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An Evaluation of a Peer Led Bystander Intervention Program to Reduce Sexual Assault Violence Among College Students

Elizabeth Madeline Childers
University of Arkansas, Fayetteville

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of the requirements for the degree of
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By

Elizabeth Madeline Childers
University of Arkansas
Bachelor of Science in Education in Health Science, 2004
University of North Texas Health Science Center
Master of Public Health in Epidemiology, 2006

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University of Arkansas

Abstract

It has been reported that sexual victimization among college women is three times higher than the general population. Because of these alarming rates, sexual violence prevention has become a main concern on college campuses. Sexual violence prevention programs have been implemented and evaluated throughout the years in order to decrease the incidence of sexual violence, but very few have explored the bystander intervention component. The current study developed and evaluated a program that promoted prosocial bystander behavior through a one-time educational program utilizing peer educators. Data for this study were collected with a pre/posttest design from a Division 1 university in the Southern United States. Program participants were assessed in three areas: bystander efficacy, willingness to engage in bystander behaviors, and readiness to change with regard to sexual assault. Findings indicate that the developed program was effective in increasing scores from pretest to posttest and also maintaining retention rates for at least one month. In line with previous research, score differences among student athletes and non-athletes, Greek students and non-Greek students, and males and females were also examined and showed no significant differences between the subgroups. The hope of this research is to guide sexual assault programming to include a bystander intervention component while utilizing peer educators to decrease sexual assault victimization.

This dissertation is approved for Recommendation
to the Graduate Council

Dissertation Director:

_____
Dr. Bart Hammig

Dissertation Committee:

_____
Dr. Mary A. Wyandt-Hiebert

_____
Dr. Daniel Kissinger

_____
Dr. Dean Gorman

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Chapter 1: Introduction

Sexual violence has long been a serious public health issue on college campuses (Breitenbecher & Scarce, 2001; Foubert & Marriott, 1997; Gidycz, Layman, et al., 2001; Gidycz, Lynn, et al., 2001; Fisher & Sloan, 2003). It has been reported that roughly one in four college women will experience sexual violence within her time at college, resulting in higher drop-out rates, potential severe psychological and physical effects such as depression or posttraumatic stress disorder, substance abuse, dangerous health behaviors, and life-long issues with intimacy and partnerships (Sochting, Fairbrother, & Kock, 2004; White, Trippany, & Nolan, 2003; Acierno, Brady, Gray, Kilpatrick, Resnick, & Best, 2002). However, because rape is one of the most underreported crimes, it is likely that the prevalence is higher (Koss & Harvey, 1991). According to Koss, et al. (1987), sexual victimization among college women is three times higher than the general population. Because of these alarming rates, sexual violence prevention has become a main concern on college campuses.

Sexual violence prevention programs have been implemented throughout the years in order to decrease the incidence of sexual violence (Breitenbecher & Scarce, 2001). Many programs provide information to the students with regards to the prevalence of sexual violence, rape myths, attitudes about rape and sexual assault, gender roles, and dating behavior. While some programs focus specifically on men and other programs specifically on women, it is essential that both genders receive information and education on the topic in order to facilitate a community approach to prevention. The current study focuses on a program that promotes prosocial bystander behavior. This program is built to provide the participants, both men and women, with certain tools to recognize their personal abilities and break down barriers that might inhibit them from getting involved or becoming proactive when it is necessary for someone to

speak up or take action. The evaluation will measure the effectiveness of this program and its effects on the participants who are not only potential victims and offenders but also potential bystanders of sexual violence.

Description of Current Program

The Rape Education Services by Peers Encouraging Conscious Thought (RESPECT) program is a peer-facilitated program which includes education and awareness with regards to sexual assault and violence prevention. The current study focused on bystander intervention under the umbrella of sexual assault prevention. The peer education team, at the time, was an active program for 10 years, focusing on sexual assault prevention using information regarding rape myths, assault and victim stereotypes, gender roles, and communication. The bystander intervention program implemented utilized those same principles but refocued them using the perspective of the bystander, rather than the victim or perpetrator.

The program was an open forum and began by asking the participants to explain why bystanders decide to get involved or decline to get involved in an emergency or non-emergency situation. The feedback from the participants was listed in front of the class for everyone to refer back to throughout the presentation. Once all responses were listed, the presenters explained alternatives to overcome each barrier that might inhibit a bystander from getting involved. Some of those barriers might include social influence, embarrassment, diffusion of responsibility, fear, or even ignorance. The presenters then introduced the options for intervention, including direct and indirect confrontation. Direct confrontation includes a face to face confrontation with the person conducting the offense. This can be done at the time of the offense or at a later time and can be done by as an individual or a group. Indirect confrontation includes the bystander getting help to stop the offense. Like direct confrontation, this can be done at the time of the offense or

at a later time. An example of this might include asking a security guard to become involved in a scenario that might be occurring in public or calling for help in an emergency. The pros and cons of both methods were discussed. Throughout the presentation, campus-wide statistics were given to the participants regarding sexual assault prevalence in order to increase their awareness of the issue.

After the explorations of alternatives and confrontational techniques were discussed, the group participants were put into smaller groups in order to facilitate a more comfortable environment to share their opinions and thoughts. Each small group was given a scenario ranging from a day-to-day example of what one might face as a bystander (i.e. How a bystander might respond when someone is talking negatively about another person by using derogatory slang terms such as “slut” or “whore”) to more serious scenarios that one might face (i.e. How a bystander might respond to a man being physically aggressive to a woman in a parking lot). Though the psychological impacts of words versus actions might have on individuals is unknown, the group is asked to discuss the impacts based on the scenarios. Some groups may view words as more traumatizing while other groups view physical abuse as the greater offense. We left these options open for discussion. The small groups were asked to explore the barriers to action, solutions to the issue at hand, what options they have to address it, and what techniques they would use. Once these scenarios were discussed in the small group setting the large group convened and discussed their small group’s decisions with the larger group. Alternative options were open for discussion and suggested by the other groups and the presenters. In conclusion, the presenters handed out contact information for those who might be interested in learning more about bystander intervention or sexual assault prevention and the posttest was dispersed. The entire session was scheduled to last roughly an hour.

Presenters

The presenters of this hour long session were enrolled undergraduate students at the same university as the participants. Each year, eleven peer educators are selected through the application process by the Support, Training, Advocacy, & Resources (STAR Central) department based out of the student health center. The peer-led team was made up of eleven members; all of whom were certified peer educators on the national level during their service with RESPECT. The team's ages varied from 18 to 24 and came from a diverse set of discipline majors offered on campus. A minimum of 2 and up to 10 peer-leaders presented at each presentation.

Purpose of the Study

The purpose of this study was to evaluate the efficacy of a bystander intervention program to determine if 1) the participants' bystander efficacy, willingness to engage in prosocial bystander behavior, and readiness to change scores increased or decreased from pre-intervention to post intervention, 2) to examine if these measures persisted after 4 weeks post intervention and 3) determine if there were significant differences among genders, athletic affiliation, and Greek affiliation.

Significance of the Study

The significance of this study was to determine if peer educators are effective in positively changing the attitudes, beliefs, and awareness levels of students on a Division I campus after a one hour presentation on bystander intervention to reduce sexual assault. This will add to the scope of current programming initiatives on this campus and add a new approach to prevention of sexual assault of college students. Little research has been conducted on

bystander intervention programs delivered by peer educators and therefore, this study will add to the literature.

Hypotheses

- Those who participate in the bystander intervention program will show an immediate increase in overall scores (from pretest to posttest) which will indicate higher bystander efficacy, more willingness to engage in bystander behaviors, and the participant's readiness to change with regard to sexual assault prevention issues.
- Scores will persist with a 4 week follow-up test after the presentation of the program.
- There will not be a difference between men and women participants from pretest and posttest. Meaning, all experimental group participants, regardless of gender, will have higher bystander efficacy, more willingness to engage in bystander behaviors, and the participant's readiness to change with regard to sexual assault prevention issues.
- There will not be a difference between Greek and non-Greek participants from pretest and posttest. Meaning, all experimental group participants, regardless of Greek affiliation, will have higher bystander efficacy, more willingness to engage in bystander behaviors, and the participant's readiness to change with regard to sexual assault prevention issues.
- There will not be a difference between athlete and non-athlete participants from pretest and posttest. Meaning, all experimental group participants, regardless of athletic affiliation, will have higher bystander efficacy, more willingness to engage in bystander behaviors, and the participant's readiness to change with regard to sexual assault prevention issues.

- There will be a difference in post-test scores for those who participated in the bystander intervention program compared to those who did not receive the program.

Chapter 2: Literature Review

Sexual Violence Prevention Programs

In recent years, the Federal Government has begun to take notice of the issue of sexual assault on college campuses. In 1990, Congress passed an act that requires institutions of higher learning to annually inform their students of crime, including sex crimes, which happen on or around campus (i.e. public areas neighboring to or running through campus, non-campus facilities such as Greek housing, and off-campus classrooms). In honor of a student that was assaulted and murdered in 1986, this act was later named the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act". Because of this notoriety, colleges and universities are taking steps to reduce and prevent assaults on their campuses by establishing programs and resources to aid students (Karjane, Fisher, &Cullen, 2005). However, Karjane et. al. (2005) revealed that less than half of the schools in their study offered any type of training with regard to sexual assault and 60% of the schools offered prevention programs. With this finding, it becomes apparent that more can be done with this relevant issue in order to reduce sexual violence on college campuses.

Breitenbecher (2000) reviewed many recent sexual assault prevention programs implemented on college campuses and pointed out numerous effective strategies that were being used. The author notes that providing information that modifies an attitude change for both males and females is crucial to aiding in the prevention of sexual assault. Also, the use of peer educators and active learning exercises has shown to be effective strategies in sexual assault prevention programming.

Most sexual assault prevention programs include information aimed to dispel rape myths. Rape myths are important to identify because they influence people's attitudes and beliefs by

increasing prejudices and stereotypes about the act of sexual assault, the victims of the assault, and of the perpetrators (Burt, 1980). Rape myths are generally false beliefs accepted as accurate in the general public (Lonsway and Fitzgerald, 1994). Examples of rape myths include a) women secretly want to be raped; b) women are "asking" to be raped based on their clothing choices; or c) men can't be raped. People's attitudes and beliefs are shaped by their level of acceptance of these myths. These can be influenced by a person's age, race, ethnicity, education, religion, and even occupation. It's believed the more prominent rape myths are, the more likely they are to influence sexual violence proclivity (Bohner, Pina, Tendayi Viki, & Siebler, 2010). Rape myth acceptance is believed to reduce the negative consequences for the perpetrator and often blame the victim for the assault (Chapleau & Oswald, 2010). For these reasons, programs focus on rape myths in order to dispel them and decrease people's acceptance of them.

Incorporation of Bystander Intervention into Sexual Violence Prevention Programming

Bystander intervention became a topic of study largely due to the 1964 New York City murder of Kitty Genovese (Platt, 1973). Kitty was publicly killed in the street while a large number of bystanders stood by and did nothing to help (Darley & Latane, 1968; Latane & Darely, 1970; Garcia, Weaver, Moskowitz, & Darley, 2002). Though little research exists on sexual violence prevention programs that include bystander intervention, it has been given increasing consideration largely due to the research of Victoria Banyard and her colleagues from the University of New Hampshire (Banyard, Plante, & Moynihan, 2004). Banyard, et.al., suggest that educational sessions and training on bystander intervention can influence a person to intervene in situations that involve sexual violence on three levels: before the incident occurs, during the incident, and after the incident occurs. This educational approach involves bystanders on all three levels of prevention: primary, secondary, and tertiary. In addition to Banyard's and

her colleagues' work (Banyard et al., 2007; Banyard et al., 2004), programs, such as "Response Ability" (Berkowitz, 2009), and poster campaigns based on programs such as "Bringing in the Bystander" (Potter, Moynihan, Stapleton, Banyard, 2009) are beginning to include a bystander intervention component.

Many sexual assault prevention programs draw on the Health Belief Model (HBM; Rosenstock, 1974), because it explains how health behaviors stem from one's beliefs, attitudes, perceived risks and benefits of the behavior, perceived severity of the behavior, and how efficacious one can be about making the decision to conduct the behavior (Janz, Champion, & Stretcher, 2002). This model connects the awareness, the skills needed, and the utilization of those skills for the individual. Because of the identification of those items, the HBM is often used in prevention programming.

In Alan Berkowitz's book, "Response Ability: A Complete Guide to Bystander Intervention," (2009) the author addresses the stages of bystander behavior, barriers to why people decide to not intervene, options for intervening, direct versus indirect intervention, and intervention skills. This book provides a curriculum for people interested in bystander intervention programming and strategy.

Stages of bystander behavior are 1) Notice the event 2) Interpret it as a problem 3) Feel responsible for dealing with it and 4) Process the necessary skills to act. Noticing the event may present more of a challenge than one might think due to subtle risk factors or signs that may not be so apparent (i.e. signs of an abusive relationship or risky situations for sexual assault). Therefore, education and awareness about health and social issues is an essential element to bystander instruction to prevent sexual violence. Interpreting the event as a problem can be inhibited if the bystander doesn't understand why it is occurring or how it is influencing their

social environment. Even though one might acknowledge the problem is occurring, it might be minimized or underestimated as a real issue (i.e. sexist remarks). Feeling the responsibility to deal with the issue at hand is the third stage in bystander behavior. Recognizing the issue and interpreting it as a problem can be present but the bystander must feel it is his or her responsibility in order for action to occur. Lastly, the bystander must know how to intervene effectively; the book addresses 3 techniques in which to do so: confrontation, shifting the focus, and shifting the person (non-judgmentally engage the person). These 4 stages comprise the behaviors in which the bystander can take action.

Berkowitz points out that people generally make the decision to not intervene based on 5 reasons: social influence, audience inhibition, diffusion of responsibility, fear of retaliation, and pluralistic ignorance. Social influence occurs when a bystander recognizes that no one else is doing anything about the incident and therefore determines there is not a problem. Fear of embarrassment, also known as audience inhibition, occurs when the bystander fears his actions might cause embarrassment to himself, those around him, or the person he is confronting. The assumption that someone else will do something and therefore it isn't necessary for me to take action is referred to as the diffusion of responsibility and is another barrier to bystander intervention. Fear of retaliation is one's fear of the negative consequences that might occur due to the intervention; this could be a physical or emotional fear of retaliation. Lastly, one's misperceptions about an incident might influence the bystander to not intervene; this is known as pluralistic ignorance. This occurs when one perceives that other bystanders don't have a concern for the incident and therefore it isn't a problem (Berkowitz, 2009). Banyard et al. (2009), states that the Theory of Reasoned Action (TRA) and the Theory of Planned Behavior (Montano & Kasprzyk, 2002) add to the Health Belief Model in terms of a bystander making the decision to

act or not based on social norms surrounding him or her. “The likelihood of a particular behavior being performed (in this case, a prosocial bystander behavior to prevent sexual assault) is influenced by beliefs about that behavior and its value in terms of outcomes (Will intervening in this circumstance be helpful or have negative consequences? Can bystanders intervene in this situation?), perception of larger norms about the behavior (Do social or peer norms support active, prosocial bystanders or support the notion that relationship violence is a private matter and not my business?) as well as one’s behavioral intention: perceived likelihood of performing the behavior” (Banyard et al., 2009, p. 450).

Berkowitz believes that a person is more willing to intervene in a situation when he or she has several options from which to choose. Those options include the “when” and “where” of the intervention. Intervention can occur during the incident or after the incident occurs. When safety is a concern, instant intervention may be necessary. However, in less serious scenarios (i.e. non-life threatening), confronting the offender can be done at a later time; this allows time for reflecting on one’s thoughts and approach to the intervention. Furthermore, waiting to intervene may help one to collect the thoughts of others or even recruit them to help with the intervention if necessary.

According to Berkowitz, an intervention can be done directly or indirectly. Direct intervention is when one confronts the offending person at the moment of the incident or afterwards. Indirect intervention occurs by confronting those who either saw the incident occur or those who are affected by it. This fosters the opportunity to explore options for an effective direct intervention. These two types of intervention also provide us with more options from which to choose on our path to an effective intervention.

Lastly, the author explains the stages to an effective confrontation and certain skills in which to do so. The stages of confrontation include: 1) Showing your concern for the person, 2) Identifying what you have noticed and explain it to the person, 3) Stating your concern using "I" statements, 4) Asking the person if they understand your point of view, 5) Contemplating alternatives for the behavior with the person, 6) Telling the person you are willing to assist them with the change or offer them resources for help, and 7) Planning for a follow-up with the person. By using these techniques, one should be able to properly and effectively intervene. There are certain skills one could use to assist with the intervention, starting with shifting the focus. Shifting the focus can be done by non-participation (i.e. ignoring them or leaving the scenario), deflection (i.e. changing the subject), or reframing (i.e. restating the negative comment in a more positive light). The second skill taught in the book is to shift the person, also referred to as shifting attitudes. This involves engaging the person in order to help them understand why it is they have certain remarks or behaviors and why it could hurt or affect others negatively. This skill takes time and practice but can be effective if done properly (Berkowitz, 2009).

Importance of Peer Education

The use of peers in education is thought to be the innovative, new approach to violence prevention (Backett-Milburn & Wilson, 2000; Mellanby, Rees, & Tripp, 2000) but few peer led programs have been empirically evaluated (Mellanby et al., 2000; Shiner, 1999). As with any instructional technique, there are advantages and disadvantages. It is believed that peers can educate peers more effectively because they are similar to their audience, share commonalities, use similar language, and reach them on a level that professional staff may not be able (Edelstein & Gonyer, 1993). Peer educators are thought of as role models to an audience that may see themselves as indestructible or who believe that they are not at risk of harm or certain health

outcomes. Durlak (1997) wrote that programs which use “credible, high status” peer educators can greatly benefit. Research shows that young people reach out to their peers when they are subjected to dating violence (Avery-Leaf & Cascardi, 2002; Black, Tolman, Callahan, Saunders & Weisz, 2008; Ocampo, shelley, & Jaycox, 2007) which indicates that youth would respond well to peer-led violence prevention strategies. Kelly (2004), developed a model that demonstrates how a community can help develop behavior change by utilizing the widely known people in the community as leaders. Although, his work focuses on HIV-AIDS prevention, other prevention programming is beginning to adopt this strategy among college campuses to train popular peers as educators (Banyard, et al., 2009).

Often times, victims of sexual assault go first to their roommates or friends about the incident (Banyard, Moynihan, Crossman, 2009), presenting an opportunity for the peer to act as an active bystander after the incident has occurred. Furthermore, peers are often around in social situations where sexual assaults are known to occur (Banyard, Plante, Cohn, Moorhead, Ward, & Walsh, 2005), which puts peers on the front line of being able to assist in the reduction or prevention of sexual violence. Peers training peers can help empower the bystander into becoming an active, prosocial bystander by using familiar language and similar experiences in their instruction.

One advantage of having a diverse group of peer educators is that they might be more accessible to various groups across campus. The audience could identify better with peer educators that are from a similar background or from the same social circles as themselves (Gould & Lomax, 1993). Mellanby et al, (2000) reviewed 13 studies on health risk reduction programming by peer educators and found consistent improvements in attitudes and knowledge when compared to adult-led instruction in health education. However, it was noted that there

could be a possibility of bias due to publishing of studies that only produced significant results and therefore leaves the question of how much age truly attributed to the outcome.

A meta-analysis conducted by Anderson and Whiston (2005), concluded that professional presenters were more effective when compared to peer educators with regard to violence against women on college campuses. However, many of the programs evaluated in this meta-analysis combined professional presenters and peer educators, making it difficult to determine the effectiveness of each presenting group separately.

Gender and Sexual Assault Prevention Programming

It is estimated that roughly 98% of rapist are men (Sedgwick, 2006); and approximately 9% of college men admit to actions that meet the legal definition of rape or attempted rape (Abbey & MCauslan, 2004). It was found among campuses that adopt negative sexually aggressive beliefs among male peer groups also have higher rates of violence against women (Schwartz & DeKeseredy, 2000). Individuals who maintain attitudes that reflect the endorsement of rape myths are more likely to commit rape when compared to those who don't endorse such beliefs (Abbey, Parkhill, BeShears, Clinton-Sherrod, & Zawacki, 2006; Malamuth, Linz, Heavey, Barnes, & Acker, 1995). For these reasons, many programs are specifically focused on men (Foubert, Godin, & Tatum, 2010; Berkowitz, 2002; Schwartz & DeKeseredy, 1997; Kilmartin, 2001).

Though Foubert's et al. (2010) program specifically focused on men, they state "It also makes sense for a promising defense against rape to include training in bystander intervention to help change the culture in which the behavior occurs. Such bystander approaches involve training people to intervene, rather than stand by and ignore, when a situation occurs that is dangerous to other individuals" (pp. 2238). In order to change the culture in which these beliefs

and attitudes regarding sexual violence are harnessed, education and preventative programming is clearly needed across both genders. In order to create a foundation where males are trained to challenge cultural myths and stereotypes regarding men and sexual assault, the Men Against Violence program was developed and conducted by peer educators (Hong, 2000). The Mentors in Violence Prevention Program promotes male students to reinterpret the American constructs of manliness and encourages them to reframe the social norms that support power of men over women and has shown to be an effective program (Katz, 1995).

Special Populations in Sexual Assault Prevention Programming

Rape prevention efforts at times also focus on high risk groups such as the Greek system (Choate, 2003) and student athletes (Chandler, Dewayne, & Carroll, 1999), often because they have a higher incidence of rape within these groups. Successful results have been shown for fraternity men and student athletes with programs such as The Men's Program (Foubert, 2005). This program presented evidence of lasting attitude and behavior change with regard to sexual assault prevention in its participants after several months (Foubert & Cowell, 2004; Foubert & Perry, 2007).

Forbes et al., (2006) determined that male athletes who played aggressive sports in high school were more likely to be adopters of rape myths and more coercive sexual behaviors with their partners when compared to male non-athletes. Sawyer et al. (2002), identified fraternity members and athletes as high risk populations with regard to sexual assault perpetration. O'Sullivan's (1991) research indicated that 55% all gang rapes that occurred on college campuses between 1980 and 1990 were committed by fraternity members.

Chapter 3: Methods

Participant Selection

RESPECT is a co-ed group of undergraduate college students who provide educational presentations and interactive events on sexual assault issues through peer health education. This team helps their fellow students understand the issues surrounding sexual assault, relationship violence, and risk reduction strategies as well as preventative methods. The RESPECT program accommodates professors who request a program to be presented in their classroom. At times, a professor is unable to teach his or her class and asks the peer education team to present and other times the professor feels that information regarding sexual assault prevention is needed or pertinent to their class curriculum. For this reason, the participants who received the program were recruited through this process and became the experimental participants. Permission was received from each professor to conduct the surveys in their class.

A request was sent to instructors, whose classes were not participating in the RESPECT program, asking them to allow the post-test to be conducted in their classes in order to obtain the control group for this study. Participants whose professors allowed only the post-test to be conducted in their classes will comprise the control group. The demographic data was collected for both the experimental and control group to determine differences. Each participant was asked on the post survey if they have previously seen the bystander program presented by RESPECT. If he or she answered “yes” to this question, his or her surveys were not included in the analysis. The participants were asked to identify their survey using the last four digits of their social security number. This was not used for identification purposes, but to match the pre survey with the corresponding post survey and follow-up survey for analytical purposes. Those who do not

complete both surveys were not included in the overall analysis but were included in the demographic information.

All participants consisted of undergraduate college students from a Division I university in the southern United States. Approximately 50 participants were recruited for the intervention program and an additional 50 participants made up the control group.

Measures

The demographic information collected was the participants' ages, genders, class ranks (i.e. Freshman, Sophomore, etc.), races, Greek affiliations (i.e. fraternity or sorority), and athletic affiliations (i.e. student athlete). A modified, shortened version of Banyard et al.'s (2007) survey, used with permission from the author, was administered to the participants in order to obtain the necessary data. Pilot tests were conducted by the author that included validity checks, reliability checks, and focus groups. Additionally, the instrument's creator conducted test-retest reliability by examining the correlations between participants from pretest to post-test (Banyard, Moynihan, Plante, 2007; Banyard, 2008). The survey measures bystander efficacy, the participant's willingness to engage in bystander behaviors, and the participant's readiness to change.

Bystander Efficacy

Bystander efficacy is the belief set that a person possesses about his or her self to effectively and adequately perform certain prosocial behaviors in a particular setting. Bystander efficacy was measured using 6 items from Banyard's et al. (2007) Bystander Efficacy Scale which was used in the "Bringing in the Bystander" program. This scale asked the participant to indicate their level of confidence on a scale from 0 to 100, with 0 indicating that they "can't do"

the behavior and 100 indicating that they are “very certain” that they are capable of conducting the behavior that pertains to sexual assault prevention.

Items

- Express discomfort/concern if someone makes a joke about a woman’s body or about gays/lesbians or someone of a different race.
- Call for help (i.e. call 911) if I hear someone in my dorm or apartment yelling “help.”
- Talk to a friend who I suspect is in an abusive relationship.
- Able to ask a stranger who looks very upset at a party if they are okay or need help.
- Do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party.
- Speak up to someone who is calling their partner names or swearing at them.

Willingness to Engage in Bystander Behaviors

The participant’s willingness to engage in bystander behavior was measured using 5 items adapted from Banyard’s et al. (2007) survey. These items were measured on a 5 point Likert scale with 1 indicating the participant is “not at all likely” to engage in the behavior and 5 indicating the participant is “extremely likely” to engage in the behavior to increase sexual assault prevention.

Items

- Think through the pros and cons of different ways I might help if I see an instance of sexual violence.
- If an acquaintance has had too much to drink, I ask them if they need to be walked home from the party.

- Indicate my displeasure when I hear sexist jokes being made.
- Refuse to remain silent about instances of sexual violence I may know about.
- Enlist the help of others if an intoxicated acquaintance is being taken upstairs at a party.

Readiness to Change

Readiness to change was measured using Banyard's et al. (2007) scale used in the Bringing in the Bystander program. Six items were measured using a 5 point Likert scale where 1 indicates "strongly disagree / not at all true" and where 5 indicates "strongly agree / very much".

Items

- I don't think sexual abuse is a problem on this campus.
- I don't think there is much I can do about sexual abuse on campus.
- There isn't much need for me to think about sexual abuse on campus.
- Sometimes I think I should learn more about sexual abuse.
- I think I can do something about sexual abuse.
- I am planning to learn more about the problem of sexual abuse on campus.

Procedures

Permission was obtained from the university's Institutional Review Board prior to conducting this research. The participants were informed of the purpose of this research prior to taking the survey and were read instructions by the presenters if they choose to participate in the study. The participants were notified that the surveys are confidential and anonymous; however, they were asked to provide the last 4 digits of their social security number in order to match the

pretest with the post-test and follow-up survey after the program. This information was not used to identify the participant in any way. The survey was estimated to take 5 minutes to complete.

Design and Statistical Analysis

Determining the influence of the bystander intervention presentation was the primary focus of this study. As such, the study design consisted of a pre/post-test with a follow-up post-test conducted 1 month after the presentation. All three tests were identical with the exception of the demographic information being collected only once. Those who participate in the presentation were part of the experimental group. Participants in the control group only took the post-test and follow-up test and not receive the presentation. Because we were interested in determining differences between the means, a paired sample t-test was conducted to compare the experimental group's pretest score to their posttest test in order to determine if a significant change in score occurred from before the presentation to after. A paired sample t-test comparing the post-test with the follow-up test was also conducted to determine if the experimental participants' mean scores persisted after 1 month's time. Cronbach's alphas were conducted and analyzed to determine internal reliability.

In order to determine significant differences between Greek affiliated students and non-Greek affiliated students, athletes and non-athletes, and men and women, three independent samples t-tests were conducted on the post-test scores and all groups will be defined.

To investigate whether or not the post-scores for the participants who received the program are significantly different than the post-scores for those who did not receive the program, an independent samples t-test was conducted to obtain these measures.

Limitations

As with any experiment, there are limitations. This study will have a control group; however, the ability to compare specific groups within the experimental group (i.e. gender, athletic, and Greek affiliation) was beyond the scope of this study. Therefore, the three hypotheses that compare subgroups have a limitation because we were only comparing experimental males with experimental females, experimental athletes with experimental non-athletes and experimental Greeks with experimental non-Greeks, rather than experimental subgroups with non-experimental subgroups.

Participant selection might also have a bias considering the type of professor that decided to take advantage of the program. Professors in certain areas (i.e. health, sociology, psychology) might have been more likely than others to take advantage of this type of program. Furthermore, students who enrolled in these types of classes might potentially be more educated in the areas of prevention, health, and safety.

One of the strengths of a pretest-posttest design is that internal validity is very strong; however, the external validity can be compromised due to the pretest. It is difficult to determine if the pretest influenced results just by presenting the ideas and concepts to the participant. Those who completed a pretest instrument might be influenced on some level to outperform those who did not receive the pretest. Therefore, generalizing results to all college campuses can potentially be erroneous based on this design. Furthermore, the design of this study did not include a pretest for the control group and therefore could potentially have created a bias in favor of the experimental group's results.

Table 1

Plan for Analysis

Hypothesis	Variable Notation	Endpoints	Analysis
Hypothesis 1: Those who participate in the bystander intervention program will show an immediate increase in overall scores which will indicate higher bystander efficacy, more willingness to engage in bystander behaviors, and the participant's readiness to change with regard to sexual assault prevention issues when compared to the control group.	**DV**: Post scores **IV**: Program	Determine if the bystander intervention program is effective in increasing the program participants' bystander efficacy, willingness to engage in bystander behaviors, and readiness to change with regard to sexual assault.	Paired sample t-test based on pretest scores to post-test scores.
Hypothesis 2: Hypothesis 1 will persist at a 4 week follow-up.	**DV**: Follow-up scores **IV**: Program	Determine if the retention rates among the program participants remain.	Paired sample t-test based on posttest scores to follow-up scores.
Hypothesis 3: There will not be a difference between men and women participants from	**DV**: Overall Score of the Experimental Participants **IV**: Gender	Determine if gender influences the overall score from pre to posttest of the program	Independent samples t-test.

pretest and posttest.		participants.	
Hypothesis 4: There will not be a difference between Greek and non-Greek participants from pretest and posttest.	**DV**: Overall Score of the Experimental Participants **IV**: Greek Affiliation	Determine if Greek affiliation influences the overall score from pre to posttest of the program participants.	Independent samples t-test.
Hypothesis 5: There will not be a difference between athlete and non-athlete participants from pretest and posttest.	**DV**: Overall Score of the Experimental Participants **IV**: Athletic Affiliation	Determine if athletic affiliation influences the overall score from pre to posttest of the program participants.	Independent samples t-test.
Hypothesis 6: There will be a difference in post-test scores for those who received the bystander intervention program compared to the post-test scores for those who did not receive the program.	**DV:** Post-test scores **IV**: Group	Determine if the program was effective in increasing participants scores compared to those who did not receive the program.	Independent samples t-test.

Note: DV = dependent variable; IV = independent variables

Chapter 4: Results

Data collected for this study were obtained from 100 undergraduate students enrolled at a Division 1 university in the southern United States. The experimental group consisted of 68 participants and the control group was made up of 32 participants. Of the 68 experimental group participants who completed the pretest, 66 (97%) completed the posttest, and 55 (81%) completed the follow-up survey. A total of 53 (78%) experimental group participants completed all 3 surveys. Of the 32 control group participants who completed the pretest, 19 (59%) completed the follow-up survey.

The participants' ages ranged from 18 to 27 and an additional participant who reported being 55 years old; the mean age was 21.9 years (SD = 3.72). Three participants declined to report their age. The overall sample was 84% white, 7% black and 9% Hispanic, Asian, or other. Participants' class ranks consisted of: Freshmen, 4 (4%), Sophomores, 16 (16%), Juniors, 25 (25%), and Seniors, 53 (53%). Of the sample, 29 identified themselves as part of a Greek sorority or fraternity, 56 did not associate themselves with a Greek affiliation, and 15 either declined to answer or were lost to follow-up. The sample was made up of 9 (9%) student athletes, 75 (75%) non-athletes, and 16 (16%) who declined to answer or were lost to follow-up. Participants' collected demographic information is reported in Table 1. Experimental group and control group mean scores are compared in Table 2.

Table 2

Characteristics of study participants.

	No. in Sample	% of sample	No. in Experimental Grp.	% of Group	No. in Control Grp.	% in Group
Gender						
Male	42	42	21	30.9	21	65.6
Female	58	58	47	69.1	11	34.4
Age						
18-20	24	24.7	14	20.6	10	31.3
21	27	27.8	20	29.4	7	21.9
22	26	26.8	16	23.5	10	31.3
≥23	17	17.5	15	22.1	5	15.7
Race/Ethnicity						
White	84	84	58	85.3	26	81.3
Black	7	7	4	5.9	3	9.4
Hispanic	3	3	2	2.9	1	3.1
Asian	3	3	2	2.9	1	3.1
Other	3	3	2	2.9	1	3.1
Year in School						
Freshman	4	4	1	1.5	3	9.4
Sophomore	16	16	10	14.7	6	18.8
Junior	25	25	24	35.3	1	3.1
Senior	55	55	33	48.6	21	65.6
Athletic Affiliation						
Athlete	9	9	4	5.9	5	15.6
Non-Athlete	75	75	61	89.7	14	43.8
Greek Affiliation						
Greek	29	34.1	27	39.7	2	6.3
Non-Greek	56	65.9	39	57.4	17	53.1

The sample's mean, standard deviation (SD), obtained score range, possible score range, skewness, kurtosis, and Cronbach's alpha are shown in Table 2. George and Mallory (2003) suggest the Cronbach's alpha reported for these data range between acceptable and good, with the exception of posttest bystander behaviors, which is .67 and considered questionable. These reliability coefficients indicate a high internal consistency of the items in the 3 scales. Cronbach's alphas where conducted for each survey, establishing 3 different, yet similar, values for each of the 3 surveys.

The bystander efficacy portion of the surveys resulted in a mean score of 437.07 (*SD* = 99.3) for the pretest, a mean score of 474.84 (*SD* = 86.6) for the posttest, and a mean score of 458.79 (*SD* = 98.45) for the follow-up test. The bystander behavior portion of the surveys resulted in a mean score of 18.59 (*SD* = 3.3) for the pretest, a mean score of 19.88 (*SD* = 3.1) for the posttest, and a mean score of 19.75 (*SD* = 3.3) for the follow-up test. Lastly, the readiness to change portion of the surveys resulted in a mean score of 19.3 (*SD* = 4.3) for the pretest, a mean score of 22.18 (*SD* = 22.18), and a mean score of 20.82 (*SD* = 4.6) for the follow-up test. All 3 sections of the surveys were summed together to produce an overall instrument score. These results are also shown in Table 2. The experimental group had a pretest mean score of 482.32 (*SD* = 98.4), a posttest mean score of 517.39 (*SD* = 90.1), and a follow-up mean score of 515.78 (*SD* = 94.07). The control group had a pretest mean score of 454.5 (*SD* = 109.5) and a follow-up mean score of 468.69 (*SD* = 74.78).

Table 3

Descriptive Statistics and Cronbach's Alpha for Study Measures for All Surveys

Scale	Mean	SD	Variance	Observed Range	Possible Range	Skewness	Kurtosis	Cronbach's α
Bystander Efficacy								
Pretest	437.07	99.3	9864.85	80-600	0-600	-0.911	1.419	0.782
Posttest	474.84	86.6	7612.31	180-600	0-600	-0.842	1.235	0.834
Follow-up	458.79	98.45	9560.28	80-600	0-600	-1.203	2.674	0.853
Bystander Behaviors								
Pretest	18.59	3.3	10.91	11-25	1-25	0.115	-0.44	0.671
Posttest	19.88	3.1	9.02	12-25	1-25	0.248	-0.145	0.712
Follow-up	19.75	3.3	11.67	12-25	1-25	-0.255	-0.443	0.793
Readiness to Change								
Pretest	19.3	4.3	18.62	6-30	1-30	-0.011	0.536	0.773
Posttest	22.18	4.6	17.97	8-30	1-30	-0.45	0.619	0.765
Follow-up	20.82	4.6	23.01	7-30	1-30	-0.117	0.321	0.814
Overall (experimental)								
Pretest	482.32	98.04						
Posttest	517.39	90.02						
Follow-up	515.78	94.07						
Overall (control)								
Pretest	454.5	109.5						
Follow-up	468.69	74.78						

Inferential Statistics

In order to determine if the program had an immediate effect on the participants in the experimental group, a paired sample t-test was conducted using the participants' overall pretest scores and posttest scores. Hypothesis 1 was supported; there was a significant difference from pretest (M = 480.94, SD = 99.26) to posttest (M = 516.05, SD = 90.69), $t(64) = -3.94$, $p = < 0.01$. This indicates that the participants who participated in the bystander intervention program significantly increased their scores with regard to bystander efficacy, prosocial bystander behaviors, and willingness to change. An overall score was compiled to reflect the scoring system that the instrument's creator produced; however, for the readers' review, the three sections of the instrument were analyzed and the results are listed in Table 2.

Hypothesis 2, stating there would be a persistent score maintained after 4 weeks, was also supported. There was not a significant difference between the experimental participants' posttest scores (M = 518.62, SD = 86.61) and their follow-up scores (M = 516.02, SD = 95.86), $t(52) = 0.226$, $p = 0.82$. This demonstrates that there was no significant drop or gain in scores from posttest to follow-up test for the participants, indicating that bystander intervention program was effective in increasing the program participants' retention rates for bystander efficacy, willingness to engage in bystander behaviors, and readiness to change with regard to sexual assault for at least one month.

Hypotheses 3, 4, and 5 stated that there would be no differences in pre to posttest scores of the experimental group based on gender, Greek affiliation, or athletic affiliation. These hypotheses were tested using independent samples t-tests. Results indicated gender, Greek affiliation, and athletic affiliation were not significant indicators at the .05 significance level. Male students (M = 510.71, SD = 108.69) were compared with female students (M = 520.51, SD

= 81.05), $t(64) = 0.409$, $p = 0.684$. Greek affiliated students ($M = 505.81$, $SD = 104.21$) were compared with non-Greek affiliated students ($M = 525.41$, $SD = 79.18$), $t(64) = -0.868$, $p = 0.389$. Student athletes ($M = 508.75$, $SD = 56.87$) were compared with students non-athletes ($M = 519.33$, $SD = 92.15$), $t(63) = -0.226$, $p = 0.822$. These results suggest that gender, Greek affiliation, and athletic affiliation have no effect on how these subgroups would score on the posttest after receiving the bystander intervention program. These groups' results are illustrated in Table 3.

Lastly, hypothesis 6 explored the mean differences between the post-scores of the experimental and control groups. The hypothesis was confirmed as there was a significant difference for the experimental group's post scores ($M = 517.39$, $SD = 90.19$) compared to the control group's post scores ($M = 454.50$, $SD = 109.50$), $t(96) = 3.02$, $p < 0.01$. Because the pretest and posttest instruments were identical, it was used as the control group's pretest score and compared to the pretest score of the experimental group. T-test results showed no significant difference between groups based on pretest scores. With this, we can infer that both groups started the same and those who received the program resulted in significantly higher posttest scores. Although I feel this is noteworthy, this is also a weakness in the study design and pretest bias should be taken into account with this particular analysis.

Table 4

Descriptive Statistics for Overall Score Results by Sub-group

Group	Mean	SD
Greek Affiliated	505.81	104.21
Non-Greek Affiliated	525.41	79.18
Student Athlete	508.75	56.87
Non-Student Athlete	519.33	92.15
Male	510.71	108.69
Female	520.51	81.05

Chapter 5: Discussion

This chapter provides a summary of the current study's data. Findings and conclusions about the data and study are stated.

The purpose of this study was to determine if the bystander intervention program presented was effective in increasing the participants' overall score with regard to bystander efficacy, prosocial bystander behaviors, and one's readiness to change. Though this type of programming has been conducted using specific subgroups (i.e. males and athletes) (Choate, 2003; Chandler, Dewayne, & Carroll, 1999; Foubert, 2005; Foubert & Marriott, 1997) few studies have shown results, as the current study has, without segregating groups. The first hypothesis examined the scores from pretest to posttest for the experimental group. As hypothesized, these results were significantly different and the experimental group's scores were significantly increased. These results are consistent with previous studies using this instrument (Banyard, Moynihan, & Plante, 2007; Banyard, Plante, & Moynihan, 2004).

Effects from the program were not only shown to be positive but the results were retained by the participants for one month. Application of such results supports the implementation of this type of sexual assault prevention programming utilizing peer educators. Similar results were found with Banyard's 2007 study utilizing multiple educational sessions of sexual assault prevention and awareness. Given the time constraints of today's busy students, it is useful to know that the efficacy and retention rates of a single educational session can also be effective in increasing one's bystander efficacy, willingness to engage in bystander behaviors, and readiness to change with regard to sexual assault. However, further exploration of longer term retention rates for the participants of this type of study should be explored.

Posttest scores of the experimental group and control group were also analyzed to determine if the participants who received the program scored significantly higher compared to those who did not receive the program. A t-test was conducted to conclude if the two groups significantly differed on the pretest. Results showed that the two groups were not significantly different at pretest, but after the program was conducted, the experimental group's posttest scores were significantly higher when compared to the control. This further indicates the efficacy of the bystander intervention program.

Because no significant differences were found between gender, Greek students and non-Greek students, and student athletes and non-athletes, it is assumed that this particular bystander intervention program produced no differences between these subgroups. These subgroups are often segregated based on the research that indicates doing so is valuable (Choate, 2003; Chandler, Dewayne, & Carroll, 1999; Foubert, 2005). However, based on these findings, there does not appear to be value in specifying a program geared to males, Greeks, or athletes, as those subgroups in this study did not differ from their counterparts. In future efforts, this knowledge and technique could save time, funding, and potentially reach far more students because specific groups are not being sought out and segregated. Results were also consistent with previous research that indicates women generally score higher on pretests pertaining to sexual assault prevention (Muir, Lonsway, & Payne, 1996).

Limitations and Recommendations

As previously mentioned, surveying was conducted during sexual assault awareness month which features many educational and prevention events on campus that potentially could have influenced the participants' response rates during follow-up. Surveying outside of this timeframe could potentially render different results.

Additionally, a longer follow-up time to determine retention rates might strengthen the effectiveness of the study. Though attitudes are correlates of behavior, more longitudinal work could actually measure participants' actual behavior rather than just their attitudes regarding behavior in order to have a more accurate account of what a participant might actually do.

The study sample was fairly homogenous with regards to race, most of which were Caucasian (81%). Races other than white may have dissimilar beliefs regarding bystander intervention and should be examined further. Another limitation is the few number of student athlete respondents (9).This low number of respondents would not likely give a representative sample of athletes and therefore the results should be further examined using a greater number of athletes to gain a more accurate representation.

Additionally, an important area to explore would be the instrumentation that currently exists that captures data related to bystander intervention with regard to sexual assault prevention. Though the instrument used in this study is considered valid and reliable, building more diverse instruments in this field should be an area of interest.

As mentioned previously, the design of this study did not include a posttest for the control group. Although the tests were identical, bias may be introduced to the experimental group by merely taking the pretest. This should be noted and considered for future analyses of programs of this nature. Although the pretest and posttest were identical, a pretest should be conducted in conjunction with a posttest for future studies.

Despite these limitations, important discoveries were made with regard to the bystander intervention program. It did prove to be effective in increasing one's bystander efficacy, one's willingness to engage in bystander behavior, and one's readiness to change with regard to sexual assault prevention issues. This could potentially be the component needed to significantly reduce

sexual assault incidents on college campuses. With this knowledge, it is believed that continuing the bystander intervention program will be a beneficial addition to the sexual assault prevention strategies that already exist on this campus and initiated on other campuses throughout the United States.

References

Abbey, A., & McAuslan, P. (2004). A longitudinal examination of male college students' perpetration of sexual assault. *Journal of Consulting and Clinical Psychology, 72*, 747-756.

Abbey, A., Parkhill, M.R., BeShears, R., Clinton-Sherrod, A.M., & Zawacki, T. (2006). Cross-sectional predictors of sexual assault perpetration in a community sample of single African American and Caucasion men. *Aggressive Behavior, 32*, 54-67.

Acierno, R., Brady, K., Gray, M., Kilpatrick, D.G., Resnick, H., Best, C.L. (2002). Psychopathology following interpersonal violence: A comparison of risk factors in older and younger adults. *Journal of Clinical Geropsychology*, 8(1) 13-23.

Anderson, L.A., & Whiston, S.C. (2005). Sexual assault education programs: A meta-analytic examination of their effectiveness. *Psychology of Women Quarterly, 29*(4), 374-388.

Avery-Leaf, S., & Cascardi, M. (2002). Dating violence education in schools: Prevention and early intervention strategies. In P.A. Schewe (Ed.), *Preventing violence in relationships: Interventions across the life span* (pp. 79-106). Washington, DC: American Psychological Association.

Backett-Milburn, K., & Wilson, S. (2000). Understanding peer education: Insights from a process evaluation. *Health Education Research, 15*(1), 85-96.

Banyard, V.L., Moynihan, M.M., Plante, E.G. (2007). Sexual violence prevention through bystander education: An experimental evaluation. *Journal of Community Psychology, 35*(4) 463-481.

Banyard, V.L., Plante, E.G., Cohn, E.S., Moorhead, C., Ward, S., & Walsh, W. (2005). Revisiting unwanted sexual experiences on campus: A 12-year follw-up. *Violence Against Women, 11*, 426-446.

Banyard, V.L., Plante, E.G., & Moynihan, M.M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology, 32*, 61-79.

Berkowitz, A.D. (2002). Fostering men's responsibility for preventing sexual assault. In Schewe PA, (Ed*). Preventing violence in relationship: Interventions across the lifespan* (pp 163-196). Washington, DC: American Psychological Association.

Berkowitz, A.D. (2009). *Response ability: A complete guide to bystander intervention*. Chicago, IL: Beck & Co.

Black, B.M., Tolman, R.M., Callahan, M., Saunders, D.G., & Weisz, A.N. (2008). When will adolescents tell someone about dating violence victimization? *Violence Against Women, 14*(7), 741-758.

Bohner, G., Pina, A., Tendayi Viki, G., Siebler, F. (2010). Using social norms to reduce men's rape proclivity: Perceived rape myth acceptance of out-groups may be more influential than that of in-groups. *Psychology, Crime & Law*, *16*(8) 671-693.

Breitenbecher, K.H. & Scarce, M. (2001). An evaluation of the effectiveness of a sexual assault education program focusing on psychological barriers to resistance. *Journal of Interpersonal Violence*, *16*(5) 387-403.

Breitenbecher, K.H. (2000). Sexual assault on college campuses: Is an ounce of prevention enough? *Applied and Preventative Psychology*, *9*, 23-52.

Burt, M.R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology*, *38*(2), 217-230.

Chapleau, K.M. & Oswald, D.L. (2010). Power, sex, and rape myth acceptance: Testing two models of rape proclivity. *Journal of Sex Research*, *47*(1) 66-78.

Chandler, S.B., Dewayne, J.J., Carroll, P.S. (1999). Abusive behaviors of college athletes. *College Student Journal*, *33*, 639-645.

Choate, L.H. (2003). Sexual assault prevention program for college men: An exploratory evaluation of the men against violence model. *Journal of College Counseling, 6*, 166-176.

Darley, J.M., Latane, B. (1968). Bystander intervention in emergencies: Diffusion of responsibility. *Journal of Personality and Social Psychology*, *8*, 377-383.

Dulak, J.A. (1997). *Successful prevention programs for children and adolescents*. New York: Plenum.

Edelstein, M.E., & Gonyer, P.G. (1993). Planning for the future of peer education. *Journal of American College Health*, *41*, 251-253.

Fisher, B.S., Sloan III, J.J. (2003). Unraveling the fear of victimization among college women: Is the "shadow of sexual assault hypothesis" supported? *Justice Quarterly, 20*, 3, 633-659.

Forbes, G.B., Adams-Curtis, L.E., Pakalka, A.H., White, K.B. (2006). Dating aggression, sexual coercion, and aggression-supporting attitudes among college men as a function of participation in aggressive high school sports. *Violence Against Women, 12*, 441-454.

Foubert, J.D., Cowell, E.A. (2004). Perceptions of a rape prevention program by fraternity men and male student-athletes: Powerful effects and implication for changing behavior. *NASPA Journal, 42*, 1-20.

Foubert, J.D., & Perry, B.C. (2007). Creating lasting attitude and behavior chane in fraternity members and male student athletes: The qualitative impact of an empathy-based rape prevention program. *Violence Against Women*, *13*(1) 70-86.

Fouber, J.D., Godin, E.E., Tatum, J.L. (2010). In their own words: Sophomore college men describe attitude and behavior changes resulting from a rape prevention program 2 years after their participation. *Journal of Interpersonal Violence, 25*(2), 2237-2257.

Foubert, J.D. & Marriott, K.A. (1997). Effects of a sexual assault peer education program on men's belief in rape myths. *Sex Roles*, *36*(3-4), 259-268.

Garcia, S.M., Weaver, K., Moskowitz, G.B., Darley, J.M. (2002). Crowded minds: The implicit bystander effect. *Journal of Personality and Social Psychology, 83*(4) 843-853.

Gidycz, C.A., Layman, M.J., Rich, C.L., Crothers, M., Gylys, J., Matorin, A., Jacobs, C.D. (2001). An evaluation of an acquaintance rape prevention program: Impact on attitudes, sexual aggression, and sexual victimization. *Journal of Interpersonal Violence*, *16*(1) 1120-1139.

Gidycz, C.A., Lynn, S.J., Rich, C.L., Marioni, N.L., Loh, C., Blackwell, L.M. Stafford, J., Fite, R., Pashdag, J. (2001). The evaluation of a sexual assault risk reduction program: A multisite investigation. *Journal of Consulting and Clinical Psychology, 69*(6) 1073-1078.

George, D., & Mallery, P. (2003). SPSS for Windows step by step: A simple guide and reference. 11.0 update (4th ed.). Boston: Allyn & Bacon.

Gould, J.M., & Lomax, A.R. (1993). The evolution of peer education: Where do we go from here? *Journal of American College Health, 41*, 235-240.

Hong, L. (2000). Toward a transformed approach to prevention: reaking the link between masculinity and violence. *Journal of American College Health, 80*, 269-279.

Janz, N.K., Champion, V.L., & Stretcher, V.J. (2002). The health belief model. In K. Glanz, B.K. Rimer, & F.M. Lewis (Eds.), *Health behavior and health education* (3rd ed., pp. 45-66). San Francisco: Jossey-Bass.

Karjane, H.M., Fisher, B.S., & Cullen, E.T. (2005). Sexual assault on college campus: what colleges and universities are doing about it. Washington, DC: Research for Practice, National Institute of Justice, NCJ 205521.

Katz, J. (1995). Reconstructing masculinity in the locer room: The mentors in violence prevention project. *Harvard Education Review, 65*, 163-174.

Kelly, J.A. (2004). Popular opinion leaders and HIV prevention peer education: Resolving discrepant findings, and implications for the development of effective community programmes. *AIDS Care, 16*, 139-150.

Kilmartin, C.T. *Sexual assault in context: Teaching college men about gender.* Holmes Beach, FL: Learning Publications (pp. 47-73).

Koss, M.P. & Harvey, M.R. (1991). *The rape victim: Clinical and community interventions*. Newbury Park, CA: SAGE Publications.

Koss, M.P., Gidycz, C.A., Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology, 55*(2) 162-170.

Latane, B., & Darley, J. (1970). *The unresponsive bystander: Why doesn't he help?* New York: Appleton-Century-Crofts.

Lonsway, K.A., & Fitzgerald, L.F. (1994). Rape myths. *Psychology of Women Quarterly, 18*(2) 133-164.

Malamuth, N.M., Linz, D., Heavey, C.L., Barnes, G., & Acker, M. (1995). Using the confluence model of sexual aggression to predict men's conflict with women: A ten-year follow-up study. *Journal of Personality and Social Psychology, 69*, 353-369.

Mellanby, A.R., Rees, J.B., & Tripp, J.H. (2000). Peer-led and adult-led school health education: A critical rreview of available comparative research. *Health Education Research, 15*(5), 533-545.

Montano, D.E., & Kasprzyk, D. (2002). The theory of reasoned action and the theory of planned behavior. In K. Glanz, B.K. RRimer, & F.M. Lewis (Eds.), *Health behavior and health education* (3rd ed., pp. 67-98). San Francisco: Jossey-Bass.

Muir, G., Lonsway, K.A., & Payne, D.L. (1996). Rape myth acceptance among Scottish and American students. *Journal of Social Psychology*, 136, 261-262.

Ocampo, B.W., Shelley, G.A., & Jaycox, L.H. (2007). Latino teens talk about help seeking and help giving in relation to dating violence. *Violence Against Women, 13*(2), 172-189.

O'Sullivan, C. (1991). Acquaintance gang rape on campus. In: Parrot A., Bechhofer L. (Eds.), *Acquaintance Rape: The Hidden Crime*. (pp. 140-156). New York: John Wiley & Sons.

Platt, J. (1973). Social Traps. *American Psychologist, 28*, 641-651.

Potter, S.J., Moynihan, M.M., Stapleton, J.G., Banyard, V.L. (2009). Empowering bystanders to prevent college violence against women: A preliminary evaluation of a poster campaign. *Violence Against Women, 15*(1) 106-121.

Rosenstock, I.M. (1974). The health belief model and preventive health behavior. *Health EducationMonographs, 2*, 354-386.

Sawyer, R.G., Thompson, E.E., Chicorelli, A.M. (2002). Rape myth acceptance among intercollegiate student athletes: A preliminary examination. *American Journal of Health Studies, 18*(1), 19-25.

Schwartz, M.D., & DeKeseredy, W.S. (1997). *Sexual assault on campus: The role of male peer support.* Thousand Oaks, CA: Sage Publications (pp 59-95).

Schwartz, M.D., & DeKeseredy, W.S. (2000). Aggregation bias and women abuse: Variations by male peer support, region, language, and school type. *Journal of Interpersonal Violence, 15*, 555-565.

Sedgwick, J.L. (2006). *Criminal victimization in the United States, 2005 Statistical tables: national crime victimization survey*. Washington, DC: U.S. Department of Justice.

Shiner, M. (1999). Defining peer education. *Journal of Adolescence, 22,* 555-566.

Sochting, I., Fairbrother, N., Koch, W.J. (2004). Sexual assault of women. *Violence Against Women, 10*(1) 73-93.

White, V.E., Trippany, R.L., Nolan, J.M. (2003). Responding to sexual assault victims: Considerations for college counselors. *Journal of College Counseling, 6*(2) 124-133.