

8-2012

Content of Sexual Assault Prevention Programs: What Evidence Could Change College Women's Minds?

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CONTENT OF SEXUAL ASSAULT PREVENTION PROGRAMS:
WHAT EVIDENCE COULD CHANGE COLLEGE WOMEN'S MINDS?

CONTENT OF SEXUAL ASSAULT PREVENTION PROGRAMS:
WHAT EVIDENCE COULD CHANGE COLLEGE WOMEN'S MINDS?

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts in Communication

By

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August 2012
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Abstract

Sexual assault is a serious health issue for college women. Unfortunately, the results of previous research revealed that intervention programs designed for women have been largely ineffective at changing women's attitudes, knowledge, and victimization concerning sexual assault. The purpose of the present investigation was to identify forms of persuasive evidence that women report as having changed their attitudes, knowledge, and behavior concerning sexual assault. Focus groups were used to identify common themes college women use to explain their understandings of these topics. These focus groups discussed how close family members impacted their behaviors concerning sexual assault, how they gained their knowledge of sexual assault through first-hand narratives, and how their attitudes reflected a strong belief in traditional gender roles. Each of the reviewed theories proved useful in interpreting the results of the study. This study concluded that parents should be given more education about sexual assault and that women should have more opportunity to participate in sexual assault prevention programs. Implications of these findings for the creation of future interventions are discussed.

This thesis is approved for
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Acknowledgments

Special thanks to Dr. Webb for reminding me that I shine in the life of the mind and that to be too long absent from its warm glow is not good for my constitution.

Thank you to my entire committee for giving me the chance to explore a topic that I care so deeply about. I am eternally grateful for the opportunity.

And as always - thanks Beecher. Anytime I have doubts or fears about what I can accomplish he says, "You made me... And I'm awesome. You can do anything."

Thanks dude.

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Chapter 1: Introduction

The National College Women Sexual Victimization Study estimates that 1 in 4 to 1 in 5 women experience attempted or completed rape during college (Fisher, Cullen, & Turner, 2000). The United States government has passed mandates that require universities receiving federal money to maintain programs aimed at lowering the levels of these incidents and universities to work with the materials made available to them to help the student population combat this violence (Security on Campus, 2002, p. 4). These sexual assault prevention programs are working toward creating interventions helping to lower the number of victimizations college women experience.

Programs exist that lower college men's likelihood of becoming the perpetrators of sexual assault. Although the male-oriented programs are not as widely implemented as sexual assault victim advocates would prefer, they show promise for changing men's behavior on a large scale (Foubert, 2000). These programs have been created and recreated with the input of male participants and have become increasingly effective with male involvement (Foubert & Marriott, 1996). This same level of involvement has not been achieved with college women.

College women's lack of participation in program creation may be attributed to multiple causes including the following: (a) An attempt to change women's behavior to stop sexual assault could contribute to victim blaming. (b) Women's involvement in sexual assaults themselves is difficult to analyze and discuss. However, if the success of men's programs following the inclusion of college men's input is any indication, researchers could develop more effective training programs by asking college women to

be their own advocates and play a more integral role in creating the programs that are being designed to keep them safe.

Purpose of the Study

The purpose of this study was to discover which forms of evidence female college students report that, in the past, have altered their attitudes, knowledge, and behaviors concerning sexual assault. A review of the literature on sexual assault statistics, sexual assault education programs on college campuses, and previously employed curriculum components of those programs is presented. These subjects are discussed as a warrant for the study. The methods for conducting this study are also discussed.

Significance of the Study

This study adds to the existing research on sexual assault prevention programs by discovering which forms of evidence have changed women's minds, and based on those findings, offering recommendations for new program creation using these forms of evidence as part of the suggested curriculum.

Methods

This study has limitations. Students participated in focus groups for this study. In focus groups, participants engage in self-report, making the results of this study only as accurate as the responses given. This study also is limited intentionally to female respondents. Nonetheless, the focus group participants contributed to interesting and insightful conversations.

Results and Implications

These focus groups discussed how close family members impacted their behaviors concerning sexual assault, how they gained their knowledge of sexual assault

through first-hand narratives, and how their attitudes reflected a strong belief in traditional gender roles. This study concluded that parents should be given more education about sexual assault so they can have more effective and informed conversations with their daughters. The findings also imply that, from a younger age, women would like to receive more general sexual education as well have the opportunity to participate in sexual assault prevention programs.

Chapter 2: Review of the Literature

Rape Statistics

The 1996 National Violence Against Women Survey (NVAWS) found that 1 in 6 women and 1 in 33 men were victims of an attempted or completed rape in their lifetime (Tjaden & Thoennes, 2006). The 2006 Bureau of Justice Statistics Criminal Victimization survey (NCVS), “the largest and most well-known victimization survey of its kind” (Plany & Strom, 2007, p. 179), estimated that U.S. residents over the age of 12 experienced six million violent crimes in 2006. Of these six million violent crimes, over 272,000 were categorized as rape or sexual assault. In the 2006 NCVS, the highest rates of violence occurred in the age ranges of 16-19 (52.3/100) and 20-24 (43.7/100). These age ranges encompass the traditional college population. These data indicate that college-aged people are at high risk for victimization and within that group, women are most likely to be victims of sexual assault.

Rape has been characterized as the most consistently underreported, underprosecuted crime in the United States and therefore can be difficult to quantify accurately, even by the government agencies or collegiate groups who attempt to collect data. It is estimated that only about one-third of rape victims report the crime to police (Allen, 2007). The reason for the underreporting of sexual assaults may be due to the projected social recrimination and negative social stigma attached to such victimizations.

Reporting sexual assault can cause severe backlash for the victim. This backlash has been described as revictimization (the term revictimization also refers to the women who are sexually assaulted more than once.) Ninety-eight percent of rape victims never see their attacker caught, tried, and imprisoned; over half of all rape prosecutions are

either dismissed before trial or result in an acquittal; almost one-quarter of convicted rapists never go to prison; and, another quarter receive sentences in local jails where the average sentence is 11 months (Biden, 1993; Tjaden & Thoennes, 2006). Because victims see few positive consequences to reporting rape and project major negative effects, the likelihood of reporting the crime is very small.

The underreporting of sexual violence makes an accurate evaluation of trends elusive. More than twenty years ago, studies found that one in four college-aged women had been sexually assaulted (Koss, Gidycz, & Wisiewski, 1987). A decade later studies found even higher percentages of sexual assault. For example, 45% of the collegiate women in a 1993 study had experienced some form of sexual assault since leaving high school (Dekeseredy & Kelly). Ullman, Karabatsos, and Koss' 1999 study reported that more than 50% of their sample of 3000 college women had been assaulted. A 2000 study found that 20 to 25 percent of women in college reported experiencing an attempted or completed rape (Fisher, et al., 2000) as compared to 10 percent of women in the general population (Basile, Chen, Lynberg, & Saltzman, 2007). These statistics indicate that women in college are vulnerable to sexual assault and could benefit from intervention programs that reduce their likelihood of victimization.

Theoretical Basis

Participants must view interventions as salient to their lives for the intervention to be effective. The following four theories have been used previously to guide program development and to change participants' attitudes, knowledge and behavior regarding sexual assault. While this study did not test these theories, the theories provided guidance for understanding previous research on sexual assault prevention, and provided an

additional warrant for the study. The four theories are here presented and briefly explained because they represent the theories that commonly appear in previous research on sexual assault prevention programs. Finally, the four theories reviewed below proved useful in interpreting the findings of the study.

Bandura's social learning theory. Bandura's social learning theory may explain women's tendency to reject violence as a behavior they will counteract. Social learning theory asserts that people learn through the observation of other people's behaviors and the outcomes of those behaviors. This learning, then, occurs through the possible positive or negative outcomes associated with observed action (Bandura, 1977). While college students do not repeatedly observe sexual assault, they occasionally observe the aftermath of given victimizations. The negative effects associated with sexual assault (i.e., fear of injury from resistance, revictimization in the legal system) may cause women to view sexual assault in particularly distorted ways. According to Ellis (1989), the social learning theory of rape is supportive of the idea that social and cultural learning are fundamentally responsible for rape, due to a prevalence of cultural attitudes that encourage men to sexually exploit women and for women to accept that exploitation.

Petty and Cacioppo's Elaboration Likelihood Model. Petty and Cacioppo's Elaboration Likelihood Model (1986) posits that communicators process arguments through two levels of cognition: the central or peripheral routes. These routes are not mutually exclusive and can be used separately or together. The central processing route is associated with careful evaluation of messages; the peripheral route relies on less thoughtful reliance on situational cues. Both of these processes have been used to previously evaluate the effectiveness of sexual assault prevention programs on college

campuses (Gilbert, Heesacker, & Gannon, 1991; Heppner, Good, Hillenbrandgunn, Hawkins, Nichols, Debord, & Brock, 1995) and should therefore also be examined when asking basic questions about program creation. Previous studies have concluded that men and women process arguments using different routes and that intervention programs should be designed with the incorporation of gender specific arguments.

The Theory of Reasoned Action. The Theory of Reasoned Action (Fishbein & Ajzen, 1975, 1980) explains how an individuals' attitude toward a behavior and felt subjective norms together create intentions to act. Behaviors can be explained as intentions to act that are functions of individual and normative influences (Bagozzi & Lee, 2002). These attitudes are created by the perceived outcomes of an action and can be influenced by the behavioral attributes associated with that action. Subjective norms are determined by perceptions of how important peers' beliefs are to an individual and their willingness to comply with those beliefs (Montano, Kasprzyk, & Taplin, 1997). Simply put, "one's willingness to act is determined by his or her personal evaluation of the action and by the social pressure to act, as attributed to significant others" (Bagozzi & Lee, 2002, p. 226). The Theory of Reasoned Action has been applied to intervention programs designed to lower the risk-taking behavioral intentions of college students associated with victimization (Gray, Lesser, Quinn, & Bounds, 1990). Ajzen's (1991) extension of this theory, The Theory of Planned Behavior, added the evaluation of participants' perceived behavioral control. This study asked participants what forms of evidence actually altered their beliefs and behaviors concerning sexual assault. Therefore, the element of planning behavior was assessed within participants' responses. It follows that the theoretical frameworks used to change behavioral intentions in intervention programs also could be

used to analyze changes in behaviors that have occurred in the past. It is possible to evaluate sexual assault education programs using The Theory of Planned Behavior, and its antecedent, The Theory of Reasoned Action, because interventions focus on changing individuals' attitudes and their perceptions of the subjective norms within their peer groups. These theories have been associated with the creation of effective programming but researchers have called for more in depth and longitudinal analyses. This study contributed to the investigation of these theories by determining how and why participants' behaviors were changed.

The Health Belief Model. The Health Belief Model (Hochman, 1958) may be particularly salient to an examination of the persuasive tools used to alter beliefs about sexual assault for women. According to this model, “the likelihood of taking action is a function of the interaction between perceived vulnerability, the perceived seriousness of the threat, and the individuals' beliefs that they can be successful in overcoming the threat” (Gidycz, Layman, Rich, Crothers, Gylys, Matorin, & Jacobs, 2001). Programs designed for women have focused on creating scripts for women to follow when they are in threatening situations, teaching women that they are strong and capable, as well as teaching them physical maneuvers to defend themselves. These steps follow the Health Belief Model. This model was beneficial when examining women's own reports concerning their experiences with sexual assault and their participation in prevention programming.

Rape Education on Campus

Federal and state laws mandate that colleges must offer some form of sexual assault prevention training on their campuses and campus administrators are under

pressure to develop policies and programs (Yeater & Donohue, 1999). The University of Arkansas' Pat Walker Health Center attempts to follow the recommendations of these mandates through S.T.A.R. (Office of Support, Training, Advocacy, and Resources on Sexual Assault and Relationship Violence) and the R.E.S.P.E.C.T. program (Rape Education Services by Peers Encouraging Conscious Thought). Although the S.T.A.R. office offers a variety of educational programs for students and faculty as well as eight-week courses, none are required. This health center also has a peer education program, R.E.S.P.E.C.T., which sponsors community wide programs and provides presenters for classes, organizations, residence halls, and Greek organizations (Pat Walker Health Center, 2008). R.E.S.P.E.C.T. and S.T.A.R. are not designed to, nor do they, research their intervention efforts' efficacy. These groups work with the resources made available from state and government programs and would benefit from any additional information a study such as this may provide.

Rape education courses have focused on teaching women how to keep themselves safe through the use of risk-reduction strategies and self-defense classes, while colleges have tried to improve the safety of their campuses. Some researchers encourage universities to focus their programs on men because they are the main perpetrators of sexual assault (Berkowitz, 1994; Hong, 2000). Colleges have tried many different intervention techniques including videos, workshops and skits (Glazer, 1994; Rothman & Silverman, 2007) or more in-depth techniques, involving peer education, (Foubert & Marriott, 1997), the Men Against Violence student organization (Choate, 2003) and the bystander intervention approach (Banyard, Plante, & Moynihan, 2004). Significant reductions in men's rape myth acceptance directly following the interventions are found

in research, but a rebound in these numbers is common after two months (Heppner, et al., 1995). It is posited that this rebound could be due to the lack of emphasis on the personal relevance of sexual assault; programs have been redesigned to incorporate the relevance of sexual assault to men.

Programs for men. Although changing definitions to include men as possible victims is an important step toward showing men the personal relevance of sexual assault, the influence of their peers seem to be even more important in creating a lasting change in attitudes. When compared with other intervention techniques, all-male peer education programs had a greater likelihood of creating long-term effects (Earle, 1996).

In a highly successful peer education intervention program, Foubert and Marriott (1996) used trained undergraduate men to speak to their peers concerning sexual assault. Using previous research that showed men were more likely to respond positively to peer education and all male interventions (as opposed to coeducational interventions), Foubert and Marriott trained peer educators to address all male populations. These trained facilitators defined rape, graphically described the sexual assault of a man, and related that experience to women's experiences. This intervention offers suggestions for ways men can become more supportive of women who are survivors of sexual assault while urging men to confront the sexism they see every day. The researchers implemented this program with an emphasis on how participants could better help sexual assault survivors in the hope that men would enter the program with an open mind rather than feeling attacked. The researchers expected that an approach which included showing men behaviors they could enact to confront everyday sexist attitudes would facilitate men to see the program as more relevant to them, thereby increasing the likelihood that the

training would lead to a longer lasting attitude change (Foubert & Marriott, 1997; Heppner, et al., 1995). This study involved men in their own education by encouraging them to have conversations about sexual assault and think about how they could address the sexist attitudes they were exposed to on a regular basis.

Foubert and Marriott conducted their study with fraternity men and documented changed beliefs. Their post test reported a significant reduction in rape myth beliefs as did the follow-up post test two months later, although there was a slight rebound. This single program changed men's attitudes and caused 79 percent of respondents to report they would be less likely to be sexually coercive. The results of this study demonstrate that the involvement of men in the implementation of a sexual prevention program can have a positive long-term effect.

This technique became more formalized with the Men Against Violence student organization on many campuses across the U.S. This group incorporates awareness, education, community action, and victim support (Hong, 2000) with the intention of showing men that violence is not a necessary component of manhood. They challenge men to “redefine male and female relationships in an equitable manner, to resolve conflicts effectively, to develop meaningful friendships with other men, and to appropriately manage anger and fear” (Choate, 2003, p. 168). This study documented this training program’s promise for attitude changes concerning sexual assault while teaching men to become more responsible for the prevention of date and acquaintance rape. Bystanders with more awareness and knowledge about the negative effects of sexual violence on victims will be more likely to intervene when confronted with a situation in which they could intervene (Banyard, et al., 2004).

Programs for women. The above-described programs increase men's knowledge about sexual assault, change their attitudes toward women, and lower their likelihood of perpetration. Studies designed for women have had less positive outcomes. Gidycz and colleagues developed sexual assault prevention and risk reduction interventions for women with mixed results. In one of their initial programs (Hanson & Gidycz, 1993), they found the program to be effective for women with no history of previous sexual assault but ineffective for women with a history of sexual assault. When they attempted to modify the program to better serve participants who had been previously assaulted, the program became ineffective for both groups of women (Breitenbecher & Gidycz, 1998).

Evaluations of multiple programs found that the majority of participants thought the information was not applicable to them (Breitenbecher & Gidycz, 1998). The problem of perceived applicability that may have lain in the discrepancies between actual persuasive effects and perceived/expected persuasive effects. Breitenbecher and Gidycz attempted to create programs for women based on their expected outcomes, yet the participants did not experience a connection to the material. When the researchers altered the program to better address the women who had been previously assaulted, the positive effects of the overall program decreased. Breitenbecher and Gidycz did not ask participants what types of persuasive evidence had actually changed their perceptions in the past but rather focused on how they expected to change participants' beliefs and behaviors in the future. O'Keefe (2002) reported that although focus groups and researchers may believe that certain persuasive appeals work to change participants' responses to stimuli, an examination of actual persuasive effects within that group would be more useful for persuasive programming development. To this end, this study asked

participants about actual persuasive events in the past that have altered their attitudes, knowledge, and behavior.

Gidycz et al. found limited positive results (lowered levels of future victimization) with later studies but never obtained results comparable to the changes reported in programs designed for men (2001). Rozee and Koss (2001) offer several suggestions for female-centric intervention programs. These suggestions are based on previous research concerning resistance training and Nurius, Norris, and Dimeff's (1996), hereafter known as NND, model for defining women's ability to resist sexual coercion. Resistance training for women is problematized by gender norms creating associations among femininity, vulnerability, weakness, (Guthrie, 1995) and lack of strong positive role models in the news media for women to emulate (McCaughey, 1998). To address these gender norms, Rozee and Koss believed that the first step in rape education programs should be combating the emotional and cognitive reasons women may have for not resisting sexual assault. NND's (1996) model demonstrates that women go through two phases of appraisal in a possible rape scenario: Is the situation positive, negative, or neutral? What are the available resources, options, and outcomes? Rozee and Koss reconceptualize this model as AAA (assess, acknowledge, and act) which, when taught in a resistance course, gives women a script and realistic plan for using force to resist without spending time fearing those situations. NND's initial study was conducted with focus groups of sorority women asking about their interactions with fraternity men; their conclusions provided the basis for program creation. Although these studies, conducted by feminist researchers, focus on the empowerment of women, they lack involvement from the general population of college students. This study attempted to fill a basic gap in the creation of intervention

programs by asking female participants to share their opinions and beliefs about a serious issue affecting them.

Because most intervention programs are not based on research and assessments of their efficacy are not published (Breitenbecher, 2000), it is difficult to determine how many programs are implemented, their theoretical grounding, methodological approach, or efficacy. This study intended to find what types of evidence participants believe are applicable to them and have been effective in changing the amount of victimization they have experienced as well as changed their knowledge and attitudes about rape. This basic research can provide the basis for developing effective intervention programs.

Curriculum Components

Various sexual assault intervention programs share curriculum components as they try to achieve many of the same goals. These goals include increasing knowledge of rape and sexual assault, changing rape-supportive attitudes, lowering levels of future victimization for women, and decreasing likelihood of future perpetration for men. Through an examination of multiple articles concerning these interventions and their effectiveness, a list of curricular components emerge and can be examined for commonalities. They are listed below:

Definition. More than half of the articles describing interventions (17 of 31) contained some definition of rape. Definitions were most commonly didactically presented as part of the basic information given to participants at the beginning of an intervention. These definitions were often the legal definition used by the state in which the intervention takes place and generally include terms like “force” and “consent”. When the definition of rape was more central to the intervention, as with Breitenbecher

and Scarce (1999) as well as Fonow, Richardson, and Wemmerus (1992), it is reconceptualized. Their 6-point redefinition of rape include the following ideas: rape is an act of violence; rape humiliates women; rape is an act of power; rape is a public issue; rape affects all women; and, rape affects all men. These definitions often serve to confront rape myths, although these studies more often deal directly with the myths.

Rape Myths. Rape myths were the second most common component (25 of 31) of the articles examined. Although commonly mentioned as part of programs, the research reports provide little detail on which particular myths were discussed. The “Rape Myths and Facts Worksheet” was used by several studies with omissions or additions as researchers altered it to better fit their intervention. This worksheet asks participants whether statements are facts or myths. It is often used as a pretest and also to begin discussion about rape myths. These discussions allow presenters to help distinguish between myths and facts about rape and rapists. Participants are given information about reporting and conviction rates that counter the myths.

Acquaintance and date rape information. Acquaintance and date rape information is also a frequently used instructional component (22 of 31). This information only is reported vaguely as “case examples” or “dramatizations.” These interventions may include a play or role-playing, typically using acquaintance rape as the frame for the other issues covered in their intervention. Thus, while there may not be specific information discussed concerning date rape, it becomes part of the intervention.

Statistics. Acquaintance rape information is used to illustrate that rape is a prevalent problem in dating situations but these studies (23 of 31) use statistics to show its pervasiveness. These statistics are presented didactically and vary by intervention,

according to where the intervention falls in the timeline of rape research and reporting. Presenters often include local statistics, from the community or college campus, to increase awareness of personal risk. Global statistics also are presented to make participants aware of the scope of the problem. Some statistics are presented to only single-sex groups because information concerning the low levels of rapes reported to police and low conviction rates might teach men that rapists rarely pay for their crime and reinforce beliefs that rape is normal because of its prevalence.

Rape information. Information about rape (14 of 31) was most often presented as part of the introduction to the intervention but also in role-playing and discussions. This information can include basic descriptions of rape and its consequences as well as the numbers of rapes that led to STD transmission, incidence of pregnancy, and long lasting psychological trauma (i.e., post-traumatic stress disorder). This information was used to increase empathy for survivors and to encourage women to use preventative measures.

Preventative skills/reducing risk/ protective behaviors. The most commonly used curriculum component (26 of 31) is presentation of information concerning preventative skills, reducing risk, and protective behaviors. This information is presented through videos, role-playing, descriptions of techniques and handouts – most commonly the “Preventative Strategies Information Sheet.” These presentations illustrate to women how to avoid situations that could lead to a rape and how to increase assertiveness in those situations. Additionally, there are skill building programs for men teaching them to assume that “no” really means “no” and the importance of never using force or pressure.

Role of alcohol. This force and pressure can come in the form of alcohol. Some interventions (8 of 31) stressed the importance of staying sober on dates. Several of the plays introduced alcohol as an important character in date rape scenarios and in discussions concerning what the actors might have done differently to make the date end with a more positive outcome.

Communication skills. Role-playing and theatrical performances work to build the participants' communication skills. These interventions (17 of 31) use modeling to present examples to participants demonstrating that, without direct verbal communication, no consent has clearly been given. The modeling is used to show that interpretations of physical movement or expression differs from person to person and cannot be used as the sole judge of whether consent is given. Groups then discuss how they could communicate their sexual desires more clearly to a potential partner.

Gender role socialization. The communication described above may directly oppose the traditional gender role socialization (18 of 31) that participants have received since infancy. Information concerning this socialization is presented didactically and actively discussed. Participants are shown that in traditional gender role scenarios, men are expected to be aggressive sexually, while women are expected to be passive and that rape becomes a logical extension of that gendered socialization. Participants are taught to confront this socialization in their peer groups by showing disapproval of jokes about rape, sexism, and the abuse of women.

Societal attitudes toward rape. These gender roles contribute to societal attitudes toward rape (14 of 31). These attitudes are illustrated in interventions through multimedia presentations of music and slides that represent women as sexual objects to

be pursued and won as well as other images that lead toward rape supportive attitudes. An acceptance of these societal attitudes may influence men to condone rape and possibly become a rapist themselves.

Characteristics of rapists. Participants in rape interventions are taught common characteristics rapists possess (10 of 31). Although this information primarily is presented for the benefit of women to help them identify dangerous situations, it also was provided to men in the hopes that enabling them to identify warning signs in themselves or in peers may help prevent rapes from occurring. The two recurring characteristics of offenders were ignoring what a woman says and becoming hostile when a woman does not do as he wished.

Survivors' experiences. Interventions try to increase participants' empathy by presenting them with survivors' experiences and discussing the trauma of rape (14 of 31). Interventions use reenactments and live role-play scenes to demonstrate the stress and pain following a sexual assault. *Campus Rape*, a commonly shown video, presents survivors discussing the impact rape had on their lives.

Assisting survivors. These interventions include information on how participants could assist survivors of sexual assault (12 of 31). They are taught basic skills on how to help women recover, including supporting her decision to report the perpetrator and being available for future support.

Additional information. Training sessions often concluded with a conversation about the topics discussed across the intervention and additional information about local agencies that could provide support (14 of 31). Interventions conducted at universities gave information about campus resources for rape prevention and treatment as well as

where local assistance could be found. Presenters frequently stay after the interventions concluded to address additional questions or provide extra support.

Although these curriculum components are used across various interventions, those designed for women have focused on preventative skills, risk reduction, and protective behaviors used to lower victimization levels (referred to in this research report as ‘behaviors’). Research has failed to provide evidence of this curriculum’s effectiveness in reducing women’s victimization (Breitenbecher & Gidycz, 1998; Breitenbecher & Scarce, 1999). Programs might be improved by using components and interventions based on women’s own reports of which types of evidence have changed their beliefs and behaviors in the past.

Research Questions

Previous research and interventions have failed to ask college women what evidence or arguments (i.e., educational components) have changed their attitudes, knowledge, and behaviors concerning the threat of rape. Therefore, the purpose of this study was to identify forms of persuasive evidence that college women report as effective in changing their attitudes, knowledge, and behaviors concerning rape. To that end, the following research questions were proposed:

RQ1: What do participants report as altering their behaviors concerning rape?

RQ1a: What do participants report as their past behaviors concerning sexual assault before change?

RQ1b: What do participants report as changing their behaviors concerning sexual assault?

- RQ1c: What do participants report as their current behaviors concerning sexual assault?
- RQ2: What do participants report as altering their knowledge about rape?
- RQ2a: What do participants report as their past knowledge concerning sexual assault before change?
- RQ2b: What do participants report as changing their knowledge concerning sexual assault?
- RQ2c: What do participants report as their current knowledge concerning sexual assault?
- RQ3: What do participants report as altering their attitudes toward rape?
- RQ3a: What do participants report as their past attitudes concerning sexual assault before change?
- RQ3b: What do participants report as changing their attitudes concerning sexual assault?
- RQ3c: What do participants report as their current attitudes concerning sexual assault?
- RQ4: Which proposed theoretical framework best explains women's reports of attitude, knowledge, and behavior change?

Chapter 3: Methods and Procedures

This study collected data in focus groups. Focus groups have been used extensively to assess health education messages (e.g., Lederman & Stewart, 2003; Simons-Morton, Donahew, & Crump, 1997) and are especially useful when discovering information that provides the basis for future programming (Morgan, 1996; Salmon & Murray-Johnson, 2000). As with any scientific method based on self-reporting, some common problems occur that can be addressed: People may not want to be honest about a sensitive subject like sexual assault or may experience an inability to be honest even when desiring to do so (Lederman & Stewart, 2003). To foster an atmosphere of open and honest communication, all of the participants in this study's focus groups were female and a female researcher facilitated the groups, following Fabiano and Lederman's (2002) suggestion of employing same-sex discussants and facilitator. Single-sex groups are more likely to share common experiences in relation to the topic and, therefore, participants may feel more comfortable opening up to others like themselves (Lederman & Stewart, 2003). Further, questions were phrased to facilitate discussion in a group setting.

Using focus groups as a research technique has multiple advantages. The communication and discussion integral to the effectiveness of focus group research can reveal to the researcher not only what people think but also "how they think and why they think that way" (Kitzinger, 1995, p. 311). Lederman noted that focus groups offer group synergy, which may produce more data and more accurate data than one-on-one interviews (1990). Kitzinger (1995) points out:

Participants can also provide mutual support in expressing feelings that are

common to their group but which they consider to deviate from mainstream culture (or the assumed culture of the researcher). This is particularly important when researching stigmatized or taboo experiences (for example, bereavement or sexual violence). (p. 300)

Because of the level of interaction created through the use of focus groups, participants may expound more clearly on their views (Kitzinger, 1995) and identify forms of evidence that have not been clearly identified previously.

The aim of the focus groups in this study was to identify forms of persuasive evidence which have changed participants' behaviors, knowledge, and attitudes. Previous studies have used focus groups to gain a better understanding of the *knowledge, attitudes, and practices* of contraception in the Third World (Folch-Lyon, de la Macorra, & Schearer, 1981), to design educational campaigns with the end goal of modifying college students' *knowledge, beliefs, attitudes, or behavior* (Salmon & Murray-Johnson, 2000), and to gain a deeper understanding of how sorority women relate to the issue of sexual assault (Norris, Nurius, & Dimeff, 1996). The subject matter of the present research is congruent with the type of data collected in the previous focus groups named above.

The present study employed a semi-structured interview protocol. The protocol began with a fixed set of open-ended questions that were used in each group but the discussions sometimes called for follow-up questions that negated the need for other questions that appeared later in the protocol. Allowing for follow-up questions created a lack of standardization that may make the exact replication of the study itself somewhat challenging for future researchers. However, the advantages of following a semi-structured format far outweigh this drawback; they include the freedom to discuss topics

that emerged in the groups, as well as increased the likelihood of further elaboration and the possible emergence of previously undiscovered ideas. This free flowing discussion was especially useful in identifying persuasive evidence when compared with a stricter, more interview-like style of data collection.

Because of this variability in the study's design, the level of structure the facilitator imposed on the group varied. This study was searching for answers to predetermined questions but occasionally data emerged on unanticipated topics. Additionally, in many groups the facilitator asked probative questions to encourage elaboration (i.e., How did that statistic change your attitude? Have you always thought this way? Can you recall what changed your opinion?), while other participants fully constructed their arguments without need of the facilitator's intervention. Although there was room within the study's design for this variability, these issues were explored with pilot groups to determine which questions encouraged the greatest level of discussion and what level of structure the facilitator should set.

The original protocol was modified following seven pretest focus groups to employ the questions that facilitated the maximum discussion (See Appendix C for a list of the specific changes made to the original protocol).

Recruitment

For two consecutive semesters participants were recruited from communication courses at a large, public university in the southeastern United States. Participants were recruited from communication courses following the logic that students trained to be successful communicators would be more articulate and capable of in-depth discussion. Communication professors were approached to determine who would be willing to allow

recruitment from their courses as well as who would be willing to offer extra credit for student participation. Professors who did not offer extra credit often allowed and encouraged their students to participate in the study. Although men could not participate in the focus groups they could earn extra credit by recommending females aged 18 to 22 years of age who participated. Potential participants were given instructions on how to access online signup sheets for focus group time slots (signupgenius.com).

Sample

Participants completed a demographics questionnaire that provided information to describe the sample. The sample for this study consisted of 40 participants across seven focus groups. Focus groups ranged in size from 4-7 participants, with an average of 5.7 Participants ($M = 5.71$, $SD = 1.11$). Participants ranged in age from 18 to 22 years ($M = 19.64$ $SD = 1.14$) and reported the following classifications: 37.5% were Freshman ($n=15$), 32.5% were Sophomores ($n=13$), 12.5% were Juniors ($n=5$), 17.5% were Seniors ($n=7$). The majority of participants were heterosexual (97.5%); only one participant self-reported as bisexual. The sample was not very ethnically diverse: 87.5% of participants self-identified as Caucasian ($n=35$), 7.5% as mixed ethnicity ($n=3$), and 5% as Hispanic ($n=2$) and all but one of the participants reported being U.S citizens. In response to the question “Have you ever participated in a sexual assault prevention program?” 25% of participants responded yes ($n=10$), while 75% reported having never participated in a sexual assault prevention program ($n=30$). Half (50%) of the participants currently live in dormitories ($n=20$), 25% live in an apartment ($n=10$), 15% share a home ($n=6$), 5% live in Greek housing ($n=2$), with the remaining 5% living at home with family ($n=2$). The majority of participants were single, never married (77.5%, $n=31$); 17.5% were in

committed relationships but didn't live with their partners ($n=7$); 2.5% were not married but did live with their partner ($n=1$); and 2.5% were married and living with their spouse ($n=1$).

Measures

When the groups met, participants were provided a confidentiality/informed consent form. They were asked to read, sign, and return the sheet. The facilitator then read and signed the interviewer confidentiality form in front of the group. Next, the participants were given the extra credit form; it asked them to write their instructor's name and their university identification number to receive extra credit for participation. Women who attend the session on behalf of a male student were asked to provide the male student's username and instructor's name. These sheets were shredded after lists of participants were created for instructors. Finally, participants completed the demographic information forms and returned them to the facilitator. (see Appendix A for copies of these forms).

Instrumentation

The questions used to guide the focus groups were designed to elicit responses to answer the research questions about participants' attitudes, knowledge, and behaviors—the outcomes most frequently examined in sexual assault intervention programs for women. The questions queried forms of evidence that changed participants' attitudes, knowledge, and behaviors in the past. When necessary, probing questions were used to query whether these outcomes were changed by statistics, analogies, anecdotes, or expert testimony (see Appendix B for a copy of the focus group protocol). Seven pilot test groups were conducted to determine the validity of the focus group protocol and slight

changes were made to the protocol before testing began (see Appendix C for revisions and justifications).

Data Collection

The principle investigator of this study, a 28 year old, Caucasian, heterosexual, female, Master's candidate served as facilitator for the focus group sessions. These focus groups were conducted in the Communication Department's media lab to enable video and audio recordings. For this research, transcriptions were made using a digital hand-held voice recorder, which provided better quality playback than the room's built-in microphones. Transcripts of the sessions were created and analyzed using thematic coding.

Each focus group session began with the completion of the demographics questionnaire, confidentiality forms, and extra credit sheets. Then, each focus group was reminded of the planned discussion topic, why the study was being conducted, and they were assured of their confidentiality in an environment free of judgment. Each session began with a long-form discussion prompt. The protocol for this study contained two possible prompts. If the first prompt (a reference to Stranger Danger education) was not sufficient to elucidate conversation, then another prompt (a personal story concerning the researcher's mother) was provided (see Appendix B for the bank from which the prompts were drawn). Throughout the discussion, the facilitator encouraged group members to participate by asking broad questions from the interview protocol that promoted discussion. Each group session lasted approximately one hour. After one hour, participants were asked for any last thoughts on the topic or further contributions they would like to have noted. They were reminded of the facilitator's email address as well as

the contact information for the psychological services on campus in case they wanted to talk further about the topics raised in the discussion groups. Participants were encouraged to email questions or comments to the facilitator and then were thanked again for their time and contributions.

Analysis

Although time consuming, full transcripts of focus groups were completed including notations that designated group interactions (e.g., group laughter, deferment to opinions of others, censorship). Data were collected using focus groups in part to capture this group interaction (Kitzinger, 1995) so such interactions were noted throughout the transcription process. Complete transcriptions of the discussions allowed for in-depth review of the data produced (Sinickas, 2000). The transcribed data from the focus group dialogues totaled 135 double-spaced pages containing 3,032 lines of data. Transcripts were labeled according to date and participants were named according to their group (e.g., Group M; Melanie, Madeline, Megan). Full transcripts were numbered with line numbers for reference. Following transcription, the discussions were analyzed for themes.

“Thematic content analysis is the scoring of messages for content, style, or both for the purpose of assessing the characteristics or experiences of persons, groups, or historical periods” (Smith, 1992, p. 1). Following Boyatzis’ (1998) advice, themes were identified as they emerged from the data rather than imposing pre-selected categories on the data. In employing thematic analysis, “recurring similar assertions” by participants were identified (Reinard, 1998, p. 182). Owen’s (1984) criteria for identifying themes were used: repetition (relatively the same language to describe a phenomenon),

recurrence (differing language but similar meanings for a phenomenon), and forcefulness (ideas strongly stressed verbally or nonverbally).

Following each focus group, its transcribed text was examined to isolate possible answers to research questions. The primary reading of the transcript identified potential emergent themes relevant to RQ1, the secondary reading identified findings relevant to RQ2, while the tertiary reading identified findings relevant to RQ3. The fourth reading of the transcript focused on RQ4 and the identification of theoretical frameworks participants employed to explain changes in their attitudes, knowledge, and behaviors. The next reading of the transcript was completed to identify references to any of the commonly used curriculum components of previous sexual assault prevention programs. Next, a reading was done to find any counter evidence to previously identified themes and pinpoint instances of group interactions that may have relevance to the main themes. A final reading of the transcript was done to ensure all relevant data had been identified.

Chapter 4: Results

This chapter reports findings drawn from transcripts of seven focus groups. Each of the 40 participants contributed to the discussion. Each group began with trepidation (i.e., unwillingness to talk, lack of eye contact) but became more confident sharing their ideas as the hour-long sessions progressed.

The focus group protocol was designed to facilitate participants' identification and discussion of the forms of evidence that affected their behavior, attitudes, and knowledge of rape. This chapter reports the emergent themes from the focus groups as they relate to each research question. Each theme is illustrated with examples drawn directly from the focus group transcripts. Finally, this chapter reviews the curriculum components to which participants reported being exposed.

Research Question 1 (RQ1), Research Question 2 (RQ2), and Research Question 3 (RQ3) are presented as well as quotations that illustrate participants' reports of their behavior, knowledge, and attitude relevant to RQ1, RQ2, and RQ3, specifically, from before they experienced a change in a relevant behavior, knowledge, or attitude, what caused that change, and finally, their current behavior, knowledge, or attitude following that change. RQ1, RQ2, and RQ3 each contains a three-question subset that are answered using examples from the transcripts. Pseudonyms are used within these examples.

RQ1: What do participants report as altering their behaviors concerning rape?

Discussion of RQ1 begins with an example of the phenomenon in question. Hana reported changes in her behavior concerning rape and articulated a range of her behaviors from before the change until the time the focus group was conducted, including an example of what altered her behaviors.

Hana: My parents were really strict in high school. If I wasn't home by 12, it was bad news. So, I didn't have a lot of freedom to go out and get in trouble. So, I guess they figured I was safer. But, I guess now that I'm on my own; I guess it does kind of shift.

RQ1a: What do participants report as their past behaviors concerning sexual assault before change? Participants reported their behavior before their change as (a) a general lack of awareness of their surroundings and (b) being with a buddy. For example, Kat described her behaviors when she was young as,

Kat: When you're little you're not paying attention. When I was 10 or so, I'm walking around, and I didn't pay attention to anything. But now, when I'm walking around, I know where people are when they're around me; I know if someone's behind me.

Melanie: You just learn that you want to be with someone else. If your friend got snatched up, you would run and tell. (Group agreement) Someone needs to be able to tell what happened at least.

RQ1b: What do participants report as changing their behaviors concerning sexual assault? Participants reported that advice and instruction from their parents were the predominant instigators of change in their behaviors. For example, Janet said,

Janet: My mom bought [Mace] for me when I moved into my dorm. She was like, 'You have to carry this on your keychain everywhere you go.'

RQ1c: What do participants report as their current behaviors concerning sexual assault? Frequently reported behaviors included (a) running from their car to their

apartment, (b) walking with confidence, (c) using keys as weapons, and (d) cell phones related behaviors. For example, Leah said,

Leah: I don't know where it came from, but if I ever get scared, I totally put my keys between my fingers.

Lilly's response was mentioned in six of the seven focus groups,

Lilly: When I'm walking by myself, I always pretend like I'm on the phone, or I just call somebody (Group agreement). When I walk back from the Hyper [a campus facility] and it's getting dark, I'll call my mom. Just cause it's boring, and I feel scared (Group agreement).

RQ1 queried participants' behaviors concerning sexual assault. Five themes emerged that related to behavior concerning sexual assault.

(a) When close family members had a relevant personal experience, participants were taught safety measures from a young age:

- Nancy: My mom was up here when I was young, and she was in a parking garage, and I was in a stroller, and she got chased down by a van when I was in the stroller; she had to push me and throw me in the car. It was really traumatic for her, and I guess that's what led me to the phone thing and to be really cautious when I go anywhere.
- Naomi: My mom was actually a teen pregnancy, so I was taught at a really young age.
- Jan: My mom is really a paranoid person too. She always raised me and my brother to always be careful, be really aware of my surroundings, and sometimes I freak myself out, because I really am being paranoid for no

reason. But I'm very cautious; I get very nervous if I'm alone in any situation, because I don't know if I could protect myself or defend myself if anything were to ever happen. My mom was held up at knifepoint when she was closing a restaurant alone one time, so I think that's why.

- Janelle: My dad always—my aunt was actually kidnapped—so my parents have always—my dad tells me all the time—if someone ever comes up and tells you to get in the car with them, fight for your life and never get in the car. He just said it again a week ago. Ever since we were old enough to realize what a car was, he's said that 'cause once you're in their car, you're in their possession—but to scream and fight. I think it does seem like that's because of my mom's sister getting kidnapped when she was younger.

(b) Participants were taught to NEVER be alone. (All seven focus groups referenced this theme):

- Lana: I feel like it's more common. You turn on the TV and see an Amber Alert, and so people are just afraid for their lives. So you use the buddy system, go in pairs. I would never go anywhere at night, even on campus. I would be afraid to walk somewhere by myself, so I always ask a friend to go with me.
- Odele: Last year after I took that one-hour class too. They said the best method of prevention is not ever being alone. Don't ever be alone.

(c) Myths of protection/prevention:

- Melanie: My mom always said when I'm driving make sure you don't park next to any unmarked vans, especially if I'm driving by myself to park with

the passenger's side door facing the van. I could get out of the car and get pulled right into the van

- Kat: She was like, 'If you're ever at a party (we were walking by the frat houses), if you set your drink down and you come back to it, you throw it away.' She was like, 'You don't do this. You don't go alone.' She had a whole list of rules in her mind that she was telling me, but the main one was don't pick up some random drink; you hold it in your hand, and you watch it. You don't take drinks from other people. She had this long spiel about it. I was just like, 'Yes ma'am.'
- Helga: Make sure you look under your car before you get into it. Look in the back seat. (Laughter).

Helen: My mom told me that all the time too.

- Helen: My mom said, 'Never walk between cars.'
- Hailey: My mom said, 'Never park by a van. (Laughter) Don't park by a truck, or somewhere where you might not be able to see someone. If you're trying to unlock your car door, 'cause they can slide the door open and just grab you. (Group laughter).

(d) The Inconvenience/danger of carrying Mace or Tasers outweigh the benefits:

- Kara: My roommate has a Taser; she just keeps it in her car though. She doesn't carry it with her 'cause it went off in her backpack. She wasn't carrying it luckily. She was just putting her books in there, and it like went TZZ! I mean that would stink.

Facilitator: To Taser yourself? Is that part of the reason you all don't carry mace?

Kenda: I'm not real strong. Somebody could just turn my hand, and use it on me.

Kat: That's true.

Kaley: I just think it's so clunky. Just...so clunky.

- Helga: I'd be like, 'I have to figure out how to use you while I'm being attacked?' (Laughter).

(e) Participants have intervened on their friends' behalf:

- Hailey: This guy is just sitting, leaning, staring at my friend, and I'm just staring at him like 'What are you staring at?' Giving him the eye. (Laughter) He doesn't say anything; he just walks over to her, grabs her by the waist, starts walking her to the door, never says a word, and she's like, 'Um... I don't know you! Let go of me!' I was like 'Excuse me!' and I grabbed his wrist and just looked at him; he just walked off into the night. (Group laughter) How crazy?
- Laura: And my friend will be like, 'No, this isn't my dorm,' and he'll just say, 'Just come back with me anyways.' And I've been like, 'No, she's staying in this car. You can leave.' I've had to say that before to guys, 'No. You don't know this girl. She's not going with you!'
- Nadia: She came in crying because (she wasn't raped), but he was doing stuff to her that she didn't want to happen, and so later that night when they were dropping us back off, I said something to him. I didn't realize it at the time,

but I did later. I was scared almost that he would come back and do something to me.

RQ2: What do participants report as altering their knowledge about rape?

The following example is offered to illustrate the discussion relevant to RQ2. Kara articulated the full range of her knowledge including her knowledge about rape before she experienced a change, what changed her knowledge and finally, her current knowledge.

Kara: I think ‘stranger danger’ to ‘it happens with people you know’. A couple of friends, and even family members, I’ve talked to in the past 3 or 4 years. Like you grew up with these people and never even imagined. But it happens more than you think. So you just have to be really careful, and it changes your opinions of people—not the people that got raped!

RQ2a: What do participants report as their past knowledge concerning sexual assault before change? Participants characterized their knowledge before change as ignorance and/or a lack of education on the subject matter. For example, Kat said,

Kat: I think when I was younger, I thought the girl would have the crap beat out of her because she fought and everything.

RQ2b: What do participants report as changing their knowledge concerning sexual assault? Most participants did not remember where they gained their knowledge about sexual assault claiming, “I’ve just always heard that,” but they remembered incidents in which professors and close family members informed them specifically about sexual assault. A few participants reported formal education and family members as providing information on sexual assault. For example, Kat’s sister educated her,

Kat: She taught me. It was my rape info class for parties.

Ophelia received her education in a formal education setting,

Ophelia: I just heard that in my criminal justice class. They said most women don't report [rape] because they don't want to relive it or face their attacker or go through the emotional stress again. They believe that they can't find [the rapist], so what's the point of reporting?

RQ2c: What do participants report as their current knowledge concerning sexual assault? Kaley said her current understanding of rape was just how horrible it really was,

Kaley: Rape is just so detrimental. For somebody to just tell you that rape does this and this and this, it isn't as impactful as when someone who's been raped tells you about it. It's horrible.

Many participants did not clearly articulate their current level of knowledge concerning sexual assault and rape. However, participants spoke more openly about the past events that helped to form their knowledge, as detailed in the five emergent themes explained below:

(a) A rape event in participants' hometowns led to early education on sexual assault:

- Kara: We had a girl in our high school who was raped and actually died, and so her father started a huge program, and he would have people come to our high school a lot [to teach us about sexual assault prevention].
- Jasmine: There was also one for Ali Kemp. I don't remember what happened with her. I think she was in a neighborhood pool, daylight. So, we've always

had on the days, like Mondays, On President's Day—they have moms and daughters come and take self-defense classes for like the whole day.

- Jade: I think that's also more of, 'It takes something to get something'. You're not going to raise awareness unless you have a reason to. That's what our school was all about. Like, we'd have a drunk driver pass away, and then we'd have a lot of [drunk driving interventions]. Nothing would happen until they had a reason to bring someone. They wouldn't just randomly set up dates and take [regular] class time away.

(b) Participants' knowledge about rape was acquired through knowing someone who had been raped or assaulted, by participants themselves being assaulted, and/or participants discovering they were a product of a rape:

- Naomi: My sister was raped. That was her first time, and two of my good friends were raped growing up. I had no idea that's what this group was about! That strikes a chord within me. It actually does so much emotional damage that we can't even try to understand if you haven't been in that situation before. I watched my sister, and how it changed her, and how it changed my friends. One was at a party, and she left with some people she knew, that she thought she was close to, and a guy ended up putting a gun to her head and raping her in the front seat of the car. And her guy friends let that happen that she was with. And then my sister, she was with a guy that she knew, and he took advantage of her while they were alone at an apartment.
- Natalie: My grandfather, he raped my three aunts when they were growing up. My dad and uncle knew about it, and my grandma knew about it too, and she

didn't do anything. They owned a daycare. I met my grandpa like twice. My mom would never let us go over there... We made them move away from us. So I'm not that close to my dad's side of the family, because he was like, 'You're not going to get to see your grandkids after what you did to my sisters.' So it's broken up our family. That bond I guess that we had.

- Kenda: My roommate was raped, and it was by her ex-boyfriend. She tried to report it, and she didn't have any proof or anything because she waited a few days and now he goes to school here. And she will run into him sometimes. She ran into him at a football game, and he was trying to harass her there too. So she just feels like she can't get away.
- Kat: This may be too personal but, I was adopted, and when I was 18, I met my biological family and found out that my mom was raped, and that's how I came about. It really changed my view on things, because she never reported it. My dad doesn't know about me. He's in jail now for something different and I've sent him a letter in a pen pal way, so I've talked to him. He seems like this good person, and he talks about how he's changed, but he has no idea I'm his daughter. She got raped. She was on a date with him, and got raped, and then had this child. I don't know. It's changed how I see things.
- Nancy: I woke up, and there was a boy standing over me trying to go up my shirt and down my pants. I didn't know what to do, and I didn't know who he was 'cause I didn't know most people there, so I just kind of laid still because I didn't know what to do. Anyway, long story short, he got up and ran out of the house, and people ended up finding out who he was. He had done the

same thing to my friend who was on the couch across from me, and when she woke up her head was actually on his ‘part’.

(c) Participants reported belief in the urban legend of a man hiding under cars and cutting women’s Achilles tendons:¹

- Helen: Where I was growing up, there was a big case going on ‘cause there was this guy that would hide under cars, and when women would walk up to get in their cars, he would cut their Achilles tendon.
- Jan: My other roommate was telling me about how old men in the 80’s used to hide under cars and cut your Achilles tendon. So you couldn’t walk or run away. But they would hide in parking garages. My aunt used to send me emails, so I’ve read that more than once.
- Nadia: I heard a story about a guy, I guess, who was hiding under someone’s car and would slit their Achilles tendons, because then they can’t get away. So now I’m just really paranoid that I’m just going to be walking. How are you supposed to get away then?

(d) Participants lacked formal sexual education:

- Kelsey: We just did the drunk driving [interventions]. I don’t remember. Which is weird because I went to an all-girls high school, and you would think...

Facilitator: That would be a topic of interest?

Kelsey: Yeah!

Kat: I went to a Christian high school and they were just like, ‘Don’t do it. Don’t drink. Don’t get raped. Don’t have sex. Just don’t. That’s it.’

Kaley: Same with me. I went to a Christian school too, and the word sex was never said. Ever. For any reason. We didn't have Sex-Ed class. We didn't have anything. I feel like that's just, I mean, I know that it's awkward to talk about, but it's necessary.

- Kelsey: We had health, but that topic was never brought up.

Kat: We had health, but we just skipped that chapter [on sex]. It was like 1, 2, 3, ... 5. We even skipped it in biology. We didn't even do the reproductive system in Biology. I was like, 'Really guys?'

- Nia: You just hear more about it [in college]. In high school, they didn't preach about rape, because in high school, they really can't talk. They give you the sex talk but they just say don't do it. In college, people know that's going to happen, and it's a lot more open to talk about, so I think it makes more people aware that it actually does happen a lot more often. In high school, it's just like, 'Be careful. This could happen to you.' But in college, you talk to your friends, and friends of friends and sororities. It's a lot more talked about. It's more realistic.

(e) Participants wanted someone to talk to who could give them accurate answers about sex and sexual assault:

- Melanie: 'They're just being a guy.'

Madeline: Why is that ok?

Macy: Yeah, why is that ok?

- Madeline: Who sets [how we behave]? Society? How we think other people perceive us?

- Nadia: Is it called rape if both people at first agree to it, and then the girl is like ‘stop’ and the guy keeps going? Even though they both started out with it being ok?
- Jade: I don’t understand. Like, how wouldn’t you know if you had been raped?
- Kaley: Why is the process of reporting rape so, like you were saying you have to have all the facts? I understand that you need the facts, that you can’t just accuse somebody. I feel like there should be a better system. I mean, girls report it, and then there’s nothing done about it.

RQ3: What do participants report as altering their attitudes toward rape?

Participants identified forms of evidence which altered their attitudes concerning rape. For example, Megan discussed her attitude toward rape before she experienced an attitude change, what changed her attitude, and her current attitude.

Megan: I read a book called *Speak*. I read it when I was first going into high school, and it was about a girl the summer before her freshman year. It was about how she was raped, and she had been really popular, and then she came back from the summer, and she completely shut out the world. When I was reading it, I was really frustrated with her about how she had responded, because I felt like if I had been in that situation I would have told someone. But she didn’t. She didn’t tell her mom. But as the book went on, you began to understand how her mind was and how she felt shameful about it. It wasn’t her fault, but that’s how she felt. It was a different view. I had never experienced anyone who had endured it. You just heard stories and stuff, but it was just interesting to see how she felt so alone,

and not protected, even though she could speak up about it. As we grow older and had other classes about, or when we ever learned about rape, more and more people said that the victims never spoke up, and it's just scary to hear that.

RQ3a: What do participants report as their past attitudes concerning sexual assault before change? Participants rarely stated their pre-change attitudes. They referred to earlier attitudes in indirect ways such as, 'It really changed my view on things'. However, the participants do not clearly define or articulate their pre-change attitudes toward sexual assault.

RQ3b: What do participants report as changing their attitudes concerning sexual assault? The most frequently reported changes in attitude (a) followed interventions that increased participants' confidence or (b) occurred after watching other people deal with the after-effects of rape.

Odele: There is one thing I want to say about that. In my mind, after I went to the one-hour class with the U of A PD, that helped me tremendously, I feel. I don't have this spirit of fear or a spirit of scared-ness. I just want to kick some butt if anyone comes near me.

Naomi reported that her views changed because of what she saw around her.

Naomi: I was almost on the verge of man-hater for a long time growing up, because I saw so much abuse toward women in my family and in personal relationships. I don't know how but I had all these friends that had abuse happen to them. I just saw so much of that growing up and saw all the emotional damage and counseling, and not counseling.

RQ3c: What do participants report as their current attitudes concerning sexual assault? Participants' current attitudes concerning sexual assault tended toward the negative. For example, Jasmine's following statement in response to the question 'Did that make you feel safe?' was echoed throughout each group.

Jasmine: Not really. Just 'cause I know if somebody is determined, and I'm a little girl, and they're going to overpower me no matter what."

This attitude continued in the theme of inevitability discussed below.

RQ3 queried participants' attitudes concerning sexual assault. Five themes related to attitudes emerged. Illustrative examples are listed below.

(a) Participants have accepted that assaults are inevitable:

- Helga: I don't feel like I have less risk of being attacked [if I'm talking on my cell phone]. I feel like if I were to go missing someone would have an easier way to find me.
- Kaley: I've heard mixed results though. I've heard that when, if they're going to attack you, if you're on the phone they think, 'She's distracted and not aware', so it's like prime. I don't know what's right. I don't know what to do, but I always talk on the phone. Because I'd at least want somebody to know.
- Nanette: Cause if anything happens, you can tell that person, and they can take the action for you. Even if it's not right then, they'll at least know that something went on.
- Facilitator: Do you think rape is a problem here at the University of Arkansas?

Ohara: I'm pretty sure it's a problem everywhere you go. [Rapists are] always going to be a problem.

Facilitator: Always?

Ohara: I think there is always going to be a rape/sexual assault problem because there's always going to be that one guy that's just a creeper.

- Facilitator: Rape statistics lead us to believe that most college students are going to know someone who has been sexually assaulted because 1 in 4 to 1 in 5 women experience some form of sexual assault during their college years. Has learning statistics like this changed your behavior in any way? Does that shock you?

Janelle: I also think they always make it sound like sexual assault is sexual intercourse, but it doesn't have to be intercourse, it can just be someone violating [unwanted sexual contact] you. So in that aspect, I can possibly see that because I know some of my friends have been like, 'I was drunk or whatever and that happened', and 'I woke up to this and I had absolutely no idea.' I know it doesn't have to be having sex. I know it can just be them being violated, so I can see that, 'cause that's a lot more common, but if it was just sexual intercourse, I would be shocked.

(b) The first incident participants hear about concerning rape or sexual assault defines all later experiences:

- Madeline: I was in a situation in high school where one of our, I was on a cheerleading team, and this girl said our cheerleading coach had forced all these things basically. That was a really awkward moment because it was

someone we all really looked up to. It turns out, the whole thing, she made it all up. So, I think that maybe has been, this is so bad, but sometimes my first instinct, if I hear about it or somebody jokes about it, I'm like pssh. Are they being for real? Because that was my only experience with it, and it was such a big deal.

- Macy: I had a really good friend in high school who, our freshman year, a senior guy took an interest in her, and they were hanging out, and then they were sorta dating; she lost her virginity to him. It took her a long time for her to be able to tell me and tell our friends that, you know, 'I didn't want to, and I wasn't ready for that' but he kind of forced her, you know? So when that happens to someone you know, you just get really angry. You get really mad.

Facilitator: Did she just talk to you about it, or did she sit down with all of you?

Macy: She talked to me about it.

Facilitator: Did it change your behaviors?

Macy: Not that I can think of. It just affects me more when I hear about it now. As opposed to, 'Oh yeah. Rape. That happens.' You know, kind of forget about it. Now there's something for me to tie it to.

Facilitator: Makes it more personal? Do you get upset when you hear people say stuff about the victim?

Macy: Yeah. You don't understand, a lot of time people say they put themselves in that situation, so it is what it is. But that's not true at all.

(c) Rape is embarrassing for women and more negative outcomes are caused by reporting rape than by dealing with it alone:

- Kat: I feel like society makes us feel embarrassed if something like that happens.

Kenda: Like it's our fault.

Kat: Yeah. And it's something you should just keep private.

- Kenda: And some people may think it makes them look weak. Even though that isn't the case.

Kat: Sex is something personal. You talk to your friends about it and stuff, but you aren't going to announce it to the whole campus. It's more personal than anything else. It's not something you're going to want everyone to know, like in the newspaper.

- Lana: Because they're embarrassed. They don't want anything to happen to them. It's probably still happening.

- Nadia: When you get raped, you feel like everything has been taken away. Your pride. Your dignity. All that. But whenever you get robbed nothing physically happened to you, so you don't feel ashamed of yourself.

- Facilitator: Why do you think that is?

Naomi: They're embarrassed.

Facilitator: Why?

Naomi: Because they think it's their fault for getting like that, for putting themselves in that situation, for trusting that person. They don't want to deal with all the drama. The guy that did it, all his friends would gang up on the

girl or just do mean things or say mean things. She could be called slut or whore even though it wasn't her fault.

Nancy: They could think there are more consequences by telling than by not. If they keep it in they're just hurting themselves but, if they report it, other people are going to be affected.

Nadia: Like their families.

Nancy: Or the rapists' family. Or friends of both parties.

Nanette: It just brings a lot of attention to them and causes people to ask questions. I watch SVU and a lot of those criminal shows, and when someone's raped they ask, 'Can you tell us what happened?' and no one wants to relive that. So if you just keep it to yourself, you never have to think about it again, to an extent. But, if everyone knows, they're going to be like, 'I'm so sorry.' Making you relive it all the time.

(d) Participants do not believe other women when they claim they were raped because they are "that kind of girl" or that women lie about experiencing rape:

- Leah: Let's be honest. There's all girls, like everyone knows someone who was like, 'Yeah, I think that someone raped me last night'. You'd be like...

Laura: Just asking for attention.

- Jan: You can lie about it. I feel like a lot of girls say they're raped too, and they're really not.

Jasmine: Definitely.

Jaelyn: All the time.

Jade: Attention seeking.

Jan: Like famous people. They *claim* so many athletes have raped them. I'm not sure if that really has happened. I doubt that many women go into athlete's hotel rooms, and now they're raped all of a sudden. Why does an athlete need to rape someone? I'm not saying that it couldn't happen, but there is just so many cases of that. Why would a famous person do that knowing that it's wrong and they can get in a lot of trouble for that, and you're a famous groupie, and you're claiming you got raped because you didn't get what you want, like money? I know girls who have had sex and regretted it so they say he raped them. That didn't really happen. I don't know. I think that it's very serious, and people take it very lightly sometimes and just claim they were raped because they regretted doing something, or they did something that they didn't necessarily want to do at the time but they still did it and now that's an excuse.

(e) Women are in control of sex, while men are free to have sex:

- Melanie: I think normally the guy is the one to initiate sex. You don't see a girl all coming onto a guy all the time. You expect the guy to come on to the girl. It's her decision whether she wants to let him or not. As a guy, you're going to assume he's always going to want to. It's just, what does she want to do?
- Macy: Plus, if you are expected to have sex, and you oblige, then you're a slut. But if you always say no, then you're a prude.
- Naomi: My dad always says boys are the gas, and girls are the brakes.

- Olga: Also for guys, when their guy friends do find out they're virgins, they're shunned, and it's like, 'Are you serious?'
Ophelia: But when the guy's friends find out a girl is a virgin, she's put on a pedestal and becomes a goal.

RQ4: Which proposed theoretical framework best explains women's reports of attitude, knowledge, and behavior change?

Each of the four previously discussed theories was represented in the focus groups. Social Learning Theory and the Elaboration Likelihood Model (ELM) most often explained women's attitudes, knowledge and behaviors as reported in the focus groups, but the Theory of Reasoned Action and the Health Beliefs Model also were well represented in participants explanations of their attitude, knowledge, and behavioral changes.

Social Learning Theory. Ellis' social learning theory of rape asserts that a prevalence of cultural attitudes encourages men to sexually exploit women and that women accept that exploitation. Social learning theory posits that individuals acquire these cultural attitudes concerning sexual assault and sex roles through everyday conversations and by observing the behavior of others. The following excerpts exemplify participants' adherence to these cultural attitudes:

- Melanie: It's because we live in a male dominated society, and people expect men to want to have sex, it's fine for you to want to. But what did you not do to stop him? Or why did you make out with him and lead him on? You knew he was going to want to go further.

- Megan: [Men] definitely struggle with sexual desire more than women do. Which we'll never be able to wrap our mind around so we'll never really know, but there are plenty of guys I know who are really respectful and aren't chasing tail.
- Macy: I think that as women, a lot of times, we'll have the same thoughts but it's a lot easier for us to leave them as thoughts and not act on it. But for guys it's like, if I think of something now, I have to go do it.

Elaboration Likelihood Model. Many examples of the use of the peripheral route for evaluating arguments emerged in the transcripts. This route relies on less thoughtful, situational cues exemplified here by urban legends, paranoid parents, and mass media:

- Helen: Where I was growing up, there was a big case going on 'cause there was this guy that would hide under cars, and when women would walk up to get in their cars he would cut their Achilles tendon.
Facilitator: This really happened? Where are you from?
Helen: Dallas. You know, you can't do anything, once that happens, and so my mom was always like, 'Don't walk in between cars.' Even though that was such an isolated incident.
- Janet: So my mom sent me the link to that article and the video and all the message in the email said was, 'You're not invincible. Think about this.'
- Janelle: Media portrays it. I'm a huge Law & Order: SVU fan. We've seen like every episode. You very rarely, if ever, I'm trying to think of an episode, where a man was raped by a female.

Participants offered no evidence that they used the central processing route to think about rape. Although Group M began carefully scrutinizing their attitudes during their discussion of gender roles, no group or individual claimed to engaged in research or used logic to change their attitude, behaviors, or knowledge concerning rape.

Theory of Reasoned Action. Examples of the Theory of Reasoned Action also emerged from the transcripts. Participants' intentions to act were influenced by subjective norms and their attitudes, as the Theory of Reasoned Action would predict.

- Macy: It's also what and who you surround yourself with. For me personally, that leads to how you view things and make decisions.

Facilitator: Can you go more into that?

Melanie: If you hang around with a group of girls and all of you go to church every Sunday and you're all virgins, you'll be more likely to do that, than if you're hanging around girls who are like, 'I don't care. I just do whatever with whoever.' That's gonna have a lot to do with your own rules.

Health Beliefs Model. Although the Health Beliefs Model was the least identified during coding of the transcript, participants had the strongest reactions to it.

- Odele: But now, I've noticed a huge difference in how now I feel confident. I didn't know what to do, sure my instincts will kick in. I'm sure some instincts would have kicked in, but I mean, you really do have to be prepared. You really do. You can't always prepare for every situation, but if you have physical moves you can do, or something proactive to help prevent, that helps so much. I think that that's a huge, huge thing, especially for women to understand, is that empowerment feeling. So that they aren't scared. Because

if we walk around scared all the time, well, it's like a dog; they smell fear. They know that and men will catch on if we act like we're scared; they're going to catch on. Act empowered and that we have confidence and I think, over time, they'll back off.

- Facilitator: Did you all do the No Woman Left Behind class?

Olga: I know a lot about it. I worked with one of the ladies who does that; now she's at the homeless shelter. She established [No Woman Left Behind], and I helped with a couple of the sessions. The program at Pomfret [campus dormitory] last year worked really closely with No Woman Left Behind, and some of the feedback was just, that some of the girls gave. My friend was one of the people who came up with the program, and a girl came up to her in the cafeteria and said that her session saved her life. Just because she became aware. She was at a party and something almost happened but it didn't.

Facilitator: How did they really present the information?

Olga: It's mainly about awareness and how to protect yourself in situations. It's a lot of bystander intervention, obviously, with the No Woman Left Behind.

Curriculum Components

Finally, the transcripts were coded for discussion of the previously researched curriculum components identified in Chapter 2. Participants reported being educated on approximately half of the common curriculum components identified in Chapter 2 as being typically found in intervention programs. Specifically, participants reported being educated by interventions programs using the following curriculum components:

- acquaintance and date rape information
- statistics
- rape information
- preventative skills/reducing risk/protective behaviors
- communication skills
- survivors' experiences
- information concerning how to assist survivors

Participants did not recall receiving education using the following curriculum components:

- the definitions of rape and sexual assault
- rape myths
- the role of alcohol in sexual assault
- gender role socialization
- societal attitudes toward rape
- the characteristics of rapists
- resources for additional information

¹ Extensive research was done in an attempt to validate participants' stories concerning a man hiding under cars and cutting women's Achilles tendons. Search terms included: Achilles tendon, ankle slash, car, and parking lot. Snopes.com, LexisNexis, Google, multiple newspaper editorials, and *Tales, Rumors, and Gossip* (de Vos, 1996, p. 110) confirm it is an urban legend. Snopes.com defines urban legends as something that is widely circulated, told and retold with differing details, and is said to be true.

Chapter 5: Discussion

The purpose of the present study was to discover what types of evidence changed women's thinking regarding rape and sexual assault. This study was novel in that it asked women what evidence actually changed their thinking rather than which evidence they believed would change their minds if they were presented with it, as recommended by the Theory of Planned Behavior (Ajzen, 1991). Focusing on which forms of evidence actually changed women's behavior, knowledge, and attitude allowed for several unexpected themes to emerge. The analysis revealed multiple themes relevant to the research questions regarding women's behaviors, knowledge, and attitudes concerning sexual assault, while also identifying theoretical bases that explained the women's reports and responses.

Summary of Results

Related to RQ1, focus groups identified several forms of evidence that altered their behavior including parents' advice, friends' behavior, and television shows. The most frequently mentioned source of convincing evidence was parental involvement. Several themes emerged related to parental influence and RQ1:

- When parents or close family members had a personal experience, participants were taught safety measures from a young age.
- Participants' parents taught them to never be alone.
- Participants' parents taught them myths of protection and prevention (e.g., not parking next to vans).
- Participants do not carry Mace or Tasers because the inconvenience and possible danger of the tools themselves outweigh the benefits.

- Participants have intervened on their friends' behalf.

Related to RQ2, participants discussed their knowledge of rape and sexual assault. They reported little or no recognition of a change in their understanding of rape from a young age to their knowledge today. They stated that they had “always known” about rape and sexual assault and could not recall being taught about it. Five themes related to RQ2 emerged:

- A publicized rape event in participants' hometowns led to early education about sexual assault.
- Participants' knowledge about rape was often acquired through their acquaintance with someone who had been raped or assaulted, by participants themselves being assaulted, and/or participants discovering they were a product of a rape.
- Participants believed the urban legend of a man hiding under cars and cutting women's Achilles tendons.
- Participants reported a lack of formal sexual education.
- Participants wanted someone to talk to who could give them accurate answers and information about sex and sexual assault.

Related to RQ3, participants acknowledged that their attitudes concerning rape and sexual assault had changed over time but were unable to articulate specific previous attitudes. Five themes concerning beliefs about sexual assault emerged:

- Participants believe that assaults are inevitable.
- The first incident of rape or sexual assault participants heard about influenced how they responded to later instances of rape.

- Participants do not believe other women who claim they were raped because they are “that kind of girl” or liars.
- Rape is embarrassing for women and thus it causes more negative outcomes to report the rape than to deal with it alone.
- Women must control and limit their sexual encounters, while men are free to have sex with whomever, whenever they want.

Each of the earlier reviewed theoretical perspectives was useful in explaining participants’ reports. Participants clearly believed in cultural attitudes that allow for the exploitation of women and had not used any thoughtful evaluation techniques to examine why they believe as they do. Participants claimed to be strongly influenced by those around them. Participants also reported that intervention programs that taught them self-defense strategies and boosted their self-confidence had the strongest effect on them.

Although only 9 of the 40 participants reported that they had participated in a sexual assault prevention program, participants described those interventions as using half of the common curriculum components. The curriculum components participants reported being educated on during the intervention programs they attended were acquaintance and date rape information, statistics, rape information, preventative skills/reducing risk/protective behaviors, communication skills, survivors’ experiences, and information concerning how to assist survivors. Participants did not recall being informed on the definitions of rape and sexual assault, rape myths, the role of alcohol in sexual assault, gender role socialization, societal attitudes toward rape, the characteristics of rapists, or being introduced to resources for additional information.

Interpretation of Findings

This section examines the forms of evidence upon which participants relied and those that they reported as influential in forming their attitudes, shaping their behaviors, and increasing their knowledge. Implications of these findings for the creation of future interventions also are discussed.

RQ1: What do participants report as altering their behaviors concerning rape? The goal of this study was to offer evidence-based recommendations to intervention program creators that could help to lower the victimization rates of women. This study did not directly question women about their sexual behaviors and levels of victimization, as is common when determining the effectiveness of an intervention program. Instead, this study asked about common strategies and tools women used as preventative measures as well as how and why such measures were adopted. This information was sought to determine which forms of evidence persuaded women to employ protective measures.

This study found that participants largely believed what their parents told them and followed parental advice concerning safety. The most commonly cited source of information in the transcripts was mothers, followed closely by fathers. Parental recommendations commonly concerned dark, frightening locations such as parking lots and alleys as well as solitary nighttime walks. Parental advice was taken even more seriously when parents related their discourse to the negative experiences of the parents or other close family members. These experiences typically involved situations where a family member was threatened with violence, kidnapped, or chased through a parking garage.

Petty and Cacioppo's Elaboration Likelihood Model (1986) posited that communicators process arguments through two levels of cognition: the central and peripheral. Based on participants willingness to accept their parents' recommendations and the greater effect those recommendations had when based on fear and close family members' experiences, participants appeared to employ the less thoughtful peripheral route to evaluate their parents' recommendations. Although the recommendations given to these young women came from trusted sources, those sources were themselves not necessarily educated.

Based on these data, to lower levels of sexual assault against college women, it may be most important to begin by providing parents information about proper safety precautions and preventative strategies that their daughters could employ as a part of an intervention program for youths. Parents can feel ill equipped to speak with their children about sex and other risk-taking behaviors and may welcome guidance (Henry J. Kaiser Foundation, 2002). Given more information and possibly using a role-playing and confidence building style intervention, like that which young women report as increasing their knowledge, parents could be taught recommendations for their daughters that are based on fact versus fear.

RQ2: What do participants report as altering their knowledge about rape? A major goal of intervention programs is to raise women's awareness and educational level about sexual assault, a serious issue that affects them on a personal and societal level. However, the focus group transcripts revealed little difference between the knowledge of those participants who had completed an intervention program and those who had not.

The most striking element of knowledge that emerged in the focus groups was the relatively large number of participants who knew someone who had been raped or assaulted. Of the 40 women in the groups, 18 (45%) knew someone who had been raped or assaulted. Only three of those events occurred after the participants had entered college.

Participants did not know the topic of the focus group beforehand, so women with previous experience with rape did not self-select into the sessions. In previous research, 20 to 25 percent of college women report experiencing attempted or completed rape (Fisher, et al., 2000) and women in college are the most vulnerable population to attack (Tjaden & Thoennes, 2006). Although participants are members of the most at-risk population, only 9 of the 40 had participated in an intervention program. Considering that nearly half of the participants knew someone who had been assaulted and that the participants themselves are in the most at-risk population of women in the country, the idea that less than a quarter of participants had received education about sexual assault is concerning.

Participants reported an awareness of sexual assault from a very young age (in one case, a participant's babysitter was raped), yet very few have been given any sexual assault centered educational material. Participants lamented their lack of even a health education class that mentioned sex and began asking the group and the facilitator for answers to questions that had always troubled them. These women sought answers and wanted a socially appropriate venue in which to ask questions before attending college. Based on these findings, intervention programs could focus on raising participants' knowledge about sexual assault prevention strategies in pre-collegiate health education programs.

RQ3: What do participants report as altering their attitudes toward rape? Because attitudes can be contributing factors to both behaviors and knowledge, it is important to understand participants' views on sexual assault and rape. This study asked participants to think about their beliefs about gender roles, sex roles, as well as rape and sexual assault. Participants were very comfortable discussing gender roles and were expansive on the topic. However, they did not draw connections between their attitudes toward gender roles and the way they viewed sex roles and rape.

Although participants believed that “we have come a long way” concerning women’s rights, they held traditional attitudes about gender relations. Hostile and benevolent sexism can operate as an “interlocking set of beliefs that reflect a system of rewards (benevolent sexism) and punishment (hostile sexism) that give women strong incentive to accept, rather than to challenge, power differences between the sexes” (Glick & Fiske 2001, p.117). None of the participants had been in an intervention program that had focused on gender role socialization. Gender role inequality can be considered part of the rape supportive culture that facilitates the continuance of rape (Ellis, 1989; Lebowitz & Roth, 1994). The acceptance of this gender-based power difference may have contributed to four out of the five themes related to women’s attitudes found in this study: participants acceptance that assaults are an inevitable part of a woman’s life; that women lie about rape; that rape is an embarrassment for women; and that women are meant to be the protectors of sex. Each of these themes reflects the idea that men are expected to be sexually aggressive and that women should be the passive sexual partners. These themes appear indicative of the social learning theory of rape.

The social learning theory of rape posits that (a) social and cultural learning are responsible for rape; (b) a prevalence of cultural attitudes that encourage men to sexually exploit women; and (c) women's acceptance of that exploitation contributes to a rape supportive culture (Ellis, 1989). Participants in this study reported that they expected men to be the dominant partner in initiating romantic relationships, setting up dates, and paying for dates. Many participants clearly stated that they believed that male dominance in dating had nothing to do with sex and rape supportive attitudes. In sum, the transcripts revealed no evidence that participants linked male dominance in the dating sphere to male dominance in the sexual sphere.

Rape is the most consistently underreported, underprosecuted crime; 98% of rape victims never see their attacker caught, tried, and imprisoned (Tjaden & Thoennes, 2006). It could be argued that not educating women about gender stereotypes contributes to the maintenance of a rape supportive culture. Future intervention programs might encourage women to think critically about the connections between the gender norms to which they subscribe which keep women in submissive roles and how those gendered identities affect the entirety of their lives.

RQ4: Which proposed theoretical framework best explains women's reports of attitude, knowledge, and behavior change? This study demonstrated that each of the theories previously used to evaluate the effectiveness of sexual assault intervention programs were applicable to the evaluation of women's self-reported reasons for change. These theories included social learning theory, the Elaboration Likelihood Model, the Theory of Reasoned Action, and the Health Belief Model. Perhaps these four theories

operate together to impact behavior, attitudes, and knowledge surrounding rape and women's methods of protection and prevention.

Social Learning Theory. Social learning theory explained participants' articulated attitudes concerning the shame and fear of revictimization they would experience if they reported sexual assault. The negative effects associated with an action (i.e., shame, revictimization) taught participants to view sexual assault, and the effect of reporting sexual assault, in a particularly negative way (Bandura, 1977).

Elaboration Likelihood Model. As discussed above, participants did not apply critical thinking skills to their behavior, knowledge, and attitudes concerning sexual assault. Although their critical thinking about sexual assault may change with higher levels of general education and sexual assault information specifically (Petty & Cacioppo, 1986), participants at the time of the focus group had not considered why they acted and thought in the ways that they did.

Theory of Reasoned Action. The Theory of Reasoned Action (Fishbein & Ajzen, 1975, 1980) and its extension, the Theory of Planned Behavior (Ajzen, 1991), were formative theories for the purpose and planning of this study. These theories prompted questions about past changes in women's views of sexual assault and those questions led to a better understanding of what works to change women's behaviors, knowledge, and attitudes. Participants spoke willingly about which forms of evidence they could remember changing their mind in the past and were able to speak expansively in some cases about why those forms of evidence were effective. Specifically, participants responded strongly to evidence that was made personal to them (e.g., when parents could relate their experiences to their daughters).

Health Belief Model. This model suggests creating scripts for women to follow when they are in threatening situations, teaching them that they are strong and capable, and teaching them physical maneuvers to protect themselves (Gidycz, et al., 2001). The No Woman Left Behind program follows the recommendations of the Health Belief Model. Participants who had taken the program reported feeling much more capable, less afraid, and more educated than those who had not. The participants who had participated in the No Woman Left Behind program were converts of the Health Belief Model.

Recommendations to Program Designers

Based upon the results of the study and following this review of themes and theories, suggestions can be made to program designers for future program creation based. Before the participants came to college, they have heard rumors about sexual assault, known people who were attacked, and have been assaulted themselves. This finding suggests that it is important to educate women before they enter the college environment. Pre-collegiate programs could include scriptural elements for participants to practice that will teach them confidence and what to do in threatening situations. These programs also may find beneficial results by simply educating students on gender inequality if they are unable to talk about sex or sexual assault.

According to the participants, parents discussed methods of protection against sexual assault with their female children. The participants viewed their parents as trusted sources of information on this topic. Participants received education from their parents in single-sided, didactic style sessions. Parents focus on telling their daughters to walk in the light in pairs and to carry Tasers; such advice does did not facilitate in-depth conversation on the topic. Intervention programs could benefit from giving parents

education on rape and sexual assault that they could pass on to their daughters before they enter the higher risk, college environment (O'Donnell, Wilson-Simmons, Dash, Jeanbaptiste, Myint-U, Moss, & Stueve, 2007). It is possible that by including parents and parent-teacher organizations in the educational process, intervention programs may find it easier to gain access to classrooms and students to educate younger women.

Participants reported feeling safer following participation in programs designed to increase their self-confidence and that teach them physical scripts to follow in dangerous situations. These findings would suggest that future intervention programs for college women should include role-playing situations while increasing their education level and increasing their personal confidence in their ability to protect themselves.

During the focus group sessions conducted for this study, participants claimed that their knowledge and attitudes were being changed by the focus group conversations. Future intervention programs may consider offering information on an "as needed" basis to individual groups. Although each intervention program may have the same core elements, there could be variation by the element of the education each audience is discussing. Sessions in which participants seek knowledge from the facilitator may focus on dispelling myths about rape; while groups who are afraid to walk alone at night may focus on protection.

These alterations within interventions also could benefit by being built on theory. Sessions whose discussions seem to reveal cultural and societal attitudes that are supportive of rape (i.e., men are meant to sexually aggressive, women are meant to be sexually passive) could form their arguments using social learning theory. When groups clearly have never used logical thinking skills to evaluate their responses to fear of

victimization, it may be important to determine how they adopted their present attitudes. Previous studies conducted using the ELM have found that men and women form their attitudes using different routes (Heppner, et al., 1999) and it will be important for future interventions to determine which route is most effective with their particular audience before attempting to change the audiences' minds. Some participants in interventions may be more focused on the actual physical maneuvers they can perform to keep themselves safe. If this is the case, it will be imperative that facilitators who are well versed in the Health Belief Model help participants construct scripts for themselves that build their confidence and teach them to see sexual assault as a situation they can actively rebuff through maneuvers taught in the intervention.

Limitations and Suggestions for Future Research

This study is not without its limitations. The majority of participants were Caucasian. Limited ethnic diversity may have reduced the possible variety of participant responses. Future studies could replicate this research using more ethnically diverse focus groups to determine whether the emergent themes relate only to Caucasian women or if they extend across ethnic boundaries.

This study focused solely on 18 to 22 year old women. This line of research could benefit from longitudinal examinations of participants' behaviors, knowledge, and attitudes to determine the effects of higher levels of education and age on women's responses to rape and sexual assault. Future research could examine female students in high school and middle school, as many of the participants in this study were exposed to the effects of sexual assault from a very young age and began forming their beliefs at that time.

Because of the sensitive nature of the subject, participants' self-reported data may have been skewed by a social desirability bias. Participants may have altered their responses to fit what they believed the researcher and the other focus group participants, the participants' peers, wanted them to say. Although this is a risk with any form of self-report research, it may be mitigated in future research by using multiple forms of data acquisition (i.e., questionnaires, surveys).

Conclusions

Macy: This is going to sound so lame but, because we are so emotionally driven, talking about it [changes us]. I feel like this, just talking about it for an hour, I'm going to come back to this conversation later on when I think of rape.

Despite the limitations listed above, this study contributes to our understanding of how women learn about rape and sexual assault. This was the first study to ask all-female focus groups to discuss which forms of evidence changed their behaviors, knowledge, and attitudes concerning sexual assault rather than focusing on which interventions were successful and why participants thought they may or may not have been successful. This is the first communicative study to ask women which forms of evidence actually contribute to their understanding of sexual assault. The findings from this study will contribute to intervention program creation in the field of Health Communication while also lending support to theories across the discipline.

This study revealed new and interesting findings. It exposed the need for a greater depth of sexual education for women, assault prevention interventions, and a desire from women to be involved in the educational process. The participants in this study had never been asked about an important issue that affects where they go and how they act on a

daily basis. Participants never had been given the opportunity to discuss how that fear impacted them or to ask questions about sexual assault from people with information on the subject. The information participants had received was generally from sources without expert knowledge on sexual assault and only served to increase fear and limit women's mobility.

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Appendix A

(Demographics Questionnaire, Confidentiality Sheet, Extra Credit Form)

Demographics questionnaire

1. Date of Birth: ___/___/___
mm/ dd/ yyyy
2. Class Rank: ___ Freshman ___ Junior ___ Graduate
 ___ Sophomore ___ Senior ___ Other
3. Sexual Orientation: ___ Bisexual ___ Lesbian
 ___ Heterosexual ___ Transsexual
4. Ethnicity: ___ African American ___ Caucasian ___ Native American
 ___ Asian American/Pacific Islander ___ Arab American
 ___ Hispanic ___ Mixed ___ Other
5. Are you a U.S. citizen? _____ Yes _____ No
6. In what circumstances do you currently live?
 ___ Apartment ___ Dormitory ___ Greek housing
 ___ Home (with family) ___ House (shared) ___ House (sole resident)
7. Have you participated in a sexual assault prevention program? ___ Yes ___ No

 If yes, can you describe in a few sentences how the intervention was
 implemented?

9. Marital status:

 _____ single, never married

_____ in committed relationship, not living with partner

_____ not married, but living with romantic partner

_____ married, living with spouse

_____ married, but living separately

_____ divorced

_____ widowed

_____ other. Please describe: _____

Interviewer Confidentiality Agreement

To be signed in the presence of the participants:

I will maintain confidentiality of participants' names, personal information, and/or answers to the extent allowed by law and University policy. Participants' identities in combination with their individual responses will never be offered when analyzing and describing the data for this study. A code in the form of a pseudonym will be assigned to all participants. Once all focus groups are complete, the codes matching actual names with pseudonyms will be destroyed.

Abigail L. Moser

Participant Confidentiality Sheet

INVESTIGATOR: Abigail Moser, Department of Communication, University of Arkansas, Fayetteville, AR, 72701, Phone: (479) 575-3046 Email: xxxxxxxx@uark.edu

TITLE: Content of Sexual Assault Prevention Programs: What Evidence Could Change College Women's Minds?

DESCRIPTION: This study is designed to investigate which types of evidence form women's knowledge, attitudes, and behaviors concerning rape. This study also will be examining previous victimization and the methods women use to prevent victimization. You will be part of a focus group and will be encouraged to contribute to the conversation. If you agree to participate in this study you will be asked to provide demographic information about yourself. You will also be asked questions concerning your knowledge about and attitudes toward sexual assault. Conversations may include descriptions of sexual assault scenarios and other women's behaviors surrounding the issue of sexual assault.

PROCEDURE AND CONFIDENTIALITY: Participants will engage in focus group discussions facilitated by the principle investigator that will be videotaped. Each of the focus groups will take about one hour to complete. During the focus groups you will be asked about your attitudes, knowledge and behavior towards sexual assault and how each of these were developed. All information obtained from the focus groups, including demographic information, will be aggregated with the information gathered from all participants and held confidential to the fullest extent of the law and University policies. Information providing the actual identity of any participant will not be revealed. Participants' names, personal information, and/or answers will be kept confidential to the extent allowed by law and University policy, and will never be offered when analyzing and describing the data for this study. A code in the form of a pseudonym will be assigned to all participants. Once all focus groups are complete and the data transcribed, the videotapes and codes matching actual names with pseudonyms will be destroyed. If you have any questions, feel free to contact me, Abigail Moser, through email at xxxxxxxx@uark or by phone at 479-575-3046. You also may contact the University of Arkansas' Research Compliance Officer Ro Windwalker if you have any questions about your rights as a research participant at 479-575-3845.

RISKS OF PARTICIPATION: Individuals may find some of the questions or topics under discussion difficult to hear or talk about because of past experiences. If you feel distressed by a question please know that engagement with any conversational topic is optional. You also have the option to leave if the program becomes too distressing. If you have any questions or feel upset by the program or have questions during or after the completion of the program, please feel free to discuss the issue with Abigail Moser, (University of Arkansas, 575-3046, xxxxxxxx@uark.edu) or contact the Counseling and Psychological Services (CAPS) (Pat Walker Health Center, 575-5276).

BENEFITS: One benefit participants may receive from participation in this study is an increased awareness of issues surrounding sexual assault. Participants also may gain a sense of community from hearing others' stories. They may also learn new strategies for dealing with sexual assault from others in their groups.

RIGHT TO WITHDRAW: Because this is a voluntary study, participants are allowed to terminate their participation without penalty at any time before the end of the study when the identifying code is destroyed.

INFORMED CONSENT: I have read the description, including the nature and purposes of the focus groups, the procedures to be used, the potential risks and benefits, as well as the option to withdraw from the focus groups at any time. The facilitator has explained each of these items to me. The facilitator has answered all of my questions regarding the focus group discussions, and I believe I understand what is involved. My signature below indicates that I freely agree to participate in the focus groups.

Signature of Participant

Date

Extra Credit Form

Professor's Name _____

University ID# _____

Appendix B
(Original Focus Group Protocol and Questions)

Original Protocol for Female Focus Groups

Opening Statement:

Hi – how is everyone doing? Are we ready to get started? My name is Abi Moser and I am an MA student in the Communication Department here at the University of Arkansas. I want to thank you in advance for coming to this group and for any contributions you are able to make. Today we are going to be talking about sexual assault—specifically, how women form their ideas about, and responses to, sexual assault. I want you to feel free to say anything you want without fear of being judged. Our conversation will be used in communication research to help create effective intervention programs for college women. This environment is safe for any answers, stories, observations, agreements, or disagreements that you may want to share. Your openness and honesty are valued and very much appreciated. Your remarks will remain confidential and your name will never be identified with anything you say here. Your responses will be grouped for analyzation and our conversation will be transcribed using pseudonyms.

Prompt:

To give you an idea of the type of conversation I'm hoping we will have today, I want to recount for you the first time I really began to analyze my understanding of rape and sexual assault.

When I was younger, I was warned about “Stranger Danger”. My friends and I were always told to never accept rides or candy from people we didn't know and to yell for help if they tried to grab us. When I got older, and watched more crime shows on TV, I found out that it was statistically more likely for me to be grabbed up by someone my family knew than by a complete stranger. When I was 20 I had the same realization about rape and sexual assault. I had been told my whole life that rape was something to be feared in dark alleys and you should fear the stranger walking alone. When a Women's Studies professor told me that most rapes happened in the home and the assailants were people the victims knew my understanding of sexual assault completely changed. So - let's return to our original questions. Can you think of an instance where your understanding of rape changed? When you made a choice to think or behave differently because of something you had heard about sexual assault?

(Don't talk for about 15 seconds and let Ps think of an instance)

Who would like to begin the discussion?

If there is no response I will share a personal example of how difficult it can be to talk about this topic. “I know how hard this subject can be to talk about. My mother only recently told me about the first time someone really changed her beliefs about rape. I'd been studying this issue for four years before she felt comfortable enough and compelled enough to talk to me about her beliefs and understandings about rape and when they changed for her. She learned more in one conversation with the brother of a rape survivor than she had in the previous 20 years of her life. I know how hard it can be to talk about this but you will be helping future researchers and teachers better reach women.

Remember, even though I am recording our conversation everything you say is confidential.” If no one speaks, I will wait an additional 15 seconds and then ask the prompt questions again.

If a participant begins with a personal story, when she is finished, if no other conversation continues, I will begin employing the questions below. These questions will be used when needed and are intended only to guide the interaction, not as a strict question/answer format.

Focus Group Questions

Behavior/Victimization Based Questions

1. Do you try to walk in pairs or groups when you go out at night?
2. Do you act differently than you did in high school to keep yourself safe?
3. In what ways have you changed your behavior to protect yourself from assault?
 - a. Do you carry Mace/rape whistles?
 - b. What led to this change?
 - c. Do you feel safer?
4. Rape statistics lead us to believe that most college students are going to know someone who has been sexually assaulted because 1 in 4 to 1 in 5 women experience some form of sexual assault during their college years. Has learning statistics like this changed your behavior in any way?
5. What precautions do women you know take before leaving the bar/house/dorm to prevent assault? What precautions do you take?
6. Have you ever seen someone who was mentally incapacitated (drunk or high) being taken advantage of sexually? Can you tell me about that experience?

Follow-Up Questions

When the given response by participants to a particular prompt does not sufficiently elucidate the origin of behavioral changes, the following questions will be asked as appropriate:

- Has this behavior changed over time?
- In what ways has your behavior changed?
- How did that statistic change your behavior?
- Have you always behaved this way?
- Can you recall what changed your behavior?
- Did a partner or friend show you how to do this?

Knowledge Based Questions

1. Who here has taken part in a sexual assault prevention program?
 - a. Did the program teach you anything new?
 - b. What new knowledge did you gain from that program?
 - c. What kind of information did the program present to you?
 - d. Did the program present information that was applicable to you personally?
 - e. Based on your personal experience are the statistics and information presented in these programs accurate?
 - f. What about the program had the most influence on what you know?
2. Are rape and sexual assault problems that affect you?
3. What do you know about rape?
4. In your opinion, what is rape?
5. Is rape possible? Why or why not?
6. Who is raped?
7. To what extent do you think rape is a problem at the University of Arkansas?
8. In what ways are robberies and rapes different? How so?

Follow-Up Questions

When the given response by participants to a particular prompt does not sufficiently elucidate the origin of changes in knowledge, the following questions will be asked as appropriate:

- Has this knowledge changed over time?
- How did you come by that fact?
- How did that statistic change your knowledge?
- Have you always known this?
- Can you recall what changed your knowledge?
- Did a partner or friend teach you this?
- Do you recall seeing an action or behavior that taught you this?

Attitude Based Questions

1. Would you have any reservations about calling someone you're interested in to ask them out?
2. When you're dating someone do they generally take control of dates?

- a. By driving the car?
 - b. Insisting on paying for meals/entertainment?
 - c. Choosing the activity/setting the date?
3. What do you think about using alcohol to let sex happen or to help make sex happen?
 - a. Do you feel it is generally acceptable to drink before sex?
 - b. Is it ok for you, specifically, to drink alcohol before sex?
4. Are sex roles strongly defined for you?
 - a. Who starts sex?
 - b. Who stops sex?
5. Do you believe that rape is possible? Why or why not?
6. In your opinion, when a woman is raped, who is responsible?
7. Who here has taken part in a sexual assault prevention program?
 - a. Did it change the way you feel about sexual assault?
 - b. What most influenced your attitude change?

Follow-Up Questions

When the given response by participants to a particular prompt does not sufficiently elucidate the origin of attitudinal changes, the following questions will be asked as appropriate:

- Has this belief changed over time?
- How did you come by that understanding?
- How did that statistic change your attitude?
- Have you always thought this way?
- Can you recall what changed your opinion?
- Did a partner or friend say something to you that made you feel this way?
- Do you recall seeing an action or behavior that made you feel this way?

Summary Questions

1. Has any aspect of your thinking about rape changed over time?
2. How has your thinking toward rape changed over time?
3. Have you noticed others change their beliefs over time?
4. How did their beliefs change?
5. Can you explain what changed them?

Closing Statement:

Is there anything else that we may have missed that you feel really should be included in this research? Thank you all for coming today and contributing your time and stories. Remember, if you have any questions or feel upset by what we've talked about, please feel free to call or email me, (575-3046, xxxxxxxx@uark.edu) or contact the Counseling and Psychological Services (CAPS) (Pat Walker Health Center, 575-5276). Thank you all again for your help and have a great day.

Appendix C

(Institutional Review Board Approval, Protocol Revisions, and Modification Approval)

Institutional Review Board Approval

October 14, 2011

MEMORANDUM

TO: Abigail Moser
Lynne Webb

FROM: Ro Windwalker
IRB Coordinator

RE: New Protocol Approval

IRB Protocol #: 11-10-148

Protocol Title: *Content of Sexual Assault Prevention Programs:
What Evidence Could Change College Women's
Minds?*

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date: 10/14/2011 Expiration Date:
10/13/2012

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (<http://vpred.uark.edu/210.php>). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 50 participants. If you wish to make *any* modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 210 Administration Building, 5-2208, or irb@uark.edu.

Protocol Revisions

December 7, 2011

MEMORANDUM

TO: Ro Windwalker
IRB Coordinator

FROM: Abigail Moser
Lynne Webb

RE: Protocol Revisions

IRB Protocol #: 11-10-148

Protocol Title: *Content of Sexual Assault Prevention Programs:
What Evidence Could Change College Women's
Minds?*

I now have completed pre-testing on my focus group protocol. I am writing to inform you of the minor wording changes that I have made to the above referenced protocol. I will collect no more data without approval from the IRB office regarding these changes.

I have included two attachments with this memo that detail the minor changes I made to the interview protocol. The first of these is a document that uses track changes to show specifically how the interview protocol has changed from the original protocol to the revised protocol (Attachment A). The second document is a numbered list detailing each change made to the interview protocol (Attachment B).

Please let me know if I can provide any additional information that may prove helpful in your evaluation. I look forward to receiving your feedback.

Regards,

Abigail Moser

MA Student in Communication

Attachments

Attachment A: Track Changes

Opening Statement:

Hi – how is everyone doing? Are we ready to get started? My name is Abi Moser and I am an MA student in the Communication Department here at the University of Arkansas. I want to thank you in advance for coming to this group and for any contributions you are able to make. Today we are going to be talking about sexual assault—specifically, how women form their ideas about, and responses to, sexual assault. I want you to feel free to say anything you want without fear of being judged. Our conversation will be used in communication research to help create effective intervention programs for college women. This environment is safe for any answers, stories, observations, agreements, or disagreements that you may want to share. Your openness and honesty are valued and very much appreciated. Your remarks will remain confidential and your name will never be identified with anything you say here. Your responses will be grouped for analyzation and our conversation will be transcribed using pseudonyms.

Prompt:

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(Don't talk for about 15 seconds and let Ps think of an instance)

Who would like to begin the discussion?

If there is no response I will share a personal example of how difficult it can be to talk about this topic. “I know how hard this subject can be to talk about. My mother only recently told me about the first time someone really changed her beliefs about rape. I'd been studying this issue for four years before she felt comfortable enough and compelled enough to talk to me about her beliefs and understandings about rape and when they changed for her. She learned more in one conversation with the brother of a rape survivor than she had in the previous 20 years of her life. I know how hard it can be to talk about this but you will be helping future researchers and teachers better reach women. Remember, even though I am recording our conversation everything you say is confidential.” If no one speaks, I will wait an additional 15 seconds and then ask the prompt questions again.

If a participant begins with a personal story, when she is finished, if no other conversation continues, I will begin employing the questions below. These questions will be used when needed and are intended only to guide the interaction, not as a strict question/answer format.

Focus Group Questions

Behavior/Victimization Based Questions

1. Do you try to walk in pairs or groups when you go out at night?
2. Do you act differently than you did in high school to keep yourself safe?
3. In what ways have you changed your behavior to protect yourself from assault?
 - a. Do you carry Mace/rape whistles/your keys between your fingers? (1)
 - b. Do you talk on the phone? (2)
 - c. What led to this change?
 - d. Did parents or friends teach you to do this? (3)
 - e. Do you feel safer?
 - f. Do you know where the emergency call boxes are on campus? (4)
4. Rape statistics lead us to believe that most college students are going to know someone who has been sexually assaulted because 1 in 4 to 1 in 5 women experience some form of sexual assault during their college years. Has learning statistics like this changed your behavior in any way?
5. What precautions do women you know take before leaving the bar/house/dorm to prevent assault? What precautions do you take?
6. Have you ever seen someone who was mentally incapacitated (drunk or high) being taken advantage of sexually? Can you tell me about that experience?

Follow-Up Questions

When the given response by participants to a particular prompt does not sufficiently elucidate the origin of behavioral changes, the following questions will be asked as appropriate:

- Has this behavior changed over time?
- In what ways has your behavior changed?
- How did that statistic change your behavior?
- Have you always behaved this way?
- Can you recall what changed your behavior?
- Did a partner or friend show you how to do this?

Knowledge Based Questions

9. Who here has taken part in a sexual assault prevention/health education/self defense/alcohol safety program? (5)
 - a. Did the program teach you anything new?
 - b. What new knowledge did you gain from that program?
 - c. What kind of information did the program present to you?
 - d. Did the program present information that was applicable to you personally?
 - e. Based on your personal experience are the statistics and information presented in these programs accurate?
 - f. What about the program had the most influence on what you know?
10. Are rape and sexual assault problems that affect you?
11. What do you know about rape?
12. In your opinion, what is rape?
13. Is rape possible? Why or why not?
14. Who is raped?
15. To what extent do you think rape is a problem at the University of Arkansas?
16. Do you think rapes are generally reported? (6)
17. In what ways are robberies and rapes different? How so?

Follow-Up Questions

When the given response by participants to a particular prompt does not sufficiently elucidate the origin of changes in knowledge, the following questions will be asked as appropriate:

- Has this knowledge changed over time?
- How did you come by that fact?
- How did that statistic change your knowledge?
- Have you always known this?
- Can you recall what changed your knowledge?
- Did a partner or friend teach you this?
- Do you recall seeing an action or behavior that taught you this?

Attitude Based Questions

8. Would you have any reservations about calling someone you're interested in to ask them out?
9. When you're dating someone do they generally take control of dates?
 - a. By driving the car?
 - b. Insisting on paying for meals/entertainment?
 - c. Choosing the activity/setting the date?
10. What do you think about using alcohol to let sex happen or to help make sex happen?
 - a. Do you feel it is generally acceptable to drink before sex?
 - b. Is it ok for you, specifically, to drink alcohol before sex?
11. Are sex roles strongly defined for you?
 - a. Who starts sex?
 - b. Who stops sex?
12. Do you feel that men and women have double standards they're expected to live up to? (7)
13. Do you believe that rape is possible? Why or why not?
14. In your opinion, when a woman is raped, who is responsible?
15. Does rape show how sexually potent men are? (8)
16. Who here has taken part in a sexual assault prevention program?
 - a. Did it change the way you feel about sexual assault?
 - b. What most influenced your attitude change?

Follow-Up Questions

When the given response by participants to a particular prompt does not sufficiently elucidate the origin of attitudinal changes, the following questions will be asked as appropriate:

- Has this belief changed over time?
- How did you come by that understanding?
- How did that statistic change your attitude?
- Have you always thought this way?
- Can you recall what changed your opinion?
- Did a partner or friend say something to you that made you feel this way?
- Do you recall seeing an action or behavior that made you feel this way?

Summary Questions

6. Has any aspect of your thinking about rape changed over time?
7. How has your thinking toward rape changed over time?
8. Have you noticed others change their beliefs over time?
9. How did their beliefs change?
10. Can you explain what changed them?
11. Do people talk about sexual assault and rape? How do you encourage those conversations? (9)

Closing Statement:

Is there anything else that we may have missed that you feel really should be included in this research? Thank you all for coming today and contributing your time and stories. If you think of anything later or if there was anything you didn't feel comfortable sharing with a group you have my email address from the signup sheet – feel free to use it. (10) Remember, if you have any questions or feel upset by what we've talked about, please feel free to call or email me, (575-3046, xxxxxxx@uark.edu) or contact the Counseling and Psychological Services (CAPS) (Pat Walker Health Center, 575-5276). Thank you all again for your help and have a great day.

Attachment B: Change Justifications

The following changes were made to the interview protocol following the pre-test focus groups:

Behavior and Victimization Based Questions:

(Revisions 1- 4) Additional suggestions were added under question 3, i.e., “Do you talk on the phone? Did your parents teach you to do this?” These questions were added after the pretest showed their relevance to the groups and their likelihood to increase conversation.

Knowledge Based Questions:

(Revision 5) The wording of question 1 was changed to include “health education, self defense, and alcohol safety” programs. This change broadens the spectrum of possible sources of education for participants.

(Revision 6) This revision encourages the discussion of rape myths and the leads to conversations about knowledge and attitudes.

Attitude Based Questions:

(Revision 7) This additional question rounds off a series of questions concerning gender roles and sex roles.

(Revision 8) This question encourages the discussion of rape myths and refers back to previous questions to create a more complete thought process.

(Revision 9) Addresses participants’ need to talk about personal situations and their responses to friends’ confessions while keeping them on topic and encouraging conversation about communication.

Closing Statement:

(Revision 10) Because of the sensitive nature of the topic there may be participants who feel uncomfortable sharing in a group setting. By adding a more casual reminder that they can email or call the moderator after the group has ended to discuss rape and sexual assault or their emotional response to the topic they may feel more comfortable doing so.

Modification Approval

January 5, 2012

MEMORANDUM

TO: Abigail Moser
Lynne Webb

FROM: Ro Windwalker
IRB Coordinator

RE: PROJECT MODIFICATION

IRB Protocol #: 11-10-148

Protocol Title: *Content of Sexual Assault Prevention Programs:
What Evidence Could Change College Women's
Minds?*

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date: 01/04/2012 Expiration Date: 10/13/2012

Your request to modify the referenced protocol has been approved by the IRB. **This protocol is currently approved for 50 total participants.** If you wish to make any further modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

Please note that this approval does not extend the Approved Project Period. Should you wish to extend your project beyond the current expiration date, you must submit a request for continuation using the UAF IRB form "Continuing Review for IRB Approved Projects." The request should be sent to the IRB Coordinator, 210 Administration.

For protocols requiring FULL IRB review, please submit your request at least one month prior to the current expiration date. (High-risk protocols may require even more time for approval.) For protocols requiring an EXPEDITED or EXEMPT review, submit your request at least two weeks prior to the current expiration date. Failure to obtain approval for a continuation *on or prior to* the currently approved expiration date will result in termination of the protocol and you will be required to submit a new protocol to the IRB before continuing the project. Data collected past the protocol expiration date may need to be eliminated from the dataset should you wish to publish. Only data collected under a currently approved protocol can be certified by the IRB for any purpose.

If you have questions or need any assistance from the IRB, please contact me at 210 Administration Building, 5-2208, or irb@uark.edu.