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ORIGINAL RESEARCH

The Preliminary Development of the North Dakota Sexual Violence Intervention Acceptability Measure

RaeAnn E. Anderson, Sara K. Kuhn, Anne E. Nickell,
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SEXUAL VICTIMIZATION, the experience of nonconsensual sexual activity of any type, affects at least one in four American women and many more proportionally when specific groups, such as LGBTQ+ individuals, are considered (Black et al., 2011). Given the frequent incidence of sexual victimization and the high conditional probability of PTSD (40–50%; Breslau et al., 1998; Dworkin et al., 2021), alongside increased risk of a plethora of other health problems (Dworkin et al., 2017; Koss, 1993), sexual victimization is a leading cause of health impairment. In this article we focus on interventions designed to reduce the incidence of sexual victimization, in other words, reducing the likelihood that a new episode of sexual assault would occur. Because sexual victimization is by definition perpetrated by a second person, sexual victimization interventions are efforts to reduce risk among those targeted (e.g., possible victim/survivors). In contrast, prevention interventions would target perpetration behavior, a separate, complicated, yet extremely worthy approach to that investigated here. It is important to note that risk reduction interventions should not be needed. Rather, perpetration prevention would ideally circumvent the need for any further intervention with potential victims. However, this is not currently feasible. As of this writing, there is no empirically supported intervention to reduce perpetration in adults.

Recent years have witnessed burgeoning new and effective interventions for decreasing the risk of experiencing sexual victimization such as feminist self-defense and bystander interventions (Orchowski et al., 2018; Senn et al., 2015). As new interventions are developed, more interventions become available, and research moves from efficacy testing to effectiveness, understanding the acceptability of various interventions becomes crucial. However, to our knowledge there is no measure for the acceptability of sexual victimization risk reduction interventions. Rather, most investigators create ad-hoc or bespoke measures as part of the intervention development process. This is likely adequate for this narrow, specific purpose. However, for better understanding of differential acceptability and preferences for interventions at the user (e.g., consumer) level—in other words, understanding why a person prefers one intervention over another—a standard measure would be useful. Thus, the goal of this study was to develop a standardized measure for assessing sexual victimization risk reduction intervention acceptability utilizing a theoretical framework to enhance applicability across intervention types (group, individual, community level), foci (self-defense, bystander, other), and clinical utility. We do not evaluate the psychometric properties of the measure in this article; rather, we present pilot data to evaluate whether further development would be fruitful.

Why Focus on Acceptability?

An intervention could be perfectly efficacious, but its practical impact will be nil if it is unacceptable. Thus, considering acceptability, that is, the perceived cognitive and emotional responses to interventions, is important to consider in the development, implementation, and dissemination of interventions. This is a somewhat new concept in intervention research generally and particularly in thinking about preventative interventions like sexual victimization risk reduction. Until now, the goal has largely been to develop *something* efficacious. Luckily, research has progressed to the point that there are now multiple efficacious programs. Given this outstanding, historic progress, the goals of research can shift to the latter components Gordon Paul articulated: "*What* treatment, by *whom*, is most effective for *this* individual with *that* specific problem, and under *which* set of circumstances?" (Paul, 1967, p. 111). Acceptability is a critical component for elaborating the answer to this question.

We also argue that acceptability is particularly important for conducting a clinical psychological science that is inclusive and equitable. Because many populations have been historically left out of research, marginalized populations may feel that existing interventions simply do not speak to their needs. In the case of sexual victimization risk reduction, many underrepresented and marginalized groups may feel that because these interventions were developed with higher income, White, heterosexual, college women, they are neither applicable nor appealing.

Sekhon's Acceptability Framework

Most prior studies of the acceptability of sexual violence interventions have created an ad-hoc, unique questionnaire for the given study, an expected outcome when no or few standard questionnaires exist. This appears common among the field more broadly (Lewis et al., 2015). Thus, the development of a theoretically grounded questionnaire that can be used in a more standardized fashion across intervention approaches and types is necessary for improving sexual violence interventions and their implementation. Further, grounding this questionnaire in a theoretical framework should increase the utility of responses. We chose Sekhon and colleagues' (2017) framework of acceptability, which comprises seven components: affective attitude, burden, ethicality, intervention coherence, opportunity costs, perceived effectiveness, and self-efficacy. This framework was developed from conducting a systematic review of the literature and applying inductive and deductive methods to the research identified to develop an operational definition and theoretical framework. Thus, this framework appeared to be the most empirically grounded among available approaches to defining acceptability. Thus, we attempted to create a questionnaire with at least one item for each theoretical component of acceptability for a minimum seven-item measure.

This approach is complementary to one of the few standardized questionnaires we were able to locate, the Acceptability of Intervention Measure (AIM). The AIM is three items long and designed to be applicable to any intervention (Weiner et al., 2017). This measure was developed via expert ratings and systematic review within an implementation science framework (Weiner et al., 2017). This questionnaire is concise and efficient, yet may not capture all seven components of acceptability.

Table 1. Tested Sexual Violence Intervention Acceptability Measure Items

	Acceptability Component	Item	Response Format
1	Affective attitude	How positively or negatively do you feel about the *self-defense class name* class?	7-point Likert scale *extremely negative* to *extremely positive*
2	Burden	How easy or difficult was it for you to participate in *self-defense class name*?	7-point Likert scale *extremely difficult* to *extremely easy*
3	Ethicality	How much do you agree with this statement: The class *self-defense class name* aligns well with my personal value system.	7-point Likert Scale *strongly disagree* to *strongly agree*
4	Intervention Coherence	How clear is your understanding of the class *self-defense class name*?	6-point Likert scale *not at all clear* to *very clear*
5	Intervention Coherence	How much do you agree with this statement: I understand how *self-defense class name* works.	7-point Likert scale *strongly disagree* to *strongly agree*
6	Opportunity Costs	In order to attend *self-defense class name*, would you pay $30 (or pay a babysitter $30)?	5-point Likert scale *definitely yes* to *definitely not*
7	Opportunity costs	In order to attend *self-defense class name*, would you miss class or work?	5-point Likert scale *definitely yes* to *definitely not*
8	Opportunity Costs	In order to attend *self-defense class name*, would you reschedule a date or outing?	5-point Likert scale *definitely yes* to *definitely not*
		Tell us more about what might STOP you from signing up to participate in *self-defense class name*:	Text response
		Tell us more about what would make you MORE LIKELY to participate in *self-defense class name*:	Text response
9	Perceived effectiveness	How effective do you think *self-defense class name* will be in helping you to prevent sexual assault or rape?	5-point Likert scale *very effective* to *not at all effective*
10	Self-efficacy	How confident are you that you did successfully engage in and complete *self-defense class name*?	5-point Likert scale *very confident* to *not at all confident*
		Would you recommend *self-defense class name* to a friend?	*Yes, no, maybe/unsure (tell us more)*

Note. The full, current version of this questionnaire is also available at https://commons.und.edu/psych-stu/3/.

However, the brevity is consistent with the hierarchical structural model of construct validity—that an item for each component of the structure is unnecessary and can inflate variance (Clark & Watson, 2019). Ultimately, it may be prudent to rely on such a brief measure; however, we consider that an empirical question to be tested in future research.

Self-Defense as Sexual Victimization Risk Reduction

Feminist self-defense interventions to reduce the risk of rape have a long history and are well-studied (Gidycz & Dardis, 2014). Feminist self-defense is a cognitive-behavioral intervention that includes: psychoeducation around sexuality, challenging cognitions that are barriers to effective self-defense, and the behavioral practice of self-defense. One of the most well-studied examples is the Enhanced Assess, Acknowledge, Act Sexual Assault Resistance program, aka the Flip the Script program, which takes 16 hours to complete and is delivered by highly trained peers (Senn et al., 2015). For individual women who wish to reduce their risk of rape, self-defense is one of the, if not the only, empirically supported options designed to target individual change (in contrast to bystander interventions that target community-level change; Orchowski et al., 2018). Self-defense is efficacious; Flip the Script reduces the risk of rape by nearly 50%—in other words, reducing the risk of rape from 9.8% to 5.2% (Senn et al.). Only recently have non-self-defense interventions become available, and none yet meet the criteria for an empirically supported intervention as yet. However, as intervention options proliferate, it is important to understand why individuals may prefer and respond differentially to various interventions.

Current Study

This study aimed to develop a theoretically based questionnaire of acceptability for evaluating sexual violence interventions. Acceptability is a key tool for improving the reach and inclusivity of interventions. We sought to develop a questionnaire that could be applied to the wide variety of forms and foci of sexual victimization risk reduction interventions. This article presents a description of the development and pilot testing of these items to determine whether further testing would be appropriate, *not* intervention acceptability data. We utilized the instrument model described by Clark and Watson (2019) in considering the development process to be iterative and ongoing throughout the lifespan of the measure with the initial stages focusing on the conceptualization of the construct. Given this iterative model, we are writing this article to (a) model this iterative practice including at the peer-review stage, (b) invite feedback from peer reviewers and general readers, and (c) demonstrate how even simple pilot data raises important questions about measure development. Finally, we hope that the data presented here identifies future areas for refinement and psychometric testing for our team and others.

Thus, at this stage we focused on developing the item pool, and pilot-testing for readability and logical consistency. We pilot tested items with college and community women who had completed self-defense. We focused on self-defense because it is the longest-standing risk reduction intervention and the only one offered in our local community. We recruited a sample of community women to diversify our analysis beyond college women, and to recruit a group who had not taken self-defense as recently and may therefore have different insights regarding acceptability. In our analysis of items, we focus on whether items were understandable to participants and whether the reported data was logically consistent. We did not examine the reported data for acceptability itself, given the small samples recruited and high statistical floor of acceptability given that all participants had opted to complete a self-defense course.

Method and Item Development Findings

Development of the Item Pool

We first developed items anchored to Sekhon's (2017) framework. Items were drafted by the second author based on Sekhon's framework and examination of relevant comparison literature (e.g., Newins & White, 2018; Tarrier et al., 2006). Some components of the framework are represented by one item while others are associated with multiple or multi-part items for clarity (see Table 1). This is consistent with Clark and Watson's (2019) suggestion to err on the side of multiple items, which can be reduced quantitatively in later testing rather than underrepresent dimensional content. We also included two open-ended items that asked participants to report reasons why they might or might not participate in a sexual assault program. This data was reviewed to evaluate whether the items developed may have missed relevant barriers or facilitators.

Expert Review of Items

An expert review of the initial items was conducted by the second author's thesis committee, which included four members who ranged in gender (men, woman, agender), age (30s–60s), and sexual orientation (heterosexual, bisexual), although all were White. Each item was evaluated for clarity, grammar, face validity, and redundancy. The expert review process resulted in changes that clarified language in the open-ended questions regarding what would make participants more likely/unlikely to register for and/or participate in an intervention.

Peer Review of Items

Peer review of items was done within the supervising investigator's research lab (first author). Because college students are frequently the targets and deliverers of sexual assault risk reduction interventions, we reasoned it was appropriate to seek their input for item revision. This group of 17 people included mostly White heterosexual women, but also three Indigenous women, one Hispanic woman, one Indigenous man, one Asian American woman, one Black man, and bisexual and gay individuals, whose ages ranged from 18–47. Peer review suggested we change the term "intervention" to "program" to make the items more salient for laypeople. Items were also added asking participants if they would recommend the intervention (a) to a friend, or (b) to a friend who had experienced sexual violence.

Pilot Testing of Items

The items tested are presented in Table 1. We pilot tested two versions of these items. In one test we recruited participants from a specific self-defense class and therefore included that name in the items, consistent with the approach of similar measures including the AIM. In the second pilot test we recruited any adult who had taken a self-defense or similar class and thus revised items to "the Self-Defense class." In this round of pilot testing, we focused on self-defense because that is the only type of sexual assault risk-reduction program historically offered in the community of testing. At this stage, we wanted to restrict the variance in the programs about which participants were responding to ensure that any variance in results could be attributable to the questionnaire or the population and not the nature of the intervention.

Participants were provided with the 12-item acceptability questionnaire and two items assessing whether the questionnaire was understandable (e.g., readability): (1) "How easy or difficult to understand were the questions on this survey?" and (2) "Tell us more about why you thought the questions on this survey were easy or difficult to understand." Participant demographics were also collected. To assess social desirability or response sets, one item was administered: "How honest were you in answering these survey questions? Your response is confidential and will not impact your chance to win the raffle."

Sample 1

Participants were college women (n = 19) and nonbinary or gender-nonconforming individuals (n = 1) enrolled in a Midwestern university's Rape Aggression and Defense (R.A.D.) course, n = 20 total participants. Participant ages ranged from 18–21 (M = 19, SD = 1.00). Participants could select multiple sexual, racial, and ethnic identities. The majority sexual identity was heterosexual (n = 15, 75%), with others identifying as sexual minorities, including bisexual (n = 3), asexual or demisexual (n = 2), lesbian (n = 1), and queer (n = 1). The sample was primarily White (n = 18, 81.82%), with some participants identifying as Asian (n = 1) and as Indigenous (n = 1). Two waves of data were collected, one in fall 2020 and one in winter 2022.

Sample 2

Participants were five community women. They participated in three different types of self-defense training, one via the military, one via a college class, and one via independent jiu jitsu courses. The time since taking the class ranged from a few (2019) to many years (1997). Participant

ages ranged from 33–56 and all identified as heterosexual White women with one also identifying as Two-Spirit. Regarding their sexuality, four participants identified as heterosexual and one as mostly heterosexual. Data were collected in winter 2022. Because Sample 2 women described different barriers and facilitators and had taken self-defense classes longer ago, we analyzed their data separately to examine whether the questionnaire generalized.

Results

Readability of the Questionnaire

Participants in both samples overwhelmingly reported that the questionnaire was easy to understand (Figure 1) with the lowest rating for this item being "neither easy nor difficult." All participants reported being moderately or extremely honest. We also examined responses to an open-ended item, "Tell us more about why you thought the questions on this survey were easy or difficult to understand," designed to assess the readability of the questionnaire. All but three participants reported the measure was understandable, saying things like, "clearly stated" and "straight forward questions." Thus, the questionnaire appears to be sufficiently readable and we consider the following pilot data below to be interpretable.

Feedback on the Questionnaire

Two participants from Sample 1 (college students) noted that some of the response options were too long. One participant noted having capital letters in the items helped with quick comprehension, for example, "Tell us more about what might STOP you from signing up to participate in this program." All study items are listed in Table 1. Sample 2 (community women) had much more feedback on the items themselves. One noted that that effectiveness item was confusing and another raised questions regarding intervention coherence, seeming to suggest it was tautological: "'I understand how self-defense works' seems nebulous—the definition is the defense of yourself."

Logical Consistency in Participant Responses

Means and standard deviations for each item are presented in Table 2 by sample. Inspection of the data in Table 2 suggests that the questionnaire functions as intended. Responses were in the intended direction given that all participants enrolled in self-defense on an elective basis (and therefore positive perceptions would be inflated) and are face valid. Most participants reported a positive affective attitude, low burden, high ethicality, high coherence, good effectiveness, and high self-efficacy for self-defense classes. This is logically consistent with a group who opted to take a semester-long course and would therefore naturally be more committed to and positive regarding self-defense.

Our focus on practical opportunity cost items showed greater variability in responding with most participants having positive but not uniformly positive responses. For example, the average response to "would you miss a class or work to attend the program?" was met with "might or might not." Although perhaps not promising for this particular intervention, we consider the variability in responses highly promising for the questionnaire—participants did not appear to be engaging in an overly positive response set.

Between Sample Differences

There were many small differences between the samples, with community women's acceptability ratings being slightly attenuated in comparison to the college sample. This is perhaps most notable for the item regarding recommending the class to a friend who experienced sexual assault, with only one community woman answering yes in comparison to all 11 college women. Community women had very nuanced views, many mentioning it would depend on the specifics. Sample differences in four of the seven theoretical domains suggest promise for the questionnaire in that we would expect the positive valence of responses to somewhat attenuate over time.

Differences Between Sexual Minority and Majority Participants in Sample 1

Comparing the interpretive range (rather than statistical values), there were four domains in which sexual minority participants reported less acceptability than heterosexual participants (see Table 3). For affective attitude, ethicality, coherence (item B), and opportunity costs ($) sexual minority participants reported one level difference in the interpretive range of the average response. For example, regarding affective attitude, heterosexual participants' average ratings were in the "extremely positive" range whereas sexual minority participants were in the "positive" range. These minor differences may be due to restricted sample size but are also logically consistent with prior research that suggests marginalized groups feel that interventions developed for majority culture needs may not apply to them (Seaver et al., 2008; Wells et al., 2013).

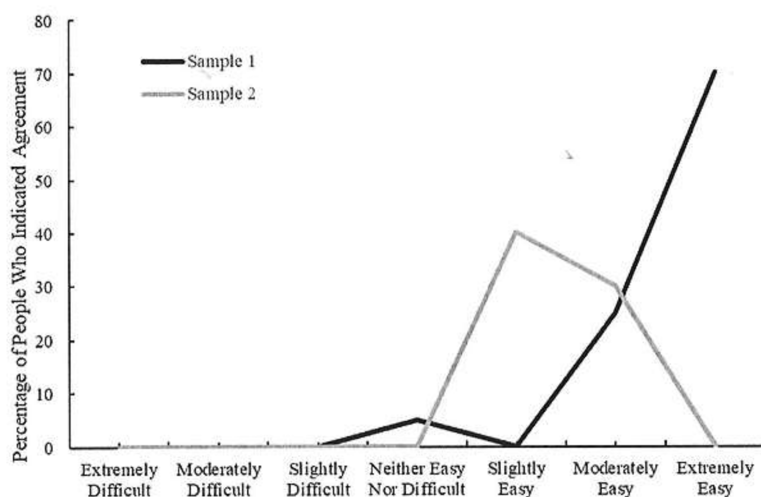

Figure 1. Understandability of SVIAM
Note. Participants were asked to rate the difficulty of understanding the items on the ND SVIAM on a 7-point Likert scale from 1 (*extremely difficult*) to 7 (*extremely easy*).

Table 2. Mean Item Ratings for Each Item Across Samples

Acceptability Item/ Likert Range	Sample 1 Mean Rating (SD), *n* = 20	Sample 1 interpretive range	Sample 2 Mean Ratings (SD), *n* = 5	Sample 2 interpretive range
1. Affective attitude / 7	6.55 (.50)	Extremely positive*	6.00 (.63)	Positive*
2. Burden / 7	6.70 (.46)	Extremely easy*	6.20 (.40)	Easy*
3. Ethicality / 7	6.50 (.50)	Strongly agree*	5.80 (.98)	Agree
4. Coherence A "clarity" / 5	5.00 (0)	Very clear*	4.40 (.49)	Somewhat Clear*
5. Coherence B "how it works" / 7	6.55 (.59)	Strongly agree*	6.00 (.63)	Agree
6. Effectiveness / 5	4.30 (.46)	Somewhat effective	3.80 (.40)	Somewhat Effective
7. Self-efficacy / 5	4.95 (.46)	Very confident	4.60 (.49)	Very confident
8. Opportunity costs, pay $30 /5	3.85 (1.06)	Probably yes*	3.40 (1.62)	Might or might not*
9. Opportunity costs: miss class or work / 5	2.95 (0.97)	Might or might not*	2.60 (.80)	Probably not*
10. Reschedule a date /5	4.2 (.68)	Probably yes*	2.80 (.40)	Probably not*
11. Barriers to participation (open-ended)	Lack of time, performance anxiety, want friends to come with, timing		Timing, money, misogynist instructor	
12. Facilitators (open-ended)	See a woman do it, being able to defend myself, peer approval, timing, low-cost		Being a workout, free, good instructor, regular schedule	
13. Recommend to a friend	Yes (20)	—	Yes (4), maybe (1)	—
14. Recommend to a survivor	Yes (19), maybe (1)	—	Yes (1), maybe (4)	—
Mean, SD, median, mode, range of items 1-9 in Sample 1: 51.3(3.23), 51.0, 47, range: 47-56, possible range: 10-59.			—	—

Note. * indicates a difference between samples in the interpretive ranges.

Open-Ended Responses Regarding Barriers

Responses to barriers indicated the expected general barriers such as lack of time. Indeed, 75% of Sample 1 specifically mentioned time and scheduling as a barrier, with one participant noting "work or class commitments kept me from taking it the last two years," suggesting that they had been trying to enroll for years. Some barriers appeared unique to self-defense, such as performance anxiety, with one participant noting "anxiety to participate in front of [classmates]." Finally, one barrier may be unique to violence and sexual assault programs: wanting to attend with a friend. No additional barriers were described in open-ended responses by the college sample. Barriers were generally very similar across Sample 1 and Sample 2 in that timing was a primary barrier; time was also mentioned by 3/5 community women. Community women also mentioned concerns about the structure of the class (e.g., "Does it only focus on the physical part of self-defense?") Another community participant noted concerns about the instructor, citing a prior bad experience with a misogynistic male instructor.

Open-Ended Responses Regarding Facilitators

As with barriers, the cross-cutting general barrier of time and money was reported, seven college participants specifically mentioned timing- and location-related issues and three mentioned needing low- or no-fee classes. Five mentioned physical self-defense, with comments such as, "want to be able to protect myself." Further, potentially unique facilitators, including peer approval, "knowing people taking the class," and gender of the instructor, were reported by more than one participant in Sample 1. Community women were also concerned with time and location (two), cost and intellectual stimulation, saying, "keeping my interested from week to week."

Discussion

The goal of this study was to take the first step in developing a theoretically grounded measure of acceptability for sexual violence interventions, particularly one to be valuable for many different types of interventions and foci. Our initial data suggest promise for future clinical utility, psychometric testing, and areas for further refinement of the measure. Consistent with an iterative model of instrument development, we expect that this measure would be continually refined and tested as it is used rather than relying on data from only initial testing. Thus, we hope this article stimulates discussion and feedback; the questionnaire is available open-access at this address, https://commons.und.edu/psych-stu/3/, and in Table 1.

Readability and Logical Consistency Findings

Readability ratings were high for all items, though multiple participants did provide specific feedback to incorporate in future versions of this questionnaire. Both samples reported generally positive experiences with the various types of self-defense classes they took. Although the community women generally reported slightly lower ratings than the college women, the overall pattern of responding was the same, with the exception of recommendations for a

sexual assault survivor. Community women had very nuanced opinions about recommending to a survivor. Participants generally had strong and positive affective attitude, ethicality, and coherence ratings, and low burdensomeness ratings, but lower ratings of self-efficacy, effectiveness, and opportunity costs. Similar to the differences between the college and community sample, ratings from sexual minority participants (those who identify as bisexual, lesbian, and queer) were attenuated compared to heterosexual participants among the college sample. Thus, our questionnaire appeared to capture all seven components of acceptability, show appropriate variance with respect to population, and provide practical, actionable data for intervention development and planning.

Clinical Implications

Affective attitude, burden, and ethicality were the highest rated items in both samples. Considering how to “sell” an intervention to future participants, these components may be the most effective in predicting attendance. This is consistent with prior research on completing psychotherapy—a more positive attitude towards treatment is associated with treatment completion (Valenstein-Mah et al., 2019). This is also consistent with research on resistance to self-defense (Hollander, 2009)—negative, inaccurate attitudes impair initiation and provision of self-defense. In the open-ended responses, college participants brought up being able to attend with a friend; this is consistent with prior research (Hollander, 2010) and suggests that incorporating a social aspect to self-defense could be effective. This is similar to some treatment models for psychological disorders that incorporate peer, partner, or family support. However, much like the dominance of individual psychotherapy, the incorporation of peers or supportive others has been understudied in sexual victimization risk reduction. Interestingly, and perhaps in contrast to psychotherapy, the comments of many participants indicated they felt the intervention should be free. Thus, even though self-defense is a cognitive-behavioral intervention encompassing 12–16 hours of training, perhaps because of the history of intervention being free and the external nature of the risk, participants felt the intervention should be free of charge. Cost is always an important barrier to consider and may be even more salient for those seeking sexual victimization risk reduction.

We were surprised at the relative low ratings for the opportunity costs items, particularly considering that all of these participants had, in fact, borne some opportunity cost already by completing self-defense. Thus, perhaps participants were considering future costs, and since they had already taken self-defense, had lower ratings for this item. It will be important to compare this data point to future research where participants complete the questionnaire before choosing or completing an intervention. This is especially important considering a simple “intent to attend” item is predicting of intervention completion for PTSD, a disorder that tends to have high dropout rates for intervention (Shulman et al., 2019). Although it has never been studied, considering that PTSD is a mediator of risk for repeated victimization (Risser et al., 2006), it is entirely possible that psychotherapy can function as a sexual victimization risk-reduction intervention. Thus, this questionnaire could be used to measure the acceptability of trauma-focused therapy for PTSD when it is administered with the purpose of risk reduction. However, given the dominance of self-defense-type interventions in popular imagination, it may be a “hard sell” to convince participants to try other psychological interventions to reduce the risk of sexual violence.

Areas for Future Refinement

This analysis highlighted several areas for refinement of the measure. For example, revision of the self-efficacy and effectiveness items is recommended. Given the tautological nature of the self-efficacy item, a better item might use a behavioral definition of self-defense. However, this could reduce the applicability of the questionnaire across sexual violence interventions. We also wonder how to improve the effectiveness item. As behavioral scientists and members of the Association for Behavioral and Cognitive Therapies, we maintain that it is likely beyond the capability of the participant to evaluate effectiveness without data and, for some, even with data. Thus, perhaps a revised version of the item should anchor responses to whether the participant was provided with any type of information or data on effectiveness during the intervention. This is likely true for other acceptability questionnaires targeting psychological interventions—public understanding of science, much less behavioral science, is limited. We chose to use very practical items to assess opportunity cost, which may have been too narrow to fully capture participants' complex decision-making process to decide how to spend their time. We will definitely seek uniformity regarding the Likert scale range of response options used in the future. Similarly, our readability item was double-barreled, as was the affective attitude item. Finally, we wonder whether future research should specifically mention the lack of availability of perpetration prevention interventions in setting the context for acceptability of risk reduction interventions. Some participants may feel risk reduction interventions are inappropriate and victim-blaming without this fuller context.

Limitations

All data presented in this article are preliminary and collected with mostly women, who were mostly White, mostly heterosexual, and located in one region of the United States. We hope that this article's critical feedback and reactions help us improve the North Dakota Sexual Violence Intervention Acceptability Measure (SVIAM) questionnaire for future research and clinical work. Future research should compare the incremental validity of this measure to a more general measure like the AIM. Testing other dimensions of the psychometric properties is important, such as validity, reliability, and internal consistency (via inter-item correlations) across groups. Finally, although our team's ultimate goal of testing acceptability is inclusion, our sample was not very inclusive, a common feature of unfunded research. Future research testing the psychometric properties of the ND SVIAM must be more inclusive to meet this goal.

Conclusion

The development and pilot testing phase of the SVIAM demonstrates the difficulties inherent in developing an inclusive, psychometrically supported, yet clinically useful questionnaire. It is of note that this phase of research, though prepsychometric, is valuable in establishing a need for future research at all, given the intensive resources that large-scale, inclusive psychometric validation requires. The pilot data here suggest the SVIAM has promise for differentiating acceptability between groups and interventions. Future research should continue to refine and test the items, particularly the intervention coherence and effectiveness items with larger, more inclusive groups.

Table 3. Mean Item Ratings Comparing Heterosexual and Sexual Minority College Participants

Acceptability Item	Heterosexual Mean Rating (SD), *n* = 15	Heterosexual interpretive range	Sexual Minority Mean Ratings (SD), *n* = 5	Sexual Minority interpretive range
1. Affective attitude	6.60 (.51)	Extremely positive*	6.40 (.55)	Positive*
2. Burden	6.73 (.46)	Extremely easy	6.60 (.55)	Extremely easy
3. Ethicality	6.60 (.51)	Strongly agree*	6.20 (.48)	Agree*
4. Coherence A	5.00 (0)	Very clear	5.00 (0)	Very clear
5. Coherence B	6.67 (.49)	Strongly agree*	6.20 (.84)	Agree*
6. Effectiveness	4.27 (.46)	Somewhat effective	4.40 (.55)	Somewhat effective
7. Self-efficacy	4.67 (.49)	Very confident	4.80 (.45)	Very confident
8. Opportunity costs, $	4.13 (.83)	Probably yes*	3.00 (1.41)	Might or might not*
9. Opportunity costs: miss work	2.87 (1.06)	Might or might not	3.20 (.84)	Might or might not
10. Reschedule a date	4.13 (.74)	Probably yes	4.40 (.55)	Probably yes
13. Recommend to a friend	Yes (15)	—	Yes (5)	—
14. Recommend to a survivor	Yes (14), maybe (1)	—	Yes (5)	—

Note. *indicates a difference between samples in the interpretive ranges. There were no differences in reported barriers/facilitators (items 11, 12).

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