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**Author(s): Shannon Morrison, Jennifer Hardison, Anita Mathew, Joyce O'Neil**

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September 2004

# **An Evidence-Based Review of Sexual Assault Preventive Intervention Programs**

Technical Report

Prepared for

National Institute of Justice  
810 Seventh Street, N.W.  
Washington, DC 20531

Prepared by

Shannon Morrison, Ph.D.  
Jennifer Hardison, M.S.W.  
Anita Mathew, M.P.H.  
Joyce O'Neil, M.A.  
RTI International  
Health, Social, and Economics Research  
Research Triangle Park, NC 27709

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## **ABSTRACT**

Sexual violence is a major public health and social problem in the United States and worldwide. Unfortunately, little is known about the effectiveness of sexual assault preventive interventions (SAPIs) in deterring future sexual violence. To bring forth more systematic and well-informed studies, it is essential for researchers to know which SAPIs have been evaluated and the results of these evaluations. In response to this need, RTI International performed an evidence-based review of SAPIs, documented what is known about SAPI evaluation research, identified significant gaps, and provided recommendations for future sexual assault prevention practice and research.

This systematic, comprehensive literature review of English-language articles (within and outside the United States) evaluating SAPIs generated study-specific descriptions as well as summary information on a variety of study characteristics. In conducting this review, RTI followed the rigorous methodology developed by three organizations recognized internationally for facilitating evidence-based reviews.

A total of 59 studies were reviewed for this report, including 9 studies that reported evaluation results of SAPIs focusing on individuals with disabilities. The data provided in the summary descriptions of the SAPI studies highlight the methodological diversity across the studies. Although this diversity precluded a rigorous meta-analysis of the findings, the results of RTI's analytic strategy indicate that 14 percent of the studies reported positive intervention effects at post-test or follow-up and 80 percent reported mixed results. The methodological limitations evident in the field of SAPI research should be kept in mind, along with other sources of bias previously mentioned; however, these findings suggest that the majority of SAPIs produce some positive attitudinal and behavioral change among program participants and that very few of the programs appear to adversely affect these outcomes.

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## **EXECUTIVE SUMMARY**

### **Background**

Sexual violence is a major public health and social problem in the United States and worldwide. According to the National Violence Against Women Survey (NVAWS), 1 in 6 women and 1 in 33 men have been the victim of an attempted or completed rape in their lifetime (Tjaden & Thoennes, 2000). The long-term negative consequences often associated with sexual violence demand that effective prevention programs be developed (Yeater & O'Donohue, 1999), and sexual assault preventive interventions (SAPIs) targeting male and female adults and children may help deter this violence. In the past 20 years, numerous published studies have evaluated SAPIs; however, evidence supporting the effectiveness of these programs remains weak and is sometimes contradictory. To produce more systematic and well-informed studies, it is essential that researchers know which SAPIs have been evaluated and the results of these evaluations; this need called for a rigorous, systematic review of the effectiveness and applicability of evaluated SAPIs.

In an effort to make a significant contribution to the prevention of sexual assault, NIJ awarded a grant to RTI International in 2002 to conduct an evidence-based review of SAPIs. Accordingly, between October 2002 and April 2004, RTI conducted such a review, documented what is known about SAPI evaluation research, identified significant gaps, and highlighted areas for future research.

### **SAPI Strategies and Programs**

Although some sexual assault prevention strategies are promising, very few have been evaluated (World Health Organization, 2002). These strategies include

- skill-building through reproductive health promotions that include gender aspects and violence prevention,
- programs that work with families throughout child development,
- work at the community level with men to change concepts of masculinity, and

- work in school environments promoting equitable gender relations.

The majority of preventive interventions focus on college students. Although college-based rape prevention programs vary in their implementation strategies and measures of effectiveness, these programs commonly include components such as

- providing information on the prevalence of sexual assault,
- challenging rape myths and sex-role stereotypes,
- identifying risk-related behaviors,
- increasing empathy for rape survivors,
- providing information on the effects of rape on victims, and
- providing lists of victim resources (Brecklin & Forde, 2001).

School-based populations have also been a focus of sexual violence prevention efforts. Middle and high school programs, which are similar to college programs but are tailored for a younger audience, commonly include components such as

- identifying, clarifying, and challenging societal portrayals of male and female roles;
- identifying and modulating intrapersonal and interpersonal stressors;
- promoting coping strategies that dissuade the use of alcohol and drugs;
- challenging the use of violence as a means of conflict resolution;
- recognizing the early warning signs of violence;
- correctly identifying and interpreting verbal, physical, and sexual aggression as such and not as love; and
- developing strategies for disengagement from problematic relationships, including identifying and alerting a trusted adult (parent, relative, teacher, coach, religious leader, health professional) and options for legal recourse (Cohall, Cohall, Bannister & Northbridge, 1999).

Evidence of a strong SAPI-specific theoretical framework is lacking; the majority of SAPIs do not clearly rely on a theory-based foundation, and those that do so cite a variety of theories.

Recent published reviews of evaluations of college rape prevention education programs suggest

positive effects (i.e., moderate reductions in rape myths and rape-supportive attitudes), but the use of different measures of change makes it difficult to assess the overall effectiveness of such programs (Bachar & Koss, 2001; Brecklin & Forde, 2001; Flores & Hartlaub, 1998; Breitenbecher, 2000). The effects of dating violence prevention programs targeting adolescents are frequently measured by changes in attitude, knowledge, and, less commonly, behaviors and behavioral intentions. Wekerle and Wolfe's (1999) review of six adolescent dating violence programs found that all programs reported significant desired changes in attitudes concerning dating aggression, knowledge of myths about abuse of women, and behavioral intentions in hypothetical conflict situations. In O'Leary, Woodin, and Fritz's (in press) review of relationship violence programs, positive significant changes in knowledge about dating violence and myths surrounding partner abuse were found across most programs. Three studies (Foubert, 2000; Gray, Lesser, Quinn, & Bounds, 1990; Jaffe, Sudermann, Reitzel, & Killip, 1992) reported significant positive changes for behavioral intention in hypothetical conflict situations.

### **Study Methodology**

All systematic literature reviews share a fundamental aim: to gather, summarize, and integrate empirical research to help people understand the evidence (The Campbell Collaboration, 2001). This study's rigorous methodology specifically conforms to the scientific techniques and guidelines offered by three groups that have gained international recognition for their role in facilitating systematic literature reviews of effectiveness evidence: the *Guide to Community Preventive Services: Systematic Reviews and Evidence-Based Recommendations*, developed by the Task Force on Community Preventive Services (TFCPS) (Briss et al., 2000); the *Cochrane Reviewers' Handbook*, published by the Cochrane Collaboration (Alderson, Green, & Higgins, 2003); and the *CRD Report Number 4*, developed by the Centre for Reviews and Dissemination (CRD), University of York (Khan, ter Riet, Glanville, Sowden, & Kleijnen, 2001).

In compliance with the methodologies outlined by these groups, RTI included the following tasks in this evidence-based review of SAPIs:

- Development of a review protocol
- Use of expert consultants in the field of violence against women
- Development of a review team
- Systematic search for and retrieval of articles presenting evaluations of SAPIs
- Selection of SAPIs to be evaluated
- Development of data abstraction and quality assessment instruments
- Data abstraction and study quality assessment
- Synthesis of abstracted information and drawing of conclusions
- Generation of recommendations

RTI used the following inclusion criteria for this evidence-based review:

- SAPI evaluation
- English-language publication
- Publication dates between 1990 and June 2003
- Peer-reviewed journal, book chapter, or government report (dissertations excluded)
- Primary or secondary preventive intervention/program
- Adolescent or older target population
- Inclusion of outcome measures
- Pre-test/post-test or between-group differences design

To identify the greatest number of SAPI evaluation publications within the scope of the inclusion criteria, RTI conducted an exhaustive search of the literature. A total of 67 articles (representing 59 studies)<sup>1</sup> met the inclusion criteria and were included in the data abstraction process

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<sup>1</sup> Because the unit of analysis for abstraction was the study rather than the article, multiple articles reporting on the same study were combined for abstraction.

(see appendix C). The article selection process allowed for a thorough screening and took into consideration expert panel and RTI team suggestions.

A three-tiered review process was employed to abstract data from the articles and ensure a thorough assessment: two reviewers from the RTI team separately recorded detailed information for each article, and any discrepancies were reconciled by a third reviewer. All three reviewers independently assessed study quality. Two standardized forms, one for data abstraction and one for quality rating, were used to review each article. The data abstraction form, which was used to classify information from each article, included sections for descriptive information about the population and setting, study design and sample, and the preventive intervention. The form also included sections for recording the study measures, instruments, and results, and the final section included space to indicate the quality score (from the quality rating form) and the major strengths and weaknesses of both the study and the article.

Quality was assessed using a separate form specifically designed to evaluate the information entered on the data abstraction form. The quality score assigned to each study reflects many of the study design characteristics described in this chapter, as well as the extent to which descriptive information was provided. Each article was given three quality rating scores: one to assess the study description, one to assess the study design, and a total score (the sum of the study description and study design scores). The total score was then divided by the number of possible points to determine the percentage score.

## **Highlights of Findings**

### **Summary Characteristics**

The majority of studies (64 percent,  $n=32$ ) in this review included both male and female participants. Approximately 18 percent ( $n=9$ ) of the SAPIs were administered to a female-only audience, and 18 percent ( $n=9$ ) to a male-only audience. Seventy percent ( $n=35$ ) of the programs targeted the college population, 16 percent ( $n=8$ ) targeted high school, 8 percent ( $n=4$ ) targeted

middle school, and only 6 percent ( $n=3$ ) targeted community or combined college and community populations.

The most common type of study design found was a nonequivalent comparison group (34 percent,  $n=17$ ), followed by experimental (28 percent,  $n=14$ ), randomized treatment comparison group (22 percent,  $n=11$ ), and pre-test/post-test (16 percent,  $n=8$ ). Approximately 19 percent ( $n=8$ ) of the studies had a sample of fewer than 100 subjects, and 26 percent ( $n=11$ ) had baseline sample sizes greater than 500. In addition to conducting a post-test, 38 percent ( $n=19$ ) conducted a follow-up assessment.

Post-intervention follow-up periods ranged from less than 1 week to 4 years after completion of the program. Nineteen out of 50 studies had follow-up periods of less than 1 month. Study retention rates (at both post-test and follow-up) ranged from 31 percent to 100 percent. At post-test, 17 (out of 27) of the studies had retention rates greater than 75 percent; at follow-up, 7 (out of 19) studies had retention rates greater than 75 percent.

For the quality scores, the upper limit (number of points) for the denominator was 85. Percentages were used to provide a standard metric for comparison across studies. Among the studies, the quality score totals ranged from 32 to 91 percent, with an average quality score of 60 percent. Fourteen of the studies had quality score totals below 50 percent (low); 24 had scores between 50 and 69 percent (medium); and 12 had scores greater than or equal to 70 percent (high).

Approximately 58 percent ( $n=29$ ) of the studies solely measured changes in knowledge and/or attitudes. Many of the studies (26 percent,  $n=13$ ) included both behavioral and nonbehavioral outcome measures; one study assessed only behavioral outcomes. Approximately 86 percent ( $n=43$ ) of the studies used knowledge and/or attitudes as an outcome measure, 24 percent ( $n=12$ ) of the studies used victimization, 12 percent ( $n=6$ ) used perpetration, 14 percent ( $n=7$ ) measured dating behavior, and 20 percent ( $n=10$ ) measured skills and/or strategies gained as a result of the intervention.

A wide range of instruments was used to measure outcomes. Many of the instruments were used only once across the studies; however, a few instruments were used in more than one study.

The most commonly used instruments (including modified versions) were (1) Rape Myth Acceptance Scale, (2) Sexual Experiences Survey, (3) Adversarial Sexual Beliefs, and (4) Acceptance of Interpersonal Violence. Several studies ( $n=16$ ) used author-designed, unnamed measures.

Numerous curriculum components (topics included in the intervention) and presentation modes (types of instruction and/or demonstration) were found across the studies. Most interventions covered several curriculum topics, which ranged from information on acquaintance/date rape to characteristics of offenders. The curriculum topics covered most frequently were (1) rape myths, (2) acquaintance/date rape information, (3) statistics on rape, and (4) prevention skills (e.g., risk reduction, protective skills). As with curriculum topics, most interventions utilized more than one mode of presentation, the most common being didactic presentations, discussions (including structured discussions), and videotapes.

### **Synthesis of Evidence**

Although a meta-analysis yielding an estimate of the overall change in attitude, knowledge, or behavior is intuitively appealing, several substantial challenges precluded this approach:

- diversity and number of curriculum components included in the interventions;
- variability in the mode of presentation and length of interventions;
- variability in study design;
- diversity of instruments and outcome measures used to assess intervention effects, with inconsistency in the operationalization and time frame of the outcome measures;
- lack of data provided within the studies to create a common outcome measure;
- variability in post-intervention follow-up durations and retention rates within these follow-up periods; and
- variability in analytic strategies used and actual statistics reported.

Many studies employed statistical analyses that determined the significance of the intervention effect by using multiple strategies at multiple follow-up periods or among multiple intervention groupings or population subgroups. The synthesis approach used here involved categorizing the SAPI studies into four groups: those reporting an intervention effect that was (1) positive, (2) mixed, (3) null, or (4) negative. In this synthesis, studies were considered to have a positive intervention effect if all the results (at post-test and follow-up) of each outcome reported in the article were statistically significant in the desired direction (i.e., the intervention group showed greater knowledge/attitude or behavioral change, either in comparison with a control group or from pre- to post-test), *and* none of the results were either null or statistically significant in an undesired direction (either in comparison with a control group or from pre- to post-test). Studies were classified as having a mixed intervention effect if results across different outcomes (e.g., knowledge and dating behavior) or within the same outcome (e.g., subscales of one instrument or across different instruments measuring the same outcome) were both positive and null/negative. Studies were classified as having a null intervention effect if none of the results reported in the study were statistically significant. Studies were classified as having a negative intervention effect if all of the results reported in the article were statistically significant in an undesired direction (i.e., the intervention group agreed more with rape myths, either in comparison with a control group or from pre- to post-test). The classification of studies into these three categories was based on the statistical tests reported in the evaluation.

Below and in exhibit 1 are highlights from the data synthesis results:

- Fourteen percent ( $n=7$ ) of the studies included in this review were categorized as exclusively demonstrating positive intervention effects (regardless of the study design, follow-up period, retention rate, and quality score). All of these studies used knowledge/attitude as the sole outcome and targeted the college and community populations.
- Eighty percent ( $n=40$ ) of the studies were categorized as demonstrating mixed results, and 6 percent ( $n=3$ ) reported a null intervention effect.

- Twenty-four percent ( $n=7$ ) of the results for studies using only knowledge/attitude outcomes were positive, and none were null.
- Nine percent ( $n=1$ ) of the results for the victimization outcome were positive; 33 percent ( $n=2$ ) of the results for the perpetration outcome were positive; and 29 percent ( $n=2$ ) of the results for the dating behavior outcome were positive.
- All the studies in which the results were null used an experimental design. Seventy-nine percent ( $n=11$ ) of the studies with an experimental design reported mixed results; none of these studies reported overall positive results.
- Ninety-one percent ( $n=10$ ) of studies using a randomized comparison group design reported mixed results, and nine percent ( $n=1$ ) reported positive results. Seventy-six percent ( $n=13$ ) of the studies with a nonequivalent comparison group design reported mixed results, and 24 percent ( $n=4$ ) reported positive results. Seventy-five percent ( $n=6$ ) of the studies with a pre-post design reported mixed results, and 25 percent ( $n=2$ ) reported positive results.
- Fourteen percent ( $n=3$ ) of the studies with 75 percent or greater study retention rates at post-test reported positive results; no studies with a follow-up retention rate of 75 percent or greater resulted in an overall positive intervention effect.
- Twenty-one percent ( $n=4$ ) of studies with a follow-up period of less than 1 month had an overall positive intervention effect; no studies with a follow-up period of greater than 4 months had an overall positive intervention effect.
- Fifty-seven percent ( $n=4$ ) of studies reporting only positive intervention effects received low quality scores.
- All the studies ( $n=3$ ) with null intervention effects received high quality scores. No studies with high quality scores were categorized as having overall positive intervention effects.
- Approximately 17 percent ( $n=4$ ) of the studies using follow-ups reported positive results at post-test and null results at follow-up, indicating that the positive effects of the intervention diminished over time.

## Exhibit 1. Summary of Intervention Effects

Set of Studies	Type of Intervention Effect		
	Positive	Mixed	Null
	% (n)	% (n)	% (n)
Total (n=50)	14(7)	80(40)	6 (3)
Subset of studies using only knowledge/attitude outcomes (n=29)	24(7)	76(22)	0
Subset of studies using victimization as an outcome* (n=11)	9(1)	36(4)	55(6)
Subset of studies using perpetration as an outcome* (n=6)	33(2)	17(1)	50(3)
Subset of studies using dating behavior as an outcome* (n=7)	29(2)	14(1)	57(4)
Subset of studies using:			
– experimental design (n=14)	0	79 (11)	21 (3)
– randomized comparison (n=11)	9 (1)	91(10)	0
– nonequivalent comparison (n=17)	24 (4)	76 (13)	0
– pre-post (n=8)	25 (2)	75 (6)	0
Subset of studies with study retention rates:			
– at post-test			
greater than 75 (n=21)	14 (3)	81(17)	5 (1)
– at follow-up			
greater than 75 (n=6)	0	67(4)	33 (2)
Subset of studies with follow-up period:			
– less than 1 month (n=19)	21 (4)	79 (15)	0
– 1–3 months (n=17)	18(3)	82 (14)	0
– greater than 4 months (n=12)	0	83 (10)	17 (2)
Subset of studies with quality score:			
– less than 50 (n=14)	29 (4)	71 (10)	0
– 50–69 (n=24)	13 (3)	87 (21)	0
– 70–100 (n=12)	0	75 (9)	25 (3)

Note: Studies were classified as having a *positive* effect if all of the statistically significant findings for the type of outcome (e.g., attitude/knowledge or behavioral outcomes) were positive and none were negative. Studies were classified as having mixed effects if there were both positive and null (or negative) statistically significant findings. Studies were classified as having a *negative* effect if at least one of the statistically significant findings was negative. Studies were classified as having a *null* effect if none of the findings were statistically significant (either in a positive or negative direction). No studies were classified as having a *negative* effect.

\* These results represent only the behavioral outcomes; some of these studies also used knowledge/attitude and skills/strategies outcomes for which the results could have differed.

## Summary

The data provided in the summary descriptions of the SAPI studies included in this evidence-based review highlight the methodological diversity across the studies, which precluded a meta-analysis of the findings. However, the results of the review indicate that 14 percent of the studies reported positive intervention effects at post-test or follow-up and 80 percent reported mixed results.

## Conclusions

The review highlighted many programmatic, research, and evaluation needs that must be met to advance the field of sexual assault prevention. Described below are some of the major challenges facing the development and evaluation of SAPIs and recommendations for future research in the field.

### Program Development Recommendations

- In general, evaluations of interventions with younger populations are needed; programs that target young people for intervention provide opportunities for primary prevention.
- Most of the interventions were *universal* interventions; that is, they were delivered to an entire population regardless of risk factors. Although this is an excellent way to provide basic information to a large population, other forms of interventions that target individuals who are considered to be at risk for sexual violence may be needed. The combination of universal and selective interventions may further advance the prevention of sexual violence.
- The role of gender and its effect on the success of the programs needs to be further explored. A number of studies provide evidence for gender-specific programming. Additionally, when the audience is younger and the curriculum content is more focused on healthy relationship, than on avoiding rape, mixed gender groups may be more appropriate.
- Most SAPIs are school based. Schools have limitations, however, as some students, particularly those most at risk, may not be accessible by schools, and some students may have difficulty becoming engaged in any school-based activities. Programs that utilize other venues to reach youth, such as families, community-based organizations, religious institutions, and media may provide access to a broader range of adolescents, and may offer different ways to engage individuals in SAPIs.
- There is a significant need to develop and evaluate programs that meet the needs of individuals from diverse racial and cultural backgrounds.

- Because most curricula used in SAPIs are not theory-based, it is difficult to replicate programs. It would be useful to develop curricula based on one or more theoretical frameworks to address sexual prevention efforts in a more systematic and comprehensive manner.
- Perhaps sexual violence should be considered part of the constellation of adolescent risk behaviors that includes delinquency, aggression, school failure, and substance use, so that prevention for sexual violence would focus on the risk factors common to all risk behaviors. A general curriculum focusing on healthy youth development could help reduce sexual violence and could be used in place of (or in addition to) a specific sexual violence prevention program that is initiated at about the time teens started dating.
- Organizations that implement SAPIs may not have the expertise or the resources to conduct controlled evaluations of new (or existing) programs, yet such evaluation is critical for advancement of the field. At a minimum, programs should be encouraged to conduct self-evaluations.

### **Evaluation Recommendations**

- Researchers need to expand their use of outcome measures, with special attention given to reliability, validity, and psychometric properties.
- There is a need for further research that examines the differences between the intensity of the interventions (e.g., one session versus multiple sessions) and compares the effectiveness of various intervention styles, curricula, presenters, and settings. It would be extremely useful to identify which elements of an intervention are most useful in effecting change.
- Measuring abusive behavior in the context of an evaluation of an adolescent-focused SAPI is made difficult by the lack of standardized instruments for adolescents. The cognitive, emotional, and psychological development of adolescents must be taken into account in developing measures of sexual violence.
- Most SAPI evaluations focus on knowledge and attitudes as the primary outcome, but this focus is problematic for several reasons. Attitudes and knowledge may be more susceptible than measures of behavior to socially desirable responding, and changes in attitudes may be limited by ceiling or floor effects, as many students may not be willing to endorse attitudes in support of sexual violence (especially severe forms). Further, changes in attitudes and knowledge may or may not result in changes in behavior. More research is needed to understand the causal relationship between attitudes and behavior, including whether changes in attitudes lead to corresponding changes in behavior.
- To determine whether SAPIs result in significant, lasting changes, longer follow-up periods are needed. Longitudinal studies are very effective for examining the relationship between history of sexual victimization and program effectiveness.

Although some of SAPI studies reported positive findings for knowledge, attitude, and/or behavioral outcomes, and most of the studies reported mixed results, these findings should be taken

as tentative given the diversity of the studies, their methodological problems, and the fact that not all SAPI studies were included. The great variability in study design, sampling, attrition, and measurement precluded synthesis across studies. This review demonstrated that many challenging research questions and issues are yet to be addressed, most notably the need for improved measures and the development and evaluation of SAPIs for diverse populations.

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## 1.0 INTRODUCTION

### 1.1 Background and Purpose of SAPI Evidence-Based Review

Sexual violence is a major public health and social problem in the United States and worldwide. *Sexual violence* is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationships to the victim, in any setting, including but not limited to home and work” (World Health Organization [WHO], 2002). Similar to the WHO definition, for this report the term *sexual violence* includes both rape and sexual assault. Rape means forced or coerced penetration—vaginal, anal, or oral; *sexual assault* means other forced or coerced sexual acts not involving penetration (Crowell & Burgess, 1996). According to the National Violence Against Women Survey (NVAWS), 1 in 6 women and 1 in 33 men have been the victim of an attempted or completed rape in their lifetime (Tjaden & Thoennes, 2000). The severe physical and mental effects of rape and sexual assault on victims and the larger community have been well documented (WHO, 2002; Crowell & Burgess, 1996; Jenny et al., 1990; Beebe, 1991; Koss & Oros, 1991; Gomme, 1986; Smith, 1989; Kirchoff & Kirchoff, 1984; Van Dijk, 1978; Softas-Nall, Bardos, & Fakinos, 1995; Kilpatrick et al., 1985; Burnam et al., 1988; Winfield, George, Swartz, & Blazer, 1990; DeLahunta & Baram, 1997). To address this issue in the United States, Congress passed the Violence Against Women Act (VAWA, 1994) as part of the Violent Crime Control and Law Enforcement Act, and President Clinton established the Office on Violence Against Women in the U.S. Department of Justice.

The long-term negative consequences often associated with sexual violence require the development of effective prevention programs (Yeater & O’Donohue, 1999), and sexual assault preventive interventions (SAPIs) targeting male and female adults and children may help deter this violence. Although many programs throughout the United States provide SAPIs, little is known of

their effectiveness in increasing the public awareness of sexual violence and in reducing sexual assault. In the past 20 years, numerous published studies have evaluated SAPIs, but evidence supporting the effectiveness of these programs remains weak and is sometimes contradictory. Additionally, most programs are conducted without an empirical evaluation component and rarely use an experimental or quasi-experimental design (Schewe & O'Donohue, 1993). Those programs that do conduct evaluations are often difficult to compare, because different outcomes have been measured in different ways and at different times (Crowell & Burgess, 1996). Some program evaluations report significant positive outcomes in attitudinal changes and increased knowledge about sexual violence; others do not. In addition, many of the theoretical advances in this area have yet to be used when planning preventive interventions. Preventive interventions often operate from narrow theoretical frameworks, which tend to limit both creativity and effectiveness (Bachar & Koss, 2001). There is a paucity of published evaluations of prevention programs targeting special and minority populations such as non-Whites, persons with disabilities, prisoners, prostitutes, and the homeless. Further study and evaluation of prevention efforts is essential in improving prevention and treatment services and ultimately reducing sexual violence.

The National Institute of Justice (NIJ) is committed to the prevention of sexual violence as evidenced by its stated "high-priority goals" in the area of violence and victimization, which include developing knowledge of strategies to prevent sexual assault, as well as through the work of the Violence Against Women and Family Violence Research and Evaluation programs. In an effort to make a significant contribution to the prevention of sexual assault, NIJ awarded a grant to RTI International to conduct an evidence-based review of SAPIs. Accordingly, between October 2002 and April 2004, RTI conducted such a review, documented what is known about SAPI evaluation research, identified significant gaps, and highlighted areas for future research.

Systematic literature reviews have gained increased attention in recent years because of interest in evidence-based policy and practice in public services (Davies, Nutley, & Smith, 2000) and

evidence-based crime prevention (Sherman et al., 1997). In addition to providing the foundation for the development of intervention and practice guidelines, an evidence-based review serves an important role in identifying areas for continued research, as well as gaps in knowledge that may become the basis for future funding priorities. Systematic reviews differ from traditional literature reviews in their adherence to a specific methodology that seeks to minimize bias and errors (Khan, ter Riet, Glanville, Sowden, & Kleijnen, 2001). The use of rigorous methods for locating, appraising, and synthesizing evidence from evaluation studies reduces errors in how information is collected and interpreted and therefore reduces the likelihood that recommendations reflect only selected information or a limited point of view. By delineating the strengths and limitations of current research methods and findings in a systematic fashion, evidence-based reviews create opportunities to improve the quality of the research and, ultimately, the quality of treatment and preventive interventions. The information presented in this report will assist NIJ in becoming better informed about effective SAPIs, including the types of interventions that have been evaluated, the quality of existing evaluation research, and the gaps in knowledge.

## **1.2 Overview of Report Chapters**

This report discusses the study design and findings in detail. Chapter 2 provides background information on the prevalence and consequences of sexual assault, prevention and intervention approaches to sexual assault, current knowledge on the effectiveness of SAPIs, and methodological weaknesses of evaluations of these interventions. Chapter 3 discusses the methodology used for this study, including the use of expert consultants, the search for and selection of studies, the data abstraction process, and data analysis. The results of this evidence-based review are presented in Chapter 4. Chapter 5 summarizes the findings, outlines the limitations of this review, and provides recommendations for future sexual assault prevention practice and research.

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## 2.0 BACKGROUND

### 2.1 Prevalence and Consequences of Sexual Violence

Measuring the prevalence of sexual assault is challenging; most studies focus on rape and not on the broader issue of sexual assault, and varying definitions and operationalization of terms, as well as the stigmatization associated with reporting, result in prevalence rates of sexual violence that vary significantly. It is estimated that less than half (48 percent) of all rapes and sexual assaults are reported to the police (U.S. Department of Justice, 2001). According to the National College Women Sexual Victimization (NCWSV) study, less than 5 percent of completed or attempted rapes were reported to law enforcement officials (Fisher, Cullen, & Turner, 2000). In the National Violence Against Women Survey (NVAWS) conducted from 1995 to 1996, both men and women were asked about their experiences with violent victimization. Results indicated that 1 in 6 women (17 percent of the women surveyed) and 1 in 33 men (3 percent of the men surveyed) experienced an attempted or completed rape as a child and/or adult (Tjaden & Thoennes, 2000). An earlier rape prevalence study predicted a 46 percent probability for a woman to be a victim of an attempted or completed rape (Russell & Howell, 1983).

Rapes are most often categorized into two groups: those committed by a stranger and those committed by someone known to the victim. According to findings from the NVAWS, women most often report being raped by people known to them, primarily a current or former husband, cohabitating partner, or date (76 percent); followed by an acquaintance, such as a friend, neighbor, or coworker (17 percent). Younger women appear to be at the greatest risk. The NVAWS found that more than half (54 percent) of female rape victims were victimized before the age of 18, and 32 percent were victimized between the ages of 12 and 17 (Tjaden & Thoennes, 1998). The NCWSV study estimated that between 20 and 25 percent of college women experience completed or attempted rape during their college years (Fisher, Cullen, & Turner, 2000).

Sexual violence can have severe consequences for the victim, both physically and psychologically, resulting in numerous health problems. Physical consequences of sexual violence include unwanted pregnancy; gynecological complications such as vaginal bleeding, fibroids, chronic pelvic pain, and urinary tract infections; and sexually transmitted diseases (STDs) including HIV/AIDS (World Health Organization[WHO], 2002). Research suggests that between one-third and one-half of rape victims sustain physical injuries as a result of rape (Beebe, 1991; Koss & Oros, 1991), and up to 43 percent of victims contract STDs (Jenny et al., 1990). Psychological consequences include anxiety, guilt, nervousness, phobias, substance abuse, sleep disturbances, depression, alienation, sexual dysfunction, aggression (DeLahunta & Baram, 1997), post-traumatic stress disorder (PTSD), and suicidal thoughts and behaviors (WHO, 2002). These symptoms can persist for many years. Survivors evaluated long after their assaults were more likely to receive several psychiatric diagnoses, including major depression, alcohol abuse and dependence, generalized anxiety, obsessive-compulsive disorder, and PTSD than their counterparts without a history of assault (Kilpatrick et al., 1985; Burnam et al., 1988; Winfield, George, Swartz, & Blazer, 1990).

Sexual violence affects the larger community as well. Expended resources and the loss of productivity due to fear and injury result in significant costs to society (Crowell & Burgess, 1996). Several studies indicate that women curtail their activities because of their fear of rape (Gomme, 1986; Smith, 1989; Kirchoff & Kirchoff, 1984; Van Dijk, 1978; and Softas-Nall, Bardos, & Fakinos, 1995) and that women's work performance suffered up to 8 months post-victimization (Resick, Calhoun, Atkeson, & Ellis, 1981).

## **2.2 SAPI Strategies and Programs**

Sexual violence treatment interventions are most often divided into individual and community-level interventions. Individual interventions, such as counseling, focus on the individual, whereas community-level interventions represent more system-oriented interventions,

such as criminal justice reforms and rape crisis centers. Individual-level interventions seek to ameliorate the consequences of individual victimization; community-level interventions seek to change systems' responses to victims (Crowell & Burgess, 1996). Although these treatment services are necessary and effective in supporting victims through the recovery process, researchers and practitioners continue to emphasize the need for interventions that focus on the prevention of sexual assault.

The public health perspective classifies most preventive interventions into three types: primary, secondary, and tertiary prevention. Primary prevention aims to reduce the number of new cases, secondary prevention aims to lower the prevalence, and tertiary prevention aims to decrease the resulting disability. Most sexual assault prevention efforts have focused on secondary and tertiary prevention among victims, resulting in very little focus on prevention among perpetrators (WHO, 2002).

Several promising strategies to decrease the prevalence of sexual assault have been developed, though very few have been evaluated (WHO, 2002). These strategies include

- skill-building through reproductive health promotion that includes aspects of gender and prevention of violence,
- programs that work with families throughout children's developmental stages,
- work at the community level with men to change concepts of masculinity, and
- work in school environments promoting equitable gender relations.

The majority of preventive interventions focus on college students. In 1994, the National Association of Student Personnel Administrators mandated rape prevention and education on college campuses receiving Federal funding (Heppner, Humphrey, Hildebrand-Gunn, & Debord, 1995). As a result of this mandate, many universities established rape prevention–education programs (Berg, Lonsway, & Fitzgerald, 1999; Lonsway, 1996). College-based rape prevention

programs vary in their implementation strategies and measures of effectiveness. Program content, however, often includes components such as

- providing information on the prevalence of sexual assault,
- challenging rape myths and sex-role stereotypes,
- identifying risk-related behaviors,
- increasing empathy for rape survivors,
- providing information on the effects of rape on victims, and
- providing lists of victim resources (Brecklin & Forde, 2001).

Programs targeting men typically have goals different from those of programs targeting women, in that men's programs strive to prevent perpetration, whereas women's programs strive to reduce risk. Although coeducational programs exist, it is difficult to attain these mutually exclusive goals without polarizing program participants (Bachar & Koss, 2001). Men may perceive mixed-gender programs to be accusatory and threatening (Ring & Kilmartin, 1992), or these programs may offer inappropriate information for men, resulting in a less effective and potentially detrimental message. For example, women often learn that rape and date rape occur frequently and that most rapes go unreported to the police, and they learn ways to avoid risky situations. If men receive this same information, they may learn that rape is common (i.e., "normal"), that if they do commit rape it is unlikely they will be caught, and that it is a woman's fault if she is raped because she put herself in a risky situation (Schewe & O'Donohue, 1993). This backlash effect suggests that gender-specific programs may be more appropriate in achieving these two different goals in the prevention of sexual violence.

Younger school-based populations have also been a focus of sexual violence prevention efforts. Programs designed for middle and high school audiences address factors common to college programs but at a level that is more developmentally appropriate for school-aged youth and teens. Program components commonly include

- identifying, clarifying, and challenging societal portrayals of male and female roles;
- identifying and modulating intrapersonal and interpersonal stressors;
- promoting coping strategies that dissuade the use of alcohol and drugs;
- challenging the use of violence as a means of conflict resolution;
- training to recognize the early warning signs of violence;
- correctly identifying and interpreting verbal, physical, and sexual aggression as such and not as love; and
- developing strategies for disengagement from problematic relationships, including identifying and alerting a trusted adult (parent, relative, teacher, coach, religious leader, health professional) and options for legal recourse (Cohall, Cohall, Bannister, & Northbridge, 1999).

### **2.3 Effectiveness of SAPI Programs**

According to one review of college-based SAPIs, virtually all evaluations report favorable outcomes (Breitenbecher, 2000). The effectiveness of SAPIs is difficult to determine however, because a strong, SAPI-specific theoretical framework is lacking and a variety of measures are used to measure change. The majority of SAPIs do not clearly rely on a theory-based foundation; those that do so cite a variety of theories. The Elaboration Likelihood Model (Petty & Cacioppo, 1986) and Eagly and Chaiken's (1992) model of attitude-change are examples of theories used generally in educational interventions that have been applied to SAPI programs. These theories suggest that education can change rape-supportive attitudes and that attitude change will lead to decreased sexual aggression (Brecklin & Forde, 2001); but this assumption remains largely untested (Repucci, Land, & Haugard, 2001).

Recent published reviews of evaluations of college rape prevention education programs (Bachar & Koss, 2001; Brecklin & Forde, 2001; Flores & Hartlaub, 1998; Breitenbecher, 2000; Yeater & Donohue, 1999) suggest positive effects (i.e., moderate reductions) in rape myths and rape-supportive attitudes, but the use of different measures of change makes it difficult to assess overall effectiveness of such programs. Bachar and Koss reviewed 15 studies targeting college

students; 8 of these studies were administered to mixed-sex audiences, 4 to all-male audiences, and 3 to female-only audiences. Results of the mixed-sex interventions indicated that some programs demonstrated reduction in rape myths and rape-supportive attitudes immediately following the intervention and for short periods afterward (Frazier, Valtinson, & Candell, 1994; Lanier, Elliott, Martin, & Kapadia, 1998; Rosenthal, Heesacker, & Neimeyer, 1995), whereas other studies were able to demonstrate these changes only immediately after the intervention; the positive results disappeared over time (Anderson et al., 1998; Heppner, Neville, Smith, Kivlighan, & Gershuny, 1999).

Similar findings were evident in Brecklin and Forde's (2001) more rigorous review of 43 studies that included both published studies and dissertations. Results indicated that male and female participants in mixed-gender groups experienced less attitude change than did men in single-gender groups. Interventions targeting men demonstrated mixed success in addressing rape-supportive attitudes, rape-myth acceptance, rape empathy, rape-supportive behaviors, and other outcomes. Longer follow-ups were associated with less attitude change, and more comparisons within studies were related to weaker effect sizes. Additionally, larger sample sizes were associated with smaller effect sizes because of the difference in statistical power between large and small studies (i.e., small samples tend to detect only large effect sizes, whereas large samples can detect smaller effect sizes). One evaluation included in this review reported successful declines in behavioral intent to rape and rape-myth acceptance; however, these effects were measured only immediately after intervention (Foubert & McEwen, 1998). Another evaluation measured decreases in post-intervention rape-supportive attitudes over a 5-month period and found that 39 percent of the participants rebounded to pre-intervention levels (Heppner et al., 1999).

Flores and Hartlaub's (1998) meta-analysis included 15 evaluations of preventive interventions designed for a male-only college audience. The study found no direct relationship between the type (e.g., lecture, workshop, video, brochure, or combination of two or more formats)

or length of the intervention and the effectiveness of the program in reducing rape-myth acceptance.

A significant contrast was found between the effects immediately following the intervention and those that occurred 4 to 6 weeks after the intervention, suggesting that the positive effects of the interventions did not last.

Breitenbecher (2000) reviewed 38 studies published between 1967 and 1999 of SAPIs for college students. The review provides a detailed analysis of constructs of prevention programs and their effects in modifying rape-related knowledge, attitudes, and behaviors. Findings suggest that SAPIs are effective in producing short-term, favorable attitude change, but again, most longer-term studies find that the effects diminish over time. Behavioral change, often measured by self-reported behaviors, produced mixed, nonsignificant positive effects.

In Yeater and O'Donohue's (1999) review of college-based SAPIs, several weaknesses became evident across the majority of the studies. Yeater and O'Donohue noted that the majority of the SAPIs they reviewed focused on changing attitudes and rarely examined reduction in the actual prevalence of sexual assault. This conclusion was supported by the most consistent finding across all studies, with the exception of one (Hanson & Gidycz, 1993), that interventions were not effective in decreasing the rates of sexual assault.

The effects of dating violence prevention programs targeting adolescents are frequently measured by changes in attitude, knowledge, and less commonly, behaviors and behavioral intentions. Wekerle and Wolfe's (1999) review of six adolescent dating violence programs found that all programs reported significant desired changes in attitudes concerning dating aggression, knowledge of myths about abuse of women, and behavioral intentions in hypothetical conflict situations. Both didactic and interactive methods were implemented across all the studies, and two of the six studies reported fewer offending behaviors at post-test.

Barth, Derezotes, and Danforth's (1991) review of high-school-level abuse prevention programs in California identified similar findings regarding attitude and behavior change. The

authors noted that, in general, all programs aimed to increase knowledge, but fewer programs helped students examine ways to change their attitudes, skills, and behaviors so that they are less likely to abuse or become abused. Among the programs reviewed, those involving role-playing as a method of instruction on how to avoid or escape date rape were shown to be the most effective in reducing the incidence of sexual assault. However, although watching role-playing demonstrations was common across the programs reviewed, students rarely had the chance to role-play themselves. The authors also noted that although the presenters were knowledgeable about the resources available to victims of abuse, such as self-help groups and counseling, they were less knowledgeable about what occurs after the reporting of abuse and neglect, such as investigations, decision-making, and services of the formal child welfare system. As a result, students may not have comfortable disclosing abuse to presenters. The authors also acknowledged that time constraints tend to be the major limiting factor in overall effectiveness of the programs. Ongoing abuse prevention efforts through existing school curricula should be integrated in younger grades and continue through high school to provide ongoing reinforcement of core prevention concepts, attitudes, skills, and behaviors as children develop.

In O’Leary, Woodin, and Fritz’s (in press) review of relationship violence programs, positive significant changes in knowledge about dating violence and myths surrounding partner abuse were found across most programs. Three studies (Foubert, 2000; Gray, Lesser, Quinn, & Bounds, 1990; Jaffe, Sudermann, Reitzel, & Killip, 1992) also reported significant positive changes in behavioral intention in hypothetical conflict situations. However, the long-term effectiveness of these programs has yet to be established. Behavioral change was assessed in three of the studies reviewed, but effectiveness was evident only across the short-term in two studies (O’Leary, et al., in press). The Safe Dates Project was effective in decreasing the frequency of physical abuse and use of threatening behaviors; however, no significant changes in victimization were evident at short-term (1-month) or at long-term (1-year) follow-up (Foshee, 1998; Foshee, et al., 2000).

SAPI effectiveness still remains unclear because of several factors. The most notable finding across the reviews presented is that positive changes demonstrated at post-intervention are often not maintained across the long-term. Further, programs tended to focus more on increasing knowledge and changing attitudes regarding sexual assault, and did not demonstrate positive behavioral change. Further research, in consideration of both these issues and the methodological weaknesses discussed in the following section, is necessary to advance the field and provide conclusive results regarding effectiveness.

#### **2.4 Methodological Weaknesses of SAPI Evaluation Research**

Several methodological challenges face researchers and practitioners in the field of sexual assault prevention research (see exhibit 2.1 at end of chapter). There has been extensive discussion of issues related to study design and sampling, intervention characteristics, outcome measures, timing of assessments, and definitions of success, most of which has centered on college-based programs. Some of these methodological weaknesses are summarized below.

Issues related to sampling techniques often pose challenges to researchers in the field of sexual assault because individuals who volunteer to participate in the study are often not representative of the general population, nor are they necessarily at elevated risk for victimization or perpetration of sexual assault. The majority of studies low-risk subjects who would already exhibit favorable scores prior to the intervention (Schewe & O'Donohue, 1993). Additionally, the majority of subjects tend to be white, resulting in findings that are not necessarily applicable to non-white subjects (Heppner et al., 1999).

The timing of assessments can also lead to problems when measuring effectiveness. Demand characteristics, cues that indicate the hypothesis of the study to the subjects and influence their response, can occur when a post-test is scheduled too closely to the intervention. As a result, participants become aware of the purpose of the study and respond to questions in a socially desirable manner. Sensitization effects, another phenomenon associated with participants

responding in a socially desirable manner, occur when pretesting has an influence on post-test responses and can also affect the reliability of the results (Breitenbecher, 2000). Furthermore, although most studies conduct follow-up assessments over the short term, most studies fail to evaluate how long attitudinal and behavioral effects last by conducting follow-up assessments over the long term (Yeater & O'Donohue, 1999).

Characteristics of the intervention can also present methodological challenges to SAPI research. It has been noted that most prevention education programs lack theoretical grounding, overemphasize content, are out of date with current research, and, as noted above, fail to target high-risk groups (Bachar & Koss, 2001). Furthermore, despite numerous evaluations, it has not been empirically established that gender-specific programs can accomplish the mutually exclusive goals of rape prevention and rape avoidance/resistance education. Furthermore, most studies cannot determine which program module resulted in the change in effect size, thus making it difficult to determine which factors account for specific attitudinal or behavioral change (Bachar & Koss, 2001).

The validity and reliability of outcome measures are also questionable in sexual assault prevention research. For example, rape-myth acceptance scales may be weak measures because individual items represent more than one idea, items are outdated, and definitions of rape myths vary (Lonsway & Fitzgerald, 1994, 1995). A common reliability issue involves studies utilizing self-report as an outcome source. Factors such as social desirability (often addressed by masking the purpose of the research), faking, and other test-taking biases make self-report measures unreliable assessments of change (Schewe & O'Donohue, 1993). Additionally, the difficulty in assessing rape proclivity presents challenges in measuring effectiveness of SAPI programs. Measuring change in rape-related attitudes (i.e., rape-myth acceptance) assumes that changes in these variables in the desired direction lead to a decrease in the incidence of rape. Although there are correlations between rape-supportive attitudes and sexually aggressive behavior (Koss & Leonard, 1984),

attitudes they are just one determinant of sexually assaultive behavior and are not yet established as a predictor of rape-related behaviors (Bachar & Koss, 2001; Schewe & O'Donohue, 1993).

Definitions of success used in reporting results also pose a challenge. Researchers often discuss statistical significance and ignore clinical significance, implying that statistically significant decreases in rape-myth acceptance among large sample sizes lead to clinical decreases (incidence of rape). The measurement error of the scale (i.e., Burt's Rape-Myth Acceptance) and the standard deviations of the reported means do not indicate a direct relationship between these scales and incidence of rape (Schewe & O'Donohue, 1993; Yeater & O'Donohue, 1999). Conclusions regarding decreases in victimization and/or perpetration may therefore be premature, given that a direct relationship between decreases in measures of rape acceptance and behavioral changes has yet to be demonstrated.

### Exhibit 2.1 Summary of Methodological Issues in SAPI Evaluation Research

Methodological Issue	Common Approach	Approach Limitations
Study population/sample/scope of evaluation	Convenience sample	May not be representative of those at high risk for perpetrating sexual violence or being victimized
	Samples not diverse	Not generalizable to other populations (e.g., ethnic/racial minorities, gay/lesbian/transgender)
	Majority college students	Not generalizable to other age groups; does not reach segment of population that is not in school
Intervention characteristics	Dual goal of rape prevention and rape avoidance	Mixed-gender programs may provide inappropriate risk reduction information for perpetrator/victim
	Individual modules of intervention evaluated together	Cannot determine which module to attribute attitude and/or behavior change
	Absence of theoretical grounding	Difficult to replicate effectiveness without framework to follow
Outcome measures	Rape myth scales have questionable validity	Individual items representing more than one idea, outdated items, and varying definitions of rape myths
	Variety of measures, including author-designed scales	Psychometric properties not established
Source of outcome data	Most studies use self-report as a measure of change	Studies relying only on victim and/or perpetrator reports face serious problems with social desirability
Timing of follow-up	Timing may indicate to participants the purpose of the study	Leads to demand characteristics: participants are aware of the relationship between the intervention and the assessment, and may respond in a socially desirable manner
	Sensitization to the issue of sexual assault	Pretesting can affect how participants respond to post-test, masking the effect of the intervention
	Short follow-up	Studies with short follow-up durations cannot determine potential long-term effects
Definition of success	Most studies measure rape-related and gender stereotype attitudes and knowledge change	No clear evidence that knowledge or attitudes lead to behavioral change (i.e., decreased perpetration or victimization)

## 3.0 METHODOLOGY

### 3.1 Evidence-Based Review Methodology

The need for scientifically sound recommendations in public health, education, social welfare, and crime and justice has led to the popularity of evidence-based reviews. This study employed a rigorous methodology that paralleled the scientific techniques and guidelines offered by three notable groups that have gained international recognition for their important role in facilitating the production of and access to systematic literature reviews of effectiveness evidence. The *Guide to Community Preventive Services: Systematic Reviews and Evidence-Based Recommendations*, developed by the Task Force on Community Preventive Services (TFCPS) (Briss et al., 2000); the *Cochrane Reviewers' Handbook*, published by the Cochrane Collaboration (Alderson, Green, & Higgins, 2003); and the *CRD Report Number 4*, developed by the Centre for Reviews and Dissemination (CRD), University of York (Khan et al., 2001), provided a framework for the development of the review protocol for this evidence-based review.

The guidelines promoted by TFCPS, the Cochrane Collaboration (and sibling organization the Campbell Collaboration), and CRD provide a methodological foundation for obtaining and assessing the best available empirical evidence to support decision making and set standards that will ultimately improve the availability and quality of health-related, educational, and social interventions. Recommendations derived from these reviews are based on systematically collected and detailed information, which reduces potential biases and reveals limitations and uncertainties in available data, thereby creating opportunities to improve the quality of research and stimulate studies that will close important research gaps (Briss, Brownson, Fielding, & Zaza, 2004). Although the approaches developed by TFCPS, the Cochrane and Campbell Collaborations, and CRD differ in their scope and focus, all follow similar strict guidelines for planning and conducting the systematic review and reporting and disseminating the evidence-based findings. The overall aim and basic guiding

principles of all systematic literature reviews are the same: to gather, summarize, and integrate empirical research to help people understand the evidence (The Campbell Collaboration, 2001).

Adherence to the methodologies offered by these groups was ensured by including the following tasks in our evidence-based review of SAPIs:

- Development of a review protocol
- Use of expert consultants in the field of violence against women
- Development of a review team
- Systematic search for and retrieval of articles presenting evaluations of SAPIs
- Selection of SAPIs to be evaluated
- Development of data abstraction and quality assessment instruments
- Data abstraction and study quality assessment
- Synthesis of abstracted information and drawing of conclusions
- Generation of recommendations

### **3.1.1 Strengths of Evidence-Based Reviews**

The importance of evidence-based reviews lies in their attempt to present unbiased reviews of, and recommendations for, important public health and social interventions. As mentioned above, the strength of evidence-based reviews rests with the scientifically rigorous approach to screening, reviewing, and assessing evaluation data across many areas of interest and importance to the public (Farrington & Petrosino, 2001). By reducing errors in both the collection and interpretation of data (due to independent abstractors following a standardized protocol), stronger and more accurate recommendations can be made (Briss et al., 2000). Such recommendations can lead to the adoption of valid and meaningful interventions.

### **3.1.2 Challenges of Evidence-Based Reviews**

All evidence-based reviews face inherent challenges. For example, by developing inclusion criteria, which are a necessary albeit limiting factor, the scope of documents might be biased. One inclusion criterion common to evidence-based reviews is limiting the literature to English-language publications, which results in a review of fewer publications with a limited perspective. Additionally, evaluations on the same topic are often difficult to compare because different outcomes have been measured in different ways and at different times (Crowell & Burgess, 1996). Inconsistent use of outcome measures also poses significant problems when attempting to synthesize findings and provide recommendations. Other challenges include varying follow-up periods, difficulties in capturing the context of treatment, and measurement of treatment fidelity (i.e., determining the extent to which a particular intervention was delivered as intended). Even with these caveats, however, an evidence-based review provides the best hope for scientifically sound recommendations to the field.

### **3.2 RTI's Review Protocol**

A review protocol establishes the scope and methods to be used for the review and helps ensure that the review process is “well-defined, systematic, and as unbiased as possible” (The Campbell Collaboration, 2001, p. 1). The methods for all major elements of the protocol—the identification of expert consultants and RTI review team members; the parameters and inclusion criteria; literature search and article-screening strategies; data abstraction and quality assessment procedures, including instrument development; and plans for synthesizing the evidence—were outlined at the beginning of the project. As expected, however, the protocol evolved throughout the course of the review as the methods were refined. The methods used in this review were chosen to (1) obtain and use the best available empirical evidence to support decision making regarding SAPIs, (2) set standards that will improve the availability and quality of evidence of the preventive interventions over time, (3) make recommendations on promising SAPIs without requiring

unobtainable data quality, (4) balance the need for a consistent approach throughout the process with the need to have an appropriate and feasible evaluation approach across subjects, and (5) cope with constraints on time and resources (Truman et al., 2000).

### **3.2.1 Use of Expert Consultants**

To assist in the development and implementation of this evidence-based review, three established professionals in the field of violence against women served as expert consultants. The experts provided guidance on major project tasks, which included determining the scope of the review; developing and piloting the review instruments; and reviewing preliminary findings, including drafts of the executive summary and final report. (See appendix A for a list of the expert consultants.)

### **3.2.2 Development of a Review Team**

Staff from RTI were identified to develop the review protocol, conduct the literature search and article screening, develop the data abstraction instruments, complete the data abstraction forms, and synthesize the findings. Members of the RTI team provided the knowledge and diverse research-based backgrounds typically seen in evidence-based review teams. The RTI team members had expertise in community violence prevention programs and violence against women. In addition, the RTI team had extensive experience in conducting evidence-based reviews through the RTI–UNC Evidence-Based Practice Center and other evidence-based reviews, including a review of Batterer Intervention and Prevention Programs (funded by the Centers for Disease Control and Prevention [CDC]).

### **3.2.3 Parameters of the Review**

Parameters were established initially to help define and focus this evidence-based review. Literature from two recently completed relevant studies conducted by RTI for CDC and an initial literature search (also conducted by RTI) of electronic databases provided a foundation for assessing the overall body of literature on SAPI evaluations. To facilitate the important and

necessary decision-making process regarding the scope of the review, evaluation studies were grouped by target population, type of intervention, level of prevention (i.e., primary, secondary, or tertiary), and outcomes measured. The quantity and quality of published review articles on prevention programs for certain target populations were also considered. Based on this preliminary scan of the literature and discussions with the expert panel, the inclusion criteria were further refined and finalized.

### **3.2.4 Inclusion Criteria**

Inclusion criteria were established to focus the literature review. SAPI articles included only those that were published in English between 1990 and June 2003.<sup>2</sup> Restricting the literature to roughly the past decade, a common practice in evidence-based reviews, ensures that the included articles reflect the most recent work in a field (even though some methodologically rigorous and groundbreaking studies published before or after the cut-off date may not be represented in the review). Additionally, the publications must have appeared in a peer-reviewed journal, book chapter, or government report (dissertations were not included). The publications must have included an evaluation of a primary or secondary SAPI targeting populations of adolescent age or older that included, but was not limited to, measures of attitude, knowledge, behavior, victimization, and perpetration. The final criterion was that the evaluation must measure intervention effects using a pre-test/post-test design or between-group differences design.

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<sup>2</sup>One article published in 2004 (a follow-up assessment of an included study) was included.

### **Inclusion Criteria**

- C SAPI evaluations
- C English-language publication
- C Publication dates between 1990 and June 2003
- C Peer-reviewed journal, book chapter, or government report
- C Primary or secondary preventive intervention/program
- C Adolescent or older target population
- C Inclusion of outcome measures
- C Pre-test/post-test or between-group differences design

While conducting the literature review, RTI identified a gap in SAPI research: a dearth of evaluations that targeted special and minority populations, as well as adolescents. To address this gap, groups were included in the final literature search. Additionally, evaluations of interventions designed to prevent dating violence, which commonly address partner violence more generally, were included if the intervention specifically included a component on sexual violence. Publications that focused on sex offender treatment, formative program evaluations, interventions targeting elementary school-aged populations, training interventions for professionals (i.e., service providers, teachers, physicians), and child abuse prevention and treatment interventions, though important to sexual violence prevention, were beyond the scope of this review.

#### **3.2.5 Literature Search**

An exhaustive search of the literature was conducted to fully capture sexual assault evaluation publications within the scope of the inclusion criteria. A rigorous, unbiased search strategy is crucial because the validity of the review findings is directly related to the comprehensiveness of the search used to identify the relevant studies. This thoroughness is a key factor that distinguishes systematic reviews from traditional reviews (Khan et al., 2001).

As mentioned above, two previously conducted literature searches were utilized to initially assess the body of literature on rape and dating violence prevention and to assist in the development of the inclusion criteria (Morrison et al., 2003; Igoe, Pettibone, & RTI International, 2002). In addition, two literature searches were conducted utilizing electronic databases and a set of search

terms specific to this review. The first SAPI literature search was conducted in November 2002; the second search was conducted in June 2003, after the inclusion criteria were finalized and modified to include under-studied populations.

### **Databases and Search Terms**

The electronic databases that were searched included Applied Social Sciences Index and Abstracts, Criminal Justice Periodicals Index, EMBASE, Education Abstracts, ERIC, MEDLINE, Mental Health Abstracts, NCJRS, PsycINFO, Social Sciences Abstracts, Social SciSearch, and Sociological Abstracts.

Search terms were identified based on the inclusion criteria for this review. Different search criteria were used to search different databases to best utilize the controlled vocabulary available from each of the databases. In general, the search terms used in the literature searches included keywords to describe the sexual offender, sexual offense, and victim; interventions and prevention programs; and evaluation and program effectiveness. To learn more about prevention efforts directed toward under-studied populations, key search terms specific to three groups (special populations/individuals with disabilities, minorities, and adolescents) were included in the final search of electronic databases to ensure their inclusion. (See appendix B for a complete list of databases and specific search terms.)

#### **3.2.6 Article Screening Process**

A total of 67 articles representing 59 distinct studies (see appendix C) met the criteria and were included in the data abstraction process.<sup>3</sup> The study selection process allowed for a thorough screening and took into consideration expert panel and RTI team suggestions. Abstracts returned by the literature searches were screened by the RTI team to determine whether they met the inclusion criteria; if they did, full documents were retrieved. When an abstract did not provide

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<sup>3</sup> Because the unit of analysis for abstraction was the study rather than the article, multiple articles reporting on the same study were combined for abstraction.

sufficient information to determine inclusion, the full article was retrieved for further examination. Articles that ultimately met the inclusion criteria were reviewed using the data abstraction method; those that did not were eliminated. In addition, the bibliographies of all included articles, as well as relevant review articles, were carefully examined as an additional measure to ensure that all articles meeting the inclusion criteria were located.

### **3.2.7 Data Abstraction and Quality Assessment**

Extracting the data from the included articles, recording detailed information about the study on which the article was written, and assessing the quality of the study were the major endeavors of this evidence-based review. The process yielded organized data for assessing and summarizing the overall body of SAPI evidence. To ensure thorough assessment of articles, we used a three-tiered review process: two reviewers from the RTI team separately recorded detailed information for each article, and any discrepancies were reconciled by a third reviewer. All three reviewers independently assessed study quality.

#### **Development of Data Abstraction and Quality Rating Forms**

Two standardized forms, a data abstraction form and a quality rating form, were used to review each article selected for inclusion. The TFCPS data abstraction form served as the primary model for the data abstraction instrument developed for this study (Zaza et al., 2000); the quality rating form reflected a combination of the TFCPS quality items and the items used by the RTI–UNC Evidence-Based Practice Center. The abstraction form, its corresponding key, and the quality rating form were modified by the RTI team with guidance from the expert consultants to more accurately capture issues relevant to the evaluation of SAPIs. (See appendix D for samples of the data abstraction form, key, and quality rating form.)

**Data Abstraction Form and Key.** The data abstraction form was used to classify and organize information provided in each article. The sections of the form parallel the “key components of data extraction forms for effectiveness studies” discussed by Khan and colleagues

(2001), which include general information, study characteristics, outcome measures, and results.

More specifically, data recorded on the form included descriptive information about the population and setting (i.e., location of study, study eligibility criteria, population characteristics), study design and sample (i.e., study groups, sample sizes, study participation rates, methods, and time points of data collection), and the preventive intervention (i.e., setting, delivery mode, duration, theoretical basis, curriculum content, program implementer, culturally specific elements, and intervention exposure). Also on the form were sections in which the study measures, instruments, and results were recorded. The final section of the form included a place to indicate the quality score (tallied from the quality rating form; see below) and the major strengths and weaknesses of both the study (e.g., pertaining to design, sampling, measures) and the article (e.g., contents, clarity, presentation of information).

A corresponding key, with definitions of each of the elements to be included on the data abstraction form, was developed to ensure consistency in the information recorded on the form. In addition to the data abstraction form, separate forms were used to record any discrepancies in the primary and secondary reviewers' independent reviews of the article(s) and the resulting resolutions.

**Quality Rating Form.** Quality was assessed using a separate form specifically designed to evaluate the information entered on the data abstraction forms. For each article, three quality rating scores were given: one to assess the study description; one to assess the study design; and the total score, a sum of the study description and study design scores. *Study description* refers to the level of detail provided in the articles regarding study population, intervention characteristics, and outcome measures (4 items; 25 possible points). *Study design* refers to the research design used in the evaluation, sample size, duration of follow-up, retention rates, measures of program fidelity, and outcome variables (10 items; 70 possible points). The total quality score for a study was calculated by totaling the subscores and then dividing by the total number of possible points.

For this review, the original upper limit (number of points) for the denominator was 95. Some articles, however, had a lower denominator because an item on the quality rating score did not apply. For example, the item relating to the intervention retention rate was not relevant to studies that evaluated an intervention that had only one session. Therefore, this item was not used in the calculation of the quality score. A preliminary analysis of the quality rating scores resulted in the elimination of two questions (that addressed intervention retention rate and program fidelity) because a large number of the studies evaluated interventions that were only one session. The greatest number of points that a study could receive was therefore reduced to 85. In reporting the total quality score and the subscores for study design and description, percentages were used to provide a standard metric for comparison across studies.

**Pilot Testing of the Data Abstraction and Quality Rating Forms.** Toward the final stages of the instrument development process and prior to the commencement of data abstraction, the RTI team piloted the forms to ensure that they accurately captured all data elements and that the data elements were interpreted the same and were completed consistently by different members of the team. Team members completed two rounds of pilot testing in which they each abstracted data and rated the quality of the same article. This pilot testing also served, in part, as training for the reviewers.

### **Data Abstraction Process**

As noted above, the review system involved a three-tiered data abstraction process that included a primary, secondary, and tertiary review of the article(s) for each study. Each article was reviewed by three members of the RTI team. The primary reviewer recorded all classifying information about the intervention and evaluation on the data abstraction form and completed a quality rating form. Following this review, the secondary reviewer reviewed the article(s) after which he or she examined the completed primary data abstraction form against the article(s), making modifications and noting discrepancies on the form, which was then saved as the Secondary Review

Form (so as to retain the original data in addition to the modifications suggested by the secondary reviewer). The secondary reviewer then completed the quality rating form, independent of the primary reviewer's assessment. Following completion of the quality rating form, the secondary reviewer compared his or her rating with that of the primary reviewer, thus ensuring an independent rating of quality for each article or set of articles. All discrepancies between the primary and secondary reviews were listed by the secondary reviewer on a separate Secondary Reviewer Discrepancies Form. The primary and secondary reviewers then met to discuss their independent reviews of the article(s). Resolutions and outstanding discrepancies were noted on the discrepancies form, and the secondary data abstraction form was further modified to reflect all decisions and modifications to the forms between the two reviews.

All completed forms (the revised secondary data abstraction form, both primary and secondary reviewers' quality rating forms, and the discrepancies form) were then passed to the project director, who completed the final, tertiary abstraction. The tertiary abstraction process included an independent review of the article(s) and quality assessment; a review of the primary and secondary data abstraction and quality forms and the decisions made between the two reviews; resolution of any discrepancies that had not been resolved (e.g., in a situation in which the primary and secondary reviewers derived disparate study retention rates for a particular study, the tertiary reviewer would make a determination of the appropriate retention rate to record, using the original article and in consultation with the primary and secondary reviewers); and completion of the final data abstraction form and quality rating form for each study.

### **3.3 Data Analysis**

An evidence table (see appendix E) was created for each of the studies included in the review. Each evidence table presents a concise summary of intervention characteristics, methodological details, and statistical results.

The evidence tables were used to describe and summarize the *entire pool* of studies. Several key intervention and methodological characteristics were divided into meaningful categories, which allowed a tally of characteristics across articles. The characteristics and categories identified included the following:

Study population characteristics

- target population (middle school, high school, college, and community)
- gender (males only, females only, both males and females)

Study design characteristics

- baseline sample size
- study design (experimental, nonequivalent comparison group, randomized comparison group, and pre-/post-test)
- post-intervention follow-up period (less than 4 weeks, 1 to 3 months, 4 to 6 months, greater than 6 months)
- study retention rates at post-test and follow-up periods (less than 50 percent, 50 to 75 percent, greater than 75 percent)
- outcome measures (attitude, knowledge, behavior, victimization, and perpetration)

Intervention characteristics

- format (curriculum components)
- delivery mode (format of presentation)
- duration (number of sessions and total number of contact minutes)

Study quality

- quality score of low (less than 50 percent), medium (50 to 69 percent), or high (70 percent or greater)

## 4.0 RESULTS

This chapter describes in detail the studies meeting the inclusion criteria for this evidence-based review. Study-specific descriptions, as well as summary information about the pool of eligible studies on a variety of key study characteristics, are presented. In addition, the chapter reports the results of RTI's synthesis of the individual study results and conclusions about the overall effects of SAPI programs. The review included a total of 59 studies (representing 67 articles). Fifty studies reported evaluation results of SAPIs that focus on the general population, and 9 studies (12 articles) reported results of SAPIs that focused on individuals with disabilities. Because the interventions and study designs of these articles differ from the studies of the general population, the results for these studies are presented separately. See appendix F for a discussion of the results of the synthesis of the studies on individuals with disabilities and appendix G the corresponding evidence tables.

### 4.1 Descriptive Information

Appendix E contains the findings for the general population in evidence tables. The standardized evidence table format includes (1) a detailed description of the study population and setting; (2) study design characteristics; (3) intervention characteristics; (4) outcomes measured; (5) a summary of the results; and (6) the quality scores. Summary information about these 50 studies is presented in exhibit 4.1 (at the end of this chapter), which shows the number and percentage of studies with particular population and study design characteristics.

In the abstraction of the studies, RTI recorded information about a variety of population characteristics, including participants' age, gender, educational background, victimization, sexual activity, criminal history, ethnicity, and any other demographics reported in the study article. In addition, information was obtained on the target population's school level (where applicable). Summarizing population characteristics across the pool of studies proved challenging because many

studies did not report the population characteristics of interest, and the ones that did used diverse variables and units of measurement.

#### **4.1.1 Target Population**

RTI was able to summarize characteristics of the target population including gender of the SAPI participants (i.e., whether the intervention included only males, only females, or mixed gender groups), participant group (e.g., school level) and ethnicity. As shown in exhibit 4.1, the majority of studies (64 percent,  $n=32$ ) in this review included both male and female participants. Approximately 18 percent ( $n=9$ ) of the SAPIs were administered to a female-only audience and 18 percent ( $n=9$ ) to male-only audiences. Seventy percent ( $n=35$ ) of the programs targeted the college population, 16 percent ( $n=8$ ) targeted high school, 8 percent ( $n=4$ ) targeted middle school, and only 6 percent ( $n=4$ ) targeted college and/or community populations. Additionally, although the data are not shown in exhibit 4.1, all of the studies in which ethnicity and/or race was reported were conducted among populations that were predominantly white (60 percent or more). It is important to note that only one study meeting the criteria for this review was conducted outside of the United States, in southwestern Nigeria (article #80).

#### **4.1.2 Study Design**

The studies were classified into four primary types of study designs:

- C experimental: random assignment to a treatment and control (no treatment) group;
- C randomized treatment comparison group: random assignment to two or more treatment groups (but no nontreatment control group);
- C nonequivalent comparison group: nonrandom assignment to a treatment and control (no treatment) or comparison (other treatment) group; and
- C pre-test/post-test only: no control or comparison group but measured change over time in the treatment group.

The most common type of study design found was a nonequivalent comparison group (34 percent,  $n=17$ ), followed by experimental (28 percent,  $n=14$ ), randomized treatment comparison

group (22 percent,  $n=11$ ), and pre-/post- (16 percent,  $n=8$ ). Substantial variability in sample sizes at baseline was evident across the studies, with total sample sizes ranging from 7 to 1,958 participants. Approximately 19 percent ( $n=8$ ) of the studies had a sample of fewer than 100 subjects, and 26 percent ( $n=11$ ) had baseline sample sizes greater than 500. In addition to a post-test, 38 percent ( $n=19$ ) of the studies conducted a follow-up assessment. Post-intervention follow-up periods ranged from less than 1 week to 4 years after completion of the program. Approximately 40 percent ( $n=20$ ) of the studies had follow-up periods of less than 1 month.

#### **4.1.3 Study Retention Rates**

Exhibit 4.1 also reports study retention rates, which reflect the proportion of baseline subjects who participated in the post-test and follow-up data collection periods. Study retention rates (at both post-test and follow-up) ranged from 31 to 100 percent. At post-test, 17 (out of 27) studies had retention rates greater than 75 percent; at follow-up, 7 (out of 19) studies had retention rates greater than 75 percent.

#### **4.1.4 Study Quality**

The quality score assigned to each study reflects many of the study design characteristics described in this chapter, as well as the extent to which descriptive information was provided in the articles. Among the studies, the quality score totals ranged from 32 to 91 percent, with an average quality score of 60 percent. Approximately 28 percent ( $n=14$ ) of the studies had quality score totals below 50 percent (low), as shown in exhibit 4.1; 48 percent ( $n=24$ ) had scores between 50 and 69 percent (medium); and 24 percent ( $n=12$ ) had scores 70 percent or greater (high). In addition to the total quality score, subscores for study description and study design were created and are presented at the study level in the evidence tables (see appendix E). The average study design quality subscore across the studies was 52 percent, and the average study description quality subscore was 80 percent.

#### **4.1.5 Outcome Measures**

A variety of outcome measures were used in these studies, including knowledge/attitudinal changes, victimization, perpetration, dating behavior, and skills/strategies learned. Because many of the instruments that were used to measure knowledge were also used to measure attitudes, these outcomes were combined into a singular outcome measure for this review. The outcome of victimization and perpetration assesses whether any sexual, physical, or psychological abuse was experienced or committed during or after the intervention. Dating behavior was measured through questions that assessed communication skills, conflict, violence, and other behaviors that are associated with acquaintance rape. Some of the studies included outcomes that assessed skills/ strategies gained as a result of the intervention. These included non-behavioral assessments of assault-related cognitions and behavioral intentions. Other outcomes were found in the studies but either were not a direct measure of the intervention (e.g., media consumption) or had results that were not tested for statistical significance.

Approximately 58 percent ( $n=29$ ) of the studies solely measured changes in knowledge and/or attitudes. Many of the studies (26 percent,  $n=13$ ) included both behavioral and nonbehavioral outcome measures, whereas only 1 study assessed only behavioral outcomes. Approximately 86 percent ( $n=43$ ) of the studies used knowledge and/or attitudes as an outcome measure, 24 percent ( $n=12$ ) of the studies used victimization, 12 percent ( $n=6$ ) used perpetration, 14 percent ( $n=7$ ) measured dating behavior, and 20 percent ( $n=10$ ) measured skills and/or strategies gained as a result of the intervention (see exhibit 4.1).

#### **4.1.6 Instruments**

A wide range of instruments were used to measure outcomes. Exhibit 4.2 provides a list of all of the instruments used by the studies of the general population included in this evidence-based review and their corresponding outcome measure(s). Many of the instruments were used only once across the studies; however, a few instruments were used in more than one study.

The most commonly used instruments (or modified version of that instrument) include (1) Rape Myth Acceptance Scale, (2) Sexual Experiences Survey, (3) Adversarial Sexual Beliefs, and (4) Acceptance of Interpersonal Violence. Several studies ( $n=16$ ) also included author-designed, unnamed measures.

#### **4.1.7 SAPI Characteristics**

RTI also examined several key SAPI characteristics such as curriculum components, mode of presentation (e.g., didactic, videotape, workshop, role-play), and length of program. Exhibit 4.3 provides study-specific information on these key SAPI characteristics (for the complete list of studies and their corresponding article number, please refer to appendix C). In developing this table, RTI identified patterns across the studies. Components of the curricula were included in the table if they were mentioned in at least five studies. Those that were mentioned with less frequency are listed as footnotes to the table. Similarly, the mode of presentation and target population were presented based on frequency within the studies.

Numerous curriculum components (topics included in the intervention/program curricula) and presentation modes were found across the studies. Curriculum topics ranged from information on acquaintance/date rape to characteristics of offenders. Most interventions covered several topics in the curriculum. Exhibit 4.3 provides a list of all of the curriculum components that were found in the studies included in this review. The curriculum topics covered most frequently were (1) rape myths, (2) acquaintance/date rape information, (3) statistics on rape, and (4) prevention skills (i.e., risk reduction, protective skills). The intervention presentation mode refers to the type of instruction and/or demonstration used in the program. As with curriculum topics, most interventions utilized more than one mode of presentation, the most popular being didactic presentations, discussions (including structured discussions), and videotapes. Other less commonly reported modes of presentation included workshops, theatrical presentations, and worksheets. Incentives for participation in the intervention were reported in 10 of the studies.

The length of the programs ranged from 1 to 32 sessions, with an average of 4 sessions. Because the overall program duration varied markedly among the studies, intervention duration was operationalized as the total number of contact minutes (i.e., the number and duration of sessions). Across the studies, contact minutes ranged from 7 to 2,880. Some studies ( $n=10$ ) did not report sufficient information to calculate contact minutes. The average number of contact minutes was 100; however, most interventions held sessions that lasted for 60 minutes.

## **4.2 Synthesis of Evidence of SAPI Effectiveness**

### **4.2.1 Approach to Synthesizing Findings**

In addition to documenting study-specific and summary information about the pool of studies, one of the goals of this evidence-based review was to develop an approach to synthesizing the evidence for SAPI effectiveness. A meta-analysis yielding an estimate of the overall change in attitude, knowledge, or behavior is intuitively appealing, but the following substantial challenges precluded this approach:

- diversity and number of curriculum components included in the interventions
- variability in the mode of presentation and length of interventions
- variability in study design
- diversity of instruments and outcome measures used to assess intervention effects with inconsistency in the operationalization of the outcome measure and in the time frame in which the outcome is measured
- lack of data provided within the studies to create a common outcome measure
- variability in both the post-intervention follow-up durations and retention rates within these follow-up periods
- variability in the analytic strategies used and the statistics reported.

Although previous researchers have conducted formal meta-analyses of SAPI evaluations (Anderson, Cooper, & Okanura, 1997; Brecklin & Forde, 2001; Flores & Hartlaub, 1998), the issues listed above were found to be too limiting because RTT's review included a large, diverse sample of

studies. RTI therefore adopted a different approach to synthesize the findings, accommodating the high degree of variability in the various statistical procedures used for determining the significance of the intervention effect that RTI observed in the studies included in this review. A categorical indicator of whether each study reported a positive, mixed, null, or negative intervention effect for the outcome measure was created. For reporting purposes, both the number and percentage of studies reporting positive, mixed, and null intervention effects are presented in the results table (see exhibits 4.4 and 4.5). None of the studies reported only negative results.

Many studies determined the significance of the intervention effect using multiple strategies, at multiple follow-up periods, or among multiple intervention groupings or population subgroups. The synthesis approach used here involved categorizing the SAPI studies into four groups: those reporting an intervention effect that was (1) positive, (2) mixed, (3) null, or (4) negative. In this synthesis, studies were considered to have a positive intervention effect if all the results (at post-test and follow-up) of each outcome reported in the article were statistically significant in the desired direction (i.e., the intervention group showed greater knowledge/attitude or behavioral change, either in comparison with a control group or from pre-test to post-test), *and* none of the results were either null or statistically significant in an undesired direction (either in comparison with a control group or from pre- to post-test). Studies were classified as having a mixed intervention effect if results across different outcomes (e.g., knowledge and dating behavior) or within the same outcome (e.g., subscales of one instrument or across different instruments measuring the same outcome) were both positive and null/negative. Studies were classified as having a null intervention effect if none of the results reported in the study were statistically significant. Studies were classified as having a negative intervention effect if all of the results reported in the article were statistically significant in an undesired direction (i.e., the intervention group agreed more with rape myths, either in comparison with a control group or from pre- to post-treatment). The division of the studies into these four categories was based on the results of the statistical tests reported in the evaluation.

These included a variety of approaches, such as the  $p$  value estimate for intervention status as a predictor, the group-by-time interaction effect in ANOVA models, t-tests for differences in means, chi-square tests for differences in proportions, and related statistics.

Several caveats in using this approach should be noted. First, the diversity of the studies included in the review precludes the ability to provide conclusive evidence of effectiveness. Second, the current synthesis approach does not estimate the magnitude of the intervention effect (i.e., the percentage change in attitude, knowledge, and/or behavior); it simply summarizes the proportion of studies reporting a significant effect. Third, dissertations were excluded from this review, resulting in a bias toward publications; studies reporting significant results are more likely to have been submitted and published. Finally, the synthesis strategy adopted in this study is likely to overestimate the number of studies that truly observed a significant intervention effect, partly because often only  $p$  values for significant findings are reported. Although subject to some degree of bias, this approach is advantageous because it allows for the inclusion of many studies (unlike more quantitative techniques such as meta-analysis, which typically result in the exclusion of many studies because of insufficient reporting or excessive heterogeneity among the pool of studies).

To increase the strength of its synthesis approach, RTI examined the number and proportion of studies that were classified as positive, mixed, and null under varying conditions that further categorize the studies (see exhibit 4.5). Specifically, the results for the outcomes are broken down for the following categories: (1) type of outcome, (2) type of study design, (3) study retention rates, (4) follow-up period, and (5) quality score.

#### **4.2.2 Results of Synthesis**

Exhibit 4.4 presents an abridged study-specific description of the target population, curriculum, study design, baseline sample size, study retention rates, outcome measures, quality score, and results. It provides a snapshot of each of the studies and clearly shows the diversity of the interventions, study designs, and results. There were no meaningful patterns found across the

selected characteristics. However, it is important to note that three studies had null outcomes, and all three targeted female-only college (or college and community) populations.

As shown in exhibit 4.5, 14 percent ( $n=7$ ) of the studies were categorized as exclusively demonstrating positive intervention effects (regardless of the study design, follow-up period, retention rate, and quality score). All of these studies used knowledge/attitude as the sole outcome and targeted the college and community populations. Eighty percent ( $n=40$ ) of the studies were categorized as demonstrating mixed results, and 6 percent ( $n=3$ ) reported a null intervention effect. As noted earlier, the results are further broken down into study subsets which are also presented in exhibit 4.5. Twenty-four percent ( $n=7$ ) of the results for studies using only knowledge/attitude outcomes were positive, and none were null. Nine percent ( $n=1$ ) of the results for the victimization outcome were positive; 33 percent ( $n=2$ ) of the results for the perpetration outcome were positive; and 29 percent ( $n=2$ ) of the results for the dating behavior outcome were positive. All of the studies in which the results were null used an experimental design. Seventy-nine percent ( $n=11$ ) of the studies with an experimental design reported mixed results; none of these studies reported overall positive results. Ninety-one percent ( $n=10$ ) of the studies using a randomized comparison group design reported mixed results, and 9 percent ( $n=1$ ) reported positive results. Seventy-six percent ( $n=13$ ) of the studies with a nonequivalent comparison group design reported mixed results, and 24 percent ( $n=4$ ) reported positive results. Seventy-five percent ( $n=6$ ) of the studies with a pre-test/post-test design reported mixed results, and 25 percent ( $n=2$ ) reported positive results.

Fourteen percent ( $n=3$ ) of the studies with 75 percent or greater study retention rates at post-test reported positive results; no studies with a follow-up retention rate of 75 percent or greater resulted in an overall positive intervention effect. Additionally, 21 percent ( $n=4$ ) of studies with a follow-up period of less than 1 month had an overall positive intervention effect, and no studies with a follow-up period of greater than 4 months had an overall positive intervention effect. Fifty-seven percent ( $n=4$ ) of studies reporting only positive intervention effects received low quality

scores. All of the studies ( $n=3$ ) with null intervention effects received high quality scores. There were no studies with high quality scores that were categorized as having overall positive intervention effects. Although not reported in exhibit 4.5, it is important to note that approximately 17 percent ( $n=4$ ) of the studies using follow-ups reported positive results at post-test and null results at the follow-up, indicating that the positive effects of the intervention diminished over time.

### **4.3 Summary**

The data provided in the summary descriptions of the SAPI studies included in this evidence-based review highlight the methodological diversity across the studies, which precluded a rigorous, quantitative synthesis of the findings. However, the results of RTT's analytic strategy indicate that 14 percent of the studies reported positive intervention effects at post-test or follow-up and 80 percent reported mixed results. Although the methodological limitations evident in the field of SAPI research should be kept in mind, along with other sources of bias previously mentioned, these findings suggest that the majority of SAPIs produce some positive attitudinal and behavioral change among program participants and that very few of the programs appear to adversely affect these outcomes. The following chapter provides further interpretation of the results, discusses limitations of this review, and identifies research gaps in the field.

## Exhibit 4.1 Summary of Characteristics

Characteristic	Number of Studies	Percentage of Studies*
Population		
Gender		
Mixed gender groups ( $n=50$ )	32	64%
Females only	9	18%
Males only	9	18%
Participant group ( $n=50$ )		
Middle school	4	8%
High school	8	16%
College/university	35	70%
College/community or community	3	6%
Study Design		
Type of study ( $n=50$ )		
Experimental	14	28%
Randomized comparison	11	22%
Non-equivalent comparison group	17	34%
Pre-post	8	16%
Baseline sample size ( $n=43$ )		
Fewer than 100	8	19%
100–299	15	35%
300–500	9	21%
Over 500	11	26%
Study post-test/follow-up period ( $n=50$ )		
Immediately or less than 1 month	20	40%
1–3 months	18	37%
4–6 months	5	10%
Greater than 6 months	7	14%
Study retention rates		
<u>Post-Test</u>		
(27 reported rates out of 44 with post-test)		
Less than 50%	4	15%
50–75%	6	22%
Greater than 75%	17	63%
<u>Follow-Up</u>		
(19 reported rates out of 25 with follow-up)		
Less than 50%	7	37%
50–75%	5	26%
Greater than 75%	7	37%
Quality score (%) ( $n=50$ )		
<50 (low)	14	28%
50–69 (medium)	24	48%
70–100 (high)	12	24%

(continued)

**Exhibit 4.1 (continued)**

Characteristic	Number of Studies	Percentage of Studies*
Study Design (cont.)		
Outcome measures ( <i>n</i> =50)**		
Only knowledge/attitude	29	58%
Both behavioral and nonbehavioral	13	26%
Only behavioral	1	2%
Behavioral		
Victimization	12	24%
Perpetration	6	12%
Dating behavior	7	14%
Nonbehavioral		
Knowledge/attitude	43	86%
Skills/strategies	10	20%

\* Because of rounding, some of the percentages may not total 100.

\*\* Many studies used more than one outcome measure; therefore the total percentage exceeds 100.

## Exhibit 4.2 Instruments/Scales Used in SAPI Studies

Type of Measure/Instrument	Number of Studies	Article Number
<b>Behavioral Outcome Measures</b>		
Behavior		
Dating Behavior Survey	4	5, 6, 20, 21
Perpetration and/or victimization		
Conflict in Adolescent Dating Relationships Inventory	1	54
Child Sexual Abuse Questionnaire	3	4, 5, 6
Conflicts Tactics Scale—Modified	1	25
Sexual Experiences Survey (including modified versions)	14	4, 5, 6, 15/79, 19, 20, 21, 23, 25, 38, 59, 60, 67, 68
Unnamed instrument	2	41, 58
Perceptions of the accuracy of communications regarding sexual intentions in dating situation [Sexual miscommunication]		
Sexual Communication Survey (including modified versions)	5	5, 6, 20, 21, 60
<b>Nonbehavioral Outcome Measures</b>		
Attitude/Knowledge/Beliefs		
Acceptance of Interpersonal Violence	9	30, 31, 35, 38, 53, 59, 64, 67, 68
Adversarial Heterosexual Beliefs Scale	1	33
Adversarial Sexual Beliefs (including modified versions)	11	10, 18, 24, 30, 31, 35, 38, 55, 58, 59, 64, 67
Acquaintance Rape Scenarios	1	36
Attitudes toward Date Rape (including modified versions)		33, 70
Attitudes toward Rape Scale	1	1, 8
Attitude toward Women Scale (including modified versions)	4	8, 19, 36, 46
Attitudes toward Sexual Behavior	1	18
Attraction to Sexual Aggression Scale	1	64
College Date Rape Attitudes Survey	1	28

*(continued)*

**Exhibit 4.2 (continued)**

Type of Measure/Instrument	Number of Studies	Article Number
<b>Nonbehavioral Outcome Measures (cont.)</b>		
Date Rape Vignette	1	38
Forcible Date Rape Scale	1	46
Gender Role Conservatism Scale	1	10
Illinois Rape Myth Acceptance Scale	2	32, 33
Rape Attitude Scale	1	41
Rape-Blame Scale—Modified	1	10
Rape Empathy Scale	4	19, 20, 36, 59
Rape Myth Acceptance Scale (including modified versions)	22	1, 3, 10, 15/79, 16, 17, 19, 22, 23, 24, 30, 31, 35, 36, 38, 53, 55, 58, 64, 67, 68, 69
Rape-Supportive Attitudes Survey (including modified version)	2	30, 31
Scale for the Identification of Acquaintance Rape Attitude	1	23
Severity of Violence Against Women Scale—Sexual Violence Subscale	1	23
Sexual Conservatism Scale	3	18, 30, 31
Sex Role Stereotyping (including modified versions)	5	18, 35, 38, 67
Survey on Sexual Attitudes of Teenagers	1	9
Teen Life Relationship Questionnaire	1	41
Victim Evaluation Questionnaire (including modified versions)	1	32
Youth Dating Violence Survey	1	41
Unnamed instrument	12	18, 25, 29, 34, 37, 38, 39, 44, 49, 55, 67, 68
Sexual assault awareness		
Sexual Assault Awareness Survey	2	5, 21
Sexual Assault Knowledge Survey	2	4, 6

*(continued)*

**Exhibit 4.2 (continued)**

Type of Measure/Instrument	Number of Studies	Article Number
<b>Nonbehavioral Outcome Measures (cont.)</b>		
Emotions		
Affective Adjective Checklist	1	64
Anxiety and depression		
Mood Scale	1	59
Multiple Affective Adjective Checklist—Subscales	1	68
Behavioral Intent		
Behavioral Intent to Rape	2	15/79, 16
Behavioral Indices of Change- Modified	1	23
Likelihood of Raping Scale	2	59, 67
Likelihood of Sexually Abusing (modified version of Likelihood of Raping Scale)	1	59
Qualitative Assessment	1	33
Self-efficacy Rating	1	60
Unnamed instrument	1	32, 61
Behavioral indicators	1	22
Knowledge, attitude and behavioral intent		
Rape Conformity Assessment	1	64
College Date Rape Attitude and Behavior Survey– Modified	1	69
Victim/witness of violence		
Childhood Trauma Questionnaire – short form	1	54
Recognition of coercive or consenting situations		
Comprehension of Consent/Coercion Measure	1	22
Dating competence		
Adolescent Interpersonal Competence Questionnaire	1	54
Risk perception of personal and others’ experience of sexual aggression		
Risk Perception Survey	1	6

*(continued)*

**Exhibit 4.2 (continued)**

Type of Measure/Instrument	Number of Studies	Article Number
<b>Both Behavioral and Nonbehavioral Outcome Measures</b>		
Attitude, beliefs, victimization, perpetration, communication, help seeking, and awareness of services		
CDC's Compendium of Measures	1	11/12/13/14/73
Knowledge, attitude, and dating behavior		
London Family Court Clinic Questionnaire on Violence in Intimate Relationships	1	27
Knowledge, attitude, and victimization		
Unnamed instrument	1	80
<b>Other</b>		
Components necessary for Central Route Change to occur		
Assessment of Central Route Change Mechanisms	1	24
Conformity to group norms		
Conformity Measure	1	59
Social influence		
Counselor Rating Form (including retitled version, Speaker Rating Form)	2	22, 24
Perception of experiences		
Guided Inquiry	1	24
Degree of annoyance in interpersonal relationships		
Hostility Subscale of Symptom Checklist 90—Revised	1	54
Motivation/information processing/attitude change		
Elaboration Likelihood Model Questionnaire	2	22, 23
State Measure of Central Route Processing	1	17
Enjoyment of tasks requiring cognitive effort		
Need for Cognition Scale	1	67

*(continued)*

**Exhibit 4.2 (continued)**

Type of Measure/Instrument	Number of Studies	Article Number
<b>Other (cont.)</b>		
Socially desirable responses		
Marlowe-Crowne Social Desirability Scale—Short Form	1	64
Socially Desirable Response Set 5	1	22
Media consumption		
Mass Media Consumption Questionnaire	1	68
Psychological functioning		
Response Latency Measure	1	60
Parental drinking		
Short Michigan Alcoholism Screening Test—Modified	1	54
Impact of program on psychological symptoms		
Symptom Checklist 90—Revised	1	60
Thought assessment following stimulus		
Thought Listing	2	22, 24
Impact of abuse and trauma		
Trauma Symptom Checklist 40	1	54
Adjustment problems		
Youth Self-Report—Problem Section	1	54

### Exhibit 4.3 SAPI Study Summary

Intervention Characteristics	Article Number											
	1	3	4	5	6	8	9	10	11*	15*	16	17
<b><i>CURRICULUM COMPONENT</i></b>	*	*	*	*	*	NR	*	*	*	*	*	
Definition of rape			x		x			x		x	x	x
Rape myths	x	x	x	x	x			x				
Acquaintance/date rape information	x			x	x		x	x	x			
Statistics (e.g., prevalence)	x		x	x	x			x		x		
Information on rape (facts)	x	x		x								
Sources of information/resources		x										
Communication skills	x									x	x	x
Societal attitudes toward rape		x								x		
Gender role socialization		x	x		x		x				x	x
Prevention skills/risk reduction/protective skills	x			x								
Survivor's experiences/trauma		x										x
Assisting a survivor		x							x	x	x	x
Characteristics of offenders									x			
Influence/role of alcohol												
<b><i>MODE OF PRESENTATION</i></b>	*					*	*	*	*			
Didactic			x		x	x <sup>3</sup>	x		x	x	x	x
Videotape (movie)/slides	x <sup>1</sup>	x		x				x <sup>1</sup>		x	x	x
Discussion (incl. structured disc)	x <sup>1,2</sup>	x	x	x	x	x <sup>1,2</sup>				x	x	x
Brochure/leaflets		x		x								
Theatrical presentation (including vignettes)	x <sup>2</sup>	x			x				x			
Worksheets/questionnaires				x								
Role-play												
<b><i>INCENTIVES/PENALTIES</i></b>					x							
<b><i>LENGTH OF INTERVENTION</i></b>	0											
No. of sessions	1	NR	1	NR	1	NR	1	1	10	1	1	1
Duration of session(s) in minutes	60	NR	60	NR	90	NR	45	25	450*	60	60	60
Period (time from first session to last session B [in days])	1	NR	1	NR	1	NR	1	1	0	1	1	1
<b><i>TARGET POPULATION</i></b>												
High school							x		x*			
College students	x	x	x	x	x	x		x		x	x*	x
Community population		x			x							
<b><i>GENDER</i></b>												
Male	x	x				x	x	x	x	x	x	x
Female	x	x	x	x	x		x	x	x			

\* See corresponding article number in exhibit key.

(continued)

**Exhibit 4.3 (continued)**

Intervention Characteristics	Article Number											
	18	19	20	21	22	23	24	25	27	28	29	30
<b><i>CURRICULUM COMPONENT</i></b>	*	*	*			*	*	*	*	*	*	*
Definition of rape		x			x	x						x
Rape myths		x		x	x	x						
Acquaintance/date rape information	x	x	x	x	x	x					x	x
Statistics (e.g., prevalence)		x	x	x	x	x	x					x
Information on rape (facts)		x	x			x		x				
Sources of information/resources	x	x		x	x			x				x
Communication skills					x					x		
Societal attitudes toward rape												x
Gender role socialization					x							
Prevention skills/risk reduction/protective factors	x	x	x	x	x							x
Survivor's experiences/trauma			x			x	x			x		x
Assisting a survivor						x		x				
Characteristics of offenders		x								x		x
Influence/role of alcohol		x								x		
<b><i>MODE OF PRESENTATION</i></b>					*						*	
Didactic		x	x	x	x <sup>2</sup>	x	x	x	x		x <sup>1,2</sup>	x
Videotape (movie)/slides			x	x	x <sup>2</sup>	x	x	x			x <sup>2</sup>	x
Discussion (incl. structured disc)	x	x	x	x	x <sup>1,2</sup>	x	x	x	x			
Brochure/leaflets			x									
Theatrical presentation (including vignettes)	x				x <sup>1</sup>					x		
Worksheets/questionnaires		x		x				x				
Role-play			x			x						
<b><i>INCENTIVES/PENALTIES</i></b>				x	x	x						
<b><i>LENGTH OF INTERVENTION</i></b>					*							
No. of sessions	1	1	1	NR	1	3	1	3	1	1	2	1
Duration of session(s) in minutes	120	60	180	NR	90	270	60	180	180	60	7	50
Period (time from first session to last session [in days])	1	1	1	NR	1	14	1	1	x	1	NR	1
<b><i>TARGET POPULATION</i></b>												
High school								x*	x		x*	
College students	x*	x	x	x	x	x*	x*			x		x
Community population												
<b><i>GENDER</i></b>												
Male	x	x			x	x	x		x	x	x	x
Female	x	x	x	x	x		x	x	x	x	x	x

\* See corresponding article number in exhibit key.

(continued)

**Exhibit 4.3 (continued)**

Intervention Characteristics	Article Number												
	31	32	33	34	35	36	37	38	39	41	44	46	49
<b><i>CURRICULUM COMPONENT</i></b>	*	*	*	*	*			*	*	*	*		
Definition of rape		x				x	x				x		
Rape myths	x		x			x	x	x	x		x		x
Acquaintance/date rape information	x	x			x	x						x	x
Statistics (e.g., prevalence)		x				x	x						x
Information on rape (facts)			x			x			x				x
Sources of information/resources		x	x	x		x	x						
Communication skills				x									x
Societal attitudes toward rape			x				x		x				
Gender role socialization							x			x			
Prevention skills/risk reduction/protective behaviors		x			x	x	x		x		x		x
Survivor's experiences/trauma							x						
Assisting a survivor		x							x				
Characteristics of offenders						x							x
Influence/role of alcohol	x					x					x		x
<b><i>MODE OF PRESENTATION</i></b>				*						*		*	*
Didactic	x	x					x	x	x	x	x		x
Videotape (movie)/slides		x			x							x <sup>1</sup>	x
Discussion (incl. structured disc)	x	x	x	x	x	x	x			x			x
Brochure/leaflets												x <sup>2</sup>	
Theatrical presentation (including vignettes)													
Worksheets/questionnaires						x							
Role-play					x			x		x			x
<b><i>INCENTIVES/PENALTIES</i></b>		x	x		N						N		
<b><i>LENGTH OF INTERVENTION</i></b>													
No. of sessions	1	1	32	5	4	1	1	1	1	12	1	1	5
Duration of session(s) in minutes	NR	120	2880	300	260	60	60	60	45	90	50	30 <sup>1</sup> 10 <sup>2</sup>	90
Period (time from first session to last session [in days])	1	1	120	5	10	1	1	1	1	77	1	1	28
<b><i>TARGET POPULATION</i></b>				*									
High school					x*		x		x*				
College students	x*	x	x			x		x			x	x	x*
Community population													
<b><i>GENDER</i></b>													
Male	x	x	x	x	x	x	x	x	x	x	x	x	x
Female	x	x	x	x	x	x	x	x	x	x	x	x	x

\* See corresponding article number in exhibit key.

(continued)

**Exhibit 4.3 (continued)**

Intervention Characteristics	Article Number												
	53	54	55	58	59	60	61	64	67	68	69	70	80
<b><i>CURRICULUM COMPONENT</i></b>	*	*		*	*	*	*	*	*	*	*		*
Definition of rape						x							x
Rape myths		x	x		x <sup>2</sup>		x	x <sup>2</sup>	x	x			
Acquaintance/date rape information				x		x	x			x		x	x
Statistics (e.g., prevalence)			x			x	x						
Information on rape (facts)			x		x <sup>2</sup>					x	x	x	x
Sources of information/resources		x				x							x
Communication skills		x			x <sup>2</sup>	x	x	x <sup>2</sup>					x
Societal attitudes toward rape		x							x	x			
Gender role socialization	x								x	x			
Prevention skills/risk reduction/protective behaviors		x	x	x		x					x		x
Survivor's experiences/trauma		x			x <sup>1,2</sup>			x <sup>1,2</sup>					
Assisting a survivor													
Characteristics of offenders						x							
Influence/role of alcohol													
<b><i>MODE OF PRESENTATION</i></b>		*	*	*		*		*			*		
Didactic	x	x		x <sup>1</sup>		x	x						x
Videotape (movie)/slides		x		x <sup>1</sup>	x	x		x <sup>1,2</sup>		x <sup>1,2,3</sup>		x <sup>1,2</sup>	
Discussion (incl. structured disc)	x		x	x <sup>1,2</sup>		x	x		x	x <sup>1,2</sup>		x <sup>2</sup>	x
Brochure/leaflets													x
Theatrical presentation (including vignettes)				x <sup>2</sup>							x		
Worksheets/questionnaires						x				x <sup>1,2,3</sup>			x
Role-play		x	x				x		x				x
<b><i>INCENTIVES/PENALTIES</i></b>		x				x		x <sup>1,2</sup>		x			x
<b><i>LENGTH OF INTERVENTION</i></b>													
No. of sessions	29	18	NR	<sup>1</sup> NR <sup>2</sup>	1	2	NR	112	1	NR	NR	1	6
Duration of session(s) in minutes	NR	120	NR	<sup>60</sup> NR <sup>2</sup>	45	240	NR	6012	60	NR	NR	<sup>7</sup> NR <sup>2</sup>	1440
Period (time from first session to last session [in days])	98	120	NR	1	1	3	NR	112	1	NR	NR	1	153
<b><i>TARGET POPULATION</i></b>		*											
High school			x*										
College students	x			x	x*	x*	x	x*	x	x	x	x	x*
Community population		x											
<b><i>GENDER</i></b>													
Male	x	x	NR	x	x			x	x	x	x	x	x
Female	x	x	NR	x		x	x				x	x	x

\* See corresponding article number in exhibit key.

(continued)

### Exhibit 4.3 Key and Supplemental Intervention Information

11\* – study includes articles 11, 12, 13, 14, and 73

15\* – study includes articles 15 and 79

x<sup>1</sup> = treatment 1

x<sup>2</sup> = treatment 2

x<sup>3</sup> = treatment 3

NR not reported

#### Article No. and Additional Curriculum Components

1 – both interventions presented the same information

3 – destructive effect of victim blaming responses on survivors, influence of media; providing feedback

4 – rape is a community issue affecting all men and women

5 – the role of psychological effects of sexual victimization experiences in putting women at risk for future sexual victimization

6 – psychological barriers to resistance in sexual assault and threatening situations

9 – lack of communication, lack of respect for women; peer pressure among men; aggression among men; situations that provide opportunities

10 – two interventions presenting the same information

11 – defining caring relationships; images of relationships; equal power through communication; how we feel and deal

15 – help change societal norms that condone rape

16 – showed a man being raped, urged participants to confront rape jokes and the abuse of women; included component where women's common reactions to rape were compared to an aversive male-as-victim scenario

18 – providing feedback

23 – definition of consent; affective change; providing feedback

24 – impact of rape

25 – risks and consequences of sexual assault, on-the-spot counseling available during breaks, guide to recognizing and coping with anger, steps for controlling anger, verbal aggression

27 – myths and facts about wife assault; students developed a school action plan to address the problem of family violence; disclosure skills

28 – importance of respecting limits; men are concerned about rape

29 – distinguish self-control or control over one's environment from abusive control of other people; forms of control and rejecting some forms; establish rights of each partner in a dating relationship; respect for the other's rights; responsibility for abuse must not be attributed to the victim but rather to the perpetrator

31 – responsibilities of sororal and fraternal members to provide positive leadership; help and protect each other. Legal and social responsibilities of Greek organizations

32 – single-sex groups: females discuss vulnerability factors, victim blame; males participate in an exercise designed to spark discussion around the issue of consent, and they share strategies for intervention in an ambiguous date rape scenario involving friends or roommates

33 – increase understanding of oppression and how it relates to sexual assault/abuse; take a personal inventory of contributions to the rape culture and explore alternative ways to behave; gain an understanding of the dynamics of rape trauma syndrome; acquire facilitation skills necessary to provide workshops and other presentations on acquaintance rape to other students; enhance self-confidence in public speaking situations; and build leadership skills

34 – discussion of violence in society and in relationships, and the role of self-esteem in interpersonal violence.

Recognizing physical, sexual and emotional abuse. Role of power and control in abuse relationships; characteristics of strong and weak relationships; building strong relationships; parent orientation

35 – beliefs, attitudes, and expectations that contribute to coercive behavior; building positive social skills

38 – arguments in favor of rejecting interpersonal violence, adversarial sexual beliefs; induce central route attitude change; enhance participants' motivation and ability to think about the arguments; stress the negative intrapsychic and social consequences of accepting interpersonal violence

39 – male responsibility in preventing sexual assault; legal consequences of rape

41 – information on sexual harassment, physical violence dynamics; consequences of using violence in interpersonal relationships

49 – assertiveness skills; gender differences in the interpretation of verbal and nonverbal communication; revictimization; psychological consequences of victimization; self-esteem developed; characteristics of healthy sexual relationships; self-defense training

### **Exhibit 4.3 Key and Supplemental Intervention Information (continued)**

- 53 – intimacy, identity, reproduction, anatomy and physiology, conception and pregnancy, the sexual response cycle, masturbation, homosexuality, heterosexuality, sexual dysfunctions, oppression, misuse and abuse, jealousy, AIDS, contraception, and venereal disease; sexual oppression
- 54 – identify abusive behavior across various domains with a particular focus on power dynamics; visited a chosen agency; development of a fund-raising or community awareness project
- 55 – providing feedback
- 58 – miscommunication that can lead to acquaintance rape; identifying behaviors that may have contributed to the situation (forced sex); change those behaviors
- 59 – treatment group – depictions of victims or child sexual abuse and sexual harassment; imagine how a woman might feel before, during, and after being sexually assaulted; guided through scenarios in which they imagined themselves as victims of a rape
- 60 – relapse-prevention approach including problem solving, coping-skills training, assertiveness training, situational and personal risk factors for sexual victimization, post-assault reactions, covert modeling
- 61 – risk-taking behavior; nonverbal message; how the opposite sex views them; expectations
- 64 – treatment 1 – asked men to imagine how a woman might feel before, during, and after a sexual assault; legal consequences of rape; treatment 2 – targeted dysfunctional cognitions; replace with accurate beliefs about rape and consenting sex
- 67 – persuasive communication focusing on intrapsychic negative consequences of accepting interpersonal violence, adversarial sexual beliefs; focused on social sanctions associated with accepting those beliefs
- 68 – treatment 1 – prepared videotape on sexual violence that would inform male adolescents of myths promulgated by the mass media about sexual violence; utilize critical viewing skills; subject was videotaped reading his essay aloud; evaluated how useful the videotaped essays would be as a high school media-education video; consequences for victim and perpetrator; treatment 2 – reread essays about sexually violent media written by group members (did not videotape them); discussed essays and usefulness in teaching high-school students about sexually violent media; consequences for victim and perpetrator; treatment 3 – essays written to critically evaluate television as an entertainment medium; viewed a video playback of themselves reading their essays; consequences for victim and perpetrator
- 69 – rape treatment; incorporates males in the process of intervention
- 80 – definition, types, and consequences of VAW, HIV/AIDS prevention, assertiveness skills, care and support of victims of violence, setting up small-scale enterprises, and educational opportunities

#### **Article No. and Target Population**

- 11 – 8<sup>th</sup> and 9<sup>th</sup> graders
- 16 – fraternity pledge class
- 18 – must have been a member of a fraternity or sorority
- 23 – white participants must have been a member of a fraternity; black participants were recruited from entire pool of black male university students
- 24 – students enrolled in First Year Experience class (approximately 10% of the first-year class enrolls each year)
- 25 – 11<sup>th</sup> graders
- 29 – 10<sup>th</sup> graders
- 31 – students belonging to a fraternity or sorority
- 34 – students in grades 6, 7, and 8
- 35 – mostly 10<sup>th</sup> graders
- 39 – 10<sup>th</sup> to 12 graders
- 41 – 7<sup>th</sup> graders
- 49 – female college students who scored in the upper 20% on a questionnaire that measured risk characteristics, such as depression, alcohol use in dating, sexual liberalism, consensual sexual experience, prior sexual victimization in dating, and child sexual abuse
- 54 – adolescents who were at risk of developing abusive relationships on the basis of their history of maltreatment – referrals received from participating Child Protective Services
- 55 – 10<sup>th</sup> graders
- 59 – men who scored high on the *Likelihood of Sexually Abusing Scale* (both high and low scorers were chosen for no-treatment control groups)
- 60 – women who had a history of sexual victimization after the age of 14
- 64 – men who scored high on the *Attraction to Sexual Aggression Scale*
- 80 – young female hawkers who trade in one of six motor parks

### **Exhibit 4.3 Key and Supplemental Intervention Information (continued)**

#### **Article No. and Mode of Presentation:**

- 1 – two intervention groups
- 8 – three intervention groups
- 10 – two intervention groups; Treatment two included workshop
- 11 – poster contest
- 15 – workshop
- 16 – workshop
- 22 – two intervention groups
- 25 – students’ choice of 2 workshops for a total of 2 available ones
- 29 – two intervention groups; writing a letter (treatment group 2)
- 34 – experiential exercises
- 41 – experiential exercises, modeling
- 46 – two intervention groups
- 49 – exercises
- 52/71 – computer-based; classroom posters and coloring sheets
- 54 – guest speaker, visits to community agencies, and a social action project in the community
- 55 – writing examples, comments, index cards and posters
- 58 – two interventions
- 60 – covert modeling
- 64 – behavioral exercise (both treatment groups)
- 69 – interactive drama program
- 80 – stories, songs, and case scenarios

#### **Article No. and Length of Intervention**

- 1 – duration same for both interventions
- 11 – Differences in implementation times: 10 days; 20 days; 5 days; 450 minutes includes didactic presentations only
- 22 – duration same for both interventions

### Exhibit 4.4 Study-Specific Descriptive Information

Article No.*	Target Population	Curriculum**	Study Design	Baseline Sample Size	Post-Intervention and Follow-Up (FU) Retention Rate	Outcome Measures	Results by Time and Outcome		Overall Results	Total Quality Score
1	College mixed gender	RM, AR, SP, IR, CS, PS	Randomized comparison	215	Post: 100% FU (7 wks): 75%	Know/attitude	Post : FU:	Positive Null	Mixed	Medium
3	College and community mixed gender	RM, IR, SR, SA, GR, SE, AS	Nonequivalent comparison	100	Post: 38% FU (2 m): 55%	Know/attitude	Post : FU:	Positive Positive	Positive	Medium
4	College female only	DR, RM, SP, GR	Experimental	275	FU (7 m): 82%	Know/attitude Victimization	FU:	Positive: K/A Null: Victim.	Mixed	High
5	College female only	RM, AR, SP, IR, PS	Experimental	406	FU (9 wks): Unknown	Know/attitude Victimization Dat behavior	FU:	Null for all outcomes	Null	High
6	College and community female only	DR, RM AR, SP, GR	Experimental	117	FU (7 m): 80%	Know/attitude Victimization Dat behavior	FU:	Null for all outcomes	Null	High
8	College males only	Not reported	Nonequivalent comparison	866	Post: 40%	Know/attitude	Post : FU:	Mixed <sup>‡</sup> Mixed <sup>‡</sup>	Mixed	Low
9	High school mixed gender	AR, GR	Pre-test/post-test	378	FU (7 wks): 31%	Know/attitude	FU:	Mixed <sup>‡</sup>	Mixed	Low
10	College mixed gender	DR, RM, AR, SP	Randomized comparison	582	Post: 82%	Know/attitude	Post : FU:	Mixed <sup>‡</sup>	Mixed	High

(continued)

**Exhibit 4.4 (continued)**

Article No.	Target Population	Curriculum**	Study Design	Baseline Sample Size	Post-Intervention and Follow-Up (FU) Retention Rate	Outcome Measures	Results by Time and Outcome		Overall Results	Total Quality Score
11, 12, 13, 14, 73	Middle school mixed gender	AR, AS, CO	Randomized comparison	1,965	Post: 97% FU1 (1 yr): 96% FU2 (4 yrs): 48%	Know/attitude Victimization Perpetration Dat behavior	Post :	Positive: K/A Null: Victimiz. Positive: Perpet	Mixed	High
							FU1 :	Positive: K/A Positive: Dat be		
							FU2 :	Positive: Victim Positive: Perpet		
15, 79	College male only	DR, SP, CS, SA, AS	Experimental	217	Post: 67% FU (7 m): 67%	Know/attitude Skills/strat Perpetration	Post :	Positive: K/A Positive: S/S Null: Perpet.	Mixed	High
							FU:	Positive: K/A Positive: S/S Null: Perpet		
16	College male only	DR, CS, GR, AS	Nonequivalent comparison	114	Post: 68% FU (2 m): 68%	Know/attitude	Post :	Mixed <sup>†</sup>	Mixed	Medium
							FU:	Null		
17	College male only	DR, CS, GR, SE, AS	Randomized comparison	155	Post: 97%	Know/attitude Skills/strat	Post :	Positive: K/A Mixed: S/S <sup>†</sup>	Mixed	High
18	College mixed gender	AR, SR, PS	Nonequivalent comparison	192	Post: 59% FU (1 m): 49%	Know/attitude	Post :	Positive	Mixed	Low
							FU:	Null		
19	College mixed gender	DR, RM, AR, SP, IR, SR, PS, SE	Nonequivalent comparison	1,136	FU (9 wks): 97%	Know/attitude Victimization Perpetration	FU:	Mixed: K/A <sup>‡</sup> Null: Victimiz Null: Perpetrat	Mixed	Medium

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*(continued)*

**Exhibit 4.4 (continued)**

Article No.	Target Population	Curriculum**	Study Design	Baseline Sample Size	Post-Intervention and Follow-Up (FU) Retention Rate	Outcome Measures	Results by Time and Outcome		Overall Results	Total Quality Score
20	College female only	AR, SP, IR, PS, SE	Experimental	762	Post (2 m): 98% FU (6 m): 80%	Know/attitude Victimization Dating behav	Post :	Null for all outcomes	Null	High
							FU:	Null for all outcomes		
21	College female only	RM, AR, SP, SR, PS	Nonequivalent comparison	360	FU (9 wks): 96%	Know/attitude Victimization Dating behav	FU:	Mixed: K/A <sup>‡</sup> Mixed: Victim <sup>†</sup> Positive: Dating behavior	Mixed	Medium
22	College mixed gender	DR, RM, AR, SP, SR, CS, GR, PS	Randomized comparison	294	Post: 88% FU (5 m): 52%	Know/attitude Skills/strat	Post :	Mixed: K/A <sup>‡</sup> Mixed: S/S <sup>‡</sup>	Mixed	High
							FU:	Mixed: K/A <sup>‡</sup> Mixed: S/S <sup>‡</sup>		
23	College male only	DR, RM, AR, SP, IR, SE, AS	Randomized comparison	119	Post: 48% FU (5 m): 48%	Know/attitude	Post :	Mixed <sup>†</sup>	Mixed	Medium
							FU:	Mixed <sup>†</sup>		
24	College mixed gender	SR, SE	Pre-test/post-test	305	Post: 84% FU (2 m): 84%	Know/attitude	Post :	Positive	Mixed	Medium
							FU:	Null		
25	High school mixed gender	IR, SR, AS	Pre-test/post-test	325	Post: 47% FU (6 wks): 38%	Know/attitude Victimization Perpetration	Post :	Mixed: K/A <sup>‡</sup> Null: Victimiz Null: Perpetrat	Mixed	Medium
							FU:	Mixed: K/A <sup>‡</sup> Null: Victimiz Null: Perpetrat		

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*(continued)*

**Exhibit 4.4 (continued)**

Article No.	Target Population	Curriculum**	Study Design	Baseline Sample Size	Post-Intervention and Follow-Up (FU) Retention Rate	Outcome Measures	Results by Time and Outcome		Overall Results	Total Quality Score
27	High school mixed gender	Not reported	Pre-test/post-test	737	Unknown	Know/attitude Dating beh	Post :	Mixed: K/A <sup>†</sup> Mixed: Dat beh <sup>†</sup>	Mixed	Medium
							FU:	Mixed: K/A <sup>†</sup> Mixed: Dat beh <sup>†</sup>		
28	College mixed gender	CS, SE, CO, IA	Randomized comparison	436	Post: 100%	Know/attitude	Post :	Positive	Positive	Medium
29	High school mixed gender	AR	Randomized comparison	517	Post (1 m): 100%	Know/attitude	Post :	Mixed <sup>†</sup>	Mixed	Medium
30	College mixed gender	DR, AR, SP, SR, SA, PS, SE, CO	Randomized comparison	821	Unknown	Know/attitude	Post :	Mixed <sup>‡</sup>	Mixed	Low
31	College mixed gender	RM, AR, IA	Nonequivalent comparison	1457	Unknown	Know/attitude	Post :	Mixed <sup>‡</sup>	Mixed	Low
32	College mixed gender	DR, AR, SP, SR, PS, AS	Nonequivalent comparison	361	Unknown	Know/attitude Skills/strat	Post :	Mixed: K/A <sup>†,‡</sup>	Mixed	Medium
							FU:	Mixed: S/S <sup>†</sup>		
33	College mixed gender	RM, IR, SR, SA	Nonequivalent comparison	170	Post: Unknown FU (2 yrs): 39%	Know/attitude Skills/strat	Post :	Positive: K/A Positive: S/S	Mixed	Medium
							FU:	Null: K/A		

(continued)

**Exhibit 4.4 (continued)**

Article No.	Target Population	Curriculum**	Study Design	Baseline Sample Size	Post-Intervention and Follow-Up (FU) Retention Rate	Outcome Measures	Results by Time and Outcome		Overall Results	Total Quality Score
34	Middle school mixed gender	SR, CS	Experimental	802	Post: 55%	Know/attitude	Post :	Mixed <sup>†</sup>	Mixed	Medium
35	High school mixed gender	AR, PS	Experimental	547	Post: 84%	Know/attitude	Post :	Mixed <sup>‡</sup>	Mixed	High
36	College mixed gender	DR, RM, AR, SP, IR, SR, PS, CO, IA	Randomized comparison	166	Post: 91%	Know/attitude	Post :	Mixed <sup>‡</sup>	Mixed	Medium
37	High school mixed gender	DR, RM, SP, SR, SA, GR, PS, SE	Nonequivalent comparison	NR	Post: unknown	Know/attitude	Post :	Mixed <sup>†</sup>	Mixed	Medium
38	College mixed gender	RM	Nonequivalent comparison	NR	Post: unknown	Know/attitude	Post :	Mixed <sup>†,‡</sup>	Mixed	Low
39	High school mixed gender	RM, IR, SA, PS, AS	Pre-test/post-test	NR	Post: unknown (253 pre- and post-tests completed)	Know/attitude	Post :	Mixed <sup>†</sup>	Mixed	Low
41	Middle school mixed gender	GR	Nonequivalent comparison	66	Post: 59% FU (6 m): 45%	Know/attitude	Post :	Mixed <sup>‡</sup>	Mixed	Medium
							FU:	Positive		

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*(continued)*

**Exhibit 4.4 (continued)**

Article No.	Target Population	Curriculum**	Study Design	Baseline Sample Size	Post-Intervention and Follow-Up (FU) Retention Rate	Outcome Measures	Results by Time and Outcome		Overall Results	Total Quality Score
44	College mixed gender	DR, RM, PS, IA	Nonequivalent comparison	376	Post: 92%	Know/attitude	Post :	Positive	Positive	Low
46	College mixed gender	AR	Nonequivalent comparison	NR	Post: unknown (89 completed pre and posts)	Know/attitude	Post :	Positive	Positive	Low
49	College female only	RM, AR, SP, IR, CS, PS, CO, IA	Pre-test/post-test	7	Post: 86%	Know/attitude	Post :	Positive	Positive	Low
53	College mixed gender	GR	Nonequivalent comparison	NR	Unknown	Know/attitude	Post :	Positive	Positive	Medium
54	Middle school mixed gender	RM, SR, CS, SA, PS, SE	Nonequivalent comparison	191	Post: 83% FU (16 m): unknown	Victimization Perpetration Dating beh	Post :	Positive: Victim Positive: Perpet Null: Dat beh	Mixed	High
							FU:	Positive: Victim Positive: Perpet Null: Dat beh		
55	High school mixed gender	RM, SP, IR, PS	Pre-test/post test	NR	Post: unknown (698 completed pre- and posts-)	Know/attitude	Post :	Positive	Positive	Low

*(continued)*

**Exhibit 4.4 (continued)**

Article No.	Target Population	Curriculum**	Study Design	Baseline Sample Size	Post-Intervention and Follow-Up (FU) Retention Rate	Outcome Measures	Results by Time and Outcome		Overall Results	Total Quality Score
58	College mixed gender	AR, PS	Experimental	NR	Post: unknown FU (2 wks): unknown 54 completed pre and posts)	Know/attitude	Post : FU:	Mixed <sup>†‡</sup> Mixed <sup>†‡</sup>	Mixed	Medium
59	College male only	RM, IR, CS, SE	Experimental	216	Unknown	Know/attitude Skills/strat	Post :	Mixed: K/S <sup>‡</sup> Mixed: S/S <sup>†</sup>	Mixed	Low
60	College female only	DR, AR, SP, SR, CS, PS, CO	Experimental	66	FU ( 2 m): 92%	Victimization Skills/strat	FU:	Mixed: Victim <sup>†</sup> Mixed: S/S <sup>†</sup>	Mixed	High
61	College female only	RM, AR, SP, CS	Randomized comparison	70	Post: 100%	Skills/strat	Post :	Mixed <sup>†</sup>	Mixed	Medium
64	College male only	RM, CS, SE	Experimental	102	Post: 73% FU (2 wks): 74%	Know/attitude Skills/strat	Post : FU:	Mixed: K/A <sup>‡</sup> Mixed: S/S <sup>‡</sup> Mixed: K/A <sup>‡</sup> Mixed: S/S <sup>‡</sup>	Mixed	Medium
67	College male only	RM, SA, GR	Experimental	75	Post: 81%	Know/attitude Skills/strat	Post :	Mixed: K/A <sup>‡</sup> Mixed: S/S <sup>†</sup>	Mixed	Medium
68	College male only	RM, AR, IR, SA, GR	Experimental	48	Post: 83%	Know/attitude Perpetration	Post :	Null: K/A Mixed: Perpet <sup>†</sup>	Mixed	Medium
69	College mixed gender	IR, PS	Experimental	60	Unknown	Know/attitude Skills/strat	Post :	Mixed: K/A <sup>‡</sup> Mixed: S/S <sup>†</sup>	Mixed	Low

(continued)

**Exhibit 4.4 (continued)**

Article No.	Target Population	Curriculum**	Study Design	Baseline Sample Size	Post-Intervention and Follow-Up (FU) Retention Rate	Outcome Measures	Results by Time and Outcome		Overall Results	Total Quality Score
70	College mixed gender	AR, IR	Nonequivalent comparison	96	Unknown	Know/attitude	Post : :	Mixed <sup>†</sup>	Mixed	Low
80	Community female only	AR, DR, IR, SR, PS	Pre-test/post-test	364	Unknown	Know/attitude Victimization	Post : :	Positive: K/A Mixed: Victim <sup>†</sup>	Mixed	Medium

Note: Studies were considered to have a positive intervention effect if all the results reported in the article were statistically significant in the “desired” direction (i.e., the intervention group showed greater knowledge/attitude or behavioral change, either in comparison with a control group or from pre- to post-test), and none of the results were either null or statistically significant in an “undesired” direction (either in comparison with a control group or from pre- to post-test). Studies were classified as having a mixed intervention effect if results across different outcomes (e.g. knowledge and dating behavior) or within the same outcome (e.g. subscales in one instrument or across two or more instruments measuring the same outcome) are both positive and null or negative. Studies were classified as having a null intervention effect if none of the results reported in the study were statistically significant.

\* See Appendix C for study references.

\*\* Includes all curriculum components reported. Abbreviations refer to the following:

AR: Acquaintance/date rape information

AS: Assisting a survivor

CO: Characteristics of offenders

CS: Communication skills

DR: Definition of rape

GR: Gender role socialization

IA: Influence/role of alcohol

IR: Information on rape (facts)

RM: Rape myths

SA: Societal attitudes toward rape

SE: Survivor’s experiences/trauma

SP: Statistics (prevalence, etc.)

SR: Sources of information/resources

PS: Prevention skills/risk reduction/protective behaviors

<sup>†</sup> refers to mixed results within subscales of one instrument

<sup>‡</sup> refers to mixed results across two or more instruments

## Exhibit 4.5 Summary of Intervention Effects

Set of Studies	Type of Intervention Effect		
	Positive	Mixed	Null
	% (n)	% (n)	% (n)
Total (n=50)	14(7)	80(40)	6 (3)
Subset of studies using only knowledge/attitude outcomes (n=29)	24(7)	76(22)	0
Subset of studies using victimization as an outcome* (n=11)	9(1)	36(4)	55(6)
Subset of studies using perpetration as an outcome* (n=6)	33(2)	17(1)	50(3)
Subset of studies using dating behavior as an outcome* (n=7)	29(2)	14(1)	57(4)
Subset of studies using:			
– experimental design (n=14)	0	79 (11)	21 (3)
– randomized comparison (n=11)	9 (1)	91(10)	0
– nonequivalent comparison (n=17)	24 (4)	76 (13)	0
– pre-post (n=8)	25 (2)	75 (6)	0
Subset of studies with study retention rates:			
– at post-test			
greater than 75 (n=21)	14 (3)	81(17)	5 (1)
– at follow-up			
greater than 75 (n=6)	0	67(4)	33 (2)
Subset of studies with follow-up period:			
– less than 1 month (n=19)	21 (4)	79 (15)	0
– 1–3 months (n=17)	18(3)	82 (14)	0
– greater than 4 months (n=12)	0	83 (10)	17 (2)
Subset of studies with quality score:			
– less than 50 % (n=14)	29 (4)	71 (10)	0
– 50–69 % (n=24)	13 (3)	87 (21)	0
– 70–100 % (n=12)	0	75 (9)	25 (3)

Note: Studies were classified as having a *positive* effect if all of the statistically significant findings for the type of outcome (e.g., attitude/knowledge or behavioral outcomes) were positive and none were negative. Studies were classified as having mixed effects if there were both positive and null (or negative) statistically significant findings. Studies were classified as having a *negative* effect if at least one of the statistically significant findings was negative. Studies were classified as having a *null* effect if none of the findings were statistically significant (either in a positive or negative direction). No studies were classified as having a *negative* effect.

\* These results represent only the behavioral outcomes; some of these studies also used knowledge/attitude and skills/strategies outcomes for which the results could have differed.

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## 5.0 CONCLUSION

### 5.1 Overview

A comprehensive literature search was conducted for this evidence-based review of SAPI evaluations, documenting what is known about SAPI evaluation research, identifying significant gaps, and highlighting areas for future research. The audience for this report includes researchers, service providers, and policy makers. This chapter presents a summary of key findings, limitations of this evidence-based review, and areas for future research.

### 5.2 Summary of Key Findings

A total of 59 studies (representing 67 articles) were reviewed for this report. The 9 studies (12 articles) that reported evaluation results of SAPIs focusing on individuals with disabilities are discussed separately in appendix F. Of the 50 SAPI studies that focused on the general population, the majority targeted college students (70 percent), and 64 percent of the studies included both male and female participants. The most common type of study design was a nonequivalent comparison group (34 percent), and 49 percent of the studies involved a follow-up assessment in addition to a post-test, with the majority of these studies (76 percent) conducting the follow-up within 3 months of the completed intervention. A variety of outcome measures were used, with the majority of the studies (58 percent) solely measuring changes in knowledge and/or attitudes. Twenty-six percent of the studies included both behavioral and nonbehavioral outcomes. The majority of studies (46 percent) received medium quality scores.

The large variation in curriculum components, mode and length of interventions, study design, instruments and outcome measures, post-intervention follow-up durations, retention rates, analytic strategies, and statistical reporting across studies limited RTI's ability to conduct a quantitative meta-analysis. Instead, RTI adopted a unique approach to examining the program effect by classifying studies as positive, mixed, null, or negative under varying conditions that

grouped the studies into subsets based on type of outcome, study design, retention rates, follow-up period, and quality score. Under the most liberal conditions (any single finding that the SAPI demonstrated a positive intervention effect), 90 percent of studies were classified as positive. However, only 14 percent of the studies reported positive effects for all outcomes. Approximately 80 percent of the studies reported mixed intervention effects (both positive and null [or negative] results at post-test or follow-up across different outcomes or within the same outcome), and 6 percent reported solely null intervention effects. None of the studies that reported only positive intervention effects included behavioral outcomes.

### **5.3 Limitations of This Review**

Although this review's methodology allowed for data collection across a variety of evaluations, the inclusion criteria naturally resulted in limitations. As one example, only studies published from 1990 to June 2003 were reviewed. It is unclear whether the studies included in this review represent the universe of SAPIs; it is probable, however, that they under-represent new or innovative programs, which are not likely to have been evaluated. In addition, evaluations of some programs may have been conducted but not published in a format that the search criteria would recognize. For example, because dissertations were not included in this review, evaluations of innovative SAPIs may have been omitted. Additionally, studies reporting significant results are more likely to have been submitted and published, resulting in publication bias.

Inconsistent use of outcome measures also poses significant problems when attempting to synthesize findings and provide recommendations. The synthesis of findings did not estimate the magnitude of the intervention effect but instead summarized the proportion of studies reporting a significant effect. It is likely therefore that this evidence-based review overestimated positive effects; many studies included multiple measures, and studies were classified as having an overall positive effect if at least one of the effects was positive (and none negative). In addition, the method

adopted for this review excluded all qualitative studies, as their design is not suited for an evidence-based review.

## **5.4 Recommendations for Future Research**

Limitations aside, the review highlighted many programmatic, research, and evaluation needs that must be met to advance the field of sexual assault prevention. Some of the major challenges facing the development and evaluation of SAPIs are described below, as are recommendations for future research in the field. This discussion is divided into challenges related to program development and those related to evaluation; it is important to note, however, that programmatic and evaluation issues are intertwined.

When abstracting article data for the evidence-based review, RTI reviewed author suggestions. Exhibit 5.1 provides a summary of the salient suggestions gleaned from the articles reviewed. Appendix H provides a more detailed list of the suggestions and specific recommendations offered by the authors in research design, evaluation measures, intervention characteristics, and curriculum.

### **5.4.1 Program Development**

#### **Target Population**

In general, evaluations of interventions with younger populations are needed; programs that target young people provide opportunities for primary prevention. Unfortunately, most published studies use college samples, in part because many researchers who produce publications are university based, making college samples more convenient. Another reason college students are more frequently studied is that gaining informed consent from people younger than 18 is difficult, and parents may be reluctant to consent for their children to participate in a study on sexual assault.

In addition, most of the interventions were universal interventions; that is, they were delivered to an entire population regardless of risk factors. Although this is an excellent way to

provide basic information to a large population, interventions targeting individuals who are considered at risk for sexual violence may be needed. Numerous risk factors could be used to target individuals who may be at risk for perpetrating or being a victim of sexual abuse, including individuals who were sexually or physically abused or neglected as children, individuals who witnessed partner or sexual abuse at home, and individuals who use alcohol and/or drugs. The combination of universal and selective interventions may further advance the prevention of sexual violence.

Another important issue facing SAPIs is the role of gender and its effect on program success. For example, it has not been empirically established that programs targeting male-only audiences can accomplish the mutually exclusive goals of rape prevention and rape avoidance/resistance education (Bachar & Koss, 2001). As discussed in chapter 2, a number of studies provide evidence for gender-specific programming. Additionally, when the audience is younger and the curriculum content is focused more on healthy relationships than on avoiding rape, mixed gender groups may be more appropriate.

### **Intervention Setting**

Most SAPIs, including the majority of studies included in this review, are school based. Although school settings provide access to a large number of students and may therefore be ideal for universal interventions, they do have limitations. Some students, particularly those most at risk, may not be accessible, and some students may have difficulty becoming engaged in any school-based activities. Programs that utilize other venues to reach youth, such as families, community-based organizations, religious institutions, and media, may provide access to a broader range of adolescents and may offer different ways to engage them in SAPIs. More research is needed to explore other venues and to determine which venues work best for which kinds of prevention activities. This is an especially important question as more selective prevention programs

are developed, because the youth included in selective prevention programs may be particularly hard to reach.

### **Culturally Specific Programs**

The abstraction process revealed only one study that reported a culturally relevant intervention. In general, there is a significant need to develop and evaluate programs that meet the needs of individuals from diverse racial and cultural backgrounds. Foshee et al. (1996) identified a higher prevalence of sexual violence among non-White adolescents than among White adolescents, which supports the need for program development in this area. This lack of culturally specific SAPIs is consistent with the lack of culturally specific programs in other violence-prevention literature (e.g., batterer intervention, dating violence).

### **Program Content/Context**

The studies reviewed here showed considerable variability in the theoretical models used to guide the curricula, with several studies not discussing any theoretical model. It is difficult to replicate their programs without a framework to follow. Therefore, it would be useful to develop curricula based on one or more theoretical frameworks to address sexual prevention efforts in a more systematic and comprehensive manner. Perhaps sexual violence should be considered part of the constellation of adolescent risk behaviors including delinquency, aggression, school failure, and substance use, which are found to co-occur in adolescents (Jessor & Jessor, 1977) and have similar development trajectories (Duncan, Duncan, Biglan, & Ary, 1998). If sexual violence were considered among them, sexual violence prevention efforts could address risk factors common to all risk behaviors. General prevention programs focused on healthy youth development, conducted in place of (or in addition to) programs more specifically focused on sexual violence prevention, could be effective in reducing sexual violence. Assessing the effect of such general prevention programs on adolescent sexual violence, with and without the integration of more specialized components, will be an important step in understanding and preventing sexual violence.

## **Need for Evaluation**

Program development also faces the need for evaluation. Organizations that implement SAPIs may not have the expertise or the resources to conduct controlled evaluations of new (or existing) programs, yet such evaluations are critical for advancement of the field. At a minimum, programs should be encouraged to collect data for self-evaluation. For example, pre- and post-program data can be collected on attitudes and behaviors, and qualitative data can be collected on successful and unsuccessful program aspects. Such data can inform program development and would also provide hypotheses for researchers.

### **5.4.2 Evaluation**

#### **Measurement**

The challenges that SAPI evaluations face in measuring effectiveness are often related to measurement sources, instruments, and determining specific outcomes. In general, outcome measures should be updated and improved, with special attention given to reliability, validity, and psychometric properties. Further research could examine differences among outcomes for interventions of varying intensity (e.g., one session versus multiple sessions) and could compare the effectiveness of various intervention styles, curricula, presenters, and settings. It would also be useful to identify which elements of an intervention are most successful in effecting change.

Measuring abusive behavior in the context of an evaluation of an adolescent-focused SAPI is made difficult by the lack of standardized instruments for adolescents. Typically, instruments that have been developed for adult relationship violence are adapted for use, but the performance of these instruments in adolescent populations is unknown. Instruments could perform differently because of differences in how adults and adolescents interpret questions, or because of differences in the nature of adult versus adolescent relationships. The cognitive, emotional, and psychological development of adolescents must be taken into account in developing measures of sexual violence.

## **Outcomes**

Another challenge in evaluating SAPIs is identifying which outcomes indicate program success. Most SAPI evaluations focus on knowledge and attitudes as the primary outcome, but this focus is problematic for several reasons. First, changes in attitudes may be limited by ceiling or floor effects, as many students may not be willing to endorse attitudes in support of sexual violence (especially severe forms), thus limiting the extent to which changes can be found. Second, measures of attitudes and knowledge may be more susceptible to socially desirable responding than are behavioral measures. Finally, and most importantly, changes in attitudes and knowledge may or may not result in behavioral changes. More research is needed to understand the causal relationship between attitudes and behavior, including whether changes in attitudes lead to corresponding changes in behavior. For instance, more studies should include behavioral outcomes such as sexual aggression and victimization and further monitor sexual assault statistics, such as prevalence rates of date rape at universities.

## **Follow-Up Period**

To determine whether SAPIs result in significant, lasting changes, longer follow-up periods are needed. Longitudinal studies are very effective for examining the relationship between history of sexual victimization and program effectiveness. Longitudinal and prospective studies that track subjects over a specified period of time, linking childhood and adolescent experiences with behavior during the college years, allow researchers to identify causal factors related to sexual revictimization and perpetration (Yeater & O'Donohue, 1999). Unfortunately, these studies require a significant amount of time, money, and human resources, which many researchers lack.

## **5.5 Conclusion**

This review sought to examine evaluations of primary and secondary SAPIs, identify significant gaps, and provide recommendations for future research. Although some of the SAPI studies reported positive findings for knowledge, attitude, and/or behavioral outcomes, and most of

the studies reported mixed results, these findings should be taken as tentative given the diversity of the studies, their methodological problems, and the fact that not all SAPI studies were included.

The great variability in study design, sampling, attrition, and measurement precluded synthesis across studies. This review demonstrated that many challenging research questions and issues are yet to be addressed, most notably the need for improved measures and the development and evaluation of SAPIs for diverse populations.

## Exhibit 5.1 Summary of Author Suggestions

Challenge	Suggestion
<b>Research Design</b>	<p>Longer follow-up periods</p> <p>Increases in sample size</p> <p>Replication (including assessment of intervention in different settings)</p> <p>Use more sophisticated statistical tools</p> <p>Increase understanding of past victimization’s relationship to program effectiveness</p>
<b>Evaluation Measures</b>	<p>Expand narrow focus on knowledge and attitudes as primary outcome (at least include a measure of both attitude/knowledge and behavioral outcomes)</p> <p>Include behavioral measures, specifically measures of sexual aggression and victimization</p> <ul style="list-style-type: none"> <li>Access annual prevalence rates of date rape at universities</li> <li>Closely monitor sexual assault statistics</li> <li>Examine the use of sexual assault counseling programs</li> </ul> <p>Improve knowledge/attitude measures</p> <ul style="list-style-type: none"> <li>Update outdated instruments</li> <li>Increase reliability</li> </ul> <p>Expand the measures being used</p> <ul style="list-style-type: none"> <li>Obtain information on problem-solving skills and conflict tactics</li> <li>Provide developmentally sensitive skills measures</li> <li>Measure exposure to family and community violence</li> <li>Add measures of knowledge regarding abuse of women, factual information about rape, and risk recognition</li> </ul> <p>Improve the psychometric qualities of instruments</p>
<b>Intervention Characteristics/ Content/Curriculum</b>	<p>Diversify target population</p> <ul style="list-style-type: none"> <li>Increase programming for minority groups, victims, women who are at greatest risk for becoming victims, rape-tolerant and sexually aggressive groups, community women</li> </ul>

*(continued)*

**Exhibit 5.1 (continued)**

Challenge	Suggestion
<b>Intervention Characteristics/ Content/Curriculum (cont.)</b>	<p>Assess impact of various modes of presentation</p> <ul style="list-style-type: none"><li>All-male vs. all-female vs. mixed audiences</li><li>Multimedia theatrical performance vs. other formats</li><li>Verbal vs. visually oriented formats</li></ul> <p>Timing of intervention</p> <ul style="list-style-type: none"><li>Introduce programming at younger age</li><li>Increase length and frequency of programming</li></ul> <p>Increase use of theory-based interventions</p> <p>Integrate topics into curricula: structural and interpersonal inequality, societal and cultural influence, gender, and control theories</p> <p>Increase personal and cultural relevance of program/topic</p> <p>Ensure program presenters are perceived as helpful and interested</p>

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## **Appendix A**

### **Expert Consultants**

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## Appendix A

### Expert Consultants

**Mary Koss, Ph.D.**

Professor of Public Health, Family and Community Medicine, Psychiatry and Psychology  
College of Public Health, University of Arizona in Tucson

**Sandra Martin, Ph.D.**

Professor of Public Health  
Department of Maternal and Child Health  
School of Public Health, University of North Carolina at Chapel Hill

**Margaret Zahn, Ph.D.**

Program Director and Deputy Research Director  
RTI International

## **Appendix B**

### **Literature Search Databases and Search Terms**

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## Appendix B

### Electronic Databases

- Applied Social Sciences Index and Abstracts™**, produced by Bowker-Saur, United Kingdom
- Criminal Justice Periodicals Index**, produced by ProQuest Information and Learning, Ann Arbor, MI
- EMBASE® (formerly Excerpta Medica)**, produced by Elsevier Science B.V., Amsterdam
- Education Abstracts**, produced by The H.W. Wilson Company, Bronx, NY
- Educational Resources Information Center (ERIC)**, produced by the U.S. Department of Education, Washington, DC
- MEDLINE®**, produced by the National Library of Medicine, Bethesda, MD
- Mental Health Abstracts**, produced by the IFI CLAIMS (R) Patent Services, Wilmington, DE
- National Criminal Justice Reference Service (NCJRS)**, produced by the National Institute of Justice, Rockville, MD
- PsycINFO®**, produced by the American Psychological Association, Washington, DC
- PubMed**, produced by the National Center for Biotechnology Information (NCBI), Bethesda, MD
- Social Sciences Abstracts**, produced by The H.W. Wilson Company, Bronx, NY
- Social SciSearch®**, produced by the Institute for Scientific Information (ISI), Philadelphia, PA
- Sociological Abstracts**, produced by Cambridge Scientific Abstracts, Bethesda, MD

### Search Terms

Note that an asterisk (\*) represents a wildcard to capture all forms of a key word

#### Search 1

1. dating or courtship or romance or couples or intimate partner\* or boyfriend\* or girlfriend\*
2. 1 AND (battered female\* or emotional abuse or physical abuse or sexual abuse or violence or rape)
3. 2 AND (prevent\* or intervention\* or program development or evaluat\* or test or analysis or reviewed or assessment\* or study or effective\* or outcome\* or meta-analysis or efficacy or recidivism or evidence based).

#### Search 2

Rape OR sex \* assault \* OR sex \* offen \* OR sex \* crim \* OR sex \* violen \* OR sex \* predat \* OR sex \* abus \* OR sex \* perpetr \*

AND

Prevent \* OR control \* OR educat \* OR risk reduction \* OR reduc\* risk \*

AND

evaluat \* OR assess \* OR performance measure \* OR data collect\*

AND

PY=1990:2001

**November 2002**

Rape OR sex\* assault\* OR sex\* offen\* OR sex\* crim\* OR sex\* violen\* OR sex\*predat\* OR sex\* abus\* OR sex\* perpetr\*

AND

Prevent\* OR control\* OR educat\* OR risk reduction\* OR reduc\* risk\* or risk management OR program OR intervention

AND

evidence based OR outcome\* OR recidivism OR analysis OR effect\* OR evaluat\* OR assess\* OR performance measure\* OR data\* collect\*

**June 2003**

SET 1:

Rape OR sex\* assault\* OR sex\* offen\* OR sex\* crim\* OR sex\* violen\* OR sex\* abus\* OR dat\* violen\* OR acquaintance rape

AND

Prevent\* OR control\* OR educat\* OR risk reduction\* OR reduc\* risk\*

AND

evaluat\* OR assess\* OR performance measure\* OR data collect\* OR evidence based OR test or analysis OR study effectiveness OR outcomes OR meta analysis OR efficacy OR recidivism

AND

Effect\* OR Intervention\* OR Victim\*

AND

Adolesc\* OR Middle School\* OR High School\* OR Teen\* OR Youth\* OR Ages 12-17\*

AND

Disab\* OR Mental\* Retard\* OR Handicap\* OR Learning Defic\*

AND

Rac\* OR Ethnic\* OR Minorit\* OR Immigrant\* OR Cultur\*

OR gay or lesbian

OR African-American OR Black

OR Latinos\* OR Latinas\* OR Hispanic\*

OR Asian\*

OR Native American\* OR American Indian\*

## **Appendix C**

### **List of Articles and Their Corresponding Article Number**

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

## Appendix C

### Articles Meeting Inclusion Criteria for Evidence-Based Review of SAPIs

Article Number	Article
1	Anderson, L., Stoelb, M. P., Duggan, P., Hieger, B., Kling, K. H., & Payne, J. P. (1998). The effectiveness of two types of rape prevention programs in changing the rape-supportive attitudes of college students. <i>Journal of College Student Development</i> , 39(2), 131-142.
3	Black, B., Weisz, A., Coats, S., & Patterson, D. (2000). Evaluating a psychoeducational sexual assault prevention program incorporating theatrical presentation, peer education, and social work. <i>Research on Social Work Practice</i> , 10(5), 589-606.
4	Breitenbecher, K. H., & Scarce, M. (1999). A longitudinal evaluation of the effectiveness of a sexual assault education program. <i>Journal of Interpersonal Violence</i> , 14(5), 459-478.
5	Breitenbecher, K. H., & Gidycz, C. A. (1998). An empirical evaluation of a program designed to reduce the risk of multiple sexual victimization. <i>Journal of Interpersonal Violence</i> , 13(4), 472-488.
6	Breitenbecher, K. H., & Scarce, M. (2001). An evaluation of the effectiveness of a sexual assault education program focusing on psychological barriers to resistance. <i>Journal of Interpersonal Violence</i> , 16(5), 397-407.
8	Earle, J. P. (1996). Acquaintance rape workshops: Their effectiveness in changing the attitudes of first-year college men. <i>NASPA Journal</i> , 34, 2-18.
9	Feltey, K. M., Ainslie, J. J., & Geib, A. (1991). Sexual coercion attitudes among high school students: The influence of gender and rape education. <i>Youth and Society</i> , 23(2), 229-250.
10	Fonow, M. M., Richardson, L., & Wemmerus, V. A. (1992). Feminist rape education: Does it work? <i>Gender &amp; Society</i> , 6(1), 108-121.
11	Foshee, V. A. (1998). Involving schools and communities in preventing adolescent dating abuse. In X. B. Arriaga & S. Oskamp (Eds). <i>Addressing community problems: Psychological research and interventions</i> (pp. 104-129). Thousand Oaks, CA: Sage Publications.

(continued)

**Appendix C (continued)**

Article Number	Article
12	Foshee, V. A., Linder, G. F., Bauman, K. E., Langwick, S. A., Arriaga, X. B., Heath, J. L., McMahon, P. M., & Bangdiwala, S. (1996). The Safe Dates Project: Theoretical basis, evaluation design, and selected baseline findings. <i>American Journal of Preventive Medicine</i> , 12(5, Suppl), 39-47.
13	Foshee, V. A., Bauman, K. E., Arriaga, X. B., Helms, R. W., Koch, G. G., & Linder, G. F. (1998). An evaluation of Safe Dates: An adolescent dating violence prevention program. <i>American Journal of Public Health</i> , 88(1), 45-50.
14	Foshee, V. A., Bauman, K. E., Greene, W. F., Koch, G. G., Linder, G. F., & MacDougall, J. E. (2000). The Safe Dates Program: One-year follow-up results. <i>American Journal of Public Health</i> , 90(10), 1619-1622.
15	Foubert, J. D. (2000). The longitudinal effects of a rape-prevention program on fraternity men's attitudes, behavioral intent, and behavior. <i>Journal of American College Health</i> , 48(4), 158-163.
16	Foubert, J. D., & Marriot, K. A. (1997). Effects of a sexual assault peer education program on men's belief in rape myths. <i>Sex Roles</i> , 36(3-4), 259-268.
17	Foubert, J. D., & McEwen, M. K. (1998). An all-male rape prevention peer education program: Decreasing fraternity men's behavioral intent to rape. <i>Journal of College Student Development</i> , 39, 548-556.
18	Frazier, P., Valtinson, G., & Candell, S. (1994). Evaluation of a coeducational interactive rape prevention program. <i>Journal of Counseling &amp; Development</i> , 73(2), 153-158.
19	Gidycz, C. A., Layman, M. J., Rich, C. L., Crothers, M., Gyls, J., Matorin, A., & Jacobs, C. D. (2001). An evaluation of an acquaintance rape prevention program: Impact on attitudes, sexual aggression, and sexual victimization. <i>Journal of Interpersonal Violence</i> , 16(11), 1120-1138.
20	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. <i>Journal of Consulting and Clinical Psychology</i> , 69(6), 1073-1078.
21	Hanson, K. A., & Gidycz, C. A. (1993). Evaluation of a sexual assault prevention program. <i>Journal of Consulting and Clinical Psychology</i> , 61(6), 1046-1052.
22	Heppner, M. J., Humphrey, C. F., Hillenbrand-Gunn, T. L., & DeBord, K. A. (1995). The differential effects of rape prevention programming on attitudes, behavior, and knowledge. <i>Journal of Counseling Psychology</i> , 42, 508-518.

(continued)

**Appendix C (continued)**

Article Number	Article
23	Heppner, M. J., Neville, H. A., Smith, K., Kivlighan, D. M., & Gershuny, B. S. (1999). Examining immediate and long-term efficacy of rape prevention programming with racially diverse college men. <i>Journal of Counseling Psychology, 46</i> , 16-26.
24	Heppner, M. J., Good, G. E., Hillenbrand-Gunn, T. L., Hawkins, A. K., Hacquard, L. L., Nichols, R. K., DeBord, K. A., & Brock, K. J. (1995). Examining sex differences in altering attitudes about rape: A test of the elaboration likelihood model. <i>Journal of Counseling and Development, 73</i> , 640-647.
25	Hilton, N. Z., Harris, G. T., Rice, M. E., Krans, T. S., & Lavigne, S. E. (1998). Antiviolence education in high schools: Implementation and evaluation. <i>Journal of Interpersonal Violence, 13</i> (6), 726-742.
27	Jaffe, P. G., Sudermann, M., Reitzel, D., & Killip, S. M. (1992). An evaluation of a secondary school primary prevention program on violence in intimate relationships. <i>Violence and Victims, 7</i> (2), 129-146.
28	Lanier, C. A., Elliott, M. N., Martin, D. W., & Kapadia, A. (1998). Evaluation of an intervention to change attitudes toward date rape. Clinical and Program Notes. <i>Journal of College Health, 46</i> (4), 177-180.
29	Lavoie, F., Vezina, L., Piche, C., & Boivin, M. (1995). Evaluation of a prevention program for violence in teen dating relationships. <i>Journal of Interpersonal Violence, 10</i> (4), 516-524.
30	Lenihan, G. O., Rawlins, M. E., Eberly, C. G., Buckley, B., & Masters, B. (1992). Gender differences in rape supportive attitudes before and after a date rape education intervention. <i>Journal of College Student Development, 33</i> , 331-338.
31	Lenihan, G. O., & Rawlins, M. E. (1994). Rape supportive attitudes among Greek students before and after a date rape prevention program. <i>Journal of College Student Development, 35</i> (6), 450-455.
32	Lonsway, K. A., & Kothari, C. (2000). First year campus acquaintance rape education. <i>Psychology of Women Quarterly, 24</i> (3), 220-232.
33	Lonsway, K. A., Klaw, E. L., Berg, D. R., Waldo, C. R., Kothari, C., Mazurek, C. J., & Hegeman, K. E. (1998). Beyond “no means no”: Outcomes of an intensive program to train peer facilitators for campus acquaintance rape education. <i>Journal of Interpersonal Violence, 13</i> (1), 73-92.
34	Macgowan, M. J. (1997). An evaluation of a dating violence prevention program for middle school students. <i>Violence and Victims, 12</i> (3), 223-235.

(continued)

**Appendix C (continued)**

Article Number	Article
35	Pacifci, C., Stoolmiller, M., & Nelson, C. (2001). Evaluating a prevention program for teenagers on sexual coercion: A differential effectiveness approach. <i>Journal of Consulting and Clinical Psychology, 69</i> (3), 552-559.
36	Pinzone-Glover, H. A., Gidycz, C. A., & Jacobs, C. D. (1998). An acquaintance rape prevention program: Effects on attitudes toward women, rape-related attitudes, and perceptions of rape scenarios. <i>Psychology of Women Quarterly, 22</i> (4), 605-621.
37	Proto-Campise, L., Belknap, J., & Wooldredge, J. (1998). High school students adherence to rape myths and the effectiveness of high school rape-awareness programs. <i>Violence Against Women, 4</i> (3), 308-328.
38	Rosenthal, E. H., Heesacker, M., & Neimeyer, G. J. (1995). Changing the rape-supportive attitudes of traditional and nontraditional male and female college students. <i>Journal of Counseling Psychology, 42</i> , 171-177.
39	Smith, P., & Welchans, S. (2000). Peer education: Does focusing on male responsibility change sexual assault attitudes? <i>Violence Against Women, 6</i> (11), 1255-1268.
41	Weisz, A. N., & Black, B. M. (2001). Evaluating a sexual assault and dating violence prevention program for urban youths. <i>Social Work Research, 25</i> (2), 89-100.
44	Schwartz, M. D., & Wilson, N. (1993). We're talking but are they listening? The retention of information from sexual assault programming for college students. <i>Free Inquiry in Creative Sociology, 21</i> , 3-8.
46	Nelson, E. S., & Torgler, C. C. (1990). A comparison of strategies for changing college students' attitudes toward acquaintance rape. <i>Journal of Humanistic Education and Development, 29</i> , 69-85.
49	Himelein, M. J. (1999). Acquaintance rape prevention with high-risk women: Identification and inoculation. <i>Journal of College Student Development, 40</i> (1), 93-96.
53	Dallager, C., & Rosen, L. A. (1993). Effects of a human sexuality course on attitudes toward rape and violence. <i>Journal of Sex Education and Therapy, 19</i> , 193-199.
54	Wolfe, D. A., Wekerle, C., Scott, K., Straatman, A., Grasley, C., & Reitzel-Jaffe, D. (2003). Dating violence prevention with at-risk youth: A controlled outcome evaluation. <i>Journal of Consulting and Clinical Psychology, 71</i> (2), 279-291.

(continued)

**Appendix C (continued)**

Article Number	Article
55	Wright, V., Akers, S. W., Rita, S. (2000). The Community Awareness Rape Education (CARE) program for high school students. <i>Journal of Emergency Nursing, 26</i> (2), 182-185.
58	Forst, L. S., Lightfoot, J. T., & Burrichter, A. (1996). Familiarity with sexual assault and its relationship to the effectiveness of acquaintance rape prevention programs. <i>Journal of Contemporary Clinical Justice, 12</i> (1), 28-44.
59	Schewe, P. A., & O'Donohue, W. (1993). Sexual abuse prevention with high-risk males: The roles of victim empathy and rape myths. <i>Violence and Victims, 8</i> (4), 339-351.
60	Marx, B. P., Calhoun, K. S., Wilson, A. E., & Meyerson, L. A. (2001). Sexual revictimization prevention: An outcome evaluation. <i>Journal of Consulting and Clinical Psychology, 69</i> (1), 25-32.
61	Gray, M. D., Lesser, D., Quinn, E., & Bounds, C. (1990). The effectiveness of personalizing acquaintance rape prevention: Programs on perception of vulnerability and on reducing risk-taking behavior. <i>Journal of College Student Development, 31</i> , 217-220.
64	Schewe, P. A., & O'Donohue, W. (1996). Rape prevention with high-risk males: Short-term outcome of two interventions. <i>Archives of Sexual Behavior, 25</i> (5), 455-471.
67	Gilbert, B. J., Heesacker, M., & Gannon, L. J. (1991). Changing the sexual aggression-supportive attitudes of men: A psychoeducational intervention. <i>Journal of Counseling Psychology, 38</i> , 197-203.
68	Linz, D., Fuson, I. A., & Donnerstein, E. (1990). Mitigating the negative effects of sexually violent mass communications through preexposure briefings. <i>Communication Research, 17</i> , 641-674.
69	Schultz, S. K., Scherman, A., & Marshall, L. J. (2000). Evaluation of a university-based date rape prevention program: Effect on attitudes and behavior related to rape. <i>Journal of College Student Development, 41</i> (2), 193-201.
70	Harrison, P. J., Downes, J., & Williams, M. D. (1991). Date and acquaintance rape: Perceptions and attitude change strategies. <i>Journal of College Student Development, 32</i> (2), 131-139.
73	Foshee, V. A., Bauman, K. E., Ennett, S. T., Linder, G. F., Benefield, T., & Suchindran (2004). Assessing the long-term effects of the Safe Dates Program and a Booster in Preventing and Reducing Adolescent Dating Violence Victimization and Perpetration. <i>American Journal of Public Health, 94</i> (4), 619-624.

(continued)

**Appendix C (continued)**

<b>Article Number</b>	<b>Article</b>
79	Foubert, J. D. (2001). The longitudinal effects of a rape-prevention program on fraternity men's attitudes, behavioral intent, and behavior. In D.K. Wysocki (Ed.), <i>Readings in Social Research</i> . New York: Wadsworth Publishing Company.
80	Fawole, O. I., Ajuwon, A. J., Osungbade, K. O., & Faweya, O. C. (2003). Interventions for Violence Prevention among Young Female Hawkers in Motor Parks in South-Western Nigeria: A Review of Effectiveness. <i>African Journal of Reproductive Health</i> , 7(1), 71-82.

*(continued)*

## Appendix C (continued)

### Articles of Evaluations of SAPIs for Individuals with Learning Disabilities

Article Number	Article
47	Miltenberger, R. G., Roberts, J. A., Ellingson, S., Galensky, T., Rapp, J. T., Long, E. S., & Lumley, V. A. (1999). Training and generalization of sexual abuse prevention skills for women with mental retardation. <i>Journal of Applied Behavior Analysis, 32</i> (3), 385-388.
48	Lumley, V. A., Miltenberger, R. G., Long, E. S., Rapp, J. T., & Roberts, J. A. (1998). Evaluation of a sexual abuse prevention program for adults with mental retardation. <i>Journal of Applied Behavior Analysis, 31</i> (1), 91-101.
52	Lee, D., McGee, A., & Ungar, S. (2001). Effectiveness of a computer-based safety program for children with severe learning difficulties. <i>Child Abuse Review, 10</i> , 198-209.
56	Khemka, I. (2000). Increasing independent decision-making skills of women with mental retardation in simulated interpersonal situations of abuse. <i>American Journal of Mental Retardation, 105</i> (5), 387-401.
57	Haseltine, B., & Miltenberger, R. G. (1990). Teaching self-protection skills to persons with mental retardation. <i>American Journal of Mental Retardation, 95</i> (2), 188-97.
71	Lee, D., McGee, A., & Ungar, S. (1998). Issues in the development of a computer-based safety programme for children with severe learning difficulties. <i>Child Abuse Review, 7</i> , 343-354.
72	Lee, Y. K., & Tang, C. S. (1998). Evaluation of a sexual abuse prevention program for female Chinese adolescents with mild mental retardation. <i>American Journal of Mental Retardation, 103</i> (2), 105-116.
74	Singer, N. (1996). Evaluation of a self-protection group for clients. <i>The British Journal of Developmental Disabilities, (42)</i> 82, 54-62.
75	Warzak, W. J., & Page, T. J. (1990). Teaching refusal skills to sexually active adolescents. <i>Journal of Behavior Therapy and Experimental Psychiatry, (21)</i> 2, 133-139.
76	Foxx, R. M., & McMorrow, M. J. (1984). Teaching social/sexual skills to mentally retarded adults. <i>American Journal of Mental Deficiency, 89</i> (1), 9-15.
77	Foxx, R. M., & Faw, G. D. (1992). An eight-year follow-up of three social skills training studies. <i>Mental Retardation, 30</i> (2), 63-66.
78	Foxx, R. M., & McMorrow, M. J. (1985). Teaching social skills to mentally retarded adults: Follow-up results from three studies. <i>The Behavior Therapist, 8</i> , 77-78.

## **Appendix D**

### **Data Abstraction Forms**

### SAPI Data Abstraction Form

<b>Author/s:</b>	<b>Year:</b>
<b>Title:</b>	<b>Article Number:</b>
<b>Primary Reviewer:</b>	<b>Secondary Reviewer:</b>

Population and Setting	Study Design and Sample	Intervention
<p><u>Location:</u></p> <p><u>Study Eligibility Criteria:</u></p> <p><u>Population Type:</u></p> <p><u>Population Characteristics:</u></p> <p>Age:</p> <p>Sex:</p> <p>Education:</p> <p><b>Race/Ethnicity:</b></p> <p>Sexually Active:</p> <p>Victimization:</p> <p>Criminal History:</p> <p>Other (i.e. disability, substance abuse, etc.):</p>	<p><u>Study Design:</u></p> <p>Author-reported:</p> <p><u>Intervention Group Type(s):</u></p> <p><u>Comparison Group Type(s):</u></p> <p><u>Sampling Frame Size:</u></p> <p><u>Baseline Sample Size (and Participation Rate):</u></p> <p><u>Post-test and Follow-up Sample Sizes (and Participation Rates):</u></p> <p><u>Time Points of Data Collection:</u></p> <p><u>Methods/Setting of Data Collection:</u></p>	<p><u>Setting:</u></p> <p><u>Duration:</u></p> <p><u>Theory/Model:</u></p> <p><u>Delivery Mode:</u></p> <p><u>Curriculum/Content:</u></p> <p><u>Program Implementer:</u></p> <p><u>Culturally Specific:</u></p> <p><u>Assessment of Exposure:</u></p> <p><u>Intervention Retention Rate:</u></p> <p><u>Other:</u></p>

Measures	Results	Study Quality
<p><b><u>Knowledge:</u></b></p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Attitudes:</u></b></p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Victimization:</u></b></p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Perpetration:</u></b></p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Other Measures:</u></b></p> <p><b>Time Points of Measurement:</b></p>	<p><b><u>Primary Measures:</u></b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b><u>Other Measures:</u></b></p> <p><b>Attendance/Treatment Completion:</b></p> <p><b>Other:</b></p>	<p><b><u>Quality Score:</u></b></p> <p><b><u>Major Strengths:</u></b> Study:</p> <p><b>Article:</b></p> <p><b><u>Major Weaknesses:</u></b> Study:</p> <p><b>Article:</b></p>

Key to Data Abstraction Form

Population and Setting	Study Design and Sample	Intervention
<p><b>Focus on describing baseline data</b></p> <p><b>Location:</b> Where was the study done? Overall setting, including place (city, town, state, region of country) and population density (urban, suburban, rural).</p> <p><b>Study Eligibility Criteria:</b> Criteria used for inclusion/exclusion of participants in the study.</p> <p><b>Population Type:</b> Audience of the prevention program (i.e. preschool, elementary, middle school, high school, college, victim, offender).</p> <p><b>Population Characteristics:</b> Include breakdown of treatment and comparison group for each of the following:</p> <p><b>Age:</b> Range, mean in years.</p> <p><b>Sex:</b> M/F, include distribution if provided.</p> <p><b>Education:</b> Current level of education, include grades and years.</p> <p><b>Race/Ethnicity:</b> Include distribution if provided.</p> <p><b>Sexually Active:</b> Yes/no.</p> <p><b>Victimization:</b> Prior sexual assault victimization if provided.</p> <p><b>Criminal History:</b> Criminal history - sexual assault or otherwise.</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> Any other information given, particularly on disability &amp; substance abuse.</p>	<p><b>Study Design:</b> One of four design types: Experimental, Pre-Post, Randomized Comparison, and Nonequivalent Comparison (quasi-experimental).</p> <p><b>Author-reported:</b> Design type as identified by the author, if reported.</p> <p><b>Intervention Group Type(s):</b> Number and type of individuals who make up study intervention group (e.g., 7<sup>th</sup> grade students who received parental consent to participate in the prevention program.). Include how participants were recruited and how they were assigned to intervention.</p> <p><b>Comparison Group Type(s):</b> Number and type of individuals who make up study comparison group (e.g., 7<sup>th</sup> grade students from the same school who did not receive parental consent). Describe intervention for this group (if not a true control group). Include how participants were recruited and how they were assigned to comparison.</p> <p><b>Sampling Frame Size:</b> The total number of individuals considered eligible for the study. Record for both intervention and comparison groups.</p> <p><b>Baseline Sample Size (and Participation Rate):</b> The total number of individuals who initially consented to participate in study. Rate refers to the % of the study sampling frame members who initially agreed to participate in study (baseline sample size/sampling frame size). Record for both intervention and comparison groups. If pretest is different from baseline, report both.</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> The total number of individuals retained in study sample at each post-test and follow-up time points, as applicable. Rate refers to the % of baseline study participants who participated in the subsequent data collection time point. Record for both intervention and comparison groups.</p> <p><b>Time Points of Data Collection:</b> The points at which data were collected (e.g., first day of intervention, last day of intervention, 6 months).</p> <p><b>Methods/Setting of Data Collection:</b> Methods by which and settings in which data were collected at each time point (e.g., Self administered pencil and paper questionnaire conducted in school room in which intervention was</p>	<p><b>Setting:</b> Where the intervention was delivered (e.g., After school program; Training classroom adjacent to the jail).</p> <p><b>Duration:</b> Time period; Duration; Frequency (e.g., Spring program: 12 1½ hour sessions over a 6 week period; Fall program: 12 1 ½ hour sessions over a 12 week period).</p> <p><b>Theory/Model:</b> Did the authors describe the formative research, theoretical basis(es), or constructs upon which the intervention was developed? If so, provide as much information as necessary to identify the relevant theory.</p> <p><b>Delivery Mode:</b> Instruction; Small media – brochures, leaflets, videos; Large media – tv, radio, newspapers; Demonstration; Role playing; Providing feedback; Therapy; Providing incentives/penalties.</p> <p><b>Curriculum/Content:</b> Name; Author (could be organization); Information included in curriculum (provide as much detail as given); Materials provided to participants; Program goals; Purpose (e.g., to help participants acquire knowledge and better understand their own attitudes and behavior).</p> <p><b>Program Implementer:</b> Who delivered the intervention (e.g., health professional, volunteer, peer); How they were trained; How they were assigned; Include information such as <i>education, ethnicity, and gender</i> of implementer. Include <i>type of organization</i> that implemented the intervention (i.e., directly interacted with the population under study, not organizations that might have provided scientific/financial support).</p> <p><b>Culturally Specific:</b> How were overall intervention, curriculum, implementers culturally specific?</p> <p><b>Assessment of Exposure:</b> How did investigators assess whether exposure to the intervention actually occurred? Provide the definition of exposure variable (i.e., how outcome variables were measured – for example: resource utilization, observation, interview, self-administered questionnaire, record review, other) and the level of exposure to the intervention. <i>If only one-time intervention, it is not applicable.</i></p> <p><b>Intervention Retention Rate:</b> The % (and number if given) of initial intervention participants who ultimately completed the intervention. <i>If only one-time intervention, it is not applicable.</i></p> <p><b>Other:</b> (e.g., program was implemented as part of a multi-state, multi-component health risk behavior model program).</p>

Population and Setting	Study Design and Sample	Intervention
	delivered).	

Measures	Results	Study Quality
<p><i>Include the name of the scale/measure used, description, and number of questions asked (if not entire scale).</i></p> <p><b>Knowledge:</b> Change in knowledge (i.e. good touch/bad touch, awareness of rape myths) and attitudes.  <b>Time Points of Measurement:</b> Pretest, post-test, and/or follow-up.</p> <p><b>Attitudes: Changes in perceptions</b>  <b>Time Points of Measurement:</b> Pretest, post-test, and/or follow-up</p> <p><b>Victimization:</b> Whether or not the participants have been known to be victimized post-intervention.  <b>Time Points of Measurement:</b> Pretest, post-test, and/or follow-up.</p> <p><b>Perpetration:</b> If examining perpetrators, measures of this behavior.  <b>Time Points of Measurement:</b> Pretest, post-test, and/or follow-up</p> <p><b>Other Measures:</b> Any other measures that are not listed previously (including intervening variables, control variables, and explanatory variables). Include control variables if specified.  <b>Time Points of Measurement:</b> Pretest, post-test, and/or follow-up</p>	<p><b>Primary Measures:</b>  For each applicable primary outcome below, describe results for each group and outcome measure and indicate whether or not it is significant and what statistical measures were used. Also report the results for each time period, as applicable.</p> <p><b>Knowledge:</b> Include significant changes in knowledge within and between groups.</p> <p><b>Attitudes:</b> Include significant changes in attitude within and between groups.</p> <p><b>Victimization:</b> Include significant findings on victimization (post treatment) within and between groups.</p> <p><b>Perpetration:</b> Include significant findings on perpetration (post treatment) within and between groups.</p> <p><b>Other Measures:</b>  Describe any significant secondary results of interest that were reported. Describe results for each group and outcome measure and indicate whether or not it is significant and what statistical measures were used. Also report the results for each time period, as applicable.</p> <p><i>Intervening variables - any variable being used to explain or related to an outcome (i.e. demographic and other variables to explain results).</i></p> <p><i>Control variables - variables that were not controlled for in the analysis that were different among the 2 groups being compared (i.e race/ethnicity, gender, etc.)</i></p> <p><i>Explanatory Variables - any variable that effects the outcomes on the dependent variable</i></p> <p><b>Attendance/treatment completion:</b> Include significant findings for attendance/treatment completion within and between groups.</p>	<p><b>Quality Score:</b> Record score from Quality Rating Form.</p> <p><b>Major Strengths:</b> Record the study and article strengths.  <b>Study:</b></p> <p><b>Article:</b></p> <p><b>Major Weaknesses:</b> Record the study and article weaknesses.  <b>Study:</b></p> <p><b>Article:</b></p>

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<b>Measures</b>	<b>Results</b>	<b>Study Quality</b>
	<b>Other:</b>	

## Secondary Reviewer Discrepancies Form

<b>Author/s:</b>	<b>Year:</b>
<b>Title:</b>	<b>Article Number:</b>
<b>Primary Reviewer:</b>	<b>Secondary Reviewer:</b>
<b>Discrepancies Between Primary and Secondary Reviewers</b>	
<b>Quality Scores:</b>	
<b>Issue(s):</b>	
1.	
2.	
3.	
<b>Resolution(s):</b>	
1.	
2.	
3.	
<b>QRF Issues:</b>	
<b>Unresolved Issues:</b>	
<b>Other Comments:</b>	



Article # \_\_\_\_\_  
 Completed by \_\_\_\_\_

### Quality Rating Form

	Points (circle 1)
<b>Section 1. Article Quality (25 points)</b>	
1. Was the study population described? (Select yes if full sample [e.g. both intervention and comparison group, if applicable] are well-described) (a) No (b) Yes	0 5
2. Did the authors specify the sampling frame (universe of selection) and study inclusion (eligibility) criteria? (a) No (b) Either sampling frame or study inclusion criteria only (c) Both sampling frame and study inclusion criteria provided	0 3 5
3. Was the intervention described? 3a. <i>Intervention setting</i> (a) No (b) Yes 3b. <i>Intervention duration</i> (a) No (b) Yes 3c. <i>Intervention theory/model</i> (a) No (b) Yes 3d. <i>Intervention format/delivery mode</i> (a) No (b) Yes 3e. <i>Intervention curriculum/content</i> (a) No (b) Yes	0 2 0 2 0 2 0 2 0 2
4. Was the measurement of the outcome variables described? (a) No (b) Yes	0 5
<b>Section 2. Study Design (40 points)</b>	
5. What was the study design? (a) Pre-post (i.e. repeated measures of the treatment group) (b) Non-equivalent comparison group design (i.e., study included a control or comparison group, but subjects were not randomly assigned to groups)	3 5

	<b>Points (circle 1)</b>
(c) Randomized comparison group design (i.e., study involved comparisons between two or more treatment groups and subjects were randomly assigned to groups)	7
(d) Experimental design (i.e., a true control group was included, and subjects were randomly assigned to groups)	10
6. Does the comparison group appear to be comparable to the intervention group or were potential differences between groups (confounders) controlled for statistically? (a) None or not reported (b) Yes	0 5
7. What was the final total sample size (intervention and comparison combined)? (a) less than 100 (b) 100-400 (c) More than 400	0 3 5
8. What was the duration of follow-up (time <u>after</u> completion of intervention)? (a) Immediately after intervention (less than 1 month) (b) 1 - 3 months (c) 4 - 6 months (d) More than 6 months	0 3 7 10
9. What was the study participation retention rate (all groups combined)? (a) Less than 60% or not reported (b) 60-80% (c) More than 80%	0 3 5
10. What was the intervention participation retention rate (intervention group only)? (a) Less than 60% or not reported (b) 60-80% (c) More than 80%	0 3 5
<b>Section 3. Measurement and Analysis (25 points)</b>	
11. Did the authors attempt to measure program fidelity? (a) No or not reported (b) Yes	0 5

	<b>Points (circle 1)</b>
12. Did the outcome variables include ... (a) Knowledge and/or attitudes about sexual assault (b) Skills/strategies in preventing/coping with sexual assault (c) Victimization and/or disclosure (d) Perpetration (e) Other behaviors (Specify: _____) (f) Both behavioral and non-behavioral	3 5 7 7 7 10
13. Were the outcome variables valid (i.e., citations or discussions included justifying why the use of the particular measure is valid)? (a) No or not reported (b) Partially (c) Yes	0 3 5
14. Did the authors conduct statistical testing? (a) No or not reported (b) Yes	0 5
<b>Section 4. (5 points)</b>	
15. Did the study contain any other major weaknesses/sources of bias? (Possibly develop list of issues.) (a) Yes (specify) _____ (b) No	0 5
<b>Subtotal for study description - section 1</b>	?/25 (___%)
<b>Subtotal for study design - sections 2-4</b>	?/70 (___%)
<b>Total</b>	?/95 (___%)
<i>Comments from Reviewer:</i>	
<i>Summary of Author suggestions for future research and practice</i>	

**Notes**

Question 8: Use the last group that completes the follow-up.  
 Question 9: All participants who completed the last time point of data collection.  
 Question 10: Intervention group participants who completed the intervention (not necessarily completed follow-up). If intervention occurred only once, then mark this question as 'not applicable.'  
 Question 12: A-B are non-behavioral; C-E are behavioral. If only one outcome variable is specified, give the rating that corresponds with the variable. If more than one variable within *either* the non-behavioral or behavioral category is specified, give the highest rating possible for that category. If at least one variable from each category is specified, give the rating (g)/10 points.  
 Question 13: If only some (but not all) of the outcome variables are validated and/or the instrument was validated on a different population then give the rating of (b)/3 points.  
 Question 14: If t-tests, chi-square, multiple regression, or other multivariate analyses were conducted, then mark YES; if only descriptive or univariate analyses are conducted, mark NO.

## **Appendix E**

### **Evidence Tables – General Population**

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

**Author/s:** Anderson, Stoelb, Duggan, Hieger, Kling, and Payne

**Year:** 1998

**Title:** The Effectiveness of Two Types of Rape Prevention Programs in Changing the Rape-Supportive Attitudes of College Students

**Article Number:** 001

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Mid-sized, Midwestern Public University</p> <p><b>Study Eligibility Criteria:</b> Undergraduate students enrolled in a Psychology of Human Development Course</p> <p><b>Population Type:</b> College males and females</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> 18 to 42 years old with mean age of 20</p> <p><b>Sex:</b> Female n=143 (66%) Male n=72 (34%)</p> <p><b>Education:</b> 95 freshmen; 66 sophomores; 42 juniors; 12 seniors</p> <p><b>Race/Ethnicity:</b> 90% Caucasian</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> 52% (n=111) knew rape victim 42% (n=90) previously exposed to rape prevention program</p>	<p><b>Study Design:</b> Randomized nonequivalent comparison (randomized by class section)</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> Participants were undergraduate students enrolled in 10 sections of a psychology course. Each course section was randomly assigned to 1 of 3 conditions, a video and structured discussion, a talk show formatted intervention, or a comparison group.</p> <p><b>Comparison Group Type(s):</b> Participants were undergraduate students enrolled in 10 sections of a psychology course. Each course section was randomly assigned to 1 of 3 conditions, a video and structured discussion, a talk show formatted intervention, or a comparison group.</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 215 undergraduates with 100% participation 2 intervention groups: video intervention n=68 (31.6%); talk show intervention n=70 (32.6%) a comparison group n=77 (35.8%)</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 215 for post test (100% participation); 7 week follow-up n=161 with 75% retention rate (video intervention n=53; talk show intervention n=58; control group n=50)—however there was a discrepancy between this number (215) reported in the text and numbers reported in Tables 1 and 2 for pre- and post-test by instruments used (210). It is assumed that approximately 5 students did not complete one or more of the surveys pre- and post-, but a clear explanation is not provided about differences in pre-test and post-test sample size for each measure.</p>	<p><b>Setting:</b> Unclear if presentations occurred in a classroom. Sections of classes received the interventions.</p> <p><b>Duration:</b> 1 hour for each session. One-time intervention. For the talk show intervention 6 presentations were provided. The number of sessions was Not reported for the video intervention.</p> <p><b>Theory/Model:</b> This study was based on prior research that has found a linear correlation between attitudes, such as adversarial sex beliefs and acceptance of violence against women, and likelihood of committing rape and findings that interactive programs are more effective at attitudinal change.</p> <p><b>Delivery Mode:</b> Two intervention groups: (1) video with structured discussion and (2) interactive talk show with mock talk show and question and answer/discussion from the audience</p> <p><b>Curriculum/Content:</b> The two interventions were developed to test the effectiveness of didactic (video) presentation versus a more interactive presentation (talk show). Both interventions provided information on acquaintance rape and rape supportive myths. These issues included national statistics, rape myths, ways to talk to friends about rape, and preventive measures for men and women. The talk show format consisted of a mock talk show and panel discussion in which the audience was encouraged to ask questions and comment throughout, whereas the video intervention was less interactive and included an introduction in which definitions were read, a video, and a structured discussion of myths and statistics. Assigned roles and a detailed outline or script of the interventions were followed to ensure that information was presented to each group in the same manner. Trained raters used a checklist to ensure all topics were covered within both interventions.</p>

Population and Setting	Study Design and Sample	Intervention
	<p><b><u>Time Points of Data Collection:</u></b>                      Pre-test for all groups before interventions                      Post-test 4 weeks after pre-test, immediately following intervention (or for control, at the same time that intervention groups took post-test)                      Follow-up 7 weeks after post-test</p> <p><b><u>Methods/Setting of Data Collection:</u></b>                      Self-administered survey. Not clear if this occurs during a class period/room or elsewhere. Also unclear how the 7-week follow-up was administered.</p>	<p><b><u>Program Implementer:</u></b> 2 male and 1 female 1<sup>st</sup> year counseling graduate students implemented both interventions; a 2<sup>nd</sup> year counseling graduate student and a licensed psychologist helped with talk show intervention. Each received 6 months of training as members of a university counseling center’s sexual assault prevention outreach team.</p> <p><b><u>Culturally Specific:</u></b> Not reported</p> <p><b><u>Assessment of Exposure:</u></b> Not applicable</p> <p><b><u>Intervention Retention Rate:</u></b> Not applicable</p>

Measures	Results	Study Quality
<p><b><u>Knowledge:</u></b> Not reported</p> <p><b><u>Time Points of Measurement:</u></b></p> <p><b><u>Attitudes:</u></b>  <i>Rape Myth Acceptance Scale (RMA</i>; Burt, 1980) 19 items designed to measure general adherence to a number of rape acceptance myths (Likert-type scale)                      Attitudes Toward Rape Scale Revised (<i>ATR-R</i>; Harrison et al., 1991) 25 items. Measures 4 perceptions: 1- severity and 2- prevalence of rape, 3- degree to which women are responsible for rape, and 4- frequency of false reports (Likert-type scale)</p> <p><b><u>Time Points of Measurement:</u></b> pre-test, post-test, and 7-week follow-up</p> <p><b><u>Victimization:</u></b> Not reported</p> <p><b><u>Time Points of Measurement:</u></b></p> <p><b><u>Perpetration:</u></b> Not reported</p> <p><b><u>Time Points of Measurement:</u></b></p>	<p><b><u>Primary Measures:</u></b></p> <p><b><u>Knowledge:</u></b></p> <p><b><u>Attitudes:</u></b>                      -Both <i>RMA</i> and <i>ATR-R</i> showed significant decrease in mean attitudes from pre-test to post-test within both intervention groups.                      -The video intervention group had significantly lower <i>RMA</i> and <i>ATR-R</i> scores at post-test compared with the comparison group and talk show group reported significantly lower <i>ATR-R</i> scores compared to the comparison group. (More positive attitudes)                      -There were no significant differences between the intervention and comparison groups at the 7-week follow-up.                      -There were no significant differences found between the two intervention groups at post-test or follow-up.</p> <p><b><u>Victimization:</u></b></p> <p><b><u>Perpetration:</u></b></p> <p><b><u>Other Measures:</u></b></p>	<p><b><u>Quality Score:</u></b>                      Total: 48/85 (56%)                      Description: 21/25 (84%)                      Design: 27/70 (45%)</p> <p><b><u>Major Strengths:</u></b></p> <p><b><u>Study:</u></b>                      -Uses 2 intervention and a comparison group with random assignment                      -Has post-test and 7-week follow-up                      -Uses multivariate repeated measures</p> <p><b><u>Article:</u></b>                      -Provides good description of prior research in the substantive area and rationale for the study                      -Provides good description of what is implemented during the interventions</p> <p><b><u>Major Weaknesses:</u></b></p> <p><b><u>Study:</u></b>                      -No measures of knowledge or behavioral change                      -Author notes that one instrument has established reliability but lacks validity findings.</p>

Measures	Results	Study Quality
<p><b>Other Measures:</b> Demographic information sheet with age, gender, year in school, place of residence, and marital status; question of whether they knew someone who was a victim of rape; and question of the number of rape awareness programs they had previously attended</p> <p><b>Time Points of Measurement:</b> pre-test, post-test, and 7-week follow-up</p>	<p>-Females reported significantly lower scores on <i>ATR-R</i> at pre-test, post-test, and follow-up compared to males</p> <p>-Females reported significantly lower scores on <i>RMA</i> at pre-test</p> <p>-No interaction effects for gender and treatment group, suggesting that intervention was equally effective for both males and females</p> <p>-Those who knew a person who was a victim of rape reported significantly lower rape supportive attitudes on the <i>RMA</i> at pre- and post-test and on the <i>ATR-R</i> at pre-test, post-test, and follow-up compared with participants who did not know anyone with this type of experience.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b>Article:</b></p> <p>- Collected data on exposure to other prevention programming, but provide no further mention of the variable</p> <p>-Inconsistent data in Table 1 regarding the talk show follow-up sample size</p> <p>-Lacks full description of where intervention took place and where/how survey was administered</p>

**Author/s:** Black, Weisz, and Coats

**Year:** 2000

**Title:** Evaluating a Psychoeducational Sexual Assault Prevention Program Incorporating Theatrical Presentation, Peer Education, and Social Work

**Article Number:** 003

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Wayne State University community in Michigan. Urban</p> <p><b>Study Eligibility Criteria:</b> the program was available to the greater metropolitan Detroit community but specifically targeted the Wayne State University community.</p> <p><b>Population Type:</b> University students (61% of intervention sample), faculty, parents, and community residents.</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> mean of 31.1 years (intervention) mean of 32.4 years (comparison)</p> <p><b>Sex:</b> intervention - 73 (73%) female; 25 (25%) male; 2 (2%) missing data comparison - 49 ( 77%) female; 15 ( 23%) male</p> <p><b>Education:</b> University students in intervention group: 22% were graduate students; 78% were undergraduate students (no further information provided)</p> <p><b>Race/Ethnicity:</b> 69 (69%) European descent; 11 (11%) African American; 9 (9%) Asian American; 6 (6%) other; 5 (5%) missing data (intervention)</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> 56 reported never having been married; 25 reported they were presently married (intervention)</p>	<p><b>Study Design:</b> Non-equivalent Comparison</p> <p><b>Author-reported:</b> quasi-experimental pre-test, post-test, follow-up group design</p> <p><b>Intervention Group Type(s):</b> 150 university students, faculty, parents, and community members (92 students [61%], 58 other) 100 participated in evaluation</p> <p><b>Comparison Group Type(s):</b> 64 students from 3 social work classes at Wayne State University</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 100 (67% of 150) (intervention) 64 (rate Not reported) (comparison)</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> Post: n=38 intervention (38%) Follow-up: n=32 intervention (32%); n=59 comparison (92%)</p> <p><b>Time Points of Data Collection:</b> Upon arrival at performance for half of the first evening's performance attendees and all of the second evening's performance attendees; immediately following the performance for entire sample; and 2 months following performance for sample willing to participate.</p> <p><b>Methods/Setting of Data Collection:</b> Not reported</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> Not reported (theater part of program lasted approximately 1 hour)</p> <p><b>Theory/Model:</b> peer educational and theatrical</p> <p><b>Delivery Mode:</b> Multimedia presentation, theatrical performance, and focus groups</p> <p><b>Curriculum/Content:</b> From the play "Hold Her Down" (Bertoli, 1992) and adapted by Emily Norton for a university setting. Began with multimedia presentation: consisted of music and pictures from magazines made into slides that illustrated how society supports attitudes that lead to rape. Followed by theatrical performance: 4 vignettes portraying scenes in which a woman had been sexually assaulted addressing themes such as myths and facts associated with sexual violence, effects of myths on victims and potential perpetrators, destructive effect of victim blaming responses on survivors who reveal the assault, sensitive responses to rape survivors, and influence of media on gender socialization and rape myths. Each vignette was first performed twice - first showing how not to respond to a survivor, and then with supportive responses. Focus groups: questions focused on the audience's emotional response to the topic and the performance. Written resource materials were made available.</p> <p><b>Program Implementer:</b> Seven peer educators selected from student applications who completed a 40-hour training session and worked with a theater consultant for 17 hours over an 8-week period. A local community sexual assault organization developed idea and format for the intervention and provided the training to the peer educators.</p>

Population and Setting	Study Design and Sample	Intervention
		<p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not applicable (one-time intervention)</p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Revised <i>Rape Myth Acceptance Scale</i> 24 items, 4 sub-scales; Newman and Colon (1994); developed from earlier rape myth scales</p> <p><b>Time Points of Measurement::</b> pre-, post-, follow-up</p> <p><b>Attitudes:</b> Revised <i>Rape Myth Acceptance Scale</i></p> <p><b>Time Points of Measurement:</b> pre, post, follow-up</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b></p> <p><b>Time Points of Measurement:</b></p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge and Attitudes:</b> The 17 people who took the pre-test, post-test, and follow-up had significantly better post-test and follow-up scores compared to the pre-test scores. There was no significant difference between post-test and follow-up scores. Participant follow-up scores were significantly better than comparison group scores.</p> <p>The 38 people who completed the pre-test and post-test had significantly better post-test scores. For the 24 people who completed only the pre-test and follow-up scores, there was no significant difference between the two tests.</p> <p>For both males and females, mean scores changed significantly from pre-test to post-test but not significantly from pre-test to follow-up.</p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b>Quality Score:</b> Total: 51/85 (60%) Description: 19/25 (76%) Design: 32/60 (53%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b> -multivariate analysis used -Uses a comparison group -Used pretest scores to determine the reliability of the Revised <i>Rape Myth Acceptance Scale</i></p> <p><b>Article:</b> -Provides detailed description of intervention</p> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b> -Low study retention rates - no significant differences in age, ethnicity, or marital status were reported between intervention and comparison groups, however, comparison group comprised social work students only (whereas 39% of intervention group was faculty, parents, and community residents) and 2 out of the 3 social work classes targeted for comparison inclusion were graduate students (whereas 78% of students in intervention group were undergraduates)</p> <p><b>Article:</b> -No discussion of data collection method - numbers in tables do not correspond with article text</p>

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<b>Author/s:</b> Hanson and Scarce <b>Title:</b> A Longitudinal Evaluation of the Effectiveness of a Sexual Assault Program		<b>Year:</b> 1999 <b>Article Number:</b> 004
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Midwestern university</p> <p><b>Study Eligibility Criteria:</b> Responded to an ad in the university paper or flyer posted on campus. Women had to complete both sessions of the program, implementation and a 7-month follow-up to be included in analysis.</p> <p><b>Population Type:</b> Females from a university community</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> 72% 18-21 (28% Not reported)</p> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b> 84% undergraduate students (16% Not reported)</p> <p><b>Race/Ethnicity:</b> 84% Caucasian (16% Not reported)</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b></p> <ul style="list-style-type: none"> <li>- 75% victimized after the age of 14 and prior to the intervention.</li> <li>- 19% reported some form of childhood sexual abuse before the age of 14</li> </ul> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> Not reported</p>	<p><b>Study Design:</b> Experimental Design</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> Participants were female college undergraduate students who responded to an ad in the university paper or a flyer posted on campus describing a research project investigating sexual experiences among women. These women were randomly assigned to the treatment or control group.</p> <p><b>Comparison Group Type(s):</b> Participants were female college undergraduate students who responded to an ad in the university paper or a flyer posted on campus describing a research project investigating sexual experiences among women. These women were randomly assigned to the treatment or control group.</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 275 participated in baseline: treatment = 132 control = 143</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 224 returned for 7-month follow-up (81.5%); number for control and treatment Not reported separately</p> <p><b>Time Points of Data Collection:</b> Baseline: first day of intervention Follow-up: 7-month follow-up at the end of the academic year</p> <p><b>Methods/Setting of Data Collection:</b> Self-report measures administered during the initial session and at 7-month follow-up.</p>	<p><b>Setting:</b> Presented to groups of approximately 30 people on a college campus.</p> <p><b>Duration:</b> 1-hour</p> <p><b>Theory/Model:</b> It was expected that knowledge of various issues related to sexual violence, including the effects of sex-role socialization and rape myth acceptance on men's and women's behaviors and attitudes in sexual situations, would lead to reduced risk for sexual victimization.</p> <p><b>Delivery Mode:</b> Lecture-style presentation and group discussion.</p> <p><b>Curriculum/Content:</b> Highlighted issues such as the prevalence of sexual assault among college populations; existence of rape myths; the existence of sex role socialization practices that promote rape-supportive environment; and a six-point redefinition of rape that emphasizes rape as an act of violence and power, as humiliating and degrading, and as a community issue affecting all men and women.</p> <p><b>Program Implementer:</b> Female graduate student who participated in extensive training in program facilitation.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> <i>Sexual Assault Knowledge Survey (SAKS; Breitenbecher and Scarce, 1999)</i> consists of 20 multiple choice self-report items and 1 true/false item.. Questions ask about prevalence, negotiation of consent about sexual behaviors, legal definition of rape, percentage of rapes reported to police, sex-role forces that promote rape, and rape myths.</p> <p><b>Time Points of Measurement:</b> Baseline (pre-test) and 7-month follow-up</p> <p><b>Attitudes:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b> <i>Child Sexual Abuse Questionnaire (CSAQ; Finkelhor, 1979)</i> consists of 8 self-report items (y/n) on various childhood sexual experiences up to the age of 14. Considered to be abusive if met one or both criteria: (1) perpetrator was at least 5 years older than the victim and (2) some form of force or coercion was used. Victims were grouped into 1 of 5 categories: (1) no CSA, (2) childhood exhibitionism, (3) childhood fondling, or (4) childhood attempted rape, (5) childhood rape</p> <p><b>Time Points of Measurement:</b> Baseline only</p> <p><i>Modified Sexual Experiences Survey</i> assesses sexual victimization after age 14. Modified version of <i>Sexual Experiences Survey (SES)</i> to make it more gender neutral. Consists of 9 yes/no questions. Grouped into 1 of 4 categories: (1) sexual contact, (2) sexual coercion, (3) attempted rape, or (4) rape</p> <p>The initial assessment of <i>CSAQ</i> and <i>SES</i> were used to create a sexual victimization history variable. This was a dichotomous variable grouping women as victims or non-victims.</p> <p>Participants' responses to the <i>SES</i> at follow-up were used to create a variable assessing victimization between baseline and follow-up. This was a dichotomous variable</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b> Treatment and control group did not significantly differ at baseline. However at follow-up women in the treatment group demonstrated greater knowledge, [F(1,223)=26.81, p&lt;.00] There were no significant differences on knowledge based on history of victimization.</p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b> Prior to baseline, 75% (N=169) of the women were victims; 33% (N=74)of the women were victimized between baseline and follow-up. Loglinear analysis indicated that the program was unsuccessful in reducing victimization among program participants. This did not differ in regard to victimization history. Women with victimization histories were more likely to be victimized during follow-up [G<sup>2</sup> (N=224)=3.17, p=.53]</p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b>Quality Score:</b> Total: 74/85 (87%) Description: 21/25 (84%) Design: 53/60 (88%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Examined victimization prior to and after intervention and its relationship to intervention</li> <li>- 7-month follow-up</li> <li>- High study participation rate</li> <li>- Random assignment</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- Reliability provided for knowledge measure</li> <li>- Author notes good psychometric properties for victimization measures</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Small sample size provided less power for analysis</li> <li>- Short duration of intervention (1 time, 1 hour)</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- Size of sampling frame not indicated</li> <li>- Likely that those who participated in baseline also completed intervention, but not clearly indicated</li> </ul>

Measures	Results	Study Quality
<p>grouping women as victims or non-victims.</p> <p><b>Time Points of Measurement:</b> Baseline and follow-up.</p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> Demographic Survey (age, race, sexual orientation, and socio-economic status). 43% of women indicated that they had dated men casually; 41% indicated that they were in a long-term, monogamous relationship with men.</p> <p><b>Time Points of Measurement:</b> initial session only</p>		

**Author/s:** Breitenbecher and Gidycz

**Year:** 1998

**Title:** An Empirical Evaluation of a Program Designed to Reduce the Risk for Multiple Sexual Victimization

**Article Number:** 005

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Large, midwestern university</p> <p><b>Study Eligibility Criteria:</b> College women who signed up to participate in a study described as an “investigation of sexual experiences among college women.”</p> <p><b>Population Type:</b> College women</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> 73% were 18-19 years old</p> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b> College students</p> <p><b>Race/Ethnicity:</b> 95% Caucasian</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Childhood victimization (<i>CSAQ</i> results): 88% reported no child sexual victimization; 2% reported childhood exhibitionism; 7% reported childhood fondling; 2% reported childhood attempted rape; and 2% reported childhood rape.</p> <p>SES - 39% reported no adolescent sexual victimization; 21% reported unwanted adolescent sexual contact; 12% reported adolescent sexual coercion; 7% reported adolescent attempted rape; and 22% reported adolescent rape.</p> <p>Composite score (combined responses on the <i>CSAQ</i> and SES from baseline) - classified women into one of the following categories: 1. Non-victims, 2. Victims or participants who had experienced either contact child sexual abuse or adolescent sexual assault. Women who reported noncontact abuse were not included. Findings: 35% of the participants were considered to be non-</p>	<p><b>Study Design:</b> Experimental</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> 211 college women who signed up to participate in a study described as an “investigation of sexual experiences among college women.” Subjects randomly assigned to treatment or control group.</p> <p><b>Comparison Group Type(s):</b> 195 college women who signed up to participate in a study described as an “investigation of sexual experiences among college women.” True control group, no treatment provided. Subjects randomly assigned to treatment or control group.</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 406 women (participation rate not calculated since sampling frame not provided).</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 406 - cannot determine participation rate; not clear if findings were reported only for those who completed baseline and post-test</p> <p><b>Time Points of Data :</b> Baseline: Initial assessment at the beginning of the academic quarter follow-up: at the end of the quarter (9 weeks later).</p> <p><b>Methods/Setting of Data Collection:</b> Self-report measures, location and format Not reported.</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> Not reported</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> Video, worksheets, discussion, and provision of information sheets</p> <p><b>Curriculum/Content:</b> Based on a curriculum developed by Hanson and Gidycz’s 1993 BUT significantly modified. Program providing information regarding: - prevalence of sexual assault on college campuses - completion and discussion of Rape Myths and Facts Worksheet. Authors added one statement: “Having been sexually assaulted in the past increases your risk for being sexually assaulted in the future” - viewing of a video that depicts events leading up to an acquaintance rape followed by a discussion of the video, authors added questions for consideration: “If the woman in the video had been sexually assaulted in the past, how might it have affected her behavior in this situation?” Program administrator then entertained participants’ suggestions regarding this topic and highlighted the role of certain psychological effects of (the initial) sexual victimization experience in putting women at risk for future sexual victimization. - discussion of the psychological effects of an initial victimization experience in putting women at increased risk for future victimization - viewing of a second video modeling protective behaviors - the provision of the Risk Reduction Strategies Information Sheet (adapted from Warshaw, 1988) that includes information on reducing one’s risk for sexual assault. Authors added statement: “Be aware that having been sexually assaulted in the past may affect your thoughts and behavior in ways that you are not fully aware of.”</p>

Population and Setting	Study Design and Sample	Intervention
<p>victims and 65% were considered to be victims.</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> 98% heterosexual 98% single</p> <p>Note: measured religion and income but findings Not reported</p>		<p><b>Program Implementer:</b> Not reported</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> <i>Sexual Assault Awareness Survey (SAAS)</i> - designed by Hanson and Gidycz (1993); assesses participants' general level of sexual assault awareness, as well as the accuracy of this information. Higher scores are indicative of good general awareness about the problem of sexual assault.</p> <p><b>Time Points of Measurement:</b> Baseline and follow-up</p> <p><b>Attitudes:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b> <i>Child Sexual Abuse Questionnaire (CSAQ)</i> - (originally developed by Finkelhor, 1979) assesses history of child sexual victimization (various childhood sexual experiences); 8-item scale; self-report</p> <p><b>Time Points of Measurement:</b> baseline</p> <p><i>Sexual Experiences Survey (SES)</i> - assesses sexual victimization experiences that occurred after the age of 14 (originally developed by Koss and Oros (1982) and is capable of identifying hidden rape victims; 10-items</p> <p><b>Time Points of Measurement:</b> baseline and follow-up</p>	<p><b>Primary Measures:</b></p> <p>Overall, results indicate that the program was not effective in reducing the incidence of sexual assault among participants, or in altering dating behaviors, sexual communication, or sexual assault awareness. Furthermore, the ineffectiveness of the program was unrelated to participants' histories of sexual assault.</p> <p><b>Knowledge:</b> <i>SAAS</i> - Women with histories of sexual victimization scored higher (indicating greater sexual assault awareness) than women without histories of sexual victimization [F(1, 402) = 7.72, p = .01]. Women in the treatment group scored higher than women in the control group [F(1, 402) = 22.23, p = .00]. Women, regardless of victimization or experimental condition, scored higher at follow-up than at initial assessment [F(1, 402) = 20.25, p = .00].</p> <p>There were no other significant effects.</p> <p>There was no experimental condition by time of measurement interaction. Results suggest that the risk-reduction program did not affect participants' sexual assault awareness and further suggests that increases in sexual assault awareness were not related to sexual assault history or participation in the risk-reduction program.</p> <p><b>Attitudes:</b></p>	<p><b>Quality Score:</b> Total: 62/85 (73%) Description: 17/25 (68%) Design: 45/60 (75%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Examines sexual victimization history as a risk factor for future sexual victimization.</li> <li>- Examines interaction of multiple variables on the dependent variable sexual victimization during follow-up</li> <li>- measured differences between groups</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- Describes limitations of study and provides recommendations for future research.</li> <li>- Identifies gaps in the literature and general weaknesses in the field</li> <li>- Good background info on rationale for conducting study (high rates of sexual victimization among those with a history of sexual victimization).</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b> No long-term follow-up, only immediately after intervention.</p> <p><b>Article:</b></p>

Measures	Results	Study Quality
<p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> <i>Dating Behavior Survey (DBS)</i> - designed by Hanson and Gidycz (1993); assesses the frequency with which participants engaged in certain dating behaviors shown in the literature to be associated with acquaintance rape. Items reflect situational factors such as drug and alcohol consumption, isolation of incident site, and the man's initiating and paying all the expenses of a date; 7-point Likert-type scale.</p> <p><b>Time Points of Measurement:</b> baseline and follow-up</p> <p><i>Sexual Communication Survey (SCS)</i> - designed by Hanson and Gidycz (1993); assesses participants' perceptions of the accuracy of their communications regarding sexual intentions in a dating situation; 7-point Likert-type scale. Higher scores are indicative of increased incidence of perceived sexual miscommunication.</p> <p>Authors substantially revised instrument for this study. Original items have been reworded to make them more easily understandable; 12 new items were added.</p> <p><b>Time Points of Measurement:</b> baseline and follow-up.</p>	<p><b>Victimization:</b> <i>SES</i> - 22% were considered to be victims of some sort of sexual victimization during the follow-up period, 78% were considered to be non-victims.</p> <p>Log linear analysis with backward procedure: women with histories of sexual victimization were more likely to be victimized during the follow-up period than women without histories of victimization, regardless of experimental condition. Thus, the risk-reduction program was unsuccessful in reducing the incidence of sexual assault among program participants.</p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> <i>DBS</i> - ANOVA was performed on the <i>DBS</i> - (women who reported they did not date were not included in analysis); performed to identify effect of sexual victimization history and experimental condition on <i>DBS</i> - results indicate that at both times of the assessment, women with histories of sexual victimization scored higher (more risk-related behaviors) than non-victims indicating no significant effect of the intervention [<math>F(1,329)=16.9, p=.00</math>]. There were no other significant effects. The absence of a significant experimental condition by time of measurement interaction suggests that the risk-reduction program did not affect participants' self-reported dating behaviors. And the findings also suggest that the effectiveness of the program in altering dating behaviors did not differ as a function of participant's victimization histories.</p> <p><i>SCS</i> -women who reported they did not date were not included in the analysis. Women with histories of sexual victimization scored higher on this measure (i.e, reported greater experience of perceived sexual miscommunication) than women without at both times of measurement (ANOVA)[<math>F(1, 334)=23.01, p=.00</math>]. However, regardless of victimization history or experimental condition, women scored lower at the time of follow-up (no significant intervention effects) [<math>F(1, 334)=58.72, p=.00</math>].</p>	<p>- No description of who facilitated the group, setting, or length of time.</p> <p>- No information on program length (duration) or # of sessions</p>

Measures	Results	Study Quality
	<p>The absence of a significant experimental condition by time of measurement interaction suggests that the risk-reduction program did not affect participants' self-reported communication. Furthermore, these findings suggest that the effectiveness of the program in altering sexual communication did not differ as a function of participant's victimization histories.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p>	

<b>Author/s:</b> Breitenbecher and Scarce <b>Title:</b> An Evaluation of the Effectiveness of a Sexual Assault Education Program Focusing on Psychological Barriers to Resistance		<b>Year:</b> 2001 <b>Article Number:</b> 06
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> large, midwestern university community</p> <p><b>Study Eligibility Criteria:</b> Being a woman who responded to advertisements in the university newspaper and flyers posted at various locations on campus describing a research project investigating “sexual experiences among women”</p> <p><b>Population Type:</b> Women</p> <p><b>Population Characteristics:</b> (reflects those women who completed both pre-test and follow-up)</p> <p><b>Age:</b> majority were 18- to 21-year-olds - 72%</p> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b> majority were undergraduate students - 85%</p> <p><b>Race/Ethnicity:</b> majority were Caucasian - 81%</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b>  <i>Child Sexual Abuse Questionnaire (CSAQ)</i> (see description below): 76% of the women reported no childhood sexual victimization; 7% reported childhood exhibitionism; 12% reported childhood fondling, 3% reported childhood attempted rape, and 2% reported childhood rape.</p> <p><i>Sexual Experiences Survey (SES)</i> (see description below): reflects victimization that occurred between the age of 14 and the time of participation in the initial session: 32% of the women reported no victimization, 14% reported unwanted sexual contact; 11% reported sexual coercion; 18% reported attempted rape; and 26% reported rape.</p> <p><b>Criminal History:</b> Not reported</p>	<p><b>Study Design:</b> Experimental</p> <p><b>Author-reported:</b> women were randomly assigned to either the treatment or control condition</p> <p><b>Intervention Group Type(s):</b>            n=67; women who volunteered to participate were randomly assigned to intervention</p> <p><b>Comparison Group Type(s):</b>            n=50; women who volunteered to participate were randomly assigned to control group</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b>            N = 117; rate not available</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>            94/117 = 80%</p> <p><b>Time Points of Data Collection:</b>            pre-test: immediately before intervention (early in the 1997-1998 academic year).            follow-up: 7 months after intervention (end of the 1997-1998 academic year)</p> <p><b>Methods/Setting of Data Collection:</b>            paper and pencil tests; location Not reported</p>	<p><b>Setting:</b> Location Not reported</p> <p><b>Duration:</b> one 90-minute session</p> <p><b>Theory/Model:</b> Based on work by Breitenbecher and Scarce (1999), which was modified based on research conducted by Norris, Nurius, and Dimeff (1996). Premise is that the cognitions and emotions experienced by women during sexual assault-threatening situations can act as psychological barriers to resistance. These barriers are associated with projected use of indirect resistance strategies to sexual aggression, including crying, stiffening, and jokingly telling man that he is coming on too strong. Since such indirect resistance strategies are associated with completed attacks, these psychological barriers are considered to be an important point for intervention.</p> <p><b>Delivery Mode:</b> Didactic program; small groups received a vignette describing a sexual situation, and group members were asked to identify verbal and behavioral response strategies to reduce their risk of experiencing a completed assault. The larger group was then reconvened for discussions.</p> <p>Program presented to women in groups of approximately 30; small group discussion had approximately four or five women.</p> <p>Compensated with a small sum of money.</p> <p><b>Curriculum/Content:</b> Highlighted issues such as the following: the prevalence of sexual assault among college populations, the existence of rape myths; the existence of sex role socialization practices that promote a rape-supportive environment; and a 6-point redefinition of rape emphasizing rape as an act of violence and power, as humiliating and degrading, and as a community issue affecting all men and women. Also included the effects of sex role socialization and rape myth acceptance on</p>

Population and Setting	Study Design and Sample	Intervention
<p><b>Other (i.e. disability, substance abuse, etc.):</b></p> <ul style="list-style-type: none"> <li>- 96% were single</li> <li>- majority were heterosexual - 94%</li> <li>- 48% of the women indicated that they dated men casually</li> <li>- 37% indicated that they were involved in long-term, monogamous relationships with men</li> <li>- 20% had participated in sexual assault prevention training prior to participation in the initial session</li> </ul>		<p>men's and women's behaviors and attitudes in sexual situations. Focus was on acquaintance rape although the issue of stranger rape was also addressed.</p> <p>Focused on psychological barriers to resistance in sexual assault-threatening situations.</p> <p><b>Program Implementer:</b> Not reported</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not applicable</p> <p><b>Intervention Retention Rate:</b> Not applicable</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> <i>Sexual Assault Knowledge Survey (SAKS)</i> (Breitenbecker and Scarce, 1999): covers such areas as the following: statistics on the prevalence of sexual assault, including acquaintance rape, among college women; the negotiation of consent with regard to sexual behaviors; the legal definition of rape; the percentage of rapes reported to the police; sex role socialization forces that promote a rape-supportive environment; and the existence of rape-supportive myths. Modified - slightly shortened (6 items deleted); 15 items used</p> <p><b>Time Points of Measurement:</b> pre-test and follow-up</p> <p><b>Attitudes:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b> <i>Child Sexual Abuse Questionnaire (CSAQ)</i> (Finkelhor 1979) - assessed sexual victimization that occurred prior to age 14. Eight-item, self-report measure of various childhood</p>	<p><b>Primary Measures:</b></p> <p>Overall: the results of the current investigation do not provide support for the effectiveness of the sexual assault education program. The program was not successful in influencing any of the outcome variables measured, including incidence of sexual assault, knowledge about sexual assault, dating behaviors, sexual communication, perception of risk (both to self and to others) of experiencing sexual aggression, resistance strategy, self-blame, disclosure of the experience to a friend or family member, and reporting of the assault to the police or campus security.</p> <p><b>Knowledge:</b> <i>SAK:</i> results indicate a significant main effect for time of measurement, such that participants demonstrated better knowledge about sexual assault at the time of the follow-up session than at the time of the initial session (<math>p &lt; .00</math>). The absence of interactions involving Experimental condition and/or Sexual Victimization History indicates that participants' improvements on this measure were</p>	<p><b>Quality Score:</b> Total: 62/85 (73%) Description: 21/25 (84%) Design: 41/60 (68%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- used a number of measures</li> <li>- length of follow-up (7 months)</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- clear and well-written article</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- modification to surveys makes it difficult to know if they retain their psychometric properties</li> <li>- do not know who the sample of women represent</li> </ul>

Measures	Results	Study Quality
<p>sexual abuse experiences. Based on responses, participants were classified into one of four levels of child sexual abuse severity.</p> <p><b>Time Points of Measurement:</b> pre-test</p> <p><i>Sexual Experiences Survey- Modified:</i> modified version of the Sexual Experiences Survey (SES); modified to make the items gender neutral so that they could reflect coercive sexual experiences between members of the same sex. Original SES developed by Koss et al. (1987). Nine-item survey reflects various degrees of sexual victimization and is capable of identifying hidden rape survivors. Participants were categorized according to the more severe level of sexual victimization that they reported.</p> <p><b>Time Points of Measurement:</b> pre-test and follow-up</p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b>  <b>Demographic survey:</b> assessed such variables as age, race, sexual orientation, and socioeconomic status.</p> <p><b>Time Points of Measurement:</b> pre-test</p> <p><b>Previous prevention training:</b> asked if participants had previous sexual assault prevention training; yes/no question</p> <p><b>Time Points of Measurement:</b> pre-test</p> <p><i>Dating Behavior Survey (DBS):</i> designed by Hanson and Gidycz (1993) to assess the frequency with which participants engaged in certain behaviors shown in the literature to be associated with acquaintance rape, such as situational factors (drug and alcohol consumption, isolation of incident site); Likert-type scale. Modified to make the items gender neutral and to omit the phrase “on</p>	<p>unrelated to participation in the education program or sexual victimization history.</p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b>  <i>SES:</i> (reflects sexual victimization that occurred during the 7-month follow-up period) 67% of the women reported no sexual victimization; 6% reported unwanted sexual contact; 15% reported sexual coercion; 9% reported attempted rape; and 3% reported rape.</p> <p>Loglinear analysis indicated that the best-fitting model included one two-way effect: Sexual Victimization History by Sexual Victimization During the Follow-up Period. The results of this analysis suggest that women with histories of sexual victimization were more likely to be victimized during the follow-up period than women without histories of sexual victimization.; 26% of the women without histories of sexual victimization were victimized during the follow-up period while 36% of the women with histories of sexual victimization were victimized during the follow-up period. This suggests that the sexual assault education program was unsuccessful in reducing the incidence of sexual assault among program participants. Furthermore the (in)effectiveness of the program in this regard did not differ as a function of the victimization histories of participants (i.e., there was no three-way effect for Sexual Victimization History by Experimental Condition by Sexual Victimization During the Follow-Up Period).</p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b>  <i>DBS:</i> Results indicate that there were no statistically reliable effects for this instrument. Thus, participants’ scores on this measure were unrelated to sexual victimization history, participation in the education program, or time of measurement.</p> <p><i>SCS:</i> Results indicate a significant main effect for time of</p>	

Measures	Results	Study Quality
<p>the first few dates” from all items.</p> <p><b>Time Points of Measurement:</b> pre-test and follow-up</p> <p><i>Sexual Communication Survey (SCS):</i> designed by Breitenbecher and Gidycz (1998) to assess participants’ perceptions of the accuracy of their communications with regard to sexual intentions in a dating situation. Typical of the items included in the scale: “do you ever end up having vaginal intercourse with your partner when you don’t really want to, not because you feel forced or coerced, but because of some other concern (such as wanting your partner to like you or being too embarrassed to talk about it?”); 7-point Likert-type scale. Modified to make the items gender neutral.</p> <p><b>Time Points of Measurement:</b> pre-test and follow-up</p> <p><i>Risk Perception Survey (RPS):</i> composed of items developed by Norris and colleagues (Norris et al., 1996; Norris et al., 1997). Two subscales: the personality subscale assesses participants’ perceived risk of personal experience of sexual aggression and the Others subscale which assesses participants’ perceived risk of other’s experience of sexual aggression; 7-point Likert-type scale.</p> <p><b>Time Points of Measurement:</b> pre-test and follow-up</p> <p><i>Additional assault-related cognitions and behaviors:</i> included questions on resistance strategy, self-blame, disclosure of the experience to a friend or family member, reporting of the assault to the police or campus security, and use of crisis center or professional counseling services. Participants were asked to consider their most serious unwanted sexual experience during the specified period of time (pre-test or follow-up).</p> <p><b>Time Points of Measurement:</b> pre-test and follow-up</p>	<p>measurement, such that participants reported fewer instances of perceived sexual miscommunication at the time of the follow-up session than at the time of the initial session (<math>p&lt;.00</math>). However, the absence of interactions involving Experimental Condition and/or Sexual Victimization History indicates that participants’ improvement on this measure were unrelated to participation in the education program or sexual victimization history.</p> <p><i>RPS:</i> results indicate that there were no statistically reliable effects in either ANOVA. Thus, participants’ perceptions of risk of personal experience and others’ experience of sexual aggression were unrelated to sexual victimization history, participation in the education program, or time of measurement.</p> <p><i>Additional assault-related cognitions and behaviors:</i> examined for women who were victimized during the follow-up period only (n=63). Results indicate that the treatment and control groups did not differ with respect to resistance strategy, self-blame, disclosure to a friend or family member, or reporting of the assault to the police or campus security. No participants in either experimental group reported that they had sought professional counseling or crisis intervention services related to an assault that occurred during the follow-up.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

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Measures	Results	Study Quality

**Author/s:** Earle

**Year:** 1996

**Title:** Acquaintance Rape Workshops: Their Effectiveness in Changing the Attitudes of First Year College Students

**Article Number:** 008

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> 4 small, private, residential colleges in the Northeast</p> <p><b>Study Eligibility Criteria:</b> 4 colleges were part of a random telephone survey of 50 colleges and universities in the Northeast and were selected based upon the programs they had in place, the timing of programs, and their willingness to participate in the study. Individual students participated on voluntary basis. Data from first-year male students participating in sexual violence prevention programming at the 4 colleges was used. <b>Note:</b> Earle did not implement the program, but utilized data from surveys completed prior to and following programming.</p> <p><b>Population Type:</b> First-year college males</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> Most were 18-19 17 years - 3.1% 18 years - 52.4% 19 years - 32.9% 20 years - 5.9% 21 years - 4.9%</p> <p><b>Sex:</b> 100% male (although there were female program participants, only men were included in analysis)</p> <p><b>Education:</b> All 1<sup>st</sup> year college students</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p>	<p><b>Study Design:</b> Non-equivalent comparison group design</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> There were 3 treatment groups (1 treatment condition at each of the 3 colleges). Treatment 1 used a small group setting, with only men participating, facilitated by peers, with an interactive format; Treatment 2 used a small group setting, with both men and women participants, facilitated by professional staff, in a discussion format; and Treatment 3 used a large coed group setting facilitated by a professional, and used a lecture format.</p> <p><b>Comparison Group Type(s):</b> First year college males from a different college who received no sexual violence prevention program.</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 866 students completed a pre- and/or post-test (1213 total surveys completed). 347 completed both the pre- and post-tests and yielded usable data, yielding a completion rate of surveys at 40%.</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> Pre and Post= 347 (Tx1=157, tx2=70, tx3=43, and control = 77) 40% participation rate</p> <p><b>Time Points of Data Collection:</b> The pre-test was completed in the middle of the 1991 fall semester. One month later 3 of the 4 colleges implemented a single intervention, and post-tests were administered immediately following the program. The</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> Not reported</p> <p><b>Theory/Model:</b> Literature review provides background models to explain the link between attitudes, beliefs, and social context with rape. However, there is no link to the focus of the study, i.e. effectiveness of modes of program delivery on change in attitudes.</p> <p><b>Delivery Mode:</b> Three intervention groups: Treatment 1 utilized a small group setting, with only men participating, facilitated by peers, with an interactive format; Treatment 2 used a small group setting, with both men and women participants, facilitated by professional staff, in a discussion format; and Treatment 3 used a large coed group setting facilitated by a professional, and used a lecture format.</p> <p><b>Curriculum/Content:</b> Not reported</p> <p><b>Program Implementer:</b> Peers for Treatment 1 and a Professional for Treatment 2 and Treatment 3.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not applicable</p> <p><b>Intervention Retention Rate:</b> Not applicable</p> <p><b>Other:</b></p>

Population and Setting	Study Design and Sample	Intervention
<p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> 60.3% claimed never to have participated in previous rape prevention programming</p>	<p>comparison group took the post-test 1 month after the administration of the pre-test. All 4 groups participated in the study at the same time during the academic year.</p> <p><b>Methods/Setting of Data Collection:</b> The method of survey administration appears to be paper and pencil, but it is Not reported. The pre-test was collected in a residence hall meeting convened by resident assistants. It is not clear where the intervention and the post-test were administered.</p>	

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> <i>Attitudes Toward Rape Scale (ATR;</i> Barnette and Field, 1977) is a 25-item scale that reflects societal attitudes toward rape (6-point Likert scale ranging from Strongly Agree to Strongly Disagree)</p> <p><i>Attitudes Towards Women Scale Simplified (ATW-S;</i> Nelson, 1988). This 22-item scale measures attitudes toward rights and roles of women.</p> <p><b>Time Points of Measurement:</b> Pre-test midway through the 1<sup>st</sup> semester and the post-test immediately after the intervention.</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b></p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b> Treatment Group 1 reported significantly different scores from those of the comparison group in terms of <i>AWSS</i> (from conservative-sexist attitudes to a more liberal attitude about traditional home and work roles of women).</p> <p>Treatment Group 1 also had significant differences on the ATR scale regarding ‘Motives for Rape’, with a positive change in attitude.</p> <p>Treatment Group 3 reported significantly less liberal attitudes on the ATR factor ‘Severity of the Crime’ compared to all other groups.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> 60.3% reported that they had never participated in a previous acquaintance rape prevention program.</p>	<p><b>Quality Score:</b> Total: 31/85 (36%) Description: 10/25 (40%) Design: 21/60 (35%)</p> <p><b>Major Strengths:</b> <b>Study:</b> - Assesses 3 types of intervention and uses a comparison group.</p> <p><b>Major Weaknesses:</b> <b>Study:</b> -The type of treatment groups used does not permit an accurate assessment of the variables contributing to change. For example, Treatment 1 uses males, small group size, peer facilitation, and discussion. To compare the effectiveness of this approach versus another one, there would need to be comparable conditions except for one aspect, such as use of co-ed groups instead of males. For each of the treatment groups used, there are at least 2 factors that distinguish the groups. This really doesn’t allow the researcher freedom to attribute change to one factor or another. -There is no assessment of pre-existing differences between the treatment and comparison groups</p> <p><b>Article:</b></p>

Measures	Results	Study Quality
<p>Added to instruments:                      -Social Security number                      -Age                      -Previous participation in an acquaintance rape program.</p> <p><b>Time Points of Measurement:</b></p>	<p><b>Attendance/Treatment Completion:</b>                      Attendance was voluntary, but no data were provided.</p> <p><b>Other:</b></p>	<p>-Does not provide enough detail about the approach and what was done during the interventions. The reader does not know what the programs provided, duration, retention rates for each intervention, or setting.</p>

**Author/s:** Feltey, Ainslie, and Geib

**Year:** 1991

**Title:** Sexual Coercion Attitudes Among High School Students: The Influence of Gender and Rape Education

**Article Number:** 009

Population and Setting	Study Design and Sample	Intervention
<p><u>Location:</u> Mmid-sized, Midwestern metropolitan area</p> <p><b>Study Eligibility Criteria:</b> sample generated from teachers and students from urban, suburban, and rural high schools who called the local YWCA Rape Crisis Program to request a speaker on the topic of date rape prevention (DRP)</p> <p><b>Population Type:</b> high school</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> 14-19 (mean of 16.5 years)</p> <p><b>Sex:</b> 65% female; 35% male</p> <p><b>Education:</b> Not reported</p> <p><b>Race/Ethnicity:</b> 71% white</p> <p><b>Sexually Active:</b> over half (no exact number given); 20% have been sexually involved with another person when they did not really want to (involuntarily sexual - 68% females, 57% males); 1/3 of subjects that reported unwanted sexual activity had intercourse at least once when they did not want to.</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> 59 % Protestant 81% mother in labor force in a traditional, female-dominated occupation</p>	<p><b>Study Design:</b> Pre-post</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> "experimental" group (n=118) "a subgroup of the sample" that answered survey before and after intervention.</p> <p><b>Comparison Group Type(s):</b> "control" group (n=260) completed the pretest only.</p> <p><b>Sampling Frame Size:</b> N = 378 (generated from teachers and students from urban, suburban, and rural high schools)</p> <p><b>Baseline Sample Size (and Participation Rate):</b> N = 378</p> <p><b>Post-Test and Follow-up Sample Sizes (and Participation Rates):</b> Post: N = 118</p> <p><b>Time Points of Data Collection:</b> Pre-test: administered to each class a day or 2 prior to intervention Post-test: 6 weeks after intervention</p> <p><b>Methods/Setting of Data Collection:</b> Not reported (classroom) Paper and pencil questionnaire administered and collected by the researchers</p>	<p><b>Setting:</b> Not reported (classroom)</p> <p><b>Duration:</b> 45 minutes, one-time</p> <p><b>Theory/Model:</b> Study based on previous findings that gender is a significant determinant of attitudes toward rape; women are usually the victims and males the perpetrators; female victimization is supported by larger patriarchal social order (the link between societal male dominance and socialization); feminist perspective</p> <p><b>Delivery Mode:</b> lecture</p> <p><b>Curriculum/Content:</b> Study focus: Perception of sexual coercion as justifiable under certain conditions Curriculum content: Gender role socialization (infancy through adolescence) as it relates to dating and sexual behavior to underscore that date rape is a logical extension of current sex role socialization practices; causes of date rape/sexually coercive behaviors among teenagers. Focuses on (a) lack of communication, (b) lack of respect for women, (c) peer pressure among men, (d) aggression among men, (e) situations that provide opportunities (i.e. atmospheres of sexual expectation).</p> <p><b>Program Implementer:</b> experienced rape educator from the local YWCA Rape Crisis Program</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not applicable</p> <p><b>Intervention Retention Rate:</b> Not applicable</p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> <i>"A Survey on Sexual Attitudes of Teenagers"</i> Demographic characteristics, in/voluntary participation in various levels of sexual activity (4 items), 17 items to elicit attitudes about the acceptability of sexual coercion under specific circumstances (sexual coercion attitude (SCA) situation)</p> <p><b>Time Points of Measurement:</b> pre, post</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b> Before intervention: Gender strongest significant relationship with each of the dependent variables - confirms assertion that men are more likely than women to support sexually coercive behaviors. Age also significant explanatory variable in all situations except for when female fights back. Older subjects were less likely to support sexually coercive behavior in all situations. After intervention: Sex (gender) was significant only when there is the opportunity for sexual activity to occur (male assumption that female should be sexually available if she goes to his house when his parents aren't home, for example) and for level of relationship (males more likely to find sexual coercion acceptable when couple is in a legal or pre-legal relationship). Respondents who had experienced unwanted sexual activity were more likely to support coercion under the conditions of a woman fighting back and when money is spent on a date. Age was leading significant explanatory variable for blaming attitudes (younger students were more likely to support coercion when behavior of female was called into question. Age was second leading variable when money is spent, there is opportunity, and the level of relationship is considered. Comparing before and after results: Males were far more likely to support coercive behavior for all measures of potential rape circumstances, even controlling for other possible factors before DRP. Substantial decrease in the influence of gender on coercive attitudes after intervention except when there was an opportunity for sexual activity and when there was an established relationship. Age retained its significance as the second leading predictor of attitudes about sexual coercion after the DRP</p>	<p><b>Quality Score:</b> Total: 38/85 (45%) Description: 21/25 (84%) Design: 17/60 (28%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b> -Uses multivariate analyses</p> <p><b>Article:</b> -Provides strong rationale for study -Provides thorough discussion of the applicability of findings/suggestions for future educational preventative interventions</p> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b> -No comparison group -Not all subjects were offered post-test -No long-term follow-up (post-test was 6 weeks after intervention) - Validity of measures not discussed</p> <p><b>Article:</b> -No discussion of limitations of study</p>

Measures	Results	Study Quality
	<p>when money is spent, blaming attitudes, opportunity, and relationship.                      Most significant variable explaining attitudes was unwilling sexual experience.                      Average scores for each SCA situation substantially decrease after intervention.                      Conclusions: Intervention decreased the influence of gender on attitudes supporting sexually coercive behavior; age and adolescent sexual experiences may be critical foci for future educational efforts; students that have experienced unwanted sexual activity may need individual counseling.</p> <p><b><u>Victimization:</u></b></p> <p><b><u>Perpetration:</u></b></p> <p><b><u>Other Measures:</u></b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

<b>Author/s:</b> Fonow, Richardson, and Wemmerus <b>Title:</b> Feminist Rape Education: Does It Work?		<b>Year:</b> March 1992 <b>Article Number:</b> 010
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Ohio State University (OSU), Columbus, OH, urban population density.</p> <p><b>Study Eligibility Criteria:</b> Enrollment in any of the 14 sections of introductory sociology (Sociology 101) at OSU. The option not to participate was given.</p> <p><b>Population Type:</b> College students</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> 88% were 23 years old or younger</p> <p><b>Sex:</b> 319 women (55%), 263 men (45%)</p> <p><b>Education:</b> At least some college education</p> <p><b>Race/Ethnicity:</b> 86% white, 10% black, and 4% other minorities</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> 92% had never been married; 25% still lived with parents, 46% lived in dormitories, fraternities, or sororities, and 25% lived in their own apartments.</p>	<p><b>Study Design:</b> Randomized comparison group design</p> <p><b>Author-reported:</b> Solomon four-group design</p> <p><b>Intervention Group Type(s):</b> Sociology 101 students were randomly assigned to one of two conditions:            Strategy 1: seeing the video of a live workshop            Strategy 2: attending a live workshop.</p> <p><b>Comparison Group Type(s):</b> Sociology 101 students were randomly assigned to a control group, receiving no education (intervention).</p> <p>There was no difference in standard demographic or attitudinal data among students enrolled in the different sections (assigned section by registrar; basic education requirement, therefore students represented general university population of students that took such courses).</p> <p><b>Sampling Frame Size:</b> N=582</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 582 undergraduates with 100% participation. The total number of individuals retained in the study sample is n=582.</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> Post-test sample size, n=476 (workshop = 153; video = 149; comparison = 174)</p> <p><b>Time Points of Data Collection:</b> Students were pre-tested before receiving intervention, and post-tested 3 weeks later.</p> <p>There was one pre-tested group and one nonpre-tested group for each of the 3 conditions (intervention 1, 2, and control). A total of 299 students were pre-tested.</p>	<p><b>Setting:</b> The interventions were delivered in small discussion sections in a Sociology 101 classroom at OSU.</p> <p><b>Duration:</b> 25 minutes (both video and live workshop)</p> <p><b>Theory/Model:</b> This study was based on prior research that has found evidence of attitudes about rape myths, adversarial sexual beliefs and gender-role conservatism and the impact of feminist rape-education intervention strategies on American college students' attitudes.</p> <p><b>Delivery Mode:</b> The first intervention group viewed a video of a live rape-education workshop, and the second intervention group attended a live rape-education workshop.</p> <p><b>Curriculum/Content:</b> The workshop and video contained the same content. The facilitator described a fictitious rape scenario, and asked students to identify and critique all the rape myths embedded in the story. Then they presented statistics on the prevalence of rape, incidence of rape on college campuses and within the home, acquaintance rape, incidence of cross-race rape, and reporting and conviction rates of rape that contravene the myths. A reconceptualization of rape was offered with 6 points (rape is an act of violence; rape humiliates women; rape is an act of power; rape is a public issue; rape affects all women; rape affects all men) and discussion was encouraged.</p> <p>Participants in the control group were offered resources and the opportunity to view video or attend a workshop at a later date.</p> <p><b>Program Implementer:</b> The live workshops and video were implemented by an experienced rape-education workshop facilitator.</p> <p><b>Culturally Specific:</b> Not reported</p>

Population and Setting	Study Design and Sample	Intervention
	<p><b>Methods/Setting of Data Collection:</b> The setting for all data collection was in a classroom. All instruments were self-administered questionnaires.</p>	<p><b>Assessment of Exposure:</b> Not applicable</p> <p><b>Intervention Retention Rate:</b> Not applicable</p> <p><b>Other:</b> Not reported</p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> The <i>rape-myth scale</i> contained 9 items that were adopted or modified from Burt (1980) about rape vulnerability, who rapes, rape location, the relationship between rapist and the rape survivor, racism, and the reasons for rape.</p> <p><b>Time Points of Measurement:</b> Pre-test and post-test.</p> <p><b>Attitudes:</b> The <i>rape-blame scale</i> contained five items adopted and modified from Resick and Jackson (1981) that measured the extent to which the victim was blamed for her own rape. These items measured the extent to which the respondent believed a woman's dress, dating habits, drinking, or past sexual history accounted for the rape.</p> <p>The <i>adversarial sexual belief scale</i> was a 6-item scale that contained measures adopted and modified from Burt (1980). It measured the extent to which heterosexual relationships were viewed as exploitative and the extent to which force and coercion were viewed as legitimate ways to gain compliance in intimate relations.</p> <p>The <i>gender-role conservatism scale</i> contained 7 items adopted and modified from Burt (1980) that measured the extent to which traditional cultural stereotypes were applied to dating, marriage, careers, and social customs.</p> <p><b>Time Points of Measurement:</b> Pre-test and post-test</p> <p><b>Victimization:</b> Not reported</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge and Attitudes:</b></p> <p><u>Pre-test</u></p> <ul style="list-style-type: none"> <li>- At pre-test, students disagreed with rape myths more than agreed with them.</li> <li>- Women held fewer false beliefs (scored lower on rape myth scale) than men</li> <li>- Despite rejection of some of the myths, almost none of the students conceptualized rape as a social-control issue.</li> <li>- Students tended to not blame the victim and to reject adversarial sexual beliefs.</li> <li>- Significant gender differences were found with men more likely than women to accept rape myths, to blame the victim, to have adversarial sexual beliefs, and to have conservative gender-role attitudes.</li> <li>- There were significant correlations between the scales.</li> </ul> <p>Acceptance of rape myths was strongly related to the tendency to blame the victim, to conservative gender-role beliefs, and to adversarial sexual beliefs.</p> <p><u>Post-test</u></p> <ul style="list-style-type: none"> <li>- There were no interactions between pre-test and the kind of education intervention given to the students. The students that were pre-tested had fewer false beliefs about rape myths than those who were not pre-tested regardless of type of intervention (video, workshop, no education). The administration of the pre-test served as education in itself; effect, although not powerful, was discernable.</li> <li>- Both educational (video and workshop) significantly affected students' knowledge and attitudes about rape myths. The two types of interventions were equally effective. Students who received either intervention had lower rape-myth scores than the students that were given</li> </ul>	<p><b>Quality Score:</b></p> <p>Total: 63/85 (74%)          Description: 25/25 (100%)          Design: 38/60 (63%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Used 2 interventions and a control group, with random assignment.</li> <li>- Controlled for confounding effects by using the randomizing Solomon four-group design (Campbell and Stanley, 1963). These effects included rape news on the campus that might sensitize students, general maturational effects of getting an education, the possible sensitizing effects of having taken a pre-test that asks about rape attitudes, possible instrumentation effects from using different facilitators in different classrooms, statistical artifacts, loss of participants in the study, and other forms of bias.</li> <li>- Pre-tested half of sample, which showed interesting result of the instrument as education</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- Provides good description of prior research.</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- Lacks discussion for choosing a feminist-based approach.</li> </ul>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p>	<p>no education or just the pre-test.</p> <ul style="list-style-type: none"> <li>- Type of intervention had significant effect on 3 of 9 items on rape-myth scale: interventions increased the students' agreement that the rapists know their victims, that rapes are more likely to occur in the victims' own homes, and that rape is a form of social control over women.</li> <li>- Neither intervention changed students' knowledge or attitudes on rates of cross-race rapes although curriculum explicitly addressed this.</li> <li>- Gender was not a salient factor in the effectiveness of the education, both men and women learned equally from the interventions. However, the differences found at pre-test continued after the intervention - women continued to have lower rape-myth acceptance scores than men.</li> </ul> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<ul style="list-style-type: none"> <li>- Did not specifically discuss pre-test, post-test sample sizes. Numbers reported for the groups are conflicting.</li> <li>- Did not discuss participation rates.</li> </ul>

<p><b>Author/s:</b>                      #11 - Foshee, V. A.                      #12 - Foshee, Linder, Bauman, Langwick, Arriaga, Heath, McMahon, and Bangdiwala                      #13 - Foshee, Bauman, Arriaga, Helms, Koch, and Linder                      #14 - Foshee, Bauman, Greene, Koch, Linder and MacDougall                      #73 - Foshee, Bauman, Ennett, Linder, Benefield, and Suchindran  <b>Title:</b> (#11) Involving Schools and Communities in Preventing Adolescent Dating Abuse</p>		
		<p><b>Year:</b> #11 - 1998; #12 - 1996; #13 - 1998; #14 - 2000; #73 - 2004  <b>Article Number:</b> 011, 012, 013, 014, 073</p>
	Study Design and Sample	Intervention
<p><b>Location:</b> Johnston County, NC; a primarily rural county with aprx 82,000 residents.</p> <p><b>Study Eligibility Criteria:</b> Students enrolled in the 8<sup>th</sup> or 9<sup>th</sup> grade in 14 public schools on Sept 10, 1994 and obtained parental consent</p> <p><b>Population Type:</b> Middle school/adolescents</p> <p><b>Population Characteristics:</b>  <b>Age:</b> 12 to 17 years                      X = 13.9 years</p> <p><b>Sex:</b>                      #11 50.4% female, 49.6% male                      #14 - at one year follow-up, 51.2% female, 48.8% male</p> <p><b>Education:</b> 8<sup>th</sup> and 9<sup>th</sup> grade (numbers Not reported).</p> <p><b>Race/Ethnicity:</b> #11 White - 75.9%, African American - 20.2%, Other - 3.9%                      #14 - at one year follow-up, 19.9% African-American (no further numbers provided)</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b>                      #11 - 36.5% of females and 39.4% of men who were dating at baseline reported being-victimized at least once.                      #14 - reports baseline victimization as 34.3% for dating females and 37.2% for dating males.</p> <p>Study 2 (#12) only reports baseline data:</p>	<p><b>Study Design:</b> Randomized comparison group design</p> <p><b>Author-reported:</b> #11 - Experimental</p> <p><b>Intervention Group Type(s):</b> (Article # 11, 12, 13) - Treatment adolescents were exposed to the program's school and community activities                      #12 N = 955                      #14 - 7 treatment schools                      #73 - Changed to 2 treatment groups: treatment only and treatment plus booster.</p> <p><b>Comparison Group Type(s):</b> Control adolescents were exposed only to the community activities.                      #12 N=1,010</p> <p><b>Sampling Frame Size:</b>                      #11,12 - 2,434                      #13, 14 - 2,344                      #73 - 2,342</p> <p><b>Baseline Sample Size (and Participation Rate):</b>                      #11 and #12 - 1,965; 1965/2434 = 81%                      #13 and #14 - 1886; 1886/2344 = 81%                      #73 -1885/ 2342 = 80.5%</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>                      #11 - 1 month follow-up = 1,909; 1909/1965=97%                      - 1 year follow-up = 1,892; 1892/1965=96%</p>	<p><b>Setting:</b> School and community</p> <p><b>Duration:</b>                      School                      1. theater production performed by peers (time Not reported)                      2. Ten, 45-minute sessions for students                      3. Poster contest - assignment given last day of intervention</p> <p>Differences in school practices led to differences in implementation. Some teachers taught it as a 45-minute class for 10 days in a row; some taught it every other day until 10 sessions were covered; one teacher taught it once a week for 10 weeks; and others taught it in 5 hour-and-a-half sessions, covering 2 sessions per day.</p> <p><b>Theory/Model:</b> Changes in norms, coupled with improvements in prosocial skills, served as the theoretical base for primary prevention school activities. School activities were expected to lead to the primary prevention of dating violence perpetration by (a) changing norms associated with partner violence, (b) decreasing gender stereotyping, and (c) improving conflict management skills.</p> <p>Changes in norms, gender stereotyping, and conflict management skills may also be important for adolescents in abusive relationships if they are to leave those relationships or to stop being violent. Secondary prevention activities encouraged victims and perpetrators to seek help by addressing cognitive factors associated with help seeking.                      Cognitive factors influencing help seeking that were</p>

	Study Design and Sample	Intervention
<p>- 25.4% and 8.0% of this sample have been victims of nonsexual and sexual dating violence.</p> <p>- Caucasian adolescents reported less victimization of nonsexual dating violence than either African-American adolescents (<math>p &lt; .001</math>) and adolescents in the “other” category (<math>p &lt; .05</math>). There were no differences in sexual dating violence victimization between African-Americans and Caucasians.</p> <p>- Dating girls were more likely than dating boys to report sexual violence victimization (<math>p &lt; .001</math>).</p> <p>#12:</p> <p>- of the dating adolescents, 35.5% (N=499) reported being a victim of at least one nonsexual dating violence act and 10.7% (n=149) reported being a victim of at least one sexual dating violence act. Represents 25.4% and 8.0% of the entire sample (dating and nondating adolescents), respectively, for nonsexual and sexual dating violence victimization.</p> <p>-of the dating adolescents, 19.7% (n=277) reported being a perpetrator of at least one nonsexual dating violence act, and 2.8% (n=39) reported being a perpetrator of at least one sexual dating violence act. This represents 14.0% and 2.0% of the whole sample, respectively, for nonsexual and sexual dating violence perpetration.</p> <p>- No gender differences in nonsexual dating violence victimization (<math>p &lt; .05</math>). Dating girls were significantly more likely than dating boys to report perpetration of nonsexual dating violence (<math>p &lt; .001</math>), but dating boys were more likely than dating girls to report sexual dating violence perpetration (<math>p &lt; .001</math>)</p> <p>- Caucasian adolescents reported less victimization of nonsexual dating violence than either African-adolescents (<math>p &lt; .001</math>) or adolescents in the “other” racial group category (<math>p &lt; .05</math>). No differences in this type of victimization between African-American adolescents and adolescents in the “other” racial group category.</p> <p><b>Criminal History:</b> Not reported</p>	<p>#12 - 91% completed one month follow-up questionnaires (n=1788?)</p> <p>#13 and #14 - 1700; 1700/1886=90% completed 1 month follow-up</p> <p>#14 - 1603/1886=85% completed 1-year follow-up (May 1996)</p> <p>#73 - 48.1% of 8<sup>th</sup> graders that completed baseline - N=460 (Analysis sample represents 74.2% of baseline 8<sup>th</sup> grade adolescents whose parents gave consent for continued participation in the study)</p> <p><b><u>Time Points of Data Collection:</u></b>            Baseline - conducted in October 1994            post-test - completed in May 1995, 1 month after program activities ended            Follow-up 1 - 1 year after post-test (May 1996)            Follow-up 2 - 4 years after post-test (8<sup>th</sup> graders only)</p> <p>#73 - Booster took place between wave 4 and wave 5 of data collection (year 2 and 3)            follow-up:                - 4 weeks after the mailing (wave 4)                - 2 years (2 months after booster, wave 5)                - 4 years (wave 6).</p> <p><b><u>Methods/Setting of Data Collection:</u></b>            Data collection conducted in school through self-administered questionnaires. Data was collected by mail from school dropouts, transfer students, and students who were absent twice during school data collection.</p> <p>#73 - Health educator made personal contact with the adolescent by telephone. The health educator completed a 10-page protocol to determine if the adolescent read each informational component and completed the worksheets.</p>	<p>emphasized were belief in the need for help and awareness of community services, as suggested by Weinstein’s (1988) precaution adoption theory.</p> <p><b><u>Delivery Mode:</u></b> (School Activities) Classroom lectures, play, posters (created through student contest)</p> <p><b><u>Incentives:</u></b> #73 - Adolescents were mailed \$10 after the health educator determined the newsletter activities were completed.</p> <p><b><u>Curriculum/Content:</u></b>  <u>School:</u> (primary and secondary prevention)            • Theater production performed by peers; Poster contest            The play provided a model for and addressed cognitive factors influencing help seeking            • 10-session “Safe Dates” curriculum            Theoretically-based teaching objectives for each of the sessions/ Issues presented included:            * defining caring relationships            * defining dating abuse            * why do people abuse?            * how to help friends            * helping friends            * images of relationships            * equal power through communication            * how we feel - how we deal            * sexual assault            * summary and poster contest</p> <p><u>Community:</u> (secondary prevention) Purpose was to improve resources available to adolescents involved in dating violence through the provision of special services for adolescents in violent relationships (e.g., crisis line, support groups, materials for parents); and by providing community service provider training which sought to alter the cognitive factors associated with help giving.</p> <p>#12: crisis-line volunteers received training on how to respond to calls from adolescents. Materials for parents of adolescents in abuse relationships, were made available at Harbor, Inc. Support groups, staffed by Harbor, Inc.,</p>

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<p><b>Other (i.e. disability, substance abuse, etc.):</b>                      #11 - 72% (1,405 of students completing baseline) reported that they had been on a date.                      #11 - 27.8% of the females and 15.0% of the males reported being perpetrators of partner violence at least once (p &lt; .001).                      #11 - Most males and females reported being victimized by partners in grades higher than those included in the sample.</p> <p><u>#12(reports baseline data):</u>                      - 14.0% and 2.0% have been perpetrators of nonsexual and sexual dating violence.                      - Dating girls were more likely than dating boys to report perpetration of nonsexual dating violence (p &lt; .001).                      Dating boys were more likely than dating girls to report sexual dating violence perpetration (p &lt; .001).                      - Caucasian adolescents reported significantly less dating violence perpetration than African-American adolescents (p &lt; .001). There are no significant differences in nonsexual dating violence perpetration between adolescents in the Caucasians and “other” categories or between African-American and the ‘other’ categories.                      Adolescents in the “other” category reported more sexual violence perpetration than Caucasians (p &lt; .002).</p> <p>#14 - at baseline 69.5% reported dating; at 1-year follow-up, 74.8% of sample reported dating</p>		<p>were initially offered once a week at three schools for adolescent victims of dating abuse. Although bus transportation was provided, participation was low. As a result these support groups were canceled, and one support group was offered weekly after school at Harbor, Inc. No transportation provided but participation was greater than before (no % or numbers of participant provided).</p> <p>#13: Not all students created a poster but all were exposed to the messages in the posters because each student was required to vote for the best three in his or her school.</p> <p>#73: <u>Booster</u> was an 11-page newsletter mailed to the adolescents’ homes and a personal contact by a health educator by telephone approximately 4 weeks after the mailing. The newsletter included information and worksheets based on content from the Safe Dates school curriculum. The health educator answered adolescents questions related to each component of the newsletter, provided additional information when needed, and followed a 10-page protocol to determine if the adolescent read each informational component and completed the worksheets.</p> <p><b><u>Program Implementer:</u></b>                      School: 16 teachers (10 men and 6 women) who taught required health courses in the seven treatment schools received 10 hours of training from Safe Date staff on teen dating violence and the Safe Dates Curriculum.                       Community: 3-hour workshops were offered to community service providers (including social service, emergency room, health department, mental health, crisis line, and health department staff, school counselors, sheriff’s deputies, and officers from the nine police departments in the county). A total of 20 workshops were offered to providers. Approximately 63% (260 of 412) of eligible service providers received the 3-hour training. (Service providers were eligible for training if they interacted with adolescents as part of their</p>

	Study Design and Sample	Intervention
		<p>professional activities.)</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b>                      #11 - Classroom attendance in Safe Dates sessions ranged from 95% to 97%.</p> <p>#12 - 3% missed session 3; 4% missed sessions 1 ,2, 4, 7, 8,or 9; 5% missed sessions 5 or 6.</p> <p><b>Intervention Retention Rate:</b> Classroom attendance in Safe Dates sessions ranged from 95% to 97%.</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p>116-item questionnaire, 40 pages long; Scales described in the CDC’s Compendium of Measures (Dahlberg, L.L. et al., 1996)</p> <p><b>Knowledge:</b> Not reported</p> <p><b>Attitudes:</b>                      #11 - 4 variables measuring dating violence norms were created: (a) acceptance of prescribed norms (norms accepting dating violence under certain circumstances); (b) acceptance of opposing norms (norms considering dating violence unacceptable under all circumstances); (c) perceived positive consequences of dating violence; and (d) perceived negative consequences of dating violence. Likert-type scale. Composite score created. One item was used to measure acceptance of opposing norms: “hitting a dating partner is never OK.”</p> <p>#14 - 3 variables - acceptance of dating violence (8 items), perceived positive sanctions for dating violence (3 items), and perceived negative sanction for using dating violence (3 items).</p>	<p>Groups:</p> <ul style="list-style-type: none"> <li>- Primary prevention subsample - dating adolescents who reported at baseline that they had never been a victim or perpetrator of dating violence (N=862).</li> <li>- Secondary prevention subsample included adolescents who reported at baseline that they had been a victim of dating violence (N=438).</li> <li>- Perpetrators in secondary prevention subsample included dating adolescents who reported at baseline that they had been a perpetrator of dating violence (N=247).</li> </ul> <p>Note: (#73)- Only 8<sup>th</sup> grade students included in this analysis (4-year follow-up) since 9<sup>th</sup> grade students had already graduated from high school.</p> <p>#73: Of the 460 adolescents, 201 were in the control group, 124 were in the group that only received Safe Dates, and 135 were in the group that received Safe Dates and the Booster.</p> <ul style="list-style-type: none"> <li>• Only statistically significant difference between the baseline group and the 4-year follow-up group was gender - significantly more females (p&lt;.01). No significant differences in predicting drop out status</li> </ul>	<p><b>Quality Score:</b>                      Total: 77/85 = 91%                      Description: 25/25 = 100%                      Design: 52/60 = 87%</p> <p><b>Major Strengths:</b>  <b>Study:</b></p> <ol style="list-style-type: none"> <li>1. Examined dropouts and controlled for variables found significantly related in a logistic regression (at 1-month and 1-year).</li> <li>2. Aprx 35% of classes delivering program were monitored unannounced by Safe Dates staff.</li> <li>3. Examined differences between treatment and control groups at baseline (no significant differences found).</li> <li>4. Study attrition was low.</li> <li>5. 1-year and 4-year follow-up</li> <li>6. To assess for selection bias, compared study sample to the total number of 8<sup>th</sup> graders who completed baseline questionnaires (73).</li> <li>7. Extensive formative research conducted to develop intervention; intervention pilot tested.</li> <li>8. Intervention focuses on both primary and secondary prevention combining both school and community</li> </ol>

Measures	Results	Study Quality
<p>#11 <i>Gender stereotyping</i> - 11 items, such as, “swearing is worse for a girl than a boy” and “on a date, the boy should be expected to pay all the expenses”</p> <p>#11 <i>Beliefs in need for help</i> - 2 items: “teens who are victims of dating violence need to get help from others” and “teens who are violent to their dates need to get help from others.”</p> <p><b>Time Points of Measurement:</b> pre, post-test, follow-up</p> <p><b>Victimization:</b></p> <p>#11 - <i>Psychological abuse victimization</i> - measured by asking, “How often has anyone that you have ever been on a date with done the following things to you?” Fourteen acts were listed, such as damaged something that belonged to me, insulted me in front of others, did something just to make me jealous; response options ranged from never to very often.</p> <p>#11 - <i>Nonsexual violence victimization</i> - measured by asking respondents, “How many times has anyone that you have been on a date with done the following things to you? Only include when they did it to you first. In other words, don’t count it if they did it to you in self-defense?” Sixteen behaviors, such as slapped me, kicked me, bit me, were listed; response options ranged from 0 to 10 or more times.</p> <p>#11 - <i>Sexual violence victimization</i> - measured by the same base question as nonsexual violence victimization (see above) and the two behavioral items, “forced me to have sex” and “forced me to do other sexual things that I did not want to do.”</p> <p><i>Violence in the current relationship:</i> if dating, adolescents were asked “How many times has Partner X ever used any kind of physical force against you that was not used in self-defense?” and “how many times have you used any kind of physical force against Partner X that was not used in self-defense?” Response options ranged from 0</p>	<p>among groups.</p> <p><b>Primary Measures:</b></p> <p><u>#14 Overview of 1-year follow-up:</u></p> <ul style="list-style-type: none"> <li>- No significant interactions were seen between treatment condition and baseline characteristics when predicting dropout status by 1-year follow-up.</li> <li>- No significant differences between treatment and control groups on outcome, mediating, or demographic variables in any of the samples.</li> <li>- no significant differences between the treatment and control groups in any of the behavioral outcomes</li> <li>- Primary prevention subsample: no significant differences were found in any of the mediating variable between treatment and control groups.</li> </ul> <p><u>#73 Overview of 4-year follow-up:</u></p> <p>Safe Dates reduced dating violence as many as 4 years after the program. The booster did not improve the effectiveness of Safe Dates, and in fact, adolescents exposed to Safe Dates and the booster reported significantly more psychological abuse perpetration, and serious physical and sexual victimization at follow-up than those exposed only to Safe Dates when prior involvement in those forms of dating violence was high. Prior behavior moderated some effects. “These findings suggest that implementation of the Safe Dates program to reduce dating violence in indicated but that the booster should not be used.”</p> <p>Significant treatment and control group differences were found in the expected direction in physical, serious physical, and sexual dating violence perpetration and victimization. Although prior victimization moderated program effects on physical and serious physical victimization, there were statistically significant program effects on those two victimization variables at almost all strata of prior victimization. The program was equally effective for males and females and for whites and non-</p>	<p>activities.</p> <p>9. Gathered data from dropouts, transfers, and students who absent due to illness</p> <p><b>Article:</b></p> <p>#73 - description of analysis techniques</p> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ol style="list-style-type: none"> <li>1. Findings may not be generalizable beyond rural geographical area.</li> <li>2. Reliance on self-report; currently no other measures of dating violence among adolescents.</li> </ol> <p><b>Article:</b></p> <p>Appears to be same sample, but sizes reported differently in each article.</p>

Measures	Results	Study Quality
<p>to 10 or more times.</p> <p><b>Time Points of Measurement:</b> pre, post-test, follow-up</p> <p><b>Perpetration:</b>  #11 - <i>Psychological abuse perpetration</i> - measured by asking, “How often have you done the following things to someone you have ever had a date with?” The same 14 acts from the psychological abuse victimization (see above) were listed.</p> <p>#11 - <i>Nonsexual violence perpetration</i> - measured by asking “How many times have you ever done the following things to a person that you have been on a date with. Only include when you did it to him or her first. In other words, don’t count it if you did it in self-defense.” Same 18 behaviors as sexual violence victimization were used.</p> <p>#11 - <i>Sexual violence perpetration</i> - measured by asking “How many times have you ever done the following things to a person that you have been on a date with. Only include when you did it to him or her first. In other words, don’t count it if you did it in self-defense.” Same 18 behaviors as sexual violence victimization were used.</p> <p><b>Time Points of Measurement:</b> pre, post-test, follow-up</p> <p><b>Other Measures:</b>  #11 - 4 conflict management variables:  - <i>constructive communication skills</i>: “During the last 6 months, when you had a disagreement with someone, how much of the time did you do the following things?” Seven items, such as, told the person how I felt, tried to calm down before I talked to them, were included and rated from 0 for never 3 for most of the time.  - <i>destructive communication skills</i> - Same question as constructive communication skills (see above); 5 items, such as, hung up the phone on them; refused to talk to them about the problem.</p>	<p>whites. The strongest program effect on perpetration was observed for serious victimization and physical victimization for adolescents with prior (wave 1) physical victimization. In comparison to controls, adolescents exposed to Safe Dates reported from 56% to 92% less dating violence victimization and perpetration at follow-up.</p> <p>Safe dates did NOT prevent psychological abuse perpetration or victimization.</p> <p>The booster session did not improve the effectiveness of Safe Dates. In fact, adolescents exposed to Safe Dates and the booster session reported significantly more psychological abuse perpetration and serious physical and sexual victimization at follow-up than those exposed only Safe Dates, but only when prior involvement in those forms of dating violence was high.</p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b>  <u>1-month follow-up</u>  #11 - (full sample) treatment group was less supportive of dating violence norms</p> <ul style="list-style-type: none"> <li>• treatment group was less supportive of prescribed dating violence norms, more supportive of opposing dating violence norms, perceived fewer positive consequences from using dating violence, used more constructive communication skills and responses to anger, and were less likely to gender stereotype (<math>p &lt; .05</math>) than control group</li> <li>• In primary prevention subsample - treatment group were more supportive of opposing dating violence norms, perceived more negative consequences from using dating violence, and gender stereotyped less (<math>p &lt; .05</math>) than control group</li> <li>• In victims subsample - treatment group was less accepting of prescribed dating violence norms, less accepting of traditional gender stereotypes, and more aware of victim services (<math>p &lt; .05</math>) than control group</li> <li>• Treatment adolescents in the perpetrators subsample perceived more negative consequences for using</li> </ul>	

Measures	Results	Study Quality
<p>- <i>constructive responses to anger</i> - “During the last 6 months, when you were angry at someone, how often did you do or feel the following things?” Four items, such as I asked someone for advice, told the person I was angry, were scored from 0 for never to 3 for very often. Composite score created.</p> <p>- <i>destructive responses to anger</i> - same question as constructive responses to anger (see above). Six items, such as I yelled and screamed insults at the person I was mad at, I made nasty comments about the person to others, were scored for never to 3 for very often. Composite score created.</p> <p>#11 - <i>Help seeking</i> - victims of dating violence were asked, “Have you ever asked anyone what you should do about the violence in your dating relationship?” Perpetrators were asked - “Have you ever asked anyone for help on how to stop using violence toward dates?” - perpetrators were asked, “Have you ever asked anyone for help on how to stop using violence toward dates?”</p> <p>#11 - <i>Awareness of services</i> - subjects were asked whether they knew of county services for victims and perpetrators of dating violence.</p> <p><b>Time Points of Measurement:</b> pre, post-test, follow-up</p>	<p>dating violence and were more aware of services for perpetrators (<math>p &lt; .05</math>) than control group</p> <p><u>1-year follow-up:</u></p> <p>- Victims subsample: treatment group were less accepting of dating violence (<math>p = .03</math>), perceived more negative consequences from engaging in dating violence (<math>p = .02</math>), than control group.</p> <p>- Full sample - adolescents in treatment group compared with control group were less accepting of dating violence (<math>p = .05</math>), and perceived more negative consequences from engaging in dating violence (<math>p = .02</math>).</p> <p>Victimization:</p> <p><u>1-month follow-up</u></p> <p>#11 - no significant differences were found in victimization by psychological abuse, nonsexual violence, sexual violence, or violence in the current relationship between the treatment and control groups in any of the samples. (i.e. exposure to Safe Dates did NOT increase the likelihood that victims would stop being victimized. Authors explanation: many adolescents dating people who were not in the sample - in older grades. May not have been exposed to the intervention.)</p> <p><u>#73 4-year follow-up:</u></p> <p><u>Regression:</u> Safe Dates had a significant main effect on sexual victimization (<math>p = .01</math>) but no effect on psychological abuse victimization.</p> <p>Effects of Safe Dates on physical and serious physical victimization were moderated by prior (wave 1) involvement with the behavior (<math>p = .003</math>). The Safe Dates group reported less physical abuse victimization at follow-up than the control group (<math>p = .002</math>). These differences were statistically significant <i>only</i> when prior physical victimization was average and high and close to significant when there was no prior physical victimization (<math>p = .07</math>). In all three strata of prior serious victimization, adolescents exposed only to Safe Dates reported less victimization from serious dating violence than did adolescents in the control group. These differences were statistically</p>	

Measures	Results	Study Quality
	<p>significant when prior physical victimization was average (<math>p=.01</math>) and high (<math>p=.002</math>) and close to significant when there was no prior physical victimization (<math>p=.07</math>).</p> <p><u>Booster effects on victimization</u> (compared with <i>Safe Dates</i> only) - no effects of the booster on psychological abuse victimization and the effects of the booster on physical, serious physical and sexual victimization were all moderated by prior (wave 4 - 2 years) victimization. When prior involvement in dating violence was high, adolescents exposed to the booster reported more serious physical and sexual victimization at follow-up than adolescents who received only Safe Dates.</p> <p><u>Booster to control-group comparison</u> - No significant differences between the booster and control group in follow-up psychological abuse victimization. Within the strata of prior (wave 4 - 2 years) physical, serious physical, and sexual violence victimization, however the only significant differences in the booster and control groups were in serious victimization when there was no prior serious victimization and sexual victimization when there was no prior sexual victimization. In both cases, those exposed to the booster reported significantly more victimization at follow-up than controls, and in two comparisons the booster group reported significantly less victimization at follow-up than controls.</p> <p><b>Perpetration:</b>  <u>1-month follow-up</u>            Full sample:            #11 - 25% less psychological abuse perpetration, 60% less sexual violence perpetration and 60% less violence perpetration against the current dating partner was reported in treatment schools than in control schools (<math>p&lt;.01</math>)            - In Primary prevention subsample, the controlled analyses indicated that the treatment condition was significantly associated with a decrease in the initiation of psychological abuse perpetration</p> <p><u>Perpetrators Subsample:</u> Perpetrator reported 27% less</p>	

Measures	Results	Study Quality
	<p>psychological abuse perpetration and 61% less violence perpetration in treatment schools than in control schools.</p> <p>Schools activities had effects on several proposed mediating variables, with the largest effects being on dating violence norms, gender stereotyping, and awareness of services, the variables targeted most heavily by school activities.</p> <p><u>Mediation analysis:</u> suggested that the effects of the school activities on perpetration of violence toward partners occurred primarily through change in dating violence norms, gender stereotyping, and awareness of services.</p> <p><u>4-year follow-up:</u> Only 8<sup>th</sup> grade students included in this analysis (4-year follow-up) since 9<sup>th</sup> grade students had already graduated from high school.</p> <p><u>Regression:</u> Adolescents who received only Safe Dates (no boosters) reported perpetrating significantly less physical (<math>p=.02</math>), serious physical (<math>p=.01</math>), and sexual (<math>p=.04</math>) dating violence perpetration than those in the control group. Safe Date's effect on psychological abuse perpetration are moderated by prior (wave 1) involvement in dating violence (<math>p=.02</math>). Safe Dates plus booster was not significant.</p> <p><u>Booster effects</u> - The booster did not improve the effectiveness of Safe Dates in preventing physical, serious physical, or sexual dating violence perpetration, and prior (wave 4 - 2 years) involvement in psychological abuse perpetration moderated the effect of the booster on psychological abuse perpetration.</p> <p><u>Perpetration of psychological abuse:</u> Differences between means: No significant difference.</p> <p><u>Booster effects on perpetration- regression:</u> The booster did not improve the effectiveness of Safe Dates in preventing physical, serious physical, or sexual dating violence perpetration, and prior (wave 4 - 2 years) involvement in psychological abuse perpetration moderated the effect of the booster on psychological</p>	

Measures	Results	Study Quality
	<p>abuse perpetration.</p> <p><u>Difference between means:</u> Those adolescents high in prior psychological abuse perpetration who were exposed to the booster reported significantly more psychological abuse perpetration at follow-up than those exposed only to Safe Dates.</p> <p>No significant differences between the booster and control group in follow-up physical, serious physical or sexual dating violence perpetration. No significant differences between those two groups in follow-up psychological abuse perpetration in any of the strata of prior (wave 4 - 2 years) psychological abuse perpetration, thus there were no situations in which the booster group reported significantly more perpetration at follow-up than controls.</p> <p><b><u>Other Measures:</u></b></p> <p><u>1-month follow-up:</u>                      #11 (full sample) adolescents in the treatment group were more aware of victim and perpetrator services (<math>p &lt; .05</math>) than were adolescents in the control group.</p> <ul style="list-style-type: none"> <li>- victims and perpetrators in treatment group became significantly more aware of services than controls.</li> <li>- no group differences in help-seeking</li> </ul> <p><u>1-year follow-up:</u>                      - Victims subsample: treatment group was more aware of victim services than control group (<math>p = .05</math>).                      - full sample - adolescents in trmt group compared with control group were more aware of victim (<math>p = .02</math>) and perpetrator services (<math>p = .02</math>).</p> <p><u>1-year follow-up:</u>                      #14 Full sample:                      - Perpetrator subsample: trmt group reported using less destructive responses to anger (<math>p = .02</math>) than control group.</p> <p><b>Attendance/Treatment Completion:</b>                      Classroom attendance in Safe Dates sessions ranged from</p>	

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Measures	Results	Study Quality
	95% to 97%.  <b>Other:</b>	

<b>Author/s:</b> Foubert <span style="float: right;"><b>Year:</b> 2000 and 2001</span> <b>Title:</b> The Longitudinal Effects of a Rape Prevention Program on Fraternity Men’s Attitudes, Behavioral Intent, and Behavior (both same title) <span style="float: right;"><b>Article Number:</b> 015 and 079</span>		
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Mid-Atlantic public university</p> <p><b>Study Eligibility Criteria:</b> Men who were members of all 23 fraternities at the university. Fraternities were asked whether they’d be willing to participate in the study.</p> <p><b>Population Type:</b> College males</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> mean=20.33 years</p> <p><b>Sex:</b> 100% male</p> <p><b>Education:</b> April data collection            3% - 1<sup>st</sup> year            41% - 2<sup>nd</sup> year            35% - 3<sup>rd</sup> year            21% - 4<sup>th</sup> year</p> <p><b>Race/Ethnicity:</b> (Experimental group)            91% White            2% African American            4% Asian American or Pacific Islander            2% Hispanic/Latino/Chicano            1% Other</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not applicable</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> Not reported</p>	<p><b>Study Design:</b> Experimental, Solomon-4 Design  <b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> 4 of 8 fraternities that had volunteered to participate (n=109) were randomly assigned to intervention group; further random assignment to : 2 fraternities participated in pre- and post-test and follow-up assessments, 2 fraternities participated in post-test and follow-up assessment only (no pretest).</p> <p><b>Comparison Group Type(s):</b> 4 of 8 fraternities that had volunteered to participate (n=108) were randomly assigned to comparison group; further random assignment to: 2 fraternities participated in pre-, post-test, and follow-up assessments, 2 fraternities participated in post-test and follow-up assessment only (no pretest).</p> <p><b>Sampling Frame Size:</b> 23 fraternities</p> <p><b>Baseline Sample Size (and Participation Rate):</b> n=217 represents 8 fraternities (256 members total) that volunteered to participate</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> n=145; 66.82%</p> <p><b>Time Points of Data Collection:</b>            pre-test: immediately before intervention            post-test: immediately after intervention            follow-up: 7 months post-intervention</p> <p>Note: not clear when control group took pre- and post-test although it was at the same time as the intervention group. That is, did they take the pre- and post-tests an hour apart?</p> <p><b>Methods/Setting of Data Collection:</b> Not reported</p>	<p><b>Setting:</b> Fraternity houses of respective participants.</p> <p><b>Duration:</b> Fall semester, 1-hour program</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> Instruction, video, and group discussion.</p> <p><b>Curriculum/Content:</b> “<i>How to Help a Sexual Assault Survivor: What Men Can Do.</i>” The program opened by setting a nonconfrontational tone, indicating that participants would be taken through a workshop designed to help them assist women in recovering from a rape experience. Disclaimer, overview, and a basic review of rape definitions. Participants told they would be viewing a video (produced by the Seattle Police Department) of describing a rape situation. Video depicted a male police officer being raped by 2 men. Facilitators processed the video as an act of violence and drew parallels to the police officer’s experience to the common experiences of female rape survivors. Participants were then taught basic skills on how to help a woman recover from rape. Men were also encouraged to communicate openly in sexual encounters and to help change societal norms that condone rape. Presenters responded to questions and noted statistics of sexual assault.</p> <p><b>Program Implementer:</b> Four male peer educators</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not applicable</p> <p><b>Intervention Retention Rate:</b> Not applicable</p> <p><b>Other:</b> None</p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> <i>Rape Myth Acceptance Scale</i> assesses belief in rape myths. (Burt, 1980)</p> <p><b>Time Points of Measurement:</b> pre-test, post-test, and follow-up.</p> <p><b>Attitudes:</b> <i>Behavioral Intent to Rape</i> assesses behavioral intent to rape (If you could be assured of not being caught or punished, how likely would you be to rape??.) Malamuth's (1981)</p> <p><b>Time Points of Measurement:</b> Pre-test, post-test and follow-up</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> <i>Sexual Experiences Survey (SES)</i> asks respondents to indicate their most serious level of sexually coercive behavior ranging from coerced fondling to forced intercourse (Koss and Gidycz, 1985)</p> <p><b>Time Points of Measurement:</b> Pre-test, post-test and follow-up</p> <p>Note: <i>SES</i> modified for follow-up to reflect the time between pretest and follow-up</p> <p><b>Other Measures:</b></p> <p><b>Time Points of Measurement:</b></p>	<p><b>Primary Measures:</b> Overall: results showed that the program significantly lowered the men's reported likelihood of raping for an academic year of 7 months. Furthermore, evidence that the program decreased the men's belief in rape myths over a 7-month academic year was seen. However, the results of this study did not show that those who saw the program <u>behaved</u> differently.</p> <p>Statistically equivalent levels of rape myth acceptance were reported on the post-test and the follow-up, regardless of whether participants were pretested (indicating that rape myth acceptance was not affected by pre-testing effects.)</p> <p><b>Knowledge:</b> displaying lower levels of endorsement of rape myths at follow-up [F(1, 141)=10.06, p=.001].</p> <p>At both post-test and follow-up, experimental group experienced significant declines in rape myth acceptance.</p> <p><b>Attitudes:</b> At both post-test and follow-up, experimental group experienced significant declines in likelihood of raping.</p> <p><b>Perpetration:</b> No significant difference between experimental group and control group at follow-up [F(1, 141)=.16, p=.69). Levels of sexually coercive behavior reported by men who saw the program were statistically equivalent to those who did not see the program.</p> <p><b>Other Measures:</b> Significant effects for treatment [F(3, 139) = 4.32, p&lt;.01], for pre-testing [F(3, 139) = 2.75, p&lt;.05]. No significant differences for Treatment (times) Pre-testing Interaction [F(3, 139) = 1.87, p&lt;.05] - no differences reported in post-test or follow-up due to pre-testing.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b>Quality Score:</b> Total: 65/85 (76%) Description: 21/25 (84%) Design: 44/60 (73%)</p> <p><b>Major Strengths:</b> <b>Study:</b> - Examined test-retest reliability using Solomon-4 design - high (67%) retention rate - Long-term follow-up</p> <p><b>Article:</b> - Discusses strengths of gender-specific interventions. - Provides suggestions for future research.</p> <p><b>Major Weaknesses:</b> <b>Study:</b> - One-time intervention - Did not control for differences in <i>Behavioral Intent to Rape</i> at pre-test</p>

**Author/s:** Foubert and Marriot

**Year:** 1997

**Title:** Effects of a Sexual Assault Peer Education Program on Men's Belief in Rape Myths

**Article Number:** 016

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Not reported</p> <p><b>Study Eligibility Criteria:</b> Male members of fraternity pledge classes that were solicited by their pledge educator and agreed to participate.</p> <p><b>Population Type:</b> College men</p> <p><b>Population Characteristics:</b>  <b>Age:</b> Experimental group M=18.8; Control group M=18.7  <b>Sex:</b> 100% male  <b>Education:</b> Not reported  <b>Race/Ethnicity:</b> Experimental - "1 group participant was of Native American descent, the remaining experimental group participants were of Caucasian descent."                      Control - "One Latino student and two Asian students were in the control group, all others were Caucasian."  <b>Sexually Active:</b> Not reported  <b>Victimization:</b> Not reported  <b>Criminal History:</b> Not reported  <b>Other (i.e. disability, substance abuse, etc.):</b> Not reported</p>	<p><b>Study Design:</b> Non-equivalent comparison group design</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b>                      (N=76) Three pledge classes who agreed to participate and were assigned to the experimental condition (attended the program).</p> <p><b>Comparison Group Type(s):</b>                      (N=38) Two pledge classes who agreed to participate were assigned to the control condition</p> <p><b>Sampling Frame Size:</b> Six fraternity pledge classes were solicited for participation.</p> <p><b>Baseline Sample Size (and Participation Rate):</b>                      114                      Control group: Of the 38 that agreed to participate, 34 completed a pretest (89%)                      Participation rate Not reported because no sampling frame size provided.</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>                      77                      77/114=68%                      Experimental Group: 45 (/71) completed follow-up (63% that were pretested)                      Control group: 32 (/34) completed follow-up (94% that were pretested)</p> <p><b>Time Points of Data Collection:</b>                      Prior to the intervention (pre-test), immediately following the intervention (post-test), and approximately 2 months post-intervention (follow-up post-test). Control group completed the questionnaire twice, 1 month apart.                      Due to scheduling difficulties, the time elapsed between testing occasions for the experimental and control groups</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> 1 hour</p> <p><b>Theory/Model:</b> Not reported (however, underlying assumption is that information perceived by subject to be personally relevant will likely result in lasting attitude change.)</p> <p><b>Delivery Mode:</b> Lecture, video, group discussion.</p> <p><b>Curriculum/Content:</b> <i>How to Help a Sexual Assault Survivor</i> (Foubert and Marriot, 1996) Trained male undergraduate peer educators spoke to all-male audiences. They defined rape, showed a video in which a man being raped was graphically described, discussed connections between the male victim's experience and women's common rape experiences, suggested how to help a sexual assault survivor, encouraged men to improve their communication during sexual encounters, and urged participants to confront rape jokes, sexism, and the abuse of women. Included component where women's common reactions to rape were compared to an aversive male-as-victim scenario.                      The program title is a theme throughout the program and purposefully used to advertise it as a training workshop so that men will enter with an open, helpful attitude and hopefully be more likely to accept the information as personally relevant, and thus increasing the likelihood of attitude change. Issues dealt with in other rape awareness workshops are covered in a less threatening manner.</p> <p><b>Program Implementer:</b> Trained male undergraduate peer educators.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not applicable</p>

Population and Setting	Study Design and Sample	Intervention
	<p>differed. All administrations occurred during the Spring 1995 semester.</p> <p><b>Methods/Setting of Data Collection:</b> Not reported</p>	<p><b>Intervention Retention Rate:</b> Experimental group: Of the 76 that agreed to participate, 71 attended the program (93%).</p> <p><b>Other:</b> Manual on how to train peer educators to present this program is available from author.</p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> <i>Rape Myth Acceptance Scale</i> (Burt, 1980) - 19 items measuring extent respondents endorse beliefs such as “A woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex.”; 7-point Likert scale</p> <p><b>Time Points of Measurement:</b> pre-test, post-test, and follow-up post-test.</p> <p><b>Attitudes:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> Experimental participants were asked whether seeing the program changed their likelihood of being sexually coercive.</p> <p><b>Time Points of Measurement:</b> Not reported (assume post)</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b> Prior to the program, experimental group on average, disagreed with rape myths. After seeing the program, belief in rape myths sharply declined and this decrease was statistically significant. Approximately 2 months later, rape myth acceptance rose moderately. Although rape myth acceptance was significantly higher at follow-up post-test than at post-test, they still remained significantly lower at follow-up post-test than they did at pre-test.</p> <p>The pre-test means of the control and experimental group did not significantly differ. Rape myth belief was significantly lower among the experimental group at follow-up post-test than that of the control group at pre-test. In addition, rape myth belief among program participants was significantly lower at post-program test than both the control group pre-test and the control group follow-up post-test. Rape myth belief in the control group unexpectedly declined on the follow-up post-test. Although program participants believed in fewer rape myths than the control group at the follow-up post-test, the differences did not reach statistical significance.</p> <p><b>Other Measures:</b> After viewing program, 59% of participants reported that they were less likely to do something sexual with a woman that she did not want to happen.</p>	<p><b>Quality Score:</b> Total: 43/85 (51%) Description: 19/25 (76%) Design: 24/60 (40%)</p> <p><b>Major Strengths:</b> <b>Study:</b> Conducted longer-term follow-up (2 months post-intervention).</p> <p><b>Major Weaknesses:</b> <b>Study:</b></p> <ul style="list-style-type: none"> <li>- No random selection</li> <li>- No assessment of group differences</li> <li>- Different timing of follow-ups with control and experimental group (couldn't control for pretesting effects in the control group).</li> <li>- One-time intervention</li> </ul>

**Author/s:** Foubert and McEwen

**Year:** 1998

**Title:** An All-Male Rape Prevention Peer Education Program: Decreasing Fraternity Men's Behavioral Intent to Rape

**Article Number:** 017

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Large, mid-Atlantic, public university</p> <p><b>Study Eligibility Criteria:</b> Members of 6 participating fraternities</p> <p><b>Population Type:</b> College men</p> <p><b>Population Characteristics:</b>  <b>Age:</b> M=19.9</p> <p><b>Sex:</b> 100% male</p> <p><b>Education:</b> 12% freshman, 42% sophomores, 25% juniors, 21% seniors</p> <p><b>Race/Ethnicity:</b> 88% White, 1% African-American, 1% Asian American, 5% Hispanic/Latino, and 1% Other</p> <p>Sexually Active: Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p><b>Study Design:</b> Randomized comparison group</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> Group 1: Two fraternities at a large, mid-Atlantic, public university were randomly assigned to the pretested experimental group (n=59).</p> <p>Group 2: Two fraternities (at the same university) were assigned to the un-pretested experimental group (n=50).</p> <p><b>Comparison Group Type(s):</b> Two fraternities were assigned to the control group (n=46). Participants completed the consent form, the <i>RMA</i> and a question measuring behavioral intent to rape during a fraternity meeting.</p> <p><b>Sampling Frame Size:</b> N = 207</p> <p><b>Baseline Sample Size (and Participation Rate):</b> n=155; 75%</p> <p>According to text, baseline n for all groups = 155 Participation rate = Not Applicable (because no sampling frame reported).</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> For pretested experimental group, text reports (n=59) 97%, however baseline n=59. Un-pretested experimental group and control group only assessed at one point in time, so participation rate/follow-up sample sizes not applicable.</p> <p><b>Time Points of Data Collection:</b> For pretested experimental group, immediately prior to the intervention and immediately after the intervention.</p>	<p><b>Setting:</b> Fall semester in their respective fraternity houses.</p> <p><b>Duration:</b> 1 hour</p> <p><b>Theory/Model:</b> Elaboration Likelihood Model (ELM)(Petty and Cacioppo's 1986) - when participants are motivated and able to process information being presented as personally relevant, it is more likely that they would process the information using central route processing. Central route processing is a type of thinking characterized by the thoughtful evaluation of the material being presented. In many studies, central route processing is described as leading to greater attitude change, predicting later behavior more strongly, and leading towards more resistance toward counter-arguments in subsequent presentations. Thus interventions designed to change attitudes and behavior were more apt to be successful when they elicited this central route processing.</p> <p><b>Delivery Mode:</b> Lecture, video, group discussion.</p> <p><b>Curriculum/Content:</b> <i>How to Help a Sexual Assault Survivor: What Men Can Do.</i> Disclaimer, overview, and a basic review of rape definitions. Video introduced; video describes a male police officer being raped by two men. After viewing the video, facilitators explain it as an act of violence and draw parallels to experiences of female rape survivors. Then men were taught basic skills on how to help a woman recover from rape. Next, men were encouraged to communicate openly about their sexual encounters and to help change societal norms that condone rape. Followed by a question and answer period (same program as 16). (Based on program by Foubert and Marriott, 1996)</p> <p><b>Program Implementer:</b> Four male peer educators (one</p>

Population and Setting	Study Design and Sample	Intervention
	<p>For the un-prettested experimental group, immediately following the intervention.</p> <p>For the control group, assessment was conducted during a fraternity meeting.</p> <p><b>Methods/Setting of Data Collection:</b> Data collection took place in each fraternity's respective fraternity house.</p>	<p>a fraternity president)</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> No assessment done, but script followed by facilitators.</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> <i>Rape Myth Acceptance Scale (RMA)</i> (Burt, 1980) is a 19-item scale that measures the extent to which respondents endorse belief in rape myths. 7-point, Likert-type scale</p> <p><b>Time Points of Measurement:</b> pre-test, post-test</p> <p><i>Behavioral Intent to Rape</i> (Malamuth, 1981) consists of one question asked of men: "If you could be assured of not being caught or punished, how likely would you be to rape?"</p> <p><b>Time Points of Measurement:</b> pre-test, post-test</p> <p>Note: the un-prettested group did not take the <i>RMA</i> or the <i>Behavioral Intent to Rape</i> as a pretest</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b> <i>RMA</i> scores significantly declined from pre-test to post-test among the pre-tested experimental group (<math>p &lt; .0001</math>). Post-program <i>RMA</i> significantly lower than untreated control group (<math>p &lt; .05</math>).</p> <p>Same results were found for <i>Behavioral Intent to Rape</i> scores between pre-test and post-test (<math>p &lt; .01</math>). However, post-program <i>Behavioral Intent to Rape</i> scores did not significantly differ from the untreated control group, although the untreated control group had slightly lower (not significant) scores than the pre-tested experimental group.</p> <p>Pretesting had no effect on the <i>Behavioral Intent to Rape</i> scale or the <i>RMA</i> scale. Both groups were statistically equivalent on both measures.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> Lower <i>RMA</i> scores (desired direction) were associated with higher scores on the <i>State Measure of Central Route</i></p>	<p><b>Quality Score:</b> Total: 66/85 (78%) Description: 25/25 (100%) Design: 41/60 (68%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Examines effects of pre-testing on attitudinal change and changes to behavioral intent to rape.</li> <li>- Use of ELM as a basis for curriculum development and assessment of effect.</li> <li>- Measured differences between groups</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Not generalizable to all college men (only accounted for Caucasian men in fraternities).</li> <li>- No long-term follow-up.</li> <li>- Although article states that fraternities were randomly assigned to conditions, it does not appear to be a random assignment since groups were assigned in pairs to pretested experimental, un-prettested experimental, and control group.</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- Reports contradicting intervention retention rate for the pretested experimental group (n=59 at pretest and post-test, but participation rate is 97%)</li> </ul>

Measures	Results	Study Quality
<p><b>Other Measures:</b> <i>State Measure of Central Route Processing</i> (Gilbert et al., 1991) consists of 7 questions assessing how motivated they were to hear the message, whether they were able to understand the material, and how favorable their thoughts were toward the message. 17-point scale.</p> <p><b>Time Points of Measurement:</b> post-test</p> <p><i>Demographic questionnaire</i> asked respondents to report their race, year in school, and age.</p> <p><b>Time Points of Measurement:</b> pre-test (pre-tested experimental group only - see article weaknesses)</p>	<p><i>Processing.</i></p> <p>Lower <i>Behavioral Intent to Rape</i> scores were associated with higher scores on the <i>State Measure of Central Route Processing</i>.</p> <p><i>Demographic questionnaire</i> - see above in “Population characteristics”</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p>- Reports time points of measurement for the demographics form inconsistently; when describing differences among groups, author indicates that there are no differences. But when reporting on the procedures, indicates that only the pre-test experimental group was asked to complete the demographics form.</p>

**Author/s:** Frazier, Valtinson, and Candell

**Year:** 1994

**Title:** Evaluation of a Coeducational Interactive Rape Prevention Program

**Article Number:** 018

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> large Midwestern university</p> <p><b>Study Eligibility Criteria:</b> must be member of a participating fraternity or sorority recruited for participation through staff advisor</p> <p><b>Population Type:</b> college</p> <p><b>Population Characteristics:</b>  <b>Age:</b> 19-27 years; M=21</p> <p><b>Sex:</b> 75 male (30 control; 45 intervention) = 40% 117 female (54 control; 63 intervention) = 60%</p> <p><b>Education:</b> 21% freshmen; 29% sophomores; 29% juniors; 21% seniors</p> <p><b>Race/Ethnicity:</b> 97% Caucasian</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> 63% reported family income of \$60,000 or greater</p>	<p><b>Study Design:</b> Non-equivalent comparison group</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> Male fraternity members and female sorority members; assignments to groups made based on the time availability of their organization</p> <p><b>Comparison Group Type(s):</b> Male fraternity members and female sorority members; assignments to groups made based on the time availability of their organization</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> total - 192 Intervention - 108 [63 females; 45 males] (participation rate: 62% (67) intervention) Comparison - 84 [54 females; 30 males] (participation rate: 70% (59) comparison )</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 180(/192) completed pretest - 94% of total sample 104(/108) (96%) - intervention group 76(/84) (90%) - comparison group</p> <p>107(/180) completed post-test [59% participation rate overall (pre to post); 51 (49%) intervention; 56 (74%) comparison]</p> <p>89(/180) completed follow-up [49% participation rate overall (pre to follow-up); 50 (48%) intervention; 39 (51%) comparison]</p> <p><b>Time Points of Data Collection:</b> pretest - 1 week prior to program</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> 2 hours</p> <p><b>Theory/Model:</b> behavioral change; intervention included modeling component</p> <p><b>Delivery Mode:</b> interactive improvisational theater - dramatization, audience participation, facilitation, resources presented to group</p> <p><b>Curriculum/Content:</b> Intervention based on program developed at Cornell University using improvisational theater</p> <p><b>Content:</b> Intro given by male and female counselors; presentation of dramatization of an acquaintance rape by male and female actors; after first scene, audience asked for feedback on how they believed characters felt and how the characters could have behaved differently to prevent the rape; actors then responded to comments while still in character; second scene was re-enactment of previous scene with audience feedback incorporated and without a rape occurring; counselors presented information on university resources for rape prevention and treatment</p> <p><b>Program goals:</b> Decrease attitudes and behaviors among both men and women that foster acquaintance rape with a particular focus on encouraging equality and respect between men and women, assertive communication, and safety precautions for women.</p> <p><b>Program Implementer:</b> male and female counselors facilitated program; male and female actors from theater department presented dramatization</p> <p><b>Culturally Specific:</b> references to school campus incorporated</p>

Population and Setting	Study Design and Sample	Intervention
	<p>post-test - immediately following intervention (intervention); same day as intervention (comparison) follow-up - 1 month after intervention (both groups)</p> <p><b>Methods/Setting of Data Collection:</b> 3 researcher-administered questionnaires at all time points; subjective evaluations at post-test and follow-up</p> <p><u>pretest:</u> - at sorority/fraternity houses</p> <p><u>post-test:</u> - Not reported</p> <p><u>follow-up:</u> at sorority/fraternity houses</p>	<p><b>Assessment of Exposure:</b> Not applicable</p> <p><b>Intervention Retention Rate:</b> Not reported However, author reports that 49% (51/104 intervention group members) that took the pretest completed the post-test</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> <i>Attitudes toward sexual behavior</i> (Vignette, then 15 items, Likert scale) Bechhofer (1990); assesses attitudes toward male and female behaviors in a sexual encounter</p> <p><i>Gender role beliefs</i> (24 items, 3 scales) Burt (1980) measures of gender-role stereotyping (9), adversarial sexual beliefs (9), and sexual conservatism (6 of 10) utilizing Likert scale responses</p> <p><i>Attitudes toward dating behavior</i> (12 items) Designed by authors; assessed attitudes toward dating behaviors specifically addressed in the intervention: equality and respect between men and women (4), support for assertive female communication (4), and the need for women to use safety precautions in dating situations (4)</p> <p><b>Time Points of Measurement:</b> pretest; post-test, follow-up</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>No difference between groups at pretest</li> <li>At post-test, significant differences between intervention and comparison groups on all 3 measures</li> <li>Intervention group endorsed less stereotypical and rape-supportive beliefs and attitudes.</li> <li>Changes no longer significant at 1-month follow-up</li> </ul> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> <i>Intervening variables:</i></p> <ul style="list-style-type: none"> <li>Group membership was only significant in predicting change in pretest to post-test scores on one measure (Attitudes toward dating behavior)</li> <li>Group membership did not predict change in pretest to follow-up on any of the measures</li> </ul> <p><i>Program evaluations:</i> overall positive.</p>	<p><b>Quality Score:</b> Total: 40/85 (47%) Description: 21/25 (84%) Design: 19/60 (32%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b> - Used previous research as basis for developing better prevention intervention</p> <p><b>Article:</b> - Good recommendations for counselors/researchers - Good review of relevant literature and previous program evaluations and their limitations - Practical resource for counselors that want to implement/improve rape education programs on college campuses</p> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b> - High study attrition, therefore insufficient power (could not do multivariate analysis using data from all 3 time periods at once; had to compare groups on the dependent variables separately instead)</p>

Measures	Results	Study Quality
<p><b><u>Victimization:</u></b>  <b>Time Points of Measurement:</b></p> <p><b><u>Perpetration:</u></b>  <b>Time Points of Measurement:</b></p> <p><b><u>Other Measures:</u></b>  <i>Program evaluation</i> - how much they learned and satisfaction utilizing Likert scale and open-ended responses.</p> <p><b>Time Points of Measurement:</b>                      post-test and follow-up (intervention group only)</p>	<ul style="list-style-type: none"> <li>• Most said they would recommend the program to others at 1-month follow-up.</li> <li>• All reported learning something at post-test but 15% reported learning “nothing” at follow-up.</li> <li>• Participants liked audience participation; thought play and acting were very good.</li> <li>• Women reported learning to be more assertive and to be careful.</li> <li>• Men reported learning that they should be responsible for their behavior and state what they want in a straightforward manner and that it was important to learn how rape affects women.</li> </ul> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<ul style="list-style-type: none"> <li>- no random assignment to groups</li> <li>- Brief, one-time intervention</li> <li>- low reliability of <i>Attitudes toward dating behavior</i></li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- Did not report intervention participation rate</li> <li>- Did not give explanation for 12 missing subjects that did not take pretest or for continuously declining study retention rate (192 total sample reported but only 180 took pretest and numbers declined at each time point following)</li> <li>- No description of any differences between the groups</li> <li>- No description of how subjects (which fraternities and sororities) were recruited and selected</li> </ul>

**Author/s:** Gidycz, Layman, Rich, Crothers, Gylys, Matorin, and Jacobs

**Year:** 2001

**Title:** An Evaluation of an Acquaintance Rape Prevention Program

**Article Number:** 019

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> large university in Ohio</p> <p><b>Study Eligibility Criteria:</b> Not reported</p> <p><b>Population Type:</b> college</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> 82% between the ages of 18 and 19</p> <p><b>Sex:</b> 300 males (27%); 808 females (73%)</p> <p><b>Education:</b> Not reported</p> <p><b>Race/Ethnicity:</b> 93% Caucasian; 5% African American; 1.3% Asian; 0.6% Hispanic; 0.1% Native American</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> Not reported</p>	<p><b>Study Design:</b> Non-equivalent comparison</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> College students from a large university in Ohio.</p> <p><b>Comparison Group Type(s):</b> College students from Ohio who participated in a program that consisted of a brief handout on sexual assault.</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 1,136 total participants</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 1,108 completed both parts of study (To be included, participants needed to attend both sessions) (participation rate: 97%)</p> <p><b>Time Points of Data Collection:</b>            Pretest - beginning of an academic quarter prior to the intervention for both groups            Post-test - 9 weeks after intervention            Program evaluation administered after program delivery to both intervention and control groups</p> <p>Data was collected over five academic quarters (approximately throughout a 2-year period)</p> <p><b>Methods/Setting of Data Collection:</b> Not reported</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> approximately 1 hour (50-60 minutes), one-time intervention</p> <p><b>Theory/Model:</b> Not reported but based on intervention utilizing social learning model (see Pinzone-Glover et al., 1998 - same prevention program); study is the first to investigate prospectively the relationship between past perpetration and current sexual aggression in men.</p> <p><b>Delivery Mode:</b> presentation, completion of The Rape Myths and Facts Worksheet, discussion of worksheet; Comparison program: brief handout on sexual assault</p> <p><b>Curriculum/Content:</b> Program objectives: (a) cite basic statistics on prevalence of SA, (b) distinguish between popular myths and facts about rape and rapists, (c) identify behavior characteristics and attitudes often exhibited by rapists, including acquaintance rapists, (d) describe techniques that women can use to increase personal safety and to describe how men and women can avoid situations that could potentially lead to a rape, and (e) identify community agencies or university departments that assist victims of sexual assault. Statistics about pervasiveness of sexual assault on college campuses and state legal definition of rape provided; participants then completed The Rape Myths and Facts Worksheet in which they indicated whether statements were either myth or fact; discussion held about worksheet; behavioral characteristics and attitudes often exhibited by offenders were identified; and case examples of acquaintance rape situation were discussed to facilitate awareness. The importance of staying sober on dates was emphasized. Techniques to increase personal safety and agencies assisting victims were described. Males were provided with guidelines on avoiding situations that could lead to rape.</p>

Population and Setting	Study Design and Sample	Intervention
		<p>Comparison program: brief handout on sexual assault</p> <p><b>Program Implementer:</b> Not reported</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b>  <i>Rape Myth Acceptance Scale (RMAS)</i> (Burt, 1980), 11 items, assesses the degree to which participants endorsed rape myths</p> <p><b>Time Points of Measurement:</b> Pretest, post-test</p> <p><i>Rape Empathy Scale (RES)</i> (Deitz and Byrnes, 1981), 19 items, assesses the degree to which participants empathized with either rape victims or the offenders</p> <p><b>Time Points of Measurement:</b> Pretest, post-test</p> <p><i>Attitudes Toward Women Scale (ATWS)</i> (Spence, Helmreich, and Stapp, 1973), 25 items, assesses participants' attitudes regarding the rights and roles of women</p> <p><b>Time Points of Measurement:</b> Pretest, post-test</p> <p><b>Victimization:</b>  <i>The Sexual Experiences Survey</i> (Koss and Oros, 1982), 10 items, assess experiences of sexual aggression in men and</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b>            (Group x Sex x Time)  <i>RES and ATWS:</i></p> <ul style="list-style-type: none"> <li>- Main effect for sex: women evidenced more empathy toward victims than men and more liberal attitudes toward women than men</li> <li>- No main effect for group nor any of the interactions were significant</li> </ul> <p><i>RMAS:</i></p> <ul style="list-style-type: none"> <li>- Main effect for sex and group: intervention group showed less rape myth acceptance at follow-up than comparison and men had more RM acceptance than women</li> </ul> <p>(Group x Perpetration History x Time)            None of the interactions between past perpetration (or past victimization) and attitude change were significant</p> <p><b>Victimization:</b>            No significant difference in victimization rates due to group membership at end of quarter due to group membership for women who were raped in adolescence, had moderate victimization experiences in adolescence, or who had no victimization history</p>	<p><b>Quality Score:</b>            Total: 59/85 (69%)            Description: 16/25 (64%)            Design: 43/60 (72%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- large sample</li> <li>- Replication of Pinzone-Glover et al. (1998) study</li> <li>- Prospectively investigates the relationship between past perpetration and current sexual aggression in men.</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Randomization of groups unknown; group assignment method Not reported</li> <li>- Attempted to duplicate Pinzone-Glover et al.'s (1998) study but methodology differed in that unlike the previous study, participants knew the purpose of the study and therefore may have responded in a socially desirably manner; and comparison group was different in that in present study they received handout about sexual assault unlike previous study control group who had no exposure to issue of sexual assault (was sexually transmitted diseases prev program)- no true control group.</li> </ul>

Measures	Results	Study Quality
<p>sexual victimization in women (pretest - participants asked whether they had experienced any of the items from the age of 14 until the present time; post-test - participants were asked whether they had experienced any of the items since the first time they filled out the survey)</p> <p><b>Time Points of Measurement:</b> Pretest, post-test</p> <p><b>Perpetration:</b> <i>The Sexual Experiences Survey</i> (see victimization, above)</p> <p><b>Time Points of Measurement:</b> pretest, post-test</p> <p><b>Other Measures:</b> Program evaluation form</p> <p><b>Time Points of Measurement:</b> Once - after both intervention and comparison group programs</p>	<p>Percent of subjects victimized during quarter: - Women with history of rape: 31% comp; 42% intervention - Women with history of moderate victimization: 34% comp; 35% intervention - Women without history: 7% comp; 8% intervention</p> <p><b>Perpetration:</b> Men that reported history of perpetration at pretest were more likely to indicate at post-test that they had perpetrated sexually aggressive acts during quarter Percent of subjects that perpetrated during quarter: - Men that had previously committed rape: 17% - Men that had perpetrated a sexual assault other than rape: 15% - Men without history: 6% (Discussion) Men who reported a history of sexually aggressive behavior were about 3 times more likely to commit another assault than men without history. - no significant interaction between group membership and perpetration - program participation is not related to perpetration during quarter.</p> <p><b>Other Measures:</b> Both males and females gave more positive ratings to items that assessed how much they had learned, how much they attended to, and how helpful they perceived the program to be. They gave low ratings (not as positive) to questions that asked them about how much of the information applied specifically to them and how great their risk was either to be victimized during the course of the quarter or to perpetrate sexually aggressive acts.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b> Disproportionate number of women who had experienced moderate sexual victimization in adolescence were in the experimental group</p>	<p><b>Article:</b> - Table 2 unclear; shows total n=811, which is lower than the total sample size reported in the text. - No description of setting</p>

**Author/s:** Gidycz, Rich, Loh, Lynn, Blackwell, and Stafford

**Year:** 2001

**Title:** The Evaluation of a Sexual Assault Risk Reduction Program: A Multisite Investigation

**Article Number:** 020

Population and Setting	Study Design and Sample	Intervention																																																			
<p><b>Location:</b> Two large universities</p> <p><b>Study Eligibility Criteria:</b> Women from introductory psychology classes. “These women were chosen b/c they are representative of the student population and most are in the age group of individuals at the highest risk for sexual assault.”</p> <p><b>Population Type:</b> Female university students</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b></p> <table border="1" data-bbox="132 651 569 834"> <thead> <tr> <th></th> <th>Site A</th> <th>Site B</th> </tr> </thead> <tbody> <tr> <td>Years 18</td> <td>74%</td> <td>72.9%</td> </tr> <tr> <td>19</td> <td>16.5%</td> <td>16.7%</td> </tr> <tr> <td>20</td> <td>5.6%</td> <td>5.1%</td> </tr> <tr> <td>21</td> <td>2.3%</td> <td>2.4%</td> </tr> <tr> <td>over 21</td> <td>.9%</td> <td>1.3%</td> </tr> </tbody> </table> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b></p> <table border="1" data-bbox="132 932 590 1084"> <thead> <tr> <th></th> <th>Site A</th> <th>Site B</th> </tr> </thead> <tbody> <tr> <td>Freshmen</td> <td>81.2%</td> <td>71.9%</td> </tr> <tr> <td>Sophomore</td> <td>14.7%</td> <td>18.3%</td> </tr> <tr> <td>Junior</td> <td>3.3%</td> <td>3.2%</td> </tr> <tr> <td>Senior</td> <td>.9%</td> <td>3.5%</td> </tr> </tbody> </table> <p><b>Race/Ethnicity:</b></p> <table border="1" data-bbox="132 1149 611 1365"> <thead> <tr> <th></th> <th>Site A</th> <th>Site B</th> </tr> </thead> <tbody> <tr> <td>Caucasian</td> <td>93.7%</td> <td>64%</td> </tr> <tr> <td>Afr Amer</td> <td>3.0%</td> <td>5.1%</td> </tr> <tr> <td>Hispanic</td> <td>1.9%</td> <td>6.3%</td> </tr> <tr> <td>Asian or PI</td> <td>1.2%</td> <td>24.4%</td> </tr> <tr> <td>Native Amer (or Alaska Native)</td> <td>.2%</td> <td>.3%</td> </tr> </tbody> </table> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p>		Site A	Site B	Years 18	74%	72.9%	19	16.5%	16.7%	20	5.6%	5.1%	21	2.3%	2.4%	over 21	.9%	1.3%		Site A	Site B	Freshmen	81.2%	71.9%	Sophomore	14.7%	18.3%	Junior	3.3%	3.2%	Senior	.9%	3.5%		Site A	Site B	Caucasian	93.7%	64%	Afr Amer	3.0%	5.1%	Hispanic	1.9%	6.3%	Asian or PI	1.2%	24.4%	Native Amer (or Alaska Native)	.2%	.3%	<p><b>Study Design:</b> Experimental design</p> <p><b>Author-reported:</b> Random assignment of participants to either the risk reduction program or control group.</p> <p><b>Intervention Group Type(s):</b> Participants were randomly assigned to the risk reduction program (n=395) or the control group (n=357)</p> <p><b>Comparison Group Type(s):</b> Participants were randomly assigned to the risk reduction program (n=395) or the control group (n=357)</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 762 (Not reported)</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 2 month 752 (98%) 6 month 532 (80%)</p> <p><b>Time Points of Data Collection:</b> Pretest, 2-month follow-up, and 6-month follow-up</p> <p><b>Methods/Setting of Data Collection:</b> Participants filled out a pretest before the intervention and at 2 month and 6 month follow-ups they completed outcome measures again.</p>	<p><b>Setting:</b> Not reported but did indicate that sessions were held “at these two universities”</p> <p><b>Duration:</b> 3- hour, one session</p> <p><b>Theory/Model:</b> The study utilized a social learning model emphasizing the identification of risky situations and coping by incorporating roleplays and modeling into discussions.</p> <p>They also incorporated elements of the elaboration likelihood model (ELM; Petty and Cacioppo, 1986) and the health belief model (Hochman, 1958). In accordance with ELM, the program attempted to maximize central route processing by increasing the persuasiveness and personal relevance of the message to participant and by motivating them to actively participate in the program.</p> <p>The health belief model addresses issues of personal saliency by suggesting that the likelihood of an individual’s taking action is a function of the interaction between his or her perceived vulnerability and the seriousness of the threat and the individual’s belief that he/she can overcome the threat.</p> <p><b>Delivery Mode:</b> Multimedia interactive presentation that begins with a didactic presentation, followed by 2 videos, then role plays, and concluded with handouts and discussion.</p> <p><b>Curriculum/Content:</b> Ohio Sexual Assault Reduction Program -Didactic information on sexual assault that includes local statistics, -Videos: “I Thought It Could Never Happen to Me” a series of interviews with college student rape survivors and risk factors are highlighted “Sexual Assault Risk Factors: A Training Video” depicts a date rape scenario and highlights risk factors</p>
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<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> <i>The Rape Empathy Scale</i> (Deitz and Byrnes, 1981): 19-item scale used to assess the degree to which participants empathized with either the rape victim or the offender</p> <p><b>Time Points of Measurement:</b> Pretest, 2 months, and 6 months</p> <p><b>Victimization:</b> <i>The Sexual Experiences Survey</i> (Koss and Oros, 1982): assessed sexual victimization history and victimizations during the follow-up periods.</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b> For the <i>Rape Empathy Scale</i>, there was a time by group interaction. (<math>p &lt; .001</math>). Control: Results revealed that for the control group, women who were without a victimization experience during the 2-month follow-up period had been more empathic at the beginning of the study than were women who were either moderately or severely victimized during the 2-month follow-up period. Women moderately <i>or</i> severely victimized during the 2-month follow-up were more empathic at 2- and 6-month follow-ups than they had been at the beginning of the study. No significant</p>	<p><b>Quality Score:</b> Total: 74/85 (87%) Description: 21/25 (84%) Design: 53/60 (88%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b> -Theoretical basis -2 follow-up time points - measured differences between two sites (dropout and pretest variables)</p> <p><b>Article:</b> -Good description of intervention and theoretical underpinning</p>

Measures	Results	Study Quality
<p>See other measures for additional questions.</p> <p><b>Time Points of Measurement:</b> Pretest, 2 months, and 6 months</p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> <i>The Dating Behavior Survey</i> (Hanson and Gidycz, 1993): assessed the frequency with which participants engaged in certain dating behaviors shown in the literature to be associated with acquaintance rape.</p> <p>Four items from the <i>Sexual Communication Survey</i> (Hanson and Gidycz, 1993): measured participants' perceptions of the accuracy of their communication in a dating situation.</p> <p>Those with victimization were asked to rate 2 additional items concerning the extent to which they felt that they or the offender were responsible for the assault.</p> <p><i>Program Assessment:</i> 12 items assessing central processing and peripheral processing of the information presented (source not provided).</p> <p><b>Time Points of Measurement:</b> 2 months, and 6 months</p>	<p>differences were found for moderately or severely victimized control group women between 2- and 6-month follow-ups.</p> <p>Experimental: Women with severe victimization at 2-month follow-up, were less empathic at the 2- and 6-month follow-ups than they had been at the beginning of the study, but they were more empathic at the 6-month follow-up than they had been at the 2-month follow-up. Severely victimized women at the 2-month follow-up were less empathic at the time of the 2-month follow-up assessment than were women with moderate or no victimization during the 2-month follow-up period. At 6-month follow-up there were no significant differences between severely and moderately victimized women in the experimental group.</p> <p><b>Victimization:</b> At 2 month follow-up 18% of experimental group and 21% of the control group were victimized.</p> <p>At 2-month follow-up, no significant interaction was found between treatment condition and victimization suggesting that the program was not effective in decreasing a woman's chances of being sexually assaulted following the initial follow-up period.</p> <p>At 6 month follow-up, there was a 3-way interaction between victimization during the 2-month follow-up, victimization during the 6-month follow-up, and treatment condition, indicating that the relationship between treatment condition and victimization during the 6-month follow-up period was dependent on victimization status during the 2-month follow-up period. Of the women who were moderately victimized during the month follow-up period, approximately 70% of the control group women and 30% of the risk reduction group women were re-victimized during the 6-month follow-up period.</p> <p>A significant 2-way interaction indicated that approximately 11% of women w/o a history of adolescent sexual victimization were victimized during the 6-month follow-up period, whereas 38% and 42% of women with</p>	<p><b>Major Weaknesses:</b> <b>Study:</b> -One-time presentation</p>

Measures	Results	Study Quality
	<p>histories of moderate or severe victimization experiences, respectively were victimized during the 6-month follow-up period.</p> <p><b>Perpetration:</b></p> <p><b><u>Other Measures:</u></b>            There were no significant main or interaction effects for the <i>Dating Behavior Survey</i> and the items from the <i>Sexual Communication Survey</i>.</p> <p>T-test indicated no differences in self or offender blame for women victimized during the study in either control or experimental groups.</p> <p><b>Perception of the program and sexual victimization:</b>            Bivariate analysis and odds ratios controlling for past victimization indicated for the 2-month follow-up data, participants who indicated that they learned more from the program and found the facilitators to be more helpful and interested had lower odds of being victimized than did participants who reported less positive ratings on these items. At 6-month follow-up, participants who found the facilitators to be more helpful and interested and who expressed a greater interest in the rape survivor video had lower odds of being victimized than did participants who reported less positive ratings on these items.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

**Authors:** Hanson and Gidycz

**Year:** 1993

**Title:** Evaluation of a Sexual Assault Prevention Program

**Article Number:** 021

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> a large University</p> <p><b>Study Eligibility Criteria:</b> Women from undergraduate psychology courses</p> <p><b>Population Type:</b> College</p> <p><b>Population Characteristics:</b>  <b>Age:</b> 85% 18-19, 11% 20-21, 4% 22+</p> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b> 73% freshmen, 21% sophomores, 4% juniors, 1% seniors</p> <p><b>Race/Ethnicity:</b> 94% White, 4% Black, 1% Hispanic, 1% Asian or Pacific Islander</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported for entire sample. See below for additional info.</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b>            37% Catholic            26% Protestant            3% Jewish            25% Other            10% None</p> <p>Family Income: below \$15,000 - 4%            \$15,001 – \$25,000 - 9%            \$25,001 – \$35,000 - 16%,            \$35,001 – \$50,000 - 27%            greater than \$50,000 - 44%</p>	<p><b>Study Design:</b> Non-equivalent comparison group</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b>            181 (completed both pre and post-test) Women from undergraduate psychology courses who were awarded bonus points towards their introductory psychology course grade for participation. Women participated in sexual assault prevention program.</p> <p><b>Comparison Group Type(s):</b> 165 (completed both pre and post-test) Women from undergraduate psychology courses who were awarded bonus points towards their introductory psychology course grade for participation. Women completed outcome measures at the beginning of the academic quarter with the experimental group and at the end of the end of the quarter (9 weeks later).</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b>            360            Participation rate not available because sampling frame Not reported</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 346  <math>346/360 = 96\%</math>            181 intervention; 165 comparison</p> <p><b>Time Points of Data Collection:</b>            At the beginning of the 10-week academic quarter and 9 weeks later at the end of the academic quarter.</p> <p><b>Methods/Setting of Data Collection:</b> Women completed the outcome measures in groups of approximately 20 subjects.</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> Not reported</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> Lecture, group discussion, video</p> <p><b>Incentives:</b> participating students were awarded bonus points towards their introductory psychology course grade for participation.</p> <p><b>Curriculum/Content:</b> Subjects provided with statistics about the pervasiveness of sexual assault on college campuses. After the presentation, subjects were given the <i>Rape Myths and Facts Worksheet</i> and allotted time to complete it. After completing the worksheet, subjects viewed a video depicting events leading up to an acquaintance rape that occurs during a college party (developed by K. Hanson; modeled after video from Cornell University Audiovisual Center, 1987). The video contents reflected certain situational variables that have been found to be related to acquaintance rape. Following the viewing of the video, the presenter asked a series of questions about possible protective measures that may have been helpful in avoiding the depicted acquaintance rape. After the discussion of the video, subjects viewed a second video (with the same characters as the first) that modeled the possible protective behaviors. Following a discussion of these protective behaviors, subjects were given the Preventive Strategies Information Sheet (adapted from Warshaw, 1988). There was then a time for questions. On completion of the study, subjects were given the names of local agencies that could provide additional information about sexual assault and could give assistance if needed.</p> <p><b>Program Implementer:</b> Author</p>

Population and Setting	Study Design and Sample	Intervention
		<p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b> An initial pilot investigation was conducted with 76 college women to assess the clarity, usefulness, and degree of comfort that the women felt during the prevention program. Modifications to the program were made based on their feedback.</p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> <i>Sexual Communication Survey</i> designed by the authors to assess the subjects' perceptions of their own accuracy and clarity of communication regarding sexual intentions in a dating situation.</p> <p><b>Time Points of Measurement:</b> pretest, post-test</p> <p><i>Sexual Assault Awareness Survey</i> designed by the authors to assess the subjects' general level of awareness of sexual assault as well as the accuracy of this information.</p> <p><b>Time Points of Measurement:</b> pretest, post-test</p> <p><b>Attitudes:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b> <i>Sexual Experiences Survey (SES)</i> (Koss and Gidycz, 1985) 10-item self-report measure designed to reflect various degrees of sexual victimization; used to assess subjects' victimization history as well as whether subjects who participated in the prevention program were less likely to be victimized over the 9-week period than subjects in the control group. The first time subjects filled out the SES they were asked they had experienced any of the victimization items after the age of 14 and before their participation in the study. At post-test, they</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b> Control and treatment groups did not differ significantly at post-test in regard to the <i>Sexual Communication Survey</i></p> <p>Control and treatment group differed significantly with respect to knowledge regarding the problem of sexual assault at post test (<math>p &lt; .01</math>), suggesting that the treatment group possessed better overall awareness regarding sexual assault than did the control at post test (as evidenced through the <i>Sexual Assault Awareness Survey</i>).</p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b> Regardless of condition, women with a history of sexual victimization were much more likely to report a victimization experience during the course of the quarter than were women without such a history (<math>p &lt; .01</math>) (27% with history vs. 10% without history).</p> <p>A significant 3-way interaction between victimization history, experimental condition, and victimization during the course was significant (<math>p &lt; .05</math>).</p> <p>No history treatment was compared to No history control:</p>	<p><b>Quality Score:</b>  Total: 51/85 (60%)  Description: 17/25 (68%)  Design: 34/60 (57%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Examines effect of past victimization on future victimization.</li> <li>- Is first research attempt to empirically evaluate a acquaintance rape prevention program in altering specific behaviors, including incidence of sexual assault.</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Majority of measures had not been previously validated.</li> <li>- Reliability of author-designed measure of sexual communication in acquaintance rape situations was poor; results may reflect difficulty in measuring construct rather than ineffectiveness of intervention.</li> <li>- Generalizability is limited to college women</li> <li>- Reliance on self-report of behavior</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- Intervention not well described: theory, setting or duration.</li> </ul>

Measures	Results	Study Quality
<p>were asked whether they had experienced any of the sexual victimization items during the course of the quarter.</p> <p><b>Time Points of Measurement:</b> pretest, post-test</p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> <i>Dating behavior survey</i> designed by the authors to assess situational variables that have been found to be related to acquaintance rape.</p> <p><b>Time Points of Measurement:</b> pretest, post-test</p>	<p>Significant difference between treatment and control was found (<math>p &lt; .05</math>) for subjects without a history of victimization. Subjects in the treatment condition reported fewer instances of sexual assault during the course of the quarter than did subjects without a history of victimization in the control condition (6% vs. 14%), suggesting that the prevention program was effective in reducing the incidence of sexual assault among subjects who had not been victimized before their participation in this study.</p> <p>Moderate victimization treatment was compared to Moderate victimization control; severe victimization treatment was compared to Severe victimization control: Subjects with a history of moderate or severe victimization in the treatment condition did not significantly differ in instances of sexual assault during the course of the quarter than did subjects with a history of moderate or severe victimization in the control condition. These data suggest that the program was not effective in reducing the incidence of sexual assault among subjects who had experienced a moderate sexual victimization or who had been victims of a severe sexual assault before participation in the study.</p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> <i>Dating Behavior Survey</i> - The treatment and control groups differed significantly at post test (<math>p &lt; .05</math>), suggesting that subjects in the treatment group reported experiencing fewer situational factors associated with acquaintance rape during the course of the quarter than did subjects in the control group (<math>M=49.54</math> vs. <math>M=50.98</math>)</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

**Author/s:** Heppner, Humphrey, Hillenbrand-Gunn, and DeBord  
**Title:** The Differential Effects of Rape Prevention Programming on Attitudes, Behavior, and Knowledge

**Year:** 1995  
**Article Number:** 22

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> large Midwestern public university</p> <p><b>Study Eligibility Criteria:</b> students enrolled in introductory psychology class that consented to participation</p> <p><b>Population Type:</b> college</p> <p><b>Population Characteristics:</b>  <b>Age:</b> mean 18.5 years</p> <p><b>Sex:</b> 50% female; 50% male (author reported)  <b>intervention:</b> 126 female; 132 male:  video: 36 female, 43 male  interactive drama: 46 female; 39 male  control: 44 female; 50 male</p> <p><b>Education:</b> Not reported</p> <p><b>Race/Ethnicity:</b> 93% Caucasian; 2% African American; 2% Hispanic, Puerto Rican, or Mexican American; 2% Asian American/Pacific Islander</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b>  99% heterosexual; 1% bisexual, homosexual, or other</p>	<p><b>Study Design:</b> Randomized comparison</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b>  Didactic-video: 79 (36 female, 43 male) students  Interactive drama: 85 (46 female; 39 male) students</p> <p><b>Comparison Group Type(s):</b>  94 (44 female; 50 male) students</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b>  294 (cannot determine overall participation rate of students from sampling frame since the sampling frame is Not reported)</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>  Post-test and initial follow-up: 258 (88%)  Behavioral check: 189 (73%)  5 month follow-up: 133 (52%)</p> <p><b>Time Points of Data Collection:</b>  Pretest: 5-7 days prior to the intervention  Post-test: immediately following the intervention)  Initial follow-up: 5 weeks after pretest  Behavioral check via telephone: 4 months after pretest  Follow-up: 5 months and 1 week after pretest</p> <p><b>Methods/Setting of Data Collection:</b>  Pretest, post-test, and follow-ups: Researcher administered inventories/Setting Not reported  Behavioral check: telephone protocol</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> both experimental interventions and the control intervention each lasted 90 minutes and were presented one time.</p> <p><b>Theory/Model:</b> Elaboration Likelihood Model (ELM). The ELM conceptualizes attitude change on a continuum, with the anchors being peripheral route processing and the central route processing of the persuasive message. The model suggests that when people lack motivation to hear a message and feel that the message is of low quality or the level is inappropriate for them, they are more likely to attend to peripheral cues rather than the content of the message, resulting in only transitory change. Conversely, central route attitude change is based on the participant thoughtfully evaluating the message, judging the quality to be good and the level to be appropriate, feeling motivated to listen to the message, engaging issue-relevant thinking, and subsequently demonstrating more stable attitude change.</p> <p><b>Delivery Mode:</b>  <b>Interactive drama:</b> improvisational theater and audience participation  <b>Didactic-video:</b> presentation, video and question and answer session  <b>Control:</b> stress management workshop, presentation</p> <p><b>Incentives:</b> Participants received research credit that fulfilled course requirement for their participation in the first 3 parts of the study and a small monetary (\$15) for participation in the 5-month follow-up.</p> <p><b>Curriculum/Content:</b>  <b>Interactive drama:</b> (Gibson and Humphrey, 1993) Specifically designed to increase motivation by making the intervention more personally relevant through the portrayal of a very typical dating scenario; Two dating</p>

Population and Setting	Study Design and Sample	Intervention
		<p>situations presented via improvisational theater: First scene portrays a date that ends in rape and while actors remain in character, audience asks questions and then rewrites the script by giving suggestions to the actors; Second scene is performed with suggestions incorporated to avoid the occurrence of rape. Before and after the performance, facilitators emphasize same issues discussed in didactic-video intervention</p> <p><u>Didactic-video:</u> designed to be standard psychoeducational rape prevention program consisting of (a) didactic material on prevalence/impact of rape, statistics, myths, gender socialization, definitions of rape and campus resources; (b) video Campus Rape; (c) question and answer session.</p> <p><u>Control:</u> stress management workshop that focused on helping participants manage stress in their lives; included information on how to control stress through various cognitive and behavioral strategies</p> <p><b>Incentives:</b> Participants received research credit that fulfilled course requirement for their participation in the first 3 parts of the study and a small monetary (\$15) for participation in the 5-month follow-up.</p> <p><b><u>Program Implementer:</u></b></p> <p><u>Interactive drama:</u> The facilitators were one male and one female second-year doctoral student in counseling psychology who were also staff members from a Sexual Violence Program at a large Midwestern university; they had been involved in rape education for about 2 years. The actors were paid professionals</p> <p><u>Didactic-video:</u> male and female second-year doctoral students in psychology who were also staff members of the Rape Education office at a large Midwestern university involved in rape education for about 2 years.</p> <p><u>Control:</u> male 2<sup>nd</sup>-year doctoral student and a female master's student in counseling psychology</p> <p>No significant differences in the experimental groups presenters were found when a manipulation check was done using the CRF to assess for differences.</p>

Population and Setting	Study Design and Sample	Intervention
		<p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not applicable</p> <p><b>Intervention Retention Rate:</b> Not applicable</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b>  <i>Rape Myth Acceptance Scale (RMA)</i> - (Burt, 1980) 19 items designed to measure general acceptance of rape myths.</p> <p><b>Time Points of Measurement:</b> pretest, post-test, 5-week follow-up, 5-month follow-up</p> <p><i>The Comprehension of Consent/Coercion Measure (CCC)</i> (Gibson and Humphrey, 1993) designed to assess the ability of participants to recognize situations in which a person is coerced, or conversely, provided consent to engage in sex. 2 scenarios of dates are evaluated by participants through 5 questions moderate reliability.</p> <p><b>Time Points of Measurement:</b> pretest, post-test, 5-week follow-up, 5-month follow-up</p> <p><b>Attitudes:</b>  <i>Rape Myth Acceptance Scale (RMA)</i></p> <p><b>Time Points of Measurement:</b> pretest, post-test, 5-week follow-up, 5-month follow-up</p> <p><i>ELM Questionnaire</i> (researcher constructed) designed to assess components necessary for central route attitude change to occur; Measures (a) the dimensions of motivation to thoughtfully hear and evaluate the message, (b) ability to think about and understand the message, and (c) favorable thoughts about the quality of info presented; 12 items (validity, reliability confirmed)</p>	<p><b>Primary Measures:</b>  <b>Knowledge and Attitudes:</b>            There were no differences between the 2 experimental groups or between the control and each of the experimental groups on the <i>RMA</i>, except that men in didactic-video group scored lower than men in the control group at follow-up.</p> <p>As predicted, there was an overall rebound pattern across the 2 interventions on <i>RMA</i> on repeated measures at both follow-up points of data collection. However, there was no significant difference between the rebound patterns for the two experimental groups (it was hypothesized that all groups' scores would drop immediately following the intervention and then rebound, however the interactive drama group's scores would be consistently lower each time).</p> <p><i>CCC:</i>            As hypothesized, men in the interactive drama group scored the highest on the <i>CCC</i> (they significantly more able to differentiate consent and coercion), followed by men in the didactic-video group, followed by the control. This was not true for the women participants.</p> <p>No overall rebound pattern found for <i>CCC</i> as hypothesized, however the pattern of hypothesized means was found to have a significant linear by quadratic interaction contrast for men and women</p> <p><i>ELM and TL:</i></p>	<p><b>Quality Score:</b>            Total: 68/85 (80%)            Description: 21/25 (84%)            Design: 47/60 (78%)</p> <p><b>Major Strengths:</b>  <b>Study:</b></p> <ul style="list-style-type: none"> <li>- random assignment</li> <li>- used behavioral indicators</li> <li>- used multiple measures</li> <li>- 5-month follow-up</li> <li>- compared 2 experimental interventions that were carefully designed with theoretical framework (one designed to be more engaging and personally-relevant and one designed to be 'typical' rape prevention intervention) with control</li> <li>- validated measures of coercion and consent in sexual situations in a pilot study.</li> <li>- examined 2 different interventions with use of true control group.</li> <li>- utilizes multiple measures and collects data on various range of attitudes, knowledge, and behavior.</li> <li>- examines rebound effect using long-term follow-up.</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- clearly articulates rationale for design</li> <li>- builds on and enhances previous research</li> <li>- provides good discussion of issues in rape prevention research and interventions</li> <li>- describes weaknesses of <i>RMA</i></li> </ul>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b> post-test</p> <p><i>Thought Listing (TL)</i>, Heppner et al (1988) and Heppner et al (1995); originally developed by Brock (1967) and Greenwald (1968). Asks participants to record all their thoughts that crossed their minds during the intervention</p> <p><b>Time Points of Measurement:</b> post-test</p> <p><b>Victimization:</b> Not reported</p> <p><b>Perpetration:</b> Not reported</p> <p><b>Other Measures:</b></p> <p><i>The Socially Desirable Response Set-5</i> (SDRS-5) (Hays, Hayashi, and Stewart, 1989) is a 5-item measure of socially desirable response sets</p> <p><b>Time Points of Measurement:</b> pretest, post-test, 5-week follow-up, 5-month follow-up</p> <p><i>The Counselor Rating Form</i> (CRF) (retitled “Speaker Rating Form” for this study) (Barak and LaCrosse, 1975), a 36-item, semantic differential form with 7-point bipolar adjectives that were developed through the use of factor analysis; designed to measure counselor’s expertness, attractiveness, and trustworthiness in therapy</p> <p><b>Time Points of Measurement:</b> pos-ttest</p> <p><i>Behavioral indicators</i> Six behavioral indicators were used (2 during telephone call; 4 at 5-month follow-up)</p>	<p>Both men and women in the interactive drama reported significantly more of the dimensions critical to central route processing than did the other two groups (significant linear trend observed across intervention groups such that the interactive drama group had the highest scores, followed by the didactic-video group, followed by the control. Same pattern observed on the amount of issue-relevant thinking each groups’ participants engaged in).</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> <i>SDRS-5:</i> Not reported</p> <p><i>CRF:</i> Not reported</p> <p><i>Behavioral indicators:</i> Participants in the interactive drama were more likely than either of the other 2 groups to volunteer for a rape project; reported more time thinking about the intervention, talking about the intervention, and telling greater numbers of people about the intervention.</p> <p>Participants in the interactive drama did not express more likelihood of recommending this intervention to friends.</p> <p>No significant differences between interventions on participants’ willingness to support a fee increase for rape prevention programming.</p> <p><b>Attendance/Treatment Completion:</b> Not applicable</p> <p><b>Other:</b></p>	<p><b>Major Weaknesses:</b></p> <p><b>Study:</b> - lack of diversity in sample</p> <p><b>Article:</b> - intervention retention rate Not reported - does not report the results of the SDRS-5 and CRF results are presented in a table only (no discussion of these results)</p>

**Author/s:** Heppner, Neville, Smith, Kivlighan, and Gershuny

**Year:** 1999

**Title:** Examining Immediate and Long-Term Efficacy of Rape Prevention Programming with Racially Diverse College Men

**Article Number:** 023

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Large Midwestern university</p> <p><b>Study Eligibility Criteria:</b> White participants must be a member of a fraternity (recruitment process initiated through Greek Life coordinator; fraternity presidents solicited for assistance in recruiting members of their respective members); interested participants signed up. Black participants were recruited from entire pool of Black male university students - author attended three undergraduate and one graduate fraternity chapter meeting and followed up with a personal telephone call to individuals who expressed an interest. To recruit non-fraternity men, the investigators obtained a list of Black men attending the university from the registrar's office and randomly selected individuals to receive a phone call inviting them to participate.</p> <p>All participants consented to participate.</p> <p><b>Population Type:</b></p> <p><b>Population Characteristics:</b> <b>Age:</b> Range 18-29; mean 20.13 years old <b>Sex:</b> 100% male <b>Education:</b> 25% freshmen; 22% sophomores; 25% juniors; 23% seniors; 4% graduate students <b>Race/Ethnicity:</b> 64% White; 28% Black; 3% Asian American; 2% Latino; 3% other (university comprised predominately White students) <b>Sexually Active:</b> Not reported <b>Victimization:</b> Not reported</p>	<p><b>Study Design:</b> Randomized Comparison Group Design (between 2 intervention groups)</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> White and Black males that were randomly assigned to one of two experimental conditions: A culturally-relevant group or a 'Color blind' group (breakdowns for group participation were Not reported)</p> <p><b>Comparison Group Type(s):</b> Not applicable</p> <p><b>Sampling Frame Size:</b> 24 Black students enrolled in university Not reported for White fraternity members</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 119 total 18 Black men (18/24 = 75%)</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 57 had pretest, post-test, and follow-up scores (p23) (48%)</p> <p><b>Time Points of Data Collection:</b> Pretest After each of the 3 intervention modules Post-test (one week after the third intervention session) Follow-up - 5 months after the intervention</p> <p><b>Methods/Setting of Data Collection:</b> Pretest inventories administered by research assistants at the weekly chapter meeting of the fraternity for White participants; Pretest packets were given to participants that were unable to complete at the time of the time of the meeting and they were asked to mail them in after they completed them.</p>	<p><b>Setting:</b> Room on campus</p> <p><b>Duration:</b> 3 sessions; 90 minutes each; held 1 week apart on weekday evenings</p> <p><b>Theory/Model:</b> <i>Elaboration Likelihood Model (ELM)</i> (Petty and Cacioppo, 1981 and 1986) model suggests that when participants find that the message has low personal relevance to them, they tend to lack motivation to hear the message and feel that the message is of low quality or that the level is inappropriate for them. In such instances, they are more likely to attend to peripheral cues (expertise, attractiveness, trustworthiness) rather than the central content of the message, resulting in only transitory attitude change. Eagly and Chaiken's (1992) model of attitude change-model suggests that attitudes are not directly observable and can only be inferred from overt responses or indicators that fall within 3 domains: cognitive, affective, and behavioral.</p> <p><b>Delivery Mode:</b> Lecture, discussion, video, role plays</p> <p><b>Incentives:</b> Incentives included \$40 for those that completed all required testing packets, pizza and soft drinks at intervention sessions and at the follow-up session, certificates of completion, and letters indicating fraternity's participation in project sent to the participating fraternities' national chapters</p> <p><b>Curriculum/Content:</b> Each of the three 90-minute sessions were devoted to one of the three routes to attitude change presented in the attitude change model of Eagly and Chaiken (1992). Session 1: cognitive change- consisted of completing a rape myths and facts quiz; facilitators then used the participant's responses to present facts regarding the legal definition of rape, local statistics, the definitions of consent, and the legal definition of rape. Video "Campus</p>

Population and Setting	Study Design and Sample	Intervention
<p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> Fraternity affiliation: All White participants were members of a predominantly White fraternity; 58% of the Black participants were members of a predominantly Black fraternity Previous rape education attendance: A little over 65% of the sample attended either no (37%) or one (29%) previous rape education programs; the remaining sample attended 2 (21%) or more (13%).</p>	<p>The same testing packets were mailed to Black participants and they were asked to mail them back to the researchers. classrooms on campus. Unclear if Black fraternity was administered or mailed the survey.</p> <p><u>Immediately after each of the 3 intervention sessions</u> that were held in a room on campus. <u>Post-test</u> and <u>Follow-up</u> packets were administered in a scheduled classroom on campus.</p>	<p>Rape” (Rape Treatment Center, 1990) was shown.</p> <p>Session 2: affective change- consisted of a panel of rape survivors talking about the aftermath and long-term effects that rape has had on their lives. Focuses on the emotional and psychological trauma. Includes male allies who had assisted friends who had been raped.</p> <p>Session 3: behavioral change - consisted of two role play scenarios: the first portraying a coercive dating scenario and the second an interaction where a woman has been raped and goes to a male friend for help and support. The audience is invited to rewrite the first scene giving suggestions of how the actors could have interacted differently so that sexual coercion did not happen. The actors then recreated the scenario, incorporating audience suggestions. The second role play provided specific behavioral training designed to help participants’ understanding of the emotional needs and feelings of rape survivors and to provide them with a repertoire of skills to intervene effectively.</p> <p><b><u>Program Implementer:</u></b> White male who was a staff member at the Rape Education office on campus served as co-facilitator for both groups. A Black male co-facilitated the culturally-relevant group and a White male co-facilitated the color blind group. All three facilitators received approximately 25 hours of training that consisted of learning the intervention and how to deliver it in a conversational manner as well as how to respond to difficult and challenging questions.</p> <p><b><u>Culturally Specific:</u></b> Researchers actively recruited a racially diverse sample of Black and White male participants. Culturally relevant content and form was infused. In the cognitive module, race-related myths, statistics on incidence and prevalence rates for both Blacks and Whites and a facts quiz. In the affective change module, Black and White guest speakers discussed how race and culture might have played a role in their initial response to the</p>

Population and Setting	Study Design and Sample	Intervention
		<p>rape and in their recovery process. In the behavioral change module, specific information concerning the recovery process of Black and White women. The culturally relevant info was specifically added to all three modules of the intervention to test whether this increased the personal relevancy of the message and thus encouraged Black, and potentially White, participants to process the message centrally. The second intervention was ‘color blind’ and did not include race in the form or content of the intervention.</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b> Not reported</p>

Measures	Results	Study Quality
<p><b>Knowledge and Attitudes:</b>  <i>Rape Myth Acceptance Scale (RMA; Burt, 1980)</i> measures acceptance of rape myths.</p> <p><i>The Scale for the Identification of Acquaintance Rape Attitude (SIARA; Humphrey, 1996)</i> 33 items that focus on acquaintance rape as opposed to rape in general and focuses on a high-risk population (college students). The scale was also designed to use a more subtle line of questioning than many of the currently used instruments.</p> <p><i>Sexual Violence Subscale of the Severity of Violence Against Women Scale (SVAWS-SV; Marshall, 1992)</i> assess the level of seriousness that people attribute to sexual violence against women.</p> <p><b>Time Points of Measurement:</b> pretest</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge and Attitudes:</b>            Only significant effect [using underlying construct ‘Rejection of Rape’ scale as dependent variable] was main effect for time – all participants showed low-high-low pattern across the 3 periods (p23, 1st paragraph)</p> <p>Participants randomly assigned to either treatment condition were more likely to be in the improving cluster. Specifically, of the 18 participants in the improving cluster, 16 were in one of the experimental groups.</p> <p>When compared with control group, both experimental groups showed stable decrease in rape supportive attitudes.</p> <p>Some participants’ scores rebounded while others’ scores improved over the course of the intervention and remained stable at follow-up.</p> <p>Black participants in culturally relevant experimental group</p>	<p><b>Quality Score:</b>            Total: 55/85 (65%)            Description: 23/25 (92%)            Design: 32/60 (53%)</p> <p><b>Major Strengths:</b>  <b>Study:</b>            - Attended to previous findings and attempted to address limitations in previous evaluations of rape prevention interventions:            - Designed, provided and evaluated a multi-session intervention (each session targeting different dimensions of attitudes-cognitive, affective, and behavioral) in an attempt to produce long-term stable results            - Sought out diverse sample (at least in terms of race)            - Added culturally relevant content to 1of 2 interventions to test whether this increased the personal relevancy of the message and thus encouraged the participants to process the message centrally            - Theoretical framework used in design of intervention and study            - 5-month follow-up</p>

Measures	Results	Study Quality
<p><b><u>Perpetration:</u></b>  <i>Sexual Experiences Survey (SES; Koss and Gidycz, 1987)</i> is a 10-item questionnaire designed to measure participation in a range of sexually aggressive situations.</p> <p>Time Points of Measurement: pretest</p> <p><b><u>Other Measures:</u></b>  <i>Behavioral Indices of Change (BIC; Malamuth, 1981)</i> Modified by the authors from 2 items to 5 items to assess the likelihood of forcing a woman to do something sexual that she did not want to do, joining in a group that was doing so, using physical force or threats to obtain sex, joining a group that was doing so, and intervening if one sees a woman being sexually assaulted.</p> <p><b>Time Points of Measurement:</b> pretest</p> <p><i>Elaboration Likelihood Model Questionnaire (ELMQ; Heppner, Humphrey, et al, 1995)</i> assesses components necessary for central route attitude change to occur. In this investigation it was used to assess the degree to which two experimental conditions were perceived as similar. Respondents rated 12 items.</p> <p><b>Time Points of Measurement:</b> After each of the 3 interventions</p>	<p>scored significantly higher on the Cognitive Involvement scale than did participants in the other conditions combined (i.e., Black men in the culturally relevant group self-reported more engagement in the intervention than Black men in the color-blind intervention).</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b><u>Other Measures:</u></b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p>- Used more sophisticated statistical analysis (hierarchical cluster analysis) than what traditionally has been used in rape education literature</p> <p>- Power analysis conducted to verify that number of participants in each group was sufficient to retain an adequate level of power of .80</p> <p>- Tested to see if quality of rape prevention presentations differed across treatment conditions (no significant differences found)</p> <p><b>Article:</b></p> <p>- Clearly articulated rationale for intervention and evaluation design</p> <p><b><u>Major Weaknesses:</u></b></p> <p><b>Study:</b></p> <p>- Attrition -- more than half of original sample did not complete all 3 assessments (although enough to test all 4 hypotheses, prevented testing of whether Black participants in culturally-relevant condition were more likely to be in the “improving” cluster compared to their peers in the color-blind treatment condition)</p> <p>- May not be generalizable because participants were men from one university</p> <p>- Potential sample bias (participants volunteered knowing purpose of study)</p> <p>- Without manipulation check, unable to test whether the incorporation of culturally-relevant material was a powerful intervention</p> <p>- relatively low internal consistency ratings on 2 scales (<i>SES</i> and Presentation Quality subscale of the <i>ELMQ</i>)</p> <p><b>Article:</b></p> <p>- Intervention retention rate Not reported (Numbers of participants that attended each of the three sessions)</p> <p>- The number of participants that completed each of the 6 data collection time points not clearly presented</p> <p>- Descriptions of sample by group not clearly presented</p>

**Author/s:** Heppner, Good, Hillenbrand-Gunn, Hawkins, Hacquard, Nichols, DeBord, and Broc  
**Title:** Examining Sex Differences in Altering Attitudes About Rape: A Test of the Elaboration Likelihood Model

**Date:** 1995  
**Article Number:** 024

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> large public midwestern university</p> <p><b>Study Eligibility Criteria:</b> students enrolled in First Year Experience class (approximately 10% of first year students enrolling each year); agreed to participate and signed consent forms</p> <p><b>Population Type:</b> college</p> <p><b>Population Characteristics:</b>  <b>Age:</b> mean = 17.39 years</p> <p><b>Sex:</b> 178 females, 58% (152 final sample)  127 males, 42% (105 final sample)</p> <p><b>Education:</b> all freshmen  lower ACT scores and slightly lower rank in high school graduating class than were reflective of total population of first year students at the university</p> <p><b>Race/Ethnicity:</b> Caucasian 88.5%, African American 7.2%, Hispanic 2.6%, Asian 1.6%</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p><b>Study Design:</b> Pre/post</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b>  305 first year college students enrolled in the First Year Experience class that agreed to take part in the study</p> <p><b>Comparison Group Type(s):</b> Not applicable</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b>  305 (48 didn't fully complete questionnaires)  84% participation rate</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>  Not reported (but 257 were included in final analyses)</p> <p><b>Time Points of Data Collection:</b>  pre-test: first week of semester  post-test: six weeks later (immediately following intervention)  Guided Inquiry was turned in 1 week following intervention  follow-up: 2 months following intervention</p> <p><b>Methods/Setting of Data Collection:</b>  self-administered questionnaires</p>	<p><b>Setting:</b> Not reported ( mostly like classroom setting)</p> <p><b>Duration:</b> 1 hour</p> <p><b>Theory/Model:</b> Elaboration Likelihood Model. Suggest two routes of attitude change - the peripheral and central. The model suggests that when people lack motivation to hear a message they are more likely to attend to peripheral cues, such as expertness, attractiveness, or trustworthiness of the presenter. Thus, in the peripheral route, the presenter's characteristics are more important than the content of the message. Attitude change resulting from peripheral route processes is transitory, however, and would not be expected to be maintained over time. Conversely, when people have a high level of personal involvement and are motivated to hear a message they process centrally. Thus for these receivers, the message or intervention itself, not the presenter's attributes, is the powerful influence base (McNeill and Stoltenberg, 1989).</p> <p><b>Delivery Mode:</b> presentation, including video, and question and answer session</p> <p><b>Curriculum/Content:</b>  Designed to be typical of most rape prevention efforts on college campuses  Included (a) didactic material concerning information on the prevalence and impact of rape, (b) a video (<i>Campus Rape</i>; Rape Treatment Center, 1990) depicting both stranger and acquaintance rape survivors who discuss the impact of rape, (c) a brief question and answer session.</p> <p><b>Program Implementer:</b> woman who had over 10 years of experience working with rape prevention programming</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not applicable (one-time intervention)</p>

Population and Setting	Study Design and Sample	Intervention
		<p><b>Intervention Retention Rate:</b> Not applicable (one-time intervention)</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> <i>Rape Myth Acceptance Scale (RMA)</i> (Burt, 1980) -19 items designed to measure acceptance of rape myths.  <b>Time Points of Measurement:</b> pre, post, follow-up</p> <p><b>Attitudes:</b> <i>Adversarial Sexual Beliefs Scale (ASB)</i> (Burt, 1980) - 9 items assessing the expectations that sexual relationships are fundamentally exploitive.  <b>Time Points of Measurement:</b> pre, post, follow-up</p> <p><b>Victimization:</b> Not reported  <b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported  <b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b>  <i>Speaker Rating Form (SRF)</i> - a slightly modified version of the Counselor Rating Form (CRF; Barak and LaCrosse, 1975), a 36-item, semantic differential form with 7-point bipolar adjectives that were developed through the use of factor analysis; designed to measure students' views of speakers' expertness, attractiveness, and trustworthiness (used to assess social influence)  <b>Time Points of Measurement:</b> post-test</p> <p><i>Thought Listing (TL)</i>, used to capture participants' thoughts during presentation. Adapted from Heppner et al. (1988); originally developed by Brock (1967) to assess and categorize people's thoughts following a particular stimulus</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge: RMA:</b></p> <ul style="list-style-type: none"> <li>- Significant improvement from pretest to post-test but rebound of scores at follow-up (for both men and women)</li> <li>- Significant sex difference on RMA between amount of rebound men and women made from post-test to follow-up</li> <li>- Women had lower scores at pretest, post-test and follow-up</li> </ul> <p><b>Attitudes: ASB:</b></p> <ul style="list-style-type: none"> <li>- Significant improvement (both men and women) from pretest to follow-up (both groups showed decreased scores from pretest to follow-up)</li> <li>- Women were consistently lower than men on ASB</li> <li>- Women experienced more lasting effect at follow-up compared to men</li> </ul> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b>  <i>ACRCM:</i></p> <ul style="list-style-type: none"> <li>- Women rated themselves as significantly more motivated to hear rape prevention message, found it more relevant personally, and the content level more appropriate than did men</li> </ul> <p><i>TL:</i></p> <ul style="list-style-type: none"> <li>- Women used more central route processing: Women elaborated more, produced more thoughts about the presentation and thoughts that indicated issue-relevant</li> </ul>	<p><b>Quality Score:</b>  Total: 48/85 (56%)  Description: 21/25 (84%)  Design: 27/60 (45%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- intervention is theory based</li> <li>- 2-month follow-up examining rebound effect of belief in rape myths.</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b>  author identified:</p> <ul style="list-style-type: none"> <li>- no control group</li> <li>- missing data (85% usable data rate)</li> <li>- conclusions drawn from constructs of RMA, ASB, and ACRCM are restricted to the variables that were used to operationalize these constructs</li> <li>- sample consisted of first year students only; not racially or socioeconomically diverse</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- numbers are Not reported in detail</li> <li>- intervention description is lacking</li> </ul>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b> post-test</p> <p><i>Assessment of Central Route Change Mechanisms (ACRCM)</i> designed to assess components necessary for central route change to occur (Petty and Cacioppo, 1986)</p> <p><b>Time Points of Measurement:</b> post-test</p> <p><i>Guided Inquiry (GI)</i> - qualitative measure designed to assess how individuals perceive and make meaning from their experiences; modified version of original (Heppner, Rosenberg, and Hedgespeth, 1992), 2 questions only</p> <p><b>Time Points of Measurement:</b> post (students were asked to complete the form after the intervention and turn it in 1 week later)</p>	<p>thinking than did men and the thoughts produced were more personally-relevant (most frequent category of thoughts was concern or fear for self; 2<sup>nd</sup> most frequent category was a concern or fear for others)</p> <ul style="list-style-type: none"> <li>- Men rated themselves as less motivated, found the message less personally-relevant, produced less issue-relevant thinking (most frequent category was concern or fear for others; 2<sup>nd</sup> most frequent was concern about others' perceptions of self; none of the men referred to past assault experiences)</li> <li>- Men and women did not differ in the number of negative thoughts they listed about the presentation</li> </ul> <p><i>SRF:</i></p> <ul style="list-style-type: none"> <li>- There was a significantly positive correlation between men's change scores and their ratings of the presenter's combined expertness, attractiveness, and trustworthiness (not the case for women); the change that men made from pretest to follow-up on the <i>RMA</i> was significantly correlated with the peripheral source cues of the speaker (as ELM predicts, the peripheral clues were apparently</li> </ul> <p><i>GI:</i></p> <ul style="list-style-type: none"> <li>- Both men and women indicated that the video that included a segment of rape victims talking about their experience was the part of the intervention most important in helping them change attitudes about rape</li> <li>- Some men and women responded negatively to the question 'What in this presentation helped you change your attitudes about rape?', although men did over four times as often as women (almost a third of male responses were negative and sometimes hostile)</li> </ul> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

**Author/s:** Hilton, Harris, Rice, Krans, and Lavigne  
**Title:** Antiviolence Education in High Schools

**Year:** 1998  
**Article Number:** 025

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b>            Four high schools in central Ontario County; mixed urban and rural; enrollment ranged from &lt;400 to &gt; 1200 students</p> <p><b>Study Eligibility Criteria:</b> Grade 11 students in one of participating high schools who agreed to participate and whose parents did not oppose their son or daughter taking part in the education program (passive consent).</p> <p>Note: evaluation given only to 11<sup>th</sup> graders; other grades may have participated in intervention.</p> <p><b>Population Type:</b> high school - 11<sup>th</sup> grade students</p> <p><b>Population Characteristics:</b>  <b>Age:</b> m = 16.5 years  <b>Sex:</b> 50% female; 60% males  <b>Education:</b> 11<sup>th</sup> grade students  <b>Race/Ethnicity:</b> Not reported  <b>Sexually Active:</b> Not reported  <b>Victimization:</b> see measures section  <b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b>            Note: no parents returned the passive consent form denying their child's participation. An active consent was used for the students in "experiences with peer violence" survey</p>	<p><b>Study Design:</b> Pre-post</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> 11<sup>th</sup> grade students from four participating high schools whose parents did not express any concern to the school regarding their child's participation after receiving a letter. 325 students completed pretest, 370 students completed post-test, 489 students completed follow-up, and 123 students completed all three tests. Analysis only conducted on those who completed all 3 tests.</p> <p><b>Comparison Group Type(s):</b> Not applicable</p> <p><b>Sampling Frame Size:</b>            4 high schools ranging in size from 400 to 1200</p> <p><b>Baseline Sample Size (and Participation Rate):</b>            N = 325 completed pretest</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 123 completed all 3 tests.            123/325 = 38% completed all 3 tests</p> <p>46.5% who completed pretest completed post-test.            325 completed pretest            370 completed post-test            489 completed follow-up</p> <p><b>Time Points of Data Collection:</b>            pretest = 1 week before the intervention            post-test = immediately after the workshops            follow-up = 6 weeks post intervention.</p> <p><b>Methods/Setting of Data Collection:</b> Administered in the students' classrooms.</p>	<p><b>Setting:</b> Not reported - classroom workshops and large group assemblies</p> <p><b>Duration:</b> 1-hour assembly; 2 one-hour workshops.</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> Completed a questionnaire on violence in teen dating relationships; attended a lecture, participated in 2 workshops which included video and discussion, list of sources of professional help; on-the-spot counseling or referral during breaks.</p> <p><b>Curriculum/Content:</b> 1<sup>st</sup> hour, students completed research questionnaires on violence in teen dating relationships and attended a debriefing in their classrooms. Then, they attended an hour long assembly in which a sexual assault counselor talked about risks and consequences of sexual assault. Students then attended two 1-hour workshops of their choice from a selection of six. These workshops included: (1) a sexual assault counselor describing risks and effects of sexual assault; (2) a guide to recognizing and coping with anger, by 2 youth workers; (3) an introduction to steps for controlling anger, by second author; (4) identification and discussion of verbal aggression, by a social worker; (5) a video presentation by a shelter worker; and (6) "how to help a friend experiencing violence," by the first author.</p> <p><b>Program Implementer:</b> Sexual assault counselor, two youth workers, second author, social worker, shelter worker, and first author. And men's counselor, police officer and first author.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported - some schools monitored attendance (data Not reported)</p>

Population and Setting	Study Design and Sample	Intervention
		<b>Intervention Retention Rate:</b> Not reported
		<b>Other:</b>

Measures	Results	Study Quality
<p><b>Knowledge:</b>  <i>Target Item Score</i> - 6 target items written into multiple choice format. Each item scored from 0-6. Sum of these scores equals the <i>Target Item Score</i>  <i>Key Points Score</i> - each workshop presenter nominated 3 key points of information specific to his or her workshop and collaborated with authors to write multiple choice questions for each point. These scores ranged from 0-3.</p> <p><b>Time Points of Measurement:</b> pretest, post-test, and follow-up.</p> <p><b>Attitudes:</b> A scale measuring date rape attitudes adapted from Goodchilds et al. (1988)</p> <p><b>Time Points of Measurement:</b> pretest, post-test, and follow-up.</p> <p><b>Victimization</b> Questionnaire asked about perpetration and victimization of physical aggression (using 10 items from the Modified Conflict Tactics Scale (MCTS), Physical Violence subscale, and an additional item, Straus (1979, 1990) in same-sex and opposite-sex peer relationships and sexual coercion and aggression (using 8 items based on Koss and Oros, 1982) in opposite-sex peer relationships.</p> <p><b>Time Points of Measurement:</b> pre-test, post-test, follow-up</p> <p><b>Perpetration:</b> see victimization</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b></p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b>  <i>Target Item Score:</i> At pretest only, girls scores were significantly higher on Target Item score than boys. (<math>p &lt; .05</math>)  Boys scores significantly higher at post-test than at pretest and at follow-up on Target Item scores. (<math>p &lt; .05</math>). Girls' scores were not significantly different from each other at the three time periods.</p> <p><i>Key Points Score</i> Scores significantly increased from pretest to post-test and remained significantly higher at follow-up than at pretest  Scores also improved for workshops not attended from pretest to follow-up.  Scores did not differ from pre- to post-test but were significantly higher at follow-up than post-test. Were not significantly different from workshops attended at follow-up.</p> <p><b>Attitudes:</b>  No effect of time found on attitudes toward date rape. However, boys more likely to endorse pro-rape attitudes than girls.</p> <p><b>Victimization:</b> Most students (68.5%) self-reported at least one act of aggression (physical or sexual) as both a victim and a perpetrator. 9.9% reported victimization only and 11.1% reported perpetration only.  Compared students who reported victimization only (N=32) with those who reported perpetration only (N=36). Exclusive victims more likely to be female, have higher pretest Target Item scores and Total Key Points scores than exclusive perpetrators.</p>	<p><b>Quality Score:</b>  Total: 48/85 (56%)  Description: 21/25 (84%)  Design: 27/60 (45%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Controls for test-retest reliability</li> <li>- Examines differences in learning among perpetrators vs. victims.</li> <li>- Piloted evaluation with same target population.</li> <li>- Examines differences on pretests among those who participated in the intervention and those who did not.</li> </ul> <p><b>Article:</b>  Discusses potential differences among delivery modes.</p> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- No comparison group</li> <li>- Participants not randomly assigned</li> <li>- No theoretical foundation to intervention.</li> <li>- "Exerted little control over the final content of these workshops" - difficult to know exactly what the interventions were</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- No clear delineation between intervention retention rate, study participation rate.</li> </ul>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b></p>	<p>Among victims and perpetrators who attended the intervention, there were no significant differences in attitude score change, <i>Target Item Score</i> change or <i>Key Points</i> Scores.</p> <p><b>Perpetration:</b> 11.1% report perpetration only.</p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Students who completed pretest but did not complete intervention had lower scores than students who did attend workshops.</p> <p><b>Other:</b></p>	

**Author/s:** Jaffe, Sudermann,, Reitzel, and Killip

**Year:** 1992

**Title:** An Evaluation of a Secondary School Primary Prevention Program on Violence in Intimate Relationships

**Article Number:** 27

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> 4 high schools in large public school system in middle-sized city in City of London in southwestern Ontario, Canada</p> <p><b>Study Eligibility Criteria:</b> students in grades 9-13 in 4 high schools that were the first schools in the system to implement the intervention; subjects were selected on a stratified classroom-level sampling basis to yield 1/6 samples of each of 4 high school populations</p> <p><b>Population Type:</b> high school students</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> Not reported</p> <p><b>Sex:</b> 49% females (n = 358) 51% males (n = 379)</p> <p><b>Education:</b> grades 9-13 grades 9 and 10: 338 students grades 11, 12, 13: 399 students</p> <p><b>Race/Ethnicity:</b> sample Not reported; city population is predominately European/White with less than 10% of population comprised of immigrants from over 80 ethnic groups and a small percentage of native/first nations persons</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> The 4 schools in the study represented a cross-section of locations and socioeconomic levels in the city. Average family household income (for 1985) was \$39,975.</p>	<p><b>Study Design:</b> Pre-post</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> 737 students in grades 9 to 13 in 4 high school (Grades 9 and 10: 338; Grades 11, 12, 13: 399; Females: 358; Males: 379)</p> <p><b>Comparison Group Type(s):</b> Not applicable</p> <p><b>Sampling Frame Size:</b> Not reported (students in grades 9 to 13 in 4 schools within a school system consisting of 45,000 students in 80 secondary and elementary schools)</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 737 (participation rate not available because sampling frame Not reported) 1/6 samples of each of 4 high school populations</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> Not reported; “In particular analyses, there were slightly lower numbers, as some students did not attend the pre- or post-test, or omitted some items.” Ranges from 627-684</p> <p><b>Time Points of Data Collection:</b> Pretest: 1 week prior to intervention Post-test: 1 week after intervention Follow-up: 6 weeks after intervention (at 2 of the 4 schools)</p> <p><b>Methods/Setting of Data Collection:</b> Classroom teachers administered the questionnaires (that were coded to allow for matching of responses on individual level; responses were on computer-readable answer sheets)</p>	<p><b>Setting:</b> School auditorium and school classroom</p> <p><b>Duration:</b> 2 schools – half-day intervention; 1.5 hours for auditorium presentation and 1 hour for classroom discussion 2 schools – full-day intervention</p> <p><b>Theory/Model:</b> social learning model - those who witness wife assault as children will be more likely to repeat the behavior in their own dating of marital relationships. Also extended to watching violence on television, in videos, movies, and in current affairs. Feminist theory of wife assault -points out that throughout history, women have been viewed as appropriate victims of violence, and control of women by men has been a central value in religious and legal views of the family.</p> <p><b>Delivery Mode:</b> a large group auditorium presentation and a classroom discussion</p> <p><b>Curriculum/Content:</b> Myths and facts about wife assault were addressed at each school’s auditorium presentation. Full-day intervention included activity in which students were asked to develop a school action plan to address the problem of family violence over the coming year (ideas were generated such as student plays on violence, organization of violence awareness weeks, fund-raising activities for local services for abused women).</p> <p><b>Program Implementer:</b> School-based committee planned and implemented a large group auditorium presentation component and a classroom discussion component. Both components were facilitated jointly by knowledgeable community professionals and teachers: speakers from community agencies concerned with wife</p>

Population and Setting	Study Design and Sample	Intervention
		<p>assault and treatment of batterers, the Police Dept, and the Board of Education; videos on wife assault and its effects on child witnesses; student plays; a professional theatre company; and a talk by a survivor of abuse were used by the schools.</p> <p>Classroom discussion facilitators included professionals from counseling centers for women, children, and men, the police, women’s shelters, etc. Each facilitator attended a half-day training workshop</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> <i>London Family Court Clinic (LFCC) Questionnaire on Violence in Intimate Relationships</i> Constructed for study; designed to tap knowledge about wife assault, attitudes about sex roles, wife assault, and dating violence, and behavioral intentions in a number of violence-related situations. Nine items taken from Giarrusso et al. (1979) referred to excuses/justifications of date rape and six items are based on a dating verbal abuse scenario (Head, 1988). [Reliability and validity had not been extensively explored at time of study ]</p> <p><b>Time Points of Measurement:</b> pretest, post-test, follow-up</p> <p><b>Attitudes:</b> <i>London Family Court Clinic (LFCC) Questionnaire on Violence in Intimate Relationships</i></p> <p><b>Time Points of Measurement:</b> pretest, post-test, follow-up</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge and Attitudes:</b> <u>At pre-intervention</u>, the majority of students correctly answered 4 knowledge-based items about woman abuse. Significant sex differences were found for 16/19 of the items, with girls having more positive or pro-social attitudes. Although only small percentage of students accepted each of the excuses for forced intercourse on a date, the range was statistically significantly higher for boys (3/9 excuses were accepted more by boys than girls). 17% of males excused date rape if “She has led him on.”</p> <p>54% of students overall were aware of dating violence among people they know; significant sex differences, with more girls (60.5% vs 47.5% boys) were aware among dating violence among their acquaintances</p> <p><u>Pre to Post and Post to Follow-up</u> After the intervention, significant changes were found on</p>	<p><b>Quality Score:</b> Total: 51/85 (60%) Description: 25/25 (100%) Design: 26/60 (43%)</p> <p><b>Major Strengths:</b> <b>Article:</b> - Tables were useful</p> <p><b>Major Weaknesses:</b> <b>Study:</b> - Instrument not validated - No control group - Specific questions about physical and sexual abuse in dating were not included in present study because of their perceived sensitivity (p141) - Four knowledge items on <i>Questionnaire</i> have since been reworded with multiple choice response instead of true/false format that was used in present study due to suspicion that format was reason that questions were so well-answered even a pre-intervention.</p>

Measures	Results	Study Quality
<p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b></p> <p><b>Behavioral Intentions:</b> <i>London Family Court Clinic (LFCC) Questionnaire on Violence in Intimate Relationships</i></p> <p><b>Time Points of Measurement:</b> pretest, post-test, follow-up</p>	<p>22 of 48 items (at least <math>p &lt; .01</math>).</p> <ul style="list-style-type: none"> <li>Changes in the desired direction were found on 11/48 for overall, 11/48 for females, 8/48 for males indicated.</li> <li>Changes in the undesired direction were found on 8/48 for the male group. Four items were on items about condoning excuses for rape.</li> </ul> <p><u>Post-test to Follow-up</u> Majority of positive changes were maintained at the follow-up. Significant changes in undesired direction were found on 6 items for overall group.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Behavioral Intentions:</b> Pre-intervention, there were significant sex differences – a higher proportion of girls had intentions of intervening than boys.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b>Article:</b> - Description of sample is lacking</p>

**Author/s:** Lanier, Elliot, Martin, and Kapadia

**Year:** 1998

**Title:** Evaluation of an Intervention to Change Attitudes Toward Date Rape

**Article Number:** 028

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Private university in Texas</p> <p><b>Study Eligibility Criteria:</b> Incoming students of 1995 class</p> <p><b>Population Type:</b> College</p> <p><b>Population Characteristics:</b>  <b>Age:</b> 98.3% 17-19 years old</p> <p><b>Sex:</b> 48.6% male, 51.4% female</p> <p><b>Education:</b> 1<sup>st</sup>-year college students</p> <p><b>Race/Ethnicity:</b>            64.6% Caucasian            19.3% Asian American            9.4% Hispanic            3.7% African American            3.0% "Other"</p> <p><b>Sexually Active:</b> Not reported (but was used as a covariate in some analysis)</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e., disability, substance abuse, etc.):</b> 97.2% self-reported heterosexual</p>	<p><b>Study Design:</b> Randomized comparison</p> <p><b>Author-reported:</b> Randomized pre-test and post-test control group design.</p> <p><b>Intervention Group Type(s):</b> Incoming students of the 1995 class who agreed after they were encouraged to participate in the study. Participants were randomly assigned. Viewed a play which was meant to combat rape-tolerant attitudes and reduce the likelihood that the students who saw it would become victims or perpetrators of date rape.</p> <p><b>Comparison Group Type(s):</b> Incoming students of the 1995 class who agreed after they were encouraged to participate in the study. Participants were randomly assigned. Viewed an alternate play addressing multicultural issues</p> <p><b>Sampling Frame Size:</b> 615 students</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 436</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 436, 100% (only reported those who completed baseline and post-test; "a number of students refused to participate or returned incomplete responses")</p> <p><b>Time Points of Data Collection:</b> Immediately before the intervention and immediately after.</p> <p><b>Methods/Setting of Data Collection:</b> Intervention and control group took place in an auditorium; setting of data collection Not reported.</p>	<p><b>Setting:</b> Private university in Texas; auditorium</p> <p><b>Duration:</b> 1-hour</p> <p><b>Theory/Model:</b> Social Learning Theory consists of 6 components: (1) expectancies, (2) skill building (3) observational learning, (4) modeling, (5) self-efficacy, and (6) reinforcement.</p> <p><b>Delivery Mode:</b> Play with six scenes</p> <p><b>Curriculum/Content:</b> All scenes portray situations occurring among college students. Scene 1: <i>Party</i> - overview of characters, introduction of role of alcohol in promoting rape; Scene 2: <i>Corey and Alan</i> demonstrates importance of communication skills and importance of respecting one's chosen limits; Scene 3: <i>Robert and Stacey</i> increase audience's awareness by showing that an invitation to one's home is not an invitation to have sex; Scene 4: <i>Wes and Alisan</i> showed behavior typical of a rapist by testing limits; Alisan clearly protests his behavior; Scene 5: <i>Robert, Corey, and Alison</i> friends meet with the survivor of an attempted assault and listen and support her decision to report the perpetrator; Scene 6: <i>Wes and Alan</i> demonstrate that men are concerned about rape and discuss issues of consent, respect, and responsibility of knowing the wishes of one's partner.</p> <p><b>Program Implementer:</b> Performed and presented by students</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not applicable</p> <p><b>Intervention Retention Rate:</b> Not applicable</p> <p><b>Other:</b> Not applicable</p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> <i>College Date Rape Attitudes Survey</i> (CDRAS) (Lanier and Elliot, in press) consisted of 20 items measuring attitudes toward rape utilizing a 5-point Likert-type scale. Specifically used to measure attitudes towards date rape in context of college, heterosexual dating.</p> <p><b>Time Points of Measurement:</b> pretest and post-test</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b></p> <p><b>Time Points of Measurement:</b></p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b> Mean pretest score among both groups 4.07 on a 5-point Likert scale in which 5 represented the most desirable response. Post-test scores of intervention group (m=4.17) were significantly higher than that of the control group (m=4.08), <math>p &lt; .001</math>.  Gender differences: mean amount of improvement for men (.1031 units) did not differ significantly from the mean improvement by women (.1034), <math>p &gt; .9</math>.  Bottom quartile pretest respondents (represents those with “rape tolerant” attitudes): Mean pretest score = 3.50; Post-test scores of intervention group (m=3.73) were significantly higher than the post-test scores of the control group (m=3.51), <math>p &lt; .003</math>. Scores still remained lower than the group average.  - Improvement among students who had the most rape-tolerant initial attitudes (.23 units) was substantially larger than the change noted among the remaining 3/4 of the sample (.05 units).</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b>Quality Score:</b>  Total: 55/85 (65%)  Description: 25/25 (100%)  Design: 30/60 (50%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Measured effect of intervention among those who scored the lowest (“rape tolerant”) on the pretest.</li> <li>- Measured effect separately among males and females.</li> <li>- Intervention based on social learning theory (only utilized in one date rape intervention previously).</li> <li>- Demonstrated how specific rape myths portrayed in the intervention were related specifically to those in the post-intervention assessment</li> </ul> <p><b>Article:</b> Detailed description of intervention</p> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Short follow-up</li> <li>- Students had low tolerance for rape prior to the intervention therefore unclear if same intervention would be effective among high-risk groups</li> </ul> <p><b>Article:</b> Sample size of intervention and control group not separated out.</p> <p>Indicate that this study demonstrated how specific rape myths portrayed in the intervention were related to those in the post-intervention assessment but did not describe.</p>

**Author/s:** Lavoie, Vezina, Piche, and Boivin

**Year:** 1995

**Title:** Evaluation of a Prevention Program for Violence in Teen Dating Relationships

**Article Number:** 029

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Two Quebec City area high schools (School S and School L)</p> <p><b>Study Eligibility Criteria:</b> 10<sup>th</sup> grade students among 2 schools who completed both questionnaires and were present at the program sessions.</p> <p><b>Population Type:</b> High school</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> School S: m=14 years, 11 months School L: m=15 years</p> <p><b>Sex:</b> School S: 57.3% female, 42.7% male School L: 56.7% female, 43.3% male</p> <p><b>Education:</b> 10<sup>th</sup> grade students</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not applicable</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> Majority were French-speaking population. Schools of roughly equivalent size and their socioeconomic status was equivalent.</p>	<p><b>Study Design:</b> Randomized Comparison group</p> <p><b>Author-reported:</b> Pretest-post-test design</p> <p><b>Intervention Group Type(s):</b> School L: assigned to the long program. Consisted of 10<sup>th</sup> grade students at a Quebec City high school who completed both questionnaires and was present at all the program sessions (n=238).</p> <p><b>Comparison Group Type(s):</b> School S: assigned to the short program. Consisted of 10<sup>th</sup> grade students at a Quebec City high school who completed both questionnaires and was present at all the program sessions (n=279).</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> n=517, 100% (only included those who completed intervention and tests)</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> n=517 - can't determine because only included those who completed post-test, etc.</p> <p><b>Time Points of Data Collection:</b> School S: pre-test was 1 week before the intervention and 1 month post-intervention; School L: pre-test was 3 weeks prior to the intervention and 1 month post-test.</p> <p><b>Methods/Setting of Data Collection:</b> pencil-and-paper questionnaire.</p>	<p><b>Setting:</b> Classroom</p> <p><b>Duration:</b> Short program: Two classroom sessions, a total of 120-150 minutes. Long program: Additional 120-150 minutes.</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> Short program: classroom sessions. Long program: classroom sessions, video, and writing a fictional letter to a hypothetical victim and aggressor.</p> <p><b>Curriculum/Content: "Violence in Dating Relationship"</b> Short program: 1<sup>st</sup> session - goals: (a) distinguish self-control or control over one's environment from abusive control of other people; (b) to identify different forms of control and to denounce them, including physical and social control and emotional blackmail; and (c) to understand the importance of the problem of violence in dating relationships. 2<sup>nd</sup> session - goals: (a) establish certain rights of each partner in a dating relationship; (b) to know how to apply these rights in situations with a risk of abuse; (c) to know that each partner is responsible for respecting the other's rights; and (d) to understand that responsibility for abuse must not be attributed to the victim but rather to the perpetrator. Long program: had 2 additional activities - change to viewing film on dating violence, and writing a fictional letter to a hypothetical victim and aggressor</p> <p>A detailed written program guide was available.</p> <p><b>Program Implementer:</b> An "animation team" consisting of a permanent member of a community organization and a trained volunteer.</p> <p><b>Culturally Specific:</b> Not reported</p>

Population and Setting	Study Design and Sample	Intervention
		<p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b> Not reported</p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> 9 items from a questionnaire of 25 items used to measure both attitudes and knowledge (author designed).</p> <p><b>Time Points of Measurement:</b> School S: pre-test was 1 week before the intervention and 1 month post-intervention; School L: pre-test was 3 weeks prior to the intervention and 1 month post-test.</p> <p><b>Attitudes:</b> 17 items from a questionnaire of 25 items used to measure both attitudes and knowledge (author designed).</p> <p><b>Time Points of Measurement:</b> School S: pre-test was 1 week before the intervention and 1 month post-intervention; School L: pre-test was 3 weeks prior to the intervention and 1 month post-test.</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b> School S improved more than School L. Significant higher scores at post-test for both schools on 4 of the 9 items (“Most rapes committed by a person unknown to the victim,” “An equal relationship means that both partners have the same tastes and do the same things,” “A young girl cannot be sexually violent toward their partner,” “It is possible for a girl to be raped by her boyfriend.”</p> <p>School S also scored higher on an item asking rates of dating violence.</p> <p>School L also scored higher on “Respecting the other person in a dating relationship means never getting angry with him or her.”</p> <p>Means indicate that scores increased at post-test for all items except for “Respecting the other person in a dating relationship means never getting angry with him or her.”</p> <p>No gender differences were detected.</p> <p>Significant gender differences b/w schools on “Respecting the other person in a dating relationship means never getting angry with him or her,” “Most rapes committed by a person unknown to the victim,” “An equal relationship means that both partners have the same tastes and do the same things,” and “Violence stops when you break up.”</p> <p><b>Attitudes:</b> School S: Post-test results were significantly greater than pretest scores [F (1,273)=214.30, p&lt;.001] and girls scored higher than boys [F (1, 273) = 26.72, p&lt;.001]. Both boys and girls improved proportionately to their pretest scores after participating in the program.</p>	<p><b>Quality Score:</b>                      Total: 49/85 (58%)                      Description: 21/25 (84%)                      Design: 28/60 (47%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Examined low scorers and high scorers separately for differences after intervention.</li> <li>- Utilized a scale specifically for measuring adolescent attitudes.</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b> Timing of pretest among comparison groups differed.</p> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- Only reported reliability of attitude questions.</li> <li>- Intervention retention rates and study retention rates not indicated.</li> </ul>

Measures	Results	Study Quality
	<p>School L: Post-test results were significantly greater than pretest scores [F (1,233)=304.51, p&lt;.001]. Girls scored higher at both pretest and post-test, and although both improved after the program, the girls improved more than boys [F (1, 233) = 27.78, p&lt;.001]. Significant differences between two schools [t (514) = 5.46, p&lt;.001].</p> <p><b>Both:</b> Lower scorers from both schools improved on 16 of the 17 items.</p> <p>No significant gender by school interactions. Where differences were significant, School S scored higher than L, and girls scored higher than boys.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b><u>Other Measures:</u></b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

**Author/s:** Lenihan, Rawlins, Eberly, Buckley, and Masters

**Year:** 1992

**Title:** Gender Differences in Rape Supportive Attitudes Before and After a Date Rape Education Program

**Article Number:** 030

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Mid-sized Midwestern public university</p> <p><b>Study Eligibility Criteria:</b> 15 sections of an introductory health course. This course was a part of the general education curriculum to ensure that enrolled students were representative of the overall student population. Participation in the study was voluntary; an info sheet that discussed voluntary nature of the study and privacy was given to participants after they completed the pretest.</p> <p><b>Population Type:</b> 821 college students</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> Mean age 18.6 (women) and 19.2 (men)</p> <p><b>Sex:</b> 503 women (61%) ; 318 men (39%)</p> <p><b>Education:</b> 64.7% freshmen; 18.7% sophomores; 12.7% juniors; and 3.9% seniors or graduate students</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> Not reported</p>	<p><b>Study Design:</b> Randomized non-equivalent comparison</p> <p><b>Author-reported:</b> Solomon four-group design (Campbell and Stanley, 1963) with random assignment</p> <p><b>Intervention Group Type(s):</b> Random assignment to 1 of 4 groups: Group 1 pretested several day before program presentation, exposed to presentation, then post-tested 1 month after the program; Group 2 was pretested and post-tested with no educational intervention; Group 3 was post-tested only (n=183); and Group 4 viewed the program and then was post-tested (n=193). Group composition was not well described - numbers are from tables</p> <p><b>Comparison Group Type(s):</b> Random assignment to 1 of 4 groups: Group 1 pretested several day before program presentation, exposed to presentation, then post-tested 1 month after the program; Group 2 was pretested and post-tested with no educational intervention; Group 3 was post-tested only (n=183); and Group 4 viewed the program and then was post-tested (n=193). Group composition was not well described - numbers are from tables Control groups received intervention after study</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 821</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> Cannot determine from numbers provided. 76% of the women and 68% of the men completed both pre and post-tests</p>	<p><b>Setting:</b> Classroom</p> <p><b>Duration:</b> 50 minutes</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> Combination of lecture, video presentations of date rape situations, plus sharing of date rape experiences by one of the presenters.</p> <p><b>Curriculum/Content:</b> Information presented included: Ways in which men and women are affected by rape, local and national statistics of rape with emphasis on date rape, definitions of sexual assault in the state and various types of rape, reasons why victims and offenders do not identify forced sex as rape, cultural reasons for date rape, characteristics and attitudes of offenders, effects of victimization including a victim of date rape explaining the effect on her, prevention suggestions and local sources of help. Video taped vignettes were used to illustrate discussion points. Questions and discussion were encouraged.</p> <p><b>Program Implementer:</b> 3 women and 1 man; 2 sexual assault crisis counselors and 2 residence hall counselors. The man and at least 1 woman presented for each class.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not applicable</p> <p><b>Intervention Retention Rate:</b> Not applicable</p> <p><b>Other:</b></p>

Population and Setting	Study Design and Sample	Intervention
	<p><b><u>Time Points of Data Collection:</u></b>                      Pretest – Several days before intervention                      Post-test – 1 month following the intervention                      Group 1: Pretest, Intervention (no data collected), post-test; Group 2: Pretest, Post-test; Group 3: Post-test; Group 4: Intervention (no data collected), Post-test</p> <p><b><u>Methods/Setting of Data Collection:</u></b>                      The survey was conducted by neutral, trained proctors at the beginning of a class period.</p>	

Measures	Results	Study Quality
<p><b><u>Knowledge:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Attitudes:</u></b>  <i>Rape Supportive Attitudes Survey (RSAS;</i> Burt, 1980; adapted by Koss et al., 1985). The 36-item survey yielded 4 scales: <i>Adversarial Sexual Beliefs (ASB)</i>, <i>The Sexual Conservatism (SC)</i>, <i>Acceptance of Interpersonal Violence (AIV)</i>, and <i>Rape Myth Acceptance (RMA)</i>. Higher scores represent more negative attitudes on each scale.</p> <p><b>Time Points of Measurement:</b> Pretest and post-test</p> <p><b><u>Victimization:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Perpetration:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Other Measures:</u></b>                      Demographic data items (age, class, race, sex, and SS#), but race was Not reported. (The use of last 4 digits of SS# allowed pairing of pretests and post-tests)</p>	<p><b><u>Primary Measures:</u></b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b>                      Pre-tested women in all groups scored significantly lower than men on <i>ASB</i> and <i>RMA</i>. At post-test, women in the pretested groups (both program-treated and untreated) reported significantly lower scores on the <i>AIV</i> and <i>RMA</i> scales; while women in the comparison groups reported significantly lower scores on the <i>SC</i> and <i>ASB</i> scales. Men from all groups did not report significant changes in scores.</p> <p>A 3-way ANOVA assessing post-test differences by gender, treatment and pretest exposure, indicated that both the pre-test and the actual intervention potentially had effects on changing attitudes especially on <i>AIV</i> and <i>ASB</i>. There were significant gender effects with women scoring significantly lower on the pretest compared with men and on the post-test women reported significant differences on the <i>RMA</i> scale. Pretesting significantly affected women’s scores on the <i>ASB</i> and <i>SC</i> scales.</p> <p>Two-way interactions were found for pretest by treatment on the <i>ASB</i> scale and for gender by pretest on the <i>AIV</i> scale. A three-way interaction was found on the <i>AIV</i></p>	<p><b><u>Quality Score:</u></b>                      Total: 42/85 (49%)                      Description: 16/25 (64%)                      Design: 26/60 (43%)</p> <p><b><u>Major Strengths:</u></b></p> <p><b>Study:</b>                      -Assessed for differences at pre-test and how exposure to the pre-test affected post-test scores                      -1 month follow-up period                      -Both male and female presenter for all sessions</p> <p><b>Article:</b>                      -good description of program components</p> <p><b><u>Major Weaknesses:</u></b></p> <p><b>Study:</b>                      -No assessment of program presenter effects. The male stayed consistent but the female presenter did not.                      -One-time presentation</p> <p><b>Article:</b>                      - Lack of clarity regarding participation rate                      - Numbers of participants in Groups 1 and 2 are not clear (under Table 1 nor in the text)                      - Numbers of students that attended the intervention is</p>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b> (with surveys) pretest and post-test</p>	<p>scale.</p> <p>Race and age showed no significant findings</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b> On-campus rape crisis center reported increased numbers of victims and significant others seeking help since intervention provided; some women victimized following intervention, sought services more quickly</p>	<p>not provided.</p> <p>-Does not provide scale reliability or validity</p>

**Author/s:** Lenihan and Rawlins

**Year:** 1994

**Title:** Rape Supportive Attitudes Among Greek Students Before and After a Date Rape Prevention Program

**Article Number:** 031

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Midsized public university</p> <p><b>Study Eligibility Criteria:</b> Enrolled students belonging to sororities and fraternities</p> <p><b>Population Type:</b> college students</p> <p><b>Population Characteristics:</b>  <b>Age:</b> <u>Intervention group:</u> Females X = 19.08  Males X = 19.29  <u>Control group:</u> Females X = 18.6  Males X = 19.2</p> <p><b>Sex:</b>  <u>Intervention group:</u> Females = 412, Males = 224  <u>Control group:</u> n=821 (no gender breakdown reported)</p> <p><b>Education:</b>  <u>Intervention group:</u> 22.4% freshman, 25.0% sophomores, 27.5% juniors, and 18.8% seniors.  <u>Control group:</u> 64.7% freshman, 18.7% sophomores, 12.7% juniors, and 3.9% seniors.</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p><b>Study Design:</b> Non-equivalent comparison group design</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b>  636 students belonging to sororities and fraternities participating in a <u>mandatory</u> date rape presentation for all sorority and fraternity members.</p> <p><b>Comparison Group Type(s):</b>  821 students at the same university enrolled in 15 sections of an introductory health course. Participated in program 2 years previously.</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b>  n=1457  Control = 821  Intervention = 636</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>  74 students eliminated from the combined groups due to incomplete or spoiled forms</p> <p>Intervention group 395/636 = 62.1%  27.4% of women and 34.8% of men appeared for post-test (author reported)</p> <p>Control group - Not reported</p> <p><b>Time Points of Data Collection:</b>  Immediately before the intervention and 5- to 6-weeks post-intervention.</p> <p><b>Methods/Setting of Data Collection:</b>  Sorority and fraternity chapter meetings</p>	<p><b>Setting:</b> Large auditorium and space provided for the paired organizations (one sorority and one fraternity) to meet in smaller discussion groups for follow-up dialogue.</p> <p><b>Duration:</b> Not reported; “evening program”</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> Lecture and small group discussion</p> <p><b>Curriculum/Content:</b> Lecture included information on the myths and realities of date rape, emphasizing the responsibilities of sororal and fraternal members to provide positive leadership, avoid alcohol abuse, and provide help and protection for each other. Realities of date rape discussed along with the legal and social responsibilities of Greek organizations for the behavior of their individual members. Following the presentation, each sorority was paired with a fraternity and space was provided for small group discussions for follow-up dialogue.</p> <p><b>Program Implementer:</b> Former fraternity member who was the executive director of a regional intrafraternity organization.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b>  Attendance was recorded by each Greek organization.</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b> Not reported</p>

Measures	Results	Study Quality
<p><b><u>Knowledge and Attitudes:</u></b>  <i>Rape Supportive Attitudes Survey (RSAS)</i> (Burt, 1980) labeled the General Behavior Attitudes survey for the purpose of the study (total of 36 items). Consists of 4 dependent measures: <i>Adversarial Sexual Beliefs Scale (ASB)</i> consists of 9-items such as “Men are out for only one thing” and “A lot of women seem to get pleasure in putting men down”; <i>Sexual Conservatism Scale (SC)</i> consists of 10 items such as “People should not have oral sex” and “A woman shouldn’t give in sexually to a man too easily or he’ll think she’s loose”; <i>Acceptance of Interpersonal Violence Scale (AIV)</i> consists of 6 items such as “Sometimes the only way a man can get a cold woman turned on is to use force”; <i>Rape Myth Acceptance Scale (RMA)</i> consists of 11 items such as “Any healthy woman can successfully resist a rapist if she really wants to” and “Women who get raped while hitchhiking get what they deserve.”</p> <p><b>Time Points of Measurement:</b> pretest, post-test</p> <p><b><u>Victimization:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Perpetration:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Other Measures:</u></b>            Satisfaction measure - evaluated the lecture they heard and the subsequent discussion experienced; Likert-scale</p> <p><b>Time Points of Measurement:</b>            post-test</p>	<p><b><u>Primary Measures:</u></b></p> <p><b>Knowledge and Attitudes:</b>            At pretest, the Greek group score significantly lower on all scales. Greek men and control group men scored similarly on the <i>ASB</i> scale (however, by post-test these scores decreased for Greek men). (Note: decrease in scores is desirable.)            Greek women scored significantly lower than Greek men on three of the four <i>RSAS</i> scales. Both men and women scored similarly on the pretest <i>SC</i> scale.</p> <p>At post-test, sorority women’s scores on the <i>ASB</i> scale were significantly lower. Men’s scores lowered as well, but not as “dramatically”.</p> <p>Greek students in this study registered more desirable scores than a control group on the rape supportive attitudes measure. “Whether more desirable attitudes are due to social maturation, to a more enlightened campus responding to preventive education efforts over the 2 year period assessed here, or due to membership in a Greek organization, cannot be determined from this study.” However fraternity men continue to hold significantly more negative attitudes than do their sorority women counterparts. Neither the men nor the women, with but one exception, made any noticeable changes of attitudes. Absolutely no change occurred in the rape myth scale or those scales measuring sexual conservatism and endorsing interpersonal violence (for men and women).</p> <p>There is some encouragement in the change registered in the <i>ASB</i> scale.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b><u>Other Measures:</u></b>            24% of fraternity members rated lecture as very good or excellent; 4% rated as very poor            39% of fraternity members rated the joint discussion as</p>	<p><b><u>Quality Score:</u></b>            Total: 40/85 (47%)            Description: 14/25 (56%)            Design: 26/60 (43%)</p> <p><b><u>Major Strengths:</u></b>  <b>Study:</b>            - Large sample size            - Eliminated those students who were in the control group who later became part of a fraternity or sorority. In addition, those who participated in the control group intervention and later joined a sorority or fraternity selected for the intervention were eliminated from analysis</p> <p><b><u>Major Weaknesses:</u></b>  <b>Study:</b>            - Sample sizes were inconsistently reported; difficult to determine exact sample size            - Poor attrition            - Validity of measures not discussed            - Doesn’t present post-test between group (control and intervention) differences. Presents differences in discussion, but does not do so in results</p> <p><b>Article:</b>            - Results section is brief: only examines pretest differences and post-test differences on scales            - Conclusions in results sections differ from the discussion section, i.e., rape myth and AIV scales</p>

Measures	Results	Study Quality
	<p>very good or excellent.; 29% rated as very poor                      78% of sorority members rated lecture as very good or excellent; 4% rated as very poor                      61% of sorority members rated the joint discussion as very good or excellent; 10% rated as very poor</p> <p><b>Attendance/Treatment Completion:</b> Attendance at discussion was mandatory; attendance at follow-up test was not</p> <p><b>Other:</b></p>	

**Author/s:** Lonsway and Kothari

**Year:** 2000

**Title:** First Year Campus Acquaintance Rape Education: Evaluating the Impact of a Mandatory Intervention

**Article Number:** 032

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> a large Midwestern university</p> <p><b>Study Eligibility Criteria:</b> Incoming undergraduates</p> <p>First-year students enrolled in introductory psychology classes were recruited to voluntarily take part in the study (some of which had already attended the FYCARE workshop and other whom had not). An additional portion of the sample was recruited directly through their participation in the FYCARE workshop. The workshop is mandatory for all first year students at the university, however all participants were informed that their participation in the study was both voluntary and anonymous.</p> <p>Phone interviewees were either part of the introductory psychology class sample or randomly selected first year students who were contacted before they were scheduled to attend their FYCARE workshop and asked to take part in the study.</p> <p><b>Population Type:</b> college students</p> <p><b>Population Characteristics:</b> (groups 1, 2, and 3 only)</p> <p><b>Age:</b> 17 (10.5%); 18 (80.6%); 19 (8.9%)</p> <p><b>Sex:</b> 102 male (53%); 89 female(47%)</p> <p><b>Education:</b> 1<sup>st</sup> year college students</p> <p><b>Race/Ethnicity:</b></p> <ul style="list-style-type: none"> <li>European American/White 72.6%</li> <li>African American/Black: 10%</li> <li>Asian American 7.4%</li> <li>Latina/Latino 4.7%</li> <li>Pacific Islander .5%</li> <li>Other 4.7%</li> </ul>	<p><b>Study Design:</b> Non-equivalent comparison group design</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b></p> <p>Group 1: students participating in FYCARE; N=48</p> <p>Group 2: Introductory psychology students who had participated in FYCARE; N=76</p> <p>Group 4: first-year students who were contacted to participate in a follow-up telephone survey. N=93 students (34 male, 45 female, and 14 for whom gender was not recorded). All of the students had attended FYCARE by the time they were contacted for the phone survey. Sample include students from the introductory psychology sample (group 2).</p> <p><b>Comparison Group Type(s):</b></p> <p>Group 3: Introductory psychology students who had NOT yet attended their scheduled FYCARE workshop; N=67</p> <p>Group 5: 77 randomly selected first-year students (36 male and 41 female) who were contacted before they were scheduled to attend their FYCARE workshop. They were not involved in the questionnaire administration phase of the study.</p> <hr/> <p><b>Questionnaires:</b> 124 total participating first-year students (Group 1 and Group 2) that had attended the FYCARE workshop prior to completing the questionnaires (76 were assessed in the introductory psychology course and 48 students were assessed immediately following the workshop). Participants were offered partial fulfillment of a course requirement in exchange for participation in the study.</p>	<p><b>Setting:</b> on campus (nothing more specific provided)</p> <p><b>Duration:</b> one session - approximately 2 hours in length - divided into 3 segments: 1<sup>st</sup> - approx. 35 minutes; 2<sup>nd</sup> - 45 minutes; 3<sup>rd</sup> - 40 minutes</p> <p>During the fall semester of 1996, 162 FYCARE workshops were implemented on campus</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> lecture and discussion, interactive participation and use of media presentation</p> <p><b>Incentives:</b> Partial fulfillment of a course requirement was given in exchange for participation.</p> <p><b>Curriculum/Content:</b> First Year Campus Acquaintance Rape Education (FYCARE) (Office of Women's Programs, University of Illinois)</p> <p>Has 3 distinct segments:</p> <ol style="list-style-type: none"> <li>1- Includes discussion of statistics and the state law pertaining to criminal sexual assault, followed by a brief video "Playing the Game," which depicts an acquaintance rape scenario from the perspective of both the victim and perpetrator.</li> <li>2 - Participants are separated into single-sex groups. Females discuss vulnerability factors, victim blame, safety measures, and escape strategies using concrete exercises and scenarios to lead their discussion. Men participate in an exercise designed to spark discussion around the issue of consent, and they share strategies for intervention in an ambiguous date rape scenario involving friends or roommates.</li> <li>3 - Single sex groups reconvene to address strategies for ending sexual violence, campus services for sexual assault, and how to be supportive of a survivor.</li> </ol> <p><b>Program Goals:</b> heighten student awareness of rape and relevant campus services; provide female participants with</p>

Population and Setting	Study Design and Sample	Intervention
<p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p> <p><b>groups 1, 2, and 3 only:</b> At the time of questionnaire administration, 23.8% of the students reported having participated in some form of rape education other than the FYCARE program.</p> <p><b>groups 4 and 5:</b> 20.6% [of the 170] students interviewed by telephone indicated that they had been previously involved in some form of rape education other than FYCARE. Only 3.7% indicated that they had ever been personally involved in any rape prevention efforts other than educational workshops.</p>	<p><u>Telephone interview:</u> 93 students (Group 4) from the psychology class sample that had attended the workshop prior to the phone interview (34 male, 45 female, 14 no gender recorded)</p> <p><u>Questionnaires:</u> 67 participating first-year students (Group 3) enrolled the introductory psychology course that had not yet attended the workshop. Participants were offered partial fulfillment of a course requirement in exchange for participation in the study.</p> <p><u>Telephone interview:</u> 77 randomly selected first-year students (36 male, 41 female) (Group 5) that were contacted before they were scheduled to attend their FYCARE workshop.</p> <p><b>Sampling Frame Size:</b> Not reported; however, 85% of all first-year students are enrolled in the intro psychology course used to obtain the study sample, the sampling is roughly representative of the university population. About 85% of all first-year students participate in the mandatory workshop.</p> <p><b>Baseline Sample Size (and Participation Rate):</b>  <u>Questionnaires:</u> (Groups 1, 2, and 3) N=191</p> <p><u>Telephone interviews:</u> (Groups 4 and 5) 170 total</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>            Groups 1, 2, 3            Post-test:            - 0 to 3 weeks after workshop attendance: 40% of participants            - 3 to 7 weeks after workshop attendance: 60% of participants            Participation rate not available because only reported on those who completed pre- and post-test.</p> <p>Phone survey respondents:            participation rate: not available because only reported on those who were contacted</p>	<p>information regarding safety measures and escape strategies to deter sexual victimization; challenge rape myths/common perceptions and attitudes thought to be rape-supportive; increase students' personal responsibility for stopping rape both in their own lives as well as those of their peers.</p> <p>Respondents that completed the questionnaire immediately after the workshop were provided with a written and verbal debriefing that described the true nature of the study and information on campus and community resources. Participants that participated in the telephone interview after having attended the workshop were provided with a short debriefing that described the nature of the study following the telephone interview.</p> <p>Psychology class participants were not told of the true nature of the study but were instead told that the researchers were interested in studying the process of decision-making in student discipline cases. The nature of the study was not masked for the participants recruited directly through their workshop.</p> <p><b>Program Implementer:</b> workshops were facilitated by approximately 50 peer educators, consisting of both graduate and undergraduate students whom had been previously trained in a semester-long course designed expressly for that purpose</p> <p>Two female and two male facilitators implemented 162 workshops</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>

Population and Setting	Study Design and Sample	Intervention
	<p>Post-test:                      - 4 to 6 months for those who had participated in the FYCARE program                      - no follow-up for phone survey respondents since they did not complete questionnaire phase of the study and had not yet completed FYCARE</p> <p>-----</p> <p>93 (out of 143) participants from the intro psychology course sample were contacted to participate in a follow-up telephone interview during the spring semester of 1998. All had attended the workshop by the time they were called, 4-6 months following their participation in the workshop. Five respondents guessed the connection between the questionnaire administration and the telephone survey were dropped from subsequent analyses. <u>Participation rate:</u> 65% (93/143) not including surveys discarded due to study identification)</p> <p>77 randomly selected first-year students were contacted for the follow-up telephone interview before they were scheduled to attend their workshop.</p> <p><b><u>Time Points of Data Collection:</u></b> Questionnaires were administered during the fall semester of 1996. The participants that were recruited through the psychology course that had already participated in the workshop, completed the questionnaires either 0-3 weeks (40%) or 3-7 weeks (60%) following the workshop. The participants recruited directly through their workshop completed the questionnaires immediately following the workshop, during the same time of the semester.</p> <p>The participants that were recruited through the psychology course that had not attended the FYCARE workshop completed the questionnaires pre intervention.</p> <p>Telephone interviewees that were part of the psychology class sample were contacted during the Spring semester of 1998, which was 4-6 months following their participation in the workshop. The randomly-selected participants that were interviewed by phone prior to attending the workshop were assessed during the following academic year, in the fall of 1997.</p>	

Population and Setting	Study Design and Sample	Intervention
	<p><b><u>Methods/Setting of Data Collection:</u></b>                      For the psychology class participants, research materials were provided in a mixed-sex, classroom setting and facilitated by two female experimenters selected based on their experience and training with victimization issues. Questionnaires took approximately 55 minutes to complete.</p> <p>The participants recruited directly through their workshop were only provided the questionnaire pertaining to sexual misconduct (the case judgments), which took approximately 10 minutes to complete.</p> <p>Telephone survey interviewees were called at home. The telephone survey took approximately 5 minutes to complete.</p>	

Measures	Results	Study Quality
<p><b><u>Knowledge:</u></b> <i>Knowledge regarding sexual assault</i>                      Seven multiple choice questions were adapted from the training goals of the workshop; Correct responses were summed to create a possible knowledge score of 0 to 7. Used to assess knowledge of sexual assault victimization and response; questions focused on the issues of statistics, the legal definition of sexual assault, and campus services.</p> <p><b><u>Time Points of Measurement:</u></b> pre (for non-workshop participants) and post (for students already having completed the FYCARE workshop)</p> <p><b><u>Attitudes:</u></b> <i>Illinois Rape Myth Acceptance Scale (RMA) (short form)</i> (Payne, Lonsway, and Fitzgerald, 1999) to assess the construct of rape myths: “attitudes and beliefs that are generally false yet widely and persistently held, and that serve to deny and justify male sexual aggression against women.”</p>	<p><b><u>Primary Measures:</u></b>  <b><u>Knowledge and Attitudes:</u></b>  <i>RM4:</i> Program impact. Across the three experimental groups (Groups 1, 2, and 3), a significant effect (one-way analysis) for rape myth acceptance was found (<math>p &lt; .02</math>). Significant effects (multivariate analysis) for judgments of victim credibility in the hypothetical rape case, (<math>p &lt; .01</math>) and the degree of blame attributed to the hypothetical victim (<math>p &lt; .03</math>). In each case, the effect was due to the difference between students who had not yet participated in the workshop and those that were assessed immediately following the workshop. For judgments of victim credibility, an additional difference was found between workshop participants and non-participants sampled through the psychology class.</p> <p><b><u>Knowledge:</u></b> only the level of sexual assault knowledge exhibited a different pattern of group difference (Groups 1, 2, and 3) with one-way analysis of variance (<math>p &lt; .01</math>):</p>	<p><b><u>Quality Score:</u></b>                      Total: 53/85 (62%)                      Description: 19/25 (76%)                      Design: 34/60 (57%)</p> <p><b><u>Major Strengths:</u></b>  <b><u>Study:</u></b>                      - assessed behavioral intentions</p> <p><b><u>Author reported:</u></b>                      - intervention participation and study participation were separate                      - assessed repeated exposure to programs other than FYCARE                      - used implicit program goals to design outcome variables to assess them</p> <p><b><u>Major Weaknesses:</u></b>  <b><u>Study:</u></b></p>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b> pre (for non-workshop participants) and post (for students already having completed the FYCARE workshop)</p> <p><i>Case Judgments</i> ( students were asked to read a typical campus rape scenario involving two student s who meet to study; after drinking and “fooling around on the couch,” the male student in the scenario is described as becoming aggressive and sexually assaulting the female student)</p> <p><i>Victim Evaluation Questionnaire</i> originally developed (Wyer, Bodenhausen, and Gorman, 1985) and revised (Naber, 1991) - students were asked to complete questionnaire after reading scenario: 17 items to assess (a) perceived harm done to the victim, (b) victim credibility, (c) victim blame, and (d) seriousness/criminality of the act</p> <p><b>Time Points of Measurement:</b> pre (for non-workshop participants) and post (for students already having completed the FYCARE workshop)</p> <p><b><u>Behavioral Intentions:</u></b></p> <p><i>Telephone Interview</i> - Developed based on similar script used by Heppner, Humphrey et al (1995). Two questions recorded on a yes/no scale: ‘Would you be willing to support a student fee increase for rape prevention efforts on campus?’ ‘Would you be willing to volunteer “a couple of hours a month” to the new program if implemented?’. Also included a series of questions about their previous involvement with rape education and rape prevention activities. (Additional questions were asked for which results were not presented - see note 7.)</p> <p><b>Time Points of Measurement:</b> post/follow-up (for the respondents that had attended the workshop prior to the phone survey/some of which that may have attended the workshop prior to the questionnaire administration) and pre (for the respondents that had not attended the workshop prior to the phone survey).</p>	<p>knowledge levels compared across the three groups revealed that the effect was due to the difference between students who had not yet participated in FYCARE versus both the other groups.</p> <p>Overall, the results from the questionnaire administration suggest that a positive impact of FYCARE was evident, but that it was primarily seen in the immediate post-workshop assessment. Only the increase in sexual assault knowledge was found in the unrelated context of introductory psychology.</p> <p><i>Related exposure to rape education</i> (Questionnaires) to explore the cumulative impact of repeated exposure to multiple rape education programs, a variable was created to ascertain whether students had been involved FYCARE and/or some previous program.</p> <p>In comparison with students involved only in FYCARE, individuals who participated in two educational programs viewed the victim in a hypothetical rape incident as more credible (<math>p &lt; .02</math>) and less responsible (<math>p &lt; .03</math>), and they judged the event to be more serious (<math>p &lt; .05</math>). However, participation in FYCARE and additional rape education programs were statistically related: self-selection thus remains an alternative explanation for this pattern of findings in the questionnaire administration.</p> <p><i>Behavioral Intentions (and/or Attitudes):</i></p> <p><u>Telephone survey:</u> compared responses between Groups 4 and 5. The majority (90.5%) of respondents indicated a willingness to support a student fee increase to support rape prevention efforts. There was a significant difference between the groups (chi-square, <math>p &lt; .01</math>): 95.6% of those that had participated in the workshop prior to the survey and 85.4% who had not that had not - indicated a willingness to support a student fee increase.</p> <p>No significant differences were found between the workshop participants and those that had not participated regarding the question of whether they’d help out with a program that might be implemented (overall, 69.5%</p>	<p>- the 77 students that were randomly selected to take part in the telephone survey before they had attended the workshop that were not involved in the questionnaire administration phase of the study raises a potential confound whose impact cannot be determined from the study present design. (Author comment)</p> <p><u>Author reported:</u></p> <ul style="list-style-type: none"> <li>- study focused on issues of methodology and design rather than program content</li> <li>- did not address the effect of program participation on behavioral sexual aggression (therefore, is unable to assess whether the FYCARE program has any appreciable effect on reducing sexually aggressive behavior, or the experience of sexual victimization among program participants.</li> <li>- possible social desirability from using telephone survey questions to assess behavioral outcomes.</li> </ul>

Measures	Results	Study Quality
<p><b>Victimization:</b> Not reported</p> <p><b>Perpetration:</b> Not reported</p> <p><b>Other Measures:</b> Demographic and background information including gender, racial/ethnic identification, personal acquaintance with a rape survivor, participation in FYCARE, participation in other rape education programs, and participation in programs addressing sexual orientation.</p> <p><b>Time Points of Measurement:</b> administered with the questionnaires</p>	<p>responded ‘yes’; 72.4% workshop; 66.2% non-participants).</p> <p><u>Program impact at follow-up</u> simple t-test was conducted with the summed dependent variable from the telephone survey: a difference was found between workshop participants and non-participants (Groups 4 and 5)(<math>p &lt; .04</math>) with a modest effect size (.32), suggesting that participation in the program only somewhat increased the support demonstrated for rape prevention efforts.</p> <p><u>Repeated exposure to rape education</u> (Telephone survey responses) compared responses between Groups 4 and 5. Students that were exposed to both programs were more likely to support rape prevention than students that had not participated in a program at all (<math>p &lt; .03</math>). There was no significant difference between students that only participated in FYCARE versus students that were exposed to both FYCARE and some additional rape prevention program.</p> <p><b>Other Measures:</b> <u>Variables moderating program impact</u> (Questionnaires) No interaction effects were found with program participation and any of the demographic/ background characteristics. Only direct relationships were found between such background characteristics and experimental variables. For example, simple t-tests revealed that women were generally more rejecting of rape myths (<math>p &lt; .01</math>) and viewed the hypothetical rape scenario as more serious/criminal/ (<math>p &lt; .01</math>) and more harmful (<math>p &lt; .01</math>) than did their male counterparts. Women described the victim as more credible (<math>p &lt; .01</math>), but they also characterized the victim as relatively more responsible than did their male counterparts (<math>p &lt; .01</math>).</p> <p>Only one variable showed an effect with regard to racial/ethnic identification: White students described the victim in the scenario as relatively more responsible than did their non-White minority peers (<math>p &lt; .02</math>). Students with personal acquaintance with rape survivor viewed the scenario as more serious/criminal than their peers without such acquaintance (<math>p &lt; .04</math>). And students that had</p>	

Measures	Results	Study Quality
	<p>previously participated in a rape education program reported greater rejection of cultural rape myths than their counterparts without such prior involvement (<math>p &lt; .01</math>) and also viewed the victim in the scenario as more credible (<math>p &lt; .03</math>), more harmed (<math>p &lt; .03</math>), less responsible (<math>p &lt; .01</math>), and the event as more serious/criminal than did student without prior education (<math>p &lt; .03</math>). Although these demographic characteristics were directly related to responses, none seemed to exert a moderating influence on FYCARE program participation as hypothesized.</p> <p><u>Other related results not included in this study:</u> The university's Office of Women's Programs recorded at least a 100% increase in service use following the implementation of FYCARE. The university police department reported increase in the number of reported sexual assaults.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

<b>Author/s:</b> Lonsway, Klaw, Berg, Waldo, Kothari, Mazurek, and Hegman <b>Title:</b> Beyond “No means No”: Outcomes of an Intensive Program to Train Peer Facilitators for Campus Acquaintance Rape Education		<b>Year:</b> 1998 <b>Article Number:</b> 033
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Large Midwestern university</p> <p><b>Study Eligibility Criteria:</b> Not reported</p> <p><b>Population Type:</b> College</p> <p><b>Population Characteristics:</b>  <b>Age:</b> Intervention: m=20.64                      Comparison: m=19.59</p> <p><b>Sex:</b> Intervention: Males = 28% (n = 21)                      Females = 68% (n = 53)                      Comparison: Males = 40% (n = 38)                      Females = 60% (n = 58)</p> <p><b>Education:</b> undergraduates                      Intervention: 12% freshman; 4% sophomores; 24% 3<sup>rd</sup> year; 55% 4<sup>th</sup> year; 4% 5<sup>th</sup> year or more.                      Comparison: 21% 1<sup>st</sup> year; 39% 2<sup>nd</sup> year; 8% 3<sup>rd</sup> year; 24% 4<sup>th</sup> year; 8% 5<sup>th</sup> year or more.</p> <p><b>Race/Ethnicity:</b> Not reported so as not to compromise anonymity, however the demographics of both experimental and comparison classes generally appeared to represent those of the university in that the vast majority were White/European American</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> 17% women in CARE reported experiences that meet the legal definition of sexual assault; An additional 6% reported experiences of attempted rape. 62% of men and 51% of women reported knowing someone who had been victimized by sexual assault.</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p><b>Study Design:</b> Non-equivalent comparison</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> 74 undergraduates enrolled in the CARE class</p> <p><b>Comparison Group Type(s):</b> 96 undergraduates; participated in a semester long human sexuality course. Content areas included: communication, sexual behavior, birth control, abortion, pregnancy and childbirth, premarital sex, ethics, homosexuality, marriage, parenting, sexual health, coercive sex, and sexual assault. Near the end of the semester, CARE program facilitators conducted a 1-hour rape education workshop to address topics related to coercive sex and sexual assault(post-test was administered prior to this workshop).</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 170                      Intervention: 74                      Comparison: 96</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>                      At Follow-Up:                      Intervention: 43% (n=32/74)                      Comparison: 35% (n=34/60 that received follow-up questionnaire)                      Total: 39% (n=66)</p> <p><b>Time Points of Data Collection:</b>                      Pretest: prior to intervention (at the beginning of their course participation on the first day of class)                      Post-test: immediately after (last day of class)                      Follow-up: 2 years later</p>	<p><b>Setting:</b> Classroom</p> <p><b>Duration:</b> Twice a week for 90 minutes for 1 semester. Spans a period of 3-4 months                      Intervention and comparison class were of equivalent duration</p> <p><b>Theory/Model:</b> feminist framework</p> <p><b>Delivery Mode:</b> Discussion-based group</p> <p><b>Curriculum/Content:</b> Campus Rape Awareness Education (CARE). Comprehensive university course that trains undergraduates to facilitate rape education peer workshops for peers in campus settings; Incorporates many aspects of rape education that are commonly associated with desirable attitudinal change, including “debunking rape mythology through a feminist framework, generating participant interaction, providing sexuality education, and avoiding confrontational approaches.                      Objectives: (a) to explore societal foundations that make acquaintance rape a reality; (b) increase understanding of oppression and how it relates to sexual assault/abuse; (c) take a personal inventory of contributions to the rape culture and explore alternative ways to behave; (d) become familiar with the facts about sexual victimization and confront rape myths in our culture; (e) gain an understanding about the dynamics of rape trauma syndrome and campus/community resources for survivors and significant others; (f) create a sense of commitment to the CARE program and foster team building and cooperation; (g) acquire facilitation skills necessary to provide workshops and other presentations on acquaintance rape to other students; (h) enhance self-confidence in public speaking situations; and (i) build leadership skills.</p> <p><b>Program Implementer:</b> Program coordinator (academic professional and staff member) facilitates instruction,</p>

Population and Setting	Study Design and Sample	Intervention
<p><b>Perpetration:</b> None of the men in CARE reported having perpetrated behaviors that meet the legal definition of rape or attempted rape.</p>	<p>Study participants were involved in CARE in the fall semester of 1993 or the spring of 1994.</p> <p><b>Methods/Setting of Data Collection:</b> Classroom; Pretest attitudinal assessments presented in workbook format; video scenarios were presented to intervention group in a same sex environment and respondents were asked to provide written responses. Follow-up consisted of attitudinal measures administered via anonymous mail survey (administered by university administration to assess the attitudes of current and former undergraduates toward controversial social issues; experimental measures were embedded among questions regarding race relations and sexual orientation) that was mailed 2 times to increase response rate. Phone interviews with several participants suggested that none perceived any link between the follow-up survey and prior evaluation.</p>	<p>along with undergraduate and graduate teaching assistants. Class was offered through the university's Department of Community Health and students are awarded 3 hours of pass/fail credit on completion.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b> Not reported</p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> <i>Illinois Rape Myth Acceptance Scale</i> - 45 items assessing the acceptance of rape myths (Payne, Lonsway, and Fitzgerald, 1993). Responses are provided on 7-point Likert scale.</p> <p><b>Time Points of Measurement:</b> pre, post, and follow-up assessments</p> <p><b>Attitudes:</b> <i>Adversarial Heterosexual Beliefs Scale</i> - 15 items assessing beliefs about heterosexual relationships, working relationships between the sexes, platonic friendships, and societal structure (developed by Lonsway and Fitzgerald, 1995 to reflect Burt's (1980) definition of the construct of adversarial sexual beliefs). Responses provided on 7-point Likert scale</p> <p><i>Attitudes Toward Feminism Scale</i> - 10 items assessing support for feminist ideals and endeavors including one</p>	<p><b>Primary Measures:</b> Pre-post differences in the expected positive direction were seen on all three quantitative measures for intervention group.</p> <p><b>Knowledge:</b> <i>Illinois Rape Myth Acceptance Scale</i> At pretest, intervention and comparison students did not provide responses that were significantly different. Postcourse</p> <ul style="list-style-type: none"> <li>Change in CARE classes: After class participation (post-test), students report less acceptance of cultural rape myths, <math>F(1,41) = 4.20, p &lt; .01</math>. Comparison of CARE and human sexuality: After class participation (post-test), students in the CARE course reported support for cultural rape myths than those in the sex education course, <math>F(1,90) = 46.27, p &lt; .01</math></li> </ul> <p>Followup:</p> <ul style="list-style-type: none"> <li>Significant class differences remained after 2 years (only for this scale), indicating that students in CARE</li> </ul>	<p><b>Quality Score:</b> Total: 53/85 (62%) Description: 20/25 (80%) Design: 33/60 (55%)</p> <p><b>Major Strengths:</b> <b>Study:</b></p> <ul style="list-style-type: none"> <li>Long-term follow-up (2 years).</li> <li>Eliminated all components of sexual violence from comparison intervention to illuminate differences between rape prevention-specific education and human sexuality education in rape prevention efforts.</li> <li>Outcome evaluation focused on several ideological variables that have been theorized to be rape supportive (beyond rape myth acceptance).</li> <li>Examination of behavioral intention was used</li> </ul> <p><b>Article:</b></p>

Measures	Results	Study Quality
<p>item that taps subjective identification with the movement (Fassinger, 1984). Responses are scored on 7-point Likert scale</p> <p><b>Time Points of Measurement:</b> pre, post, and follow-up assessments.</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b>  <i>Qualitative assessment</i> (developed by Schneebaum and Fitzgerald - Reference not provided)            CARE students responded to a variety of videotaped scenes portraying a heterosexual couple involved in conflict with varying levels of sexual coercion by the male. Men and women are instructed to respond based on their sex: Men respond as if they were involved in the interaction with the desire to have sex with the female character; women respond as if they were involved in the interaction and did not intend to have sex. At various points, the action in the film is stopped, and viewers are asked what they would say and do at that point in the interaction and written responses are recorded. (Not administered to comparison group)            CARE students responded to 2 scenarios at pretest and 2 different scenarios at post-test; These four videos were counterbalanced for a short- versus long-term relationship and verbal versus physical coercion.</p> <p><b>Time Points of Measurement:</b> pre- and post-test</p>	<p>class reported less accepting of cultural rape myths that those in human sexuality course - even after an interval of 2 years had passed.</p> <p><b>Attitudes:</b>  <i>Adversarial Heterosexual Beliefs Scale</i>            At pretest, intervention and comparison students did not provide responses that were significantly different.            Postcourse</p> <ul style="list-style-type: none"> <li>Change in CARE classes: After class participation (post-test), students report less endorsement of adversarial sexual beliefs, <math>F(1, 41) = 5.35, p = .00</math>.</li> </ul> <p>Comparison of CARE and human sexuality: After class participation (post-test), students report, respondents in the CARE course report less endorsement of adversarial sexual beliefs than those in the sex education course <math>F(1,90) = 6.98, p &lt; .01</math></p> <p>Followup:</p> <ul style="list-style-type: none"> <li>Significant class differences did <u>not</u> remain after 2 years.</li> </ul> <p><i>Attitudes Toward Feminism Scale</i>            Prior to class participation, CARE students reported more supportive attitudes toward the feminist movement than did human sexuality students, <math>F(1,97) = 7.35, p = .01</math>.</p> <p>Postcourse:</p> <ul style="list-style-type: none"> <li>Change in CARE classes: After class participation (post-test), students report more support for the feminist movement, <math>F(1, 41) = 16.67, p &lt; .01</math>.</li> <li>Comparison of CARE and human sexuality: After class participation (post-test), students in the CARE class reported more support for the feminist movement than the sex education course, <math>F(1,90) = 22.53, p &lt; .01</math>.</li> </ul> <p>Follow-up:</p> <ul style="list-style-type: none"> <li>Significant class differences did <u>not</u> remain after 2 years.</li> </ul> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> <i>Qualitative assessment:</i></p>	<ul style="list-style-type: none"> <li>Detailed description of methodology/procedures.</li> <li>Acknowledges limitations of the study</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>Based on White, middle class model of acquaintance rape education</li> <li>Does not address same sex, group, and other types of assault</li> <li>Small sample size</li> <li>Many more females than male participants</li> <li>Unable to assess a matched sample at the time points of questionnaire administration, therefore restricting analysis to examination of univariate group comparisons at each point of assessment for the comparison group</li> <li>Perception that the rape scenarios were not realistic</li> <li>Limitations to use of qualitative assessment data</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>Sampling frame and inclusion criteria/study eligibility not included</li> <li>It is what time period victimization and perpetration assessments were done (assumed pretest - since measure was not included in outcome study assessment)</li> </ul>

Measures	Results	Study Quality
	<p>Female respondents responses to sexual advances of men characters were categorized in 6 ways: (1) direct verbal resistance, (2) direct verbal resistance, (3) indirect physical resistance, (4) indirect verbal resistance, (5) monitoring their own internal reactions, and (6) becoming more sexually involved.</p> <p>Pre-course: most common strategy was to directly resist male’s advances using either physical or verbal strategies</p> <p>Post-course assessment:</p> <ul style="list-style-type: none"> <li>• After the course, women were significantly less likely to report using strategies of indirect verbal resistance, <math>X^2(1) = 14.55, p &lt; .01</math>; indirect physical resistance, <math>X^2(1) = 15.77, p &lt; .01</math>; and internal monitoring, <math>X^2(1) = 6.81, p &lt; .01</math>.</li> <li>• Women reported more responses of direct verbal resistance after the CARE course than they had before, <math>X^2(1) = 68.40, p &lt; .01</math>.</li> <li>• Only the use of direct physical coping responses remained unchanged after participation in CARE.</li> <li>• Following CARE, the quality of women’s responses appeared to take on a different quality, remaining assertive but more proactive, setting boundaries for what they thought was and was not acceptable behavior.</li> </ul> <p>Insufficient number of responses from men to warrant conclusions (only quality of responses were examined).</p> <p>Male respondents responses to female character’s refusal of sexual advances were characterized in 3 ways: (1) stopping physical activity, (2) persisting in his pursuit of sex, and (3) becoming more involved in open expression/ communication.</p> <p>Post-course assessment:</p> <ul style="list-style-type: none"> <li>• Appeared as if quality of men’s responses in 3<sup>rd</sup> category changed, moving beyond complimenting to concern for the female character’s feelings, thoughts and desire (demonstrating taking on greater responsibility and engaging in more open communication).</li> </ul> <p>(There is evidence that men were simply “writing the script” rather than providing their true behavioral intentions.)</p>	

Measures	Results	Study Quality
	<p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	
<p><b>Author/s:</b> Macgowan <span style="float: right;"><b>Year:</b> 1997</span>  <b>Title:</b> An Evaluation of a Dating Violence Prevention Program for Middle School Students <span style="float: right;"><b>Article Number:</b> 034</span></p>		
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Opa-Locka, a city in northwest Metropolitan Dade County (Miami), Florida</p> <p><b>Study Eligibility Criteria:</b> Middle school students (6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> grades) who</p> <ol style="list-style-type: none"> <li>1. did not have a learning disability;</li> <li>2. had passive parental consent.</li> </ol> <p><b>Population Type:</b> middle-school students</p> <p><b>Population Characteristics:</b> Reflects the 440 students who completed post-test:</p> <p><b>Age:</b> range from 11 to 16 years; X=12.6</p> <p><b>Sex:</b> 247 females - 56.1% 193 males - 43.9%</p> <p><b>Education:</b> 6<sup>th</sup> graders: 149 - 33.9% 7<sup>th</sup> graders: 155 - 35.2% 8<sup>th</sup> graders: 130 - 30.9%</p> <p><b>Race/Ethnicity:</b> provided for the school but <i>NOT</i> the resulting sample: Black, non-Hispanic: 72.3% Hispanic: 18% White 8.3% Asian American/Native Amer 1.3%</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p>	<p><b>Study Design:</b> Experimental</p> <p><b>Author-reported:</b> Pretest, post-test wait-list control group design</p> <p><b>Intervention Group Type(s):</b> Intact classes were assigned to either the treatment or control group. A matching design with randomization was constructed to promote comparability of the treatment and control groups.</p> <p>Students exposed to curriculum</p> <p><b>Comparison Group Type(s):</b> Intact classes were assigned to either the treatment or control group. A matching design with randomization was constructed to promote comparability of the treatment and control groups.</p> <p>Students not exposed to curriculum</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> N=802</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 440/802 = 55% (were only included in the analysis because they completed at least 19 out of 22 items of both the pretest and post-test items and attended at least 4 out of the 5 sessions).</p> <p><b>Time Points of Data Collection:</b></p>	<p><b>Setting:</b> Classrooms</p> <p><b>Duration:</b> Five, 1-hour programs implemented over 5 days.</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> teacher-student discussions and experiential exercises.</p> <p><b>Curriculum/Content:</b> Program was designed by Domestic Violence Interventions Services of Tulsa, OK (Kraizer and Larson, 1993). The first session included a discussion about violence in society and in relationships, and the role of self-esteem in interpersonal violence. The second session was focused on recognizing physical, sexual and emotional abuse. In session 3, the role of power and control in abusive relationships was discussed. The fourth lesson was focused on the characteristics of strong and weak relationships, and on how to build relationships based on mutuality, dignity, and self-worth. The last session involved developing communication and problem-solving skills, and identifying resources for getting help in abuse relationships.</p> <p>Another component of the program involved a parent orientation coordinated by the local parent teacher association approximately 1 week prior to program implementation. The purpose was to explain the program to parents, encouraging them to discuss assigned homework with their children, and to identify community resources for additional support. (No other information, such as attendance, was provided)</p>

Population and Setting	Study Design and Sample	Intervention
<p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p>Pretest: One-day before program was initiated Post-test: Monday after the program ended</p> <p><b>Methods/Setting of Data Collection:</b> The pretest was administered on a Friday preceding the intervention and the post-test was administered the Monday after the program ended.</p>	<p><b>Program Implementer:</b> Teachers who were provided a 3-hour teacher training program led by the first author of the curriculum.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Attendance at sessions</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b> To ensure that the curriculum was being followed, teachers were provided a daily checklist as a reminder of the day's material. An examination of these checklists after intervention indicated that the bulk of the curriculum was covered in all classes.</p>

Measures	Results	Study Quality
<p><b>Knowledge and Attitudes:</b> A 22-item questionnaire was developed based on a curriculum (Kraizer and Larson, 1993). Composite measure included items related to knowledge about dating violence, attitudes about nonphysical, physical, and sexual violence, an attitudes about dealing with violence in relationships.</p> <p><b>Time Points of Measurement:</b> pretest and post-test</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> Student ratings of the program were also collected.</p> <p><b>Time Points of Measurement:</b> Post-test</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge and Attitudes:</b> Overall: the evidence suggested that the prevention program contributed to the differences in scores between the treatment and control groups. Did not support gender differences in outcome.</p> <p><b>treatment and control group post-test scores:</b> - significant main effect for condition with the treatment group scoring significantly higher than the control group (<math>p &lt; .001</math>) (two-way ANCOVA) - No main grade effects (two-way ANCOVA) - no level effects - no interaction effects (two-way ANCOVA)</p> <p><b>Within treatment analysis:</b> - no significant differences between genders and grade levels - significant difference between the regular and advanced-level students (<math>p &lt; .001</math>) with the advance students scoring higher than regular students. - male advanced students scores was significantly higher</p>	<p><b>Quality Score:</b> Total: 57/85 (67%) Description: 21/25 (84%) Design: 36/60 (60%)</p> <p><b>Major Strengths:</b> <b>Study:</b> - Examined a school with higher concentration of minorities than previous studies (i.e. African-Americans) - Controlled for significant differences between treatment and control group, such as, grade - Teachers were provided a checklist as a reminder of the day's material. An examination of these checklists after intervention indicated that the bulk of the curriculum was covered in all classes</p> <p><b>Article:</b> Review of previous research in dating violence prevention</p> <p><b>Major Weaknesses:</b> <b>Study:</b> - High attrition - Lack of follow-up</p>

Measures	Results	Study Quality
	<p>than the male regular students scores and the female advanced students scores</p> <ul style="list-style-type: none"> <li>- female advanced students scores were significantly higher than the scores of male regular students.</li> </ul> <p>The male advanced students made the highest and most significant gains within the treatment group.</p> <p>Measures of specific items on the measure: Overall: the students significantly improved on 6 of the 22 items, mostly within the sections on knowledge about relationship violence and attitudes about nonphysical violence.</p> <ul style="list-style-type: none"> <li>- males and females improved on the same number of items but not on the same items.</li> <li>- boys' attitudes improved significantly on attitudes about forced sex.</li> <li>- boy's attitudes about physical/sexual violence were lower than those of girls at both pretest and post-test.</li> </ul> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> Students rated the program in the superior range</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p>- Non-standardized measures</p>

**Author/s:** Pacifici, Stoolmiller, and Nelson

**Year:** 2001

**Title:** Evaluating a Prevention Program for Teenagers on Sexual Coercion: A Differential Effectiveness Approach

**Article Number:** 035

Population and Setting	Study Design and Sample	Intervention																																													
<p><b>Location:</b> Two high schools in a suburb of a midsize city in the Pacific Northwest.</p> <p><b>Study Eligibility Criteria:</b> All students enrolled in health education classes in two high schools</p> <p><b>Population Type:</b> Primarily 10<sup>th</sup> grader students enrolled in health education classes</p> <p><b>Population Characteristics:</b></p> <table border="1" data-bbox="115 584 714 1153"> <thead> <tr> <th></th> <th>Control N=220</th> <th>Intervention N=461</th> </tr> </thead> <tbody> <tr> <td><b>Age:</b></td> <td>X=15.9yrs</td> <td>15.8 (yrs)</td> </tr> <tr> <td><b>Sex:</b></td> <td></td> <td></td> </tr> <tr> <td>    Female</td> <td>51.8%</td> <td>51.9%</td> </tr> <tr> <td>    Male</td> <td>48.2%</td> <td>48.1%</td> </tr> <tr> <td><b>Education:</b></td> <td>X=10.1</td> <td>X=10.1</td> </tr> <tr> <td><b>Race/Ethnicity:</b></td> <td></td> <td></td> </tr> <tr> <td>    Native Amer</td> <td>0</td> <td>1.3%</td> </tr> <tr> <td>    Asian</td> <td>1.8%</td> <td>0</td> </tr> <tr> <td>    Afr Amer</td> <td>1.8</td> <td>0</td> </tr> <tr> <td>    Hispanic</td> <td>2.3</td> <td>2.9</td> </tr> <tr> <td>    PI</td> <td>.9</td> <td>0</td> </tr> <tr> <td>    Caucasian</td> <td>84.0</td> <td>88.0</td> </tr> <tr> <td>    Other</td> <td>.9</td> <td>0</td> </tr> <tr> <td>    Mixed</td> <td>8.7</td> <td>5.0</td> </tr> </tbody> </table> <p><b>Sexually Active:</b> Measured but Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>		Control N=220	Intervention N=461	<b>Age:</b>	X=15.9yrs	15.8 (yrs)	<b>Sex:</b>			Female	51.8%	51.9%	Male	48.2%	48.1%	<b>Education:</b>	X=10.1	X=10.1	<b>Race/Ethnicity:</b>			Native Amer	0	1.3%	Asian	1.8%	0	Afr Amer	1.8	0	Hispanic	2.3	2.9	PI	.9	0	Caucasian	84.0	88.0	Other	.9	0	Mixed	8.7	5.0	<p><b>Study Design:</b> Experimental</p> <p><b>Author-reported:</b> Randomly assigned classes to either the intervention or the control group (students had been randomly assigned to classes by school personnel using computerized registration).</p> <p><b>Intervention Group Type(s):</b> Students who volunteered and consented to participate and were randomly assigned to the intervention group N=239</p> <p><b>Comparison Group Type(s):</b> Students who volunteered and consented to participate and were randomly assigned to the control group N=219 (placed on wait list for the program)</p> <p><b>Sampling Frame Size:</b> 547 students</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 547 = 100%</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 458 students completed both assessments = 458/547 = 84%</p> <p><b>Time Points of Data Collection:</b> Pre-test given class period (two days) before intervention began Post-test - class period (two days) after intervention</p> <p><b>Methods/Setting of Data Collection:</b> The pre- and post intervention questionnaires were administered by means of an interactive computer program developed as part of the curriculum. Students used a mouse rather than a keyboard to enter their responses. Students were sent to the computer lab for the assessments in groups of 10 - the capacity of the computer network used in the study.</p>	<p><b>Setting:</b> Health class in high school; 20 to 25 students per class</p> <p><b>Duration:</b> Three 80-min sessions and an additional period in which students viewed an interactive video story called <i>The Virtual Date</i>. Other video materials comprised about 20 minutes of instructional time per class session.. Took a 10-day period including pre- and post-test</p> <p><b>Theory/Model:</b> Authors based intervention on the research that has established an association between attitudes supportive of sexual coercion and sexually coercive behavior (e.g., Briere and Malamuth, 1983; Malamuth, 1981, 1983; Muehlenhard and Linton, 1987). Also relied on evidence of a causal path from rape-supportive attitudes of sexual aggression toward women (Foshee et al., 1998; Malamuth, Sockloskie, Koss, and Tanaka, 1991).</p> <p><b>Delivery Mode:</b> Class activities integrated the use of video, role play and discussion formats. Overall, the curriculum was participatory, with little information delivered didactically. Video comprised about 20 minutes of each class time.</p> <p>Students were not offered incentives.</p> <p><b>Curriculum/Content:</b> <i>Dating and Sexual Responsibility</i> - A multimedia curriculum on preventing coercive sexual behavior in dating situations. Video materials included dramatized stories, depictions of peer discussion groups, and a series of brief dating scenarios that were used to identify and analyze behavior.</p> <p>The first part of the curriculum, titled "Coercion - What is it?", focused on increasing student awareness of sexual coercion. The second part, titled "Beliefs, Attitudes, and Expectations," explored the underlying thoughts and</p>
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Other	.9	0																																													
Mixed	8.7	5.0																																													

Population and Setting	Study Design and Sample	Intervention
	<p>Students completed a paper- and-pencil version of the background information questionnaire.</p>	<p>feelings that contribute to coercive behavior. The third part, titled “Refusals and Responses”, was based on building positive social skills. The <i>Virtual Date</i> was an interactive video story about a teenage date: two versions of the story were presented: one from a male perspective and one from a female perspective.</p> <p><b>Program Implementer:</b> six experienced health education teachers participated in the study. Each received a detailed instructional guide and attended a 2-hr orientation 2 weeks before the intervention began.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b></p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> <i>Sexual Attitude Survey</i> (Burt, 1980) - consists of four subscales</p> <p>1 - <i>Rape Myth Acceptance (RMA)</i> - included nine items from the original 19. 11 were dropped because they asked respondents to estimate percentages of rape-related events, were judged to be out of date, or did not related to the curriculum. One item on date rape was added.</p> <p>2 - <i>Adversarial Sexual Beliefs (ASB)</i> - included nine items</p> <p>3 - <i>Sex Role Stereotyping (SRS)</i> - included nine items</p> <p>4 - <i>Acceptance of Interpersonal Violence (AIV)</i> - included six items</p> <p><b>Time Points of Measurement:</b> pre- and post-test</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b> Preliminary analyses not presented here (see pages 555 and 556)</p> <p>Preliminary Outcome Analyses: A repeated measures MANOVA was performed: none of the group X time interaction effects, multivariate or univariate, was significant, indicating that the intervention did not have a significant main effect. Did find that for students initially above the mean, intervention students had lower mean postscores than control students. These findings led to:</p> <p>Latent variable model of differential effectiveness: Authors did not include <i>AIV</i> for simplicity (would have needed statistical models to correct censoring).</p>	<p><b>Quality Score:</b></p> <p>Total: 61/85 (72%) Description: 25/25 (100%) Design: 36/60 (60%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b> Designed intervention based on key suggestions by interventionists in the field</p> <ol style="list-style-type: none"> <li>Clearly defined behavior that was being measured</li> <li>Examined findings based on pre-test scores: found differences based on this analysis</li> <li>Random assignment</li> <li>Sophisticated statistical analyses</li> <li>Looked at differences between those who participated and those who did not (found differences)</li> <li>Used computers not paper-and-pencil tests for students responses</li> </ol>

Measures	Results	Study Quality
<p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> Background information questionnaire - basic background information, such as grade, gender, race, and age</p> <p><b>Time Points of Measurement:</b> Pre-test</p>	<p>The three outcome measures were taken as indicators of an underlying latent variable, coercive sexual attitudes (<i>CSA</i>). In summary, teens in the intervention group who were above the prescore mean on <i>CSA</i> improved significantly more than corresponding teens in the control group, and the effect sizes associated with these improvements ranged from small for teens at the prescore mean, to moderate for teens at 1 SD above the prescore mean, to very large for teens at 2 SDs above the prescore mean.</p> <p><b>Summary:</b> the study found that an intervention for high school teenagers was effective in reducing their acceptance of sexual coercion. Benefits were apparent only for those students who initially, were considered relatively more at risk, that is, for those students whose indicators of coercive sexual attitudes were at or above the prescore mean benefitted from the intervention, whereas those below did not.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ol style="list-style-type: none"> <li>1. Modified standard measures - hard to know how that affects the scales, norms, etc</li> </ol>

<b>Author/s:</b> Pinzone-Glover, Gidycz, and Jacobs <b>Title:</b> An Acquaintance Rape Prevention Program: Effects on Attitudes Toward Women, Rape-Related Attitudes, and Perceptions of Rape Scenarios		<b>Year:</b> 1998 <b>Article Number:</b> 036
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> 2 moderately sized Midwestern universities</p> <p><b>Study Eligibility Criteria:</b> undergraduates enrolled in introductory psychology class at either university</p> <p><b>Population Type:</b> College students</p> <p><b>Population Characteristics:</b>  <b>Age:</b> 72% between the ages of 18-20            28% 21years old or older</p> <p><b>Sex:</b> Females: 93 (61%); Males 59 (39%)            (one female is unaccounted for in table 1)</p> <p><b>Education:</b> undergraduates            42% freshmen; 25% sophomores; 18% juniors; 15% seniors</p> <p><b>Race/Ethnicity:</b> 85% Caucasian; 12% African American; 3% Asian</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> Not reported</p>	<p><b>Study Design:</b> Randomized comparison</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b>            mixed-gender group of approximately 15-20 participants (number of groups Not reported)            n=76</p> <p><b>Comparison Group Type(s):</b>            Mixed-gender group of approximately 15-20 participants that received the sexually-transmitted diseases prevention intervention, not rape-prevention intervention. (number of groups Not reported)            n= 75</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b>            N = 166</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>            Numbers of participants that completed both the pre- and post-test (and the intervention):            Intervention group: n=76            Comparison group: n=75            Total of 152 students completed all three phases (Note: discrepancy between numbers in text and table)            Seven females (4%) and eight males (5%) dropped out prior to completion of study (no indication of which group these dropouts were from).            91% participation rate</p> <p><b>Time Points of Data Collection:</b>            Session 1: Pre-test: 1 week prior to interventions            Session 2: Program evaluation: immediately following intervention            Session 3: Post-test: 1 week after the intervention</p>	<p><b>Setting:</b> classroom (implied but not stated; could have been auditorium setting)</p> <p><b>Duration:</b> approximately 50-60 minutes(for each group)</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> presentation, including case example,, completion of The Rape Myths and Facts Worksheet, discussion of worksheet;            Comparison program: presentation, case examples, brief handout on sexual assault</p> <p><b>Curriculum/Content:</b> Program objectives: (a) provide basic statistics on prevalence of Sexual Abuse (SA) among men and women , (b) distinguish between popular myths and facts about rape and rapists, (c) identify behavior characteristics and attitudes often exhibited by rapists, including acquaintance rapists, (d) describe how women can increase personal safety and how men can avoid situations that could potentially lead to the perpetration of rape, and (e) identify community agencies or university departments that assist victims of sexual assault.</p> <p>Statistics about pervasiveness of sexual assault on college campuses and state legal definition of rape provided; Participants then completed The Rape Myths and Facts Worksheet (designed by authors) in which they indicated whether statements were either myth or fact; Discussion held about worksheet; behavioral characteristics and attitudes often exhibited by offenders were identified; and case examples of acquaintance rape situations were discussed to facilitate awareness. The importance of staying sober on dates was emphasized. Techniques to increase personal safety and agencies assisting victims were described. Males were provided with guidelines on avoiding situations that could lead to rape.</p> <p><b>Comparison program:</b> Sexually transmitted disease</p>

Population and Setting	Study Design and Sample	Intervention
	<p><b><u>Methods/Setting of Data Collection:</u></b> Self-administered questionnaires</p>	<p>program’s objectives were to (a) provide basic statistics on prevalence; (b) describe symptoms, complications, and intervention; (c) distinguish between myths and facts; (d) describe preventative strategies; and (e) identify agencies that provide services to persons with STDs. Case examples were given. (Based on Ohio University STD program and modified based on additional resources)</p> <p>Participants were led to believe they were participating in two separate experiments - different titles, rationales for the sessions, consent forms, and experimenters were used to accomplish this. The first and third sessions in which the instruments were administered were entitled “Judgments and Attitudes.” The second session consisted of either of the interventions.</p> <p><b><u>Program Implementer:</u></b> 2 men and 2 women graduate psychology students facilitated. One male-female team facilitated half of the experimental and comparison groups and the other male-female team ran the other sessions. Mixed-gender teams were used to demonstrate appropriate male-female interactions and provide good role models for the participants. It was expected that the use of mixed-gender teams would increase the possibility of change with the mixed-gender audience.</p> <p><b><u>Culturally Specific:</u></b> Not reported</p> <p><b><u>Assessment of Exposure:</u></b> Not applicable</p> <p><b><u>Intervention Retention Rate:</u></b> Not applicable</p> <p><b><u>Other:</u></b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b>  <i>Rape Myth Acceptance Scale (RMAS)</i> (Burt, 1980), 11 items, scale; Assesses the degree to which participants accepted rape myths</p> <p><i>Rape Empathy Scale (RES)</i> (Deitz and Byrnes, 1981), 19 items, scale; Assesses the degree to which participants empathized with either rape victims or the offender</p> <p><i>Attitudes Toward Women Scale (AWS)</i> - short form (Spence, Helmreich, and Stapp, 1973), 25 items, scale; Assesses participants' attitudes regarding the rights and roles of women.</p> <p><i>Acquaintance-Rape Scenarios</i>            3 rape scenarios of differing degrees of ease at which they are defined as rape (based on pilot of 12 scenarios). Each scenario is consistent with the legal definition of rape (women indicate in each that they did not want to have sex by saying no.</p> <p><b>Time Points of Measurement:</b> pre-test (one-week prior to intervention) and post-test (one-week post intervention)</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b>            Program evaluation</p> <p><b>Time Points of Measurement:</b> at pre-test (one-week prior to intervention) and post-test (one-week post</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b>            No significant results post-test for <i>RMAS</i>. However, men in intervention group evidenced a 5-point change (more than half a standard deviation) from pre- to post-test in rape-myth acceptance. And univariate analysis with <i>RMAS</i> was significant.</p> <p>Intervention group became significantly more empathic toward the victim than comparison group</p> <p>Men in intervention group changed more with respect to their attitudes toward women than men in the comparison group (they became less traditional in their attitudes)</p> <p>Gender difference: Men changed more in their attitudes toward women (pre- to post-test) than did women. Women's attitudes toward women did not change due to intervention. Women scored significantly higher on <i>AWS</i> at both time points (they had less room for change).</p> <p>Men in the intervention group were significantly more likely to define a scenario situation as rape after the intervention than were men in comparison group. No such differences were found for women (may be related to significant linear trend obtained for differences across gender regardless of group membership).</p> <p>Significant linear trend was obtained for differences between pre- and post-testing for intervention group.</p> <p>The general trend for differences between groups across scenarios post-intervention was not significant.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> Findings Not reported (most likely because tasks were defined as 'distractors')</p>	<p><b>Quality Score:</b>            Total: 52/85 (61%)            Description: 19/25 (76%)            Design: 33/60 (55%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Social desirability, often inherent in evaluation studies, was addressed: the comparison group was led to believe that they were in a different study - they received an intervention on a different topic (STD awareness), but with a similar format and the same instruments were used.</li> <li>- Comparison group from same population was used</li> <li>- Authors chose scales, despite limitations, because of wide use and potential comparison across studies</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- Relevance of findings to prevention of rape is discussed</li> <li>- Indication of how the authors' future research will build on the present study</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Short follow-up duration (post-test administered only 1 week following intervention)</li> <li>- Scales used (<i>AWS</i> and <i>RMAS</i>) may have limitations: <i>RMAS</i> has limited construct validity, may be interpreted differently among respondents; <i>AWS</i> is over 20 years old</li> </ul>

Measures	Results	Study Quality
<p>intervention)</p> <p>Distractor tasks were included in participants' packets of instruments at both pre- and post-test: Beck Depression Inventory, the Beck Anxiety Inventory, and various distractor judgment tasks.</p>	<p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

**Author/s:** Proto-Campise, Belknap, and Wooldredge

**Year:** 1998

**Title:** High School Students' Adherence to Rape Myths and the Effectiveness of High School Rape-Awareness Programs

**Number:** 037

Population and Setting	Study Design and Sample	Intervention																		
<p><b>Location:</b> 3 Cincinnati public high schools</p> <p><b>Study Eligibility Criteria:</b> High School Student</p> <p><b>Population Type:</b> High school students</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> 13 - 14 years: aprx half 15 years: 30% 16 years: 15% ≥17 years: aprx 10%</p> <p><b>Sex:</b> Male, 53%; Female, 47%</p> <p><b>Education:</b></p> <p>Sample: &gt; 75% = freshmen 11% = sophomores Aprx 5% = juniors Aprx 6% = seniors</p> <p>School A: Experimental group: six mostly freshmen health classes and one sociology class consisting of mostly sophomores, juniors, and seniors. Control group: four physical-education classes consisting mostly of freshmen</p> <p>School B: Experimental group: two health classes, students from grades 9 through 12 Control group: one health class, students from grades 9 through 12</p> <p>School C: 12 home economic classes randomly split between experimental and control (6 classes each); consisted of a majority of ninth graders</p>	<p><b>Study Design:</b> Non-equivalent comparison</p> <p><b>Author-reported:</b> An experimental design with pre- and post-tests and experimental and control groups 60% of the sample were in the intervention group and 40% in the control group</p> <p><b>Intervention Group Type(s):</b> High school students who had parental permission</p> <p><b>Comparison Group Type(s):</b></p> <p><b>Control Group:</b> High school students who had parental permission</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> Not reported</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b></p> <table border="0" data-bbox="741 933 1360 1088"> <tr> <td></td> <td>Control</td> <td>Experimental</td> </tr> <tr> <td>Pre-test</td> <td>172</td> <td>257</td> </tr> <tr> <td>Post-test</td> <td>174</td> <td>263</td> </tr> </table> <p>866 usable (not missing any responses) for the descriptive study</p> <table border="0" data-bbox="741 1177 1360 1274"> <tr> <td></td> <td>Control</td> <td>Experimental</td> </tr> <tr> <td>Pre-test</td> <td>161</td> <td>256</td> </tr> <tr> <td>Post-test</td> <td>164</td> <td>256</td> </tr> </table> <p>837 usable (not missing any responses) for the multivariate analysis</p> <p><b>Time Points of Data Collection:</b> (varied slightly due to schools timetable) Pre-test: a few days before the intervention Post-test: experimental groups received approximately one week after program; control received as closely as possible to the time span of the experimental groups'</p>		Control	Experimental	Pre-test	172	257	Post-test	174	263		Control	Experimental	Pre-test	161	256	Post-test	164	256	<p><b>Setting:</b> Classroom</p> <p><b>Duration:</b> One-session class that lasted 1 hour</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Model:</b> Lecture and interaction by verbal communication between the presenter and the students. (No videotapes or other visual aids were used)</p> <p><b>Curriculum/Content:</b> Presentations and discussions about the legal definition of rape, motivation of rape, statistics about rape (concerning frequency), and myths about rape. Class discussion included socialization about rape, gender roles, and sexuality by family friends, and the media. Also, included information about the many physical and emotional effects and reactions a person who has been raped may have. The class ended with a discussion about how to prevent rape (individually and socially) and what an individual who has been raped can do to seek help and support.</p> <p><b>Program Implementer:</b> Worker from Woman Helping Woman (WHO), a Cincinnati, Ohio agency that provides services for victims of incest, rape, and battering.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>
	Control	Experimental																		
Pre-test	172	257																		
Post-test	174	263																		
	Control	Experimental																		
Pre-test	161	256																		
Post-test	164	256																		

Population and Setting	Study Design and Sample	Intervention
<p><b>Race/Ethnicity:</b> Sample mostly Euro-American (61%); 29% were African-American</p> <p><b>School A:</b> Predominantly Euro-American, middle-class suburban</p> <p><b>School B:</b> Mostly African-American lower- to working-class urban high school</p> <p><b>School C:</b> Ethnically mixed, lower-to working-class, urban high school</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b>                      - 58% of the sample came from two-parent households                      - 84% had dating experience</p>	<p>post-tests.</p> <p><b>Methods/Setting of Data Collection:</b> Self-administered survey in classroom except for one school where testing was conducted in a physical education classes. First author administered all the testing and was present to answer any questions that the students had about the survey.</p>	

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not measured</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> 2-page survey designed by authors; 24 true and false questions regarding students' descriptive information. Development of the survey items was guided by prior measurement instruments on rape attitudes (Burt, 1980; Fonow et al., 1992; Gilmartin-Zena, 1988; Warshaw, 1988) as well as an attempt to address the specific points WHO covered in their rape-awareness program.</p> <p><b>Time Points of Measurement:</b> Pre- and Post-test</p> <p><b>Victimization:</b> Not measured</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b>                      No differences in pre-test scores between groups</p> <p>Pretest and post-test scores indicated that males were significantly more likely than females to adhere to rape myths. This analysis also found that African American students were more likely to adhere to rape myths than Anglo students. The findings suggest that Anglo females are the least likely to adhere to rape myths, followed by African American females, Anglo males, and African American males, respectively.</p>	<p><b>Quality Score:</b>                      Total: 47/85 (55%)                      Description: 21/25 (84%)                      Design: 26/60 (43%)</p> <p><b>Major Strengths:</b>  <b>Study:</b>                      - Pilot tested instrument on high school students but small sample(n=6)                      - Recognized limitations of non-random sample; used statistical controls and large sample to overcome limitation                      - One person did all 'testing'                      - Examined differences by race and gender combined.                      - Considered race and economic status (controlled for economic status in results)</p>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not measured</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b></p> <p><b>Time Points of Measurement:</b></p>	<p>At pretest, students from two-parent homes were more likely to adhere to rape myths than students from single-parent homes. However, this was washed out by with the rape education.</p> <p>No significant change occurred in the control group's mean from the pretest to the post-test. Significant change in the intervention group mean from pretest to post-test (<math>p &lt; .0001</math>)</p> <p>Experimental group performed significantly better than the control group on 15 of the 24 questions on the post-test. Control group performed significantly better on one question. No significant difference between groups on 8 questions.          "This information provides fairly powerful evidence of a significant effect for the rape-awareness program, but also shows that the program was more successful in some areas than others"</p> <p>Post-test analysis: the higher the grade level, the less likely a student was to report adherence to rape myths. However, age is negatively related: the younger the student, the more likely it is that she or he answered the rape myth item correctly. Analysis controlled for grade level and age simultaneously.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Students were told they were part of a study to evaluate rape-awareness program and that there were experimental and control groups - could have introduced bias</li> <li>- Short follow-up period</li> <li>- Survey has no norms, etc.</li> <li>- Impossible to determine pool of students, retention rates, etc</li> </ul>

**Author/s:** Rosenthal, Heesacker, and Neimeyer  
**Title:** Changing the Rape-Supportive Attitudes of Traditional and Nontraditional Male and Female College Students

**Year:** 1995  
**Article Number:** 038

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Large southern university</p> <p><b>Study Eligibility Criteria:</b> Undergraduate psychology students who gave informed consent and were selected based on high and low scores on <i>JRS</i> (Burt, 1980 - see Measures).</p> <p><b>Population Type:</b> Undergraduate psychology students</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> between 18 and 22 years</p> <p><b>Sex:</b> 122 males = 50% 123 females = 50%</p> <p><b>Education:</b> Undergraduate students - no further info</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p><b>Study Design:</b> Non-equivalent comparison</p> <p><b>Author-reported:</b></p> <p><b>Intervention Group Type(s):</b> Students who agreed to participate in the intervention and completed follow-up phone appeal and were offered discontinuation of the study at any point. They were also debriefed. N = Not reported</p> <p><b>Comparison Group Type(s):</b> Control group received and completed post-test measures and follow-up phone appeal identical to those administered to the treatment participants immediately upon arriving at the classroom. They did not receive the intervention. Same debriefing as intervention group. N = Not reported</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> Not reported</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> Not reported - unclear if sample size in article reflects only those who completed both tests or follow-up or both</p> <p><b>Time Points of Data Collection:</b>  Pretest: 8 weeks prior to intervention  Post-test: immediately after intervention  Follow-up: one month after intervention</p> <p><b>Methods/Setting of Data Collection:</b> Classroom setting where intervention was delivered ; paper and pencil surveys</p>	<p><b>Setting:</b> Campus classroom in groups of aprx 25</p> <p><b>Duration:</b> One-hour</p> <p><b>Theory/Model:</b> Replicated Gilbert et al.'s (1991) psychoeducational intervention which was based upon Petty and Cacioppo's (1986) elaboration likelihood model (ELM) of attitude change. The intervention is designed specifically to create a type of attitude change that would both endure and influence behavior and was designed to maximize participant's motivation and ability to think about the intervention, as well as their thought favorability regarding the intervention.</p> <p><b>Delivery Mode:</b> A man and a woman delivered the intervention to all participants and carefully followed a transcript of the intervention to ensure that it was administered equivalently cross groups. Used both didactic form and role-played vignettes.</p> <p><b>Curriculum/Content:</b> Intervention was identical to that used in Gilbert et al.'s (1991) study. Consisted of arguments in favor of rejecting interpersonal violence, rape myths, adversarial sexual beliefs, and male dominance. To induce central route attitude change, techniques were used to enhance participants' motivation and ability to think about the arguments, as well as to ensure that these thought would be favorable regarding the points made in the intervention. Thought favorability was promoted by stressing the negative intrapsychic and social consequences of accepting interpersonal violence, rape myths, adverse sexual beliefs, and male dominance.</p> <p><b>Program Implementer:</b> Group leaders were a 26-year-old White man with a specialist's degree in counselor education and a 19-year-old White female college sophomore.</p> <p><b>Culturally Specific:</b> Not reported</p>

Population and Setting	Study Design and Sample	Intervention
		<p><b>Assessment of Exposure:</b> Not applicable</p> <p><b>Intervention Retention Rate:</b> Not applicable</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b>  <i>Sex Role Stereotyping Scale(SRS)</i> - (Burt 1980) consists of nine items that primarily assess beliefs regarding the nature of appropriate sexual and social roles for women; items are rated using a Likert-type scale</p> <p><b>Time Points of Measurement:</b> Pre-test, post-test (only reported pretest findings)</p> <p><i>Rape Myth Acceptance (RMAS)</i> - (Burt 1980) measures adherence to typical myths about rape and consists of 19 items.</p> <p><b>Time Points of Measurement:</b> post-test</p> <p><i>Date Rape Vignette</i> - participants' responses to a vignette describing a date rape situation; serves as a measure of rape-supportive attitudes (Muehlenhard and MacNaughton, 1988).</p> <p><b>Time Points of Measurement:</b> post-test</p> <p><b>Post-Intervention Attitudes:</b></p> <p><i>Adversarial Sexual Beliefs (ASB)</i> - (Burt 1980) consists of nine items designed to assess beliefs regarding manipulation and "game-playing" by both men and women in sexual relationships.</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b>  <i>Overview:</i> results of a MANOVA revealed that treatment group participants showed differences from control group participants across 10 measures of rape-relevant attitudes and beliefs. There was no significant main effect for traditionality indicating that the intervention can be as effective with traditional as with less traditional individuals. The main effect for participant gender was NOT statistically significant</p> <p><i>Traditionality:</i> main effect for traditionality was (p.174) statistically significant, <math>p &lt; .001</math>. In general, as traditionality decreased, so did rape-supportive attitudes, although this effect did not extend to the phone appeal responses.</p> <p><i>Gender:</i> Main effect for gender was statistically significant (<math>p &lt; .001</math>) indicating that men were more rape-supportive than women, both in attitudes and behavior.</p> <p><i>SRS:</i> pretest SRS scores were used to create five levels of traditionality; each composed of aprx 20% of the participants. Findings Not reported for post-test scores on SRS and SES</p> <p><i>RMAS:</i> significant main effects for treatment (<math>p &lt; .005</math>)</p> <p><i>Date Rape Vignette:</i> significant main effects for treatment on responses concerning Amy's responsibility (<math>p &lt; .005</math>) but not for Mike's responsibility, for Amy's's desire for</p>	<p><b>Quality Score:</b>  Total: 37/85 (44%)  Description: 15/25 (60%)  Design: 22/60 (37%)</p> <p><b>Major Strengths:</b>  <b>Study:</b></p> <ol style="list-style-type: none"> <li>1. Phone contact persons did not know the nature of the research and were randomly assigned to contact participants</li> <li>2. Attempted to target more high risk individuals</li> <li>3. Expanded on previous study (Gilbert et al, 1991) by adapting for coed audience</li> </ol> <p><b>Major Weaknesses:</b>  <b>Study:</b></p> <ol style="list-style-type: none"> <li>1. Impossible to determine who was in intervention and who was in control group</li> <li>2. No baseline information provided</li> <li>3. No control variables in analysis</li> </ol>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b> post-test</p> <p><i>Acceptance of Interpersonal Violence (AIV)</i> - (Burt 1980) consists of six items regarding use of physical force, primarily by men against women in sexual relationships.</p> <p><b>Time Points of Measurement:</b> post-test</p> <p><i>Phone Appeal</i> - (Gilbert et al. 1991) a script was read to participants over the phone; participants were told of two proposed projects, a campus escort service and a peer discussion program regarding dating issues. Students could participate in these programs, or help organize or advertise them or both. Participants were asked to indicate how much time they would volunteer for any or all of these activities. Willingness to listen to the appeal, statements supportive of the project, and number of hours volunteered served as dependent variables.</p> <p><b>Time Points of Measurement:</b> One-month after completing the immediate post-test measures</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> <i>Sexual Experiences Survey</i> - data were gathered but not reported</p> <p><b>Time Points of Measurement:</b> post-test</p>	<p>sex, or for the justifiability of Mike's actions.</p> <p><i>AIV and ASB:</i> no significant main effects for treatment</p> <p><i>Phone Appeal:</i> The treatment group was significantly more likely to volunteer than was the control (<math>P &lt; .01</math>). The treatment group did NOT demonstrate a greater likelihood of making positive comments regarding the phone appeal, nor did they listen longer to the appeal than did the control group.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

<b>Author/s:</b> Smith and Welchans <b>Title:</b> Peer Education: Does Focusing on Male Responsibility Change Sexual Assault Attitudes?		<b>Year:</b> 2000 <b>Article Number:</b> 039
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> High school in a suburb of Detroit; the community covers almost 36 square miles and has a population of slightly more than 100,000. The high school was one of four serving the community.</p> <p><b>Study Eligibility Criteria:</b> High school students in grades 10 to 12; volunteered to participate</p> <p><b>Population Type:</b> High school students in grades 10 to 12</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> Not reported.</p> <p><b>Sex:</b> Males: 39% Females: 46% Declined to identify their sex: 15%</p> <p><b>Education:</b> Ninth-grade students were not included in the sample; twelfth-grade classes were the most heavily sampled.</p> <p><b>Race/Ethnicity:</b> Predominantly white</p> <p><b>Sexually Active:</b> Not reported.</p> <p><b>Victimization:</b> Not reported.</p> <p><b>Criminal History:</b> Not reported.</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> Predominantly middle class</p>	<p><b>Study Design:</b> Pre-post</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> N=253 students in grades 10 to 12</p> <p><b>Comparison Group Type(s):</b> No comparison group</p> <p><b>Sampling Frame Size:</b> Student body = 2,000</p> <p><b>Baseline Sample Size (and Participation Rate):</b> Not reported</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 253 students completed pre- and post-test</p> <p><b>Time Points of Data Collection:</b> Pre: immediately before presentation Post: immediately after presentation</p> <p><b>Methods/Setting of Data Collection:</b> Paper and pencil test completed in classrooms and large group assemblies</p>	<p><b>Setting:</b> Classroom and large assemblies</p> <p><b>Duration:</b> 45-minute presentation</p> <p><b>Theory/Model:</b> To prevent sexual assault, it is necessary to reach the students who may be potential rapists to change the attitudes of these students that allow them to commit the crime; it is especially important to influence the attitudes of males because of strong acceptance of rape myths relates to men's intent to rape as well as those who acknowledge committing sexual assault (Hamilton and Yee, 1990). Therefore, improving rape attitudes of males should decrease the frequency of sexual assault committed.</p> <p><b>Delivery Mode:</b> Presentation</p> <p><b>Curriculum/Content:</b> First Step Peer Education Project: goal was to develop a sexual assault prevention program directed at men to decrease the acceptance of rape myths and ultimately decrease the prevalence of sexual assault. Information on sexual assault, risk reduction, rape culture, sexual assault law, and how to help a friend who has been assaulted. An emphasis on male responsibility in preventing sexual assault was included in each presentation.</p> <p><b>Program Implementer:</b> A team of one male and one female peer educator facilitated each class presentation.</p> <p>Trained high school students recruited by staff from the student council and a peer mediation class. These students were chosen because they were believed to be positive role models in the school and had received prior training in empathy and listening skills. Applicants completed an application and an interview. Criteria for selection to be a peer educator included demonstrated enthusiasm for the project, concern about sexual assault</p>

Population and Setting	Study Design and Sample	Intervention
		<p>issues, public speaking and communication skills, and leadership abilities.</p> <p>They received 15 hours of training from a local sexual assault prevention and treatment agency. Training included knowledge building in sexual assault and skill building in listening and communication skills, presentation skills, group interaction, and conducting role-plays. They received information about how to recognize victim blaming, stereotypes, myths, and other issues. Peer educators attended continued training and supervision meetings twice a month throughout the academic year. Continued training included additional information on sexual assault law, sexual harassment, sexual abuse in dating relationships, Rohypnol (roofies), and the role of alcohol and other drugs in sexual assault.</p> <p><b><u>Culturally Specific:</u></b> Not reported.</p> <p><b><u>Assessment of Exposure:</u></b> Not reported.</p> <p><b><u>Intervention Retention Rate:</u></b> Not reported.</p> <p><b><u>Other:</u></b></p>

Measures	Results	Study Quality
<p><b><u>Knowledge:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Attitudes:</u></b> questionnaire developed for the study; 20 questions; Likert-type scale. Included items such as “A girl should know better than to drink too much with guys she doesn’t know well”, “Most strangers rapes are committed because the rapist is attracted to the victim and wants sex,” and “As long as people take precautions they won’t be raped.”</p> <p><b>Time Points of Measurement:</b> pre- and post-test</p>	<p><b><u>Primary Measures:</u></b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b> Attendance at a peer education presentation was shown to significantly affect short-term attitudes about sexual assault. A significant improvement for both males and females from pre-test to post-test was found. Those who did not report gender were the only group that did not show a significant change.</p> <p>Female students scored significantly higher than male students on pretest (<math>p=.000</math>). Furthermore, females scored</p>	<p><b><u>Quality Score:</u></b> Total: 39/85 (46%) Description: 25/25 (100%) Design: 14/60 (23%)</p> <p><b><u>Major Strengths:</u></b> <b>Study:</b> - ongoing training of peer educators</p> <p><b><u>Major Weaknesses:</u></b> <b>Study:</b> - peer educators identify classrooms to present information by contacting teachers individually. Impossible to know what who these classes represent.</p>

Measures	Results	Study Quality
<p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> Evaluation measure developed for the study: six-question evaluation; Likert-type scale</p> <p><b>Time Points of Measurement:</b> Post-test</p>	<p>higher than males at post-test (<math>p=.000</math>). Males showed a more dramatic improvement from pre-test to post-test than the females.</p> <p>A regression indicated that gender had a stronger impact on test scores, accounting for 54% of the variance in score, than whether the test was taken before or after the presentation, which accounted for 39% of the variation in test scores.</p> <p>Note: findings for each item were presented. I did not report them here.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> Evaluation: were quite high with a mean score of 55.76 out of 60. Evaluations of presentations were significantly correlated with gender, (<math>p=.0001</math>), with female students reporting higher evaluations of the presentation than male students. Evaluation ratings were also correlated with test scores (<math>p=.05</math>), indicating that those who scored higher on the post-test reported that they found the presentation <i>more interesting, important, and well-prepared</i>. When the effects of gender were controlled the effects of evaluation score were no longer significant.</p> <p>Evaluations by male students were inversely related to Post-test scores, indicating that those who rated the presentation as interesting and well-done actually scored lower at post-test than those who did not enjoy the presentation. The opposite was found to be true for females.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p>- Measure was developed for this study so no norms, or reliability or validity measures were available</p>

**Author/s:** Weisz and Black

**Year:** 2001

**Title:** Evaluating a Sexual Assault and Dating Violence Prevention Program for Urban youths

**Article Number:** 041

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Urban public charter middle school (school is associated with public university)</p> <p><b>Study Eligibility Criteria:</b> Seventh-grade students attending the charter school during the two school years</p> <p><b>Population Type:</b> 7<sup>th</sup> grade students</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> 12.84 Years = X “across both groups”</p> <p><b>Sex:</b> Intervention: 25 girls (54%) and 21 boys (46%) Comparison: 13 girls (65%) and 7 boys (35%)</p> <p><b>Education:</b> 7<sup>th</sup> grade students; many of the students have failed at other public schools because of behavioral or academic problems.</p> <p><b>Race/Ethnicity:</b> 100% African American(school was 99% African American)</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Measured but Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> 60% of the students in the school qualify for subsidized lunch.</p>	<p><b>Study Design:</b> Non-equivalent comparison</p> <p><b>Author-reported:</b> Quasi-experimental pretest, post-test, follow-up group design</p> <p><b>Intervention Group Type(s):</b> Seventh-grade students who voluntarily chose to participate in the program as part of required after-school program (and had parental consent)</p> <p><b>Comparison Group Type(s):</b> Seventh-grade students from the same charter school who were not enrolled in the program</p> <p><b>Sampling Frame Size:</b> 250 seventh-graders</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 46 students in the intervention completed pre-test 46/250=18%</p> <p>20 students in the comparison group completed pretest: 20/250 = 8%</p> <p>Total: 66/250 = 24%</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b></p> <p><b>Post-test:</b> Intervention: 27/46 = 59% Comparison: post-test not given to comparison group</p> <p><b>Follow-up:</b> Intervention: 21/46 = 46% Comparison: 9/20 = 45% Total: 30/66=45%</p> <p><b>Both pre-test and follow-up:</b> Intervention: 17/46 = 37% Comparison: 9/20 = 40%</p>	<p><b>Setting:</b> Mandatory after-school program - didn't report exact location</p> <p><b>Duration:</b> Spring program: 12, 1.5-hour sessions over a six-week period Fall program: 12, 1.5 hour sessions over a 12-week period.</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> Didactic presentation of information, modeling, role-plays, experiential exercises, and discussions to help participants acquire knowledge and better understand their own attitudes and behavior. Leaders used role-plays extensively, because students responded very positively to this educational format. Classes were separated by gender.</p> <p><b>Curriculum/Content:</b> Used the curriculum “Reaching and Teaching Teens to Stop Violence” (Nebraska Domestic Violence Sexual Assault Coalition, 1995); includes information on sexual harassment, gender roles, and physical violence dynamics and emphasizes the consequences of using violence in interpersonal relationships.</p> <p>Group leaders geared the program to address risk factors for low-income, inner-city African American adolescents by basing discussion and role-plays on the youths' experiences. Because many seventh graders were not officially “dating”, the program focuses on interactions that occur between youths who are attracted to each other and spending time together.</p> <p><b>Program Implementer:</b> Two male and two female co-trainers facilitated the gender-separated program. The Rape Counseling Center selected two staff members as co-trainers for the girls' group. Two male university students co-led the boys' group. In all groups, at least one</p>

Population and Setting	Study Design and Sample	Intervention
	<p><b><u>Time Points of Data Collection:</u></b>                      Pre-test: initial day of program                      Post-test: final day of the program (for intervention only)                      Follow-up: six months after program completion</p> <p><b><u>Methods/Setting of Data Collection:</u></b>                      Self-administered surveys (location of administration Not reported)</p>	<p>of the trainers had an MSW or was an MSW student. Female trainers were all African American. Three of the four male trainers were African American.</p> <p><b><u>Culturally Specific:</u></b> The curriculum selected “was both culturally sensitive and adaptable for seventh graders”. Facilitators were African-American; the content of the presentations was designed to be culturally relevant</p> <p><b><u>Assessment of Exposure:</u></b> Not reported                      Would we say it differed here since one group received the intervention in 6 weeks and the other received it over 12 weeks?</p> <p><b><u>Intervention Retention Rate:</u></b> Not reported</p> <p><b><u>Other:</u></b></p>

Measures	Results	Study Quality
<p><b><u>Knowledge:</u></b> Developed by researchers - 17 questions (based primarily from <i>Knowledge of Sexual Assault</i> (RAVE, 1997))</p> <p><b><u>Time Points of Measurement:</u></b>                      Pre-test: initial day of program                      Post-test: final day of the program (for intervention only)                      Follow-up: six months after program completion</p> <p><b><u>Attitudes:</u></b> Developed by researchers - 25 items drawn from the <i>Rape Attitude Scale</i> (Hall, Howard and Boezio, 1986), <i>Youth Dating Violence Survey</i> (Foshee, 1994), and the <i>Teen Life Relationship Questionnaire</i> (Kantor, 1996)</p> <p><b><u>Time Points of Measurement:</u></b>                      Pre-test: initial day of program                      Post-test: final day of the program (for intervention only)                      Follow-up: six months after program completion</p> <p><b><u>Victimization AND Perpetration:</u></b> <i>Incidence</i> - a survey of students victimization and perpetration during the</p>	<p><b><u>Primary Measures:</u></b> Significance is reported for scores with a <i>p</i> value of less than .10 (because authors considered study ‘exploratory’)</p> <p><b><u>Knowledge:</u></b> A paired t-test showed a significant difference between pre- and post-test mean scores for the intervention group (n=23) (p=.005).</p> <p>Pretest to follow-up: ANOVA comparing the 17 intervention students who completed both the pretest and follow-up with the nine students from the comparison group who completed both indicated a significant effect for time and group (p=.005), controlling for gender.</p> <p>Pretest (23 girls and 19 boys) in the intervention group: girls achieved significantly higher scores (p=.012).                      Post-test (14 girls and 11 boys) in the intervention group: no significant differences at post-test or follow-up (12 girls and 8 boys)</p> <p><b><u>Attitudes:</u></b> for the 11 intervention students who</p>	<p><b><u>Quality Score:</u></b>                      Total: 44/85 (52%)                      Description: 21/25 (84%)                      Design: 23/60 (38%)</p> <p><b><u>Major Strengths:</u></b>  <b><u>Study:</u></b></p> <ol style="list-style-type: none"> <li>1. Pilot study conducted</li> <li>2. Measured differences in those who completed pre-test and follow-ups versus those who completed only one instrument. Found significant difference in pretest attitudes.</li> <li>3. Incorporates broad definition of dating violence into curriculum including relationships that weren’t officially termed “dating”.</li> <li>4. Content of the presentations was designed to be culturally relevant (facilitators were African-American).</li> </ol> <p><b><u>Major Weaknesses:</u></b>  <b><u>Study:</u></b></p> <ol style="list-style-type: none"> <li>1. Very low rates of participation</li> </ol>

Measures	Results	Study Quality
<p>preceding six months. (Findings Not reported)</p> <p><b>Time Points of Measurement:</b> Not reported</p> <p><b>Other Measures:</b> Behavior or anticipated behavior(not described)</p> <p><b>Time Points of Measurement:</b> Not reported</p>	<p>completed all three time points, a paired samples t-test showed that the mean pretest and post-test scores were significantly improved (<math>p=.01</math>).</p> <p>Pretest to post-test: No significant differences according to time of testing (<math>n=14</math> who completed all three time periods).</p> <p>Significant improvement at post-test in the mean scores of the 27 intervention group students who completed the pre- and post-test attitude scales.</p> <p>pretest to follow-up: ANOVA, controlling for gender, indicate a significant effect for time and group but not for time alone (<math>p=.015</math>). The intervention groups' scores rose, and the comparison group's score fell.</p> <p>Gender differences: Boys and girls in the intervention group had significant attitude differences at pretest (<math>p=.020</math>) and post-test (<math>p=.071</math>). Differences at follow-up were not significant.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<ol style="list-style-type: none"> <li>2. No analyses of difference between students who participated and those who did not</li> <li>3. No analyses of sample versus entire 7<sup>th</sup> grade</li> <li>4. Modified curriculum - makes it unclear exactly what was presented and how much of the original curriculum was followed.</li> <li>5. Not clear why some measures were Not reported</li> <li>6. Non-random assignment</li> <li>7. Very small sample sizes</li> </ol>

**Authors:** Schwartz and Wilson

**Year:** 1993

**Title:** We're Talking But Are They Listening? The Retention of Information from Sexual Assault Programming for College Students

**Article Number:** 044

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> A residential public university in the midwest</p> <p><b>Study Eligibility Criteria:</b> Students referred to a study skills class for their first term in college due to a change in admission criteria. All students enrolled and attending the class participated. 21 scheduled classes.</p> <p><b>Population Type:</b> College</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> Not reported</p> <p><b>Sex:</b> 66% female, 34% male (pre-test group; "post-test group almost identical)</p> <p><b>Education:</b> 100% First term college students</p> <p><b>Race/Ethnicity:</b> 97% White (pre-test group; "post-test group almost identical)</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p><b>Study Design:</b> Non-equivalent comparison group</p> <p><b>Author-reported:</b> Pre-test, post-test design</p> <p><b>Intervention Group Type(s):</b> half of the study skills classes were presented a program on the nature of rape on college campuses (n=167). Which classes were selected for the experimental treatment and which were named controls were decided mainly for scheduling reasons.</p> <p><b>Comparison Group Type(s):</b> half of the study skills class that did not participate in the rape program.. All classes not receiving treatment were designated as controls.</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 376 Participation rate - Not applicable</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 346 Participation rate - 92%</p> <p><b>Time Points of Data Collection:</b> pre-test: At the beginning of the term -first few days of classes post-test: toward the end of the term - between 1 month and 6 weeks after the rape awareness lecture.</p> <p><b>Methods/Setting of Data Collection:</b> Not reported</p>	<p><b>Setting:</b> Classroom, 14 to 20 students per class</p> <p><b>Duration:</b> one-time, 50-minutes</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> Lecture</p> <p><b>Curriculum/Content:</b> Coverage of what the program presenter felt were the 5 most common rape myths on a college campus and some discussion of the definition of rape. She discussed the problems of alcohol at some depth, both in terms of the influence it can have on male behavior (although stressing that this does not excuse male behavior), and also the effect it can have on increasing female vulnerability (although stressing that this does not increase female culpability). Discussion of rape prevention techniques including setting limits, labeling behavior appropriately, and asking permission before proceeding with sexual behavior.</p> <p>Course credit was roughly equivalent to one semester hour, and students did NOT receive extra credit for participating in the study.</p> <p><b>Program Implementer:</b> Author, and university's sexual assault education and prevention coordinator (female).</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> 10-item test of rape myths; Likert-type scale. Scale provided in appendix of article</p> <p><b>Time Points of Measurement:</b> pretest and post-test</p> <p><b>Attitudes:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> Two additional questions asked at post-test: report the number of friends that told them that they had been sexually assaulted during the experimental term and “rate your level of personal concern about sexual assault.”</p> <p><b>Time Points of Measurement:</b> post-test</p> <p>Measure: results section reports findings about usefulness of intervention but no information about exactly what was asked is provided.</p> <p><b>Time Points of Measurement:</b> post-test</p>	<p><b>Primary Measures:</b> Overall: students exposed to rape myth lectures were likely to change their attitudes, while equally situated students who did not hear the lecture were not.</p> <p><b>Knowledge:</b> Pretest scores ranged from 22 to 50 (respondents could score from 0 to 50). The mean pretest score was 37.85. The post-test mean score for the experimental group was 40.03. A t-test shows that the difference between these two groups is statistically significant (<math>p &lt; .0005</math>). The mean of the control group at post-test was 38.48. The difference in this mean score was not statistically significant.</p> <p>Differences between control group and experimental group were stronger among women than men. There was a change from pretest to post-test for men in the experimental group (<math>p = .034</math>) however the gain in the experimental group did not differ significantly from the control group at the end of the study. For the women, however, there was a statistically significant difference between the experimental and the control group (<math>t = 2.90</math>, <math>df = 223.8</math>, <math>p = .002</math>).</p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> Although there were no significant differences between the experimental and control group in the number who reported having friends tell them that they had been sexually assaulted during the experimental term (approximately 10%) there was a difference in that men in the experimental group were more likely to have such a friend. There was no difference for women.</p> <p>The experimental group rated their concern about sexual assault significantly higher than the control group</p>	<p><b>Quality Score:</b> Total: 42/85 (49%) Description: 18/25 (72%) Design: 24/60 (40%)</p> <p><b>Major Strengths:</b> <b>Study:</b> - Identify gender differences in rape myth acceptance at post-test</p> <p><b>Article:</b> - Describes another study of rape myth acceptance among students in a sociology course that had rape information integrated into the curriculum</p> <p><b>Major Weaknesses:</b> <b>Study:</b> - No description or citations for measure of rape myth acceptance - Subjects not randomly assigned - No citations, validity, or reliability for measure presented</p>

Measures	Results	Study Quality
	<p>(<math>p=.014</math>). Differences were statistically significant for men (<math>p=.005</math>) but not statistically significant for women (<math>p=.16</math>).</p> <p>Measure of usefulness of intervention: 87% of the students said the program was useful enough that it should be provided during orientation to all incoming first year students. Only 5% did not recommend that the program become mandatory, while the rest remain undecided.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

<b>Author/s:</b> Nelson and Torgler <b>Title:</b> A Comparison of Strategies for Changing College Students' Attitudes Toward Acquaintance Rape		<b>Year:</b> 1990 <b>Article Number:</b> 046
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Not reported</p> <p><b>Study Eligibility Criteria:</b> Undergraduate psychology students that signed up to participate</p> <p><b>Population Type:</b> College Students</p> <p><b>Population Characteristics:</b>  <b>Age:</b> Mean age for all participants: 19 years</p> <p><b>Sex:</b> 25 men = 28% 64 women = 72%</p> <p><b>Education:</b> Most were freshmen or sophomores</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p><b>Study Design:</b> Nonequivalent comparison  <b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> Undergraduate psychology students that were assigned to groups based on the times they were available to participate. All three groups were tested at a similar time of day.  <b>E1</b> videotape: 33 total; 9 men and 24 women  <b>E2</b> brochure: 31 total; 7 men and 24 women</p> <p><b>Comparison Group Type(s):</b> Undergraduate psychology students that were assigned to groups based on the times they were available to participate. All three groups were tested at a similar time of day.  <b>Control:</b> 25 total; 9 men and 16 women</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> Not reported</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>  <b>E1:</b> 33 total; 9 men and 24 women  <b>E2:</b> 31 total; 7 men and 24 women  <b>Control:</b> 25 total; 9 men and 16 women                      (can not determine percent because no baseline sample size provided)</p> <p><b>Time Points of Data Collection:</b>                      Pre-test: one week prior to intervention                      Post-test: immediately after intervention</p> <p><b>Methods/Setting of Data Collection:</b> Self-administered pre- and post-test survey. Location not clear.</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b>  <b>E1:</b> 30 minute videotape  <b>E2:</b> 10 minutes to read brochure(acquaintance rape)  <b>Control:</b> 10 minutes to read brochure (career planning)</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b>  <b>E1:</b> videotape  <b>E2:</b> read brochure  <b>Control:</b> read brochure</p> <p><b>Curriculum/Content:</b>  <b>E1</b> - viewed a videotape on acquaintance rape - "<i>Someone You Know: Acquaintance Rape</i>" (MTI Film and Video, 1986)  <b>E2</b> - read literature on acquaintance rape - "<i>What Women and Men Should Know about Date Rape</i>" (Channing L. Bete, Inc., 1988). Brochure does not contain exactly the same information as videotape.  <b>Control</b> - read a brochure on career planning - "<i>What Everyone Should Know About Career Planning</i>" (Channing L. Bete, Inc., 1987). Chosen because it was similar in design and layout to the date rape brochure.</p> <p><b>Program Implementer:</b> Not reported</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b></p> <p>1. <i>Attitude Toward Women Scale (AWS)</i> - short version (Helmreich et al 1982)</p> <p><b>Time Points of Measurement:</b> AWS - pretest</p> <p>2. <i>Forcible Date Rape Scale (SDRS)</i> -(Giarrusso, Johnson, Goodchilds, and Zellman (cited in Fischer, 1986a)) measures attitudes toward date rape: six items were added to the original scale, and some changes were made in the content of the precatory statement. In addition, a 7-point Likert scale was selected as the unit of measure.</p> <p><b>Time Points of Measurement:</b> SDRS - pretest and post-test</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> Background information sheet</p> <p><b>Time Points of Measurement:</b> Administered with both pre- and post-test allowing for matching using identification numbers on sheet</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b></p> <p><b>Pre-test:</b> no significant differences between groups on either the <i>AWS</i> nor the (<i>SDRS</i>); significant main effect of sex on the <i>AWS</i> (<math>p=.01</math>) (indicating that men had more traditional attitudes toward women than women did toward women and were more apt to attribute less independence and fewer rights to women). Also a significant sex difference on the <i>SDRS</i> (reflecting an attitude that was less rejecting of using coercion to obtain sex)</p> <p>As predicted, there was a significant correlation between scores on the <i>AWS</i> and scores on the pretest <i>SDRS</i> ( a more traditional attitude toward women was associated with a greater acceptance of coercion as a means to obtain sex).</p> <p><b>Post-test:</b> Overall, the post-test <i>SDRS</i> scores of all three groups were significantly lower (desired direction) than the pretest scores (participants were more rejecting of using coercion to obtain sex than at pretest). Contrary to the hypothesis that the videotape would be more effective than the rape brochure that would be more effective than the control brochure, the fact that <u>all three groups</u>’ scores were lower indicates that the change in scores was independent of the strategy used.</p> <p>Post-test scores of men on the <i>SDRS</i> were significantly higher than were the women’s scores (as in pretest, men were not as rejecting as women were).</p> <p>Men and Women’s scores were significantly lower on the post-test <i>SDRS</i> than they were on the pretest <i>SDRS</i>, contrary to the hypothesis that women’s scores would not change significantly.</p> <p>There was a significant negative correlation between</p>	<p><b>Quality Score:</b> Total: 28/85 (33%) Description: 12/25 (48%) Design: 16/60 (27%)</p> <p><b>Major Strengths:</b></p> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Small sample</li> <li>- Impossible to determine if the sample represents the student body/psychology students</li> <li>- Scale was modified so no norms, etc exist.</li> <li>- No follow-up (only post-test)</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- No sample numbers reported (frame size, baseline, post-test, participation rate)</li> <li>- No description of sample characteristics</li> <li>- No description of curriculum content</li> </ul>

Measures	Results	Study Quality
	<p>participants' <i>AWS</i> scores and their pretest <i>SDRS</i> scores (<math>p &lt; .01</math>), supporting the hypothesis that a more traditional attitude toward women is correlated with a less rejecting attitude toward using coercion to obtain sex.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b><u>Other Measures:</u></b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

<b>Author/s:</b> Himelein <b>Title:</b> Acquaintance Rape Prevention with High-Risk Women: Identification and Inoculation		<b>Year:</b> 1999 <b>Article Number:</b> 049
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Not reported</p> <p><b>Study Eligibility Criteria:</b> all entering female college students enrolled in new student orientation who scored in the upper 20% of the overall sample on a questionnaire which used measures of six different risk characteristics, including, in order, depression, alcohol use in dating, sexual liberalism, consensual sexual experience, prior sexual victimization in dating, and child sexual abuse. These women were defined as 'high risk' for victimization or re-victimization. Women who expressed interest and who didn't have scheduling conflicts participated.</p> <p><b>Population Type:</b> college women</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> Not reported</p> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b> College students</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> asked as part of screening; specific findings Not reported</p> <p><b>Victimization:</b> asked as part of screening; specific findings Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p><b>Study Design:</b> Pre-post</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> 7 women who scored high on questionnaire (see eligibility criteria) were sent letters informing them of their status (as high-risk) and inviting them to participate in the prevention group.</p> <p><b>Comparison Group Type(s):</b> No comparison group</p> <p><b>Sampling Frame Size:</b> 42 women were eligible for the study</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 7 women 7/42 = 17%</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 6 women 6/7 = 86%</p> <p><b>Points of Data Collection:</b> Pre-test - initial group session Follow-up - one month after final group session.</p> <p><b>Methods/Setting of Data Collection:</b> paper and pencil questionnaire (given during first session and mailed to recipients one-month after last session)</p>	<p><b>Setting:</b> Campus counseling center. Self-defense session help off-campus.</p> <p><b>Duration:</b> 5, weekly, 90-minute meetings</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> introductions, icebreaker exercises, mini-lecture, clips from movies, discussion, role plays, and exercises. Self-defense training session</p> <p><b>Curriculum/Content:</b> First session: great emphasis was placed on helping the participants feel comfortable both with each other and with the content of the group. Following introductions and icebreaker exercises, group members completed a pretest assessing dating behaviors and sexual assault knowledge. Facts and myths about rape were reviewed via an informal mini-lecture, and clips from contemporary movies were viewed in the effort to clarify date rape. The session concluded with a discussion of characteristics of sexually aggressive men and risky vs protective dating behaviors. Throughout the session, the leaders emphasized that although the group's goal was to prevent rape by education women, it is rapists who are the cause of rape. Second session: two specific themes were introduced via mini-lecture, discussion, and exercises: the role of alcohol in sexual aggression and assertiveness. Working in pairs group members participated in role plays in which they practiced assertiveness skills. Third session: concerned communication with men. Information about gender differences in the interpretation of verbal and nonverbal communication was presented, and a discussion of sexual scripts and their connection to sexual aggression was facilitated. Basic assertiveness skills were reviewed with special emphasis on sexual assertiveness. Role play situations were more challenging, focused on sexual situations.</p>

Population and Setting	Study Design and Sample	Intervention
		<p>Fourth session: addressed the issue of revictimization. The prevalence of sexual assault and the psychological consequences of victimization were discussed. Group members volunteered their ideas about effects of victimization that might lead to a greater likelihood of repeat victimization: self-esteem deficits were identified as one particularly troublesome impact. Exercises related to self-esteem development were incorporated into the discussion, and additional role plays related to this issue were conducted. Finally, group leaders led a discussion about characteristics of healthy sexual relationships.</p> <p>Fifth (final) session: conducted by a self-defense expert with expertise in the prevention of sexual assault. This session was held off campus and was part of a longer-term workshop on women’s self-defense. Participants learned both verbal and physical defense strategies.</p> <p><b><u>Program Implementer:</u></b> Group was co-facilitated by two senior psychology majors and the author, a licensed clinical psychologist. The student assistants had completed an independent study course on sexual victimization and had invested approximately 40 additional hours in training with the author prior to the start of the group. Self-defense expert conducted one session.</p> <p><b><u>Culturally Specific:</u></b> Not reported</p> <p><b><u>Assessment of Exposure:</u></b> Not reported</p> <p><b><u>Intervention Retention Rate:</u></b> Not reported</p> <p><b><u>Other:</u></b></p>

Measures	Results	Study Quality
<p><b><u>Knowledge:</u></b> Questionnaire about sexual assault assessing dating behaviors and sexual assault knowledge (may have asked about other things, such as attitudes, etc. but no specific information provided)</p> <p><b>Time Points of Measurement:</b> pre- and post-test</p> <p><b><u>Attitudes:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Victimization:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Perpetration:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Other Measures:</u></b> 1. <i>phone calls</i> - no further information provided</p> <p><b>Time Points of Measurement:</b> Follow-up</p> <p>2. <i>verbal feedback</i> - participants expressed their level of satisfaction and general feedback about the intervention</p> <p><b>Time Points of Measurement:</b> following the final group meeting</p>	<p><b><u>Primary Measures:</u></b></p> <p><b>Knowledge:</b> Results indicated that knowledge about sexual assault had increased (significance Not reported). Women also reported more frequent engagement in precautionary dating behaviors (significance Not reported).</p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b><u>Other Measures:</u></b> 1. On the basis of the follow-up phone calls as well as the responses of the group participants, no negative psychological reactions were observed. 2. High degree of satisfaction, learned a great deal, and felt info presented was highly relevant and worthwhile.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b><u>Quality Score:</u></b> Total: 34/85 (40%) Description: 13/25 (52%) Design: 21/60 (35%)</p> <p><b><u>Major Strengths:</u></b> <b>Study:</b> - variety of modes of presentations - targeted “high-risk” women - previous victimization.</p> <p><b><u>Major Weaknesses:</u></b> <b>Study:</b> - small sample size - significance levels Not reported - dependent measure (questionnaire) not described</p>

**Author/s:** Dallager and Rosen

**Year:** 1993

**Title:** Effects of a Human Sexuality Course on Attitudes Toward Rape and Violence

**Article Number:** 053

Population and Setting	Study Design and Sample	Intervention																																																															
<p><b>Location:</b> Large midwestern university</p> <p><b>Study Eligibility Criteria:</b> Undergraduate students enrolled at a large midwestern university and taking a Human Sexuality course or an Education course volunteered to participate.</p> <p><b>Population Type:</b> college</p> <p><b>Population Characteristics:</b> (demographics are presented by gender by course in text, p 196)</p> <table border="1" data-bbox="121 618 646 1485"> <thead> <tr> <th></th> <th>Human Sexuality Course</th> <th>Education Course</th> </tr> </thead> <tbody> <tr> <td><b>Age:</b> Range</td> <td>18-42 yrs</td> <td>20-41 yrs</td> </tr> <tr> <td><b>Sex:</b> Male</td> <td>35%</td> <td>27%</td> </tr> <tr> <td>Female</td> <td>65%</td> <td>73%</td> </tr> <tr> <td><b>Education:</b> undergraduates</td> <td></td> <td></td> </tr> <tr> <td>Mean Range</td> <td>3.09-3.25</td> <td>3.97-4.00</td> </tr> <tr> <td><b>Race/Ethnicity:</b></td> <td></td> <td></td> </tr> <tr> <td>White</td> <td>89%</td> <td>98%</td> </tr> <tr> <td>Black</td> <td>1%</td> <td>1%</td> </tr> <tr> <td>Hispanic</td> <td>1%</td> <td>0</td> </tr> <tr> <td>Asian</td> <td>1%</td> <td>0</td> </tr> <tr> <td>Native Amer</td> <td>1%</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>Marital Status:</b></td> <td></td> <td></td> </tr> <tr> <td>Single</td> <td>96%</td> <td>79%</td> </tr> <tr> <td>Married</td> <td>1%</td> <td>19%</td> </tr> <tr> <td>Divorced</td> <td>3%</td> <td>2%</td> </tr> <tr> <td><b>Religion:</b></td> <td></td> <td></td> </tr> <tr> <td>None</td> <td>27%</td> <td>17%</td> </tr> <tr> <td>Christian</td> <td>71%</td> <td>77%</td> </tr> <tr> <td>Jewish</td> <td>2%</td> <td>4%</td> </tr> </tbody> </table>		Human Sexuality Course	Education Course	<b>Age:</b> Range	18-42 yrs	20-41 yrs	<b>Sex:</b> Male	35%	27%	Female	65%	73%	<b>Education:</b> undergraduates			Mean Range	3.09-3.25	3.97-4.00	<b>Race/Ethnicity:</b>			White	89%	98%	Black	1%	1%	Hispanic	1%	0	Asian	1%	0	Native Amer	1%	0	Other	0	0	<b>Marital Status:</b>			Single	96%	79%	Married	1%	19%	Divorced	3%	2%	<b>Religion:</b>			None	27%	17%	Christian	71%	77%	Jewish	2%	4%	<p><b>Study Design:</b> Non-equivalent comparison group</p> <p><b>Author-reported:</b> Non-equivalent control group design (subjects were not randomly assigned to groups)</p> <p><b>Intervention Group Type(s):</b> 97 students in a Human Sexuality course who volunteered to participate</p> <p><b>Comparison Group Type(s):</b> 48 students in education class who volunteered to participate</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> Not reported</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> Not reported</p> <p><b>Time Points of Data Collection:</b> Pre-test: start of the class period during the second week of the semester Post-test: the 14<sup>th</sup> week of the semester</p> <p><b>Methods/Setting of Data Collection:</b> Paper and pencil questionnaire and scales in a college classroom setting.</p>	<p><b>Setting:</b> Classroom</p> <p><b>Duration:</b> - Human Sexuality course met 29 times during the semester with three of those meetings set aside for examinations - Education course also met for 29 sessions</p> <p><b>Theory/Model:</b> “. . . reducing rape supportive beliefs is often based on the premise that by providing education about rape and discouraging gender-role stereotyping, a decrease in rape myth beliefs and ultimately in a less supportive environment for rape will occur (Bunting and Reeves, 1983; Burt, 1980)” Authors examined whether a human sexuality course would decrease rape myth acceptance. Presented topics consistent with a feminist orientation toward the material.</p> <p><b>Delivery Mode:</b> <b>Human Sexuality course</b> - lecture, discussion, and values clarification <b>Education course</b> -lectures</p> <p><b>Curriculum/Content:</b> <b>Human Sexuality</b> - topics included intimacy, identity, reproduction, anatomy, and physiology, conception and pregnancy, the sexual response cycle, masturbation, homosexuality, heterosexuality, sexual dysfunctions, oppression, misuse and abuse, jealousy, AIDS, contraception, and venereal disease. Two classes dealt directly with the topics of sexual oppression and sexual misuse and abuse; included the social and cultural context for discussions of the various topics that was consistent with a feminist orientation toward the material. Presentations and discussions were handled in a non-confrontational manner.</p> <p><b>Education course</b> - lectures on material relevant to educational practices in both primary and secondary</p>
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Population and Setting	Study Design and Sample	Intervention
<p>Other                    0                    2%</p> <p><b>Knows a Victim</b>    40%                38%</p> <p><b>Sex Education:</b></p> <p>None                    &lt;1%                2%</p> <p>Friend/Self            11%                15%</p> <p>Parents                18%                12%</p> <p>Class                    52%                71%</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> See above (population characteristics)</p>		<p>schools. Did NOT cover any material on sexuality, sex education, or rape.</p> <p><b><u>Program Implementer:</u></b> <b>Human Sexuality</b> - male instructor (no further information provided) <b>Education course</b> - male and female co-instructors(no further information provided)</p> <p><b><u>Culturally Specific:</u></b> Not reported</p> <p><b><u>Assessment of Exposure:</u></b> Not reported</p> <p><b><u>Intervention Retention Rate:</u></b> Not reported</p> <p><b><u>Other:</u></b></p>

Measures	Results	Study Quality
<p><b><u>Knowledge:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Attitudes:</u></b> <i>Rape Myth Acceptance (RMA)</i> (Burt, 1980) - 19 items; Likert scale; measures acceptance of rape myths</p> <p><b>Time Points of Measurement:</b> Pre- and post-test</p> <p><i>Acceptance of Interpersonal Violence (AIV)</i> (Burt, 1980) - 6 statements; Likert scale; measures acceptance of interpersonal violence</p> <p><b>Time Points of Measurement:</b> Pre- and post-test</p> <p><b><u>Victimization:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p>	<p><b><u>Primary Measures:</u></b> <b>Knowledge:</b></p> <p><b>Attitudes:</b> Significant difference between the education students and human sexuality students on the <i>RMA</i> adjusted mean scores at post-test (<math>p &lt; 0.01</math>). (Students in the human sexuality class showed significantly less acceptance of rape myths than did the scores for students taking an education class.)</p> <p>“The present findings, however, would be misleading if only the statistical significance was considered. While it is hopeful that course-work in human sexuality can still positively influence the attitudes of young adults, the influence seems small when the actual score change is considered. The mean scores for the human sexuality group and the education group were 33.99 and 35.02, respectively. Dividing these scores by 19, the total number of items on the <i>RMA</i> scale, shows that both groups had average item scores of less than 2 - representing general</p>	<p><b><u>Quality Score:</u></b> Total: 54/85 (64%) Description: 23/25 (92%) Design: 31/60 (52%)</p> <p><b><u>Major Strengths:</u></b> <b>Study:</b> - differences in pretest scores were used as covariates</p> <p><b><u>Major Weaknesses:</u></b> <b>Study:</b> -non-random assignment</p> <p><b>Article:</b> - lack of description of sample sizes and participation rates</p>

Measures	Results	Study Quality
<p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> <i>Demographic questionnaire</i></p> <p><b>Time Points of Measurement:</b> pre-test</p>	<p>disagreement with rape myths.”</p> <p>No significant difference between groups on the <i>AIV</i> scale.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

<b>Author/s:</b> Wolfe, Wekerle, Scott, Straatman, Grasley, and Reitzel-Jaffe <b>Title:</b> Dating Violence Prevention with At-Risk Youth: A Controlled Outcome Evaluation		<b>Year:</b> 2003 <b>Article Number:</b> 054
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Seven CPS agencies including urban, rural and semirural jurisdictions (no other detail) (assumed took place in Canada)</p> <p><b>Study Eligibility Criteria:</b> Adolescents aged 14 to 16 years (inclusive) and at risk of developing abusive relationships on the basis of their history of maltreatment from 7 participating Child Protective Services (CPS). (Referrals were not sought on the basis of prior abuse in a dating relationship; however, those who had engaged in such behavior were not excluded). Individuals were excluded if they were receiving or in greater need of other mental health services, on the basis of a caseworker’s report or intake findings; if they had convictions for crimes against persons; or if they were developmentally delayed. Verbal consent to be contacted by a member of the research team was obtained if the caseworker, caregiver, and youth agreed.</p> <p><b>Population Type:</b> adolescents</p> <p><b>Population Characteristics:</b>  <b>Age:</b> Typically 15 years old, X = 15.18 years  <b>Sex:</b>            Baseline: n=99 girls, 52%; n= 92 boys, 48%            Completers:            Intervention: n=96, 52% girls; 48 % boys            Control: n=62, 47% girls; 53% boys  <b>Education:</b> Not reported  <b>Race/Ethnicity:</b> (self-identified) 85% Caucasian, 8% First Nations, 3% Asian, and 4% African Canadian  <b>Sexually Active:</b> Not reported  <b>Victimization:</b> History of maltreatment  <i>CTQ</i> results: many youths scored above <i>CTQ</i> clinical         </p>	<p><b>Study Design:</b> Non-equivalent comparison group</p> <p><b>Author-reported:</b> Random two-group, two-level growth curve design applied to individual-level longitudinal data. “We had to compromise true random assignment to increase the number of participants receiving the intervention” (p 289); random assignment to condition was modified to reflect a ratio of 2:1 (treatment and control, respectively), to increase the number of youths receiving the program</p> <p><b>Intervention Group Type(s):</b>            96 youths; CPS caseworker referred; verbal consent to be contacted by a member of the research team was obtained if the caseworker, caregiver, and youth agreed. Required consent from youth and parent or legal guardian. Random assignment to condition reflected ratio of 2:1 (treatment and control) to increase the number of youths receiving the program.            15 coeducational groups, each consisting of 6-10 participants per group)            In addition, participants in both conditions received additional services infrequently (i.e., co-intervention). Counseling and preparation for independent living were the most common additional services (n=31), which did not differ between groups. Less than 5% of the sample received summer camp or other community activities; most participants did not received additional services beyond case worker visits.</p> <p><b>Comparison Group Type(s):</b>            62 youths; CPS caseworker referred; verbal consent to be contacted by a member of the research team was obtained if the caseworker, caregiver, and youth agreed. Must be between the ages of 14 to 16 years and at risk of abusive relationships on the basis of their history of maltreatment. Required consent from youth and parent or legal guardian.            Youth assigned to the control condition continued to         </p>	<p><b>Setting:</b> Groups were operated in community locations such as youth centers.</p> <p><b>Duration:</b> 18-session program; 2 hours long</p> <p><b>Theory/Model:</b> Youth Relationship Project (YRP) uses a health-promotion approach to preventing violence in dating relationships by focusing on positive alternatives to aggression-based interpersonal problem-solving and gender-based role expectations. The intervention draws from skill- and learning-based approaches described previously as well as from feminist theories regarding societal values that maintain inequality and promote gender-base violence, such as violent and sexist media, sex-role stereotyping, and gender socialization (Dobash and Dobash, 1992); and from recent theoretical perspective linking past child maltreatment and current aggression in peerships and partnerships.</p> <p><b>Delivery Mode:</b> program is interactive and uses a variety of learning strategies, including guest speakers, videos, didactic material, behavioral rehearsal, visits to community agencies, and a social action project in the community. 15 coeducational intervention groups (aprx 6-10 participants per group)  <b>Incentives:</b> Adolescents in the intervention program received \$5 for each of the first 5 sessions they attended; transportation costs were reimbursed. Participants received \$10 for completing the initial booklet of questionnaires and were compensated incrementally for each follow-up assessment to a maximum of \$25.</p> <p><b>Curriculum/Content:</b> The YRP curriculum involves three components: (a) education and awareness of abuse and power dynamics in close relationships, (b) skill development, and (c) social action.(Wolfe et al, 1996) Education and awareness sessions focused on helping teens recognize and identify abusive behavior across various domains with a particular focus on power</p>

Population and Setting	Study Design and Sample	Intervention
<p>cutoffs (moderate or severe) for experiences of emotional abuse (43%), emotional neglect (41.2%), physical abuse (40.4%), physical neglect (47.4%), and sexual abuse (33.6%) At initial assessment, boys and girls reported statistically equivalent levels of physical abuse victimization.</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> -Youth were from lower income families -Over half the sample (60%) lived outside the home (i.e., foster parents, group home, or other arrangements); remainder lived with one or more natural or adoptive parents - over 90% of the sample came from CPS agencies and were under a protection, supervision or wardship order; a small subset of maltreated youths attended a special needs school in the community - &gt;90% had begun dating; aprx half of them were dating at the time of the initiation of the study. - Mothers of youths living at home listed their occupation status as unemployed or unskilled (51%), skilled (34%), or professional (14%).</p>	<p>receive standard CPS services, which consisted primarily of bimonthly visits from a social worker and the provision of basic shelter and care. In addition, participants in both conditions received additional services infrequently (i.e., co-intervention). Counseling and preparation for independent living were the most common additional services (n=31), which did not differ between groups. Less than 5% of the sample received summer camp or other community activities; most participants did not received additional services beyond case worker visits.</p> <p><b>Sampling Frame Size:</b> 319 students referred over the four-year period of the study.</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 191 were eligible or available to participate (191/319 = 60%)</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 158 (96 intervention; 62 control) Total: 33 dropouts out of 191 = 83% study participation rate(intervention=25, control=8) Intervention dropouts were defined as having attended no more than five sessions (n=25, 21%)</p> <p><b>Time Points of Data Collection:</b> Pretest: Initial interview, before intervention Post-test: After completing the four-month intervention/control period Follow-up: Bi-monthly contact by telephone to determine whether they were involved in a dating relationship for 1 month or longer. If so, they were scheduled to complete questionnaires concerning their relationship, including questions of abuse perpetration and victimization. Face-to-face interviews were regularly scheduled at 6-month intervals to re-administer all outcome measures.</p> <p>On average, participants were followed for 16 months post-group and assessed 4.7 times.</p>	<p>dynamics in male-female relationships.</p> <p>Skill development built on this knowledge base by exploring available choices and options to solve conflict more amicably and avoid abusive situations. Communication skills included listening, empathy, emotional expressiveness, and assertive problem solving and were applied to familiar situations such as consent and personal safety in sexual relations. Societal influences and myths that contribute to attitudes and beliefs about interpersonal violence were examined.</p> <p>Social action activities provided participants with information about resources in their community that could assist them in managing unfamiliar stressful issues affecting their relationships. These activities involved youths in the community in a positive way to help them overcome their prejudices or fear of community agencies, e.g. police, welfare. Youth visited a chosen agency to conduct a prearranged interview and then reported back to the group with their findings, with the goal of improving their help-seeking skills and decrease their negative expectations and avoidance of social services. Each group developed a fund-raising or community awareness project to teach empowerment through social action.</p> <p><b>Program Implementer:</b> Intervention groups: led by a man and a woman cofacilitator who modeled positive relationship skills. Included social workers and other community professionals chosen on the basis of their experience with youths or with victims or offenders of domestic violence.</p> <p>Facilitators participated in a 10-hour training seminar over 2 days. Were paid \$650 each.</p> <p>Guest speakers: examples included survivor of woman abuse and a former male batterer.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Attendance was taken</p>

Population and Setting	Study Design and Sample	Intervention
	<p>Note: the number of assessment contacts over the course of the study was dependent on dating experiences, so some youths had more contacts than others; analyses were limited to the first six assessment points for the entire sample, for which at least 50% of the youths had data.</p> <p><b>Methods/Setting of Data Collection:</b> Paper and pencil tests; ratings by facilitators</p>	<p><b>Intervention Retention Rate:</b> 121 intervention minus 25 dropouts = 96 adolescents retained. 79% retention rate</p> <p><b>Other:</b> Fidelity of the delivery of the intervention was achieved by the use of a manual with detailed session plans, a correction procedure involving discussion and feedback with members of the research team, and further individual training provided by an experienced facilitator as necessary. Sessions were audio taped and reviewed for adherence to protocol and feedback. Research assistants independently rated the degree to which objectives were met for each session across a random sample of eight groups. On average, 88% of the objectives were met (range: 60-90%), indicating strong fidelity across groups in the delivery of the intervention.</p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Attitudes:</b> Not reported</p> <p><b>Victimization</b> (also see “CTQ short form” below under Other Measures)</p> <p><i>Conflict in Adolescent Dating Relationships Inventory</i> (see Perpetration below)</p> <p><b>Perpetration:</b> <i>Conflict in Adolescent Dating Relationships Inventory</i> (CADRI; Wolfe, Scott, Reitzel-Jaffe, et al., 2001) - 70-item measure completed by teens in reference to an actual conflict or disagreement with a current or recent dating partner over the past 2 months; each question is asked twice, first in relation to the respondents’s behavior toward a dating partner and, second, in relation to a dating partner’s behavior toward them; Also used to assess conflict resolution skill with positive items</p> <p><b>Time Points of Measurement:</b> Pre-test, Post-test, Follow-up</p>	<p><b>Primary Measures:</b> Note: separate analyses of change (growth curves) were conducted in three steps for each outcome variable:</p> <ol style="list-style-type: none"> <li>1. Examined unconditional growth models (i.e. without consideration of moderator variables such as intervention) to determine whether there was any time-related change, and if so, whether there was sufficient variability to warrant an investigation of individual differences. Linear, quadratic, and cubic effects were examined.</li> <li>2. The next step determined whether intervention, gender of the participant, or the Intervention X Gender interaction (fixed effects) for each target outcome variable, while controlling for initial group differences.</li> <li>3. If significant, a third step was undertaken to determine whether group process variables (fixed effects) would refine predictions of growth (random effect).</li> </ol> <p>The five intervention process variables, (a) attendance, b) listening skills, c) disruptive behavior, d) involvement (through cofacilitators’ average weekly ratings), and e) group cohesion) were entered into the growth model retaining those that showed a significant effect on growth</p>	<p><b>Quality Score:</b> Total: 73/85 (86%) Description: 25/25 (100%) Design: 48/60 (80%)</p> <p><b>Major Strengths:</b> <b>Study:</b></p> <ul style="list-style-type: none"> <li>- Measured differences between dropouts and completers</li> <li>- Reported details of each measure</li> <li>- Longitudinal follow-up</li> <li>- Use of growth modeling that captured developmental trajectories rather than pictures at one point in time</li> <li>- Measured differences between treatment and control groups</li> <li>- Compared results of this high-risk group (previous maltreatment) to a “normative sample” from another study.</li> </ul> <p><b>Article:</b> Well-written; thorough</p>

Measures	Results	Study Quality
<p><b>Other Measures:</b>  <b>Background risk factors</b>  <i>Childhood Trauma Questionnaire</i> (CTQ short form; Bernstein et al., 1994) - contains 35 items concerning the frequency with which the respondent experienced or witnessed violence “while you were growing up”; rated on a 5-point scale; has 5 subscales. Authors added a sixth subscale “Witness of Parental Violence”  <b>Time Points of Measurement:</b> Pre-test</p> <p><i>Short Michigan Alcoholism Screening Test (SMAST; Selzer, Vinokur, and Van Rooiuen, 1975)</i> - used as an indicator of parental problem drinking; 10-items; yes/no responses. <b>Modified</b> form so that respondents answered in reference to their parents (biological and step) alcohol use.  <b>Time Points of Measurement:</b> Pre-test</p> <p><i>Youth Self-Report problem section (YSR; Achenbach, 1991)</i> - administered to provides self-ratings of overall adjustment problems at intake.  <b>Time Points of Measurement:</b> Pre-test</p> <p><b>Emotional distress</b>  <i>Trauma Symptom Checklist-40 (TSC-40; Elliot and Briere, 1992)</i> - 40 items are rated for frequency of occurrence on a 4-point scale; designed to assess the impact of child abuse and other psychological trauma on emotional and behavioral adjustment; total score collapsed over 5 subscales (Dissociation, Anxiety, Depression, Sleep Disturbance, and Post abuse Trauma) was used.  <b>Time Points of Measurement:</b> Pre-test, Post-test, Follow-up</p> <p><i>Hostility subscale of the Symptom Checklist-90 -Revised (SCL-90-R; Derogatis, 1983)</i> - assess the degree of annoyance in interpersonal relationships.  <b>Time Points of Measurement:</b> Pre-test, Post-test, Follow-up</p> <p><b>Healthy relationship skills</b></p>	<p>parameters.</p> <p><b>Overall</b>  Intervention participants evidenced trajectories of decreasing frequency and severity of abuse compared with controls in several domains. Abuse perpetration and victimization - youths in both conditions reported decreases in several indicators. This developmental effect is consistent with longitudinal studies on childhood aggressive over time. However, intervention participants decreased at a faster rate than controls.</p> <p>Over the two years of the study, those receiving the intervention were less physically abusive toward their dating partners and reported less physical, emotional and threatening forms of abuse by their partners toward themselves.</p> <p><b>Victimization:</b>  Unconditional growth models: significant reduction in all forms of victimization over time (<math>p &lt; .01</math>).</p> <p>Intervention participants showed greater declines than controls in experiencing emotional abuse (<math>p &lt; .01</math>) and threatening behavior (<math>p &lt; .05</math>) by a dating partner.</p> <p>Intervention and Gender: For physical abuse, there was an interaction between gender and intervention status (<math>p &lt; .05</math>) with greater treatment effects shown for boys than girls. Girls reported higher levels of emotional abuse victimization initially (<math>p &lt; .01</math>) and had steeper declines over time in experiencing threats (<math>p &lt; .05</math>). At initial assessment, boys and girls reported statistically equivalent levels of physical abuse victimization. Over time, the amount of victimization reported by all intervention youths and by female controls declined, whereas male controls reported increases in physical abuse victimization. Youths with high levels of maltreatment in their background initially reported higher levels of physical and emotional abuse victimization (<math>p &lt; .05</math>) and showed greater change in physical abuse victimization over time (<math>p &lt; .05</math>), thus making formerly described interaction effects more</p>	<p><b>Major Weaknesses:</b>  <b>Study:</b>  - Difficult to ascertain who exactly went into treatment because authors reported that they could not follow their original design of random assignment  - Unable to draw firm conclusions on the generalizability of the program since target group was comprised of at-risk youths with histories of maltreatment  - due to number of significance tests and outcome variables, the results should be interpreted with caution until further replication (author stated)</p> <p><b>Article:</b>  – Time points of instrument administration is not clear  – Findings are very difficult to interpret (findings not listed by instrument and therefore difficult to determine which instrument was used to gather which results)</p>

Measures	Results	Study Quality
<p><i>Adolescent Interpersonal Competence Questionnaire (AICQ;</i> Buhrmester, 1990) - 32-item questionnaire to assess four domains of competence related to adolescent dating relationships; uses 5-point scale to rate one's own interpersonal competence in general</p> <p><b>Time Points of Measurement:</b> Pre-test, Post-test, Follow-up</p> <p><i>Initial Interview</i> Information was obtained on family demographics, background, and other support or mental health services received.</p> <p><b>Time Points of Measurement:</b> pretest</p>	<p>pronounced.</p> <p>The treatment group was compared to a normative sample from another study (Wolfe, Scott, Reitzel-Jaffe, Wekerle, Grasley, and Straatman, 2001; not equivalent to growth curve analyses): For the normative sample physical abuse victimization was similar to the intervention group at the last assessment. For threatening experiences, the treatment group reported lower rates (7% and 24% for boys and girls, respectively) than the normative group (24% and 21% for boys and girls, respectively).</p> <p>The rate of physical abuse experiences among girls in the comparison group was similar to that of the normative sample, however a higher percentage reported threats (27% vs. 21%). The boys in the comparison group reported experiencing physical abuse victimization at a much higher rate (33% vs. 28%) and at the final assessment (43% vs. 24%) reported experiencing more threats.</p> <p>The effect of intervention process on victimization: Listening skills emerged as a predictor of less victimization over time (<math>p &lt; .05</math>). Other intervention variables were unrelated to victimization.</p> <p><b>Perpetration:</b> Examination of the unconditional growth models for three indicators of abuse perpetration revealed that, over time, there was a significant reduction in physical abuse (<math>p &lt; .01</math>) and emotional abuse (<math>p &lt; .05</math>) against a dating partner. Decreases in threatening behaviors were not significant.</p> <p>Intervention and Gender: Conditional growth model analyses indicate that intervention status was a significant predictor of the magnitude of change in youths' physical abuse perpetration (<math>p &lt; .05</math>); changes in threatening behaviors were non-significant.</p> <p>Gender found to be important in predicting perpetration: Girls reported higher initial levels of physical abuse perpetration (<math>p &lt; .01</math>) and showed steeper declines in</p>	

Measures	Results	Study Quality
	<p>physical abuse over time than boys (<math>p &lt; .05</math>) Girls also reported more emotional abuse and threatening behaviors initially than boys (<math>p &lt; .01</math>) and showed greater reductions in their threatening behaviors over time than boys (<math>p &lt; .05</math>). No significant effects were noted for the degree of past maltreatment or for Gender X Intervention interaction status.</p> <p>Treatment was associated (growth curves) with a decrease in physical abuse perpetration each month for boys and girls.(control and intervention groups).</p> <p>CADRI comparisons were made between the treatment group and the normative sample. By end of follow-up period, rate of physical abuse and perpetration among treatment youths were similar to those found in the normative sample, whereas, higher percentages of youths in the comparison group reported physical abuse perpetration during their final assessment. (19% and 41%, boys and girls respectively vs. 10% and 28%).</p> <p>The effect of intervention process on perpetration: Youths who were rated as listening more showed steeper reductions in physical abuse than those with lower ratings (<math>p &lt; .01</math>). Ratings of group involvement showed the opposite trend, with those more involved showing less reduction in their physical abuse over time than less involved youths (<math>p &lt; .01</math>). Attendance, disruptiveness, and overall group cohesion were not associated with change in physical abuse.</p> <p><b>Other Measures:</b>            Emotional Distress: <i>TSC-40 and SCL-90</i>            A general reduction in emotional distress symptoms was seen among all youths, with intervention participants showing steeper decline than controls.            There was a significant decrease over time in reports of interpersonal hostility (<math>p &lt; .05</math>) and trauma symptoms (<math>p &lt; .01</math>).</p> <p>Intervention and Gender:</p>	

Measures	Results	Study Quality
	<p>Intervention had a significant effect of <i>TSC-40</i> trauma symptoms, but not on <i>SCL-90-R</i> hostility.</p> <p>Intervention youth in their last assessment reported rates of clinically significant trauma symptoms that were within normal limits, whereas, higher percentages of the controls reported clinically significant trauma symptoms (<i>significance Not reported</i>).</p> <p>Gender and history of maltreatment were related to initial levels of trauma symptoms and ratings of hostility, with girls and youth with history of maltreatment reporting significantly higher levels of emotional distress, but maltreatment status and gender were not related to changes in target behavior over time.</p> <p>The effect of intervention process on emotional distress: Again, facilitators ratings of listening skills were associated with greater decreases in trauma symptoms over time (<math>p &lt; .05</math>) whereas group cohesion was inversely related to positive change (<math>p &lt; .05</math>). Other process-related variables were not related to magnitude of change over time.</p> <p>Comparisons indicate that for both boys and girls at the final assessment the treatment group was similar to the normative sample, however the comparison group reported substantially higher rates (29% and 32% for both boys and girls, respectively) of emotional abuse.</p> <p>Healthy Relationship Skills: <i>AICQ</i>                      Intervention youths did not show expected growth over time in healthy relationships skills (researchers hypothesize that their measure of relationship skills lacked sufficient sensitivity to change).</p> <p><b>Attendance/Treatment Completion:</b>                      33 dropouts out of 191 = 83% study participation rate (intervention=25, control=8)</p> <p><b>Other:</b></p>	

**Author/s:** Wright, Akers, and Rita

**Year:** 2000

**Title:** The Community Awareness Rape Education (CARE) Program for High School Students

**Article Number:** 055

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Not reported</p> <p><b>Study Eligibility Criteria:</b> 10<sup>th</sup> grade students who with parental consent</p> <p><b>Population Type:</b> 10<sup>th</sup> grade students</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> Not reported</p> <p><b>Sex:</b> Not reported</p> <p><b>Education:</b> 10<sup>th</sup> grade</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p><b>Study Design:</b> Pre-post</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> High School 1: N= 245 10<sup>th</sup> graders High School 2: N=257 10<sup>th</sup> graders High School 3: N=196 10<sup>th</sup> graders</p> <p><b>Comparison Group Type(s):</b> None</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> Not reported</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 698 (from above numbers) Participation rate Not applicable</p> <p><b>Time Points of Data Collection:</b> Pre-test: Time given Not reported Post-test: Time given Not reported</p> <p><b>Methods/Setting of Data Collection:</b> Pencil and paper test given in classroom</p>	<p><b>Setting:</b> Classroom setting</p> <p><b>Duration:</b> Not reported</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> Role-play, students writing examples of ways to reduce the risk of sexual assault, discussions; students encouraged to give comments and feedback. Index cards and posters used to facilitate discussion.</p> <p><b>Curriculum/Content:</b> scenarios discussing rape, risk reduction measures, and community resources presented. Distributed index cards with info about rape statistics and common “myths and truths” about sexual assault and rape. Students read aloud and discussed.</p> <p><b>Program Implementer:</b> 2 registered nurses, a teacher, a counselor, and a representative from Response (the local rape crisis center)</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b><u>Knowledge:</u></b> A seven-question survey was designed. Questions included knowledge of sexual assault, rape; myths; ways to reduce risk of sexual assault (see below); resources.</p> <p><b>Time Points of Measurement:</b> Pre- and post-test</p> <p><b><u>Attitudes:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Victimization:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Perpetration:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Other Measures:</u></b> Part of the seven-question survey included ways to reduce risk of sexual assault.</p> <p><b>Time Points of Measurement:</b></p>	<p><b><u>Primary Measures:</u></b></p> <p><b>Knowledge:</b> There was a significant increase in the post-test scores (significance levels Not reported). Questions: After participation in the program, test scores increased an average of 70-88%</p> <ol style="list-style-type: none"> <li>1. Definition of rape: 17% increase in correct answers</li> <li>2. List 3 community resources: 12% increase in correct answers</li> </ol> <p><b>Attitudes:</b></p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b><u>Other Measures:</u></b></p> <p>- 3 measures to reduce risk of sexual assault: all schools increased by at least 28%.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b> Classroom instructors and counselors were given evaluation forms. All stated that the objectives were clearly presented and that the material followed the goals and objectives.</p>	<p><b><u>Quality Score:</u></b> Total: 27/85 (32%) Description: 14/25 (56%) Design: 13/60 (22%)</p> <p><b><u>Major Strengths:</u></b></p> <p><b><u>Major Weaknesses:</u></b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Study presented few details on the subjects, rates of parental consents, etc.</li> <li>- Difficult to determine exactly who received intervention, for example, what percentage of students agreed, showed up, etc.</li> <li>- Questionnaire consisted of only 7 questions and was given immediately after intervention.</li> </ul>

**Author/s:** Fors, Lightfoot, and Burrichter

**Year:** 1996

**Title:** Familiarity with Sexual Assault and its Relationship to the Effectiveness of Acquaintance Rape Prevention Programs

**Article Number:** 058

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Florida Atlantic University</p> <p><b>Study Eligibility Criteria:</b> undergraduate students in Criminal Justice and Psychology classes</p> <p><b>Population Type:</b> Undergraduate students</p> <p><b>Population Characteristics:</b>  <b>Age:</b> Ranged from 19 to 44 years; X = 23.9 yrs</p> <p><b>Sex:</b> Female: 61% female; 39% males</p> <p><b>Education:</b> 48% seniors; 44% juniors; 6% sophomores; 2% freshman</p> <p><b>Race/Ethnicity:</b> 89% Caucasians; 11% minorities</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> See below</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b>                      All participants had been residents in the United States for over 10 years except for one African-American and one Haitian. Both had resided in the U.S. for 5 to 10 years.</p>	<p><b>Study Design:</b> Experimental design</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> Ns Not reported; undergraduate students in Criminal Justice and Psychology classes randomly assigned to one of two interventions</p> <p><b>Comparison Group Type(s):</b> Ns Not reported; undergraduate students in Criminal Justice and Psychology classes randomly assigned control group (not given any intervention)</p> <p><b>Sampling Frame Size:</b> 420 students</p> <p><b>Baseline Sample Size (and Participation Rate):</b>                      Not reported</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>                      N=54. Rate can not be determined</p> <p><b>Time Points of Data Collection:</b>                      Pre-test: immediately before intervention                      Post-test: immediately after intervention (intervention groups only)                      Follow-up: two weeks after intervention (intervention groups only)</p> <p><b>Methods/Setting of Data Collection:</b>                      Paper and pencil tests; classroom setting used at each time point</p>	<p><b>Setting:</b> College classroom</p> <p><b>Duration:</b> 2 interventions                      1. Didactic: presentation lasted for approximately an hour                      2. Theater: Not reported</p> <p><b>Theory/Model:</b> Changing incidence of rape will not decrease unless attitudes toward rape are changed. By modifying attitudes there will be a reduction in rapes and an increase in women's ability to resist.</p> <p><b>Delivery Mode:</b> 2 interventions (one control group)                      1. Didactic: didactic and watched a video, Campus Rape, (produced by Santa Monica Rape Treatment Center) and participated in a question and answer session                      2. Theater: experiential in nature, inviting participation from the audience. Improvisational theater was the primary method of instruction. Included discussion.</p> <p><b>Curriculum/Content:</b> 2 interventions (one control group)                      1. Didactic: Not reported                      2. Theater: two scenes presented: 1 - portrays some of the risk factors and miscommunication that can lead to acquaintance rape. The scene leads up to the male forcing the female to have sex against her will. At the conclusion of the first scene, the audience participated in a discussion identifying behaviors that may have contributed to the situation and how they could change those behaviors.                      2 - incorporated the prevention strategies and suggestions made by the audience.                      3 - control: did not receive any rape prevention programs.</p> <p><b>Program Implementer:</b> each of the three groups was assigned a facilitator. The facilitators were women with graduate degrees and experience in rape awareness workshops and/or counseling. They received</p>

Population and Setting	Study Design and Sample	Intervention
		<p>approximately one hour of training for this study and were given a facilitator's guide (Parrot, 1987) to review prior to the workshop.</p> <p>Two drama students: male and female presented the scenarios in Intervention 2</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not applicable</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> <i>Adversarial Sexual Beliefs Scale (ASB)</i> (Burt, 1980) - 9 items; involving the aspect of exploitation in sexual relationships; Likert Scale</p> <p>Rape Myth Acceptance (<i>RMA</i>) (Burt, 1980) - 19 items; Likert scale; measures acceptance of rape myths</p> <p><b>Note:</b> these two scales were combined into one questionnaire with filler questions placed throughout the questionnaire. These filler questions were not analyzed but were utilized to mask the goal of the instruments.</p> <p><b>Time Points of Measurement:</b> Pre-, Post-, and follow-up</p> <p><b>Victimization:</b> Biographical/demographic data form: requested information such as age, sex, year in school, and race. It also contained four questions concerning forced sex victimization and perpetration.</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b> When the subjects had been the victim of forced sex, there was no significant decrease in <i>ASB</i> scores or <i>RMA</i> scores after either intervention.. The 'victim' participants had fewer rape-supportive beliefs and their scores were significantly lower than non-victim across all groups, pre-treatment and post-treatment.</p> <p>When the participant knew a victim of forced sex, there was a significant decrease in their rape-supportive beliefs as measured by the <i>ASB</i> scale (<math>p &lt; .05</math>) after the didactic treatment; this was not true of the theater or control group. The <i>RMA</i> scores among participants who knew people who were victims of forced sex were not significantly reduced by either program.</p> <p>When the subject knew an individual that had forced someone to have sex, they had a significant decrease in the <i>ASB</i> scale (<math>p &lt; .05</math>) after the didactic program while there was not significant interaction with regards to the <i>RMA</i> scale. There was no significant decrease in <i>ASB</i> or <i>RMA</i></p>	<p><b>Quality Score:</b> Total: 53/85 (62%) Description: 25/25 (100%) Design: 28/60 (47%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- measured differences between groups on Attitude scales at pre-test</li> <li>- random assignment</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- described rationale for analysis methods and attempts to reduce type II error</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- couldn't tell if results were based on the difference between pre-test and post-test or pre-test and follow-up</li> </ul>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b> pre-test</p> <p><b>Perpetration:</b> Biographical/demographic data form: requested information such as age, sex, year in school, and race. It also contained four questions concerning forced sex victimization and perpetration.</p> <p><b>Time Points of Measurement:</b> pre-test</p> <p><b>Other Measures:</b> Biographical/demographic data form: requested information such as age, sex, year in school, and race. It also contained four questions concerning forced sex victimization and perpetration.</p> <p><b>Time Points of Measurement:</b> pre-test</p>	<p>scores in either the theater or control group.</p> <p><b>Victimization:</b> pre-t est: 24% had been forced to have sex against their will; 46% knew one or more individuals who had been forced to have sex against their will.</p> <p><b>Perpetration:</b> pre-test: One participant admitted having forced someone to have sex, and 30% knew someone who had forced someone to have sex.</p> <p><b>Other Measures:</b> 7 victims of sexual assault in the didactic program 3 victims of sexual assault in the experiential program 14 victims of sexual assault in the control group</p> <p><b>Attendance/Treatment Completion:</b> Not reported <b>Other:</b></p>	

<b>Author/s:</b> Schewe and O'Donohue <b>Title:</b> Sexual Abuse Prevention with High-Risk Males: The Roles of victim Empathy and Rape Myths		<b>Year:</b> 1993 <b>Article Number:</b> 059
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Northern Illinois University</p> <p><b>Study Eligibility Criteria:</b> Volunteers from an introductory psychology course were screened for high and low scores on the <i>Likelihood of Sexually Abusing (LSA)</i> scale.</p> <p><b>Population Type:</b> University students</p> <p><b>Population Characteristics:</b>  <b>Age:</b> Measured but Not reported   <b>Sex:</b> 100% male   <b>Education:</b> Not reported   <b>Race/Ethnicity:</b> Measured but Not reported   <b>Sexually Active:</b> Not reported   <b>Victimization:</b> Not reported   <b>Criminal History:</b> Not reported   <b>Other (i.e. disability, substance abuse, etc.):</b> Marital status measured but Not reported.   <b>SES</b> (see below - measures) Subjects who indicated a higher likelihood of sexually abusing reported that they used more force in sexual relationships, fantasized more often about the use of force in sexual relationships, fantasized more about sexually abusing children, indicated greater sexual arousal, showed less empathy for victims of rape, and scored significantly higher on the <i>AIV and ASB</i> than did low-potential subjects. (Pre-test only)                       High risk groups had a significantly greater history of sexual aggression than low-risk groups as measured by the                 </p>	<p><b>Study Design:</b> Experimental design</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> 42 high potential males were selected. High potential was defined as males who scored higher than 10 on the LSA scale and reported at least some likelihood of raping on the Likelihood of Raping Scale (score of 2 - range 1 to 5)..</p> <p>The subjects were randomly assigned to 3 groups: victim empathy, rape facts, and a no-treatment control group</p> <p><b>Comparison Group Type(s):</b> The high potential subjects were randomly assigned to 3 groups: victim empathy, rape facts, and a no-treatment control group</p> <p>13 low potential subjects as defined by scores of 9 or less on the LSA were chosen for a no-treatment control group to assess the magnitude of changes in the high-potential subjects</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 216 males volunteered; 55 were screened into study</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> Not reported</p> <p><b>Time Points of Data Collection:</b> Immediately before and after intervention</p> <p><b>Methods/Setting of Data Collection:</b> Not reported</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> 1 time, 45 minutes</p> <p><b>Theory/Model:</b> Discussed Finkelhor (1984) theory on 4 components needed for sexual offenses to occur and how two of them relate to reducing sexual offending ). Finkelhor (1984) has proposed that four components must be present before sexual offenses can occur: motivation to sexually offend, overcoming internal inhibitions, overcoming external inhibitions to sexually offend and overcoming the target's resistance. Increased victim empathy could potentially reduce the incidence of sexual offending by operating at the first two steps of Finkelhor's model.</p> <p><b>Delivery Mode:</b> Videotape to small groups of 2 to 5 individuals</p> <p><b>Curriculum/Content:</b> Groups were told that they were to evaluate the content of the videotapes for potential future editing and distribution. This procedure was employed as an attempt to minimize the reactance (both negative and social desirability) that might occur if subjects felt that the video was a direct attempt to change their attitudes. Videotapes were developed by experimenters.</p> <p><b>Treatment group 1:</b> The victim empathy group viewed a 45 minute video presentation designed to facilitate empathy toward victims of sexual abuse. The video contained depictions of several victims of rape, child sexual abuse, and sexual harassment telling about their abuse and their pain and suffering. Subjects were instructed several times within the video to imagine how a woman might feel before, during, and after being sexually assaulted or harassed as an adult or sexually abused as a child. Also, to increase empathy with victims of sexual assault, subjects were guided through scenarios in which</p>

Population and Setting	Study Design and Sample	Intervention
<p>SES.</p>		<p>they were to imagine themselves as victims of a rape. The video did not attempt to dispel rape myths or to give facts. The sole emphasis was to present the cognitive and emotional perspective of victims.</p> <p><b>Treatment group 2:</b> The rape myth/rape fact treatment group viewed a 45-minute videotape pointing to the importance of knowledge in preventing sexual victimization. They received a variety of facts about rape, sexual harassment, and child sexual abuse that were intended to increase their knowledge concerning sexual communication, rape myths, and the negative effects of sexual victimization.</p> <p><b>Program Implementer:</b> Trained graduate students blind to the experimental hypotheses</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not applicable</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> <i>Likelihood of Sexually Abusing (LSA;</i> a modified version of Briere and Malamuth's (1983) Likelihood of Raping Scale) - measures self-reported likelihood of raping, sexually harassing, and committing child sexual abuse. Range of scores: 7 to 35</p> <p><i>Likelihood of Raping Scale</i> (no detail about scale provided)</p>	<p><b>Primary Measures:</b> Overall: the results of the statistical comparisons between the empathy group and the non-empathy groups generally support the use of victim empathy-related material in programs designed to prevent men from raping in that the empathy group scored significantly better than the facts and no-treatment group on the <i>LSA</i>, <i>Likelihood of Raping</i>, and <i>Likelihood of Sexually Harassing scales</i>, the <i>AIV scale</i>, and the <i>ASB scale</i>. However, significant differences remained post-treatment between the empathy group and group initially judged to be a low risk for raping. Therefore, it appears that the high-risk individuals' rape potential was not reduced to an empirically derived "normal" level and</p>	<p><b>Quality Score:</b> Total: 37/85 (44%) Description: 16/25 (64%) Design: 21/60 (35%)</p> <p><b>Major Strengths:</b> <b>Study:</b> - Content validity of videotape measured -Distinguishes between males who are at high or low risk for sexual violence. -Controlled for social desirable responding. -Used control group (both high and low potential males) -Used attitudinal and behavioral measures</p>

Measures	Results	Study Quality
<p><i>Rape Empathy Scale (RES; Deitz et al., 1982)</i> (no detail about scale provided)</p> <p><i>Acceptance of Interpersonal Violence scale (AIV; Burt, 1980)</i> (no detail about scale provided)</p> <p><i>Adversarial Sexual Beliefs scale (Burt, 1980)</i> (no detail about scale provided)</p> <p><b>Time Points of Measurement:</b> Pre- and Post Intervention</p> <p><b>Victimization:</b> Not reported</p> <p><b>Perpetration:</b> Not reported</p> <p><b>Other Measures:</b>                      -<i>24 item Mood Scale</i> (Fultz, Schaller, and Cialdini, 1988) - subjects responded to 24 affective adjectives on a 7-point Likert Scale indicating how much they were experiencing that emotion.                      -<i>Open-ended items</i> to assess videotape in regards to credibility and potential helpfulness and to solicit open-ended responses regarding the videotape.                      -<i>Conformity measure</i>-10 items - after completing the post-tests, subjects were asked to participate in a group discussion. This was the disguised “conformity” measure. In this measure, subjects were individually placed in a room with three confederates. Subjects were asked to indicate their response to a series of multiple-choice questions. Seven of the 10 questions comprised the dependent measure. The questions ranged over whether revealing dress can make rape justifiable, to whether Russian soldiers raping German during WWII was justifiable and whether some women would eventually enjoy rape. Subjects were scored according to how many times they did not conform to the group norm for the seven items (the confederates always gave identical answers indicating that sexual victimization is in some way justifiable).</p>	<p>on several of the dependent measures, the high-risk, no-treatment group changed as much as the subjects receiving the empathy treatment which suggests that regression toward the mean, or some other experimental artifact such as test sensitization or social desirability, may have been operating in the empathy and no-treatment conditions.</p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b>                      -There was a lack of variance on the <i>Likelihood of Committing Child Sexual Abuse</i> which prevented analysis of this scale and the conformity measure</p> <p>-Subjects in the empathy condition showed a significantly larger increase in their empathy ratings after viewing the video than did the subjects in the facts condition.</p> <p>-Comparisons b/t the empathy group and non-empathy groups (facts and control) showed no significant difference at pretest and significant difference at post test on the <i>LSA, Likelihood of Raping, Likelihood of Sexually Harassing, AIV, and ASB scales</i>.</p> <p>-Similar contrasts for scores on the <i>RES and Arousal to Rape</i> measure failed to reach significance.</p> <p>-Significant differences were found b/t the control and fact group on the <i>Likelihood of Raping scale, the Arousal to Rape, AIV, and ASB scales</i> such that the no-treatment group reported fewer rape-supportive attitudes and behavior than did the facts group.</p> <p>- Similar comparisons between the empathy group and the facts group revealed significant differences between groups on every dependent measure except Arousal to Rape such that the empathy group displayed fewer rape-supportive attitudes and behavior post-treatment. The facts subjects’ scores did not change between pre- and post-treatment.</p> <p><b>Victimization:</b></p>	<p><b>Major Weaknesses:</b></p> <p><b>Study:</b>                      -Sample not adequately described.                      - Not clear when control group took the pre- and post-test surveys</p> <p><b>Article:</b>                      -No information about reliability/validity of measures                      -Not clear on the setting of the intervention                      -Measures need to be pulled out and discussed in a separate section. Several scales or subscales discussed and it is not clear which measures they go with.</p>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b> Before and after viewing videotapes</p> <p>- <i>Questionnaire</i> - self-reported differential arousal to forced versus consenting sex</p> <p><b>Time Points of Measurement:</b> Pre- and Post- Intervention</p> <p>- <i>Demographic questionnaire</i> - subjects recorded their age, race, and marital status</p> <p><b>Time Points of Measurement:</b> Pre Intervention</p> <p><i>Revised version of the Sexual Experiences Survey (SES; Koss and Oros, 1982) (no detail about survey provided)</i></p> <p><b>Time Points of Measurement:</b> Pre Intervention</p>	<p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p>-Both treatment groups scored equally on credibility and potential usefulness (helpfulness) of the program.</p> <p>-There were no significant differences b/t the 4 groups in the amount they conformed to the negative group norm in the conformity measure.</p> <p>-<i>Mood Scales:</i> findings Not reported</p>	

**Author/s:** Marx, Calhoun, Wilson, Meyerson, and Meyerson  
**Title:** Sexual Revictimization Prevention: An Outcome Evaluation

**Year:** 2001  
**Article Number:** 060

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Two large Universities in the southeastern and midwestern United States</p> <p><b>Study Eligibility Criteria:</b> Women from undergraduate research pool. Women were excluded if they did not have a history of sexual victimization after the age of 14 or if they had a history of suicidal ideation or attempts, previous and current psychiatric treatment, and past or present use of psychotropic medication.</p> <p><b>Population Type:</b> Female university students from midwestern and southeastern areas.</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> mean age of 20.12 (SD=3.79)</p> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b> Undergraduate students</p> <p><b>Race/Ethnicity:</b> White (85%), African American (2%), Hispanic (6%), Asian or Asian American (5%), and Native American (2%)</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> A part of the inclusion criteria was victimization after age 14.</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p><b>Study Design:</b> Experimental</p> <p><b>Author-reported:</b> Random assignment to control and intervention groups</p> <p><b>Intervention Group Type(s):</b> Participants were randomly assigned to the intervention group (n=24; 13 Southeast, 11 midwest)</p> <p><b>Comparison Group Type(s):</b> Participants were randomly assigned to the intervention group (n=37; 21 southeast, 16 midwest)</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> n=66 (Midwestern n=32 and Southeastern n=34)</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 2 month follow-up: n= 61 (92%)</p> <p><b>Time Points of Data Collection:</b> Baseline: immediately before intervention immediately after intervention (for one measure) Follow-up: 2 month after intervention</p> <p><b>Methods/Setting of Data Collection:</b> Self report on questionnaires and response latency measures. Listed to audiotape and press a button on a computer to respond. Administered to each individual prior to intervention and intervention group completed measures in group setting at Time 2.</p>	<p><b>Setting:</b> Group setting of 5-10 students but location not specified.</p> <p><b>Duration:</b> 2, 2-hour sessions. The second session occurred within a maximum of 2 days after session 1.</p> <p><b>Theory/Model:</b> Based on an intervention developed by Hanson and Gidycz (1993). This model was refined to address issues of revictimization. Meadows et al., 1996 (and others) suggest that an inadequate response to risk cues may help account for the increased risk of sexual assault for women with a history of victimization. Sexual assault prevention programs should identify high-risk situations and teach adaptive behavioral coping responses to those situations.</p> <p><b>Delivery Mode:</b> Include lecture format imparting sexual violence related information to participants by group leaders, discussion, videotapes with discussion, completion of writing assignments which were used for group discussion, problem solving exercises, and covert modeling procedures that involved imaging a sexual assault situation with a pre-recorded description of each scene followed by group discussion.</p> <p>All received course credit for participation.</p> <p><b>Curriculum/Content:</b> This intervention used a psychoeducational program developed by Hanson and Gidycz (1993) with a modified relapse-prevention approach that included identification of high-risk situations, problem solving, coping-skills training, assertiveness training and the development of communication skills.</p> <p><i>Session 1:</i> initial 2-hr session presented the definitions of sexual assault and rape as well as statistics regarding the frequency of sexual assault among college students; shared information on offender characteristics and danger</p>

Population and Setting	Study Design and Sample	Intervention
		<p>signals from men and on situational and personal risk factors for sexual victimization (Marx, Van Wie, and Gross, 1996). Common postassault reactions, including feelings of self-blame and guilt, were also noted and discussed. Participants then viewed a videotaped depiction of events leading up to an acquaintance rape that occurs at a college party. Tape was followed by a discussion of protective factors, completion of the Preventive Strategies Information Sheet (Warshaw, 1988), completion of worksheet that referred to their own victimization. Question and answer period followed.</p> <p><i>Session 2: second 2-hr session.</i> Covered risk recognition and response, problem-solving skills, assertiveness, and communication skills. Group discussion of alternative actions or reactions necessary to reduce risk in the future. In a group exercise, participants were then presented with several hypothetical high-risk situations and asked to formulate alternative solutions and responses to avoid revictimization. Participants then engaged in covert modeling procedure to teach appropriate assertiveness skills. Open discussion of issues and techniques for a limited amount of time. Participants were then given the names of local agencies that could provide additional information about sexual assault and that could give assistance if needed.</p> <p><b><u>Program Implementer:</u></b> Trained, masters level, female graduate research assistants led all groups.</p> <p><b><u>Culturally Specific:</u></b> Not reported</p> <p><b><u>Assessment of Exposure:</u></b> At the end of each session, the group leaders answered questions about the information presented in Session 1 and about sexual assault in general.</p> <p>A standardized manual was developed and group leaders were closely supervised to ensure the accurate and reliable delivery of the protocol.</p>

Population and Setting	Study Design and Sample	Intervention
		<p><b>Intervention Retention Rate:</b> n=24, the percent can not be determined because the article does not provide the number of women originally in the intervention group, just that the both intervention and comparison group went down from 66 to 61.</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b>  <i>The Sexual Experiences Survey</i> (Koss et al, 1987): 10-item self-report measure used to assessed sexual victimization history and victimizations during the follow-up periods. There were 3 versions, one assessing experience b/t ages 14-17, one assessing experiences from age 17 to baseline, and one assessing victimization experiences after the initial assessment to the 2-month follow-up..</p> <p><b>Time Points of Measurement:</b>                      Baseline -14-17 year version and 17 year to baseline version                      - Follow-up ( 2 month) - version assessing victimization experiences after the initial assessment</p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b>  <i>Self-Efficacy Ratings</i> (Hall, 1989), Participants rate their certainty of performing 7 behaviors specific to sexual situations (risk recognition, problem solving,</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b> <i>SES:</i> 27% of participants were revictimized during the 2 month follow-up period. No difference between control and intervention groups when all levels of victimization were considered.</p> <p>Approximately 23% of participants experienced a rape revictimization (those who experienced a completed rape during the follow-up period). Significant difference between groups: 30% of the control group members report being raped during the follow-up period, compared with only 12% of participants in the intervention group.</p> <p>Chi-Square analysis indicated that significantly fewer women in the intervention group (12%) reported rape revictimization as compared to women in the comparison group (30%)</p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b>                      There were no significant difference b/t the intervention and comparison groups on all variables except self-efficacy at the initial assessment. Participants in the comparison group had significantly higher scores on self-efficacy. Thus, self-efficacy was used as a covariate in relevant</p>	<p><b>Quality Score:</b>                      Total: 69/85 (81%)                      Description: 21/25 (84%)                      Design: 48/60 (80%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b>                      -2 month follow-up assessed                      -use of latency response in a unique approach to capturing change in this topical area                      -manual developed for program to allow for assessment of program fidelity                      - group leaders were closely supervised                      - controlled for differences between groups on some measures</p> <p><b>Article:</b>                      -Good description of intervention</p> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b>                      -Small sample size</p>

Measures	Results	Study Quality
<p>assertiveness, etc.) on a 7 pt Likert-type scale; this served as a measure of the extent to which participants believed they could successfully resist forceful sexual advances.</p> <p><b>Time Points of Measurement:</b> Baseline and 2 month</p> <p><i>Symptom Checklist 90-Revised (SCL-90-R; Derogatis, 1977):</i> 90-item self-report measure of psychopathology to assess the impact of the program on psychological symptoms. Self report measure of psychopathology used <i>the Global Severity Index (GSI)</i> from this measure. The <i>GSI</i> assesses overall symptoms.</p> <p><b>Time Points of Measurement:</b> Baseline and 2 month</p> <p><i>Response Latency Measure</i> (Marx and Gross, 1995) Participants listened to audio-taped portrayal of a man and woman in a sexual encounter that concludes in date rape. They are asked to make judgements about the interaction and respond by pressing a button on a computer keyboard when the man had gone too far. Total running time of the tape is 390 seconds.</p> <p><b>Time Points of Measurement:</b> Immediately following Session 2 of the intervention</p>	<p>analyses.</p> <p><i>Self-efficacy:</i> 2 x 2 x 2 mixed designed ANCOVAs (initial assessment of self-efficacy as covariate) were conducted for each level of victimization. The intervention group had a greater increase in self-efficacy than the comparison group regardless of whether they were revictimized.</p> <p>The above analysis were repeated with rape status substituted (rape vs. not raped during follow-up) for general revictimization. Participants in the intervention group reported significantly greater increases in self-efficacy from pre-intervention to follow-up than those in the comparison group.</p> <p><i>GSI:</i> ANCOVAs indicated that participants in the intervention group had greater decreases in symptom severity than those in the comparison group (revictimization analysis)</p> <p>All participants <i>GSI</i> scores improved regardless of group or rape revictimization rape vs. not raped during follow-up).</p> <p><i>Response Latency Score:</i> A one-way ANOVA indicated no significant differences between the intervention and comparison groups on response latency. There were also no significant differences in response latency b/t participants who reported revictimization and those with no revictimization during the follow-up period.</p> <p>There were significant differences on response latency between participants who did and did not report rape revictimization at follow-up. Participants with rape revictimization at follow-up showed poorer risk recognition, i.e. longer latencies.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

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**Author/s:** Gray, Lesser, Quinn, and Bounds

**Year:** 1990

**Title:** The Effectiveness of Personalizing Acquaintance Rape Prevention: Programs on Perception of Vulnerability and on Reducing Risk-Taking Behavior

**Article Number:** 061

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> community college located in a rural area</p> <p><b>Study Eligibility Criteria:</b> All women from three day and three evening social sciences classes offered in the spring of 1989 who volunteered and gave informed consent</p> <p><b>Population Type:</b> college students</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> 17-21 years: 44% &gt; 21 years: 56%</p> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b> college students</p> <p><b>Race/Ethnicity:</b> White - 74% Black - 24% Other - 1%</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> Marital status:</p>	<p><b>Study Design:</b> Randomized comparison group</p> <p><b>Author-reported:</b> classes were randomly assigned intact to one of two groups</p> <p><b>Intervention Group Type(s):</b> 44 women from three day and three evening social sciences classes offered in the spring of 1989 who volunteered and gave informed consent.</p> <p><b>Comparison Group Type(s):</b> 26 women (Note: Article reports 26 women in the text but 36 women in the table) from three day and three evening social sciences classes offered in the spring of 1989 who volunteered and gave informed consent. Control group was exposed to an acquaintance rape prevention program that used national statistics vs. the intervention group which was exposed to a program using local statistics.</p> <p><b>Sampling Frame Size:</b> 70 women</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 70 women - 100%</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 70 women - 100%</p> <p><b>Time Points of Data Collection:</b> pre-test: prior to prevention program post-test: at the conclusion of the program</p> <p><b>Methods/Setting of Data Collection:</b> paper and pencil questionnaire</p>	<p><b>Setting:</b> Classrooms in community college</p> <p><b>Duration:</b> Not reported</p> <p><b>Theory/Model:</b> Fishbein's Model of Reasoned Action - behavioral intent. The model asserts that most behavior is under rational control and incorporates intention as an intervening variable between beliefs and behavior (Fishbein, 1967)</p> <p><b>Delivery Mode:</b> information, discussion, role-playing</p> <p><b>Curriculum/Content:</b> The Acquaintance Rape Prevention Program used for comparison group and for intervention group. The program for the intervention group was personalized by using local examples and statistics from a study previously conducted at that institution.</p> <p>The Program included information, discussion, role-playing that concerned rape myths, risk-taking behaviors that increase vulnerability to acquaintance rape, nonverbal messages and how the opposite sex views them, expectations, and communication.</p> <p><b>Program Implementer:</b> Not reported. Both control and intervention group were taught by the same guest lecturer independent of the research team.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> 100%</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> <i>Questionnaire</i> composed of a series of questions designed to measure behavioral intent to avoid high-risk dating practices. Items were clustered and concerned high-risk behaviors such as (a) using alcohol and other drugs on the first few dates, (b) leaving a party alone with someone you've just met, (c) being in isolated places on the first few dates; (d) being aware of nonverbal messages being sent, (e) knowing sexual desires and setting limits, (f) communicating limits clearly, (g) being familiar with surrounding when on a date, (h) trusting a date, and (i) dating individuals who have a reputation for hostility, jealousy, possessiveness, displaying anger or aggression.</p> <p>Perception of vulnerability to acquaintance rape was measured by one question on the questionnaire: What are your chances of being raped by a date or someone else you know?</p> <p><b>Time Points of Measurement:</b> pre- and post-test</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> The mean difference of the experimental group is significantly higher than is the mean difference of the control group for all women (<math>p=.038</math>) and for unmarried women, <math>p=.026</math>. (Personalized acquaintance rape prevention program reduces risk-taking behavior as measured by behavioral intent).</p> <p>Perception of vulnerability: the mean difference of the experimental group is higher than is that of the control group but was not at significant levels for all women (<math>p=.12</math>). When married women were removed from the sample, a comparison of the means shows that the mean difference of the experimental group is significantly higher than is the mean difference of the control group for unmarried women (<math>p=.028</math>) lending qualified support to the personalized acquaintance rape prevention program increasing perception of vulnerability for unmarried women.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b>Quality Score:</b>  Total: 50/85 (59%)  Description: 23/25 (92%)  Design: 27/60 (45%)</p> <p><b>Major Strengths:</b>  <b>Study:</b>  - no significant differences between groups on marital status, age, and race  - questionnaire piloted on 36 female students</p> <p><b>Major Weaknesses:</b>  <b>Study:</b>  - questionnaire devised for the study; no measures of validity and reliability (identified by authors as a weakness)</p>

**Authors:** Schewe and O'Donohue

**Year:** 1996

**Title:** Rape Prevention with High-Risk Males: Short-Term Outcome of Two Interventions

**Article Number:** 064

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Large Midwestern university</p> <p><b>Study Eligibility Criteria:</b> Male undergraduates who volunteered to participate in exchange for credit in their introductory psychology courses. All took pretest measures but only men that met the screening criteria of a score of 15+ on the Attraction to Sexual Aggression scale (Malamuth, 1989) (which appeared to be a reasonable selection rate for high-risk subjects) were eligible to participate in the full study.</p> <p><b>Population Type:</b> College males</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> X=19.7 (range = 18-33)</p> <p><b>Sex:</b> 100% male</p> <p><b>Education:</b></p> <p><b>Race/Ethnicity:</b> 67% Caucasian, 15% Hispanic, 10% Asian American, and 6% African American.</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> Not reported</p>	<p><b>Study Design:</b> Experimental design</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> Male undergraduates who met screening criteria. Subjects were randomly assigned to one of two treatment groups (or a no-treatment control): the <i>Victim Empathy/Outcome Expectancy</i> intervention (n=26) or the <i>Rape Supportive Cognitions (RSC)</i> intervention (n=22).</p> <p><b>Comparison Group Type(s):</b> Male undergraduates who met screening criteria and were randomly assigned to the no-treatment group (n=24) (which was one of three groups – two different treatment and no-treatment). The no-treatment control group did not participate in any treatment sessions until after the conclusion of the experiment.</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 225 participated in screening/pretest 102 (of the 225) were deemed eligible for the study 74 (out of the 102 – 28 were either not contacted because of time constraints or declined to participate in the full study). Participation rate Not applicable</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 74 subjects were randomly assigned to one of the three groups. 74/102=73%</p> <p><b>Time Points of Data Collection: Interventions:</b> Pretest Phase I: Total sample (225) completed measures and demographics immediately after giving informed consent.</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> 1-hour</p> <p><b>Theory/Model:</b> Bandura's (1977) Theory holds that aggressive behavior is the product of cognitions that either (i) make reprehensible conduct socially and ethically acceptable, (ii) misconstrue the consequences of the behavior, or (iii) devalue or attribute blame to the victim. Bandura's theory suggests that interventions that (i) alter rape supportive cognitions, (ii) decrease problematic rape outcome expectancies, or (iii) increase victim empathy could work to decrease the amount of sexual aggression committed by males. The RSC intervention is predicated upon a model that views problematic antecedent cognitions as potentially important precipitants of rape and more accurate cognitions as inhibitors of rape.</p> <p><b>Delivery Mode:</b> video, discussion, and behavioral exercise</p> <p><b>Incentives:</b> voluntary participants received credit in their introductory psychology courses</p> <p><b>Curriculum/Content:</b> <i>Victim Empathy/Outcome Expectancies (VE/OE)</i> intervention included a 50-minute videotaped presentation designed to facilitate empathy towards victims of sexual abuse and to increase subjects' awareness of the negative consequences that the act of rape holds for men. Video showed several victims describing their rape experiences and participants were instructed to imagine how a woman might feel before, during, and after a sexual assault and were guided by a narrator through short and long-term sequelae of victimization. Personal consequences of raping were discussed with the goal of providing information that might change men's outcome expectancies of rape such that they would begin to view it as less rewarding and</p>

Population and Setting	Study Design and Sample	Intervention
	<p>Pretest Phase II and Post test: Subjects in both treatment groups completed the Affective Adjective Checklist immediately before the intervention - had intervention - then completed the instrument again, immediately following the intervention.</p> <p>Follow-up: Subjects from all three groups returned 2 weeks later to complete the follow-up measures and participate in a group discussion (which was actually the disguised RCA).</p> <p><b><u>Methods/Setting of Data Collection:</u></b> Self-administered questionnaires and “group discussion” (which is RCA assessment).</p>	<p>most costly than consensual sex and more likely to lead to negative consequences. Participants then completed the behavioral exercise, included to increase subject’s involvement in the program, to improve their processing of the information, and to serve as a manipulation check.</p> <p><i>Rape Supportive Cognitions (RSC)</i> program seeks to increase subjects’ knowledge concerning sexual communication, rape myths, and the disastrous effects of sexual victimization, by targeting dysfunctional cognitions that have been identified as critical content areas in subjects who are fairly amenable to change and replacing these cognitions with more accurate beliefs about rape, sexual communication, and consenting sex. Involves a 50-minute videotaped presentation describing the importance of cognitions in preventing sexual assault. Subjects were presented with information about the role rape supportive cognitions may play in the etiology of rape. At the end of the videotaped portion of the program, the participants engaged in the same behavioral exercise as the participants in the VE/OE treatment program.</p> <p><b><u>Program Implementer:</u></b> Not reported</p> <p><b><u>Culturally Specific:</u></b> Not reported</p> <p><b><u>Assessment of Exposure:</u></b> Not reported</p> <p><b><u>Intervention Retention Rate:</u></b> Not applicable</p> <p><b><u>Other:</u></b> Purposeful similar treatments provided to the 2 intervention groups to control for differences so that only the content of the message of the two interventions was different (speaker characteristics were controlled for by using same actors in both groups’ videos)</p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Attitudes:</b> <i>Acceptance of Interpersonal Violence (AIV; Burt, 1980)</i> is a 6-item scale that uses a 7-point Likert scale designed to measure attitudes condoning the use of force in relationships. <b>Time Points of Measurement:</b> pretest (phase I), follow-up</p> <p><i>Adversarial Sexual Beliefs (ASB; Burt, 1980)</i> is a 9-item scale utilizing the same Likert scale as the AIV, designed to measure the degree to which a person believes that sexual relationships are exploitative or adversarial in nature. <b>Time Points of Measurement:</b> pretest (phase I), follow-up</p> <p><i>Rape Myth Acceptance Scale (RMA; Burt, 1980)</i> is a 19-item scale designed to measure the degree to which a person believes the false information that our society spreads concerning rape. <b>Time Points of Measurement:</b> pretest (phase I), follow-up</p> <p><b>Victimization:</b> Not reported</p> <p><b>Perpetration:</b> Not reported</p> <p><b>Other Measures:</b> <i>Attraction to Sexual Aggression Scale (ASA) Malamuth, 1989</i>, developed to improve “likelihood” measures and expand “lure” construct of sexual aggression, is a 10-item scale with a 5-point Likert format that is embedded within 54 questions regarding arousal to various deviant and nondeviant sexual activities as well as a subject’s likelihood of engaging in those behaviors. <b>Time Points of Measurement:</b> pretest (phase I), follow-up</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b> Significant changes occurred on the ASB and the RMA scales for the RSC group (<math>p &lt; .01</math>) and on the AIV scale (<math>p &lt; .05</math>). Significant changes occurred on the AIV scale for the VE/OE group (<math>p &lt; .05</math>).</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> Both interventions were successful in reducing the subjects’ scores on the ASA (<math>p &lt; .01</math>).</p> <p>Results of the behavioral exercise (RCA) show that subjects in the VE/OE condition used significantly more empathy-based and consequence-based arguments to convince the hypothetical man not to rape women, <math>F(1,99)=3.99, p &lt; .05</math>; <math>F(1, 99)=33.50, p &lt; .01</math>. Subjects in the RSC condition used more rape-myth information and communication-based arguments, <math>F(1,99)=46.51, p &lt; .01</math>; <math>F(1,99)=10.60, p &lt; .01</math>.</p> <p>No significant difference were found between groups on the total number of arguments used in the behavioral exercise.</p> <p>Results indicate groups did not differ significantly on how often they conformed to the negative group norm.</p> <p>Immediately post-intervention, only the empathy (<i>Affective Adjective Checklist</i>) scores of the VE/OE group significantly increased (<math>p &lt; .05</math>).</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b>Quality Score:</b> Total: 57/85 (67%) Description: 21/25 (84%) Design: 36/60 (60%)</p> <p><b>Major Strengths:</b> <b>Study:</b></p> <ul style="list-style-type: none"> <li>• Content of curriculum reviewed by experts in the field for content validity and offered comments and suggestions to incorporate into the final version of the treatment protocol.</li> <li>• Examined clinical significance of the statistically significant results by assessing whether the sample (which was originally selected based on their high risk scores on the ASB) reduced their scores enough to be considered low-risk (below the mean cut off established for those who participated in the screening ASB).</li> <li>• Compares two treatment groups to a true control group</li> <li>• Assessed whether participants screened out differed from study subjects on pretest dependent variables</li> </ul> <p><b>Major Weaknesses:</b> <b>Study:</b></p> <ul style="list-style-type: none"> <li>• Small sample size</li> <li>• Short time frame for follow-up</li> <li>• No description of intervention setting or program implementation</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>• Description of RCA somewhat confusing.</li> </ul>

Measures	Results	Study Quality
<p><i>Marlowe-Crowne Social Desirability Scale-Short Form (MC;</i> Reynolds (1982) consists of 13 true/false items designed to measure the “need of subjects to obtain approval by responding in a culturally appropriate and acceptable manner.” Originally developed by Crowne and Marlowe (1960)</p> <p><b>Time Points of Measurement:</b> pretest (phase I), follow-up</p> <p><i>Affective Adjective Checklist</i> (Fultz et al, 1988) is a 24-item checklist designed to measure feelings of empathy, happiness, distress, sadness, anger, and excitement utilizing a 7-point Likert format. Used to assess the programs’ effects on subjects’ emotional states.</p> <p><b>Time Points of Measurement:</b> pretest (phase II), post test (only for treatment groups)</p> <p><i>Rape Conformity Assessment (RCA;</i> Schewe and O’Donohue, 1993). RCA’s tendency is to reverse any trends in social desirability that the experimental situation might evoke. In this assessment, subjects are placed in a room with two confederates and are asked to indicate their response to a series of multiple-choice questions. Eighteen of the 20 questions constitute the dependent measure. The two confederates each give their responses out loud, in turn, followed by the subject. The confederates responses are always identical. For the first two questions the confederates respond with high base-rate responses. The purpose of this is to establish some history of agreement with the subject. For the 18 following items, the responses of the confederates indicate that sexual victimization is in some way justifiable. This is intended to measure the strength of a subject’s commitment not to rape. It is scored by noting how many times a subject that unanimously professes the opposite.</p> <p><b>Time Points of Measurement:</b> follow-up</p> <p><i>Behavioral exercise</i></p>		

Measures	Results	Study Quality
<p>Included in 2 interventions to increase subjects' involvement in the program, to improve their processing of the information, and to serve as a manipulation check. Subjects were presented with a hypothetical man who believes that he can force sex upon a woman whenever he wants to and were asked to record as many arguments as they could to convince this man to change his behavior.</p> <p><b>Time Points of Measurement:</b> during intervention</p> <p><i>Demographics questionnaire</i></p> <p><b>Time Points of Measurement:</b> Pretest (Phase I)</p>		

**Author/s:** Gilbert, Heesacker, and Gannon

**Year:** 1991

**Title:** Changing the Sexual Aggression-Supportive Attitudes of Men: A Psychoeducational Intervention

**Article Number:** 067

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Two state universities: one in the West and one in the Midwest.</p> <p><b>Study Eligibility Criteria:</b> Men enrolled in psychology courses at two state universities</p> <p><b>Population Type:</b> Male college students</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> Not reported</p> <p><b>Sex:</b> 100% male</p> <p><b>Education:</b> college students</p> <p><b>Race/Ethnicity:</b> 86.7% White Americans 2.7% Black Americans 5.3% Hispanic Americans 2.7% Asian Americans 2.7% non-Americans</p> <p><b>Sexually Active:</b> Findings Not reported but Sexual Experiences Survey was reported as being given during pretest</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> Subjects' family-of-origin income ratings indicated that most came from middle- or upper-class families.</p>	<p><b>Study Design:</b> Experimental design</p> <p><b>Author-reported:</b> involved pretest, post-test, and followup phases. all volunteers were randomly assigned to either the treatment condition or a no-treatment control condition.</p> <p><b>Intervention Group Type(s):</b> N=30 male college students enrolled in psychology courses at two state universities who volunteered to participate</p> <p><b>Comparison Group Type(s):</b> N=28 male college students enrolled in psychology courses at two state university who volunteered to participate</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> N = 75(rate not available)</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 61/75 (14 subjects who started the study failed to complete it) = 81%</p> <p><b>Time Points of Data Collection:</b> pre-test post-test: one week after pre-test follow-up: one month after post-test</p> <p><b>Methods/Setting of Data Collection:</b> self administered paper and pencil surveys. Location Not reported</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> one-hour</p> <p><b>Theory/Model:</b> selected Petty and Cacioppo's (1986) elaboration likelihood model (ELM) of attitude change as the guiding conceptual framework for the development and assessment of the intervention. ELM postulates two routes to attitude change: The central route and the peripheral route. Central-route attitude change is based on thoughtful evaluation of the topic of attitude change and the content of the persuasive communication. In this case, the content of the psychoeducational intervention is the persuasive communication. Peripheral-route attitude change is based on the use of simple decision rules or cues to change one's attitudes. In this study, the persuasive communication consists of arguments in favor of rejecting interpersonal violence, rape myths, adversarial sexual beliefs, and male dominance. The intervention was specifically designed to ensure sufficient motivation, ability, and favorability of thoughts about the communication.</p> <p><b>Delivery Mode:</b> role-played vignettes. Presenters communicated directly with subject, rather than having subjects simply read the persuasive communication.</p> <p><b>Curriculum/Content:</b> Incorporated effective ELM tactics described by Petty, Cacioppo, and Heesacker (1984). Motivation was facilitated by presenting psychoeducational content through role played vignettes and direct communication with subjects. Ability was facilitated in 3 ways: 1) vocabulary and message complexity for suitable general adult audience; 2) key points of the intervention were repeated; and 3) intervention content was summarized at the end of the presentation. Thought favorability was facilitated by presenting 2 different but complimentary perspectives on the topic of persuasive communication: Focused on</p>

Population and Setting	Study Design and Sample	Intervention
		<p>intrapsychic negative consequences of accepting interpersonal violence, rape myths, adversarial sexual beliefs, and male-dominance ideology; and 2) focused on social sanctions associated with accepting those beliefs.</p> <p><b>Program Implementer:</b> a woman and a man</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> Burt, 1980 Scales (7-point scale): <i>Acceptance of Interpersonal Violence</i> <i>Adversarial Sexual Beliefs</i> <i>Rape Myth Acceptance</i> <i>Sex Role Stereotyping</i></p> <p>Scales were combined into a single score.</p> <p><b>Time Points of Measurement:</b> Pre-test, post-test</p> <p><b>Other attitude measure:</b> Subjects were contact by phone. An experimenter, unaware of the treatment condition, posed as a member of a newly formed student group and read a script describing proposed women’s safety projects. Subjects attitudes were measured in three ways: 1) all comments made by subjects during the call were written down. The experimenter later reviewed the comments and evaluated whether the subject had made a supportive comment; 2) at the end of the phone script, subjects were asked how</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><i>Attitudes:</i> Subjects in the treatment group changed their attitudes in the desired directional significantly more than control group subjects (<math>p &lt; .05</math>).</p> <p><b>Follow-up:</b> Treatment subjects were significantly more willing to listen to a naturalistic appeal in an unrelated context than were control subjects (<math>p &lt; .01</math>). Treatment subjects also made favorable comments regarding the women’s safety project significantly more often than did control subjects (<math>p &lt; .01</math>). There was no significant group differences in willingness to volunteer time for a women’s safety project.</p> <p>These data provide support for hypothesis 2, which predicted that the attitude differences observed initially between treatment and control groups should also be observed in an unrelated, delayed, naturalistic context.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p>	<p><b>Quality Score:</b> Total: 55/85 (65%) Description: 21/25 (84%) Design: 34/60 (57%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- measured attitudes of both groups before ‘combining’ groups for analysis</li> <li>- measured generalization of findings</li> <li>- strong theoretical basis for intervention</li> </ul> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- can not determine universe of students sample was drawn from</li> <li>- conflicting sample sizes reported throughout the article</li> </ul>

Measures	Results	Study Quality
<p>much time they would volunteer for the safety projects. The experimenter then described the connection between the call and the study and asked subjects whether they had heard the presentation or not; 3) experimenters recorded how much of the script subjects heard before hanging up.</p> <p>In sum, the follow-up variables were the following: willingness to listen to the appeal, whether subjects had made statement supportive of the project, and the number of hours volunteered.</p> <p><b>Time Points of Measurement:</b> One-month after completing the post-test session</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> <b>Motivation:</b> <i>Need for Cognition Scale</i> (Cacioppo and Petty, 1982) - Short Form: measure of an individual's tendency to enjoy tasks requiring cognitive effort; consists of 18 items (measure of <i>trait</i>)</p> <p>Three additional items served as <i>state</i> measures of subjects' motivation. Ss were asked to rate themselves on a 7-point scale.</p> <p><b>Time Points of Measurement:</b> pre-test, post-test -----</p> <p><i>Ability:</i> two items were administered to the trmt group that asked about subject's perceived ability to think about the topic of the persuasive communication.; 7-point scale.</p> <p><b>Time Points of Measurement:</b> post-test -----</p>	<p><b>Other Measures:</b> Measures of motivation, ability, and thought favorability were hypothesized to significantly predict attitude change scores, because according to the ELM, when these three components are present, central-route attitude change is more likely to occur.</p> <p><i>Need for Cognition Scale</i> - correlated significantly with attitude change scores (<math>p &lt; .05</math>), suggesting that as motivation to process increased, so did attitude change.</p> <p>A similar pattern emerged for one of the state-motivation items. ("Did you feel motivated to think carefully about the arguments and info presented in the speech?" <math>p &lt; .02</math>) However, two indirectly worded items failed to significantly predict attitude change.</p> <p><i>Ability</i> - one item significantly predicted attitude change (Did you find the presentation easy to understand and follow?" <math>p &lt; .03</math>); the second item did not significantly predict attitude change.</p> <p><i>Favorability of thought</i> - one of the two items predicted attitude change ("Did you evaluate the logic and accuracy of the arguments and information in the speech?" <math>p &lt; .01</math>).</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

Measures	Results	Study Quality
<p><i>Favorability of thought:</i> two items were administered to the treatment group that asked about the favorability of subjects' thoughts; 7-point scale.</p> <p><b>Time Points of Measurement:</b> post-test</p> <p>-----</p> <p><i>Sexual Experience Survey:</i> not described</p> <p><b>Time Points of Measurement:</b> pre-test, post-test</p> <p>-----</p> <p><i>The Likelihood of Rape or Force Index:</i> not described</p> <p><b>Time Points of Measurement:</b> pre-test, post-test</p>		

<b>Authors:</b> Linz, Fuson, and Donnerstein <b>Title:</b> Mitigating the Negative Effects of Sexually Violent Mass Communications Through Preexposure Briefings		<b>Year:</b> 1990 <b>Article Number:</b> 068
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Not reported</p> <p><b>Study Eligibility Criteria:</b> Only male intro communication students who completed both the media consumption and attitude questionnaires were contacted for participation.</p> <p><b>Population Type:</b> Undergraduate college males</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> Not reported</p> <p><b>Sex:</b> 100% male</p> <p><b>Education:</b> undergraduate college students</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p><b>Study Design:</b> Experimental</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> (3 intervention groups) All intervention subjects viewed the educational videotape containing a segment from ABC TV “20/20” documentary on slasher films and two sex-information videotapes. Subjects were told, when contacted by telephone to solicit their participation, that they were being asked to participate in 2 different studies.</p> <p><b>Comparison Group Type(s):</b> (2 control groups) Subjects in the “neutral control” viewed a neutral videotape on general television topics (the history of television, live broadcasts, and discussion of satellite transmissions) and then engaged in the same neutral activities as the traditional persuasion group. Subjects in the “no-exposure” control only attended the second phase of the study in which they completed the outcome measure questionnaires and did not receive any form of the intervention. The males who were to be recruited as no-exposure control subjects were randomly selected from the pool of eligible males first; The remaining subjects were then randomly assigned to the intervention conditions and called.</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 48 (56 of the 71 that completed both pretest questionnaires were contacted and 8 of those declined participation) (800 completed mass media consumption questionnaire but it is unknown how many students completed the attitude/behavior surveys)</p>	<p><b>Setting:</b> Not reported ( Phase II - post-test - was conducted in different physical setting, although <i>where</i> is Not reported)</p> <p><b>Duration:</b> Total intervention time - not reported 35-minutes (video portion)</p> <p><b>Theory/Model:</b> <i>Pre-film viewing briefings</i> to inform subjects of the harmful effects of viewing sexual violence have been shown to decrease rape-myth acceptance and the effects of the viewing the violence. <i>Dissonance Theory and Attribution Theory</i> - people are motivated to achieve some degree of consistency between their attitudes and behaviors. When a person finds himself or herself advocating a point of view that is either unfamiliar or even counter to an original belief, he or she is motivated to shift attitudes into line with what is being advocated. A key strategy to achieving this is to inform subjects that it is believed that they already possess the qualities that the experimenter wants them to adopt. Also, providing viewers with a set of critical skills to evaluate sexual violence in mass communications may be important in modifying reactions to these depictions.</p> <p><b>Delivery Mode:</b> Video, essay-writing, discussion <b>Incentives:</b> Participants were offered \$30.00 for participation in [what they were told were] 2 different studies</p> <p><b>Curriculum/Content:</b> Three groups saw a video presentation in which three videotaped informational programs had been edited to form one presentation. The first two segments were sex-education and rape-education materials used by Intons-Peterson et al. (1989) and Intons-Peterson and Roskos-Ewoldsen (1989). Both segments showed a man and a woman discussing misconceptions about sexual relationships. The first segment covered social pressure to engage in sex, cultural messages and myths about sexual performance that are</p>

Population and Setting	Study Design and Sample	Intervention
	<p><b><u>Post-test and Follow-up Sample Sizes (and Participation Rates):</u></b> 44 (48-4)(participation rate= 83%)</p> <p><b><u>Time Points of Data Collection:</u></b> Pretest: The media consumption questionnaire was administered at the beginning of the term as part of a class requirement; the attitude and behavior questionnaires were administered later in the course of the term but several weeks prior to the intervention and was introduced as separate study. Post-test: Two weeks after participation in the intervention, all subjects participated in a post-test dependent measure session in which they were led to believe it was a separate study. They watched the slasher films and completed the film evaluation, attitude, and behavior questionnaires and the MAACL. They then watched a mock rape trial and completed the post-trial questionnaire.</p> <p><b><u>Methods/Setting of Data Collection:</u></b> Pretest questionnaires were administered to students in the introductory communications courses at the beginning of the term (mass media consumption) and then a few weeks later (attitude and behavior questionnaire). Only those subjects that completed both the media consumption and attitude questionnaire were contacted by phone for participation in the study (without mention of the pretest). Intervention occurred (no data collection) and then phase 2 (post-test), was presented as separate study. Survey instruments were completed immediately following the post-test film clips and mock rape trial were shown.</p> <p>Setting: Not reported</p>	<p>confusing, slang terms, stereotypes, gender roles. The second segment included the pair raising questions about rape and disputing rape myths and pointing out the consequences for both perpetrator and victim, prevalence facts, reasons for not reporting rape, characteristics of acquaintance rape, and ages of rape victims. Each segment was approximately 10 minutes in length. The third segment was an ABC “20/20” episode on slasher films. Special attention was devoted to reactions of adolescents and their parents to these films. Psychological effects of exposure are discussed.</p> <p><i>1– Cognitive Consistency</i> - After viewing the video, subjects asked to help prepare a videotape on sexual violence that they were told would be used to inform male adolescents of myths promulgated by the mass media about sexual violence. Subjects were asked to write essays about the “myths about sexual violence” that they observed in the video and using question prompts devised to encourage subjects to utilize critical-viewing skills in their analyses of and comments on media. Each subject was videotaped reading his essay aloud in front of the entire group. The subjects then watched the playback and engaged in discussion and then evaluated how useful they felt their videotaped essays would be as a high-school media-education video.</p> <p><i>2 – No Playback</i> - After viewing the video, subjects engaged in the same activities as the cognitive consistency subjects except instead of videotaping their essays and watching them, they reread the essays written by group members and discussed the essays, their reactions to the video, and the usefulness of these items in teaching high-school students about sexually violent media.</p> <p><i>3 – Traditional Persuasion</i> - subjects saw the same videos as the other two groups but this group did not write essays about sexually violent media. Subjects were instructed to write essays critically evaluating television as an entertainment medium. Subjects saw a video playback of themselves reading their essays.</p> <p>Phase 2 (post-test) - Subjects viewed clips from 3 commercially released R-rated slasher films in groups of 7 to 20. Subjects then viewed a videotaped mock rape trial</p>

Population and Setting	Study Design and Sample	Intervention
		<p>that was described as a locally produced documentary film being evaluated in the department. The case involved the acquaintance rape of a woman during a fraternity party. At the end of this session, the purpose of the study was explained; A videotaped interview in which the desensitization effect arising from exposure to slasher films was again discussed.</p> <p><b>Program Implementer:</b> Not reported</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> <i>Rape Myth Acceptance Scale (RMA)</i> (Burt, 1980) <i>Acceptance of Interpersonal Violence (AIV) Scale</i> (Burt, 1980)</p> <p><b>Time Points of Measurement:</b> pretest, post-test</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> <i>Sexual Experiences Survey (SES)</i> (Koss and Oros, 1982) - a scale designed to elicit self-reports of coercive sexual behaviors ranging from “having sexual intercourse with a woman when she really didn’t want to because she felt pressured by your continual arguments” to “having sexual intercourse with a woman when she didn’t want to because you used some degree of physical force.”</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b> <i>RMA:</i> As the intensity of the intervention manipulation increased, subjects scores on the <i>RMA</i> decreased. But this difference was not significant (author says “marginally”) (<math>p &lt; .12</math>).</p> <p><i>AIV:</i> The pretest <i>AIV</i> variable accounted for the significant effect. The addition of the intervention variable resulted in a nonsignificant increment; so did the addition of the interaction term.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b> <i>SES:</i> Regression equations indicated that subjects who participated in more intensive levels of the intervention reported lower levels of sexually coercive behaviors compared to control subjects. However, little difference</p>	<p><b>Quality Score:</b> Total: 47/85 (55%) Description: 14/25 (56%) Design: 33/60 (55%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b> Examines effect of viewing violence in the media as a factor in sexual violence perpetration.</p> <p>Innovative approach to intervention - cognitive consistency: incorporates writing essays and viewing oneself (or others) reading these essays.</p> <p><b>Article:</b> Discuss evaluation apprehension and social desirability as a factor in the results.</p> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <ul style="list-style-type: none"> <li>- Weak description of measures</li> <li>- Small sample size</li> </ul>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b> pretest, post-test</p> <p><b>Other Measures:</b> <i>Multiple Affect Adjective Check List (MAACL; Zuckerman and Lubin, 1965)</i>. Only the anxiety and depression subscales were examined.</p> <p><b>Time Points of Measurement:</b> post-test</p> <p><i>Mass Media Consumption Questionnaire</i> an extensive self-report inventory of TV and movie viewing and magazine consumption</p> <p><b>Time Points of Measurement:</b> pretest</p> <p><i>Film Evaluation Questionnaire</i> Scales measured a) the subjects' physiological reactions to the films; b) attractiveness of the female victims in the clips; c) the extent to which subjects found these clips to be offensive; d) whether the subjects found the clips to be enjoyable; e) how debasing or degrading the clips were to woman; and f) levels of violence and rape in the films.</p> <p><b>Time Points of Measurement:</b> post-test</p> <p><i>Critical Viewing Items</i> tapped ideas such as how believable the violence in the clips was, how much the subjects identified with and respected the perpetrators in the clips, to what extent sound and special effects were used for dramatic purposes in the clips, and to what degree subjects recognized uses of stereotyping or persuasion in clips.</p> <p><b>Time Points of Measurement:</b> post-test</p> <p><i>Rape Trial Evaluation</i> Scales were designed to measure perpetrator and victim responsibility, victim characteristics, victim's emotional injury and physical injury.</p> <p><b>Time Points of Measurement:</b> post-test</p>	<p>was noted between intervention groups.</p> <p>Men in the no exposure control group reported more sexually coercive behavior than men in either the intervention conditions or the neutral control.</p> <p><b>Other Measures:</b> <i>MAACL:</i> * Depression scores after viewing clips from slasher films tended to be higher for subjects taking part in increasing levels of the intervention. However, the means indicate that there is a slightly non-linear pattern with the no-playback group showing the highest levels of depression followed by the cognitive consistency group.</p> <ul style="list-style-type: none"> <li>• Self-reported levels of anxiety and other physiological reactions were not affected by the intervention.</li> </ul> <p>Film evaluation:</p> <ul style="list-style-type: none"> <li>• Intervention subjects rated women more positively than control subjects</li> <li>• Intervention subjects reported seeing more occurrence of violence against women than control subjects.</li> <li>• Subjects with higher levels of consumption (of slasher films) had higher levels of enjoyment but there was no effect on enjoyment for the intervention (p 561).</li> </ul> <p><i>Critical viewing:</i> No significant results were found among the critical viewing items.</p> <p><i>Rape Trial evaluation:</i> Participation in more intensive levels of intervention led to increased ratings of perpetrator responsibility compared to control groups. Intervention groups also reported the rape victim as less responsible for the assault than the control group.</p> <p><b>Group Differences on post-test:</b> <i>Rape Trial evaluation:</i> Respondents in the no-playback interventions rated the defendant as being more responsible and rated the victim as less responsible for sexual assault than the other three groups.</p> <p><i>Critical viewing:</i> Intervention groups who received information on how to critically evaluate sexually violent</p>	<ul style="list-style-type: none"> <li>- Small number of subjects in each condition did not afford sufficient power for follow-up statistical comparison of sets of means that did not conform to the authors' hypothesized linear pattern</li> <li>- No discussion of differences in <i>RMA</i> or <i>AIV</i> in relation to intervention type</li> <li>- Scales measuring identification with and respect for the perpetrator in the film clips have low reliabilities, and two of the other constructs were measured with only one item.</li> <li>- Time frame of pretest and interventions is not clear. It is possible that the pretest took place several months before the intervention; therefore it is unclear whether other factors introduced between the pretest and intervention could have affected the results.</li> </ul> <p><b>Article:</b></p> <ul style="list-style-type: none"> <li>- Unclear description of the study; appeared to be 2 different studies. The researchers intentionally set up the study to make it appear as separate studies, but the article is poorly written and therefore confusing. The procedure is described more than once and chopped up into pieces that are sometimes contradictory</li> <li>- No description of study sample</li> </ul>

Measures	Results	Study Quality
	<p>media (the cognitive-consistency and no-playback viewing groups) showed no better ability to recognize the violence in the film clips as less believable, did not show lower levels of identification with perpetrators of sexual violence, showed no greater recognition of the use of special effects, and showed no higher recognition of stereotypes compared to subjects who did not receive the skills information (the traditional persuasion and both control conditions).</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

**Author/s:** Shultz, Scherman, and Marshall

**Year:** 2000

**Title:** Evaluation of a University-Based Date Rape Prevention Program: Effect on Attitudes and Behavior Related to Rape

**Article Number:** 069

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Midwestern university with approximately 20,000 students</p> <p><b>Study Eligibility Criteria:</b> Students who attended Safety Awareness Week activities on campus, enrolled in a career exploration course, or attended a weekly dormitory meeting</p> <p><b>Population Type:</b> College</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> X=19.55 Range 18 - 22 yrs; one student 27 yrs old</p> <p><b>Sex:</b> 42% male, 58%female</p> <p><b>Education:</b> 43% freshman, 15% sophomores, 23% juniors, 17% seniors.</p> <p><b>Race/Ethnicity:</b> 72% Euro-American, 25% African-American, Asian, Hispanic, Native American, or Other; 3% did not specify ethnicity</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> None of the participants were married</p> <p>Parents' income measured but Not reported</p>	<p><b>Study Design:</b> Experimental</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> 2 groups, both received <i>Campus Rape Prevention</i>. Program.. One group was pretested and post-tested, the second group was post-tested only. Numbers in each group Not reported. Students receiving treatment were randomly assigned to one of the two treatment groups.</p> <p><b>Comparison Group Type(s):</b> Control group did not receive any intervention. Numbers Not reported. Completed post-tests only.</p> <p><b>Sampling Frame Size:</b> 20,000 students</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 60 undergraduates (25 males and 35 females) - 60/20,000= .3%</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>Can not tell if sample described only contained students who completed both pre- and post-test.</p> <p><b>Time Points of Data Collection:</b> Pre-test: Prior to the intervention (exact time Not reported) Post-test: immediately following program presentation</p> <p><b>Methods/Setting of Data Collection:</b> Students in the pre/post group were administered all the scales prior to receiving the program and students in the post-test only group were administered only the demographic information questionnaire. Immediately following the presentation participants in both treatment groups and the control group completed the post-test survey packet.</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> Not reported</p> <p><b>Theory/Model:</b> Based on the concept that rape prevention education can reduce the endorsement of rape-supportive attitudes (Lonsway's 1996). Research also investigates the link between change in attitudes and change in behavior. Authors point out that little empirical research has been done on the latter.</p> <p><b>Delivery Mode:</b> Interactive drama program - no further detail provided</p> <p><b>Curriculum/Content:</b> Further description in Northam (1997) <i>Campus Rape Prevention</i> is an interactive drama-program targeted at both male and female students. The program was developed by the Advocates for Sexual Awareness Committee. The goals of the program include: increase awareness concerning the risk of rape; provide information on rape prevention and treatment; and incorporates males into the process of intervention.</p> <p><b>Program Implementer:</b> Not reported</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not reported</p> <p><b>Intervention Retention Rate:</b> Not reported</p> <p><b>Other:</b> Not reported</p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b>  <i>The College Date Rape Attitude and Behavior Survey - Modified (CDRABS-M)</i> (Lanier and Elliot, 1997) consists of 27 statements that address attitudes and behaviors related to date rape. For the purposes of this study, the items pertaining to behavior were slightly modified to indicate behavioral <u>intent</u> rather than strictly current behavior, since post-testing occurred immediately following the program presentation.</p> <p><b>Time Points of Measurement:</b> pretest and post-test.</p> <p><i>Rape Myth Acceptance Scale (RMA)</i> (Burt, 1980) consists of 14 items measuring attitude change by targeting rape mythology.</p> <p><b>Time Points of Measurement:</b> pretest and post-test.</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> Demographic measure - asked age, gender, marital status, race and ethnicity, education level, and parents' income status</p> <p><b>Time Points of Measurement:</b> pretest</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b> The <i>RMA</i> scores of the control group were significantly more supportive of rape myths than those in the treatment groups. The difference between the means of the two treatment groups was not significant.</p> <p>There were no significant differences between groups on the <i>CDRABS-M</i> Attitude Scale (post-test scores)</p> <p>There were no significant differences among the three groups on the <i>CDRABS-M</i> behavioral intent scale (post-test scores).</p> <p>Pretesting did not appear to have any effect on the scores for the two treatment groups; the means of their post-test scores did not differ significantly.</p> <p>Differences between pre-test and post-test scores were significant for the <i>CDRABS-M</i> Attitude scale (<math>p &lt; .0167</math>) indicating that students in the treatment group endorsed attitudes less supportive of rape following intervention. There were no significant differences on the <i>RMA</i> or the <i>CDRABS-M</i> Behavioral Intent scale.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b>Quality Score:</b>  Total: 31/85 (36%)  Description: 15/25 (60%)  Design: 16/60 (27%)</p> <p><b>Major Strengths:</b>  <b>Study:</b>  - Measures effect of pretesting</p> <p><b>Article:</b> Good review of the literature</p> <p><b>Major Weaknesses:</b>  <b>Study:</b>  - When reporting races, did not separate out minority groups  - No description of the intervention.  - Small sample size  - Did not measure differences between groups</p>

**Author/s:** Harrison, Downes, and Williams

**Year:** 1991

**Title:** Date and Acquaintance Rape: Perceptions and Attitude Change Strategies

**Article Number:** 070

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Large southwestern public university</p> <p><b>Study Eligibility Criteria:</b> students enrolled in speech communication classes whose instructors volunteered to participate in class. Speech communications is one of the three courses that may be elected to fulfill the oral communication required for all undergraduates at the university. Occasionally graduate students enrol in this course.</p> <p><b>Population Type:</b> College (undergraduate and graduate) students</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> Mean age = 19.5 years for both men and women</p> <p><b>Sex:</b> 51 women (53%) and 45 men (47%)</p> <p><b>Education:</b> 69% Freshmen; 10% sophomores; remainder were upper-class or graduate students.</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p>	<p><b>Study Design:</b> Non-equivalent comparison group</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b> Of the five classes, four served as the intervention groups. The four classes were randomly assigned to different treatment groups.</p> <p><b>Comparison Group Type(s):</b> Of the five classes, one served as a control group. Not clear how control group was chosen (out of the five classes available).</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> Not reported 96 students participated but no information on dropouts, etc was reported</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> Not reported</p> <p><b>Time Points of Data Collection:</b> pre-test: Not reported post-test: immediate following intervention</p> <p><b>Methods/Setting of Data Collection:</b> paper and pencil test; location Not reported</p>	<p><b>Setting:</b> Not reported</p> <p><b>Duration:</b> Treatment 1 - 7-minute tape; Treatment 2 - not clear</p> <p><b>Theory/Model:</b> Attitudes may arouse motives or “drive” states in individuals that help determine actions, including the attention to and acceptance of instructional messages (Fleming and Levie, 1978).</p> <p><b>Delivery Mode:</b> Videotapes, facilitated discussion group (method depended on which treatment group the students were in -see curriculum/content)</p> <p><b>Curriculum/Content:</b></p> <p><b>Treatment 1:</b> viewing a videotape on issues of date and acquaintance rape (two groups)</p> <p><b>Treatment 2:</b> viewing the videotape and participating in a facilitated instructional session immediately following the video (two groups)</p> <p><b>Videotape:</b> titled <i>Who's to Blame . . .?</i> The 7-minute videotape presented a series of media clips (commonly seen by the target audience) that are representative of print and TV advertising and use sexual themes to advertise clothing, perfume, and liquor. The media clips were followed by scenes of a male and female actor representing a couple on a date. There are several scenes designed to show that typical dating behaviors may send mixed messages.</p> <p><b>Facilitated discussion groups:</b> sessions were conducted in three phases and took place immediately after the video was shown. The facilitators used a guide that included six questions to use in analyzing the issues related to date and acquaintance rape. After about 15 minutes of open discussion, the facilitator directed the group's attention back to the video by giving a series of facts related to date and acquaintance rape. An additional</p>

Population and Setting	Study Design and Sample	Intervention
		<p>15 minutes of open discussion completed the session.</p> <p><b>Program Implementer:</b> “each group had an experienced facilitator who administered the pretest and post-test as well as presented the program.”</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Not applicable (one-time intervention)</p> <p><b>Intervention Retention Rate:</b> Not applicable (one-time intervention)</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> See below</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> <i>questionnaire</i> developed for this study relied on the questionnaire (Attitudes toward Date Rape (ATR)) by Feild (1978) and Barnett and Feild (1977)</p> <p>Short statements were added to the original ATR items; modernized the language in some of the original ATR items and clarifying the new items. The resulting statements were used to develop a 25-item attitudes questionnaire, the revised ATR, which asked respondents to rate their agreement on a 5-point scale.</p> <p>Note: although an attitude questionnaire, some of the questions included knowledge about rape myths, etc.</p> <p><b>Time Points of Measurement:</b> pre-test and post-test (three of the five classes in the study completed the pretest - two did not to account for the possible priming effect of a pretest; all classes took</p>	<p><b>Primary Measures</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b> The revised ATR was factor analyzed to detect any useful underlying structure. Data from both the pretest and the post-test administrations were analyzed, and two stable and homogeneous scales were created to reflect the major dimensions that appeared: victim-blaming or denial and perceptions of factual information. These scales were used as both pretest and post-test data to assess the effectiveness of two treatment interventions intended to alter student perceptions about acquaintance rape.</p> <p>Analysis of data from the various treatment groups with-in sex revealed the following: on the victim-blaming or denial scale men showed a significantly greater change in responses from pretest to post-test. Women’s overall responses did not change much from pretest to post-test, whereas men showed a marked shift in mean responses to greater disagreement with statements reflecting victim-blaming or denial.</p>	<p><b>Quality Score:</b>                      Total: 35/85 (41%)                      Description: 19/25 (76%)                      Design: 16/60 (27%)</p> <p><b>Major Strengths:</b></p> <p><b>Study:</b>                      - had two panels review the statements added to the revised ATR</p> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b>                      - hard to know if the students in the sample are representative of school</p>

Measures	Results	Study Quality
<p>post-test)</p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b></p> <p><b>Time Points of Measurement:</b></p>	<p>This overall shift was not significant for Scale 2, perceptions of factual information.</p> <p>This study also found that for men, both treatments, video-tape and video-plus-discussion raised scores on both scales in comparison to a control group that had no intervention. For men, both the intervention treatments did what they were designed to do: improve the accuracy of perception of factual information and increase the disagreement with statements that reflect victim-blaming or denial. There was no difference in post-test scale scores in this study between the two types of video treatments, with and without facilitated discussion. No significant treatment differences were found for women for either scale. This is likely because their scores were so high to begin with (i.e., there might have been some ceiling effects).</p> <p>Possible priming effects of the pretest were assessed: there seemed to be a pretest effect; that is, both treatment groups that received a pretest seemed to show significantly higher scores on both scales than did the comparable unpretested groups. Additional follow-up contrasts found this pretest advantage effect to be especially evident in the video-tape group.</p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	

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**Author/s:** Fawole, O. I., Ajuwon, A. J., Osungbade, K. O., & Faweya, O. C.

**Year:** 2003

**Title:** Interventions for Violence Prevention among Young Female Hawkers in Motor Parks in South-Western Nigeria: A Review of Effectiveness **Article Number:** 080

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Six motor parks – the two biggest motor parks each in three cities (Abeokuta, Ibadan, and Osogbo) – located in south-western Nigeria</p> <p><b>Study Eligibility Criteria:</b> Female hawker in one of the six motor parks</p> <p><b>Population Type:</b> Young female hawkers (YFH) who trade in the motor parks</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> mean age = 23.5 (baseline); 23.4 (end line) [no statistical difference (p&gt;0.05)]</p> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b> had received only primary education or none at all – 48%(baseline); 38.5% (end line) [no statistical difference (p&gt;0.05)]</p> <p><b>Race/Ethnicity:</b> NR</p> <p><b>Sexually Active:</b> NR</p> <p><b>Victimization:</b> Also see Results column</p> <p>Baseline: Common violent acts experienced were sexual harassment (36.3%), economic violence (27.5%), forced marriage (31.8%), and involuntary withdrawal from school (31.5%).</p> <p>59.1% had been beaten or battered by men and 30.4% had been victims of sexual abuse with the main perpetrators being drivers or conductors (44.8%) and friends (16.2%) and these violent acts occurring at the motor parks (47.6%) and at home (29.2%).</p>	<p><b>Study Design:</b> Pre/post</p> <p><b>Author-reported:</b> NR</p> <p><b>Intervention Group Type(s):</b> Young female hawkers (secondary target group consisted of the drivers and officers of the NURTW, female traders at the motor parks, police officers, and judicial officers, however, they were not included in the quantitative data collection, and therefore, not included in the study results.)</p> <p><b>Comparison Group Type(s):</b> none</p> <p><b>Sampling Frame Size:</b> 364 girl hawkers were identified</p> <p><b>Baseline Sample Size (and Participation Rate):</b> Baseline interviews – 345 (94.5% participation rate) [Intervention – 595 hawkers, 254 drivers, 212 traders, 65 police officers, and 38 judicial officers participated; 261 micro credit participants]</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 374 hawkers (different respondents – some of the girls recruited at baseline were also recruited during the intervention, however the intervention consisted of many more new hawkers, most of whom were also interviewed at post-test).</p> <p><b>Time Points of Data Collection:</b> Baseline data (pretest) – 2 month duration (April and May of 2000) [Interventions began immediately after baseline collection ended and lasted 5 months] Impact Evaluation (post test) – 12 months after the interventions (August 2001). Micro credit scheme – six months after recipients received the loan.</p>	<p><b>Setting:</b> For hawkers – in hotel halls or within the motor parks; for drivers and traders – in motor parks; for police and judicial officials – in hotel halls</p> <p><b>Duration:</b> Six separate workshops were conducted for hawkers from each of the six motor parks, each spanning a period of 3 days. Interventions were carried out over a five-month period, from April to August 2000.</p> <p>Secondary targets – 11 training workshops, one day each (6 for drivers and traders; 5 for police and judicial officers)</p> <p><b>Theory/Model:</b> NR</p> <p><b>Delivery Mode:</b> Different training methods were used for the various groups, namely, lectures, group exercises and presentations, questions and answers, stories, and case scenarios and songs (traders and hawkers). Also educational materials (handbill and posters) were distributed by the hawkers.</p> <p>Incentives – micro credit facilities comprising a loan of \$20 each were given to professional and apprentice hawkers; student hawkers received support for their education (including procurement of examination forms and textbooks, and payment of tuition and lesson fees). Beneficiaries of the loans were based on 4 criteria and guidelines for repayment of the loan were developed. The micro credit scheme was managed by the program officer for each state with the assistance of the leader of the women traders in each garage. The girls were taught financial management skills to help them utilize the loan effectively before commencing the scheme.</p> <p><b>Curriculum/Content:</b> Topics covered included (a) definition, types, and consequences of VAW; (b) HIV/AIDS, including prevention and methods of transmission; (c) results of the baseline survey and their</p>

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<p>26.3% had experienced attempted rape, while 5.5% (n=19) had been raped with the perpetrators being spouses and boyfriends. 70.4% of the victims did not seek care or redress.</p> <p><b>Criminal History:</b> NR</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b></p> <p><b>Marital status:</b> not married – 58.3% (baseline); 51.1% (end line) [no statistical difference (p&gt;0.05)]</p> <p><b>Time hawking:</b> Between 1 and 5 years – 65% (baseline); 65.5% (end line) [no statistical difference (p&gt;0.05)]</p> <p><b>Religion &amp; Persons who kept proceeds of the sales of the merchandise:</b> statistically different from baseline to end line, suggesting that the groups were not entirely homogenous (p&lt;0.05)</p> <p><b>Three groups of hawkers</b> were identified:</p> <ol style="list-style-type: none"> <li>1. Professional hawkers – own and manage their own business</li> <li>2. Apprentice hawkers – young girls who are learning how to trade under the supervision of an instructor</li> <li>3. Student hawkers – girls who school during the day but hawk in the evenings when they return from school and on weekends. They hawk for their parents, guardians, or instructors.</li> </ol>	<p><b>Methods/Setting of Data Collection:</b> Interviews were conducted by six trained research assistants (females between 18-25 years old with at least secondary school education and previous experience with data collection) and coordinated by three research supervisors. The assistants were trained on the use of questionnaires and educated on various aspects of VAW; they were evaluated after training on efficiency and consistency of responses before they were allowed to commence data collection and then periodically retrained during data collection to ensure consistency of responses. The supervisors were two men and one woman with tertiary education between 30 and 40 years old. They registered hawkers in each park, sought parents’ consent, explained purpose of the study to respondents, and liaised with motor park officials. Interviews were carried out in a quiet stall or office of the female traders</p> <p>Micro credit scheme was evaluated using qualitative methods such as focus group discussions and in-depth interview, as well as observation (by program officers) of the quantity of goods the girls had for sale.</p>	<p>implications; (d) developing assertiveness skills; (e) care and support for victims of violence - medical, legal, and economic; (f) setting up small-scale enterprises; and (g) opportunities available to continue education. Also, at the training sessions for hawkers, judicial officers explained the legal provision for sexually related offenses in the Nigerian legal system and linked the hawkers with opportunities for free legal services if abused. Two educational materials were developed: (1) handbill depicting the various forms of violence the girls are vulnerable to such as rape, unwanted touching of the breast and backside, and economic harassment, (2) poster that listed the different types of violence common in south-western Nigeria (materials were developed after reviewing existing posters on VAW, adapted based on suggestions from the girls and results of the baseline survey, and designed by a graphic artist). The materials were distributed by the hawkers.</p> <p>Secondary targets – for drivers and traders, curriculum not reported; for police and judicial officials issues discussed included (a) definition, types, and consequences of VAW; (b) HIV/AIDS, including prevention and methods of transmission; (c) results of the baseline survey and their implications; (d) developing assertiveness skills; (e) police perspectives of violence; (f) judicial perspectives of violence; and (g) how to prevent VAW individually and collectively.</p> <p><b>Program Implementer:</b> the investigators, resource persons from NGOs, senior police and judicial officers, proprietors of small scale enterprises (fashion designing, hair styling and catering), and an educationist (the last two were not involved in training for police).</p> <p><b>Culturally Specific:</b> training for the hawkers was held in Yoruba, the native language. Training for the police and judicial officials was held in English.</p> <p><b>Assessment of Exposure:</b> NR</p>

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		<p><b>Intervention Retention Rate:</b> NR</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b><u>Knowledge/ Attitudes/ Victimization/ Perpetration/ Other:</u></b>  <b>BASELINE:</b>            Semi-structured interviewer administered questionnaire, comprised of 55 questions that addressed the following issues: socio-demographic characteristics, reasons for hawking, awareness on issues relating to violence against women, personal experiences on VAW, prevalence of the different types of violence, determinants of violence in the motor parks, and suggestions for the intervention program.            [The instrument for the baseline survey was developed following discussions with other researchers working on women's rights, literature review, suggestions of the hawkers, and input from health education experts. A qualitative study consisting of focus groups and in-depth interviews with leaders of the hawkers, female traders' association, and the drivers' union was carried out. Results of the qualitative survey were used to develop instruments for the quantitative survey.] The questionnaire was pilot tested on 15 hawkers randomly selected from another motor park in Ibadan, after which, some questions were amended before data collection commenced.</p> <p>Indicators compared between baseline and end line were age; marital status; educational level; knowledge of physical status; educational level; knowledge of physical and sexual violence; knowledge and consequences of violence; perceived vulnerability to violence; prevalence of different forms of violence particularly sexual harassment, attempted rape, rape and physical or psychological violence; and proportion who sought redress and where redress was sought.</p>	<p><b><u>Primary Measures:</u></b></p> <p><b>Knowledge:</b>            Awareness and knowledge of various issues on violence improved between baseline and post-intervention.  <u>Sexual violence</u> was better appreciated:</p> <ul style="list-style-type: none"> <li>Unwanted touching of a woman's body was recognized as sexual violence by 310 (82.8%) post-intervention compared to 274 (73.6%) hawkers at baseline.</li> <li>Attempted rape was better recognized as violence post-intervention (322, 86.1%) than at baseline (217, 62.9%).</li> <li>Forced sexual intercourse was recognized as rape by 340 (90.9%) post-intervention compared to 300 (86.9%).</li> </ul> <p>Knowledge of <u>physical violence</u> improved:</p> <ul style="list-style-type: none"> <li>339 (90.6%) post-intervention reported physical violence to include beating, hitting, or battering compared to 199 (57.7%) at baseline.</li> </ul> <p><u>Economic forms of violence</u> were mentioned by 259 (69.2%) post-intervention compared to 100 (28.9%) pre-intervention.</p> <p><u>Psychological forms of violence</u> such as disparagement improved from 15% to 38%.</p> <p><u>Blame</u>            133 (38.5%) blamed women and 215 (62.5%) blamed the attacker at baseline, compared to 104 (28%) and 194 (64.5%) post-intervention, respectively.</p> <p><u>Location</u>            The hawkers recognized that violent acts might occur at home (68.4%), at school (73%), at work (71.8%), and at the motor park (82.3%) at baseline compared to 79%, 92%, 88.2%, and 95.5% post-intervention (p&lt;0.05).</p>	<p><b><u>Quality Score:</u></b>            Total: 54/85 (23%)            Description: 23/25 (92%)            Design: 31/60 (52%)</p> <p><b><u>Major Strengths:</u></b>  <b>Study:</b>            - Field tested printed intervention materials before final production.            - before intervention implemented, visits made to local groups for advocacy purposes (see p. 74)            - questions were pilot tested on 15 randomly selected female hawkers from another motor park</p> <p><b>Article:</b>            - Extensive description of training for data collectors</p> <p><b><u>Major Weaknesses:</u></b>  <b>Study:</b>            - No control group (not feasible due to financial constraints)            - Analysis of the effect of the intervention between different groups of hawkers could not be done as the categories were identified during the intervention stage.            - Baseline, intervention, and post-intervention groups were different</p> <p><b>Article:</b>            Not certain if baseline and post-intervention interview questions/format were the same.</p>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b> baseline (pretest), end line (post-test)</p> <p>Micro credit scheme was evaluated using qualitative methods such as focus group discussions and in-depth interview, as well as observation (by program officers) of the quantity of goods the girls had for sale.</p> <p><b>Time Points of Measurement:</b> post only</p>	<p><u>Self as victim</u> 92.8% at baseline mentioned hawkers as possible subjects of violent acts compared to 99.4% post-intervention.</p> <p><b>Attitudes:</b> Opinions about most prevalent type of violence in motor park:</p> <ul style="list-style-type: none"> <li>• sexual harassment/rape: 36.3% baseline/51.4% <b>post-intervention</b></li> <li>• financial exploitation: 27.5%/14.8%</li> <li>• Physical violence: 19.7%/13.9%</li> </ul> <p><b>Victimization:</b> <u>Sexual violence</u></p> <ul style="list-style-type: none"> <li>• Sexually harassed: 30.4% baseline/15.7% post (p&lt;0.05)</li> </ul> <p>Perpetrators: drivers 44.8%/53.8%; spouses 16.2%/NR Location: motor park 47.6%/NR</p> <ul style="list-style-type: none"> <li>• Attempted rape: 26.4%/6.6%</li> <li>• Forced sexual intercourse (by their partner or male friend): 11.3%/1.9% (p&lt;0.05)</li> <li>• Rape (by male friends or prospective husbands; 78.9% of which occurred at home): 19 (5.5%) baseline/1 post-intervention</li> </ul> <p><u>Physical violence:</u> Beaten or battered: 59.1% (range of 1-9 times, mean=4) baseline / range 1-4, mean =2 (p&lt;0.05)</p> <p><u>Psychological violence</u></p> <ul style="list-style-type: none"> <li>• belittled or relegated because they were females 9.8% baseline /6.9% post (p&lt;0.05)</li> <li>• denied freedom of movement by spouses: 17.1% baseline /13.2% post (p&lt;0.05)</li> </ul> <p><b>Perpetration:</b> Post-intervention drivers were still the main perpetrators of violence.</p> <p><u>Other Measures:</u> <b>Reporting:</b></p>	

Measures	Results	Study Quality
	<p>Baseline – most common action was to tell a friend (20.6%) or tell no one (54.2%)</p> <p>Post intervention – most common action was to seek help from the traders’ or drivers’ association (30.6%); 76.3% sought help from someone (p&lt;0.05). No one went to court or sought police help.</p> <p><b>Micro credit facilities:</b> All (39%) the women interviewed said it boost their trade and gave them greater economic independence. The program officers found that most (75%) of the shops were better stocked after receiving the loans.</p> <p><b>School Exams:</b> All the student hawkers in their final year of schooling sat for the school leaving examinations.</p> <p><b>Attendance/Treatment Completion:</b></p> <p><b>Other:</b></p>	

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## **Appendix F**

### **Sexual Abuse Preventive Interventions (SAPIs) for Individuals with Disabilities**

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

## Appendix F

### **Sexual Abuse Preventive Interventions (SAPIs) for Individuals with Disabilities**

Individuals with disabilities are often ignored in the discussion of sexual assault despite their increased risk and vulnerability. When examining prevention efforts, the majority of studies and review articles use the term *disabilities* to include learning disabilities; developmental disabilities; mild, moderate, or severe mental retardation; developmental delays; and hearing impairment. Because of the significant differences in the nature of sexual assault preventive interventions (SAPIs) compared with those for the general population, RTI included a separate discussion of preventive efforts that target this group, to suitably focus on their unique needs and on the different approaches to SAPIs.

#### **Prevalence**

Rates of sexual abuse and sexual assault of individuals with disabilities vary significantly. It is estimated that individuals with disabilities are up to four times as likely to be exploited sexually than their counterparts without disabilities (Muccigrosso, 1991). Prevalence statistics of sexual abuse of persons with mental retardation range from 25 to 83 percent (Lumley & Miltenberger, 1997), and Finkelhor (1979) noted a rate of sexual exploitation among individuals with developmental disabilities as high as 90 to 99 percent by the age of 18. A little more than half (54 percent) of victims of sexual abuse and assault surveyed in victim service agencies were mentally retarded (Sobsey, 1988). Similar to estimates in the general population, sexual abuse by a stranger is less likely among individuals with disabilities than sexual abuse by someone known to them. Individuals with disabilities have been reported to be victimized by strangers only 8 percent of the time (Sobsey & Doe, 1991; Sobsey & Varnhagen, 1988).

#### **Risk Factors**

Several factors place individuals with disabilities at higher risk for sexual abuse. Individuals with mental retardation are often taught to obey or depend on others to meet their needs and tend

to be compliant and submissive and therefore more vulnerable to exploitation (Tharinger, Horton, & Millea, 1990; Walmsely, 1989). Furthermore, poor judgement and lack of social skills may increase vulnerability to sexual abuse (Watson, 1984); these deficits combined with a lack of communication skills can contribute to an offender's perception that individuals with disabilities are more vulnerable (Sobsey & Mansell, 1990).

Lack of education on appropriate sexual behavior and lack of knowledge about how to defend oneself against abuse also place individuals with disabilities at increased risk. In a study that compared individuals with disabilities against age-related peers without disabilities, individuals with disabilities displayed less knowledge related to sex and had less experience with sexual activity, but had a greater incidence of pregnancy and STDs. Researchers have also found that individuals with disabilities were more likely to have positive feelings toward interactions typically considered abusive and to think that having sex with anyone was acceptable (McCabe & Cummins, 1996).

Institutions serving individuals with disabilities can also pose a risk for sexual abuse. Research suggests that the risk of being sexually abused in an institution is two to four times as high as it is for individuals in the community (Rindfleisch & Bean, 1988; Rindfleisch & Rabb, 1984; Shaughnessy, 1984). Furthermore, psychotropic drugs used for behavior control and aversive behavior management programs used to control noncompliant, aggressive, sexually inappropriate, or other problem behaviors of people with developmental disabilities can also increase the risk of abuse by reducing the ability to resist or make a complaint (Sobsey & Mansell, 1990). Factors such as these indicate a need for prevention programs that are geared toward reducing the risk of sexual abuse within institutions serving individuals with disabilities.

### **SAPIs for Individuals with Disabilities**

Very few interventions target individuals with disabilities and their specific needs. Mainstream programs tend to be fast paced, time limited, and facilitated by staff with a lack of

knowledge regarding specific learning characteristics of individuals with disabilities (Muccigrosso, 1991). Behavioral skills training is the most commonly used approach. It utilizes components such as instructions, modeling, rehearsal, praise, and corrective feedback and has been successful in teaching abduction prevention skills (Lumley & Miltenberger, 1997).

Researchers suggest that prevention programs targeting individuals with disabilities must include self-protection skills such as the ability to recognize a potentially dangerous situation, respond to the abuse situation by verbally refusing and/or escaping the situation, and reporting abuse situations (Muccigrosso, 1991; Sobsey & Mansell, 1990). Assertiveness skills are another important strategy for responding to sexual abuse solicitation (Muccigrosso, 1991; Sobsey & Mansell, 1990). These skills include verbal refusal in response to a sexual abuse lure and/or escape behavior in which the individual leaves the presence of the perpetrator or exits the area (Lumley & Miltenberger, 1997).

In addition to teaching behavioral skills and strategies to prevent sexual abuse, a developmentally appropriate educational component should also be incorporated into the curriculum. Information presented at a developmentally and functionally appropriate level will provide individuals with disabilities with more appropriate tools and skills to deal with the threat of sexual abuse. Programs should not only teach individuals to identify abusive situations, but also include a comprehensive sexuality education component (Sobsey, 1988; Watson, 1984) that improves individuals' ability to identify body parts for reporting accuracy (Gilgun & Gordon, 1985). This comprehensive education will also provide individuals with information about what constitutes appropriate and inappropriate sexual behavior (Sobsey, 1988). To ensure program suitability, however, it is important to consider the age as well as the level of functioning of the target individuals.

Knowledge assessment to determine individuals' ability to retain new information is also a critical component of developing effective SAPIs. These assessments can be conducted through staff member and parent observations, but this method is subject to possible rater bias (Foxx, McMorrow, Storey, & Rogers, 1984). Therefore, more direct assessments of knowledge may be more appropriate and reliable than observations of a participant's increase in knowledge.

Some researchers argue that skills assessments are more important than knowledge assessments because research has shown that there is often a lack of correlation between knowledge and actual behavior (Bakken, Miltenberger, & Schauss, 1993; Carroll-Rowan & Miltenberger, 1994). Skills are often measured through role-play assessments that include verbal refusal, physical escape, and reporting (Carroll, Miltenberger, & O'Neill, 1992). Another assessment frequently used to examine individuals' ability to apply the skills they have learned is the in situ assessment. In situ assessments use staged situations (that the target individuals do not know are staged) to determine whether new skills are being applied. However, because of the ethical concerns related to simulating sexual abuse lures, abduction prevention training tends to be used more consistently (Lumley & Miltenberger, 1997).

### **Effectiveness of SAPIs for Individuals with Disabilities**

Very few studies have examined the effectiveness of SAPIs for individuals with disabilities. Small sample sizes, nonuse of control groups, and the use of measures with no psychometric validation make effectiveness difficult to assess (Lee & Tang, 1998). Researchers stress that behavioral skills training is an effective method of teaching prevention skills to individuals with disabilities, but this hypothesis is supported only by studies of behavioral skills training of children (Lumley & Miltenberger, 1997). It is clear that additional research examining effectiveness of prevention programs specifically for this population is necessary before any definite conclusions can be drawn.

## **Synthesis of Effectiveness Evidence**

This section provides a summary of the key characteristics of the nine studies of individuals with disabilities that met inclusion criteria (see chapter 3) for this evidence-based review. The approach for synthesizing data that was used for the general SAPI studies was also used for these studies, with the exception that quality scores were not given<sup>1</sup>. RTI synthesized individual study results to draw conclusions about the overall effects of SAPIs for individuals with disabilities.

## **Descriptive Information**

The complete results of the data abstraction process for each of the nine studies examining individuals with disabilities are presented in appendix E. Six studies examined individuals with mild to severe mental retardation, two studies examined individuals with learning disabilities, and one study examined a deaf individual and an individual living in a treatment center for developmentally delayed individuals. Study-specific descriptive information is presented in exhibit F.1 (at the end of this appendix).

The majority of studies ( $n=6$ ) included only females participants; the other three studies included both males and females. Participants' ages ranged from 11 to 57 years old. Two studies reported assessment of past victimization and two studies reported sexual activity of the study participants. Eight of the nine studies assessed level of learning disability (mild, moderate, or severe) to ensure that the participants had adequate communication and language skills required to participate. Four studies assessed this through IQ scores; two used the Wechsler Adult Intelligence Scale. Three of the studies assessed whether individuals had received previous training in the prevention of sexual abuse.

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<sup>1</sup>Because of the different nature of the evaluation studies for individuals with disabilities, including smaller sample sizes and differing outcome measures, the quality rating form was not used.

All but two programs were conducted either in the classroom or at the participants' residential group home. Of the six studies that reported clear information about length of the program length, four studies consisted of 10 or fewer intervention contact hours with participants; of the other three studies, one provided the number of sessions without the length, one provided the length of sessions without the total number of sessions, and one did not report on the time frame of the intervention. Three of the studies used incentives to encourage participation.

Of the four study designs identified (pre-test/post-test design, nonequivalent comparison group design, randomized comparison group design, and experimental design), the most common study design was the pre-test/post-test design, which six studies used. Three of the studies used a comparison group. All the studies had relatively small sample sizes ranging from 2 to 77 participants; the majority of studies ( $n=6$ ) had fewer than 10 participants. Follow-up assessment was conducted in eight of the studies, ranging from 1 month to 8 years since completion of the intervention. Study retention rates, which reflect the number of baseline participants who participated in follow-up data collection periods, ranged from 60 to 100 percent. All of the studies used a post-test, and the majority of studies ( $n=7$ ) had post-test retention rates greater than 75 percent. Four of the eight studies that included a follow-up assessment had follow-up retention rates greater than 75 percent.

The majority of studies ( $n=7$ ) measured skills/strategies for preventing sexual abuse, and more than half ( $n=5$ ) measured knowledge of prevention strategies. Three studies measured both skills/strategies and knowledge. Measures of knowledge included the ability to differentiate between appropriate and inappropriate sexual behaviors, knowledge of self-protection skills, and observer's rating of use of skills and effectiveness. Skills included the ability to demonstrate criterion behavior (i.e., refusal, leaving the situation, and/or telling a trusted person). Two studies examined the side effects of the intervention; and one study each, in addition to examining either knowledge or skills,

examined (1) whether fear decreased after the intervention, (2) locus of control, and (3) satisfaction. Study measures were diverse; five studies used author-developed measures, with little information regarding psychometric properties.

It is important to consider information about the intervention and the manner in which the assessment was conducted when interpreting the findings. None of the studies reported a negative intervention effect. Three of the seven studies that conducted skills training delivered corrective feedback to respondents on their skills performance (nos. 47, 48, and 56). Because five of the studies conducted the intervention until the desired response was achieved (at which time the training was considered complete), the results of the final follow-up for these studies always indicated a positive intervention effect (nos. 47, 48, 56, 57, and 76). Positive effects were reported among the four studies for skills and knowledge as well.

### **Recommendations for Future Research**

It would be premature to make definitive conclusions regarding the effectiveness of SAPIs for individuals with disabilities considering the small number of studies examining this issue. Additional studies that measure effectiveness need to be conducted to fully understand and develop meaningful inferences. When abstracting the data from the articles for the evidence-based review, RTI reviewed the suggestions that the authors presented in their articles. These suggestions, discussed below, provide useful information to guide future prevention efforts in the areas of practice and research.

The majority of researchers identified the lack of appropriate assessment tools as a significant barrier to examining effectiveness and suggested the development of alternative assessment methods. More naturalistic settings and assessment tools to examine effectiveness in real life are hypothesized to provide more valid measurements of preventive effects. Enhancing program curricula and presentation may also provide more insight into prevention efforts for this

population. Authors suggested that program effectiveness may be enhanced by employing more diverse strategies, such as training approaches for both cognitive and motivational issues in decision making and broader topic areas including sex education, societal norms, and familial and peer pressure, as well as by increasing the number of sessions provided. Developmentally appropriate material that individuals enjoy and actively engage in at a suitable pace will help ensure active participation of the target audience. In addition, support and acceptance of program staff and teachers are crucial to the success of a program.

Researchers indicate that future research must identify elements of the intervention that are essential and effective. In addition, efforts to identify how to maintain and enhance individuals' skills are critical to assessing programs' effectiveness in reducing sexual abuse. Identifying commonalities among sexually active adolescents and the impact of refusal skills on unwanted sexual behavior are essential to developing any meaningful conclusions. Furthermore, increasing the number of follow-up assessments and using more than one independent rater to observe skill acquisition will increase reliability in measuring effectiveness.

In developing this report, RTI recognized limitations in addition to those mentioned by authors. Small sample sizes across the studies make it difficult to generalize for the larger population of individuals with disabilities, and the combination of individuals with different disabilities (e.g., mild learning disabilities and the hearing impaired) into one sample for both implementation and evaluation of SAPIs also limits generalization. Conducting these evaluations with larger sample sizes and designing and evaluating SAPIs among populations with similar learning characteristics will increase the validity of the findings. Corrective feedback strategies which were implemented in the majority of the studies, made it difficult to assess whether the respondents learned new skills and maintained them over a longer period of time. Conducting long-

term follow-ups without corrective feedback or continued implementation of the intervention will determine whether these skills can actually be maintained in a nonexperimental setting.

## **Conclusion**

Although the majority of the studies reviewed in this report indicated positive results in skill and knowledge acquisition, the findings are inconclusive because of the limited amount of research on sexual assault/abuse prevention for individuals with disabilities. Researchers emphasize the need to develop more appropriate assessment tools and enhance curriculum components as crucial strategies for improving prevention efforts targeting this vulnerable population. Additional studies employing these advances are critical to our understanding of how to effectively prevent sexual assault among individuals with disabilities.

### Exhibit F.1 Study-Specific Descriptive Information for Studies for Individuals with Disabilities

Article No.	Gender	Intervention Format and Length	Intervention Content	Incentives	Study Design	Baseline Sample Size	Post-Intervention Follow-up Sample Size	Outcome Measures
47	Females	10 hours; skills training, reinforcement, corrective feedback; training complete when criterion response exhibited	Information about sexual behavior and sexual abuse; training to discriminate between innocuous and harmful situations; prevention skills - say “no,” leave the situation, tell someone trusted	Yes	Pre-test/post-test	5	4	Knowledge, skills
48	Females	60 to 90 min each (total not reported); skills training, reinforcement, corrective feedback; training complete when criterion response exhibited	Information about sexual behaviors and sexual abuse; prevention skills; say “no,” leave the situation, tell someone trusted	Yes	Pre-test/post-test	6	6	Knowledge, skills, side effects, and satisfaction
56	Females	7.5 hours; skills training, video, corrective feedback, group discussion; training complete when criterion response exhibited	Component steps of decision-making process: cognitive decision-making strategy, problem identification, definition of problem, alternative choice evaluation, and consequence evaluation	Yes	Randomized comparison group	36	36	Skills
57	Males and females	4.5 hours; skills training, video, group discussion; training complete when criterion response exhibited	Information about private body parts, discrimination of good touch and bad touch or solicitations; prevention skills - say “no,” leave the situation, tell someone trusted	No	Pre-test/post-test	10	8	Skills, side effects
71 & 52	Males and females	12.5 hours; multimedia technology (computers), skills training, group discussion	Information about concepts of “telling” and “bullying”; prevention skills: say “no,” leave the situation, tell someone trusted	No	Nonequivalent comparison	50	NR	Knowledge

(continued)

**Exhibit F.1 (continued)**

Article No.	Gender	Intervention Format and Length	Intervention Content	Incentives	Study Design	Baseline Sample Size	Post-Intervention Follow-up Sample Size	Outcome Measures
72	Females	1.5 hours; skills training, corrective feedback, reinforcement	Information about private body parts, discrimination of good touch and bad touch; prevention skills: say “no,” leave the situation, tell someone trusted	No	Experimental	77	72	Knowledge, fear
74	Males and females	6 to 9 hours; skills training, group exercises, games	Developing body awareness, discrimination of good touch and bad touch, developing self-esteem; prevention skills: saying “no”	No	Pre-test/post-test	7	6	Skills
75	Females	Not reported; skills training	Experiences described by participants incorporated into curriculum; prevention skills; refusal skills	No	Pre-test/post-test	2	2	Knowledge, skills
76, 77, 78	Females	12 games (no time frame); training complete when criterion response exhibited	Information on how to differentiate between public and private sexual behavior; how to make appropriate responses	No	Pre-test/post-test	6	4	Knowledge, skills

## Exhibit F.2 Summary of Characteristics of Studies for Individuals with Disabilities

Characteristic	Number of Studies	Percentage of Studies*
Population		
Gender		
Mixed gender groups	3	33%
Females only	6	67%
Males only	0	0%
Study Design		
Type of study		
Experimental	1	11%
Randomized comparison	1	11%
Non-equivalent comparison group	1	11%
Pre-post	6	67%
Study follow-up period		
Immediately through 1 month	4	44%
2 months to 1 year	4	44%
Greater than 6 months	1	11%
Study retention rates		
<u>Post-Test</u>		
Less than 50% or not reported	2	22%
50–75%	0	0%
Greater than 75%	7	78%
<u>Follow-Up*</u>		
Less than 50%	2	25%
50–75%	2	25%
Greater than 75%	4	50%
Outcome measures**		
Knowledge	5	56%
Skills/strategies	7	78%
Other***	4	44%
Both knowledge and skills	3	33%

\* One study did not conducted post-test but no follow-up

\*\* Many studies used more than one outcome measure; therefore the total percentage exceeds 100

\*\*\* Includes side effects, fear, locus of control, and satisfaction

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## **Appendix G**

### **Evidence Tables – Individuals with Learning Disabilities**

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

<b>Author/s:</b> Miltenberger, Roberts, Ellingson, Galensky, Rapp, Long, and Lumley <b>Title:</b> Training and Generalization of Sexual Abuse Prevention Skills for Women with Mental Retardation		<b>Year:</b> 1999 <b>Number:</b> 047
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Not reported</p> <p><b>Study Eligibility Criteria:</b> Not reported</p> <p><b>Population Type:</b> 5 unmarried women with mild or moderate mental retardation</p> <p><b>Population Characteristics:</b>  <b>Age:</b> range 33 to 57 years</p> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b> Not reported</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b>                      Women were mentally retarded; possessed verbal skills to answer questions and to participate in assessments and training sessions; no prior training in sexual abuse prevention</p>	<p><b>Study Design:</b> Pre-post</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b>                      5 mentally retarded women who gave consent (or guardian gave consent)</p> <p><b>Comparison Group Type(s):</b> No comparison group</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b>                      5 women (rate not available)</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>                      Post-test: 4/5 = 80%                      Follow-up: 4/5 = 80%</p> <p><b>Time Points of Data Collection:</b>                      Pre-test (prior to training - time not reported)                      Post-test:- one-week after following the completion of training - in-situ                      Follow-up: one-month following the completion of in situ training - in situ</p> <p><b>Methods/Setting of Data Collection:-</b> Skills were assessed via role-play in which a male trainer portrayed a staff member “presented a sexual abuse solicitation” to the subject. Generalization was assessed via in-site assessments in which an unknown male research assistant who was introduced as a new staff person, presented a solicitation</p>	<p><b>Setting:</b> Residential setting (in and around the immediate area of the subjects’ group home)</p> <p><b>Duration:</b> 1-hr sessions each week for 10 weeks.                      “Training was completed for each subject when she correctly responded to all lures without any assistance”.</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> Presentation and role play.                      Participants provided with fast food coupons for correct performance on a fixed ratio basis.</p> <p><b>Curriculum/Content:</b> Involved behavioral skills training with pairs of women (except for one woman who was trained individually); involved presentation of information about sexual behavior and sexual abuse; training to discriminate sexual abuse from innocuous situations, instructions in the use of the sexual abuse prevention skills in response to a sexual solicitation from a staff person, rehearsal of the skills in role plays of a sexual solicitation; praises for correct performance and corrective feedback as needed, and the use of multiple examples of sexual solicitations in the role play (Lumley et al, 1998).</p> <p><b>Program Implementer:</b> Wide variety of male research assistants</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Only 5 women in intervention; staff knew if they were in attendance</p> <p><b>Intervention Retention Rate:</b> 80%</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> 4 to 10 verbal reports (Ss describe what she might do in responses to a scenario described to her)</p> <p><b>Time Points of Measurement:</b> pre-test, during training</p> <p><b>Attitudes:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b>  <i>Role-play</i> (measures skills)  <i>In-situ</i></p> <p><b>Time Points of Measurement:</b>  <b>pretest:</b> role-play</p> <p><i>In-situ</i> : one-week following training; if Ss scored lower than a 4, in situ training was initiated. Within 3 days of 2 correct responses in role-play situations, another in situ assessment was conducted.</p> <p><i>In situ</i>: One month following in-situ training - if the subject received a score of 4, her participation in the study was finished. If her score was less than 4, in situ trainings were repeated until subject received a score of 4 or better on a subsequent in situ assessment.</p>	<p><b>Primary Measures:</b></p> <p>Overall: this investigation showed that a 10-week behavioral skills training program resulted in the acquisition of sexual abuse prevention skills, but that the skills did not fully generalize to in situ assessments.</p> <p><b>Knowledge:</b> during baseline, subjects' scores varied from 0 to 3 (M=1.5) in verbal report; scores were more variable during training, ranging from 2 to 4.</p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b> A 10-week behavioral skills training program resulted in the acquisition of sexual abuse prevention skills, but the skills did not fully generalize to in-situ assessments.</p> <p>Skills training resulted in criterion performance (a score of 4) in 3 consecutive role-play assessments for all Ss.</p> <p><i>In-situ</i>: after 4 to 8 sessions, all Ss achieved 3 consecutive scores of 4 on the in-situ</p> <p><i>One-month follow-up</i>: initial scores were 3 for 3 subjects and 4 for one.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p><b>Quality Score:</b>  <b>Total:</b> 35/90 (39%)  <b>Description:</b> 13/25 (44%)  <b>Design:</b> 22/65 (34%)</p> <p><b>Major Strengths:</b>  <b>Study:</b>  - examines a population in which little has been done in terms of sexual abuse prevention.</p> <p><b>Major Weaknesses:</b>  <b>Study:</b>  -Subjects knew they were being assessed  - Small sample  - Short follow-up period  - Subjects were coached until they gave the correct response - not generalizable.</p> <p><b>Article:</b>  - Difficult to distill information from article</p>

Author/s: Lumley, Miltenberger, and Long

Year: 1998

Title: Evaluation of a Sexual Abuse Prevention Program for Adults With Mental Retardation

Article Number: 048

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Not reported</p> <p><b>Study Eligibility Criteria:</b> Women who were functioning in the mild to moderate range of mental retardation, possession of verbal abilities sufficient to participate in role playing and respond to verbal scenarios, expression of interest in learning sexual abuse prevention skills, and provision of signed informed consent to participate.</p> <p><b>Population Type:</b> Six women with mild or moderate mental retardation living a group home who expressed interest in the training and signed informed consent forms.</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> Range: 30 - 42yrs</p> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b> Not reported</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> Not reported</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> All women were unmarried 5 women were categorized as functioning in the mild range of mental retardation, and 1 was in the moderate range.</p>	<p><b>Study Design:</b> pre/post</p> <p><b>Author-reported:</b> multiple baseline across subjects</p> <p><b>Intervention Group Type(s):</b> N=6</p> <p><b>Comparison Group Type(s):</b> None</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> N=6; rate not available</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> Post-test: 100% Follow-up: 100%</p> <p><b>Time Points of Data Collection:</b> Baseline: first meeting Post-test: at end of assessments Follow-up: one month after training</p> <p><b>Methods/Setting of Data Collection:</b> Data were collected in or around participants' group home. Assessments took place in the participants group homes except for one, whose training and assessment took place in her training partner's group home.</p>	<p><b>Setting:</b> Participants' own group homes (except for one woman whose training took place in her training partner's group home).</p> <p><b>Duration:</b> each training lasted 60 to 90 minutes. Training was completed when the criterion response was exhibited during at least three consecutive role-play assessments conducted on different days.</p> <p><b>Theory/Model:</b> Not reported</p> <p><b>Delivery Mode:</b> Behavioral skills training, handouts - instructions, modeling, rehearsal, praise and corrective feedback. Participants received a \$1 McDonald's gift certificate for every five handouts she received.</p> <p><b>Curriculum/Content:</b></p> <p><b>Session 1:</b> locations and names of "private parts" were taught. Sexual intercourse and sex-related behaviors and the need to use protection when sexually active were explained (and participants were instructed to talk to their case managers for personal guidance regarding protection.) In addition, participants were taught about appropriate and inappropriate types of relationships and sexual activities and the need to make decisions about sexual behavior very carefully. Participants were also taught that a sexual relationship with an individual who has authority over them is never OK.</p> <p><b>Session 2:</b> the three-component criterion response of refusing a sexual abuse lure, leaving the situation, and reporting the incident to a trusted adult was taught. The trainers first modeled these behaviors for the participants in a role-play format, and the participants then took turns engaging in role playing to rehearse the skills and receive praise and corrective feedback. Participants engaged in 9 or 10 role-playing situations.</p>

Population and Setting	Study Design and Sample	Intervention
		<p><b>Session 3:</b> served to expand on the skills developed in Sessions 1 and 2 through verbal review and the use of a wider variety of role-play situations. Areas in which the participants had demonstrated a need for further training were specifically incorporated into these role-playing situations.</p> <p><b>Session 4:</b> started with a review of previously covered material and was followed by expanded role playing that included situations in which secrets, bribes, or threats were used as part of the sexual abuse lure.</p> <p><b>Session 5:</b> consisted of a review of all material covered and the use of varied role-playing situations that dealt with all of the concepts included as a threat.</p> <p><b>Program Implementer:</b> training was administered by a team of one male and one female trainer. Trainers included one female and two female graduate students and one female undergraduate student in psychology.</p> <p><b>Culturally Specific:</b> Not reported</p> <p><b>Assessment of Exposure:</b> Only 6 women in intervention; staff knew if they were in attendance</p> <p><b>Intervention Retention Rate:</b> 100%</p> <p><b>Other:</b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Nine closed-end questions asking whether a particular sexual behavior (e.g., kissing, touching private parts, having sex) was OK to do with a staff person. In addition, participants were asked if nonsexual types of touch (e.g., shaking hands) were OK to do with a staff person.</p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b> average score on pretest was 67% and 84% on the post-test.</p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b></p>	<p><b>Quality Score:</b>                      Total: 45/90 (50%)                      Description: 16/25 (64%)                      Design: 29/65 (45%)</p> <p><b>Major Strengths:</b>                      Study:</p>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b> Once before training Within one week after training</p> <p><i>Verbal report:</i> experimenter described a scenario in which a staff person presented a client with a sexual abuse lure and then asked the participant to verbally describe what she would do in that situation. A safe scenario, in which the trainer described a situation that did not involve inappropriate behavior, was also described. The participant was thanked for their response to the scenarios, but no specific feedback was provided. The responses were recorded by the trainer and were later reviewed independently by two researchers. A score was assigned for the response to the sexual abuse scenario according to the 4-point scale.</p> <p><b>Time Points of Measurement:</b> These scenarios were presented during each baseline assessment and prior to each training session.</p> <p><b>Attitudes:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> <i>Role playing:</i> A male trainer played the role of a staff person and presented a lure to the participant. Participants were fully aware that the situation was not real, and there was never any physical contact between the trainer and the participant during the role play. The participant was thanked for their response to the scenarios, but no specific feedback was provided. Role-play assessments were always conducted following the</p>	<p><b>Perpetration:</b></p> <p><b>Other Measures:</b> <i>Verbal report:</i> following training: all but one of the participants (83%) moved to criterion performance One month after training: 1 participant (17%) demonstrated the criterion response on the verbal report measure.</p> <p><i>Role playing:</i> following training: all but one of the participants (83%) moved to criterion performance One month after training: 5 of the six (83%) demonstrated the three-component criterion response during the role-play assessment.</p> <p><i>Naturalistic Probes:</i> following treatment: participants failed to achieve criterion performance during the naturalistic probes that were conducted after treatment. One month after treatment: no participants achieved criterion performance on this measure, demonstrating the lack of generalization of the skills to the target situation.</p> <p><i>Side-effects questionnaire:</i> post-training means were slightly lower than the pre-training means.</p> <p><i>Questionnaire regarding satisfaction with program:</i> each participant provided the highest rating for items that asked how much she liked being in the project and how much she learned.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p>- responses to verbal report were reviewed independently by two reviewers.(interobserver reliability) - measured 'social validity' by having scenarios devised for assessment rate the overall acceptability of each scenario</p> <p>Major Weaknesses: <b>Study:</b> -small sample - not sure who sample represents</p>

Measures	Results	Study Quality
<p>verbal report assessments but were different in content.</p> <p><b>Time Points of Measurement:</b> These scenarios were presented during each baseline assessment and prior to each training session.</p> <p>Naturalistic Probes: prior to meeting with the participants in the first training session, a male confederate unknown to the participant was introduced as a new staff member. Within 15 min after becoming acquainted with the participant, the confederate presented one of the lures from the pool of assessment scenarios.</p> <p><b>Time Points of Measurement:</b> These probes were conducted during baseline assessment, at the conclusion of skills training, and again at 1 month following the conclusion of training.</p> <p><i>Side-effects questionnaire:</i> measures any adverse effects resulting from training. Completed by the participants' case managers.</p> <p><b>Time Points of Measurement:</b> before and after training</p> <p><i>Questionnaire regarding satisfaction with program:</i> read to participants; asked how much they liked being in the program, how much they learned from being in the program, and whether they were glad they had participated.</p> <p><b>Time Points of Measurement:</b> after training</p> <p>Note: one measure given to staff about the program but findings not reported because they did not involve outcome measures of the participants</p>		

**Author/s:** Lee, McGee, and Ungar

**Year:** 1998 and 2001

**Title:** Issues in the Development of a Computer-Based Safety Programme for Children with Severe Learning Difficulties (#71)

The Effectiveness of a Computer-Based Safety Programme for Children with Severe Learning Difficulties (#52)

**Article Number:**052 (2001)and 071 (1998)

(NOTE: most information is from article 052 that reports the study results)

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> schools that catered for young people with severe learning difficulties</p> <p><b>Study Eligibility Criteria:</b> Not Reported</p> <p><b>Population Type:</b> adolescents with severe learning difficulties</p> <p><b>Population Characteristics:</b></p> <p><b>Age:</b> experimental age range – 12 to 18 (mean=15) comparison age range – 11 to 14 (mean=12) (discrepancy between articles – age range is 12-16, reported in article 71)</p> <p><b>Sex:</b> experimental – 13 female; 18 male comparison – 7 female; 11 male (discrepancy between articles – experimental 12 female and 20 male; comparison 6 female and 12 male, reported in article 71)</p> <p><b>Education:</b> Not Reported</p> <p><b>Race/Ethnicity:</b> Not Reported</p> <p><b>Sexually Active:</b> Not Reported</p> <p><b>Victimization:</b> Not Reported</p> <p><b>Criminal History:</b> Not Reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> None of the schools had previously implemented formal personal safety training procedures although teachers</p>	<p><b>Study Design:</b> non-equivalent comparison</p> <p><b>Author-reported:</b> quasi-experimental</p> <p><b>Intervention Group Type(s):</b> 31students from two different schools; two subgroups, 'less able' and 'more able' participants, were identified from the sample on the basis of their performance on the British Ability Scale. <i>(Slight differences in Ns across articles)</i></p> <p><b>Comparison Group Type(s):</b> 18 students from a third school selected on the basis that time for the intervention program was not available until the latter part of the study period (comparison subjects were provided with the presentation of the program after the results of the study were compiled); two subgroups, 'less able' and 'more able' participants, were identified from the sample on the basis of their performance on the British Ability Scale.</p> <p><b>Sampling Frame Size:</b> Not Reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> 50</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> Not Reported</p> <p><b>Time Points of Data Collection:</b> All participants were assessed before the program on level of cognitive ability and the knowledge of personal safety concepts. Two post tests were conducted - 1 week and 15 weeks after completion of the safety program</p> <p><b>Methods/Setting of Data Collection:</b> semi-structured interviews</p>	<p><b>Setting:</b> classroom</p> <p><b>Duration:</b> presented during 50-minute slot each week for one school term (15 weeks); the underlying concepts addressed within the program were introduced in 2 sessions delivered before the children were introduced to the program material</p> <p><b>Theory/Model:</b> Hypothesis of this study suggested that a participant's authority reasoning would have an impact on his/her response to safety education.</p> <p>Decision to use computer-based approach is based on studies on the use of multimedia in the classroom which point to its success at being the 'patient' teacher, not getting tired of students repeating the same task again and again (Salem-Darrow, 1996) and that children could generalize skills learnt using virtual environments to the real world (Standen and Cromby, 1996)</p> <p><b>Delivery Mode:</b> Classroom presentation. Uses multimedia technology. Computer-based safety program presented to small groups; role play; pictures; classroom discussion and/or teacher-child discussion; classroom posters and coloring sheets; auditory and sign language used; mouse and touch screen. The implementation of the program differed slightly depending on the ability of the participants, but in general the scenarios were displayed on the computer screen with the small groups before the participants were offered the opportunity to work through the program individually (with assistance).</p> <p><b>Curriculum/Content:</b> (presented in 1998 article #71)</p> <p>Underlying concepts addressed within the program were introduced in two classroom-based sessions delivered</p>

Population and Setting	Study Design and Sample	Intervention
<p>were starting to discuss the dangers of talking to strangers with some older participants and one child was receiving safety messages at home from his mother.</p>		<p>before the children were introduced to the program material. In these sessions the children’s own class teacher and the researcher collaborated to introduce and discuss the concepts of ‘telling’ and ‘bullying’ and to work through issues of autonomy such as when it is appropriate for children to control what happens to them. Consists of a series of scenarios concerning interactions between a child and an adult. The user is required to select the appropriate behavior for the ‘child’ depicted on the screen to undertake, either by using the mouse or, if s/he has poor fine motor skills, by pointing to the action selected via a touch screen monitor. Program includes a number of components to enable easy access for those with learning difficulties (positive sound, green check mark if answered correctly; negative sound and red cross indicating incorrect answer before scenario runs again, giving child opportunity to reselect). Program facilitates the user in making decisions by presenting 3 options:(1) passively go along with whatever the adult is requesting, (2) say no, move away or tell a trusted adult, (3) an illogical choice, which was introduced to assess the extent to which the users understood the activity. Verbal approach of the adult appear in both auditory and signed mode. If correct response is selected the first time, a series of counter-arguments is presented in which the adult depicted on the screen argues that the child should comply with the adult request. The counter arguments were based on the child’s own responses in prior interviews on issues relating to authority. Program also attempts to distinguish between situations in which a child might have the right to say ‘No’ and situations in which compliance with adult requests is appropriate. Implementation very different for ‘more able’ and ‘less able’ groups. The basic aim for the ‘less able’ groups was to practice saying ‘no’ and walking away or telling the teacher, with the overall lesson slowed down to accommodate their cognitive difficulties. Computer more relied on; verbal interaction was limited. Children were first shown the scenario individually and the lessons concentrated on looking at the choices, emphasizing the child’s feelings and allowing the children time to practice saying no. As the lessons progressed, they would often</p>

Population and Setting	Study Design and Sample	Intervention
		<p>start with a role-play in which a teacher would sit close to a child and nudge them, moving closer every time. Participants were also able to ‘nudge’ the teachers. Content of the program for this group was very specific, emphasizing the basic skills (say no, walk away). Interaction in the more ‘able’ groups was very different. The computer scenarios initiated role-play activities and provided a lot of discussion led by the children. Teachers were often able to talk about incidents that had occurred during the week and generally were able to point the discussion to each child’s interests. ‘What if’ questioning used, linking the child’s own knowledge of the outside world with the personal safety concepts (‘What would you do if N wanted to kiss you?’).</p> <p>Each lesson was adapted to suit the group’s own level of understanding and as such the teacher’s knowledge was invaluable in linking each child’s experience and knowledge with the issues presented in the personal safety lessons. To further reinforce the concepts, scenes from the video stories were printed out - some in black and white for coloring in to allow time for more individual attention, and others in color for posters.</p> <p><b><u>Program Implementer:</u></b> researcher and classroom teachers  ‘less able’ groups teacher–student ratio 3:5; a lot of individual support provided; other teachers in the class observed the interaction</p> <p><b><u>Culturally Specific:</u></b> Not Reported</p> <p><b><u>Assessment of Exposure:</u></b> Not Reported</p> <p><b><u>Intervention Retention Rate:</u></b> Not Reported</p> <p><b><u>Other:</u></b></p>

Measures	Results	Study Quality
<p><b>Knowledge: (Skills)</b>  <i>Authority Scale</i> (adapted from Bogat and McGrath, 1993). Used to assess children’s reasoning about authority figures. Individual semi-structured interview format in which 2 stories were presented (one benign and one sexual). Certain features of scale were changed in order to emphasize that it was the request, not who the authority figure was, that mattered.</p> <p><b>Time Points of Measurement:</b> Pre-test only</p> <p><i>Personal safety knowledge</i> - (adapted from the work of Tutty, 1994 and Saslawsky and Wurtele, 1986) Used to assess the participant’s knowledge of personal safety; individual semi-structured interview format</p> <p>The interview questions were grouped into one of three classifications which separated the questions that required a skill response from those questions that covered a more general topic based on the child’s knowledge:  Skill A – response to inappropriate behavior  Skill B – response to appropriate behavior  Skill C – authority relations</p> <p><b>Time Points of Measurement:</b> pre, post, follow-up</p> <p><b>Attitudes:</b> Not Reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b> Not Reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not Reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b>  <i>British Ability Scales</i> (Elliott et al., 1983) (included in 1998 article, but reference not provided). Used to assess participants’ cognitive functioning or level</p>	<p>Two subgroups for both conditions, ‘less able’ and ‘more able’ participants, were identified from the sample on the basis of their performance on the British Ability Scale.</p> <p><i>Authority Scale (pre-test):</i>  6% indicated that the boy will refuse both stories  54% indicate that the boy will go with the man in the first story but not in the second story  40% cannot distinguish between the stories</p> <p>58% were categorized as operating at level 0-A (equivalent to 0-4 years), little understanding of authority  23% were categorized as operating at level 0-B (equivalent to 4-6 years), the distinction between the authority’s request and the child’s desires is blurred so children often obey because they perceive direct correspondence between their wishes and those of the authority figure  19% of the sample were operating at level 1-A (equivalent to 5-7 years), authority was legitimized by the physical attributes of the person (power, skill, age).</p> <p><b>Primary Measures:</b>  Overall: the participants significantly increased their knowledge of safety issues during the first post-test and maintained this knowledge during a second post-test 15 weeks later. There was no comparable shift in the knowledge scores of the comparison groups.</p> <p><b>Knowledge/Skills:</b>  <i>Personal Safety:</i>  <i>Authority reasoning</i> was found to have an independent effect on the respondent’s safety scores (controlled for by level of ability) for Skill A (response to inappropriate touch) and Skill C (authority awareness) but not for Skill B. There was a significant positive relationship during pre-test (<math>p &lt; 0.01</math>) and at the second post-test (<math>p &lt; 0.05</math>). The influence of authority awareness on Skill A changed over time (<math>p &lt; 0.05</math>) and was independent of the effect of participants’ cognitive ability. Authority awareness was significantly correlated with safety scores throughout all assessments. For Skill C, there was a significant change in the influence of authority awareness over time (<math>p &lt; 0.05</math>),</p>	<p><b>Quality Score:</b>  Total: 56/95 (59%)  Description: 20/25 (80%)  Design: 36/70 (51%)</p> <p><b>Major Strengths:</b>  <b>Study:</b>  – 15 week follow-up assessment  - looked at difference between groups on pre-test  - inter-rater reliability conducted on interviews  - separated group based on cognitive ability and administered curriculum accordingly</p> <p><b>Article:</b>  – lacked good descriptions of measures</p> <p><b>Major Weaknesses:</b>  <b>Article:</b>  – 2001 article does not include full description of the program (refers the reader to previously published article)  – 2001 article does not provide information on intervention and study participation numbers/rates  – 1998 article refers to British Ability Scales and personal knowledge assessment interview, but provides no references or further information on them  – discrepancies in the sample description in the 2 articles including gender, sex, and program length</p>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b> pretest</p> <p>Ability to tell/disclose: results reported but no other information provided</p>	<p>beginning with a high effect of authority awareness on the safety scores and dropping to little effect during the post-test scores.</p> <p><u>Knowledge gain across three time points on Skill A</u>            There was a significant change over time across the three levels (<math>p &lt; 0.001</math>). This change over time differed depending on the condition, experimental or comparison (<math>p &lt; 0.001</math>):            a dramatic change in levels of safety knowledge for the experimental groups at the first post-test level compared to the comparison groups, where they remain constant. The safety knowledge for the experimental groups plateaus at the second post-test but remains significantly higher than the pre-test for the 'more able' (<math>p &lt; .001</math>) and 'less able' (<math>p &lt; .001</math>) groups.</p> <p>The effect of the intervention varied according to cognitive ability (<math>p &lt; 0.05</math>).            There were no significant differences across the 3 time points for the comparison group (however, there was a non-significant decrease in safety knowledge for the 'less able' comparison group).</p> <p><u>Knowledge gain across three time points on Skill B</u>            There was a significant change over time across the three levels (<math>p &lt; 0.01</math>). This change differed depending on the condition, experimental or comparison (<math>p &lt; 0.01</math>). There was a sharp increase for the experimental groups in the first post-test followed by a drop in knowledge at second post-test, however the second post-test scores are significantly higher than the pre-test scores for the 'more able' and 'less able' experimental groups. In contrast, the scores for the comparison group are constant across the time periods.</p> <p><u>Knowledge gain across three time points on Skill C</u>            There was a significant change over time across the three levels (<math>p &lt; 0.001</math>). This change over time differed depending on the condition, experimental or comparison (<math>p &lt; 0.001</math>) – there was a sharp increase in safety knowledge for the experimental group at post-test.</p>	

Measures	Results	Study Quality
	<p>The effect of the intervention varied according to cognitive ability (<math>p &lt; 0.05</math>) (the ‘more able’ groups scored higher in level of safety than the ‘less able’ groups). There were no significant differences across the three assessments for the comparison group (however, there was a non-significant increase in scores between the first and second post-test for the ‘more able’ group (which may have resulted from a maturation of the participants)).</p> <p><u>Ability to tell</u>            During pre-test, all groups were able to report that they would tell someone about an incident; however, there was a distinction between someone once and telling someone for a second time or telling another person if the first person was dismissive or critical. At post-test, the mean of ‘tell’ for the intervention group was significantly higher than the mean for the comparison group (<math>p &lt; 0.01</math>). The mean of ‘tell again’ for the experimental group was significantly higher than the mean for the comparison group (<math>p &lt; 0.001</math>). This change over time differed depending on the condition (<math>p &lt; 0.001</math>). The experimental groups’ mean score in the post-test fell into the category ‘positive view with reason’, indicating that the respondents not only specified someone that they would tell but also a reason why they would tell (this response was consistent across the ability groups). In contrast, those who did not receive the intervention program consistently reported that they would not tell a second time. Even at the 2<sup>nd</sup> follow-up, the experimental groups reported that they would tell repeatedly.</p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p style="padding-left: 40px;"><b>Attendance/Treatment Completion:</b> Not Reported</p> <p><b>Other:</b></p>	

**Author/s:** Khemka

**Year:** 2000

**Title:** Increasing Independent Decision-Making Skills of Women with Mental Retardation in Simulated Interpersonal Situations of Abuse

**Article Number:** 056

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> New York City</p> <p><b>Study Eligibility Criteria:</b> IQ (Wechsler Adult Intelligence Scale-Revised [WAIS-R] or Stanford-Binet Intelligence Test, Form L-M) was used as a screening criterion to select participants who had adequate communication and language skills required for the decision-making tasks. The IQ records were obtained from agency records.</p> <p>Informed consent procedures, regulated by agency guidelines and reviewed by Human Rights Committee, were followed.</p> <p><b>Population Type:</b> Adults (females) with mental retardation</p> <p><b>Population Characteristics:</b>  <b>Age:</b> range 21-40                      Final sample had mean chronological age of 35.75 years (standard deviation = 7.37)</p> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b> Not Reported</p> <p><b>Race/Ethnicity:</b> Not Reported</p> <p><b>Sexually Active:</b> Not Reported</p> <p><b>Victimization:</b> Not Reported</p> <p><b>Criminal History:</b> Not Reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b> all had mild or moderate mental retardation (IQ 50-70)                      Final sample had mean IQ of 60.89 (standard deviation = 5.83)</p>	<p><b>Study Design:</b> Randomized comparison group design</p> <p><b>Author-reported:</b> pretest-post-test control group design</p> <p><b>Intervention Group Type(s):</b>                      Two conditions to which participants were randomly assigned: Decision-making training or Self-directed decision-making training.                      Training sessions for both conditions were provided in small groups of 2-3 participants.                      Participants were recruited from a large nonprofit agency for adults with developmental disabilities and mental retardation</p> <p><b>Comparison Group Type(s):</b>                      Participants were randomly assigned.                      Participants were recruited from a large nonprofit agency for adults with developmental disabilities and mental retardation. They did not receive any type of decision-making training but continued to receive the agency's regular social skills or sex education curricula.</p> <p><b>Sampling Frame Size:</b> Not Reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b>                      45 originally consented to participate                      36 completed pretest                      (participation rate - cannot determine)</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>                      36 in final sample (participation rate %).                      8 participants dropped out due to scheduling difficulties and/or unwillingness to continue participation.                      One participant (from decision-making training group) was randomly excluded to balance the number of participants in the 3 treatment groups.</p> <p>Participation rate - 80%</p>	<p><b>Setting:</b> the participant's agency site</p> <p><b>Duration:</b>                      Both conditions consisted of 10 45-minute sessions spread over several weeks</p> <p><b>Theory/Model:</b>  <b>Decision-making training condition:</b>                      Janis and Mann's conflict theory (1977)  <b>Self-directed decision-making training:</b> motivational systems theory (Ford, 1992); attribution retraining approaches (Fosterling, 1985)</p> <p><b>Delivery Mode:</b> visual mapping techniques, video, reading of vignettes, group discussion                      Volunteer participants were compensated by the nonprofit agency for their time.</p> <p><b>Curriculum/Content:</b>  <b>Decision-making training condition:</b>                      Based on conflict theory (see theory above) and decision-making training schemas used by Tymchuck et al (1988) and Williams and Ellsworth (1990). Designed to address the component steps of the decision-making process.                      Included instruction in the use of a cognitive decision-making strategy, with emphasis on problem identification, definition of the problem, alternative choice generation, and consequence evaluation.                      The first 35 minutes consisted of participants practicing the use of the decision-making strategy to problem-solve 12 training vignettes situations (similar but not identical to vignette situations in the Decision-Making Scale). Six were presented as video clips and 6 were read out loud. The remaining 10 minutes were used for group discussion of the utility of the decision-making strategy in solving problem situations.</p> <p><b>Self-directed decision-making training:</b>                      Combined instruction on cognitive and motivational</p>

Population and Setting	Study Design and Sample	Intervention
	<p><b><u>Time Points of Data Collection:</u></b>  pretest - time frame not reported  post-test - within 2-3 weeks of completion of the training</p> <p><b><u>Methods/Setting of Data Collection:</u></b>  Pretest and post-test interviews were conducted in individual testing sessions of 25 to 30 minutes in a private area in the agency. Interviewers asked participants questions (following the video clips); responses were audio recorded and transcribed for scoring. No time Vignettes for the self social scale were presented verbally by the interviewer and then were followed by a question also asked verbally. For locus of control scale, items were read aloud to participants and relevant examples were provided if a participant showed difficulty in understanding the item.</p> <p>Participants were debriefed at the end of the study and provisions for follow-up supports were made at each agency's site.</p>	<p>aspects of decision-making. Participants practiced the use of a cognitive decision-making strategy (same as in the decision-making training condition) while operating within an enhanced motivational framework (added in this training condition) in which the need for self-directedness involving increased awareness of personal goals and individual perceptions of control was emphasized. The group first generated goals which were then categorized into one of 4 areas that reinforced personal needs for safety, privacy and respect, independence and speaking up for oneself, and acting to stop abuse. The participants used these personal goals to evaluate the consequences of different decision alternatives and to select a decision that maximized these goals. The first 35 minutes were used for decision-making strategy instruction using at least 12 decision-making training vignette situations; The remaining 10 minutes was used for at least 10 specific self-directedness activities (over the course of the 10 sessions).</p> <p><b><u>Program Implementer:</u></b> Not Reported</p> <p><b><u>Culturally Specific:</u></b> Not Reported</p> <p><b><u>Assessment of Exposure:</u></b> If a participant missed a group training session, a make-up session was provided before the participant joined the group again.</p> <p><b><u>Intervention Retention Rate:</u></b> Not Reported (although 8 reported to have dropped out, attendance across the 10 sessions is not reported)</p> <p><b><u>Other:</u></b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not Reported</p> <p><b>Attitudes:</b> Not Reported</p> <p><b>Victimization:</b> Not Reported</p> <p><b>Perpetration:</b> Not Reported</p> <p><b>Other Measures:</b>  <b>Skills: Interpersonal decision-making</b>  <i>Social Interpersonal Decision-Making Video Scale</i> (Khemka, 1997). Included 24 hypothetical interpersonal decision-making situations, presented in the form of short vignettes in video clip format, each of which contained 12 target items (i.e., situations of abuse) and 12 filler items (situations of interpersonal conflict that can be solved through negotiation or compromise). The vignettes each represented one of 3 types of abuse (physical, sexual, or verbal/psychological abuse). The 24 vignettes were randomly divided into 2 sets of 12 vignettes each in order to facilitate administration of the scale in 2 sessions. Equal numbers of female and male decision-makers were represented in the vignettes to minimize any gender-related effects on the participants' decision-making performance. A structured interview consisting of 4 questions immediately followed the presentation of each vignette to assess the ability of the participant to recommend a decision for the key decision-maker.</p> <p><b>Time Points of Measurement:</b> pretest, post-test</p> <p><i>Self Social Interpersonal Decision-Making Scale</i> (Khemka, 1997)  8 vignettes describing hypothetical everyday interpersonal decision-making situations that are presented from the participants' own perspective. Measures participant's ability to make decisions for themselves in social interpersonal situations.</p> <p><b>Time Points of Measurement:</b> post-test</p> <p><i>Nowicki-Strickland Internal-External Scale</i> (adult version)</p>	<p><b>Other Measures:</b>  The 3 groups differed significantly from each other on the adjusted post-test scores. Participants in the self-directed decision-making group provided more self-independent decision-making responses than did those in the decision-making training or control. Participants in the control did not differ significantly from the participants in the decision-making training group on these scores.</p> <p>Locus of control: Participants in the two training groups had higher scores than the control, with participants in the self-directed decision-making group holding significantly more internal perceptions of control than did participants in the other two groups at post-test. Participants in decision-making training group also differed <i>significantly</i> from those in the control group on their adjusted post-test scores; their perceptions of control were more internal.</p> <p><b>Attendance/Treatment Completion:</b> 8 dropped out; 1 randomly excluded from final analyses to balance the number in the groups</p> <p><b>Other:</b></p>	<p><b>Quality Score:</b>  Total: 51/95 (54%)  Description: 23/25 (92%)  Design: 28/70 (40%)</p> <p><b>Major Strengths:</b>  <b>Study:</b>  - random assignment  - compared 2 different treatments and 1 control</p> <p><b>Major Weaknesses:</b>  <b>Study:</b>  - small sample  - short duration of time from intervention to post-test  - no p-values provided.</p>

Measures	Results	Study Quality
<p>(Nowicki and Duke, 1974) Measures participants' perception of their locus of control. Includes 40 items in yes or no format. 2 items were modified to make them more age relevant. Used extensively in research studies of individuals with cognitive impairments.</p> <p><b>Time Points of Measurement:</b> pretest, post-test</p>		

**Author/s:** Haseltine and Miltenberger

**Year:** 1990

**Title:** Teaching Self-Protection Skills to Persons With Mental Retardation

**Article Number:** 057

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Two group homes in a community residential program in a midwestern metropolitan area of 100,000 people.</p> <p><b>Study Eligibility Criteria:</b> Adults with mild mental retardation living in one of two group homes who volunteered to participate and signed informed consents.</p> <p><b>Population Type:</b> Adults with mild mental retardation</p> <p><b>Population Characteristics:</b>  <b>Age:</b> Range: 22 to 45 years  <b>Sex:</b> 62% (n=5) males and 38% (n=3) females  <b>Education:</b>                      IQ: range 50 to 77 (measured using the Wescheler Adult Intelligence Scale)  <b>Race/Ethnicity:</b> Not reported  <b>Sexually Active:</b> Not reported  <b>Victimization:</b> Not reported  <b>Criminal History:</b> Not reported  <b>Other (i.e., disability, substance abuse, etc.):</b>                      subjects:                      - had not previously received sexual abuse prevention training                      - were ambulatory                      - had good receptive and expressive language ability                      - were their own guardians and all signed informed consent forms</p>	<p><b>Study Design:</b> Pre- post</p> <p><b>Author-reported:</b> modified multiple-baseline design across subjects</p> <p><b>Intervention Group Type(s):</b> 8 adults with mild mental retardation who volunteered to participate</p> <p><b>Comparison Group Type(s):</b> Not applicable</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b>                      N= 10; rate not available</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>                      Pre-test: 100% (10/10)                      post-test: 80% (8/10) (2 subjects were dropped from study because they showed no deficits in safety skills during baseline.)                      follow-up 1month: 80% (8/10)                      follow-up 6 month: 60% (6/10)</p> <p><b>Time Points of Data Collection:</b>                      Pre-test: prior to training                      post-test: following training                      follow-up 1: 1-month following post-test                      follow-up: 6-months following post-test</p> <p><b>Methods/Setting of Data Collection:</b> Assessment probes occurred in situ in settings where the subjects were likely to be on a frequent basis (e.g., the sidewalk in front of the subjects' group homes, the parking lot by the group homes, or the vicinity of a nearby convenience store.)</p>	<p><b>Setting:</b> Training occurred in the dining rooms of the group homes. In addition, some training was conducted in situ. Small group (5 persons) format</p> <p><b>Duration:</b> Nine consecutive weekdays; each session lasted approximately 25 to 30 minutes.(Total - about 4.5 hours)</p> <p><b>Theory/Model:</b> Researchers have demonstrated that children can learn important self-protection skills that may enable them to prevent sexual abuse and abduction. This knowledge led the current researchers to theorize that teaching self-protection skills to adults with mental retardation would also enable them to avoid sexual abuse and abduction. The purpose of the study was to examine the effectiveness of a curriculum for teaching self-protection skills to adults with mental retardation.</p> <p><b>Delivery Mode:</b> Role plays; small groups; film</p> <p><b>Curriculum/Content:</b> A curriculum designed to teach self-protection skills to persons with mental retardation was used during the training phase of this study (Dreyer and Haseltine, 1986). The curriculum has nine units; in the first three sessions the subjects learned the concepts of private body parts, discrimination of good and bad touch or solicitations. The trainers described and modeled behaviors and then subjects answered questions individually and as a group. In the next four sessions, subjects learned self-protection skills (say no, get away and tell), and discrimination of different inducements. Trainers modeled skills and then role-played with subjects individually. In the eighth session, subjects watched a 13-minute film, "Child Molestation: When to Say NO" (AIMS Media) which depicted the appropriate responses of a different child in each of four sexually abusive situations. Afterwards, subjects were prompted to</p>

Population and Setting	Study Design and Sample	Intervention
		<p>identify the self-protection skills depicted by actors. In the ninth session all concepts were reviewed and subjects engaged in role plays outside the classroom.</p> <p><b><u>Program Implementer:</u></b> 11 male adults were trained to play the part of abductors. All were unpaid volunteers who were either students at local universities or worked in a human service field. Each research assistant received at least one hour of training to conduct the probes. They were given written instructions, a list of role plays, and response definitions. The research assistants rehearsed each role play (after they were modeled for them) and received performance feedback. The training was complete when each research assistant could accurately enact the role plays and record the responses provided by the experimenter acting as the subject.</p> <p>Two staff members from each group home completed the side-effects questionnaire for each subject.</p> <p><b><u>Culturally Specific:</u></b> Not reported</p> <p><b><u>Assessment of Exposure:</u></b> Not reported</p> <p><b><u>Intervention Retention Rate:</u></b> 100%</p> <p><b><u>Other:</u></b></p>

Measures	Results	Study Quality
<p><b><u>Knowledge:</u></b> Not Reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Attitudes:</u></b> Not Reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Victimization:</u></b> Not Reported</p> <p><b>Time Points of Measurement:</b></p>	<p><b><u>Primary Measures:</u></b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b><u>Other Measures:</u></b></p>	<p><b><u>Quality Score:</u></b>                      Total: 47/90 (52%)                      Description: 23/25 (92%)                      Design: 24/65 (37%)</p> <p><b><u>Major Strengths:</u></b>  <b>Study:</b>                      - research assistants were naive regarding the phase of the study in effect for each subject (when recording responses)                      - randomly selected role play</p>

Measures	Results	Study Quality
<p><b>Perpetration:</b> Not Reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b> A pool of 12 <i>role plays</i> depicting potentially abusive situations was developed and utilized during the assessment probes. Due to ethical concerns, the role plays did not depict sexually abusive situations but instead depicted potential abduction scenarios utilizing authority or incentives similar to those used in the Poche et al (1981), Poche et al (1988), and Thiesse-Duffy (1988). Each role play consisted of two inducements for the subject to leave with the confederate abductor. In half of the role plays, the confederate approached on foot and in half, he drove up in a car. In each case he greeted the subject in a friendly manner and offered the subject some inducement to leave with him. Examples included asking the subject to provide directions, offering the subject money to help find a lost pet, asking the subject to join him for a snack or soda, offering the subject a ride, and so forth.</p> <p>The role place used in each probe was randomly selected. In each probe the research assistant approached the subject in a public place and presented the solicitation. If the subject refused to go with the assistant or said nothing, a second solicitation was delivered. If the subjects refused or said nothing after 15 seconds, the assistant left. If the subject started to leave with the assistant, the assistant terminated the interaction.</p> <p>The research assistant recorded all of the subject's verbal and motor responses, and whether the subject reported the incident.</p> <p>During six-month follow-up, a probe was conducted in which an unknown research assistant approached the subject and presented no solicitation. Rather, the assistant made some innocuous conversation about the weather. This probe was used to determine whether the subjects could discriminate between a threatening and</p>	<p>Five of the 8 subjects achieved criterion performance (two consecutive scores of 3) following self-protection training (post-test); two required further training beyond the classroom training procedures to achieve criterion: feedback on one occasion for subject 1 and on two occasions for subject 4, was needed to achieve optimal performance (only deficient behavior was informing staff members about the solicitation). The scores for one subject did not change following classroom training or feedback.</p> <p>One-month follow-up: 6 of the 8 subjects maintained the self-protective skills. One remained stables; one did not maintain the appropriate skill level, but after feedback he performed at criterion.</p> <p>Six-month follow-up: (6 of 8 subjects took part) 5 subjects had perfect scores; one received a score of 2 but following feedback improved to a rating of 3.</p> <p>All subjects responded appropriately (showed no fear or avoidance behavior) in the probe involving innocuous contact with the stranger.</p> <p><i>Side-effects questionnaire:</i> no changes in the scores on the questionnaire from pre- to post-training, suggesting that the subjects had no emotional or behavioral side effects due to participation; staff did not identify the development of any new behavior problems.</p> <p><b>Attendance/Treatment Completion:</b> Not reported</p> <p><b>Other:</b></p>	<p>- research assistant acting as the abductor was different for each probe for each subject</p> <p>- one-third of the probes were observed independently (reliability observations)</p> <p>- in situ probes conducted across all phases (vs. post-test only)</p> <p><b>Major Weaknesses:</b></p> <p><b>Study:</b></p> <p>- can not tell if those adults who volunteered represented the adults who lived in the group homes</p>

Measures	Results	Study Quality
<p>nonthreatening situation and respond appropriately.</p> <p><b>Time Points of Measurement:</b> Pre-, post-test, 1-month follow-up, 6-month follow-up</p> <p><i>Side-effects questionnaire:</i> A questionnaire similar to the one developed by Thiesse-Duffy (1988) (Likert-scale) was used to assess the development of any behavioral or emotional side effects exhibited by the subjects after participation in this study. The questionnaire consisted of the following four items: (a) this resident exhibits behavior indicative of being scared (e.g., excessive alertness to persons and surroundings, fear of strangers), (b) this resident appears cautious or careful in novel situations, (c) this resident is preoccupied with the issues of strangers, personal safety, and so on, and (d) this resident experiences nightmares. A fifth item was added : asked staff members to describe any changes they noticed in the resident’s behavior following participation in the study. The questionnaire also asked staff members to rate their satisfaction with the study.</p> <p><b>Time Points of Measurement:</b> pre- and post-test</p>		

<b>Author/s:</b> Lee and Tang <b>Title:</b> Evaluation of a Sexual Abuse Prevention Program for Female Chinese Adolescents with Mild Mental Retardation		<b>Year:</b> 1998 <b>Article Number:</b> 072
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Hong Kong</p> <p><b>Study Eligibility Criteria:</b> female students who attended special schools for children with mental retardation were included using these criteria: (a) Chinese females ages 11-15, (b) intellectual functioning in the mild mental retardation range as determined by the assessment of qualified educational psychologists prior to admission to the special schools (and as determined by pretest assessment of intellect – only individuals with a standard score of 70 or below on chosen instrument were included), (c) an absence of autistic features, (d) good receptive and expressive language ability, and (e) informed consent by both the participants and their parents (and the schools).</p> <p><b>Population Type:</b> mentally retarded female adolescents</p> <p><b>Population Characteristics:</b> (completers only)</p> <p><b>Age:</b> 11 to 15 years old            Mean age of total sample (72) = 13.44            Mean age of treatment = 13.38            Mean age of control = 13.51</p> <p><b>Sex:</b> 100% female</p> <p><b>Education:</b> Not Reported</p> <p><b>Race/Ethnicity:</b> Chinese</p> <p><b>Sexually Active:</b> Not Reported</p> <p><b>Victimization:</b> Not Reported</p> <p><b>Criminal History:</b> Not Reported</p> <p><b>Other (i.e. disability, substance abuse, etc.):</b>            Participants standard scores on Raven's Standard Progressive Matrices ranged from 56-69 (Mean=59.88)</p>	<p><b>Study Design:</b> Experimental design</p> <p><b>Author-reported:</b> Not Reported</p> <p><b>Intervention Group Type(s):</b>            38 randomly assigned participants that completed the pretest, intervention, and post-test; Participants from 2 special schools were assigned to treatment. To control for intergroup contamination, participants from the same school were assigned to the same program. Each program group consisted of 12-15 participants.</p> <p><b>Comparison Group Type(s):</b>            34 randomly assigned participants that completed both the pretest and post-test; Participants from 2 other special schools were assigned to the control. To control for intergroup contamination, participants from the same school were assigned to the same program. Each program group consisted of 12-15 participants</p> <p><b>Sampling Frame Size:</b> Not Reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b>            77 completed pretest (participation rate is not possible to calculate due to absence of report of sampling frame)</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>            Post-test: 72 (5 dropped out - didn't attend program or failed to take post-test) = 94%            Follow-up: 72/77 = 94%</p> <p><b>Time Points of Data Collection:</b>            Pretest: One month prior to program            Post-test: within the week after the program implementation            Follow-up: 2 months following post-test</p> <p><b>Methods/Setting of Data Collection:</b></p>	<p><b>Setting:</b> Not Reported</p> <p><b>Duration:</b> Treatment group: Two 45-minute sessions for <i>Behavioral Skills Training Program</i> - consecutive days or with 1-2 days in between.            12-15 participants in each group</p> <p>Control group: <i>Attention Control Program</i> - Two 45-minute sessions either on consecutive days or with 1-2 days in between.            12-15 participants in each group</p> <p><b>Theory/Model:</b> Not Reported</p> <p><b>Delivery Mode:</b> implementer read from narrative scripts with pictures as visual aids; self protection skills taught via instruction, modeling, behavioral rehearsal, shaping, social reinforcement, and feedback.</p> <p><b>Curriculum/Content:</b>  <b>Treatment group:</b> <i>Behavioral Skills Training Program</i> (Wurtele, 1990; Wurtele et al 1986, 1989 and 1992). Program is used to teach self-protection skills from behavioral perspective. Topics included: (a) we are the bosses of our bodies. (b) The locations of "private parts" are identified. (c) Touching your own private parts is acceptable when done in private. (d) It is appropriate for doctors, nurses, or parents to touch children's private parts for health or hygiene reasons. (e) Otherwise, it is not okay to have private parts touched or looked at by a bigger person. (f) It is wrong to be forced to touch a bigger person's private parts. (g) A bigger person's inappropriate touching of a child's private parts is never the child's fault. Participants were also taught their own body safety: It's not okay for a bigger person to touch or look at my private parts.            In order to enhance rehearsal and generalization, the program included stories about children meeting various types of people in both innocuous and potentially</p>

Population and Setting	Study Design and Sample	Intervention
	<p>Individual interviews were conducted with participants by one of 3 female interviewers, who read the questions (from Personal Safety, “What If”, and Fear Assessment instruments) aloud in a standardized format and recorded participants’ exact responses.</p> <p>The Standard Progressive Matrices was administered to groups of 8-10.</p>	<p>dangerous situations. Children practiced discriminating between appropriate and inappropriate touch requests and were taught self-protection skills: verbal response, motoric responses (try to get away), tell some trusted persons about the incident and report the person and the situation concerning the sexual person.</p> <p><b><i>Control Program - Attention Control Program</i></b> (Wurtele et al., 1992) used to control for treatment agent contact. Covered various safety skill, such as, car safety, classroom safety, fire prevention and safety, etc. unrelated to sexual abuse. Topic “gun rules” was omitted. Teaching approach also followed behavioral principles embracing instruction, modeling, rehearsal, social reinforcement, and feedback.</p> <p><b><u>Program Implementer:</u></b> Lead author presented both programs; three female interviewers gave measures</p> <p><b><u>Culturally Specific:</u></b> purpose of study, in part, was to examine the feasibility of extending a sexual abuse prevention program and assessment instruments designed for use in the Western general population to Chinese adolescents with mental retardation</p> <p><b><u>Assessment of Exposure:</u></b> Not Reported</p> <p><b><u>Intervention Retention Rate:</u></b> 95% (36/38)</p> <p><b><u>Other:</u></b></p>

Measures	Results	Study Quality
<p><b><u>Knowledge:</u></b>  <i>The "What If" Situation Test</i> (Wurtele, 1990) measures participants' ability to differentiate appropriate from inappropriate sexual advances and their knowledge about self-protection skills in response to hypothetical abusive situations. Consists of 2 practice trials and six brief vignettes, with 3 describing appropriate requests to touch/look at one's genitals and 3 portraying inappropriate requests. Yields 3 scale scores: (1) Appropriate Request Recognition, (2) Inappropriate Request Recognition, (3) Total Skill, which measures the knowledge of self-protection skills and is combination of four scores that represent the participant's verbal report of whether she is able to (a) refuse the advance by making appropriate, assertive, and persistent verbal responses; (b) describe a behavioral response removing herself from the situation, (c) list the persons to tell of the inappropriate-touch incident (d) report the incident and the identity of the offender.</p> <p><b>Time Points of Measurement:</b> pretest, post-test, follow-up</p> <p><i>The Personal Safety Questionnaire</i> (Wurtele, 1990); designed to assess knowledge about sexual abuse; 15 items covering personal safety and 3 items serving as control questions</p> <p><b>Time Points of Measurement:</b> pretest, post-test, follow-up</p> <p><b><u>Attitudes:</u></b> Not Reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Victimization:</u></b> Not Reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Perpetration:</u></b> Not Reported</p> <p><b>Time Points of Measurement:</b></p>	<p><b><u>Primary Measures:</u></b>            An overall significant main effect for group was found (<math>p &lt; .01</math>). Behavioral Skills training program group scores were significantly higher than control on appropriate request recognition (<math>p &lt; .005</math>) and 'What If' total skill (<math>p &lt; .01</math>). There was a significant overall main effect for time (<math>p &lt; .001</math>).</p> <p><b><u>Knowledge:</u></b>  <i>"What if"</i> - The Behavioral Skills training program group evidenced significant increase in their recognition of appropriate touch requests at post-test and did not overgeneralize. However, their recognition of appropriate-touch requests was not maintained after 2 months.</p> <p>For the overall knowledge of self-protections skills, the Behavioral Skills training program group displayed significantly higher scores than did the control at post-test, and the increase stayed at a comparable level over the following 2 months. Upon recognizing an inappropriate-touch request, participants in the Behavioral Skills training program group reported that they would react with more advanced self-protection skills when compared to control group.</p> <p>Compared to the control, Behavioral Skills training program group participants reported that they were more likely to verbally refuse the inappropriate sexual advance, remove themselves from the situation, tell a resource person about the inappropriate situations, and relay what had happened to the resource person. The enhancement of each of these 4 skills was maintained at follow-up, but the knowledge of these 4 skills (particularly the nonverbal refusal skill of physically removing oneself from the abusive situations) showed a decreasing trend at the 2-month follow-up.</p> <p><i>Personal Safety Questionnaire:</i> At post-test, participants in the Behavioral Skills training program demonstrated better understanding of sexual abuse issues and differentiating between inappropriate and appropriate touch situations.</p>	<p><b><u>Quality Score:</u></b>            Total: 62/95 (65%)            Description: 19/25 (76%)            Design: 43/70 (61%)</p> <p><b><u>Major Strengths:</u></b>  <b>Study:</b>            – included measure of skill as well as knowledge            – study is first documentation of effectiveness of the Behavioral Skills Training Program with people who have mild mental retardation.            - measured differences between completers and defaulters            - measured differences between control and intervention groups</p> <p><b><u>Major Weaknesses:</u></b>  <b>Study:</b>            Authors noted:            - uncertainty of generalizing findings to people other than these with mild Mental Retardation            - no formal assessment of language abilities of participants; unclear whether the superior performance of the intervention group on verbal outcome measures was a result of their superior language abilities            - reliance on self-report measures</p>

Measures	Results	Study Quality
<p><b>Other Measures:</b>  <i>Fear Assessment Thermometer Scale</i> (Wurtele and Miller-Perrin, 1986); assesses participants' fear of various objects, people, and situations; 12 items; Modified for this study to a rating system of 'fear' or 'no-fear' because participants in pilot study failed to comprehend the 7-point Likert scale.</p> <p><b>Time Points of Measurement:</b> pretest, post-test, follow-up</p> <p><b>Intellectual Assessment</b>  <i>Standard Progressive Matrices</i> (Raven, 1960); nonverbal and culture-fair test of general intellectual ability; used to determine eligibility for inclusion in study.</p> <p><b>Time Points of Measurement:</b> pretest</p>	<p>The increments of sexual abuse knowledge remained stable for 2 months. In contrast, control participants consistently performed at lower levels and remained naive with regard to sexual abuse issues.</p> <p>Clinical significance: authors point out that although the intervention group significantly outperformed those in the control group, the clinical significance of their participating is less promising. In particular, the overall self-protection skills scores of the intervention group were only 24% better than the control's scores at post-test. Yet, the percentage of students reaching the 80% competency criterion increased from 5% at pretest to 34% at post-test for the intervention, and only from 8.8% to 11.8% for the control group. About 50% of the intervention group showed a 6-point increase on their knowledge of self-protection skills at post-test, whereas only 14.7% of the control group showed similar improvement. However, a number of participants in intervention group did not reach the 80% criterion.</p> <p><i>Fear Assessment Thermometer Scale</i> - significant main effect for time; significant differences between post-test and follow-up and between pretest and follow-up, with lower level at the follow-up assessment (<math>p &lt; .05</math>). This indicated that lower level of fear was displayed at the 2month follow-up for both groups. Age and intellectual abilities were not associated with side effects of the program at various time points.</p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b></p> <p><b>Attendance/Treatment Completion:</b> not reported, other than '5 dropped out of program or didn't take post-test (2 intervention; 3 control)</p> <p><b>Other:</b> Attrition analysis and pretreatment analysis/manipulation check were performed to determine if there were significant differences between groups prior to implementation of the intervention program and</p>	

Measures	Results	Study Quality
	between program completers and dropouts	
<p><b>Author/s:</b> Singer <span style="float: right;"><b>Year:</b> 1996</span>  <b>Title:</b> Evaluation of a Self-protection Group for Clients Living in a Residential Group Home <span style="float: right;"><b>Article Number:</b> 074</span></p>		
Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Group home, residential</p> <p><b>Study Eligibility Criteria:</b> People with learning disabilities who lived in a residential group home, were referred for skills training by their home manager, Participation was voluntary</p> <p><b>Population Type:</b> Learning Disabled/Mentally retarded</p> <p><b>Population Characteristics:</b>  <b>Age:</b> Ranged 27-70 years  <b>Sex:</b> 3 women, 4 men            Females = 43%            Males=57%</p> <p><b>Education:</b> Not Reported</p> <p><b>Race/Ethnicity:</b> Not Reported</p> <p><b>Sexually Active:</b> Not Reported</p> <p><b>Victimization:</b> <i>Direct Assessments.</i> Clients were interviewed individually by the trainers before the intervention work began. They were asked how they would respond in different situations of abuse, i.e. being asked for their money, being hit, being touched in a way they did not like.</p> <p>Clients had over the last year been subjected to verbal, physical, and emotional abuse by previous staff members who had left.</p> <p><b>Criminal History:</b> Not Reported</p>	<p><b>Study Design:</b> Pre-post design</p> <p><b>Author-reported:</b> Not Reported</p> <p><b>Intervention Group Type(s):</b> 7 adults with learning disabilities who were referred for skills training by their home manager</p> <p><b>Comparison Group Type(s):</b> Not Applicable</p> <p><b>Sampling Frame Size:</b> Not Reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b> N = 7</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b> 6/7 = 86%</p> <p><b>Time Points of Data Collection:</b>            Pre-test: Before intervention (exactly when not reported)            Post-test: last session of the intervention</p> <p><b>Methods/Setting of Data Collection:</b>            Home manager was asked to complete the <i>Indirect Assessments.</i> Clients were interviewed to complete <i>Direct Assessments.</i></p>	<p><b>Setting:</b> Group home, residential</p> <p><b>Duration:</b> Six sessions, between 1 and 1 ½ hours held on a weekly basis.</p> <p><b>Theory/Model:</b> The self-advocacy movement has been important in emphasizing and promoting clients' expression of personal needs, rights and empowerment (Booth and Booth, 1992; Crawley, 1983; William and Shoultz, 1982). It has been suggested that assertive behavior can avoid patronizing, insulting and abusive behaviors from others (Winchurst et al, 1992). Curriculum was designed in a way that allowed clients to learn and retain information through more active games and role-plays.</p> <p>Goal of sexual education programmes aimed at preventing sexual abuse should include the right to say 'no' and the liberty to decide whether and with whom clients have a sexual relationship (Martin and Martin 1990).</p> <p><b>Delivery Mode:</b> Mixture of information-giving, group exercises, active games and role play.</p> <p><b>Curriculum/Content:</b>  <i>Session 1: Introduction to the group</i>            -Name game            -Purpose of the group            -Ground rules            -Topics to be covered</p> <p><i>Session 2: Developing Body Awareness</i>            - observing and copying each other's movements</p> <p><i>Session 3: Saying Yes and No clearly</i></p>

Population and Setting	Study Design and Sample	Intervention
<p><b>Other (i.e., disability, substance abuse, etc.):</b>            Included people with mild to moderate and more severe learning disability. All residents were able to communicate verbally, at least to some extent, five using full sentences and two using a few single words in communication. Four were perceived as being quite articulate, three as being more passive and quiet. All but one had reasonable comprehension of spoken language. Two could not read at all, three could read a limited number of words, and two could read full sentences.</p>		<p>- using voice and body language  <i>Session 4: Developing self-esteem</i>            - differences between people            - self-descriptions            - what I enjoy doing            - what I do well</p> <p><i>Session 5: Good and bad touches</i>            - what they are in different contexts (places and people)</p> <p><i>Session 6: Role Plays</i>            - being bullied (verbally and physically)            - being touched by strangers            - being touched by someone you know            The role plays were always demonstrated by the facilitators. They were also videotaped and watched together as a group.</p> <p>Session 7: Application of skills            - role playing with a stranger</p> <p><b><u>Program Implementer:</u></b>            Group was facilitated by two people, the author and an Assistant Psychologist, both of whom were women and members of a Community Learning Disability Team</p> <p><b><u>Culturally Specific:</u></b> Not Reported</p> <p><b><u>Assessment of Exposure:</u></b> Not Reported</p> <p><b><u>Intervention Retention Rate:</u></b> 6/7 = 86%</p> <p><b><u>Other:</u></b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not Reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> Not Reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b> Not Reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not Reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b>                      - <i>Indirect Assessments</i> of abilities and appropriateness of behavior in social situations. The home manager completed assessment form. Scored on a 5-point scale from very inappropriate to very appropriate.                      1) <i>social interaction/assertiveness skills</i> (including the awareness of basic rights and the ability to respond assertively with friends, members of staff, strangers and people in authority in different situations);                      2) <i>social behavior</i> (e.g. approaching people they do and do not know, introducing themselves, greeting others, initiating conversation, building close friendships);                      3) <i>appropriateness of verbal/non-verbal behavior</i> (e.g. eye-contact, posture, facial expression, pitch, volume and clarity of voice, sticking to the topic of conversation);                      4) <i>reading and writing skills</i></p> <p>Information on the clients' background, their general level of ability and behavior was gathered in an additional interview with the manager.</p> <p>Time Points of Measurement: pre-test and post-test</p> <p><b>Direct measure</b></p>	<p><b>Primary Measures:</b></p> <p><b>Knowledge:</b></p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b>Other Measures:</b>  <b>Indirect assessments:</b>                      Group members found it difficult to understand the concept of role-playing with each other. The residents varied quite substantially in their ability to give verbal responses and in their level of assertiveness. For less verbal clients more emphasis was placed on non-verbal responses such as pushing hands away or moving away physically. They also found that verbally less able clients initially used more able clients as role models and copied their behaviors in different role play situations.</p> <p>The mean ratings of clients on the individual items of levels of <i>assertiveness</i> in social situations indicates that apart from assertiveness with people in authority all changes were positive in the direction of more appropriate assertiveness responses.</p> <p>Shifts were also noted in other areas such as <i>verbal/non-verbal behavior</i> (particularly eye contact, posture, appropriate distance from others in conversation and pitch of voice) and in <i>social behavior</i> (e.g., greeting others and building close friendships).</p> <p>All group members, except for one, were rated as giving more appropriate responses in social situations after the group sessions (<i>social interaction/assertiveness skill</i>).</p> <p><i>Reading and writing skills</i>: findings not reported</p> <p>Informal feedback from the manager and other members of the staff included the observations that clients appeared</p>	<p><b>Quality Score:</b>                      Total: 36/85 (42%)                      Description: 23/25 (92%)                      Design: 13/60 (22%)</p> <p><b>Major Strengths:</b>  <b>Study:</b>                      Examined population that had a history of victimization.</p> <p><b>Major Weaknesses:</b>  <b>Study:</b>                      - Cannot be generalized to real life situations                      - Lack of reliability since ratings were only completed by one person: manager of the home and the one who requested the training                      - Only a limited number of scenarios could be introduced due to time constraints                      - Long term effects unknown                      - Training would have been more successful if staff members were more positive and educated about the training                      - 'Strangers' were women only (limiting generalizability)</p>

Measures	Results	Study Quality
<p>- In the last session, clients were asked to role-play the scenarios that were introduced and practiced over the previous six sessions with a person they had never met before.</p> <p>The last session was used as a direct measure of what had been learned in the group. Clients were asked to repeat some of the exercises (body awareness; saying yes and no) and to do all the role plays with a new member of the Community Learning Disability Team (another Assistant Psychologist).</p>	<p>more confident, expressed their needs more clearly and generally conveyed a more positive attitude. They reported that the clients enjoyed the group sessions and felt that the clients had developed more of a 'group feeling' amongst them which expressed itself in their increased interaction with each other.</p> <p><i>Direct assessment:</i> all six participants performed confidently and responded appropriately in the exercises as well as in the role plays. The 'stranger' reported that she was "very impressed" with their performance.</p> <p><b>Attendance/Treatment Completion:</b> All clients attended at least 6 sessions except one person who dropped out after the 5<sup>th</sup> session.</p> <p><b>Other:</b></p>	

**Author/s:** Warzak, W.J. and Page, T.J.

**Year:** 1990

**Title:** Teaching Refusal Skills To Sexually Active Adolescents

**Article Number:** 075

**Primary Reviewer:** Joyce

**Secondary Reviewer:** Anita

**Tertiary:** Shannon

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Not reported</p> <p><b>Study Eligibility Criteria:</b> Not reported</p> <p><b>Population Type:</b> Deaf; developmentally delayed</p> <p><b>Population Characteristics:</b>  <b>Age:</b> client A: 14-yrs old                      Client B: 16-yrs old</p> <p><b>Sex:</b> Female</p> <p><b>Education:</b> Not reported</p> <p><b>Race/Ethnicity:</b> Not reported</p> <p><b>Sexually Active:</b> Both girls were sexually active (client A had been repeatedly suspended from school because of sexual intimacy with male residents and client B had a “history of precocious sexual behavior”)</p> <p><b>Victimization:</b> Not reported</p> <p><b>Criminal History:</b> Not reported</p> <p><b>Other (i.e., disability, substance abuse, etc.):</b>                      client A was deaf; client B was developmentally delayed. Both girls reported difficulty effectively refusing unwanted sexual advances. Each expressed interest in learning skills that might help them avoid unwanted sexual intimacy.</p>	<p><b>Study Design:</b> pre-post</p> <p><b>Author-reported:</b> Not reported</p> <p><b>Intervention Group Type(s):</b>                      N=2; One lived in a residential school setting for the deaf; other lived in residential treatment center for developmentally delayed.</p> <p><b>Comparison Group Type(s):</b> N/A</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b>                      N=2</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>                      100%</p> <p><b>Time Points of Data Collection:</b>                      Post-test: 2 weeks following the completion of refusals skills training                      Follow-up: one-year after training (phone calls)</p> <p><b>Methods/Setting of Data Collection:</b>                      Unclear                      New role plays and different confederates were used during the follow-up assessments.</p>	<p><b>Setting:</b> Unclear</p> <p><b>Duration:</b> Not reported</p> <p><b>Theory/Model:</b> Skills acquisition approach to teaching decision-making, problem solving skills, and interpersonal communication skills (Blythe, Gilchrist, &amp; Schinke, 1981; Franzini, Siderman, &amp; Dexter, 1988; Gilchrist &amp; Schinke, 1983; Libby &amp; Carlson, 1973; Schinke, Gilchrist, &amp; Small, 1979). Assertiveness training, including <i>Just say ‘No’</i> strategies have also been advocated (Private Line, 1988) as some individuals have reported they have difficulty saying <i>no</i> or have difficulty communicating decisions about their preferences regarding sexual activity to their partners (Campbell &amp; Barnlund, 1977; Cvetkovich, Grote, Lieberman, &amp; Miller, 1978; Howard, 1985b).</p> <p><b>Delivery Mode:</b> Role-play</p> <p><b>Curriculum/Content:</b>                      Each girl described situations that resulted in unwanted intercourse. The who, what, when and where were used to develop role-plays vignettes for each girl.                       Each session began with a role-play followed by a review of previously learned refusals skills components, training in refusal skills, and additional role play assessment. Refusal skills training followed the format of rationale, modeling, behavioral rehearsal, feedback, and reinforcement (Eisler &amp; Frederiksen, 1980; Kelley, 1982).</p> <p><b>Program Implementer:</b> Female interpreter fluent in American Sign Language (ASL) served as confederate for client A throughout training. No information on who assisted with other training</p> <p><b>Culturally Specific:</b> Not reported</p>

Population and Setting	Study Design and Sample	Intervention
		<p><b><u>Assessment of Exposure:</u></b> only 2 clients so staff were aware of their presence</p> <p><b><u>Intervention Retention Rate:</u></b> 100%</p> <p><b><u>Other:</u></b></p>

Measures	Results	Study Quality
<p><b><u>Knowledge:</u></b>            Female psychology graduate students rated videotaped role-plays randomly selected at the conclusion of training each skill; 9-point Likert scale.            Skills : 1. Refusal effectiveness                      2. Refusal skills included eye-contact, refusal (an explicit and audible <i>NO</i>), specification (a specific statement regarding the unacceptability of sexual behavior), and leaving the scene</p> <p><b>Time Points of Measurement:</b>            pre-, post-test</p> <p><b><u>Attitudes:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Victimization:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Perpetration:</u></b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b><u>Other Measures:</u></b>            - patient incidence reports of sexual behavior (obtained by placing telephone calls to residential staff )</p> <p><b>Time Points of Measurement:</b> follow-up</p>	<p><b><u>Primary Measures:</u></b></p> <p><b>Knowledge:</b>            Post-test (2-weeks after training): yielded short tem maintenance of refusal skills with treatment staff not previously included in training</p> <p>Refusal skills: repeated measures analysis confirmed each girl's acquisition of refusal behavior within role-play contexts. Client A had significant differences between baseline and post-treatment performance ratings for both refusal effectiveness (<math>p \leq .001</math>) and skill (<math>p \leq .001</math>). Differences were also found for skillfulness measures obtained at baseline and after the addition of each of the other skill components (i.e., refusal, specifies objection and leaves scene) (significance level not reported).</p> <p>Client B: significant difference for refusal skill rating (<math>p \leq .001</math>) at baseline and post-test. No significant difference for effectiveness.</p> <p><b>Attitudes:</b></p> <p><b>Victimization:</b></p> <p><b>Perpetration:</b></p> <p><b><u>Other Measures:</u></b>            Follow-up (one-year after training): telephone contact with residential staff serving as informants indicated decreased sexual activity for each girl, as noted by patient incidence reports.</p> <p><b>Attendance/Treatment Completion:</b></p> <p><b>Other:</b></p>	<p><b><u>Major Strengths:</u></b>  <b>Study:</b>            - role-plays scored by two observers            - treatment designed for each client individually</p> <p><b>Article:</b></p> <p><b><u>Major Weaknesses:</u></b>  <b>Study:</b>            Authors comments:            - small sample; limits generalizability            - difficulty in obtaining valid data on sexual behavior</p> <p><b>Article:</b></p>

**Author/s:** Foxx, R.M. and Faw, G. D.; Foxx, R.M. & McMorrow, M.J.; Foxx, R.M., McMorrow, M. J., Storey, K., & Rogers, B. M. **Year:** 1992; 1984; 1985  
**Title:** An Eight Year Follow-up of Three Social Skills Training Studies; Teaching social skills to mentally retarded adults: Follow-up results from three studies; Teaching Social/Sexual Skills to Mentally Retarded Adults **Article Number:** 076, 077, 078  
**Primary Reviewer:** Jennifer **Secondary Reviewer:** Anita **Tertiary:** Shannon

Population and Setting	Study Design and Sample	Intervention
<p><b>Location:</b> Two coeducational wards for moderately and mildly retarded adults</p> <p><b>Study Eligibility Criteria:</b> institutionalized adults with mild to moderate mental retardation; unit staff were asked to refer residents in need of social/sexual skills training</p> <p><b>Population Type:</b> disabled adults</p> <p><b>Population Characteristics:</b>  <b>Age:</b> mean age: group one 26; group two 24  <b>Sex:</b> all females  <b>Education:</b> Not reported  <b>Race/Ethnicity:</b> Not reported  <b>Sexually Active:</b>                      5 subjects were identified by staff as frequently engaging in public sexual behavior that the staff deemed inappropriate  <b>Victimization:</b>                      4 subjects were described by staff as being “frequently exploited by males”                      1 subject had complained on several occasions of being sexually harassed by male residents (as reported by staff)  <b>Criminal History:</b> Not reported  <b>Other (i.e. disability, substance abuse, etc.):</b>                      Mean IQs: group one 47; group two 53                      No subject had been married.                      Four subjects had played the game used in the intervention, <i>Sorry</i>, previously, and the other 2 subjects</p>	<p><b>Study Design:</b> Pre-post</p> <p><b>Author-reported:</b> multiple baseline design across groups</p> <p><b>Intervention Group Type(s):</b>                      6 female residents that were referred by staff; subjects’ individual preassessment scores were used to match them into 2 groups with 3 subjects in each group.</p> <p><b>Comparison Group Type(s):</b> Not applicable</p> <p><b>Sampling Frame Size:</b> Not reported</p> <p><b>Baseline Sample Size (and Participation Rate):</b>                      N = 6; participation rate can not be determined</p> <p><b>Post-test and Follow-up Sample Sizes (and Participation Rates):</b>                      Post test : N = 6 (100%)                      6 month follow-up: N = 6 (100%)                      8 year follow-up: N = 4 (67%) (one subject from each group was not available for participation)</p> <p><b>Time Points of Data Collection:</b>                      Pretest: 2 pretests conducted prior to the baseline games                      Post-tests: 2 post tests were provided 3 days after the training games                      1<sup>st</sup> Follow-up : 6 months following intervention (full results not reported)                      2<sup>nd</sup> Follow-up: 8 years</p> <p><b>Methods/Setting of Data Collection:</b>                      Methods – generalization tests involved the reading of stories and having subjects verbally respond; they were videotaped by camera hidden behind one-way glass; videotapes were transcribed</p>	<p><b>Setting:</b> all games were played in a basement area of an institutional residence hall</p> <p><b>Duration:</b> 12 games were played (no time frame reported)</p> <p><b>Theory/Model:</b> Social/sexual skills training; game cards were developed based on 6 social skill component areas – compliments, social interaction, politeness, criticism, social confrontation, and questions/answers – that the researchers found to be applicable to social situations involving male-female sexual interactions</p> <p><b>Delivery Mode:</b> card game played by 3 subjects and the facilitator</p> <p><b>Curriculum/Content:</b> (Foxx, McMorrow, Schloss, 1983; Foxx, McMorrow, &amp; Mennemeier, 1984)                      Subjects played a game using a modified table game (<i>Sorry</i>) and 48 game cards specially designed to elicit complex verbal responses.                      Baseline – During baseline players could move their game pieces on their turn regardless of whether they were correct in their response. They received no feedback, but the facilitator modeled a correct response on her turn.</p> <p>Social/sexual skills game – during training, movement of game pieces was contingent on correct responses. The facilitator provided specific positive and negative feedback. Players self-monitored their performance during the game and graphed it afterwards.</p> <p>Training was aimed at helping players verbally differentiate between public and private sexual behavior as well as make appropriate responses to boyfriends, acquaintances, or strangers. The focus was on the form of the response rather than on the content, i.e., the response had to be appropriate to the situation, but the attitudes, values, or</p>

Population and Setting	Study Design and Sample	Intervention
<p>had no difficulty learning to play</p>	<p>Game involved the use of modified table board game and specially designed game cards; responses were also videotaped behind one-way glass</p> <p>Setting – the generalization tests were conducted in a small lounge (3m x 3m) at the other end of the basement that was furnished with a table, chairs, plants, and pictures; both rooms contained one-way glass that permitted unobtrusive video taping; videotapes were transcribed</p> <p>Follow-up – different assessment rooms were used than were used during pre- and post-test assessments because of renovations to the facility</p>	<p>opinions expressed were not judged in order to eliminate value judgements on the part of the scorers.</p> <p>Follow-up: No feedback was provided during any assessment.</p> <p><b><u>Program Implementer:</u></b>  game – female undergraduate social work intern with no behavioral training and no previous interactive history with the players and no experience in working with mentally retarded individuals  generalization test – conducted by a mentally retarded female peer with no staff or training personnel present; she was selected because she could read, was known by all the subjects, and she did not generally possess the social skills that were targeted in the program; She was trained to read 3 stories, pausing after each situation to wait for the subject’s response, and not provide any feedback.</p> <p>Follow-up: The assessors were most likely different than the two that conducted the pre- and post-test assessments (1992 article indicates that only one assessor from original study was available, but which one is not specified)</p> <p><b><u>Culturally Specific:</u></b> Not reported</p> <p><b><u>Assessment of Exposure:</u></b> Not reported</p> <p><b><u>Intervention Retention Rate:</u></b> Not reported</p> <p><b><u>Other:</u></b></p>

Measures	Results	Study Quality
<p><b>Knowledge:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Attitudes:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Victimization:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Perpetration:</b> Not reported</p> <p><b>Time Points of Measurement:</b></p> <p><b>Other Measures:</b>  <u>Social Skills Training</u>            8 game cards that depicted non-explicit sexual interactions or contained referents to sexual behavior were developed for each of the six component skills, thereby creating a 48-card deck. Each skill was further differentiated into four “actor” and “reactor” situational competencies, each of which required that players initiate interaction or respond to an interaction initiated by someone else. The cards were prearranged so that each player would be required to respond once to each card after 4 games (i.e., 12 exposures per game per player). Responses in each component area were scored using rules and validated criteria from earlier research (Foxy, McMorrow, Schloss, 1983; Foxy, McMorrow, &amp; Mennemeier, 1984)            Also, young, unmarried mental health paraprofessionals were asked to respond to each situation. Their responses were used to further validate the criteria and to develop correct responses used by the facilitator during the game.            Individualized performance criteria was established for each player based on their baseline performance (beginning at 30% above baseline mean, increased to 60%, and finally to 90% correct).</p>	<p><b>Primary Measures:</b>  <u>Original study (Post-test)</u>  <u>Social/sexual skills game</u>            Group 1 averaged 40.9% correct during baseline and 62.7% during training. Group 2 averaged 33.7% correct during baseline and 63.4% during training.            At the end of the 12 training games, both groups were responding at the 75% correct level.</p> <p>Both groups achieved gains in all 6 social skill component areas.            In general, there was continued improvement as training progressed, in both “action” and “reaction” categories and tended to score higher in reactor situations.</p> <p><u>Generalization</u>            Group 1 averaged 36.4% correct on individual preassessment and 55.5% on the post-assessment. Group 2 averaged 35% on preassessment and 56% on post-assessment. All players showed improvement.</p> <p>Group 1's appropriate responding during the group assessment averaged 27.2% correct on the preassessment and 61.4% correct on the post-assessment. Group 2 averaged 38.6% (pre) and 56.8% (post). All but 1 subject in Group 2 improved.</p> <p>Subjects used their newly learned skills in both individual and group assessments.</p> <p><u>Post-test</u> (as reported in Foxy &amp; McMorrow, 1985)            – all subjects maintained their levels of appropriate responding that were above pre-training in both the individual and group assessments            – Four subjects showed some improvement from post-test to follow-up on the individual tests which 2 did so on the group assessment            Number of words per response            – 5 of the 6 subjects were above their pretest levels on the individual test. All 6 subjects were above their pretest levels on the group assessments. But the results from post-test to follow-up were mixed.</p>	<p><b>Major Strengths:</b>  <b>Study:</b>            Measures taken to ensure standardization:            – Scoring criteria were developed by compiling and synthesizing the responses of non-retarded persons to each training situation            – Scoring criteria accommodated individual levels of knowledge and attitudes regarding social/sexual behavior because they permitted a number of responses to be acceptable to any particular training situation            – Validity of the criteria and trained skills was substantiated by the acceptable levels of reliability between the trained observer and four naive mental health professionals.            – Skill areas and situations created for these areas were developed from observations of subjects and their peers, a review of the social skills and sex education literature, and discussions with unit staff members</p> <p>- Peer confederate who was not associated with the training conducted the tests            - The presence of peers increased the likelihood that both appropriate and inappropriate social/sexual verbal responses would be displayed            - Excluding all staff and training personnel increased the naturalness of the situation            - The tests were standardized (which may related to the 3<sup>rd</sup> one, not sure).</p> <p><b>Article:</b>            – provides rationale for why social/sexual study results were not as lasting as the other two social skill assessments conducted by same researchers (interview format was more abstract; subjects don't have as many opportunities to use newly acquired skills in this area as do subjects trained in general social skills)</p> <p><b>Major Weaknesses:</b>  <b>Study:</b>            – limited generalizability</p>

Measures	Results	Study Quality
<p><b>Time Points of Measurement:</b> baseline and training</p> <p><u>Generalization test</u>            Consisted of 3 stories that together contained all of the 48 training situations. Each story depicted a fictitious woman in situations similar to those that the subjects might encounter and was constructed to permit the logical inclusion of variations of one-third of the training situations, i.e., 16 of the training situations. The stories were read one at a time and the subjects were asked at specific points what they would do if they found themselves in the situation. Responses were scored using transcripts of video-taped sessions.            Pretest – subjects were tested individually on each story; responses were scored using same criteria as was used to score the card game            Post-test – Subjects’ mean scores for the 3 stories were used to assign them into 2 groups and subjects were retested on one of the stories, this time in a group setting, with the other 2 subjects present (done to determine the effect of group peer presence on social/sexual responding)            Follow-Up – the group assessment was not conducted, only individual assessments</p> <p><b>Time Points of Measurement:</b> pre, post, follow-up</p>	<p><u>Follow-Up</u>            The 4 subjects’ percentage correct at follow-up had decreased below their post-test and 6 month follow-up scores and were only slightly higher than their pre-test scores.            Mean number of words per response – 3 of the 4 subjects were below their post-test levels and all were below their 6-month follow-up levels.</p> <p><b>Attendance/Treatment Completion:</b> NR</p> <p><b>Other:</b></p>	<p><b>Article:</b></p>

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## **Appendix H**

### **SAPI Author Suggestions**

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## Appendix H

### SAPI Author Suggestions

#### RESEARCH DESIGN

##### General

- A research design with three experimental conditions is needed: treatment group that participates in original program, a treatment group that participates in the modified version of the program, and a control group that does not participate in any intervention.
- Future research should include a control group with participants who are pre-tested and some who are not.
- A control group is needed to substantiate differences between students who attended and students who did not.
- Administer the posttest instruments to the comparison group.
- Need more complex conceptual models to explain potential within-group differences.
- Statistical techniques such as HCA to document more accurately the effectiveness of rape prevention interventions for individual men.
- Control for effects of testing.
- Control for the interaction between race and gender to understand their effects.
- Code attitude tests so that results of posttest can be matched with pretest.
- Use random assignment.
- Clearly separate the intervention and evaluation phases of the experiment.
- Further experimentation may be necessary to determine if evaluation apprehension influenced the outcome of the present study (one way would be to conduct an experiment similar in all respects to the present study, except that a subportion of subjects in each condition would be “sacrificed” before the end of the study and asked about the researchers’ intentions).
- Determine whether administering the RMA to an untreated control group at follow-up elicits a decline in rape myth acceptance (measure test-retest reliability).
- Further investigation is needed into whether programs prevent violence from continuing or escalating.
- Build tasks that involve teens interacting into an evaluation component.
- Explore questions of program content and format by “manipulating various elements to determine which are the most effective for affecting desired outcomes.”
- Use matched data to strengthen confidence in the findings.

##### Increase sample size\*

- to ensure sufficient statistical power
- for more representative sample size

\* Mentioned multiple times by different authors.

##### Follow-up

- Incorporate multiple ongoing follow-up assessments at brief, intermediate, and long-term time intervals.
- Multiple, ongoing follow-up assessments at brief, intermediate, and long-term intervals are needed.

- Determine whether men’s behavioral intent to rape not only decreases immediately post-intervention, but whether it remains significantly lower over time.
- Essential to conduct long-term evaluations including attitude and behavior changes
- Longer-term follow-up period needed to substantiate findings\*
- Need follow-up studies 1-5 months following intervention to assess stability
- Need to examine long-term impact of rape prevention intervention to better understand and curtail the rebound of belief in rape myths
- Verify the long-term effects the program may have on students.
- Determine whether the kind of change speculated to occur in this study is maintained over the course of time and changing contexts and methodologies.
- Future studies should include repeated follow-up assessments to determine the stability of effects over time.
- Longitudinal study design of 3 to 6 months is suggested.
- Assess the long-term effects of a strategy.
- Address maintenance of changes over time; More longitudinal studies are needed
- Longitudinal research is needed to investigate the replicability and causality (of higher scores on the measure of sexual assault awareness among women with histories of sexual victimization).

\* Mentioned multiple times by different authors.

### **Replication**

- There are individual studies on single programs with little follow-up work. Rarely have evaluations been conducted on the same program over time.\*
- A promising program - one that affects both attitudes and behavior - has to be identified before we can begin to answer question about the effectiveness of particular program components. Once identified, multi-site testing of the program and replication of the results are essential.

\* Mentioned multiple times by different authors.

### **Setting**

- Determine if intervention effective in other settings\*
- Test rape prevention education in other settings (beyond classroom).
- Do not limit to university settings

\* Mentioned multiple times by different authors.

### **Victimization and prevention efforts**

- Future research is needed to continue to assess the mechanisms through which victimization experiences become linked so that this information can be incorporated into prevention programs.
- Clarify the nature of the relationship between participants’ sexual assault histories and program effectiveness.
- Prospective research investigating the mechanisms of revictimization is needed.
- Explore and extend research on the interrelationship between rape and other sexually violent behaviors, e.g. child sexual abuse and sexual harassment.
- Study the relationship between self-efficacy and revictimization.

- Investigate the relationship between revictimization, risk recognition, and psychological variables.
- Investigate the effects of single vs. multiple incidents to the victims.

## **EVALUATION MEASURES**

### **Expansion of narrow focus on knowledge and attitudes as primary outcome**

- Important to use multiple measures and collect data on a range of attitudes, knowledge, and behavior indices to try to establish more specifically what impact programming is having on participants.
- Move beyond documentation of attitude change and toward documenting program's positive impact on behavior and the university community.
- Include behavioral measures along with Burt's Sexual Attitude Survey as well as performing causal modeling.

### **Behavioral measures**

- Assess behavioral change through self-reports of sexual coercion and harassment experienced.
- Incorporate additional assessments beyond self-report data to measure change—natural observations, info from other sources, such as a dating partner
- Universities need to closely monitor sexual assault statistics and programming efforts to document a correlation between the two.
- Research needs to address program impact on rates of sexual aggression and victimization.
- Assess the impact of the prevention program on actual behavior over time.
- Explore program's impact on sexually coercive behavior.
- Past research has demonstrated relationship between attitudes towards rape and self-reported histories of sexual aggression. Future research could be strengthened by measures of behavioral commitment to positive changes in attitudes towards rape.
- Measure behavior not just intent. One way to do this would be to access annual prevalence rates of date rape at a university that now has a prevention program. Prevalence rates for the years following the initiation of the prevention program could be compared to rates for the years prior to the program's implementation.
- Existing programs must document their impact on rates of sexual victimization.
- Additional research needs to be done concerning the actual behavioral consequences of both traditional attitudes and anti-rape interventions.
- Design innovative behavioral outcome measures for rape prevention education.
- Further attention to the processes through which sexual assault risk reduction programs impact rates of sexual victimization is needed.
- Use behavior-based measures.
- address the issue of the effects of volunteering by presenting students with a description of the program and then surveying them as to whether or not they would participate in such a program.
- Any type of research that improves the current state of dependent variables in the area of rape prevention would be substantially beneficial (i.e. predictive validity of rape-related measures, measures of behavior).

- New and more sensitive behavioral and attitudinal measures are needed to improve the quality of research. RMA is outdated.
- Include interviews that ask participants to comment on their attitudes and experiences in and impressions of the intervention might assist in the process of identifying and describing these elements.

### **Knowledge/attitude measures**

- Use knowledge-based measures.
- New and more sensitive behavioral and attitudinal measures are needed to improve the quality of research. RMA is outdated.
- Instrument issues should be addressed in future research: test-retest reliability over time in the absence of the intervention, internal consistency reliability, factor structure, and relationship to existing measures of sex role attitudes, knowledge of woman abuse, and social desirability responding.
- Develop, implement, and evaluate strategies to alter the deeper attitudes beneath misperceptions of rape.
- Assess programs effect on factual knowledge about the causes and effects of rape, the extent to which participants learned strategies for preventing unwanted sex, the evidence that dating behaviors associated with rape had been altered, and the extent to which risk recognition and subsequent responding was improved.
- A more thorough evaluation of retention of knowledge and attitude change.
- Test the effectiveness of presentations more specifically geared toward changing traditional attitudes; include individuals of various ages, cultures, and histories of sexual aggression or victimization.
- Examine the development of arguments that elicit favorable thoughts and attitude change in target audiences.

### **Expansion of current measures**

- Include measures that are not limited to self-report.
- Need to address how to best measure the construct of sexual communication.
- Subsequent studies should attempt to use more developmentally sensitive skills measures, perhaps frequency ratings of specific behaviors.
- May want to obtain information on problem-solving skills and conflict tactics from dating partners and build this component into evaluation (as alternative/supplement to self-reports of abuse).
- Development of alternative forms of measurement for response latency.
- Supplement outcome measures with instruments assessing the situational characteristics associated with assaults that occur during follow-up periods.
- It is critical to undertake rigorous experimental evaluation of new program strategies beyond the usual “consumer satisfaction” surveys including detailed analysis of intervention components.
- Measure students’ exposure to family and community violence.
- Additional outcome measures such as use of sexual assault counseling programs, should be used to assess program effectiveness.
- Use teachers to monitor the fidelity of the program.
- More research to clarify the influence of gender on the outcomes of dating violence prevention programs.

- Important to identify other risk and contextual factors affecting adolescent romantic relationships (due to unexplained variance on most of this study's outcome measures even after accounting for gender, intervention status, maltreatment history, and intervention process variables).
- The interaction between male students' previous actions of abusing dating partners and their response to the intervention needs to be addressed in further research.
- Continue to use scales specifically for adolescent populations.
- Continue to examine the relationship between gender and outcomes but also explore possible interactive effects.

### **Psychometric qualities**

- Improve the psychometric qualities of instruments.\*

\* Mentioned multiple times by different authors.

### **Assessment of negative effects of intervention**

- Further research into whether increased distress exhibited by some participants.
- Determine the number and type of programs that may have a negative effect on attitudes rather than improve them.
- Ensure that participants who complete the program do not feel more to blame should they be revictimized.

## **INTERVENTION CHARACTERISTICS**

### **Target population**

- Different levels of awareness (between men and women) would suggest that, at least initially, different interventions are desirable. Coed sessions may be in order as men begin to understand the women's perspectives.
- Future preventive efforts need to include men and research is needed to evaluate these efforts.
- Future preventive efforts need to target the population of multiply victimized women.
- Study more rape tolerant groups.
- Need more research on diverse populations—beyond college population.
- Use men-to-men programs as opposed to mixed-gender programs.
- Although college educative efforts need to continue warning efforts towards women, more dramatic changes in preventive education with men, particularly men's groups are necessary.
- More rigorous evaluation of peer-to-peer and men-to-men date rape prevention programs is needed.
- Any strategy designed to change attitudes about acquaintance rape should not be directed at men exclusively, but both men and women.
- Independent strategies are needed for each gender.
- Conduct research with participants who are greatest risk to victimization (unmarried high school students), but these populations are difficult to obtain without some proof of the potential value of the research program. We hope this study will allow further research in institutions with large at-risk populations.
- Use subject samples with attitudes more initially supportive of sexual assault than those in the present sample.

- Use subject samples in which higher levels of sexual aggression were reported.
- Explore means of addressing male defensiveness and reaching particularly high-risk groups.
- Compare the responses of freshman college students to senior college students.
- Need to identify “majority subgroup of decent and sensitive fraternity members” to enlist in educational efforts towards concealing sexual aggression.
- Researchers may want to screen for men who have already engaged in sexually aggressive behavior or are identified as “at-risk” for committing an act of sexual aggression; by doing this, researchers could better assess potential “preventative” function of such interventions.
- Evaluate usefulness of the intervention with women in the community.
- Need more data on the developmental trajectory and contextual influences of violence in romantic relationships to shed light on the issue of change as it relates to group involvement, attendance, and participation in more cohesive groups.

### **Mode**

- Investigate the use of repeated presentations that employ various formats.
- Present videos illustrating positive sexuality and dating; then introduce materials concerning coercion and assault in a careful manner to reduce the level of defensiveness among male participants.
- Presenters may need to be less verbal and didactic and more visually oriented to produce change with men.
- Train peers as presenters.
- Examine the efficacy of a combination of preventive methods.
- Utilize cutting edge technology to engage teenagers.
- Combine programmatic approaches to determine if an interactive effect occurs.
- Address the efficiency and effectiveness of a multimedia theatrical performance compared to other programming formats in not only changing, but also maintaining, attitude change.
- Develop and evaluate of live workshop.

### **Timing of Intervention**

#### **Initiation of Preventive Interventions**

- Primary prevention programs at earlier age may be necessary to address issue of negative attitudes in males that are already engaged in abusive behavior.
- Begin interventions early, such as, high school.
- Explore offering a variety of rape prevention presentations throughout an individual’s college experience.
- Intervention needs to start early and continue through college.
- Ideally, developmentally and contextually appropriate interventions should be developed targeting males earlier in their adolescence, perhaps interventions that could be presented in high school health education classes or part of social skills training in middle schools.
- Document the patterns of dating violence among girls and boys to improve timing of prevention initiatives and understanding of other contextual factors that affect the gateway to normal and abusive relationship patterns and related risk behaviors.

### **Length of interventions/programs**

- Move beyond one-time intervention and learn what would be the effect a whole curriculum unit on rape education.
- Use fewer curriculum sessions (Safe Dates).
- Increase the number of sessions used in the intervention.
- Lengthier interventions are needed. 1-2 hour interventions have limited effect considering the potency of rape myth culture on campuses.
- There is still a need to know how much time to spend on the topic of rape, and whether or not the positive effects of this coverage are lasting.
- Explore the effects of booster sessions.
- Rebound effect findings may indicate need for similar short-term interventions at more frequent intervals during the college career.

### **Increase of theory-based interventions**

- Health Belief Model and Elaboration Likelihood Model and Social Learning Theory suggested to guide efforts to change negative attitudes and also make material more salient.

### **Integration into larger curriculum**

- It might be more effective to integrate violence-free principles and materials directly into schools' curricula rather than to rely on time-limited interventions.
- Integrate information about rape myth acceptance into other college courses.
- Implement review sessions to reinforce learning in other classes and for violence prevention to become part of school-wide program.

## **CONTENTS/CURRICULUM**

### **Socialization**

- Males need the opportunity to explore sex-based inequality more extensively.
- Educational programs need to encompass both structural and interpersonal inequality, so that students understand the dynamics within their own relationships and the society at large.
- Students should be encouraged to understand the ways in which current arrangements are oppressive to males as well as females.
- Females need to be educated and provided with assertiveness strategies (but not forget that men are perpetrators and must be held accountable).
- Both males and females need to understand how the behavior of females is interpreted by males in the context of sexuality.
- Provide females and males with an understanding of how gender shapes their perceptions and structures their experiences in the social world; provide this at an early age.
- Focus on men's behavior (address the nature of the perpetrators and the context in which revictimization occurs).
- Adolescents should be introduced to the structured inequality between men and women, and the interrelationships of sex and violence.
- Presenting information regarding sex equality may enhance men's response to rape education.

- Feminist rape education needs to address the themes of rape as sex and rape as social control, which takes into account that women and men begin at different places in their knowledge and attitudes. Both the erotic and the dominance themes that characterize our culture's representations of rape need to be openly addressed.
- Need to explore the interface between male sex role socialization and beliefs in rape mythology (socialization of male violence) to understand antecedents of these attitudes.
- Identify what it is about this all-male culture (fraternity) and the men in it that leads to a rape-free environment would be instrumental to future research and campus-wide prevention efforts.
- Future intervention programs should be sensitive to overemphasis on males as perpetrators of sexual coercion.
- Feminist rape education needs to be more explicit about rape as form of control over women.

### **Communication**

- Males should be coached in open communication skills where they can learn to listen to females and become sensitive to their own rather than their peers' feeling.
- Adolescents need to learn to communicate directly and clearly with one another.

### **Personal relevance**

- Explore how to develop programs that are more personally relevant for individuals who do not know a victim.
- Need to increase saliency and processing of the information that is provided to participants. Strategies for doing this include promoting more discussion and providing personalized manner.
- Maximize the personal relevance and saliency of the information presented and ensure that the information is presented by individuals who are perceived by participants as helpful and interested.
- Interventions should attend to the unique context of the participants' lives.
- Need to identify and present aspects of the rape phenomenon that are more personally relevant to men and help them engage in the kind of issue-relevant thinking that can produce more lasting change.

### **Cultural relevance**

- Design and evaluate culturally sensitive interventions.
- Need to examine the relevance of rape education intervention programs across the nation for racial and ethnic minority individuals and groups.
- Begin to more meaningfully address the prevention of same-sex, group, and other types (other than White, middle-class model of acquaintance rape) of sexual assaults.
- Explore educational approaches among other demographic groups.

### **Components**

- Assess individual components of the Safe Dates program.
- Further research may clarify which components of the program were most important in its effectiveness.
- Determine which components of the program are most essential and most effective.
- Results of [this study] and others suggest that some form of educational intervention is effective attitudes about rape and reactions to films portraying violence against women.

The question now is specifically what aspects of the educational message are effective for changing attitudes.

- Future research is needed to demonstrate the necessary and sufficient components of prevention programs.
- Investigate specific elements related to why some men change in their attitudes and others do not.

### **Other**

- Youth violence prevention should address the unique issues related to dating violence by including activities to prevent and evaluating these activities.
- Change the focus of anti-violence education towards teaching students to recognize the warning signs of violence, providing practical help to students attempting to end violent relationships, and selecting high risk students for treatment.
- The behavioral intention items on instrument showed that speaking to teachers/counselors is a low-probability behavior for teens in dating violence situations, thus pointing out the importance of preventative efforts and suggesting the importance of building the skills of teens to help their friends.
- Investigate the additive or iterative effects of combinations of treatment conditions.
- Examine question of whether the impact of sex education on rape-related attitudes is perhaps attributable to the explicit focus on rape issues, possibly comparing students in the same sex education program both before and after presenting material regarding sexual inequality and violence.