Preventing Campus Sexual Assault: Evaluating Studies of Male Offender Prevention Programs and Determining Best Practices

Cam Tu Tran
Portland State University

Recommended Citation

Tran, Cam Tu, "Preventing Campus Sexual Assault: Evaluating Studies of Male Offender Prevention Programs and Determining Best Practices" (2016). *University Honors Theses.* Paper 229.
https://doi.org/10.15760/honors.227

Preventing Campus Sexual Assault:

Evaluating Studies of Male Offender Prevention Programs and

Determining Best Practices

by

Cam Tu Tran

An undergraduate honors thesis submitted in partial fulfillment of the

requirements for the degree of

Bachelor of Science

in

University Honors

and

Psychology

Thesis Adviser

Eric Mankowski

Portland State University

2016

Abstract

Campus sexual assault is becoming a highly publicized issue, with the U.S. White House recently releasing a report urging universities to improve prevention efforts through systematic evaluations, policies, reporting procedures, and victim support (U.S. White House Task Force, 2014). Although these recent headlines have focused attention on universities' responses to sexual assault, research in prevention program effectiveness has been conducted in university settings for over 30 years. This thesis focuses on past research in primary prevention in facilitated educational trainings for college men. This thesis reviews studies on interventions implemented on college campuses by exploring the most effective practices, and illuminating some of the ongoing challenges in prevention research. The results indicate that some of the most effective practices in sexual assault prevention programs for men include components that educate participants about rape statistics; debunk rape myths and reduce myth acceptance; increase victim empathy through descriptions of the impacts of sexual assault; address the role masculine gender norms and socialization play in sexual assault; and encourage bystander intervention. Some of the challenges in measuring the effectiveness of these programs include the dearth of longitudinal evaluations and demonstrated durability of effects; lack of evaluations of incidence of sexual assault; implementation of only single sessions of the program; lack of accountability for social desirability; and the limited understanding of the causes of sexual assault.

Preventing Campus Sexual Assault:
Evaluating Studies of Male Offender Prevention Programs and
Determining Best Practices

Sexual assault is a pervasive issue on university and college campuses. There has been research conducted in sexual assault and violence prevention for over three decades (Egidio & Robertson, 1981). Recently, The U.S. White House conducted a national investigation of universities' and colleges' violation of Title IX of the Educational Amendments Act of 1972. Title IX "requires gender equity for boys and girls in every educational program that receives federal funding" and cover issues such as access to higher education and sexual harassment (The MARGARET Fund, 2015). Students have also made demands for more transparency in their adjudication processes alongside improved victim services. Preventing sexual assault is now a major concern of students, university administrations, and the general public.

Sexual violence is defined by the Centers for Disease Control and Prevention (2011) as a "sexual act committed against someone without that person's freely given consent" and includes rape, sexual coercion, "being made to penetrate someone," unwanted sexual contact or "non-contact unwanted sexual experiences." Sexual violence is also considered a form of intimate partner violence. According to the National Intimate Partner and Sexual Violence Survey, in 2011, one in five women and one in 71 men reported experiencing rape in their lifetime (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011). Approximately one-fourth of women experienced "attempted or completed sexual assault in their college career" (Centers for Disease Control and Prevention, 2014). The overwhelming majority of female survivors reported a male a perpetrator for all forms of sexual violence (98.1% for rape and 92.5% for other types of sexual violence; Black et al., 2011). Ninety three percent of male survivors of rape also reported a male perpetrator of the assault. Men reported mostly female perpetrators for other forms of

sexual violence, including being made to penetrate (79.2%), sexual coercion (83.6%), and

unwanted sexual contact (53.1%; Black et al., 2011). Nearly one half of men reported female-

only perpetration of non-contact unwanted sexual experiences. Thus, the most prevalent dynamic

of sexual assault is a man perpetrating sexual assault on a woman. Despite the concerning

prevalence of sexual assault, especially on campuses, not every university has a sexual violence

prevention program, and there is still a scarcity of studies that evaluate these programs'

effectiveness.

I was motivated to start this project after enrolling in a mandated online learning module

at Portland State University. The module was designed to educate students on Title IX and the

behaviors that contribute to an unsafe learning environment (and therefore would violate Title

IX), including sexual and intimate partner violence, harassment, and stalking. When taking the

course, I perceived that the experience was rather impersonal and focused on communicating

legal definitions of issues such as consent. I wondered if the module has had any effect – or will

have any effect – on the incidence of sexual assault and dating violence on campus. I also

wondered if the module is successful in addressing the different possible causes of sexual

assault, such as harmful male gender role norms.

I am interested in what practices in prevention programs for men have proven to be

effective in reducing sexual assault on university campuses, specifically focusing on the

components of a successful prevention program. Primarily, I am going to examine studies on

programs within colleges and universities. The purpose of my study is to transform university

prevention systems and researchers' understanding of the best practices for preventing sexual

assault on campuses and for the evaluation of program effectiveness. Primarily, in this thesis I examine some challenges that researchers face in evaluating the programs themselves.

Before delving into the topic of prevention, it is important to define different types of prevention. Primary prevention or intervention defines "approaches that seek to eliminate the root cause of sexual violence and to stop sexual violence from ever occurring" (Oregon Sexual Assault Taskforce & Oregon Department of Human Services, 2006, p. 12). In contrast, secondary prevention or intervention includes "approaches that are designed to decrease risks for those identified as most likely to become victims of offenders of sexual violence" (p. 12). Tertiary prevention or intervention includes "efforts to reduce repeat victimization or perpetration and focus on the impact of violence on victims and the accountability of offenders after sexual violence has occurred" (p. 12). All three levels of prevention are essential to creating and sustaining prevention of sexual assault. However, primary prevention programming restricts the need for prevention to focus on individual survivors and perpetrators by intervening before survivors and perpetrators are created.

Prevention programs for men are skill-based "single-sex sexual assault prevention programming for college men" intended to reduce perpetration (Orchowski, Gidycz and Murphy, 2010, p. 419). Risk-reduction programs for women are skill-based programs that aim to reduce women's risk of sexual assault. These prevention programs can be forms of primary or secondary prevention, depending on the specificity of the population of participants. Bystander intervention is a form of program or approach that "aim[s] to empower individuals to intervene when they witness potentially threatening dating situations" (p. 418).

There are several underlying theoretical frameworks for these programs. Two examples of frameworks that are utilized frequently are the belief system theory and the Elaboration Likelihood Model (ELM). The belief system theory proposes that "to produce lasting attitude and behavior change" (Grube, Mayton & Ball-Rokeach, 1994, quoted in Foubert & Perry, 2007, p. 70-71), an intervention must "be designed to maintain people's existing self-conceptions." The Elaboration Likelihood Model (ELM) proposes that a receiver's motivation to hear a message; their level of understanding; and the personal relevance of the message are important to effective attitude and behavior change (Petty & Cacioppo, 1986, quoted in Foubert & Perry, 2007). The type of thinking that occurs, central route processing, or when the receiver actively processes the message, allows for long-lasting attitude and behavior change.

Within the realm of campus sexual assault prevention, the first influential study on a prevention program targeted toward men came from Egidio and Robertson's (1981) examination of a campus program called "Rape Awareness for Men" at Marshall University. The program sought to increase awareness of sexual violence, decrease acceptance of myths and misconceptions of rape, and "stimulate values clarification" in student participants from a university fraternity (p. 455). The program curriculum included a presentation and discussion on facts and statistics regarding rape; film presentations followed by discussions intended to foster empathy with victims; personalization of the issue (e.g., "If the woman were your girlfriend or sister, what could you do to give support after the incident?"); components designed to teach an understanding of the "sociology of rape" (such as the social and interpersonal causes of rape); and understanding of how the participants can actively prevent rape through bystander intervention and become involved in women's causes (p. 456). The participants answered

questionnaires meant to gauge their understanding of rape before and after the course. The study

claimed that the results indicated that there was a significant improvement in attitudes toward

rape and women after the course. The course has received positive attention.

Some of the shortcomings in the evaluation of the "Rape Awareness for Men" program

include the fact that the measures and results evaluating the quality of the program were not

included, and therefore the validity or efficacy of the program cannot be evaluated. Schewe and

O'Donohue (1993), who in their study review sexual assault intervention programs aimed at

men, also point out that the components within the program curriculum are not based in theory,

and therefore also cannot be evaluated for their efficacy. The study also did not include any

measures that would indicate the durability of the effects of the study or the participants' change

in propensity toward rape. It would be years later that the widely accepted components within a

sexual assault prevention program - providing students with facts about rape and sexual assault,

addressing rape myths, and understanding causes of rape - were developed in the field and shown

to be effective practices.

Despite the shortcomings of the study, Egidio and Robertson were pivotal in

transforming the conversation of sexual assault into one that would emphasize men's role in

prevention. They made one of the first arguments for primary prevention programs aimed at men

by noting that men's role in rape prevention education had been ignored and advocated for

further research and implementation of such programs.

While there has been research in risk-reduction programs presented solely to women,

they have yielded limited results in reducing sexual assault. Two of the most cited and

comprehensives studies in the area are by Breitenbecher and Scarce (1999; 2001) and evaluated

the efficacy of a sexual assault education program for women. The results showed that even though the participants' knowledge of sexual assault increased, the incidence of sexual assault did not decrease. Schewe and O'Donohue (1993) argue that even though skills taught in risk-reduction courses in order to avoid assault are useful, these methods are not meant to be taught by themselves (without a concurrent men's prevention program). They argue, along with researchers such as Orchowski et al. (2010) that men are the primary perpetrators of assault; they add that, it is virtually impossible for one to be "constantly and perfectly vigilant" and most assaults are committed by persons known to the victims (p. 667). Therefore, men's prevention programs as primary prevention are essential tools in combating sexual assault, but they are still under-utilized. According to Orchowski et al. (2010), men's programs also promote honest discussion and growth, as the participants are not as conscious about expressing their perspectives as in the presence of women. Piccigallo, Lilley and Miller (2012) found that "alliance-building" approaches facilitated by other men are most effective for increasing the participants' knowledge of sexual assault, empathy for survivors and enthusiasm for becoming active in prevention efforts.

In their literature reviews, Schewe and O'Donohue (1993) and Yeater and O'Donohue (1999) examined prevention programs for men and women participants and identified several key issues in program evaluation and determining the effectiveness of the programs in preventing incidences of assault. The authors stated that there was a shortage of a studies on prevention programs, and none of the studies that existed assessed the "efficacy of a rape prevention program by examining the actual incidence of rape" such as through investigations or survey measurements of behavior (Schewe and O'Donohue, 1993, p. 672).

Another difficulty in developing effective programs is that one definite cause of sexual assault has not been identified. Several theories about the etiology of sexual assault have emerged, including deviant arousal and interpersonal affective motivations – such as "feelings of dominance or power" or "anger towards the victim" (Schewe and O'Donohue, 1993, p. 669), sexual abuse in childhood, poor hetero-social skills, rape supportive myths and beliefs, failure to understand the survivor's perspective (having empathy), psychopathic deviance, and situational variables. However, Schewe and O'Donohue argued that these theories may not have to be competing, and there may be different types of perpetrators with different motivations. It is difficult for programs to target all types of perpetrators, especially with the programs currently in place. The scope of college campus prevention programs does not include a focus on childhood sexual abuse, deviant arousal or psychopathic deviance.

Schewe and O'Donodue stated that most prevention programs only used one (survey) measure of sexual assault-related attitudes to assess the effectiveness, which is problematic for the validity of the studies as there are multiple motivations for sexual assault. Other problems for the validity of the programs include small sample size and the self-selection of participants in most of the studies, who may score low on measures related to levels of risk to perpetrate. They argue that there is a problem in programs reporting statistical significance when a clinical significance does not exist (the actual behaviors of the participants), as well as the programs not measuring maintenance of treatment effects in follow-up assessments. The authors assert that simply relying on self-report measures "represents a flaw" because attitude measures are susceptible to "social desirability, faking, and other test-taking biases" (1993, p. 674). Some of their suggestions include using the Sexual Experiences Survey, which asks about behaviors, not

attitudes, and does not use the word "rape" (creating bias in the participant) or using another behavior measure. One example they presented was an "Asch-type" conformity paradigm experiment, where participants are tested on their ability to resist sexist or sexual assault-supportive attitudes among research confederates. Their overall suggestions include not using only one measure; continuing the "efforts to establish the predictive validity of scales currently used" (p. 677); and using a "variety of methods of assessment" to reduce dependence on self-report measures.

Yeater and O'Donohue (1999) echoed some of the same concerns in evaluating program effectiveness. For the problems of biased samples and possible social desirability, they raised the ethical concern of not forcing students to participate as a challenge in obtaining a valid sample of participants. However, I assert that if a program is implemented in a group setting, such as a classroom or a dormitory on a mandatory basis, one can obtain a valid sample of participants. Suggestions by Yeater and O'Donohue include Solomon 4-group designs, behavioral instead of cognitive/attitudinal measures, double blind studies and placebo conditions that appear credible. Solomon 4-group designs are intended to show how pretesting may change attitudes.

Yeater and O'Donohue's (1999) suggestions for the problem of not knowing if the effects are maintained after program completion include conducting longitudinal studies that last more than one month after program completion and following participants for a "specified time period" to see if the program has reduced assault (p. 750).

According to Yeater and O'Donohue, there is "little information as to what forms of programming are preferable to participants, what attitudes cognitions, and behaviors can be expected to change as a result of the intervention, and how long changes that have occurred as a

as a result of exposure to a program will last" (1999, p. 750). Studies have not systematically

evaluated whether a combination of formats is more effective or one format. They argue follow-

up assessments conducted within 1 month of the program are not sufficient and do not show how

long the demonstrated effects will last. There are few programs that "use a theoretical model" for

the content and intervention types in their programs (p. 751). Studies have not evaluated for

verbal comprehension of the material, and the authors suggested that tests of verbal competence

are necessary as a manipulation check. Another suggestion is to use computer-based

interventions, which can be easily manipulated to ensure participants understand the materials. In

addition to verbal competence, there is no way of accounting for participants' ability to access or

utilize the information provided in the programs. Studies have not investigated whether the

program material is too complex or easy to apply in real-life situations. The authors also showed

concern about whether the information and skills decay over time because of a lack of utilization

or practice. My suggestion for programs is to conduct booster sessions to review skills and

informal surveys to gauge whether the information is useful.

The authors argue that there is a lack of component analysis and systematic replication. A

combination of constructs that guide program content causes difficulty in seeing which variables

lead to what effects. The components in a program may not be sufficient or extraneous. Their

suggestion is to conduct a component analysis, or measuring the effects of each component.

Studies use different measures, which causes difficulty in comparing utility of various programs,

as there is no standardization. The lack of detail in descriptions of interventions also makes it

difficult to replicate the studies. Similar to Schewe and O'Donohue, the authors point to the

problem of statistical versus clinical significance and suggest that researchers "determine cutoff

points for high and low-risk participants" and separate them when studying the effects (Yeater & O'Donohue, 1999, p. 754).

Practices in sexual assault prevention programs are effective in shifting attitudes toward sexual assault and women in general, and the incidence of campus assault. These practices include targeting constructs such as harmful gender norms and rape myths; encouraging bystander intervention (to identify and prevent situations that lead to assault); and promoting empathy toward assault survivors.

In my analysis, I will conduct a review of studies from 2000-2015, identify the practices within the programs and specific methods of program implementation. The analysis will also address issues in program evaluation and the theories that underlie the practices. In addition, I will compare the current studies to the studies that have been reviewed by Schewe, O'Donohue and Yeater to determine whether the limitations of initial studies have been successfully addressed in recent research.

Methodology

The methods in this analysis involve evaluating studies focusing on men's sexual assault prevention programs on college campuses. Because the purpose of the study is to evaluate and identify effective program practices, the first part of the research includes studies that evaluate sexual assault prevention programs implemented on campuses from 2000-2015. The studies contain both qualitative and quantitative data, derived from pre-test and post-test surveys or interviews with program participants. The second part of the research is comprised of applying critiques of methodologies in program evaluation, specifically from Schewe and O'Donohue (1993) and Yeater and O'Donohue (1999), to the current studies. In both of those literature reviews, the authors highlighted the challenges in program evaluation that were present before

these papers were published in the 1990s. All of the research results from studies after 2000 will be analyzed in order to determine the practices shown to be effective; the effectiveness of the programs in general; and the overall development of prevention programs and their methods of evaluations. The changes in program evaluation will be compared to the critiques of program evaluations in the past to determine what has been developed since Schewe, O'Donohue and Yeater published these works.

For the first part of the research, a literature search was conducted on the online PsychInfo database. The combination of search terms included "college students" AND "rape" (OR "sexual abuse" OR "sex Offenses") as subject headings, AND "prevention" (OR "intervention) as major subject headings. The studies were narrowed to scholarly journals as source type, adulthood (18+ years or older) as the age group of the participants, male as the population under study, empirical study as the methodology, and 2000-2015 as the publication date parameters. The displayed list of literature results was examined for match to the search criteria and if the purpose of the studies were evaluations of men's prevention programs. The search yielded 10 studies that were relevant to the criteria.

<div align="center">

Literature Review

</div>

Program Format

The formats of the prevention programs are mostly single session and in-person programs. Half of the programs are facilitated, usually with male student peers or professionally trained facilitators. One of the programs uses male and female co-facilitators for the purpose of providing multiple perspectives in facilitating (Choate, 2003). This effect could also provide modeling of positive communication and interaction between men and women. However, based

on the above research on the effects of having male peers as facilitators and an all-male social environment, there are benefits to having only men as facilitators in these programs. Future research should focus on the effectiveness of having mixed gendered co-facilitators versus having a male facilitator.

Three of the programs are solely video-based (O'Donohue, Yeater, & Fanetti, 2003; Stephens & George, 2004; and Stephens & George, 2009), while one program is web-based (Salazar, Vivolo-Kantor, Hardin, & Berkowitz, 2014). Some facilitated programs reported the use of video as a significant part of their instruction, such as Foubert's The Men's Program (2005; 2010), evaluated by Foubert and Perry (2007), and Langhinrichsen-Rohling, Foubert, Brasfield, Hill and Shelley-Tremblay (2011).

Most of the programs follow the format of a typical sexual violence prevention program, consisting of these components: presentation and debunking of rape myths; provision of sexual assault facts such as definitions and prevalence; encouragement of bystander intervention through skills and efficacy building; and education on properly ensuring consent in sexual activity. Half of the programs also address masculine gender norms and the link between masculinity and sexual violence; however, the programs differ in their approaches to this link.

Curriculum

Davis and Liddell (2002) investigated the effectiveness of a prevention program for a group of participants in a fraternity. The program recruited participants by contacting the president of each fraternity. Because each fraternity was "compelled by their governing body to attend a certain number of educational programs" (p. 38), the members were told they would satisfy this requirement with their participation in the program. There were 90 participants,

ranging from ages 18 to 23, and almost all were White. The participants were assigned randomly

to one of three groups: a "traditional" prevention program, a socialization-focused program, and

a control program. Each program was single session and 90 minutes long. The traditional

program provided "factual information about acquaintance rape, university policies related to

acquaintance rape, and show[ed] and discuss[ed] a video about the long-term effects of

acquaintance rape" (p. 39). In addition to facilitation and discussion, the socialization program

"use[d] contemporary movie and television program clips that illustrate a connection between

sex role socialization and rape" (p. 39). The facilitator then led discussions about the "culture of

sexual assault" (p. 39), "consent, communication, and the legal ramifications of perpetration."

Finally, the control program discussed career development instead of assault. All the participants

completed a pretest, a posttest, and follow-up 6 weeks after the intervention.

The pretest involves the Gender Role Conflict Scale-I (GRCS-I; O'Neil, Helms, Gable,

David & Wrightsman, 1986), rape myth acceptance Scale (RMAS; Burt, 1980), which measures

"irrational beliefs that act as 'releasers' or 'neutralizers' that then elicit sexually aggressive

behavior" (O'Donohue et al., 2003, p. 516), the Attitudes Toward Women Scale (ATWS; Spence

& Helmreich & Stapp, 1973), the Comprehension of Consent/Coercion measure (CCC; Gibson

& Humphrey, 1993), which measures the ability "to recognize coercion and consent in sexual

situations" (Davis & Liddell, 2002, p. 41), and the Socially Desirable Response Set-5 (SDRS-5;

Hays, Hayashi & Stewart, 1989), which measures the level of social desirability. Immediately

after program completion, participants took the RMAS, ATWS, CCC, SDRS-5 and the

Counselor Rating Form (CRF; Barak & LaCrosse, 1975), which measures "participants'

perceptions regarding presenter expertness, attractiveness, and trustworthiness" (p. 41). The

posttest, occurring 6 weeks post-program, consisted of the RMAS, ATWS, CCC and SDRS-5.

The program showed no presenter bias present in the study, according to the CRF.

However, social desirability was low to moderately correlated with all the other measures at the

three assessment times. The participants in the two experimental groups achieved low RMA rates

and a "better understanding of consent" than the control group (p. 43). RMA was highest in the

control group, followed by the socialization-focused group, and lowest in the traditional group.

Knowledge of consent and coercion was highest in the traditional group, followed by the

socialization group, and lowest in the control group. For men with higher gender role conflict,

there was no difference between the traditional and socialization group. The traditional group

performed better than the socialization group on all the measures (ATWS, RMAS, and CCC) for

men with lower gender role conflict. There was no difference between the socialization and the

traditional group at the follow-up assessment for all measures. The posttest demonstrated a

rebound effect for all the measures for both groups. The study found that gender role conflict

was highly correlated with RMA, not ATW or CCC. Initially, with the traditional intervention

group being more effective than the socialization group, the program was effective.

Nevertheless, the effects were gone by 6 weeks after the program.

Strengths of the study include targeting a fraternity - a group with high-risk for

perpetrating sexual assaults. The fraternity is also a peer group that has the potential to reinforce

change within individuals. Another strength is that the members participated on a mandatory

basis, eliminating the possibility of self-selection and is potentially inclusive of relatively high

and low-risk individuals. The study included measures to take into account presenter bias and

social desirability, a measure for high and low gender role conflict and conducted a follow-up

assessment.

The limitations of the program and study include not being able to isolate the data from the social desirability factor, the effects were not maintained after a few weeks, the program was single session, and the study did not include measures of incidence of assault. The authors explained that the single session of the program may not have had a large influence on the context of fraternity life, which may require more intensive, multiple session treatment.

O'Donohue et al. (2003) tested the effectiveness of an exclusively video-based program. In their study they focused on three key constructs: rape myth acceptance, victim empathy and outcome expectancies. Victim empathy is defined as "cognitive-emotional recognition of a victim's pain and trauma" (p. 517). Outcome expectancies – based on Bandura's (1973) social learning theory of aggression – are the perceived consequences that cause an individual to "act to change the probability of aggression by altering the expected outcome of aggression" (p. 518). O'Donohue et al. (2003) conducted a pilot study to evaluate whether the three segments of their experimental video, focusing on rape myths, victim empathy and outcome expectancies, "affected the psychological constructs" targeted in the participants (p. 521).

For the pilot study the researchers recruited 101 male undergraduate students, who were mostly White and about 22 years old on average. The participants were randomly assigned among three groups according to the constructs. Each participant was asked to complete a demographics questionnaire and a questionnaire related to the construct to which they were assigned. The empathy group completed the Empathy Manipulation Check (Fultz, Schaller & Cialdini, 1988), which measures "feelings of empathy, happiness, distress, sadness, anger, and excitement" (p. 522). The rape myth group completed the RMAS, and the outcome expectancy

group completed the Probability Questionnaire (O'Donohue et al., 1996), used to "assess participants' perceptions of the likelihood of negative consequences occurring to them if they engaged in sexually coercive behavior" (p. 522). After viewing the specific video segment, the participants completed a posttest, which consisted of the same questionnaire.

The rape myth video segment featured a few clips involving several characters discussing an alleged rape that happened on a campus. The characters debunk rape myths systematically, following the goal of conveying the message that "believing rape myths is not harmless and may contribute to engaging in sexually abusive behavior" (p. 519). The empathy segment provides "testimonials of women who have experienced a rape or sexual assault" (p. 519) and conveys the consequences of assault. The viewers were asked to imagine "the experience of a loved one being raped" and "what they would feel like if another man raped them" (p. 519). The outcome expectancies video featured 4 men who committed sexual assault. The men talked about the "problems associated with being in prison" (p. 520), such as "their own sexual victimization and the effects of their imprisonment on family members." The one character who was not convicted talked about "social and educational consequences" he experienced because of his actions. The viewers were asked to "imagine the impact" on their loved ones if they were charged or convicted of rape (p. 520). The results of the pilot study demonstrated that the effects of each construct was significant and produced positive change in victim empathy, rape myth acceptance (debunking of rape myths) and outcome expectancies.

In the main study, 102 undergraduate men were recruited and they were approximately the same demographics as the pilot study. The participants were assigned randomly to either the treatment or control condition. The treatment condition involved viewing the video with all three

segments combined. The alternative, control condition involved viewing a "traditional" sexual assault prevention program video called the "Date Rape Backlash" (Media Education Foundation, 1994). The control video outlined the "definition of rape, a conceptualization of rape as violence rather than sex, and a depiction of the societal forces in our culture that support and reinforce violence against women" (p. 520).

Prior to the program, the participants completed a demographics questionnaire, the Hypermasculinity scale (Mosher & Sirkin, 1984) – measuring "interest in dominating others, being forceful and aggressive with women," etc. (p. 523), and the Sexual Experiences Survey (SES; Koss & Oros, 1982) – detecting the "use of force in prior relationships" (p. 523). Other scales include the Motivation ratings (George & Marlatt, 1984) – "used to evaluate motivation to decrease use of sexually coercive behavior" (p. 523); the RMAS; the Acceptance of Interpersonal Violence scale (AIV; Burt, 1980) – measuring "attitudes that condone the use of force in relationships" (p. 523); and the Adversarial Sexual Beliefs scale (ASBS; Burt, 1980) – measuring "the degree to which a person believes that sexual relationships are exploitative or adversarial in nature" (p. 524). Finally, the scales include the Attraction to Sexual Aggression scale (ASAS; Malamuth, 1989a); and the Rape Empathy scale (RES; Deitz, Blackwell, Daley, & Bentley, 1982) – measuring empathy for "rapists or rape victims" (p. 524); and the Self-Efficacy Ratings (SER; Bandura, Adams & Beyer, 1977) – evaluating whether participants' believe they could successfully deal with "a variety of situations that might increase their chances of engaging in sexually abusive behavior" (p. 524).

After the video program, the Motivation ratings, RMAS, AIV, ASBS, ASAS, RES, and SER were completed by participants. In addition, they completed the Credibility ratings –

evaluating the "accuracy, credibility, and potential efficacy of the video-based intervention for

decreasing potential to rape" (p. 524). The results show a "significant interaction between

condition and time" (treatment and alternative control, and pre- and posttest) in which the

experimental video had a positive effect for the participants, and more effective than the control

video. Based on pre- and posttest measurements and the SES, high-risk participants "responded

more favorably to the video-based intervention" than low-risk participants (p. 527). Both of the

videos were rated by the participants as realistic. However, The researchers reported that the

experimental video presented rape issues more accurately and "would be more effective in

stopping rape" (p. 525). Overall, the experimental video program was more effective in changing

attitudes about sexual assault, particularly for high-risk individuals, than the traditional

(alternative control) video program.

The strengths of the program include the comprehensiveness of the measures, which

target different attitudes that relate to sexual assault. Other strengths include conducting a pilot

study to analyze the main components for its predicted effects, measuring the effects of the

program for high and low-risk participants using the SES, and examining the acceptability of the

program.

The limitations of the study include not conducting a follow-up assessment, not

measuring the incidence of assault, having a single session, and using self-report. Another

limitation of the program is that it measures the effects of an experimental video against a

traditional video format. Perhaps the effects could be more easily seen against an actual control

video (unrelated to sexual assault prevention).

Choate (2003) implemented the Men Against Violence (Hong, 2000) education model

and curriculum in her study on fraternity men. This model is a "sociocultural approach to prevention" by way of emphasizing the "gendered nature of violence" (Choate, 2003, p. 168). The model seeks to reduce social pressure on men to engage in violence, redefine masculinity and female and male relationships, and managing emotions. Choate recruited 149 participants from 7 fraternities that responded to the invitation to participate. The ages of the participants ranged from 17-25 and most of the participants were White. Because the Men Against Violence (MAV) program emphasizes the use of peers as educators, Choate recruited several male undergraduate students from the MAV student organization on campus to facilitate the program. Several female graduate students in the counseling education program were also recruited to facilitate alongside the male undergraduate students in male-female pairs.

The program is a single session and lasts for one hour. The program featured an overview of rape statistics, the legal definitions of rape and laws relating to women "who are too intoxicated to give consent for sexual activity" (p. 170). The participants discussed their reactions to the law. Afterwards, the presenters addressed common rape myths, and the participants discussed their understanding of the myths and how "their beliefs could be modified" (p. 170). In addition, the presenters gave information on how to ensure consent for sexual activity, and emphasized men's responsibility in ending rape and the pressures men face to affirm their masculinity through sexually aggressive behavior, as well as "ways men can resist those pressures" (p. 170). The presenters finished their workshop by describing the effects of gamma-Hydroxybutyric acid (GHB) and other drugs used to facilitate sexual assault and the "legal implications for perpetrators of drug-facilitated sexual assault" (p. 170).

To evaluate the effects of the program, Choate (2003) used thought listing, subjective

evaluation, and guided inquiry, based on the research of Heppner et al. (1995). Thought listing is

described as a social psychological technique that involves assessing and categorizing

"participants' thoughts following their exposure to a stimulus" (p. 170), through listing their

immediate reactions as first, second and third thoughts. For subjective evaluation, the

participants rated their impressions of the program and "assessed their learning" in regards to

program components on a Likert scale (p. 170). In the guided inquiry portion, the men responded

to open-ended questions that asked what they learned about the definition of rape and rape

myths, and if they would reconsider any of their behaviors because of the program. The results of

the thought listing showed that the participants thought the program was informative and

important to know, especially in terms of the laws surrounding rape, the importance of positive

and sober consent, and the concerns around the use of GHB. The subjective evaluation indicated

the participants thought of the program positively, would recommend the program, and thought

the program would affect their attitudes, "reactions to others" (p. 172), and "behaviors toward

others." The guided inquiry indicated several main responses to the legal definition of rape,

including learning that "drunken sex" is "basically rape," the importance of "obtaining a clear,

positive consent" and perceiving gray areas in the legal definition (p. 172). For rape myths, the

men responded that they learned the myths were false; mentioned specific myths; and stated the

importance of obtaining clear consent. Regarding their behaviors, the men mostly responded that

the program did not "help reconsider their behaviors and attitudes" because they do not rape (p.

173), but a small portion responded "yes" to the question. The program overall appears to have a

positive effect on the participants in terms of attitudes, beliefs and understanding of assault and

its implications. Whether or not it was effective in preventing assault is unknown.

The strengths of the program include targeting a fraternity and providing an alternative way to evaluate the effectiveness of prevention programs. The responses can be enriching and allows the researcher to discover what the students acquired in learning, their comprehension and their impressions of the program. Another strength in the program is implementing it with male and female facilitators, as other studies in this literature review have not tried this format. Having different genders of facilitators has the potential to provide different perspectives and modeling positive and equitable male and female interactions.

The limitations of the program include having a single session, the aspect of self-reporting, and the possibility of social desirability (which is even more probable with this type of qualitative study). Other challenges include the program not demonstrating actual changes in attitudes or behaviors through quantitative tests such as for RMA and sexually coercive behavior, not randomizing the participants into control and treatment groups, and not conducting follow-up evaluations.

Stephens and George's 2004 study focused on the effects of a video-based prevention program on men's attitudes toward women, beliefs and sexual expectations related to alcohol use. The program recruited participants who were undergraduate students from introductory psychology courses as participants, were 18 to 25 years old, and at the time participated in heterosexual dating. The participants were categorized as sexually coercive (SC) and noncoercive (NC) based on the pre-program provision of the modified version of the Sexual Experiences Survey (M-SES; Dahl, 1993). Coercive men are more likely to "use coercive tactics, more likely to commit rape, and less likely to desist unwanted advances, compared to noncoercive men" (Stephens & George, 2004, p. 407). The participants were assigned to control

and treatment conditions, with roughly equal numbers of coercive and noncoercive men assigned

to either condition. The treatment condition consists of the participants watching a video,

"Rethinking Rape" (Le Page, 1985) for one 28 minute session. The control condition consists of

watching a mountain-climbing documentary, unrelated to the program topic. Upon completing

the program, the students were asked to respond to surveys, including the RMAS, the ATWS,

and the Sex-related Alcohol Expectancies Scale (SRAES; Dermen & Cooper, 1994). The ATWS

measures "men's traditional stereotypical attitudes toward women" (Stephens & George, 2004,

p. 407). The SRAES assesses students' perceptions of "how much an amount of alcohol can

affect sexuality" (p. 408), and consists of three categories of subscales: enhancement, sex risk

and disinhibition.

The treatment video, "Rethinking Rape," is a video that has been used in other programs

and is intended to educate audiences about acquaintance rape. The features of the video include a

section that describes rape situations, interviews with survivors, mental health professionals and

someone who could have been an offender. The content of the video also includes rape

prevalence facts, "victims' commentary, information about rape trauma, pornography issues,

cultural reasons for rape, myth debunking messages, examples of alcohol as a contributory factor

in rape, and a discussion of the link between sex and violence" (p. 406).

The results of the study show that the program was somewhat effective, mostly for the

noncoercive group. The video resulted in lower "rape-myth acceptance and sex-related alcohol

expectancy scores" for this group than the control (p. 402). Specifically on the SRAES, there was

a significant difference on the sex risk and disinhibition subscale, but not the enhancement

subscale. The ATWS showed no difference between the noncoercive and control groups. The

program was not effective for the coercive group, as there was no difference between the

coercive men in the experimental and control groups for all the scales.

Some of the strengths of the study include the control and treatment design; separating

the participants into coercive and noncoercive groups; and using a behavioral measure (M-SES)

to do so. It was possible to see the effects of the treatment on groups because of the

classification. Without the classification, the results would show a statistical significance in the

effects but not a clinical significance. The intervention also addressed the situational variable of

alcohol and its effect on sexual assault.

The study also has limitations, such as the single session of intervention, no follow-up

assessment and only assessing attitudes afterward compared with the control group – which may

not indicate definitive change. A behavioral measure such as the M-SES was not used to measure

the incidence of assault after the intervention. There was no change in attitudes for coercive men,

which indicates a stronger, more intensive intervention is needed. Because the program focused

on male-on-female sexual violence, homosexual men were excluded from the study. Because

men also experience sexual assault by other men, future programs should be more inclusive in

their focus on the perpetrator and survivor populations.

Stephens and George's 2009 study also examined a prevention program by pretesting

individuals and separating them into high and low-risk groups. White males (n=146) were

recruited from campus advertisement and among psychology undergraduates. The participants

were primarily heterosexual (93.2%). The M-SES was used to classify the participants into high

and low-risk groups based on their perpetration experience. The Balanced Inventory of Desirable

Responding (BIDR) measured "self-deceptive positivity and impression" and was used to

account for social desirability or demand characteristics (Paulhus, 1984). Other measures include

the Rape Myth Scale (RMS; Lonsway & Fitzgerald, 1995), the Illinois Rape Myth Acceptance

Scale Short Form (IRMA-SF; Payne, Lonsway & Fitzgerald, 1999), the RES, the SRAES, and

the ASA (Malamuth 1989a, 1989b). Prior to the program, the participants took all the

assessments. The program targeted constructs including RMA, empathy, and the effects of

alcohol on rape. The experimental group, which includes high and low-risk participants, viewed

a 50-minute video consisting of a male narrator speaking about the need for men to be "educated

about ways to prevent rape and help women they know, who may have experienced rape" (p.

1004), Foubert's video includes a description of a police officer's rape; the male narrator

speaking about alcohol; and an interview with anti-violence educator Jackson Katz's about the

role of alcohol and rape. After the video, the participants completed the Elaboration Likelihood

Model Questionnaire (ELMQ; Heppner, Humphrey, Hillenbranh-Gunn & DeBord, 1995), a

questionnaire related to the video, and the other dependent measures – except for the M-SES.

The researchers incorporated cognitive dissonance by asking the participants to complete a

questionnaire, which asks the participant to write something "convincing another person to not

be sexually aggressive" (p. 1003). ELM was incorporated by having the men "list three ways he

could help a survivor of sexual assault" (p. 1003). At 5 weeks, a follow-up study was conducted

and all the measures (including the M-SES) were re-administered.

The results of the study demonstrate that the program was somewhat effective, especially

for the low-risk group. There was a nonsignificant increase in sexually coercive behavior after

the intervention compared to the control group. However, the RMA rate reduced at follow-up

(indicating a "sleeper effect") and the increase in empathy occurred at posttest and maintained at

follow-up. Other measures of attitude rebounded at the follow-up. The intervention was not

effective for high-risk men, who (82%) showed higher rates of sexually coercive behavior after

the intervention compared to the control group of high-risk men (47%). The researchers report a

"modest reduction in RMA," but effect size shows a lack of stability. It is possible that the

treatment resulted in iatrogenic effect for high-risk participants.

The strengths of the study include the separation of participants into high and low-risk

groups using the M-SES and control and treatment groups. There was also an emphasis on the

role of alcohol in rape. The study also conducted a follow-up, although it was a shorter time span

at 5 weeks. The study also used the BIDR to account for social desirability.

The weaknesses of the study include having all-White respondents, which does not

represent the general student population, the single session of treatment, and the self-selected

aspect of recruitment. The study did not specify the program curriculum beyond the measures

used, limiting the ability to replicate the study. Another weakness in the program is that it could

have contributed to iatrogenic effects for high-risk men. Future studies need to improve

interventions for high-risk individuals.

In their evaluation, Foubert and Sperry (2007) examined the effectiveness of The Men's

Program in a qualitative report of a group of fraternity and athletic students' attitude and

behavior change due to the program. The Men's Program (Foubert, 2005) is a single-session, one

hour facilitated program that is a combination of a bystander intervention and an empathy

building program. The program's approach to participants as potential helpers is based on the

belief system theory (Grube, Mayton & Ball-Rokeach, 1994). In order to trigger sexual

aggression-related attitude and behavior change, the program attempts to appeal to men as

potential interveners in threatening dating situations and helpers of assault survivors, instead of approaching them as rapists or potential rapists. Therefore, the program claims that this process would allow men to more easily accept the messages of the program instead of becoming defensive. The program also utilizes ELM when the facilitators reveal to the participants the prevalence of sexual assault on campus, that it is likely that they may know a survivor, and they may encounter a situation where they could help a survivor. The program begins with an overview of sexual assault and rape definitions. Empathy building is then achieved through a video describing a situation of a male officer who has been raped by two heterosexual male suspects. The video confronted misconceptions that male on male rape is committed by homosexual men, and the facilitators draw connections between the male survivors' experiences and the experiences of female survivors. Participants are given skills on how to support a survivor and identify sexual consent. Bystander intervention is encouraged when facilitators role model bystander behavior and hold a discussion of strategies the participants could take to confront male peers when sexual aggressiveness and sexism occurs, such as telling rape jokes or verbally demeaning women. The facilitators reinforce the prevalence of rape and the need to end men's violence against women.

In the qualitative study, the student participants were asked five months after the program was completed what attitudes or behaviors of theirs had changed, and what part(s) of the program led to the changes. They reported that the program was effective in transforming their understanding of what assault feels like; how to support survivors; and reinforcing their already existing prosocial beliefs. They reported not telling rape jokes, focusing on the survivor's needs instead of pursuing the perpetrator when they encountered a situation where they were able to

assist a survivor, and feeling protective of their female peers. The participants reported that the program video was instrumental in transforming their attitudes and behavior, as well as the statistics that were provided and the skills for confronting sexist behavior.

The results of the study suggest that the program was effective overall in building empathy for survivors and bystander efficacy. Several strengths of the program include the assessment of the program being implemented months after program completion, which not only enables attitude formation but also the behaviors, to be demonstrated. The program targeted populations of participants that have been identified in other studies as being more prone to perpetration. There was no attrition of participants from the program to the assessment.

Several limitations of the study also exist, including the small sample size (n = 24), the results for attitude and behavior change were self-reported, and there were no quantitative measures of specific attitude and behavior changes, especially for sexual coerciveness. The study as a qualitative assessment was identified by the authors as not "intended to produce causal explanations or generalizations" and the results were interpretative (p. 83). Another identified challenge from the study is the protective attitude that several participants expressed toward their female peers, which could be interpreted as a paternalistic attitude instead of an empowering one. This challenge may need to be addressed in future programs.

This type of study is valuable in identifying the impact of the programs from the participants' point of view and what they find to be effective. The use of ELM is beneficial because the program attempts to make the issue of sexual assault on campus seem imminent and relevant to the participants, which enables the messages of the program to resonate with them. The use of belief system theory and approaching the participants as potential helpers make sense

based on what participants from other studies have identified as being helpful (Piccigallo et al.,

2012). Foubert and Perry (2007) argue that because most men do not perceive themselves as

rapists that a program should "appeal to the way men perceive themselves" to enable message

acceptance (p. 71). However, it may be important for participants to identify their own

problematic thoughts or behaviors instead of thinking themselves as helpers. This is necessary

for participants who have behaved coercively in the past or are at higher risk of perpetration.

Langhinrichsen-Rohling et al.'s (2011) assessment is an evaluation of a revised version

of The Men's Program (Foubert, 2010). The newer version of the program is similar to the

original, except for a new section that was "related to intervening with friends in risky alcohol-

related situations" (p. 746). The section emphasizes the participants' responsibility as observers

to intervene in potentially risky dating situations involving alcohol and brainstorming as a group

on bystander intervention strategies.

In the latest evaluation of the program, male student participants were recruited from

freshman seminar courses for the study. Freshman seminar courses were randomly selected as

comparison courses and instructed students on unrelated course topics, such as stress

management and managing attention difficulties. Highly trained, recently graduated male

members of a program called One in Four taught the Men's Program. The program measured

their attitude change before and after program completion via survey scales on bystander

efficacy, bystander willingness to help, and rape myth acceptance. The program had a significant

and positive impact on rape myth acceptance and bystander efficacy for the participants,

compared to the control condition. Both comparison and program groups showed a significant

and positive change in bystander willingness to help from before to after course completion.

However, the results showed a significant difference between the comparison and group scores after course completion, which the authors interpret as a significant effect.

Several strengths of the study include the diversity of the program participants. Even though the majority of the participants were white, there was inclusion of students of color that was more indicative of the student population than some other studies. Another strength of the study is the comparison (control) and treatment design in addition to the pre- and post-treatment measure design. The program also emphasizes situations involving alcohol, because bystander intervention is most useful in those situations, as potential perpetrators are less inhibited and aware of their actions.

The authors noted several limitations of the study, including that it was possible that only motivated students attended the course. The design did not separate participants into high and low-risk groups. There was no follow-up evaluation of the effects, and the immediate post-test measurement might have produced inflated results. The responses were also self-reported and the tests measured attitude change, instead of assessing behavior directly. The authors suggest that future studies could devise some scenarios and test bystander intervention behavior in a real-life setting.

The strengths and limitations of this study are similar to the previous study because of the use of the same program. Approaching the participants as potential helpers still raises potential benefits and concerns. An additional strength of this version of the program is the addition of the emphasis on alcohol situations, where bystander intervention is crucial.

Gidycz, Orchowski and Berkowitz (2011) used a program developed by Berkowitz et al. that combines bystander intervention and social norms education (1994, 2000, 2006). The

program involves a 1.5-hour session and a one-hour booster session four months later. The program was implemented on 1-year dormitories as part of a tailored pair of single gender programs, with the program for women focusing on risk-reduction and the program for men focusing on sexual assault prevention. The features of the men's program include the participants discussing their frustrations in dating situations and experiences as men, which allows for emotional venting and deeper processing. In order to foster empathy for women and survivors, men "describe the impact of assault on women in their lives" and "discuss alternative explanations for men's perceptions of false accusations of assault" in addition to the presenter debunking rape myths (p. 724). The program discusses the definition of consent and the specific scenarios that it applies. To foster bystander intervention and new social norms, the presenter provides campus and participant data on "men's discomfort with inappropriate behavior and language of other men" (p. 724). Far and Miller's (2003) Small Group Norms Correction Intervention for high-risk drinking was adapted and incorporated to adjust men's perceptions of other men's "attitudes and behaviors toward sexual assault" through providing data on true norms among men and the participants' discussing their own experiences (p. 724). The participants discuss their discomfort with the male gender role script, critique it, and brainstorm possible alternatives that are positive and normative. To encourage bystander intervention, the participants take part in an interactive exercise. In the booster session, participants review the material from the program, including "conditions for consent," normative data on perceptions, and bystander intervention strategies (p. 725). The participants discuss if they have been able to apply the strategies in the time period after program completion and present their discussion topics. A comparison/control program was also implemented. The study did not describe the

details of the control program.

The program measured participant response in various areas: rape myth acceptance, negative attitudes toward women, the "accuracy of men's perceptions of other men's attitudes and behaviors" (p. 726), creating more "appropriate norms regarding sexual assault behavior," "bystander behavior and support for victims," understanding of sexual consent, and perpetration of sexual aggression. Negative attitudes toward women were assessed using the Hypergender Ideology Scale (Hamburger, Hogben, McGowan, & Dawson, 1996), which evaluates endorsement of stereotypical gender roles. The accuracy of perceptions of others' attitudes and behaviors was evaluated using the Social Norms Measure to assess men's perceived peer disapproval of SA and the Sexual Social Norms Inventory to assess men's perceived "peers use of bystander behaviors" (Boeringer, Shehan & Akers, 1991; Bruner, 2002; Gidycz, Orchowski and Berkowitz, 2011, p. 726). To evaluate the norms regarding sexually aggressive behavior, the Social Norms Measure was used to measure the level of association with aggressive peers, exposure to "violent media and pornography" (p. 726), and "pleasure in engaging in sexually aggressive behavior." The Sexual Social Norms Inventory was used to measure likelihood to intervene in threatening dating situations and a phone survey was used to measure the participants' support for rape prevention services. Understanding of consent was measured using two descriptions of perpetration of sexual assault and participants' identification of the scenarios as rape on a 10-point scale, ranging from 1= *consensual sex* to 10 = *rape*. Perpetration of sexual aggression was measured with the SES. Participants were also categorized as sexually aggressive and non-sexually aggressive according to their history of perpetration as indicated by the survey. All of the tests were applied at baseline, four months and seven months post-program. There

were no immediate post-program tests. The Marlowe-Crowne Social Desirability Scale was used to measure the level in which participants felt the need to respond in a socially desirable manner to the surveys at baseline (Crowne & Marlowe, 1960).

Results of the study indicate that the program was mostly effective. Participants found SA to be less reinforcing, more likely to believe their peers would intervene, reported less SA in the four month follow-up assessment compared to the control group, and showed more knowledge of consent. However, the participants' own likelihood of bystander intervention behavior did not increase; there was no difference in reported SA in the seven month follow-up assessment compared to the four-month, no change in rape myth acceptance, no differences between the groups on willingness to support prevention efforts, and the program was less effective for categorized SA.

This study is one of the most comprehensive and has many strengths, including a large sample size (n = 635) and selection of participants from dormitories, because they are cohesive communities that enable change to take place more easily at the community level. The program's concurrent implementation with a women's risk-reduction program extends the effects of the program, enabling both men and women to be more aware and conscious bystanders and advocates. Selecting dormitories is another strength because of its mandatory implementation. Students are not self-selecting to be in the course, which makes the results more valid. In addition to having a pre- and post-test design, the study also includes a control/comparison and treatment design. The course is longer than most courses and includes a booster session, which is unique to this study and extends the effects of the program. The presence of follow-up assessments was another strength. The length of time between completion of the program and the

latest assessment (7 months) is the longest of any program and demonstrates the durability of the effects not just of this program, but other sexual assault prevention programs that resemble this one as well. The long-term follow-up assessment is beneficial because it allows researchers to track self-reported incidents of perpetration over time. The study accounts for social desirability responding, which is not common in other studies. The study also separated the participants into high and low risk groups, which demonstrates the nuances of the treatment effects. Lastly, the study uses the SES to measure the incidence of assault in addition to attitudinal measures, strengthening the program's validity.

There were some limitations to the study, including that the program was comprehensive and therefore, it was difficult to identify specific components that lead to participant transformation. The intervention was not as effective for men who have committed sexual assault, and future secondary prevention programs need to be more targeted for this population. Some of the measures rely on self-report, which may limit the accuracy.

Stewart's (2014) study measured the effects of The Men's Project, an 11-week program that sought to incorporate different components that have been evaluated in other studies, such as "social norms, empathy, and bystander education programs" in a campus men's program (p. 481). The program recruited student leaders who were nominated by faculty and staff. The program covered male privilege, sexuality, gender socialization, sexual violence and its impacts on survivors, and bystander intervention. The participants responded to surveys prior to and after receiving the course that measured: hostile sexism (Ambivalent Sexism Inventory; Glick & Fiske, 1996); benevolent sexism (ASI); rape myth acceptance (IRMA-SF); bystander efficacy (Banyard, Plante, & Moynihan, 2005); collective action willingness (van Zomeren et al., 2004);

feminist activism (created in the study); and gender-biased language (created in the study). The

post-test results indicated a decrease in rape myth acceptance, sexism and gender-biased

language, and an increase in collective action, bystander efficacy and feminist activism.

The Men's Project was implemented over multiple course sessions, which is theorized to

have more significant and lasting effects. The project attempted to target multiple constructs,

beyond RMA and bystander efficacy. Furthermore, the project covered the issues of sexism in

depth and attempted to shift the participants' underlying attitudes about gender and violence and

encourage participants to confront sexism and violence at both the institutional and individual

level.

The study was limited in that it had a small sample size, it did not conduct a follow-up

evaluation of the effects to measure their significance over time, lacked a control group to

determine the causation, and did not evaluate the propensity toward rape or incidence of assault.

Because student leaders were selected for the program and thus participant selection was not

randomized, the results of the study are limited in generalizability. Stewart (2014), echoing

Yeater and O'Donohue (1999) and Schewe and O'Donohue (1993), revealed that social

desirability may have had an effect on the results of the study but was not monitored in the

program. It is unclear which parts of the treatments caused the effects in the measurements

because the program is integrative.

One of the most recent prevention programs that emerged from the literature presented

worked with a novel format. Salazar et al. (2014) conducted an evaluation of the effectiveness of

a web-based online sexual assault prevention program. The program, created for the study, called

RealConsent, was intended to educate and promote bystander intervention in sexual violence

situations in college men using social cognitive theory, social norms theory, and the bystander intervention educational model. There were 743 male undergraduates at a university, heterosexual, and aged 18 to 24 years, who were recruited online for the study. They were randomly assigned to the control or treatment program. The design of the study included the web-based RealConsent program and a non-related, web-based course as the control. The study measured secondary mediators such as "prosocial intervening behaviors" (p. 4), "sexual violence perpetration" (p. 4), "legal knowledge of sexual assault/rape" and "knowledge of effective consent for sex" (p. 4). The primary measures include the Reactions to Offensive Language and Behavior (ROLB) index, which measures "whether or not men confronted inappropriate behaviors of other men" (p. 4), and Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy & Sugarman, 1996), measuring sexually violent behavior. Participants completed survey measures at pretest, posttest, and at the 6-month follow-up.

Outcomes of the study demonstrate that RealConsent was effective in reducing the likelihood of engaging in sexual violence perpetration and increasing the likelihood to "engage in prosocial intervening behavior" (p. 5).

Some of the strengths of the study include the large sample size (n = 743), randomization of the participants into conditions, conducting a follow-up assessment, and using a treatment and comparison group design. The unique and potentially productive aspect of this study is the novel use of a web-based program in sexual assault prevention. This research raises the potential benefits of implementing web-based programs, such as efficiency, time and cost-effectiveness. Such programs are easier to implement on a campus-wide basis, increases the reach of the program, and have an ability to be tailored for specific populations. The secondary mediators

were also identified to measure the effectiveness and pinpoint the components that may have led to these effects. In addition, the study included specific measures for the mediators and the effect of the program on sexual violence perpetration. Yeater and O'Donohue (1999) assert that computer-based interventions have the potential to address a challenge of current programs – the question of whether the material is understood. Computer-based interventions allow for greater treatment fidelity as well as the ability to assess verbal competence.

The study was limited in that the effects of the program were measured against a control, web-based program and the results were not evaluated in comparison to an in-person program. The effectiveness of an in-person program could still potentially outweigh a web-based program for a variety of reasons, such as providing a community where transformation takes place or modeling and reinforcement of positive behavior in the facilitators and peers. The amount of attrition due to loss of funding and loss at the follow-up evaluation was also a limitation. The authors noted that this phenomenon is normal for web-based programming. However, future studies and universities seeking to implement these programs on a campus-wide basis should address this issue. A shortcoming in the analysis of this study is the limited detail in describing the program components. It is not clear how the theoretical frameworks (cognitive theory, social norms theory and the bystander educational model) were utilized in RealConsent or how secondary outcome measures were implemented. The descriptions of the program components are not sufficient to understand the treatment effects or enable full replication of the study.

Discussion

The relatively small number of contemporary studies that examine men's prevention programs from 2000-2015 demonstrate that further research on prevention of campus sexual

assault is needed to address the limitations identified in this review. However, the studies that

been conducted have demonstrated varying levels of success, including some positive as well as

some negative outcomes, in preventatively transforming attitudes toward women and toward

sexual assault.

Most of the studies have not addressed the issue of measuring the incidence of assault.

Three studies, Gidycz et al. (2011), Stephens and George (2009) and Salazar et al. (2014) were

able to conduct assessments on sexually violent behavior, using the Modified Sexual

Experiences Survey, the SES, and the Revised Conflict Tactics Scale.

Unfortunately for the current state of program prevention, the etiology of sexual assault

has not been identified. Programs are not able to address all the theories or motivations of sexual

assault. However, different programs have successfully attempted to address multiple causes.

These programs addressed interpersonal affective motivations through education about gender

socialization; poor hetero-social skills through education about consent and obtaining consent;

rape-supportive myths and beliefs through debunking myths; encouraging empathy through

education about the impact assault has on survivors and the prevalence of assault; and situational

variables through education about alcohol and date-rape drugs.

All of studies use more than one measure to evaluate the programs, which is a positive

change compared to studies before 2000. The self-selection of participants continues to be a

limitation of studies, although Davis and Liddell (2002), Choate (2003), and Gidycz, et al.

(2011) were able to find a community group among dormitories and fraternities, where the

results are more valid. There has been a positive change since Schewe and O'Donohue's (1993)

critique that programs had small sample sizes. Three programs had fewer than 50 participants,

and those programs were more likely to be intensive (Stewart, 2014) or evaluated qualitatively (Foubert & Perry, 2007). Four programs had 90-149 participants, and three had over 400 participants. About half of the studies had follow-up assessments, which signals a moderate change since Schewe and O'Donohue's (1993) and Yeater and O'Donohue's (1999) critiques. Two studies conducted their follow-up assessments five or six weeks after the programs, and three studies conducted follow-ups 5-7 months after the programs.

Studies continue to rely on attitudinal survey measures, except for the few that also include measures of behavior such as the SES or RCTS. However, the measures have strong reliability scores. The studies have also applied theoretical models to their approaches, including ELM, cognitive dissonance, rape myth acceptance, outcome expectancies and empathy. Even though we still have not determined what forms of programming are preferable to participants, some studies have examined the participants' reactions to the programs and what they have learned, including Choate (2003) and Langhinrichsen-Rohling et al. (2011). None of the studies have tested verbal comprehension of the program materials. There is a possibility that the computer-based intervention by Salazar et al. (2014) could have conducted comprehension trials. However, because we do not know the details of their RealConsent curriculum, it is not possible to know. Despite some studies measuring attitude change longitudinally, the studies have not investigated the utility of the skills taught in their programs or whether the skills have decayed over time. Gidycz et al. (2011) provided a booster session to their participants and Stewart's (2014) study provided multiple booster sessions. As for component analysis, O'Donohue et al. (2003) were able to provide more validity to the constructs of rape myth acceptance, empathy and outcome expectancies in their specific program. Multiple sessions and component analysis

are still lacking in the field of prevention research. Social desirability is an ongoing problem. Only two studies have used measures for social desirability, including Davis and Liddell (2002) and Stephens and George (2009). However, only Stephens and George could account for social desirability in their data.

The studies still use different measures of both sexual assault and its theorized causes, which makes it difficult to compare findings across studies. There remains a lack of detail in the descriptions of the programs, which makes it difficult to replicate these programs. Some studies, such as Foubert and Perry (2007) and Choate (2003), use curricula that can be accessed. Others, such as Salazar et al. (2014), and O'Donohue et al. (2003), have programs created for the study, which cannot be accessed by others. Differentiating between a statistical and clinical significance is still an issue, as only a few studies have classified participants as high or low risk, including O'Donohue et al. (2003), and Stephens and George (2004; 2009).

Many questions still remain to be addressed by future programs. One is whether a combination of formats is more effective or one format. How long will the changes in the participants last because of a specific program? Which types of programs are most effective, a computer-based, video-based or a facilitated intervention? Are male facilitators or male-female pairs of facilitators more effective? How many sessions are necessary for the effects to last?

Most of the programs are focused on male-on-female sexual assault, except for Foubert and Perry (2007) and Langhinrichsen-Rohling et al. (2011). Programs should not exclude men who identify as LGBT and perhaps an effort should be made to be more inclusive in addressing the different ways that sexual violence may manifest itself – outside of the heterosexual dynamic. Orchowski et al. (2010) has argued that men's programs should be presented with

complementary women's programs in order to teach risk-reduction. Women's programs also encourage a sexually aware community and bystander intervention. Women's programs are beneficial in dismantling rape myths and encouraging support of survivors. So far Gidycz et al. (2011) is the only study that has performed this pairing of men's and women's programs. Perhaps more programs should follow suit.

Conclusion

Schewe and O'Donohue's (1993) and Yeater and O'Donohue's (1999) analyses disclose the fundamental challenge of prevention programs to address the causes of rape when multiple causes have been identified through research, yet a single primary cause has not been identified. Some causes, such as childhood abuse, fall outside the scope of a campus prevention program and cannot be addressed. In addition, there is a shortage of follow-up assessments to the programs or evaluation of incidence of sexual assault. The current analysis of men's sexual assault programs reveal that several components are effective in prevention programs, including educating participants about rape statistics; reducing rape myth acceptance; increasing victim empathy; addressing masculine gender norms and socialization; and increasing bystander intervention. However, several challenges in the creation and evaluation of these programs still need to be addressed in order to permit more effective evaluation of programs.

References

Bandura, A. (1973). *Aggression: A social learning analysis*. Englewood Cliffs, NJ: Prentice

    Hall.

Bandura, A., Adams, N. E., & Beyer, J. (1977). Cognitive processes mediating behavioral

    change. *Journal of Personality and Social Psychology*, *35*, 125-139.

Banyard, V. L., Moynihan, M. M., & Plante, E. G. (2007). Sexual violence prevention through

    bystander education: An experimental evaluation. *Journal of Community Psychology, 35,*

    463–481. doi:10.1002/jcop.20159.

Barak, A., & Lacrosse, M. B. (1975). Comparative perceptions of practicum counselor

    behavior. *Counselor Education and Supervision, 16*, 202-208.

Berkowitz, A. D. (1994). A model acquaintance rape prevention program for men. In A. D.

    Berkowitz (Ed.), *Men and rape: Theory, research and prevention programs in higher*

    education (pp. 35-42). San Francisco, CA: Jossey-Bass.

Berkowitz, A. D., Lobo, T., & Gidycz, C. A. (2000). *The men's workshop*. Unpublished program

    protocol.

Berkowitz, A. D., Lobo, T., & Gidycz, C. A., Robison, T., & Zimak, E. (2006). *Community*

    programming initiative program protocol: The men's workshop. Unpublished program

    protocol.

Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J.,

    & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey

    (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and

    Control, Centers for Disease Control and Prevention.

Boeringer, S. B., Shehan, C. L., & Akers, R. L. (1991). Social contexts and social learning in

    sexual coercion and aggression: Assessing the contribution of fraternity membership.

    Family Relations, 40, 58-64.

Breitenbecher, K. H., & Scarce, M. (1999). A longitudinal evaluation of the effectiveness of a

    sexual assault education program. *Journal of Interpersonal Violence*, *14*(5), 459–478.

    doi: 10.1177/088626099014005001.

Breitenbecher, K. H., & Scarce, M. (2001). An evaluation of the effectiveness of a sexual assault

    education program focusing on psychological barriers to resistance. *Journal of*

    Interpersonal Violence, *16*(5), 387–407. doi: 10.1177/088626001016005001.

Bruner, J. B. (2002). *Measuring rape-supportive attitudes, behaviors, and perceived peer norms*

    among college students: Validation of a social norms survey (Unpublished doctoral

    dissertation). University of Northern Colorado, Greeley.

Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality*

    and Social Psychology, 38, 217-230.

Centers for Disease Control and Prevention. (2011). The national intimate partner and sexual

    violence survey: An overview. Retrieved from website:

    http://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_digest_final-a.pdf

Centers for Disease Control and Prevention. (2014). Understanding sexual violence: Fact sheet.

    Retrieved from website: http://www.cdc.gov/violenceprevention/pdf/sv-factsheet.pdf

Choate, L. H. (2003). Sexual Assault Prevention Programs for College Men: An Exploratory

    Evaluation of the Men Against Violence Model. *Journal of College Counseling*, *6*(2),

    166–176. doi:10.1002/j.2161-1882.2003.tb00237.x.

Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of

psychopathology. *Journal of Consulting Psychology, 24*, 349-354.

doi:10.1037/h0047358.

Dahl, B. (1993). *Sexual coerciveness and date rape.* Unpublished master's thesis,

University of Washington, Seattle, Washington.

Davis, T. L., & Liddell, D. L. (2002). Getting inside the house: The effectiveness of a rape

prevention program for college fraternity men. *Journal of College Student Development*,

43(1), 35–50.

Deitz, S., Blackwell, K., Daley, P., & Bentley, B. (1982). Measurement of empathy toward rape

victims and rapists. *Journal of Personality and Social Psychology*, *43*, 372-383.

Dermen, K. H., & Cooper, M. L. (1994). Sex-related alcohol expectancies among

adolescents: I. Scale development. *Psychology of Addictive Behaviors, 8,* 152-160.

Egidio, R., & Robertson, D. (1981). Rape awareness for men. *Journal of College Student

Development*, *22*(5), 455–456.

Foubert, J. D. (2005). *The Men's Program: A peer education guide to rape prevention* (3rd ed.).

New York: Routledge.

Foubert, J. D., & Perry, B. C. (2007). Creating Lasting Attitude and Behavior Change in

Fraternity Members and Male Student Athletes: The Qualitative Impact of an Empathy-

Based Rape Prevention Program. *Violence Against Women*, *13*(1), 70–86.

doi: 10.1177/1077801206295125.

Foubert, J. D. (2010). *The Men's and Women's Programs: Ending rape through peer education*.

New York: Routledge.

Fultz, J., Schaller, M., & Cialdini, R. B. (1988). Empathy, sadness, and distress: Three related but distinct vicarious affective responses to another's suffering. *Personality and Social Psychology Bulletin*, *14*(2), 312-325.

George,W., & Marlatt, G. (1984). *Relapse prevention with sexual offenders: A treatment manual*. (Available from the Florida Mental Health Institute, 13301 Bruce B. Downs Blvd., Tampa, FL 33612)

Gibson, D. B., & Humphrey, C. F. (1993). *Educating in regards to sexual violence: An interactional dramatic acquaintance rape intervention*. Unpublished manuscript, University of Minnesota, Sexual Violence Program, Minneapolis.

Gidycz, C. A., Orchowski, L. M., &- Berkowitz, A. D. (2011). Preventing sexual aggression among college men: An evaluation of a social norms and bystander intervention program. *Violence Against Women*, *17*(6), 720–742. doi: 10.1177/1077801211409727.

Glick, P., & Fiske, S. T. (1996). The ambivalent sexism inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology, 70,* 491–512. doi:10.1037/0022-3514.70.3.491.

Grube, J. W., Mayton, D. M., & Ball-Rokeach, S. J. (1994). Inducing change in values, attitudes, and behaviors: Belief system theory and the method of value self-confrontation. *Journal of Social Issues*, *50*, 153-173.

Hamburger, M. E., Hogben, M., McGowan, S., & Dawson, L. J. (1996). Assessing hypergender ideologies: Development and initial validation of a gender-neutral measure of adherence to extreme gender role beliefs. *Journal of Research in Personality, 30*, 157-178.

Hays, R. D., Toshi Hayashi, and Anita L. Stewart. (1989). A five-item measure of socially

    desirable response set. *Educational and psychological measurement* 49.3 629-636.

Heppner, M. J., Good, G. E., Hillenbrand-Gunn, T. L. Hawkins, A. K., Hacquard, L. L., Nichols,

    R. K., et al. (1995). Examining sex differences in altering attitudes about rape: A test of

    the Elaboration Likelihood Model. *Journal of Counseling & Development, 73*, 640-647.

Heppner, M. J., Humphrey, C. F., Hillenbrand-Gunn, T. L., & DeBord, K. A. (1995). The

    differential effects of rape prevention programming on attitudes, behavior, and

    knowledge. *Journal of Counseling Psychology, 42,* 508-518.

Hong, L. (2000). *Men against violence training manual: Millenial edition*. (Available from Men

    Against Violence, Louisiana State University, 275 Student Health Center, Infirmary

    Road, Baton Rouge, LA 70803).

Koss, M., & Oros, C. (1982). Sexual Experiences Survey: A research instrument investigating

    sexual aggression and victimization. *Journal of Consulting and Clinical Psychology*, *50*,

    455-457.

Langhinrichsen-Rohling, J., Foubert, J. D., Brasfield, H. M., Hill, B., & Shelley-Tremblay, S.

    (2011). The Men's Program: Does it impact college men's self-reported bystander

    efficacy and willingness to intervene? *Violence Against Women*, *17*(6), 743–759.

    doi: 10.1177/1077801211409728.

Le Page, J. M. (Producer, Director). (1985). *Rethinking rape* [videotape]. (Available from Diner

    and Allied Film & Video Services, San Francisco, California).

Lonsway, K. A., & Fitzgerald, L. F. (1995). Attitudinal antecedents of rape myth acceptance:

    A theoretical and empirical reexamination. *Journal of Personality and Social Psychology,*

68, 704-711.

Malamuth, N. M. (1989a). Attraction to sexual aggression scale: Part one. *Journal of Sex Research, 26,* 26-49.

Malamuth, N. M. (1989b). Attraction to sexual aggression scale: Part two. *Journal of Sex Research, 26,* 324-354.

Media Education Foundation. (1994). *The date-rape backlash* [Video recording]. (Available from Media Education Foundation, 26 Center Street, Northhampton, MA 01060).

Mosher, D., & Sirkin, M. (1984). Measuring a macho personality constellation. *Journal of Research in Personality*, *18*, 150-163.

O'Donohue, W., McKay, J. S., & Schewe, P. A. (1996). Rape: The roles of outcome expectancies and hypermasculinity. *Sexual Abuse: A Journal of Research and Treatment*, *8*(2), 133-141.

O'Donohue, W., Yeater, E. A., & Fanetti, M. (2003). Rape prevention with college males: The roles of rape myth acceptance, victim empathy, and outcome expectancies. *Journal of Interpersonal Violence*, *18*(5), 513–531. doi: 1177/0886260503251070.

O'Neil, J. M., Helms, B. J., Gable, R. K., David, L., & Wrightsman, L. S. (1986). Gender Role Conflict Scale: College men's fear of femininity. *Sex Roles*, *14*(5-6), 335-350.

Orchowski, L. M., Gidycz, C. A., & Murphy, M. J. (2010). Preventing campus-based sexual violence. (K. L. Kaufman, Ed.) (First edition). *The Prevention of Sexual Violence: A Practitioner's Sourcebook (*415-447). Holyoke, Mass.; Lebanon, NH: Neari Press.

Oregon Sexual Assault Taskforce, & Oregon Department of Human Services. (2006). *Recommendations to prevent sexual violence in oregon: A plan of action*. Portland, OR.

Paulhus, D. L. (1984). Two-component models of socially desirable responding. *Journal of Personality and Social Psychology, 46,* 598-609.

Payne, D. L., Lonsway, K. A., & Fitzgerald, L. F. (1999). Rape myth acceptance: Exploration of its structure and its measurement using the Illinois Rape Myth Acceptance Scale. *Journal of Research in Personality, 33,* 27-68.

Piccigallo, J. R., Lilley, T. G., & Miller, S. L. (2012). "It's cool to care about sexual violence" men's experiences with sexual assault prevention. *Men and Masculinities*, *15*(5), 507–525. doi: 10.1177/1097184X12458590

Salazar, L. F., Vivolo-Kantor, A., Hardin, J., & Berkowitz, A. (2014). A web-based sexual violence bystander intervention for male college students: Randomized controlled trial. *Journal of Medical Internet Research*, *16*(9), 3–24.

Schewe, P., & O'Donohue, W. (1993). Rape prevention: Methodological problems and new directions. *Clinical Psychology Review*, *13*(7), 667–682. doi: 10.1016/0272-7358(93)90032-H.

Spence, J. T., Helmreich, R., & Stapp, J. (1973). A short version of the Attitudes Toward Women scale (AWS). *Bulletin of the Psychonomic Society, 2*, 219-220.

Stephens, K. A., & George, W. H. (2004). Effects of anti-rape video content on sexually coercive and noncoercive college men's attitudes and alcohol expectancies. *Journal of Applied Social Psychology*, *34*(2), 402–416. doi: 10.1111/j.1559-1816.2004.tb02554.x.

Stephens, K. A., & George, W. H. (2009). Rape prevention with college men: Evaluating risk status. *Journal of Interpersonal Violence*, *24*(6), 996–1013. doi: 10.1177/0886260508319366.

Stewart, A. L. (2014). The Men's Project: A sexual assault prevention program targeting college men. *Psychology of Men & Masculinity*, *15*(4), 481–485. doi: 10.1037/a0033947.

Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised conflict tactics scales (CTS2) development and preliminary psychometric data. *Journal of family issues*, *17*(3), 283-316.

The MARGARET Fund. (2015). *Titleix.info: History of title ix*. Retrieved from http://www.titleix.info/History/History-Overview.aspx.

U.S. White House Task Force. (2014). *Not alone: The first report of the white house task force to protect students from sexual assault*. Retrieved from https://www.notalone.gov/assets/report.pdf

van Zomeren, M., Spears, R., Fischer, A. H., & Leach, C. W. (2004). Put your money where your mouth is! Explaining collective action tendencies through group-based anger and group efficacy. *Journal of Personality and Social Psychology, 87,* 649–664. doi:10.1037/0022-3514.87.5.649.

Yeater, E. A., & O'Donohue, W. (1999). Sexual assault prevention programs: Current issues, future directions, and the potential efficacy of interventions with women. *Clinical Psychology Review*, *19*(7), 739-771.