

ABSTRACT

Title of Dissertation: EXAMINING THE EFFECTS OF TWO
SEXUAL ASSAULT/ DATE RAPE
INTERVENTIONS IN A POPULATION OF
COLLEGE FRESHMEN

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Doctor of Philosophy, 2010

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Rape is committed more often than any other violent crime on college campuses. Over the years, various interventions have been developed to educate and positively change college students' attitudes, beliefs, and behavioral intentions regarding sexual assault and date rape. Common educational strategies in the sexual assault and date rape programs include the use of films and/or peer educators to help dispel commonly held date rape myths, to improve attitudes and/or knowledge of rape, to decrease rape-related behavioral intentions, to improve communication about sexual decisions, and to increase self-efficacy towards resisting an unwanted sexual experience. However, many intervention studies lack evaluation data to demonstrate the effectiveness of these programs on college campuses.

The purpose of this study was to evaluate two experimental conditions in a sample of freshmen students at the University of Maryland, College Park. One intervention group received a sexual assault/date rape educational film followed by participating in a peer-led discussion; the second intervention group received only a peer education presentation; and the control group received no treatment. Pretest and four- to

six-week posttest evaluation surveys were administered to participants to determine the effects of the interventions on attitudes towards rape, rape-related behavioral intentions, and sexual communication self-efficacy. The statistical methods used to analyze these data were paired t-tests and nested ANCOVA models. In addition, a Process Evaluation Survey was also administered to the intervention groups immediately upon their completion to capture an overall assessment of the interventions. Lastly, the peer educators delivering these programs completed evaluations after each presentation.

Both intervention groups were found to have statistically significant increases in anti-rape attitudes at posttest, with females reporting higher anti-rape attitude scores compared to males in both interventions. Increases in anti-rape behavioral intentions and sexual communication self-efficacy scores were also reported; however, these changes were not statistically significant compared to the control group at posttest. The quantitative and qualitative data collected from the Process Evaluation Surveys and the Peer Educator Evaluations provided further guidance on how to improve the interventions.

EXAMINING THE EFFECTS OF TWO SEXUAL ASSAULT/ DATE RAPE
INTERVENTIONS IN A POPULATION OF COLLEGE FRESHMEN

By

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Dissertation submitted to the Faculty of the Graduate School of the
University of Maryland, College Park, in partial fulfillment
of the requirements for the degree of
Doctorate of Philosophy
2010

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DEDICATION

I lovingly dedicate this study to my husband, Patrick, for his incredible patience and support during the time I have spent working on my dissertation. My daughter, Mckenna, has been my inspiration and motivation to complete my doctoral research. I would also like to dedicate my study to my late Grandpa Brewster, who exemplifies the meaning of strength, perseverance, and courage.

ACKNOWLEDGEMENTS

I would like to thank my dissertation chair, Dr. Robin Sawyer, who has been my advisor and mentor over the past five years. Dr. Sawyer has graciously allowed me to develop this evaluation study of his film, *Playing the Game 2*, and guided me every step of the way. I would also like to thank Dr. Kerry Green for her statistical assistance during both the proposal and final write-up phases. Additionally, there are other University of Maryland students and professionals I would like to acknowledge for helping to implement this large data collection effort. These include Dr. Gerry Strumpf for connecting me to the UNIV 100 LTSC coordinator Neruh Ramirez who then allowed me to recruit his students into this study. Kelly Kesler is the Assistant Director of Health Promotion in the University Health Center and agreed to have SARPP participate in this research study. Lauren Stewart and Allison Bennett are the SARPP coordinators and were extremely accommodating during the intervention training and data collection process. Most importantly, the 2009-2010 SARPP peer educators were responsible for delivering all the study interventions and without their hard work, dedication, and diligence this study would not have been possible. Finally, I would like to thank my Mom and Dad and Patrick's parents for their encouragement and assistance throughout the process.

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CHAPTER I

Problem Statement

Due to high rates of sexual assault and date rape incidents on college campuses across the United States, many universities are responding with implementing various types of sexual assault and date rape programs. However, more research needs to be conducted to evaluate the effectiveness of these sexual violence interventions. This study proposes to evaluate the effects of two different sexual assault and date rape intervention programs on rape-related attitudes, sexual communication self-efficacy, and rape-related behavioral intentions in a sample of college freshmen at the University of Maryland, College Park. One group of students will participate in/attend a workshop comprised of an educational film followed by a peer-led discussion (group 1), a second group of students will participate in/attend the standard peer education presentation developed by the student health center (group 2), and the control group (group 3) will receive no treatment until after the study period.

Brief Rationale of Study Problem

Sexual violence, particularly rape victimization, is a major public health problem associated with negative physical, social, and psychological consequences that affects all genders, ages, and ethnicities (Tjaden & Thoennes, 2006). In 1995-1996, the National Institute of Justice (NIJ) and the Centers for Disease Control and Prevention (CDC) jointly conducted the National Violence Against Women Survey (NVAWS) on American adults. The NVAWS found an estimated 17.7 million females and 2.8 million males reported experiencing forced rape at some point in their lives (Tjaden & Thoennes, 2006). Similarly, in the most recent nationally representative survey of adults conducted

by the CDC from 2001-2003, about 11.7 million females and 2.1 million males indicated being forced to have sex during their lifetime (Basile, Chen, Lynberg, & Saltzman, 2007). While rape can happen to either men or women, most studies find females are more often victims and males are more often the perpetrators (Basile et al., 2007). Regardless of gender, most victims know their perpetrator (Tjaden & Thoennes, 2006). Basile et al. (2007) also found the majority of individuals who reported unwanted sexual activity in the past 12 months were females between the ages of 18 to 24 years, which spans the typical age range of college students. Koss, Gidycz, and Wisniewski (1987) reported the existence of high rates of rape and other forms of sexual aggression in a large national sample of higher education students. Brener, McMahon, Warren, and Douglas (1999) analyzed data from the 1995 National College Health Risk Behavior Survey (NCHRBS) and found 20% percent of college females had reported being forced to have sexual intercourse compared with 4% of college male students. Similarly, Fisher, Cullen, and Turner (2000) found an estimated 20% to 25% of university females in 1997 had experienced an attempted or completed rape during college. Consequently, sexual victimization issues on college campuses have been receiving increased attention over the past decade.

In the most recent National College Health Assessment (NCHA) conducted by the American College Health Association (ACHA) in the fall of 2007, 8.3% of females and 4.0% of males surveyed reported being sexually touched against their will, and 2.1% of females and 0.9% of males had experienced sexual penetration against their will (ACHA-NCHA, 2008). Despite the high rates of sexual violence, evidence suggests that many acts of sexual violence on college campuses go unreported; therefore, date rape

incidences may be higher than the statistics suggest (Finkelson & Oswalt, 1995; Karjane, Fisher, & Cullen, 2005; Sampson, 2002). In fact, Fisher et al. (2000) found less than 5% of completed and attempted rapes were reported to appropriate enforcement authorities. Finkelson and Oswalt (1995) reported in their sample of 200 college students that 5% had been raped, and yet not one victim had reported these incidences to law officials because of feelings of self-blame and embarrassment. Many universities and colleges have responded to the problem of sexual assault and date rape on their campuses by implementing various types of date rape and sexual assault prevention programs (Anderson & Whiston, 2005; Holcomb, Savage, Seehafer, & Waalkes, 2002; Lonsway, 1996). However, very few sexual violence prevention programs have been evaluated (Rothman & Silverman, 2007), and so there is a clear need to conduct further evaluation studies of sexual assault and date rape prevention programs on college campuses.

The University of Maryland, College Park is no stranger to sexual assault and date rape incidences. The recent sexual crime statistics from the 2008 Annual Security Report published by the Department of Public Safety indicated a total of 21 forcible sex offenses and 12 aggravated assault cases were reported for 2007. Faculty, students, and staff of the University are constantly kept informed of the sex crimes that occur on or near campus through campus-wide e-mail alerts. One of the main formal efforts to prevent sexual assault and date rape is through the peer-led Sexual Assault Response and Prevention Program (SARPP) offered by the University's Health Center. SARPP is the most popularly requested health promotion outreach program that works across campus to educate numerous classes and student organizations. This program has not been evaluated. A human sexuality professor at the University of Maryland, College Park, Dr.

Robin Sawyer, recently updated his original *Playing the Game* intervention film, and it is now available for use along with a discussion guide to educate college students about sexual assault and date rape. *Playing the Game 2* was developed to be used by peer educators, and this program has also never been evaluated. The aim of this study was to investigate the impact of these intervention programs and to determine which might be the most effective strategy to use in educating college students about sexual assault and date rape and how these programs can be improved for future use.

Definition of Terms

Date rape – “is when you are raped by someone you know” (OWH, 2008).

Rape – the precise legal definition of rape varies by state. According to Medline Plus, an online service of the National Institutes of Health and the U.S. National library of Medicine, rape is explained as the following: “Rape happens when a person has sex that he or she didn't agree to. It includes intercourse in the vagina, anus or mouth. Sometimes it happens when one person forces another to have sex. Sometimes this involves violence. It can also happen when the victim can't think clearly due to drugs or alcohol” (Medline Plus, 2009).

Rape-related attitudes – Includes attitudinal risk factors for date rape, such as male acceptance of traditional gender roles, male initiation and dominance in dating interactions, power disparity, and the impact of alcohol and drugs (Lanier & Elliott, 1997).

Rape-related behavioral intentions– Includes behavioral risk factors for date rape, such as miscommunication regarding sex, the use of alcohol or drug use, and engaging in certain dating behaviors (Lanier & Elliott, 1997).

Sexual assault – “any type of sexual activity that you do not agree to, including: inappropriate touching; vaginal, anal, or oral penetration; sexual intercourse that you say no to; rape; attempted rape; and child molestation. Sexual assault can be verbal, visual, or anything that forces a person to join in unwanted sexual contact or attention.” (OWH, 2005)

Sexual communication self-efficacy – the belief that one is capable of communicating one’s sexual intentions to prevent date rape/sexual assault.

Research Questions

- 1) Is there a change in anti-rape attitudes, anti-rape behavioral intentions and/or sexual communication self-efficacy in the intervention groups at the 4-6 week posttest?
- 2) Is there a difference in anti-rape attitudes, anti-rape behavioral intentions and/or sexual communication self-efficacy between the study groups at the 4-6 week posttest?
- 3) Is there a gender difference in anti-rape attitudes in each intervention group at the 4-6 week posttest?
- 4) Is there a gender difference in anti-rape attitudes between intervention groups at the 4-6 week posttest?

Hypotheses

Set #1: Anti-Rape Attitudes

- 1a) Participants in the film intervention group will report higher levels of anti-rape attitudes at the 4-6 week posttest, while controlling for pretest scores.
- 1b) Participants in the peer education intervention group will report higher levels of anti-rape attitudes at the 4-6 week posttest, while controlling for pretest scores.

1c) Participants in the film intervention group will report higher levels of anti-rape attitudes than those participants in the control group at the 4-6 week posttest, while controlling for pretest scores.

1d) Participants in the peer education intervention group will report higher levels of anti-rape attitudes than those participants in the control group at the 4-6 week posttest, while controlling for pretest scores.

1e) Participants in the film intervention group will report higher levels of anti-rape attitudes than those participants in the peer education intervention group at the 4-6 week posttest, while controlling for pretest scores.

Set #2: Anti-Rape Behavioral Intentions

2a) Participants in the film intervention group will report higher levels of anti-rape behavioral intentions at the 4-6 week posttest, while controlling for pretest scores.

2b) Participants in the peer education intervention group will report higher levels of anti-rape behavioral intentions at the 4-6 week posttest, while controlling for pretest scores.

2c) Participants in the film intervention group will report higher levels of anti-rape behavioral intentions than those participants in the control group at the 4-6 week posttest, while controlling for pretest scores.

2d) Participants in the peer education intervention group will report higher levels of anti-rape behavior intentions than those participants in the control group at the 4-6 week posttest, while controlling for pretest scores.

2e) Participants in the film intervention group will report higher levels of anti-rape behavior than those participants in the peer education intervention group at the 4-6 week posttest, while controlling for pretest scores.

Set #3: Sexual communication self-efficacy

3a) Participants in the film intervention group will report higher levels of sexual communication self-efficacy at the 4-6 week posttest, while controlling for pretest scores.

3b) Participants in the peer education intervention group will report higher levels of sexual communication self-efficacy at the 4-6 week posttest, while controlling for pretest scores.

3c) Participants in the film intervention group will report higher levels of sexual communication self-efficacy than those participants in the control group at the 4-6 week posttest, while controlling for pretest scores.

3d) Participants in the peer education intervention group will report higher levels of sexual communication self-efficacy than those participants in the control group at the 4-6 week posttest, while controlling for pretest scores.

3e) Participants in the film intervention group will report higher levels of sexual communication self-efficacy than those participants in the peer education intervention group at the 4-6 week posttest, while controlling for pretest scores.

Set #4: Gender specific anti-rape attitudes

4a) Female participants in the film intervention group will report higher levels of anti-rape attitudes than male participants in this intervention group at the 4-6 week posttest.

4b) Female participants in the peer education intervention group will report higher levels of anti-rape attitudes than male participants in this intervention group at the 4-6 week posttest.

4c) Female participants in the film intervention group will report higher levels of anti-rape attitudes than female participants in the peer education intervention group at the 4-6 week posttest.

CHAPTER II: REVIEW OF THE LITERATURE

Sexual Assault/Date Rape on College Campuses

University students, particularly females, are at a heightened risk for sexual victimization due to multiple environmental, intrapersonal, and sociocultural factors. These ecological variables in the college environment include attending frequent unsupervised parties, easy accessibility to alcohol and drugs, single students living on their own, and the ability to live in private dorm rooms (Sampson, 2002). In the study of college sexual violence by Fisher et al. (2000), the four main factors often associated with increased risk of female sexual victimization were frequently drinking to the point of drunkenness, being unmarried, being a victim of sexual assault prior to the start of the current school year, and living on campus (for on campus victimization only). Other risk factors researchers have indicated are associated with date rape among female college students include being friends with motivated offenders (Schwartz & Pitts, 1995), miscommunication about sex between males and females (O'Byrne, Rapley, & Hansen, 2006), having more liberal attitudes about sexual behavior (Himelein, 1995), and having been previously victimized either in childhood or adolescence (Smith, White, Holland, 2003). Specifically, freshmen and sophomore students are more susceptible to rape during the beginning weeks of the academic year (Schwartz & DeKeseredy, 1997). The riskiest time period seems to be the first few days of the freshman year, supporting the need for prevention programs to occur early in the college career (Sampson, 2002).

Sexual Assault/Date Rape Interventions on College Campuses

Background of Interventions

The landmark study conducted by Koss et al. (1987) during the 1980s of a national random sample of university students suggested that one in four college women in their lifetime had experienced a completed or attempted rape, and an estimated 84% of these women were acquainted with their attacker. This began a twenty-year period of researchers studying this prevalent public health problem of sexual violence and all those it negatively impacts (Campbell & Wasco, 2005). When Healthy People 2000 was created in 1990 to set a prevention agenda for the Nation, one of the twenty-two priority areas was violent and abusive behavior, which contained an objective to reduce rape and attempted rape (Healthy People, 2000). Over the ensuing decade, Healthy People 2010 was updated to twenty-eight priority areas with the revised section named injury and violence prevention, that included a more specific and measurable objective for date rape and now also sexual assault (Healthy People, 2010). Healthy People 2010 was also adapted into Healthy Campus 2010 by ACHA to establish similar health objectives including sexual violence, but targeted toward the nation's college and university students to guide the development of healthy behavior change programs (Healthy Campus, 2010). These objectives have been retained for Healthy People 2020 (Healthy People, 2020).

In addition to these health promotion strategies, Congress enacted several federal laws pertaining to campus crime beginning in 1990 (Karjane et al., 2005). The Student Right-to-Know and Campus Security Act of 1990, referred to as the "Clery Act," mandates United States colleges and universities which participate in federal student aid programs to release crime statistics and security policies (including specific sexual crime

categories) to current and prospective students or employees (Security Act on Campus, 2001). Much of this crime information was previously kept undisclosed to the public by U.S. institutions of higher education. Shortly afterwards in 1992, the Clery Act was amended to the Campus Sexual Assault Victims' Bill of Rights to require schools to develop prevention policies and provide certain basic rights to victims of sexual assault and/or date rape (Karjane et al., 2005; Security Act on Campus, 2001). In 1998, the act was amended again to require new and expanded categories of crime statistics to be reported and to require the use of a public crime log. At this same time, the act was renamed the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, in honor of a Lehigh University freshman who was sexually assaulted and murdered in 1986 (Security Act on Campus, 2001). More recently, the Campus Sex Crimes Prevention Act was passed into law in 2000, which mandates the tracking of convicted registered sex offenders who are enrolled as students at colleges and universities, working or volunteering on campus (Security on Campus, 2005). With the continued high sexual assault and date rape incidences among college students (Koss et al., 1987; Fisher et al., 2000), along with the promotion of Healthy Campus 2010 by ACHA and federal government policies, it is evident college administrators are under pressure to respond to these problems of sexual violence. Offering college educational programming has become one of the more popular strategies for sexual violence prevention (Anderson & Whiston, 2005; Sochting, Fairbrother, & Koch, 2004).

In a review of the literature, sexual assault and date rape intervention programs are often designed to target different segments of the college population, such as males or females only, mixed gender audiences, athletes, fraternity members, or college freshmen.

In Lonsway's (1996) review of date rape education interventions, she found an increase in programs geared toward males only; however, coeducational programs continue to be frequently delivered on college campuses (Milhausen, McBride, & Jun, 2006). There are also many different formats of sexual assault and date rape interventions, and the type of program developed and implemented depends on whether or not the goal of the program is to change attitudes and beliefs, provide information, change behaviors, promote self-defense, or a combination of these purposes (Black, Weisz, Coats, & Patterson, 2000; Milhausen et al., 2006; Sochting et al., 2004). The most common interventions are typically educational programs that last about 1 to 2 hours, and are based on the premise that decreasing rape-supportive attitudes will lead to a reduction in rape occurrences (Sochting et al., 2004). Sochting et al. (2004) explain that many of these programs will include a combination of the following educational components: statistics about the incidence and prevalence of rape; discussion of rape myths and gender stereotypes; and recommendations for safe dating behavior. Sexual assault and date rape educational programs vary in format with some of the more common types including peer educators, either in theatrical productions (Lanier, Elliot, Martin, & Kapadia 1998; Milhausen et al., 2006) or to deliver workshops, often with a film or other multimedia presentation incorporated (Black et al., 2000; Foubert & Marriott, 1997; Foubert, 2000; Lonsway & Kothari, 2000; Schewe & Shizas, 2002).

Peer Education

Peer education programming at universities involves training undergraduate students to deliver educational workshops to classmates (Brack, Millard, & Shah, 2008). This has become a very common educational strategy used on college campuses, with a

previous estimate of 78% of colleges and universities reporting the use of peer education (Salovey & D'Andrea, 1984). The BACCHUS (Boosting Alcohol Consciousness Concerning the Health of University Students) and GAMMA (Greeks Advocating Mature Management of Alcohol) Peer Education Network is a national nonprofit organization supporting peer-education groups. In 2003 BACCHUS reported that approximately 32,000 students were currently serving as peer educators, and a similar study found more than 13,000 educational workshops had been conducted by peers on college campuses (Hunter, 2004).

According to Sawyer and Pinciaro (1997), peer education has flourished in various educational settings, especially on college campuses, because it benefits both the students and the universities. For many students, their peers already serve as a major source of information (Sloane & Zimmer, 1993) as they live and learn with one another on a continual basis during the academic year. More recently, educators along with student affairs and health leaders on college campuses are recognizing peers can have an influential role in handling students' problems with alcohol, drugs, sexual assaults, and sexually transmitted diseases (Hunter, 2004). Particularly with sensitive, personal, and embarrassing topics, students often prefer talking to peers rather than adults and may share more information (Brack, Millard, & Shah, 2008; Klein & Sondag, 1994). Consequently, health education peers are often very common on college campuses. Researchers have found students are more likely to listen to a presenter and adopt recommended attitude and behavior changes if they can identify and relate to him or her (Milburn, 1995; Sloane & Zimmer, 1993). Also, peer education is a cost-effective solution for many institutions that are facing financial constraints. Many peer educators

are volunteers and participate for course credit, receive minimum wage, or tuition remission; thus, the cost per student reached is often minimal to the university (Klein & Sondag, 1994). The impact of peer education on the peer educators themselves has also been studied (Ehrhardt, Krumboltz, Koopman, 2007; Sawyer & Pinciaro, 1997). Sawyer and Pinciaro (1997) examined the self-esteem, personal development, and sexual behavior in a sample of sexuality peer educators from 10 universities and found a positive change in scores across an academic year in all three outcomes. More recently, Ehrhardt et al. (2007) found three different sexual health peer educator training programs at a west coast private university all increased the peer attendees' knowledge and self-efficacy of sexual health counseling.

Theatrical productions have been found to be a common strategy used in sexual assault and date rape interventions, particularly with peers as the actors (Lanier et al., 1998; Milhausen et al., 2006). Lanier et al. (1998) created an intervention with the goal to change attitudes toward date rape among freshman college students entering an elite private institution. The intervention was based on the Social Learning Theory, which is comprised of the following constructs: expectancies, skill building, observational learning, modeling, and self-efficacy. The intervention was a six-scene theatrical production presented by university students developed to distill rape-tolerant attitudes and reduce the likelihood that students exposed to the play would become victims or perpetrators of date rape (Lanier et al. 1998). Pretest and posttest surveys were administered to both intervention and control groups. The control group watched a play that focused on multicultural issues instead of the date rape intervention production. Lanier et al. (1998) found evidence to support a modest improvement in attitudes toward

date rape among those in the treatment group compared to those in the control group, with no significant differences between male and female participants.

Milhausen et al. (2006) performed a study to evaluate the effects of a mixed gender theatrical peer-led sexual assault program at a large Midwestern university; however, the study did not include a control group. Participants were students enrolled in several introductory health classes, and one-week before receiving the RAISE (Raising Awareness of Interactions in Sexual Encounters) program, participants were administered the pretest. The RAISE program lasted about 1.5 hours and included a theatrical production followed by a peer-led discussion and the posttest survey. The results indicated the intervention was effective in decreasing date rape myth acceptance; however, overall males were more inclined to agree with date rape myths than females (Milhausen et al., 2006). Similarly, Black et al. (2000) developed a theatrical sexual assault intervention and evaluated its impact on attitude changes among a random sample of students attending an urban university. This intervention was presented by a group of seven students (five were social work students and two were sexual assault survivors) and opened with music and a slideshow of magazine pictures depicting society's rape supportive attitudes. Following the multimedia presentation, the peers acted out four emotional vignettes of a female that had been sexually assaulted. After the performance, the peer educators and volunteers with sexual assault knowledge conducted focus groups to process the information presented. Many of the participants received a pretest prior to the intervention beginning; however, some subjects did not in order to determine if the pretest impacted participant follow-up responses. All intervention participants received an immediate posttest, and those subjects that agreed to complete a follow-up survey

were mailed the questionnaire two months later. A similar comparison group was identified that was not exposed to the intervention and was administered a follow-up survey around the same time the intervention participants were mailed their follow-up questionnaire. Black et al. (2000) found attitude changes were relatively stable over the two-month follow-up period and that uniting the fields of theater, education, and social work may influence attitudes towards rape and sexual assault.

Combining peer education with a film presentation is another popular intervention technique used in the field of sexual assault and date rape education (Foubert & Marriott, 1997; Foubert, 2000; Lonsway & Kothari, 2000; Schewe, 2002). Foubert and Marriott (1997) developed an all male sexual assault peer education program, titled “How to help a sexual assault survivor: What can men do,” targeting pledge classes in various fraternities at a large mid-Atlantic university. The primary theme of the intervention was to help survivors, but the program also aimed to foster greater communication of males during sexual encounters, and encouraged males to confront rape jokes, sexism, and neglect of women. The intervention was advertised as a training workshop and utilized both peer education and a film that graphically explained a man being raped. A total of five fraternity pledge classes agreed to participate with three serving as the treatment group and two as the control group. The experimental group completed a pretest, immediate posttest, and then a two-month follow-up survey. The control group received no intervention and was administered two assessments, each one month apart. Foubert and Marriott (1997) found males who attended the program demonstrated significantly less rape myth acceptance. After two months, their beliefs in those myths did increase, but were still significantly less than before the program started. In addition, evidence was

found that intervention participants reported less likelihood of being sexually coercive. Foubert and Marriott (1997) added to the literature a new approach to sexual assault and date rape education, which focused on helping a survivor, using a format of peer education and film. In 2000, Foubert published another study using his intervention demonstrating the longitudinal effects of his rape prevention program in an audience of fraternity men at the same mid-Atlantic public university over a seven-month period. Half of the fraternities that agreed to participate were randomized to the intervention group, and the other half of the fraternities were randomized to the control group, which received no treatment. Within each study group, two fraternities were randomly assigned to receive a pretest and posttest, and the other two fraternities were given a posttest only. Foubert (2000) found after seven months there was no change in sexually coercive behavior of the participants; however, their date rape myth acceptance and likelihood of committing rape significantly decreased. This study resulted in the longest change in attitudes and likelihood of raping in any sexual assault and date rape prevention program targeting men.

Lonsway and Kothari (2000) designed a study to evaluate a mandatory program for freshman undergraduate students called First Year Acquaintance Rape Education (FYCARE) at a large Midwestern university. The two-hour FYCARE workshop was delivered by peer educators and consisted of the following three segments: 1) a discussion of sexual assault statistics and the law followed by the original *Playing the Game* film, which presents a typical college date rape scenario through both the perspectives of the male and female (total estimated length is 35 minutes); 2) participants were then separated into male and female groups to discuss gender specific issues around

sexual assault and date rape (total estimated length is 45 minutes); and 3) lastly, the single sex groups regrouped to discuss strategies for ending sexual violence, sexual assault campus resources, and how to support victims of sexual assault (total estimated length is 40 minutes). Part of the sample was immediately assessed at the conclusion of FYCARE, and another group of FYCARE participants were surveyed through introductory psychology classes. A third group of students from introductory psychology classes were provided with evaluation measures, but they had not yet attended the FYCARE workshop. A second assessment was administered via telephone to a portion of undergraduate students in the introductory psychology classes. This sample consisted of both participants that completed the first assessment prior to FYCARE and those that completed it afterwards. In addition, a sample of students that had not yet received the FYCARE workshop was also targeted for participation in the telephone survey. Lonsway and Kothari (2000) provided evidence that FYCARE participants demonstrated greater sexual assault knowledge, less support for rape myths, and less rape-supportive judgments in hypothetical scenarios in comparison to those individuals that had not yet received the intervention.

Schewe and Shizas (2002) performed a study at a large Midwestern university comparing different sexual assault and date rape intervention programs, specifically for males. This program evaluation study was designed to compare a 50-minute peer facilitated lecture/group discussion, a 45-minute video presentation, a placebo control intervention, and a no-treatment control group. There was no study group that incorporated both peers and video; however, these two different educational strategies were compared to one another. The peer-led lecture and discussion focused on

conveying the messages of rape awareness and prevention through the use of audience participation, role-playing activities, brainstorming, handouts, and brief lectures. The video presentation consisted of three segments that explored rape myths, victim empathy, and the negative consequences of rape. The placebo control group was shown a 45-minute previously recorded episode of the Oprah Winfrey show on date rape. The show featured female guests who had been raped by acquaintances, a male who disclosed he used alcohol to get a woman drunk to then rape her, and several experts on the issue of rape. All study participants completed a pretest measure and were then randomized to one of the four study conditions. The posttest was completed immediately after each intervention and an average of 11 weeks after the pretest. Schewe and Shizas (2002) found the most effective intervention to be the video in changing students' attitudes and attraction to sexual aggression. The placebo control intervention of the Oprah Winfrey Show also proved to be effective in changing rape attitudes. However, the video was the only intervention able to demonstrate significant changes in all outcome categories of the evaluation study for "high risk" participants. The peer-led only intervention and no-treatment control groups were not effective in producing any significant changes.

Despite the frequent use of various types of sexual assault and date rape interventions on college campuses incorporating peer educators, efforts to evaluate outcomes of these programs at universities have been much more limited (Lanier et al., 1998; Rothman & Silverman, 2007). In particular, there is a lack of research available on comparing the effects of two separate peer-led sexual assault and date rape interventions.

Conceptual Framework

Overview

Anderson and Whiston (2005) conducted a meta-analysis on the effectiveness of sexual assault education programs on college campuses. The researchers examined a total of 62 studies, which involved 102 different treatment interventions and numerous outcome assessments. Anderson and Whiston (2005) presented a total of seven outcome categories that were measured, which included rape attitudes, rape empathy, rape-related attitudes, rape knowledge, behavioral intent, awareness behavior, and incidence.

Additional common outcome variables of sexual assault interventions include sexual communication, sexual assertiveness, and self-efficacy (Gidycz, Rich, Orchowski, King, & Miller, 2006; Hanson & Gidycz, 1993).

After review of both interventions being evaluated in this study and their specific objectives (see Chapter 3, the *Experimental Conditions* section), it was determined that their shared conceptual framework was that peer education would lead to improvements in attitudes toward rape, sexual communication self-efficacy, and ultimately rape-related behavioral intentions (see Appendix A). Group 1 was exposed to a workshop comprised of an educational film followed by a peer-led discussion, which combines visual and audio peer education intervention. The video allowed its audience to view the typical college date rape scenario from both the male and female perspective and also observe a person reinforce and challenge each perspective. The film offered less ambiguity because everyone visualizes the scenario in a similar manner. Group 2 was presented with a more typical structured educational presentation that incorporated a scenario from only the victim's perspective. It provided an audio presentation, but no visual representations, and therefore allowed the ambiguities of the scenario to be resolved by

the creativity of the individual student (e.g., can't read body language, no visual cues seen by the victim or perpetrator). It is for these reasons that it was hypothesized those students in group 1 would improve more on the outcome variables being measured than those students in group 2. It is important to note, the primary purpose of this study was to evaluate the two sexual violence interventions and the control group, not test the directional relationship between the outcome variables. More details about each intervention are described in Chapter 3 under the *Experimental Conditions* section.

Rape-Related Attitudes

Changing attitudes toward a specific behavior has become a common health education intervention strategy as a result of the inclusion of the construct in the Theory of Reasoned Action (TRA), which was then further developed into the Theory of Planned Behavior (TPB) with the addition of the perceived behavioral control construct. According to the TRA and TPB, attitudes toward a specific behavior directly influence one's behavioral intentions, which in turn impact behavior (Ajzen, 1991; Fishbein, 1967). In Anderson and Whiston's (2005) meta-analysis of college sexual assault intervention programs, rape attitudes and rape-related attitudes were the two most common outcome categories measured. This is the direct result of years of research to develop measures to collect data on sexual assault and date rape attitudes among the college population (Barnett & Feild, 1977; Briere & Malamuth, 1983; Burt, 1980; Feild, 1978; Harrison, Downes, & Williams, 1991; Holcomb, Holcomb, Sondag, & Williams, 1991; Lonsway & Fitzgerald, 1995; Muehlenhard, Friedman, & Thomas, 1985; Lanier & Elliott, 1997). Understanding date rape attitudes is very complex, because it encompasses issues of gender roles, sexuality, and social impacts. Consequently, the study of date rape has been

ongoing, particularly in the area of questionnaire development to measure the evolving beliefs surrounding date rape.

The Attitudes Toward Rape (ATR) questionnaire was developed to measure college students' responses to commonly held rape myths (Barnett & Feild, 1977). The ATR was intended to capture respondents' attitudes toward the following: 1) the act of rape; 2) the rape victim; and 3) the rapist (Feild, 1978). Barnett and Feild (1977) provided evidence that males responded substantially different from females on the ATR, and many of these males agreed with the date rape myths. The revised ATR created by Harrison et al. (1991) involved modernizing the original language of the ATR and adding more updated items to the questionnaire. Harrison et al. (1991) found that college males were significantly more often inclined to blame the victim for the occurrence of date and acquaintance rape, compared to females. In addition, males were more likely to believe factual fallacies involving date and acquaintance rape. As a result, the many misconceptions of rape issues held by men led to more males demonstrating a lack of understanding of the seriousness of the problem, an unrealistic estimate of the amount of sexual aggression on college campuses, and a moral outlook that supported violence against women (Harrison et al., 1991).

Burt created her own Burt Rape Myth Acceptance Scale (BRMAS), a research tool that has been widely used and extremely influential within the health field throughout the past two decades (Forbes, Adams-Curtis, Pakalka, & White, 2006, pg. 446). Burt (1980) defined "rape myths" as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (p. 217). Burt (1980) provided evidence that "rape myths" are commonly accepted and can be predicted from attitudes such as gender role

stereotyping, adversarial sexual beliefs, and approval of interpersonal violence. Her conclusion was the acceptance of “rape myths” is linked to rape-tolerant behavior. Briere and Malamuth (1983) decided to further explore the etiology of a male’s “likelihood to rape” by comparing sexuality factors (e.g., rape caused by sexual frustration or sexual maladjustment) to attitudes (e.g., rape caused by violent attitudes toward women) theorized to endorse rape. These researchers administered a “Sexual Attitudes Survey” to undergraduate male students, which included Burt’s Rape Myth Acceptance scale, Acceptance of Interpersonal Violence scale, and Adversarial Sexual Beliefs scale (Briere & Malamuth, 1983). The “Sexual Attitudes Survey” also included items about sexuality and two items about the “likelihood to rape” (LR) and the “likelihood to use force” (LF) against a woman. Findings from Briere and Malamuth (1983) revealed attitude factors were predictive of LR and LF rather than sexuality variables.

Muehlenhard et al. (1985) created a different version of a date rape instrument utilizing hypothetical vignettes with two characters, John and Mary. Each vignette describes a date between John and Mary stating who the initiator was and the specific dating activity that occurred. Male participants rated each vignette according to how much Mary wanted to engage in different sexual behaviors and how acceptable it would be for John to engage in these actions against her desires. Muehlenhard et al. (1985) determined there were specific activities and attitudes that were perceived by college students as being more justifiable for rape, which included if the date occurred at the man’s apartment instead of at a religious event; if the woman asked the man out; or if the man paid for the entire date.

Holcomb et al. (1991) examined rape-tolerant attitudes and created the Rape Attitudes and Perceptions Questionnaire (RAP). Findings from administration of the RAP indicated that many undergraduate students endorsed rape-tolerant attitudes, and when the data was analyzed by gender, males demonstrated greater support for rape-tolerant attitudes than females. More recently, Lanier and Elliott (1997) developed the College Date Rape Attitude and Behavior Survey (CDRABS), which was designed to evaluate the attitudes and behaviors of college students associated with the risk of date rape. Lanier and Elliott consulted the literature when drafting the items to better understand the causes and risk factors for date rape. Specifically, they referred to the research of Muehlenhard and Linton (1987), who conducted a study with a sample of undergraduate students that assessed the risk factors for date rape and sexual aggression. This included times when a man initiates the date, pays for the expenses on the date, and provides transportation on the date. In addition, these researchers found miscommunication about sex, intense use of alcohol or drugs, “making out” in a car, along with a man’s acceptance of traditional sex roles, interpersonal violence, adversarial attitudes towards relationships, and rape myths are all potential risk factors for aggressive sexual behavior (Muehlenhard & Linton, 1987). Previous results from the administration of the CDRABS indicated females possess less rape supportive attitudes than males (Lanier & Elliott, 1997).

After review of the various date rape measures in the field and the interventions intended for evaluation in this study, the CDRABS has been selected to measure the attitudinal and behavioral intention outcomes in this research proposal. Further discussion of the behavior items of the CDRABS is provided in the next section.

Rape-Related Behavioral Intentions

Bringing about a positive health behavior change is also a goal of many health education interventions and can be conceptualized in different ways, such as behavioral intentions, awareness behaviors, or behavioral skills. The behavior outcome being measured in intervention studies is often the result of the type of health behavior targeted for change and the theory or framework being applied to the intervention strategy. For example, in the TRA and TPB, the various constructs (e.g., attitudes, subjective norms, and in the TPB perceived behavioral control) are working together to change behavioral intentions, which then impact behavior. The Information, Motivation, and Behavioral Skills (IMB) framework postulates that individuals who are well informed about preventative behavior, motivated to engage in preventative behavior, and who possess the behavioral skills necessary to act effectively are more likely to initiate and sustain preventative behavior (Fisher & Fisher, 1992). In the Social Cognitive Theory, behavioral capability is one of the eleven critical constructs of the model and focuses on one gaining the knowledge and skill to perform a specific behavior (Bandura, 1977b). Behavior outcomes that are often measured in college sexual assault intervention programs have been found to represent varying dimensions of behavior, which include behavioral intentions to rape or to engage in certain dating behaviors, rape awareness behavior, and the actual incidence of sexual assault (Anderson & Whiston, 2005).

Despite the goal of most sexual assault and date rape intervention programs to change behavior (e.g., decrease vulnerability and susceptibility to sexual assault and/or reduce risky dating behaviors), most programs focus on attitudinal changes only (Heppner, Humphrey, Hillenbrand-Gunn, & DeBord, 1995). Consequently, little is known about the effectiveness of prevention programming in reducing rape-related

behaviors. Various researchers have begun to conduct evaluation studies of sexual assault and date rape interventions on behavioral outcomes (Foubert 2000; Heppner et al., 1995; Schultz, Scherman, & Marshall, 2000).

As previously discussed, Foubert (2000) examined the longitudinal impacts of a peer-led rape prevention program on attitudes, behavioral intent, and behavior in fraternity men attending a mid-Atlantic public university. At the 7-month evaluation period, there were no significant findings in sexually coercive behavior; however, there were significant reductions in the likelihood of committing rape. Heppner et al. (1995) designed a study to measure the effects a two different rape programs on attitudes, knowledge, and behavioral indicators. Undergraduate students from a large Midwestern public university were recruited for participation and randomly assigned to either the didactic-video intervention group, the interactive drama intervention group, or the control group. Heppner et al. (1995) found the interactive drama intervention participants exhibit greater differences on several behavioral indicators (i.e., volunteer for a rape project, spent more time thinking about the intervention, and telling more people about the intervention). Schultz et al. (2000) developed an evaluation study to determine the effects of a university date rape interactive drama prevention program on males' and females' support for date rape-related attitudes (including myth acceptance) and intent to engage in rape-related behaviors. Participants were randomized into three study groups: pretest and posttest intervention group, posttest only intervention group, and a control group. Findings indicated participants in the intervention groups reported less date rape myth acceptance. However, there were no significant differences between groups for behavioral intentions (Schultz et al., 2000). Schultz et al. (2000) used both the attitude

and behavioral intention scales of the CDRABS to evaluate the interactive drama in their evaluation study. Despite the lack of significant findings for the behavioral intention items, more research is needed with different types of interventions to further the study of behavioral outcomes of sexual assault and date rape intervention programs. In addition, Schultz et al. (2000) only evaluated the immediate effects of the intervention on behavioral intentions and did not examine effects over time. In this current study, rape-related behavior is one of the outcome variables and will also be measured using the CDRABS. Rape-related behaviors include behavioral risk factors for date rape, such as miscommunication regarding sex, the use of alcohol or drug use, and engaging in certain dating behaviors (Lanier & Elliott, 1997). This study hopes to contribute additional findings to the literature relating to the impact of different types of sexual assault and date rape interventions on behavioral outcomes at the four- to six-week posttest.

Sexual Communication Self-Efficacy

Sexual communication and self-efficacy have also been found to be outcome variables measured in sexual assault and date intervention programs (Gidycz et al., 2006; Hanson & Gidycz, 1993; Orchowski, Gidycz, & Raffle, 2008; Marx, Calhoun, Wilson, & Meyerson, 2001). As discussed by O'Byrne et al. (2006), rape has been considered an extreme example of miscommunication that is the result of a woman's lack of saying no being interpreted as sexual consent by a man. Consequently, sexual communication skills have been incorporated into sexual violence programs to educate the target audience on the importance of clear verbal communication between sexual partners. Self-efficacy has been found to be a critical construct in determining health behavior programs as result of Bandura's Social Cognitive Theory (SCT) (Bandura, 1977a). SCT

proposes a person's behavior is influenced by the continuous interaction between behavior, personal/cognitive factors, and environmental factors (Bandura, 1978). Self-efficacy is often the driving variable used to change behavior in this model and is conceptualized as a person's confidence in performing a specific behavior and overcoming barriers to execute the particular behavior (Bandura, 1977a). As previously discussed Lanier et al. (1998) developed a date rape intervention based on the Social Learning Theory, which was later renamed by Bandura as Social Cognitive Theory (SCT). However, self-efficacy was not measured and only attitudes towards date rape were evaluated at pretest and posttest. After a review of the literature, it was evident various sexual assault and date rape intervention programs measured sexual communication and/or self-efficacy separately in intervention evaluation studies targeting females only, but no studies were identified that measured sexual communication self-efficacy in both males and females. All the published studies used the Sexual Communication Survey developed by Hanson and Gidycz (1993) to measure female participants' perceptions of their accuracy and clarity of communication regarding sexual intentions in a dating situation. Similarly, the published studies that measured self-efficacy all used the Self-Efficacy Scale that assessed females' confidence in resisting forceful sexual advances (Marx et al., 2001; Ozer & Bandura, 1990).

Hanson and Gidycz (1993) designed a rape prevention program targeting college female students at a large university, and the results found no significant differences in sexual communication scores between the treatment and control groups at follow-up (Hanson & Gidycz, 1993). Marx et al. (2001) conducted an evaluation of an intervention program to reduce sexual victimization of women recruited from two large universities.

In this study, the females' self-efficacy in resisting forceful sexual advances was assessed and the intervention group was found to report statistically significant increases in self-efficacy between pretest and posttest compared to the control group (Marx et al., 2001). Gidycz et al. (2006) conducted an evaluation study of a risk reduction sexual assault program that incorporated self-defense for college females at a medium-sized Midwestern university and used both the Sexual Communication Survey and the Self-Efficacy Scale. No significant differences were found between the treatment and control groups in these outcome variables. Orchowski et al. (2008) recently published a modified evaluation study of the self-defense intervention for college women initially evaluated by Gidycz et al. (2006). This new study was revised to address more barriers to reacting assertively to risky dating situations and used a placebo-control group instead of a wait-list control group. Evidence was found by Orchowski et al. (2008) that the program was effective in increasing levels of assertive communication in dating situations and self-efficacy in handling threatening dating situations compared to the placebo-control group. It is evident that researchers are separately measuring assertive communication and self-efficacy in resisting dangerous dating situations among females; however, many sexual violence programs target both genders. This study proposes the new concept of sexual communication self-efficacy, which is being defined as the belief that one is capable of communicating sexual intentions to prevent date rape/sexual assault. Consequently, the Sexual Communication Self-Efficacy Scale (SCSES) was developed specifically for use in this evaluation study by male and female college students.

CHAPTER III: RESEARCH METHODOLOGY

Population Description

The target population for this study was students enrolled in The Student in the University course (UNIV 100) at the University of Maryland, College Park for the fall 2009 semester. This course is offered by the Office of Undergraduate Studies as a one-credit seminar to incoming first year freshmen and transfer students, that aims to provide new students with an orientation to college life at the University of Maryland. The UNIV 100 course strives to connect students to the resources they need to perform well both inside and outside of the classroom, working to make the transition to college life as smooth as possible (UNIV, n.d.). The UNIV 100 course is not a required course and is offered for 2 credits with a letter grade. The majority of sections of the UNIV 100 course are offered in the fall semester (fall 2009: 105 sections; spring 2009: 6 sections), and the goal is to have a small class size to foster greater discussion between peers and also the instructor and students. During the fall 2009 semester, the average class size of UNIV 100 ranged from 15 to 20 students. Most of the UNIV 100 sections were organized by declared or undeclared major, athletic team participant, or member of freshman connection. The sections of undeclared majors enrolled in the academic unit of Letters and Sciences (LTSC) at the University of Maryland represented the greatest number of sections (fall 2009: 27 sections) and served as the target population.

Instructors of the UNIV 100 sections are professors, administrators, and graduate assistants on campus. Instructors are required to cover the following components in their class with incoming students to the University of Maryland: why am I here?; what are my goals for my education at the University of Maryland?; academic study skills; time management; University of Maryland resources; major/career exploration; diversity; and

responsible decision making. Instructors are able to use their own interactive format to address these components during the semester. UNIV 100 instructors often bring in campus health peer education groups that are offered through the University Health's Center to educate their class. Over the past five academic years at the University of Maryland, SARPP (Sexual Assault Response and Prevention Program), formerly known as the SAFER (Student Advocates For Education About Rape) program, has educated the most students on campus compared to the other health peer education promotion programs. During the 2007-2008 school year, SARPP reached an estimated 3,085 students throughout the campus, and the program facilitated by the SARPP peers will be serving as one of the experimental condition groups. Due to the frequent requests for the SARPP program by the UNIV 100 instructors, this sub-sample of the college population is an ideal recruitment pool. In fact, the UNIV 100 courses have requested the most peer health education programs each year over the past five academic years at the University of Maryland when compared to any other type of educational group. In addition, administering and then evaluating interventions among new students to college will potentially minimize the bias more experienced college students would have towards the messages of the interventions. The UNIV 100 LTSC courses targeted for recruitment were also all mixed-gender, had a small class size, and lasted an estimated one hour and fifty minutes – all of which are necessary study design and procedure requirements. Finally, due to the large number of sections offered in the fall semester, the UNIV 100 LTSC courses provided a sufficient sample size to obtain good statistical power.

Sampling Procedure

The UNIV 100 sections targeted for recruitment were the 27 sections of undeclared majors who were enrolled in the academic unit of Letters and Sciences (LTSC) at the University of Maryland, College Park during the fall 2009 semester. All sections were randomly assigned to one of the two experimental conditions or the one control group, for a total of 9 UNIV 100 sections per study group, using the random number generator function, RAND, in Microsoft Excel.

Research Design

This experimental research study consisted of two experimental conditions and one control group. Randomization occurred by class into one of the three study groups. The experimental groups each received a pretest measure followed by the intervention and then an immediate posttest measure during study visit 1. Approximately four to six weeks later, the experimental groups were administered a posttest measure during visit 2. For the control group, the pretest measure was administered during visit 1, and the posttest measure was given about four to six weeks later. Both interventions were made available to the control group after the six-week study period, if the instructor wanted to schedule a program. However, due to the UNIV 100 LTSC semester lasting only 10 weeks and several posttest visits occurring on the last day of the UNIV 100 LTSC class, it was not possible for several control classes to have an intervention. It is important to note that none of the classes that received a posttest visit earlier in the semester and had adequate time to schedule an intervention chose to arrange for a presentation. Figure 1 displays a visual depiction of the study design.

Figure 1: Experimental Study Design¹

R	O ₁	X ₁	O ₂
R	O ₁	X ₂	O ₂
R	O ₁		O ₂

X₁ = *Playing the Game 2* Film + Peer-Led Discussion

X₂ = SARPP Peer Educator Presentation

O₁ = Pretest Measure

O₂ = Posttest Measure

R = Random Assignment by Group

¹ Please note, a Process Evaluation Survey was immediately administered to the experimental groups after the intervention to capture both qualitative and quantitative feedback of the study interventions.

Procedure Outline

Upon Institutional Review Board (IRB) for the study on July 23, 2009 (see Appendix B), undergraduate peer educators participating in SARPP (Sexual Assault Response and Prevention Program) were trained to deliver both interventions and administer all study measurement tools. The training sessions occurred during the week of August 24th, 2009 prior to the fall semester beginning and students were prepared to deliver each intervention according to the training guides developed specifically for each intervention (see Appendices C and D). The student investigator and Dr. Robin Sawyer (developer of the film) trained the peer educators on the film intervention and the coordinators of the SARPP program from the Health Center trained the peers on the SARPP workshop. During the trainings, all SARPP peer educators were consented (see Appendix E) and administered a Demographic and Background Survey (see Appendix F) to complete. Simultaneously, the 27 UNIV 100 Letters and Sciences (LTSC) sections

were randomized to one of the three study groups: *Playing the Game 2* film followed by peer-led discussion; SARPP peer presentation; or the control group. The coordinator for all the UNIV 100 LTSC sections provided a spreadsheet to the student investigator with each section's first and second choices for the pretest visit date. The student investigator then scheduled all pretest visits, which occurred starting Monday, September 14, 2009 and concluded on Monday, October 19, 2009. The 27 UNIV 100 LTSC sections were divided into the following five learning communities: 1) contemporary and moral issues (7 sections), 2) markets and society (6 sections), 3) environmental sciences (1 section), 4) media literacy (5 sections); and general sections (8 sections). The student investigator communicated all study pretest visit dates of the UNIV 100 LTSC sections to the learning community coordinators via e-mail along with additional study information. The learning community coordinators then were responsible to relay the pretest visit dates and information onto the UNIV 100 LTSC instructors. The student investigator e-mailed study pretest visit reminders to each instructor one week in advance. The student investigator continued to check-in with the SARPP peer educators during their Tuesday evening class meeting for the SARPP program. During this class, the peers would sign-up for the intervention classes and address any questions about delivering the study interventions.

During the pretest visit, the overall purpose of the study and its voluntary aspects (see Appendices G1 and G2) were briefly explained to the participants, followed by them being asked to complete the pretest surveys (see Appendix H). The participants in the experimental groups then received one of the interventions (*Playing the Game 2* film followed by peer-led discussion or the SARPP peer educators program) followed by the

Process Evaluation Survey (see Appendix I). The peer educators completed evaluation surveys at the conclusion of each intervention they presented (see Appendix J). During the pretest visit the UNIV 100 LTSC instructor was asked to complete a sign-up sheet to schedule the four- to six-week posttest visit (see Appendices K1 and K2). One week prior to the posttest visit the student investigator e-mailed reminders to each instructor. The posttest visits started on October 12, 2009 and ended on Thursday, November 18, 2009. During the four- to six-week posttest visits all participants in both experimental and control groups were asked to complete the posttest measures (see Appendix L) upon being given instructions for its completion (see Appendices G3 and G4). Table 1 presents a visual display of the study activities by visit.

Table 1: Overview of Study Activities by Visit

Pretest Visit		Posttest Visit	
<i>Intervention Groups</i>	<i>Control Group</i>	<i>Intervention Groups</i>	<i>Control Group</i>
<ul style="list-style-type: none"> ○ Introduce study ○ Consent letters distributed ○ Pretest surveys administered ○ Intervention delivered ○ Process Evaluation Surveys administered ○ Peer Educator Evaluations Completed ○ Posttest Visit Scheduled 	<ul style="list-style-type: none"> ○ Introduce study ○ Consent letters distributed ○ Pretest surveys administered ○ Posttest Visit Scheduled 	<ul style="list-style-type: none"> ○ Re-introduce study ○ Consent letters distributed ○ Posttest surveys administered 	<ul style="list-style-type: none"> ○ Re-introduce study ○ Consent letters distributed ○ Posttest surveys administered

In order to match each individual's pretest, Process Evaluation Survey (for experimental groups only), and posttest measures, participants were asked to complete a unique code on the first page of their surveys (see Appendices H, I, and L). This unique identification system was also being used to maintain participant anonymity. After each data collection period, data was cleaned and then entered into SPSS 15.0 for further analyses (SPSS, 2006). All study participants were given a consent letter at the

beginning of each data collection time point to read prior to completing any surveys (see Appendix M).

Experimental Conditions

Playing the Game 2 Film

The *Playing the Game 2* film (12 minutes, 2007 HealthVisions, Media, Inc., Columbia, MD) is a remake of Dr. Robin Sawyer's 1991 award winning film *Playing the Game* and delves into the issues of sexual assault and date rape on a college campus. The video was filmed at the University of Maryland, College Park and presents a typical college acquaintance rape scenario. The lead characters Chris and Jenn have been interested in each other for a while, and during one of Chris's fraternity parties, they hang out and get drunk together. At the end of the evening, Jenn goes upstairs with Chris and they get intimate, which leads to the characters having sex without Jenn's verbal consent. The film presents the bedroom scene first told through Jenn's point of view and then as explained by Chris. It is apparent each character has a different perception of the exact details of the night, but it is clear in both scenes Jenn did not appear to consent to sex. Each character interacts with two friends while reflecting on the prior evening and in both situations one friend takes their side and the other does not. Jenn's friend Katie plays the supportive role and believes her accusations of Chris's behavior, while the other friend Brittany (Chris's ex-girlfriend) disputes whether Chris would rape Jenn. Chris's one friend Jake believes Jenn wanted to have sex, while his other friend Ron questions if Jenn really wanted to have sex, based on Chris's story of the evening.

The film comes with a discussion guide that peer educators will use as the basis for their discussion with the freshmen students randomized to this study condition. The

film was developed to specifically not point fingers of blame, but rather to initiate a meaningful conversation about sexual encounters, relationship communication, alcohol use, and date rape. The specific objectives of the film and discussion are as follows:

- To increase awareness about sexual assault and date rape;
- To reduce date rape myth acceptance;
- To demonstrate the importance of communication among intimate partners and the role of consent;
- To identify the effects of alcohol on sexual situations;
- To show how males and females can perceive sexual encounters differently;
- To examine ways to prevent or reduce the incidence of date rape/sexual assault; and
- To provide students with skills to improve communication with friends that are victims or perpetrators involved in incidences of date rape.

SARPP Peer Educators

The University of Maryland, College Park Health Center offers various peer-led health education programs that instructors, residence halls, and campus groups can request to present to their students. One of the more popularly requested health education peer groups is SARPP (Sexual Assault Response and Prevention Program). The peer facilitated SARPP presentation has been created to educate and raise awareness to prevent date rape on the campus of University of Maryland in a mixed gender environment. The program accomplishes this mission by providing co-educational workshops throughout the campus community, which are led by small groups of male and female presenters. The SARPP presentation provides a discussion of rape, consent,

coercion, prevention strategies for males and females, a narrative of a University of Maryland student's date rape/sexual assault experience, and how to handle yourself if a friend comes to you that has been sexually victimized. The specific objectives of the SARPP presentation are as follows:

- To increase awareness about sexual assault and date rape;
- To decrease date rape myth acceptance and victim blaming;
- To discuss the importance of communication among intimate partners;
 - To increase the understanding of consent and how alcohol and coercion complicate consent;
- To illustrate the potential consequences of mixing alcohol and sexual encounters;
- To identify what males and females do on a daily basis to prevent themselves from being sexually assaulted; and
- To equip students with skills to improve communication with friends who are victims involved in incidences of date rape.

Instrumentation

The primary independent variable in this study was the treatment condition (intervention 1: *Playing the Game 2* film + Peer-Led Discussion; intervention 2: SARPP Peer Educator Program; and control group: no intervention). The primary dependent variables were the following outcome variables: anti-rape attitudes; anti-rape behavioral intentions; and sexual communication self-efficacy. Lanier and Elliot (1997)'s College Date Rape Attitude and Behavior Survey (CDRABS) was used to measure attitudes and behavioral intentions at the pretest and four- to six-week posttest for all study groups.

Sexual communication self-efficacy items were developed specifically for use in this study. In addition, a Process Evaluation Survey was administered to all intervention participants at the immediate posttest. Finally, all student participants were asked to complete a Demographic and Background Form during the pretest.

The peer educators were also asked to complete demographic and background questions during the intervention training sessions. At the conclusion of each intervention, the peer educators delivering the program each completed an evaluation of their presentation. Below is a description of all data collection instruments:

Demographic and Background Form: A brief questionnaire was used to collect descriptive information, including age, gender, race, and year in school from all study participants. Participants were also asked if they felt they have ever been pressured sexually or had pressured someone else sexually. These questions were used to describe the sample participating in the intervention and control groups. The Demographic and Background Form was only being administered at the pretest and is part of the experimental and control pretest questionnaires (see Appendix H).

College Date Rape Attitude and Behavior Survey (CDRABS): Lanier and Elliot (1997) created the CDRABS to measure attitudes related to date rape and behaviors that affect the risk of date rape for evaluating college date prevention programs. The CDRABS consists of 20 attitudinal items and 7 rape-related behavior items. For each subscale, respondents were asked to indicate their level of agreement to each item on a 5-point Likert response scale. The response scale for the attitude items ranged from “Strongly Disagree” (1) to “Strongly Agree” (5), and for the behavior items, the scale ranged from “Always” (1) to “Never” (5). The measure has been found to demonstrate

sound psychometric properties with high internal consistency estimates for attitudes (Cronbach's alpha = .86) and moderate estimates for behavior (Cronbach's alpha = .67). Test-retest reliability for attitudes was also high for attitudes (.94) and moderate for behaviors (.89). Higher scores indicate anti-rape responses, which required certain items to be reverse scored on the measure. The CDRABS was administered at the pretest and posttest to both intervention and control participants (see Appendices H & L).

Sexual Communication Self-Efficacy Scale (SCSES): There was no existing valid and reliable measure found in the literature to assess sexual communication self-efficacy for use in evaluation studies of college sexual assault and date rape intervention programs. Consequently, the SCSES was developed specifically for use in this study and has just recently undergone an expert content validity review. The SCSES is comprised of 10 items to measure the belief that one is capable of communicating sexual intentions to prevent date rape/sexual assault. Respondents were asked to indicate their level of agreement to each item on a 5-point Likert response scale ranging from "Strongly Disagree" (1) to "Strongly Agree" (5). The SCSES was also administered at pretest and posttest to both intervention and control participants (see Appendices H & L).

Process Evaluation Survey: In order to capture an overall assessment of the interventions, a Process Evaluation Survey was created. The survey was based on the typical evaluation handout given at the conclusion of all University of Maryland Health Center peer education programs. Respondents were first asked to check "Yes" or "No" to indicate if they believed each intervention objective was met during the presentation. Respondents were then asked to provide feedback about the presenters and the major points of the interventions and indicate an overall rating of the workshop on a scale

ranging from poor (1) to excellent (5). Lastly, three open-ended questions were presented to respondents that asked the following: 1) What part of the presentation had the most impact on you?; 2) How would you suggest changing the presentation for future use?; and 3) Please provide any additional comments about the presentation in which you just participated. The Process Evaluation Survey was administered immediately following the interventions to only the experimental participants (see Appendix I).

Peer Educator Demographic and Background Form: A brief questionnaire was used to collect descriptive information from the peer educators, which included age, gender, race, year in school, major, and minor. The peer educators were also asked if they were a returning SARPP peer educator from the previous academic year (2008-2009) and what was the major reason they decided to become a peer educator in the SARPP program. These questions were used to describe the peer educators delivering all the study interventions. The Peer Educator Demographic and Background Form was administered during an intervention training session (see Appendix F).

Peer Educator Evaluation Survey: In addition to capturing the experimental participants' feedback about the study interventions, efforts were made to illicit the reactions of the peer educators administering the workshops. Specifically, the peer educators were asked to rate how they felt the presentation went and how engaged they felt the audience was during their presentation, both on scales ranging from 1 to 5. The higher the scores the better the ratings and participants were then asked to comment on each of their ratings (see Appendix J).

Power Calculations

The primary statistical procedures that were conducted in this study were running nested ANCOVA models, thus using the statistical package G*Power 3, the appropriate steps were taken to generate total sample size estimates for an ANCOVA (Faul, Erdfelder, Lang, & Buchner, 2007). The goal of this power analysis was to determine the recommended sample size for the control and intervention groups in order to achieve statistical power of .80 with at least a medium effect size. The appropriate Cohen's effect size was used in G*Power 3 to conduct the power analysis to achieve medium effects (ANCOVA: $f=.25$) (Cohen, 1988). In the meta-analysis of the effectiveness of sexual assault education programs on college campuses performed by Anderson and Whiston (2005), the effect sizes for the outcome variables measured ranged from .061 to .574. Specifically, for rape attitudes the average effect size was .211 and for behavioral intentions it was .136. The output from the G*Power 3 calculations showed that a total sample size of 169 (about 56 participants per group) for the ANOVA model was needed (see Appendix N). A significantly greater number of participants were recruited into this study, as all fall 2009 UNIV 100 LTSC sections were targeted. It was necessary to aim for a significantly larger sample size to account for attrition, because this study involved a posttest data collection period. Also, it was anticipated that not all freshmen in the UNIV 100 LTSC sections would be 18 years old, which is a study requirement to provide consent to participant. In addition, since interactions and multiple nested ANCOVA analyses were conducted a larger sample size was needed. *Please note, G*Power 3 only produces output for ANOVA tests and not ANCOVA models.*

Data Analysis Plan

All quantitative data was analyzed using SPSS 15.0 (SPSS, 2006). Descriptive statistics (means, standard deviations, and frequencies) were used to summarize the data collected on the Demographic and Background Questionnaire. To determine if demographic and/or background differences existed between the three study groups at pretest separate chi square tests were conducted with the categorical variables of gender, race, and the two sexual pressure items. For the continuous variable of age, a one-way ANOVA was performed to test for age differences between the study groups at pretest. If any demographic and/or background differences between the groups were found, then these variables would be controlled for in the analyses.

In addition, missing data was examined to determine if any follow-up procedures were necessary. If a participant left an item blank on the CDRABS or SCSES, the average score for all other items on the measure was calculated and then used for this missing item. If a participant was not in class to complete the posttest measures, the instructor was asked to have the participant complete the posttest measures during the next class period the student was present. If no posttest was collected from the participant, their pretest and Process Evaluation Survey (the Process Evaluation Survey was collected only from the intervention participants) were still included in the dataset. However, if a participant had posttest data, but no pretest and process evaluation data (Process Evaluation Survey data was only collected for intervention participants), they were excluded from the dataset. For each participant, the attitude and behavioral intentions subscales of the CDRABS were computed by summing the items, making sure reverse scoring was used with the appropriate items (attitude subscale: items 2-8 and 11-20; behavioral intentions subscale: items 1 and 7). The means of the total scores for each

subscale were then generated. The SCSES was also scored by summing all items for each participant and then calculating the average of the total score. Finally, the means of all subscale averages were estimated by dividing the prior calculated averages by the number of items on each subscale. Descriptive statistics (i.e., means, standard deviations, ranges, medians, and modes) were then performed on the CDRABS and SCSES for each study group at pretest and posttest.

The primary statistical technique used in this study involved running nested ANCOVA models to address the majority of the different research hypotheses (1c-1e, 2c-2e, 3c-3e, and 4a-4c). The nested technique was used to account for randomization by intact UNIV 100 LTSC sections rather than by individuals. The assumptions of the ANCOVA model are the following: independent observations, normality, homogeneity of variance, the covariate is measured prior to the intervention, the covariate is measured as reliably as possible, linearity between dependent variable and the covariate, and homogeneity of regression slopes. Participants could only take part in one of the study groups; thus, the data was drawn from independent groups. Normal distribution of the dependent variable was examined through histograms and normal Q-Q plots. Homogeneity of variance was checked through the Levene's Test of Equality of Error Variances and both linearity and the homogeneity of regression slopes were examined using scatterplots between the dependent variable and the covariate. The covariate was measured prior to the intervention and the CDRABS had been previously found to be a reliable survey tool, but the reliability of the SCSES had not been tested. Paired t-tests were also used to address several hypotheses (1a, 1b, 2a, 2b, 3a, and 3b). The assumptions of paired t-tests include, the data is from matched pairs and the difference

between the two matched scores for each participant is normally distributed. Normal distribution was assessed through generating histograms and normal Q-Q plots. After checking the model assumptions the statistical procedures of running paired t-tests and nested ANCOVA models were conducted in SPSS to evaluate the study hypotheses utilizing the appropriate variables (see Table 2).

Table 2: Overview of Statistical Procedures Used to Test Each Hypothesis

Hypothesis	Statistical Procedure	Description of Variables
<ul style="list-style-type: none"> • 1a, 1b • 2a, 2b • 3a, 3b 	Paired t-test	Paired Variables: mean score at pretest with mean score at posttest for each scale
<ul style="list-style-type: none"> • 1c, 1d, 1e • 2c, 2d, 2e • 3c, 3d, 3e • 4c (females only) 	Nested ANCOVA ¹	DV: Mean scale score at posttest IV: Study group C: Mean scale score at pretest
<ul style="list-style-type: none"> • 4a, 4b 	Nested ANCOVA ¹	DV: Mean scale score at posttest IV: Gender C: Mean scale score at pretest

¹One-way ANCOVA models were conducted using a nested technique to account for randomization by intact classes.

Internal consistency reliability was assessed on the CDRABS and the SCSES using Cronbach's formula for coefficient alpha for each study group at pretest and posttest. Test-retest reliability was also performed on the CDRABS and the SCSES, but was only necessary with the control group by running Pearson Correlations between the mean total scales at the different time points. The CDRABS has previously been found to be a valid and reliable measure (see *Instrumentation* section). The SCSES has been developed specifically for use in this study, thus no reliability data is currently available for this measure.

Both quantitative and qualitative data were collected from the Process Evaluation Surveys administered after the interventions to the experimental participants.

Frequencies and percentages or means and standard deviations were generated for the

quantitative items, depending on which summary statistics were more appropriate. The qualitative data was tabled by intervention group to facilitate easier review and summary.

Lastly, the peer educators contributed data to the study by completing a one-time Demographic and Background Survey during the training session and an Evaluation Survey at the conclusion of each intervention they delivered. Descriptive statistics (means, standard deviations, and frequencies) were used to summarize the Demographic and Background Survey. The Evaluation Survey captured both quantitative and qualitative data. Means and standard deviations were calculated for the quantitative data and the qualitative data was tabled.

Human Subject Concerns

As previously mentioned IRB approval for this study was received on July 23, 2009 (see Appendix B). There were no known risks to college students for participating in this study. However, participants could have become more aware of their feelings towards sexual assault and/or date rape after completing the surveys and/or viewing the workshops. Consequently, participating students were provided with the contact information for groups and/or offices on campus that can provide them with additional support if necessary. The potential benefits of the study are to provide results that may help the investigator learn more about developing effective sexual violence programs targeting college students.

Extensive procedures for the careful and complete collection of data were implemented by the student investigator. The peer educators delivering the interventions were consented (see Appendix E) and trained prior to participant contact and were monitored throughout the study. All participants were provided with a consent letter at

the beginning of every data collection point to explain the purpose, benefits, and potential risks of the research study. The letter was from the student investigator conducting this study and provided the contact information for campus sexual violence groups and/or offices (see Appendix M). The study team did their best to keep all study participants' personal information confidential. To help protect participant confidentiality, participant names were not included on the completed questionnaires, and instead, participants inserted a unique 6-digit identification code on each questionnaire. The use of the consent letter instead of written informed consent was to further protect patient confidentiality and the possibility of linking the unique 6-digit identification code to participant names. All study related documents are maintained in a locked, secured area.

CHAPTER IV: RESULTS

Demographic and Background Data

As explained in Chapter 3 (see *Sampling Procedure*), UNIV 100 classes (N=27) were randomly assigned to the *Playing the Game 2* Film with Peer-Led Discussion intervention (N=121), the SARPP Peer Educator Presentation program (N=127), or the control group (N=130). Classes ranged in size from seven students to 19 students. The total sample size enrolled at pretest was 378 participants. This target population consisted of the fall 2009 undeclared majors enrolled in the UNIV 100 course in the academic unit of Letters and Sciences (LTSC) at the University of Maryland, College Park. A total of 27 sections were recruited and randomized to each of three study groups, resulting in nine sections for each condition.

Table 3 displays the Demographic and Background Data at Pretest for the total sample and by study group. The average age of participants was 18.08 years old. Males accounted for 55.8% of the total sample, and females 44.2%, which is comparable to the gender breakdown of the incoming freshman 2009 class at the university with 53.4% and 46.6%, respectively.

With regard to race, the majority of participants were white, comprising 72.2% of the total sample. Asians made up 10.1%, Blacks totaled 7.9%, Hispanics comprised 3.4% and other races represented 6.3%. The other race is comprised of those of mixed race and those of American Indian descent. Comparing this race data to the available race data for the freshman incoming class, the study sample was consistent for Blacks (7.9% compared with 9.2%) and other races (6.3% compared with 6.1%), but overrepresented by Whites (72.2% compared with 62.4%) and underrepresented by Asians (10.1% compared with 15.9%) and Hispanics (3.4% compared with 6.1%).

As expected, there was some attrition in each of the study groups because the posttest data collection period was four to six weeks after the pretest. The subsample estimates of participants whose unique identification code could be matched between the pretest and posttest for each study group were as follows: 115 of the 121 participants in the *Playing the Game 2* Film with Peer-Led Discussion intervention (95.0 %), 122 of the 127 participants in the SARPP Peer Educator Presentation (96.1%), and 119 of the 130 participants in the control group (91.5 %). Using a chi-square test it was determined no significant differential attrition existed between the study groups ($\chi^2=2.640$, $p=.267$). The retention rate for the entire study sample was 94.18%. There was an average of 4.74 weeks between data collection points for the entire sample. The average duration between pretest and posttest for each study group was as follows: 4.89 weeks for the film intervention group, 4.56 weeks for the peer education group, and 4.78 for the control group.

In terms of history of sexual pressure, when participants were asked “*if they ever felt they had been pressured sexually*”, 22.5% of the total population indicated ‘Yes,’ 7.4% were ‘Unsure’, and 70.1% indicated ‘No.’ This variable differs by gender with 37.7% of the females and 10.4% of the males selecting ‘Yes’ and 11.4% of the females and 4.3% of the males answering ‘Unsure’. Participants were then asked “*if they ever felt they had pressured someone sexually*” and 6.6% indicated ‘Yes’ and 4.8% were ‘Unsure’. Again gender differences appear with 9.0% of males and 3.6% of females selecting ‘Yes’ and 6.6% of males and 2.4% of females answering ‘Unsure’.

The separate chi-square tests performed to determine if the three study groups differed in regards to gender, race, and the two sexual pressure items revealed no

statistically significant differences between the groups on these traits. The one-way ANOVA conducted to test for age differences between the study groups at baseline also indicated no statistical significance. Consequently, it was not necessary to control for any of these demographic and background traits in the analyses.

Table 3: Demographic and Background Data at Pretest

	Overall (N=378)	Intervention 1 (N=121)	Intervention 2 (N=127)	Control (N=130)	P-value of Significance Test
Age, mean (SD)	18.08 (.290)	18.10 (.327)	18.09 (.294)	18.05 (.245)	p=.270
Gender					
Males	211 (55.8%)	67 (55.4%)	74 (58.3%)	70 (53.8%)	p=.770
Females	167 (44.2%)	54 (44.6%)	53 (41.7%)	60 (46.2%)	
Race					
Asian	38 (10.1%)	13 (10.7%)	10 (7.9%)	15 (11.5%)	p=.866
Black	30 (7.9%)	11 (9.1%)	11 (8.7%)	8 (6.2%)	
White	273 (72.2%)	84 (69.4%)	95 (74.8%)	94 (72.3%)	
Hispanic	13 (3.4%)	6 (5.0%)	4 (3.1%)	3 (2.3%)	
Other ¹	24 (6.3%)	7 (5.8%)	7 (5.5%)	10 (7.7%)	
Ever Been Pressured Sexually					
No	265 (70.1%)	81 (66.9%)	95 (74.8%)	89 (68.5%)	p=.666
Yes	85 (22.5%)	29 (24.0%)	25 (19.7%)	31 (23.8%)	
Unsure	28 (7.4%)	11 (9.1%)	7 (5.5%)	10 (7.7%)	
Ever Pressured Someone Sexually					
No	335 (88.6%)	112 (92.6%)	111 (87.4%)	112 (86.2%)	p=.549
Yes	25 (6.6%)	5 (4.1%)	10 (7.9%)	10 (7.7%)	
Unsure	18(4.8%)	4 (3.3%)	6 (4.7%)	8 (6.2%)	

¹ Includes: Mixed race and those of American Indian descent.

Descriptive Statistics of the CDRABS and SCSES

College Date Rape Attitude and Behavior Survey

The CDRABS was used to measure both attitudes related to date rape and behaviors that affect the risk of date rape at the pretest and four- to six-week posttest for each study group. As previously explained in Chapter 3 (see *Instrumentation*), the attitudes subscale of the CDRABS is comprised of 20 items, and the behavioral intentions

subscale consists of 7 items. The descriptive statistics including mean, standard deviation, range, median, and mode, are shown by study group in Tables 4a-4c for each attitude item and Tables 5a-5c for each behavioral intentions item. The overall subscale averages presented were calculated based on summing all the items and dividing by the number of participants in each study group. Finally, the displayed means of these subscale averages were estimated by dividing the prior calculated averages by the number of items on each subscale.

Attitudes Toward Rape

The descriptive statistics of the 20 anti-rape attitude items were generated for each study group (film intervention group: see Table 4a; peer education intervention group: see Table 4b; and control group: see Table 4c). For these attitude items, the higher the score received the more “desirable (anti-rape) response”. In order to facilitate this scoring methodology, items 2-8 and 11-20 were reverse scored for analysis purposes, after the data was collected. The scoring scale ranged from “Strongly Disagree” (1) to “Strongly Agree” (5).

For the film intervention group, the average score for 15 of the 20 items appeared to increase from pretest to posttest. Participants had the greatest improvement in anti-rape attitude items #4, #8, #17, #18, and #20. The peer education intervention group reported an increase in scores from pretest to posttest in 12 of the 20 items. For this study group, participants had the greatest improvement in anti-rape attitude items #8, #11, #15, #17, #18, and #20.

In summary, the film intervention group had an overall pretest mean for the anti-rape attitude subscale of 3.70, which increased to 3.81 at posttest. The peer education intervention group had an overall pretest mean for the anti-rape attitude subscale of 3.74

that increased to 3.83 at posttest. However, the control group did not report any change in anti-rape attitude scores between pretest and posttest as both overall mean scores were 3.66.

Table 4a: Pretest (PR) and Posttest (PO) Descriptive Statistics for Attitudes Towards Rape Items on the CDRABS for Film Intervention Participants¹

Items (Pretest N=121) (Posttest N=115)	Mean±SD		Range		Median		Mode	
	PR	PO	PR	PO	PR	PO	PR	PO
1. Males and females should share the expenses of a date.	2.88±1.03	2.90±1.06	1-5	1-5	3.0	3.0	2.0	2.0
2. I believe that talking about sex destroys the romance of that particular moment. ²	3.50±.81	3.42±.84	1-5	1-5	4.0	4.0	4.0	4.0
3. Most women enjoy being submissive in sexual relations. ²	3.35±.82	3.46±.82	2-5	1-5	3.0	4.0	4.0	4.0
4. If a woman dresses in a sexy dress she is asking for sex. ²	3.78±.93	4.09±.85	2-5	1-5	4.0	4.0	4.0	4.0
5. If a woman asks a man out on a date then she is definitely interested in having sex. ²	4.24±.77	4.32±.74	1-5	2-5	4.0	4.0	4.0	5.0
6. In the majority of date rapes the victim is promiscuous or has a bad reputation. ²	3.88±.97	4.05±.84	1-5	2-5	4.0	4.0	4.0	4.0
7. A man is entitled to intercourse if his partner had agreed to it but at the last moment changed her mind. ²	4.67±.57	4.59±.58	2-5	3-5	5.0	5.0	5.0	5.0
8. Many women pretend they don't want to have sex because they don't want to appear "easy". ²	2.89±.95	3.41±1.0	1-5	2-5	3.0	3.0	2.0	4.0
9. A man can control his behavior no matter how sexually aroused he feels.	3.64±1.17	3.72±1.17	1-5	1-5	4.0	4.0	4.0	4.0
10. I believe that alcohol and other drugs affect my sexual decision-making.	3.69±1.10	3.46±1.03	1-5	1-5	4.0	4.0	4.0	4.0
11. The degree of a woman's resistance should be a major factor in determining if a rape has occurred. ²	2.95±1.25	2.93±1.21	1-5	1-5	3.0	3.0	2.0	2.0
12. When a woman says "no" to sex what she really means is "maybe". ²	4.49±.70	4.51±.68	2-5	2-5	5.0	5.0	5.0	5.0
13. If a woman lets a man buy her dinner or pay for a movie or drinks, she owes him sex. ²	4.69±.52	4.67±.53	3-5	3-5	5.0	5.0	5.0	5.0
14. Women provoke rape by their behavior. ²	3.97±.97	4.05±.96	1-5	1-5	4.0	4.0	4.0	5.0
15. Women often lie about being raped to get back at their dates. ²	3.76±.92	3.86±.92	1-5	2-5	4.0	4.0	4.0	4.0

Table 4a (cont): Pretest (PR) and Posttest (PO) Descriptive Statistics for Attitudes Towards Rape Items on the CDRABS for Film Intervention Participants¹

Items (Pretest N=121) (Posttest N=115)	Mean ± SD		Range		Median		Mode	
	PR	PO	PR	PO	PR	PO	PR	PO
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. ²	4.43±.72	4.52±.64	2-5	3-5	5.0	5.0	5.0	5.0
17. When a woman asks her date back to her place, I expect that something sexual will take place. ²	2.94±1.04	3.26±1.07	1-5	1-5	3.0	3.0	2.0	2.0
18. Date rapists are usually motivated by an overwhelming unfilled sexual desire. ²	2.53±.92	2.85±1.01	1-5	1-5	2.0	3.0	2.0	2.0
19. In most cases when a woman was raped she was asking for it. ²	4.45±.71	4.47±.65	2-5	2-5	5.0	5.0	5.0	5.0
20. When a woman fondles a man's genitals it means she has consented to sexual intercourse. ²	3.36±1.06	3.79±1.0	1-5	1-5	3.0	4.0	4.0	4.0
Overall Subscale Average	74.10±8.78	76.30±8.78	56-91	54-94	74.0	76.0	67.0	70.0
Mean of the Subscale Average	3.70±.44	3.81±.44	3-5	3-5	3.7	3.8	3.4	3.5

¹ Respondents were asked to indicate their level of agreement to each item on a 5-point Likert response scale that ranged from "Strongly Disagree" (1) to "Strongly Agree" (5).

² These items have been reverse scored to facilitate higher overall mean scores corresponding to anti-rape attitudes.

Table 4b: Pretest (PR) and Posttest (PO) Descriptive Statistics for Attitudes Towards Rape Items on the CDRABS for Peer Education Intervention Participants¹

Items (Pretest N=127) (Posttest N=122)	Mean±SD		Range		Median		Mode	
	PR	PO	PR	PO	PR	PO	PR	PO
1. Males and females should share the expenses of a date.	2.91±.88	2.90±.94	1-5	1-5	3.0	3.0	3.0	3.0
2. I believe that talking about sex destroys the romance of that particular moment. ²	3.65±.90	3.60±.84	1-5	2-5	4.0	4.0	4.0	4.0
3. Most women enjoy being submissive in sexual relations. ²	3.27±.78	3.35±.77	1-5	2-5	3.0	3.0	3.0	3.0
4. If a woman dresses in a sexy dress she is asking for sex. ²	3.99±.81	4.17±.76	2-5	2-5	4.0	4.0	4.0	4.0
5. If a woman asks a man out on a date then she is definitely interested in having sex. ²	4.26±.72	4.37±.67	2-5	3-5	4.0	4.0	4.0	5.0
6. In the majority of date rapes the victim is promiscuous or has a bad reputation. ²	3.97±.95	4.07±.82	1-5	2-5	4.0	4.0	4.0	4.0
7. A man is entitled to intercourse if his partner had agreed to it but at the last moment changed her mind. ²	4.69±.53	4.62±.52	3-5	3-5	5.0	5.0	5.0	5.0
8. Many women pretend they don't want to have sex because they don't want to appear "easy". ²	3.12±1.10	3.35±1.05	1-5	1-5	3.0	3.0	2.0	3.0
9. A man can control his behavior no matter how sexually aroused he feels.	3.98±1.00	3.86±1.05	1-5	1-5	4.0	4.0	4.0	4.0
10. I believe that alcohol and other drugs affect my sexual decision-making.	3.70±1.04	3.35±1.13	1-5	1-5	4.0	4.0	4.0	4.0
11. The degree of a woman's resistance should be a major factor in determining if a rape has occurred. ²	2.89±1.14	3.19±1.17	1-5	1-5	2.0	3.0	2.0	2.0
12. When a woman says "no" to sex what she really means is "maybe". ²	4.53±.70	4.52±.71	1-5	1-5	5.0	5.0	5.0	5.0
13. If a woman lets a man buy her dinner or pay for a movie or drinks, she owes him sex. ²	4.66±.61	4.63±.56	1-5	2-5	5.0	5.0	5.0	5.0
14. Women provoke rape by their behavior. ²	3.90±1.03	4.07±.88	1-5	2-5	4.0	4.0	4.0	4.0
15. Women often lie about being raped to get back at their dates. ²	3.76±.97	3.98±.80	1-5	2-5	4.0	4.0	4.0	4.0

Table 4b (cont): Pretest (PR) and Posttest (PO) Descriptive Statistics for Attitudes Towards Rape Items on the CDRABS for Peer Education Intervention Participants¹

Items (Pretest N=127) (Posttest N=122)	Mean±SD		Range		Median		Mode	
	PR	PO	PR	PO	PR	PO	PR	PO
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. ²	4.32±.81	4.43±.66	2-5	2-5	4.0	5.0	5.0	5.0
17. When a woman asks her date back to her place, I expect that something sexual will take place. ²	2.83±1.01	3.18±1.02	1-5	2-5	3.0	3.0	2.0	2.0
18. Date rapists are usually motivated by an overwhelming unfulfilled sexual desire. ²	2.61±.83	2.89±.96	1-5	1-5	3.0	3.0	2.0	2.0
19. In most cases when a woman was raped she was asking for it. ²	4.46±.61	4.42±.73	3-5	2-5	5.0	5.0	5.0	5.0
20. When a woman fondles a man's genitals it means she has consented to sexual intercourse. ²	3.30±1.06	3.70±1.06	1-5	1-5	3.0	4.0	4.0	4.0
Overall Subscale Average	74.80±8.31	76.70±8.05	47-92	57-93	75.0	76.0	71.0	72.0
Mean of the Subscale Average	3.74±.42	3.83±.40	2-5	3-5	3.8	3.8	3.6	3.6

¹ Respondents were asked to indicate their level of agreement to each item on a 5-point Likert response scale that ranged from "Strongly Disagree" (1) to "Strongly Agree" (5).

² These items have been reverse scored to facilitate higher overall mean scores corresponding to anti-rape attitudes.

Table 4c: Pretest (PR) and Posttest (PO) Descriptive Statistics for Attitudes Towards Rape Items on the CDRABS for Control Participants¹

Items (Pretest N=130) (Posttest N=119)	Mean±SD		Range		Median		Mode	
	PR	PO	PR	PO	PR	PO	PR	PO
1. Males and females should share the expenses of a date.	2.74±.95	2.98±1.02	1-5	1-5	3.0	3.0	2.0	3.0
2. I believe that talking about sex destroys the romance of that particular moment. ²	3.52±.86	3.50±.91	1-5	1-5	4.0	4.0	4.0	4.0
3. Most women enjoy being submissive in sexual relations. ²	3.28±.79	3.33±.81	1-5	2-5	3.0	3.0	3.0	3.0
4. If a woman dresses in a sexy dress she is asking for sex. ²	3.72±.95	3.83±.95	1-5	1-5	4.0	4.0	4.0	4.0
5. If a woman asks a man out on a date then she is definitely interested in having sex. ²	4.15±.88	4.18±.80	1-5	2-5	4.0	4.0	4.0	4.0
6. In the majority of date rapes the victim is promiscuous or has a bad reputation. ²	3.94±.99	3.78±.93	1-5	1-5	4.0	4.0	4.0	4.0
7. A man is entitled to intercourse if his partner had agreed to it but at the last moment changed her mind. ²	4.64±.66	4.53±.61	1-5	2-5	5.0	5.0	5.0	5.0
8. Many women pretend they don't want to have sex because they don't want to appear "easy". ²	2.81±1.01	3.00±1.01	1-5	1-5	3.0	3.0	2.0	2.0
9. A man can control his behavior no matter how sexually aroused he feels.	3.78±1.09	3.87±1.01	1-5	1-5	4.0	4.0	4.0	4.0
10. I believe that alcohol and other drugs affect my sexual decision-making.	3.81±1.04	3.53±.98	1-5	1-5	4.0	4.0	4.0	4.0
11. The degree of a woman's resistance should be a major factor in determining if a rape has occurred. ²	2.69±1.11	2.83±1.15	1-5	1-5	2.0	3.0	2.0	2.0
12. When a woman says "no" to sex what she really means is "maybe". ²	4.52±.71	4.42±.71	1-5	1-5	5.0	5.0	5.0	5.0
13. If a woman lets a man buy her dinner or pay for a movie or drinks, she owes him sex. ²	4.62±.72	4.61±.64	1-5	1-5	5.0	5.0	5.0	5.0
14. Women provoke rape by their behavior. ²	3.96±.94	3.82±.93	1-5	1-5	4.0	4.0	5.0	4.0
15. Women often lie about being raped to get back at their dates. ²	3.71±.99	3.63±.90	1-5	1-5	4.0	4.0	4.0	4.0

Table 4c (cont): Pretest (PR) and Posttest (PO) Descriptive Statistics for Attitudes Towards Rape Items on the CDRABS for Control Participants¹

Items (Pretest N=130) (Posttest N=119)	Mean±SD		Range		Median		Mode	
	PR	PO	PR	PO	PR	PO	PR	PO
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. ²	4.45±.75	4.35±.75	2-5	2-5	5.0	4.0	5.0	5.0
17. When a woman asks her date back to her place, I expect that something sexual will take place. ²	2.74±.96	2.90±1.07	1-5	1-5	3.0	3.0	2.0	2.0
18. Date rapists are usually motivated by an overwhelming unfilled sexual desire. ²	2.45±.75	2.48±.86	1-4	1-5	2.0	2.0	2.0	2.0
19. In most cases when a woman was raped she was asking for it. ²	4.42±.70	4.39±.63	2-5	2-5	5.0	4.0	5.0	4.0
20. When a woman fondles a man's genitals it means she has consented to sexual intercourse. ²	3.26±1.06	3.34±1.00	1-5	1-5	3.0	4.0	4.0	4.0
Overall Subscale Average	73.20±8.95	73.30±8.86	40-92	43-96	75.9	73.0	78.0	71.0
Mean of the Subscale Average	3.66±.45	3.66±.44	2-5	2-5	3.8	3.7	3.9	3.6

¹ Respondents were asked to indicate their level of agreement to each item on a 5-point Likert response scale that ranged from "Strongly Disagree" (1) to "Strongly Agree" (5).

² These items have been reverse scored to facilitate higher overall mean scores corresponding to anti-rape attitudes.

Rape-Related Behavioral Intentions

The descriptive statistics of the 7 rape-related behavioral intention items were calculated for each study group (film intervention group: see Table 5a; peer education intervention group: see Table 5b; and control group: see Table 5c). Similar to the scoring of the attitude items, a higher behavioral intentions score indicates a more “advantageous (anti-rape) response.” In this subscale of 7 behavioral intention items, items 1 and 7 were reverse scored after data collection to accommodate this scoring methodology. The scoring scale ranged from “Always” (1) to “Never” (5).

For the film intervention group, the average score for three of the seven items increased from pretest to posttest. These items included #1, #5, and #6. The peer education intervention group also had an increase in items #1, #5, and #6 along with items #2 and #3. In summary, the film intervention group had an overall pretest mean for the rape-related behavioral intentions subscale of 4.01, which increased to 4.05 at posttest. The peer education intervention group had an overall pretest mean for the rape-related behavioral intentions subscale of 3.95 that increased to 3.97 at posttest. Finally, for the control group the overall pretest mean for rape-related behavioral intention scores was 3.95 at pretest and increased to 3.99 at posttest.

Table 5a: Pretest (PR) and Posttest (PO) Descriptive Statistics for Rape-Related Behavioral Intentions Items on the CDRABS for Film Intervention Participants¹

Items (Pretest N=121) (Posttest N=114)	Mean±SD		Range		Median		Mode	
	PR	PO	PR	PO	PR	PO	PR	PO
1. I stop the first time my date says “no” to sexual activity. ²	4.64±.75	4.78±.59	1-5	1-5	5.0	5.0	5.0	5.0
2. I have sex when I am intoxicated.	4.10±1.03	4.09±.96	1-5	2-5	4.0	4.0	5.0	5.0
3. I have sex when my partner is intoxicated.	4.18±.91	4.18±.90	2-5	2-5	4.3	4.0	5.0	5.0
4. When I want to touch someone sexually I try it and see how they react.	3.74±1.13	3.68±1.05	1-5	1-5	4.0	4.0	5.0	3.0
5. I won’t stop sexual activity when asked to if I am already sexually aroused.	4.63±.82	4.74±.75	1-5	1-5	5.0	5.0	5.0	5.0
6. I make out in remotely parked cars.	3.70±1.02	3.93±.98	1-5	1-5	4.0	4.0	3.0	5.0
7. When I hear a sexist comment I indicate my displeasure. ²	3.07±1.03	2.95±1.10	1-5	1-5	3.0	3.0	3.0	3.0
Overall Subscale Average	28.06±3.60	28.33±3.66	17-35	16-35	28.0	28.5	26.0	31.0
Mean of the Subscale Average	4.01±.51	4.05±.52	2-5	2-5	4.0	4.1	3.7	4.4

¹ Respondents were asked to indicate their level of agreement to each item on a 5-point Likert response scale that ranged from “Always” (1) to “Never” (5).

² These items have been reverse scored to facilitate higher overall mean scores corresponding to anti-rape attitudes.

Table 5b: Pretest (PR) and Posttest (PO) Descriptive Statistics for Rape-Related Behavioral Intentions Items on the CDRABS for Peer Education Intervention Participants¹

Items (Pretest N=127) (Posttest N=122)	Mean±SD		Range		Median		Mode	
	PR	PO	PR	PO	PR	PO	PR	PO
1. I stop the first time my date says “no” to sexual activity. ²	4.61±.77	4.66±.73	1-5	1-5	5.0	5.0	5.0	5.0
2. I have sex when I am intoxicated.	4.01±.96	4.06±.92	2-5	2-5	4.0	4.0	5.0	5.0
3. I have sex when my partner is intoxicated.	4.08±.95	4.17±.91	2-5	2-5	4.0	4.0	5.0	5.0
4. When I want to touch someone sexually I try it and see how they react.	3.58±1.21	3.52±1.16	1-5	1-5	4.0	4.0	5.0	3.0
5. I won’t stop sexual activity when asked to if I am already sexually aroused.	4.68±.75	4.73±.70	1-5	1-5	5.0	5.0	5.0	5.0
6. I make out in remotely parked cars.	3.83±.97	3.87±.87	1-5	2-5	4.0	4.0	3.0	3.0
7. When I hear a sexist comment I indicate my displeasure. ²	2.83±1.08	2.79±1.01	1-5	1-5	3.0	3.0	3.0	3.0
Overall Subscale Average	27.62±3.89	27.81±3.60	17-34	17-34	27.0	28.0	27.0	30.0
Mean of the Subscale Average	3.95±.56	3.97±.51	2-5	2-5	3.86	4.0	3.86	4.29

¹ Respondents were asked to indicate their level of agreement to each item on a 5-point Likert response scale that ranged from “Always” (1) to “Never” (5).

² These items have been reverse scored to facilitate higher overall mean scores corresponding to anti-rape attitudes.

Table 5c: Pretest (PR) and Posttest (PO) Descriptive Statistics for Rape-Related Behavioral Intentions Items on the CDRABS for Control Participants¹

Items (Pretest N=130) (Posttest N=119)	Mean±SD		Range		Median		Mode	
	PR	PO	PR	PO	PR	PO	PR	PO
1. I stop the first time my date says “no” to sexual activity. ²	4.64±.66	4.69±.61	1-5	1-5	5.0	5.0	5.0	5.0
2. I have sex when I am intoxicated.	4.15±.93	4.13±.96	2-5	2-5	4.0	4.0	5.0	5.0
3. I have sex when my partner is intoxicated.	4.17±.93	4.18±.89	2-5	2-5	5.0	4.0	5.0	5.0
4. When I want to touch someone sexually I try it and see how they react.	3.61±1.13	3.64±1.21	1-5	1-5	4.0	4.0	3.0	5.0
5. I won’t stop sexual activity when asked to if I am already sexually aroused.	4.73±.74	4.75±.54	1-5	3-5	5.0	5.0	5.0	5.0
6. I make out in remotely parked cars.	3.53±1.11	3.70±1.05	1-5	1-5	3.0	4.0	3.0	3.0
7. When I hear a sexist comment I indicate my displeasure. ²	2.85±1.06	2.84±.93	1-5	1-5	3.0	3.0	3.0	3.0
Overall Subscale Average	27.67±3.65	27.92±3.62	20-35	20-34	28.0	29.0	30.0	31.0
Mean of the Subscale Average	3.95±.52	3.99±.52	3-5	3-5	4.0	4.1	4.3	4.4

¹ Respondents were asked to indicate their level of agreement to each item on a 5-point Likert response scale that ranged from “Always” (1) to “Never” (5).

² These items have been reverse scored to facilitate higher overall mean scores corresponding to anti-rape attitudes.

Sexual Communication Self-Efficacy Scale

As previously discussed (see Chapter 3, *Instrumentation* section), the 10-item Sexual Communication Self-Efficacy Scale (SCSES) was created specifically for use in this study. The SCSES measures the belief that one is capable of communicating sexual intentions to prevent date rape/sexual assault. In addition to the CDRABS, the SCSES was administered at both the pretest and the four- to six-week posttest to all study groups. None of the items on the SCSES required reverse scoring. The higher the score the more sexual communication self-efficacy the participant demonstrates. The scoring scale ranged from “Strongly Disagree” (1) to “Strongly Agree” (5). The descriptive statistics presented for each measure include mean, standard deviation, range, median, and mode. In addition, the scale’s average descriptive statistics are displayed along with and their respective means.

The descriptive statistics of the 10 items of the SCSES were tabulated for each study group (film intervention group: see Table 6a; peer education intervention group: see Table 6b; and control group: see Table 6c). For the film intervention group, all but one item had scores increase from pretest to posttest. Participants had the greatest improvement in sexual communication self-efficacy scores from pretest to posttest on items #1 and #2. The peer education intervention group demonstrated increases in scores from pretest to posttest on all items of the SCSES. In particular, items #1, #2, #3, and #10 had the greatest improvement. In summary, the film intervention group had an overall pretest mean for sexual communication self-efficacy of 3.95, which increased to 4.07 at posttest. The peer education intervention group had an overall pretest mean for sexual communication self-efficacy of 3.90 that increased to 4.10 at posttest. The control

group had an overall pretest mean for sexual communication self-efficacy of 3.91, which increased to 4.03 at posttest.

Table 6a: Pretest (PR) and Posttest (PO) Descriptive Statistics for the SCSES for Film Intervention Participants¹

Items (Pretest N=121) (Posttest N=115)	Mean±SD		Range		Median		Mode	
	PR	PO	PR	PO	PR	PO	PR	PO
1. I am confident in my ability to verbally (e.g., words) communicate my sexual intentions.	3.89±.88	4.17±.83	1-5	1-5	4.0	4.0	4.0	4.0
2. I am confident in my ability to non-verbally (e.g., actions) communicate my sexual intentions.	3.85±.81	4.16±.77	1-5	1-5	4.0	4.0	4.0	4.0
3. I feel confident I can read someone else's non-verbal sexual intentions.	3.78±.81	3.90±.84	1-5	1-5	4.0	4.0	4.0	4.0
4. I feel confident I can communicate my sexual intentions to stop during intimacy if I do not want to continue.	4.07±.80	4.17±.76	1-5	1-5	4.0	4.0	4.0	4.0
5. I feel confident I will understand my partner's communication to stop during intimacy if my partner does not want to continue.	4.26±.75	4.31±.65	1-5	1-5	4.0	4.0	4.0	4.0
6. I feel confident I can communicate well enough verbally (e.g., words) to avoid date rape.	4.21±.89	4.31±.69	1-5	1-5	4.0	4.0	5.0	4.0
7. I feel confident I can communicate well enough non-verbally (e.g., actions) to avoid date rape.	4.14±.95	4.29±.72	1-5	1-5	4.0	4.0	5.0	4.0
8. I feel confident I can control my sexual behaviors when I am intoxicated.	3.88±.97	3.87±.98	1-5	1-5	4.0	4.0	4.0	4.0
9. I feel confident in my ability to communicate my sexual intentions when I am intoxicated.	3.78±.93	3.90±.87	1-5	1-5	4.0	4.0	4.0	4.0
10. I feel confident I can read someone else's sexual intentions when they are intoxicated.	3.60±.97	3.63±1.00	1-5	1-5	4.0	4.0	4.0	4.0
Overall Subscale Average	39.48±5.80	40.72±5.95	10-50	10-50	39.0	40.0	40.0	40.0
Mean of the Subscale Average	3.95±.58	4.07±.59	1-5	1-5	3.9	4.0	4.0	4.0

¹ Respondents were asked to indicate their level of agreement to each item on a 5-point Likert response scale that ranged from "Strongly Disagree" (1) to "Strongly Agree" (5).

Table 6b: Pretest (PR) and Posttest (PO) Descriptive Statistics for the SCSES for Peer Education Intervention Participants¹

Items (Pretest N=126) (Posttest N=122)	Mean±SD		Range		Median		Mode	
	PR	PO	PR	PO	PR	PO	PR	PO
1. I am confident in my ability to verbally (e.g., words) communicate my sexual intentions.	3.99±.80	4.21±.61	1-5	2-5	4.0	4.0	4.0	4.0
2. I am confident in my ability to non-verbally (e.g., actions) communicate my sexual intentions.	3.87±.84	4.12±.70	1-5	2-5	4.0	4.0	4.0	4.0
3. I feel confident I can read someone else's non-verbal sexual intentions.	3.62±.92	3.98±.74	1-5	2-5	4.0	4.0	4.0	4.0
4. I feel confident I can communicate my sexual intentions to stop during intimacy if I do not want to continue.	4.06±.77	4.23±.61	1-5	2-5	4.0	4.0	4.0	4.0
5. I feel confident I will understand my partner's communication to stop during intimacy if my partner does not want to continue.	4.21±.75	4.31±.64	1-5	1-5	4.0	4.0	4.0	4.0
6. I feel confident I can communicate well enough verbally (e.g., words) to avoid date rape.	4.21±.84	4.39±.60	1-5	3-5	4.0	4.0	4.0	4.0
7. I feel confident I can communicate well enough non-verbally (e.g., actions) to avoid date rape.	4.12±.84	4.30±.69	1-5	2-5	4.0	4.0	4.0	4.0
8. I feel confident I can control my sexual behaviors when I am intoxicated.	3.78±1.0	3.88±.89	1-5	1-5	4.0	4.0	4.0	4.0
9. I feel confident in my ability to communicate my sexual intentions when I am intoxicated.	3.70±.98	3.88±.87	1-5	1-5	4.0	4.0	4.0	4.0
10. I feel confident I can read someone else's sexual intentions when they are intoxicated.	3.47±.98	3.70±.93	1-5	1-5	4.0	4.0	4.0	4.0
Overall Subscale Average	39.02±5.66	41.0±4.80	10-50	29-50	40.0	40.0	40.0	40.0
Mean of the Subscale Average	3.90±.57	4.10±.48	1-5	3-5	4.0	4.0	4.0	4.0

¹ Respondents were asked to indicate their level of agreement to each item on a 5-point Likert response scale that ranged from "Strongly Disagree" (1) to "Strongly Agree" (5).

Table 6c: Pretest (PR) and Posttest (PO) Descriptive Statistics for the SCSES for Control Participants¹

Items (Pretest N=130) (Posttest N=119)	Mean±SD		Range		Median		Mode	
	PR	PO	PR	PO	PR	PO	PR	PO
1. I am confident in my ability to verbally (e.g., words) communicate my sexual intentions.	3.89±.93	4.22±.81	1-5	1-5	4.0	4.0	4.0	4.0
2. I am confident in my ability to non-verbally (e.g., actions) communicate my sexual intentions.	3.90±.84	4.07±.79	1-5	1-5	4.0	4.0	4.0	4.0
3. I feel confident I can read someone else's non-verbal sexual intentions.	3.66±.79	3.88±.81	1-5	1-5	4.0	4.0	4.0	4.0
4. I feel confident I can communicate my sexual intentions to stop during intimacy if I do not want to continue.	4.04±.83	4.18±.73	2-5	1-5	4.0	4.0	4.0	4.0
5. I feel confident I will understand my partner's communication to stop during intimacy if my partner does not want to continue.	4.25±.58	4.22±.71	3-5	1-5	4.0	4.0	4.0	4.0
6. I feel confident I can communicate well enough verbally (e.g., words) to avoid date rape.	4.29±.74	4.33±.74	1-5	1-5	4.0	4.0	5.0	4.0
7. I feel confident I can communicate well enough non-verbally (e.g., actions) to avoid date rape.	4.23±.82	4.23±.76	1-5	1-5	4.0	4.0	4.0	4.0
8. I feel confident I can control my sexual behaviors when I am intoxicated.	3.72±.97	3.82±.97	1-5	1-5	4.0	4.0	4.0	4.0
9. I feel confident in my ability to communicate my sexual intentions when I am intoxicated.	3.66±.89	3.74±.98	2-5	1-5	4.0	4.0	4.0	4.0
10. I feel confident I can read someone else's sexual intentions when they are intoxicated.	3.50±.87	3.58±.96	1-5	1-5	4.0	4.0	4.0	4.0
Overall Subscale Average	39.14±4.87	40.25±5.89	2-5	10-50	39.5	40.0	40.0	40.0
Mean of the Subscale Average	3.91±.49	4.03±.59	23-50	1-5	3.95	4.0	4.0	4.0

¹ Respondents were asked to indicate their level of agreement to each item on a 5-point Likert response scale that ranged from "Strongly Disagree" (1) to "Strongly Agree" (5).

Reliability Testing of Study Scales

Internal consistency reliability was assessed on the attitude and behavior subscales of the CDRABS and the SCSES at pretest and posttest for the overall sample (see Table 7). At both time points, high internal consistency estimates were found for attitudes (Cronbach's alpha at pretest = .82; Cronbach's alpha at posttest = .83) and the SCSES (Cronbach's alpha at pretest = .83; Cronbach's alpha at posttest = .88). However, moderate internal consistency estimates were found for the behavioral intentions items at both data collection points (Cronbach's alpha at pretest = .62; Cronbach's alpha at posttest = .65). Test-retest reliability was evaluated with the control group by running Pearson's Correlations between the mean total scores of the measures at the two data collection points. Strong correlations were found between the attitude ($r = .841, p < .001$) and behavioral intentions ($r = .819, p < .001$) items of the CDRABS at pretest and posttest. A moderate correlation was found between pretest and posttest scores of the SCSES ($r = .510, p < .001$). A factor analysis was also performed on the SCSES because this scale was designed specifically for use in this study. All of the items did appear to load onto one factor.

Table 7: Reliability Estimates for Study Measures

Scale	Number of Scale Items	Pretest		Posttest	
		Cronbach's alpha	N	Cronbach's alpha	N
Attitudes Subscale of CDRABS	20	.82	378	.83	356
Behavioral Intentions Subscale of CDRABS	7	.62	378	.65	355
SCSES	10	.83	377	.88	356

Findings of Hypothesis Testing

Four sets of research hypotheses were tested to determine their statistical significance. Three of these sets of hypotheses predicted increased scores in the study outcome variables of anti-rape attitudes, rape-related behavioral intentions, and sexual communication self-efficacy at posttest. The last set of research hypotheses predicted increased anti-rape attitude scores by gender in the intervention groups. Only those participants that completed both the pretest and matching posttest scale could be included in the analysis of each set of hypotheses. The main two statistical techniques to evaluate the hypotheses were paired t-tests and nested ANCOVAs. The nested technique was used in the ANCOVA models to account for randomization by intact UNIV 100 LTSC sections. The assumptions of each statistical model were checked prior to conducting the analyses for each outcome variable for the three study groups. All of the assumptions of the paired t-tests were met for this study. For the ANCOVA models, no assumptions were violated that impacted the results of the findings. The next section of the results is divided into the four sets of study hypotheses with supporting SPSS results and interpretations. Please note, the interaction between gender and study group was tested for sets of hypotheses 1 through 3 and was found not to be statistically significant, thus not included in the nested ANCOVA models.

Set #1: Anti-Rape Attitudes

The following are the research hypotheses that were tested for the outcome variable of anti-rape attitudes:

- 1a) Participants in the film intervention group will report higher levels of anti-rape attitudes at the 4-6 week posttest compared to their pretest scores.

1b) Participants in the peer education intervention group will report higher levels of anti-rape attitudes at the 4-6 week posttest compared to their pretest scores.

1c) Participants in the film intervention group will report higher levels of anti-rape attitudes than those participants in the control group at the 4-6 week posttest, while controlling for pretest scores.

1d) Participants in the peer education intervention group will report higher levels of anti-rape attitudes than those participants in the control group at the 4-6 week posttest, while controlling for pretest scores.

1e) Participants in the film intervention group will report higher levels of anti-rape attitudes than those participants in the peer education intervention group at the 4-6 week posttest, while controlling for pretest scores.

In order to evaluate hypotheses 1a and 1b, separate paired t-tests were conducted to evaluate the impact of each intervention on the participants' scores on the attitude subscale of the CDRABS (see Table 8a). There was a statistically significant increase in mean anti-rape attitude scores from pretest ($M=3.70$, $SD=.44$) to posttest [$M=3.81$, $SD=.44$, $t(114)=-4.324$, $p<.0005$] in the film intervention group. Similar to hypothesis 1a, there was also a statistically significant increase in mean anti-rape attitude scores from pretest ($M=3.74$, $SD=.42$) to posttest [$M=3.83$, $SD=.40$, $t(121)=-4.627$, $p<.0005$] in the peer education group for hypothesis 1b. These findings confirm hypotheses 1a and 1b.

Table 8a: Results of Paired T-Tests for Attitude Subscale for Each Intervention (Hypotheses 1a and 1b)

Study Group (Hypothesis)	Data Collection Period	N	Mean ± SD	T	df	Sig.
Film Intervention (Hypothesis 1a)	Pretest Scores	115	3.70 ± .44	-4.324	114	.000
	Posttest Scores	115	3.81 ± .44			
Peer Education Intervention (Hypothesis 1b)	Pretest Scores	122	3.74 ± .42	-4.627	121	.000
	Posttest Scores	122	3.83 ± .40			

Hypotheses 1c, 1d, and 1e were tested using separate nested ANCOVAs. In each model, the dependent variable was the continuous mean scores of the attitude subscale of the CDRABS at posttest. The categorical independent variable was the study group (1. film intervention group, 2. peer education group, and 3. control group), the nested variable was the UNIV 100 LTSC section, and the continuous covariate was the mean score of the attitude subscale of the CDRABS at pretest. For hypothesis 1c, after adjusting for the pretest scores on the attitude subscale, there was found to be a statistically significant difference between the film intervention and the control group on the posttest measure of anti-rape attitudes [$F(1, 18.665)=6.422, p=.020$] (see Table 8b). The partial eta squared value of .256 indicates a medium effect (Cohen, 1992). There were also statistically significant differences found between the UNIV 100 classes in these study groups [$F(16, 215)=1.795, p=.033$] (see Table 8b). The partial eta squared value of .118 represents a small effect.

Table 8b: Results of Nested ANCOVA Model for Attitude Subscale Comparing the Film Intervention to the Control Group at Posttest (Hypothesis 1c)

Source		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta ²
Study Group	Hypothesis	.682	1	.682	6.422	.020	.256
	Error	1.981	18.665	.106(a)			
UNIV 100 LTSC Section	Hypothesis	1.799	16	.112	1.795	.033	.118
	Error	13.466	215	.063(b)			

a .874 MS(SECTION_1(Group)) + .126 MS(Error)

b MS(Error)

Similar to hypothesis 1c, a statistically significant difference was found between the peer education intervention and the control group on the posttest measure of anti-rape attitudes after controlling for pretest scores [F(1, 18.401)=5.900], p=.026 for hypothesis 1d (see Table 8c). The partial eta squared value of .243 signifies a medium effect (Cohen, 1992). There were also statistically significant differences found between the UNIV 100 classes in these study groups [F(16, 222)=2.008, p=.014] (see Table 8c). The partial eta squared value of .126 demonstrates a small effect.

Table 8c: Results of Nested ANCOVA Model for Attitude Subscale Comparing the Peer Education Intervention to the Control Group at Posttest (Hypothesis 1d)

Source		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta ²
Study Group	Hypothesis	.551	1	.551	5.900	.026	.243
	Error	1.720	18.401	.093(a)			
UNIV 100 LTSC Section	Hypothesis	1.598	16	.100	2.008	.014	.126
	Error	11.038	222	.050(b)			

a .873 MS(SECTION_1(Group)) + .127 MS(Error)

b MS(Error)

For the final anti-rape attitude hypothesis 1e, after adjusting for the pretest scores, there was no significant difference detected between the two intervention groups [F(1, 17.985)=.098, p=.758] (see Table 8d).

Table 8d: Results of Nested ANCOVA Model for Attitude Subscale Comparing Intervention Groups at Posttest (Hypothesis 1e)

Source		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta ²
Study Group	Hypothesis	.008	1	.008	.098	.758	.005
	Error	1.529	17.985	.085(a)			
UNIV 100 LTSC Section	Hypothesis	1.397	16	.087	1.474	.111	.098
	Error	12.919	218	.059(b)			

a .918 MS(SECTION_1(Group)) + .082 MS(Error)

b MS(Error)

In summary, a total of 115 participants from the film intervention group, 122 participants from the peer education intervention group, and 119 participants from the control group had successfully completed the anti-rape attitude scale at both pretest and posttest and were included in the analyses for hypotheses set #1. The results found both interventions were effective in increasing anti-rape attitudes among the participants from pretest to posttest. Each intervention was also more effective than the control group in changing anti-rape attitudes at posttest, while controlling for pretest scores. However, when comparing the two intervention groups, there was no significant difference between them in changing anti-rape attitudes at the posttest.

Set #2: Anti-Rape Behavioral Intentions

The following are the research hypotheses to test for the outcome variable of anti-rape behavioral intentions:

2a) Participants in the film intervention group will report higher levels of anti-rape behavioral intentions at the 4-6 week posttest compared to their pretest scores.

2b) Participants in the peer education intervention group will report higher levels of anti-rape behavioral intentions at the 4-6 week posttest compared to their pretest scores.

2c) Participants in the film intervention group will report higher levels of anti-rape behavioral intentions than those participants in the control group at the 4-6 week posttest, while controlling for pretest scores.

2d) Participants in the peer education intervention group will report higher levels of anti-rape behavioral intentions than those participants in the control group at the 4-6 week posttest, while controlling for pretest scores.

2e) Participants in the film intervention group will report higher levels of anti-rape behavioral intentions than those participants in the peer education intervention group at the 4-6 week posttest, while controlling for pretest scores.

Hypotheses 2a and 2b were examined by performing separate paired t-tests to evaluate the impact of each intervention on participants' scores on the behavioral intentions subscale of the CDRABS (see table 9a). There was no statistically significant change in mean anti-rape behavioral intention scores from pretest (M=4.01, SD=.51) to posttest [M=4.05, SD=.52, $t(113)=-1.132$, $p=.260$] in the film intervention group. Similar to hypothesis 1a, there was also no statistically significant change in mean anti-rape behavioral intention scores from pretest (M=3.93, SD=.56) to posttest [M=3.97, SD=.51, $t(121)=-1.411$, $p=.161$] in the peer education group.

Table 9a: Results of Paired T-Tests for Behavioral Intentions Subscale for Each Intervention (Hypotheses 2a and 2b)

Study Group (Hypothesis)	Data Collection Period	N	Mean ± SD	t	df	Sig.
Film Intervention (Hypothesis 2a)	Pretest Scores	114	4.01 ± .51	-1.132	113	.260
	Posttest Scores	114	4.05 ± .52			
Peer Education Intervention (Hypothesis 2b)	Pretest Scores	122	3.93 ± .56	-1.411	121	.161
	Posttest Scores	122	3.97 ± .51			

Hypotheses 2c, 2d, and 2e were tested using separate nested ANCOVAs. In each model, the dependent variable was the continuous mean scores of the behavioral

intentions subscale of the CDRABS at posttest. The categorical independent variable was the study group (1. film intervention group, 2. peer education group, and 3. control group), the nested variable was the UNIV 100 LTSC section, and the continuous covariate was the mean score of the behavioral intentions subscale of the CDRABS at pretest. For hypothesis 2c, after adjusting for the pretest scores on the behavioral intentions subscale, there was no statistically significant difference between the film intervention and the control group on the posttest measure of anti-rape behavioral intentions [$F(1, 20.915)=.111, p=.742$] (see Table 9b).

Table 9b: Results of Nested ANCOVA Model for Behavioral Intentions Subscale Comparing the Film Intervention to the Control Group at Posttest (Hypothesis 2c)

Source		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta ²
Study Group	Hypothesis	.011	1	.011	.111	.742	.005
	Error	2.159	20.915	.103(a)			
UNIV 100 LTSC Section	Hypothesis	1.647	16	.103	.977	.483	.068
	Error	22.551	214	.105(b)			

a .877 MS(SECTION_1(Group)) + .123 MS(Error)

b MS(Error)

Similar to hypothesis 2c, a statistically significant difference was not found between the peer education intervention and the control group on the posttest measure of anti-rape behavioral intentions after controlling for pretest scores [$F(1, 24.100)=.000, p=.990$] for hypothesis 2d (see Table 9c).

Table 9c: Results of Nested ANCOVA Model for Behavioral Intentions Subscale Comparing the Peer Education Intervention to the Control Group at Posttest (Hypothesis 2d)

Source		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta ²
Study Group	Hypothesis	1.05E-005	1	1.05E-005	.000	.990	.000
	Error	1.520	24.100	.063(a)			
UNIV 100 LTSC Section	Hypothesis	.936	16	.058	.611	.874	.042
	Error	21.253	222	.096(b)			

a .877 MS(SECTION_1(Group)) + .123 MS(Error)

b MS(Error)

For the final anti-rape behavioral intentions hypothesis 2e, after adjusting for the pretest scores, there was also no significant difference detected between the two intervention groups [F(1, 19.485)=.171, p=.684] (see Table 9d).

Table 9d: Results of Nested ANCOVA Model for Behavioral Intentions Subscale Comparing Intervention Groups at Posttest (Hypothesis 2e)

Source		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta ²
Study Group	Hypothesis	.018	1	.018	.171	.684	.009
	Error	2.071	19.485	.106(a)			
UNIV 100 LTSC Section	Hypothesis	1.695	16	.106	.965	.496	.066
	Error	23.810	217	.110(b)			

a .909 MS(SECTION_1(Group)) + .091 MS(Error)

b MS(Error)

In summary, a total of 114 participants from the film intervention group, 122 participants from the peer education intervention group, and 119 participants from the control group completed the anti-rape behavioral intentions scale at both pretest and posttest and were included in the analyses for hypotheses set #2. None of the results produced for any of the hypotheses for anti-rape behavior were found to be statistically significant, thus the interventions were found not to be effective in improving anti-rape behavioral intentions at the posttest.

Set #3: Sexual Communication Self-Efficacy

The following are the research hypotheses for the outcome variable of sexual communication self-efficacy:

3a) Participants in the film intervention group will report higher levels of sexual communication self-efficacy at the 4-6 week posttest compared to their pretest scores.

3b) Participants in the peer education intervention group will report higher levels of sexual communication self-efficacy at the 4-6 week posttest compared to their pretest scores.

3c) Participants in the film intervention group will report higher levels of sexual communication self-efficacy than those participants in the control group at the 4-6 week posttest, while controlling for pretest scores.

3d) Participants in the peer education intervention group will report higher levels of sexual communication self-efficacy than those participants in the control group at the 4-6 week posttest, while controlling for pretest scores.

3e) Participants in the film intervention group will report higher levels of sexual communication self-efficacy than those participants in the peer education intervention group at the 4-6 week posttest, while controlling for pretest scores.

Separate paired t-tests were conducted to test hypotheses 3a and 3b to determine the impact of each intervention on participants' scores on the Sexual Communication Self-Efficacy Scale (SCSES) (see table 10a). There was a marginally statistically significant increase in mean sexual communication self-efficacy scores from pretest (M=3.96, SD=.58) to posttest [M=4.07, SD=.59, $t(114)=-1.878$, $p=.063$] in the film intervention group. For hypothesis 3b, a statistically significant increase in mean sexual communication self-efficacy scores was found from pretest (M=3.92, SD=.54) to posttest [M=4.10, SD=.48, $t(120)=-4.425$, $p<.0005$] in the peer education group.

Table 10a: Results of Paired T-Tests for SCSES for Each Intervention (Hypotheses 3a and 3b)

Study Group (Hypothesis)	Data Collection Period	N	Mean ± SD	t	df	Sig.
Film Intervention (Hypothesis 3a)	Pretest Scores	115	3.96 ± .58	-1.878	114	.063
	Posttest Scores	115	4.07 ± .59			
Peer Education Intervention (Hypothesis 3b)	Pretest Scores	121	3.92 ± .54	-4.425	120	.000
	Posttest Scores	121	4.10 ± .48			

In order to test hypotheses 3c, 3d, and 3e, separate nested ANCOVAs were used. In each model, the dependent variable was the continuous mean scores of the SCSES at posttest. The categorical independent variable was the study group (1. film intervention group, 2. peer education group, and 3. control group), the nested variable was the UNIV 100 LTSC section, and the continuous covariate was the mean score of the SCSES at pretest. For hypothesis 3c, after adjusting for the pretest scores on the SCSES, there was no statistically significant difference between the film intervention and the control group on the posttest measure of the SCSES [$F(1, 20.124) = .050, p = .826$] (see Table 10b).

Table 10b: Results of Nested ANCOVA Model for SCSES Comparing the Film Intervention to the Control Group at Posttest (Hypothesis 3c)

Source		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta ²
Study Group	Hypothesis	.016	1	.016	.050	.826	.002
	Error	6.492	20.124	.323(a)			
UNIV 100 LTSC Section	Hypothesis	5.257	16	.329	1.170	.294	.080
	Error	60.391	215	.281(b)			

a .875 MS(SECTION_1(Group)) + .125 MS(Error)

b MS(Error)

For hypothesis 3d, there was also no statistically significant difference found between the peer education intervention and the control group on the posttest measure of the SCSES after controlling for pretest scores [$F(1, 19.133)=.652, p=.429$] (see Table 10c).

Table 10c: Results of Nested ANCOVA Model for SCSES Comparing the Peer Education Intervention to the Control Group at Posttest (Hypothesis 3d)

Source		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta ²
Study Group	Hypothesis	.202	1	.202	.652	.429	.033
	Error	5.927	19.133	.310(a)			
UNIV 100 LTSC Section	Hypothesis	5.259	16	.329	1.712	.046	.110
	Error	42.433	221	.192(b)			

a .862 MS(SECTION_1(Group)) + .138 MS(Error)

b MS(Error)

Finally, for the final sexual communication self-efficacy scale hypothesis 3e, after adjusting for the pretest scores, there was no significant difference detected between the two intervention groups [$F(1, 18.747)=.405, p=.532$] (see Table 10d).

Table 10d: Results of Nested ANCOVA Model for SCSES Subscale Comparing Intervention Groups at Posttest (Hypothesis 3e)

Source		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta ²
Study Group	Hypothesis	.117	1	.117	.405	.532	.021
	Error	5.431	18.747	.290(a)			
UNIV 100 LTSC Section	Hypothesis	4.765	16	.298	1.365	.161	.091
	Error	47.327	217	.218(b)			

a .899 MS(SECTION_1(Group)) + .101 MS(Error)

b MS(Error)

In summary, a total of 115 participants from the film intervention group, 121 participants from the peer education intervention group, and 119 participants from the control group completed the SCSES at both pretest and posttest and were included in the analyses for hypotheses set #3. The results found both interventions were effective in

increasing sexual communication self-efficacy among the participants at posttest. However, neither intervention was found to be more effective than the control group in changing sexual communication self-efficacy at the posttest, while controlling for pretest scores. In addition, there was so no significant difference between the two intervention groups in changing sexual communication self-efficacy at the posttest.

Set #4: Gender Specific Anti-Rape Attitudes

The following are the research hypotheses to evaluate gender differences in the outcome variable of anti-rape attitudes:

- 4a) Female participants in the film intervention group will report higher levels of anti-rape attitudes than male participants in this intervention group at the 4-6 week posttest.
- 4b) Female participants in the peer education intervention group will report higher levels of anti-rape attitudes than male participants in this intervention group at the 4-6 week posttest.
- 4c) Female participants in the film intervention group will report higher levels of anti-rape attitudes than female participants in the peer education intervention group at the 4-6 week posttest.

Prior to performing the statistical analyses to address the above hypotheses, descriptive statistics were run for each intervention group to determine the gender breakdown of those that completed the anti-rape attitude items both at pretest and posttest (see Table 11a). In addition, the means of the total score averages for the anti-rape attitude items by gender for each intervention group were generated at pretest and posttest (see Table 11b).

Table 11a: Gender Breakdown of Participants by Intervention Group that Completed Both Pretest and Posttest

	Film Intervention (N=115)	Peer Education Intervention (N=122)
Males	63 (54.8%)	70 (57.4%)
Females	52 (45.2%)	52 (42.6%)

Table 11b: Anti-Rape Attitude Item Scores by Gender for Intervention Groups at Pretest and Posttest

	Film Intervention (N=115)		Peer Education Intervention (N=122)	
	PR	PO	PR	PO
Males	3.48±.39	3.61±.42	3.59±.37	3.68±.35
Females	3.96±.35	4.07±.32	3.92±.40	4.03±.39

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In order to evaluate hypotheses 4a and 4b, separate nested ANCOVAs were conducted. In each model, the dependent variable was the continuous mean scores of the anti-rape attitude items of the CDRABS at posttest. The categorical independent variable was gender, the nested variable was the UNIV 100 LTSC section, and the continuous covariate was the mean score of the anti-rape attitude items at pretest. After adjusting for the pretest scores on the attitude subscale, there was a marginally statistically significant difference between males and females in the film intervention group on the posttest measure of anti-rape attitudes [$F(1, 104)=3.160, p=.078$] (see Table 11c). The female participants had recorded higher anti-rape attitude scores at the posttest compared to the males after this intervention.

Table 11c: Results of Nested ANCOVA Model for Attitude Subscale for Comparing Females to Males in the Film Intervention at Posttest (Hypothesis 4a)

Source		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta ²
Gender	Hypothesis	.226	1	.226	3.160	.078	.029
	Error	7.433	104	.071(a)			
UNIV 100 LTSC Section	Hypothesis	.706	8	.088	1.234	.287	.087
	Error	7.433	104	.071(a)			

a MS(Error)

For hypothesis 4b, a marginally statistically significant difference was found between males and females in the peer education intervention group on the posttest measure of anti-rape attitudes [$F(1, 111)=3.720, p=.056$] (see Table 11d). The females were found to report higher anti-rape attitude scores at the posttest compared to the males after this intervention.

Table 11d: Results of Nested ANCOVA Model for Attitude Subscale for Comparing Females to Males in the Peer Education Intervention at Posttest (Hypothesis 4b)

Source		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta ²
Gender	Hypothesis	.170	1	.170	3.720	.056	.032
	Error	5.084	111	.046(a)			
UNIV 100 LTSC Section	Hypothesis	.539	8	.067	1.472	.175	.096
	Error	5.084	111	.046(a)			

a MS(Error)

A nested ANCOVA was also conducted to assess hypothesis 4c. In this model, the dependent variable was the continuous mean scores of the anti-rape attitude items of the CDRABS at posttest. The categorical independent variable was the intervention group (1. film intervention group and 2. peer education group), the nested variable was the UNIV 100 LTSC sections, and the continuous covariate was the mean score of the anti-rape attitude items at pretest. For hypothesis 4c, after controlling for the pretest scores on the attitude subscale, there was no statistically significant difference found

between intervention groups for the female participants on the posttest anti-rape attitude scores [$F(1, 17.345)=.080, p=.780$] (see Table 11e).

Table 11e: Results of Nested ANCOVA Model for Attitude Subscale for Comparing Females in the Intervention Groups at Posttest (Hypothesis 4c)

Source		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta ²
Gender	Hypothesis	.004	1	.004	.080	.780	.005
	Error	.932	17.345	.054(a)			
UNIV 100 LTSC Section	Hypothesis	.875	16	.055	1.459	.135	.215
	Error	3.187	85	.037(b)			

a .943 MS(SECTION_1(Group)) + .057 MS(Error)

b MS(Error)

In summary, the gender breakdown for those in the film intervention group that completed both the pretest and posttest anti-rape attitude items on the CDRABS was 54.8% males and 45.2% females. Similarly, for the peer education intervention group, 57.4% males and 42.6% females completed both the pretest and posttest anti-rape attitude items on the CDRABS. For the film intervention group, the mean of the total score average for the anti-rape attitude items for males was 3.48 ($\pm.39$) at pretest and increased to 3.61 ($\pm.42$) at posttest. The female participants reported higher scores at both data collection time points with 3.96 ($\pm.35$) at pretest and 4.07 ($\pm.32$) at posttest. For the peer education intervention group, the mean of the total score average for the anti-rape attitude items for males was 3.59 ($\pm.37$) at pretest and increased to 3.68 ($\pm.35$) at posttest. The female participants also reported higher scores at both data collection time points with 3.92 ($\pm.40$) at pretest and 4.03 ($\pm.39$) at posttest. In this set of hypotheses, females in each intervention group reported marginally statistically significant higher attitude scores at posttest compared to the males in their respective intervention group, while controlling

for pretest scores. On the other hand, when the anti-rape attitude mean scores for females were compared between groups, no statistically significant differences existed.

The below table summarizes the results of testing the 18 study hypotheses.

Table 12: Summary of Hypothesis Testing

Hypothesis		Statistical Procedure	Result
Set #1 <i>Anti-Rape Attitudes</i>	• 1a	Paired t-test	t(114)=-4.324, p<.0005***
	• 1b	Paired t-test	t(121)=-4.627, p<.0005***
	• 1c	Nested ANCOVA	F(1, 18.665)=6.422, p=.020*
	• 1d	Nested ANCOVA	F(1, 18.401)=5.900, p=.026*
	• 1e	Nested ANCOVA	F(1, 17.985)=.098, p=.758
Set #2 <i>Anti-Rape Behavioral Intentions</i>	• 2a	Paired t-test	t(113)=-1.132, p=.260
	• 2b	Paired t-test	t(121)=-1.411, p=.161
	• 2c	Nested ANCOVA	F(1, 20.915)=.111, p=.742
	• 2d	Nested ANCOVA	F(1, 24.100)=.000, p=.990
	• 2e	Nested ANCOVA	F(1, 19.485)=.171, p=.684
Set #3 <i>Sexual Communication Self-Efficacy</i>	• 3a	Paired t-test	t(114)=-1.878, p=.063 ¹
	• 3b	Paired t-test	t(120)=-4.425, p<.0005***
	• 3c	Nested ANCOVA	F(1, 20.124)=.050, p=.826
	• 3d	Nested ANCOVA	F(1, 19.133)=.652, p=.429
	• 3e	Nested ANCOVA	F(1, 18.747)=.405, p=.532
Set #4 <i>Gender Specific Anti-Rape Attitudes</i>	• 4a	Nested ANCOVA	F(1, 104)=3.160, p=.078 ¹
	• 4b	Nested ANCOVA	F(1, 111)=3.720, p=.056 ¹
	• 4c	Nested ANCOVA	F(1, 17.345)=.080, p=.780

* p<0.05, **p<0.01, ***p<0.001

¹ Considered marginally statistically significant.

Process Evaluation Survey Findings

Immediately after each intervention, the participants were asked to complete a Process Evaluation Survey to capture their overall assessment of the intervention. The first part of the evaluation asked participants to check “Yes” or “No” to indicate if they believed each intervention objective was met during the presentation. For both intervention groups, almost all participants felt each of the seven learning objectives was achieved during the sexual violence presentation they were exposed to as part of this study (see Tables 13a and 13b).

Table 13a: Summary Data of Objective Items for Film Intervention Participants (N=121)

Objective	Objective Met (N, %)	Missing Response (N, %)
a. To increase awareness about sexual assault and date rape	120 (99.2%)	0 (0%)
b. To reduce date rape myth acceptance	119 (98.3%)	0 (0%)
c. To demonstrate the importance of communication among intimate partners and the role of consent	121 (100%)	0 (0%)
d. To identify the effects of alcohol on sexual situations	119 (98.3%)	0 (0%)
e. To show how males and females can perceive sexual encounters differently	120 (99.2%)	0 (0%)
f. To examine ways to prevent or reduce the incidence of date rape/sexual assault	116 (95.9%)	0 (0%)
g. To provide students with skills to improve communication with friends that are victims or perpetrators involved in incidences of date rape.	119 (98.3%)	0 (0%)

Table 13b: Summary Data of Objective Items for Peer Education Intervention Participants (N=127)

Objective	Objective Met (N, %)	Missing Response (N, %)
a. To increase awareness about sexual assault and date rape	126 (99.2%)	0 (0%)
b. To decrease date rape myth acceptance and victim blaming	124 (97.6%)	0 (0%)
c. To discuss the importance of communication among intimate partners	123 (96.9%)	0 (0%)
d. To increase the understanding of consent and how alcohol and coercion complicate consent	121 (95.3%)	0 (0%)
e. To illustrate the potential consequences of mixing alcohol and sexual encounters	118 (92.9%)	0 (0%)
f. To identify what males and females do on a daily basis to prevent themselves from being sexually assaulted	126 (99.2%)	0 (0%)
g. To equip students with skills to improve communication with friends who are victims involved in incidences of date rape.	125 (98.4%)	0 (0%)

Participants were then asked to provide feedback about the two peer educator presenters. Specifically, they were asked to evaluate the two presenters on their level of

informativeness, responsiveness, and organization on a 5-point rating scale. The higher the score, the better rating the presenter received from the participant. Overall, the presenters were rated consistently high in each of the evaluation areas for both interventions (see Table 14).

Table 14: Summary Data of Evaluation Areas of Peer Educators

Evaluation Area	Film Intervention (N=121)		Peer Education Intervention (N=127)	
	Mean±SD	Missing (N, %)	Mean±SD	Missing (N, %)
Level of Informativeness	4.81±.43	3 (2.48%)	4.83±.44	4 (3.15%)
Level of Responsiveness	4.82±.45	3 (2.48%)	4.81±.49	4 (3.15%)
Level of Organization	4.74±.50	3 (2.48%)	4.80±.44	4 (3.15%)

Next, participants were asked to provide feedback about the major points of the interventions by responding to evaluation questions on a 4-point scale with the following response options: “None”, “Unsure”, “Some”, and “A Great Deal.” The majority of participants felt they learned “Some” new information from the presentations. Most of the participants also believed they would either use “Some” or “A Great Deal” of the information/skills described in the presentations. Almost all of the participants also felt the presentation increased their awareness about the topic of sexual assault/date rape and their understanding of the problem of communication between sexual partners. For both interventions, most of the participants thought the interventions increased “Some” of their understanding of the effects of alcohol on sexual communication. Also, many of the participants felt the interventions presented a realistic portrayal of the sexual assault/date rape issue and that the presentations were engaging and worthwhile. Tables 15a and 15b present the number and corresponding percentage of participants that responded to each

response option for this series of evaluation items by intervention group. Participants then rated the presentation they participated in on a scale from 1 (poor) to 5 (excellent). The film intervention group reported an overall mean score of 4.0 (\pm .60), and the peer education group reported an overall mean score of 4.45 (\pm .60).

Table 15a: Summary Data of Evaluation Items for Film Intervention Participants (N=121)

Items	None (N, %)	Unsure (N, %)	Some (N, %)	A Great Deal (N, %)	Missing (N, %)
3. How much <u>new</u> information did you learn from the presentation?	6 (5.0%)	3 (2.5%)	103 (85.1%)	9 (7.4%)	0 (0%)
4. How much of the information/skills described in the presentation are you likely to use?	2 (1.7%)	12 (9.9%)	67 (55.4%)	40 (33.1%)	0 (0%)
5. Has this presentation increased your awareness about the topic of sexual assault/date rape?	1 (.8%)	7 (5.8%)	72 (59.5%)	41 (33.9%)	0 (0%)
6. Has this presentation increased your understanding of the problem of communication between sexual partners?	0 (0%)	3 (2.5%)	76 (62.8%)	42 (34.7%)	0 (0%)
7. Has this presentation increased your understanding of the effects of alcohol on sexual communication?	6 (5.0%)	12 (9.9%)	70 (57.9%)	32 (26.4%)	1 (.8%)
8. Do you feel the presentation presented a realistic portrayal of the sexual assault/date rape issue?	1 (.8%)	11 (9.1%)	57 (47.1%)	52 (43.0%)	0 (0%)
9. Do you feel the presentation was engaging and worthwhile?	0 (0%)	11 (9.1%)	56 (46.3%)	54 (44.6%)	0 (0%)

Table 15b: Summary Data of Evaluation Items for Peer Education Intervention Participants (N=127)

Items	None (N, %)	Unsure (N, %)	Some (N, %)	A Great Deal (N, %)	Missing (N, %)
3. How much <u>new</u> information did you learn from the presentation?	2 (1.6%)	6 (4.7%)	97 (76.4%)	22 (17.3%)	0 (0%)
4. How much of the information/skills described in the presentation are you likely to use?	2 (1.6%)	25 (19.7%)	56 (44.1%)	42 (33.1%)	0 (0%)
5. Has this presentation increased your awareness about the topic of sexual assault/date rape?	2 (1.6%)	7 (5.5%)	71 (55.9%)	45 (35.4%)	0 (0%)
6. Has this presentation increased your understanding of the problem of communication between sexual partners?	3 (2.4%)	13 (10.2%)	78 (61.4%)	32 (25.2%)	0 (0%)
7. Has this presentation increased your understanding of the effects of alcohol on sexual communication?	7 (5.5%)	16 (12.6%)	82 (64.6%)	19 (15.0%)	0 (0%)
8. Do you feel the presentation presented a realistic portrayal of the sexual assault/date rape issue?	0 (0%)	8 (6.3%)	50 (39.4%)	69 (54.3%)	0 (0%)
9. Do you feel the presentation was engaging and worthwhile?	2 (1.6%)	9 (7.1%)	44 (34.6%)	72 (56.7%)	0 (0%)

The final three questions of the Process Evaluation Survey at the immediate posttest were the following open-ended questions: 1.) *What part of the presentation had the most impact on you?* 2.) *How would you suggest changing the presentation for future use?* 3.) *Please provide any additional comments about the presentation you just participated in.* This qualitative data was entered by participant's unique 6-digit identification code according to intervention group. For the film intervention group, all but one participant (N=120) provided a response to the first question. The majority of

participants (N=72) indicated the film or a message from the film was the part of the presentation that had the most impact on them. Several other participants (N=34) felt the discussion following the film had the greatest effect on them. A few (N=11) participants also mentioned the statistics the peer educators provided about sexual assault/date rape were very influential. For the second open-ended question, half of the film intervention participants (N=60) offered suggestions on how to improve the presentation for future use. Less than half of the participants (N=50) provided a response for the final open-ended question. Most participants (N=43) that did respond to this question offered praise for the presentation, particularly about the presenters. Table 16a presents a sample of responses for each of the open-ended questions on the Process Evaluation Survey for the film intervention participants.

Table 16a: Sample Comments from the Film Intervention Participants from the Open-Ended Questions of the Process Evaluation Survey

Items	Key Participant Comments
1.) What part of the presentation had the most impact on you?	<ul style="list-style-type: none"> • The video was more interesting than just talking about the issue. • The video was helpful because it allowed me to see what a common type of rape actually is like and how people often react. • The video. College kids can relate to it. It was interesting and engaging and it was a good reflection of the topics presented. • Movie and seeing differences in the boy's and girl's points of view. • The video was rather good. It showed just how easily these things could happen and the reactions to them. • The part that had the most impact on me was the discussion of guys. vs. girls' perspectives. • Statistics ex. 1 in 5 girls being assaulted on their four years. • The situation at the party was a familiar and relatable scene and made me realize that rape can happen easily to either myself or someone I know. • The statistical info was insightful and eye opening. • The part that had the most impact was the video – although they were actors it still put a personal experience to a big problem which makes it more relatable. • I didn't know how often sexual assault occurs. With the statistic of 1 out 4 women will get sexually assaulted is astonishing and scary. However, by giving these of presentations helps people stay informed. • Noticing how just a small lack of communication can result in a case of rape. • The two different interpretations of a night's events. • The lack of a no is not a yes. There needs to be a legitimate consent for there to be no risk of sexual activities being portrayed as rape.
2.) How would you suggest changing the presentation for future use?	<ul style="list-style-type: none"> • Have one male presenter! • Add more video. Make the students participate more in creative ways. • Longer video – part on what happened next. The video just stopped and felt like I wanted to know if his mind changed once authorities showed up. • Talking more about long-term effects. • More interactive activities. • Talking about male – make or female-female rape as well, and a female raping a male too. • Get more detailed on what to do after the incident...
3.) Please provide any additional comments about the presentation you just participated in.	<ul style="list-style-type: none"> • I thoroughly enjoyed the discussion. • I thought that the presenters were very skilled in engaging the audience. • Presenters were great – very down to earth and could easily express feelings. • It was well organized and educational. • It was interesting and presented new information to me that I didn't know before. • It was very interesting. The presenters were very friendly and open in the discussion making the students feel comfortable to express their thoughts.

The peer education intervention group had almost all of the participants (N=123) provide a response for the first open-ended question on the Process Evaluation Survey. Most of the participants (N=90) felt the narrative of the female University of Maryland student had the greatest impact on them during the presentation. Other participants (N=29) felt the discussions with interactive activities before and after the narrative were the most effective, and a few participants (N=4) stated the statistics had the greatest effect. A little more than half of the peer education intervention participants (N=68) provided suggestions on how to improve the presentation for future use on question 2. Less than half of the participants (N=60) provided a response for the final open-ended question and the majority of participants (N=52) that did respond offered overall praise for the presentation. Table 16b presents a sample of responses for each of the open-ended questions on the Process Evaluation Survey for the peer education intervention participants.

Table 16b: Sample Comments from the Peer Education Intervention Participants from the Open-Ended Questions of the Process Evaluation Survey

Items	Key Participant Comments
1.) What part of the presentation had the most impact on you?	<ul style="list-style-type: none"> • The story without a doubt...kind of left me speechless. • The narrative, the consent vs. not consent and the helpful vs. harmful things to say to the victim. • The paper written by the UMD student. It's one thing to hear about rape so impersonally on the news, but to hear it in such detail was shocking. • The narrative most greatly impacted me. It showed me how this one horrible action could ruin/change a person's life forever even after healing physically. • The narrative - surprising that she was raped by her best friend and all aspects of life it effected I never thought of. • Having the story read. I've never had a first-hand account read to me or heard one in anyway and it was really scary. • The true story about a UMCP girl being raped had the biggest impact one me because it shows how prevalent rape can be on campus. • The discussion on what consent is. Mainly the emphasis on verbal consent. • What you should do after a friend has been sexually assaulted. The helpful/harmful section. • The listening of what guys do vs. what girls do to protect themselves against rape. I never really realized how much more girls have to focus on the subject. • The victim blaming part because it is so true that people tend to do that and I never realized it before, but I tend to do it to. • The stats of rapes in college park.
2.) How would you suggest changing the presentation for future use?	<ul style="list-style-type: none"> • Ask some questions after the narrative. • Talk more about the role alcohol. • Reading more accounts of different situations (maybe acquaintance rape/violence). • Having more interactive activities. Maybe another story. • Maybe some like skits or something about how to act in certain situations. • More first hand accounts because most people only know rape as they see in movies and tv. • It was well presented but it may have been better if a rape victim, comfortable speaking discussed it with us. • Give more time for feedback from the story.
3.) Please provide any additional comments about the presentation you just participated in.	<ul style="list-style-type: none"> • It was great. The presenters were not boring. It held my interest. • Really liked the presenters; serious but great • It was not boring. • The presenters were engaging and welcomed discussion. • Good, informative, realistic. • I liked it. I feel I would know what to do now. • I was pleasantly surprised, thought it would be boring but I learned a lot and was able to keep interest the whole time.

Peer Educator Data

A total of 12 peer educators were selected to participate in the SARPP program for the 2009-2010 academic year, and all agreed to participate in the study. Eleven of the peer educators were female, and the majority were white (N=10). The average age of the peer educators was 20.33 years old and included 1 sophomore, 4 juniors, and 7 seniors. Two of the peer educators were returning SARPP peers from the previous academic year, and the remaining 10 students were new to the program. The peer educators represented a diverse collection of majors and minors, ranging from Civil Engineering to Public and Community Health. Many of the peers (N=8) got involved with SARPP because they had an interest in the impacts of sexual assault and wanted to spread awareness about the issue on University of Maryland's campus. The remaining peer educators explained the main reason they became involved with the program was because of a personal experience with sexual assault (N=4). Table 17 displays the Demographic and Background Data of the peer educators.

Table 17: Demographic and Background Data of Peer Educators

	Overall (N=12)
Age, mean (SD)	20.33 (.778)
Gender	
Males	1 (8.3%)
Females	11 (91.7%)
Race	
Asian	2 (16.7%)
White	10 (83.3%)
Year in School	
Sophomore	1 (8.3%)
Junior	4 (33.3%)
Senior	7 (85.3%)
Major (s)¹	
Civil Engineering	1 (8.3%)
Communication	
Ecology and Evolution	1 (8.3%)
English	1 (8.3%)
Family Science	2 (16.7%)
Government and Politics	1 (8.3%)
Hearing and Speech Sciences	1 (8.3%)
Philosophy	1 (8.3%)
Psychology	2 (16.7%)
Public and Community Health	2 (16.7%)
Minor (s)¹	
Business	1 (8.3%)
Human Development	2 (16.7%)
Leadership Studies	1 (8.3%)
Persian Studies	1 (8.3%)
Spanish	1 (8.3%)
Returning SARPP Peer Educator	
No	10 (83.35)
Yes	2 (16.7%)

¹ Not mutually exclusive.

Peer educators signed-up in pairs to administer the study interventions based on their class and work schedules. The number of study presentations delivered by the peer educators ranged from one to four. The majority of peer educators (N=7) co-led three interventions. Ten of the peers were able to deliver at least one of each type of intervention. One peer delivered the SARPP presentation three times and another peer

was only able to administer one study intervention, which was the SARPP workshop. Efforts were made to encourage the peers to sign-up to facilitate each type of presentation; however, their prior schedule of commitments prevented this from occurring.

At the conclusion of each intervention, the peer educators independently completed a Peer Educator Evaluation Survey. The peers rated “*how they felt the presentation went*” and “*how engaged the audience was during the presentation*” on separate scales ranging from 1 to 5, with higher scores indicating a better rating. They were also asked to comment on each of their ratings. The average peer rating for the film intervention was a 3.8 for “*how they felt the presentation went,*” compared to 4.3 for the SARPP intervention. Similarly, for rating “*how engaged the audience was during the presentation,*” the peers rated their experience with the film intervention an average of 3.6 and a 4.1 for the SARPP intervention.

Overall, the comments received from the peers for both interventions were very comparable. The peers frequently discussed the difficulty in getting the students to participate and how certain students in each class tended to be the ones answering the questions. Several peers explained the students became more engaged as the presentations progressed. A few peers mentioned they felt they worked well with their co-peer facilitator during the presentation. The peers’ comments tended to be more critical for the earlier presentations than the later presentations as they became more experienced in delivering each intervention. The peers offered many positive comments after facilitating each intervention. For example, for the film intervention, several positive comments included, “*I thought it was really good. Everyone listened and we*

seemed relaxed. We were able to answer questions effectively.”; “Went very smoothly and felt comfortable discussing all the information.”; and “I thought this was one of the better presentations I’ve done, the audience was very responsive.” Positive comments received from the peers about the SARPP presentation were, *“We covered all the topics and we answered all the questions. I felt confident and I think I changed the student’s mindset about rape/sexual assault.”; “They were very talkative and had lots of input/questions, especially the males.”; and “They definitely gave feedback and seemed to stay thoroughly engaged throughout. It was one of the better audiences thus far.”*

CHAPTER V: DISCUSSION

Demographic and Background Information

The study sample was representative of the university freshman class in regard to gender and for some races (e.g., Blacks and other races), but was ethnically overrepresented by Whites and underrepresented by Asians and Hispanics. This variance in racial representation could be due to targeting only a subset of the freshman class, because the UNIV 100 sections participating in the study were comprised solely of undeclared majors, and the UNIV 100 course is not a requirement. Thus, recruiting through these classes did not open the study to all potential freshman students.

The data collected from the Demographic and Background Survey at pretest provided valuable information regarding sexual pressure experienced by university freshmen. As previously explained (see Chapter 4, the *Demographic and Background* section), a significant percentage of females (37.7%) and males (10.4%) felt they had been pressured sexually at some point in their lives. In addition, a noteworthy amount of males (9.0%) and females (3.6%) thought they had pressured someone else sexually. This data provides evidence for the need to offer and support sexual violence programming not only for university students, but also for interventions focused on younger adolescents in high school. This study sample targeted freshmen students during the beginning of their first semester in college, so a reasonable conclusion would be that much of the described sexual violence occurred in high school.

Effects of Interventions on Anti-Rape Attitudes

The attitude subscale of the CDRABS was found to demonstrate good psychometric properties. This measure demonstrated that each intervention was more

effective than the control group at the posttest. However, when the interventions were compared to each other, there was no statistically significant difference in attitudes at posttest between the two groups. As predicted, those females exposed to the study interventions were found to report marginally statistically significant higher anti-rape attitude scores at posttest compared to their male counterparts. When the female scores for each intervention group were compared to each other, no significant difference was found. It is apparent that regardless of the intervention used, improvements were made in anti-rape attitude scores at posttest with the incoming freshmen. These findings are consistent with previous evaluation studies of sexual violence interventions (Black et al. 2000, Lanier et al., 1998). Also, females in the peer education group tended to report more improved anti-rape attitude scores at the posttest data collection point. These findings are also similar to previous studies that have compared attitudinal changes in male and females after sexual violence interventions (Lanier & Elliot, 1997; Milhausen et al., 2006). However, it is important to recognize that although the males had lower anti-rape attitudes than the females at both pretest and posttest, both genders appeared to be equally affected by the two interventions, as increases in scores for each intervention group by gender were very similar. Therefore, a reasonable interpretation of the data would suggest that the interventions were effective in increasing anti-rape attitudes in both genders.

A finding worthy of discussion is the statistical significance of the nested variable of UNIV 100 LTSC sections when evaluating the effectiveness of each intervention compared to the control group on anti-rape attitudes. This result provides evidence that some UNIV 100 LTSC sections in each study group reported higher anti-rape attitudes at

posttest compared to other sections. These class effects could be the result of a multitude of factors, such as the level of standardization in intervention delivery, as some peers may have been more effective in their delivery of the information or may have handled questions in a way that better connected to certain classes of students. Also, this study began during the first few weeks of the semester and most of the peer educators were new to the program and were still learning and improving their workshop delivery skills.

Another possible reason for the class effects is that a significant part of the interventions relied on class participation to enhance the learning environment, and it was particularly challenging at times for peers to foster consistent discussion in the freshman classes. Not only were the participants first year students, but data were collected early in the academic year, and the programs dealt with a very sensitive issue that may relate to a personal experience for some participants. Class effects may have also been the result of instructors for the UNIV 100 LTSC classes remaining in the classroom during the interventions, which may have intimidated some students and reduced their level of participation. Some classes were far more challenging for the peers to facilitate the intervention than others, due to barriers of audience participation. It is possible the lack of discussion by the students impacted their likelihood of experiencing changes in anti-rape attitudes as measured at the posttest. In addition, the depth and breadth of these discussions varied and were likely to be more meaningful to students in certain classes compared to others. Lastly, nothing was known about the previous sexual violence education the participants had received prior to beginning college. Most likely the extent and type of previous knowledge or education of sexual assault and date rape could have

impacted the participants' receptivity to the interventions. It is possible some UNIV 100 LTSC sections contained students who more educated on this issue of sexual violence.

Despite the class effects, the increases in anti-rape attitudes were statistically significant for each intervention at posttest compared to the control group. The use of the nested UNIV 100 LTSC section variable confirmed, regardless of assigned UNIV 100 class, that participants reported significant increased anti-rape scores at the posttest. One strategy to potentially reduce class effects would require randomization by the individual; however, this is not plausible given the nature of most secondary educational settings. The majority of educational programming happens with intact classes or groups. Even if there was the ability to randomize by the individual to study groups, this would require an extensive incentive program, especially because of the posttest data collection point. Individual randomization is often unrealistic; thus, intervention studies commonly face the drawbacks of randomization by entire classes. Intervention randomization by classrooms is the reality, and therefore, we need continued research in this area of sexual violence programming. Date rape and sexual violence intervention research should include ways to overcome potential causes of class effects. For example, relying less on audience participation to educate the main message of the interventions or using fewer peer educators could increase the consistency of the facilitation of the programs, thereby reducing the chance for class effects. Another strategy is to include more evaluative items by the peer educators on their performance, which would be considered as an integral part of the analyses. If possible, another member of the intervention team could attend the workshops to evaluate its implementation on such items as, amount of participation, breadth of discussion, and delivery ability of peer educators. All of the

items could be used to further understand the reasons why some classes might perform better than others on the intervention outcome variables.

The 6 items that most supported anti-rape attitudes at pretest and subsequently at posttest were the same for each intervention group (i.e., #5, #7, #12, #13, #16, and #19). A clear lack of support for item #5, *“If a woman asks a man out on a date then she is definitely interested in having sex”*, indicates participants believe a female taking initiative to request a date does not convey that she absolutely wants to have sex. Also, the lack of support for this item signifies a change in dating culture from past practice of males always asking females out, to one in which a woman will invite a man on a date. The responses to item #7, *“A man is entitled to intercourse if his partner had agreed to it but at the last moment changed her mind”*, show participants understand that even if consent is given initially, an individual can always retract permission. A strong disagreement with item #12, *“When a woman says “no” to sex what she really means is “maybe”*, depicts participants getting the message that “no” means “no” and not trying to look for mixed signals. For item #13, *“If a woman lets a man buy her dinner or pay for a movie or drinks, she owes him sex”*, the non-supportive attitudes of the participants demonstrates their understanding that the act of covering the expenses of a date does not translate into an obligation for sex. The lack of support for attitude item #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”*, illustrates participants’ realization of the role alcohol can play in sexual violence and recognizes it as inappropriate to use alcohol as a vehicle for coaxing a less than willing sexual partner. Lastly, for item #19, *“In most cases when a woman was raped she was asking for it”*, the lack of agreement denotes minimal victim blaming

among the participants. The peer educators, particularly during the peer education only intervention, stress that sexual assault and date rape are never the woman's fault. The peers often advocate against victim blaming because it greatly reduces the responsibility for the person who committed the assault, and the participants appear to agree with the peers' sentiment. Overall, the consistent lack of agreement for these attitude items are interesting and perhaps gratifying as the participants are revealing low rape supportive attitudes on critical items that are often risk factors for sexual violence. It is evident some items indicate the acceptance of changing gender stereotypes in our society (i.e., 5 and 13). Also, many of these items are based on the previous research of Muehlenhard and Linton (1987) and should be re-examined for possible updates and revisions to reflect more current college student attitudes toward sexual violence.

The 4 items that least supported anti-rape attitudes at pretest were the same for each intervention group (i.e., #1, 11, 17, and 18), and these scores continued to remain low at posttest, despite slight increases. For item #1, "*Males and females should share the expenses of a date*", it could be argued this is not necessarily a risk factor for sexual violence. In fact, the item relates more to societal norms and does not even mention sexual assault or date rape. The rape supportive scores for item #11, "*The degree of a woman's resistance should be a major factor in determining if a rape has occurred*", illustrates the need for interventions to more strongly emphasize a woman's level of resistance does not determine whether rape has occurred if it is clear that consent was not given. The agreement with item #17, "*When a woman asks her date back to her place, I expect that something sexual will take place*", means many participants believe an invitation back to the women's place translates into anticipation for sexual activity;

however, the use of the term “something sexual” leaves this question open to interpretation by the participants among a wide range of activities from kissing to intercourse. The rape supportive scores for item #18, “*Date rapists are usually motivated by an overwhelming unfulfilled sexual desire*”, depict the need to clarify in interventions that rape is more often the result of control (power) and hostility (anger) rather than passion (sexuality) and actually fills more nonsexual needs of the offender (Groth & Nicholas, 1979). Overall, these 4 items indicate rape supportive attitudes that potentially warrant further emphasis and clarification in sexual violence interventions and suggest an update of the questionnaire may also be warranted.

For both intervention groups, the responses to two additional items that are critical to increasing the awareness and prevention efforts of sexual violence were of some concern. Specifically, these include item #2, “*I believe that talking about sex destroys the romance of that particular moment*” and #10, “*I believe that alcohol and other drugs affect my sexual decision-making.*” For both of these items, the attitudes of the participants became more rape supportive from pretest to posttest. This indicates that sexual violence interventions need to stress the necessity of clear communication during sexual encounters and incorporate material that shows participants how to talk about sex without decreasing the romance. Also, interventions should more strongly emphasize the negative impacts of alcohol and drugs on sexual decision-making and how these substances are frequently involved in sexually violent acts on college campuses, to say nothing of playing a major role in sexually transmitted infection transmission and unintended pregnancy.

Effects of Interventions on Behavioral Intentions

The behavioral intentions subscale of the CDRABS and the SCSES were found to have weaker psychometric properties than the attitude subscale of the CDRABS, and this should be considered when interpreting the findings of these measures. The behavioral intention items demonstrated moderate internal consistency estimates found at both data collection time points. In addition, this subscale detected no statistically significant changes in posttest scores for the intervention groups, and none of the hypotheses for behavioral intentions were supported. Although there were slight increases in the anti-rape behavioral intention scores from pretest to posttest for both intervention groups, it is important to note the control group also reported similar findings. The idea that a one-time, 50 minute intervention could significantly improve behavioral intentions over time was very optimistic, and its brief, one-time nature is quite likely a reason for no significant increase in anti-rape behavioral intentions between data collection time points. It is unclear why the control group reported slightly higher behavioral intention scores at posttest. Perhaps, the act of completing the same set of anti-rape behavior questions on two separate occasions sensitized the participants to this issue and consequently resulted in the control participants reporting higher scores at posttest. Another possible explanation for the lack of significant changes in behavioral intention scores from pretest to posttest could possibly be due to ceiling effects of the measure. All three study groups scored fairly high on the pretest behavioral intention items, allowing only minimal room for a significant increase at posttest. Finally, it is quite possible that the measure being utilized was not sensitive enough to detect a change in behavioral intentions over time.

Both intervention groups reported high anti-rape behavioral intentions on the following 5 items at pretest and posttest: #1 *"I stop the first time my date says "no" to*

sexual activity”; #5 *“I won’t stop sexual activity when asked to if I am already sexually aroused”*; and #6 *“I make out in remotely parked cars.”* The participants’ responses for items #1 and #5 show they understand when an individual says “no” or is asked to stop, they should abide by these instructions. It is important to mention that item #6 frequently caused participants to express sarcastic exclamations while completing the measure and appears to be antiquated. This item should most likely be deleted or revised.

For both interventions, lower anti-rape behavioral intentions were reported on two items at pretest that continued to decrease at posttest, indicating rape supportive behavioral intentions. These items were as follows: #4 *“When I want to touch someone sexually I try it and see how they react”* and #7 *“When I hear a sexist comment I indicate my displeasure.”* The lower anti-rape behavioral intention for item #4 indicates the need for interventions to discuss in more depth the importance of verbal communication, particularly asking for consent between sexual partners prior to engaging in sexual activity. For item #7, however, it could be argued this question does not necessarily reflect an accurate rape-related behavioral intention. Making a sexist comment does not necessarily indicate an individual is prone to committing a sexually violent act, particularly when this assessment is made on a scale from “Always” to “Never”, and participants could view a sexist comment under less scrutiny in certain circumstances (e.g., lighthearted jokes, part of a comedy routine). In addition, a person’s hesitation in confronting a sexist comment does not automatically mean they would fail to confront the commission of a sexually violent act. This may be another example of an item that should be examined for possible deletion.

Effects of Interventions on Sexual Communication Self-Efficacy

The SCSES had only moderate correlations found between pretest and posttest scores of the control group, which measured test-retest reliability. The results found both interventions were effective in increasing sexual communication self-efficacy among the participants at posttest. Nevertheless, neither intervention was more effective than the control group, or one another, in improving sexual communication self-efficacy at posttest. For this set of hypotheses, 3a and 3b were supported, but not 3c, 3d, and 3e. Similar to the behavioral intentions subscale, participants in the control and the intervention groups responded with improved scores at posttest. However, the control group had the lowest mean score at posttest compared to the intervention groups. Like the behavioral intentions items, a one-time 50 minute intervention may have been too short to significantly improve sexual communication self-efficacy over time. With regard to the control group having increased sexual communication self-efficacy at posttest, again, completing the identical series of questions twice could have caused testing effects. This measure could also be displaying ceiling effects, as all three study groups reported high pretest scores, thus affording little room for significant increases at the posttest. In addition, this was a new measure developed specifically for use in this study and it had not undergone psychometric testing until now and was found to demonstrate only moderate test-retest reliability. Future refinements to the measure are necessary to better evaluate the outcome variable of sexual communication self-efficacy over time, after being exposed to a sexual violence intervention.

For the peer education intervention group, all of the items increased between data collection points. Similar to the findings from the attitude subscale, the one item the film intervention did not report an increased score for was item 8. Item 8 stated, "*I feel*

confident I can control my sexual behaviors when I am intoxicated.” This finding continues to support the need to focus on alcohol’s role in sexually violent situations, particularly how to prevent getting into dangerous situations fueled by alcohol.

Process Evaluation Survey

The Process Evaluation Survey administered at the immediate posttest to the intervention groups revealed useful assessment data on the effectiveness of both sexual violence programs. Almost all of the participants thought each of the seven learning objectives had been accomplished during the intervention in which they participated as part of the study. In fact, for the film intervention group, more than 95% of the participants thought each intervention had been met. The objective with the lowest percentage of participants feeling it had been attained was *“to examine ways to prevent or reduce the incidence of date rape/sexual assault”*. For the peer education intervention group, more than 90% of the participants believed each objective had been met. The objective that had the least percentage of participants thinking it was achieved was *“to illustrate the potential consequences of mixing alcohol and sexual encounters.”* The findings of these objectives suggest improvements in the interventions could be directed towards ways to avert or decrease the incidence of sexual violence and demonstrate the possible negative outcomes of combining alcohol and sex.

Participants rated the peer educator presenters very highly on their level of informativeness, responsiveness, and organization. The interventions had almost identical scores (e.g., 0.01 or 0.02 difference) on each evaluation category except for organization, in which the peer educators were rated a 4.74 by the film intervention participants and a 4.80 by the peer education participants. Many of the written comments

received on the open-ended items of the Process Evaluation Survey commended the peer educators on their ability to lead the workshops. Specifically, the peer educators were praised for their skills in engaging the audience, fostering an open environment to share thoughts, and being informative. It was evident through the immediate posttest that the peer educators were sufficiently trained in delivering the sexual assault/date rape presentations and were well received by their younger peers in leading these sexual violence presentations.

The series of evaluation items about the major points of the interventions and the responses to the open-ended questions also provided guidance on how to improve the interventions for future implementation. Both interventions still left a significant number of participants either with “None” or an “Unsure” increase in understanding of the effects of alcohol on sexual communication. Also, some of the responses to the open-ended questions indicated the participants felt more discussion about alcohol should have been provided. With the use of alcohol playing a critical role in sexual assault/date rape cases, particularly on college campuses, it is important for these interventions to focus more on the impact of alcohol on sexual violence. As one participant commented from the peer education intervention group, *“It should be noted that not getting so drunk as to not be able to control yourself or voice your opinions is a GREAT way to prevent drunken rape happening. Also emphasize DIRECT non-conflicting communication, eg. ‘mixed signals’ are bad.”* This was evident through the question about whether the *“presentation increased their understanding of the problem of communication between sexual partners.”* For the peer education intervention group, 10.2% of participants were

“Unsure” and 2.4% said “None” compared to the film intervention where only 2.5% were “Unsure” and no one reported “None.”

Overall, both interventions were found to increase the majority of the participants’ awareness about sexual assault/date rape, and the participants felt the presentations were engaging and worthwhile. As previously explained, in the film intervention group, the participants felt the film had the most impact on them during this presentation; for the peer education group, the participants thought the narrative had the greatest impact. Many of the comments about the film focused on the two different perspectives presented and how males and females can perceive sexual encounters differently. Several of these students provided comments about the importance of communication between sexual partners and being able to visually see a typical college date rape scenario. Also, several participants commented that they did not realize the majority of rape cases occur between two people that already knew each other. The peer education intervention participants were highly impacted by the narrative, specifically because: it was a true story of a past University of Maryland student, it was between two people who knew each other, and the date rape incident had such a dramatic effect on all aspects of the victim’s life.

Peer Educators

The 12 upperclassmen peer educators who administered the study interventions represented a variety of majors and minors. Most of them became involved with SARPP because they wanted to increase the awareness of sexual assault on their college campus. Also, several peers had dealt with their own sexual violence experience either directly or indirectly and this motivated them to apply for the outreach program. Unfortunately, all but one of the peer educators was female, and it would have been beneficial to have a

greater gender balance in presenters. The peer educators were very enthusiastic about the study and were excited to sign-up to present either intervention. However, at first several appeared to be nervous about administrating the film intervention because they received less training on this program than on SARPP during the August training sessions and its success relied more heavily on student participation. The doctoral candidate conducting this study (the student investigator) reviewed the intervention with the peer educators during the class meeting prior to the first film intervention in mid-September and was always at the pretest visit for both interventions to handle any questions the peers had in delivering the workshops. However, throughout the study period the peer educators continued to fulfill requests to deliver the SARPP workshop to other groups on campus, thus they gained more experience and most likely a greater comfort level with this intervention compared to the film program.

During the two months the student investigator worked with the SARPP peer educators, she often noted her own insights and thoughts from observing and interacting with the peers. The presentations significantly improved with every workshop the peers gave because they gained more confidence and knowledge of the material. Some presenters came more prepared than others, and some were more skilled at delivering the workshops, but overall everyone was very capable of relaying the important messages of the intervention as evidenced by the scores on the evaluations. Every student showed up to deliver the presentation they signed-up to give and completed all the post evaluation forms. All the peers liked incorporating the film, but often found the discussions to be challenging because the freshmen students tended to be very quiet. Several peers thought it might have been useful to stop and discuss the material in the film at different points

and then try to predict the next scene. In particular, the peers felt the film really could impact the males in the audience and end the common male stereotype portrayed by the character of Jake. The peer educators felt it was easier to give the SARPP presentation to freshmen than the film intervention because the SARPP workshop included more interactive activities to stimulate audience participation. The peers found the narratives to be very long, and after reading the story out loud, it was rare that a student would respond to stimulate a discussion. The peers felt the narrative left the participants in shock and often influenced some of the participants to think it was the victim's fault without recognizing that victim blaming was occurring. The peers felt the narrative could be improved by shortening its length and increasing the number of narratives. Overall, the peer educators' comments on the Peer Educator Evaluation Surveys improved with each workshop presented. The peers were very tough in evaluating their own facilitation skills and were always working hard to improve the presentations for the next class. They did their best to adhere to the presentation guidelines, but undoubtedly, every workshop was different because of participants' response to questions and how the peers responded to the workshop. The peers would sometimes add in their own statistics or facts about sexual assault/date rape or even STDs to get their points across. The peers strived to deliver fluid presentations, which often meant adding information or discussing their own life experiences. With the film intervention, it was common for the peers to incorporate a SARPP workshop activity if it was appropriate to generate more discussion or emphasize a particular message.

Challenges of the Study

Conducting this large primary data collection study undeniably lead to numerous obstacles throughout the planning and implementing stages. Initially, the coordinator for the UNIV 100 LTSC sections did not want to allow all 27 sections to participate, but after reviewing the power calculations, it was determined all classes would need to be recruited in order to reach the appropriate sample size to detect intervention effects. The coordinator of the UNIV 100 LTSC sections and his supervisor eventually agreed to include all sections into the study. Fortunately, all classes were targeted because almost every class had one to four students who did not participate either because they were not 18-years-old or were absent.

The next obstacle was introducing this study to the UNIV 100 instructors and scheduling the pretest and posttest visits. The original strategy to disseminate information about the study to the instructors was to attend summer 2009 UNIV 100 instructor trainings. However, the returning instructors were not required to attend trainings. Thus, the student investigator was only able to meet 8 out of the 27 instructors during these summer trainings.

In the end, the coordinator of the UNIV100 LTSC sections made the decision that the best way to communicate with the instructors was through the learning community coordinators, not through each individual instructor. Five learning community coordinators each coordinated a group of UNIV 100 LTSC sections. After the randomization of classes to one of the three study groups, e-mails were sent to the learning community coordinators informing them which of their sections were assigned to each study group, the date of all pretest visits, and an overview of the study procedures. The learning community coordinators were then responsible for relaying this

information onto each of their instructors. However, after the student investigator began sending study visit reminders to the UNIV 100 LTSC sections a week prior to the intervention, several responded they were unaware of the study and already had class prepared for the intended study pretest visit. Ultimately, all of these study scheduling issues were resolved through phone calls and e-mails with the instructors.

Scheduling the pretest visits for the 27 classes was complicated, primarily because 20 of the 27 UNIV 100 LTSC classes involved in the study were scheduled for Monday and Wednesday afternoons. Consequently, it was a challenge to have two peer educators and the student investigator available for all of the intervention classes. Several adjustments were made to present to classes later in their one hour and 50 minute time block rather than at the beginning of class to accommodate the peer educators and student investigator being present. An undergraduate student was also trained to deliver the control study surveys and assisted on two occasions when the student investigator had conflicts with the study intervention classes. Each posttest visit was scheduled after the pretest visit occurred. The scheduling of the 27 posttest visits was also challenging, but because they lasted only 15 minutes, several instructors allowed the student investigator to come in during the middle or later part of their classes to accommodate the scheduling process. On one occasion, the undergraduate student that administered the pretest control surveys also administered a control posttest survey because the student investigator had another section's posttest scheduled for the same time.

Prior to delivering the film intervention, all assigned classrooms were checked to assure the appropriate technology was present to show the DVD. Two of the nine classrooms did not have the necessary equipment and required requesting screens,

projectors, and DVD players. There were minor glitches with using this equipment, but each class was able to view the complete film. In three other classrooms, the film skipped after testing all study films in advance. It was most likely due to the equipment and not the film. Adjustments were quickly made to the DVD players, and these classes saw the entire film.

The original intent for the control group was to receive one of the interventions after the study period. However, because the UNIV 100 classes run only 10 weeks, some of the classes did not have an opportunity to receive the intervention after the study period. In addition, most of the instructors of the control sections already had their weekly class scheduled and were not interested in having a sexual violence presentation. In the end, the condensed semester for the UNIV 100 classes and the length of time between the pretest and posttest visits did not allow for the control classes to participate in one of the interventions. It would also have been a scheduling strain on the peer educators to have them perform an additional nine times. They delivered these 18 study presentations in addition to the regular requests they received from groups and classes around campus for workshops. Toward the end of the semester, scheduling the study presentations became more challenging because the peer educators were extremely busy with numerous class, work, and extra curricular activities.

Strengths and Limitations

This study had several strengths, including the use of an experimental research design with multiple waves of measurement to evaluate the effectiveness of two sexual violence interventions. Also, the evaluation surveys captured both qualitative and quantitative feedback. The use of intervention and control groups with randomization by

classes helped minimize the commonly found threats to internal validity (e.g., history, maturation, testing, instrumentation, mortality, and regression) (Trochim, 2005). A large sample size of college freshmen was also targeted, which is typically one of the most vulnerable populations to sexual violence. All 27 sections of UNIV 100 LTSC were able to be recruited from and then evenly randomized by class to the three study groups. The study also was found to have low attrition, losing only a few students from each UNIV 100 section at posttest.

There were several limitations of this research study. The first limitation involves the use of self-reported data by the participants. Self-reported data introduces potential bias in the data collected because participants may not provide honest and accurate responses. The use of data collection at two time points increases the chances of attrition; however, efforts were made to have students complete the posttest surveys if they were absent the day the surveys were administered. The decision to collect data at multiple time points was to analyze the effects of the intervention over time. Also, this study used only freshman students from a large mid-Atlantic state university, and thus should not be generalized to other populations. The freshman students were all undeclared majors, but major selection is not thought to affect study results. Ideally, in a true experimental study randomization would occur at the individual level; however, in order to conduct this study and reach enough participants, entire classes were randomized into study groups.

The lack of independent groups can potentially lead to various internal validity selection threats, such as selection-maturation, selection-history, selection-instrumentation, selection-testing, selection-mortality, and selection-regression (Trochim, 2005). All of these potential internal validity selection threats are because randomization

occurred by intact classes; thus, one can never be sure the study groups are completely equivalent. However, this issue of randomization by intact classes was considered and addressed by running nested ANCOVA models, which meant entering the UNIV 100 LTSC classes as a variable into the statistical models. The nested variable allowed the results of the models to be analyzed, accounting for the class effects.

Implications and Future Research for Health Educators

This research study also serves as a guide for the continued development of sexual assault and date rape programming and evaluation on college campuses. The quantitative and qualitative findings of this study suggest that a one-time 50 minute intervention can potentially improve anti-rape attitudes and start a healthy, meaningful dialogue among freshman students surrounding the issue of sexual violence. In fact, both interventions evaluated in this study were found to have a significant effect on increasing anti-rape attitudes at the four- to six-week posttest data collection point. There was no evidence for statistically significant improvements in the participants' behavioral intentions or sexual communication self-efficacy at posttest between the interventions and control group. However, this might be due to the short duration of these one-time programs and/or the weak psychometrics of the survey tools used to assess these outcome variables. Consequently, further research is needed to develop and evaluate long-term sexual violence interventions and continue the refinement and testing of the anti-rape behavioral intentions and self-efficacy items used in this study.

The peer education intervention in this study known as SARPP is currently being delivered throughout the University of Maryland's campus and with minor modifications can be improved to increase its impact on audience members. For example, these

changes include the following: shortening the current narrative; adding more narratives, particularly one that does not cause the audience to question the victim's behavior; recruiting more male peer educators for the next academic year; starting off with ice breakers to foster a more comfortable environment to discuss the sensitive topic of sexual violence, particularly in classes of freshmen; and avoiding the use of foul language. Additionally, more emphasis should be placed on the role of alcohol in sexual assault/date rape occurrences along with including more discussion about the problem of communication between sexual partners. The film intervention with the peer-led discussion following the film can also be improved by including more interactive activities, adding more discussion questions, addressing more skills to prevent sexual violence, discussing other types of sexual assault/date rape scenarios (i.e., female on male, male on male, female on female rape), and also starting off with ice breakers to encourage a more relaxed environment to discuss date rape.

The shared conceptual framework of both of these interventions previously discussed was that peer education would lead to improvements in attitudes toward rape, sexual communication self-efficacy, and ultimately rape-related behavioral intentions. The directional relationship between these variables as a result of participation in the interventions compared to the control group was not tested, but it could be in future research. Neither of the interventions being evaluated in this study were developed based on a specific theory; thus, they were not evaluated as such. The peer education only program and the film workshop both displayed evidence of constructs from the Health Belief Model (Rosenstock, 1974) and the Theory of Planned Behavior (Ajzen, 1991). For example, the construct of perceived susceptibility of the Health Belief Model was

addressed when the peer educators discussed how any person can be a victim or a perpetrator of sexual violence and that the majority of rapes occur between two people that already know each other. An example of the attitude toward behavior construct of the Theory of Planned Behavior illustrated in the study interventions involved the efforts of the peer educators to decrease victim blaming attitudes among the participants. The peer educators emphasized that blaming the victim is only eliminating the responsibility for the incident from the person who committed the act it and instead placing this blame on the person that received the action. Health educators should further explore developing theoretically-based sexual violence interventions and then evaluate these programs according to the proposed relationships among the constructs. This type of research requires valid and reliable evaluation tools to also be developed to accurately measure the constructs as conceptualized in the models.

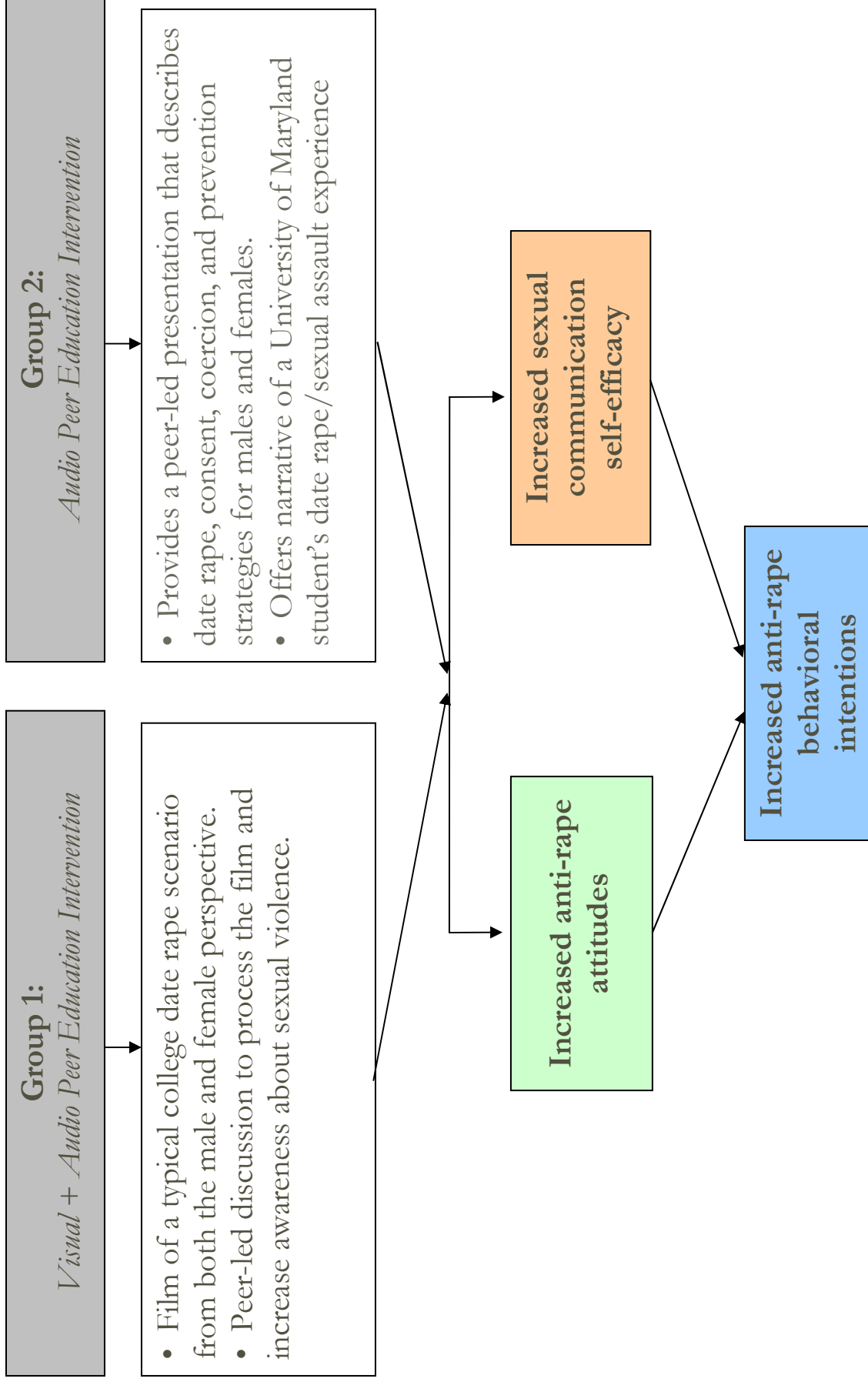
There are a few weaknesses in this study that could be addressed in future research opportunities. This study focused on incoming freshmen enrolled in the UNIV 100 class, specifically the sections for the undecided majors. Additional research could target evaluating these interventions with other potential at-risk populations on college campuses, such as male athletic teams and members of the Greek system (Humphrey & Kahn, 2000; Martin & Hummer, 1989). Also, older college students could be examined because most likely this population is more experienced sexually and would report different results. This study had only one male peer educator administer the study interventions. Essentially, this study was examining the effects of primarily female delivered sexual violence programs. Future studies should try to recruit more male peer educators to have both genders together facilitate the groups. This could more effectively

influence the male audience members. Other researchers have found sexual health education programs to significantly improve self-esteem, personal development, and knowledge of sexual health in the peer educators that deliver these interventions (Ehrhardt, Krumboltz, & Koopman, 2007; Sawyer & Pinciaro, 1997). Consequently, the effects of these interventions on the peer educators themselves could also be examined in future research. Finally, one of the limitations of this study was the randomization by intact classes, not individuals, thus causing potential internal validity selection threats. Future research could randomize by individuals rather than intact groups to execute a true experimental design and create a more probabilistic equivalence among study groups (Trochim, 2005).

Conclusion

This study evaluated two sexual assault date/rape interventions in a sample of freshmen students at the University of Maryland, College Park. An experimental design was used with a control group and a four- to six-week posttest data collection point. Both intervention groups were found to have statistically significant improvements in anti-rape attitudes at posttest, with females reporting higher anti-rape attitude scores compared to males in both interventions. Improvements in anti-rape behavioral intentions and sexual communication self-efficacy scores were also reported. However, these changes were not statistically significant at posttest between the interventions and control group. The peer educator evaluations and the Process Evaluation Survey provided insight on how to improve the interventions for future use. This study also offered evidence for the need to develop and implement sexual violence programming not only at the university level, but also at the high school level.

APPENDIX A: CONCEPTUAL FRAMEWORK FIGURE



APPENDIX B: IRB APPROVAL LETTER



INSTITUTIONAL REVIEW BOARD

2100 Lee Building
College Park, Maryland 20742-5125
301.405.4212 TEL 301.314.1475 FAX
irb@deans.umd.edu
www.umresearch.umd.edu/IRB

July 23, 2009

MEMORANDUM

Application Approval Notification

To: Dr. Robin Sawyer
Jessica Jordan
Community and Public Health

From: Joseph M. Smith, MA, CIM *MS*
IRB Manager
University of Maryland, College Park

Re: **IRB Application Number:** 09-0481
Project Title: "Examining the Effects of Two Sexual Violence Interventions in a Population of College Freshmen"

Approval Date: July 23, 2009

Expiration Date: July 23, 2010

Type of Application: Initial

Type of Research: Non-Exempt

Type of Review for Application: Expedited

The University of Maryland, College Park Institutional Review Board (IRB) approved your IRB application. The research was approved in accordance with the University IRB policies and procedures and 45 CFR 46, the Federal Policy for the Protection of Human Subjects. Please include the above-cited IRB application number in any future communications with our office regarding this research.

Recruitment/Consent: For research requiring written informed consent, the IRB-approved and stamped informed consent document is enclosed. The expiration date for IRB approval has been stamped on the informed consent document. Please keep copies of the consent forms used for this research for three years after the completion of the research.

Continuing Review: If you intend to continue to collect data from human subjects or to analyze private, identifiable data collected from human subjects, after the expiration date for this approval (indicated above), you must submit a renewal application to the IRB Office at least 45 days before the approval expiration date. If IRB approval of your project expires, all human subject research activities including the enrollment of new subjects, data collection, and analysis of identifiable private information must stop until the renewal application is approved by the IRB.

Modifications: Any changes to the approved protocol must be approved by the IRB before the change is implemented, except when a change is necessary to eliminate apparent immediate hazards to the subjects. If you would like to modify the approved protocol, please submit an addendum request to the IRB Office. The instructions for submitting a request are posted on the IRB web site at : http://www.umresearch.umd.edu/IRB/irb_Addendum%20Protocol.htm.

Unanticipated Problems Involving Risks: You must promptly report any unanticipated problems involving risks to subjects or others to the IRB Manager at 301-405-0678 or jsmith@umresearch.umd.edu.

Student Researchers: Unless otherwise requested, this IRB approval document was sent to the Principal Investigator (PI). The PI should pass on the approval document or a copy to the student researchers. This IRB approval document may be a requirement for student researchers applying for graduation. The IRB may not be able to provide copies of the approval documents if several years have passed since the date of the original approval.

Additional Information: Please contact the IRB Office at 301-405-4212 if you have any IRB-related questions or concerns.

APPENDIX C: TRAINING GUIDE FOR *PLAYING THE GAME 2* FILM

PLAYING THE GAME 2

Facilitator's Guide

Dr. Robin Sawyer
University of Maryland

© 2007

Please take the time to read the below introduction for the *Playing the Game 2* film:

Introduction

When I produced the first version of *Playing the Game* in 1991, date rape had received a great deal of publicity, particularly in the decade that preceded the production. The research of Mary Koss in the mid-eighties had scared to death the nation's college and university administrators, where statistics like 1 in 4 college women sexually assaulted and 1 in 15 raped, had resulted in the initiation of numerous campus sexual assault programs across the United States. High profile date rape cases like the William Kennedy Smith (Senator Edward Kennedy's nephew) trial in 1991, and boxer Mike Tyson's conviction for date rape in 1992 served to reinforce the wide extent of this issue and the need for social reform. Some 15 years have passed since these incidents garnered national attention and campus programming became entrenched, but as the French say, "Plus ça change, plus c'est la même chose" ... the more things change, the more they stay the same! Cases of sexual assault and date rape have continued to plague our culture, particularly on college campuses. Athletes in particular have continued to feature prominently in sexual assault cases, and in 1993 Kobe Bryant replaced Mike Tyson as the poster child for date rape. Yet no-one could have anticipated the firestorm of controversy that a Duke University lacrosse party would create in 2006 where three team members were accused of raping a young woman who had been stripping at the party. The Duke students were later acquitted, but not before the team had lost its season, Duke University was dragged through the mud, labeled as racist and elitist, and the three young men and their accuser had their lives scrutinized, choking beneath the constant media barrage.

Without doubt, we still need to consider the issue of date rape, particularly as it occurs on a college campus. I travel and speak extensively, and I continue to hear the same old outdated, inaccurate sentiments about this issue, from men and women alike:

- She shouldn't have gone to his room, what did she expect?
- I know she was drunk, but so was the guy ... why should he get punished?
- It's not rape because she didn't actually say "no."
- It couldn't be rape because the girl was too ugly.
- A guy can't be expected just to turn off once he gets to a certain point.
- She was all over him at the party ... of course she wanted it.
- Girls all play that hard to get thing ... they really want sex.
- She didn't put up much of a struggle ... how could that be rape?

The majority of rape prevention education continues to be aimed at women, and yet in reality, surely it's the male of the species who needs to change the most? The point is we can continue to ostracize the male and write him off as a hopeless case, or we could include him in the conversation. I have long believed, *if men are the problem then we MUST make them part of the solution*, or nothing will ever really change. *Playing the Game 2* is an effort to take an honest, constructive, and balanced approach to two of the problems integral to date rape, alcohol abuse and inability to communicate effectively about sex. By representing an all too often ignored male perspective on these issues, I by

no means intend to excuse or legitimize rape or sexual assault. Rape is clearly wrong under any circumstances and at any time. However, such a position on its own is not enough to change individual behavior and this program seeks to explore the extremely sensitive and sometimes explosive norms and attitudes of male and female sexual expression. Isolated parts of the film should not be taken out of context, but rather viewed as part of a program designed to promote frank and honest discussion.

I hope that you find the DVD to be a useful educational tool in your efforts to reduce the incidence of sexual assault and date rape. As with most complicated problems, there is no single panacea or approach that will ever “fix” the problem. *Playing the Game 2* is an attempt to create a dialogue between young men and women that might play a small role in reducing sexual assault.

Robin G. Sawyer, Ph.D.
University of Maryland

The following is an outline for delivering the *Playing the Game 2* film and peer discussion intervention:

A. Write out SARPP information on board:

Sexual Assault Response & Prevention Program (SARPP)

SARPP Advocate Office, Room 2118D

Phone: 301-314-2222

AIM: UMSarppAdvocate

Email: Sarppadvocate@health.umd.edu

Emergency Cell: 301-741-3442

SARPP Education Office, Rm. 0101C

Phone: 301-314-8124

Email: sarppeducators@health.umd.edu

B. Introduction:

- Welcome and thank you for inviting us. We are SARPP (Sexual Assault Response & Prevention Program) Peer Educators. We provide education and outreach to the campus community on topics of sexual assault, relationship violence, stalking, and secondary victims. SARPP also includes Peer Advocates (formerly the Office of the Victim Advocate) who provide support services to primary and secondary victims of sexual assault, relationship violence, sexual harassment and stalking.
- Personally introduce yourself: name, year, major
- Sexual crimes are often presumed to only be perpetrated by men. However, this statement is not true. Sexual crimes are committed man against man, woman against woman, woman against man, and man against woman. For the purpose of this workshop, we tend to focus on men's violence against women because it constitutes the majority of violence that happens in our culture.
- Workshops and programs on the topic of sexual assault and related crimes may bring up unresolved issues for survivors of these crimes and their friends and family. Please know that if you need a breather for any reason, you are welcome to leave; we will not be offended. If this is the case however, we encourage you to seek support through the SARPP Advocate service. Also, feel free to speak to any of us after the presentation.
- If however, you're leaving because you don't believe something that we've said, or you disagree with something in the workshop, we encourage you to stay and participate. I'm sure that we will all learn a lot.

C. What is Rape?

Ask: When you think of rape what comes to mind?

(Write key words on the board...stranger, victim crying, report to police, bruising)

Most people are quick to say that rape is someone jumping out of the bushes, someone breaking into your apartment, or someone attacking you on Route 1.

Most people expect the victim to be visibly physically injured, hysterically crying, and to report the crime to the police as soon as possible after the crime occurs.

But the reality is that 84% of rape victims are raped by someone they know. At the University of Maryland, less than 1% of the clients served by the Advocate Office did not know the person that attacked him or her.

Most rape victims do not sustain visible physical injury, although 87% of rape victims sustain vaginal trauma.

Rape is committed by people that the victim trusts, in places where the victim feels safe, and at times when the victim least expects it.

D. Introduce and then show the *Playing the Game 2* film

We're now going to watch a short sexual violence educational film called *Playing the Game 2*. The film was created by Dr. Robin Sawyer, a professor on campus in the School of Public Health, and recently filmed here at the University of Maryland, College Park. This film presents a typical college acquaintance rape scenario where two students who know each other have sex after meeting up at a party, and afterwards, have very different understandings of what actually happened. We will watch this 12 minute film and then have a group discussion.

E. Facilitate a discussion of the film

Below are questions to ask the students following the film and some guidance for the discussion. Ask as many questions as you have time for during the presentation. Your presentation should last 50 minutes starting with your introduction. This does not include the time to administer the pretest and posttest surveys.

1. Are there major differences between Jenn's and Chris's versions in relation to behavior at the party?

Guidance: Chris's perception clearly leads him to believe that Jenn is extremely interested in him, and that she reciprocates his advances. Chris's description of Jenn being "all over me" reflects his perception that she's very interested in hooking up, and by his definition, sexual intercourse is a definite possibility. In Jenn's version, she definitely seems interested in Chris, is animated in conversation, receptive to his flirting, and even kisses him back. So, in effect, the versions don't appear to be that different ... it's the subjective perception of what the interactions mean that becomes the issue, and ultimately the big problem.

2. When Chris invites Jenn back to his room, what does this actually mean? Does Chris expect sex to occur? What does it mean when Jenn says “Yes”? Does this mean to Chris that Jenn is up for sex?

Guidance: These are all important questions that are difficult to answer. Many men in situations like this believe that there is at least an opportunity for sex to occur, and in many ways social expectations would probably pressure men to at least make some type of sexual advance. Women’s responses could range from an assumption that sex would definitely occur, to a more innocent belief that this was simply a means to continue the evening.... And, by the way, what does “sex” mean? Maybe Chris or Jenn might want to fool around a little, but maybe not have intercourse, to use the formal term.... and how do you communicate that? Ideally, these are questions that individuals consider *before* they end up in a potentially dangerous situation, and without getting so drunk that they are unable to make informed decisions.

3. What type of communication occurs in Chris’s room?

Guidance: In Jenn’s flashback, Chris seems much more physically aggressive. He pushes Jenn back on the bed and physically holds her down. Jenn is clearly less receptive. Verbally, Jenn tells Chris to stop and says “No” on several occasions. In Chris’s flashback, Jenn lays back on the bed without physical pressure, and seems very responsive to Chris’s advances. Jenn never actually says the word “No” but she voices her uncertainty about having sex. Jenn continues to make out with Chris as she asks him to slow down and tells him that she’s not sure that this is what she wants.

4. What are the major perception differences that we see in the bedroom scenes?

Guidance: Chris’s perception is of a woman who really wants to have sex but who is going through the motions of protecting her reputation by not appearing too eager. Jenn’s sees herself as a woman who likes Chris a lot but is very clear that sexual intercourse is not an option, and although she is happy to fool around for a while, Jenn is not prepared for intercourse.

5. Imagine you’re on a jury. Based on what you’ve seen in Jenn’s version of what occurred (disregard what you’ve seen in Chris’s version), do you feel that Chris raped Jenn? If so, please raise your hand.

Guidance: This version is really a “no-brainer” given that Jenn explicitly says “No” to sex, she asks Chris to stop, but he continues and has intercourse. Also the fact that Jenn seems pretty drunk, in many states this factor alone would predict a guilty verdict. Most audience participants will agree that Chris is guilty in this version.

6. *Imagine you're on a jury. Based on what you've seen in Chris's version of what occurred (disregard what you've seen in Jenn's version), do you feel that Chris raped Jenn? If so, please raise your hand.*

Guidance: This is where the *real* discussion will begin! A large majority of both men and women will not feel that the events depicted in Chris's version constitute rape. Jenn was all over Chris; she went to his room; she lay back on the bed; Chris didn't force her to do anything; Chris never hit Jenn; she never actually said "No"; Jenn may have been drunk, but Chris was drunk too; Jenn was still making out with Chris while she was talking to him; Jenn was looking to hook up with Chris all night – what's the big deal?

The bottom line is this ... most college students and young adults do not understand the legal definition for what constitutes date rape. The gold standard today is basically verbal consent. Regardless of the fact that Jenn voluntarily went to Chris's room, lay down on his bed, made out with him, may have been completely naked, Chris needs to receive verbal consent before penetration. Now, this may sound ridiculous to many people, but the reality is, in situations where sex is completely consensual, verbal consent is pretty much irrelevant. BUT in cases like Chris's version, where one person is hesitating, demonstrating and describing uncertainty, then the need to verbally clarify what the hesitant person wants is essential. As mentioned earlier, if the woman is too drunk to be able to provide verbal consent, then the male will likely be found guilty anyway.

Males in particular often get very angry at this part of the program. Here's the harsh reality – no-one's asking them to like what the law says, or even agree with it, but at the end of the day, it is the law and both men and women need to be aware of the legal parameters of date rape. The bottom line is verbal consent must be given.

****7. *What role does alcohol play in date rape and sexual assault?***

Guidance: Alcohol is without doubt the drug of choice on nearly all college campuses. Taken at low levels alcohol tends to provide young people with more confidence to be able to communicate in social settings. Unfortunately, alcohol actually confuses the interpretation of signals and consumed in large quantities, removes much of an individual's ability to control his or her behavior, and also be responsive to a partner's wishes. Over many years in this field, I have hardly ever seen a date rape incident that didn't involve alcohol use, usually by both individuals concerned.

****8. *What can men and women do to reduce the incidence of date rape?***

Guidance: This may seem politically incorrect, but I firmly believe that both men and women have responsibilities in this area. Men have the responsibility to *not* make assumptions about whether or not a woman might have sex with him, based on previous

contact, conversation, dancing, kissing, touching or agreeing to go to his room. Men also have the responsibility to listen to what a woman says and take it at face value ... assume "No" does mean just that, and hesitation or doubt on behalf of a man's partner needs to be clarified before a man goes any further.

Women have the responsibility to clearly communicate their intentions and desires in an assertive manner, particularly when asked to go to a guy's room. Women who are fooling around but then stop because they don't want to have intercourse, should probably not go back to making out, unless they are absolutely certain their partner understands their limits, as this tends to buy into the male sexual script described by Jake in the film.

****Always end with these 2 questions #7 and #8.**

Additional questions if time permits:

1. How about the dancing?

Guidance: Dancing today is interesting, to say the least! Grinding, freaking, whatever you want to call it entails a great deal of physical contact, especially genital. What does this highly sexualized form of dancing mean ... if anything? Do men and women both feel that it's just dancing and no assumptions should be drawn? Will Jenn and Chris both think similarly about the dancing or will there be a difference in perception? There's no definitive answer here, but it's worth discussing.

2. Do the characters of Ron and Brittany provide a different perspective concerning sexuality and communication?

Guidance: In talking about these issues, we must be careful not to sexually stereotype individuals. There are men like Ron who do not subscribe to the more traditional male views, just as there are women like Brittany who would feel that Jenn's plight was, to some extent, self-induced. If these issues are to be addressed honestly, we must challenge sexual stereotypes that depict all men as terrible villains and all women as helpless victims.

3. And what about Jake's character? How typical is he of undergraduate college men?

Guidance: Jake's character is the archetypical, chauvinistic male who subscribes to most of the male-perpetuated concepts about women and sex. His character may not be very sympathetic, but his attitudes need to be heard, especially by young women. It's difficult to assess how common are such attitudes today, but suffice it to say that they are common enough to create problems. Certainly, Jake's theory about how women gradually give in to a man's advances is a theory that is frequently held by many men.

F. If there is any extra time in the presentation please read through some of the below tips for men and women.

TIPS FOR...

Men

- ❖ Think about and acknowledge your sexual limits. Believe in your right to set those limits and if you're not sure what's going on, stop and talk about it. It's OK not to "score."
- ❖ Being turned down for sex is not a rejection of you personally. Women who say "No" to sex are not rejecting the person; they are expressing their desire not to participate in a single act.
- ❖ Accept the woman's decision. "No" does mean just that in an overwhelming number of occasions... it's not a woman's way of playing hard to get. Don't read other meanings into the answer ... even based on past experience with this or other women. Don't continue after "No" ... if you're so certain the woman doesn't mean it, simply stop and ask ... then respect the decision.
- ❖ Don't assume that if the woman dresses in a very sexy manner and flirts a great deal that she wants to have sex with you ... maybe, maybe not.
- ❖ Don't assume because a woman comes to your room she wants to have sex with you ... maybe, maybe not.
- ❖ Don't believe your own hype that when you get so aroused you can't stop yourself ... you may not be able to control your desire, but your actions and behaviors are well within your control.
- ❖ Don't drink to the point where you have no idea what you're doing. You could put yourself in a dangerous situation, and although alcohol might be an excuse in your own mind, such a defense won't work in court.

Women

- ❖ Think about and acknowledge your sexual limits. Believe in your right to set those limits and if you're not sure, stop and talk about it.
- ❖ Communicate your limits clearly. If someone does something with which you're uncomfortable, tell the person firmly and quickly. Polite responses may be misunderstood or ignored. Say "No" when you mean "No."

- ❖ Be assertive. Often men interpret passivity as permission. Be direct and firm with someone who might be pressuring you sexually.
- ❖ Be aware that your nonverbal actions send a message. If you dress in a very sexy manner and flirt a great deal, some men may assume you want to have sex. This does not make your dress or behavior wrong, but being aware of how you may be perceived is important information.
- ❖ Pay attention to what is happening around you. Watch for nonverbal cues that possibly might make you feel uncomfortable.
- ❖ Trust your intuitions. If you feel you are being pressured into having sex, you probably are. If something doesn't feel quite right, it probably isn't. Trust your instincts.
- ❖ Avoid excessive amounts of alcohol and/or other drugs. These will impair your thinking and ability to communicate.

- ❖ **G. Pass out the informational handouts**

APPENDIX D: TRAINING GUIDE FOR SARPP SEXUAL VIOLENCE WORKSHOP

**University of Maryland
University Health Center
SARPP Education Office**

Sexual Violence Workshop

Write out SARPP information on board:

Sexual Assault Response & Prevention Program (SARPP)

SARPP Advocate Office, Room 2118D
Phone: 301-314-2222
AIM: UMSarppAdvocate
Email: Sarppadvocate@health.umd.edu
Emergency Cell: 301-741-3442

SARPP Education Office, Rm. 0101C
Phone: 301-314-8124
Email: sarppeducators@health.umd.edu

Introduction:

- Welcome and thank you for inviting us. We are SARPP (Sexual Assault Response & Prevention Program) Peer Educators. We provide education and outreach to the campus community on topics of sexual assault, relationship violence, stalking, and secondary victims. SARPP also includes Peer Advocates (formerly the Office of the Victim Advocate) who provide support services to primary and secondary victims of sexual assault, relationship violence, sexual harassment and stalking.
- Personally introduce yourself: name, year, major
- The narrative(s) that you will hear during this workshop are either true stories or based on true stories. They have all been written by University of Maryland students. Please be respectful during the reading of the narrative(s).
- Sexual crimes are often presumed to only be perpetrated by men. However, this statement is not true. Sexual crimes are committed man against man, woman against woman, woman against man, and man against woman. For the purpose of this workshop, we tend to focus on men's violence against women because it constitutes the majority of violence that happens in our culture.
- Since the narratives are true UMD stories, be cautioned that some narratives may include graphic and/or obscene language. We have kept the narratives as they are to remain as truthful as possible to the writers.
- Workshops and programs on the topic of sexual assault and related crimes may bring up unresolved issues for survivors of these crimes and their friends and family. Please know that if you need a breather for any reason, you are welcome to leave; we will not be offended. If this is the case however, we encourage you to seek support through the SARPP Advocate service. Also, feel free to speak to any of us after the presentation.

- If however, you're leaving because you don't believe something that we've said, or you disagree with something in the workshop, we encourage you to stay and participate. I'm sure that we will all learn a lot.

I. Jackson Katz Exercise

(Draw the male and female symbols on the board at the top of columns.)

- Does everyone know what these symbols represent?
Answer: *They are the symbols for male (♂), and female (♀).*
- For this first question, I want to hear only from the male members of the audience. What do you do on a daily basis to prevent yourselves from being sexually assaulted?
Answer: *Don't drop the soap (response: But is this something you do on a daily basis? Also, did you know that the majority of male on male rape is perpetrated by heterosexual men? Rape is about power and control, not about sex.). Nothing. (Good point. Most men do not think about this as something that they need to be concerned about).*
- Now I want to hear from the women in the audience. What do you do on a daily basis to prevent yourselves from being sexually assaulted?
Answer: *Walk in groups, don't drink too much, check the back seat, check under the car, don't dress provocatively. pretend to be talking on the phone, don't pretend to talk on the phone, talk on the phone in great detail about where you are and who is around you, press 911 and hold your finger over "send", walk with your head up, walk with your head down, make eye contact with anyone passing by, don't make eye contact with everyone passing by...*
- Who is currently carrying the majority of the burden for sexual assault prevention? **Answer:** *Women.*
- Who could be doing more?
Answer: *Men*
- Even for those of us carrying the majority of the burden, are we getting consistent messages?
Answer: *No. We're getting contradictory messages.*
- What is victim blaming?
Answer: *Blaming the victim for something that was not her fault. How does this type of so-called "prevention" fuel victim blaming?*
Answer: *It removes responsibility for the action from the person who did it. It places responsibility on the person upon whom the action was taken.*

II. Consent Exercise

Make sure you have consent all the time, everytime!

Ask: What is consent?

Answer: An affirmative and freely given “yes”.

Ask: What does affirmative and freely given mean?

Answer: Positive and not forced. (No force, threat of force, or coercion)

Ask: Can you get affirmative and freely given consent during drunk sex?

Answer: Yes, but it can be tricky.

Ask: How can you tell that someone is alert enough to give “drunk” consent?

Answer: They can answer the following questions, “who, what, when, where, why, how” (i.e. Who are you, who am I, what are we doing, when are we doing it, where are we, why are we doing it, how are we doing it?), and their manual dexterity is not hindered (i.e. they can take their own pants off).

Ask: Does this get complicated sometimes?

Answer: Absolutely. There are some people who can be blacked out and still function pretty normally. Don’t mess with that. Ask yourself – do I really want someone to even think that I hurt them? Do I really want to roll the dice on a felony?

Ask: What does consent look like? We’re going to put all of your answers on the board before we discuss them. **(On board make (2) columns: Consent & Lack of Consent)**

Answers: Going up to his room (only consent for that)
 Nodding (consent for whatever is happening in the moment)
 Saying yes (consent for whatever is happening in the moment)
 Getting naked (only consent for that)
 Getting on top and putting it in (consent for that... consent for sex)
 Others...

Ask: What does lack of consent look like? We’re going to put all of your answers on the board before we discuss them.

Answers: Freezing
 Crying (it may not be her one true wish come true to have sex with you... she might be scared.
 Shaking her head “no”
 Just laying there (you might want to check in for other reasons here, too... you might just not be doing it for her... check in both to make sex better (i.e. “is this good for you?”), and to make sure you’re not hurting someone (i.e. “are you okay”)
 Others...
 (You can write on the board here, “A Lack of No is not a Yes”)

III. Coercion Exercise

(Go up to someone and ask if you can use their pen.)

They'll give it to you.

Ask: Did I just receive consent? Yes.

Ask: Was it affirmative and freely given? Yes.

Say: Okay. Good. This is a perfect example of consent.

(Now, tell your audience member to say no to you.)

Ask: Can I borrow your pen?

They'll say: No. (You want them to say it after everything you ask/say)

Ask: But I've used your pen before.

Ask: You let just about anyone use your pen.

Ask: You've been flashing your pen around all class. You're teasing me.

Ask: I'm in charge of the class, you should be flattered that I want to use your pen.

Ask: I'm a very important person.

Ask: It would make me feel better.

Ask: I'll hurt myself if you don't let me use your pen.

Ask: I'll hurt someone you care about (or your cat or dog) if you don't let me use your pen.

Ask: I have a gun. Can I borrow your pen?

Say: It got harder and harder to say no, didn't it? That's the point of coercion.

Eventually, the victim gives in even though they don't want to. Coercion complicates the issue of consent. It forces the victim to say yes even though they don't want to. Coercion is not consent.

IV. Narrative

Read "Everything He Took" (see end of training manual)

Ask: What were your reactions, thoughts, feelings?

Ask: Did anyone find themselves victim blaming?

V. Helpful/Harmful Activity

Ask: If a friend comes to you and discloses that they have been raped, or says something like, “something bad happened last night”, do you know what to say and do? Let’s go over some helpful and harmful comments to prepare you for being a better friend.

<u>Helpful</u>	<u>Harmful</u>
I’ll be here for you as much as I can be	I’m here for you whenever you need me (this is not feasible – don’t make promises you can’t keep)
Here are some options, what do you want to do? (give control)	You need to do this. (takes away control)
How do you feel about (fill in some options)? (gives control)	I know how you feel. (You don’t – not even if you are a survivor, too. Every experience is different.)
I’m here to listen when you’re ready to talk	Tell me exactly what happened (don’t make them relive it if they don’t choose to do so, also this might be seen as victim blaming – as if you’re trying to figure out what they did wrong)
It is not your fault	Pointed questions: Why did you get that drunk? What were you wearing? Why did you go home with him? (Places blame on the victim)
Can I hug you? Do you want a hug?	Hug without asking
Secondary Victim: Don’t make it about you. If you need help, seek help outside the victim (OVA, therapy)	Secondary Victim: Anger, retaliation, violence against perp (the victim may end up feeling like they need to tend to you, might feel betrayed by you, more violence introduced to their life, might take away the victim’s support network)
Provide information on medical options – give choices	Force them to seek medical help
Provide written materials/tell them that you want to be helpful but you don’t know what to do (you might not feel comfortable talking about it – you can still help)	Ignore them because you don’t know what to do.

VII. Closing

- **What to do if...:** Read through key points of handout with the class

- If you or someone you know needs help, please contact the SARPP Advocate Office (pass out mini flier)
- If you have a story that you would like us to share on your behalf or if you have any lingering questions, please feel free to email the SARPP Education Office: sarppeducators@health.umd.edu
- If you want to get involved with SARPP (advocates & educators) please put your contact information on the back of the evaluation.

What is the SARPP Advocate Office?

The SARPP Advocate Office is an office in the University Health Center whose mission is to respond to incidents of sexual assault, relationship violence, stalking, and sexual harassment. The Advocate Office provides resources, support, and assistance to men and women, primary and secondary victims, and individuals, student groups, and academic classes. Becoming a victim or dealing with someone else's victimization can be devastating- and each of us deals with it differently. The Advocates can help you figure out what your needs are and help you find a solution that is right for you.

The Advocate Office is comprised of a team of undergraduate peer advocates who are on-call 24 hours a day to help you.

There are several ways to contact the SARPP office for help:

In an emergency, the Advocate Office provides 24 hour crisis response during the academic year (9-5 Summer & Winter Sessions). If you or someone you know is experiencing a crisis, you can call an advocate at 301.741.3442

In a non-emergency situation, you may choose to:

Walk-in to the Advocate Office: The Advocate Office is open from 9:00 am to 7:00 pm Monday-Friday. An advocate should be available in Room 2118D of the University Health Center during those times.

Call for an appointment: You may speak to an advocate or make an appointment by calling 301.314.2222

Email an advocate: You may email an advocate for assistance or make an appointment by emailing Sarrpadvocate@health.umd.edu. If you wish, all services may be anonymous.

IM an advocate. You may use the AIM Screenname, UMSarppAdvocate, to speak to an advocate or to set up an appointment to see an advocate. Also, information about contacting the Advocate Office and sexual assault in general is in the profile of the screenname.

**University of Maryland
University Health Center
SARPP Education Office**

Primary Survivor Narrative – Everything He Took

I knew what rape was. I knew all the statistics and all of the textbook answers. In fact, I spent three years of my life educating other people about rape as a DC rape crisis volunteer. Unfortunately, it wasn't until I experienced it for myself that I truly understood. It was an August night; the week before school started. You guys know the week I'm talking about, it's the best week of the semester. Everyone was back in College Park and everyone was going to Cornerstone for rails. It was a special night for my friends and I because it was one of my best friends' birthdays.

When I say, "best friend", most people tend to get confused because he was also my ex boyfriend. We dated freshman year but somehow remained really good friends for two years after that. I went back to his house that night to make sure he wouldn't be sick, like I knew he would've done for me. I was trying to go to bed in the chair next to his bed. He came and carried me into his bed. I thought he was just drunk and was playing around. When he started kissing me and taking off my clothes, I thought he was just drunk and horny. When he started pushing himself inside of me and not listening when I was telling him that we shouldn't have sex, it's hard to explain what I thought, but I knew he wasn't listening to me.

That morning it took me about a half hour to walk back to my apartment that usually took me only ten minutes. I was in so much pain that I could barely walk. After that night, I spent about six months convincing myself that what happened that night was something other than what it really was. I didn't want to be a victim, but I was. I spent

six months going to the same parties as him and I usually ended up hysterically crying afterwards. My friends tried to comfort me and they would ask me what was wrong, but I could never answer them. We were all convinced that I was crazy, because I honestly had no idea what was wrong... until one night in January.

It started off almost the same way. It was a Thursday night and we all went to Cornerstone for .50 cent rails. At the end of the night my ex offered to walk me back to my apartment, and because I trusted him, I accepted. We both drank a lot that night so the stumble home was rather interesting. When we got to my apartment I told him that he could sleep on my couch if he wanted because it was a long walk back to where he was staying. He came up to my apartment and as I tried to pass out in my bed, he climbed in next to me. I had no interest in hooking up with him, but it was hard for me to say that out loud because of how close we were. I didn't want to insult him.

When he started kissing me I tried casually pushing him off of me. When that didn't work, I told him to stop because I was so drunk that I could barely move my body. I wasn't lying. The next thing I knew he was pulling my pants off and sticking his fingers inside of me. At that point I started to have this kind of outer body experience. I knew what was about to happen. I literally froze; I couldn't move my body. I started yelling at him to get off, telling him to stop, and just like last time, he wasn't listening. Somehow in the midst of things he had gotten his pants off. Thankfully when he tried to roll me on top of him, I fell off of the bed. I managed to grab some clothes and crawl out to the couch in tears.

He got up in the morning, walked home, and claimed to remember none of it. After that night, I couldn't deny what happened anymore. I couldn't deny what had

happened anymore then I could deny the sheer fear that I felt on both occasions. My ex boyfriend raped me.

I spent six months of my life convincing myself that I wanted to be there that night in August, that I wanted to have sex. I didn't. The bottom line was that he wanted to have sex, I didn't, and he took it anyway. As a DC Rape Crisis Center volunteer, I knew all of the typical responses to rape, and I thought that because I knew about them, that I would be able to avoid them. I was going to make sure that the only thing he ever took from me was sex. The truth though, is that sex was only the first thing.

He took so many things from me that night, which I still continue to deal with to this day.

- He took my sleep. Most nights for about three months afterwards, I refused to sleep at night. Whenever I would close my eyes, I would have horrible, violent nightmares about him raping me. Sometimes it was the same situation as what happened, sometimes it was completely different, but the thing that always remained the same was the fear that I felt that night. He took my appetite. Eating was one of the hardest things that I had to force myself to do afterwards. My life felt so incredibly out of control and I guess having complete control over my diet was how I coped with it.
- He took my energy. It was ironic that I couldn't sleep at night, because I couldn't get out of bed during the day. I didn't want to deal with my life anymore. I didn't answer IM's or emails and I wouldn't pick up my phone when friends called. I never felt like doing anything.
- He took my grades. I couldn't get myself to go to class and I wasn't sure why. There were certain classes I could go to and there were certain ones I couldn't. I

was taking a women's lit class at the time and the books we were reading were all about violence against women. The few times I got myself to go I was constantly on the verge of tears. I didn't know what to do, I couldn't go to class and I couldn't do the readings but I needed the class to graduate.

- He took my friends. We had so many mutual friends, and because I was deathly afraid of seeing him, I had to avoid them as well. I started to feel guilty about going out with the friends I had left. This was something that was constantly on my mind and I didn't want to drag my friends down with me. I didn't want them to have to deal with my crying or my pain.
- He took my social life. I found myself spending my last semester in college not going out and not hanging out with certain people all because I did whatever I could to avoid him.
- He took my sanity. I constantly felt on edge. Certain things would trigger me to think about that night and cause severe panic attacks. Little things like guys winking at me or touching me in the same places he used to were triggers. While those were bad, big things like seeing him on the street while driving caused me panic attacks that were so bad, I nearly got into a car accident.
- He took my time. I spent about 99% of my time awake and 100% of time sleeping thinking about and dealing with this. I had weekly appointments with my therapist at the health center as well as informal meetings with Mollie, from the Sexual Assault Prevention Office, and Courtney, the Victim Advocate. He took my ability to help others at the DC Rape Crisis Center. Educating people about sexual assault has always been incredibly important to me. As much as I

wanted to get out there and do presentations and help other people in the area, Courtney and Mollie helped me realize that I couldn't help others until I helped myself. How could I go out and do presentations if I couldn't get out of bed or eat?

- He took my trust. I've never been one to really trust guys in the first place, but how could I in the future? My only real boyfriend raped me. How could I ever expect to get into another relationship, and who wants to deal with dating a rape victim?
- He took my safety. I didn't feel safe enough to sleep at night because everything in my room reminded me of him. The posters on my walls, the bed where he tried to rape me the second time, even the sorority memorabilia I had was in some way linked to him. I didn't feel safe driving because I would zone out thinking about him. I would also have panic attacks at the mere sight of the place he worked. I didn't feel safe leaving my apartment because what if I saw him?
- He took my memories. He was such a huge part of my life throughout college. Almost every awesome memory I have of the past four years, he was a part of. Now all of those are tainted. Now every time I look back on college I will remember him and what he did.

I wish that I could stand here and tell you that it is ok for me now, and that I've found ways to work through all of this. I wish that I could go through that list of things that he took from me and tell you all how I dealt with all of them. The truth is, that there are still a lot of days that I don't eat. Most nights I still can't go to bed. I still have panic

attacks, I still can't get myself to go to class and I still spend 99% of my time thinking about this. Many of us have heard the "what to do if you or someone you know has been sexually assaulted" spiel. Personally, I had it memorized because I wrote it on a chalkboard every week. While knowing things like putting your clothes in a paper bag, or getting to the hospital in 120 hours are great, no one ever talks about the shit you get stuck dealing with afterwards. I know my list is long, and trust me, it goes on.

I know some of you might think I'm being dramatic, but this is real. There is no time limit on healing, and as depressing as it is, this is stuff I will have to deal with for the rest of my life. While every victim's experiences and reactions are different, so many of them share the same pain as I do. Rape is real, it's scary, and it happens all the time. This is a true story of one University of Maryland student who thought she knew everything about rape until it happened to her.

APPENDIX E: CONSENT FORM – PEER EDUCATORS

Page 1 of 2

Initials _____ Date _____

Project Title	Examining the Effects of Two Sexual Violence Interventions in a Population of College Freshman
Why is this research being done?	This is a research project being conducted by Jessica Jordan under the guidance of Dr. Robin Sawyer at the University of Maryland, College Park. We are inviting you to participate in this research project because you are a peer educator in the Sexual Assault Response & Prevention Program (SARPP) at the University of Maryland and at least 18 years of age. The purpose of this research project is to evaluate two different sexual violence intervention programs in a sample of college freshman at the University of Maryland.
What will I be asked to do?	You will first be asked to complete a Demographic and Evaluation Form and then be trained to deliver two sexual assault and date rape interventions (i.e, SARPP and Dr. Robin Sawyer’s Playing the Game 2 video with processing discussion). You will then be asked to deliver either intervention to various sections of UNIV 100 Letters and Sciences (LTSC) during the fall 2009 semester. Prior to delivering each intervention you will administer a pretest survey to measure the students’ attitudes, sexual communication self-efficacy, and behavioral intentions towards sexual assault and date rape. You will also provide informational handouts to all student participants. At the conclusion of each intervention presentation, you will administer a Process Evaluation Form to the students. In addition, you will complete your own Peer Educator Evaluation Form of your presentation.
What about confidentiality?	We will do our best to keep your personal information confidential. To help protect your confidentiality, consent forms will be collected and stored separately from the survey materials. Materials will be stored in a locked filing cabinet in a locked office. All data will be destroyed (i.e., shredded) when its use is no longer needed, but will be kept for a minimum of ten years. The surveys are anonymous and will not contain any information that may personally identify you. Your name will not be placed on any of the surveys you complete. Instead, you will be asked to insert a unique 6-digit identification code on each questionnaire. The code will be used to match surveys answered at different points in time. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law.
What are the risks of this research?	There are no known risks associated with participating in this research project.

Project Title	Examining the Effects of Two Sexual Violence Interventions in a Population of College Freshman
What are the benefits of this research?	This research is not designed to help you personally, but the results may help the investigator learn more about college students' attitudes, beliefs, and behavioral intentions towards the issues of sexual assault and date rape. In addition, the evaluation data of these sexual assault/date rape interventions will help determine how to improve the interventions for future use. We hope, in the future, other people might benefit from this study through improved understanding of college students' perceptions of sexual assault and date rape.
Do I have to be in this research? Can I stop participating at any time?	Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.
What if I have questions?	<p>This research is being conducted by Jessica Jordan under the guidance of Dr. Robin Sawyer at the University of Maryland, College Park. If you have any questions about the research study itself, please contact Jessica Jordan at: Department of Public and Community Health, School of Public Health, College Park, MD 20742 or at jjordan@umd.edu.</p> <p>If you have questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; (e-mail) irb@deans.umd.edu; (telephone) 301-405-0678</p> <p>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</p>
Statement of Age of Subject and Consent	<p>Your signature indicates that:</p> <ul style="list-style-type: none"> - you are at least 18 years of age; - you are a SARPP peer educator for the 2009-2010 school year; - the research has been explained to you; - your questions have been fully answered; and - you freely and voluntarily choose to participate in this research project.

Signature and Date	NAME OF SUBJECT	
	SIGNATURE OF SUBJECT	
	DATE	

**APPENDIX F: PEER EDUCATOR DEMOGRAPHIC AND
BACKGROUND SURVEY**

In addition to collecting your demographic and background information we will also be asking you to complete evaluation surveys at the conclusion of each presentation you deliver. Therefore, we will need to match your surveys answered at different points in time by using a unique code that does not identify you by name. **Please respond to the following 2 questions by circling the appropriate number for each column in the UNIQUE IDENTIFICATION CODE TABLE at the bottom of this page.**

1. Columns A-B: In which month were you born?

Example: If you were born in April, you would circle the numbers 0 4 below in columns A & B, respectively.

2. Columns C-F: What are the last 4 digits of your social security number?

Example: If your social security number was 123-45-6789, you would circle the numbers 6 7 8 9 below in columns C, D, E, & F respectively.

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5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Please answer the following questions with the best answer.

1. How old are you? _____ years old

2. What is your gender?

- ₁ Male
- ₂ Female

3. Are you Hispanic or Latino?

- ₀ No
- ₁ Yes

4. What is your race (please mark with an "X" all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other, please specify: _____

5. What year are you in school?

- ₁ Freshman
- ₂ Sophomore
- ₃ Junior
- ₄ Senior

6. What is your major(s) (and minor(s), if applicable)?

Major(s): _____ Minor(s): _____

7. Were you a SARPP peer educator during the previous academic year (2008-2009)?

- ₀ No
- ₁ Yes

8. What was the major reason for becoming a peer educator in this program?

APPENDIX G1: INSTRUCTIONS FOR EXPERIMENTAL GROUPS AT PRETEST

Information given to participants in the intervention groups at pretest:

At the beginning and end of today's presentation on sexual assault and date rape we would like everyone to complete a short survey as part of a dissertation study conducted by a graduate student in the Department of Public and Community Health. This first survey will help researchers learn more about the attitudes, beliefs, and behavioral intentions of undergraduate students towards the issues of sexual assault and date rape. In about four to six weeks from today we will return to your class to have you complete another short survey and then we promise you will never be bothered again! Each survey should take about 10 minutes to complete.

Since you will be completing surveys for us more than once we will need to match your responses with your later ones by using a unique code that does not identify you by name. **Please remember the answers you give will be completely anonymous and no one will be able to identify you in any way.** Please make sure to answer all questions as honestly as possible. You're not required to participate in this study; however, your cooperation would be very much appreciated. The feedback you provide for us on the surveys will contribute to an extremely important area of research in public health.

Now, I will pass out a consent letter and ask that you read this letter in its entirety. The consent letter will not be collected and is for you to take home. I will then pass out today's first survey and ask that you follow the instructions and complete the unique code on the first page. Once everyone has completed the survey we will collect them and begin our presentation. *[Allow about 10 minutes to complete the survey.]*

Begin the appropriate workshop:

Peers will be notified in advance the appropriate workshop to present to the students as each UNIV LTSC section is randomized to one of the three study groups.

Information given to participants in the intervention groups for completing the Process Evaluation Surveys:

We hope you enjoyed today's presentation. We will now pass out another survey for your completion. The purpose of this survey is to capture your overall evaluation of the presentation in which you just participated. Just like the first survey you completed today we are asking you to again **place the same unique code on the first page of the survey following all the instructions provided. This questionnaire is completely anonymous and we have no way of identifying individuals, so please answer as honestly as possible.** Thank you so much for your cooperation. When you're done with the survey we will collect it and then turn the class back over to your instructor.

APPENDIX G2: INSTRUCTIONS FOR CONTROL GROUPS AT PRETEST

Information given to participants in the control groups at pretest:

I am currently a doctoral student in the Department of Public and Community Health studying sexual assault and date rape issues amongst college students. I am administering a survey to learn more about the attitudes, beliefs, and behavioral intentions of undergraduate students towards the issues of sexual assault and date rape. I anticipate the completion of the survey to be about 10 minutes. I will then come back again in about four to six weeks to ask you to complete one final survey on the same topic.

Since you will be completing surveys for me more than once I will need to match your responses with your later ones by using a unique code that does not identify you by name. **Please remember the answers you give will be completely anonymous and no one will be able to identify you in any way.** Please make sure to answer all questions as honestly as possible. You're not required to participant in this study; however, your cooperation would be very much appreciated. The feedback you provide for us on the surveys will contribute to an extremely important area of research in public health.

Now, I will pass out a consent letter and ask that you read this letter in its entirety. The consent letter will not be collected and is for you to take home. I will pass out the survey and ask that you follow the instructions and complete the unique code on the first page. Once everyone has completed the survey I will collect them and then turn the class back over to your instructor.

APPENDIX G3: INSTRUCTIONS FOR EXPERIMENTAL GROUPS AT POSTTEST

Information given to participants in the intervention groups at posttest

I am the doctoral student from the Department of Public and Community Health who is organizing the sexual assault and date rape study your class participated in about four to six weeks ago by completing surveys and watching a peer-led sexual assault and date rape presentation. I would like to thank everyone for all your cooperation and patience during this research study. Today, I am just going to ask you to complete one more final survey and you will never be bothered again! **Please remember the answers you give will be completely anonymous and no one will be able to identify you in any way.** Please make sure to answer all questions as honestly as possible.

Now, I will pass out a consent letter and ask that you read this letter in its entirety. The consent letter will not be collected and is for you to take home. I will then pass out the survey and ask that you follow the instructions and complete the same unique code on the first page of the survey as you have done on the previous surveys. Thank you so much for your cooperation. Please remember the feedback you provide for us on the surveys will contribute to an extremely important area of research in public health. Once everyone has completed the survey I will collect them and then turn the class back over to your instructor.

APPENDIX G4: INSTRUCTIONS FOR CONTROL GROUPS AT POSTTEST

Information given to participants in the control groups at posttest

I am the doctoral student from the Department of Public and Community Health who is organizing the sexual assault and date rape study your class participated in about four to six weeks ago by completing surveys. I would like to thank everyone for all your cooperation and patience during this research study. Today, I am just going to ask you to complete one more final survey and you will never be bothered again! **Please remember the answers you give will be completely anonymous and no one will be able to identify you in any way.** Please make sure to answer all questions as honestly as possible.

Now, I will pass out a consent letter and ask that you read this letter in its entirety. The consent letter will not be collected and is for you to take home. I will then pass out the survey and ask that you follow the instructions and complete the same unique code on the first page of the survey as you have done on the previous survey. Thank you so much for your cooperation. Please remember the feedback you provide for us on the surveys will contribute to an extremely important area of research in public health. Once everyone has completed the survey I will collect them and then turn the class back over to your instructor.

APPENDIX H: PRETEST SURVEYS

We will be measuring your attitudes, beliefs, and behavioral intentions now, and again in a few weeks, as well as your overall evaluation of the presentation in which you are about to participate. Therefore, we will need to match your responses to your later ones by using a unique code that does not identify you by name. **Please respond to the following 2 questions by circling the appropriate number for each column in the UNIQUE IDENTIFICATION CODE TABLE at the bottom of this page.**

1. Columns A-B: In which month were you born?

Example: If you were born in April, you would circle the numbers 0 4 below in columns A & B, respectively.

2. Columns C-F: What are the last 4 digits of your social security number?

Example: If your social security number was 123-45-6789, you would circle the numbers 6 7 8 9 below in columns C, D, E, & F respectively.

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5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Demographic and Background Questionnaire

Please answer the following questions with the best answer.

1. How old are you? _____ years old

2. What is your gender?

- ₁ Male
₂ Female

3. Are you Hispanic or Latino?

- ₀ No
₁ Yes

4. What is your race (please mark with an “X” all that apply):

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other, please specify: _____

5. What UNIV LTSC (Letters and Science) section are you currently enrolled in?

Please note, the first two digits of your section number should begin with “08”.

UNIV LTSC Section #			
0	8		

6. Do you feel you have ever been pressured sexually?

- ₀ No
₁ Yes
₂ Unsure

7. Do you feel you have ever pressured someone sexually?

- ₀ No
₁ Yes
₂ Unsure

Directions: Please check the best answer that reflects how you feel towards each statement on the specified 5-point scale, ranging from “Strongly Disagree” to “Strongly Agree”. Please check (✓) only one response per question. For the purpose of this survey, the term sex includes vaginal, anal, and oral intercourse.

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

Directions: Please check the best answer that reflects how you feel towards each statement on the specified 5-point scale, ranging from “Always” to “Never”. Please check (✓) only one response per question. For the purpose of this survey, the term sex includes vaginal, anal, and oral intercourse.

Items	Always	Most of the Time	Sometimes	Rarely	Never
1. I stop the first time my date says “no” to sexual activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have sex when I am intoxicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have sex when my partner is intoxicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When I want to touch someone sexually I try it and see how they react.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I won’t stop sexual activity when asked to if I am already sexually aroused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I make out in remotely parked cars.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When I hear a sexist comment I indicate my displeasure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Directions: Please check the best answer that reflects how you feel towards each statement on the specified 5-point scale, ranging from “Strongly Disagree” to “Strongly Agree”. Please check (√) only one response per question.

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am confident in my ability to verbally (e.g., words) communicate my sexual intentions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am confident in my ability to non-verbally (e.g., actions) communicate my sexual intentions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel confident I can read someone else’s non-verbal sexual intentions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel confident I can communicate my sexual intentions to stop during intimacy if I do not want to continue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel confident I will understand my partner’s communication to stop during intimacy if my partner does not want to continue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel confident I can communicate well enough verbally (e.g., words) to avoid date rape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel confident I can communicate well enough non-verbally (e.g., actions) to avoid date rape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel confident I can control my sexual behaviors when I am intoxicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel confident in my ability to communicate my sexual intentions when I am intoxicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel confident I can read someone else’s sexual intentions when they are intoxicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX I: PROCESS EVALUATION SURVEY

This survey is being administered to learn if you feel the objectives of the presentation were met and to capture your overall assessment of the presentation. We realize topics about sexual assault and date rape are very sensitive, and would like to assure you this survey is completely anonymous and you cannot be identified. Completion of this survey is completely voluntary; however, your cooperation and honesty would be very much appreciated.

Prior to the presentation we measured your attitudes, beliefs, and behavioral intentions and will do so again in a few weeks. Therefore, we will need to match all your survey responses by using a unique code that does not identify you by name. **Please respond to the following 2 questions by circling the appropriate number for each column in the UNIQUE IDENTIFICATION CODE TABLE at the bottom of this page.**

1. Columns A-B: In which month were you born?

Example: If you were born in April, you would circle the numbers 0 4 below in columns A & B, respectively.

2. Columns C-F: What are the last 4 digits of your social security number?

Example: If your social security number was 123-45-6789, you would circle the numbers 6 7 8 9 below in columns C, D, E, & F respectively.

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6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Process Evaluation Items

The following question #1 will only be asked to the film with peer discussion intervention participants:

1. The following are the objectives of the film and peer educator presentation you just participated in. Please check (√) “Yes” or “No” to indicate whether or not you believe the objective was met during the presentation.

Objective	Yes	No
a. To increase awareness about sexual assault and date rape		
b. To reduce date rape myth acceptance		
c. To demonstrate the importance of communication among intimate partners and the role of consent		
d. To identify the effects of alcohol on sexual situations		
e. To show how males and females can perceive sexual encounters differently		
f. To examine ways to prevent or reduce the incidence of date rape/sexual assault		
g. To provide students with skills to improve communication with friends that are victims or perpetrators involved in incidences of date rape.		

The following question #1 will only be asked to the SARPP intervention participants:

1. The following are the objectives of the peer education presentation you just participated in. Please check (√) “Yes” or “No” to indicate whether or not you believe the objective was met during the presentation.

Objective	Yes	No
a. To increase awareness about sexual assault and date rape		
b. To decrease date rape myth acceptance and victim blaming		
c. To discuss the importance of communication among intimate partners		
d. To increase the understanding of consent and how alcohol and coercion complicate consent		
e. To illustrate the potential consequences of mixing alcohol and sexual encounters		
f. To identify what males and females do on a daily basis to prevent themselves from being sexually assaulted		
g. To equip students with skills to improve communication with friends who are victims involved in incidences of date rape.		

2. The presenters were (circle the number on the scale that represents your feelings):

- | | | | | | | |
|--------------------------|---|---|---|---|---|---------------------|
| a. Not Informed | 1 | 2 | 3 | 4 | 5 | Well Informed |
| b. Unresponsive to Group | 1 | 2 | 3 | 4 | 5 | Responsive to Group |
| c. Not Organized | 1 | 2 | 3 | 4 | 5 | Organized |

For items 3 through 9 below, please check the box that best represents your feelings.

Items	None	Unsure	Some	A Great Deal
3. How much <u>new</u> information did you learn from the presentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How much of the information/skills described in the presentation are you likely to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has this presentation increased your awareness about the topic of sexual assault/date rape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has this presentation increased your understanding of the problem of communication between sexual partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has this presentation increased your understanding of the effects of alcohol on sexual communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you feel the presentation presented a realistic portrayal of the sexual assault/date rape issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you feel the presentation was engaging and worthwhile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please rate the presentation on a scale of 1 to 5: (please circle the appropriate number)

POOR 1 2 3 4 5 EXCELLENT

11. What part of the presentation had the most impact on you?

12. How would you suggest changing the presentation for future use?

13. Please provide any additional comments about the presentation you just participated in.

APPENDIX J: PEER EDUCATOR EVALUATION SURVEY

We're asking you to complete one of these evaluation surveys at the conclusion of each presentation you give. You previously completed a Demographic and Background Survey during your peer educator training. Therefore, we will need to match your surveys answered at different points in time by using a unique code that does not identify you by name. **Please respond to the following 2 questions by circling the appropriate number for each column in the UNIQUE IDENTIFICATION CODE TABLE at the bottom of this page.**

1. Columns A-B: In which month were you born?

Example: If you were born in April, you would circle the numbers 0 4 below in columns A & B, respectively.

2. Columns C-F: What are the last 4 digits of your social security number?

Example: If your social security number was 123-45-6789, you would circle the numbers 6 7 8 9 below in columns C, D, E, & F respectively.

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6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Please complete the following survey at the conclusion of each presentation you deliver as part of this study.

1. Date of Presentation:

Month		Day		Year	

2. Start time for UNIV LTSC class:

_____ : _____ am/pm (<i>please circle one</i>)
--

3. The section number of the UNIV LTSC class:

0	8		
---	---	--	--

4. Presentation Type (please check (✓) one):

Video + Peer Discussion Presentation OR SARPP Presentation

5a. Please rate how you felt the presentation went on a scale of 1 to 5: (please circle the appropriate number)

POOR 1 2 3 4 5 EXCELLENT

5b. Please comment on your above rating:

6a. Please rate how engaged the audience was during your presentation on a scale of 1 to 5: (please circle the appropriate number)

UNENGAGED 1 2 3 4 5 FULLY ENGAGED

6b. Please comment on your above rating:

APPENDIX K1: SIGN-UP FOR POSTTEST VISIT - INTERVENTION CLASSES

Thank you for taking part in this sexual violence research study. As part of this study, your students are being asked to complete posttest surveys approximately four to six weeks after today’s initial visit. **The posttest visit should last approximately 10-15 minutes and will take place in the beginning of your class.** During today’s initial visit, we are asking you to complete this sign-up sheet to assist in the scheduling process for the posttest visit:

Instructor’s Name:	
Instructor’s E-mail Address:	
UNIV 100 Section #:	
Class Location:	
Class Day & Time:	

Below are 3 potential dates to have your classroom visited for the posttest visit. Please rank the dates in order of most preferred (1) to least preferred (3). However, if a date **does not** work please check the last column instead. I will then contact you shortly via e-mail with the scheduled date for your class’s posttest visit.

Potential Posttest Visit Date	Ranking	Check if Date Does Not Work
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Thank you,

Jessica Jordan, MPH, CHES
 PhD Student
 Department of Public & Community Health
 School of Public Health

APPENDIX K2: SIGN-UP FOR POSTTEST VISIT - CONTROL CLASSES

Thank you for taking part in this sexual violence research study. As part of this study, your students are being asked to complete posttest surveys approximately four to six weeks after today’s initial visit. **The posttest visit should last approximately 10-15 minutes and will take place in the beginning of your class.** During today’s initial visit, we are asking you to complete this sign-up sheet to assist in the scheduling process for the posttest visit:

Instructor’s Name:	
Instructor’s E-mail Address:	
UNIV 100 Section #:	
Class Location:	
Class Day & Time:	

Below are 3 potential dates to have your classroom visited for the posttest visit. Please rank the dates in order of most preferred (1) to least preferred (3). However, if a date **does not** work please check the last column instead. I will then contact you shortly via e-mail with the scheduled date for your class’s posttest visit.

Potential Posttest Visit Date	Ranking	Check if Date Does Not Work
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Your class was randomized to the control group; therefore your students will not be receiving one of the sexual violence interventions as part of the study. However, if you’re interested in having a sexual violence presentation delivered to your class please indicate below and information will be sent to you on how to request a presentation. **The presentation has to be scheduled for after the posttest visit date.**

- Yes**, I would like information sent to me on how to schedule a sexual violence presentation.
- No**, I would not like information sent to me on how to schedule a sexual violence presentation.

Thank you,

Jessica Jordan, MPH, CHES
 PhD Student
 Department of Public & Community Health
 School of Public Health

APPENDIX L: POSTTEST SURVEYS

We have previously measured your attitudes, beliefs, and behavioral intentions and would like to do so one final time. Therefore, we will need to match all your responses by using a unique code that does not identify you by name. **Please respond to the following 2 questions by circling the appropriate number for each column in the UNIQUE IDENTIFICATION CODE TABLE at the bottom of this page.**

1. Columns A-B: In which month were you born?

Example: If you were born in April, you would circle the numbers 0 4 below in columns A & B, respectively.

2. Columns C-F: What are the last 4 digits of your social security number?

Example: If your social security number was 123-45-6789, you would circle the numbers 6 7 8 9 below in columns C, D, E, & F respectively.

UNIQUE IDENTIFICATION CODE TABLE:

A	B	C	D	E	F
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Background Questionnaire

Please answer the following questions with the best answer.

1. What UNIV LTSC (Letters and Science) section are you currently enrolled in?
Please note, the first two digits of your section number should begin with "08".

UNIV LTSC Section #			
0	8		

The following question #2 will only be asked to the control group participants:

2. Have you been presented any date rape/sexual assault programs since beginning college here at the University of Maryland, College Park this year?

- ₀ No
₁ Yes
₂ If yes, please explain:

3. During the past 30 days, do you feel you have ever been pressured sexually?

- ₀ No
₁ Yes
₂ Unsure

4. During the past 30 days, do you feel you have ever pressured someone sexually?

- ₀ No
₁ Yes

5. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- ₁ 0 days
₂ 1 day
₃ 2 days
₄ 3 to 5 days
₅ 6 to 9 days
₆ 10 to 19 days
₇ 20 or more days

Directions: Please check the best answer that reflects how you feel towards each statement on the specified 5-point scale, ranging from “Strongly Disagree” to “Strongly Agree”. Please check (✓) only one response per question. For the purpose of this survey, the term sex includes vaginal, anal, and oral intercourse.

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

Directions: Please check the best answer that reflects how you feel towards each statement on the specified 5-point scale, ranging from “Always” to “Never”. Please check (✓) only one response per question. For the purpose of this survey, the term sex includes vaginal, anal, and oral intercourse.

Items	Always	Most of the Time	Sometimes	Rarely	Never
1. I stop the first time my date says “no” to sexual activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have sex when I am intoxicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have sex when my partner is intoxicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When I want to touch someone sexually I try it and see how they react.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I won’t stop sexual activity when asked to if I am already sexually aroused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I make out in remotely parked cars.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When I hear a sexist comment I indicate my displeasure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Directions: Please check the best answer that reflects how you feel towards each statement on the specified 5-point scale, ranging from “Strongly Disagree” to “Strongly Agree”. Please check (✓) only one response per question.

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
11. I am confident in my ability to verbally (e.g., words) communicate my sexual intentions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am confident in my ability to non-verbally (e.g., actions) communicate my sexual intentions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel confident I can read someone else’s non-verbal sexual intentions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I feel confident I can communicate my sexual intentions to stop during intimacy if I do not want to continue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I feel confident I will understand my partner’s communication to stop during intimacy if my partner does not want to continue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I feel confident I can communicate well enough verbally (e.g., words) to avoid date rape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I feel confident I can communicate well enough non-verbally (e.g., actions) to avoid date rape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I feel confident I can control my sexual behaviors when I am intoxicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I feel confident in my ability to communicate my sexual intentions when I am intoxicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I feel confident I can read someone else’s sexual intentions when they are intoxicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX M: CONSENT LETTERS

Intervention Participants – Pretest Data Collection Time Point

Dear University of Maryland Student,

I am conducting a study to learn more about college students' attitudes, beliefs, and behavioral intentions towards the issues of sexual assault and date rape. I am inviting you to participate in this research project because you are a student at the university enrolled in a course identified for subject recruitment. The study involves completion of a brief, anonymous survey, followed by viewing a sexual assault/date rape workshop, and then immediately completing another anonymous, brief survey. Approximately four to six weeks from you now, you will be asked to complete a final anonymous brief survey. To help protect your confidentiality your name will not be included on the surveys; thus, there is no link between your survey and your name. Instead you will be asked to complete a unique identification code on each survey you complete. There are no right or wrong answers to the survey questions—I am simply looking for your honest opinions.

The findings from this study can be used to enhance researchers' understanding of educating about sexual assault and date rape amongst college-aged students. Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study, or if you stop participating at any time, your grade for this course will not be affected. We ask only those students at least 18 years of age or older to participate in this study. Please ask any questions you have regarding the completion of the surveys and viewing of the workshop.

Completion of these surveys and viewing the workshop may cause you to become more aware of your feelings towards sexual assault and/or date rape. If you feel you need to speak to someone concerning your feelings, you can contact any of the following groups and/or offices on campus for support:

- **SARPP Peer Advocates** (located in the Health Center):
 - Phone: (301) 314-2222
 - Email: SARPPadvocate@health.umd.edu
 - Aim: UMSARPPadvocate
 - Emergency Cell Phone: (301) 741-3442*
- * Available 24/7 during academic year, 9am – 5pm summer & winter sessions

- **MENTAL HEALTH SERVICES** (located in the Health Center):
 - Office Phone: (301) 314-8106
- **HELP CENTER** (located in the South Campus Dining Hall):
 - Phone: (301) 314-HELP
- **Counseling Center** (located in the Shoemaker Building):
 - Phone: (301) 314-7651

Thank you so much for your participation! I sincerely appreciate it!

Thank you,

Jessica Jordan

Control Participants – Pretest Data Collection Time Point

Dear University of Maryland Student,

I am conducting a study to learn more about college students' attitudes, beliefs, and behavioral intentions towards the issues of sexual assault and date rape. I am inviting you to participate in this research project because you are a student at the university enrolled in a course identified for participant recruitment. The study involves completion of a brief, anonymous survey, followed by the completion of another anonymous brief survey approximately four to six weeks from you now. To help protect your confidentiality your name will not be included on the surveys; thus, there is no link between your survey and your name. Instead you will be asked to complete a unique identification code on each survey you complete. There are no right or wrong answers to the survey questions—I am simply looking for your honest opinions.

The findings from this study can be used to enhance researchers' understanding of educating about sexual assault and date rape amongst college-aged students. Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study, or if you stop participating at any time, your grade for this course will not be affected. We ask only those students at least 18 years of age or older to participate in this study. Please ask any questions you have regarding the completion of the surveys and viewing of the workshop.

Completion of these surveys may cause you to become more aware of your feelings towards sexual assault and/or date rape. If you feel you need to speak to someone concerning your feelings, you can contact any of the following groups and/or offices on campus for support:

- **SARPP Peer Advocates** (located in the Health Center):
 - Phone: (301) 314-2222
 - Email: SARPPadvocate@health.umd.edu
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 - Emergency Cell Phone: (301) 741-3442*
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- **MENTAL HEALTH SERVICES** (located in the Health Center):
 - Office Phone: (301) 314-8106
- **HELP CENTER** (located in the South Campus Dining Hall):
 - Phone: (301) 314-HELP
- **Counseling Center** (located in the Shoemaker Building):
 - Phone: (301) 314-7651

Thank you so much for your participation! I sincerely appreciate it!

Thank you,

Jessica Jordan

Intervention Participants – Posttest Data Collection Time Point

Dear University of Maryland Student,

As you may remember, I am conducting a study to learn more about college students' attitudes, beliefs, and behavioral intentions towards the issues of sexual assault and date rape. I had invited you to participate in this research project because you are a student at the university enrolled in a course identified for subject recruitment. Previously, you may have completed a brief, anonymous survey, followed by viewing a sexual assault/date rape workshop, and then immediately completed another anonymous brief survey. Now, approximately four to six weeks later, I am asking you to complete a final anonymous brief survey. As before, to help protect your confidentiality, your name will not be included on the survey. Thus, there is no link between your survey and your name. Instead, you will be asked to complete a unique identification code on the survey you complete as you have done in the past. There are no right or wrong answers to the survey questions—I am simply looking for your honest opinions.

The findings from this study can be used to enhance researchers' understanding of educating about sexual assault and date rape amongst college-aged students. Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, your grade for this course will not be affected. We ask only those students at least 18 years of age or older to participate in this study. Please ask any questions you have regarding the completion of the survey.

Completion of this survey may cause you to become more aware of your feelings towards sexual assault and/or date rape. If you feel you need to speak to someone concerning your feelings, you can contact any of the following groups and/or offices on campus for support:

- **SARPP Peer Advocates** (located in the Health Center):
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- **Counseling Center** (located in the Shoemaker Building):
 - Phone: (301) 314-7651

Thank you so much for your participation! I sincerely appreciate it!

Thank you,

Jessica Jordan

Control Participants – Posttest Data Collection Time Point

Dear University of Maryland Student,

As you may remember, I am conducting a study to learn more about college students' attitudes, beliefs, and behavioral intentions towards the issues of sexual assault and date rape. I had invited you to participate in this research project because you are a student at the university enrolled in a course identified for subject recruitment. Previously you may have completed a brief, anonymous survey, and now approximately four to six weeks later I am asking you to complete a final anonymous brief survey. As before, to help protect your confidentiality, your name will not be included on the survey, thus there is no link between your survey and your name. Instead, you will be asked to complete a unique identification code on the survey you complete as you have done in the past. There are no right or wrong answers to the survey questions—I am simply looking for your honest opinions.

The findings from this study can be used to enhance researchers' understanding of educating about sexual assault and date rape amongst college-aged students. Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, your grade for this course will not be affected. We ask only those students at least 18 years of age or older to participate in this study. Please ask any questions you have regarding the completion of the survey.

Completion of this survey may cause you to become more aware of your feelings towards sexual assault and/or date rape. If you feel you need to speak to someone concerning your feelings, you can contact any of the following groups and/or offices on campus for support:

- **SARPP Peer Advocates** (located in the Health Center):
 - Phone: (301) 314-2222
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- **Counseling Center** (located in the Shoemaker Building):
 - Phone: (301) 314-7651

Thank you so much for your participation! I sincerely appreciate it!

Thank you,

Jessica Jordan

APPENDIX N: G*POWER ESTIMATES

F tests - ANOVA: Fixed effects, special, main effects and interactions

Analysis: A priori: Compute required sample size

Input: Effect size f = 0.25
 α err prob = 0.20
Power ($1-\beta$ err prob) = 0.80
Numerator df = 10
Number of groups = 3

Output: Noncentrality parameter λ = 10.562500
Critical F = 1.366272
Denominator df = 166
Total sample size = 169
Actual power = 0.800336

¹*Please note, G*Power 3 only produces output for repeated ANOVA tests and not ANCOVA models.*

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