups on these demographic variables.

⁶ Of this number, 161 students (91 women and 69 men) filled out pretest questionnaires in the first wave of the research project in Spring Semester 2003 and 228 students (126 women and 102 men) filled out pretest questionnaires in the second wave in Fall Semester 2003.

⁷ The numbers of participants in each of these Ethnic groups is too small to report as it could lead to identification of an individual participant.

Table 3.4
Posttest Demographic Variables (N=363)

Treatment Groups

C=110, X1=129, X3=124

Gender (N=363)

165 men (C=45, X1=60, X3=60)
198 women (C=65, X1=69, X3=64)

Ethnicity/Race (N=311)

90.0% European American (white)
10.0% (African American, Asian American Hispanic, Biracial, Multiracial, or
Native American)

Age: Mean=19.3 (SD=1.20) (N=357)

Year in School

First year:	38.4%
Sophomore:	29.4%
Junior:	19.8%
Senior:	12.4%

College of Major (N= 362)

COLA	42.0%
CEPS	10.8%
HHS	17.4%
COLSA	18.0%
WSBE	11.9%

Household Income (N=352)

\$49,999 and under:	19.0%
\$50,000 to 74,999:	27.0%
\$75,000 to 99,999:	20.2%
\$100,000 to 149,999:	19.0%
\$150,000 and above:	14.8%

There were no significant differences between the 3 treatment groups on these demographic variables or between these participants and those at pretest time.

Table 3.5
2 Months Demographic Variables (N=284)

Treatment Groups

C=94, X1=92, X3=107

Gender

121 men (C=35, X1=40, X3=46)
162 women (C=59, X1=52, X3=51)

Ethnicity/Race (N=243)

90.1% European American (white)
9.9% (African American, Asian American Hispanic, Biracial, Multiracial, or Native American)

Age: Mean=19.3 (SD=1.19)

Year in School

First year:	40.3%
Sophomore:	28.3%
Junior:	20.5%
Senior:	11.0%

College of Major (N= 283)

COLA	42.3%
CEPS	11.3%
HHS	17.3%
COLSA	18.0%
WSBE	11.9%

Household Income (N=276)

\$49,999 and under:	18.8%
\$50,000 to 74,999:	27.2%
\$75,000 to 99,999:	21.4%
\$100,000 to 149,999:	19.2%
\$150,000 and above:	13.4%

There were no significant differences between the 3 treatment groups on these demographic variables or between these participants and those at pretest time.

Table 3.6
4 Months Demographic Variables (N=140)⁸

Treatment Groups

C=52, X1=40, X3=48

Gender

62 men (C=24, X1=18, X3=20)

78 women (C=28, X1=22, X3=28)

Ethnicity/Race (N=119)

92.4 % European American (white)

7.6% (African American, Asian American Hispanic, Biracial, Multiracial, or Native American)

Age: Mean=19.1 (SD=1.13)

Year in School

First year 40.0%
Sophomore 30.0%

Junior 19.3%
Senior 10.7%

College of Major (N= 140)⁹

COLA	44.3%
CEPS	10.0%
HHS	19.3%
COLSA	12.1%
WSBE	14.3%

Household Income (N=137)

\$49,999 and under: 18.2%
\$50,000 to 74,999: 30.7%
\$75,000 to 99,999: 23.4%
\$100,000 to 149,999: 17.5%
\$150,000 and above: 10.2%

There were no significant differences between the 3 treatment groups on these demographic variables (except College of Major) or between these participants and those at pretest time.

⁸ These participants are from the second wave of data collection in Fall Semester 2003.

⁹ There was a significant difference ($X^2=19.5$, $p=.012$) between the experimental groups on college of major.

Table 3.7
12 Months Demographic Variables (N=83)¹⁰

Treatment Groups

C=30, X1=, 53 X3=30

Gender

26 men (C=4, X1=9, X3=17) 57 women (C=22, X1=18, X3=13)

Ethnicity/Race (N=80)

87.5% European American (white)
12.5% (African American, Asian American Hispanic, Biracial, Multiracial, or Native American)

Age: Mean=19.2 (SD=1.00)

Year in School¹¹

First year: 42.7%
Sophomore: 26.8%
Junior: 30.5%

College of Major (N=83)

COLA	34.9%	COLSA	26.8%
CEPS	9.6%	WSBE	8.4%
HHS	20.5%		

Household Income (N=80)

\$49,999 and under: 20.0%
\$50,000 to 74,999: 23.8%
\$75,000 to 99,999: 25.0%
\$100,000 to 149,999: 15.0%
\$150,000 and above: 16.2%

There was a significant difference between sex and treatment groups for this time ($X^2 = 10.42, p = .005$) and a significant difference between college of major at this time and pretest time ($X^2 = 15.49, p = .054$). Otherwise no demographic differences between these participants and those at pretest time were observed.

¹⁰ These participants are from the first wave of data collection in Spring Semester 2003. Some attrition results from students graduating and being abroad.

¹¹ At time of pretest questionnaire.

CHAPTER 4: Measures

As mentioned in the introduction, few studies have been conducted to experimentally evaluate sexual violence prevention programs with a bystander focus. There is also little general empirical literature about assessing bystander behaviors and attitudes. As a result, a key first step for the current project was the selection and design of research measures. This was accomplished through a comprehensive review of the research literature, personal contacts with researchers on bystander behavior, and the development of our own measures to fill in gaps in what was available.

Pilot Study

An examination of the research literature on bystander intervention programs revealed few measures of bystander behavior in the empirical literature. Thus, during the first months of the grant, a pilot study was conducted to test and refine a number of measures to be used in the larger grant-funded study. The primary aim of the pilot study was to collect data about the performance and psychometric properties of proposed measures.

Participants.

Participants were drawn from a convenience sample of students enrolled in an Introductory Psychology course. Students received partial course credit for their participation. Students completed one of two different questionnaire packets assessing attitudes about sexual violence and bystander behaviors. Table 4.1 presents sample demographics for each of the two groups of students. The first group of students received a packet of standard measures of attitudes and knowledge related to sexual violence that

had been cited and used frequently in the empirical literature. This packet also included several measures of individual personality variables that we had originally hypothesized might lead to differences among participants in the effectiveness of the prevention program. The second group of pilot participants received a packet of newly designed research questionnaires, developed specifically for the current study.

Measures.

The following measures were completed by all participants in the pilot study.

Assessing individual differences among participants. Participants were asked a number of demographic questions including age, year in school, and sex. They were also asked a series of brief questions about their own experiences with sexual violence and their participation in previous sexual violence prevention programs (e.g., did they know anyone who was a victim of sexual violence? Had they ever taken a course or attended a program on sexual assault?). They were also be asked about their willingness to attend future sexual violence prevention programs and their willingness to use local crisis centers for themselves or friends in the future should the need arise.

A number of other variables were assessed to document potential differences among research participants as they may have bearing on the prevention outcomes.

Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960). This is a 33-item measure to assess a socially desirable response bias among participants. The measure is useful in assessing the degree to which participants may respond to the research instruments in socially desirable ways and administration of this scale will permit statistical control of this variable.

Humanitarianism (Fischer, 1973). Participants also completed the 12 item adaptation of the “social action” subscale of Fischer’s (1973) “Humanitarianism” scale that Fischer describes as assessing social responsibility including awareness of social issues and willingness to do something to address them. Several items were slightly modified to update the language used.

PART A (completed by 65 participants; Table 4.2 presents the descriptive statistics for this group)

To assess knowledge, ten multiple-choice items were developed for use with this project. They were based on knowledge imparted during the prevention program and modeled after the method of Lonsway and Kothari (2000) who describe the use of such knowledge-based questions in their evaluation of a program for first year college students.

Attitudes were assessed with several measures which have been shown in the research literature to have adequate reliability and validity and which have been used in evaluations of rape prevention programs.

Illinois Rape Myth Acceptance Scale (Payne, Lonsway, & Fitzgerald, 1999). This is a 45-item scale developed to address limitations of previous measures. Participants indicated on a 7 point Likert scale the extent to which they agree with each item.

Rape Empathy Scale (Deitz & Byrnes, 1981) which is a 20 item scale that measures degree of empathy with rape victims and with perpetrators of sexual assault.

ELMQ (Heppner et al, 1999). Heppner et al. (1999) discuss their Elaboration Likelihood Model of attitude change and have developed a questionnaire to assess how

prevention messages are processed by participants in a rape prevention program. This is a 12-item questionnaire which asks such questions as "How important was the topic of this program to you personally?"

College Date Rape Attitude and Behavior Survey (Lanier & Elliott, 1997). This measure includes items assessing behaviors related to rape. It has been used in a modified form by Schultz et al. (2000) to assess behavioral change among students participating in a rape prevention program.

Readiness to change. Additionally, participants will be asked to complete a questionnaire developed for this research and based on Prochaska and DiClemente's Transtheoretical Model of health behavior change (Grimley et al, 1994) which has been discussed as potentially important in sexual assault prevention (Berkowitz, 2002). Measures of readiness to change behaviors have been developed for a variety of health behaviors including exercise, weight loss, and decreased use of substances. Based on these measures we have developed a "stage of change scale" in relation to bystander behaviors. This scale will enable us to evaluate whether the program works differently for people at different stages of readiness to change their behavior in relation to preventing sexual assault.

PART B (completed by 58 participants; Table 4.3 presents the descriptive statistics)

Vignettes. Researchers such as Lonsway and Kothari (2000) and Pinzone-Glover et al. (1998) have also used scenarios in assessing prevention outcomes. In previous research, descriptions of rape scenarios have been given to participants and assessment is

made of the extent to which individuals judge the scenarios to be an example of sexual assault. The pilot study used scenarios but in a slightly different fashion. Participants were given 10 different vignettes describing incidents that might be associated with sexual violence. Participants were asked to complete several open ended questions asking them what they could do to help in the situation, what the benefits of helping would be and what the costs might be. Qualitative analysis focusing on content coding was used to generate an understanding of the range of responses participants' might consider using as a bystander in that situation.

Bystander attitudes (Banyard, Plante, & Moynihan, 2002). A list of 38 potential bystander helping behaviors was generated for this project from examples in the literature as well as from discussions with advocates and professionals working in the field of sexual violence. Participants were asked to respond on a 7-point scale how willing or likely they would be to engage in that bystanding behavior.

Bystander behaviors (Banyard, Plante, & Moynihan, 2002). Using the same list of behaviors as in the attitude scale above, participants were asked to revisit the above list and to circle all items that indicated behaviors they had actually done in the last two months.

Bystander efficacy scale (Banyard, Plante, & Moynihan, 2002). This scale was also developed for this project. It was modeled on recent work by LaPlant (2000, 2002) in her development of academic and eating self-efficacy scales and grounded in measures used in the broader self-efficacy literature. Participants were asked to indicate whether

they felt they could do each of 15 bystander behaviors and if so, to indicate their level of confidence in performing this bystander behavior.

Decisional Balance scale (Banyard, Plante, & Moynihan, 2002). In addition, the bystander literature often discusses decisions that individuals must make, weighing the pros and cons before deciding to intervene. Thus, participants were asked to complete a questionnaire developed for this research and based on Prochaska and DiClemente's Transtheoretical Model of health behavior change (Grimley et al, 1994), that has been discussed as potentially important in sexual assault prevention (Berkowitz, 2002). Measures of decisional balance (the pros and cons of changing behavior) have been developed for a variety of health behaviors including exercise, weight loss, and decreased use of substances. Based on these measures we developed a "decisional balance scale" in relation to bystander behaviors. This was a 10 item scale reflecting both positive benefits and negative consequences for intervening "in a situation where you thought someone might be being hurt or was at risk of being hurt." Responses were given on a 5 point scale ranging from "not at all important" to "extremely important" in deciding whether or not to intervene.

Results

A number of results of analyses of this pilot data were used to refine measures used in the final version of this study. In particular, social desirability was not significantly correlated with any of the outcome measures except that it was related to scoring lower on the "cons" subscale of the Decisional Balance measure (-.31). The intercorrelations between the Illinois Rape Myth Scale and Lanier's College Date Rape

Attitude Scale ranged from .54 to .60 suggesting that while there were some central facets of each measure that were similar to one another, there were also important differences. Lanier's Behavior scale did not perform well and was dropped from the study. Fischer's social action scale was not related to any of the outcome measures and thus was dropped from further use in the study. The measures created for the study showed adequate reliability, produced a range of scores among participants without noticeable problems with skewness, and correlated in expected ways with other variables, thus supporting their continued use in the final study design. The pilot study also provided information about scales that needed some modification, such as 4 items on the knowledge questions assessment that most participants answered correctly. Further modification of these measures was then made. The open-ended vignettes provided suggestions for a few additional bystander behaviors to add to the attitude and behavior measures as well as confirmed that the list we had generated earlier captured the range of what participants thought were important options.

Table 4.1

Sample demographics for pilot study

	Pilot 1 (N=65)	Pilot 2 (N=58)
Gender	80% female	71% female
Age	18.48 (1.03)	18.33 (.71)
Year	79% first year	83% first year
Fraternity	0%	2%
Athletic team	17%	17%
Attended prior Program?	11%	12%
Course where Discussed?	19%	36%
Know victim	48%	47%

Table 4.2

Pilot 1 Descriptive Statistics for Measures

Measure	Mean (SD)	Range	Cronbach's Alpha
Marlowe-Crowne	14.95(3.95)	5-24	.59
Fischer social action	36.45(4.66)	22-43	.54
Readiness to change			.58
Precontemplation	7.89(2.33)	3-13	.54
Contemplation	7.97(2.36)	3-15	.58
Action	4.37(3.22)	3-15	.93
Knowledge	5.6(.89)	3-7	
Illinois Rape Myth Acceptance Scale			
SA	22.58(8.69)	9-44	.81
NR	7.61(4.53)	5-32	.86
MT	17.0(5.97)	5-31	.72
WI	10.3(5.24)	5-34	.84
LI	16.25(5.58)	5-27	.84
TE	8.02(4.65)	5-33	.83
DE	14.22(7.21)	7-47	.84
Total score	91.91(30.79)	43-229	.94
ELMQ			.62
A	25.33(4.79)	18-33	
B	11.58(2.31)	7-15	
C	14.25(3.11)	9-18	
College Date Rape			
Attitude Scale	80.45(7.06)	64-96	.70
Behavior Scale	33.73(3.22)	25-39	.37

Table 4.3

Pilot 2 Descriptive Statistics for Measures

Measure	Mean (SD)	Range	Cronbach's Alpha
Marlowe-Crowne	16.46(4.51)	7-26	.69
Fischer social action	36.70(5.06)	22-56	.49
Bystander attitude	220.46(25.35)	159-266	.93
Bystander behavior	4.79(4.82)	0-25	.88
Bystander efficacy			
Lack of confidence	23.77(14.74)	0-60	.84
Can do	12.06(2.13)	2-13	.88
Fischer belief in helping	57.19(6.9)	42-84	.42
Decisional balance	2.98(5.41)	-7 – 20	.53
Pros	17.45(3.64)	11-25	.62
Cons	14.66(3.79)	5-22	.68

Formative Evaluation

Although this part of the study will be discussed in more detail in the following chapter, participants in this part of the study were asked to comment on the research instrument. In particular, time in focus groups was used to gain feedback from participants about measures that were unclear or that could be shortened. Results of this feedback are presented here.

- ◆ Suggestions for changes to wording
- ◆ Vignette measure too long – got specific suggestions for ones to drop.
Students suggested dropping 2 vignettes for being “too obvious.” We kept the 5 with which they identified (See Appendix C).
- ◆ Format of our bystander efficacy measure was seen as a bit confusing so we modified it.

Final Study

All measures chosen for the final study had either been used in prior research where their reliability and validity were established (see citation for each measure) or were developed for this study and pilot tested for reliability and validity prior to their use. The measures used in the final study are as follows:

Measures

Outcome measures. Outcome measures at pretest, posttest, and 2 and 4 or 12 month follow-up will consist of the same set of measures that include assessment of knowledge, attitudes, and behavior.

Knowledge assessment (Banyard, Plante, & Moynihan, 2002). To assess knowledge, ten items were developed for use with this project including multiple choice and short answer items. Four of the items had multiple parts. This resulted in 44 possible question items. Participants were scored with either “0” for an incorrect response or “1” for a correct response. They were based on knowledge imparted during the prevention program and modeled after the method of Lonsway and Kothari (2000) who describe the use of such knowledge-based questions in their evaluation of a program for first year college students. The Cronbach’s alpha for the full sample at pretest was .82 ($M = 18.85$, $SD = 6.65$ with a range from 0 to 38). Nineteen participants were missing data on this scale.

In addition, for each of the ten questions, participants could indicate that they “did not know” the answer. A separate calculation of how many items participants indicated they didn’t know the answer to was also done. The Cronbach’s alpha for the full sample at pretest was .68 ($M = 4.74$, $SD = 2.14$ with a range from 0 to 10). Twenty participants had missing data on this scale.

Attitudes were assessed with several measures which have been shown in the research literature to have adequate reliability and validity and which have been used in evaluations of rape prevention programs.

Illinois Rape Myth Acceptance Scale – Short form (Payne, Lonsway, & Fitzgerald, 1999). This is a 20-item scale developed to assess participants’ endorsement of a variety of common myths about sexual assault. Participants indicated on a 7 point Likert scale the extent to which they agree with each item. The Cronbach’s alpha for the

full sample at pretest was .83 ($M = 34.79$, $SD = 11.36$ with a range from 16 to 96).

Twenty-three participants had missing data on this scale.

College Date Rape Attitude Survey (Lanier & Elliott, 1997). This measure consists of 20 items assessing attitudes related to date rape. It has been used in a modified form by Schultz et al. (2000) to assess behavioral change among students participating in a rape prevention program. Students indicate their agreement with each of the 20 statements using a five point scale. The Cronbach's alpha for the full sample at pretest was .92 ($M = 76.59$, $SD = 15.33$ with a range from 26 to 98). Fourteen participants had missing data on this scale.

ELMQ (Heppner et al, 1999). Heppner et al. (1999) discuss their Elaboration Likelihood Model of attitude change and have developed a questionnaire to assess how prevention messages are processed by participants in a rape prevention program. This is a 12-item questionnaire which asks such questions as "How important was the topic of this program to you personally?" Responses are given on a seven point scale. There are 3 subscales that can be derived from these items. The Cronbach's alpha for the total 12-item measure was .77. Cronbach's alphas for the 3 subscales described by Heppner, et al. (1999) were .62 for scale A, .32 for scale B, and .53 for scale C. Given the low alphas for our sample we conducted a factor analysis. The first factor accounted for 36% of the variance and had high loadings for 10 of the 12 items. Thus, a decision was made to use a summed score of these to items in the current study. The Cronbach's alpha was .82 for this scale. For the full sample at posttest, 283 participants had completed this measure ($M = 48.79$, $SD = 8.33$ with a range from 19 to 60).

Readiness to change. Additionally, participants were asked to complete a questionnaire developed for this research and based on Prochaska and DiClemente's Transtheoretical Model of health behavior change (Grimley et al, 1994) which has been discussed as potentially important in sexual assault prevention (Berkowitz, 2002). Measures of readiness to change behaviors have been developed for a variety of health behaviors including exercise, weight loss, and decreased use of substances. Based on these measures we developed a "stage of change scale" in relation to bystanding behaviors. This scale will enable us to evaluate whether the program works differently for people at different stages of readiness to change their behavior in relation to preventing sexual assault. The scale consisted of nine items. Participants responded on a five point scale from "not at all true" to "very much true" how much each of the statements was true of them. The scale is then divided into three subscales. The precontemplation subscale consisted of three items ("I don't think sexual assault is a big problem on campus;" "I don't think there is much I can do about sexual assault on campus;" "and "There isn't much need for me to think about sexual assault on campus, that's the job of the crisis center." The Cronbach's alpha for the full sample at pretest was .53 ($M = 7.74$, $SD = 2.17$ with a range from 3 to 15). Two participants had missing data on this scale.

The contemplation subscale consisted of the following three items: "Sometimes I think I should learn more about sexual assault but I haven't done so yet," "I think I can do something about sexual assault and am planning to find out what I can do about the problem," "I am planning to learn more about the problem of sexual assault on campus."

The Cronbach's alpha for the full sample at pretest was .77 ($M = 8.38$, $SD = 2.77$ with a range from 3 to 15). Three participants had missing data on this scale.

The action stage subscale consisted of three items: "I have recently attended a program about sexual assault," "I am actively involved in projects to deal with sexual assault on campus," "and "I have recently taken part in activities or volunteered my time on projects focused on ending sexual assault on campus." The Cronbach's alpha for the full sample at pretest was .69 ($M = 4.16$, $SD = 2.06$ with a range from 3 to 12). Three participants had missing data on this scale.

Vignettes (Banyard, Plante, & Moynihan, 2002). Researchers such as Lonsway and Kothari (2000) and Pinzone-Glover et al. (1998) have also used scenarios in assessing prevention outcomes. In previous research, descriptions of rape scenarios have been given to participants and assessment is made of the extent to which individuals judge the scenarios to be an example of sexual assault. The pilot study used scenarios but in a slightly different fashion. Participants were given 5 different vignettes describing incidents that might be associated with sexual violence (See Appendix C). Participants were asked first how much they felt the victim in the vignette needed help. Responses were given on a seven point scale from "not at all" to "very much." Scores on these items across the five vignettes were summed to create a perception of help need scale. The Cronbach's alpha for the full sample at pretest was .56 ($M = 27.63$, $SD = 4.04$ with a range from 10 to 35). Seventeen participants had missing data on this scale.

Participants were also presented with a series of intervention behaviors following each vignette. Participants were asked to rank order their first, second, etc. choices about

what they would do if they were a bystander in that situation. Participants could mark “0” next to each behavior that they would not do at all. Because of confusion about the instructions there was a great deal of missing data on this measure and a decision was made not to do further analyses with it.

Bystander attitudes (Banyard, Plante, & Moynihan, 2002). A list of 51 potential bystander helping behaviors was generated for this project from examples in the literature as well as from discussions with advocates and professionals working in the field of sexual violence and the pilot study and formative evaluation with a sample of college students. Participants were asked to respond on a five-point scale how willing or likely they would be to engage in that bystander behavior. Scores were created by summing responses across the items. The Cronbach’s alpha for the full sample at pretest was .94 ($M = 198.17$, $SD = 27.77$ with a range from 73 to 255). Forty-five participants had missing data on this scale.

Bystander behaviors (Banyard, Plante, & Moynihan, 2002). Using the same list of behaviors as in the attitude scale above, a second scale was created. Participants were asked to answer yes or no to indicate behaviors they had actually done in the last two months. Again, scores were obtained by summing the number of behaviors they reported having done. The Cronbach’s alpha for the full sample at pretest was .89 ($M = 10.02$, $SD = 6.48$ with a range from 0 to 45). Thirty-two participants had missing data on this scale.

Bystander efficacy scale (Banyard, Plante, & Moynihan, 2002). This scale was also developed for this project. It was modeled on recent work by LaPlant (2000, 2002) in her development of academic and eating self-efficacy scales and grounded in measures

used in the broader self-efficacy literature. Participants were asked to indicate their confidence, on a scale of 0 “can’t do” to 100 “very certain can do,” in performing each of 14 bystander behaviors. Scores are created by subtracting the mean of these 14 items from 100 to create a scale of perceived ineffectiveness. The Cronbach’s alpha for the full sample at pretest was .87 ($M = 20.55$, $SD = 14.19$ with a range from 0 to 92.86). None of the participants had missing data on this scale.

Slaby Bystander Efficacy Scale (Slaby, Wilson-Brewer, & DeVos, 1994). This is a nine-item scale designed to assess participants’ beliefs about the efficacy of violence prevention. Participants indicate on a six-point scale how much they agree with each of the nine items such as “people’s violent behavior can be prevented.” Scores are created by summing responses across the nine items. The Cronbach’s alpha for the full sample at pretest was .90 ($M = 42.95$, $SD = 5.97$ with a range from 24 to 54). One participant had missing data on this scale.

MVP Efficacy Scale (Ward, 2001). This ten-item scale was developed for use in the program evaluation of the Mentors in Violence Program (Katz, 1994). It consists of ten items assessing self-efficacy related to gender violence prevention. For example, “I can help prevent violence against women in my community.” Responses are given on a five-point scale from “strongly disagree” to “strongly agree” with each statement. The Cronbach’s alpha for the full sample at pretest was .75 ($M = 34.15$, $SD = 6.13$ with a range from 14 to 50). Fifteen participants had missing data on this scale.

Decisional Balance scale (Banyard, Plante, & Moynihan, 2002). In addition, the bystander literature often discusses decisions that individuals must make, weighing the

pros and cons before deciding to intervene. Thus, participants were asked to complete a questionnaire developed for this research and based on Prochaska and DiClemente's Transtheoretical Model of health behavior change (Grimley et al, 1994), that has been discussed as potentially important in sexual assault prevention (Berkowitz, 2002). Measures of decisional balance (the pros and cons of changing behavior) have been developed for a variety of health behaviors including exercise, weight loss, and decreased use of substances. Based on these measures we developed a "decisional balance scale" in relation to bystander behaviors. This was a 10 item scale reflecting both positive benefits and negative consequences for intervening "in a situation where you thought someone might be being hurt or was at risk of being hurt." Responses were given on a 5 point scale ranging from "not at all important" to "extremely important" in deciding whether or not to intervene. Three scores were calculated. The first was a subscale score for positive or pro attitudes. This subscale consisted of items such as "If I intervene regularly I can prevent someone from being hurt." The Cronbach's alpha for the full sample at pretest was .72 ($M = 17.96$, $SD = 3.67$ with a range from 6 to 25). One participant had missing data on this scale. The second score was the "cons" subscale consisting of 6 statements about negative consequences of bystander intervention. The Cronbach's alpha for the full sample at pretest was .76 ($M = 16.92$, $SD = 4.61$ with a range from 6 to 30). Two participants had missing data on this scale. Finally, a total decisional balance score was obtained by subtracting the "cons" score from the "pros" score. The Cronbach's alpha for the full sample at pretest was .69 ($M = 1.04$, $SD = 5.79$ with a range from -20 to 19). Three participants had missing data on this scale.

Sense of Community (Unger & Wandersman, 1982). Participants also completed a measure to assess the extent to which program messages specific to sexual assault may generalize to more general community building and helping behaviors. Participants completed a modified version of Unger and Wandersman's (1982) sense of community scale that has been used in prior studies with college students (Banyard & LaPlant, 2002). This is a brief 3-item measure consisting of the following items: "Do you feel a sense of community with other people on campus?", "How important is it to you to feel a sense of community with people on this campus?", "Some people care a lot about the kind of campus they live on. For others, the campus is not important. How important is what the campus is like to you?" Responses are given on a five point scale and summed to create a total sense of community score. The Cronbach's alpha for the full sample at pretest was .71 ($M = 12.18$, $SD = 2.10$ with a range from 4 to 15). One participant had missing data on this scale.

Assessing individual differences among participants

Demographics. Participants were asked a number of demographic questions including age, year in school, and sex. They were asked a series of brief questions about their own experiences with sexual violence and their participation in previous sexual violence prevention programs, their willingness to attend future sexual violence prevention programs and their willingness to use local crisis centers for themselves or friends in the future should the need arise.

Social Desirability (Crowne & Marlowe, 1960). This is a 33-item measure to assess a socially desirable response bias among participants. This will be useful in

assessing the degree to which participants may respond to the research instruments in socially desirable ways and administration of this scale will permit statistical control of this variable. Participants indicate whether each of the 33 statements is “true or false in terms of their own behavior” and responses summed for a total score. The Cronbach’s alpha for the full sample at pretest was .75 ($M = 17.98$, $SD = 4.96$ with a range from 4 to 31). Thirteen participants had missing data on this scale.

Perceived Control (Paulhaus, 1983). Individual differences in perceptions of control and efficacy may also influence participants’ responses to behavioral measures such as the scenarios measuring likelihood to intervene and help with individuals who in general perceive themselves as having less control being less likely to intervene regardless of exposure to prevention messages. To examine this effect, participant completed two subscales of Paulhaus’ (1983) "Sphere Specific Measure of Perceived Control," a 30-item measure of perceptions control in a number of arenas. The subscales of interpersonal control (e.g., “even when I’m feeling self-confident about most things, I still seem to lack the ability to control social situations”) and sociopolitical control (e.g., "By taking an active part in political and social affairs we, the people, can control world events" at the larger social level”) were used in the current study. Each is a 10-item scale on which participants indicate using a seven-point scale their agreement with statements about perceptions of control which are summed to create total scores on each scale. For the interpersonal control scale the Cronbach’s alpha for the full sample at pretest was .77 ($M = 48.19$, $SD = 8.38$ with a range from 23 to 70). One participant had missing data on this scale. For the sociopolitical scale the Cronbach’s alpha for the full sample at pretest

was .75 ($M = 40.79$, $SD = 8.75$ with a range from 11 to 67). One participant had missing data on this scale.

Extroversion (John & Srivastava, 1999). A brief eight-item assessment of the personality trait extroversion was also included. Participants indicate how much they agree that “they see themselves as someone who...” exhibits each of eight adjectives. Participants indicate their agreement to statements on a five-point scale which are summed to create a total score. The Cronbach’s alpha for the full sample at pretest was .85 ($M = 27.40$, $SD = 5.48$ with a range from 14 to 40). One participant had missing data on this scale.

Experiences with sexual violence. In order to assess participants’ own experiences with sexual violence, during the final waves of the study (months 4 and 12) we asked nine yes or no questions about their own experiences with sexual assault (Someone stared at or ogled the sexual parts of my body; Someone masturbated in public in front of me; Someone exposed themselves to me; Someone called me a name connected with sexuality or sexual parts of the body; Someone pinched my behind; Someone slapped my behind; Someone forced me to watch pornography; Someone forced me to engage in unwanted sexual touching; Someone forced me to engage in unwanted penetration (oral, anal, and / or vaginal). Participants were asked to indicate which of these they had experienced, with one point assigned for each they said “yes” to. Total scores were computed. In all, 231 or 94% of the sample ($N = 243$) reported having experienced at least one of the 9 types of unwanted behaviors; thirty-three or 13 % reported having experienced the most severe.

CHAPTER 5: Formative Evaluation

Empirical research continues to document the problem of sexual violence with particular focus on college campuses as at-risk communities. Approximately 50% of college women experience some form of unwanted sexual activity (Abbey, Ross, & McDuffie, 1996; Synovitz & Byrne, 1998). The recent National College Women Sexual Victimization study (Fisher, Cullen, & Turner, 2000) reports that 2.8% of college women experience the most serious forms of sexual violence, rape, or attempted rape during a given academic year. Larimer, Lydum, Anderson, and Turner (1999), among others, show that college men also report unwanted sexual experiences. For this reason, Lonsway and Kothari (2000) point out a virtual explosion in the number of rape prevention programs being implemented in college communities. The purpose of this paper is to present the results of an exploratory formative evaluation of sexual violence intervention program for both women and men designed primarily by incorporating findings from empirical research and suggestions for best practices from the bystander and intervention literature. Best practices include, for example, recognizing inappropriate behavior, skill building, and role modeling.

The Bystander Approach

Banyard, Plante, and Moynihan (2004) note the use of a bystander approach as an innovative one to the widespread problem of sexual violence across campuses and other communities (e.g., Slaby and Stringham, 1994; Katz 1994; DeKeseredy, et al, 2000; Foubert, 2000; and Berkowitz, 2002). This approach involves teaching bystanders how to intervene safely in situations that involve sexual violence. As a basis for prevention

programming, a focus on bystanders has several positive outcomes. It can help create new situational and community norms for intervention to prevent sexual violence, provide role models to demonstrate helping behavior, and build a repertoire of specific skills for bystanders. It can create attitude change that fosters a bystander's sense of responsibility and competency for intervening and an appropriate understanding of sexual violence to facilitate identifying situations where intervention may be necessary. It is possible to do this in the context of a program message that does not implicitly or explicitly label participants as victims or perpetrators but as potential witnesses, bystanders, or allies, thereby decreasing defensiveness toward the prevention material and reducing potential victim-blaming attitudes (e.g., Katz, 1994). If using a bystander model increases community receptivity and support for intervening against sexual violence, it may reduce implicit societal support for sexual violence over and above limited opportunities that individual community members may have to intervene. It may also create community norms in support of community responsibility for prevention, increasing an overall sense of community, and decreasing any threats to status that an individual may perceive as a consequence of intervening in a risky situation.

The bystander model gives all community members a specific role with which they can personally identify and adopt in preventing the community problem of sexual violence. This role includes interrupting situations that could lead to assault before or during an incident, speaking out against social norms that support sexual violence, and having skills to be an effective and supportive ally to survivors. As noted above, this perspective may also provide an entry into broader community change. By presenting

material about sexual violence in the context of discussions about sense of community and the interconnections between members of the community, individuals and groups may begin to take on broader challenges in creating social change around these issues. Moreover, a bystander approach integrates favorably with findings from the sexual violence prevention literature about what we already know works. Strong messages that challenge sexual violence myths make community members more aware of sexual violence, its prevalence, and consequences.

Current Program and Study

The current exploratory study focuses on a formative evaluation testing a program based on the above model. Each component of the current program is based on empirical literature on bystander behavior (See Banyard, Plante & Moynihan, 2004 for a review) and noted best practices regarding rape prevention (e. g., Lonsway, 1996). That is, similarly to other campus sexual violence prevention programs, ours uses peer educators (e.g., DeKeseredy, Schwartz & Alvi, 2000), single-sex groups (e.g., Katz, 1994), and incorporates active learning methods to address knowledge, attitudes and behaviors. Our prevention program incorporates predictors of successful bystander intervention that can be reinforced through education: recognizing inappropriate behavior; skill building, requesting a commitment to intervene, and role modeling (See Banyard, Plante & Moynihan, 2004 for a detailed review).

Methods

Participants

We recruited volunteers for this study via flyers posted around the campus of a northeastern state university and in the adjoining downtown area. Flyers, prominently displaying the amount to be earned, called for undergraduate students to participate in a study about community and relationship problems. The purpose of advertising the program in this way was not to disguise the content from the participants but rather to solicit a broader audience than might sign up for a study relating to sexual violence. For participating in the program and filling out both the pretest and posttest questionnaires, participants received a \$75.00 stipend upon completion the posttest and earned an additional \$20.00 one week later for coming to a focus group to give feedback on the program. We offered students money for participating in the research as a way to widen the interest beyond those who might volunteer as a form of altruism.

In order to be eligible to participate, a volunteer had to be 18 years old or over but not yet 23, an undergraduate at the university who had not been trained as a crisis center advocate either at the university or elsewhere. Of those who responded by the required date, 31 completed the pretest on Monday (week one), then 26 completed the 3-session, single-sex program and the posttest during the following week (week two) (Monday, Wednesday and Friday). During that time three women and 2 men dropped out before completing the program. The current study focuses on the participants who completed the program. This group was composed of 14 women and 12 men. Participants were invited to return for pizza, \$20.00, and a discussion about the program one week (week three) following the last night of the 3-session program. Eleven men and 13 women participated in these focus group sessions. The mean age of participants was 19.2 (SD = 1.29), and

46.2% were first-year students, 30.8% sophomores and the remaining 23% juniors and seniors). Twenty-three students were white, and 3 identified as either multi-racial or bi-racial. The purpose of this paper is not to generalize from the findings from this small sample, but rather to show the promise of the community of responsibility model and suggest hopeful directions for future research.

Missing Data

Very little missing data were found: no more than one item per scale across the entire instrument. In each case, we replaced the missing value on an item with the individual's mean score on the scale of which that item was a part.

Hypotheses and Measures

Consistent with the empirical literature on evaluating rape prevention programs the current study assessed the impact of the program on eight scales. We hypothesized that participation in the program would lead to an increase in a sense of community, increase in likelihood of engaging in bystander behaviors, increase in bystander efficacy, decrease in rape myth acceptance, less likelihood of acceptance of statements favorable to date rape, overall more positive views about helping, increased knowledge about sexual violence, and increased knowledge about behaviors shown to be predictive for intervening.

Sense of Community Scale (Unger & Wandersman, 1982). This measure assesses the extent to which program messages specific to sexual assault may be generalized to more general community building and helping behaviors. Participants completed a modified version of Unger and Wandersman's (1982) sense of community scale that has

been used in prior studies with college students (Banyard & LaPlant, 2002). The Cronbach's alpha was .62 for this sample.

Helping Attitude Scale. We created this measure for the current program evaluation. It is composed of 51 items, based upon and updated from some of the early humanitarian helping attitude scales (e.g., Fischer, 1973). Respondents are asked to check how likely they are to engage in bystander helping behaviors. The Cronbach's alpha was .90 for this sample.

Bystander Efficacy Scale (Slaby & Stringham, 1994). This 9-item scale asks about respondent's attitudes concerning their own efficacy as agents of violence prevention. For the current sample, Cronbach's alpha was .85 for this sample.

Illinois Rape Myth Acceptance Scale (short form) (Payne, Lonsway, & Fitzgerald, 1999). This is a 20-item scale assessing a respondent's thinking about rape and has been used extensively in research on college students to determine whether they hold erroneous beliefs about rape. Higher scores indicate greater endorsement of rape myths. The Cronbach's alpha was .77 for this sample.

College Date Rape Attitude Scale (Lanier et al., 1998). This is a 20-item scale measuring attitudes toward date rape and has been used extensively in research on college students. The Cronbach's alpha was .90 for this sample. Higher scores indicate lesser belief in date rape myths.

Decisional Balance Scale. This measure, developed for this program evaluation, is based on Prochaska and DiClemente's Transtheoretical Model of health behavior change (Grimley et al, 1994), that has been discussed as potentially important in sexual assault

prevention (Berkowitz, 2002). Our DBS is calculated from 2 sub-scales: one “pro” and the other “con” regarding the consequences of intervening. The Cronbach’s alpha was .68 for the “pro” score and .59 for the “con.” The total score is determined from subtracting the “con” score from the “pro” one.

Knowledge Scale. This scale, developed for this program evaluation, was created from a battery of 9 multiple-choice questions, recoded into 36 dichotomous items on which a respondent could score either correctly or not. This scale assesses the participant’s knowledge of facts relating to sexual violence (e.g., the definition of consent, what constitutes sexual violence, the number of women and men who experience sexual assault, etc.). The Cronbach’s alpha was .84 for this sample.

Knowledge of Interventions. This item, scored separately, read “List as many helpful bystander behaviors as you know that could be used in the case of sexual violence.” Participants learned about these behaviors during the program. Students received one point for each response that was presented during the program as being based on findings from past research.

Open-ended question. These five questions appeared at the end of the posttest. (See Table 2 for the wording of the open-ended questions.)

Focus Groups. Eleven men and 13 women participated in single-sex focus group sessions conducted by a member of the research team. Participants were asked to describe what they liked/disliked about the format and the content of the program. They were also asked to articulate what they found to be most/least valuable about the program.

Results

t Test of Means

Eight paired sample t-tests were performed to see if participants' scores changed significantly from pretest to the posttest time. Given this number of comparisons and in order to reduce the risk of committing a Type I error, we used a Bonferroni correction to set a more stringent alpha level to determine statistical significance. (In this regard, an alpha level of .006 was calculated by dividing .05 by 8, the number of dependent variables.) Since we predicted the direction of change from pretest to posttest time (for all of the dependent variables), we used a 1-tailed test of significance. (See Table 5.1.)

Beliefs about Helping

Helping Attitude Scale. We hypothesized that after taking part in our bystander education program, participants would be more positively disposed to helping others, including friends, acquaintances, and strangers than what they had been prior to the program. The results support our hypothesis.

Bystander Efficacy Scale. We hypothesized that after taking part in our program, participants would have more favorable responses to the idea that sexual violence can be prevented and that bystanders have a role to play in helping to prevent violence. The results support our hypothesis.

Decisional Balance Scale. As noted above, the total decisional balance scale was composed of one sub-scale (PRO) measures positive disposition toward intervention and the other (CON) measures a negative one. We hypothesized that as a result of our program, participants would on balance report greater endorsement of the positive reasons for helping. The hypothesis was not supported.

Beliefs and Knowledge Regarding Sexual Violence

Illinois Rape Myth Acceptance Scale. We hypothesized that participants in our program would become more knowledgeable about rape and therefore become more disposed to reject popular rape myths. The results support this hypothesis. Participants moved to being less likely to accept rape myths after having participated in the program.

College Date Rape Attitude Scale. We hypothesized that at the end of the program, participants would have higher scores indicating greater disagreement with statements favorable to date rape. This hypothesis was supported. Participants' attitudes changed from greater agreement to greater disagreement about statements about date rape being acceptable.

Knowledge Questions. We hypothesized that on the posttest, participants would have greater knowledge about sexual violence. The hypothesis was supported.

Knowledge of Interventions. We hypothesized that after the program, participants would have greater knowledge about behaviors (from empirical research) shown to be predictive for intervening in situations of sexual violence. This hypothesis was also confirmed.

Sense of Community

Finally, we hypothesized that as a result of taking part in our bystander education program to prevent sexual violence emphasizing community responsibility, participants would gain an overall greater sense of community. This hypothesis was not supported.

To summarize results of the quantitative data, we found significant changes in the predicted direction from pretest to posttest time in all but 2 of the variables. That is, only

on the Decisional Balance Scale and the sense of community scale were differences shown not to have changed significantly.

Gender Differences and Similarities

In order to explore the questions of whether or not results varied by sex, we ran the t-tests separately for women and men. Results of the pretest to posttest differences, shown in Table 5.2 and 5.3, pretty much mirrored those of the results for the participants as a whole. That is, for both women and men, pretest to posttest changes in helping attitude, bystander efficacy, rape myth acceptance, and knowledge questions showed to be significant at the at the $p \leq .006$ with the Bonferroni correction. However, women's scores on the knowledge of interventions, but not men's scores changed significantly. With the exception of this one variable, then, the overall pattern of change from pretest to posttest was similar for women and men and for the group as a whole.

Open-ended Questions and Focus Group Data

Responses to the open-ended questions on the posttest questionnaire, shown in Table 5.4, indicated that participants unanimously agreed that they would recommend this program to others on campus including their friends. Some went on to say that they thought that first-year students, especially ought to have the program. In addition, all participants said they learned something new or surprising, many noted the statistics or laws, the prevalence of sexual violence and learning how to intervene as their answers. More women than men thought the program sessions could be shorter.

The results of the focus groups were mostly consistent with what students wrote in their answers to the open-ended questions, although some of the issues received more

attention. For example, in their discussion of the format, the men noted the comfortable atmosphere of the sessions and the discussion of the content, the women spoke about the power of the empathy exercise. Whereas women were more likely to say that they thought the first and second sessions were too drawn out, men, for the most part, did not feel that way about those sessions.

In short, the overall findings of both the open-ended questions and the focus-group responses triangulate well with the quantitative findings. Participants had positive perceptions of the program, said that they learned about sexual violence, and indicated a greater willingness to intervene in situations in order to prevent sexual violence.

Discussion

Overall, quantitative and qualitative results from this study give us reasons to be tentatively optimistic about the positive effects of our program regarding efficacy of bystander education for sexual assault prevention applied to both women and men. That is after completing our program, participants' knowledge about sexual assault increased as did their knowledge about helpful behaviors; they responded more favorably to the idea that bystanders have a role to play in violence prevention; they were less likely to endorse date rape myths on the posttest; and they indicated greater willingness to help others who may be in situations needing intervention to prevent sexual violence;. These results may help to address some critiques of traditional rape prevention programs as being too victim blaming (e.g., Schewe & O'Donohue, 1993) or too focused on men as perpetrators (e.g., Berkowitz, 2002) and indicate in a preliminary way the potential

efficacy of a program grounded in more experimental social psychology literature (e.g., Lonsway, 1996).

We are concerned that neither the change in the decisional balance scale or the sense of community was shown to be a significant one. These are important aspects of our program that we hope will change when we test our program on a larger sample. With regards to the decisional balance scale, albeit sounding initially contradictory, we want students to become more aware of both the costs and benefits of intervening as it would indicate that they are more knowledgeable about the need to assess a situation carefully before intervening. However, on balance, after participating in our program, we anticipated that they would have more positive dispositions toward intervention.

Likewise we anticipated that going through our program would give participants a greater sense of community. This unexpected outcome may be a function of the small sample size of this exploratory formative evaluation or the relatively brief measure of this construct that we used.

On the whole, however, results from the t-tests indicate that the program appears to be a promising one. It is one that is worth expanding to include more participants, a control group for comparison, repeated intervention, and or other longitudinal measures to determine better a program's impact and how long the effects of the program last (Banyard, Plante & Moynihan, 2004).

Our positive results are consistent with expectations noted by Frazier, Valtinson, and Candell (1994) when interactive participation is part of a program's format. Although

we have no quantitative test to demonstrate this specifically, our program included numerous interactive features and our outcomes were in the desirable directions.

Gender Differences and Similarities

We did not find a pattern of difference between women and men or between either sex or the entire set of participants. This finding is comparable to that reported by Lonsway and Kothari (2000) but different than that reported Lenihan, Rawlins, Eberly, Buckley, and Masters (1992). It appears, then, that the program works for both men and women even though they enter the program at somewhat different places, mostly with women being more knowledgeable about sexual violence and being less likely to subscribe to rape myths, as indicated by the mean scores on these scales for example. This is not to say, however, that some women do not accept rape myths or harbor other forms of hostility toward women (Cowan, 2000), but that for the most part women on the whole are more knowledgeable about issues relating to rape and sexual violence and in general have greater sympathy for survivors than do men. Women seem to gain more knowledge of interventions than do men, but for the most part men and women both learned from our program and that is a hopeful finding. It is also a promising outcome that at least in the short run, men appear to a high learning curve in regards to their increased knowledge and change in these attitudes. With respect to these findings about men, we think that it is also good news that our program appears to concur with the findings from studies showing desirable attitude change (Foubert, 2000). We believe that this positive outcome is due to approaching men as bystanders rather than as potential perpetrators and giving them examples of how to intervene in prosocial ways.

Results from the open-ended questions and the focus groups are also consistent with the quantitative findings and recommendations from the literature. Students noted that they liked the small size of the group, the comfortable atmosphere of the sessions, and the progression of sessions (starting with community then moving to focus on sexual violence.) We believe that to have male students in particular declare the atmosphere of a rape prevention program as comfortable or at least not to have indicated that they felt uncomfortable, defensive or put on the spot says a great deal about the efficacy of using the bystander approach. This is not to say that they felt comfortable about all the material presented, but that they felt the atmosphere was comfortable, and that enabled them to focus on the content better. That their attitudes changed in the desirable directions encourages us that approaching men and women as bystanders who have a role to play rather than as perpetrators or victims, respectively helps to open them up to hearing the message about preventing sexual violence rather than causing them to be defensive to it.

Limitations, Implication and Directions for Future Research

We recognize that our study has a number of limitations, and that our findings only point us in certain directions rather than giving us definitive answers. First, it is based on a very small convenience sample. Second, we are unable to say anything about how our program may work on an ethnically-diverse group. Third, we are not certain that the pattern of no difference that we found for sex at posttest time will remain once we have tested our program using a larger sample, over more points of time, with a control group and greater number of variables. Finally, although we do not have quantitative follow-up data to show whether the changes we have observed have longer lasting effects

beyond the immediate completion of the program, we do have qualitative follow-up data from focus group sessions where we heard students say a number of things that indicated that the effects of the program lasted at least one weekend beyond completion of the program. This is most vividly illustrated from a discussion among the men's focus group about the way the program had changed them. They talked about how over the weekend they went to the same social scene they have been part of but that they looked at it differently – both in terms of their own behavior and that of others. It is for this reason that we are encouraged from the outcome of the evaluation of our program.

In addition, although the findings are only tentative, we have some confidence in believing that by offering money, we attracted students beyond those who typically volunteer for research, and by not advertising the program as being aimed at preventing sexual violence, students did not come to the study with the expectation of learning or hearing about it. This means that our results may say something about a larger group of students than might normally be a part of studies where students know upon initial volunteering that they are participating in rape prevention programs (e.g., Lonsway and Kothari, 2000; Choate, 2003).

Future studies should explore such a bystander model with a larger number and more diverse sample of participants and using an experimental design in which students are assigned randomly to either a treatment (program) or control group condition (no program) with repeated intervention, and or other longitudinal measures. Confirmation of the positive findings from the current exploratory study could then be used by practitioners as recommendations for incorporating a bystander approach to campus rape

prevention programs. Swift and Ryan-Finn (1995) note “prevention approaches must go beyond changing individuals to changing the system that creates and maintains sexual abuse” (p. 20). Following this, the approach described here includes a message that can be adapted for primary prevention in that everyone in the community can have a role to play. It moves the focus away from just those most at risk for becoming victims or perpetrators. The impact of the program may readily extend to changing the broader group and community norms: to teach all community members including faculty, staff, administrators as well as students to identify themselves as prosocial bystanders who have a role to play in supporting victims or interrupting potential sexual violence. This should be good news to university administrators and staff charged with finding positive and effective ways to reduce sexual violence on their campuses.

Table 5.1

Paired sample t-tests of pretest and posttest measures for all participants

Scale/Measure	Pretest			Posttest			df	t
	M	SD	SE	M	SD	SE		
Sense of Community	12.00	1.90	0.37	12.35	1.87	0.37	25	-1.61
Helping Attitude	270.22	32.18	6.31	299.18	30.51	5.98	25	-5.24*
Bystander Efficacy	42.69	5.75	1.12	49.68	4.68	0.92	25	-5.64*
Rape Myth Acceptance	35.65	9.40	1.84	28.35	6.18	1.21	25	5.59*
College Date Rape Attitudes	69.96	14.87	2.92	80.66	7.90	1.55	25	-4.05*
Decisional Balance	3.12	4.23	0.83	5.44	5.23	1.05	25	-2.09
Knowledge Questions	16.23	5.82	1.19	24.08	3.81	0.79	23	-5.64*
Knowledge of Interventions	1.96	1.54	0.31	4.36	1.82	0.36	24	-4.65*

* $p < .006$ (1-tailed)

Table 5.2

Paired sample t-tests of pretest and posttest measures for men

Scale/Measure	Pretest			Posttest			df	t
	M	SD	SE	M	SD	SE		
Sense of Community	11.83	1.64	0.47	11.92	1.83	0.52	11	-0.23
Helping Attitude	251.62	31.73	9.16	282.70	30.86	8.91	11	-2.95*
Bystander Efficacy	41.25	5.69	1.64	47.48	4.94	1.42	11	-3.16*
Rape Myth Acceptance	40.17	10.43	3.01	32.17	6.12	1.77	11	3.64*
College Date Rape Attitudes	64.92	13.91	4.02	76.36	8.23	2.38	11	-2.88
Decisional Balance	2.08	3.58	1.03	3.75	3.62	1.05	11	-1.02
Knowledge Questions	14.83	5.41	1.56	22.75	3.19	0.92	11	-4.07*
Knowledge of Interventions	1.67	1.67	0.48	4.50	2.43	0.70	11	-2.88

* $p < .006$ (1-tailed)

Table 5.3

Paired sample t-tests of pretest and posttest measures for women

Scale/Measure	Pretest			Posttest			df	t
	M	SD	SE	M	SD	SE		
Sense of Community	12.14	2.14	0.97	12.71	1.90	0.51	13	-2.28
Helping Attitude	286.15	23.39	6.25	313.31	22.78	6.09	13	-5.13*
Bystander Efficacy	43.93	5.72	1.52	51.57	3.63	0.97	13	-4.74*
Rape Myth Acceptance	31.78	6.56	1.75	25.07	4.08	1.09	13	4.21*
College Date Rape Attitudes	74.29	14.77	3.95	84.35	5.55	1.48	13	-2.75
Decisional Balance	4.00	4.67	1.24	6.89	6.29	1.68	13	-1.86
Knowledge Questions	17.62	6.10	1.76	25.42	4.04	1.16	11	-4.18*
Knowledge of Interventions	2.23	1.42	0.39	4.23	1.09	0.30	12	-4.72*

* $p < .006$ (1-tailed)

Table 5.4

Results from the Open-ended questions (may be more than one answer per participant)

	Women	Men
1. What specific information did you receive about these issues that was new or surprising?		
a. Statistics, laws and definitions of sexual violence	6	6
b. Prevalence of sexual assault, including own campus	5	8
c. Knowledge about intervening and helping, increased confidence, having a plan of action, making a difference, etc.	5	4
2. As a result of this program, I will ...		
a. Do more to help others, try to intervene more	13	6
b. Be more aware of what is going on around me	3	7
c. Educate others	2	0
d. Have an increased concern about sexual violence	0	3
3. Would you recommend this program to others on campus including your friends? Why or why not?	14	12
4. Please list three things you <u>liked best</u> about the program.		
a. Information (e.g., statistics, laws) learned	8	9
b. Group leaders, presentation style	9	7
c. High level of participation	5	2
d. Program's environment – relaxed, comfortable	6	2
e. Food	4	4
f. Money	0	6
5. Please list three things you <u>would change</u> about the program.		
a. Not much (or nothing indicated next to 1 or more options)	5	7
b. Shorter sessions	6	1
c. More examples about individual or current cases	6	2

CHAPTER 6: Results

Data Analysis

To test the hypotheses about intervention impact, a number of different data analytic strategies were used. Repeated measures analysis of variance using the GLM procedure in SPSS 11.0 was the primary data analytic tool. When significant differences were found at the multivariate level, follow-up univariate tests including paired samples t-tests were used to examine differences between groups in more detail.

The 17 outcome variables are as follows: Slaby's bystander efficacy scale, Mentors in Violence Program's (MVP) Bystander efficacy scale, Banyard et al's bystander efficacy scale, measures of pre-contemplation stage, contemplation stage, action stage of readiness-to-change, measure of knowledge about sexual violence, measure of number of knowledge questions to which participant indicated "don't know," Illinois Rape Myth Acceptance Scale, Lanier's Date Rape Myth Scale, measure of perceptions of victim needing help, expressed willingness to engage in bystander behavior, actual list of bystander behaviors, decisional balance measure of pros, decisional balance measure of cons, decisional balance measures of pros – cons.

Preliminary Data Screening

Overall, there was very little missing data for participants who completed each questionnaire. Missing data was dealt with by using the mean function to compute scores on each of the measures. Mean scores were then multiplied by the number of items in the scale to arrive at units of measurement reflective of scores obtained by simply adding all

items in the scale together. Table 6.1 presents descriptive statistics for all outcome measures across the five time points of the study

We also examined the outcome variables for extreme outliers. There were few variables across all measures at all time points (22 out of 88 variables with most of these having one to three outliers). Main analyses were conducted with outliers recoded to the value representing three and one half standard deviations from the mean. This made no difference in the overall results of the analyses. Thus a decision was made to preserve the original scores and not recode outliers. In addition, given the large sample size and the fact that analyses were focused on comparison of means rather than regression equations, a decision was made not to correct for skewness and kurtosis (which also showed up in very few variables) (Tabachnick & Fidell, 2001). Bivariate scatterplots were reviewed to examine linear relationships between dependent variables at pretests. Overall, the assumption for linear relationships between dependent variables seems to have been met.

Because we used MANOVA rather than univariate repeated measures ANOVA, and because the repeated measures analyses mainly compared only two time periods, there was no need to assess possible violations of assumptions regarding the variance/covariance matrix. In addition, for each MANCOVA used in the results presented below, each analysis was first run including covariate by treatment group interactions, none of which were significant for any of the MANCOVAs. Thus, the assumption of no treatment by covariate interaction was met and analyses were run without these interaction terms.

To verify that the three groups did not differ significantly on any of the variables prior to the intervention, MANOVA was first used to test for differences between all

three groups on the outcomes at pretest. Experimental group was the independent variable and 17 outcomes were used as covariates. Overall, the main effect for experimental group on pretest scores was not significant $F(32,738) = .89$ and Wilks' Lambda was .93. Thus, the groups did not significantly differ from one another on outcome measures at pretest. In addition, a series of Pearson correlations between outcome measures were calculated at pretest. Results showed a pattern of significant correlations between most of these various measures.

To assess the relationship between socially desirable bias in responding and outcomes, a series of Pearson correlations were performed between scores on the Marlow Crowne Social Desirability measure and outcomes at posttest. Table 6.2 presents these findings. A number of outcomes including pre contemplation and contemplation stages of change, Illinois rape myth acceptance scale, perceptions that the victim in vignettes needed help, expressed willingness to engage in bystander behaviors, several measures of bystander efficacy, and scores on perceived cons of intervening and total decisional balance scores were correlated with the measure of social desirability . Social desirability was used in further analyses as a covariate.

Testing Intervention Impact

The first hypothesis was that there would be significant effects of the prevention program. From pretest to posttest, both treatment groups were expected to show increased scores on three measures of bystander efficacy. They were also expected to show higher scores by posttest on the contemplation and action stages of readiness to change while the control group would score higher on the pre contemplation stage. Treatment groups were

also expected to show significant increases in knowledge, decrease acceptance of rape myths, increased perceived need for help by victims and greater expressed willingness to help, as well as increases in the actual numbers of bystander behaviors engaged in. Treatment groups were expected to score higher on appreciation of the “pros” versus “cons” in relation to being an active prosocial bystander. Treatment groups were also expected to show increased sense of community more generally.

A repeated measures MANCOVA was performed. Experimental group (no program, one session program, and three session program) served as the independent variable with the 16 outcome variables (actual bystander behavior was not used since it was only measured again at the 2 month follow-up; results for this measure are presented later). Two time points, pretest and posttest, were assessed. Scores on the Marlow-Crowne Social Desirability Scale were used as a covariate. Overall, there were significant effects for social desirability, $F(15,338) = 3.49, p < .001$, Wilks' Lambda = .87, and for treatment group, $F(30,676) = 4.41, p < .001$ Wilks' Lambda = .70, note that a Wilks' Lambda is interpretable as proportion of unexplained variance, therefore, a lower value of Lambda is preferable. There was a significant within subject effect for time (pretest to posttest), $F(15,338) = 2.97, p < .001$ Wilks' Lambda = .88. There was not a significant within subject interaction effect for time x social desirability, $F(15,338) = 1.24$ Wilks' Lambda = .95.

Most importantly and of relevance to hypothesis 1, there was a significant time by group interaction when social desirability was controlled, $F(30,676) = 11.92, p < .001$ Wilks' Lambda = .43. Indeed, 57% of the variance in scores on outcomes was explained

by differences between the experimental groups over time from pretest to posttest.6.3 presents the means for each group at posttest. Univariate analyses revealed significant time by group interactions on all outcomes except the general measure of sense of community. To examine this in more detail, a MANOVA was performed using difference scores from pretest to posttest as the dependent variables and experimental group as the independent variable. Post hoc tests using Tukey's HSD test were performed to examine between group differences in difference scores. Table 6.3 presents these findings. Of note is the pattern of results showing differences between the control group and both treatment groups, but few differences between the one- and three-session treatment groups.

It should be noted that while we have chosen to focus on the results of analyses using repeated measures analysis of variance, analyses of differences between experimental groups from pretest to posttest were also conducted using two other statistical techniques. In one set of analyses, a series of ANCOVAs were performed using posttest measures as the outcomes and experimental group as the independent variable. Pretest scores on the outcomes were used as covariates. The results were the same as those reported above with significant differences between groups on posttest scores when controlling for pretest scores. Second, difference scores were created by subtracting pretest from posttest scores. MANOVA was used to examine differences between the three experimental groups on difference scores. Again, the overall result was the same, with the two treatment groups showing greater differences across all outcomes except sense of community as compared to the control group. Thus, the choice of data analysis method does not lead to any difference in the nature of the results.

Finally, a series of paired sample t-tests were performed to unpack changes in scores across the three groups. Table 6.4 presents these results. Overall, both treatment groups showed changes in scores in the expected directions (greater efficacy, knowledge, willingness to help, perceived need for help, greater appreciation of “pros” of helping, and lesser rape myth acceptance) while the control group did not. On several measures, the control group did show significant change in their scores (Slaby’s measure of bystander efficacy, MVP bystander efficacy scale, 3 decisional balance measures) though these changes were in the opposite direction of the treatment groups (i.e., for the control group, perceived efficacy decreased, and perception of cons related to bystander intervention increased). To limit the risk of Type I error, Bonferroni corrections were also computed. The revised alpha level was .003, indicating that most of the analyses remained significant.

Further analyses to unpack these results showed that within the control group there was a significant correlation between difference scores from pretest to posttest on several measures (date rape myth $r = -.25$ $p < .01$, perception that victim needs help $r = .26$, $p < .01$; Mentors in Violence Program’s (MVP) bystander efficacy $r = -.22$ $p < .05$) and a participant’s indicating on the questionnaire that during the time between pretest and posttest they had been in a class that discussed sexual violence or had been a participant in some sort of sexual violence programming that is ongoing on campus ($N = 14$).

In order to find out whether the improvements seen by this small group of participants were as great as improvements shown by the 2 treatment groups in this research study, a grouping variable was created to divide the control group into those

who had (N = 11) and those who had not (N = 96) received information about sexual violence in classes or other campus programs between the pretest and posttest GLM used to compare 4 groups (2 control groups and 2 treatment groups) on difference scores on 16 outcomes. Given the very small number of participants in the control group who reported receiving new information, these analyses were very exploratory. The overall GLM was significant (Wilks' Lambda = .40, $F(45, 1004.89) = 8.10$, $p < .001$) and the follow-up one-way ANOVA with Tukey's post hoc tests revealed that the group of 11 control participants who received new information had significantly different difference scores than participants in the treatment groups on 8 of the 16 outcome measures. Further studies comparing the current program to other sexual violence programs to see if it has superior effects are needed.

Posttest to 2 month follow-up.

It was hypothesized that the posttest changes in scores for the treatment groups would persist at the 2 month follow-up. Next, a repeated MANCOVA was performed using three time points, pretest, posttest, and 2 month follow-up. Again, social desirability was used as a covariate. There were significant effects for social desirability, $F(15,259) = 2.42$ $p < .01$ Wilks' Lambda = .88, and for treatment group, $F(30,518) = 4.65$ $p < .001$ Wilks' Lambda = .62. Within subjects there were significant main effects for time, $F(30,244) = 2.19$ $p = .001$ Wilks' Lambda = .79 and a non-significant time by social desirability interaction, $F(30,244) = 1.41$ Wilks' Lambda = .85. Of greatest interest, there was a significant time by group interaction when social desirability was controlled, $F(60,486) = 5.47$ $p < .001$ Wilks' Lambda = .36. Sixty four percent of the variance in

outcome scores was explained by the time by experimental group interaction across the three time points.

To more carefully unpack these findings at the univariate level, a series of paired sample t-tests were performed examining differences for each experimental group from pretest to 2 month. Table 6.5 presents these results. It should be noted again that changes on some measures for the control group were in the opposite direction from those found for the treatment groups. The treatment effects did persist from short term to longer term follow-up. To limit the risk of Type I error, Bonferroni corrections were also computed. The revised alpha level (.003) indicates that most of the analyses remained significant.

Finally, at the 2 month follow-up, further data was collected about actual bystander behavior. A repeated-measures MANCOVA was performed examining change over time from pretest to 2 month follow-up on the behavioral measure using social desirability as a covariate. There was a significant main effect of time, $F(1,279) = 12.18$, $p = .001$, Wilks' Lambda = .96 and for the time by group interaction, $F(2, 279) = 4.31$, $p = .01$, Wilks' Lambda = .97, but no significant time by social desirability interaction, $F(1, 279) = 2.46$. Follow-up paired sample t-tests revealed that all three groups showed an increase in reported bystander behavior from pretest to 2 months (see Table 6.5). An ANCOVA using difference scores on the behavioral measure as the outcome, and social desirability as the covariate, showed a significant effect of group, $F(2, 279) = 4.31$, $p = .01$. The treatment groups had higher increases in reported bystander behavior than the control group.

4 and 12 month follow-up.

An exploratory analysis was done with data from the 4 and 12 month follow-ups since sample sizes became much smaller for this data. It was hypothesized that changes from pretest scores for the two treatment groups would persist at 4 and 12 month follow-ups such that these groups would continue to look significantly different from the control group. Paired sample t-tests were used to investigate changes in mean scores on outcome measures from pretest to 4 months. Table 6.6a presents these results. Again, note that any changes in control group scores were in a different direction from treatment group scores. To limit the risk of Type I error, Bonferroni corrections were also computed. The revised alpha level was .003, indicating that most of the analyses remained significant.

Figures 6.1 – 6.17 display the means for each group across the various time points (means at each time point reflect means for the full participating sample at that time point, thus N's vary with each time point). One complication was that many more women than men returned for the 12 month follow-up. Given that women scored more favorably than men on many outcome measures across the time points, this demographic difference in samples from pretest to follow-ups may have had an impact on results. Thus, paired sample t-tests were also computed from pretest to 12 month follow-up only for women as this may present a more accurate picture of the results. The results are presented in Table 6.6b. Looking across outcome measures, there seem to be some persistent effects across time points in that participants in the treatment groups continue to show improved scores on most outcome measures as compared to control participants.

Hypothesis 2

The second main hypothesis was to examine whether the prevention program benefits men and women equally.

First, a MANCOVA was performed on pretest outcome measures for men and women using social desirability as a covariate. Table 6.7 presents these results. There was a significant main effect for social desirability ($F(16, 369) = 4.15, p < .001$; Wilks' Lambda = .85) and for sex ($F(16, 369) = 10.59, p < .001$, Wilks' Lambda = .69).

Univariate analyses indicated sex differences on most outcomes with women more likely to be in the contemplation stage of readiness to change, less likely to be in precontemplation, more knowledgeable and less likely to respond that they "didn't know" the answer to knowledge questions. Women were less endorsing of general rape myths and more accurate about date rape. They expressed more willingness to engage in various bystander behaviors, reported that they actually engaged in more bystander behaviors, though reported lesser perceived efficacy on one of the efficacy scales, reported greater sense of community, though greater cons related to bystander intervention and thus had total decisional balance scores that reflected less positive views of being an active bystander.

A repeated-measures MANCOVA for pretest to posttest outcomes using social desirability as a covariate was performed. There were significant between subjects effects for social desirability, $F(15,335) = 3.56 p < .001$ Wilks' Lambda = .86, group, $F(30,670) = 4.62 p < .001$ Wilks' Lambda = .69, and sex, $F(15,335) = 9.39 p < .001$ Wilks' Lambda = .70, but not for group by sex interaction, $F(30,670) = .82$ Wilks' Lambda = .93. For within subjects effects there were significant effects for time, $F(15,335) = 2.87 p < .001$

Wilks' Lambda = .89, time by group, $F(30,670) = 11.88$ $p < .001$ Wilks' Lambda = .43, and time by sex, $F(15,335) = 3.22$ $p < .001$ Wilks' Lambda = .87, but not a significant effect for time by social desirability, $F(15,335) = 1.27$ Wilks' Lambda = .95. There was a significant time by group by sex interaction, $F(30,670) = 1.71$ $p = .01$ Wilks' Lambda = .86 suggesting that on some outcomes the program worked differently for men and women. This effect was rather small, however. An examination of effect sizes from this analysis revealed that the partial eta squared for the time by group interaction was the largest effect (.35) followed by the main effect for sex (.30). The partial eta squared for the three way interaction of time by group by sex was relatively small (.07).

Some further analyses were conducted, however, to unpack the few gender interactions that were found from pretest to posttest. Univariate analyses from the MANCOVA showed significant interactions for four outcomes; Slaby's efficacy scale, both knowledge measures, and the total decisional balance scale (pros of bystander minus cons). Follow-up paired sample t-tests were performed (see Table 6.8) and are shown graphically in figures 6.18 to 6.21. These results show greater gains in knowledge and efficacy and perception of positive consequences of bystander intervention for female participants compared to men. All remained significant even using a Bonferroni correction when alpha was set to .01.

Such findings are bolstered by additional analyses that performed repeated measures MANCOVA separately for men and women, again using social desirability as a covariate. The effect size, partial eta squared, for women for the time by group

interaction was .45 and was stronger than that for men, which was .30, though the effect of the program for men was still substantial.

A second repeated-measures MANCOVA for three time points (pretest, posttest, and 2 month) was also computed using social desirability as a covariate. Interestingly, for this analysis across three time points, the time by gender by group interaction became non-significant, $F(60,482) = 1.03$, Wilks' Lambda = .79.

Repeated measures MANCOVA for pretest to 2 month behavioral outcome using social desirability as a covariate produced a significant main effect of time, $F(1,276) = 12.22$ $p = .001$ Wilks' Lambda = .96 and a significant time by group interaction, $F(2,276) = 3.54$ $p < .05$ Wilks' Lambda = .98 but no significant effects for time by social desirability, $F(1,276) = 2.31$, time by sex, $F(1,276) = 1.90$, or time by group by sex, $F(2,276) = .74$ suggesting that for the behavioral measure, the prevention program did not have significantly different effects for men and women.

Hypothesis 3

The third hypothesis was exploratory and proposed that there would be individual differences in the effects of the prevention program based on individual differences variables including extroversion, sense of personal control, sense of community, and personal experiences with sexual violence. For these analyses, given that few significant differences between the two treatment groups were found on outcomes, the one session and three session treatment groups were combined. Analyses presented below were done only for the sub-sample that received the prevention program.

Pearson correlations were computed between the individual difference variables of extroversion, interpersonal control, socio-political control, and sense of community and difference scores on outcomes from pretest to posttest. Point biserial correlations were used to examine the impact of knowing a victim, knowing a perpetrator, or being oneself a victim of sexual violence on difference scores. Overall, there were very few significant relationships. Higher perceived bystander ineffectiveness as measured by the Banyard et al. measure was related to higher extroversion ($r = .12, p < .05$), interpersonal control ($r = .25, p < .001$), and pretest sense of community ($r = .14, p < .05$) while those who reported knowing a perpetrator of sexual violence scored lower on the MVP efficacy scale ($r = -.15, p < .05$). Being the survivor of an unwanted sexual experience (defined broadly) was related to lower difference scores on attitudes toward prosocial bystanding ($r = -.18, p < .05$) and higher difference scores on the action subscale of the readiness to change measure ($r = .14, p < .05$). However, given the large number of correlations run, these few significant correlations may have been obtained by chance. Thus, overall, while absolute scores on outcome measures might vary by such individual characteristics, effectiveness of the program did not seem to be significantly related to individual participant personality characteristics in this sample.

Hypothesis 4

Finally, exploratory analyses were performed to understand the degree to which attitudes and knowledge served as correlates of actual bystander behavior. Using the measure of bystander behavior at the 2 month follow-up, Pearson correlations were used to examine the relationship between knowledge and attitudes about sexual violence at

posttest and demographic variables including sense of community at pretest and actual bystander behaviors reported at the 2 month follow-up. Table 6.9 shows these results and indicates that many of the measures of attitudes, knowledge, and efficacy did predict later bystander behavior.

Discussion

Hypothesis 1

The first hypothesis was supported. Participants in both the one and three session prevention program groups showed improvement across outcome measures from pretest to posttest as compared to the control group participants. This finding is consistent with previous studies using other models of rape prevention (e.g., Anderson, Stoelb, Duggan, Hieger, Kling, & Payne, 1998; Heppner, Humphrey, Hillenbrand-Gunn, & Debord, 1995; Lanier & Elliott, 1998; Lonsway & Kothari, 2000; Pinzone-Glover, Gidycz, & Jacobs, 1998). These effects were seen across outcome measures typically assessed in rape prevention evaluation research, including decrease in rape myth acceptance and increased knowledge of sexual violence. In addition, the current study found significant increases in prosocial bystander attitudes, increased bystander efficacy, and increases in self-reported bystander behaviors. Significant differences from pretest scores for the treatment groups were also seen in attitudes, knowledge, and behaviors at two, four, and twelve month follow-up. Results of the current program seem to show persistence of effects over a somewhat longer time than some other programs (e.g., Yeater & O'Donohue, 1999 for a review). In the current study, the persistence of effects at two months is likely due in part to the brief booster session given at that time that consisted of a brief discussion of what

participants remembered from the program. Indeed, some effects of the program did seem to decline somewhat by the four and twelve month follow-ups, though for the treatment groups there were still many outcomes related to efficacy, knowledge, attitudes and behavior that remained significant. Few studies within the rape prevention literature have followed participants for up to one year.

Hypothesis 2

The bulk of the results from the gender analyses suggest that the program benefited male and female participants equally. Consistent with past research, women at pretest overall had higher scores on measures such as knowledge of sexual assault and lower rape myth acceptance than men (e.g., Muir, Lonsway, & Payne, 1996). In terms of bystander outcomes, across measures at pretest women and men looked a bit more similar on bystander efficacy, pros of bystanding, and perception of victim's need for help, though women reported greater willingness to intervene as a bystander, higher numbers of actual bystander behaviors but also greater perceived cons to intervening as a bystander than men at pretest. Both women and men in treatment conditions improved their knowledge of sexual violence, decreased their acceptance of rape myths, and reported increases in bystander efficacy and behavior as a result of participation in either the one or three session program. This difference in scores remained across time points such that at posttest and other follow-up points men in the treatment groups, while they made significant positive changes in knowledge, attitudes and behaviors, still did not match women on these outcomes.

However, large effect sizes for the intervention were found for both men and women, even though overall women showed higher effect sizes. When looking at the few outcomes where the program might have worked differently women showed greater increases in knowledge and efficacy and perceived pros of bystanding, perhaps because women needed more empowerment to feel effective as bystanders. Men may already have high level of perceived efficacy – indeed they start with higher scores on at least one efficacy measure and have a lower degree of perceived cons. These findings fit with Schewe and O’Donohue’s (1996) recommendations to move beyond more traditional programming that blames victims and approaches men as perpetrators and women as victims. It also fits with Lonsway’s (1996) call to develop prevention programs grounded in social psychological literature on attitude change. The current study also extends previous research on rape prevention using more of a bystander model. Katz’s (1994) MVP program used a pretest-posttest design to evaluate the program with high school students but did not include a control group or random group assignment (Ward, 2001). Foubert and Mariott (1997) found effects of their program for men but to our knowledge have not applied their work to prevention with women. The current study demonstrates the utility of a bystander approach grounded in community change for both men and women.

Hypothesis 3

There was not a pattern of significant effects for individual difference variables such as extroversion or sense of control. Indeed, the program seems to work well for college students across a variety of personality dimensions. Importantly, in an

exploratory way we were able to also examine the utility of this program for self reported survivors of sexual violence. Recent work has focused more on self-defense programs for women (Sochting, Fairbrother & Koch, 2004). While these programs may be empowering for some, in isolation they may continue the victim blaming emphasis in prevention criticized by Schewe and O'Donohue (1996). The current program seems to enhance survivors' knowledge and ability to prevent sexual violence but within a community empowerment context.

Hypothesis 4

Again, exploratory analyses of the relationship between knowledge and attitudes as assessed at posttest and later bystander behaviors produced interesting results. Consistent with the social psychological literature on bystander behavior, scores on bystander efficacy and higher perceptions that a hypothetical victim needed help were related to increased bystander behaviors two months later (e.g., Huston, Ruggiero, Conner, & Geis, 1981; Yee & Greenberg, 1998). Additionally, the strong correlations between knowledge, attitudes, and actual behaviors helps to address critiques that changes in attitudes and knowledge through prevention programs does not necessarily contribute to behavior change (e.g., Lonsway, 1996).

Results – Process Evaluation

ELMQ. At posttest, participants were asked to complete Heppner et al.'s (1999) Elaboration Likelihood Model Questionnaire to assess differences in central processing of the prevention program between the one – session program, three-session program, and as a control, any sexual violence prevention programs that participants in the control group indicated they had participated in since completing the pretest questionnaire. While Heppner provides scoring for three subscales of this measure, factor analysis of the measure for this sample revealed a one sample solution to account for the most variance and strongest factor loadings for 10 of the 12 items, thus a revised 10-item total ELMQ score was used in further analyses. One-way analysis of variance was used to examine differences among the three groups in degree of central processing of the information in the prevention program. Table 6.10 presents these findings. The overall $F(2, 282) = 9.92$ was significant ($p < .001$). Post-hoc tests using Tukey's HSD revealed significant differences between the control group and each treatment group in the current study but no differences between the one- and three-session prevention program treatment groups.

Further analyses were also conducted using the ELMQ as an independent variable within the subset of participants who received either the one- or three-session prevention program. Using this subset of 251 participants (23 had missing data on the modified 10 item version of the ELMQ used in this study), a median split was performed. Participants scoring above 51 on the ELMQ were considered “high” in central processing while those with a score of 51 or below were considered “low.” One hundred and seventeen participants were in the “high” group while 130 were in the “low” group.

Using GLM in SPSS, repeated-measures MANOVA was performed to examine differences between those high and low on central processing on scores from pretest to posttest across outcome variables. Overall, there were both a main effect for central processing group (Wilks' Lambda = .74, $F(15, 231) = 5.55$, $p < .001$) and for the interaction of central processing and time (Wilks' Lambda = .83, $F(15, 231) = 3.24$, $p < .001$). Follow-up one-way ANOVAs were computed to examine these differences in more detail with difference scores between pretest and posttest outcome measures as the dependent variables. Table 6.11 presents these findings. Participants reporting higher central processing of the prevention program showed greater changes in bystander efficacy, perceptions of victim's need for help, expressed willingness to help, and greater increase in perceived pros of intervening and decrease in perceived cons to being an active prosocial bystander.

A second repeated-measures MANOVA using the three time points of pretest, posttest and 2 month follow-up outcomes was also performed. Again, there was still a significant main effect of central processing group (Wilks' Lambda = .73, $F(15, 169) = 4.14$, $p < .001$) and interaction of central processing with time (Wilks' Lambda = .74, $F(30, 154) = 1.85$, $P < .01$). This suggests that even at 2 months post program, degree of central processing played a role in the program's effects. A repeated measures MANOVA was also computed for the measure of actual bystander behavior. Central processing group did not have a significant effect here.

For exploration of data at the four month follow-up a series of ANCOVAs were performed for each of the significant outcomes from the pretest-posttest repeated-

measures MANOVA. Only three of the outcomes remained significant. After controlling for pretest scores, participants in the high central processing group scored higher on one measure of bystander efficacy, decisional balance, and lower on being in the precontemplation stage of change. Further research about how central processing affects the persistence of program effects is needed in future studies.

Finally, a series of correlations were conducted within the group of participants who received the prevention program to assess whether demographic variables (age, sex, member of athletic team, member of social fraternity or sorority, year in school, knew victim, knew perpetrator, self identified as a survivor of sexual violence) were related to scores on central processing. Overall, women scored higher than men ($r = .23, p < .001$) as did members of athletic teams ($r = .15, p < .05$). Knowing a victim of sexual violence or reporting one's own experience of sexual violence were not significantly related to degree of central processing of the program's message.

Open-ended questions. Participants in both of the treatment groups were also asked to respond to five open-ended questions on the posttest. These questions asked for more qualitative feedback about participants' views of the program, what they liked and what they would recommend changed. Following guidelines by Patton (1990) and Tesch (1990), data was transcribed and coded into response categories reflecting participant commentary about strengths and weaknesses of the program. A series of content codes were created to capture participant responses to these questions and each participant was then scored "0" if that category did not appear in their response and "1" if it did. Table 6.10 reports percentages for different categories of response.

Of note is the fact that all but 12 participants would recommend the program to others including their friends. When asked why, the most prevalent answer was that the program provided useful information and participants felt they had learned something (49.8%). The following quotes illustrate the answers participants gave to this question. One woman wrote, “Yes I think this program helped make me feel safe and let me know if I or someone I know was sexually assaulted, there are places that will help.” Another one noted, “Definitely. I think it’s a good thing to do, especially if you know somebody that’s been sexually harassed, assaulted, etc.” A third responded, “I would recommend it as a mandatory course for EVERYONE.” A fourth wrote, “YES! It gave me so much confidence to be a bystander and so much awareness. I think this should be a widespread program. And a fifth shared this, “Yes I would, because if everyone knew more about sexual harassment we could all help to make a better community.”

Men responded similarly to women. “Sure thing. If more people knew about this stuff it would be a much safer place,” one wrote. Another elaborated in this way, “I would because it made me stop to think about what really goes on that we don’t see or are not aware of. I never took the 2 seconds to put myself in a victim’s shoes but now that I will, it will change my actions and opinions on the sexual violence topic.” A third replied, “Yes – we all owe it to each other to make the world / community a safer place.” Another wrote, “Yes, it is filled with good information and it motivated me to get more involved.” One even went so far as to reply, “Yes, especially for frat brothers as a form of pledging.” Finally one reflected, “Yes b/c it really confirms what I think most people truly believe –

that all forms of sexual violence are wrong and need to be stopped but this program gives people the tools for how to stop it.”

When asked to complete the sentence, “As a result of this program, I will . . .,” over 70% answered that they would commit to being active bystanders. Thirty-five percent said that they had an increased awareness of bystander. For example, one man wrote, “Be more conscious of what to do when I see or hear of sexual violence. I will be more willing to confront a situation where I see the potential for sexual violence. I will be more sensitive to people who have been through sexual assault.” A second man answered, “Be more observant. Take a more active role. Stand up to my friends.” A woman responded, “Be more alert and now use my intervening skills. I have already shared the information I learned with 3 of my roommates.” And another said that she would, “Be an active bystander: tell my friends about resources; speak against racist, sexist, homophobic jokes; intervene responsibly. Another answer, while not as serious as the above, captures in another way the commitment that many of the participants made to attend the sessions, “Miss some of the Red Sox – Yankees game.”

In terms of what participants liked best about the program, for those who noted the format of the program, frequent responses had to do with the fact that the program provided room for participants to share their views (20.2%). Equal numbers of participants also noted the opportunities for group work (11.9%), the style of presentation (12.6%) and the comfortable atmosphere (12.6%). The following quotes illustrating these points are from some of the men. “The interactive nature of the presentation; the presenters were very open to new ideas; it gave me confidence in how to deal w/ sexual

violence.” “It was not an intimidating group to speak up in.” “The thinking exercises were very interesting and actually simulated how an assault victim might feel.” These quotes are from some of the women. “New info, relation to own life & events, easy to follow.” “Ripping up paper demo (this is a reference to the empathy exercise); presenter – listener interaction; role playing.”

When queried about what they would change about the program 26.3% volunteered that they would not change anything. About 42.5% suggested changes in the format of program, but there was little agreement about what about the format to change. For example, while some suggested more time to practice scenarios or sharing of intervention plans, others counseled less time on the same aspect of the program. Likewise, a lack of agreement was also found with respect to the 16.3% who wrote about the content of the program. Some found the visualizations too vivid, others wanted more of them. Some wanted more examples of how to intervene, some wanted fewer. In all, some 59.8% of the answers to the question fell into the category of “other” and covered a number of topics, such as “make the program mandatory for all freshmen” and “surveys were too long.”

Chi square tests were performed to examine any differences in frequency of response categories between men and women. There were no significant differences indicating that on the open-ended responses; men and women provided similar feedback about reactions to the program.

Focus group sessions. Forty-one participants (23 women and 16 men) from the first-wave experimental groups participated in separate focus group sessions in April 2003. Focus

groups were held approximately 2 weeks after the 2-month booster sessions and administration of the 2-month (posttest) questionnaires. Four separate single-sex focus groups were conducted with 13 women and 8 men who completed the 3-session program, and 10 women and 8 men who went through the 1-session program. The complete list of questions prepared for the focus groups appears in Appendix B. Below is a brief overview of the discussion of many of the questions.

By and large, qualitative data the focus groups support the answers to the open-ended questions on the posttest questionnaires even though the focus groups were held 2 months after the program ended. So, focus group facilitators ask a series of questions about what stayed with participants over time. The first question related to the program. Regardless of specific treatment group or gender, participants agreed that they remembered the account of the “Stoke Rape,” doing the “empathy exercise,” the fact that acquaintance rape is more common than stranger rape and the continuum of sexual violence in particular. When asked what they found valuable about the program, some of the women cited what they learned about intervening and how to intervene safely. “Hearing about how to keep myself safe when intervening;” and “I like knowing about calling 911 or someone else when it’s too scary to intervene alone” exemplify their answers. Some of the men discussed the presence of the “man – woman” team of leaders noting that it was “strange but good because they could look at things from both the male and female perspective.” This men’s group went on to note that they liked having peers as the facilitators and the way they shared their personal experiences during their presentations. The answers to question about what they would change did not add much

to what had been written on the posttest questionnaire. The primary target of their complaints remained the length and format of the questionnaire! Beyond that, they had few concrete complaints or suggestions relating to the program, its format or content.

When asked to discuss how the program compared with others, the group of X1 men found this question difficult as most of them had not participated in other programs. Of those who could compare it with others, not one person said that it compared unfavorably with others. Some noted that they found the program more comprehensive than others. This discussion occurred in focus group with the women who attended the 90-minute session. One of the women from the other group expressed her pride in knowing “already knowing” the facts when presenters came to her Introduction to Women’s Studies class to talk about sexual violence on campus. Other participants noted the effectiveness of learning “local” statistics and stories from their own campus. Some of the men from the 3-session program noted the importance of learning how to be a proactive bystander to help prevent sexual violence and how that was missing from other programs that they had attended.

One of the more lively discussions in all of the groups involved their assessment of the single-sex groups. Despite the high level of participation prompted by this question, the upshot of all the discussion can be summarized thusly, since it’s more comfortable to discuss things in single sex groups, keep them that way for the most part, but have another session with both. In short, the men were curious to know what the women had to say about the program and the women were equally as curious about men’s responses. However, the women seemed a bit more reflective about what they

thought should happen in a session attended by both women and men. The following comment from a woman summarizes the gist of that discussion, “It would be good for guys to hear from girls about what is offensive.”

When asked if they remembered their bystander plans, almost all of the participants responded affirmatively and then described them in detail. As a follow up to this question, they were asked about their decision-making process and or safety techniques in relationship to their bystander plan. There was general agreement among the men that they had safety techniques built into their bystander plans. Women reiterated the importance of caution in their plans noting such examples as, “Get someone to go with you,” “Get your friends involved,” “Make it safe for yourself,” and “Don’t go alone! Call someone – cops, RA, keep a distance.”

When asked about their experiences regarding opportunities to intervene, responses were mixed. On the one hand, men indicated that they hadn’t experienced a lot of “opportunities” but that on the whole they were certainly more aware of things. Many opportunities were at what one man called “base level” (maybe in reference to the pyramid of aggression). He continued, “I’ve tried to talk to people.” Another man acknowledged the awkwardness of some situations. A third added, “I wouldn’t say I’ve seen the opportunity but you look at things differently. I’ve been looking out for my friends a lot more.” However, one man did relate that he is keeping a better eye on his girl friends – walking them home if they leave a party early. The women’s responses took on a somewhat different tone. Overall, they said and gave examples to support that they were intervening more. One woman responded, “I do it all the time. I just turned 21. In

the bars ... guys get drunk ... if they are hitting on my friends, I get in their face or get the bouncers to kick them out.” Others noted when they had spoken out against sexist comments, “‘gay’ jokes” or “crude remarks.” Finally, the participants seemed less positive about the value of the scenarios they had practiced in the programs. Some thought they were okay but weren’t sure how helpful they were to situations they encountered.

Discussion of qualitative data

The findings from the qualitative process evaluation triangulate well with the quantitative findings. Overall, students liked the program and felt it was effective. Their responses underscore best prevention practices noted in the literature including the use of peer educators, single sex groups, and active learning approaches (e.g., Lonsway, 1996; Yeater & O’Donohue, 1999 for reviews). Of particular note, given that the current study was grounded in community models of change, is that students particularly learned from material and examples directly connected to their own community. This fits with perspectives in community psychology that highlight the need to make prevention messages directly relevant to the community one is working with (e.g., Edwards et al, 2000). Prevention programs on sexual violence should include a combination of general information about sexual violence as well as local statistics and cases based in careful needs and problem assessment.

Summary

There are a number of limitations to the current study. In particular, given the short duration of the grant, long term follow-up of all participants was not possible. Thus,

data from four and twelve month time points had much smaller sample sizes than other time points which may have impacted findings. Furthermore, behavioral measures of bystanding had to be administered shortly after students returned to campus from the winter semester break and summer vacation). This may have limited students' opportunities to engage in bystanding behaviors during those times and lead to lower reports of these behaviors. The current sample is not very racially or ethnically diverse. There may be different issues related to bystander intervention for students of color, particularly if there are only small numbers of such students on campus. This is a key issue for further study – what are the facets of the actual larger community environment that may hamper or enhance prosocial bystanding related to sexual violence? Finally, many of the measures for the current study had to be developed for this study. Though the pilot study showed them to have good psychometric properties, further research on how to measure aspects of prosocial bystanding is needed.

In addition, experimental demand is likely another large limitation to the current study. Though the study was advertised as a study of relationship and community problems, it was likely quite clear to all participants involved that we were studying views about sexual violence. This is particular true for program participants. In the current study there was no attempt to assess to what extent participants guessed what the hypotheses of the study were. Given the decision to augment the program with a booster session at the two month follow-up, there was very little space between receiving the educational program and filling out the research instrument, further adding to the

likelihood of experimental demand. Future research should include measures that can assess this issue.

Indeed, a number of lines of future research are suggested by the current study. The current program should be evaluated using larger samples at follow-up time periods such as four and twelve months. Comparisons of the persistence of effects should be made using a model where some participants receive the two month booster session and others do not to isolate this factor's impact on findings. This and other research should be used to examine what particular elements of the program are responsible for the changes in outcomes. In addition, the current program should be compared to more "traditional" rape prevention programs to more clearly understand whether this program works better than others. Finally, future research should more clearly address the impact of such a community responsibility model of prevention on rates of sexual assault.

There is also a large and growing literature in the social psychology field on perceptions of justice and fairness as they impact helping attitudes and compliance (e.g., Colquitt, 2001; Wenzel, 2002). While the scope of this field is complex and beyond the scope of the current research, there have been interesting findings related to the ways in which individuals think about how different dimensions of justice and fairness are related to their willingness to comply with an authority or rule, endorse helping, or make use of community resources such as police. Future studies should examine these constructs as they relate to how individuals may make decisions to act as prosocial bystanders and choices about what actions to take including willingness to use established community resources like crisis centers and campus law enforcement. Future research could also

draw on the rich literature on broader measures of gender bias to examine how broader attitudes about gender and other forms of oppression may intersect with receptivity to program messages about sexual violence in particular. Additional research can also be used to assess under what specific conditions students may be more likely to use their prosocial bystander skills – what more specifically supports or hinders this.

Moreover, a number of important future directions for program development exist. The context for the current program is its connection to community models of change and the primary prevention message that everyone has a role to play in ending sexual violence. However, the current study implemented the program with only one segment of one particular type of community. Further work, in collaboration with other community agencies is needed to adapt the curriculum to other groups within college settings (e.g., staff, faculty) and also to other types of communities (e.g., high schools, citizens of broader communities). Such work should be partnered with continued evaluation of what aspects of the program work in such varied settings and what components must be modified.

Overall, the current study demonstrated the utility of using a bystander approach to sexual violence prevention. While earlier studies have discussed this approach (e.g., Berkowitz, 2000) and evaluated its effectiveness for men (e.g., Foubert & Mariott, 1997), to our knowledge this is the first experimental evaluation of such a program using a large sample of both men and women. The findings suggest that this line of prevention programming is an important area for future study and an aspect of prevention curriculum development that should be further developed.

Table 6.1
Means (SDs) for outcome measures by group and time

Measure	N	C 115	Pre-		C 108-110	Post-		2mo		
			X1 137	X3 137		X1 128-129	X3 123-124	C 93-94	X1 92-93	X3 97
Efficacy										
Slaby		42.89(5.90)	42.74(6.08)	43.28(5.93)	41.71(6.47)	47.21(5.78)	48.12(5.72)	41.76(7.10)	47.06(5.99)	47.40(5.86)
MVP		33.90(6.60)	34.26(6.08)	33.92(5.67)	32.85(6.62)	37.38(6.17)	38.02(5.83)	33.05(7.20)	36.97(6.03)	36.86(5.38)
Banyard et al		20.58(14.01)	20.76(14.79)	20.40(13.80)	20.06(15.03)	13.20(11.86)	10.60(9.79)	20.10(15.98)	13.21(10.19)	12.54(10.26)
Readiness to change										
Precontemplation		7.82(2.17)	7.68(2.18)	7.77(2.15)	7.63(2.31)	6.37(2.03)	6.00(2.08)	7.81(2.42)	6.57(2.05)	6.15(1.99)
Contemplation		7.83(2.87)	8.66(2.64)	8.62(2.79)	8.10(2.84)	9.59(2.39)	9.76(2.47)	8.18(2.81)	9.26(2.37)	8.68(2.22)
Action		4.26(2.22)	4.17(2.05)	4.07(1.95)	4.12(2.01)	6.78(3.28)	8.35(3.32)	4.28(2.69)	5.82(2.92)	7.16(3.35)
Knowledge										
Total score		18.13(6.78)	19.12(6.09)	19.24(6.88)	18.08(7.32)	23.30(6.01)	28.27(5.22)	19.07(7.88)	22.78(6.22)	27.19(5.49)
Don't know		4.75(2.31)	4.87(2.04)	4.61(2.15)	4.56(2.30)	3.07(1.88)	1.49(1.41)	4.26(2.46)	3.19(2.07)	1.65(1.58)
Rape myth acceptance										
Illinois Rape Myth		43.54(15.02)	44.50(15.42)	43.99(13.38)	41.84(14.44)	37.77(13.83)	35.18(9.70)	39.66(13.79)	37.04(13.69)	36.21(13.55)

Date Rape Myth	76.40(15.82)	77.98(13.52)	75.50(16.00)	78.96(13.00)	81.70(14.98)	82.87(15.40)	80.81(11.55)	83.48(11.09)	83.49(13.21)
Bystander attitudes									
Victim needs help	27.35(4.40)	27.75(3.88)	27.51(4.01)	27.71(4.30)	28.99(3.68)	29.45(4.31)	27.72(3.89)	29.46(4.15)	29.20(3.95)
Bystander willingness	197.95(27.88)	199.54(27.81)	196.30(27.02)	199.24(29.42)	215.97(25.16)	219.82(24.40)	201.85(28.77)	215.35(24.28)	214.34(26.13)
Bystander behavior	9.58(6.29)	10.47(6.41)	10.06(6.84)	not measured	not measured	not measured	11.57(6.34)	14.72(8.66)	12.70(6.78)
Decisional balance									
Pros	18.04(3.72)	17.65(3.55)	18.18(3.73)	17.39(3.83)	19.33(4.17)	20.90(3.74)	18.20(4.18)	18.65(4.61)	20.22(3.81)
Cons	17.08(4.75)	16.46(4.74)	17.25(4.33)	17.93(5.07)	15.52(5.07)	16.99(4.77)	18.22(4.69)	16.40(5.55)	16.47(4.87)
Pros – Cons	.97(6.07)	1.19(5.85)	.93(5.52)	-.54(6.32)	3.81(5.77)	3.90(6.57)	-.02(5.37)	2.25(6.16)	3.75(6.31)
Sense of community	12.34(1.99)	12.19(2.14)	12.06(2.16)	12.43(1.77)	12.44(1.89)	12.67(1.92)	12.60(1.87)	12.32(2.08)	12.51(1.93)

Table 6.1
Means (SDs) for outcome measures by group and time

Measure	N	4mo			12mo		
		C 51-52	X1 40	X3 48	C 26	X1 27	X3 30
Efficacy							
Slaby		41.49(6.28)	45.23(5.38)	47.02(5.61)	43.85(6.60)	46.85(6.85)	45.67(6.76)
MVP		33.28(7.55)	37.08(5.27)	36.49(5.91)	34.12(5.89)	36.26(7.54)	36.72(5.95)
Banyard et al		21.20(16.99)	14.28(10.36)	13.56(11.09)	21.90(16.44)	13.12(10.79)	13.58(14.01)
Readiness to change							
Precontemplation		8.16(2.65)	7.00(2.12)	6.60(2.02)	6.88(2.23)	6.41(2.19)	7.43(1.98)
Contemplation		8.05(2.80)	8.83(2.52)	8.33(2.08)	8.31(2.56)	9.26(2.44)	8.27(1.80)
Action		4.04(2.40)	4.60(2.37)	5.60(3.02)	4.77(3.60)	4.26(1.87)	4.20(2.07)
Knowledge							
Total score		18.58(8.55)	21.90(6.11)	25.50(5.90)	20.92(7.79)	22.56(5.81)	25.90(4.85)
Don't know		4.37(2.45)	3.40(2.06)	2.00(2.07)	4.23(2.05)	3.48(2.10)	2.03(1.54)
Rape myth acceptance							
Illinois Rape Myth		43.29(15.32)	38.50(16.51)	35.44(11.62)	38.51(13.13)	33.43(8.88)	38.48(13.11)
Date Rape Myth		77.94(12.94)	83.35(14.66)	83.31(12.82)	82.42(15.31)	85.37(13.32)	81.40(15.83)

Bystander attitudes						
Victim needs help	26.83(4.77)	28.06(4.21)	29.58(3.80)	27.57(5.35)	29.87(3.73)	29.03(4.24)
Bystander willingness	197.62(30.79)	212.44(23.66)	213.66(25.59)	207.85(27.38)	213.06(27.58)	211.11(23.14)
Bystander behavior	11.16(6.83)	14.12(6.53)	11.02(4.68)	12.88(6.92)	13.93(6.50)	12.80(7.22)
Decisional balance						
Pros	16.65(4.17)	18.73(3.69)	20.08(3.90)	16.35(3.83)	18.00(4.16)	19.43(4.32)
Cons	18.50(5.17)	16.30(5.11)	17.25(4.89)	17.62(5.26)	14.44(4.05)	16.27(5.19)
Pros – Cons	-1.85(6.34)	2.43(5.63)	2.83(6.45)	-1.27(5.33)	3.56(5.93)	3.17(6.70)
Sense of community	12.44(1.91)	12.13(2.04)	12.54(2.00)	11.77(2.37)	12.70(2.13)	12.20(2.16)

p<.05, ** p<.01, ***p<.001

Table 6.2
Correlations between Social Desirability and Outcomes at Pretest (N = 388)

Outcome	Marlowe Crowne Social Desirability
Efficacy	
Slaby	-.18***
MVP	-.23***
Banyard et al	.21***
Readiness to change	
Precontemplation	.15**
Contemplation	-.15**
Action	-.04
Knowledge	
Total score	-.06
Don't know	-.02
Rape myth acceptance	
Illinois Rape Myth	.14**
Date Rape Myth	-.15**
Bystander attitudes	
Victim needs help	-.15**
Bystander willingness	-.28***
Bystander behavior	-.01
Decisional balance	
Pros	-.12*
Cons	.22***
Pros – Cons	-.26***
Sense of community	-.08

* p<.05, **p<.01, ***p<.001

Table 6.3
MANOVA of Pre- Post-test Difference Scores (N = 356)

Outcome	Control	1-session	3-session	F(2,353)
Efficacy				
Slaby	-1.13(5.34)a	4.33(5.99)b	4.88(6.49)b	34.52***
MVP	-1.22(4.08)a	3.09(4.57)b	4.16(6.04)b	36.43***
Banyard et al	-.51(9.20)a	-7.34(11.14)b	-10.11(13.32)b	21.04***
Readiness to change				
Precontemplation	-.15(1.82)a	-1.28(1.97)b	-1.81(2.08)b	21.01***
Contemplation	.24(1.98)a	.91(2.17)	1.22(2.83)b	5.03**
Action	-.06(1.89)a	2.61(3.32)b	4.23(3.31)c	60.36***
Knowledge				
Total score	.23(4.83)a	4.24(5.16)b	9.06(6.76)c	69.77***
Don't know	-.26(1.44)a	-1.78(1.75)b	-3.13(2.12)c	71.66***
Rape myth acceptance				
Illinois Rape Myth	-1.56(9.56)a	-6.44(10.66)b	-9.38(9.92)b	17.34***
Date Rape Myth	2.14(15.31)a	3.73(14.66)	8.35(17.18)b	4.92**
Bystander attitudes				
Victim needs help	.27(2.88)a	1.20(3.29)	2.01(4.38)b	6.66***
Bystander willingness	1.22(15.36)a	15.70(19.53)b	24.39(22.22)c	41.17***
Decisional balance				
Pros	-.66(3.68)a	1.62(3.35)b	2.54(3.43)b	25.33***
Cons	.84(4.32)a	-.86(4.02)b	-.42(4.42)	4.89**
Pros – Cons	-1.51(5.10)a	2.48(5.01)b	2.96(5.84)b	23.66***
Sense of community	.13(1.32)	.29(1.52)	.39(1.47)	.95

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Note: Superscripts indicate group differences on Tukey's post-hoc tests from univariate analyses.

Table 6.4
Paired sample t-tests for pre- to post-test for each group

Outcome	Control (N=108-110)	t X1 (N=128-129)	X3 (N=123-124)
Efficacy			
Slaby	2.27*	-8.12***	-8.33***
MVP	3.07**	-7.29***	-7.81***
Banyard et al	.60	7.54***	8.49***
Readiness to change			
Precontemplation	.74	7.44***	9.76***
Contemplation	-1.41	-4.66***	-4.81***
Action	.31	-8.99***	-14.25***
Knowledge			
Total score	-.21	-9.33***	-15.10***
Don't know	1.82	11.63***	16.55***
Rape myth acceptance			
Illinois Rape Myth	1.85	6.95***	10.45***
Date Rape Myth	-1.51	-2.91**	-5.42***
Bystander attitudes			
Victim needs help	-1.09	-3.96***	-5.04***
Bystander willingness	-.85	-9.09***	-12.29***
Decisional balance			
Pros	2.00*	-5.55***	-8.30***
Cons	-2.09*	2.40*	1.22
Pros – Cons	3.23**	-5.63***	-5.80***
Sense of community			
	-.87	-2.16*	-2.89**

* p≤.05, ** p≤.01, ***p≤.001 2-tailed significance

Table 6.5
Paired sample t-tests for pre- to 2 month for each group

Outcome	Control (N = 94)	t X1 (N = 92-93)	X3 (N = 96-97)
Efficacy			
Slaby	2.29*	-7.49***	-5.88***
MVP	1.95*	-5.59***	-5.41***
Banyard et al	-.08	5.98***	5.65***
Readiness to change			
Precontemplation	-.20	6.29***	5.74***
Contemplation	-.81	-2.65**	-.53
Action	-.21	-5.52***	-8.38***
Knowledge			
Total score	-.88	-6.42***	-10.67***
Don't know	2.19*	9.12***	13.24***
Rape myth acceptance			
Illinois Rape Myth	3.67***	5.44***	5.92***
Date Rape Myth	-2.01*	-4.43***	-5.33***
Bystander attitudes			
Victim needs help	-.41	-4.79***	-3.63***
Bystander willingness	-1.94	-7.92***	-7.94***
Bystander behavior	-2.85**	-5.68***	-3.94***
Decisional balance			
Pros	-.50	-3.32***	-4.71***
Cons	-2.63**	.62	1.61
Pros – Cons	1.84	-2.50*	-4.21***
Sense of community	-.90	-2.48**	-1.81

* p≤.05, ** p≤.01, ***p≤.001 2-tailed significance

Table 6.6a
Paired sample t-tests for pre-test to 4 month for each group

Outcome	Control N = 51-52	t X1 N = 40	X3 N = 48
Efficacy			
Slaby	1.33	-2.54*	-3.66***
MVP	1.42	-1.87	-3.86***
Banyard et al	-1.27	3.02**	4.19***
Readiness to change			
Precontemplation	.00	3.41**	4.08***
Contemplation	-1.71	-.41	.24
Action	1.21	-1.34	-3.27**
Knowledge			
Total score	-.75	-3.71***	-8.99***
Don't know	1.63	5.55***	9.90***
Rape myth acceptance			
Illinois Rape Myth	2.39*	3.94***	5.39***
Date Rape Myth	-1.43	-4.51***	-3.22**
Bystander attitudes			
Victim needs help	1.61	-.16	-2.70**
Bystander willingness	-1.40	-2.92**	-5.48***
Bystander behavior	-1.85	-3.14**	-.26
Decisional balance			
Pros	2.39*	-3.11**	-2.75**
Cons	-1.64	-.03	-1.30
Pros – Cons	3.49***	-1.76	-1.10
Sense of community	1.15	.86	-.84

* p≤.05, ** p≤.01, ***p≤.001 2 tailed significance

Table 6.6b
Paired sample t-tests for pre-test to 12 month for each group for women only

Outcome	Control N = 22	t X1 N = 18	X3 N = 13
Efficacy			
Slaby	.43	-2.04	-2.01
MVP	-1.54	-2.09*	-2.28*
Banyard et al	.12	4.20***	2.20*
Readiness to change			
Precontemplation	.42	2.45*	1.13
Contemplation	1.69	1.77	.89
Action	-.73	-2.12*	-.47
Knowledge			
Total score	-1.02	-2.43*	-4.09***
Don't know	1.66	4.74***	3.78**
Rape myth acceptance			
Illinois Rape Myth	-.45	5.05***	2.41*
Date Rape Myth	.61	-1.00	-2.43*
Bystander attitudes			
Victim needs help	1.27	-2.46*	-2.64*
Bystander willingness	-1.07	-1.93	-2.49*
Bystander behavior	-.94	-1.98	-1.37
Decisional balance			
Pros	.71	-2.12*	-1.41
Cons	-1.24	2.11*	1.69
Pros – Cons	1.27	-2.81**	-2.22*
Sense of community	2.00	-3.24***	-.77

* p≤.05, ** p≤.01, ***p≤.001 2 tailed significance

Table 6.7
MANCOVA for Pre-test Outcome Scores by Gender including Means (SDs) with Social

Desirability as Covariate (N = 386)

Outcome	Male N = 171	Female N = 216	F(1,383)
Efficacy			
Slaby	42.58(6.19)	43.31(5.78)	1.55
MVP	35.23(5.69)	33.11(6.20)	12.21***
Banyard et al	20.69(15.07)	20.53(13.53)	.03
Readiness to change			
Precontemplation	8.25(2.21)	7.35(2.05)	17.74***
Contemplation	7.54(2.62)	9.10(2.71)	33.73***
Action	4.02(2.01)	4.28(2.11)	1.52
Knowledge			
Total score	17.75(6.89)	19.77(6.23)	9.14**
Don't know	5.05(2.19)	4.48(2.10)	6.63**
Rape myth acceptance			
Illinois Rape Myth	49.21(16.26)	39.80(11.51)	45.64***
Date Rape Myth	73.08(13.53)	79.46(15.79)	18.41***
Bystander attitudes			
Victim needs help	27.32(4.33)	27.73(3.88)	1.08
Bystander willingness	191.27(29.52)	203.33(24.71)	21.49***
Bystander behavior	8.42(5.74)	11.41(6.83)	20.86***
Decisional balance			
Pros	17.98(3.80)	17.92(3.58)	.01
Cons	16.11(4.82)	17.54(4.33)	9.61**
Pros – Cons	1.87(6.01)	.38(5.54)	6.50**
Sense of community	11.88(2.21)	12.43(1.99)	6.78**

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$ 2 tailed significance

Table 6.8a

Paired Sample t-tests for Women on Four Outcomes from Pre- to Post-test

Outcome	Control (N=64-65)			X1(N=67-68)			X3(N=63-64)		
	Pre-test	Post-test	t	Pre-test	Post-test	t	Pre-test	Post-test	t
Slaby Efficacy Scale	43.73(5.78)	41.54(6.94)	3.39***	42.93(5.67)	46.59(6.26)	-4.73***	43.46(5.99)	49.43(5.48)	-7.38***
Total Knowledge	19.78(6.48)	19.80(6.92)	-.03	20.13(6.21)	23.83(5.91)	-6.37***	19.05(6.41)	29.85(4.70)	-13.48***
Don't Know	4.16(2.09)	4.08(2.19)	.37	4.71(2.05)	2.76(1.80)	9.72***	4.67(2.18)	.97(1.00)	14.32***
Total Decisional Balance	.73(6.08)	-1.03(6.89)	2.75**	-.14(4.95)	3.52(5.04)	-7.64***	.42(4.82)	4.97(6.57)	-6.38***

*p<.05, **p<.01, ***p<.001 2 tailed significance

Table 6.8b

Paired Sample t-tests for Men on Four Outcomes from Pre- to Post-test

Outcome	Control (N=45)			X1(N=60)			X3(N=59)		
	Pre-test	Post-test	t	Pre-test	Post-test	t	Pre-test	Post-test	t
Slaby Efficacy Scale	41.61(6.28)	41.95(5.77)	-.43	42.90(6.44)	47.91(5.14)	-7.13***	43.07(5.81)	46.75(5.69)	-4.49***
Total Knowledge	15.38(6.61)	15.60(7.25)	-.30	17.90(6.07)	22.70(6.12)	-6.84***	19.28(7.49)	26.59(5.25)	-8.55***
Don't Know	5.82(2.25)	5.26(2.29)	2.72**	5.02(2.11)	3.44(1.92)	6.78***	4.56(2.24)	2.04(1.58)	9.83***
Total Decisional Balance	1.44(6.27)	.18(5.39)	1.71	3.05(6.28)	4.14(6.54)	-1.50	1.25(5.51)	2.77(6.43)	-2.03*

*p<.05, **p<.01, ***p<.001 2 tailed significance

Table 6.9
 Correlates of Self-Reported Bystander Behavior at 2 Month Follow-up (N = 281-284)

Correlate	Bystander Behavior at 2 months
Survivor of unwanted sexual experience	.17** ¹
Survivor of severe sexual violence	.08 ²
Pretest extroversion	.20***
Pretest interpersonal control	.22***
Pretest sociopolitical control	.14*
Pretest sense of community	.17**
Posttest Slaby efficacy scale	.21***
Posttest MVP efficacy scale	.24***
Posttest Banyard et al. efficacy scale	-.20***
Posttest total knowledge score	.11
Posttest Illinois Rape Myth Scale	-.06
Posttest Date Rape Attitude Scale	-.10
Posttest Perception of Victim Needing Help	.15**
Posttest Bystander Attitude Scale	.25***
Posttest Decisional Balance Scale	.26***

p<.05, ** p<.01, *** p<.001

¹ N = 243

² N = 247

Table 6.10

MANOVA Comparing ELMQ Scores for Three Groups (N = 283)

	C	X1	X3
	N = 32	N = 127	N = 124
ELMQ	43.13(8.45) ^a	48.78(7.82) ^b	50.26(8.24) ^b

Superscripts indicate significant group differences at $p \leq .001$

Table 6.11

Frequencies for Response Categories for Open-ended Questions (N = 252-253)

1. What new information did you receive?		
a.	General knowledge about sexual violence	57.5%
b.	Specific community examples	29.0%
c.	Bystander knowledge	6.7%
d.	How I can help	21.0%
e.	Other	17.5%
2. As a result of this program I will...		
a.	Increased awareness of problem	6.7%
b.	Increased awareness of bystander role	35.2%
c.	Commitment to being active bystander	70.4%
d.	Other	19.0%
3. Would you recommend program to others?		
a.	Yes	95.3%
4. 3 things you liked BEST about program.		
a.	Instructors	39.7%
b.	Food	15.0%
c.	Money	11.5%
d.	Format of program	51.8%
e.	Content of program	37.9%
f.	Other	67.2%
5. 3 things you would CHANGE about program.		
a.	Don't change anything	26.3%
b.	Format of program	42.6%
c.	Content of program	16.3%
d.	Other	59.8%

Figures

Fig. 6.1 Slaby Efficacy Scale

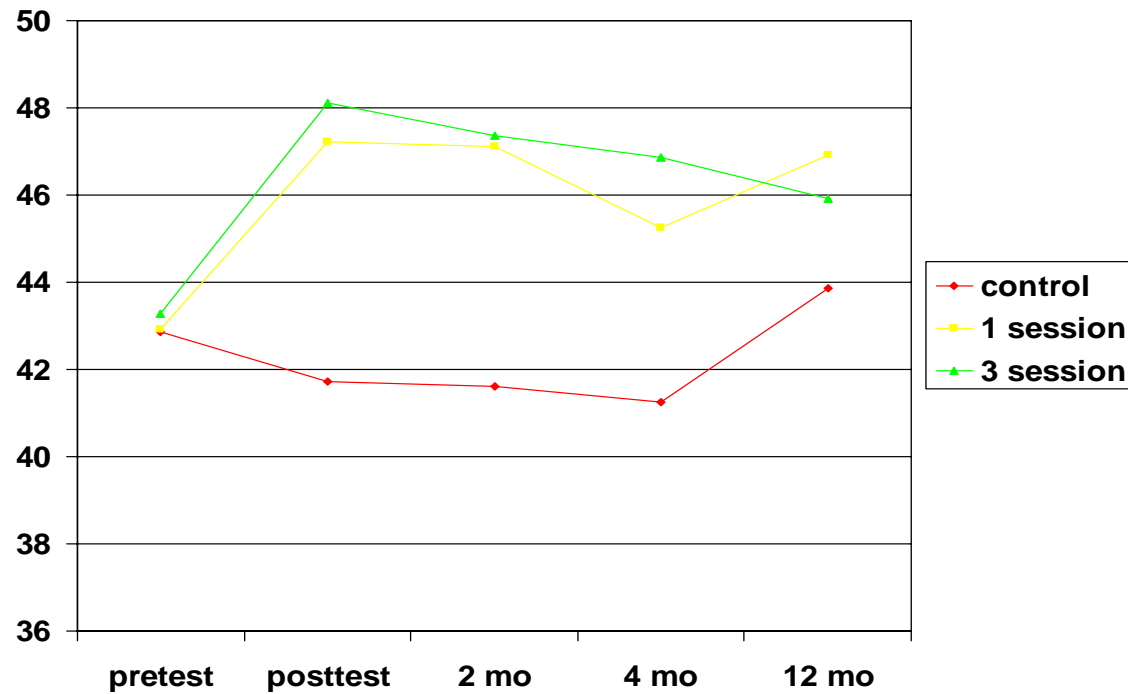


Fig. 6.2 Precontemplation Stage

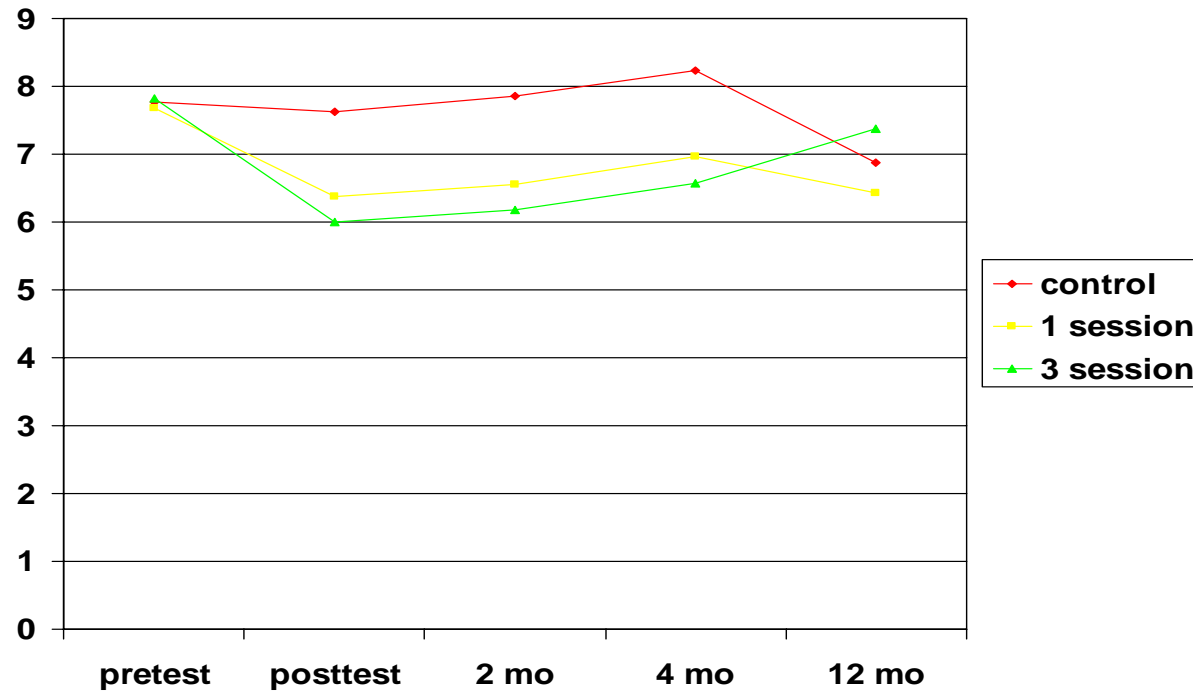


Fig. 6.3 Contemplation stage

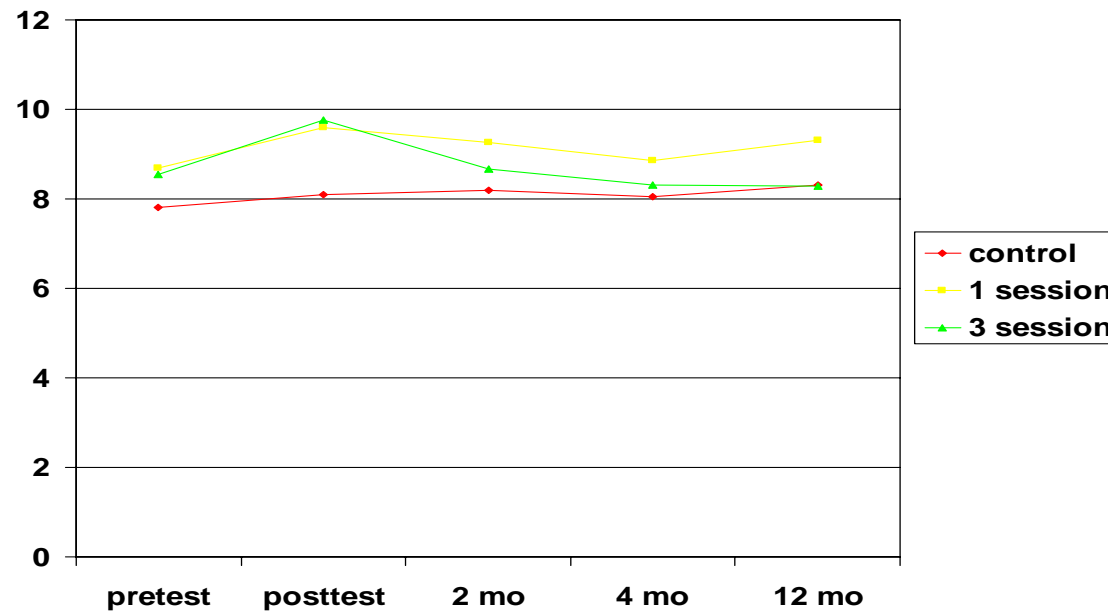


Fig. 6.4 Action stage

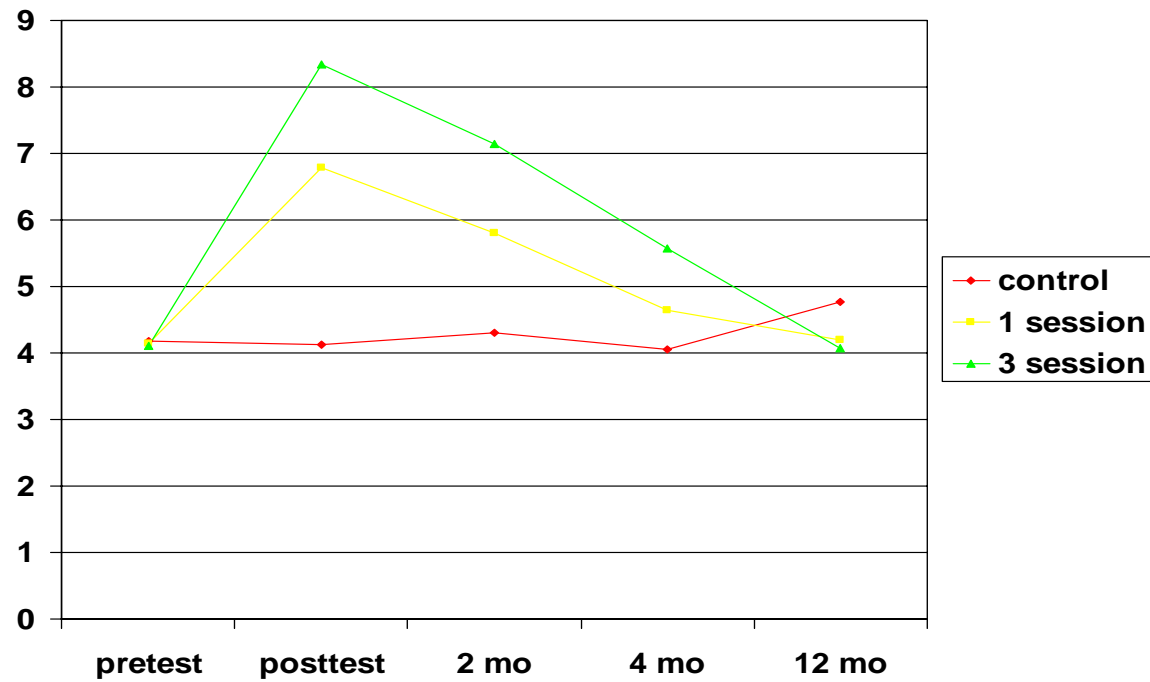


Fig. 6.5 Knowledge

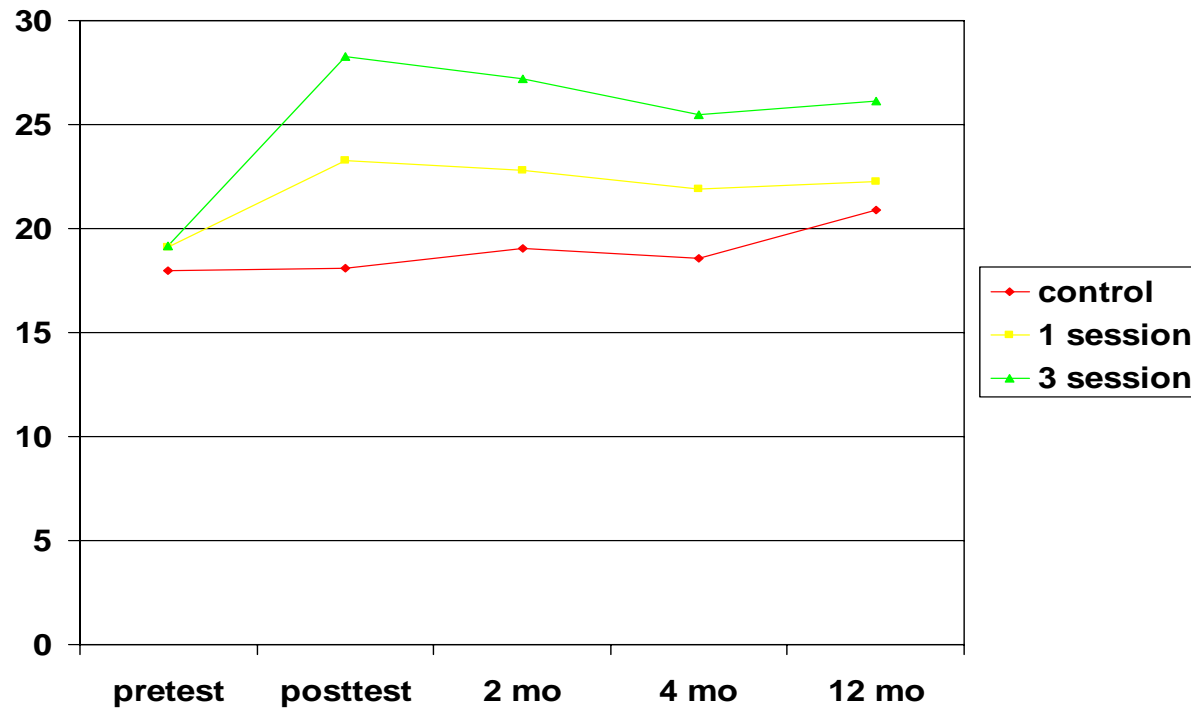


Fig. 6.6 Don't know items

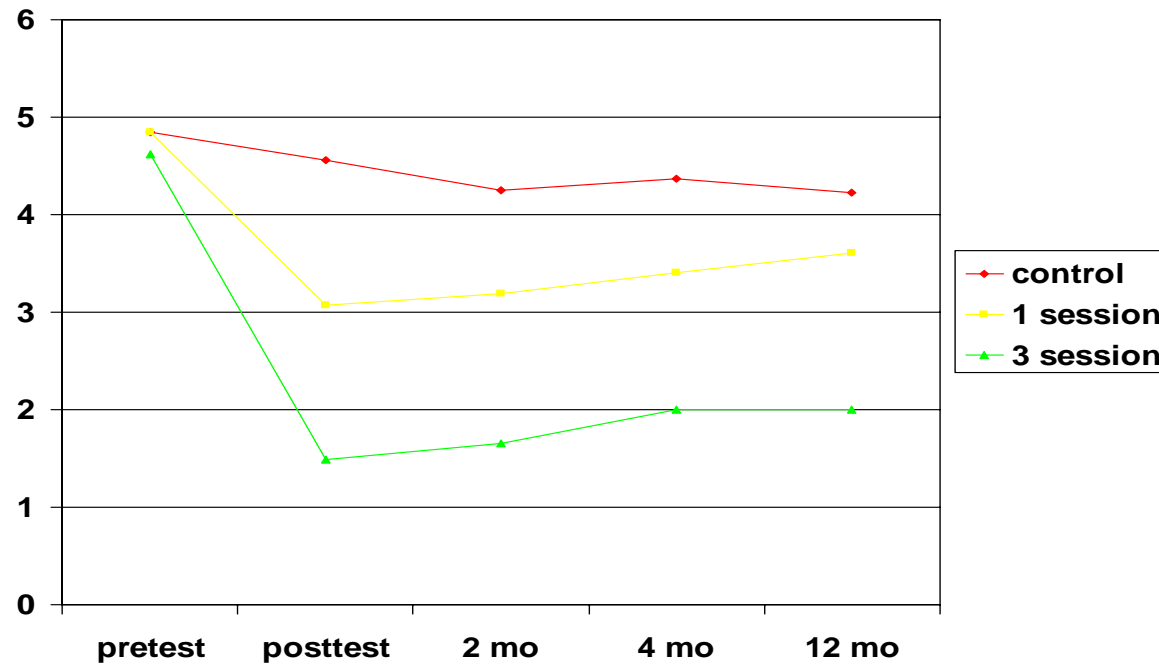


Fig. 6.7 Illinois Rape Myth Scale

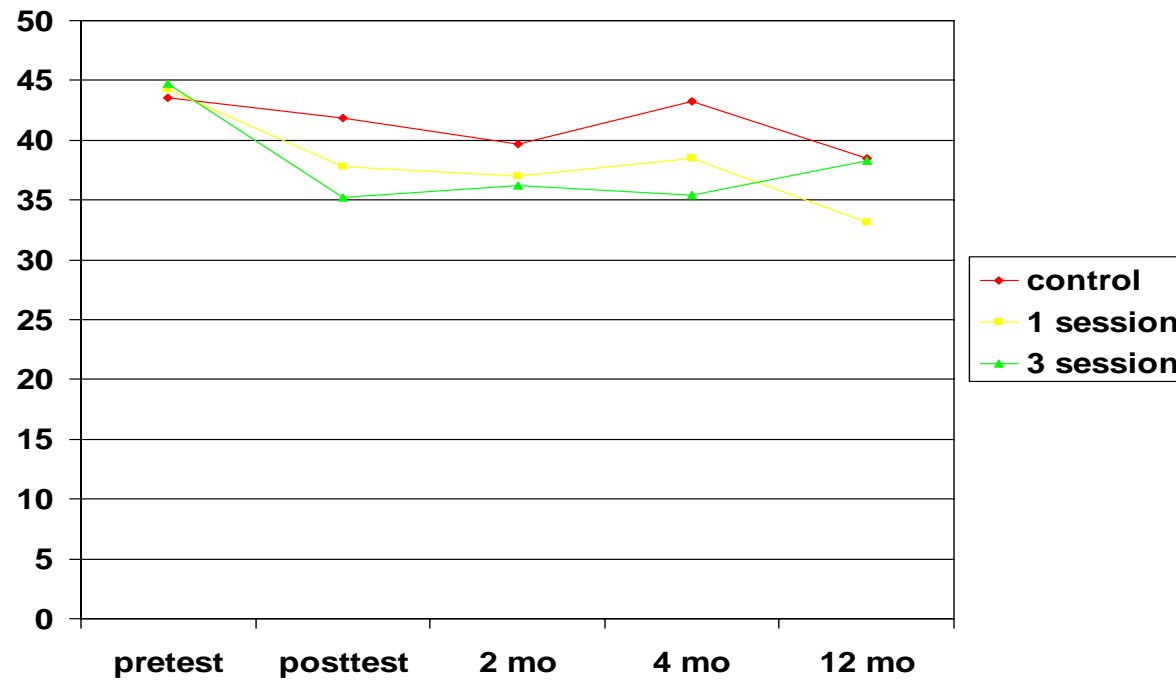


Fig. 6.8 College Date Rape Scale

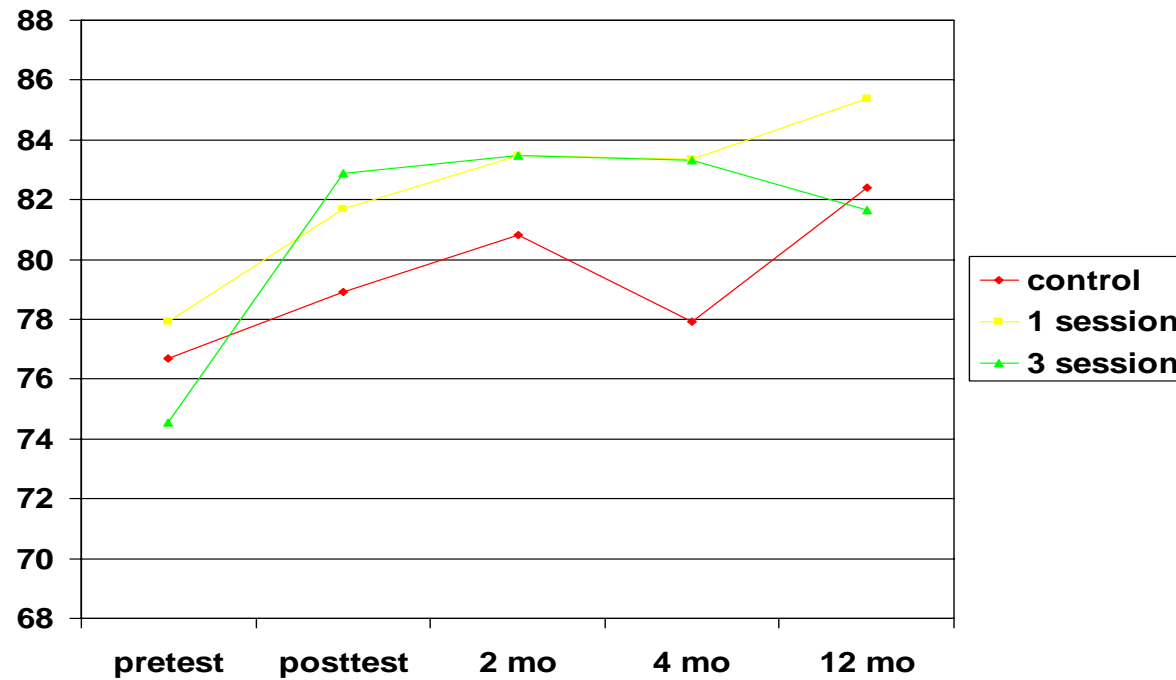


Fig. 6.9 Perceptions of Needing Help

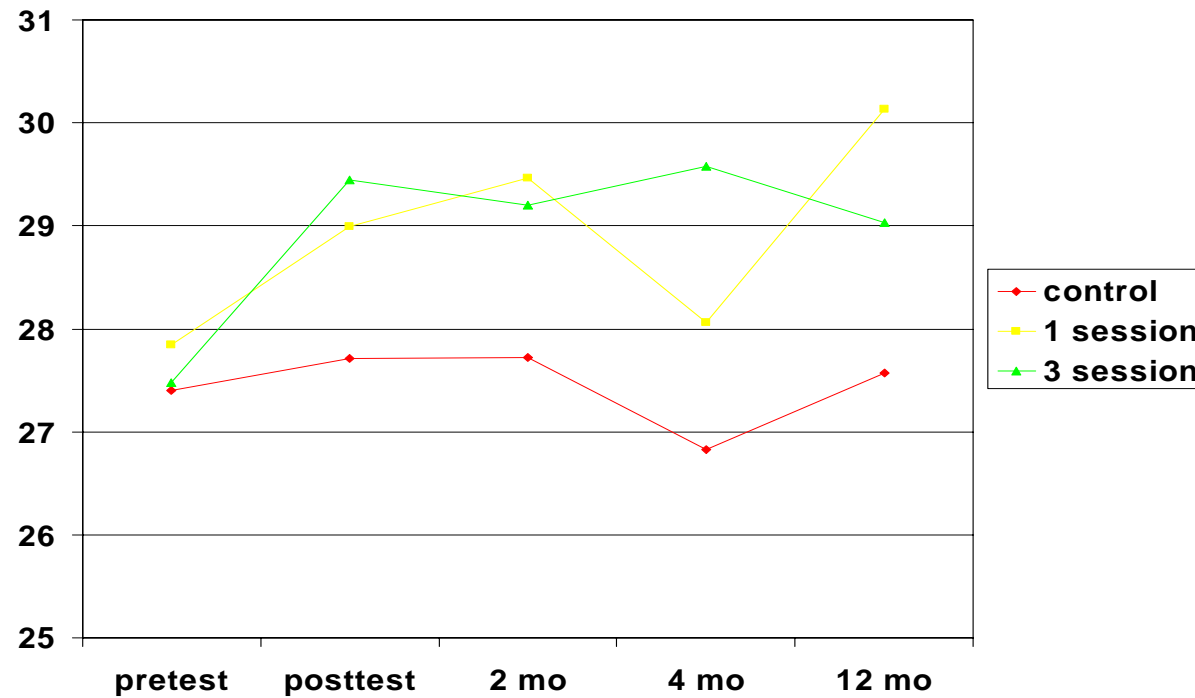


Fig. 6.10 Help Attitudes Scale

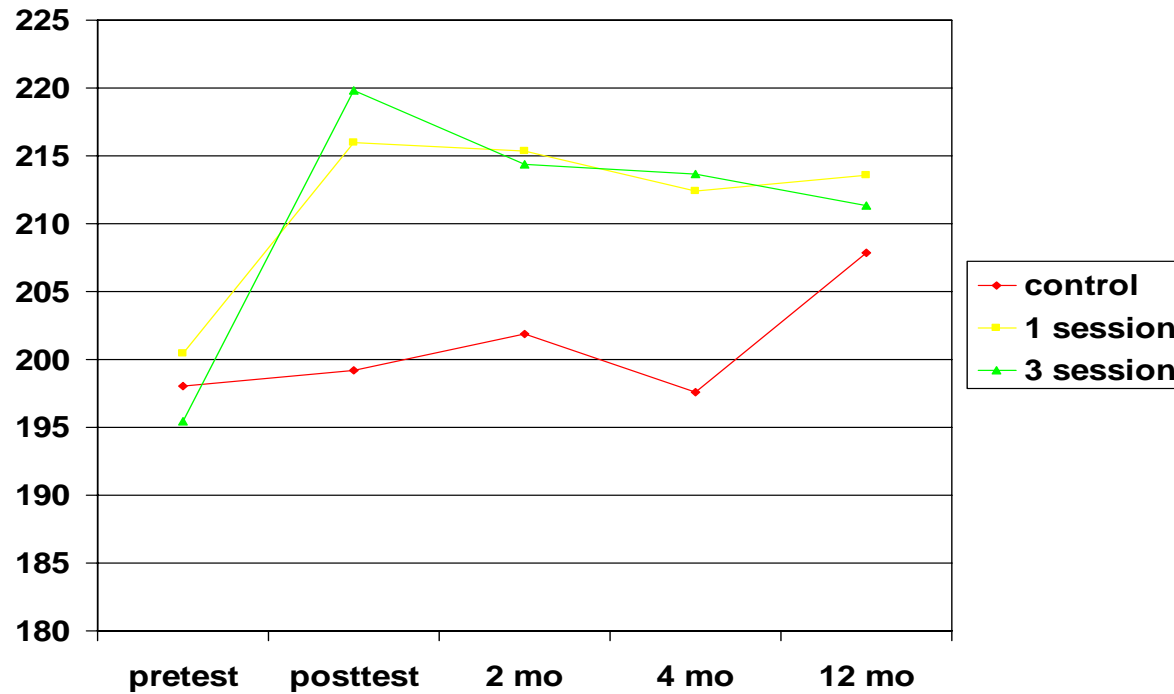


Fig. 6.11 Bystander efficacy Scale

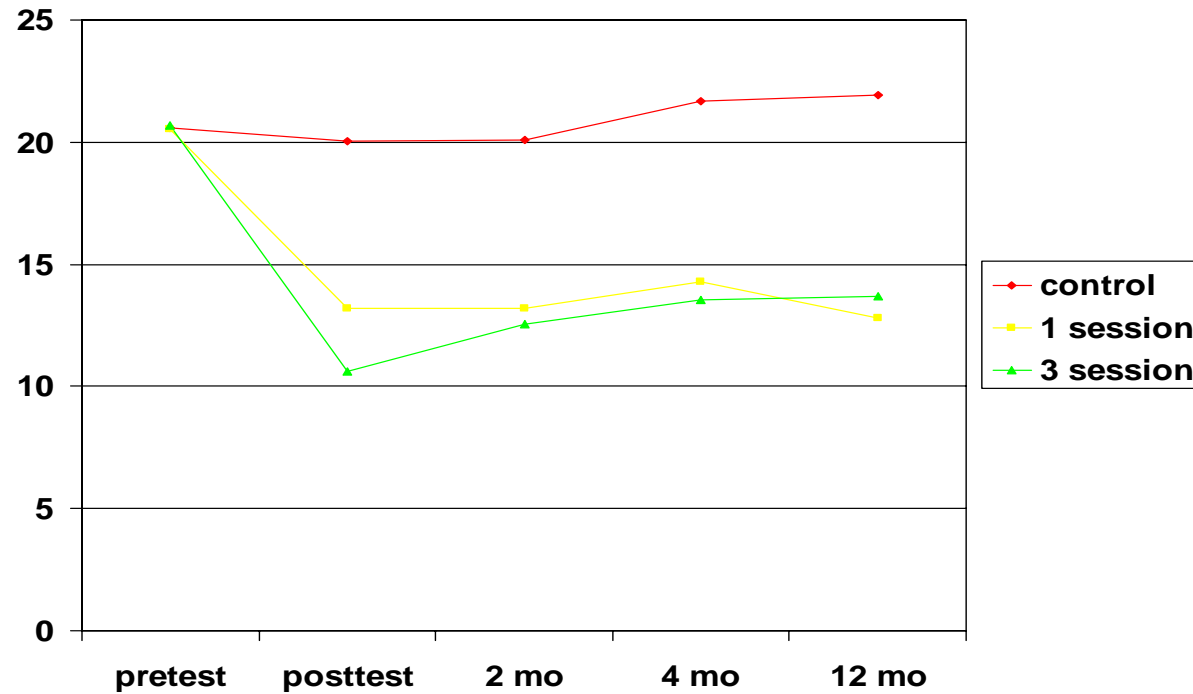


Fig. 6.12 MVP Bystander Efficacy Scale

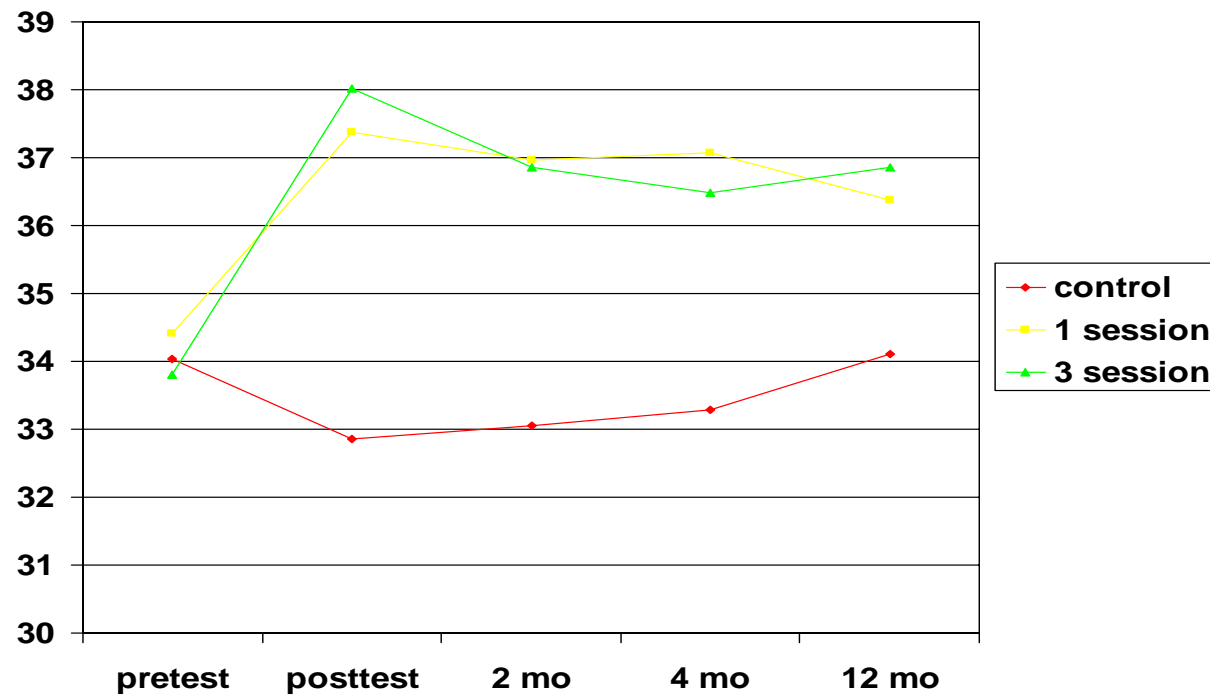


Fig. 6.13 Sense of Community

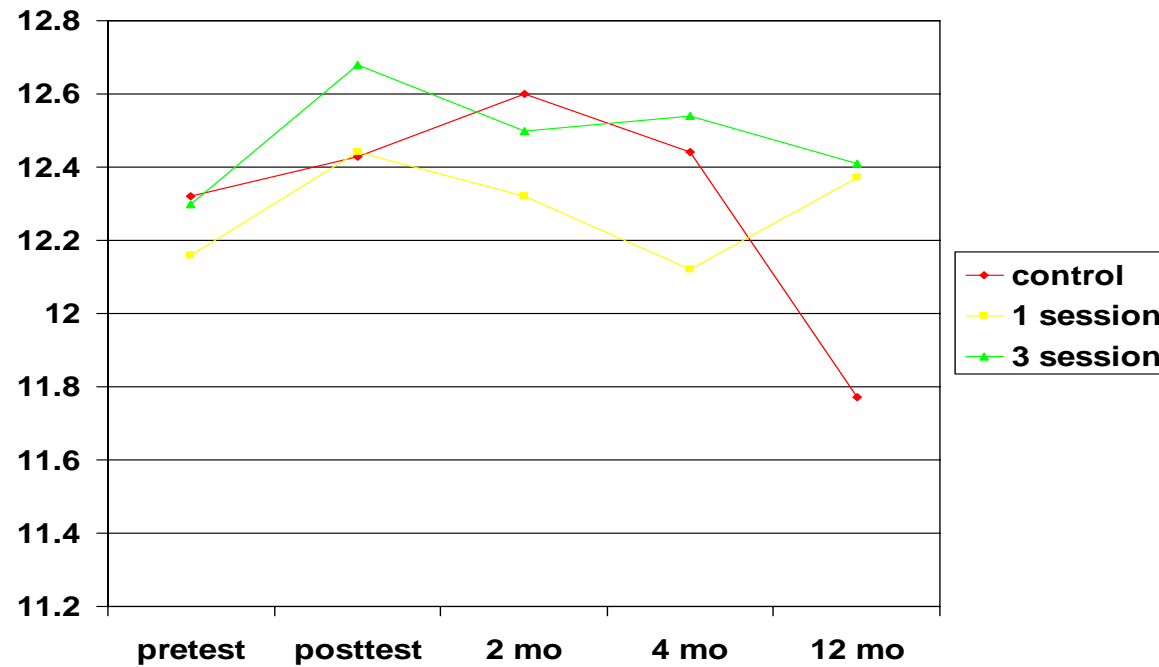


Fig. 6.14 Decisional Balance: Pros

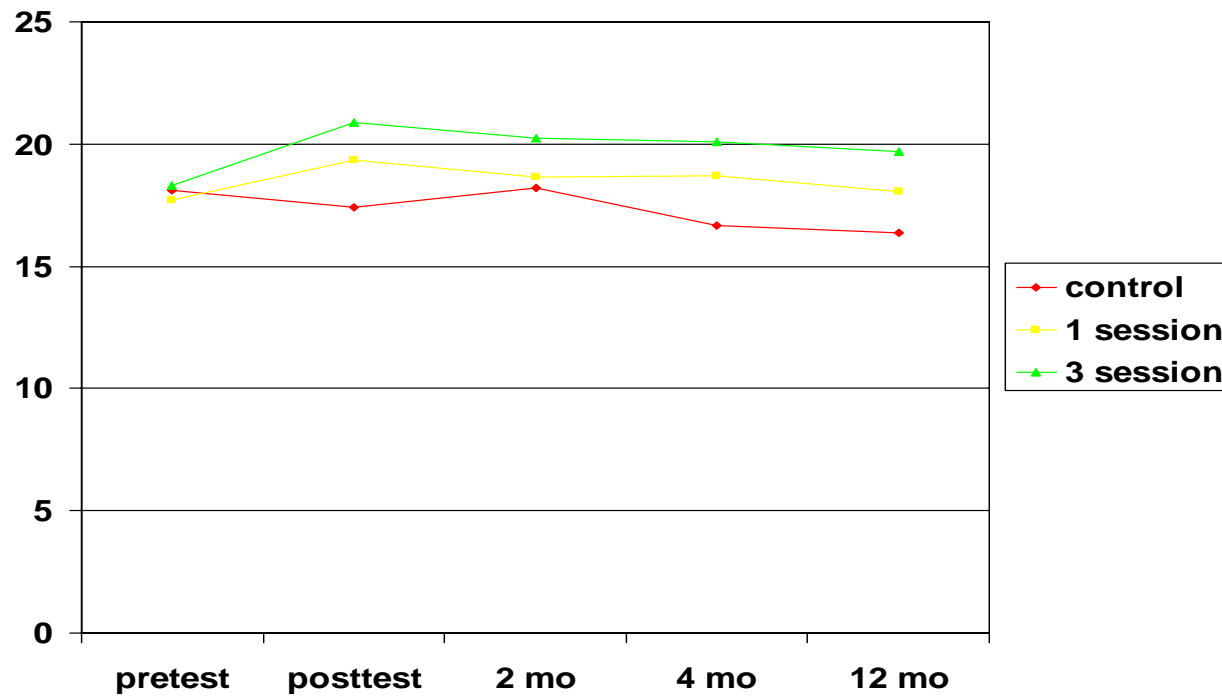


Fig. 6.15 Decisional balance: Cons

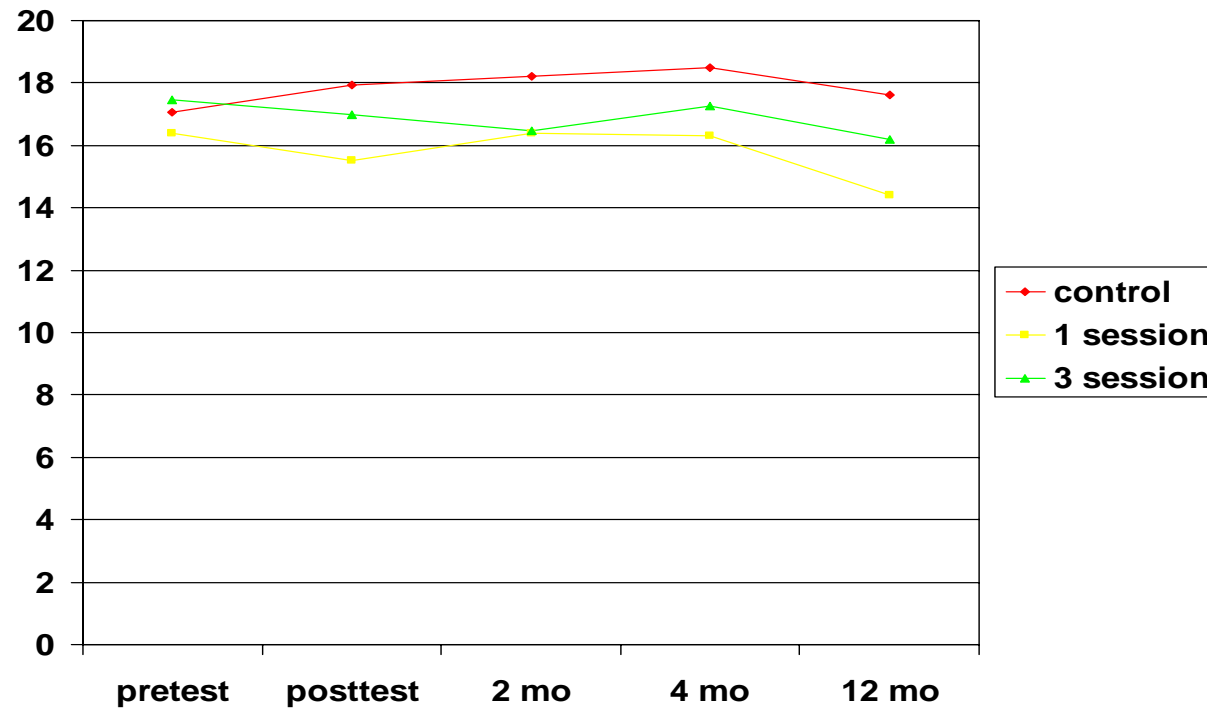


Fig. 6.16 Decisional balance: Total

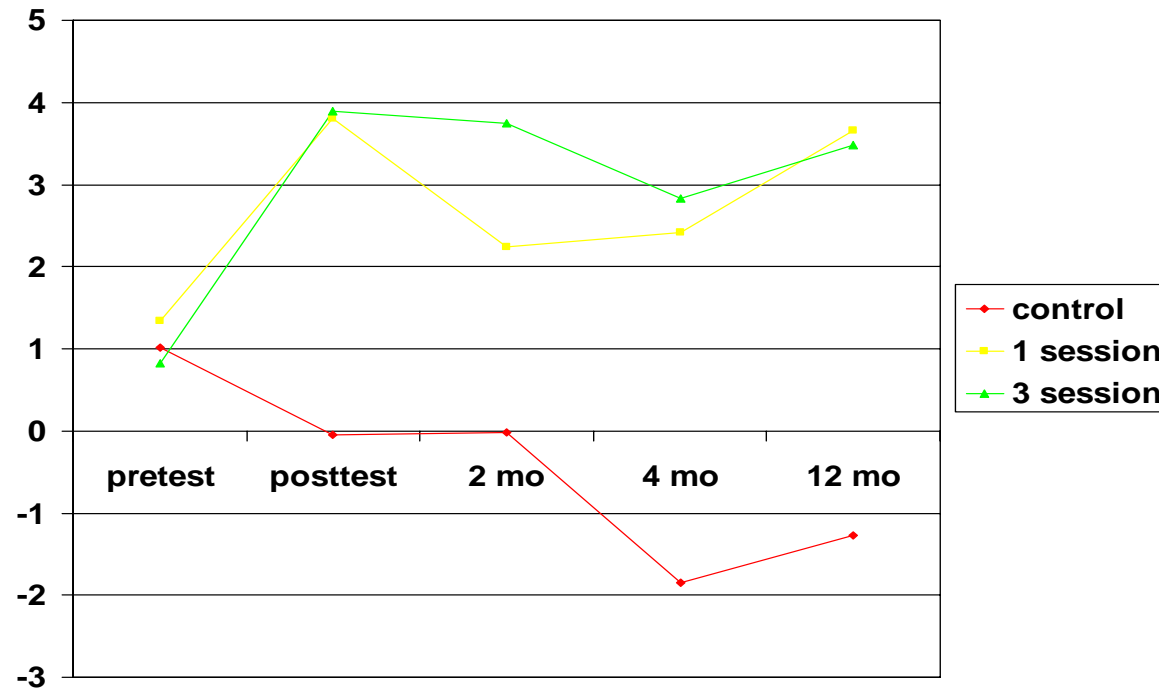


Fig. 6.17 Bystander Behaviors

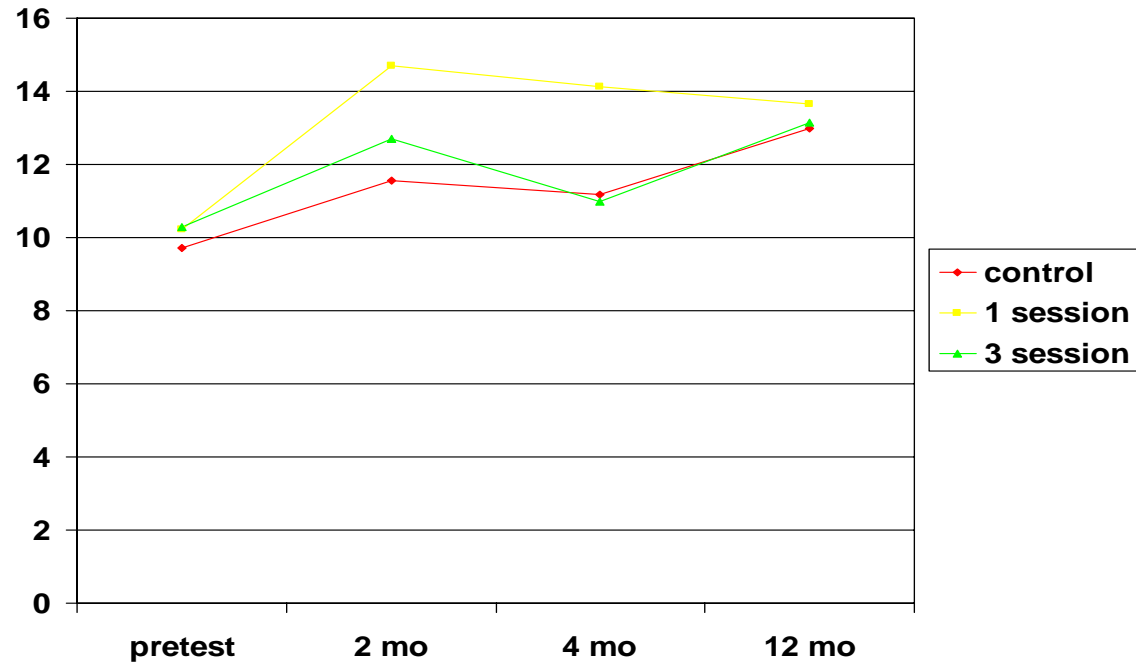


Fig. 6.18 Gender Comparison of Slaby Efficacy Scale

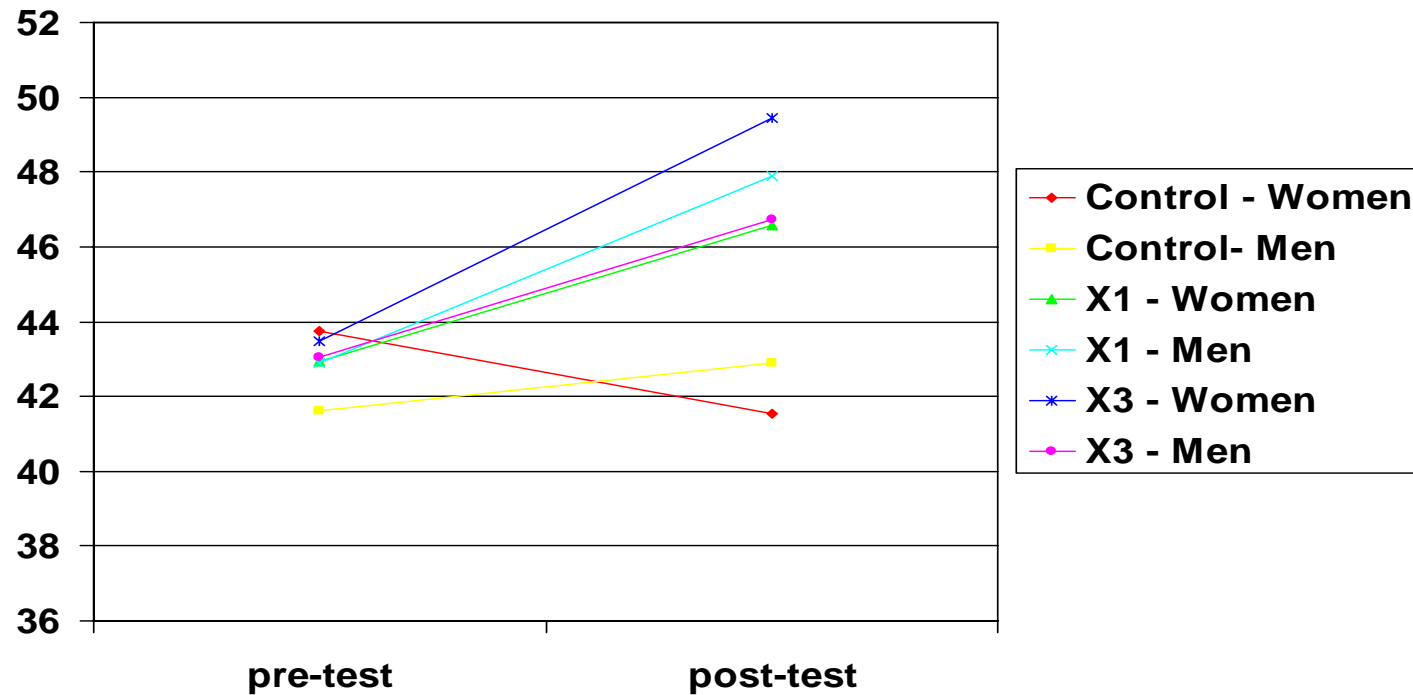


Fig. 6.19 Gender Comparison of Total Knowledge Score

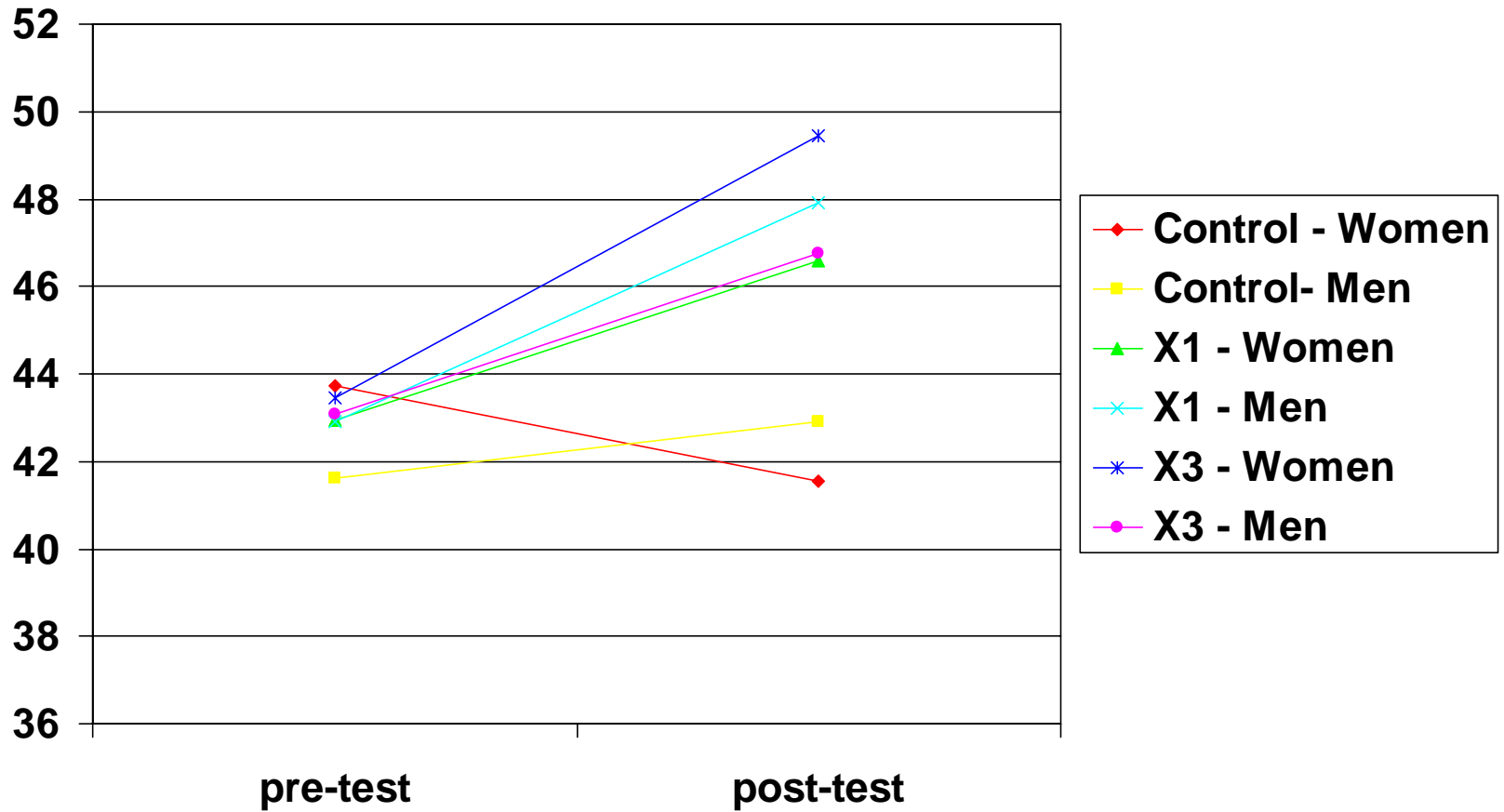


Fig. 20 Gender Comparison of Number of “Don’t Know” Items

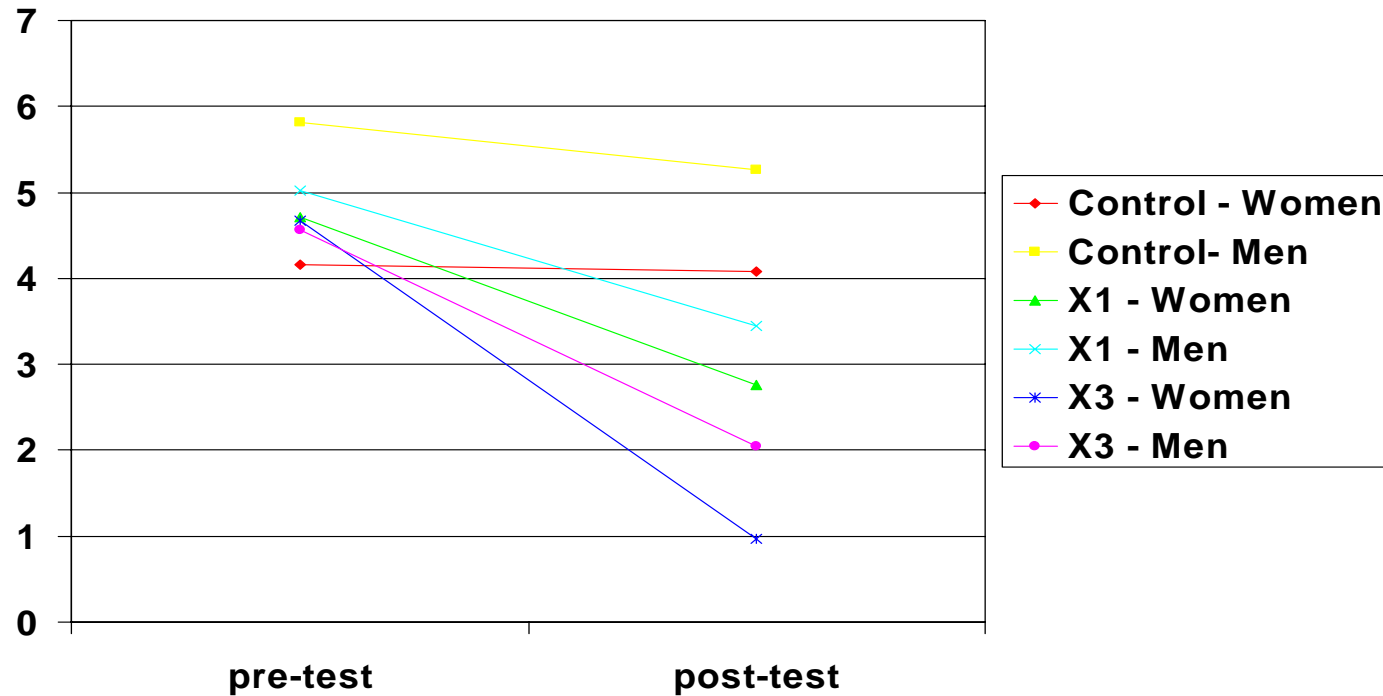
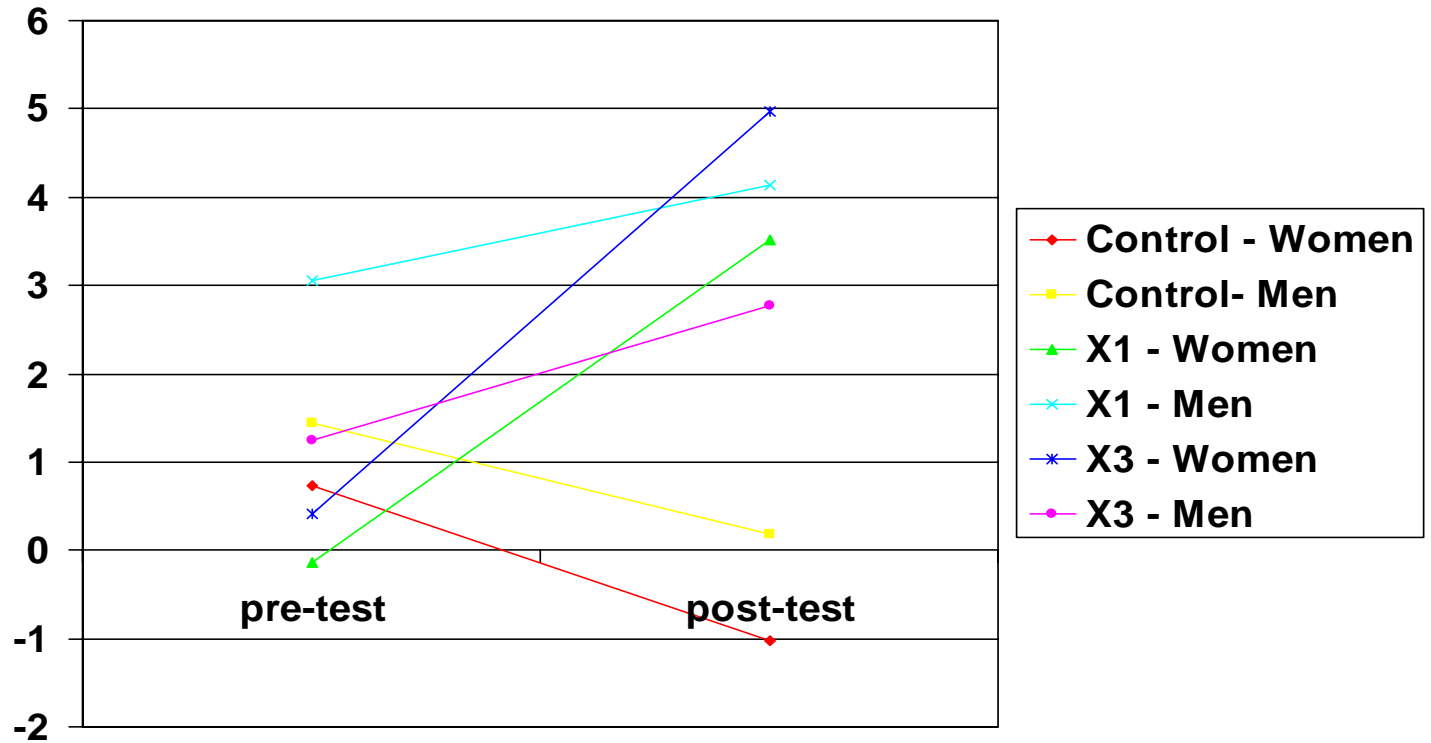


Fig. 6.21 Gender Comparison of Decisional Balance Scale



CHAPTER 7: Dissemination of Results

A key component of this project has been its development and implementation in the context of ongoing collaboration between researchers and practitioners. In view of this, a key component of the dissemination of findings is that results of this research are to be distributed both in academic research but also applied prevention areas of the profession. Over the course of the past two years we have pursued and continue to pursue a number of venues to disseminate information about and findings from our evaluation of the bystander education program to prevent sexual violence. We list them below.

Workshops for Practitioners

- “Community Responsibility, Bystander Education, and Sexual Violence Prevention,” Participating Membership Council, New Hampshire Coalition Against Domestic and Sexual Violence, October 2004.
- “Community Responsibility, Bystander Education, and Sexual Violence Prevention,” 10th Statewide Conference on Domestic and Sexual Violence, May 2004, Bretton Woods, NH.
- “Establishing a Community of Responsibility: Bystander Intervention and Sexual Violence,” Safe Schools Coalition’s Thirteenth International Conference on Sexual Assault and Harassment on Campus, October 2003, Orlando, FL.
- “Bystander Intervention as a Prevention Strategy of Unwanted Sexual Experience,” New England College Health Association Annual Meeting, November 2002, Farmington, CT.

Professional Research Conferences

- “Community Responsibility for Prevention of Sexual Violence: An Experimental Evaluation of a Prevention Program,” Victimization of Children and Youth: An International Research Conference, July, 2004, Portsmouth, NH.
- “Establishing a Community of Responsibility: Bystander Intervention and Sexual Violence,” North Central Sociological Association Annual Meeting, April 2004, Cleveland, OH.
- “Establishing a Community of Responsibility: Bystander Intervention and Sexual Violence,” Making Campuses Safer Panel, National Institute of Justice’s Annual Conference on Criminal Justice Research and Evaluation: Enhancing Policy and Practice, July 2003, Washington, DC.
- “Rape Prevention through Bystander Education: Bringing a Broader Community Perspective to Prevention,” Victimization of Children and Youth: An International Research Conference, August 2002, Portsmouth, NH.

Peer-reviewed Publications

- “Bystander Education: Bringing a Broader Community Perspective to Sexual Violence Prevention,” Victoria L. Banyard, Elizabeth G. Plante and Mary M. Moynihan, *Journal of Community Psychology*, January 2004.
- Promoting Community Responsibility for Preventing Sexual Violence: An Exploratory Formative Evaluation on a College Campus, Mary M. Moynihan, Victoria L. Banyard and Elizabeth G. Plante, *under review*.
- Sexual Violence Research: Recruitment and Retention at Universities and Colleges, Mary M. Moynihan, M. Denise Wissell, Victoria L. Banyard, & Elizabeth G. Plante, *under review*.

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Appendices

Appendix A

Victim Empathy Exercise

Plante 2002

Materials: Pens and Paper

Directions: Tear a piece of paper into 5 strips. Number the strips one through five. Tell participants that they do not have to share this information with the group. On each strip write the following:

- the person you trust the most
 - a place where you feel the safest
 - your favorite class; aspect of job
 - your favorite activity
 - a secret
1. a) Ask the participants to look at the first piece of paper. Ask them to share with you what they like about this person, what they enjoy, why they feel close to them. Write what they indicate on the board. b) Now ask them to tear the piece of paper with the person written on it and throw it away. You can no longer talk or be with that person – she/he either blames you for your assault or you were assaulted by him/her. How do they feel now? Write their reactions on the board.
 2. a) Ask the participants to look at the second piece of paper. Ask them to share with you what they like about this place and why they feel safe there. Write what they indicate on the board.

b) Now ask them to tear the piece of paper with the place written on it and throw it away. You no longer feel comfortable going to that place, you were assaulted there. (Site stats on % of rapes that happen in survivors home etc.) How do they feel now? Write their reactions on the board.

3. a) Ask the participants to look at the third piece of paper. Ask them to share with you what they like about this class (or their place of work or something similar), what they enjoy about it, etc. Write what they indicate on the board.

b) Now ask them to tear the piece of paper with the class or aspect of job written on it and throw it away. You can no longer go to the class; you might see your perpetrator there. How do they feel now? Write their reactions on the board.

4. a) Ask the participants to look at the fourth piece of paper. Ask them to share with you what they like about this activity. What they enjoy about it, etc. Write what they indicate on the board.

b) Now tear the piece of paper with your favorite activity written on it. You can no longer do that activity because you fear you might see the person who attacked you while you are doing it.

How do they feel now? Write their reactions on the board.

5. a) Now ask the participants to look at the piece of paper with their secret. Why is it a secret? Why don't they want many people to know? Write their reactions on the board.

b) Now take the piece of paper with a secret written on it. You can't tear it up. You can't throw it away. You must keep it forever. Think about what people might say to you if they knew. Think about what they might do if they knew. Now think about

telling a stranger, maybe an officer, your boss, and your co-workers. How do you feel now? Write their reactions on the board and debrief.

6. Everyone take a moment, breath and think how a survivor might react after being assaulted. What if the person who assaulted her/him was their friend, partner, relative? What if it happened where they felt safe? What if they can no longer compete at the same level – what does this mean for classes, sports, etc?
7. Point to the list of emotions; ask audience if they felt that way what might some of the consequences be for them socially, physically, academically, psychologically? If the victim is a person of color, how might this fact change the way they approach officers, rape crisis workers, and other service providers? What if the victim was assaulted by a member of the same sex – what issues might come up for them in reporting or disclosing to anyone?
8. What do you think survivors need? How might you help them in the healing process? Write suggestions on the board.

Appendix B

Focus Group Format/Questions

The Program:

1. What part of the program specifically, stayed with them over time?
2. What do they most remember about the program – Pause long enough to let them remember for themselves before following up with specific probes:
 - Empathy exercise?
 - Continuum of sexual violence?
 - ABCs of Intervention?
 - Before/during/after and stranger/acquaintance/friend grid?
 - Facts / information about sexual violence?
3. What did they find valuable, worthwhile, or useful about the program?
4. What didn't they like or would they like to see changed?
5. More specifically how does this program compare to other rape prevention programs they have been to or heard about?
6. What did they think of the groups being structured as single sex ones?
7. Should there be different exercises in the men's program compared to the women's?

Bystander Behavior:

1. What was their plan?
2. What was the decision-making process?
3. Did they employ safety techniques?
4. Are they seeing opportunities to intervene beyond their plans?
5. Are they choosing to intervene? Why or why not?

6. What are their experiences regarding what they are seeing for opportunities to intervene?
7. How do their observations of situations around campus compare with the examples we used in our scenarios in the program?

Final Questions / Points of Discussion:

1. What is their motivation for continuing this far in the research process?
2. What about the recruitment process?
3. Do they have any suggestions for us for the next round of recruiting (Fall 2003)?

Rank order each of the following statements according to how likely you would be to do that behavior. Include all behaviors whether you would do them immediately or later on in relation to this specific event. Use 1 to indicate the first choice of what you would do, 2 to indicate your second choice, etc. Be sure to put a number next to each behavior. Use a "0" to indicate something that you would not do.

- Do nothing, it's none of my business.
- At some point later talk to the person who had been screaming about their feelings.
- At some point later offer support to the person who had been screaming.
- Call a resident assistant, counselor, friend, coach or someone, who I know is sensitive to this issue, and ask for her/his assistance or advice.
- At some point find the person and talk to them about resources that might help like the local crisis or counseling center.
- Contact a residence hall advisor immediately and tell them about the situation and urge them to do something.
- Knock on the door by myself and ask if everything is okay.
- Recruit another person, then go to the door where the screaming is coming from and shout "what's going on in there!"
- Call 911.
- It's not safe for me to do anything now.
- Other:

Thank you for your participation. Please read each question carefully and choose your answer from among the choices given. Please note that different questions will have different answer choices so please read each carefully. Please remember that there are NO RIGHT OR WRONG ANSWERS to any of the questions. We are interested in your honest response. Your answers will be completely anonymous.

Participant code # _____

Age: _____

Sex: 1. Male
2. Female

Year in School: 1. First year
2. Sophomore
3. Junior
4. Senior

College:

1. College of Liberal Arts
2. College of Engineering and Physical Sciences
3. School of Health and Human Services
4. College of Life Science and Agriculture
5. Whittemore School of Business and Economics
6. Thompson School of Applied Science
7. UNH at Manchester
8. Division of Continuing Education

Major: _____

Member of athletic team? 1. Yes 0. No

If yes 1. NCAA 2. Club

Member of social fraternity or sorority? 1. Yes 0. No

Member of a university-sponsored extracurricular activity? 1. Yes 0. No

Do you have a religious affiliation? 1. Yes 0. No

If yes, do you attend religious services regularly? 1. Yes 0. No

Currently in a relationship? 1. Yes 0. No

Duration of this relationship: _____ months

What is the sex of your partner in this relationship? _____

Ethnicity:

1. African American
2. European American
3. Asian American
4. Hispanic
5. Biracial
6. Multiracial
7. Native American
8. Other

What was the approximate yearly income of the household in which you lived when you were about 16 years old?

1. Under \$30,000
2. \$30,000 to \$49,000
3. 50,000 to \$74,999
4. \$75,000 to \$99,999
5. \$100,000 to \$149,999
6. \$150,000 to \$199,999
7. \$200,000 to \$299,999
8. \$300,000 to \$399,999
9. \$400,000 to \$499,999
10. \$500,000 and above

Have any courses you have taken discussed sexual assault or rape? 1. Yes 0. No
Which one or ones? _____
When did you take this course or these courses? _____

Have you ever attended a program sponsored by the Sexual Harassment and Rape Prevention Program (SHARPP) 1. Yes 0. No
If yes, which one? _____
When? _____

How likely would you be to attend a program discussing sexual violence?
1 2 3 4
not likely somewhat very likely extremely likely

How likely would you be to contact SHARPP if you were a victim of sexual violence?
1 2 3 4
not likely somewhat very likely extremely likely

How likely would you be to contact SHARPP if someone you know were a victim of sexual violence?
1 2 3 4
not likely somewhat very likely extremely likely

How much of a problem is sexual violence on this campus
1 2 3 4
not at all very much a problem

Have you ever known someone who was the victim of sexual violence? 1. Yes 0. No

Have you ever known someone who engaged in unwanted sexual contact with someone who didn't want it?
1. Yes 0. No

Please read each of the following statements and circle the answer that is closest to what is true for you.

1. Do you feel a sense of community with other people on campus (for example, do you share interests and concerns with them)?

1 2 3 4 5
not at all slightly moderately mostly a great deal

2. How important is it to you to feel a sense of community with people on this campus?

1 2 3 4 5
not at all slightly moderately fairly very important
important

3. Some people care a lot about the kind of campus they live on. For others, the campus is not important. How important is what the campus is like to you?

1 2 3 4 5
not at all slightly moderately fairly very important
important

If you answered #3 above that it is not important, please explain why not? If it is important to you, please explain why?

Please read the following list of statements and indicate whether each statement is true or false in terms of your own behavior.

- | | | | |
|-----|--|---|---|
| 1. | Before voting I thoroughly investigate the qualifications of all the candidates. | T | F |
| 2. | I never hesitate to go out of my way to help someone in trouble. | T | F |
| 3. | It is sometimes hard for me to go on with my work if I am not encouraged. | T | F |
| 4. | I have never intensely disliked anyone. | T | F |
| 5. | On occasion I have had doubts about my ability to succeed in life. | T | F |
| 6. | I sometimes feel resentful when I don't get my way. | T | F |
| 7. | I am always careful about my manner of dress. | T | F |
| 8. | My table manners at home are as good as when I eat out in a restaurant. | T | F |
| 9. | If I could get into a movie without paying and be sure I was not seen, I would probably do it. | T | F |
| 10. | On a few occasions, I have given up doing something because I thought too little of my ability. | T | F |
| 11. | I like to gossip at times. | T | F |
| 12. | There have been times when I felt like rebelling against people in authority even though I knew they were right. | T | F |
| 13. | No matter who I'm talking to, I'm always a good listener. | T | F |
| 14. | I can remember "playing sick" to get out of something. | T | F |
| 15. | There have been occasions when I took advantage of someone. | T | F |
| 16. | I'm always willing to admit it when I make a mistake. | T | F |
| 17. | I always try to practice what I preach. | T | F |
| 18. | I don't find it particularly difficult to get along with loud-mouthed, obnoxious people. | T | F |
| 19. | I sometimes try to get even, rather than forgive and forget. | T | F |
| 20. | When I don't know something I don't at all mind admitting it. | T | F |
| 21. | I am always courteous, even to people who are disagreeable. | T | F |
| 22. | At times I have really insisted on having things my own way. | T | F |
| 23. | There have been occasions when I felt like smashing things. | T | F |
| 24. | I would never think of letting someone else be punished for my wrongdoings. | T | F |
| 25. | I never resent being asked to return a favor. | T | F |
| 26. | I have never been irked when people expressed ideas very different from my own. | T | F |
| 27. | I never make a long trip without checking the safety of my car. | T | F |
| 28. | There have been times when I was quite jealous of the good fortune of others. | T | F |
| 29. | I have almost never felt the urge to tell someone off. | T | F |
| 30. | I am sometimes irritated by people who ask favors of me. | T | F |
| 31. | I have never felt that I was punished without cause. | T | F |
| 32. | I sometimes think when people have a misfortune they only got what they deserved. | T | F |
| 33. | I have never deliberately said something that hurt someone's feelings. | T | F |

9. In attempting to smooth over a disagreement I usually make it worse.
 1 2 3 4 5 6 7
 disagree agree
10. I find it easy to plan an important part in most group situations.
 1 2 3 4 5 6 7
 disagree agree
11. By taking an active part in political and social affairs we, the people, can control world events.
 1 2 3 4 5 6 7
 disagree agree
12. The average citizen can have an influence on government decisions.
 1 2 3 4 5 6 7
 disagree agree
13. It is difficult for people to have much control over the things politicians do in office.
 1 2 3 4 5 6 7
 disagree agree
14. Bad economic conditions are caused by world events that are beyond our control.
 1 2 3 4 5 6 7
 disagree agree
15. With enough effort we can wipe out political corruption.
 1 2 3 4 5 6 7
 disagree agree
16. One of the major reasons we have wars is because people don't take enough interest in politics.
 1 2 3 4 5 6 7
 disagree agree
17. There is nothing we, as consumers, can do to keep the cost of living from going higher.
 1 2 3 4 5 6 7
 disagree agree
18. When I look at it carefully I realize it is impossible to have any really important influence over what big businesses do.
 1 2 3 4 5 6 7
 disagree agree
19. I prefer to concentrate my energy on other things rather than on solving the world's problems.
 1 2 3 4 5 6 7
 disagree agree
20. In the long run we, the voters, are responsible for bad government on a national as well as a local level.
 1 2 3 4 5 6 7
 disagree agree

Please take a moment to imagine a situation where you might be a bystander to some incident of sexual violence.

1. Do you have a specific plan for helping as a bystander? 1. Yes 0. No

2. If yes, please WRITE down an intervention plan that you have for yourself for how you would help in that situation.

Please answer the following questions about what you think about “violence prevention. Violence is when people fight or hurt others on purpose. Violence prevention means keeping violence from happening or stopping violence before it starts.

Circle only one answer that best describes your response:

	1	2	3	4	5	6				
	Disagree Completely	Disagree A Lot	Disagree A Little	Agree A Little	Agree A Lot	Agree Completely				
1. People’s violent behavior can be prevented.					1	2	3	4	5	6
2. There are certain things a person can do to help prevent violence.					1	2	3	4	5	6
3. I myself can make a difference in helping to prevent violence.					1	2	3	4	5	6
4. People can be taught to help prevent violence.					1	2	3	4	5	6
5. Doing or saying certain kinds of things can work to help prevent violence.					1	2	3	4	5	6
6. I can learn to do or say the kinds of things that help prevent violence.					1	2	3	4	5	6
7. People can learn to become someone who helps others to avoid violence.					1	2	3	4	5	6
8. Even people who are not involved in a fight can do things that help prevent violence.					1	2	3	4	5	6
9. Even when I’m not involved and it’s not about me, I can make a difference in helping to prevent violence.					1	2	3	4	5	6

Please read each of the following statements and indicate how true each is of you.

1	2	3	4	5
Strongly disagree				Strongly agree
Not at all true				Very much true
1. I don't think sexual assault is a big problem on campus.				1 2 3 4 5
2. I don't think there is much I can do about sexual assault on campus.				1 2 3 4 5
3. There isn't much need for me to think about sexual assault on campus, that's the job of the crisis center.				1 2 3 4 5
4. Sometimes I think I should learn more about sexual assault but I haven't done so yet.				1 2 3 4 5
5. I think I can do something about sexual assault and am planning to find out what I can do about the problem.				1 2 3 4 5
6. I am planning to learn more about the problem of sexual assault on campus.				1 2 3 4 5
7. I have recently attended a program about sexual assault.				1 2 3 4 5
8. I am actively involved in projects to deal with sexual assault on campus.				1 2 3 4 5
9. I have recently taken part in activities or volunteered my time on projects focused on ending sexual assault on campus.				1 2 3 4 5

Please read and answer each of the following questions. If you do not know the answer to a question please indicate that you do not know. We ask that you do not guess answers if you truly feel you do not know the answer.

1. I know I have consent to engage in sexual behavior with my partner if

___ I don't know.

2. Approximately how many rapes are reported to SHARPP at UNH every year?

- a) Between 15 and 20
- b) Between 30 and 35
- c) Between 50 and 55
- d) I don't know.

3. Over their lifetime, approximately one in _____ women will experience sexual assault.

- a) Four
- b) Seven
- c) Ten
- d) Fourteen
- e) Seventeen
- f) I don't know.

4. Over their lifetime, approximately one in _____ men will experience sexual assault.

- a) Four
- b) Seven
- c) Ten
- d) Fourteen
- e) Seventeen
- f) I don't know.

5. Sexual violence includes: circle as many as you think are correct:

- a) ogling a woman's breasts
- b) whistling/catcalling at a woman/man passer-by
- c) ogling a man or woman's crotch area
- d) pinching someone's behind
- e) slapping someone's behind
- f) forcing someone to watch pornography
- g) telling someone to fuck off
- h) "flipping" someone the finger
- i) violating boundaries or "safe words"
- j) forcing someone to engage in any unwanted sexual activity
- k) punching someone in the stomach
- l) masturbation in public
- m) calling someone a slut or cunt or pussy
- n) unwanted sexual activity
- o) I don't know

6. The most commonly used drug in sexual assault is _____.

_____ I don't know.

7. According to the UNH Student Code of Conduct, "sexual misconduct includes any sexual activity as defined by" ... circle ALL that are correct:

- a) intentional and prolonged staring at a woman's breasts without seeking permission.
- b) intentional and prolonged staring at a woman's breasts without receiving permission.
- c) intentional and prolonged staring at another's crotch without seeking permission.
- d) intentional and prolonged staring at another's crotch without receiving permission.
- e) intentional touching of another's sexual or intimate parts without seeking expressed permission.
- f) intentional touching of another's clothing covering the immediate area of another's sexual or intimate parts without seeking expressed permission.
- g) intentional touching of another's sexual or intimate parts without receiving expressed permission.
- h) intentional touching of another's clothing covering the immediate area of another's sexual or intimate parts without receiving expressed permission.
- i) intentional forcing of another to watch pornography.
- j) sexual activity when a person's ability to give expressed permission is compromised due to mental disability.
- k) sexual activity when a person's ability to give expressed permission is compromised due to physical disability..
- l) sexual activity when a person's ability to give expressed permission is compromised due to due to substance ingestion.
- m) I don't know.

8. Based on FBI statistics, the percentage of people falsely reporting sexual assault is _____.

- a) One half percent, lower than other felony crimes
- b) Two percent, comparable to all felony crimes
- c) Thirty percent, higher than other felony crimes
- d) Sixty percent, most allegations are ultimately found to be false
- e) I don't know.

9. List as many helpful bystander behaviors as you know that could be used in the case of sexual violence:

_____ I don't know of any.

10. Research shows that there are several factors that make it more likely that a person will intervene as a helpful bystander. List as many of these factors as you are aware.

_____ I don't know of any.

Please indicate your level of agreement with each of the following statements using the scale:

	1	2	3	4	5	6	7
	not at all agree						very much agree
1. If a woman is raped while she is drunk, she is at least somewhat responsible for letting things get out of control.						1	2 3 4 5 6 7
2. Although most women wouldn't admit it, they generally find being physically forced into sex a real "turn-on."						1	2 3 4 5 6 7
3. If a woman is willing to "make out" with a guy, then it's no big deal if he goes a little further and has sex.						1	2 3 4 5 6 7
4. Many women secretly desire to be raped.						1	2 3 4 5 6 7
5. Most rapists are not caught by the police.						1	2 3 4 5 6 7
6. If a woman doesn't physically fight back, you can't really say that it was rape.						1	2 3 4 5 6 7
7. Men from nice middle-class homes almost never rape.						1	2 3 4 5 6 7
8. Rape accusations are often used as a way of getting back at men.						1	2 3 4 5 6 7
9. All women should have access to self-defense classes.						1	2 3 4 5 6 7
10. It is usually only women who dress suggestively that are raped.						1	2 3 4 5 6 7
11. If the rapist doesn't have a weapon, you really can't call it a rape.						1	2 3 4 5 6 7
12. Rape is unlikely to happen in the woman's own familiar neighborhood.						1	2 3 4 5 6 7
13. Women tend to exaggerate how much rape affects them.						1	2 3 4 5 6 7
14. A lot of women lead a man on and then cry rape.						1	2 3 4 5 6 7

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 15. It is preferable that a female police officer conduct the questioning when a woman reports a rape. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. A woman who “teases” men deserves anything that might happen. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. When women are raped, it’s often because the way they said “no” was ambiguous. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. Men don’t usually intend to force sex on a woman, but sometimes they get too sexually carried away. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. A woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. Rape happens when a man’s sex drive gets out of control. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Please answer the following questions using the following scale to indicate your agreement or disagreement with each statement:

- | | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|--------------|----------------|-----------------|--------------------------|
| | strongly agree | agree | neutral | disagree | strongly disagree |
| 1. Males and females should share the expenses of a date. | 1 | 2 | 3 | 4 | 5 |
| 2. I believe that talking about sex destroys the romance of that particular moment. | 1 | 2 | 3 | 4 | 5 |
| 3. Most women enjoy being submissive in sexual relations. | 1 | 2 | 3 | 4 | 5 |
| 4. If a woman dresses in a sexy dress she is asking for sex. | 1 | 2 | 3 | 4 | 5 |
| 5. If a woman asks a man out on a date then she is definitely interested in having sex. | 1 | 2 | 3 | 4 | 5 |
| 6. In the majority of date rapes the victim is promiscuous or has a bad reputation. | 1 | 2 | 3 | 4 | 5 |
| 7. A man is entitled to intercourse if his partner had agreed to but at the last moment changed her mind. | 1 | 2 | 3 | 4 | 5 |
| 8. Many women pretend they don’t want to have sex because they don’t want to appear “easy.” | 1 | 2 | 3 | 4 | 5 |
| 9. A man can control his behavior no matter how sexually aroused he feels. | 1 | 2 | 3 | 4 | 5 |
| 10. I believe that alcohol and other drugs affect my sexual decision making. | 1 | 2 | 3 | 4 | 5 |
| 11. The degree of a woman’s resistance should be a major factor in determining if a rape has occurred. | 1 | 2 | 3 | 4 | 5 |
| 12. When a woman says “no” to sex what she really means is “maybe.” | 1 | 2 | 3 | 4 | 5 |
| 13. If a woman lets a man buy her dinner or pay for a movie or drinks, she owes him sex. | 1 | 2 | 3 | 4 | 5 |
| 14. Women provoke rape by their behavior. | 1 | 2 | 3 | 4 | 5 |
| 15. Women often lie about being raped to get back at their dates. | 1 | 2 | 3 | 4 | 5 |
| 16. It is okay to pressure a date to drink alcohol in order to improve one’s chances of getting one’s date to have sex. | 1 | 2 | 3 | 4 | 5 |
| 17. When a woman asks her date back to her place, I expect that something sexual will take place. | 1 | 2 | 3 | 4 | 5 |
| 18. Date rapists are usually motivated by overwhelming, unfulfilled sexual desire. | 1 | 2 | 3 | 4 | 5 |
| 19. In most cases when a woman was raped she was asking for it. | 1 | 2 | 3 | 4 | 5 |
| 20. When a woman fondles a man’s genitals it means she has consented to sexual intercourse. | 1 | 2 | 3 | 4 | 5 |

Please read the following list of behaviors and check how likely you are to engage in these behaviors using the following scale:

	1	2	3	4	5
	not at all likely				extremely likely
1. Call 911 and tell the hospital my suspicions if I suspect that my friend has been drugged.	1	2	3	4	5
2. Call 911 if I hear someone yelling and fighting.	1	2	3	4	5
3. Try to get help if I suspect a stranger at a party has been drugged.	1	2	3	4	5
4. Call 911 if I hear someone calling for help.	1	2	3	4	5
5. Go investigate if I am awakened at night by someone calling for help.	1	2	3	4	5
6. Call 911 if my friend needs help.	1	2	3	4	5
7. Talk to the friends of a drunk person to make sure they don't leave their drunk friend behind at the party	1	2	3	4	5
8. If I see someone at a party who has had too much to drink, I ask them if they need to be walked home so they can go to sleep.	1	2	3	4	5
9. If my roommate or friend said that they had an unwanted sexual experience but they don't call it "rape" I question them further.	1	2	3	4	5
10. Walk a stranger home from a party who has had too much to drink.	1	2	3	4	5
11. Walk a friend home from a party who has had too much to drink.	1	2	3	4	5
12. If a woman is being shoved or yelled at by a man, I ask her if she needs help.	1	2	3	4	5
13. If I hear what sounds like yelling and fighting through my dorm walls I knock on the door to see if everything is ok.	1	2	3	4	5
14. If I hear what sounds like yelling or fighting through my dorm or apartment walls, I talk with a resident counselor or someone else who can help	1	2	3	4	5
15. If I saw a friend grabbing, pushing, or insulting their partner I would confront them.	1	2	3	4	5
16. If I saw a friend grabbing, pushing, or insulting their partner I would get help from other friends or university staff.	1	2	3	4	5
17. If I saw a friend taking a very intoxicated person up the stairs to my friend's room, I would say something and ask what my friend was doing.	1	2	3	4	5
18. If I saw several strangers dragging a passed out woman up to their room, I would get help and try to intervene.	1	2	3	4	5
19. If I hear an acquaintance talking about forcing someone to have sex with them, I speak up against it and express concern for the person who was forced.	1	2	3	4	5
20. Say something to a person whose drink I saw spiked with a drug even if I didn't know them.	1	2	3	4	5
21. Grab someone else's cup and pour their drink out if I saw that someone slipped something into it.	1	2	3	4	5
22. Ask a friend who seems upset if they are okay or need help.	1	2	3	4	5
23. Ask an acquaintance who seems upset if they are okay or need help.	1	2	3	4	5
24. Ask a stranger who seems upset if they are okay or need help.	1	2	3	4	5
25. Call a rape crisis center or talk to a resident counselor for help if a friend told me they were sexually assaulted.	1	2	3	4	5
26. Call a rape crisis center or talk to a resident counselor for help if an acquaintance told me they were sexually assaulted.	1	2	3	4	5
27. Call a rape crisis center or talk to a resident counselor for help if a stranger told me they were sexually assaulted.	1	2	3	4	5
28. Approach a friend if I thought they were in an abusive relationship and let them know that I'm here to help.	1	2	3	4	5
29. Let a friend I suspect has been sexually assaulted know that I am available for help and support.	1	2	3	4	5

30. Share information about sexual assault and violence with my friend.	1	2	3	4	5
31. Confront friends who make excuses for abusive behavior by others.	1	2	3	4	5
32. Speak up against racist jokes.	1	2	3	4	5
33. Speak up against sexist jokes	1	2	3	4	5
34. Speak up against homophobic jokes.	1	2	3	4	5
35. Speak up against commercials that depict violence against women.	1	2	3	4	5
36. Speak up in class if a professor explains that women like to be raped.	1	2	3	4	5
37. Speak up if I hear someone say “she deserved to be raped.”	1	2	3	4	5
38. Watch my drinks and my friends’ drinks at parties.	1	2	3	4	5
39. Make sure I leave the party with the same people I came with.	1	2	3	4	5
40. Ask for verbal consent when I am intimate with my partner, even we are in a long-term relationship.	1	2	3	4	5
41. I won’t stop sexual activity when asked to if I am already sexually aroused.	1	2	3	4	5
42. When I hear a sexist comment I indicate my displeasure.	1	2	3	4	5
43. I obtain verbal consent before engaging in sexual behavior.	1	2	3	4	5
44. If I hear that a teammate, dorm mate, fraternity brother, sorority sister has been accused of sexual violence, I keep any information I may have to myself.	1	2	3	4	5
45. Educate myself about sexual violence and what I can do about it.	1	2	3	4	5
46. Call 911 if a stranger needs help.	1	2	3	4	5
47. I see a man and his girlfriend <u>whom I know</u> in a heated argument. The man’s fist is clenched and his partner looks upset. I ask if everything is ok.	1	2	3	4	5
48. I see a man talking to a woman at a bar. He is sitting very close to her and by the look on her face I can see she is uncomfortable. I ask her if she is ok.	1	2	3	4	5
49. I see a man and his girlfriend. <u>I don’t know</u> them but the man’s fist is clenched and his partner looks upset. I ask if everything is ok.	1	2	3	4	5
50. I encourage people who say they have had unwanted sexual experiences to keep quiet so they don’t get others in trouble.	1	2	3	4	5
51. If I know information about an incident of sexual violence, I tell authorities what I know in case it is helpful.	1	2	3	4	5

Now please read the same list below and circle yes for all the items indicating behaviors you have actually engaged in DURING THE LAST 2 MONTHS.

1. Call 911 and tell the hospital my suspicions if I suspect that my friend has been drugged.	Yes	No
2. Call 911 if I hear someone yelling and fighting.	Yes	No
3. Try to get help if I suspect a stranger at a party has been drugged.	Yes	No
4. Call 911 if I hear someone calling for help.	Yes	No
5. Go investigate if I am awakened at night by someone calling for help.	Yes	No
6. Call 911 if my friend needs help.	Yes	No
7. Talk to the friends of a drunk person to make sure they don’t leave their drunk friend behind at the party	Yes	No
8. If I see someone at a party who has had too much to drink, I ask them if they need to be walked home so they can go to sleep.	Yes	No
9. If my roommate or friend said that they had an unwanted sexual experience but they don’t call it “rape” I question them further.	Yes	No
10. Walk a stranger home from a party who has had too much to drink.	Yes	No
11. Walk a friend home from a party who has had too much to drink.	Yes	No
12. If a woman is being shoved or yelled at by a man, I ask her if she needs help.	Yes	No
13. If I hear what sounds like yelling and fighting through my dorm walls I knock on the door to see if everything is ok.	Yes	No

14. If I hear what sounds like yelling or fighting through my dorm or apartment walls, I talk with a resident counselor or someone else who can help	Yes	No
15. If I saw a friend grabbing, pushing, or insulting their partner I would confront them.	Yes	No
16. If I saw a friend grabbing, pushing, or insulting their partner I would get help from other friends or university staff.	Yes	No
17. If I saw a friend taking a very intoxicated person up the stairs to my friend's room, I would say something and ask what my friend was doing.	Yes	No
18. If I saw several strangers dragging a passed out woman up to their room, I would get help and try to intervene.	Yes	No
19. If I hear an acquaintance talking about forcing someone to have sex with them, I speak up against it and express concern for the person who was forced.	Yes	No
20. Say something to a person whose drink I saw spiked with a drug even if I didn't know them.	Yes	No
21. Grab someone else's cup and pour their drink out if I saw that someone slipped something into it.	Yes	No
22. Ask a friend who seems upset if they are okay or need help.	Yes	No
23. Ask an acquaintance who seems upset if they are okay or need help.	Yes	No
24. Ask a stranger who seems upset if they are okay or need help.	Yes	No
25. Call a rape crisis center or talk to a resident counselor for help if a friend told me they were sexually assaulted.	Yes	No
26. Call a rape crisis center or talk to a resident counselor for help if an acquaintance told me they were sexually assaulted.	Yes	No
27. Call a rape crisis center or talk to a resident counselor for help if a stranger told me they were sexually assaulted.	Yes	No
28. Approach a friend if I thought they were in an abusive relationship and let them know that I'm here to help.	Yes	No
29. Let a friend I suspect has been sexually assaulted know that I am available for help and support.	Yes	No
30. Share information about sexual assault and violence with my friend.	Yes	No
31. Confront friends who make excuses for abusive behavior by others.	Yes	No
32. Speak up against racist jokes.	Yes	No
33. Speak up against sexist jokes	Yes	No
34. Speak up against homophobic jokes.	Yes	No
35. Speak up against commercials that depict violence against women.	Yes	No
36. Speak up in class if a professor explains that women like to be raped.	Yes	No
37. Speak up if I hear someone say "she deserved to be raped."	Yes	No
38. Watch my drinks and my friends' drinks at parties.	Yes	No
39. Make sure I leave the party with the same people I came with.	Yes	No
40. Ask for verbal consent when I am intimate with my partner, even if we are in a long-term relationship.	Yes	No
41. I won't stop sexual activity when asked to if I am already sexually aroused.	Yes	No
42. When I hear a sexist comment I indicate my displeasure.	Yes	No
43. I obtain verbal consent before engaging in sexual behavior.	Yes	No
44. If I hear that a teammate, dorm mate, fraternity brother, sorority sister has been accused of sexual violence, I keep any information I may have to myself.	Yes	No
45. Educate myself about sexual violence and what I can do about it.	Yes	No
46. Call 911 if a stranger needs help.	Yes	No
47. I see a man and his girlfriend <u>whom I know</u> in a heated argument. The man's fist is clenched and his partner looks upset. I ask if everything is ok.	Yes	No
48. I see a man talking to a woman at a bar. He is sitting very close to her and by the look on her face I can see she is uncomfortable. I ask her if she is ok.	Yes	No

49. I see a man and his girlfriend. <u>I don't know</u> them but the man's fist is clenched and his partner looks upset. I ask if everything is ok.	Yes	No
50. I encourage people who say they have had unwanted sexual experiences to keep quiet so they don't get others in trouble.	Yes	No
51. If I know information about an incident of sexual violence, I tell authorities what I know in case it is helpful.	Yes	No

Please list other behaviors you have engaged in that involved helping someone in a risky situation and that are not listed in the set of questions above.

Please read each of the following behaviors. Indicate in the column *Confidence* how confident you are that you could do them. Rate your degree of confidence by recording a number from 0 to 100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100
can't do	quite uncertain				moderately certain					very certain

	Confidence
1. Express my discomfort if someone makes a joke about a woman's body.	_____ %
2. Express my discomfort if someone says that rape victims are to blame for being raped.	_____ %
3. Call for help (i.e. call 911) if I hear someone in my dorm yelling "help."	_____ %
4. Talk to a friend who I suspect is in an abusive relationship.	_____ %
5. Get help and resources for a friend who tells me they have been raped.	_____ %
6. Able to ask a stranger who looks very upset at a party if they are ok or need help.	_____ %
7. Ask a friend if they need to be walked home from a party.	_____ %
8. Ask a stranger if they need to be walked home from a party.	_____ %
9. Speak up in class if a professor is providing misinformation about sexual assault.	_____ %
10. Criticize a friend who tells me that they had sex with someone who was passed out or who didn't give consent.	_____ %
11. Do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party.	_____ %
12. Do something if I see a woman surrounded by a group of men at a party who looks very uncomfortable.	_____ %
13. Get help if I hear of an abusive relationship in my dorm or apartment	_____ %
14. Tell an RA or other campus authority about information I have that might help in a sexual assault case even if pressured by my peers to stay silent.	_____ %

Please indicate your level of agreement with each of the following statements using this scale:

1	2	3	4	5	
strongly disagree	disagree	undecided	agree	strongly agree	
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5

Each statement represents a thought that might occur to a person who is deciding whether or not to help someone who is in trouble. Please indicate how important each of these statements would be to you if you were considering intervening in a situation where you thought someone might be being hurt or was at risk of being hurt. Please circle the number that best describes how important each statement would be to you if you were deciding whether or not to intervene.

1	2	3	4	5	
not important at all	slightly important	moderately important	very important	extremely important	
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5
					1 2 3 4 5

THANK YOU

Thank you for your participation. Please read each question carefully and choose your answer from among the choices given. Please note that different questions will have different answer choices so please read each carefully. Please remember that there are NO RIGHT OR WRONG ANSWERS to any of the questions. We are interested in your honest response. Your answers will be completely anonymous.

Participant code #: _____ **Sex:** _____ **Group #:** _____

Have any academic courses you are taking discussed sexual assault or rape since the last time you completed this questionnaire? **1. Yes** **0. No**

Which one or ones? _____

Have you attended any programs on sexual assault or rape since the last time you completed this questionnaire? **1. Yes** **0. No**

Which one or ones? _____

Please read each of the following statements and circle the answer that is closest to what is true for you.

1. Do you feel a sense of community with other people on campus (for example, do you share interests and concerns with them)?

1 2 3 4 5
not at all slightly moderately mostly a great deal

2. How important is it to you to feel a sense of community with people on this campus?

1 2 3 4 5
not at all slightly moderately fairly very important
important

3. Some people care a lot about the kind of campus they live on. For others, the campus is not important. How important is what the campus is like to you?

1 2 3 4 5
Not at all slightly moderately fairly very important
Important

If you answered #3 above that it is not important, please explain why not? If it is important to you, please explain why?

Please answer the following questions about what you think about “violence prevention.” Violence is when people fight or hurt others on purpose. Violence prevention means keeping violence from happening or stopping violence before it starts.

Circle only one answer that best describes your response:

	1	2	3	4	5	6			
	Disagree Completely	Disagree A Lot	Disagree A Little	Agree A Little	Agree A Lot	Agree Completely			
1. People’s violent behavior can be prevented.				1	2	3	4	5	6
2. There are certain things a person can do to help prevent violence.				1	2	3	4	5	6
3. I myself can make a difference in helping to prevent violence.				1	2	3	4	5	6
4. People can be taught to help prevent violence.				1	2	3	4	5	6
8. Doing or saying certain kinds of things can work to help prevent violence.				1	2	3	4	5	6
6. I can learn to do or say the kinds of things that help prevent violence.				1	2	3	4	5	6
7. People can learn to become someone who helps others to avoid violence.				1	2	3	4	5	6
8. Even people who are not involved in a fight can do things that help prevent violence.				1	2	3	4	5	6
9. Even when I’m not involved and it’s not about me, I can make a difference in helping to prevent violence.				1	2	3	4	5	6

Please read each of the following statements and indicate how true each is of you.

	1	2	3	4	5
	Strongly disagree Not at all true				Strongly agree Very much true
1. I don’t think sexual assault is a big problem on campus.					1 2 3 4 5
2. I don’t think there is much I can do about sexual assault on campus.					1 2 3 4 5
3. There isn’t much need for me to think about sexual assault on campus, that’s the job of the crisis center.					1 2 3 4 5
4. Sometimes I think I should learn more about sexual assault but I haven’t done so yet.					1 2 3 4 5
5. I think I can do something about sexual assault and am planning to find out what I can do about the problem.					1 2 3 4 5
6. I am planning to learn more about the problem of sexual assault on campus.					1 2 3 4 5
7. I have recently attended a program about sexual assault.					1 2 3 4 5
8. I am actively involved in projects to deal with sexual assault on campus.					1 2 3 4 5
9. I have recently taken part in activities or volunteered my time on projects focused on ending sexual assault on campus.					1 2 3 4 5

3. Over their lifetime, approximately one in _____ women will experience sexual assault.

- a) Four
- b) Seven
- c) Ten
- d) Fourteen
- e) Seventeen
- f) I don't know.

4. Over their lifetime, approximately one in _____ men will experience sexual assault.

- a) Four
- b) Seven
- c) Ten
- d) Fourteen
- e) Seventeen
- f) I don't know.

5. Sexual violence includes: circle as many as you think are correct:

- a) ogling a woman's breasts
- b) whistling/catcalling at a woman/man passer-by
- c) ogling a man or woman's crotch area
- d) pinching someone's behind
- e) slapping someone's behind
- f) forcing someone to watch pornography
- g) telling someone to fuck off
- h) "flipping" someone the finger
- i) violating boundaries or "safe words"
- j) forcing someone to engage in any unwanted sexual activity
- k) punching someone in the stomach
- l) masturbation in public
- m) calling someone a slut or cunt or pussy
- n) unwanted sexual activity
- o) I don't know.

6. The most commonly used drug in sexual assault is _____.

_____ I don't know.

7. According to the UNH Student Code of Conduct, "sexual misconduct includes any sexual activity as defined by" ... circle ALL that are correct:

- a) intentional and prolonged staring at a woman's breasts without seeking permission.
- b) intentional and prolonged staring at a woman's breasts without receiving permission.
- c) intentional and prolonged staring at another's crotch without seeking permission.
- d) intentional and prolonged staring at another's crotch without receiving permission.
- e) intentional touching of another's sexual or intimate parts without seeking expressed permission.
- f) intentional touching of another's clothing covering the immediate area of another's sexual or intimate parts without seeking expressed permission.
- g) intentional touching of another's sexual or intimate parts without receiving expressed permission.

- h) intentional touching of another's clothing covering the immediate area of another's sexual or intimate parts without receiving expressed permission.
- i) intentional forcing of another to watch pornography.
- j) sexual activity when a person's ability to give expressed permission is compromised due to mental disability.
- k) sexual activity when a person's ability to give expressed permission is compromised due to physical disability..
- l) sexual activity when a person's ability to give expressed permission is compromised due to due to substance ingestion.
- m) I don't know.

8. Based on FBI statistics, the percentage of people falsely reporting sexual assault is _____.

- a) One half percent, lower than other felony crimes
- b) Two percent, comparable to all felony crimes
- c) Thirty percent, higher than other felony crimes
- d) Sixty percent, most allegations are ultimately found to be false
- e) I don't know.

9. List as many helpful bystander behaviors as you know that could be used in the case of sexual violence:

____ I don't know of any.

10. Research shows that there are several factors that make it more likely that a person will intervene as a helpful bystander. List as many of these factors that you are aware of.

____ I don't know of any.

Please indicate your level of agreement with each of the following statements using the scale:

	1	2	3	4	5	6	7
	not at all agree						very much agree
1. If a woman is raped while she is drunk, she is at least somewhat responsible for letting things get out of control.							1 2 3 4 5 6 7
2. Although most women wouldn't admit it, they generally find being physically forced into sex a real "turn-on."							1 2 3 4 5 6 7
3. If a woman is willing to "make out" with a guy, then it's no big deal if he goes a little further and has sex.							1 2 3 4 5 6 7
4. Many women secretly desire to be raped.							1 2 3 4 5 6 7

5. Most rapists are not caught by the police.	1 2 3 4 5 6 7
6. If a woman doesn't physically fight back, you can't really say that is was rape.	1 2 3 4 5 6 7
7. Men from nice middle-class homes almost never rape.	1 2 3 4 5 6 7
8. Rape accusations are often used as a way of getting back at men.	1 2 3 4 5 6 7
9. All women should have access to self-defense classes.	1 2 3 4 5 6 7
10. It is usually only women who dress suggestively that are raped.	1 2 3 4 5 6 7
11. If the rapist doesn't have a weapon, you really can't call it a rape.	1 2 3 4 5 6 7
12. Rape is unlikely to happen in the woman's own familiar neighborhood.	1 2 3 4 5 6 7
13. Women tend to exaggerate how much rape affects them.	1 2 3 4 5 6 7
14. A lot of women lead a man on and then cry rape.	1 2 3 4 5 6 7
15. It is preferable that a female police officer conduct the questioning when a woman reports a rape.	1 2 3 4 5 6 7
16. A woman who "teases" men deserves anything that might happen.	1 2 3 4 5 6 7
17. When women are raped, it's often because the way they said "no" was ambiguous.	1 2 3 4 5 6 7
18. Men don't usually intend to force sex on a woman, but sometimes they get too sexually carried away.	1 2 3 4 5 6 7
19. A woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex.	1 2 3 4 5 6 7
20. Rape happens when a man's sex drive gets out of control.	1 2 3 4 5 6 7

Please answer the following questions using the following scale to indicate your agreement or disagreement with each statement:

	1	2	3	4	5
	strongly agree	agree	neutral	disagree	strongly disagree
1. Males and females should share the expenses of a date.	1	2	3	4	5
2. I believe that talking about sex destroys the romance of that particular moment.	1	2	3	4	5
3. Most women enjoy being submissive in sexual relations.	1	2	3	4	5
4. If a woman dresses in a sexy dress she is asking for sex.	1	2	3	4	5
5. If a woman asks a man out on a date then she is definitely interested in having sex.	1	2	3	4	5
6. In the majority of date rapes the victim is promiscuous or has a bad reputation.	1	2	3	4	5
7. A man is entitled to intercourse if his partner had agreed to but at the last moment changed her mind.	1	2	3	4	5
8. Many women pretend they don't want to have sex because they don't want to appear "easy."	1	2	3	4	5
9. A man can control his behavior no matter how sexually aroused he feels.	1	2	3	4	5
10. I believe that alcohol and other drugs affect my sexual decision making.	1	2	3	4	5
11. The degree of a woman's resistance should be a major factor in determining if a rape has occurred.	1	2	3	4	5
12. When a woman says "no" to sex what she really means is "maybe."	1	2	3	4	5
13. If a woman lets a man buy her dinner or pay for a movie or drinks, she owes him sex.	1	2	3	4	5
14. Women provoke rape by their behavior.	1	2	3	4	5
15. Women often lie about being raped to get back at their dates.	1	2	3	4	5
16. It is okay to pressure a date to drink alcohol in order to improve one's chances of getting one's date to have sex.	1	2	3	4	5
17. When a woman asks her date back to her place, I expect that something sexual will take place.	1	2	3	4	5
18. Date rapists are usually motivated by overwhelming, unfulfilled sexual desire.	1	2	3	4	5
19. In most cases when a woman was raped she was asking for it.	1	2	3	4	5
20. When a woman fondles a man's genitals it means she has consented to sexual intercourse.	1	2	3	4	5

Please read the following list of behaviors and check how likely you are to engage in these behaviors using the following scale:

	1	2	3	4	5
	not at all likely				extremely likely
1. Call 911 and tell the hospital my suspicions if I suspect that my friend has been drugged.	1	2	3	4	5
2. Call 911 if I hear someone yelling and fighting.	1	2	3	4	5
3. Try to get help if I suspect a stranger at a party has been drugged.	1	2	3	4	5
4. Call 911 if I hear someone calling for help.	1	2	3	4	5
5. Go investigate if I am awakened at night by someone calling for help.	1	2	3	4	5
6. Call 911 if my friend needs help.	1	2	3	4	5
7. Talk to the friends of a drunk person to make sure they don't leave their drunk friend behind at the party	1	2	3	4	5
8. If I see someone at a party who has had too much to drink, I ask them if they need to be walked home so they can go to sleep.	1	2	3	4	5
9. If my roommate or friend said that they had an unwanted sexual experience but they don't call it "rape" I question them further.	1	2	3	4	5
10. Walk a stranger home from a party who has had too much to drink.	1	2	3	4	5
11. Walk a friend home from a party who has had too much to drink.	1	2	3	4	5
12. If a woman is being shoved or yelled at by a man, I ask her if she needs help.	1	2	3	4	5
13. If I hear what sounds like yelling and fighting through my dorm walls I knock on the door to see if everything is ok.	1	2	3	4	5
14. If I hear what sounds like yelling or fighting through my dorm or apartment walls, I talk with a resident counselor or someone else who can help	1	2	3	4	5
15. If I saw a friend grabbing, pushing, or insulting their partner I would confront them.	1	2	3	4	5
16. If I saw a friend grabbing, pushing, or insulting their partner I would get help from other friends or university staff.	1	2	3	4	5
17. If I saw a friend taking a very intoxicated person up the stairs to my friend's room, I would say something and ask what my friend was doing.	1	2	3	4	5
18. If I saw several strangers dragging a passed out woman up to their room, I would get help and try to intervene.	1	2	3	4	5
19. If I hear an acquaintance talking about forcing someone to have sex with them, I speak up against it and express concern for the person who was forced.	1	2	3	4	5
20. Say something to a person whose drink I saw spiked with a drug even if I didn't know them.	1	2	3	4	5
21. Grab someone else's cup and pour their drink out if I saw that someone slipped something into it.	1	2	3	4	5
22. Ask a friend who seems upset if they are okay or need help.	1	2	3	4	5
23. Ask an acquaintance who seems upset if they are okay or need help.	1	2	3	4	5
24. Ask a stranger who seems upset if they are okay or need help.	1	2	3	4	5
25. Call a rape crisis center or talk to a resident counselor for help if a friend told me they were sexually assaulted.	1	2	3	4	5
26. Call a rape crisis center or talk to a resident counselor for help if an acquaintance told me they were sexually assaulted.	1	2	3	4	5
27. Call a rape crisis center or talk to a resident counselor for help if a stranger told me they were sexually assaulted.	1	2	3	4	5
28. Approach a friend if I thought they were in an abusive relationship and let them know that I'm here to help.	1	2	3	4	5
29. Let a friend I suspect has been sexually assaulted know that I am available for help and support.	1	2	3	4	5

30. Share information about sexual assault and violence with my friend.	1	2	3	4	5
31. Confront friends who make excuses for abusive behavior by others.	1	2	3	4	5
32. Speak up against racist jokes.	1	2	3	4	5
33. Speak up against sexist jokes	1	2	3	4	5
34. Speak up against homophobic jokes.	1	2	3	4	5
35. Speak up against commercials that depict violence against women.	1	2	3	4	5
36. Speak up in class if a professor explains that women like to be raped.	1	2	3	4	5
37. Speak up if I hear someone say “she deserved to be raped.”	1	2	3	4	5
38. Watch my drinks and my friends’ drinks at parties.	1	2	3	4	5
39. Make sure I leave the party with the same people I came with.	1	2	3	4	5
40. Ask for verbal consent when I am intimate with my partner, even if we are in a long-term relationship.	1	2	3	4	5
41. I won’t stop sexual activity when asked to if I am already sexually aroused.	1	2	3	4	5
42. When I hear a sexist comment I indicate my displeasure.	1	2	3	4	5
43. I obtain verbal consent before engaging in sexual behavior.	1	2	3	4	5
44. If I hear that a teammate, dorm mate, fraternity brother, sorority sister has been accused of sexual violence, I keep any information I may have to myself.	1	2	3	4	5
45. Educate myself about sexual violence and what I can do about it.	1	2	3	4	5
46. Call 911 if a stranger needs help.	1	2	3	4	5
47. I see a man and his girlfriend <u>whom I know</u> in a heated argument. The man’s fist is clenched and his partner looks upset. I ask if everything is ok.	1	2	3	4	5
48. I see a man talking to a woman at a bar. He is sitting very close to her and by the look on her face I can see she is uncomfortable. I ask her if she is ok.	1	2	3	4	5
49. I see a man and his girlfriend. <u>I don’t know</u> them but the man’s fist is clenched and his partner looks upset. I ask if everything is ok.	1	2	3	4	5
50. I encourage people who say they have had unwanted sexual experiences to keep quiet so they don’t get others in trouble.	1	2	3	4	5
51. If I know information about an incident of sexual violence, I tell authorities what I know in case it is helpful.	1	2	3	4	5

Now please read the same list below and circle yes for all the items indicating behaviors you have actually engaged in DURING THE LAST 2 MONTHS.

1. Call 911 and tell the hospital my suspicions if I suspect that my friend has been drugged.	Yes	No
2. Call 911 if I hear someone yelling and fighting.	Yes	No
3. Try to get help if I suspect a stranger at a party has been drugged.	Yes	No
4. Call 911 if I hear someone calling for help.	Yes	No
5. Go investigate if I am awakened at night by someone calling for help.	Yes	No
6. Call 911 if my friend needs help.	Yes	No
7. Talk to the friends of a drunk person to make sure they don’t leave their drunk friend behind at the party	Yes	No
8. If I see someone at a party who has had too much to drink, I ask them if they need to be walked home so they can go to sleep.	Yes	No
9. If my roommate or friend said that they had an unwanted sexual experience but they don’t call it “rape” I question them further.	Yes	No
10. Walk a stranger home from a party who has had too much to drink.	Yes	No
11. Walk a friend home from a party who has had too much to drink.	Yes	No
12. If a woman is being shoved or yelled at by a man, I ask her if she needs help.	Yes	No
13. If I hear what sounds like yelling and fighting through my dorm walls I knock on the door to see if everything is ok.	Yes	No

14. If I hear what sounds like yelling or fighting through my dorm or apartment walls, I talk with a resident counselor or someone else who can help	Yes	No
15. If I saw a friend grabbing, pushing, or insulting their partner I would confront them.	Yes	No
16. If I saw a friend grabbing, pushing, or insulting their partner I would get help from other friends or university staff.	Yes	No
17. If I saw a friend taking a very intoxicated person up the stairs to my friend's room, I would say something and ask what my friend was doing.	Yes	No
18. If I saw several strangers dragging a passed out woman up to their room, I would get help and try to intervene.	Yes	No
19. If I hear an acquaintance talking about forcing someone to have sex with them, I speak up against it and express concern for the person who was forced.	Yes	No
20. Say something to a person whose drink I saw spiked with a drug even if I didn't know them.	Yes	No
21. Grab someone else's cup and pour their drink out if I saw that someone slipped something into it.	Yes	No
22. Ask a friend who seems upset if they are okay or need help.	Yes	No
23. Ask an acquaintance who seems upset if they are okay or need help.	Yes	No
24. Ask a stranger who seems upset if they are okay or need help.	Yes	No
25. Call a rape crisis center or talk to a resident counselor for help if a friend told me they were sexually assaulted.	Yes	No
26. Call a rape crisis center or talk to a resident counselor for help if an acquaintance told me they were sexually assaulted.	Yes	No
27. Call a rape crisis center or talk to a resident counselor for help if a stranger told me they were sexually assaulted.	Yes	No
28. Approach a friend if I thought they were in an abusive relationship and let them know that I'm here to help.	Yes	No
29. Let a friend I suspect has been sexually assaulted know that I am available for help and support.	Yes	No
30. Share information about sexual assault and violence with my friend.	Yes	No
31. Confront friends who make excuses for abusive behavior by others.	Yes	No
32. Speak up against racist jokes.	Yes	No
33. Speak up against sexist jokes	Yes	No
34. Speak up against homophobic jokes.	Yes	No
35. Speak up against commercials that depict violence against women.	Yes	No
36. Speak up in class if a professor explains that women like to be raped.	Yes	No
37. Speak up if I hear someone say "she deserved to be raped."	Yes	No
38. Watch my drinks and my friends' drinks at parties.	Yes	No
39. Make sure I leave the party with the same people I came with.	Yes	No
40. Ask for verbal consent when I am intimate with my partner, even if we are in a long-term relationship.	Yes	No
41. I won't stop sexual activity when asked to if I am already sexually aroused.	Yes	No
42. When I hear a sexist comment I indicate my displeasure.	Yes	No
43. I obtain verbal consent before engaging in sexual behavior.	Yes	No
44. If I hear that a teammate, dorm mate, fraternity brother, sorority sister has been accused of sexual violence, I keep any information I may have to myself.	Yes	No
45. Educate myself about sexual violence and what I can do about it.	Yes	No
46. Call 911 if a stranger needs help.	Yes	No
47. I see a man and his girlfriend <u>whom I know</u> in a heated argument. The man's fist is clenched and his partner looks upset. I ask if everything is ok.	Yes	No
48. I see a man talking to a woman at a bar. He is sitting very close to her and by the look on her face I can see she is uncomfortable. I ask her if she is ok.	Yes	No

49. I see a man and his girlfriend. <u>I don't know</u> them but the man's fist is clenched and his partner looks upset. I ask if everything is ok.	Yes	No
50. I encourage people who say they have had unwanted sexual experiences to keep quiet so they don't get others in trouble.	Yes	No
51. If I know information about an incident of sexual violence, I tell authorities what I know in case it is helpful.	Yes	No

Please read each of the following behaviors. Indicate in the column *Confidence* how confident you are that you could do them. Rate your degree of confidence by recording a number from 0 to 100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100
can't do	quite uncertain				moderately certain					very certain

	Confidence
1. Express my discomfort if someone makes a joke about a woman's body.	_____ %
2. Express my discomfort if someone says that rape victims are to blame for being raped.	_____ %
3. Call for help (i.e. call 911) if I hear someone in my dorm yelling "help."	_____ %
4. Talk to a friend who I suspect is in an abusive relationship.	_____ %
5. Get help and resources for a friend who tells me they have been raped.	_____ %
6. Ask a stranger who looks very upset at a party if they are ok or need help.	_____ %
7. Ask a friend if they need to be walked home from a party.	_____ %
8. Ask a stranger if they need to be walked home from a party.	_____ %
9. Speak up in class if a professor is providing misinformation about sexual assault.	_____ %
10. Criticize a friend who tells me that they had sex with someone who was passed out or who didn't give consent.	_____ %
11. Do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party.	_____ %
12. Do something if I see a woman surrounded by a group of men at a party who looks very uncomfortable.	_____ %
13. Get help if I hear of an abusive relationship in my dorm or apartment	_____ %
14. Tell an RA or other campus authority about information I have that might help in a sexual assault case even if pressured by my peers to stay silent.	_____ %

Please indicate your level of agreement with each of the following statements using this scale:

	1	2	3	4	5
	strongly disagree	disagree	undecided	agree	strongly agree
1. I can help prevent violence against women in my community.	1	2	3	4	5
2. It is intimidating to think about trying to stop a guy from hitting his girlfriend.	1	2	3	4	5
3. A group of guys would listen to me if I confronted them about their sexist behavior.	1	2	3	4	5
4. I have the skills to help support someone who is in an abusive relationship.	1	2	3	4	5

- | | | | | | |
|---|---|---|---|---|---|
| 5. The fear of being laughed at would prevent me from telling a group of guys it was disrespectful to whistle at women. | 1 | 2 | 3 | 4 | 5 |
| 6. I don't think I could stop a group of guys who are harassing a woman at a party. | 1 | 2 | 3 | 4 | 5 |
| 7. I would be comfortable telling my friend to stop calling his girlfriend names. | 1 | 2 | 3 | 4 | 5 |
| 8. I believe my peers will listen to me if I speak out against sexual violence. | 1 | 2 | 3 | 4 | 5 |
| 9. I have the confidence to say something to a guy who is acting inappropriately toward a woman. | 1 | 2 | 3 | 4 | 5 |
| 10. It would be too hard for me to confront a stranger who was being abusive toward a woman. | 1 | 2 | 3 | 4 | 5 |

Each statement represents a thought that might occur to a person who is deciding whether or not to help someone who is in trouble. Please indicate how important each of these statements would be to you if you were considering intervening in a situation where you thought someone might be being hurt or was at risk of being hurt. Please circle the number that best describes how important each statement would be to you if you were deciding whether or not to intervene.

- | | 1 | 2 | 3 | 4 | 5 |
|---|---------------------------------|-------------------------------|---------------------------------|---------------------------|--------------------------------|
| | not important
at all | slightly
important | moderately
important | very
important | extremely
important |
| 1. If I intervene regularly, I can prevent someone from being hurt. | 1 | 2 | 3 | 4 | 5 |
| 2. It is important for all community members to play a role in keeping everyone safe. | 1 | 2 | 3 | 4 | 5 |
| 3. Friends will look up to me and admire me if I intervene. | 1 | 2 | 3 | 4 | 5 |
| 4. I will feel like a leader in my community if I intervene. | 1 | 2 | 3 | 4 | 5 |
| 5. I like thinking of myself as someone who helps others when I can. | 1 | 2 | 3 | 4 | 5 |
| 6. Intervening would make my friends angry with me. | 1 | 2 | 3 | 4 | 5 |
| 7. Intervening might cost me friendships. | 1 | 2 | 3 | 4 | 5 |
| 8. I could get physically hurt by intervening. | 1 | 2 | 3 | 4 | 5 |
| 9. I could make the wrong decision and intervene when nothing was wrong and feel embarrassed. | 1 | 2 | 3 | 4 | 5 |
| 10. People might think I'm too sensitive and am overreacting to the situation. | 1 | 2 | 3 | 4 | 5 |
| 11. I could get in trouble by making the wrong decision about how to intervene | 1 | 2 | 3 | 4 | 5 |

Please circle the number in front of the statement to indicate which of the following situations you have ever experienced.

- | | | | |
|---|--|-----|----|
| 1 | Someone stared at or ogled the sexual parts of my body. | Yes | No |
| 2 | Someone masturbated in public in front of me. | Yes | No |
| 3 | Someone exposed themselves to me. | Yes | No |
| 4 | Someone called me a name connected with sexuality or sexual parts of the body. | Yes | No |
| 5 | Someone pinched my behind. | Yes | No |
| 6 | Someone slapped my behind. | Yes | No |

- | | | |
|---|-----|----|
| 7. Someone forced me to watch pornography. | Yes | No |
| 8. Someone forced me to engage in unwanted sexual touching. | Yes | No |
| 9. Someone forced me to engage in unwanted penetration (oral, anal, and / or vaginal) | Yes | No |

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE FOR US.

WE KNOW THAT SEXUAL VIOLENCE IS A DIFFICULT TOPIC. AFTER FILLING OUT THIS QUESTIONNAIRE, IF YOU SHOULD WANT TO TALK TO SOMEONE FOR SUPPORT, FOR MORE INFORMATION, OR TO FIND OUT HOW YOU CAN HELP IN DEALING WITH THIS ISSUE, PLEASE REMEMBER TO CONSULT THE LIST OF ORGANIZATIONS ON THE RESOURCE LIST WE GAVE YOU IN OCTOBER. IN ADDITION, YOU MAY ALSO CHOOSE TO CONTACT ONE OF THE RESEARCHERS AS WELL.

Vicki Banyard.....862-2869
Mary Moynihan.....862-2194
Elizabeth Plante.....862-2194

Thank you for your participation. Please read each question carefully and choose your answer from among the choices given. Please note that different questions will have different answer choices so please read each carefully. Please remember that there are NO RIGHT OR WRONG ANSWERS to any of the questions. We are interested in your honest response. Your answers will be completely anonymous.

Participant code #: _____

Sex: _____

Group #: _____

Have any academic courses you are taking discussed sexual assault or rape since the last time you completed this questionnaire? **1. Yes** **0. No**

Which one or ones? _____

Have you attended any programs on sexual assault or rape since the last time you completed this questionnaire? **1. Yes** **0. No**

Which one or ones? _____

Please read each of the following statements and circle the answer that is closest to what is true for you.

1. Do you feel a sense of community with other people on campus (for example, do you share interests and concerns with them)?

1	2	3	4	5
not at all	slightly	moderately	mostly	a great deal

2. How important is it to you to feel a sense of community with people on this campus?

1	2	3	4	5
not at all important	slightly	moderately	fairly	very important

3. Some people care a lot about the kind of campus they live on. For others, the campus is not important. How important is what the campus is like to you?

1	2	3	4	5
Not at all Important	slightly	moderately	fairly	very important

If you answered #3 above that it is not important, please explain why not? If it is important to you, please explain why?

Please answer the following questions about what you think about “violence prevention.” Violence is when people fight or hurt others on purpose. Violence prevention means keeping violence from happening or stopping violence before it starts.

Circle only one answer that best describes your response:

	1	2	3	4	5	6			
	Disagree Completely	Disagree A Lot	Disagree A Little	Agree A Little	Agree A Lot	Agree Completely			
1. People’s violent behavior can be prevented.				1	2	3	4	5	6
2. There are certain things a person can do to help prevent violence.				1	2	3	4	5	6
3. I myself can make a difference in helping to prevent violence.				1	2	3	4	5	6
4. People can be taught to help prevent violence.				1	2	3	4	5	6
8. Doing or saying certain kinds of things can work to help prevent violence.				1	2	3	4	5	6
6. I can learn to do or say the kinds of things that help prevent violence.				1	2	3	4	5	6
7. People can learn to become someone who helps others to avoid violence.				1	2	3	4	5	6
8. Even people who are not involved in a fight can do things that help prevent violence.				1	2	3	4	5	6
9. Even when I’m not involved and it’s not about me, I can make a difference in helping to prevent violence.				1	2	3	4	5	6

Please read each of the following statements and indicate how true each is of you.

	1	2	3	4	5
	Strongly disagree Not at all true				Strongly agree Very much true
1. I don’t think sexual assault is a big problem on campus.					1 2 3 4 5
2. I don’t think there is much I can do about sexual assault on campus.					1 2 3 4 5
3. There isn’t much need for me to think about sexual assault on campus, that’s the job of the crisis center.					1 2 3 4 5
4. Sometimes I think I should learn more about sexual assault but I haven’t done so yet.					1 2 3 4 5
5. I think I can do something about sexual assault and am planning to find out what I can do about the problem.					1 2 3 4 5
6. I am planning to learn more about the problem of sexual assault on campus.					1 2 3 4 5
7. I have recently attended a program about sexual assault.					1 2 3 4 5
8. I am actively involved in projects to deal with sexual assault on campus.					1 2 3 4 5
9. I have recently taken part in activities or volunteered my time on projects focused on ending sexual assault on campus.					1 2 3 4 5

3. Over their lifetime, approximately one in _____ women will experience sexual assault.

- a) Four
- b) Seven
- c) Ten
- d) Fourteen
- e) Seventeen
- f) I don't know.

4. Over their lifetime, approximately one in _____ men will experience sexual assault.

- a) Four
- b) Seven
- c) Ten
- d) Fourteen
- e) Seventeen
- f) I don't know.

5. Sexual violence includes: circle as many as you think are correct:

- a) ogling a woman's breasts
- b) whistling/catcalling at a woman/man passer-by
- c) ogling a man or woman's crotch area
- d) pinching someone's behind
- e) slapping someone's behind
- f) forcing someone to watch pornography
- g) telling someone to fuck off
- h) "flipping" someone the finger
- i) violating boundaries or "safe words"
- j) forcing someone to engage in any unwanted sexual activity
- k) punching someone in the stomach
- l) masturbation in public
- m) calling someone a slut or cunt or pussy
- n) unwanted sexual activity
- o) I don't know.

6. The most commonly used drug in sexual assault is _____.

_____ I don't know.

7. According to the UNH Student Code of Conduct, "sexual misconduct includes any sexual activity as defined by" ... circle ALL that are correct:

- a) intentional and prolonged staring at a woman's breasts without seeking permission.
- b) intentional and prolonged staring at a woman's breasts without receiving permission.
- c) intentional and prolonged staring at another's crotch without seeking permission.
- d) intentional and prolonged staring at another's crotch without receiving permission.
- e) intentional touching of another's sexual or intimate parts without seeking expressed permission.
- f) intentional touching of another's clothing covering the immediate area of another's sexual or intimate parts without seeking expressed permission.
- g) intentional touching of another's sexual or intimate parts without receiving expressed permission.

- h) intentional touching of another's clothing covering the immediate area of another's sexual or intimate parts without receiving expressed permission.
- i) intentional forcing of another to watch pornography.
- j) sexual activity when a person's ability to give expressed permission is compromised due to mental disability.
- k) sexual activity when a person's ability to give expressed permission is compromised due to physical disability..
- l) sexual activity when a person's ability to give expressed permission is compromised due to due to substance ingestion.
- m) I don't know.

8. Based on FBI statistics, the percentage of people falsely reporting sexual assault is _____.

- a) One half percent, lower than other felony crimes
- b) Two percent, comparable to all felony crimes
- c) Thirty percent, higher than other felony crimes
- d) Sixty percent, most allegations are ultimately found to be false
- e) I don't know.

9. List as many helpful bystander behaviors as you know that could be used in the case of sexual violence:

____ I don't know of any.

10. Research shows that there are several factors that make it more likely that a person will intervene as a helpful bystander. List as many of these factors that you are aware of.

____ I don't know of any.

Please indicate your level of agreement with each of the following statements using the scale:

1	2	3	4	5	6	7
not at all agree						very much agree

- | | |
|--|---------------|
| 1. If a woman is raped while she is drunk, she is at least somewhat responsible for letting things get out of control. | 1 2 3 4 5 6 7 |
| 2. Although most women wouldn't admit it, they generally find being physically forced into sex a real "turn-on." | 1 2 3 4 5 6 7 |
| 3. If a woman is willing to "make out" with a guy, then it's no big deal if he goes a little further and has sex. | 1 2 3 4 5 6 7 |
| 4. Many women secretly desire to be raped. | 1 2 3 4 5 6 7 |

5. Most rapists are not caught by the police.	1 2 3 4 5 6 7
6. If a woman doesn't physically fight back, you can't really say that is was rape.	1 2 3 4 5 6 7
7. Men from nice middle-class homes almost never rape.	1 2 3 4 5 6 7
8. Rape accusations are often used as a way of getting back at men.	1 2 3 4 5 6 7
9. All women should have access to self-defense classes.	1 2 3 4 5 6 7
10. It is usually only women who dress suggestively that are raped.	1 2 3 4 5 6 7
11. If the rapist doesn't have a weapon, you really can't call it a rape.	1 2 3 4 5 6 7
12. Rape is unlikely to happen in the woman's own familiar neighborhood.	1 2 3 4 5 6 7
13. Women tend to exaggerate how much rape affects them.	1 2 3 4 5 6 7
14. A lot of women lead a man on and then cry rape.	1 2 3 4 5 6 7
15. It is preferable that a female police officer conduct the questioning when a woman reports a rape.	1 2 3 4 5 6 7
16. A woman who "teases" men deserves anything that might happen.	1 2 3 4 5 6 7
17. When women are raped, it's often because the way they said "no" was ambiguous.	1 2 3 4 5 6 7
18. Men don't usually intend to force sex on a woman, but sometimes they get too sexually carried away.	1 2 3 4 5 6 7
19. A woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex.	1 2 3 4 5 6 7
20. Rape happens when a man's sex drive gets out of control.	1 2 3 4 5 6 7

Please answer the following questions using the following scale to indicate your agreement or disagreement with each statement:

	1	2	3	4	5
	strongly agree	agree	neutral	disagree	strongly disagree
1. Males and females should share the expenses of a date.	1	2	3	4	5
2. I believe that talking about sex destroys the romance of that particular moment.	1	2	3	4	5
3. Most women enjoy being submissive in sexual relations.	1	2	3	4	5
4. If a woman dresses in a sexy dress she is asking for sex.	1	2	3	4	5
5. If a woman asks a man out on a date then she is definitely interested in having sex.	1	2	3	4	5
6. In the majority of date rapes the victim is promiscuous or has a bad reputation.	1	2	3	4	5
7. A man is entitled to intercourse if his partner had agreed to but at the last moment changed her mind.	1	2	3	4	5
8. Many women pretend they don't want to have sex because they don't want to appear "easy."	1	2	3	4	5
9. A man can control his behavior no matter how sexually aroused he feels.	1	2	3	4	5
10. I believe that alcohol and other drugs affect my sexual decision making.	1	2	3	4	5
11. The degree of a woman's resistance should be a major factor in determining if a rape has occurred.	1	2	3	4	5
12. When a woman says "no" to sex what she really means is "maybe."	1	2	3	4	5
13. If a woman lets a man buy her dinner or pay for a movie or drinks, she owes him sex.	1	2	3	4	5
14. Women provoke rape by their behavior.	1	2	3	4	5
15. Women often lie about being raped to get back at their dates.	1	2	3	4	5
16. It is okay to pressure a date to drink alcohol in order to improve one's chances of getting one's date to have sex.	1	2	3	4	5
17. When a woman asks her date back to her place, I expect that something sexual will take place.	1	2	3	4	5
18. Date rapists are usually motivated by overwhelming, unfulfilled sexual desire.	1	2	3	4	5
19. In most cases when a woman was raped she was asking for it.	1	2	3	4	5
20. When a woman fondles a man's genitals it means she has consented to sexual intercourse.	1	2	3	4	5

Please read the following list of behaviors and check how likely you are to engage in these behaviors using the following scale:

	1	2	3	4	5
	not at all likely				extremely likely
1. Call 911 and tell the hospital my suspicions if I suspect that my friend has been drugged.	1	2	3	4	5
2. Call 911 if I hear someone yelling and fighting.	1	2	3	4	5
3. Try to get help if I suspect a stranger at a party has been drugged.	1	2	3	4	5
4. Call 911 if I hear someone calling for help.	1	2	3	4	5
5. Go investigate if I am awakened at night by someone calling for help.	1	2	3	4	5
6. Call 911 if my friend needs help.	1	2	3	4	5
7. Talk to the friends of a drunk person to make sure they don't leave their drunk friend behind at the party	1	2	3	4	5
8. If I see someone at a party who has had too much to drink, I ask them if they need to be walked home so they can go to sleep.	1	2	3	4	5
9. If my roommate or friend said that they had an unwanted sexual experience but they don't call it "rape" I question them further.	1	2	3	4	5
10. Walk a stranger home from a party who has had too much to drink.	1	2	3	4	5
11. Walk a friend home from a party who has had too much to drink.	1	2	3	4	5
12. If a woman is being shoved or yelled at by a man, I ask her if she needs help.	1	2	3	4	5
13. If I hear what sounds like yelling and fighting through my dorm walls I knock on the door to see if everything is ok.	1	2	3	4	5
14. If I hear what sounds like yelling or fighting through my dorm or apartment walls, I talk with a resident counselor or someone else who can help	1	2	3	4	5
15. If I saw a friend grabbing, pushing, or insulting their partner I would confront them.	1	2	3	4	5
16. If I saw a friend grabbing, pushing, or insulting their partner I would get help from other friends or university staff.	1	2	3	4	5
17. If I saw a friend taking a very intoxicated person up the stairs to my friend's room, I would say something and ask what my friend was doing.	1	2	3	4	5
18. If I saw several strangers dragging a passed out woman up to their room, I would get help and try to intervene.	1	2	3	4	5
19. If I hear an acquaintance talking about forcing someone to have sex with them, I speak up against it and express concern for the person who was forced.	1	2	3	4	5
20. Say something to a person whose drink I saw spiked with a drug even if I didn't know them.	1	2	3	4	5
21. Grab someone else's cup and pour their drink out if I saw that someone slipped something into it.	1	2	3	4	5
22. Ask a friend who seems upset if they are okay or need help.	1	2	3	4	5
23. Ask an acquaintance who seems upset if they are okay or need help.	1	2	3	4	5
24. Ask a stranger who seems upset if they are okay or need help.	1	2	3	4	5
25. Call a rape crisis center or talk to a resident counselor for help if a friend told me they were sexually assaulted.	1	2	3	4	5
26. Call a rape crisis center or talk to a resident counselor for help if an acquaintance told me they were sexually assaulted.	1	2	3	4	5
27. Call a rape crisis center or talk to a resident counselor for help if a stranger told me they were sexually assaulted.	1	2	3	4	5
28. Approach a friend if I thought they were in an abusive relationship and let them know that I'm here to help.	1	2	3	4	5
29. Let a friend I suspect has been sexually assaulted know that I am available for help and support.	1	2	3	4	5

30. Share information about sexual assault and violence with my friend.	1	2	3	4	5
31. Confront friends who make excuses for abusive behavior by others.	1	2	3	4	5
32. Speak up against racist jokes.	1	2	3	4	5
33. Speak up against sexist jokes	1	2	3	4	5
34. Speak up against homophobic jokes.	1	2	3	4	5
35. Speak up against commercials that depict violence against women.	1	2	3	4	5
36. Speak up in class if a professor explains that women like to be raped.	1	2	3	4	5
37. Speak up if I hear someone say “she deserved to be raped.”	1	2	3	4	5
38. Watch my drinks and my friends’ drinks at parties.	1	2	3	4	5
39. Make sure I leave the party with the same people I came with.	1	2	3	4	5
40. Ask for verbal consent when I am intimate with my partner, even if we are in a long-term relationship.	1	2	3	4	5
41. I won’t stop sexual activity when asked to if I am already sexually aroused.	1	2	3	4	5
42. When I hear a sexist comment I indicate my displeasure.	1	2	3	4	5
43. I obtain verbal consent before engaging in sexual behavior.	1	2	3	4	5
44. If I hear that a teammate, dorm mate, fraternity brother, sorority sister has been accused of sexual violence, I keep any information I may have to myself.	1	2	3	4	5
45. Educate myself about sexual violence and what I can do about it.	1	2	3	4	5
46. Call 911 if a stranger needs help.	1	2	3	4	5
47. I see a man and his girlfriend <u>whom I know</u> in a heated argument. The man’s fist is clenched and his partner looks upset. I ask if everything is ok.	1	2	3	4	5
48. I see a man talking to a woman at a bar. He is sitting very close to her and by the look on her face I can see she is uncomfortable. I ask her if she is ok.	1	2	3	4	5
49. I see a man and his girlfriend. <u>I don’t know</u> them but the man’s fist is clenched and his partner looks upset. I ask if everything is ok.	1	2	3	4	5
50. I encourage people who say they have had unwanted sexual experiences to keep quiet so they don’t get others in trouble.	1	2	3	4	5
51. If I know information about an incident of sexual violence, I tell authorities what I know in case it is helpful.	1	2	3	4	5

Now please read the same list below and circle yes for all the items indicating behaviors you have actually engaged in DURING THE LAST 2 MONTHS.

1. Call 911 and tell the hospital my suspicions if I suspect that my friend has been drugged.	Yes	No
2. Call 911 if I hear someone yelling and fighting.	Yes	No
3. Try to get help if I suspect a stranger at a party has been drugged.	Yes	No
4. Call 911 if I hear someone calling for help.	Yes	No
5. Go investigate if I am awakened at night by someone calling for help.	Yes	No
6. Call 911 if my friend needs help.	Yes	No
7. Talk to the friends of a drunk person to make sure they don’t leave their drunk friend behind at the party	Yes	No
8. If I see someone at a party who has had too much to drink, I ask them if they need to be walked home so they can go to sleep.	Yes	No
9. If my roommate or friend said that they had an unwanted sexual experience but they don’t call it “rape” I question them further.	Yes	No
10. Walk a stranger home from a party who has had too much to drink.	Yes	No
11. Walk a friend home from a party who has had too much to drink.	Yes	No
12. If a woman is being shoved or yelled at by a man, I ask her if she needs help.	Yes	No
13. If I hear what sounds like yelling and fighting through my dorm walls I knock on the door to see if everything is ok.	Yes	No

14. If I hear what sounds like yelling or fighting through my dorm or apartment walls, I talk with a resident counselor or someone else who can help	Yes	No
15. If I saw a friend grabbing, pushing, or insulting their partner I would confront them.	Yes	No
16. If I saw a friend grabbing, pushing, or insulting their partner I would get help from other friends or university staff.	Yes	No
17. If I saw a friend taking a very intoxicated person up the stairs to my friend's room, I would say something and ask what my friend was doing.	Yes	No
18. If I saw several strangers dragging a passed out woman up to their room, I would get help and try to intervene.	Yes	No
19. If I hear an acquaintance talking about forcing someone to have sex with them, I speak up against it and express concern for the person who was forced.	Yes	No
20. Say something to a person whose drink I saw spiked with a drug even if I didn't know them.	Yes	No
21. Grab someone else's cup and pour their drink out if I saw that someone slipped something into it.	Yes	No
22. Ask a friend who seems upset if they are okay or need help.	Yes	No
23. Ask an acquaintance who seems upset if they are okay or need help.	Yes	No
24. Ask a stranger who seems upset if they are okay or need help.	Yes	No
25. Call a rape crisis center or talk to a resident counselor for help if a friend told me they were sexually assaulted.	Yes	No
26. Call a rape crisis center or talk to a resident counselor for help if an acquaintance told me they were sexually assaulted.	Yes	No
27. Call a rape crisis center or talk to a resident counselor for help if a stranger told me they were sexually assaulted.	Yes	No
28. Approach a friend if I thought they were in an abusive relationship and let them know that I'm here to help.	Yes	No
29. Let a friend I suspect has been sexually assaulted know that I am available for help and support.	Yes	No
30. Share information about sexual assault and violence with my friend.	Yes	No
31. Confront friends who make excuses for abusive behavior by others.	Yes	No
32. Speak up against racist jokes.	Yes	No
33. Speak up against sexist jokes	Yes	No
34. Speak up against homophobic jokes.	Yes	No
35. Speak up against commercials that depict violence against women.	Yes	No
36. Speak up in class if a professor explains that women like to be raped.	Yes	No
37. Speak up if I hear someone say "she deserved to be raped."	Yes	No
38. Watch my drinks and my friends' drinks at parties.	Yes	No
39. Make sure I leave the party with the same people I came with.	Yes	No
40. Ask for verbal consent when I am intimate with my partner, even if we are in a long-term relationship.	Yes	No
41. I won't stop sexual activity when asked to if I am already sexually aroused.	Yes	No
42. When I hear a sexist comment I indicate my displeasure.	Yes	No
43. I obtain verbal consent before engaging in sexual behavior.	Yes	No
44. If I hear that a teammate, dorm mate, fraternity brother, sorority sister has been accused of sexual violence, I keep any information I may have to myself.	Yes	No
45. Educate myself about sexual violence and what I can do about it.	Yes	No
46. Call 911 if a stranger needs help.	Yes	No
47. I see a man and his girlfriend <u>whom I know</u> in a heated argument. The man's fist is clenched and his partner looks upset. I ask if everything is ok.	Yes	No
48. I see a man talking to a woman at a bar. He is sitting very close to her and by the look on her face I can see she is uncomfortable. I ask her if she is ok.	Yes	No

49. I see a man and his girlfriend. <u>I don't know</u> them but the man's fist is clenched and his partner looks upset. I ask if everything is ok.	Yes	No
50. I encourage people who say they have had unwanted sexual experiences to keep quiet so they don't get others in trouble.	Yes	No
51. If I know information about an incident of sexual violence, I tell authorities what I know in case it is helpful.	Yes	No

Please read each of the following behaviors. Indicate in the column *Confidence* how confident you are that you could do them. Rate your degree of confidence by recording a number from 0 to 100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100
can't do	quite uncertain		moderately certain				very certain			

	Confidence
1. Express my discomfort if someone makes a joke about a woman's body.	_____ %
2. Express my discomfort if someone says that rape victims are to blame for being raped.	_____ %
3. Call for help (i.e. call 911) if I hear someone in my dorm yelling "help."	_____ %
4. Talk to a friend who I suspect is in an abusive relationship.	_____ %
5. Get help and resources for a friend who tells me they have been raped.	_____ %
6. Ask a stranger who looks very upset at a party if they are ok or need help.	_____ %
7. Ask a friend if they need to be walked home from a party.	_____ %
8. Ask a stranger if they need to be walked home from a party.	_____ %
9. Speak up in class if a professor is providing misinformation about sexual assault.	_____ %
10. Criticize a friend who tells me that they had sex with someone who was passed out or who didn't give consent.	_____ %
11. Do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party.	_____ %
12. Do something if I see a woman surrounded by a group of men at a party who looks very uncomfortable.	_____ %
13. Get help if I hear of an abusive relationship in my dorm or apartment	_____ %
14. Tell an RA or other campus authority about information I have that might help in a sexual assault case even if pressured by my peers to stay silent.	_____ %

Please indicate your level of agreement with each of the following statements using this scale:

	1	2	3	4	5
	strongly disagree	disagree	undecided	agree	strongly agree
1. I can help prevent violence against women in my community.	1	2	3	4	5
2. It is intimidating to think about trying to stop a guy from hitting his girlfriend.	1	2	3	4	5
3. A group of guys would listen to me if I confronted them about their sexist behavior.	1	2	3	4	5
4. I have the skills to help support someone who is in an abusive relationship.	1	2	3	4	5

- | | | | | | |
|---|---|---|---|---|---|
| 5. The fear of being laughed at would prevent me from telling a group of guys it was disrespectful to whistle at women. | 1 | 2 | 3 | 4 | 5 |
| 6. I don't think I could stop a group of guys who are harassing a woman at a party. | 1 | 2 | 3 | 4 | 5 |
| 7. I would be comfortable telling my friend to stop calling his girlfriend names. | 1 | 2 | 3 | 4 | 5 |
| 8. I believe my peers will listen to me if I speak out against sexual violence. | 1 | 2 | 3 | 4 | 5 |
| 9. I have the confidence to say something to a guy who is acting inappropriately toward a woman. | 1 | 2 | 3 | 4 | 5 |
| 10. It would be too hard for me to confront a stranger who was being abusive toward a woman. | 1 | 2 | 3 | 4 | 5 |

Each statement represents a thought that might occur to a person who is deciding whether or not to help someone who is in trouble. Please indicate how important each of these statements would be to you if you were considering intervening in a situation where you thought someone might be being hurt or was at risk of being hurt. Please circle the number that best describes how important each statement would be to you if you were deciding whether or not to intervene.

- | | 1 | 2 | 3 | 4 | 5 |
|---|---------------------------------|-------------------------------|---------------------------------|---------------------------|--------------------------------|
| | not important
at all | slightly
important | moderately
important | very
important | extremely
important |
| 1. If I intervene regularly, I can prevent someone from being hurt. | 1 | 2 | 3 | 4 | 5 |
| 2. It is important for all community members to play a role in keeping everyone safe. | 1 | 2 | 3 | 4 | 5 |
| 3. Friends will look up to me and admire me if I intervene. | 1 | 2 | 3 | 4 | 5 |
| 4. I will feel like a leader in my community if I intervene. | 1 | 2 | 3 | 4 | 5 |
| 5. I like thinking of myself as someone who helps others when I can. | 1 | 2 | 3 | 4 | 5 |
| 6. Intervening would make my friends angry with me. | 1 | 2 | 3 | 4 | 5 |
| 7. Intervening might cost me friendships. | 1 | 2 | 3 | 4 | 5 |
| 8. I could get physically hurt by intervening. | 1 | 2 | 3 | 4 | 5 |
| 9. I could make the wrong decision and intervene when nothing was wrong and feel embarrassed. | 1 | 2 | 3 | 4 | 5 |
| 10. People might think I'm too sensitive and am overreacting to the situation. | 1 | 2 | 3 | 4 | 5 |
| 11. I could get in trouble by making the wrong decision about how to intervene | 1 | 2 | 3 | 4 | 5 |

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE FOR US!

Thank you for your participation. Please read each question carefully and choose your answer from among the choices given. Please note that different questions will have different answer choices so please read each carefully. Please remember that there are NO RIGHT OR WRONG ANSWERS to any of the questions. We are interested in your honest response. Your answers will be completely anonymous.

Participant code #: _____ **Sex:** _____ **Group #:** _____ **Race/Ethnicity:** _____

Have any academic courses you are taking discussed sexual assault or rape since the last time you completed this questionnaire? **1. Yes** **0. No**

Which one or ones? _____

Have you attended any programs on sexual assault or rape since the last time you completed this questionnaire? **1. Yes** **0. No**

Which one or ones? _____

Please read each of the following statements and circle the answer that is closest to what is true for you.

1. Do you feel a sense of community with other people on campus (for example, do you share interests and concerns with them)?

1 2 3 4 5
not at all slightly moderately mostly a great deal

2. How important is it to you to feel a sense of community with people on this campus?

1 2 3 4 5
not at all slightly moderately fairly very important
important

3. Some people care a lot about the kind of campus they live on. For others, the campus is not important. How important is what the campus is like to you?

1 2 3 4 5
Not at all slightly moderately fairly very important
Important

If you answered #3 above that it is not important, please explain why not? If it is important to you, please explain why?

Please answer the following questions about what you think about “violence prevention.” Violence is when people fight or hurt others on purpose. Violence prevention means keeping violence from happening or stopping violence before it starts.

Circle only one answer that best describes your response:

	1	2	3	4	5	6			
	Disagree Completely	Disagree A Lot	Disagree A Little	Agree A Little	Agree A Lot	Agree Completely			
1. People’s violent behavior can be prevented.				1	2	3	4	5	6
2. There are certain things a person can do to help prevent violence.				1	2	3	4	5	6
3. I myself can make a difference in helping to prevent violence.				1	2	3	4	5	6
4. People can be taught to help prevent violence.				1	2	3	4	5	6
8. Doing or saying certain kinds of things can work to help prevent violence.				1	2	3	4	5	6
6. I can learn to do or say the kinds of things that help prevent violence.				1	2	3	4	5	6
7. People can learn to become someone who helps others to avoid violence.				1	2	3	4	5	6
8. Even people who are not involved in a fight can do things that help prevent violence.				1	2	3	4	5	6
9. Even when I’m not involved and it’s not about me, I can make a difference in helping to prevent violence.				1	2	3	4	5	6

Please read each of the following statements and indicate how true each is of you.

	1	2	3	4	5
	Strongly disagree Not at all true				Strongly agree Very much true
1. I don’t think sexual assault is a big problem on campus.					1 2 3 4 5
2. I don’t think there is much I can do about sexual assault on campus.					1 2 3 4 5
3. There isn’t much need for me to think about sexual assault on campus, that’s the job of the crisis center.					1 2 3 4 5
4. Sometimes I think I should learn more about sexual assault but I haven’t done so yet.					1 2 3 4 5
5. I think I can do something about sexual assault and am planning to find out what I can do about the problem.					1 2 3 4 5
6. I am planning to learn more about the problem of sexual assault on campus.					1 2 3 4 5
7. I have recently attended a program about sexual assault.					1 2 3 4 5
8. I am actively involved in projects to deal with sexual assault on campus.					1 2 3 4 5
9. I have recently taken part in activities or volunteered my time on projects focused on ending sexual assault on campus.					1 2 3 4 5

3. Over their lifetime, approximately one in _____ women will experience sexual assault.

- a) Four
- b) Seven
- c) Ten
- d) Fourteen
- e) Seventeen
- f) I don't know.

4. Over their lifetime, approximately one in _____ men will experience sexual assault.

- a) Four
- b) Seven
- c) Ten
- d) Fourteen
- e) Seventeen
- f) I don't know.

5. Sexual violence includes: circle as many as you think are correct:

- a) ogling a woman's breasts
- b) whistling/catcalling at a woman/man passer-by
- c) ogling a man or woman's crotch area
- d) pinching someone's behind
- e) slapping someone's behind
- f) forcing someone to watch pornography
- g) telling someone to fuck off
- h) "flipping" someone the finger
- i) violating boundaries or "safe words"
- j) forcing someone to engage in any unwanted sexual activity
- k) punching someone in the stomach
- l) masturbation in public
- m) calling someone a slut or cunt or pussy
- n) unwanted sexual activity
- o) I don't know.

6. The most commonly used drug in sexual assault is _____.

_____ I don't know.

7. According to the UNH Student Code of Conduct, "sexual misconduct includes any sexual activity as defined by" ... circle ALL that are correct:

- a) intentional and prolonged staring at a woman's breasts without seeking permission.
- b) intentional and prolonged staring at a woman's breasts without receiving permission.
- c) intentional and prolonged staring at another's crotch without seeking permission.
- d) intentional and prolonged staring at another's crotch without receiving permission.
- e) intentional touching of another's sexual or intimate parts without seeking expressed permission.
- f) intentional touching of another's clothing covering the immediate area of another's sexual or intimate parts without seeking expressed permission.
- g) intentional touching of another's sexual or intimate parts without receiving expressed permission.

- h) intentional touching of another's clothing covering the immediate area of another's sexual or intimate parts without receiving expressed permission.
- i) intentional forcing of another to watch pornography.
- j) sexual activity when a person's ability to give expressed permission is compromised due to mental disability.
- k) sexual activity when a person's ability to give expressed permission is compromised due to physical disability..
- l) sexual activity when a person's ability to give expressed permission is compromised due to due to substance ingestion.
- m) I don't know.

8. Based on FBI statistics, the percentage of people falsely reporting sexual assault is _____.

- a) One half percent, lower than other felony crimes
- b) Two percent, comparable to all felony crimes
- c) Thirty percent, higher than other felony crimes
- d) Sixty percent, most allegations are ultimately found to be false
- e) I don't know.

9. List as many helpful bystander behaviors as you know that could be used in the case of sexual violence:

____ I don't know of any.

10. Research shows that there are several factors that make it more likely that a person will intervene as a helpful bystander. List as many of these factors that you are aware of.

____ I don't know of any.

Please indicate your level of agreement with each of the following statements using the scale:

1	2	3	4	5	6	7
not at all agree						very much agree

- | | |
|--|---------------|
| 1. If a woman is raped while she is drunk, she is at least somewhat responsible for letting things get out of control. | 1 2 3 4 5 6 7 |
| 2. Although most women wouldn't admit it, they generally find being physically forced into sex a real "turn-on." | 1 2 3 4 5 6 7 |
| 3. If a woman is willing to "make out" with a guy, then it's no big deal if he goes a little further and has sex. | 1 2 3 4 5 6 7 |
| 4. Many women secretly desire to be raped. | 1 2 3 4 5 6 7 |

5. Most rapists are not caught by the police.	1 2 3 4 5 6 7
6. If a woman doesn't physically fight back, you can't really say that is was rape.	1 2 3 4 5 6 7
7. Men from nice middle-class homes almost never rape.	1 2 3 4 5 6 7
8. Rape accusations are often used as a way of getting back at men.	1 2 3 4 5 6 7
9. All women should have access to self-defense classes.	1 2 3 4 5 6 7
10. It is usually only women who dress suggestively that are raped.	1 2 3 4 5 6 7
11. If the rapist doesn't have a weapon, you really can't call it a rape.	1 2 3 4 5 6 7
12. Rape is unlikely to happen in the woman's own familiar neighborhood.	1 2 3 4 5 6 7
13. Women tend to exaggerate how much rape affects them.	1 2 3 4 5 6 7
14. A lot of women lead a man on and then cry rape.	1 2 3 4 5 6 7
15. It is preferable that a female police officer conduct the questioning when a woman reports a rape.	1 2 3 4 5 6 7
16. A woman who "teases" men deserves anything that might happen.	1 2 3 4 5 6 7
17. When women are raped, it's often because the way they said "no" was ambiguous.	1 2 3 4 5 6 7
18. Men don't usually intend to force sex on a woman, but sometimes they get too sexually carried away.	1 2 3 4 5 6 7
19. A woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex.	1 2 3 4 5 6 7
20. Rape happens when a man's sex drive gets out of control.	1 2 3 4 5 6 7

Please answer the following questions using the following scale to indicate your agreement or disagreement with each statement:

	1	2	3	4	5
	strongly agree	agree	neutral	disagree	strongly disagree
1. Males and females should share the expenses of a date.	1	2	3	4	5
2. I believe that talking about sex destroys the romance of that particular moment.	1	2	3	4	5
3. Most women enjoy being submissive in sexual relations.	1	2	3	4	5
4. If a woman dresses in a sexy dress she is asking for sex.	1	2	3	4	5
5. If a woman asks a man out on a date then she is definitely interested in having sex.	1	2	3	4	5
6. In the majority of date rapes the victim is promiscuous or has a bad reputation.	1	2	3	4	5
7. A man is entitled to intercourse if his partner had agreed to but at the last moment changed her mind.	1	2	3	4	5
8. Many women pretend they don't want to have sex because they don't want to appear "easy."	1	2	3	4	5
9. A man can control his behavior no matter how sexually aroused he feels.	1	2	3	4	5
10. I believe that alcohol and other drugs affect my sexual decision making.	1	2	3	4	5
11. The degree of a woman's resistance should be a major factor in determining if a rape has occurred.	1	2	3	4	5
12. When a woman says "no" to sex what she really means is "maybe."	1	2	3	4	5
13. If a woman lets a man buy her dinner or pay for a movie or drinks, she owes him sex.	1	2	3	4	5
14. Women provoke rape by their behavior.	1	2	3	4	5
15. Women often lie about being raped to get back at their dates.	1	2	3	4	5
16. It is okay to pressure a date to drink alcohol in order to improve one's chances of getting one's date to have sex.	1	2	3	4	5
17. When a woman asks her date back to her place, I expect that something sexual will take place.	1	2	3	4	5
18. Date rapists are usually motivated by overwhelming, unfulfilled sexual desire.	1	2	3	4	5
19. In most cases when a woman was raped she was asking for it.	1	2	3	4	5
20. When a woman fondles a man's genitals it means she has consented to sexual intercourse.	1	2	3	4	5

Please read the following list of behaviors and check how likely you are to engage in these behaviors using the following scale:

	1	2	3	4	5
	not at all likely				extremely likely
1. Call 911 and tell the hospital my suspicions if I suspect that my friend has been drugged.	1	2	3	4	5
2. Call 911 if I hear someone yelling and fighting.	1	2	3	4	5
3. Try to get help if I suspect a stranger at a party has been drugged.	1	2	3	4	5
4. Call 911 if I hear someone calling for help.	1	2	3	4	5
5. Go investigate if I am awakened at night by someone calling for help.	1	2	3	4	5
6. Call 911 if my friend needs help.	1	2	3	4	5
7. Talk to the friends of a drunk person to make sure they don't leave their drunk friend behind at the party	1	2	3	4	5
8. If I see someone at a party who has had too much to drink, I ask them if they need to be walked home so they can go to sleep.	1	2	3	4	5
9. If my roommate or friend said that they had an unwanted sexual experience but they don't call it "rape" I question them further.	1	2	3	4	5
10. Walk a stranger home from a party who has had too much to drink.	1	2	3	4	5
11. Walk a friend home from a party who has had too much to drink.	1	2	3	4	5
12. If a woman is being shoved or yelled at by a man, I ask her if she needs help.	1	2	3	4	5
13. If I hear what sounds like yelling and fighting through my dorm walls I knock on the door to see if everything is ok.	1	2	3	4	5
14. If I hear what sounds like yelling or fighting through my dorm or apartment walls, I talk with a resident counselor or someone else who can help	1	2	3	4	5
15. If I saw a friend grabbing, pushing, or insulting their partner I would confront them.	1	2	3	4	5
16. If I saw a friend grabbing, pushing, or insulting their partner I would get help from other friends or university staff.	1	2	3	4	5
17. If I saw a friend taking a very intoxicated person up the stairs to my friend's room, I would say something and ask what my friend was doing.	1	2	3	4	5
18. If I saw several strangers dragging a passed out woman up to their room, I would get help and try to intervene.	1	2	3	4	5
19. If I hear an acquaintance talking about forcing someone to have sex with them, I speak up against it and express concern for the person who was forced.	1	2	3	4	5
20. Say something to a person whose drink I saw spiked with a drug even if I didn't know them.	1	2	3	4	5
21. Grab someone else's cup and pour their drink out if I saw that someone slipped something into it.	1	2	3	4	5
22. Ask a friend who seems upset if they are okay or need help.	1	2	3	4	5
23. Ask an acquaintance who seems upset if they are okay or need help.	1	2	3	4	5
24. Ask a stranger who seems upset if they are okay or need help.	1	2	3	4	5
25. Call a rape crisis center or talk to a resident counselor for help if a friend told me they were sexually assaulted.	1	2	3	4	5
26. Call a rape crisis center or talk to a resident counselor for help if an acquaintance told me they were sexually assaulted.	1	2	3	4	5
27. Call a rape crisis center or talk to a resident counselor for help if a stranger told me they were sexually assaulted.	1	2	3	4	5
28. Approach a friend if I thought they were in an abusive relationship and let them know that I'm here to help.	1	2	3	4	5
29. Let a friend I suspect has been sexually assaulted know that I am available for help and support.	1	2	3	4	5

30. Share information about sexual assault and violence with my friend.	1	2	3	4	5
31. Confront friends who make excuses for abusive behavior by others.	1	2	3	4	5
32. Speak up against racist jokes.	1	2	3	4	5
33. Speak up against sexist jokes	1	2	3	4	5
34. Speak up against homophobic jokes.	1	2	3	4	5
35. Speak up against commercials that depict violence against women.	1	2	3	4	5
36. Speak up in class if a professor explains that women like to be raped.	1	2	3	4	5
37. Speak up if I hear someone say “she deserved to be raped.”	1	2	3	4	5
38. Watch my drinks and my friends’ drinks at parties.	1	2	3	4	5
39. Make sure I leave the party with the same people I came with.	1	2	3	4	5
40. Ask for verbal consent when I am intimate with my partner, even if we are in a long-term relationship.	1	2	3	4	5
41. I won’t stop sexual activity when asked to if I am already sexually aroused.	1	2	3	4	5
42. When I hear a sexist comment I indicate my displeasure.	1	2	3	4	5
43. I obtain verbal consent before engaging in sexual behavior.	1	2	3	4	5
44. If I hear that a teammate, dorm mate, fraternity brother, sorority sister has been accused of sexual violence, I keep any information I may have to myself.	1	2	3	4	5
45. Educate myself about sexual violence and what I can do about it.	1	2	3	4	5
46. Call 911 if a stranger needs help.	1	2	3	4	5
47. I see a man and his girlfriend <u>whom I know</u> in a heated argument. The man’s fist is clenched and his partner looks upset. I ask if everything is ok.	1	2	3	4	5
48. I see a man talking to a woman at a bar. He is sitting very close to her and by the look on her face I can see she is uncomfortable. I ask her if she is ok.	1	2	3	4	5
49. I see a man and his girlfriend. <u>I don’t know</u> them but the man’s fist is clenched and his partner looks upset. I ask if everything is ok.	1	2	3	4	5
50. I encourage people who say they have had unwanted sexual experiences to keep quiet so they don’t get others in trouble.	1	2	3	4	5
51. If I know information about an incident of sexual violence, I tell authorities what I know in case it is helpful.	1	2	3	4	5

Now please read the same list below and circle yes for all the items indicating behaviors you have actually engaged in DURING THE LAST 2 MONTHS.

1. Call 911 and tell the hospital my suspicions if I suspect that my friend has been drugged.	Yes	No
2. Call 911 if I hear someone yelling and fighting.	Yes	No
3. Try to get help if I suspect a stranger at a party has been drugged.	Yes	No
4. Call 911 if I hear someone calling for help.	Yes	No
5. Go investigate if I am awakened at night by someone calling for help.	Yes	No
6. Call 911 if my friend needs help.	Yes	No
7. Talk to the friends of a drunk person to make sure they don’t leave their drunk friend behind at the party	Yes	No
8. If I see someone at a party who has had too much to drink, I ask them if they need to be walked home so they can go to sleep.	Yes	No
9. If my roommate or friend said that they had an unwanted sexual experience but they don’t call it “rape” I question them further.	Yes	No
10. Walk a stranger home from a party who has had too much to drink.	Yes	No
11. Walk a friend home from a party who has had too much to drink.	Yes	No
12. If a woman is being shoved or yelled at by a man, I ask her if she needs help.	Yes	No
13. If I hear what sounds like yelling and fighting through my dorm walls I knock on the door to see if everything is ok.	Yes	No

14. If I hear what sounds like yelling or fighting through my dorm or apartment walls, I talk with a resident counselor or someone else who can help	Yes	No
15. If I saw a friend grabbing, pushing, or insulting their partner I would confront them.	Yes	No
16. If I saw a friend grabbing, pushing, or insulting their partner I would get help from other friends or university staff.	Yes	No
17. If I saw a friend taking a very intoxicated person up the stairs to my friend's room, I would say something and ask what my friend was doing.	Yes	No
18. If I saw several strangers dragging a passed out woman up to their room, I would get help and try to intervene.	Yes	No
19. If I hear an acquaintance talking about forcing someone to have sex with them, I speak up against it and express concern for the person who was forced.	Yes	No
20. Say something to a person whose drink I saw spiked with a drug even if I didn't know them.	Yes	No
21. Grab someone else's cup and pour their drink out if I saw that someone slipped something into it.	Yes	No
22. Ask a friend who seems upset if they are okay or need help.	Yes	No
23. Ask an acquaintance who seems upset if they are okay or need help.	Yes	No
24. Ask a stranger who seems upset if they are okay or need help.	Yes	No
25. Call a rape crisis center or talk to a resident counselor for help if a friend told me they were sexually assaulted.	Yes	No
26. Call a rape crisis center or talk to a resident counselor for help if an acquaintance told me they were sexually assaulted.	Yes	No
27. Call a rape crisis center or talk to a resident counselor for help if a stranger told me they were sexually assaulted.	Yes	No
28. Approach a friend if I thought they were in an abusive relationship and let them know that I'm here to help.	Yes	No
29. Let a friend I suspect has been sexually assaulted know that I am available for help and support.	Yes	No
30. Share information about sexual assault and violence with my friend.	Yes	No
31. Confront friends who make excuses for abusive behavior by others.	Yes	No
32. Speak up against racist jokes.	Yes	No
33. Speak up against sexist jokes	Yes	No
34. Speak up against homophobic jokes.	Yes	No
35. Speak up against commercials that depict violence against women.	Yes	No
36. Speak up in class if a professor explains that women like to be raped.	Yes	No
37. Speak up if I hear someone say "she deserved to be raped."	Yes	No
38. Watch my drinks and my friends' drinks at parties.	Yes	No
39. Make sure I leave the party with the same people I came with.	Yes	No
40. Ask for verbal consent when I am intimate with my partner, even if we are in a long-term relationship.	Yes	No
41. I won't stop sexual activity when asked to if I am already sexually aroused.	Yes	No
42. When I hear a sexist comment I indicate my displeasure.	Yes	No
43. I obtain verbal consent before engaging in sexual behavior.	Yes	No
44. If I hear that a teammate, dorm mate, fraternity brother, sorority sister has been accused of sexual violence, I keep any information I may have to myself.	Yes	No
45. Educate myself about sexual violence and what I can do about it.	Yes	No
46. Call 911 if a stranger needs help.	Yes	No
47. I see a man and his girlfriend <u>whom I know</u> in a heated argument. The man's fist is clenched and his partner looks upset. I ask if everything is ok.	Yes	No
48. I see a man talking to a woman at a bar. He is sitting very close to her and by the look on her face I can see she is uncomfortable. I ask her if she is ok.	Yes	No

49. I see a man and his girlfriend. <u>I don't know</u> them but the man's fist is clenched and his partner looks upset. I ask if everything is ok.	Yes	No
50. I encourage people who say they have had unwanted sexual experiences to keep quiet so they don't get others in trouble.	Yes	No
51. If I know information about an incident of sexual violence, I tell authorities what I know in case it is helpful.	Yes	No

Please read each of the following behaviors. Indicate in the column *Confidence* how confident you are that you could do them. Rate your degree of confidence by recording a number from 0 to 100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100
can't do	quite uncertain				moderately certain					very certain

	Confidence
1. Express my discomfort if someone makes a joke about a woman's body.	_____ %
2. Express my discomfort if someone says that rape victims are to blame for being raped.	_____ %
3. Call for help (i.e. call 911) if I hear someone in my dorm yelling "help."	_____ %
4. Talk to a friend who I suspect is in an abusive relationship.	_____ %
5. Get help and resources for a friend who tells me they have been raped.	_____ %
6. Ask a stranger who looks very upset at a party if they are ok or need help.	_____ %
7. Ask a friend if they need to be walked home from a party.	_____ %
8. Ask a stranger if they need to be walked home from a party.	_____ %
9. Speak up in class if a professor is providing misinformation about sexual assault.	_____ %
10. Criticize a friend who tells me that they had sex with someone who was passed out or who didn't give consent.	_____ %
11. Do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party.	_____ %
12. Do something if I see a woman surrounded by a group of men at a party who looks very uncomfortable.	_____ %
13. Get help if I hear of an abusive relationship in my dorm or apartment	_____ %
14. Tell an RA or other campus authority about information I have that might help in a sexual assault case even if pressured by my peers to stay silent.	_____ %

Please indicate your level of agreement with each of the following statements using this scale:

	1	2	3	4	5
	strongly disagree	disagree	undecided	agree	strongly agree
1. I can help prevent violence against women in my community.	1	2	3	4	5
2. It is intimidating to think about trying to stop a guy from hitting his girlfriend.	1	2	3	4	5
3. A group of guys would listen to me if I confronted them about their sexist behavior.	1	2	3	4	5
4. I have the skills to help support someone who is in an abusive relationship.	1	2	3	4	5

- | | | | | | |
|---|---|---|---|---|---|
| 5. The fear of being laughed at would prevent me from telling a group of guys it was disrespectful to whistle at women. | 1 | 2 | 3 | 4 | 5 |
| 6. I don't think I could stop a group of guys who are harassing a woman at a party. | 1 | 2 | 3 | 4 | 5 |
| 7. I would be comfortable telling my friend to stop calling his girlfriend names. | 1 | 2 | 3 | 4 | 5 |
| 8. I believe my peers will listen to me if I speak out against sexual violence. | 1 | 2 | 3 | 4 | 5 |
| 9. I have the confidence to say something to a guy who is acting inappropriately toward a woman. | 1 | 2 | 3 | 4 | 5 |
| 10. It would be too hard for me to confront a stranger who was being abusive toward a woman. | 1 | 2 | 3 | 4 | 5 |

Each statement represents a thought that might occur to a person who is deciding whether or not to help someone who is in trouble. Please indicate how important each of these statements would be to you if you were considering intervening in a situation where you thought someone might be being hurt or was at risk of being hurt. Please circle the number that best describes how important each statement would be to you if you were deciding whether or not to intervene.

- | | 1 | 2 | 3 | 4 | 5 |
|---|---------------------------------|-------------------------------|---------------------------------|---------------------------|--------------------------------|
| | not important
at all | slightly
important | moderately
important | very
important | extremely
important |
| 1. If I intervene regularly, I can prevent someone from being hurt. | 1 | 2 | 3 | 4 | 5 |
| 2. It is important for all community members to play a role in keeping everyone safe. | 1 | 2 | 3 | 4 | 5 |
| 3. Friends will look up to me and admire me if I intervene. | 1 | 2 | 3 | 4 | 5 |
| 4. I will feel like a leader in my community if I intervene. | 1 | 2 | 3 | 4 | 5 |
| 5. I like thinking of myself as someone who helps others when I can. | 1 | 2 | 3 | 4 | 5 |
| 6. Intervening would make my friends angry with me. | 1 | 2 | 3 | 4 | 5 |
| 7. Intervening might cost me friendships. | 1 | 2 | 3 | 4 | 5 |
| 8. I could get physically hurt by intervening. | 1 | 2 | 3 | 4 | 5 |
| 9. I could make the wrong decision and intervene when nothing was wrong and feel embarrassed. | 1 | 2 | 3 | 4 | 5 |
| 10. People might think I'm too sensitive and am overreacting to the situation. | 1 | 2 | 3 | 4 | 5 |
| 11. I could get in trouble by making the wrong decision about how to intervene | 1 | 2 | 3 | 4 | 5 |

Please circle the number in front of the statement to indicate which of the following situations you have ever experienced.

- | | | | |
|---|--|-----|----|
| 1 | Someone stared at or ogled the sexual parts of my body. | Yes | No |
| 2 | Someone masturbated in public in front of me. | Yes | No |
| 3 | Someone exposed themselves to me. | Yes | No |
| 4 | Someone called me a name connected with sexuality or sexual parts of the body. | Yes | No |
| 5 | Someone pinched my behind. | Yes | No |
| 6 | Someone slapped my behind. | Yes | No |

- | | | |
|---|-----|----|
| 7. Someone forced me to watch pornography. | Yes | No |
| 8. Someone forced me to engage in unwanted sexual touching. | Yes | No |
| 9. Someone forced me to engage in unwanted penetration (oral, anal, and / or vaginal) | Yes | No |

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE FOR US.

WE KNOW THAT SEXUAL VIOLENCE IS A DIFFICULT TOPIC. AFTER FILLING OUT THIS QUESTIONNAIRE, IF YOU SHOULD WANT TO TALK TO SOMEONE FOR SUPPORT, FOR MORE INFORMATION, OR TO FIND OUT HOW YOU CAN HELP IN DEALING WITH THIS ISSUE, PLEASE REMEMBER TO CONSULT THE LIST OF ORGANIZATIONS ON THE RESOURCE LIST WE GAVE YOU IN OCTOBER. IN ADDITION, YOU MAY ALSO CHOOSE TO CONTACT ONE OF THE RESEARCHERS AS WELL.

Vicki Banyard.....862-2869
Mary Moynihan.....862-2194
Elizabethe Plante.....862-2194

Thank you for your participation. Please read each question carefully and choose your answer from among the choices given. Please note that different questions will have different answer choices so please read each carefully. Please remember that there are NO RIGHT OR WRONG ANSWERS to any of the questions. We are interested in your honest response. Your answers will be completely anonymous.

Participant code #: _____ **Sex:** _____ **Race/Ethnicity:** _____ (G3)

Have any academic courses you are taking discussed sexual assault or rape since the last time you completed this questionnaire? **1. Yes** **0. No**

Which one or ones? _____

Other than the program you have just completed with us, have you attended any programs on sexual assault or rape since the last time you completed this questionnaire? **1. Yes** **0. No**

Which one or ones? _____

Please read each of the following statements and circle the answer that is closest to what is true for you.

1. Do you feel a sense of community with other people on campus (for example, do you share interests and concerns with them)?

1 2 3 4 5
not at all slightly moderately mostly a great deal

2. How important is it to you to feel a sense of community with people on this campus?

1 2 3 4 5
not at all slightly moderately fairly very important
important

3. Some people care a lot about the kind of campus they live on. For others, the campus is not important. How important is what the campus is like to you?

1 2 3 4 5
Not at all slightly moderately fairly very important
Important

If you answered #3 above that it is not important, please explain why not? If it is important to you, please explain why?

Please answer the following questions about what you think about “violence prevention.” Violence is when people fight or hurt others on purpose. Violence prevention means keeping violence from happening or stopping violence before it starts.

Circle only one answer that best describes your response:

	1	2	3	4	5	6				
	Disagree Completely	Disagree A Lot	Disagree A Little	Agree A Little	Agree A Lot	Agree Completely				
1. People’s violent behavior can be prevented.					1	2	3	4	5	6
2. There are certain things a person can do to help prevent violence.					1	2	3	4	5	6
3. I myself can make a difference in helping to prevent violence.					1	2	3	4	5	6
4. People can be taught to help prevent violence.					1	2	3	4	5	6
8. Doing or saying certain kinds of things can work to help prevent violence.					1	2	3	4	5	6
6. I can learn to do or say the kinds of things that help prevent violence.					1	2	3	4	5	6
7. People can learn to become someone who helps others to avoid violence.					1	2	3	4	5	6
8. Even people who are not involved in a fight can do things that help prevent violence.					1	2	3	4	5	6
9. Even when I’m not involved and it’s not about me, I can make a difference in helping to prevent violence.					1	2	3	4	5	6

Please read each of the following statements and indicate how true each is of you.

	1	2	3	4	5
	Strongly disagree Not at all true				Strongly agree Very much true
1. I don’t think sexual assault is a big problem on campus.					1 2 3 4 5
2. I don’t think there is much I can do about sexual assault on campus.					1 2 3 4 5
3. There isn’t much need for me to think about sexual assault on campus, that’s the job of the crisis center.					1 2 3 4 5
4. Sometimes I think I should learn more about sexual assault but I haven’t done so yet.					1 2 3 4 5
5. I think I can do something about sexual assault and am planning to find out what I can do about the problem.					1 2 3 4 5
6. I am planning to learn more about the problem of sexual assault on campus.					1 2 3 4 5
7. I have recently attended a program about sexual assault.					1 2 3 4 5
8. I am actively involved in projects to deal with sexual assault on campus.					1 2 3 4 5
9. I have recently taken part in activities or volunteered my time on projects focused on ending sexual assault on campus.					1 2 3 4 5

Please read and answer each of the following questions. If you do not know the answer to a question please indicate that you do not know. We ask that you do not guess answers if you truly feel you do not know the answer.

1. I know I have consent to engage in sexual behavior with my partner if

___ I don't know.

2. Approximately how many rapes are reported to SHARPP at UNH every year?

- a) Between 15 and 20
- b) Between 30 and 35
- c) Between 50 and 55
- d) I don't know.

3. Over their lifetime, approximately one in _____ women will experience sexual assault.

- a) Four
- b) Seven
- c) Ten
- d) Fourteen
- e) Seventeen
- f) I don't know.

4. Over their lifetime, approximately one in _____ men will experience sexual assault.

- a) Four
- b) Seven
- c) Ten
- d) Fourteen
- e) Seventeen
- f) I don't know.

5. Sexual violence includes: circle as many as you think are correct:

- a) ogling a woman's breasts
- b) whistling/catcalling at a woman/man passer-by
- c) ogling a man or woman's crotch area
- d) pinching someone's behind
- e) slapping someone's behind
- f) forcing someone to watch pornography
- g) telling someone to fuck off
- h) "flipping" someone the finger
- i) violating boundaries or "safe words"
- j) forcing someone to engage in any unwanted sexual activity
- k) punching someone in the stomach
- l) masturbation in public
- m) calling someone a slut or cunt or pussy
- n) unwanted sexual activity
- o) I don't know.

6. The most commonly used drug in sexual assault is _____.

_____ I don't know.

7. According to the UNH Student Code of Conduct, "sexual misconduct includes any sexual activity as defined by" ... circle ALL that are correct:

- a) intentional and prolonged staring at a woman's breasts without seeking permission.
- b) intentional and prolonged staring at a woman's breasts without receiving permission.
- c) intentional and prolonged staring at another's crotch without seeking permission.
- d) intentional and prolonged staring at another's crotch without receiving permission.
- e) intentional touching of another's sexual or intimate parts without seeking expressed permission.
- f) intentional touching of another's clothing covering the immediate area of another's sexual or intimate parts without seeking expressed permission.
- g) intentional touching of another's sexual or intimate parts without receiving expressed permission.
- h) intentional touching of another's clothing covering the immediate area of another's sexual or intimate parts without receiving expressed permission.
- i) intentional forcing of another to watch pornography.
- j) sexual activity when a person's ability to give expressed permission is compromised due to mental disability.
- k) sexual activity when a person's ability to give expressed permission is compromised due to physical disability..
- l) sexual activity when a person's ability to give expressed permission is compromised due to due to substance ingestion.
- m) I don't know.

8. Based on FBI statistics, the percentage of people falsely reporting sexual assault is _____.

- a) One half percent, lower than other felony crimes
- b) Two percent, comparable to all felony crimes
- c) Thirty percent, higher than other felony crimes
- d) Sixty percent, most allegations are ultimately found to be false
- e) I don't know.

9. List as many helpful bystander behaviors as you know that could be used in the case of sexual violence:

_____ I don't know of any.

10. Research shows that there are several factors that make it more likely that a person will intervene as a helpful bystander. List as many of these factors that you are aware of.

_____ I don't know of any.

Please indicate your level of agreement with each of the following statements using the scale:

	1	2	3	4	5	6	7
	not at all agree						very much agree
1. If a woman is raped while she is drunk, she is at least somewhat responsible for letting things get out of control.	1	2	3	4	5	6	7
2. Although most women wouldn't admit it, they generally find being physically forced into sex a real "turn-on."	1	2	3	4	5	6	7
3. If a woman is willing to "make out" with a guy, then it's no big deal if he goes a little further and has sex.	1	2	3	4	5	6	7
4. Many women secretly desire to be raped.	1	2	3	4	5	6	7
5. Most rapists are not caught by the police.	1	2	3	4	5	6	7
6. If a woman doesn't physically fight back, you can't really say that it was rape.	1	2	3	4	5	6	7
7. Men from nice middle-class homes almost never rape.	1	2	3	4	5	6	7
8. Rape accusations are often used as a way of getting back at men.	1	2	3	4	5	6	7
9. All women should have access to self-defense classes.	1	2	3	4	5	6	7
10. It is usually only women who dress suggestively that are raped.	1	2	3	4	5	6	7
11. If the rapist doesn't have a weapon, you really can't call it a rape.	1	2	3	4	5	6	7
12. Rape is unlikely to happen in the woman's own familiar neighborhood.	1	2	3	4	5	6	7
13. Women tend to exaggerate how much rape affects them.	1	2	3	4	5	6	7
14. A lot of women lead a man on and then cry rape.	1	2	3	4	5	6	7
15. It is preferable that a female police officer conduct the questioning when a woman reports a rape.	1	2	3	4	5	6	7
16. A woman who "teases" men deserves anything that might happen.	1	2	3	4	5	6	7
17. When women are raped, it's often because the way they said "no" was ambiguous.	1	2	3	4	5	6	7

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 18. Men don't usually intend to force sex on a woman, but sometimes they get too sexually carried away. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. A woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. Rape happens when a man's sex drive gets out of control. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Please answer the following questions using the following scale to indicate your agreement or disagreement with each statement:

	1	2	3	4	5
	strongly agree	agree	neutral	disagree	strongly disagree
1. Males and females should share the expenses of a date.	1	2	3	4	5
2. I believe that talking about sex destroys the romance of that particular moment.	1	2	3	4	5
3. Most women enjoy being submissive in sexual relations.	1	2	3	4	5
4. If a woman dresses in a sexy dress she is asking for sex.	1	2	3	4	5
5. If a woman asks a man out on a date then she is definitely interested in having sex.	1	2	3	4	5
6. In the majority of date rapes the victim is promiscuous or has a bad reputation.	1	2	3	4	5
7. A man is entitled to intercourse if his partner had agreed to but at the last moment changed her mind.	1	2	3	4	5
8. Many women pretend they don't want to have sex because they don't want to appear "easy."	1	2	3	4	5
9. A man can control his behavior no matter how sexually aroused he feels.	1	2	3	4	5
10. I believe that alcohol and other drugs affect my sexual decision making.	1	2	3	4	5
11. The degree of a woman's resistance should be a major factor in determining if a rape has occurred.	1	2	3	4	5
12. When a woman says "no" to sex what she really means is "maybe."	1	2	3	4	5
13. If a woman lets a man buy her dinner or pay for a movie or drinks, she owes him sex.	1	2	3	4	5
14. Women provoke rape by their behavior.	1	2	3	4	5
15. Women often lie about being raped to get back at their dates.	1	2	3	4	5
16. It is okay to pressure a date to drink alcohol in order to improve one's chances of getting one's date to have sex.	1	2	3	4	5
17. When a woman asks her date back to her place, I expect that something sexual will take place.	1	2	3	4	5
18. Date rapists are usually motivated by overwhelming, unfulfilled sexual desire.	1	2	3	4	5
19. In most cases when a woman was raped she was asking for it.	1	2	3	4	5
20. When a woman fondles a man's genitals it means she has consented to sexual intercourse.	1	2	3	4	5

Please read each of the following short vignettes and imagine yourself in the situation depicted. Then answer the questions that follow about how you would respond if you were in that situation.

- 1. A friend of yours has accused one of your close male friends of raping them. Some of your other friends are "badmouthing" the accuser, saying it wasn't rape and the accuser is promiscuous anyway.**

How much do you think that the ACCUSER needs your help?

1	2	3	4	5	6	7
not at all						very much

How much do you think that the ACCUSED needs your help?

1	2	3	4	5	6	7
not at all						very much

Please read the following list of behaviors and check how likely you are to engage in these behaviors using the following scale:

	1	2	3	4	5
	not at all likely				extremely likely
1. Call 911 and tell the hospital my suspicions if I suspect that my friend has been drugged.	1	2	3	4	5
2. Call 911 if I hear someone yelling and fighting.	1	2	3	4	5
3. Try to get help if I suspect a stranger at a party has been drugged.	1	2	3	4	5
4. Call 911 if I hear someone calling for help.	1	2	3	4	5
5. Go investigate if I am awakened at night by someone calling for help.	1	2	3	4	5
6. Call 911 if my friend needs help.	1	2	3	4	5
7. Talk to the friends of a drunk person to make sure they don't leave their drunk friend behind at the party	1	2	3	4	5
8. If I see someone at a party who has had too much to drink, I ask them if they need to be walked home so they can go to sleep.	1	2	3	4	5
9. If my roommate or friend said that they had an unwanted sexual experience but they don't call it "rape" I question them further.	1	2	3	4	5
10. Walk a stranger home from a party who has had too much to drink.	1	2	3	4	5
11. Walk a friend home from a party who has had too much to drink.	1	2	3	4	5
12. If a woman is being shoved or yelled at by a man, I ask her if she needs help.	1	2	3	4	5
13. If I hear what sounds like yelling and fighting through my dorm walls I knock on the door to see if everything is ok.	1	2	3	4	5
14. If I hear what sounds like yelling or fighting through my dorm or apartment walls, I talk with a resident counselor or someone else who can help	1	2	3	4	5
15. If I saw a friend grabbing, pushing, or insulting their partner I would confront them.	1	2	3	4	5
16. If I saw a friend grabbing, pushing, or insulting their partner I would get help from other friends or university staff.	1	2	3	4	5
17. If I saw a friend taking a very intoxicated person up the stairs to my friend's room, I would say something and ask what my friend was doing.	1	2	3	4	5
18. If I saw several strangers dragging a passed out woman up to their room, I would get help and try to intervene.	1	2	3	4	5
19. If I hear an acquaintance talking about forcing someone to have sex with them, I speak up against it and express concern for the person who was forced.	1	2	3	4	5
20. Say something to a person whose drink I saw spiked with a drug even if I didn't know them.	1	2	3	4	5
21. Grab someone else's cup and pour their drink out if I saw that someone slipped something into it.	1	2	3	4	5
22. Ask a friend who seems upset if they are okay or need help.	1	2	3	4	5
23. Ask an acquaintance who seems upset if they are okay or need help.	1	2	3	4	5
24. Ask a stranger who seems upset if they are okay or need help.	1	2	3	4	5
25. Call a rape crisis center or talk to a resident counselor for help if a friend told me they were sexually assaulted.	1	2	3	4	5
26. Call a rape crisis center or talk to a resident counselor for help if an acquaintance told me they were sexually assaulted.	1	2	3	4	5
27. Call a rape crisis center or talk to a resident counselor for help if a stranger told me they were sexually assaulted.	1	2	3	4	5
28. Approach a friend if I thought they were in an abusive relationship and let them know that I'm here to help.	1	2	3	4	5
29. Let a friend I suspect has been sexually assaulted know that I am available for help and support.	1	2	3	4	5

30. Share information about sexual assault and violence with my friend.	1	2	3	4	5
31. Confront friends who make excuses for abusive behavior by others.	1	2	3	4	5
32. Speak up against racist jokes.	1	2	3	4	5
33. Speak up against sexist jokes	1	2	3	4	5
34. Speak up against homophobic jokes.	1	2	3	4	5
35. Speak up against commercials that depict violence against women.	1	2	3	4	5
36. Speak up in class if a professor explains that women like to be raped.	1	2	3	4	5
37. Speak up if I hear someone say “she deserved to be raped.”	1	2	3	4	5
38. Watch my drinks and my friends’ drinks at parties.	1	2	3	4	5
39. Make sure I leave the party with the same people I came with.	1	2	3	4	5
40. Ask for verbal consent when I am intimate with my partner, even if we are in a long-term relationship.	1	2	3	4	5
41. I won’t stop sexual activity when asked to if I am already sexually aroused.	1	2	3	4	5
42. When I hear a sexist comment I indicate my displeasure.	1	2	3	4	5
43. I obtain verbal consent before engaging in sexual behavior.	1	2	3	4	5
44. If I hear that a teammate, dorm mate, fraternity brother, sorority sister has been accused of sexual violence, I keep any information I may have to myself.	1	2	3	4	5
45. Educate myself about sexual violence and what I can do about it.	1	2	3	4	5
46. Call 911 if a stranger needs help.	1	2	3	4	5
47. I see a man and his girlfriend <u>whom I know</u> in a heated argument. The man’s fist is clenched and his partner looks upset. I ask if everything is ok.	1	2	3	4	5
48. I see a man talking to a woman at a bar. He is sitting very close to her and by the look on her face I can see she is uncomfortable. I ask her if she is ok.	1	2	3	4	5
49. I see a man and his girlfriend. <u>I don’t know</u> them but the man’s fist is clenched and his partner looks upset. I ask if everything is ok.	1	2	3	4	5
50. I encourage people who say they have had unwanted sexual experiences to keep quiet so they don’t get others in trouble.	1	2	3	4	5
51. If I know information about an incident of sexual violence, I tell authorities what I know in case it is helpful.	1	2	3	4	5

Please read each of the following behaviors. Indicate in the column *Confidence* how confident you are that you could do them. Rate your degree of confidence by recording a number from 0 to 100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100
can't do	quite uncertain				moderately certain					very certain

	Confidence
1. Express my discomfort if someone makes a joke about a woman’s body.	_____%
2. Express my discomfort if someone says that rape victims are to blame for being raped.	_____%
3. Call for help (i.e. call 911) if I hear someone in my dorm yelling “help.”	_____%
4. Talk to a friend who I suspect is in an abusive relationship.	_____%
5. Get help and resources for a friend who tells me they have been raped.	_____%
6. Ask a stranger who looks very upset at a party if they are ok or need help.	_____%
7. Ask a friend if they need to be walked home from a party.	_____%
8. Ask a stranger if they need to be walked home from a party.	_____%

9. Speak up in class if a professor is providing misinformation about sexual assault. _____%
10. Criticize a friend who tells me that they had sex with someone who was passed out or who didn't give consent. _____%
11. Do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party. _____%
12. Do something if I see a woman surrounded by a group of men at a party who looks very uncomfortable. _____%
13. Get help if I hear of an abusive relationship in my dorm or apartment _____%
14. Tell an RA or other campus authority about information I have that might help in a sexual assault case even if pressured by my peers to stay silent. _____%

Please indicate your level of agreement with each of the following statements using this scale:

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

1. I can help prevent violence against women in my community. 1 2 3 4 5
2. It is intimidating to think about trying to stop a guy from hitting his girlfriend. 1 2 3 4 5
3. A group of guys would listen to me if I confronted them about their sexist behavior. 1 2 3 4 5
4. I have the skills to help support someone who is in an abusive relationship. 1 2 3 4 5
5. The fear of being laughed at would prevent me from telling a group of guys it was disrespectful to whistle at women. 1 2 3 4 5
6. I don't think I could stop a group of guys who are harassing a woman at a party. 1 2 3 4 5
7. I would be comfortable telling my friend to stop calling his girlfriend names. 1 2 3 4 5
8. I believe my peers will listen to me if I speak out against sexual violence. 1 2 3 4 5
9. I have the confidence to say something to a guy who is acting inappropriately toward a woman. 1 2 3 4 5
10. It would be too hard for me to confront a stranger who was being abusive toward a woman. 1 2 3 4 5

Each statement represents a thought that might occur to a person who is deciding whether or not to help someone who is in trouble. Please indicate how important each of these statements would be to you if you were considering intervening in a situation where you thought someone might be being hurt or was at risk of being hurt. Please circle the number that best describes how important each statement would be to you if you were deciding whether or not to intervene.

1	2	3	4	5
not important at all	slightly important	moderately important	very important	extremely important

1. If I intervene regularly, I can prevent someone from being hurt. 1 2 3 4 5
2. It is important for all community members to play a role in keeping everyone safe. 1 2 3 4 5
3. Friends will look up to me and admire me if I intervene. 1 2 3 4 5
4. I will feel like a leader in my community if I intervene. 1 2 3 4 5
5. I like thinking of myself as someone who helps others when I can. 1 2 3 4 5
6. Intervening would make my friends angry with me. 1 2 3 4 5

4. Please list the 3 things that you liked best about the program:

1)

2)

3)

5. Please list the 3 things that you would change about the program:

1)

2)

3)

THANK YOU

Thank you for your participation. Please read each question carefully and choose your answer from among the choices given. Please note that different questions will have different answer choices so please read each carefully. Please remember that there are NO RIGHT OR WRONG ANSWERS to any of the questions. We are interested in your honest response. Your answers will be completely anonymous.

Participant code #: _____ **Sex:** _____ **Race/Ethnicity:** _____ (G1)

Have any academic courses you are taking discussed sexual assault or rape since the last time you completed this questionnaire? **1. Yes** **0. No**

Which one or ones? _____

Have you attended any programs on sexual assault or rape since the last time you completed this questionnaire? **1. Yes** **0. No**

Which one or ones? _____

Please read each of the following statements and circle the answer that is closest to what is true for you.

1. Do you feel a sense of community with other people on campus (for example, do you share interests and concerns with them)?

1 2 3 4 5
not at all slightly moderately mostly a great deal

2. How important is it to you to feel a sense of community with people on this campus?

1 2 3 4 5
not at all slightly moderately fairly very important
important

3. Some people care a lot about the kind of campus they live on. For others, the campus is not important. How important is what the campus is like to you?

1 2 3 4 5
Not at all slightly moderately fairly very important
Important

If you answered #3 above that it is not important, please explain why not? If it is important to you, please explain why?

Please answer the following questions about what you think about “violence prevention.” Violence is when people fight or hurt others on purpose. Violence prevention means keeping violence from happening or stopping violence before it starts.

Circle only one answer that best describes your response:

	1	2	3	4	5	6				
	Disagree Completely	Disagree A Lot	Disagree A Little	Agree A Little	Agree A Lot	Agree Completely				
1. People’s violent behavior can be prevented.					1	2	3	4	5	6
2. There are certain things a person can do to help prevent violence.					1	2	3	4	5	6
3. I myself can make a difference in helping to prevent violence.					1	2	3	4	5	6
4. People can be taught to help prevent violence.					1	2	3	4	5	6
8. Doing or saying certain kinds of things can work to help prevent violence.					1	2	3	4	5	6
6. I can learn to do or say the kinds of things that help prevent violence.					1	2	3	4	5	6
7. People can learn to become someone who helps others to avoid violence.					1	2	3	4	5	6
8. Even people who are not involved in a fight can do things that help prevent violence.					1	2	3	4	5	6
9. Even when I’m not involved and it’s not about me, I can make a difference in helping to prevent violence.					1	2	3	4	5	6

Please read each of the following statements and indicate how true each is of you.

	1	2	3	4	5
	Strongly disagree Not at all true				Strongly agree Very much true
1. I don’t think sexual assault is a big problem on campus.					1 2 3 4 5
2. I don’t think there is much I can do about sexual assault on campus.					1 2 3 4 5
3. There isn’t much need for me to think about sexual assault on campus, that’s the job of the crisis center.					1 2 3 4 5
4. Sometimes I think I should learn more about sexual assault but I haven’t done so yet.					1 2 3 4 5
5. I think I can do something about sexual assault and am planning to find out what I can do about the problem.					1 2 3 4 5
6. I am planning to learn more about the problem of sexual assault on campus.					1 2 3 4 5
7. I have recently attended a program about sexual assault.					1 2 3 4 5
8. I am actively involved in projects to deal with sexual assault on campus.					1 2 3 4 5
9. I have recently taken part in activities or volunteered my time on projects focused on ending sexual assault on campus.					1 2 3 4 5

Please read and answer each of the following questions. If you do not know the answer to a question please indicate that you do not know. We ask that you do not guess answers if you truly feel you do not know the answer.

1. I know I have consent to engage in sexual behavior with my partner if

___ I don't know.

2. Approximately how many rapes are reported to SHARPP at UNH every year?

- a) Between 15 and 20
- b) Between 30 and 35
- c) Between 50 and 55
- d) I don't know.

3. Over their lifetime, approximately one in _____ women will experience sexual assault.

- a) Four
- b) Seven
- c) Ten
- d) Fourteen
- e) Seventeen
- f) I don't know.

4. Over their lifetime, approximately one in _____ men will experience sexual assault.

- a) Four
- b) Seven
- c) Ten
- d) Fourteen
- e) Seventeen
- f) I don't know.

5. Sexual violence includes: circle as many as you think are correct:

- a) ogling a woman's breasts
- b) whistling/catcalling at a woman/man passer-by
- c) ogling a man or woman's crotch area
- d) pinching someone's behind
- e) slapping someone's behind
- f) forcing someone to watch pornography
- g) telling someone to fuck off
- h) "flipping" someone the finger
- i) violating boundaries or "safe words"
- j) forcing someone to engage in any unwanted sexual activity
- k) punching someone in the stomach
- l) masturbation in public
- m) calling someone a slut or cunt or pussy
- n) unwanted sexual activity
- o) I don't know.

6. The most commonly used drug in sexual assault is _____.

_____ I don't know.

7. According to the UNH Student Code of Conduct, "sexual misconduct includes any sexual activity as defined by" ... circle ALL that are correct:

- a) intentional and prolonged staring at a woman's breasts without seeking permission.
- b) intentional and prolonged staring at a woman's breasts without receiving permission.
- c) intentional and prolonged staring at another's crotch without seeking permission.
- d) intentional and prolonged staring at another's crotch without receiving permission.
- e) intentional touching of another's sexual or intimate parts without seeking expressed permission.
- f) intentional touching of another's clothing covering the immediate area of another's sexual or intimate parts without seeking expressed permission.
- g) intentional touching of another's sexual or intimate parts without receiving expressed permission.
- h) intentional touching of another's clothing covering the immediate area of another's sexual or intimate parts without receiving expressed permission.
- i) intentional forcing of another to watch pornography.
- j) sexual activity when a person's ability to give expressed permission is compromised due to mental disability.
- k) sexual activity when a person's ability to give expressed permission is compromised due to physical disability..
- l) sexual activity when a person's ability to give expressed permission is compromised due to due to substance ingestion.
- m) I don't know.

8. Based on FBI statistics, the percentage of people falsely reporting sexual assault is _____.

- a) One half percent, lower than other felony crimes
- b) Two percent, comparable to all felony crimes
- c) Thirty percent, higher than other felony crimes
- d) Sixty percent, most allegations are ultimately found to be false
- e) I don't know.

9. List as many helpful bystander behaviors as you know that could be used in the case of sexual violence:

_____ I don't know of any.

10. Research shows that there are several factors that make it more likely that a person will intervene as a helpful bystander. List as many of these factors that you are aware of.

_____ I don't know of any.

Please indicate your level of agreement with each of the following statements using the scale:

	1	2	3	4	5	6	7
	not at all agree						very much agree
1. If a woman is raped while she is drunk, she is at least somewhat responsible for letting things get out of control.	1	2	3	4	5	6	7
2. Although most women wouldn't admit it, they generally find being physically forced into sex a real "turn-on."	1	2	3	4	5	6	7
3. If a woman is willing to "make out" with a guy, then it's no big deal if he goes a little further and has sex.	1	2	3	4	5	6	7
4. Many women secretly desire to be raped.	1	2	3	4	5	6	7
5. Most rapists are not caught by the police.	1	2	3	4	5	6	7
6. If a woman doesn't physically fight back, you can't really say that it was rape.	1	2	3	4	5	6	7
7. Men from nice middle-class homes almost never rape.	1	2	3	4	5	6	7
8. Rape accusations are often used as a way of getting back at men.	1	2	3	4	5	6	7
9. All women should have access to self-defense classes.	1	2	3	4	5	6	7
10. It is usually only women who dress suggestively that are raped.	1	2	3	4	5	6	7
11. If the rapist doesn't have a weapon, you really can't call it a rape.	1	2	3	4	5	6	7
12. Rape is unlikely to happen in the woman's own familiar neighborhood.	1	2	3	4	5	6	7
13. Women tend to exaggerate how much rape affects them.	1	2	3	4	5	6	7
14. A lot of women lead a man on and then cry rape.	1	2	3	4	5	6	7
15. It is preferable that a female police officer conduct the questioning when a woman reports a rape.	1	2	3	4	5	6	7
16. A woman who "teases" men deserves anything that might happen.	1	2	3	4	5	6	7
17. When women are raped, it's often because the way they said "no" was ambiguous.	1	2	3	4	5	6	7

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 18. Men don't usually intend to force sex on a woman, but sometimes they get too sexually carried away. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. A woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. Rape happens when a man's sex drive gets out of control. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Please answer the following questions using the following scale to indicate your agreement or disagreement with each statement:

- | | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|--------------|----------------|-----------------|--------------------------|
| | strongly agree | agree | neutral | disagree | strongly disagree |
| 1. Males and females should share the expenses of a date. | 1 | 2 | 3 | 4 | 5 |
| 2. I believe that talking about sex destroys the romance of that particular moment. | 1 | 2 | 3 | 4 | 5 |
| 3. Most women enjoy being submissive in sexual relations. | 1 | 2 | 3 | 4 | 5 |
| 4. If a woman dresses in a sexy dress she is asking for sex. | 1 | 2 | 3 | 4 | 5 |
| 5. If a woman asks a man out on a date then she is definitely interested in having sex. | 1 | 2 | 3 | 4 | 5 |
| 6. In the majority of date rapes the victim is promiscuous or has a bad reputation. | 1 | 2 | 3 | 4 | 5 |
| 7. A man is entitled to intercourse if his partner had agreed to but at the last moment changed her mind. | 1 | 2 | 3 | 4 | 5 |
| 8. Many women pretend they don't want to have sex because they don't want to appear "easy." | 1 | 2 | 3 | 4 | 5 |
| 9. A man can control his behavior no matter how sexually aroused he feels. | 1 | 2 | 3 | 4 | 5 |
| 10. I believe that alcohol and other drugs affect my sexual decision making. | 1 | 2 | 3 | 4 | 5 |
| 11. The degree of a woman's resistance should be a major factor in determining if a rape has occurred. | 1 | 2 | 3 | 4 | 5 |
| 12. When a woman says "no" to sex what she really means is "maybe." | 1 | 2 | 3 | 4 | 5 |
| 13. If a woman lets a man buy her dinner or pay for a movie or drinks, she owes him sex. | 1 | 2 | 3 | 4 | 5 |
| 14. Women provoke rape by their behavior. | 1 | 2 | 3 | 4 | 5 |
| 15. Women often lie about being raped to get back at their dates. | 1 | 2 | 3 | 4 | 5 |
| 16. It is okay to pressure a date to drink alcohol in order to improve one's chances of getting one's date to have sex. | 1 | 2 | 3 | 4 | 5 |
| 17. When a woman asks her date back to her place, I expect that something sexual will take place. | 1 | 2 | 3 | 4 | 5 |
| 18. Date rapists are usually motivated by overwhelming, unfulfilled sexual desire. | 1 | 2 | 3 | 4 | 5 |
| 19. In most cases when a woman was raped she was asking for it. | 1 | 2 | 3 | 4 | 5 |
| 20. When a woman fondles a man's genitals it means she has consented to sexual intercourse. | 1 | 2 | 3 | 4 | 5 |

Please read each of the following short vignettes and imagine yourself in the situation depicted. Then answer the questions that follow about how you would respond if you were in that situation.

- 1. A friend of yours has accused one of your close male friends of raping them. Some of your other friends are "badmouthing" the accuser, saying it wasn't rape and the accuser is promiscuous anyway.**

How much do you think that the ACCUSER needs your help?

1	2	3	4	5	6	7
not at all						very much

How much do you think that the ACCUSED needs your help?

1	2	3	4	5	6	7
not at all						very much

Please read the following list of behaviors and check how likely you are to engage in these behaviors using the following scale:

	1	2	3	4	5
	not at all likely				extremely likely
1. Call 911 and tell the hospital my suspicions if I suspect that my friend has been drugged.	1	2	3	4	5
2. Call 911 if I hear someone yelling and fighting.	1	2	3	4	5
3. Try to get help if I suspect a stranger at a party has been drugged.	1	2	3	4	5
4. Call 911 if I hear someone calling for help.	1	2	3	4	5
5. Go investigate if I am awakened at night by someone calling for help.	1	2	3	4	5
6. Call 911 if my friend needs help.	1	2	3	4	5
7. Talk to the friends of a drunk person to make sure they don't leave their drunk friend behind at the party	1	2	3	4	5
8. If I see someone at a party who has had too much to drink, I ask them if they need to be walked home so they can go to sleep.	1	2	3	4	5
9. If my roommate or friend said that they had an unwanted sexual experience but they don't call it "rape" I question them further.	1	2	3	4	5
10. Walk a stranger home from a party who has had too much to drink.	1	2	3	4	5
11. Walk a friend home from a party who has had too much to drink.	1	2	3	4	5
12. If a woman is being shoved or yelled at by a man, I ask her if she needs help.	1	2	3	4	5
13. If I hear what sounds like yelling and fighting through my dorm walls I knock on the door to see if everything is ok.	1	2	3	4	5
14. If I hear what sounds like yelling or fighting through my dorm or apartment walls, I talk with a resident counselor or someone else who can help	1	2	3	4	5
15. If I saw a friend grabbing, pushing, or insulting their partner I would confront them.	1	2	3	4	5
16. If I saw a friend grabbing, pushing, or insulting their partner I would get help from other friends or university staff.	1	2	3	4	5
17. If I saw a friend taking a very intoxicated person up the stairs to my friend's room, I would say something and ask what my friend was doing.	1	2	3	4	5
18. If I saw several strangers dragging a passed out woman up to their room, I would get help and try to intervene.	1	2	3	4	5
19. If I hear an acquaintance talking about forcing someone to have sex with them, I speak up against it and express concern for the person who was forced.	1	2	3	4	5
20. Say something to a person whose drink I saw spiked with a drug even if I didn't know them.	1	2	3	4	5
21. Grab someone else's cup and pour their drink out if I saw that someone slipped something into it.	1	2	3	4	5
22. Ask a friend who seems upset if they are okay or need help.	1	2	3	4	5
23. Ask an acquaintance who seems upset if they are okay or need help.	1	2	3	4	5
24. Ask a stranger who seems upset if they are okay or need help.	1	2	3	4	5
25. Call a rape crisis center or talk to a resident counselor for help if a friend told me they were sexually assaulted.	1	2	3	4	5
26. Call a rape crisis center or talk to a resident counselor for help if an acquaintance told me they were sexually assaulted.	1	2	3	4	5
27. Call a rape crisis center or talk to a resident counselor for help if a stranger told me they were sexually assaulted.	1	2	3	4	5
28. Approach a friend if I thought they were in an abusive relationship and let them know that I'm here to help.	1	2	3	4	5
29. Let a friend I suspect has been sexually assaulted know that I am available for help and support.	1	2	3	4	5

30. Share information about sexual assault and violence with my friend.	1	2	3	4	5
31. Confront friends who make excuses for abusive behavior by others.	1	2	3	4	5
32. Speak up against racist jokes.	1	2	3	4	5
33. Speak up against sexist jokes	1	2	3	4	5
34. Speak up against homophobic jokes.	1	2	3	4	5
35. Speak up against commercials that depict violence against women.	1	2	3	4	5
36. Speak up in class if a professor explains that women like to be raped.	1	2	3	4	5
37. Speak up if I hear someone say “she deserved to be raped.”	1	2	3	4	5
38. Watch my drinks and my friends’ drinks at parties.	1	2	3	4	5
39. Make sure I leave the party with the same people I came with.	1	2	3	4	5
40. Ask for verbal consent when I am intimate with my partner, even if we are in a long-term relationship.	1	2	3	4	5
41. I won’t stop sexual activity when asked to if I am already sexually aroused.	1	2	3	4	5
42. When I hear a sexist comment I indicate my displeasure.	1	2	3	4	5
43. I obtain verbal consent before engaging in sexual behavior.	1	2	3	4	5
44. If I hear that a teammate, dorm mate, fraternity brother, sorority sister has been accused of sexual violence, I keep any information I may have to myself.	1	2	3	4	5
45. Educate myself about sexual violence and what I can do about it.	1	2	3	4	5
46. Call 911 if a stranger needs help.	1	2	3	4	5
47. I see a man and his girlfriend <u>whom I know</u> in a heated argument. The man’s fist is clenched and his partner looks upset. I ask if everything is ok.	1	2	3	4	5
48. I see a man talking to a woman at a bar. He is sitting very close to her and by the look on her face I can see she is uncomfortable. I ask her if she is ok.	1	2	3	4	5
49. I see a man and his girlfriend. <u>I don’t know</u> them but the man’s fist is clenched and his partner looks upset. I ask if everything is ok.	1	2	3	4	5
50. I encourage people who say they have had unwanted sexual experiences to keep quiet so they don’t get others in trouble.	1	2	3	4	5
51. If I know information about an incident of sexual violence, I tell authorities what I know in case it is helpful.	1	2	3	4	5

Please read each of the following behaviors. Indicate in the column *Confidence* how confident you are that you could do them. Rate your degree of confidence by recording a number from 0 to 100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100
can't do	quite uncertain				moderately certain					very certain

	Confidence
1. Express my discomfort if someone makes a joke about a woman’s body.	_____%
2. Express my discomfort if someone says that rape victims are to blame for being raped.	_____%
3. Call for help (i.e. call 911) if I hear someone in my dorm yelling “help.”	_____%
4. Talk to a friend who I suspect is in an abusive relationship.	_____%
5. Get help and resources for a friend who tells me they have been raped.	_____%
6. Ask a stranger who looks very upset at a party if they are ok or need help.	_____%
7. Ask a friend if they need to be walked home from a party.	_____%
8. Ask a stranger if they need to be walked home from a party.	_____%

9. Speak up in class if a professor is providing misinformation about sexual assault. _____%
10. Criticize a friend who tells me that they had sex with someone who was passed out or who didn't give consent. _____%
11. Do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party. _____%
12. Do something if I see a woman surrounded by a group of men at a party who looks very uncomfortable. _____%
13. Get help if I hear of an abusive relationship in my dorm or apartment _____%
14. Tell an RA or other campus authority about information I have that might help in a sexual assault case even if pressured by my peers to stay silent. _____%

Please indicate your level of agreement with each of the following statements using this scale:

1	2	3	4	5
strongly disagree	disagree	undecided	agree	strongly agree

1. I can help prevent violence against women in my community. 1 2 3 4 5
2. It is intimidating to think about trying to stop a guy from hitting his girlfriend. 1 2 3 4 5
3. A group of guys would listen to me if I confronted them about their sexist behavior. 1 2 3 4 5
4. I have the skills to help support someone who is in an abusive relationship. 1 2 3 4 5
5. The fear of being laughed at would prevent me from telling a group of guys it was disrespectful to whistle at women. 1 2 3 4 5
6. I don't think I could stop a group of guys who are harassing a woman at a party. 1 2 3 4 5
7. I would be comfortable telling my friend to stop calling his girlfriend names. 1 2 3 4 5
8. I believe my peers will listen to me if I speak out against sexual violence. 1 2 3 4 5
9. I have the confidence to say something to a guy who is acting inappropriately toward a woman. 1 2 3 4 5
10. It would be too hard for me to confront a stranger who was being abusive toward a woman. 1 2 3 4 5

Each statement represents a thought that might occur to a person who is deciding whether or not to help someone who is in trouble. Please indicate how important each of these statements would be to you if you were considering intervening in a situation where you thought someone might be being hurt or was at risk of being hurt. Please circle the number that best describes how important each statement would be to you if you were deciding whether or not to intervene.

1	2	3	4	5
not important at all	slightly important	moderately important	very important	extremely important

1. If I intervene regularly, I can prevent someone from being hurt. 1 2 3 4 5
2. It is important for all community members to play a role in keeping everyone safe. 1 2 3 4 5
3. Friends will look up to me and admire me if I intervene. 1 2 3 4 5
4. I will feel like a leader in my community if I intervene. 1 2 3 4 5
5. I like thinking of myself as someone who helps others when I can. 1 2 3 4 5
6. Intervening would make my friends angry with me. 1 2 3 4 5

9. To what extent did you find the presentation well organized and easy to follow?

0	1	2	3	4	5	6
not at all						very organized and easy
organized and easy to follow						to follow

10. To what extent did you find it difficult to concentrate on the presentation?

0	1	2	3	4	5	6
not at all						very difficult
difficult						

11. In your estimation, how logical and accurate was the information presented?

0	1	2	3	4	5	6
not at all logical						very logical and accurate
and accurate						

12. How would you rate the quality of the presenters' information?

0	1	2	3	4	5	6
very poor						excellent

THANK YOU