

DECREASING MISPERCEPTIONS OF SEXUAL VIOLENCE TO INCREASE  
BYSTANDER INTERVENTION: A SOCIAL NORMS INTERVENTION

by

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## DISSERTATION ABSTRACT

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Title: Decreasing Misperceptions of Sexual Violence to Increase Bystander Intervention:  
A Social Norms Intervention

Sexual violence (SV) on college campuses is a significant and enduring problem. Campus administrators, advocates, family members, students, and researchers have examined the factors that enable SV and have developed university-based pilot programs to reduce SV rates. This study contributes to existing SV intervention literature by examining the impact of a social norms intervention, delivered by university peers, on SV attitudes, knowledge, bystander involvement, and behavior change on university men living in fraternity communities. Fraternity units were randomly assigned to an existing student-led forty-five minute SV awareness training (Sexual Wellness Advocacy Team, SWAT), to SWAT plus, which had additional time devoted to SV social norms and bystander intervention, and to a wait-list control. Participants included male members (N = 324) of nine fraternities at a large public university. Four outcomes were examined: SV knowledge, attitudes, behaviors, and social norms among male fraternity members. Measurements were taken at pretest, two-week posttest, and four-month follow-up. Data were analyzed using Poisson regression, Hierarchical Linear Modeling, and repeated measures ANOVA. Overall, results indicated mixed results for the effectiveness of SWAT and SWAT plus compared to the control group. There was evidence that both interventions, when analyzed together and compared to the control group, were effective

at decreasing rape myth acceptance. When analyzed separately, both SWAT and SWAT plus were effective at increasing the number of helpful bystander behaviors participants could list and increasing bystander self-efficacy. The SWAT plus intervention appeared to be more effective at increasing actual bystander intervention behavior. The SWAT intervention appeared to be more effective at increasing intention to help. There were also mixed results for the effectiveness at posttest and follow-up. Implications for future research and practice are discussed.

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# CHAPTER I

## INTRODUCTION

### **Sexual Violence on a College Campus: Scope of Problem**

Sexual violence (SV) on college campuses is a significant problem. Between 20 and 25% of college women experience attempted or completed rape during their college years (Fisher, Cullen & Turner, 2000; Krebs, Lindquist, Warner, Fisher & Martin, 2009a, 2009b). Undergraduate men report much lower rates of SV victimization relative to their female peers (Krebs et al., 2009a). Although both women and men are victims of SV, men are the primary perpetrators (98.7%) of sexual assault (Uniform Crime Report, 2004). In a review of violence within dating relationships, Murray and Kardatzke (2007) reported that approximately one in three college women may be survivors of dating violence. Studies examining the dynamics of SV on a college campus reveal that nine in ten sexual assault victims know their perpetrators (Fisher et al., 2000).

### **Societal and Individual Consequences of Sexual Violence**

The harmful and often long-lasting physical, psychological, social and health consequences of SV are widely documented (Center for Disease Control, 2009). Campbell, Sefl and Ahrens (2003) identified problems with physical health including: chronic illness, chronic headaches, fatigue, injuries, sleep disturbance, sexual dysfunction, and unwanted pregnancy for women. Psychological health issues related to SV include anxiety, humiliation, depression, stress, suicidal ideation, and trouble concentrating (Gidycz, Orchowski, King & Rich, 2008; Silverman, Raj, Mucci & Hathaway, 2001; Ullman & Brecklin, 2003). These physical and psychological health issues can lead to self-defeating behavioral problems such as drug use, eating disorders,

heavy drinking, physical fights, lowered academic achievement, and school drop-out (American College Health Association, 2007; Gidycz et al., 2008). These health and behavior consequences at the individual level, naturally, have community-wide social and economic implications.

The prevalent nature of SV on college campuses has led campus administrators, advocates, community and family members, students, and researchers to question the factors that enable this problem behavior and, considering the existing social dynamics, how change can be enacted. Although SV occurs in society at large as well as on college campuses, female college students are at higher risk of victimization than non-college bound peers (Fisher et al., 2000). Understanding the dynamics of SV in society at large informs SV prevention and intervention on college campuses.

### **Definition of Sexual Violence**

In the late 1980's Feminist scholar Liz Kelly (1987) defined SV as a continuum of related unwanted sexual behaviors, suggesting that women's experience of sexual harm was more complex than the legal definitions of sexual offenses. These behaviors universally stem from sexism and include normalized gender violence, rigid gender roles, sexual harassment, rape, child rape, and rape/murder. Guy (2006) claimed that SV is "...a predictable consequence of the power differential between men and women" (p. 4) and that societal attitudes and norms enable it to continue. Guy (2006) argued that oppression is at the root of all violence and, in order to end any type of violence, all forms of oppression – including racism, ableism, heterosexism, anti-Semitism, and classism – must be eliminated.

## **Ecological View of Sexual Violence**

Urie Bronfenbrenner (1979) argued that development takes place within nested systems, ranging from the individual to the larger socio-cultural context, and that these systems influence and interact with one another. Extant literature reveals that SV, similar to other problem behaviors, is the result of complex influences of individual and environmental factors (Dahlberg & Krug, 2002). Risk of perpetration includes individual variables such as drug and alcohol use and/or rape-supportive cognitions and attitudes. In addition, environmental factors influence the risk of perpetration. For example, Schwartz and Nogrady (1996) identified the importance of peer norms, specifically “high levels of male peer support” for sexual violence. Given these assumptions, in order for prevention and intervention programs to be effective, individual and environmental factors must be addressed.

## **Overview of Group Norms Theory**

Environmental factors such as group norms, group pressure, and deviancy play a critical role in determining how SV and other forms of oppression continue. Norms serve as important mechanisms of social control in society (Feldman, 1984). Group norms regulate the attitudes and behaviors of a group at both the individual and group level. Through experiences with the group, members develop shared ideas and role expectations that serve to govern individuals. At the group level, norms are the organized and shared ideas about what members should do and feel, how they will be regulated, and what sanctions will be applied if they are violated (Mills, 1967). Group norms, which are often invisible, require new members to scan, learn, watch and imitate before they learn what is acceptable to the group and gain the group’s acceptance (Napier & Gershenfeld, 2004).

Generally, group members become entrenched in the group norms, such that the norms become second nature, move out of conscious awareness, and become difficult for members to identify.

Identifying and addressing invisible group norms is an important step in understanding how certain behaviors are maintained and to effectively change group norms. For example, the World Health Organization (2009) argued that the shame associated with rape victimization is the consequence of a powerful and largely invisible social norm in the United States, and further suggest that this norm prevents disclosure of SV by the victim to friends or authorities who may be able to help her/him. Without a supportive environment for victims to disclose the violence, victims are silenced and the perpetrators can continue their oppressive behaviors.

Discussion of both visible and invisible group norms, however, may threaten group cohesiveness, especially when there are other important things to talk about, when membership is changing, or when there are high emotions (Napier & Gershenfeld, 2004). The threat of breaking up the group, in turn, reduces the probability of discussing group norms, thus exacerbating the invisible nature of group norms.

Internal forces, such as interpersonal conflict, and external forces, in which others attempt to influence an individual, both work to maintain group norms (Feldman, 1984). Sherif and Asch highlight individuals' strong internal needs for group acceptance and belonging, even when going along with the group contradicts evidence. For example, Sherif (1935) demonstrated that group convergence is common when a situation is ambiguous and there is no external reality to determine the "right answer." Asch (1951) sought to understand when individuals would act independently of the group and when

they would conform and concluded that even in unambiguous situations with strong external evidence, individuals often chose group conformity. Moreover, Festinger (1954) highlighted the important role of group acceptance by exploring how individuals compare themselves to one another in order to confirm perceptions and beliefs. He proposed that humans have an innate drive to evaluate their opinions and abilities. Considering that there is no objective, nonsocial way to evaluate ourselves, Festinger argued that through observing and listening to others we develop a social reality. One's social reality is dependent upon those with whom she/he compares herself/himself. Michinov and Michinov (2001) found that individuals with low levels of self-knowledge compare themselves to anyone, whereas individuals with high self-knowledge compare themselves to others who are more similar to them. This finding suggests that social realities differ for people with different levels of self-knowledge, and this, consequently, affects perception of group acceptance.

External forces also contribute to the reinforcement of group norms. Napier and Gershenfeld (2004) identified two reasons why individuals attempt to influence one another to comply with group norms: 1) to achieve group goals, and 2) group maintenance. An example of how external forces can be used to achieve a group goal is illustrated in a 1988 study on binge eating in sororities. Crandall found clear evidence of group norms that supported "binge eating the right amount." Members who binged more or less than the mean amount were ranked by their peers as less popular compared to those who binged the mean amount. Crandall (1988) highlighted physical attractiveness as this group's goal, as evidenced by body size and shape, and claimed the group used the

group norm of “binging the right amount” to achieve the group goal of physical attractiveness.

External forces are also used to maintain the group. Group members will enforce norms to try to protect themselves from harassment or interference from outside groups. Enforcing norms also reveals the boundaries that distinguish a group. Martin and Hummer (1989) showed that norms present in fraternities often emphasize a stereotypical concept of masculinity. Specifically, they found that behaviors in fraternities, such as competition over new members, sports, or women, encouraged a “context in which the use of coercion in sexual relations with women is normative” (p. 459). These behaviors, therefore, were found to reinforce the idea of masculinity and perpetuate group norms. Other characteristics of fraternities, such as the practices of “brotherhood,” which includes loyalty, group protection, secrecy, the use of alcohol, and the commoditization of women, also contribute to the sexual coercion of women. Martin and Hummer concluded that fraternities create a socio-cultural context in which the use of coercion in sexual relationships is normative and that there is little outside oversight to deter these behaviors.

Individual adherence to group norms and deviance from group norms both play an integral role in maintaining norms. Group members are more likely to adhere to group norms if continued membership is desired, lower status is perceived, the salience of membership is heightened, the group is cohesive, and sanctions are expected for deviant behavior. When a member deviates from group norms, other members may heighten their attention to these members in an attempt to lessen the deviancy. If the deviating member persists with their behavior, she/he may be ostracized from the group. However, if the

deviating member is a high-status member, it may cause the group to re-evaluate and decide to change existing norms (Hollander, 1960). Through deviant behaviors, members are able to further refine group norms and learn more clearly what is acceptable and what is not.

Group norms tend to work to preserve the status quo, even when the norms are no longer relevant or productive (Napier & Gershenfeld, 2004). Maintenance of the group norms fosters security and order, thus increasing the probability of survival for the group. Although changing group norms is often difficult, several factors tend to be associated with group norm change. High status group members, unlike low-status group members, can deviate from norms and are less likely to be sanctioned, thus making them more likely to deviate and successfully change norms (Hollander, 1960). In addition, group members with high self-esteem, who may be more willing to take risks, tend to be more likely to successfully deviate from and change group norms (Constanzo, 1970). Other avenues for changing group norms include contagion, influence from the external environment, in-group diagnosing and modifying norms, outside consultants, and group discussions (Lippitt, Watson, & Westley, 1958). According to Lewin (1945), changing group norms occurs through three stages. First, members must experience disequilibrium or feel a need to change. Second, behavioral changes occur as members act in a different way from the previous norm. Stage three involves maintenance of the new behaviors.

### **The Social Norms Approach**

Applied extensively and successfully to health promotion and prevention, the social norms approach explains how our behavior is affected by misperceptions about how other group members think and act (Berkowitz, 2004). Specifically, this approach is

based on data that demonstrates that there are disparities between actual and perceived attitudinal and behavioral norms (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2003). For example, if a group member believes other members of his group make sexist comments, even if in actuality they do not, he would be more likely to behave the same way to try and fit in. This is an example of how *descriptive norms*, or perceptions of what behaviors are actually occurring, can be misperceived and can negatively affect behaviors. *Injunctive norms*, or perceptions of which behaviors are typically approved, can also be misperceived and negatively affect behaviors. In this case, a group member might believe that other members of his group condone sexist jokes, although they do not necessarily do it themselves, and be more likely to make a sexist joke to try and fit in to the group. Misperceptions occur for problem behaviors (often overestimated) and healthy behaviors (often underestimated), and may cause individuals to change their behaviors to fit a misperceived norm (Prentice & Miller, 1993). This can act to reinforce or rationalize the problem behavior and reduce healthy behaviors.

Examining how different misperceptions affect behavior directly informs interventions aimed at diminishing problem behavior and encouraging positive behavior. There are three types of misperceptions: 1) Pluralistic ignorance, 2) False consensus, and 3) False uniqueness (Napier & Gershenfeld, 2004). The most common, pluralistic ignorance, occurs when the majority of individuals assume that peers' attitudes and behaviors differ from them when they are actually similar. False consensus is the incorrect belief that other's attitudes and behaviors are similar to oneself when they are not. Finally, false uniqueness occurs when individuals in the minority assume the

difference in attitudes and behaviors between themselves and others is greater than it actually is.

The social norms approach focuses on how pluralistic ignorance affects behaviors. Misperceptions often occur during periods of social change, when attitudes change faster than social norms and are intensified during times of personal change (physiologically or biologically). Berkowitz (2004) describes the sequence of what can occur with pluralistic ignorance. First, he asserts that our actions (e.g., choosing whether to respond or not) are often based on misinformation or misperceptions of our environment. For example, individual bystanders who believe, even if it isn't true, that the majority of their peers endorse sexist behaviors will be less likely to intervene and stop it when they are confronted with it. Pluralistic ignorance, therefore, is self-perpetuating because it discourages the expression of positive attitudes and behaviors that are inaccurately seen as going against the norm and encourages problem attitudes and behaviors, which are inaccurately seen as normative.

There is extensive evidence that demonstrates how misperceptions of problem behaviors negatively impact actual behaviors and how the social norms approach can be used to counter these misperceptions and reduce problem behaviors. This has been documented for alcohol use on college campuses (Perkins, Meilman, Leichliter, Cashin, & Presley, 1999), illegal drug use (Perkins, 1994), cigarette smoking (Chassin, Presson, Sherman, Corty & Olshavsky, 1984), eating disorders (Kusch, as cited in Berkowitz, 2002), and with attitudes associated with racism, sexism, heterosexism, and anti-Semitism (Bowen & Bourgeois, 2001). Berkowitz (2004) claims that the demonstrated success of the social norms approach can be attributed to two factors. First, the social

norms approach focuses on healthy behaviors and how to increase them, whereas traditional approaches focus on decreasing negative behaviors without acknowledging a healthy alternative, thus inadvertently contributing to the problem. Second, the social norms approach focuses on peer influence, which has been shown to have a greater influence on individual behavior than biology, personality, family, religion, and culture influences (Berkowitz & Perkins, 1986; Borsari & Carey, 2001; Kandel, 1985; Perkins, 2002).

**Social norms approach applied to sexual violence.** Berkowitz (2004) argued that a social norms approach in SV prevention can be effective because it changes the culture surrounding a perpetrator. Specifically, group members who do not hold rape-supportive attitudes may remain a silent bystander if they incorrectly believe that other members hold rape-supportive attitudes. Interventions that deliver appropriate information to the right people can help shift people from a passive bystander role to an active role. When designing the intervention, it is essential to consider the culture or community of an individual and the meaning of information within that culture (Berkowitz, 2004). Even without personally engaging in a problem behavior, group leaders contribute to the climate of pluralistic ignorance by the way they talk about the behavior. Pluralistic ignorance thus serves to strengthen beliefs and values that the leaders do not actually hold. For a norm to be perpetuated, the majority does not actually have to believe it, but the majority has to believe that the majority believes it.

Numerous studies suggest that misperceptions around attitudes and behaviors related to SV do exist among college men. For example, men report that they do not believe in many societal myths about masculinity but believe that other men do

(Gottfried, 2002, as cited in Berkowitz, 2004; Sharpe & Heppner, 1991). Berkowitz, Burkhart and Bourg (1994), Bruce (as cited in Berkowitz, 2004) and Kilmartin et al. (1999, as cited in Berkowitz, 2004), in separate studies, found that undergraduate males underestimate the extent to which other men are uncomfortable with objectification/degrading of women, believe other college students are more sexually active than they are, and believe other college students are more likely to believe in rape myths. In addition, they found that most college men did not endorse enjoying forcing a woman to be sexually intimate but thought that others would. Kilmartin et al. (1999, as cited in Berkowitz, 2004) reported that men overestimate the extent to which college men engage in unwanted sex compared to themselves.

**Social norms approach and sexual violence prevention.** Recent studies have successfully applied Social Norms Approach to SV prevention (Hillenbrand-Gunn et al., 2004; Rodriguez, Kulley & Barrow, 2003; White, Williams and Cho, 2003; as cited in Berkowitz, 2004). Kilmartin et al. (1999, as cited in Berkowitz, 2004) developed a campaign that successfully reduced men's misperceptions about other men's comfort with sexist comments. Bruce (as cited in Berkowitz, 2004) developed a media campaign for men around sexual violence prevention. By exposing these misperceptions, Bruce showed success by increasing the percentage of men who engaged in behaviors that could prevent SV. Hillenbrand-Gunn et al. (as cited in Berkowitz, 2004) designed a successful social norms approach intervention with male high school students. Participants rated peers' rape-supportive attitudes as worse than peer self reports. After the intervention, participants' ratings of peers' rape-supportive attitudes were significantly more accurate. White, Williams and Cho (as cited in Berkowitz, 2004) designed a media campaign

targeted at deaf and hard-of-hearing college students that successfully changed attitudes and perceptions related to sexual violence and resulted in fewer numbers of sexual assaults among deaf and hard-of-hearing students.

### **Perpetrators of Sexual Violence**

Some studies have found that those who perpetrate SV are “normal” men (Berkowitz, Burkhart, & Bourg, 1994). However, there is a growing body of literature that suggests that perpetration is highly correlated with group membership, specifically all-male groups (Fritner & Rubinson, 1993). Godenzi, Schwartz, and DeKeseredy (2001) posit that it is not group membership per se, but peer support for sexual violence within these groups that leads to problematic behavior. DeKeseredy and Schwartz’s (1993) Modified Male Peer Support Model uses a variety of empirically tested factors to explain SV against women on college campuses, from environmental factors like social patriarchy and membership in social groups to individual factors like heavy use of alcohol. According to DeKeseredy and Schwartz, the male peer-support factors that specifically contribute to SV against women include: a narrow conception of masculinity, group secrecy, and the sexual objectification of women. This model highlights the complex connection of male peer group support, social norms, and SV.

### **Fraternities and Sexual Violence**

College fraternities are one group that has been identified in SV literature as a high-risk group for sexual perpetration. In most SV literature, fraternity members have been shown to have more attitudes and behaviors associated with SV than non-fraternity members (Murnen & Kohlman, 2007). McMahon (2010) found that among incoming college students, those pledging a fraternity/sorority held higher rape myth acceptance

beliefs than those not pledging. In another study, Boeringer (1999) also found that fraternity members endorsed more acceptance of rape myths than non-fraternity members. Boeringer also found that fraternity members reported engaging in more sexually coercive and aggressive acts than other college men. Additionally, members of fraternities reported significantly greater use of alcohol or drugs to coerce a woman into engaging in sexual intercourse than non-fraternity members (Boeringer, 1999). Auster and Leone (2001) examined the impact of fraternity membership on respondents' attitudes on marital rape and found that non-fraternity men, compared to fraternity members, were significantly more likely to indicate that they strongly approve of marital rape legislation and that husbands who perpetrate marital rape should be prosecuted. Furthermore, Bleeker and Murnen (2005) found that compared to non-fraternity men, fraternity members endorsed significantly higher rape myth acceptance. They also had significantly more images of women displayed in their rooms and that these images were rated significantly more degrading than images of women found in rooms of non-fraternity men.

However, a smaller number of studies have found that there is no significant difference in attitudes and behaviors related to SV between fraternity members and non-fraternity members (e.g., Koss & Gaines, 1993; Schwartz & Nogrady, 1996). Humphrey and Kahn (2000) suggest that this may be due to the fact that researchers examine fraternities as a homogenous group, and that some fraternities vary widely in social norms and attitudes and beliefs related to SV. In their study, they categorized fraternities and athletic groups into high risk and low risk groups based on peer ratings of social norms of sexual aggression. They found that members of high-risk groups reported

committing significantly more sexual aggression than members of low-risk groups and control groups combined. This suggests that it may be important to look at between-group differences among fraternities.

### **Federal Requirements to Address Sexual Violence on College Campuses**

Due to the prevalence of SV and long lasting community and individual consequences, the federal government mandates that colleges that receive federal funding provide comprehensive education about erroneous beliefs about rape, general rape-related information, prevention strategies, campus resources, and support services for survivors (Gonzales, Schofield & Schmitt, 2005). In addition, the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act, 1990) requires universities and colleges that participate in federal financial aid programs to keep and disclose information about all reported crimes, including sexual offenses, on or near the campus. In 2010, the UO reported seven forcible sex offences on campus and three off campus (University of Oregon Annual Campus Security and Fire Safety Report, 2011).

### **College Students and Sexual Violence**

The majority of college students are in the developmental period of emerging adulthood, which is marked by distinct biological, cognitive and social development. These changes, including enhanced strategic executive control (Labouvie-Vief, 2006), increased critical thinking and ability to consider multiple view points, are paired with increased participation in risky behaviors such as binge drinking, unprotected sexual activity, and so forth (Dawson, Grant, Stinson & Chou, 2004), and, therefore, make emerging adulthood an opportunistic developmental period for effective prevention and intervention efforts.

## **Current Sexual Violence Prevention and Intervention Programs**

To create and implement effective SV prevention programming, it is important to understand current strategies and how they have been evaluated. A review of the sexual assault prevention research literature from 1970 to 2002 identified two broad categories of programming: attitude change focused educational programs and self-defense programs (Sochting, Fairbrother & Koch, 2004).

The attitude change focused educational programs are typically 1-2 hour, one-time events. Lonsway (1996) reviewed 21 of these programs and found that only half were effective in decreasing rape supportive attitudes. Additionally, researchers have found that attitude changes typically return to baseline within 2-5 months (Anderson et al., 1998; Heppner, Humphrey, Hillenbrand-Gunn & DeBord, 1995), thus limiting potential long-term attitude and behavior changes. It is important to note that both interactive and non-interactive formats demonstrate reduced effectiveness at 2-5 month follow-up (Gilbert, Heesacker, & Gannon, 1991; Gray, Lesser, Quinn, & Bounds, 1990; Heppner et al., 1995). Finally, attitude change educational programs often do not measure how these attitude changes translate to behavior changes, and even fewer measure the most desired outcome, rape reduction (e.g., Breitenbecher & Gidycz, 1998; Breitenbecher & Scarce, 1999; Gidycz et al., 2001; Hanson & Gidycz, 1993; Sochting, Fairbrother & Koch, 2004).

Historically, attitude change focused sexual violence prevention programs have sought to reduce negative attitudes, such as rape myth acceptance. However, in recent years, sexual violence prevention researchers (e.g., Albee & Ryan, 1998; Banyard, Moynihan & Plante, 2007) have argued that there needs to be additional focus on

building positive behaviors to encourage healthy relationships. One particularly important component of healthy relationships is consent. Consent can be defined as “knowing or voluntary agreement to engage in sexual activity” (Limm & Roloff, 1999, p. 3). Borges, Banyard, and Moynihan (2008) examined the effectiveness of two sexual violence prevention programs that focused on educating participants about consent and found that brief (10 and 15-minute) prevention programs did produce positive changes in knowledge and understanding of consent. They also found that participants who took part in the longer, 15-minute program, which included a consent activity in addition to a lecture, showed larger gains in knowledge. More studies are needed to determine how gains in consent knowledge are translated into actual behavior and if changes in consent knowledge are maintained over time.

Self-defense trainings, the second common SV prevention programs on college campuses, have a goal of increasing a woman’s preparedness for a violent threat, without limiting her freedom. Many studies have shown that women’s self-defense training results in increased self-esteem, improved self-efficacy, improved assertiveness, reduced fear, and improved fighting skills (e.g., Brecklin, 2008). There has been limited empirical evidence linking participation in self-defense courses with sexual assault victimization. In a promising recent study, however, Hollander (2013) found that female participants who took a one-term (30 hours) self-defense credit class reported significantly fewer sexual assaults during the following year, compared to a control group of similar female students enrolled at the same university but in other classes. In addition to fewer reported assaults, participants who took the self-defense course were less likely to have been attacked at one-year follow-up, suggesting that the self-defense class may have impacted behavioral

or interactional patterns so that they are less likely to be targeted for sexual assault.

Hollander also found that, compared to the control group, participants in the self-defense class had significant increases in their belief that they could defend themselves from an attack at one-year follow-up. These results demonstrate the potential positive impacts of some self-defense programming on college campuses.

Heppner, Neville, Smith, Kivlighan, and Gershuny (1999) asserted that due to the wide variation in evaluation design, curriculum, structure, and target audience, generalizations about overall program impacts on attitudes and behaviors related to SV on college campuses are challenging. For this reason, researchers are cautioned against overextending results.

**Bystander intervention.** Although attitude change education and self-defense programs are currently the most prevalent SV interventions on college campuses, a promising new area is bystander intervention. Bystander intervention addresses environmental factors such as group norms, and encourages active bystander behaviors to reduce SV. Bystanders are defined as witnesses to crimes, emergencies or high-risk situations who are not themselves directly involved as perpetrators or victims (Banyard & Moynihan, 2011). Bystanders can step in to help the victim, do nothing, or help the perpetrator. Bystander intervention is a community approach to SV reduction in that it engages members of the community, rather than just potential perpetrators or victims, facilitating broader social change (Banyard, Plante & Moynihan, 2005).

Latane and Darley's (1970) situational model of bystander intervention highlights five necessary steps for bystander intervention. According to the model, bystanders must first notice the event, identify it as one where intervention is needed, take responsibility

for intervention, decide how to help, and finally act to intervene. Situational barriers, which may occur at any of these steps, inhibit the bystander intervention process (Latane & Darley, 1970). The model, often applied to high-risk or emergency situations, is now being applied to SV, a societal issue that is often viewed as a private or personal event. To date, however, SV programs that teach bystander intervention have shown promising but mixed results in reducing attitudes and behaviors related to SV (Banyard, Plante & Moynihan, 2004).

There are many reasons why focusing on bystander intervention may be beneficial. Planty (2002) found that third parties were present in nearly one third of reported sexual assaults, indicating that third parties could play an active role in reducing SV. Moreover, Banyard, Moynihan, Walsh, Cohn & Ward (2010) found that one in three college women and one in five college men reported that a friend has told them about a sexual victimization. Although bystanders to SV have the opportunity to intervene, many do not.

***Explanations for lack of intervention.*** There are several existing explanations for why some people do not intervene in high-risk situations. The first, *diffusion of responsibility*, asserts that individuals are less likely to intervene if there are more people present because they assume someone else will handle it (Chekroun & Brauer, 2002). Burn (2009) found that bystanders are less likely to intervene if they perceived less responsibility for the situation. The second predictor of bystander intervention is *evaluation apprehension*, meaning that individuals are less likely to respond if they fear they will look foolish (Latane & Darley, 1970). Addressing broader social norms is crucial for effective bystander intervention. For example, men are more likely to engage

in bystander intervention when they perceive community support for intervening (Bohner, Siebler & Scmelcher, 2006). The third predictor is *pluralistic ignorance*, the idea already defined that suggests when faced with an ambiguous situation, albeit high-risk, individuals are likely to respond to cues from those around them when deciding whether or not to respond (Latane & Darley, 1970). The fourth predictor is *confidence in skills*, in which individuals are more likely to intervene if they believe they have the skills to do so effectively (Latane & Darley, 1970.) Anderson and Danis (2007) found that many times individuals lack skills and confidence to effectively intervene. The last predictor is *modeling*. Individuals are more likely to intervene if they have seen someone else model active bystander behaviors in the past (Rushton & Campbell, 1977). For effective bystander intervention programming, each of these principles must be addressed.

#### **Sexual violence prevention programs including bystander intervention.**

Leading SV prevention programs used on college campuses that focus on bystander intervention include: Mentors in Violence Prevention (Katz, 1995), The Men's Program (Foubert, 2000), Bringing in the Bystander (Banyard, et al., 2004; Plante, Banyard, Moynihan & Eckstein, 2008), and Green Dot (Edwards, 2010). Each merits a brief review here.

***Mentors in Violence Prevention Program (MVP)***. Jackson Katz (1995) states that the focus of MVP is to "...challenge and reconstruct predominant male norms that equate strength in men with dominance over women" (p.166). Another goal of MVP is to encourage participants to use their status with their peers to help create healthy and respectful relationships. The program was developed for use with male college athletes

and later adapted for use with female college athletes and high school athletes. It is now used with diverse audiences of all ages and used in many institutional settings. In the program, sexism, heterosexism, and gender violence are linked, and sexism is explained as occurring on a continuum from strict gender roles to sexual harassment to rape and murder. According to Katz, a focus of MVP is to draw a personal connection to SV for the audience and to teach bystander intervention.

The MVP model consists of three 90-minute sessions each year with participating groups. In the beginning, all staff and coaches are trained in the model and playbook. The playbook, which consists of scenarios of attempted and completed sexual assault, is utilized with participants throughout all three sessions. Ideally, the sex of presenters matches that of participants. Sessions are interactive and members are encouraged to relate the scenarios to their real-life experiences. Most scenarios focus on bystander intervention, although a few also focus on men as perpetrators. The focus on bystander intervention, Katz argues, is instrumental in working through defensiveness common among participants.

MVP has been evaluated for use with high schools, colleges, and the United States Marine Corps. Evaluations typically consist of pre and posttest measures of attitudes and behaviors related to the role of bystanders in disrupting sexism and gender violence and reinforcing pro-social responses to situations of harm. Early evaluations of high school age youth revealed significant positive changes in attitudes and behavior (Ward, 2001). Anecdotal and qualitative research supports these findings. A two-year study examining MVP with fraternity and sorority members demonstrated that the MVP was effective at facilitating attitude and predicted behavior change for group participants

in comparison to a control group (Cissner, 2009). Specifically, workshop participants and peer educators endorsed significantly less sexist attitudes at posttest and held less sexist attitudes than the comparison group at posttest. In addition, participants and educators reported significantly higher self-efficacy to intervene at posttest and in regards to the comparison group at posttest. Participants attributed less sexist attitudes to their peers at posttest, although educators did not. Pretests were administered immediately before the session and post-tests were administered immediately after the session. The MVP program has a significantly greater effect on reducing sexist attitudes and increasing self-efficacy to intervene for peer educators compared to workshop participants. Cissner (2009) suggests that this may be due to self-selection to become a peer educator. Finally, when examining the impact of MVP program implementation on official university reports of SV, there is no indication that the MVP program had a significant effect. The author posits that due to the limited nature of reporting, the impact of the program would not be reflected in official reporting.

***The Men's Program (MP).*** The MP offers 55-minute training sessions by male peer educators to male audiences that aim to accomplish three things: 1) help men understand how to help a woman recover from rape, 2) increase bystander intervention in high-risk situations, and 3) challenge men to change their own behavior and influence the behavior of others. The MP consists of definitions of rape and sexual assault, a 15-minute video of a male survivor's story (in an attempt to create empathy), bystander intervention strategies, and an interactive section that utilizes guided imagery to help participants explore possible interventions in an alcohol related SV situation. There are question and answer sessions immediately following the program.

Results from evaluations of the MP using pretests and posttests demonstrate that it is effective in changing college men's perceived efficacy to engage in bystander intervention, self reported willingness to help victims of SV, and endorsement of rape myth beliefs from pretest to posttest (Langhinrichsen-Rohling, Foubert, Brasfield, Hill & Shelley-Tremblay, 2011). Pretests were administered directly before the intervention and posttests were administered immediately afterward.

***Bringing in the Bystander (BINB).*** This program uses a community responsibility model to teach bystanders how to intervene effectively and safely in situations of SV. It is based on MVP, the MP, and the work of Alan Berkowitz. BINB is conducted in groups by trained male and female peer facilitators who provide an interactive environment to learn about bystander intervention, SV, and safe and appropriate intervention skills. There are several main components of this program, including SV education, bystander intervention skill building, and commitment exercises. The educational component includes defining SV and clarifying beliefs about the actual incidence of SV by utilizing local statistics and community examples. Facilitators then introduce bystander intervention and practice of a range of bystander behaviors while doing a cost/benefit analysis of potential interventions. The commitment component includes a bystander pledge to intervene, and an "Active Bystanders Care" (ABC) card that displays the decision making process, lists ways to intervene, and provides contact information of relevant resources. There are currently two versions of BINB: 1) one 90-minute session and 2) three 90-minute sessions conducted over one week.

Results from evaluations demonstrate the efficacy of this program, specifically for increasing college student participants' knowledge, attitudes and behaviors about

effective responses to sexual violence (Banyard, et al., 2007). Results revealed that at two-month follow-up, participants in both the one-session and the three-session treatment groups showed improvements in measure of knowledge, attitudes and behaviors, whereas the control group did not. Most of the results were consistent at four-month and 12-month follow-up. Although the program was implemented with single-sex audiences, both men and women showed benefits. The program was also found to be effective when implemented with sorority members (Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2011). At five-week follow-up, sorority members had significantly higher bystander self-efficacy, likelihood to help, and responsibility for ending violence than a control group.

***Green Dot (GD)***. GD, informed by social diffusion theory, is a program that targets potential bystanders, raising awareness about SV, teaching effective skills aimed at reducing acceptance for social norms that tolerate violence, and teaching skills for effective intervention in high-risk situations. Social diffusion theory (Rogers, 1983) is based on the idea that behavior change within a population can occur when influential members of the community visibly adopt and endorse new desired behaviors. GD targets influential individuals across community sub-groups in order to create broad social change. The curriculum consists of three parts: 1) a simple, persuasive speech to inspire, create a shared vision, garner individual acceptance and critical mass, 2) an interactive bystander training, and 3) social marketing. Evaluations of GD revealed that students who had received training, either a GD speech or bystander intervention training, reported lower rape myth acceptance and observing and engaging in more bystander interventions compared to students who had not (Coker, Cook-Craig, Williams, Fisher, Clear, Garcia, & Hegge, 2011). In comparing students who heard the speech versus those

who received training, those with the training reported engaging in more active bystander interventions.

**Limitations to current interventions.** Despite requirements for colleges to provide prevention programming, there is limited empirical evidence to support the effectiveness of SV prevention programming on college campuses (Gidycz et al., 2001). The majority of published interventions are not theoretically grounded and empirically supported (Anderson & Whiston, 2005; Bachar & Koss, 2001). Most researchers examine changes in attitudes, which are indicators of intent to help, rather than actual behaviors (Brown & Messman-Moore, 2010). Moreover, those that do look at behaviors examine them after only two to seven months, which potentially demonstrates short-term effectiveness of the programs, but there is little understanding of the effectiveness of the programs beyond this point (Anderson & Whiston, 2005; Foubert, 2000). Banyard et al. (2004) argued that in the field of SV prevention research, researchers do not yet understand the change processes associated with attitude and behavior changes. Hong (2000) concluded that for prevention programs to be effective, they should not just focus on individual change but should promote cultural change. Finally, Hage (2000) argued that consideration of social and cultural contextual factors that underlie SV is critical for effective prevention programs.

**Evidence-based intervention components.** There are mixed results in SV literature around some of the elements, including format, audience, facilitators, and content, that are important for effective SV prevention programming on college campuses. In a meta-analysis of 69 SV intervention studies, Anderson and Whiston (2005) found general trends among certain elements of SV programming. They found

that utilizing intensive interventions (e.g., longer than one workshop), single-sex audiences for women, and using interactive/engaging presentations, might be important factors in creating effective SV interventions. Specifically, the authors found that single-sex audiences were shown to be important for women but not necessarily for men. Brecklin and Forde (2001) found, however, that all-male audiences were more effective than mixed-gender groups.

Anderson and Whiston (2005) found that content related to gender-role socialization, general information about rape, rape myths/facts, and risk-reduction strategies have a more positive impact on participants' attitudes than rape empathy programs or interventions with non-specific content. They indicated that it would be important to examine gender differences for effectiveness, because men are more likely to receive rape empathy programming and women are more likely to receive risk-reduction programming. They predict that these gender differences may affect overall program effectiveness. Moreover, they claimed that programs that focus on more than one topic were found to be less effective than programs with only one topic.

Additionally, there are mixed results for facilitation effectiveness. Peer-led interventions have been found to be effective for increasing self-efficacy to intervene (e.g., Story, Lytle, Birnbaum & Perry, 2002; Foubert & Marriott, 1997). Other studies have found that professional facilitators are more effective (Anderson & Whiston, 2005). More studies are needed to determine which SV prevention program elements are the most effective; however, there is evidence that both peer and professional facilitation can be effective.

## **Summary**

Sexual violence includes a range of behaviors on a continuum that stem from sexism and power differentials between males and females. It is a societal issue, is especially prevalent on college campuses, and has a multitude of harmful individual and community consequences. Bystander intervention is a promising approach to SV prevention in that it incorporates community members as potential agents of intervention, and works to shift social norms that passively or actively permit SV to occur. Ongoing prevention and intervention efforts have shown mixed results in reducing attitudes and behaviors related to SV for both men and women. To date, there are four leading prevention programs on college campuses that utilize the bystander intervention approach, each of which are used at numerous universities across the United States. Through evaluations of these programs, the limitations of current SV prevention programs and best practices for improving preventive practices to ameliorate SV have been identified. More research is needed to inform how the process of change regarding SV attitudes and behaviors might occur on college campuses, and which prevention efforts are the most effective in reducing harmful attitudes and negative behaviors related to SV.

## **Purpose of the Study**

The purpose of this study was to contribute to the status of SV intervention literature by examining knowledge, attitude, and behavior change outcomes for two SV prevention programs implemented with fraternity men. In this study, I evaluated an existing SV prevention program, the Sexual Wellness Advocacy Team (SWAT) intervention, and explored the effects of a second intervention, SWAT plus, that was the

regular SWAT intervention with an additional focus and intervention contact time on discussing groups norms and bystander intervention. Specifically, I evaluated the outcomes of each of these two preventive interventions on 1) increasing SV knowledge and 2) reducing SV supportive attitudes. In addition, I expected both interventions to demonstrate 3) increases in active bystander intervention behaviors, and 4) decreases in the perception of attitudes/behaviors related to SV within the social group. However, I expected the SWAT-plus intervention would have significantly stronger effects on the latter outcomes than the SWAT intervention.

### **Research Hypotheses**

I had four research hypotheses: 1) when combined, I expected both conditions to show gains in SV knowledge relative to a control group, and for SWAT participants to demonstrate a modest increase and SWAT plus participants to demonstrate a significant increase in knowledge related to bystander intervention at posttest and follow-up, 2) when combined, I expected both conditions to show significant decreases in SV supportive attitudes relative to a control group at posttest and follow-up, 3) I expected that SWAT plus participants would demonstrate significant increases in bystander intervention behaviors related to SV situations at posttest and follow-up compared to the control group, and SWAT participants, would demonstrate a modest increase, and 4) I expected there would be a modest mean decline for SWAT fraternities and a significant mean decline for SWAT plus fraternities in the reported social norms related to SV.

## CHAPTER II

### METHODS

#### Research Design

This study used a random assignment, repeated measures, between-group and within-subjects design to measure the effect of bystander education on SV knowledge, attitudes, behaviors, and social norms among male fraternity members. Fraternities were randomly assigned to one of three treatment conditions (IV): (a) SWAT, (b) SWAT plus bystander education, and (c) wait-list control. Pretest scores were used to assess equality across fraternities (Stevens, 2002). Continuous dependent variables (DV) included SV knowledge, SV attitudes, bystander intervention behaviors, and SV norms. Figure 1 summarizes the study design.

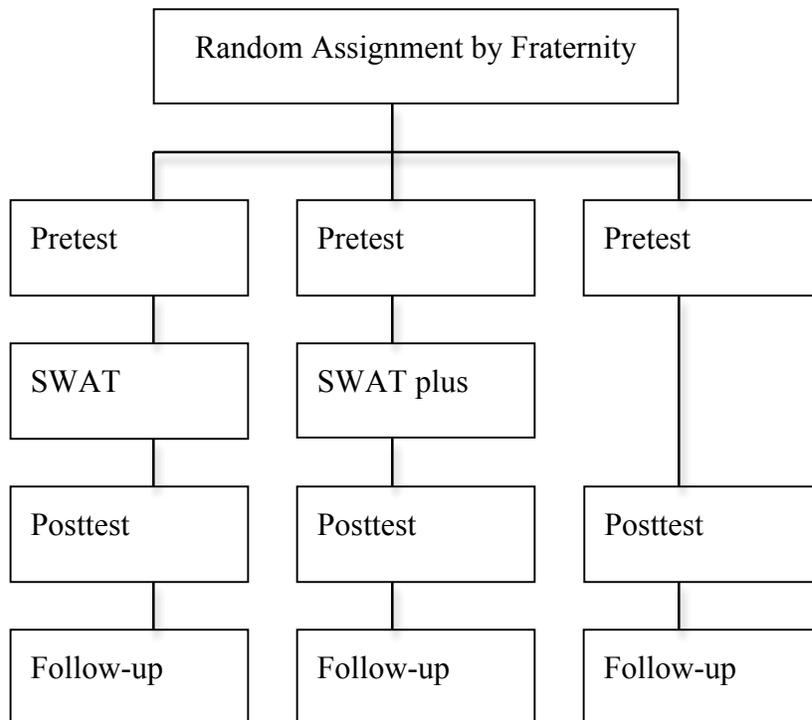


Figure 1. Flow chart for experimental design.

## **Participant Characteristics**

The target population for this study was undergraduate fraternity men at the University of Oregon (UO), a large public university in the Pacific Northwest. Eligibility criteria included: 1) University of Oregon male student, 2) member of Interfraternity Council (IFC), and 3) at least 18 years of age.

For the overall sample at pretest, the mean age of study participants at pretest ( $N = 324$ ) was 19.65 ( $SD = 1.1$ ). Twenty nine percent ( $n = 94$ ) of participants had been a member of the fraternity for one year, 35.6 % ( $n = 111$ ) for two years, and 33% ( $n = 107$ ) for three, four or five years. Among all participants, 9.3% ( $n = 30$ ) were members of a NCAA or UO Club athletic team. The self-identified ethnicity of participants was 1.5% ( $n = 5$ ) African American, 76.2% ( $n = 247$ ) White, 3.7% ( $n = 12$ ) Asian American, 3.7% ( $n = 12$ ) Hispanic, 0.3% ( $n = 1$ ) Native American, 0.6% ( $n = 2$ ) Pacific Islander, 5.2% ( $n = 17$ ) Biracial, and 5.2% ( $n = 17$ ) Other. Fifty eight percent of participants ( $n = 188$ ) had previously attended at least one SWAT presentation, nearly half (47.8%) reported knowing a survivor of sexual violence, and 29.3% reported knowing someone who had engaged in unwanted sexual contact. Additional demographic data and demographic data for each treatment group is presented in Table 1.

Table 1

*Demographic Data for Sample at Pretest for Entire Sample and Three Experimental Conditions*

Variable	Entire Sample N = 324 (%)	SWAT n = 123 (%)	SWAT Plus n = 124 (%)	Control n = 77 (%)
Age	M = 19.65, SD = 1.1 Range = 18-25	M = 19.67, SD = 1.2 Range = 18-25	M = 19.76, SD = 1.1 Range = 18-22	M = 19.46, SD = 1.1 Range = 18-23
Year in school				
First year	54 (16.7)	19 (15.4)	16 (12.9)	18 (23.4)
Sophomore	126 (38.9)	54 (43.9)	42 (33.9)	29 (37.7)
Junior	85 (26.2)	26 (21.1)	40 (32.3)	20 (26.0)
Senior	49 (15.1)	20 (16.2)	20 (16.1)	9 (11.7)
Year in fraternity				
First	94 (29.0)	40 (32.5)	28 (22.5)	25 (32.5)
Second	111 (35.6)	42 (34.1)	39 (31.4)	28 (36.4)
Third	71 (21.9)	22 (17.9)	33 (26.6)	16 (20.8)
Fourth	30 (9.2)	12 (9.7)	14 (11.3)	4 (5.2)
Fifth	6 (1.9)	2 (1.6)	2 (1.6)	2 (2.6)

*Table 1 Continued*

Variable	Entire Sample N = 324 (%)	SWAT n = 123 (%)	SWAT Plus n = 124 (%)	Control n = 77 (%)
<b>Ethnicity</b>				
White	247 (76.2)	102 (82.9)	90 (72.6)	52 (67.5)
African American	5 (1.5)	2 (1.6)	2 (1.6)	1 (1.3)
Asian American	12 (3.7)	1 (0.8)	6 (4.8)	5 (6.5)
Hispanic	12 (3.7)	2 (1.6)	7 (5.6)	3 (3.9)
Native American	1 (0.3)	0 (0.0)	1 (0.8)	0 (0.0)
Pacific Islander	2 (0.6)	0 (0.0)	2 (1.6)	0 (0.0)
Biracial	17 (5.2)	6 (4.9)	5 (4.0)	6 (7.8)
Other	17 (5.2)	6 (4.9)	6 (4.8)	5 (6.5)
<b>Religious affiliation</b>				
Yes	180 (55.6)	61 (49.6)	74 (59.7)	44 (57.1)
No	138 (42.6)	59 (48.0)	46 (37.1)	31 (40.3)
<b>Relationship status</b>				
Yes	83 (25.6)	33 (26.8)	25 (20.2)	24 (31.2)
No	227 (70.1)	82 (66.7)	94 (75.8)	49 (63.6)

Table 1 Continued

Variable	Entire Sample N = 324 (%)	SWAT N = 123 (%)	SWAT Plus n = 124 (%)	Control n = 77 (%)
Discussed SV in a course				
Yes	112 (34.6)	51 (41.5)	34 (27.4)	27 (35.1)
No	197 (60.8)	64 (52.0)	84 (67.7)	46 (59.7)
Seen SWAT before				
Yes	188 (58.0)	92 (74.8)	54 (43.5)	41 (53.2)
No	125 (38.5)	25 (20.3)	65 (52.4)	33 (42.9)
Known a survivor				
Yes	155 (47.8)	67 (54.5)	55 (44.4)	32 (41.6)
No	153 (47.2)	50 (40.7)	62 (50.0)	40 (51.9)
Known a perpetrator				
Yes	95 (29.3)	35 (28.5)	39 (31.5)	21 (27.3)
No	215 (66.4)	81 (65.9)	79 (63.7)	53 (68.8)
Athletic team member				
Yes	30 (9.3)	8 (6.5)	14 (11.3)	8 (10.4)
No	276 (85.2)	109 (88.6)	101 (81.5)	63 (81.8)

## Sampling Procedures

**Setting.** Fifteen UO IFC fraternities were eligible for participation in this study, including 868 UO IFC student members. Of those fraternities, 13 are housed and one is religion-affiliated. Housed chapters are all drug and alcohol free and have a full-time, live-in resident advisor. Rates of participation in sexual violence education programming varied among UO IFC fraternity participants.

For instance, in the four years preceding this study, four of the fraternities had not participated as a fraternity in a SWAT presentation, while two fraternities attended one presentation, two attended two presentations, and one fraternity had attended three SWAT presentations (Personal communication with Abigail Leeder, SWAT Director, 2013). See Table 2 for a brief summary of fraternity participation in SWAT education programming.

Table 2

*Number of SWAT Presentations in Past Four Years Per Fraternity*

Number of SWAT presentations	Fraternity
0	5, 6, 7, 9
1	1, 3
2	4, 8
3	2

**Fraternity selection.** Following Institutional Review Board (IRB) approval, fraternities were recruited in fall, 2012 (See Appendix A). Twelve of 15 fraternity presidents expressed an interest in participating in the study. Of those, the nine largest fraternities were selected to participate in the study. One of these fraternities was later dropped after repeated unsuccessful attempts via phone and in person to make contact with the president. The next largest fraternity of the three remaining fraternities was

included. Fraternity presidents assisted with individual member recruitment and each fraternity used their own internal process to invite individual participants. This included forwarding recruitment emails to members and making announcements at chapter meetings (See Appendices B and C). At posttest and follow-up, fraternity presidents were given names of pretest participants to direct member recruitment efforts. All of the fraternities officially endorsed this research project as an educational event. Typically when a fraternity endorses an event, it means that members are expected to participate; member attendance is tracked and there can be consequences for nonattendance. However, the culture of the fraternities and the leadership style of individual presidents varied greatly, thus making this process look different for each fraternity.

**Sample size.** This was an exploratory study with nine fraternities randomly assigned to three intervention groups. Nine fraternities is a small sample size given the multilevel model analyses (Hierarchical Linear Modeling) used in this study. I could have done this study with one fraternity in order to not use multilevel modeling; however, examining one fraternity would not have allowed me to accurately capture the diversity of fraternity cultures around sexual violence. Instead, based on study feasibility and funding, I chose to work with nine fraternities. Using nine fraternities allowed for three fraternities in each intervention group, thus allowing better level 2 estimates. All interventions were delivered at the fraternity level and surveys were administered at the individual level. Due to the nested data and multilevel statistical analyses, the number of fraternities was the main sample size of interest. The intended sample size and actual sample size (e.g., number of fraternities) was the same. Typically 30 units of analysis are recommended for Hierarchical Linear Modeling (HLM).

## Measures and Covariates

Intervention conditions served as the independent variable in this study, including: (a) Intervention 1 (SWAT), (b) Intervention 2 (SWAT plus), and (c) Intervention 3/Control (no intervention). Dependent variables included: (a) SV knowledge (Bystander intervention behaviors and campus and community sexual violence resources), (b) SV attitudes (rape myth acceptance, positive sexual consent, and sexual consent norms), (c) SV behaviors (bystander intention to help, actual bystander behaviors, self-efficacy to help, decisional balance) and (d) SV social norms (social norms, peer norms). Additionally, social desirability was measured at pretest only. Actual bystander intervention behavior and sexual aggression measures were collected at pretest and follow-up only. Table 3 summarizes study variables and associated measures.

All measures, with the exception of the SV knowledge measure, have been used previously to evaluate SV prevention programs. In the current study, data were collected at pretest, posttest and follow-up. All measures were self-report. (See Appendix D).

**Demographic data and SWAT exposure.** A demographic survey was used to measure age, year in school, year in fraternity, academic major, ethnicity, student athlete status, religion, relationship status, and sexual orientation. Participant SV education exposure was measured to determine if participants had, prior to the study, observed a SWAT presentation or taken a course in which SV was discussed. At posttest and at follow-up, participants were asked if they had participated in a SWAT presentation since each measurement time point and/or whether they had talked about SV in class.

Table 3

*Summary of Study Variables and Associated Measures*

Study Variable	Associated Measure
SV Knowledge	6 item SV knowledge measure created for use in this study (e.g., Banyard, Plante, & Moynihan, 2005)
SV Attitudes	
Rape Myth Acceptance	Updated Illinois Rape Myth Acceptance Scale short-form (McMahon & Farmer, 2011; Payne, Lonsway & Fitzgerald, 1999)
Consent	Sexual Consent Scale-Revised (Humphreys & Brousseau, 2010) Subscales: 1. (Lack of) Perceived Behavioral Control 2. Positive Attitude Toward Establishing Consent 3. Sexual Consent Norms
SV Behaviors	
Intention to Help	Bystander Intention to Help Scale – Revised (McMahon, 2010; Banyard, Plante & Moynihan, 2005)
Bystander Self-efficacy	Bystander Efficacy Scale (Banyard, Plante & Moynihan, 2005)
Decisional Balance	Decisional Balance Scale (Banyard, Plante & Moynihan, 2005).
Actual Bystander Intervention Behaviors	Revised version of Bystander Behavior Scale-Revised (McMahon, 2010; Banyard, Plante & Moynihan, 2005)
Social Norms	Social Norms Measure (Boeringer, Shehan, & Akers, 1991) Subscales: 1. Differential Reinforcement 2. Association with Aggressive Peers 3. Overall Reinforcement Peer Support Norms scale (Schwartz et al., 2001)
Additional Measures	
Sexual Aggression Social Desirability	Sexual Experiences Survey (Koss & Oros, 1982) Social Desirability Inventory short form (Reynolds, 1982; Crowne & Marlowe, 1960)

**SV knowledge.** A knowledge assessment (e.g., Banyard, Plante, & Moynihan, 2005) was created to assess sexual violence knowledge. Six items were developed for use with this project including multiple choice and short answer items. In addition, for five of the questions, participants were able to indicate that they “do not know” the answer. An example question is “The most common drug used in sexual assault is \_\_\_\_\_ (alcohol).” Initially, the four multiple-choice questions were combined to create a composite “knowledge” score. Higher scores indicated greater knowledge. The two short answer questions were scored by summing the number of correct responses on each question then summing the total amount to create a composite ‘bystander knowledge’ score. Higher scores indicated greater bystander intervention knowledge. SV knowledge was assessed at all three time points.

In an effort to develop an instrument tailored to this intervention, I conducted preliminary analyses to determine psychometric properties. First, I conducted a factor analysis to explore potential latent variables. No latent variables were identified, and each question was determined to have a unique contribution to the measure. To retain part of the measure, I identified question four and question six as particular questions of interest due to their relevance to bystander intervention and the fact that they were not captured elsewhere in any measure. Question four asked participants to list how many helpful bystander intervention behaviors (BIB) they could; question six asked participants to list how many campus and community sexual violence resources (RES) they could. Scores were a sum of correct answers. An example of an answer to question four is “distraction.” An example answer to question six is “UO Health Center.” In all analyses, question four and six are analyzed separately.

**SV attitudes.** The Updated Illinois Rape Myth Acceptance scale short-form (McMahon & Farmer, 2011; Payne, Lonsway & Fitzgerald, 1999) was used to assess rape myth acceptance. This is a 19-item scale based on the Illinois Rape Myth Acceptance (IRMA) Scale. The IRMA, updated in 2011 to reflect subtle myths and contemporary language, was developed to assess participants' endorsement of a variety of common myths about sexual assault. Chronbach's alpha for the short form is .87. The uncorrected correlation between the IRMA long form (45 items) and short form (20 items) is acceptable [ $r(602) = .97, p < .001$ ]. The short form was used for this study. Participants respond to these statements by indicating their level of agreement with each statement on a 5-point, Likert scale from "1 = strongly disagree" to "5 = strongly agree." A sample item is, "If the accused 'rapist' doesn't have a weapon, you really can't call it rape." Higher scores indicate a greater acceptance of rape myth. Rape myth acceptance was measured at all three time points. Cronbach's alpha for this sample was .89 at pretest, .92 at posttest, and .92 at follow-up.

The Sexual Consent Scale-Revised (SCS-R) (Humphreys & Brousseau, 2010) scale was used to assess beliefs, attitudes, and behaviors about how sexual consent should be and is negotiated between sexual partners. This scale is based on the *Sexual Consent Scale* (Humphreys & Herold, 2007) and the Theory of Planned Behavior, a prominent framework for explaining and predicting behavior. There are five attitudinal and behavioral subscales in the SCS-R scale. Three subscales were used in the current study. Two of those subscales measure consent attitudes: 1) (Lack of) Perceived Behavioral Control (items 1-11), and 2) Positive Attitude Toward Establishing Consent (items 12-22). The other subscale, titled Sexual Consent Norms (items 23-29) measures consent

behaviors. There are 29 items in these subscales, and answers range on a 7-point likert scale from strongly disagree to strongly agree. An example item is “I would have difficulty asking for consent because it would spoil the mood.”

Cronbach’s alpha for the overall scale is .87. Cronbach’s alpha for each scale is: (a) (lack of) perceived behavioral control ( $\alpha = .86$ ), (b) positive attitude toward establishing consent ( $\alpha = .84$ ), and (c) sexual consent norms ( $\alpha = .67$ ). Test-retest reliability for each scale is: (lack of) perceived behavioral control ( $\alpha = .69$ ), positive attitude toward establishing consent ( $\alpha = .79$ ), and (c) sexual consent norms ( $\alpha = .68$ ). Construct validity was assessed by examining correlations of the subscales with two other similar measures, the Hurlbert Index of Sexual Assertiveness (HISA) and the Sexual Sensation Seeking Scale (SSSS). Sexual assertiveness (HISA) was negatively correlated with a lack of perceived behavioral control,  $r(342) = -0.37, p < .001$ . Similarly, sexual sensation seeking (the SSSS) was negatively related to positive attitude toward establishing consent,  $r(177) = -0.23, p = .002$ .

In this study, the (Lack of) Perceived Behavioral Control subscale scores were reverse scored and averaged with the Positive Attitude Toward Establishing Consent subscale to make a composite Positive Attitude Consent score. Higher scores indicated more positive consent attitudes. These subscales were combined because they were highly correlated and had high internal consistency, whereas the Sexual Consent Norms subscale was poorly correlated. Mean scores were calculated for the final Sexual Consent Norms subscale. Attitudes about sexual consent were measured at all three time points. Cronbach’s alpha for Positive Attitude Consent for this sample was .93 at pretest, .94 at

posttest, and .85 at follow-up. Cronbach's alpha for Sexual Consent Norms for this sample was .82 at pretest, .84 at posttest, and at .86 follow-up.

**SV behaviors.** The Bystander Intention to Help Scale - Revised (McMahon, 2010; Banyard, Plante & Moynihan, 2005) was used to assess bystander intention. This scale includes 16 items that assess participants' self-reported likelihood to engage in certain bystander behaviors. Each participant rated his or her likelihood to perform the behaviors using a 5-point, Likert- scale from not at all likely (1) to extremely likely (5). A sample item is: "Check in with my friend who looks drunk when s/he goes to a room with someone else at a party." Items 7 and 11 were reverse scored. Higher scores indicated that the participant would be more likely to perform the behavior listed, and overall higher score meant greater likelihood to help in situations of possible SV. The revised scale was shortened from 51 to 16 items to increase the proportion of items related to less overt sexually violent behaviors, and in order to modernize the language and settings familiar to contemporary college students. McMahon (2010) found that the revised versions had adequate reliability and validity with Chronbach's alpha of .86. Bystander intention to help was measured at all three time points. Cronbach's alpha with this sample was .84 at pretest, .86 at posttest, and .75 at follow-up.

The Bystander Behavior scale-Revised (Banyard, Plante & Moynihan, 2005; McMahon, 2010) was used to measure actual bystander intervention behaviors carried out in the last four months. This scale consisted of 16 items, including the same list of behaviors included in the Bystander Intention to Help Scale – Revised. Participants answered "Yes," "No," or "No Opportunity" to indicate behaviors they had actually carried out in the last four months. The "No Opportunity" response option was added

following my consultation with the survey author, Victoria Banyard. This addition was done in order to prevent false positives if the respondent had not encountered the situation in the past four months. In addition, survey administration instructions were edited to capture a longer timeline than in the original survey (report behaviors carried out the last four months rather than in most recent 2 month period). Items 1, 5, and 7 were reverse scored. For this measure, participants had three subscores and one overall score. The first subscore was a sum of the yes responses (Yes = 1). The second subscore was a sum of the no responses (No = -1). The third subscore was the frequency of “no opportunity” scores. The overall score was a total sum score (Yes = 1, No = -1, and No Opportunity = 0). The original scale had a Cronbach’s alpha of 0.63. With this sample, Cronbach’s alpha for the total scale was .64 at pre-test and .71 at follow-up. Due to the time proximity of pretest and posttest and the nature of this measure, actual bystander behavior was collected only at pretest and follow-up.

To assess confidence in ability to perform bystander behaviors, the Bystander Efficacy Scale (Banyard, Plante & Moynihan, 2005) was used. This scale includes 14 statements that assess the participant’s confidence in performing bystander behaviors. A participant rated his confidence to perform the behaviors on a 100-percentage point Likert scale from zero (0%) (“can’t do”) to 100% (“very certain that I can do”). A sample item is: “Ask a friend if they need to be walked home from a party.” The total score is the mean across all 14 items. In this study, for those who indicated a percentage over 100%, their response was changed to 100%. With other samples, this scale has a Cronbach’s alpha of .87. Confidence to perform bystander behaviors was assessed at all three time

points. Cronbach's alpha with this sample was .84 at pretest, .87 at posttest, and .86 at follow-up.

The Decisional Balance Scale was used to measure bystander intervention decision making (Banyard, Plante & Moynihan, 2005). As highlighted in bystander intervention literature, there are decisions that individuals must make in deciding whether or not to intervene. This scale is based on Prochaska and DiClemente's (1983, 1984, 1986) Transtheoretical Model of behavior change decisional-balance scale (as cited in Banyard, Plante & Moynihan, 2005). It is a 10-item scale reflecting both positive benefits and negative consequences for intervening in a situation where someone may be being hurt or at risk for being hurt. Responses are on a 5-point Likert scale ranging from not at all important (1) to extremely important (5). Three scores were calculated: 1) pro attitudes (items 1-5), 2) con attitudes (items 6-11), and 3) total decisional balance. In previous studies, Cronbach's alpha for the pro attitudes scale was .72, and .76 for the con attitudes scale. The total decisional balance score was determined by subtracting the cons score from the pros score. In previous studies, Cronbach's  $\alpha$  coefficient for the full scale was .69. In this study, decisional balance was measured at all three time points.

Cronbach's alpha with this sample for the total decisional balance score was .76 at pretest, .86 at posttest, and .80 at follow-up.

**SV social norms.** Association with aggressive peers was measured with the two-item Association with Aggressive Peers subscale of the Social Norms Measure (Boeringer, Shehan, & Akers, 1991). This measure assesses the extent to which peers engage in SV behavior, with higher scores indicating greater association with aggressive peers. An example item is "How many of your friends have gotten a woman drunk or

high in order to have sex with her?” Responses were on a five-point Likert scale from none (1) to more than ten (5). A higher score indicated higher association with aggressive peers. In previous studies, Cronbach’s alpha for the subscale was .66. This was measured at all three time points. Cronbach’s alpha with this sample was .63 at pretest, .62 at posttest and .70 at follow-up.

Reinforcement for aggression was assessed through the two-item Overall Reinforcement subscale of the Social Norms Measure (Boeringer, Shehan, & Akers, 1991), with higher scores indicating more pleasure in engaging in SV behavior. An example item was “If you engaged in the following act, how would you anticipate it feeling: Forcing a female to do something sexual she didn't want to do?” Responses were on a three-point Likert scale ranging from “mainly pleasurable and rewarding to you” (3) to “mainly negative or unpleasant” (0). With other samples, Cronbach’s alpha for the subscale was .76. In this study, reinforcement for aggression was measured at all three time points. For this measure, there was no variance for one question. This measure was not used in analyses, and due to the fact that only one question was retained from this measure, I was unable to calculate internal consistency for the single remaining question.

Peer Support Norms scale (Schwartz et al, 2001) is a seven-item measure that was revised from the original 10-item measure and used by Banyard and Moynihan (2011). Items were summed to indicate peer support for the use of coercion in intimate relationships. For example, one item asked, “Did any of your friends ever tell you that your dates or partners should have sex with you when you want?” In previous studies, Cronbach’s alpha for the revised measure was .67. This was measured at all three time

points. Cronbach's alpha with this sample was .56 at pretest, .43 at posttest, and .41 at follow-up. Due to low reliability, this measure was not used in any analyses.

Peer disapproval for sexual aggression was measured with the three-item Differential Reinforcement subscale of the Social Norms Measure (Boeringer, Shehan, & Akers, 1991). This measure assesses men's perception that their peers disapprove of sexual aggression. An example item was "How approving would your friends be if you had sexual intercourse with many women during the academic year?" Responses were on a five point Likert scale ranging from "very approving" (1) to "very disapproving" (5). Higher scores indicated greater perceived peer disapproval of SV behavior. In previous studies, Cronbach's alpha for this subscale was .72. Peer disapproval for sexual aggression was measured at all three time points. Cronbach's alpha with this sample was .54 at pretest, .65 at posttest, and .64 at follow-up.

I created a composite social norms variable at the group level. The variable was created by standardizing and averaging individual scores at each of the three time points on two scale/subscales: 1) Association with Aggressive Peers subscale and 2) Peer Disapproval for Sexual Aggression subscale. These scales were highly correlated. The differential reinforcement scale was reverse scored in order to make higher scores on both scales indicate more anti-social group behaviors. I ran a Factor Analysis and determined that at both posttest and follow-up, the five items loaded on one factor. This demonstrated that these questions are all part of the same scale and were therefore combined them into one scale. For the combined scale, Cronbach's alpha at posttest was .70 at pretest, .73 at posttest, and .72 at follow-up. After individual mean scores were calculated, fraternity level group mean scores were calculated.

**Sexual aggression.** The Sexual Experiences Survey (SES; Koss & Oros, 1982) was used to assess sexual aggression. It is a 10 item self-report survey that assesses SV behavior along a continuum ranging from forced sexual touching to rape. An example item is “Have you ever been in a situation where you became so sexually aroused that you could not stop yourself even though the other person didn't want to have sex?” Responses are in a yes/no format. The Cronbach’s alpha is .89 for males (Koss & Gidycz, 1985). Test-retest reliability is 93%. Higher scores indicate higher sexual aggression. Sexual aggression was measured at pretest and follow-up. Cronbach’s alpha with this sample was .39 at pretest and .45 at follow-up. There was no variance on two questions (5 and 7) in this scale and were not included in reliability estimates.

**Social desirability.** The Social Desirability Inventory short form (Reynolds, 1982; Crowne & Marlowe, 1960) is a 13-item measure used to assess socially desirable response bias. Short and long-form concurrent validity is high ( $r = .93$ ). An example item is “On a few occasions, I have given up doing something because I thought too little of my ability.” Response options are true/false. Items 5, 7, 9, 10, and 13 were reverse scored. Higher scores indicate higher likelihood of answering honestly. In previous studies, Cronbach’s alpha for the short form was .76. In this study, social desirability was measured at pretest only; Cronbach’s alpha was .63.

## **Procedures**

**Assignment.** Among the 12 eligible fraternities, the three fraternities with the smallest membership were placed in an alternate group. The remaining nine fraternities were divided into three groups, again based on membership size (small, medium, large). In an effort to control for fraternity size, one fraternity from each size was randomly

assigned to each of the three intervention conditions. To determine dispersion of demographic variables across conditions, I conducted one-way ANOVA and Chi Square analyses. Dependent variable group differences were assessed by controlling for pretest scores in analyses.

**Pretest procedures.** Pretest meetings with fraternities occurred in October and November, 2012. These meetings lasted 30-45 minutes and included a brief orientation to the study, informed consent, and completion of study measures. Six of nine pretest meetings took place in the fraternity houses. Three pretest meetings were held in classrooms on campus, where the fraternity regularly held meetings due to space or housing issues. In all pretest meetings and all subsequent data collection meetings, participants were in a large room and seated in proximity to one another. A graduate student research assistant or I were present at pretest to provide orientation information and answer questions.

**Posttest procedures.** SWAT peer educators were trained to deliver both the SWAT and SWAT plus interventions. SWAT is a for-credit, three-term course taken by UO students. For the purposes of this study's intervention conditions, SWAT members were trained both in their regular SWAT class and during a weekend (12 hours) retreat. Training elements were three-fold: 1) information about oppression, the dynamics of sexual violence, and bystander intervention, 2) peer-theatre and facilitation techniques, and 3) script development. Both the SWAT and SWAT plus script were developed during the weekend retreat. In collaboration with SWAT Director Abigail Leeder, students developed scenarios and characters relevant to the UO student body while adhering to an interactive, evidence-based framework. The script was solidified and polished by the

SWAT director, the SWAT graduate, and myself. Additional general information about SWAT is presented in the intervention section later in this chapter.

Participants were assessed at three time points: 1) pretest (n = 324), 2) posttest [two to four weeks following pretest, or immediately following the intervention condition for intervention participants (n = 209)], and 3) follow-up [10-12 weeks following intervention (n = 134)]. Data were collected in meetings organized by the fraternity president. Surveys and interventions were administered in locations where each fraternity's meetings were typically held (e.g., fraternity living room, dining room, or campus classroom). Meeting locations and settings were similar at pretest, posttest and follow-up. Six of nine meetings took place in the fraternity houses. Three meetings were held in classrooms on campus, a common meeting place for those fraternities. In all meetings, members were in a large room seated in proximity to one another. At each meeting, participants were eligible to enter a raffle to win one of two \$20 Duckstore giftcards. Participants from the fraternity with the highest percentage of participation at the end of the study qualified for an IPAD raffle. Additionally, dinner was provided at follow-up.

SWAT (intervention condition 1) meetings lasted one hour and fifteen minutes (45 minutes for SWAT, 30 minutes for instrument completion). SWAT plus meetings (intervention condition 2) lasted two hours (90 minutes for SWAT plus, 30 minutes for instrument completion). Intervention 3 control condition participants completed measures in 30 minutes on average. During each SWAT or SWAT plus intervention, I was there to introduce SWAT, to videotape the intervention for fidelity checks, and to administer the surveys. The interventions were facilitated by SWAT. At all but one of the interventions,

a trained resource person from a local sexual violence agency was present to offer support and resources to anyone who requested it. For control group meetings, either a graduate student research assistant or I administered surveys. Due to scheduling difficulties related to dead week, I provided a dinner incentive to encourage participation at one fraternity at posttest. Candy was provided during all posttest meetings.

**Follow-up procedures.** All follow-up meetings took place between February and March, 2013. The four-month time frame was adhered to closely, though with some variability due to end-of-term and spring break scheduling. Actual time between posttest and follow-up ranged from 14 weeks (three and a half months) to 17 weeks (four months and one week). All follow-up meetings were approximately 30 minutes, with the exception of one control fraternity that elected to have a SWAT presentation immediately after completing follow-up measures. Building locations and survey settings were similar to each previous measurement period. A graduate student research assistant or I were present at each follow-up meeting to administer the survey and answer questions. After each data collection period, data was cleaned and then entered into SPSS 21.0 for further analyses (SPSS, 2012).

**Intervention.**

***Sexual wellness advocacy team (SWAT).*** SWAT is a sexual wellness peer theatre education program developed at the UO. SWAT content and administrative support is the result of a collaboration between the Office of Dean of Students, the ASUO Women's Center, and the Family and Human Services Program. SWAT utilizes forty-five minute peer-facilitated theatre presentations designed to raise awareness and enhance skills related to healthy sexual relationships and to prevent sexual assault and dating violence

on campus. Approximately 16 students, eight male and eight female, receive year-long training through a weekly academic class that meets three hours per week. Between five to seven students present each SWAT intervention. SWAT presentations are offered upon request to student groups, academic classes, fraternities and sororities, and residence halls. SWAT presents approximately 30 times throughout the academic year. In addition, all incoming students who participate in the school-wide orientation attend a SWAT presentation.

SWAT is grounded in feminist theory and teaches about gender-based violence in a social context (personal communication with Abigail Leeder, UO Director of Sexual Violence Prevention and Education, 2011). A typical presentation includes interactive education and skill building. The presentation begins by learning about SV statistics, creating a working definition of consent, and exploring healthy and unhealthy ways to communicate. The educational component is followed by several activities: 1) a victim blaming exercise, 2) a survivor empathy exercise, 3) a consent activity, 4) a sexual communication skit, and 5) a survivor's monologue. Following the monologue, participants discuss the scenario with other characters involved in the narrative. Facilitators share how to (and how not to) support a survivor of sexual assault, including a discussion of helpful resources. They also share how to intervene with the perpetrator after a sexual assault. The facilitators also touch on topics such as racism, heterosexism, and sexism as they emerge in interactive discussions. The program includes several evidence-based strategies, specifically peer facilitation, interactive programming, and an important aspect of bystander intervention training that emphasizes how to support survivors. See Appendix F for a full script of the SWAT intervention.

Throughout the academic year, informal posttest survey evaluations of SWAT are conducted at the end of each program to assess efficacy of the program and learning outcomes. Participants' often report positive experiences with the program, including 1) an increase in knowledge, 2) increased understanding of consent, and 3) the relevance of the topic material to their lives. When responding to post workshop surveys, students generally highlight 1) the high overall quality of the presentation, 2) the ability of the presentation to keep their attention, and 3) the depth of the material. Based on spring, 2011 term evaluations, out of 259 students surveyed, nearly 75% reported that as a result of attending the workshop they could recognize and name common myths around SV. Twenty four percent of the remaining students said that they could do this prior to attending the workshop. Eighty percent said that as a result of attending the workshop they could identify and model appropriate bystander behavior. Additionally, 90% of survey participants indicated that as a result of attending the workshop they could list existing campus and community resources available to survivors of sexual violence. Student oral and written comments about SWAT presentations are also consistently positive. The peer education model elicits respect and learning from UO students. One student described her impression of a SWAT presentation in her class this way: "I thought it was amazing that students are taking the time and putting themselves in a vulnerable situation in order to prevent sexual assault on our campus. It is so powerful to see our peers in that role and I find it really effective." Prior to this study, however, no formal evaluation has been conducted.

For the purposes of this study, SWAT students facilitated both the SWAT and SWAT plus interventions. Between five and seven SWAT members attended each

intervention meeting. For the three fraternities who received the SWAT plus intervention, it was administered immediately after the SWAT intervention, so to audience members it resembled a one and a half hour program rather than two separate programs. Facilitators were self-selected based on availability.

In Fall, 2012 14 SWAT members had participated in SWAT for an average of 4.07 terms ( $SD = 3.52$ , range 1-12). One SWAT student was a recent graduate who was employed by SWAT on a contract basis to assist with script writing. She also participated in SWAT workshops on an as-needed basis. Different facilitators led each intervention to reduce counselor effect. SWAT students were compensated \$20 at the end of the study for their participation.

***Sexual wellness advocacy team-plus (SWAT plus).*** SWAT plus included SWAT plus an additional forty-five minute training focused on bystander intervention and SV group norms. The intervention included four elements that are associated with effective bystander intervention:

1. Providing SV information, including local and community statistics (Batson, 1998);
2. Engaging in empathy creating exercises that enhance a sense of responsibility to intervene;
3. Clarifying the internal evaluation mechanisms to help participants determine how the pros of intervening as a bystander outweigh the cons of non-responding (Monyihan, Banyard, Arnold, Eckstein, & Stapleton, 2011); and
4. Practicing bystander intervention skills (Laner, Benin, & Ventrone, 2001).

In addition, this intervention focused on two other elements identified in extant literature as important for training: 1) teaching the SV continuum (Kelly, 1987), and 2) teaching about the impact of community and social norms on SV (Bohner, Siebler, & Schmelcher, 2006).

As mentioned previously, SWAT plus began with the entire SWAT program and seamlessly moved into the “plus” component; to participants it appeared to be a single hour and a half presentation. The “plus” part began with asking an audience member to define bystander intervention. Next, facilitators briefly explained how group norms influence individual and group behavior and took audience members through a series of exercises/questions and answers to demonstrate this point. For example, participants were told to close their eyes and raise their hands if they thought most of their fraternity brothers were confident they could ask for verbal consent with a new partner. After hands were raised, participants looked around and then were told, in actuality, from pretest surveys, X% of their brothers were confident that they could ask for verbal consent with a new partner. Consistent with recommendations in existing literature (e.g., Batson, 1998), this activity provided participants with current statistics about positive sexual behaviors occurring in their own community and introduced how beliefs about group values, whether accurate or not, can be connected to behaviors.

The purpose of the next activity, a group discussion of fraternity values, was to provide an opportunity for participants to begin connecting their group norms or fraternity values to pro-social behaviors in situations of sexual violence (Bohner, Siebler, & Schmelcher, 2006). Facilitators split participants into small groups and gave them a copy of their fraternity values with two questions: a) How is your mission related to the

prevention of sexual violence, and b) What could you do to as a fraternity to encourage members to stand up or intervene in situations of sexual violence? Following the small group discussions, participants shared their ideas as a larger group. This activity allowed participants to reflect on their personal and collective responsibilities to prevent sexual violence.

The next two activities were meant to highlight how sexual violence occurs on a continuum, and to get participants to begin thinking about why or why not they might intervene. Specifically, the facilitator recognized that most participants will not be witnesses to a sexual assault, however, she emphasized the connection between sexist jokes, sexual harassment, and rape and how they each contribute to a rape culture (Kelly, 1987). Next, participants brainstormed times in the past when they wished they had intervened but did not. Barriers to bystander intervention were addressed to help participants identify their decision making process (Monyihan, Banyard, Arnold, Eckstein, & Stapleton, 2011).

The final component of SWAT plus was an interactive bystander scenario in which participants were invited to “try out” different bystander behaviors (Laner et al., 2001). First, actors ran through the scenario completely and together participants identified what was going on in the scene and brainstormed ideas for intervention. Participants were then invited to substitute in for one of the actors to try out their ideas. After a participant tried a new idea, they were given an opportunity to explain their strategy and how they felt it worked. Later, other actors in the scene were asked how the strategy worked for them. The facilitator of the scenes attempted to create a positive and safe atmosphere and emphasized that we all have different styles and strengths, and there

are a lot of beneficial bystander intervention strategies. Strategies were not rejected unless the facilitator intervened when strategies seemed to perpetuate oppression. The scenes were written so that the oppressive behaviors were rather obvious; they also were made to be realistic and humorous to engage the audience. SWAT plus ended with a short conclusion. See Appendix G for a full script of the SWAT plus intervention.

## CHAPTER III

### RESULTS

This chapter describes the study findings. Contents are presented in the following order: participant flow, treatment fidelity, statistical assumptions, data screening and missing data, bivariate correlations, equivalence of groups, and results of Poisson regression, HLM, and repeated measures ANOVA.

#### **Participant Flow**

Three fraternities were assigned to each intervention group. Due to the longitudinal nature of the study, participant attrition increased over time, as expected. Specifically, the SWAT intervention group decreased from 121 participants at pretest to 93 participants at posttest (76%) and 51 participants at follow-up (42%). The SWAT plus intervention decreased from 127 participants at pretest to 60 participants at posttest (47%) and 41 participants at follow-up (32%). The control group decreased from 76 participants at pretest to 56 participants at posttest (74%) and 42 participants at follow-up (55%). The combined intervention groups had 62% participation at posttest and 37% participation at follow-up. See Table 4 for sample size information about each fraternity and intervention group.

#### **Treatment Fidelity**

I developed a fidelity checklist to measure treatment content and protocol adherence. Content and protocol adherence were measured with a checklist mapped to SWAT and SWAT plus manuals. (See Appendix E). An undergraduate research assistant was trained to code videos of the interventions using the checklist. In addition, I coded two videos to ensure adequate inter-rater reliability.

Table 4

*Sample Size for Individual Fraternities and Intervention Groups*

Intervention Group	Total members (n = 559)	Pretest (n = 324)	Posttest (n = 209)	Follow-up (n = 134)
SWAT	206	121	93	51
Fraternity 1	45	17	13	9
Fraternity 2	84	64	50	29
Fraternity 3	77	40	30	13
SWAT Plus	220	127	60	41
Fraternity 4	64	34	15	12
Fraternity 5	57	42	17	7
Fraternity 6	99	51	28	22
Treatment groups total	426	248	153	92
Control	133	76	56	42
Fraternity 7	35	16	12	5
Fraternity 8	82	49	37	31
Fraternity 9	16	11	7	6

Specifically, the research assistant and I jointly coded the first video for training purposes, and subsequently the fourth video to identify inter-rater reliability.

The first video was a SWAT intervention while the fourth video was a SWAT plus intervention. Adequate inter-rater reliability (.80) was reached, and, as indicated by the checklists, the scripts were followed for every delivery of the intervention. Between five and seven peer facilitators facilitated each intervention presentation. The three SWAT presentations ranged from 48 minutes to one hour. The SWAT plus interventions ranged

from one hour 16 minutes to one hour 19 minutes. In three presentations (one SWAT and two SWAT plus), the fact that alcohol is the number one drug used in sexual assault was not said explicitly. In one SWAT plus presentation, one peer facilitator used the script to read his portion of the program.

### **Statistics and Data Analysis**

**Rationale for hierarchical linear modeling (HLM).** For my main analyses, I used HLM Version 7.0. HLM is the preferred analysis because the data are nested, with individual participants nested within fraternities. As a result, the overall sample is not independent, as individuals within fraternities may influence one another. The variables of interest are measured at different levels. SV knowledge, rape myth acceptance, positive consent, sexual consent norms, intention to help, bystander intervention behaviors, bystander self-efficacy, decisional balance, and social norms were measured at the individual level. Fraternity size and intervention were measured at the group level. Although social norms was measured at the individual level, it was computed to a group level variable. HLM takes into account the fact that there are correlated error terms between participants who are in the same fraternity. For example, if a fraternity has a history of being especially committed to sexual violence, this would likely positively affect the scores of all members. Given that there is a potential correlation between participants in the same fraternity, HLM is needed. Moreover, HLM is fairly standard when analyzing multilevel data, as in this case.

The model for the posttest outcomes is as follows:

$$\text{(level 1)} \quad Y_{ij} = \beta_{0j} + \beta_{1j} (\text{Pretest})_{ij} + \beta_{2j} (\text{Covariate})_{ij} + r_{ij}$$

$$\text{(level 2)} \quad \beta_{0j} = \gamma_{00} + \gamma_{01} (\text{SWAT})_j + \gamma_{02} (\text{SWAT plus})_j + \gamma_{03} (\text{Covariate})_j + u_{0j}$$

$$\text{(level 2)} \quad \beta_{1j} = \gamma_{10} + \gamma_{11} (\text{SWAT})_j + \gamma_{12} (\text{SWAT plus})_j + \gamma_{13} (\text{Covariate})_j + u_{1j}$$

$$\text{(level 2)} \quad \beta_{2j} = \gamma_{20} + \gamma_{21} (\text{SWAT})_j + \gamma_{22} (\text{SWAT plus})_j + \gamma_{23} (\text{Covariate})_j + u_{2j}$$

In this model,  $Y_{ij}$  represents the posttest score on an outcome of interest for the  $i^{\text{th}}$  member of the  $j^{\text{th}}$  fraternity,  $\beta_{0j}$  represents the average intercept for the  $j^{\text{th}}$  fraternity,  $\beta_{1j}$  represents the average regression coefficient for pretest scores for the  $j^{\text{th}}$  fraternity,  $(\text{pretest})_{ij}$  represents the pretest score for the  $i^{\text{th}}$  member of the  $j^{\text{th}}$  fraternity,  $\beta_{2j}$  represents the average regression coefficient for the covariate for the  $j^{\text{th}}$  fraternity,  $(\text{covariate})_{ij}$  represents an individual level covariate, as cited above (e.g., age), and  $r_{ij}$  represents individual (e.g., level one) error. In the level two model,  $\gamma_{00}$  represents the average intercept for the entire sample,  $\gamma_{01}$  measures the impact of SWAT on the intercept as compared to the control group,  $\gamma_{02}$  measures the impact of SWAT plus on the intercept as compared to the control group,  $\gamma_{03}$  represents the impact of level 2 covariates (e.g., fraternity size) on the intercept, and  $u_{0j}$  represents fraternity (e.g., level two) error. When SWAT and SWAT plus were evaluated together, the two dummy codes at level 2 were condensed into a single variable (control vs. SWAT/SWAT plus). The remaining two equations (for  $\beta_{1j}$  and  $\beta_{2j}$ ) are included for completeness but do not contain effects of interest. Additionally, the model was tested without covariates.

The model for the follow-up outcomes is as follows:

$$\text{(level 1)} \quad Y_{ij} = \beta_{0j} + \beta_{1j} (\text{Posttest})_{ij} + \beta_{2j} (\text{Covariate})_{ij} + r_{ij}$$

$$\text{(level 2)} \quad \beta_{0j} = \gamma_{00} + \gamma_{01} (\text{SWAT})_j + \gamma_{02} (\text{SWAT plus})_j + \gamma_{03} (\text{Covariate})_j + u_{0j}$$

$$\text{(level 2)} \quad \beta_{1j} = \gamma_{10} + \gamma_{11} (\text{SWAT})_j + \gamma_{12} (\text{SWAT plus})_j + \gamma_{13} (\text{Covariate})_j + u_{1j}$$

$$\text{(level 2)} \quad \beta_{2j} = \gamma_{20} + \gamma_{21} (\text{SWAT})_j + \gamma_{22} (\text{SWAT plus})_j + \gamma_{23} (\text{Covariate})_j + u_{2j}$$

In this model,  $Y_{ij}$  represents the follow-up score on an outcome of interest and posttest scores are used instead of pretest scores. Everything else is the same as the previous model.

**Assumptions.** HLM assumptions include normality, linearity, and homoscedasticity (Raudenbush & Bryk, 2002). Normal distributions of the dependent variables were examined in a univariate fashion (e.g., one variable at a time) through histograms. At level 2, I examined Mahalanobis distance, a representation of multivariate normality. I plotted actual versus expected values to see if there was deviation. When a fraternity deviated too far from what was expected, I conducted a sensitivity analysis in which I identified the fraternity in violation, removed it from the sample, and reran the analysis to determine whether the results changed. For sexual consent norms, I removed fraternity 2. For positive consent, I removed fraternities 1 and 4 and for bystander self-efficacy I removed fraternity 8. In each case, I did not see a change in the results when the fraternities were removed from the analyses. Therefore, I concluded that the violations of normality in these models did not bias my results.

Homoscedasticity was examined using the built-in test of level 1 homogeneity of variance using HLM 7 Student Version software. Homogeneity of variance was not significant for the following outcomes: positive consent, sexual consent norms, intention to help, bystander self-efficacy, actual bystander intervention, and decisional balance. The homogeneity of variance test for sexual aggression was significant. Heteroscedasticity was related to the covariates age, year in school, and year in fraternity. When the covariates were added to the model, heteroscedasticity was not significant.

Therefore, only the original results will be presented. The assumption of linearity is based on the idea that continuous measures are ordinal and interval. For continuous predictors, it is of interest to assess whether a relationship to an outcome is linear (e.g., the same across the entire range of the predictor) or non-linear (e.g., varies across the range). This assumption is not relevant to a dichotomous predictor, such as the dichotomous predictors used in this study (e.g., the dummy codes representing group membership). Therefore, this assumption was not relevant for this analysis.

Traditional independence is not an assumption for HLM. With nested data, it is expected that participant scores within a set group will be correlated. HLM is the statistical analysis of choice for nested data because it accounts for violations of the assumption of independence that would be found in traditional regression.

Repeated measures ANOVA was used to address hypothesis 4. For repeated measures ANOVA, sphericity assumes that the variances of the differences between conditions are equal. To examine this assumption, I used the built-in Box's Test of Equality of Covariance Matrices, and found it was not significant. Therefore, I concluded that my results would not be biased.

**Missing data.** All preliminary analyses to model testing, including data screening and examination of missing data, were conducted using SPSS Version 21.0 for Mac OSX (IBM Corp., 2012). Data ranges were checked for each variable to ensure that all data were within the prescribed ranges. Missing data were also examined. For measures that were scored by summing individual items, scores were derived only if the individual had answered 100% of the items. For measures with a total mean score, measure scores were derived only if the individual had answered 80% of the items. The percentage of missing

data for each variable is reported in Table 5. Missing data percentages at each time point were computed by dividing the number of missing scores by the total sample at pretest (N=324).

As expected, attrition resulted in a loss of data at posttest and follow-up. The attrition was largest for the bystander intervention behavior variable with 60.8% of the pretest cases missing at follow-up. Little's (1988) omnibus Missing Completely at Random (MCAR) test was used to determine the pattern of missingness. Data that is MCAR suggests that there is no bias in the pattern of missing data. The Little's MCAR test obtained for this study's data indicated that the data is indeed missing completely at random ( $\chi^2 = 889.10$ ,  $df = 5633$ ,  $p = 1.00$ ). Due to the fact that data were MCAR, no further action was required to address missing data. Despite the fact that there is no apparent bias in the pattern of missing data, there is a large amount of missing data, especially at follow-up, and results should be interpreted taking this into account.

**Descriptive statistics.** Descriptive statistics for the measured variables are presented in Table 6. Decisional balance and actual bystander intervention behaviors scores range from negative to positive numbers, due to the scoring method of each measure. For decisional balance, pro and con scores were calculated, and cons were subtracted from the pros. If a participant endorsed more con than pro scores, this would result in a negative decisional balance score. For actual bystander intervention behaviors, "yes" was scored positively and "no" was scored negatively. The total score was summed; therefore, if a participant endorsed "no" more than "yes," this would result in a negative overall score.

Table 5

*Percentage of Missing Data per Variable: Level One Variables*

Variable	Missing data		
	Pretest (n = 324)	Posttest (n = 209)	Follow-up (n = 135)
1. SV knowledge: BIB	1.23% (n = 320)	35.49% (n = 209)	60.80% (n = 127)
2. SV knowledge: RES	1.23% (n = 320)	35.49% (n = 209)	59.57% (n = 131)
2. Rape myth acceptance	7.41% (n = 300)	39.51% (n = 196)	59.88% (n = 130)
3. Positive sexual consent	4.63% (n = 309)	37.96% (n = 201)	58.95% (n = 133)
4. Sexual consent norms	6.17% (n = 304)	37.04% (n = 204)	59.26% (n = 132)
5. Bystander behaviors – Intention to help	2.16% (n = 317)	35.80% (n = 208)	58.33% (n = 135)
6. Decisional balance	3.40% (n = 313)	35.80% (n = 208)	58.33% (n = 135)
7. Bystander self-efficacy	2.16% (n = 317)	35.80% (n = 208)	58.33% (n = 135)
8. Actual bystander behaviors	4.63% (n = 309)		59.26% (n = 132)
9. Social norms (individual level)	1.23% (n = 320)	35.80% (n = 208)	58.33% (n = 135)
10. Social desirability	3.09% (n = 314)		
11. Sexual aggression	2.16% (n = 317)		58.33% (n = 135)

Table 6

*Descriptive Statistics for Measured Continuous Outcome Variables*

Variable	Pretest			Posttest			Follow up		
	<i>M</i>	<i>SD</i>	Range	<i>M</i>	<i>SD</i>	Range	<i>M</i>	<i>SD</i>	Range
KL: BIB	1.12	1.25	0-5	1.35	1.16	0-5	1.59	1.26	0-5
KL: RES	1.60	1.53	0-8	2.00	1.39	0-7	2.18	1.74	0-8
SV Attitudes									
RMA	42.16	10.52	19-70	38.85	10.95	19-68	37.15	10.77	19-66
PC	5.04	0.94	2.32-7	5.36	0.94	2.36-7	4.98	0.74	2.82-6.39
SCN	4.87	1.00	1-6.86	4.53	1.13	1-6.86	4.58	1.16	1-6.57
SV Behaviors									
ITH	3.35	0.53	1.63-4.75	3.50	0.57	1.94-5	3.56	0.43	2.44-4.63
DB	0.97	1.02	-1.73-4	1.14	0.97	-1.03-4	1.02	0.96	-1.33-4
BSE	77.00	13.67	15-100	79.53	14.27	43.21-100	78.52	14.00	43.93-100
ABB	-2.29	4.02	-13-8				-1.61	4.41	-13-12
SA	0.06	0.09	.00-.38				0.04	0.09	0.00-0.50
SD	6.60	2.65	0-13						

Note. Variable names: KL: BIB = SV knowledge bystander intervention behaviors; KL: RES = SV knowledge campus and community resources; RMA = Rape myth acceptance; PC = Positive consent; SCN = Sexual consent norms; INT = Intention to help; DB = Decisional balance; BSE = Bystander self-efficacy; ABB = Actual bystander intervention behaviors; SA = Sexual aggression; SD = Social desirability.

**Equivalence of groups.** I conducted one-way ANOVA and Chi Square tests to examine pretest equivalence of SWAT, SWAT plus, and the control group with respect to demographic individual and group variables. I used one-way ANOVA to examine pretest equivalence for age and fraternity size. There were no significant differences between the

groups for age ( $F(2, 317) = 1.56, p = .21$ ). In addition, the results indicated that there were no significant group differences for fraternity size ( $F(2, 8) = 1.04, p = .41$ ). Next, I used 2-sided Pearson's  $\chi^2$  tests to examine pretest equivalence for the categorical variables. I examined year in school, year in fraternity, ethnicity, athletic team membership, religious affiliation, relationship status, whether they had known a survivor of sexual violence, and whether they had known a perpetrator of sexual violence. There were significant group differences between the groups for courses taken where sexual violence was discussed ( $\chi^2(2, N = 309) = 7.03, p = .03$ ), had seen SWAT before ( $\chi^2(2, N = 313) = 30.24, p = .00$ ), and ethnicity ( $\chi^2(2, N = 313) = 7.13, p = .03$ ). Specifically, there were a lower number of participants than expected in SWAT plus and a higher number than expected in SWAT who had taken courses where sexual violence was discussed. Similarly, there were fewer participants than expected in SWAT plus and more participants than expected in SWAT who had previously seen SWAT. Finally, there were a higher number than expected of participants who identified as Caucasian in the SWAT condition compared to the other groups.

The test failed to indicate significant group differences between the groups for year in school ( $\chi^2(6, N = 316) = 7.94, p = .24$ ), year in fraternity ( $\chi^2(8, N = 312) = 6.91, p = .55$ ), athletic team membership ( $\chi^2(2, N = 24) = 1.04, p = .59$ ), religious affiliation ( $\chi^2(2, N = 318) = 2.39, p = .30$ ), relationship status ( $\chi^2(2, N = 310) = 3.34, p = .19$ ), whether they had known a survivor of sexual violence ( $\chi^2(2, N = 309) = 3.71, p = .16$ ), and whether they had known a perpetrator of sexual violence ( $\chi^2(2, N = 310) = .44, p = .80$ ). All three significant variables (courses taken where sexual violence was discussed,

had seen SWAT before, and ethnicity) were examined as potential covariates and were not significant for any of the outcomes.

I was also interested in whether there were significant group differences between those who participated in pretest but did not complete the posttest (*non-engagers*) versus those who participated in pretest and also participated in posttest (*engagers*). I conducted a one-way ANOVA for age (continuous variable). I conducted a Chi-Square test for categorical variables in order to examine differences between these two groups at pretest. There were significant differences between *engagers* and *non-engagers* on three variables: relationship status ( $\chi^2 (1, N = 310) = 4.55, p = .03$ ), taken a course in which sexual violence was discussed ( $\chi^2 (1, N = 309) = 4.48, p = .03$ ), and ethnicity ( $\chi^2 (1, N = 313) = 4.28, p = .04$ ). Specifically, *engagers* had a higher number of participants who reported being in a relationship, who endorsed taking a class in which sexual violence was discussed, and who identified as Caucasian.

There were no significant group differences between *engagers* and *non-engagers* with respect to the other variables: year in fraternity ( $\chi^2 (4, N = 312) = 7.78, p = .10$ ), year in school ( $\chi^2 (3, N = 316) = 4.02, p = .26$ ), religious affiliation ( $\chi^2 (1, N = 318) = .356, p = .551$ ), having previously seen SWAT ( $\chi^2 (1, N = 313) = .04, p = .95$ ), knowing a survivor of sexual violence ( $\chi^2 (1, N = 309) = .04, p = .85$ ), knowing a perpetrator of sexual violence ( $\chi^2 (1, N = 310) = .03, p = .86$ ), and athlete status ( $\chi^2 (1, N = 24) = 1.04, p = .31$ ). There was not a significant difference between *engagers* and *non-engagers* for age ( $F(7, 312) = .84, p = .56$ ). Although none of my subsequent analyses looked at outcomes of interest for *engagers* and *non-engagers* (e.g., I cannot examine the

significant variables as potential covariates), this information is useful in providing contextual information about participants at posttest.

**Preliminary analyses results.** All data were analyzed using SPSS 21.0 (IBM Corp., 2012) and HLM 7, Student Version. Descriptive statistics (means, standard deviations, and frequencies) were used to summarize the data collected on the demographic measure.

To determine the influence of demographic and/or background variables on group differences, I conducted HLM analysis using demographic and background data as covariates. Specifically, the following level 1 variables were tested as covariates: age, year in school, member of athletic team, year in fraternity, ethnicity, religious affiliation, relationship status, has taken courses in which SV was discussed, has seen SWAT before, has known a victim/survivor of SV, and has known someone who engaged in unwanted sexual contact with someone who did not want it (perpetrator). In all multi-level analyses, level-1 predictors were grand-mean centered (e.g., adjusted according to the mean for all participants). As a result, estimates of level-2 coefficients were properly adjusted for differences among groups in level-1 covariates, thus reducing the opportunity for bias (Raudenbush & Bryk, 2002). There were no significant level 1 covariates at posttest. One level 2 variable, fraternity size, was tested as a potential covariate. At posttest, fraternity size significantly predicted intention to help ( $\beta = 0.005$ ,  $t(7) = 3.91$ ,  $p = 0.006$ ). Fraternity size was controlled for in subsequent analyses. Table 7 summarizes significant pretest/posttest covariates.

Table 7

*Significant Covariate at Posttest*

Parameter	Model 1 INT
Intercept	3.38**(0.03)
Level 1 (individual)	
INT	0.73**(0.06)
Level 2 (fraternity)	
Fraternity size	0.005**(0.001)
Level 2	
Intercept	0.00002
$u_1$	0.00003
Level 1	
-2* log likelihood	0.16

*Note.* Standard errors are in parentheses. INT = bystander intention to help;  $u_1$  = error associated with pretest scores; \* =  $p < .05$ . \*\* =  $p < .01$ .

The same level one and level two covariates were examined at follow-up. At follow-up, race significantly predicted positive consent ( $\beta = 0.19$ ,  $t(8) = 2.29$ ,  $p = .05$ ) and actual bystander intervention behavior scores ( $\beta = 0.17$ ,  $t(8) = 2.27$ ,  $p = .05$ ). Knowing a survivor significantly predicted rape myth acceptance scores ( $\beta = .38$ ,  $t(8) = 2.82$ ,  $p = .02$ ). Religious affiliation significantly predicted follow-up bystander self-efficacy scores ( $\beta = 4.24$ ,  $t(8) = 4.91$ ,  $p = .04$ ). Finally, knowing a perpetrator significantly predicted decisional balance scores ( $\beta = 0.40$ ,  $t(8) = 2.38$ ,  $p = .04$ ). Table 8 summarizes significant follow-up covariates.

Table 8

*Significant Covariates at Follow-up*

Parameter	Model 1 RMA	Model 2 PC	Model 3 BSE	Model 4 DB	Model 5 ABB
Fixed effects					
Intercept	37.01**(0.66)	4.92**(0.05)	79.98**(0.93)	1.08**(0.09)	-1.91**(0.60)
Level 1 (individual)					
Race		0.32*(0.14)			2.12*(0.88)
Knows survivor	-2.98*(1.28)				
Knows perpetrator				0.40*(0.17)	
Religion			4.24*(1.69)		
RMA	0.84**(0.07)				
PC		0.59**(0.08)			
BSE			0.71**(0.08)		
DB				0.60**(0.10)	
ABB					0.78**(0.15)
Level 2 (fraternity)					
Fraternity size					

Parameter	Model 1 RMA	Model 2 PC	Model 3 BSE	Model 4 DB	Model 5 ABB
Parameter effects					
Level 2					
Intercept	0.16	0.003	1.58	0.02	2.19**
u <sub>1</sub>	0.01	0.03	0.02	0.03	0.12*
u <sub>2</sub>	0.29	0.008	0.28	0.001	0.48
Level 1					
-2* log likelihood	43.21	0.26	77.32	0.65	9.45

*Note.* Standard errors are in parentheses. RMA = rape myth acceptance; PC = positive consent; BSE = bystander self-efficacy; DB = decisional balance; ABB = actual bystander intervention behavior;  $u_i$  = error associated with pretest scores; \* =  $p < .05$ . \*\* =  $p < .01$ .

A correlation matrix of significant posttest covariates and outcomes variables is presented in Table 9. Social desirability is significantly correlated with all of the outcomes with the exception of rape myth acceptance, religious affiliation, and the two SV knowledge variables. The social desirability measure was given to participants to detect potential bias in participant responses. Specifically, self-report (e.g., survey administration) of socially taboo behavior such as sexual violence tends to be underreported, and self-report of socially accepted behaviors (e.g., bystander intervention) tends to be over-reported. In addition, because the surveys were administered in a group format with participants in proximity to one another, it makes sense that social desirability would impact responses.

Another relevant finding is that intention to help is highly positively correlated with actual bystander intervention behaviors during the previous 4 months. One limitation of previous bystander intervention research is that intention to help has not been found to predict actual bystander intervention. This finding, however, supports the idea that intention to help and actual bystander intervention are related.

Table 9

*Bivariate Correlations for Significant Level One Covariates and All Pretest Outcome Measures*

Variable	1	2	3	4	5	6	7
Demographic:	—						
1. Race							
2. Religion	-.03	—					
3. Survivor	-.03	-.11	—				
4. Perpetrator	.03	-.07	.34**	—			
Knowledge:	-.13*	-.07	.09	-.00	—		
5. BIB							
6. RES	-.12*	-.06	.23**	.10	.31**	—	
Attitudes:	.14*	.01	-.14*	.03	-.14**	-.20**	—
7. RMA							
8. PC	-.03	-.02	.12*	-.02	.05	.10	-.44**
9. SCN	-.06	-.03	-.02	.07	-.09	-.11	.32**
Behaviors:	-.08	.02	.13*	.01	.08	.19**	-.44**
10. INT							
11. BSE	-.13*	-.04	.19**	.05	.07	.18**	-.34**
12. DB	.06	-.02	.16**	.07	.01	.00	-.31**
13. ABB	-.17**	.00	.16**	.03	.04	.21*	-.31**
Additional:	-.02	.05	.09	.16**	-.02	.11	.26**
14. SA							
15. SD	-.16**	.02	.16**	.10	.02	.11	.09

Note. Variable names: Survivor = Has known a survivor; Perpetrator = Has known a perpetrator; BIB = Bystander intervention knowledge; RES = Campus and community resources knowledge RMA = Rape myth acceptance; PC = Positive consent; SCN = Sexual consent norms; INT = Intention to help; BSE = Bystander self-efficacy; DB = Decisional balance; ABB = Actual bystander behaviors; SA = Sexual Aggression; SD = Social Desirability. \* =  $p < .05$ ; \*\* =  $p < .01$ .

Table 9 Continued

Variable	8	9	10	11	12	13	14	15
Demographic:								
1. Race								
2. Religion								
3. Survivor								
4. Perpetrator								
Knowledge:								
5. BIB								
6. RES								
Attitudes:								
7. RMA								
8. PC	—							
9. SCN	-.33**	—						
Behaviors:								
10. INT	.57**	-.38**	—					
11. BSE	.42**	-.17**	.55**	—				
12. DB	.38**	-.17**	.31**	.36**	—			
13. ABB	.36**	-.17**	.67**	.40**	.19**	—		
Additional:								
14. SA	-.19**	.18**	-.28**	-.10	-.12	-.10	—	
15. SD	-.15**	.20**	-.25**	-.15**	-.17**	-.19**	.17**	—

Note. Variable names: Survivor = Has known a survivor; Perpetrator = Has known a perpetrator; BIB = Bystander intervention knowledge; RES = Campus and community resources knowledge RMA = Rape myth acceptance; PC = Positive consent; SCN = Sexual consent norms; INT = Intention to help; BSE = Bystander self-efficacy; DB = Decisional balance; ABB = Actual bystander behaviors; SA = Sexual Aggression; SD = Social Desirability.

HLM served as the primary statistical analysis in this study (hypotheses 1-3). The nested technique was used to account for randomization by fraternity rather than by individuals. For each variable, I first examined the combined treatment groups versus the control group. Next, I examined SWAT versus the control group and SWAT plus versus the control group. I examined posttest scores controlling for pretest scores (in other words, change from pretest to posttest), and then examined follow-up scores controlling for posttest scores (in other words, change from posttest to follow-up). Due to the fact that sexual aggression and actual bystander intervention were only measured at pretest and follow-up, I examined follow-up scores controlling for pretest scores (in other words, change from pretest to follow-up). I also examined effect sizes for each variable that was used in HLM analysis. I used Hedges' G formula to calculate effect sizes of continuous outcomes and followed Cohen's (1988) standard interpretation: .8 = large, .5 = moderate, and .2 = small. Due to the fact that this intervention was a one-time intervention that lasted 45 minutes to 1.5 hours, even small effect sizes will be highlighted.

## **Hypotheses**

**Revisions.** Hypotheses were revised for several reasons, as explained in this section. Hypotheses one through three were revised after determining that a low sample size may make it difficult to detect significant effects. Specifically, a sample size of three fraternities per condition is a low sample size. For this reason, hypotheses were revised to reflect combined intervention groups ( $n = 6$ ) compared to the control group ( $n = 3$ ). Hypothesis 4 was revised due to measurement considerations. I determined that it was difficult to examine social norms as was hypothesized in the original hypothesis;

therefore, I revised this hypothesis in order to add clarity and to adjust it for measurement appropriateness.

**Hypothesis 1.** When combined, I expected the treatment conditions to show gains in SV knowledge relative to control. Additionally, I anticipated that SWAT participants would demonstrate a modest increase, and SWAT plus participants would demonstrate a significant increase in knowledge related to bystander intervention at posttest and 4-month follow up.

**Summary.** Results did not support the first hypothesis. I created the SV knowledge measure for use in this study. Using pretest, posttest and follow-up data, I conducted a factor analysis for each time point on the six items to determine if they loaded on a particular factor. I expected that the data would load on one factor (SV knowledge). Originally, four of the questions were categorical and two questions were continuous. In order to maintain the variability in answers, I conducted a factor analysis for the six questions as they were scored (both categorical and continuous). I examined the scree plot and no factor(s) emerged. I transformed the continuous-scored variables to dichotomous-scored variables and reran the factor analysis. Again, no factor(s) emerged. I concluded that this measure was not a clearly defined scale and likely had high measurement error (e.g., participants knew one answer but not all of them) and the measure was not used as a complete measure in further analyses.

Subsequently, I chose to look at two questions in this measure that captured bystander knowledge related to bystander behavior. One question assessed how many helpful bystander intervention behaviors (BIB) participants could generate. One question assessed how many campus and community resources related to sexual violence (RES)

participants could generate. The questions were both count variables and higher scores indicated greater BI knowledge. Due to the fact that they were count variables, I conducted a Poisson regression using HLM software. In Poisson regression, a significant regression coefficient indicates that a one-unit change in the associated predictor corresponds to a change in the count of the dependent variable (DV). The general equation for a DV (Y) and a predictor (X<sub>1</sub>) is as follows:

$$\log_e(Y) = \beta_0 + \beta_1 X_1 \dots$$

This equation can be re-written as:

$$\begin{aligned} Y &= e^{\beta_0} * (e^{\beta_1 X_1}) \dots \\ &= e^{\beta_0} * (e^{\beta_1}) (e^{X_1}) \dots \end{aligned}$$

Thus, all regression coefficients were exponentiated. For all of the intervention groups, neither BIB nor RES changed significantly at posttest. BIB scores significantly changed for both SWAT ( $\beta = .23$ ,  $e^{\beta} = 1.26$ ,  $t(6) = 3.38$ ,  $p = 0.02$ ) and SWAT plus ( $\beta = .24$ ,  $e^{\beta} = 1.27$ ,  $t(6) = 3.17$ ,  $p = 0.02$ ) at follow-up. Thus, for example, the SWAT group had a count of bystander intervention behaviors (BIB) that was 1.26 times larger than the control group. RES scores did not significantly change for posttest ( $\beta = .21$ ,  $e^{\beta} = 0.11$ ,  $t(7) = 1.98$ ,  $p = 0.09$ ) or follow-up ( $\beta = -.02$ ,  $e^{\beta} = 0.10$ ,  $t(7) = 0.26$ ,  $p = 0.08$ ). Effect sizes are not reported for analyses with Poisson regressions.

**Hypothesis 2.** When combined, I expected both conditions to show significant decreases in SV supportive attitudes relative to a control group at posttest and follow-up.

**Summary.** Results partially supported this hypothesis. There were three variables that represented SV supportive attitudes: a) rape myth acceptance, b) positive consent, and c) sexual consent norms. Specifically, I expected rape myth acceptance scores to decrease after the intervention, whereas I expected positive consent scores and sexual

consent norm scores to increase after the intervention. I examined outcomes for both the combined treatment groups compared to the control group and SWAT and SWAT plus compared to the control group. At follow-up, rape myth scores significantly decreased for the combined intervention groups ( $\beta = -0.73$ ,  $t(7) = -2.41$ ,  $p = 0.047$ ). At posttest, neither positive consent ( $\beta = 0.08$ ,  $t(7) = 2.27$ ,  $p = 0.06$ ), sexual consent norms ( $\beta = -0.09$ ,  $t(7) = -1.89$ ,  $p = 0.10$ ), nor rape myth acceptance ( $\beta = -0.74$ ,  $t(7) = -1.89$ ,  $p = 0.10$ ) significantly changed. Similarly, at follow-up, positive consent ( $\beta = 0.06$ ,  $t(7) = 1.13$ ,  $p = 0.29$ ), and sexual consent norms ( $\beta = 0.07$ ,  $t(7) = 1.18$ ,  $p = 0.28$ ) were not significant. Race was a significant covariate for positive consent scores at follow-up. Results for hypothesis 2 are presented in Table 10.

Effect sizes for the three sexual violence attitude variables are reported in Table 11. The effect sizes for rape myth acceptance, social consent norms, and positive consent were all larger at posttest than at follow-up. Effect sizes for rape myth acceptance were higher for SWAT plus compared to SWAT. Effect sizes for sexual consent norms were higher for SWAT compared to SWAT plus. Finally, there were mixed results for positive consent. At posttest, SWAT plus had larger effect sizes and at follow-up, SWAT had larger effect sizes.

Table 10

*HLM Results for Hypothesis 2 at Posttest and Follow-up*

Parameter	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
	RMA		PC		SCN	
	Posttest	Follow-up	Posttest	Follow-up	Posttest	Follow-up
Fixed effects						
Intercept	38.98**(0.54)	39.01**(0.41)	5.23**(0.05)	4.91**(0.08)	4.59**(0.06)	4.55**(0.08)
Level 1 (individual)						
Race				0.42(0.23)		
RMA	0.85**(0.05)	0.85**(0.04)				
PC			0.70**(.05)	0.59**(0.08)		
SCN					0.71**(.07)	0.81**(.07)
Level 2 (fraternity)						
Combined groups	-0.74(0.39)	-0.73*(0.30)	0.08(0.03)	0.06(0.05)	-0.09(0.05)	0.08(0.06)

Table 10 Continued

Parameter	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
	RMA		PC		SCN	
	Posttest	Follow-up	Posttest	Follow-up	Posttest	Follow-up
Random parameters						
Level 2						
Intercept	1.16	0.01	0.00003	0.02	0.0001	0.005
u <sub>1</sub>	0.01		0.00002	0.03*	0.006	0.0003
u <sub>2</sub>				0.19		
Level 1						
-2* log likelihood	28.61	30.03	0.38	0.25	0.67	0.61

*Note.* Standard errors are in parentheses. RMA = rape myth acceptance; PC = positive consent; SCN = sexual consent norms; u<sub>1</sub> = error associated with pretest scores; u<sub>2</sub> = error associated with covariate; \* =  $p < .05$ . \*\* =  $p < .01$ .

Table 11

*Effect Sizes for Sexual Violence Attitude Scores*

Variable	Posttest			Follow-up		
	SWAT	SWAT plus	Combined	SWAT	SWAT plus	Combined
RMA	0.04	0.08	0.07	0.04	0.06	0.05
SCN	0.11	0.07	0.08	0.07	0.04	0.06
PC	0.08	0.10	0.09	0.06	0.00	0.02

*Note. Variable name: RMA = rape myth acceptance; SCN = sexual consent norms; PC = positive consent.*

**Hypothesis 3.** When combined, I expected both conditions to demonstrate significant increases in bystander intervention behaviors related to SV situations at posttest and 4 month follow-up compared to the control group.

**Summary.** The results only partially supported this hypothesis. There were four variables that represented SV behaviors: 1) bystander intention to help, 2) bystander intervention self-efficacy, 3) decisional balance, and 4) actual bystander intervention behaviors. At posttest, after controlling for fraternity size, bystander intention to help significantly increased for SWAT participants ( $\beta = 0.09$ ,  $t(5) = 3.12$ ,  $p = 0.03$ ). Bystander self-efficacy significantly increased for both SWAT ( $\beta = 1.75$ ,  $t(6) = 2.47$ ,  $p = 0.048$ ) and SWAT plus ( $\beta = 1.82$ ,  $t(6) = 2.46$ ,  $p = 0.049$ ) participants when controlling for courses taken in which sexual violence was discussed. Decisional balance was not significant at posttest ( $\beta = -0.03$ ,  $t(7) = -0.74$ ,  $p = 0.48$ ). At follow-up, bystander intention to help ( $\beta = 0.02$ ,  $t(6) = 0.83$ ,  $p = 0.44$ ), bystander self-efficacy, ( $\beta = -0.05$ ,  $t(7) = -0.07$ ,  $p = 0.95$ ), and decisional balance ( $\beta = 0.10$ ,  $t(7) = 1.75$ ,  $p = 0.12$ ) were not

significant. All significant covariates were included in each of the three models in the results that are presented (religion and bystander self-efficacy; fraternity size and bystander intention to help; has known a perpetrator and decisional balance). Actual bystander intervention behavior was only measured at pretest and follow-up. At follow-up, actual bystander intervention behaviors was significant for both SWAT plus ( $\beta = 1.09, t(6) = 3.20, p = 0.02$ ) and SWAT participants ( $\beta = 0.89, t(6) = 2.63, p = 0.04$ ) when controlling for race. Table 12 summarizes results for hypothesis 3.

Follow-up exploratory analyses were conducted to further investigate the meaning of actual bystander intervention scores. The omnibus test for actual bystander intervention scores revealed that scores did significantly increase for both SWAT and SWAT plus compared to the control group. However, due to the scoring of the measure, it was not apparent if significantly higher scores meant that participants were endorsing that they were engaging in more bystander intervention behaviors or having fewer opportunities to intervene. Therefore, in the follow-up exploratory analyses, I examined changes in participant positive intervention scores (“yes” response) and negative intervention scores (“no” response) from pretest to follow-up. Positive intervention scores indicated that participants had the opportunity to intervene and chose to do so. Negative intervention scores indicated that participants had the opportunity to intervene and chose not to. At follow-up, positive intervention scores significantly increased for SWAT plus participants ( $\beta = 0.59, t(6) = 3.70, p = 0.01$ ) but not for SWAT participants ( $\beta = 0.35, t(6) = 2.34, p = 0.06$ ). Negative intervention scores did not significantly change for the combined groups ( $\beta = -0.21, t(7) = -1.40, p = 0.2$ ). Similarly, no

Table 12

*HLM Results for Hypothesis 3 at Posttest and Follow-up*

Parameter	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
	INT		BSE		DB		ABB
	Posttest	Follow-up	Posttest	Follow-up	Posttest	Follow-up	Follow-up
Fixed effects							
Intercept	3.38**(0.04)	3.61**(0.04)	78.29**(0.88)	79.92**(0.96)	1.10**(0.05)	1.07**(0.08)	-2.11**(.41)
Level 1 (individual)							
Race							1.97(1.51)
Religion				4.34*(1.72)			
Knows perp.						0.39(0.18)	
INT	0.72**(0.06)	(0.55)**(0.08)					
BSE			0.73**(0.10)	0.70**(0.08)			
DB					0.62**(0.05)	0.57**(0.08)	
ABB							0.71**(0.09)
Level 2 (fraternity)							
Fraternity size	0.01*(0.002)	-0.005*(0.002)					

Table 12 Continued

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
Parameter	INT		BSE		DB		ABB
	Posttest	Follow-up	Posttest	Follow-up	Posttest	Follow-up	Follow-up
Fixed effects							
Level 2 (fraternity)							
Combined groups		0.02(0.03)		-0.05(0.69)	-0.03(0.04)	0.10(0.06)	
SWAT	0.09*(0.03)		1.75*(0.71)				0.89* (0.34)
SWAT plus	0.04(0.03)		1.82*(0.74)				1.08* (0.34)
Random parameters							
Level 2							
Intercept	0.003	0.005	2.88	1.92	0.0001	0.008	0.37
u <sub>1</sub>	0.002	0.02	0.06	0.03	0.0005	0.002	0.02
u <sub>2</sub>				0.18		0.01	7.60
Level 1							
-2* log likelihood	0.17	0.09	83.63	78.40	0.50	0.66	9.35

*Note.* Standard errors are in parentheses. INT = bystander intention to help; BSE = bystander self-efficacy; DB = decisional balance; ABB = actual bystander intervention behaviors; u<sub>1</sub> = error associated with pretest scores; u<sub>2</sub> = error associated with covariate; \* =  $p < .05$ . \*\* =  $p < .01$ .

opportunity scores did not significant change for the combined groups ( $\beta = 0.21$ ,  $t(7) = 1.15$ ,  $p = .29$ ). See Table 13 for follow-up exploratory results.

Table 13

*Results for Follow-up Exploratory Analyses for Actual Bystander Intervention Behaviors*

Parameter	Model 1	Model 2	Model 3
	Yes	No	No Opp
	Fixed effects		
Intercept	3.26**(0.19)	5.30**(0.21)	6.72**(0.25)
Level 1 (individual)			
Yes	0.54**(0.07)		
No		0.68**(0.10)	
No opp			0.59**(0.09)
Level 2 (fraternity)			
Combined groups		-0.21(0.15)	0.21(0.19)
SWAT	0.35(0.15)		
SWAT plus	0.59*(0.15)		
	Parameter effects		
Level 2			
Intercept	0.03	0.002	0.04
$u_1$	0.0003	0.01	0.002
Level 1			
-2* log likelihood	3.61	5.09	6.97

*Note.* Standard errors are in parentheses. Yes = positive bystander intervention; No = negative bystander intervention; No Opp = No opportunity;  $u_1$  = error associated with pretest scores; \* =  $p < .05$ . \*\* =  $p < .01$ .

Effect sizes for sexual violence behavior outcome variables are summarized in Table 14. For all outcomes measured at posttest, SWAT had slightly higher effect sizes compared to SWAT plus. At follow-up, effect sizes for decisional balance and actual bystander intervention behaviors were slightly higher for SWAT plus compared to SWAT. Finally, actual bystander intervention behavior had a relatively large effect size for SWAT plus at follow-up.

Table 14

*Effect Sizes for Sexual Violence Behavior Outcome Variables*

Variable	Posttest			Follow-up		
	SWAT	SWAT Plus	Combined	SWAT	SWAT Plus	Combined
INT	0.25	0.18	0.21	0.03	0.00	0.01
BSE	0.13	0.12	0.13	0.01	0.00	0.01
DB	0.03	0.02	0.03	0.08	0.13	0.11
ABB				0.20	0.24	0.19

Note. Variable name: INT = Intention to help; BSE = Bystander self-efficacy; DB = Decisional balance; ABB = Actual bystander intervention behavior.

**Hypothesis 4.** I expected there to be a modest mean decline for SWAT and a significant mean decline for SWAT-plus in the reported perception of social group members' attitudes/behaviors related to SV.

**Summary.** The results of the study did not support this hypothesis. I was interested in how the interventions would impact group level social norms; therefore, I made social norms a group level 2 variable and used repeated measures ANOVA to

examine group differences. A repeated measures ANOVA allows me to test the equality of means between groups across time. There were no significant group change scores across time (i.e., no interaction effect) at posttest ( $F(1,7) = .67, p = .44$ ) or follow-up ( $F(1,7) = 1.71, p = .23$ ). There was a significant main effect for group, indicating that one group was consistently different than the other across time points. When testing change from posttest to follow-up, the social norms scores for the combined intervention groups significantly decreased compared to the control group ( $F(1,7) = 6.99, p = .03$ ). When testing change from pretest to posttest, the combined intervention groups were not significantly different from the control group ( $F(1,7) = 5.03, p = .06$ ). Next, I examined group differences for SWAT and SWAT plus. When testing change from pretest to posttest, SWAT had significantly lower mean social norms score than the control group ( $F(1,6) = 14.68, p = .01$ ). This was also true when testing change from posttest to follow-up ( $F(1,6) = 13.00, p = .01$ ). SWAT plus was not significantly different from the control group when testing change from pretest to posttest ( $F(1,6) = 1.74, p = .24$ ) or posttest to follow-up ( $F(1,6) = 3.00, p = .13$ ).

**Additional analysis.** Although I did not hypothesize that the interventions would have a significant effect on participants' sexual aggression, I was interested to see how participation in each of the interventions affected participant report of sexual aggression. Sexual aggression was measured at pretest and follow-up. I used HLM analyses and found, at follow-up, that sexual aggression was not significant. Table 15 summarizes the results for sexual aggression. Effect sizes for sexual aggression at follow-up were: SWAT = 0.11, SWAT plus = 0.10, and Combined Interventions = 0.12.

Table 15

*HLM Results for Additional Analysis*

Model 1	
Sexual Aggression	
Parameter	Follow-up
<i>Fixed effects</i>	
Intercept	0.05**(0.01)
Level 1 (individual)	
SA	0.60**(0.06)
Level 2 (fraternity)	
Combined groups	-0.01(0.01)
<i>Random parameters</i>	
Level 2	
Intercept	0.0001
$u_1$	0.002
Level 1	
-2* log likelihood	0.004

Note.  $u_1$  = error associated with pretest scores; \* =  $p < .05$ .

\*\* =  $p < .01$

## CHAPTER IV

### DISCUSSION

The purpose of this study was to contribute to the status of SV intervention literature by examining knowledge, attitude, behavior, and social norm change outcomes for two SV prevention programs implemented with fraternity men. I predicted that participants in the prevention programs (SWAT and SWAT plus) would score significantly higher on measures of SV knowledge, positive SV attitudes, positive SV behaviors, and positive group social norms at posttest and follow-up relative to a control group. I also anecdotally examined changes in sexual aggression for treatment groups versus the control group. This section is a summary and discussion of study results, including study strengths and limitations and recommendations for future research.

#### **Summary and Integration of Results**

Overall, there are mixed results for the effectiveness of SWAT and SWAT plus interventions. Generally speaking, there is evidence that both interventions, when analyzed together and compared to the control group, were effective at decreasing rape myth acceptance. When analyzed separately, both SWAT and SWAT plus were effective at increasing the number of helpful bystander behaviors participants could list and increasing bystander self-efficacy. The SWAT plus intervention appears to be more effective at increasing actual bystander intervention behavior. The SWAT intervention appears to be more effective at increasing intention to help. Mixed results for SWAT and SWAT plus were also found at posttest and follow-up.

**SV knowledge.** I predicted that when combined, SWAT and SWAT plus participants would show significant gains in SV knowledge relative to a control group at posttest and follow-up. This hypothesis was partially supported. Specifically, the amount

of bystander intervention behaviors a participant could list significantly increased for SWAT and SWAT plus participants at follow-up, but not at posttest. The amount of campus and community SV resources a participant could list did not significantly change at posttest or follow-up, for both SWAT and SWAT plus.

The fact that participants in the treatment conditions could list more helpful bystander intervention behaviors at follow-up substantiates extant literature (Banyard et al., 2005; Breitenbecher, 2000) that demonstrates the effectiveness of SV prevention programs to increase SV knowledge with college populations. Banyard et al. (2005) found that knowledge scores significantly differed from pretest scores at two, four, and twelve-month follow-up. Lonsway and Kothari (2000) concluded that after a mandatory first year SV program, significant increases in college student SV knowledge scores were maintained at seven weeks.

Interestingly, in this study, significant increases in ability to list helpful bystander intervention behaviors were not detected until four-month follow-up. I predicted, however, that significant increases would occur at both posttest and follow-up, as in other studies (Lonsway & Kothari, 2000). There are several potential explanations for this. First, it could be a measurement issue. For treatment groups at posttest, participants had just spent 45 minutes to an hour and a half participating in an intervention, after which they had to spend approximately 30 minutes filling out surveys. This was one of only two questions that participants listed as many answers as they could think of (e.g., listing fewer answers would get them through the question quicker). Perhaps in an effort to get through these questions quickly, they did not list all the bystander intervention behaviors they knew at posttest. Second, it could be an issue of time. The posttest was administered

immediately following the treatment; participants may have needed more time to understand the concept of bystander intervention behaviors. Future research may more accurately capture SV knowledge by expanding response option format (e.g., multiple choice items).

The fact that the number of campus and community SV resources did not significantly change for SWAT or SWAT plus participants is also notable. One explanation is that the intervention did not have an effect on knowledge of SV resources. Similar to the bystander intervention behavior question, this question invited participants to list as many resources as they could recall. Again, this finding could be due to the fact that participants wanted to move through the survey quickly, thus only listing a few. Ceiling effect is another possible explanation; some participants listed many of the resources prior to the intervention and, given this, few additional resources could be named. Additionally, some participants indicated that they did not know the names of specific resources, but knew where to find them (e.g., the internet, the Women's Center). The way the question was asked and scored did not capture participant confidence in identifying resources if needed. In today's world, the internet makes a wide array of sexual violence resources readily available, and many college students are adept at using the internet to access information. In future research it would be useful to investigate the relationship between being able to name specific resources, information search strategy confidence, and bystander intervention behavior. Also, it will be beneficial in future research to create a more precise measure to capture questions with a finite number of answers.

**SV attitudes.** I hypothesized that SWAT and SWAT plus participants would show a significant decline in SV supportive attitudes relative to control at posttest and follow-up. The results partially supported this hypothesis. When combined, SWAT and SWAT plus participants had significantly lower rape myth acceptance scores than the control group at follow-up, but not at posttest. On measures of positive consent and sexual consent norms, there were no significant differences between treatment groups and the control group at posttest or follow-up. Effect sizes, although small, were larger for SWAT plus participants compared to SWAT participants for rape myth acceptance at posttest and follow-up. There were larger effect sizes for SWAT participants compared to SWAT plus participants for sexual consent norms at both posttest and follow-up. Finally, there were mixed results for effect sizes for positive consent norms at posttest and follow-up. At posttest, SWAT plus had larger effect sizes on positive consent norms whereas, at follow-up, SWAT had larger effect sizes. Effect sizes were larger at posttest than at follow-up for all SV attitude items.

A significant decrease in rape myth acceptance scores for SWAT and SWAT plus participants, relative to control, was expected. In comparable prevention studies, (e.g., MVP, MP, GD and BINB), researchers found significant differences in attitude change scores at posttest and follow-up for treatment groups compared to control groups. The fact that rape myth acceptance significantly decreased at follow-up but not at posttest was not predicted. It could be that significant decreases in rape myth acceptance were not detected at posttest because attitude change requires additional processing time – and that this change was captured at follow-up.

The fact that decreases in rape myth acceptance were detected at four-month follow-up is promising. Researchers have reported mixed results regarding length of attitude change and/or return to baseline. For example, Banyard, Moynihan and Platte (2007) found that for one and three-session bystander education interventions, attitude change was maintained at two-month follow-up. Other research demonstrates reduced effectiveness for attitude-based programs of both interactive and non-interactive formats at 2-5 month follow-up (Anderson et al., 1998; Heppner, Humphrey, Hillenbrand-Gunn & DeBord, 1995; Heppner et al., 1995). The finding in the current study lends evidence to the idea that intervention effects may take time to set in and are maintained for up to at least four months. In a review of intervention programs for perpetrators of interpersonal violence, Gondolf (2004) reported that some moderate intervention effects were found at four-year follow-up, which supports the idea that it may take time for attitude and behavior change to occur.

SWAT and SWAT plus were not significantly different from the control group on positive consent and sexual consent norms outcomes at posttest or follow-up. This finding is surprising largely because educating about consent is a central focus of the SWAT intervention. In addition, participation in other brief sexual violence prevention programs that focused on educating about consent increased knowledge about and understanding of consent (Borges, Banyard & Moynihan, 2008). In this study, positive consent and sexual consent norms may not have significantly increased because the intervention was not effective at increasing pro-social consent attitudes and behaviors. It is also possible that the measures did not accurately capture changes in participants' attitudes and behaviors related to consent.

Attitudes and behaviors related to consent may be difficult to change because an individual's perception of consent in an intimate relationship is influenced by a number of individual and social factors, including personal experiences, victimization, and gender and cultural influences (Borges et al., 2008; Plante et al., 2003;). Alexander (2012) argued that teaching about affirmative consent in sexual violence prevention programs is merely part of the solution to ending sexual violence. She posits that college students must be taught a comprehensive framework for human sexuality before student's can learn and enact verbal, affirmative consent. For example, teaching yes means yes and no means no (a typical message in consent focused sexual violence prevention programming) may not be effective without recognizing that, due to cultural norms that do not promote sexual education, most college students have few skills to engage in sexual communication. The SWAT intervention did not address a broader framework of human sexuality, and it could be that participants did not have a foundational knowledge and comfort with human sexuality to alter consent attitudes and behaviors. When developing future sexual violence prevention programs and in future studies, it may be useful to account for the broader individual and social factors that influence consent.

The fact that treatment groups and the control group did not significantly differ on consent attitude scores could also be due to the composition and/or brevity of the intervention. In a study that examined consent with undergraduate students, Borges et al. (2008) demonstrated that participants in longer consent-based interventions (15 minutes), and that included an activity, had larger gains in consent-related knowledge relative to control. In addition to addressing verbal affirmative consent, negotiation, and rejection (as was addressed in SWAT), it may be important to include an interactive discussion

component. In addition, although consent and the role of alcohol were briefly addressed in the SWAT intervention, Ward, Matthews, Weiner, Hogan and Popson (2012) argued that consent under the influence of alcohol is a pertinent issue for college students and can lead to miscommunication in sexual situations. In future research, it will be important to further investigate how intoxication impacts consent and how intervention programs can effectively teach consent skills in light of this factor.

**SV behaviors.** I predicted that SWAT and SWAT plus participants would show a significant increase in supportive behaviors in situations of SV compared to a control group at posttest and follow-up. This hypothesis was partially supported. There were four measures of SV behaviors: a) bystander intention to help, b) bystander self-efficacy, c) decisional balance, and d) actual bystander intervention behaviors. At posttest, bystander self-efficacy significantly increased for both SWAT and SWAT plus. At posttest, intention to help scores significantly increased for SWAT but not SWAT plus. Actual bystander intervention behavior significantly increased for SWAT plus at follow-up. Decisional balance did not significantly change for either treatment group at posttest or follow-up. Bystander intention to help and bystander self-efficacy were not significant at follow-up.

One of the main SWAT plus intervention goals was to increase actual bystander intervention behaviors. Central to bystander intervention is that it addresses environmental factors such as group norms, and encourages active bystander behaviors to reduce SV (Banyard & Moynihan, 2011). The results revealed that SWAT plus participants increased the amount of actual bystander behaviors they did in the past four months. This finding is promising and adds to the literature, especially given that many

studies have only investigated bystander self-efficacy or intention to help, rather than actual bystander intervention behaviors (Langhinrichsen-Rohling, et al., 2011). Effect sizes for actual bystander intervention behaviors were small.

Results revealed that for both SWAT and SWAT plus participants, bystander self-efficacy scores, relative to control, significantly increased at posttest but not at follow-up. This finding corroborates the existing literature that has previously concluded that bystander self-efficacy can be increased, at least for short periods of time, through participation in bystander sexual violence prevention programs (e.g., Banyard et al., 2007). Banyard et al. (2007) found that bystander self-efficacy scores were still significant at four-month and twelve-month follow-up, though that study included a booster session two months after the original intervention. In the current study there was no booster session, and it is possible that with a brief review of skills, bystander self-efficacy may have been more likely to be sustained over time. In future research, it will be important to examine the effectiveness of booster sessions to sustain increases in bystander self-efficacy over time.

Intention to help significantly increased at posttest but not follow-up for SWAT participants. It is surprising that intention to help significantly increased at posttest for SWAT participants but not for SWAT plus participants. Although both programs addressed helpful bystander intervention behaviors, SWAT emphasized supporting survivors of SV and intervening with perpetrators after a situation of sexual violence had already occurred. In the SWAT plus intervention, participants spent a large amount of time discussing the barriers to intervention and then practicing bystander intervention behaviors in actual scenarios of potential SV. Additionally, SV behaviors were presented

as a continuum from sexist jokes to rape/murder, all of which contribute to a rape culture. It could be that SWAT participants related bystander behaviors to helping after the SV already occurred, which presents less risk to the bystander who is “intervening” after the fact. SWAT plus participants, however, may have been more in touch with the barriers to intervention, and may have felt that intervention behaviors at various points along the continuum posed more risk. Future studies should examine how people’s intention to help changes in regards to different situations of SV (e.g., situations when there are varying degrees of perceived risk to the bystander). Finally, there were small effects for intention to help for SWAT and SWAT plus interventions at posttest.

Decisional balance scores did not significantly increase at posttest or follow-up for either SWAT or SWAT plus participants. This measure consists of questions about the pros and cons in making decisions about whether or not to intervene. Again, one explanation is that the intervention was not effective at making participants identify the positive reasons for bystander intervention. After analyzing the SWAT plus intervention, it became apparent that more time could have been afforded to highlighting the positive reasons that participants might choose to intervene. Instead, the barriers to intervention were the focus. In developing future programs, it will likely be useful to additionally highlight the positive reasons for intervention. Furthermore, Banyard et al. (2010) posit that participants with more cons on the decisional balance measure may be at an earlier stage of change. They recommend different types of intervention (e.g., consciousness raising, environmental reevaluation and self reevaluation) depending on where the participants are in the stages of change. In future research, it may be useful to examine

how SV prevention program effectiveness changes in regards to participants' stage of change.

**SV social norms.** I predicted that there would be a modest mean decline for SWAT and a significant mean decline for SWAT regarding SV social norms. Results did not support this hypothesis. There were no significant intervention effects for SWAT or SWAT plus relative to the control group at posttest or follow-up. However, at follow-up, but not posttest, the combined intervention groups' social norms scores were significantly lower than the control group's scores, indicating that at follow-up, the intervention groups had more pro-social social norms.

There are several explanations for this finding. It is possible that the social norms scores did not significantly change because the intervention did not have an impact. Also, it could be that individual reports of social norms significantly changed, but not collectively as a fraternity, as examined in this study.

Considering the multiple factors that contribute to maintaining social norms, it makes sense that a one time, 45-90 minute intervention focused on altering social norms may not be enough to create change. Specifically, Feldman (1984) proposed that both internal forces (e.g., interpersonal conflict, need for group acceptance) and external forces (e.g., harassment or interference from group members) work to maintain group norms. In addition, it is challenging to change norms related to fraternities. Martin and Hummer (1989) identified that fraternity values such as "brotherhood," which includes loyalty, secrecy and group protection, may make it even more difficult to change group norms.

In the SWAT plus intervention, group discussion about fraternity norms related to SV was used to alter group norms. Perhaps other methods proposed in the literature could be successful in altering social norms with fraternity men. Interventions that focus on high-status members (Hollander, 1960) or members with high self-esteem (Constanzo, 1970) may be more successful in altering group level social norms. In fraternities, one possible resource for altering social norms is through active fraternity alumni. The value of “brotherhood” may extend to alumni, who may then be able to introduce and/or reinforce pro-social group norms.

The potential effect of an alumnus altering social norms was observed during the course of this study. Specifically, a university official who was also an alumnus of the fraternities involved in the research spoke to those members after an intervention. The university official told a story in which he supported his “brother” after his “brother” perpetrated a sexual assault in college, and how he engaged in victim blaming. The university official told the members that, after having more knowledge about the effects of victim blaming and not believing a survivor, his participation in this situation and lack of support of the survivor is one his “biggest regrets” from college. From my own observation, this alumnus commanded a noticeable silence and interest amongst members. In future studies, it may be interesting to investigate how alumni can alter fraternity social norms.

**Sexual aggression.** I examined how participation in the interventions correlated with participant reports of sexual aggression. Results showed that sexual aggression did not significantly change based on participation in an intervention. One major limitation to this analysis is the measure’s low internal consistency at pretest (.39) and follow-up (.45).

This signifies that the questions on the measure were likely not measuring the same construct. This is surprising in that in another sample of males, internal consistency and test-retest reliability were both high (Koss & Gidycz, 1985). Since completion of these analyses, I identified an updated version of this measure (Koss et al., 2007) that may be useful in future studies.

Due to the fact that reducing sexual aggression was not a main goal of the interventions, it makes sense theoretically that sexual aggression did not significantly decrease for intervention groups compared to the control group. Additionally, a measurement issue may be a factor in this analysis. Specifically, in the instructions for the measure, participants are asked “have you ever” rather than “in the past four months.” With the wording that was used, I was, in essence, measuring “trait” sexual aggression versus “state” sexual aggression. In other words, one would expect that a “Have you ever” question at pretest, posttest, and follow-up would elicit the same answer. In future research, if the intention is to examine change in sexual aggression, wording and time frame should be altered to better detect behavioral change. Another explanation for this finding is that sexual aggression may be a highly stable behavior, and that four months follow-up did not allow enough time to pass to see change. Finally, the lack of variability in responses created a floor effect and may indicate Type II measurement error.

**Additional results.**

*Engagers versus non-engagers.* Although I did not examine outcome differences for *engagers* versus *non-engagers*, preliminary analyses looking at equivalency of groups revealed that there were significant differences in the groups on three demographic variables, relationship status, having taken a course in which sexual violence was

discussed, and number of participants who identify as Caucasian. With the large amount of missing data in this study, analyzing engager and non-engager at follow-up, in addition to posttest, may provide additional information about the sample. Furthermore, examining *engager* and *non-engager* group differences as potential covariates for outcomes of interest may add to our understanding of the effectiveness of the interventions. In future longitudinal studies, it may be helpful to examine group differences between participants who do and do not complete the study.

### **Strength of the Present Study**

**Naturalistic setting with at-risk population.** This study targeted fraternities, a population that is at high-risk for rape-tolerant attitudes and behaviors (Foubert, Garner & Thaxter, 2006), and was conducted in a naturalistic setting at a major public university. Moreover, the intervention drew on evidence-based practices in sexual violence prevention programming, including use of peer facilitators, interactive programming, single-gender audiences, and a focus on environmental or group change (Anderson & Whiston, 2005; Berkowitz, 2004; Brecklin & Forde, 2001; Breitenbecher, 2000; Lonsway, 1996; Story et al., 2002).

**Measurement.** A widely-used bystander intervention behavior measure was updated for use in this study in consultation with the measure author Victoria Banyard. Specifically, a “no opportunity” option was added to “yes” and “no” response options. The update was completed to prevent false positives if the respondent had not encountered the situation in the past four months. A scoring system was developed to create a total bystander intervention behavior score and “yes,” “no,” and “no opportunity” scores to conduct follow-up analyses to further elucidate how bystander intervention

behaviors changed. In future research, this measure alteration should be tested to ensure adequate psychometric properties.

Sexual aggression measurement was an additional strength of this study.

Morrison, et al. (2004) argue that more studies should include behavioral outcomes such as sexual aggression. Although there are reliability and validity limitations associated with this measure, it offers an early-generation examination of the measurement of sexual aggression in the context of prevention education with fraternity men.

**Intervention innovation.** An additional strength of this study is that a new, theoretically grounded and evidence-based intervention was created and tailored for this campus and these fraternities. A fraternity member who was himself a SWAT member assisted in the development of SWAT plus. This was invaluable toward tailoring the intervention to meet the needs of the fraternity community. Anecdotal feedback from fraternity members supports the need for new SV programming that specifically targets the fraternity community. Furthermore, the development and implementation of this intervention was a collaborative process between many campus departments and groups of student, including staff and administrators in the Office of Dean of Students, peer facilitators who regularly facilitate interventions on campus, fraternity men, and myself, a researcher. The collaborative nature of the project enabled us to utilize the knowledge and strengths of each group and opened up a new conversation on this campus between multiple administrators, staff, faculty and students.

A final strength of this intervention is that it was designed to specifically target SV prevention with a target population that is a high-risk group for perpetration.

Morrison et al. (2004) cited a limitation of other SV prevention programs that

simultaneously address rape prevention and rape avoidance. They argue for the need to focus the program message on one topic because risk reduction information could be inappropriate information for potential perpetrators.

### **Limitations**

**Design and internal validity.** There are several limitations of this study and threats to internal validity. Although random assignment was used in an attempt to create equivalent groups, in this study the groups differed at pretest on several demographic and background variables, thus reducing the likelihood that these differences are due simply to chance. In this study, significant group differences were controlled for in subsequent analyses. In future experimental research with random assignment, it will important to examine group equivalency in order to ensure group differences are due to chance and the effect due to the interventions can be linked to intervention effect.

Another limitation is that all data were self-report. Naturally, when measuring a sensitive topic such as SV, this increases the likelihood of socially desirable responses. I did include a measure of social desirability and found that social desirability scores were significantly but not highly correlated with most study outcomes. Future researchers may want to account and control for social desirability measurement and analyses.

Additionally, participants, who were all males, were seated in proximity to one another while taking the surveys, and due to the fact that sexual violence is a sensitive topic, social desirability bias may have contributed to participants over-reporting positive attitudes/behaviors and under-reporting negative attitudes/behaviors.

Another design challenge is participant sensitization to issues of SV. Participants took the same survey at pretest, posttest, and follow-up and may have learned about SV

simply through taking the surveys. Moreover, they may have figured out the intent of the project and knowingly altered their answers to increase the likelihood of positive results. This design limitation is common in a longitudinal design. In addition to participant sensitization throughout the three time points, a limitation to this design is that 58 percent of participants at pretest had previously seen SWAT at least once. The fact that so many participants had seen a version of this intervention prior to the study limits my ability to conclude that significant outcomes were due to this one-time study intervention. Familiarity with the intervention, seeing it more than once, or participant education after first time participation in SWAT may have impacted the results of this study. In future research, it will be important to evaluate the effectiveness of these interventions with participants who have never seen the intervention, or to more closely examine the effects of previous participation in a SWAT program.

In using a wait-list control group, I was able to understand the unique effects of the interventions. Groups were not told which group they were part of (e.g., SWAT, SWAT plus, or control), but it is likely that control groups knew they were not receiving the same treatment as other fraternities. Resentful demoralization can threaten internal validity, such that control group members realize they are getting less treatment than other groups. This may cause control group participants to perform at a low level, causing an inflation in the differences between control and treatment groups. In future research, researchers should consider a placebo intervention for the control group to reduce threats to internal validity.

Another design limitation is that SWAT and SWAT plus interventions were different time lengths and individual parts of the interventions were not evaluated

separately. Although overall it seems that the SWAT plus intervention has more positive treatment effects, with this design I cannot determine if this difference is due to intervention duration or intervention content. The fact that individual intervention modules were not evaluated separately prohibits me from determining which part can be attributed to specific outcome change. In future research, research should compare interventions of the same length and test individual parts of the intervention in order to identify specific components of treatment effectiveness and mechanisms of change.

The fact that this study design was only quantitative is one limitation that I think, if changed, would single-handedly enhance this study. Throughout my experience with the fraternity men, it became clear through verbal communication and observation that the participants had more to say than was captured in these surveys. In approximately five surveys, there was extensive writing all over the survey with follow-up comments and rhetorical questions, such as “You’d [one] have to be messed up to do that [force a woman to have sex with you],” or “You [the PI] should give an example of that [...a helpful bystander intervention behavior...].” One participant followed up with me after pretest with an email expressing concern about the issue and how fraternity men will be portrayed. For example, he clarified in what contexts he calls people [women] “bitches” or “sluts” and stated that he felt this context differentiation was important to the interpretation of the results. My own sense is that my interpretation of the results would be richer, too, had I included a qualitative component in the research design.

**Brevity of intervention.** Existing research reviews of multiple SV prevention programs recommend using longer, more frequent SV prevention interventions (e.g., Morrison, Hardison, Mathew & O’Neil, 2004). Considering how embedded sexism and

rape myth culture is in US culture, it is little surprise that one to two hour interventions have limited effect, especially over time (e.g., at four month follow-up). However, one to two hour long SV prevention programs are common on college campuses due resource demands (e.g., time, money, and trained facilitators). Given this fact, it is also important to understand the effectiveness of programs as they are currently being enacted. It is essential that intervention designers aim to increase time and duration of future programs, and for researchers to continue to empirically evaluate the effects of increased time and duration. Other suggestions outline by Morrison, Hardison, Mathew and O'Neil (2004), such as booster programs or short-term inventions at more frequent intervals, should also be considered.

**Attrition.** In a longitudinal study with college fraternity men, attrition is expected. This study had a high attrition rate due to numerous factors. Casey (2010) identified four barriers to male engagement in sexual violence prevention programs: a) non-personalized approaches, b) male social privilege, c) not identifying with the messenger, and, d) structural barriers. Each of these factors may have impacted the high rate of attrition in this study and should be examined in future research studies. For example, although the peer facilitators were fellow undergraduate students, the facilitators were both male and female, and most were not involved with the Greek community. Perhaps participants would identify more with male facilitators who were involved with the Greek system. In addition to these barriers, more funding would allow for more and higher monetary incentives. For example, attrition would likely be increased if individual participants would have been paid for their time. In addition, I recommend

that in future longitudinal research studies, increased incentives should be provided at each time point to encourage retention.

Recruitment and retention also affected overall study attrition. Specifically, recruitment and retention were conducted through the fraternity president. I relied on the fraternity president to forward emails, announcements, and organize meetings. The strength of this approach is that most of the fraternity presidents were leaders in their fraternities and could use their role and clout to encourage participation. This seemed to work well to organize the pretest meeting when all fraternity members were invited to participate. However, after the target participants were a subset of the whole fraternity, it proved to be more challenging for fraternity presidents to make sure that the entire subset was there. Fraternity presidents variable leadership styles, as well as working with newly elected presidents mid-study, made this retention strategy challenging. In future research studies, I recommend using fraternity presidents to assist with recruitment and retention. Additionally, retention can be enhanced by collecting individual member contact information in order to directly contact participants to schedule posttest and follow-up.

**External validity and generalizability.** There are several threats to external validity and limitations to generalizability of the results. First, a convenience sample was used in this study and participants were all students at one public university in the Pacific Northwest. Results may not generalize to non-college populations or even other universities. Second, the majority of participants identified as white, which limits generalizability of results to more diverse populations. Third, there is likely volunteer bias as fraternity presidents self-selected to participate in the study. In this study, one fraternity initially demonstrated interest in the project and then failed to respond to my

repeated attempts to make contact. Upon further investigation, I learned that this fraternity has a reputation among Greek life on campus for a history of perpetrating SV. In addition, the fraternities that had requested SWAT presentations in past years were among those who volunteered for this study. They likely began the study with increased SV education and engagement in the topic. Finally, selection bias likely impacted the participants who remained in the study at follow-up. There are a number of factors that may make these participants different from those who chose to not participate at follow-up, such as increased interest or previous education around sexual violence prevention or greater empathy for survivors. Results of this study should be interpreted cautiously considering these limitations.

**Analyses and statistical power.** This was an exploratory study with a low number of level 2-group units of analysis. Although individual sample size and group sample size are both important when determining adequate sample size to conduct HLM analyses, unit of analysis (group) sample size is more important for estimation of fixed parameters and their standard errors (Van der Leeden & Busing, 1994, as cited in Maas & Hox, n.d.). With only nine fraternities, the group level variance components are more likely to be underestimated. In addition, a small sample size makes it more difficult to detect small effects. In future studies, researchers using HLM analyses should follow the generally accepted 30/30 rule, with 30 individual participants for each of the 30 group level fraternities.

**Measurement.** There are several measurement limitations, including measure psychometric properties, wording, and measure length. First, several measures used in this study have poor validity, and due to poor validity of measures, several outcomes

were composed of very few questions. In particular, the SV knowledge measure, created for use in this study, was unable to be used in its entirety due to poor psychometric properties. SV knowledge, therefore, was based on only two questions. SV knowledge results should be interpreted with caution. There are major construct validity limitations in measuring a construct with a single question. Moreover, with only two questions, I likely have not captured “sexual violence knowledge” in its’ entirety. In other studies, additional items add to the construct of SV knowledge and include items such as definitions of SV, school conduct codes related to SV, and statistics related to the number of men and women who, in their lifetime, become survivors of SV (e.g., Banyard et al., 2005). Moreover, pilot tests are needed to determine measure reliability and validity with similar populations to ensure adequate psychometrics. In intervention studies, this is particularly important as all knowledge assessments will likely reflect the unique intervention. The *Sexual Experiences Survey* also had poor internal consistency with this sample, so sexual aggression outcome results should be interpreted with caution. Finally, due to poor psychometric properties on the *Peer Norms* scale, it was not included in the final social norms outcome. Instead, two subscales of the Social Norms measure were used for the social norms outcome. There is a continued need for SV measures with strong psychometric properties.

Lack of precise wording on the social norms measure is another limitation that may have affected results. For example, the two subscales used to measure social norms asked about participants’ friends, not participants’ fraternity brothers. It cannot be assumed that they were limiting their responses to fraternity brothers. Therefore, it would be impossible for this intervention to impact each participant’s individual social circle.

Measure length was also a limitation in that it took approximately 30 minutes for participants to fill out the surveys at each time point. Based on my observation while participants completed surveys, some participants appeared to get bored during the surveys, and some of them appeared to have less patience for the length of the survey at posttest and follow-up.

### **Suggestions for Future Research**

**Measurement.** Creating and improving SV measures to ensure strong psychometric properties is essential to future research. In particular, Banyard et al.'s (2005) *Bystander Behaviors* was altered for use in this study to reduce the likelihood of Type I error. Specifically, in the existing measure, there was no way to identify if participants had actually encountered an opportunity in which they could have intervened. An answer of "no," then, does not distinguish those who chose not to act versus those who did not have an opportunity to act. In future research, the alterations made to this measure and subsequently altered scoring technique should be empirically examined and tested with other diverse samples.

Additionally, in both the *Bystander Behaviors* and *Intention to Help* measure, there appears to be two types of bystander behaviors that are being measured: a) public behaviors (e.g., intervening in a situation in which you are not directly involved), and b) private behaviors (e.g., changing your own behavior). In future research, it may be interesting to examine how interventions uniquely impact public and private behaviors. Accurately measuring actual bystander intervention behaviors and intentions to help is essential to understanding the effects of bystander intervention focused prevention programs.

It is also important to continue to develop social norms measures that have strong psychometric properties and capture subtle and/or invisible social norms. The measures used in this study, *Social Norms Measure* (Boeringer et al., 1991) and *Peer Support Norms* (Schwartz et al., 2001) used explicit language and appeared to measure explicit norms around SV attitudes and behaviors. Considering the impact of social desirability and the fact that many accepted oppressive social norms are more subtle than in the past (McMahon, 2011), measures must be created to capture norms that are widely accepted but not overtly discussed or apparent.

**Intervention curriculum and implementation.** Several curricula and implementation challenges should be considered. First, there are several improvements that could be made to the SWAT plus curriculum. Moynihan et al. (2011) reported that an important component in bystander intervention programs is clarifying the internal evaluation mechanisms to help participants determine how the pros of intervening as a bystander outweigh the cons of non-responding. In SWAT plus, the focus was on discussing barriers to taking action, with little attention given to the positive reasons to taking action. This portion of SWAT plus would have transitioned to the next segment on a more positive note had equal attention been given to the pros of intervening. It may be important to replicate SWAT plus with a more balanced discussion of pros and cons to bystander intervention.

Another recommendation for a SWAT plus curriculum change is to increase the amount of time spent on the bystander intervention scenarios. Due to the interactive nature of SWAT plus, strict time adherence is challenging. The bystander intervention scenario was always the last activity, and often got rushed (e.g., only two participants

would have an opportunity to “try out” an intervention). Based on my observation, this seemed to be one of the favorite parts for participants and they were highly engaged. Extending the amount of time spent on practicing bystander intervention skills would likely positively impact bystander self-efficacy, intent to help, and actual bystander intervention behaviors.

Facilitator effectiveness is another potentially important component to measure in future research studies. In this study, there were a large number of first year SWAT members who facilitated the interventions. Not only did these first year facilitators have less SWAT training on facilitation and sexual violence in general, they appeared to have less confidence in their interactions with participants. Other facilitators who had been a part of SWAT for more than one term, appeared to have more general confidence in their interactions, as evidenced by nonverbal body language, tone and volume of voice, and information provided. When using peer facilitators, this is an inevitable challenge. In sexual violence prevention programs that utilize peer facilitators, it may be important to have longer training periods for facilitators before they begin to facilitate programs. In addition, in future research, it will be important to determine how program effectiveness changes with facilitator training.

### **Summary**

This was an exploratory study to examine the effectiveness of two SV prevention programs with fraternity men. This study provides mixed results for the effectiveness of two SV prevention programs on four different outcomes: a) SV knowledge, b) SV attitudes, c) SV behaviors, and d) social norms. In addition, there are mixed results for the effectiveness of these programs at posttest and four month follow-up. One of the main

goals of the intervention programs, to increase actual bystander intervention behaviors, did result for SWAT plus participants at follow-up. Another priority of SV prevention programs is to reduce sexual aggression. In this study, the results did not support a decrease in sexual aggression. There are a number of study strengths, including the experimental research design and development of a theoretically grounded, evidence-based intervention. There are also a number of limitations to the study, including a high level of attrition, the brevity of the interventions, measurement issues, and threats to internal and external validity. Next step research questions that warrant further attention include creating SV measures with stronger psychometric properties, utilizing different approaches (e.g., using alumni) to altering social norms with fraternities, and accounting for participants stage of change to develop effective interventions.

## APPENDIX A

### INFORMED CONSENT FORM

You are invited to participate in a research study about the effectiveness of sexual violence prevention programs with fraternity men. You have been selected as a potential participant because you are a registered member of a housed fraternity on the University of Oregon campus. We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

The purpose of this study is to examine how two sexual violence prevention programs affect fraternity member knowledge, attitudes and behaviors. Participants in this study are members of one the housed fraternities on the University of Oregon campus.

If you agree to be in this study, we would ask you to do the following things: Fill out surveys and attend a sexual violence prevention program within your fraternity house in Fall 2012 and fill out additional surveys in Winter or Spring 2013. Each survey packet will take approximately 30 minutes to complete. The sexual violence prevention program is between 1 hour and 1.5 hours.

Potential risks of participation in this study include psychological or emotional risks associated with answering questions about your experiences of sexual aggression and/or experiences of being a bystander in situations of sexual violence.

Due to the sensitive nature of some of the questions, you may experience discomfort. If this happens, you are encouraged to utilize local resources and/or speak with the PI.

University Counseling and Testing Center	Sexual Assault Support Services (SASS)
University of Oregon Campus	24 hour crisis line
541-346-3227	541-343-7227

The purpose of the study is to understand the effectiveness of sexual violence prevention programs with fraternity men.

The benefits of participation are: learning more about sexual violence on a college campus, how their own group norms contribute to sexual violence, and tools for how to actively intervene as a bystander in situations of sexual violence.

Through your participation, you have the ability to win a raffle for one of two \$20 Duckstore giftcards at each data collection timepoint. In addition, if you are a member of a fraternity with the highest member participation, you could win a raffle for an IPAD.

The records of this study will be kept private. In any sort of report we may publish, we will not include any information that will make it possible to identify a participant or fraternity. Research records will be kept in a locked file.

All electronic information will be coded and secured using a password protected file. Videos will be made of the intervention to assess for treatment fidelity and will only be viewed by the PI. Videos will be digital and stored on a password protected computer

until they are erased in June 2014.

Access to the records will be limited to the researchers; however, please note that the Institutional Review Board and internal University of Oregon auditors may review the research records.

Your participation is voluntary. If you choose not to participate, it will not affect your current or future relations with the University. You are free to withdraw at any time, for whatever reason. There is no penalty or loss of benefits for not taking part or for stopping your participation.

The researcher conducting this study is Erin Darlington, M.S. For questions or more information concerning this research you may contact her at 405-334-1288.

If you have any questions about your rights as a research subject, you may contact: the Office for Protection of Human Subjects, University of Oregon at (541-346-2510) or [human\\_subjects@uoregon.edu](mailto:human_subjects@uoregon.edu)

You will be given a copy of this form to keep for your records and future reference.

I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent to participate in this study. I have received (or will receive) a copy of this form.

**Study Participant (Print Name):** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

APPENDIX B  
SAMPLE FLYER

# Healthy Relationship Program Research Study

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Have you ever wanted to know more about healthy relationships and how to intervene in unhealthy relationships?

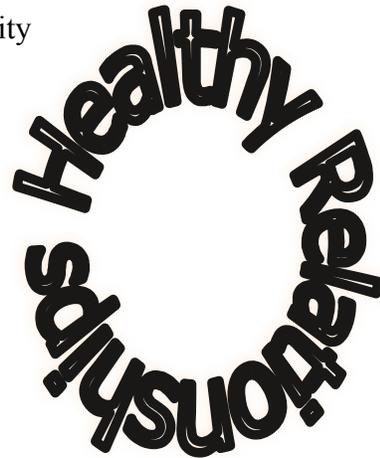
If you are a *registered member of a fraternity on the University of Oregon campus*, you may be eligible to participate in a research study examining the effectiveness of healthy relationship programs with fraternity men.

This research study will take place during organized fraternity meetings at your fraternity house.

In total, this will take about 3 hours of your time over three-four time points.

At each time point and within each fraternity, participants will have the opportunity to enter a raffle for *two \$20 Duckstore gift cards*. In addition, participants from the fraternity with the most participating members can enter a raffle for an *IPAD*.

For more information, contact the principal investigator:  
Erin Darlington, M.S.  
X@uoregon.edu  
XXX-XXX-XXX



## APPENDIX C

### SAMPLE EMAIL COMMUNICATION

Dear X Fraternity Member,

You are invited to participate in a research project about healthy relationships and relationship safety. These programs are designed to explore and improve college men's knowledge, attitudes, and responses to relationship problems and challenges.

Your fraternity is scheduled to participate in the first meeting on Thursday, October 18th at 7:30pm. It will take about 45 minutes. Please support your fraternity by attending. By participating, you will help us understand yourself, and help in creating more effective relationship support programs for college campuses. Through your participation, you will likely increase your knowledge about healthy relationships and feel more confident about your skills in intervening in situations that make you feel uncomfortable.

If you agree to participate, you will fill out several surveys with information about yourself, your beliefs, and your actions. In addition, you will participate in a healthy relationship program. Before you participate, you will fill out an informed consent form. If you have any questions about participating, you are encouraged to ask them.

This research study will take place during organized fraternity meetings at your fraternity house. In total, this will take about 3 hours of your time over three different time points. Two Duckstore gift cards will be raffled off to each fraternity at each time point and an IPAD will be raffled off at the end of the study to the fraternity with the highest percentage of participating members.

For more information, contact the principal investigator:  
Erin Darlington, M.S., X@uoregon.edu, XXX-XXX-XXXX

APPENDIX D  
MEASURES

**Dear Fraternity Member,**

**Thank you for your participation in this research project. Your answers are very valuable to us and will help us to understand the effectiveness of healthy relationship programming on college campuses.**

**Please read the instructions for each section carefully and remember to answer all of the questions. If you have any questions, please do not hesitate to ask the researcher.**

**Again, thanks for your help!**

**Sincerely,**

**Erin Darlington, M.S**

Participant Code \_\_\_\_\_

Age \_\_\_\_\_

Year in School                      First Year      Sophomore      Junior  
Senior

Major \_\_\_\_\_

Member of Athletic Team                      Yes              No

    If Yes:                      NCAA              Club

Year in Fraternity                      First      Second      Third      Fourth      Fifth

Ethnicity                      African American  
European American  
Asian American  
Hispanic or Latino/a  
Native American  
Pacific Islander  
Biracial/Multiracial/Multiethnic  
(indicate: \_\_\_\_\_)  
Other (indicate: \_\_\_\_\_)

Do you have a religious affiliation?                      Yes              No

If yes, do you attend services regularly?                      Yes              No

Are you currently in a relationship?	Yes	No		
If yes, what is the duration of the relationship?	_____ months			
If yes, what is the gender of your partner in the relationship?	Male	Female	Transgender	Other
Have you taken any courses in which you discussed sexual assault or rape?	Yes	No		
If yes, which one or ones?	_____			
When did you take this course or courses?	_____			
Have you ever attended a Sexual Wellness Advocacy Team (SWAT) presentation?	Yes	No		
If yes, which one?	_____			
When?	_____			
Have you ever known someone who was the victim/survivor of sexual violence?	Yes	No		
Have you ever known someone who engaged in unwanted sexual contact with someone who did not want it?	Yes	No		

**Please read and answer each of the following questions. If you do not know the answer to a question please indicate that you do not know. We ask that you do not guess answers if you truly feel you do not know the answer.**

1. Based on FBI statistics, the percentage of people falsely reporting sexual assault is \_\_\_\_\_.
  - a. One half percent, lower than other felony crimes
  - b. Two percent, comparable to all felony crimes
  - c. Thirty percent, higher than other felony crimes
  - d. Sixty percent, most allegations are ultimately found to be false
  - e. I don't know
  
2. Most victims of sexual assault are victimized by strangers.
  - a. True
  - b. False
  - c. I don't know

3. The number one drug used in sexual assault is \_\_\_\_\_.

\_\_\_\_\_ I don't know

4. List as many helpful bystander behaviors as you know that could be used in the case of sexual violence:

\_\_\_\_\_ I don't know of any.

5. \_\_\_\_\_% of my fraternity peers endorse intervening in situations of sexual violence.

\_\_\_\_\_ I don't know.

6. List as many campus and community sexual violence resources as you can...

\_\_\_\_\_ I don't know of any.

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally

---

1. It is sometimes hard for me to go on with my work if I am not encouraged	True	False
2. I sometimes feel resentful when I don't get my way	True	False
3. On a few occasions, I have given up doing something because I thought too little of my ability	True	False
4. There have been times when I felt like rebelling against people in authority even though I knew they were right	True	False
5. No matter who I'm talking to, I'm always a good listener	True	False
6. There have been occasions when I took advantage of someone	True	False

---

7. I'm always willing to admit it when I make a mistake	True	False
8. I sometimes try to get even rather than forgive and forget	True	False
9. I am always courteous, even to people who are disagreeable	True	False
10. I have never been irked when people expressed ideas very different from my own	True	False
11. There have been times when I was quite jealous of the good fortune of others	True	False
12. I am sometimes irritated by people who ask favors of me	True	False
13. I have never deliberately said something that hurt someone's feelings	True	False

Please indicate your level of agreement with each of the following statements using the scale:

	1	2	3	4	5
	<b>Strongly Disagree</b>		<b>Neutral</b>		<b>Strongly Agree</b>
1. If a girl is raped while she is drunk, she is at least somewhat responsible for what happened.	1	2	3	4	5
2. When girls go to parties wearing slutty clothes, they are asking for trouble.	1	2	3	4	5
3. If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped	1	2	3	4	5
4. If a girl acts like a slut, eventually she is going to get into trouble.	1	2	3	4	5
5. When guys rape, it is usually because of their strong desire for sex.	1	2	3	4	5
6. Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away.	1	2	3	4	5
7. Rape happens when a guy's sex drive gets out of control	1	2	3	4	5
8. If a guy is drunk, he might rape someone unintentionally	1	2	3	4	5
9. If both people are drunk, it can't be rape	1	2	3	4	5
10. It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing	1	2	3	4	5

11. If a girl doesn't physically resist sex—even if protesting verbally—it really can't be considered rape.	1	2	3	4	5
12. If a girl doesn't physically fight back, you can't really say it was rape.	1	2	3	4	5
13. A lot of times, girls who say they were raped agreed to have sex and then regret it.	1	2	3	4	5
14. Rape accusations are often used as a way of getting back at guys	1	2	3	4	5
15. Girls who say they were raped often led the guy on and then had regrets	1	2	3	4	5
16. A lot of times, girls who claim they were raped just have emotional problems	1	2	3	4	5
17. If the accused "rapist" doesn't have a weapon, you really can't call it a rape	1	2	3	4	5
18. Girls who are caught cheating on their boyfriends sometimes claim that it was rape	1	2	3	4	5
19. If a girl doesn't say "no," she can't claim rape	1	2	3	4	5

How approving do you think your friends would be of you in the following circumstances:

	1	2	3	4	5
	very approving	somewhat approving	neutral	somewhat disapproving	very disapproving
1. If you had sexual intercourse with many women during the academic year?	1	2	3	4	5
2. If you got a woman drunk or high in order to have sex with her?	1	2	3	4	5
3. If you forced a "known tease" to have sex with you, after she had teased you and then refused to have sex?	1	2	3	4	5

If you were to engage in any of the following acts, how do you anticipate that the experience would be for you:

	1 Mainly Pleasurable or rewarding	2 Mainly negative or unpleasant	3 Somewhere in between
1. Forcing a female to do something sexual she didn't want to do	1	2	3
2. Rape	1	2	3

How many of your friends:

	1 none	2 one to two	3 three to five	4 six to ten	5 more than ten
1. Have gotten a woman drunk or high in order to have sex with her?	1	2	3	4	5
2. Have forced or tried to force sex on a woman, such as a known tease, who refused to have sex?	1	2	3	4	5

Have you ever:

1. Been in a situation where you became so sexually aroused that you could not stop yourself even though the other person didn't want to have sex	Yes	No
2. Had sexual intercourse with another person even though (s)he didn't really want to because you threatened to end your relationship otherwise	Yes	No
3. Obtained sexual intercourse by saying things you didn't really mean	Yes	No
4. Obtained sexual intercourse with another person, or tried to obtain sexual intercourse with another person, by giving him/her alcohol or drugs	Yes	No
5. Been in a situation where you tried to obtain sexual intercourse with another person when (s)he didn't want to by threatening to, or actually using, physical force (twisting her/his arm, holding her/him down) but for some reason sexual intercourse did not occur	Yes	No
6. Had sexual intercourse with another person when (s)he didn't want to because you threatened to use physical force (twisting her/his arm, holding her/him down, etc.) if (s)he didn't cooperate	Yes	No
7. Had sexual intercourse with another person when (s)he didn't want	Yes	No

to because you used some degree of physical force (twisting her/his arm, holding her/him down, etc.)		
8. Been in a situation where you obtained sexual acts with another person, such as oral intercourse, when (s)he didn't want to, by using threats or physical force (twisting her/his arm, holding her/him down, etc.)	Yes	No

Rate your likelihood to perform the following behaviors using the following five point scale:

	1 Not at all likely	2	3	4	5 Extremely likely
1. Ask for verbal consent when I am intimate with my partner, even if we are in a long-term relationship	1	2	3	4	5
2. Stop sexual activity when asked to, even if I am already sexually aroused	1	2	3	4	5
3. Check in with my friend who looks drunk when s/he goes to a room with someone else at a party	1	2	3	4	5
4. Say something to my friend who is taking a drunk person back to his/her room at a party	1	2	3	4	5
5. Challenge a friend who made a sexist joke	1	2	3	4	5
6. Express my concern if a family member makes a sexist joke	1	2	3	4	5
7. Use the word "ho," "bitch," or "slut" to describe girls when I was with my friends	1	2	3	4	5
8. Challenge a friend who uses "ho," "bitch," or "slut" to describe girls	1	2	3	4	5
9. Confront a friend who plans to give someone alcohol to get sex	1	2	3	4	5
10. Refuse to participate in activities where girls' appearances are ranked/rated	1	2	3	4	5
11. Listen to music that includes "ho," "bitch," or "slut"	1	2	3	4	5
12. Confront a friend who is hooking up with someone who was passed out	1	2	3	4	5
13. Confront a friend if I hear rumors that s/he forced sex on someone	1	2	3	4	5
14. Report a friend that committed a rape	1	2	3	4	5
15. Stop having sex with a partner if s/he says to stop, even if it started consensually	1	2	3	4	5
16. Decide not to have sex with a partner if s/he is drunk	1	2	3	4	5

Please answer “Yes” or “No” if you have carried out this behavior in the **past four months**. If you have not encountered the situation in the past four months, please mark “no opportunity.”

---

1. Ask for verbal consent when I am intimate with my partner, even if we are in a long term relationship	Yes	No	No Opportunity
2. Stop sexual activity when asked to, even if I am already sexually aroused	Yes	No	No Opportunity
3. Check in with my friend who looks drunk when s/he goes to a room with someone else at a party	Yes	No	No Opportunity
4. Say something to my friend who is taking a drunk person back to his/her room at a party	Yes	No	No Opportunity
5. Challenge a friend who made a sexist joke	Yes	No	No Opportunity
6. Express my concern if a family member makes a sexist joke	Yes	No	No Opportunity
7. Use the word “ho,” “bitch,” or “slut” to describe girls when I was with my friends	Yes	No	No Opportunity
8. Challenge a friend who uses “ho,” “bitch,” or “slut” to describe girls	Yes	No	No Opportunity
9. Confront a friend who plans to give someone alcohol to get sex	Yes	No	No Opportunity
10. Refuse to participate in activities where girls’ appearances are ranked/rated	Yes	No	No Opportunity
11. Listen to music that includes “ho,” “bitch,” or “slut”	Yes	No	No Opportunity
12. Confront a friend who is hooking up with someone who was passed out	Yes	No	No Opportunity
13. Confront a friend if I hear rumors that s/he forced sex on someone	Yes	No	No Opportunity
14. Report a friend that committed a rape	Yes	No	No Opportunity
15. Stop having sex with a partner if s/he says to stop, even if it started consensually	Yes	No	No Opportunity
16. Decide not to have sex with a partner if s/he is drunk	Yes	No	No Opportunity

---

Please read each of the following behaviors. Indicate how confident you are that you could do them. Rate your degree of confidence by recording a number from 0 to 100 using the scale given below:

0---10---20---30---40---50---60---70---80---90---100

can't do      moderately uncertain      certain      quite certain      very certain

- 
- |  |         |
|--|---------|
| 1. Express my discomfort if someone makes a joke about a woman's body.   | _____ % |
| 2. Express my discomfort if someone says that rape victims are to blame for being raped.   | _____ % |
| 3. Call for help (i.e. call 911) if I hear someone in my dorm yelling "help."  | _____ % |
| 4. Talk to a friend who I suspect is in an abusive relationship.   | _____ % |
| 5. Get help and resources for a friend who tells me they have been raped.  | _____ % |
| 6. Able to ask a stranger who looks very upset at a party if they are ok or need help.   | _____ % |
| 7. Ask a friend if they need to be walked home from a party.   | _____ % |
| 8. Ask a stranger if they need to be walked home from a party.   | _____ % |
| 9. Speak up in class if a professor is providing misinformation about sexual assault.  | _____ % |
| 10. Criticize a friend who tells me that they had sex with someone who was passed out or who didn't give consent.  | _____ % |
| 11. Do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party.                                 | _____ % |
| 12. Do something if I see a woman surrounded by a group of men at a party who looks very uncomfortable.  | _____ % |
| 13. Get help if I hear of an abusive relationship in my dorm or apartment  | _____ % |
| 14. Tell an RA or other campus authority about information I have that might help in a sexual assault case even if pressured by my peers to stay silent. | _____ % |
-

Each statement represents a thought that might occur to a person who is deciding whether or not to help someone who is in trouble. Please indicate how important each of these statements would be to you if you were considering intervening in a situation where you thought someone might be being hurt or was at risk of being hurt. Please circle the number that best describes how important each statement would be to you if you were deciding whether or not to intervene.

	1 not at all important	2 slightly important	3 moderately important	4 very important	5 extremely important
1. If I intervene regularly, I can prevent someone from being hurt.	1	2	3	4	5
2. It is important for all community members to play a role in keeping everyone safe.	1	2	3	4	5
3. Friends will look up to me and admire me if I intervene.	1	2	3	4	5
4. I will feel like a leader in my community if I intervene.	1	2	3	4	5
5. I like thinking of myself as someone who helps others when I can.	1	2	3	4	5
6. Intervening would make my friends angry with me.	1	2	3	4	5
7. Intervening might cost me friendships.	1	2	3	4	5
8. I could get physically hurt by intervening.	1	2	3	4	5
9. I could make the wrong decision and intervene when nothing was wrong and feel embarrassed.	1	2	3	4	5

10. People might think I'm too sensitive and am overreacting to the situation.	1	2	3	4	5
11. I could get in trouble by making the wrong decision about how to intervene	1	2	3	4	5

Please indicate your level of agreement with each statement using the scale below...

	1	2	3	4	5	6	7
	Strongly Disagree		Slightly Disagree	Neutral	Slightly Agree		Strongly Agree
1. I would have difficulty asking for consent because it would spoil the mood	1	2	3	4	5	6	7
2. I am worried that my partner might think I'm weird or strange if I asked for sexual consent before starting any sexual activity	1	2	3	4	5	6	7
3. I would have difficulty asking for consent because it doesn't really fit with how I like to engage in sexual activity	1	2	3	4	5	6	7
4. I would worry that if other people knew I asked for sexual consent before starting sexual activity, that they would think I was weird or strange	1	2	3	4	5	6	7
5. I think that verbally asking for sexual consent is awkward	1	2	3	4	5	6	7
6. I have not asked for sexual consent (or given my consent) at times because I felt that it might backfire and I wouldn't end up having sex	1	2	3	4	5	6	7
7. I believe that verbally asking for sexual consent							

reduces the pleasure of the encounter	1	2	3	4	5	6	7
8. I would have a hard time verbalizing my consent in a sexual encounter because I am too shy	1	2	3	4	5	6	7
9. I feel confident that I could ask for consent from a new sexual partner	1	2	3	4	5	6	7
10. I would not want to ask a partner for consent because it would remind me that I'm sexually active	1	2	3	4	5	6	7
11. I feel confident that I could ask for consent from my current partner	1	2	3	4	5	6	7
12. I feel that sexual consent should always be obtained before the start of any sexual activity	1	2	3	4	5	6	7
13. I believe that asking for sexual consent is in my best interest because it reduces any misinterpretations that might arise	1	2	3	4	5	6	7
14. I think it is equally important to obtain sexual consent in all relationships regardless of whether or not they have had sex before	1	2	3	4	5	6	7
15. I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity	1	2	3	4	5	6	7
16. When initiating sexual activity, I believe that one should always assume they do not have sexual consent	1	2	3	4	5	6	7
17. I believe that it is just as necessary to obtain consent for genital fondling as it is for sexual intercourse	1	2	3	4	5	6	7
18. Most people that I care about feel that asking for sexual consent is something	1	2	3	4	5	6	7

I should do

19. I think that consent should be asked before any kind of sexual behavior, including kissing or petting	1	2	3	4	5	6	7
20. I feel it is the responsibility of both partners to make sure sexual consent is established before sexual activity begins	1	2	3	4	5	6	7
21. Before making sexual advances, I think that one should assume “no” until there is clear indication to proceed	1	2	3	4	5	6	7
22. Not asking for sexual consent some of the time is okay	1	2	3	4	5	6	7
23. I think that obtaining sexual consent is more necessary in a new relationship than in a committed relationship	1	2	3	4	5	6	7
24. I think that obtaining sexual consent is more necessary in a casual sexual encounter than in a committed relationship	1	2	3	4	5	6	7
25. I believe that the need for asking for sexual consent decreases as the length of an intimate relationship increases	1	2	3	4	5	6	7
26. I believe it is enough to ask for consent at the beginning of a sexual encounter	1	2	3	4	5	6	7
27. I believe that sexual intercourse is the only sexual activity that requires explicit verbal consent	1	2	3	4	5	6	7
28. I believe that partners are less likely to ask for sexual consent the longer they are in a relationship	1	2	3	4	5	6	7

29. If consent for sexual intercourse is established, petting and fondling can be assumed

1      2      3      4      5      6      7

Did any of your friends ever tell you:

1. You should respond to your dates' or girlfriends' challenges to your authority by using physical force, such as hitting or slapping?	Yes	No
2. Is it all right for a man to hit his date or girlfriend in certain situations?	Yes	No
3. You should respond to your dates' or girlfriends' sexual rejections by employing physical force to have sex?	Yes	No
4. It is all right for a man to physically force a woman to have sex with him under certain conditions?	Yes	No
5. Your dates or girlfriends should have sex with you when you want?	Yes	No
6. If a man spends money on a date, she should have sex with him in return?	Yes	No
7. You should respond to your dates' or girlfriends' challenges to your authority by insulting them or putting them down?	Yes	No

**You are all done! Thank you. Please give your completed survey to the researcher.**

ADDITIONAL POSTTEST AND FOLLOW-UP ITEMS

1a. Since the last survey, have you taken any courses in which you discussed sexual assault or rape?

Yes\_\_\_ No\_\_\_

1b. If yes, which one or ones? \_\_\_\_\_

1b. When did you take this course or courses? \_\_\_\_\_

2a. Since the last survey, have you attended a Sexual Wellness Advocacy Team (SWAT) presentation?

Yes\_\_\_ No\_\_\_

2b. If yes, which one or ones?

\_\_\_\_\_

2b. When? \_\_\_\_\_

Posttest Only Items

What factors did you value in the presentation? (Mark all that apply)

a. peer-to-peer education

b. interactive style

c. sex positive atmosphere

d. message

e. other (please indicate: \_\_\_\_\_)

	1	2	3	4	5	6
	Strongly Disagree		Slightly Disagree		Slightly Agree	
	Strongly Disagree		Slightly Disagree		Strongly Agree	
1. I found the SWAT presentation to be interesting.	1	2	3	4	5	6
2. I feel that sexual violence is an important topic on the UO campus.	1	2	3	4	5	6

APPENDIX E

TREATMENT FIDELITY MEASURE

**Delivery:**

Number of SWAT members \_\_\_\_\_

Did Not Use Script \_\_\_\_\_

**Content:**

Introduction I (1 min)	<input type="radio"/>
Identify Fraternity Values	<input type="radio"/>
Introduction II (1 min)	<input type="radio"/>
Present as Conversation	<input type="radio"/>
Define Sex-Positive Value	<input type="radio"/>
Identify as Survivor-Centered	<input type="radio"/>
Introduction III (1 min)	<input type="radio"/>
Inclusive Discussion	<input type="radio"/>
Self-Care Discussion	<input type="radio"/>
Sexperience (3 mins)	<input type="radio"/>
Discussion of Reasons Difficult to Report	<input type="radio"/>
Cell Phone Consent (5 mins)	<input type="radio"/>
Definition of Consent	<input type="radio"/>
Consensual Example	<input type="radio"/>
Non-consensual Example	<input type="radio"/>
Identify Reasons it May be Difficult to Say No	<input type="radio"/>
Monologues (15 mins)	<input type="radio"/>
Tasha – Demonstrates self-blame	<input type="radio"/>
Other Characters Split into Small Groups	<input type="radio"/>
Cass- Perpetuates Myth Rapes	<input type="radio"/>

- Perpetuates Victim Blaming	o
Chris- Models how to not support a survivor	o
-Models believing a survivor	o
Jason- Perpetuates Victim Blaming	o
-Models Red Flags of SV Behavior	o
Debriefs (13 mins)	o
Jason- Red Flags	o
- SV is Not Survivors Fault	o
- Consent is Step-by-Step Process	o
Cass- Myths about Sex and Sexual Assault	o
- Myths about Perpetrator	o
- Fight, Flight or Freeze Responses	o
Chris- How to Support a Survivor	o
- Why it is Difficult to Report	o
Tasha – Victim-Blaming	o
- Campus Resources	o
-SASS	o
-Health Center	o
-Counseling Center	o
Healthy and Unhealthy Interactions (4 mins)	o
Media Blurb	o
Healthy Interaction	o
Unhealthy Interaction	o
Facilitation of Negotiations (3 mins)	o
Going Down	o

Abstinent	o
Drunk Sex	o
Getting Crunk (1 min)	o
Alcohol is Number One SV Drug	o
UO Conduct Code	o
Oregon Law	o
Conclusion (1 min)	o
TOTAL TIME	_____
Social Norms (10 mins)	o
Definition of Bystander Intervention	o
Singing in Shower Example	o
Verbally ask for Consent Example	o
Percentage given	o
Summary statement	o
Likely to Intervene as Bystander Example	o
Percentage given	o
Summary statement	o
Activity Summary statement	o
Peer Norms around Sexual Violence (10 mins)	o
Question 1 group discussion (4 mins)	o
Question 2 group discussion (4 mins)	o
Big group Discussion question re: small group Discussion	o
Big group Discussion question re: how can encourage members to intervene	o
Continuum of Sexual Violence (1 min)	o
Continuum Summary	o

Call to Action (5 min)	<input type="radio"/>
Identify Barriers to Bystander Intervention	<input type="radio"/>
Bystander Intervention Scenario (20 mins)	<input type="radio"/>
Scene 1 Scene 2	<input type="radio"/> <input type="radio"/>
Identify Potential Bystanders	<input type="radio"/>
Volunteer 1 Articulated his strategy	<input type="radio"/> <input type="radio"/>
Volunteer 2 Articulated his strategy	<input type="radio"/> <input type="radio"/>
Volunteer 3 Articulated his strategy	<input type="radio"/> <input type="radio"/>
Final Question: How can they create an environment where bystander intervention is expected?	<input type="radio"/>
Conclusion	<input type="radio"/>
Total Time	_____

## APPENDIX F

### SWAT WORKSHOP SCRIPT

- **Workshop Roles**
  - Intro I (+ fraternity intro)
  - Intro II
  - Intro III
  - Sexperience
  - Cell Phone Metaphor
    - Facilitator
    - SWAT volunteer
  - Monologues and Debrief
    - Facilitator
    - Actors
      - Survivor - Tasha
      - Perp - Jason
      - Friend of Perp - Cass
      - Friend of Survivor - Kris
  - Unhealthy and Healthy Interactions
    - Facilitator
    - Actors
      - Person 1
      - Person 2
  - Negotiations
    - Facilitator
    - Actors
      - Negotiation 1 - Going Down
        - Person 1
        - Person 2
      - Negotiation 2 - Abstinent Intimacy
        - Person 1
        - Person 2
      - Negotiation 3 - Drunk Sex
        - Person 1
        - Person 2
  - Getting drunk
  - Conclusion

#### **Intro I (1 min)**

Goal	• Participants begin to identify with peer educators and develop interest in the topic of sexual violence
Learning Objective	• Participants identify that sexual violence is an important issue for students on campus

	<ul style="list-style-type: none"> <li>• Participants begin to personally relate to the topic of sexual violence</li> </ul>
--	---

“Hi, we are SWAT, the Sexual Wellness Advocacy Team. We’re a group of students at the University of Oregon that utilizes theatre and other interactive activities to start discussions about sexual assault, dating violence, and stalking. Before we get started we’d like to introduce ourselves so you know who we are and what SWAT is all about.”

- Name
- Major
- Why I Joined SWAT

**Extra Intro for Fraternity Presentations (1 min)**

“Thank you very much for inviting us here tonight. We are really excited to work with you around these important issues that impact all of us. As fraternity men you are our leaders at the University of Oregon, which means that you can play a really important role in helping to stop sexual assault here on campus. We like to know who we are presenting to, so we looked up your mission statement and values. The \_\_\_\_\_ values are: \_\_\_\_\_. These values also really align with our mission as SWAT. We really hope that you will join us in this fight and be thinking about ways that you can help us address sexual assault in our community.”

**Intro II (1 min)**

Goal	<ul style="list-style-type: none"> <li>• Create safe and respectful environment that is congruent with SWAT values</li> </ul>
Learning Objective	<ul style="list-style-type: none"> <li>• Participants will be able to identify three values of SWAT (1. We are all learning, 2. Sex-Positive, 3. Survivor centered)</li> </ul>

“We’re here because sexual assault and relationship violence affect everyone. People of all genders and ages can be survivors of sexual and dating violence, and most people know at least one survivor whether they are aware of it or not, so this is a topic we all need to be talking about. There are three things we want you to know about us before this workshop gets into full swing:

- One, we aren’t here to lecture at you – we want to have a conversation with you. This workshop is going to rely on your input and participation. We actually want to hear what you think, so please share your thoughts and ideas with us.
- Two, SWAT is sex positive, this means that we value all kinds of sexual relationships; you and a partner, you and multiple partners, abstinence, self love... as long as it’s healthy and consensual, we’re for it!

- Lastly, SWAT as an organization is survivor centered. That means that we choose to believe the stories of survivors of sexual and dating violence. All too often in our society, survivors are blamed for their assault or are assumed to be lying. However, the false reporting rate of rape is only 2-3% which is the same false reporting rate as any other violent crime.

**Intro III (1 min)**

Goal	<ul style="list-style-type: none"> <li>• Create safe space for workshop by setting ground rules</li> </ul>
Learning Objective	<ul style="list-style-type: none"> <li>• Participants feel invited to talk about difficult issues</li> <li>• Participant can define options for self-care during workshop</li> </ul>

“Like (insert SWATer’s name) mentioned, sexual assault can happen to anyone regardless of age, race, or gender. As you participate please share experiences and make comments but also please keep in mind that there may survivors of sexual violence in this room. We want to hear your honest opinions, but we ask that you be considerate of others while expressing them. These issues can be difficult to talk about, so we want to emphasize self-care. At the back of the room is our support volunteer (insert volunteer’s name here). They are here to provide support for anyone who needs it at any time during or after the workshop. If you leave the room they may follow you. I promise they’re not trying to be creepy, they’re just making sure you’re getting support if you need it. Well, I think that covers it! Please double check that your cellphones are turned off and we’ll go ahead and get started!”

**Sexperience (3 min)**

Goal	<ul style="list-style-type: none"> <li>• Participants will understand some of the emotions a survivor of sexual assault or dating violence might go through when they share their experience.</li> </ul>
Learning Objective	<ul style="list-style-type: none"> <li>• Participant will be able to identify reasons it may be hard for a survivor to report the abuse (empathy)</li> </ul>

“Let’s begin with an interactive activity. I’d like to invite you all to close your eyes. I want you to think about your last positive sexual experience. If you practice abstinence or aren’t sexually active, then think of a positive personal experience - whatever that may mean for you. I want you to delve into all of the details of that experience.

- Where were you?
- Were you with someone?
- What did it smell like/look like/taste like?
- How did it feel?

- What were you wearing... or not wearing?

Go ahead and let all of those intimate details sink in. *(Pause)* All right, now open your eyes, turn to the person next to you, and tell them all about it.”

*Pause and let that sink in for the audience.*

“Stop! Just kidding! You don’t actually have to tell them, but how did it feel when I asked you to share that?”

*Use their language to describe how they felt. If they say they felt ok sharing you can respond with something like:*

“Great. Maybe you felt comfortable sharing, maybe you know the person next to you, who knows – maybe they were there!”

*When someone shares that they felt uncomfortable/awkward/etc, use their language to describe how they felt.*

“How did it feel for other people? Think about how difficult/awkward/uncomfortable *(use their language here)* it felt to talk about a positive experience. Now, imagine if that had been a negative experience – if it hadn’t been consensual. Now imagine telling your best friend, a parent, a professor, your partner, or a police officer. We use this activity to create a sense of empathy for survivors of sexual assault or dating violence, and to try to understand some of the emotions they might feel if they share their experience. Please keep these feelings in mind as we continue with the rest of the workshop.”

**Cell Phone Consent (5 min)**

Goal	<ul style="list-style-type: none"> <li>• Participants will understand what the importance of consent and what it entails</li> </ul>
Learning Objective	<ul style="list-style-type: none"> <li>• Participants will be able to define consent</li> <li>• Participants will be able to distinguish between an example of a consensual interaction and a non-consensual interaction</li> <li>• Participants will be able to identify reasons that it may be hard for someone to give consent</li> </ul>

**The Toss**

“For this next activity I’m going to need a volunteer.”

*When someone raises their hand, ask their name and use their name as you ask,*

“Can you come up here, please?”

*Make sure you have 6-10 feet between you and the volunteer and when they are paying attention to you (somewhat), lightly toss the phone at them.*

“What just happened?”

*Audience responses will differ, but they will generally say, ‘You threw a phone/they dropped the phone/they caught the phone/etc.’.*

“What was that like to watch?”

*The audience may use different terms like awkward/funny/abrupt/surprising. Make sure you use their language to acknowledge how they felt while watching it.*

“How was that for you, (ask the volunteer their name - ie. “I’m sorry, what was your name again?”)?”

*Validate their response as well, repeating the words they use to describe their experience.*

### **Audience Interaction 1 (optional)**

*In the interest of time, the following second interaction will be cut from workshops that we follow with the bystander intervention piece. For any other workshop, this interaction can be included.*

“Can anyone think of another way I could have gotten (volunteer’s name) the cell phone?”

*Various people from the audience may respond with different answers such as, ‘You could have told him you were going to throw it.’ When you hear an answer you’d like to have them demonstrate, say,*

“Great, what’s your name? Can you come up and show me that, (2nd volunteer’s name)?”

*Step aside and let the interaction play out.*

“How did this interaction feel to watch, compared to the first one?”

*The audience may say it was ‘better/they knew what was happening/they caught the phone/etc’. Remember to repeat back what they’re saying so everyone can hear.*

“How was that different for you, (volunteer’s name)?”

*They may respond with something like, ‘better/not as scary/I didn’t drop it’.*

“Great!”

*Thank the second volunteer by name and invite them to sit back down.*

### **Audience Interaction 2**

“Can anyone think of another way to get the phone to (1st volunteer’s name)?”

*When someone responds with something similar to, ‘You could ask if they want the phone’, say,*

“Great, what’s your name? Can you come up and show me that, (3rd volunteer’s name)?”

*Let their interaction play out and then ask,*

“How did that one feel to watch?”

*They should respond positively with statements like, ‘Good/way better/you could tell they actually wanted the phone/etc.’*

“Did that feel different for you, (1st volunteer’s name)?”

*Again, validate their response using their language, then say,*

“Great, you can have a seat, (1st volunteer’s name). Thanks for humoring me! Let’s give all of our volunteers a little round of applause.”

### **SWATer Interaction**

“Now I’m going to have another SWATer come up here and help me show you another interaction.”

*Throughout the following interaction, the facilitator gets progressively more aggressive by raising their voice and moving closer to the SWAT volunteer, eventually towering over them (either literally or figuratively).*

**Facilitator** Hey, (SWATER’s name), I have this cell phone here and I’d really like you to have it.

**SWATER** Wow, thanks, but I actually already have a phone.

**Facilitator** Oh, really? Well, I really want you to take *this* phone.

**SWATER** Um... like I said... I already have my own... but thank you...

**Facilitator** But this phone is so much better than yours. I mean don’t you like it?

**SWATER** Yeah, it’s a nice, but I really don’t need two phones and –

**Facilitator** Look, you're my friend right?

**SWATer** Of course, but –

**Facilitator** If you're really my friend you'll take the phone.

**SWATer** I'm sorry...

**Facilitator** No one is going to believe you didn't want it. So JUST TAKE IT.

*The facilitator forcibly puts the phone in the SWAT volunteer's hand. Take a beat to break character.*

“How did that feel to watch?”

*The audience may say things like, 'Scary/intimidating/crazy/etc.' Use their language to describe what just happened.*

“Thank you, (SWATer's name). Ok, so that went well for me, right? (SWATer's name) took the phone. I got what I wanted.”

*The audience will probably address the fact that they didn't want it.*

“I mean, they didn't say no. How do you know they didn't want the phone?”

*The audience will probably say 'they backed away/they said they had their own phone/etc.'*

“Well, they didn't try and hit me or kick me or run away. If they really wanted to get out of the situation, wouldn't they try to do that?”

*Counter the audience's response by saying,*

“Why might they not feel comfortable doing that?”

*The audience should say these things for you, but if they don't mention all of them, make sure you touch on these main tactics of coercion:*

- *They're friends and they might not want to ruin the friendship or hurt your feelings*
- *They might feel unsafe*
- *You were louder/bigger/stronger/angrier*
- *You said no one would believe them*
- *You didn't respect them at any time during which they explained they didn't want the phone*

“Excellent. Obviously we're not just talking about cell phones here. We use this activity

to get at SWAT’s definition of consent, which is **a yes that is freely given when the option of no is present and viable**. I know that’s a mouthful, so I’ll repeat that definition again: **Consent is a yes that is freely given when the option of no is both present and viable**. Now that we’re clear on the definition, was my interaction with (SWATer’s name) consensual? Even if they had explicitly said the word “no”, do you think it would have been a viable option, or listened to and respected? We want you to keep these interactions and the definition of consent in mind as we move into the next portion of our workshop.”

*This is just one example of how things will go. The main objective is to see an interaction where the cell phone is thrown, an interaction where consent is given to throw the phone, and then the non-consensual interaction with the SWAT volunteer. If time allows, you can play out other suggestions given by the audience (such as ‘tell them you are going to throw the phone’). If the audience is not actively answering your questions or interacting with you, feel free to take initiative and give them the answer you’re looking for, then move forward with the presentation.*

**Monologues (15 min)**

**Facilitator**

“Now you are going to hear the story of a sexual assault, specifically a rape, then you will get a chance to interact with some of the other characters involved. This is not our story, but we do feel it is representative of situations that can and do happen on this campus.

Today, we are going to be portraying an assault by a male-identified perpetrator on a female-identified survivor, because based on the research, 9 out of 10 sexual assaults are by a male perpetrator against a female. However, we know that sexual assault does occur among people of all gender identities and sexual orientations. This topic can be difficult to talk about, so if you need to leave the room or talk to our support volunteer, please feel free to do so at anytime.”

*It will be the facilitator’s job to set up a chair for the survivor to sit in while she delivers the following monologue:*

**Survivor - Tasha**

Goal	<ul style="list-style-type: none"> <li>• Participants will feel empathy for survivor</li> </ul>
Learning Objective	<ul style="list-style-type: none"> <li>• Participants will be able to identify slut-shaming, victim blaming, and self blame</li> <li>• Participant will be able to identify resources available to survivors of sexual violence</li> </ul>

“Hey, I’m Tasha. A couple of weeks ago this guy I’ve known forever invited me to a concert with his girlfriend, Cass, and a few other friends. They were trying to set me up with this one guy, Jason, and I was actually pretty excited to get to know him more. He

and I had hung out as a group before and, I don't know, I got good vibes from him.

Anyway... after the concert Cass invited us all to an after party. I wasn't really up for it, but I wasn't ready for my evening with Jason to end yet. We were finally getting to know each other and I was having a good time, so I asked him to come hang out and watch a movie at my place (*shrug*).

He had his arm around me for awhile and then about halfway through the movie, we started kissing. Then he started touching me and running his hand just a little too far up my skirt (*shrug or nervous laugh*). I moved his hand and tried to get his focus back on the movie. I even pulled away from him a couple of times, but he just kind of ignored me. Finally I just lied and I told him I was too tired to finish the movie. I felt super awkward about trying to kick him out because he seemed so nice, and all of my friends already really liked him. I didn't want to be a jerk, but I didn't really know what else to do.

When he turned the TV off, I thought he was leaving. But before I could even think, his body was like right up against mine. He pushed my skirt up and got on top of me and... When I realized what he was doing, I just froze. I didn't know why it was happening. I didn't know how to react. All I could do was close my eyes and wait for him to stop – but he didn't. He just kept having sex with me until he was finally done. After I just rolled over and pretended to be asleep. When I finally heard the door close behind him, I just started crying. I felt totally blank and numb.

I mean, what did I do wrong? I totally didn't mean to lead him on, but I didn't want to have sex with him. I just feel so stupid. I keep thinking I should have said something more, or been more forceful... I just can't believe I let this happen to me."

**Facilitator**

"Now that Tasha has shared her experience with you, you're going to get a chance to talk to some of the other characters involved. We're going to break up into three groups, and the characters are going to come and talk to you. Please feel free to interact with them! Make comments, ask them questions – this part of our workshop relies heavily on your participation. The more you put in, the more you'll get out of this discussion. We are going to divide the room this way (*explain where the three groups will be*). OK, Let's get started."

*Keep time for each discussion. After 3 minutes (with a 30 second "wrap it up" warning), have the characters rotate.*

**Friend of Perpetrator - Cass**

Goal	• Participants will learn how myths about sexual violence contribute to perpetration, survivor self-blame, and bystanders not intervening.
Learning	• Participants can name sexual violence myths that contribute to

Objective	perpetration, survivor self-blame, and bystanders not intervening.
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“Hey, I’m Cass. So I don’t know what you’ve heard, but there’s some weird shit going on right now. I went to this concert the other night with my boyfriend and he had a friend, Tasha, who needed a date so I invited my friend Jason. Not to be mean but she was dressed pretty slutty, I mean she was totally wearing ‘fuck me’ heels and a short skirt. You and I both know you dress a certain way when you want it, and it was totally obvious she did.

So everything was going really well and after the concert we invited them to come hang out at an after party, but Tasha had invited Jason over to ‘watch a movie’. It seemed pretty obvious that she wanted him. I mean, what do you think ‘watch a movie’ really means?

But now, all of a sudden she is saying that Jason raped her. I know she’s lying, because rapists are like creepy stalkers. I don’t make a habit of being friends with creepy stalkers. Jason is a completely nice guy. Not to mention, he gets plenty of girls. I mean, do you really think a nice guy like that has to go raping girls to get some?

When I heard what was going around, I had to tell Jason. After all, I set them up. I couldn’t let his reputation get ruined. I mean if she was actually raped, wouldn’t she have bruises? And she didn’t even call the police. If you were really raped, wouldn’t you report it?

As far as I can tell, she hadn’t been on a date in a long time, she wanted to get laid, but then she regretted it. It makes me so mad, because girls like this go around telling lies nobody believes when there are people who are actually raped. Don’t you think she just regrets it?

I just don’t understand why she is being like this. Now things are completely awkward for me and my friends, all because she’s a lying slut. Why won’t she just drop it and let us all move on with our lives?”

**Friend of Survivor – Chris**

Goal	<ul style="list-style-type: none"> <li>• Participants will begin to understand that many people can play a role in situations of sexual violence.</li> <li>• Participants will be introduced to bystander intervention</li> </ul>
Learning Objective	<ul style="list-style-type: none"> <li>• Participants can identify possible ways a bystander could intervene in a situation of sexual violence</li> <li>• Participants can identify ways to support a survivor of sexual assault</li> </ul>

“Hey everyone, my name is Chris. So, my friend Tasha has been going through a lot lately. This guy Jason... well... I guess he like, raped her. When she told me, I couldn't believe it. I mean, I know Jason and I see him around all the time. And, last I heard she kind of had a crush on him, and now he raped her? But she's my friend, and of course I believe her. I just don't know what to say or do. I mean, how would you react if your friend told you that this other guy you knew raped them?

She was so emotional and she didn't know what she wanted, so I just took action. I told her she needed to go to the police or the hospital and stand up to this guy. Don't you think this guy needs to take responsibility for what he did?

And how will anyone know what he did unless she says something?

I didn't want this to happen to any of our other friends, so I called them and told them what happened. I mean don't you think they deserve to know what a creep he is?

What would you have done in this situation?

When Tasha found out that I told people, she was really upset with me. I don't understand why she is so mad. I was just trying to help. Why does she have to be like that?

If you all have better ideas, I'd love to hear them because I totally care about her. What would you do?

This just isn't something you think you have to be prepared for.”

**Perpetrator – Jason**

Goal	<ul style="list-style-type: none"> <li>• Perpetrator is portrayed as a typical guy</li> </ul>
Learning Objective	<ul style="list-style-type: none"> <li>• Participants can identify ways perpetrators justify sexual violence</li> <li>• Participants can identify warning signs or red flags in a relationship</li> </ul>

“What's up, my name is Jason. I've been hearing some fucked up things about me lately. All my friends are acting weird... Last Saturday my friend Cass set me up with this girl Tasha. We all went to a concert and Tasha and I really hit it off. We were having a good time, there was some hardcore flirting going on.

On the walk back Tasha said she wanted me to come back to her apartment to watch a movie. I mean, we all know what that means. What would you do if a girl invited you

back to her place and you were in her room watching a movie?

Besides, that tiny skirt said it all. You know what I'm talking about.

Anyway, we were watching a movie on her bed and making out and she seemed a little distracted, so I turned off the TV and you know, one thing led to another. I totally wore her out too, because she fell asleep right after. I hung around for a bit but then I went home and let her sleep.

About a week later, Cass told me this dude (*or chick depending on who is playing Chris*) Chris was going around saying I raped Tasha. It's total bullshit. If she really didn't want to hook up, she should have kicked me out. It was a date, for fuck's sake. *She* was the one who invited *me* over. What did she think was going to happen?

I can't believe I hooked up with her in the first place. I don't mean to brag but a lot of people think I'm a good looking guy. Honestly, she should feel lucky I was even into her.

### **Facilitator**

*After each character has talked to each group, have the group reconvene for debriefs.*

"All right, these characters can be a bit overwhelming to inhabit so I'm going to invite everyone to "unzip" and "step out" of their characters. Great, now we're going to have a little discussion about your interactions with them, starting with Jason."

*Each person debriefs their character, in the following order: perp - Jason, friend of perp - Cass, friend of survivor - Chris, survivor - Tasha.*

**Character Debriefs** (13 min - 3 min for each character, except Jason, who gets 4 min)

#### **Perpetrator - Jason**

Goal	<ul style="list-style-type: none"><li>• Begin to question perpetrator</li></ul>
Learning Objective	<ul style="list-style-type: none"><li>• Participants will be able to identify red flags in behavior</li><li>• Participants will be able to identify how perpetrators justify their actions</li></ul>

#### **1. So who here knows someone like Jason?**

*Most audience members will raise their hands.*

#### **2. What are some red flags you saw in Jason's behavior and things he said that seemed unhealthy? Follow up prompt if they do not get to most of these: What were his attitudes about women, dating, and sex?**

*The following are possible answers, as well as ways you can address them:*

- *He assumed she wanted to have sex/he said she was asking for it*  
“Right, he made assumptions rather than actually checking in with her about what she wanted. Just because she invited him over to her apartment doesn’t mean she was asking him to have sex. Consent is a step by step process. A person can be comfortable with kissing, but not comfortable with sex. It’s important not to assume, and to keep checking in every step of the way.”

-*He judged her by her clothing, saying her ‘tiny skirt said it all’*  
“Yeah, again, emphasis is put on what the survivor is wearing when, in reality, it doesn’t matter what a person is wearing. You can’t judge a person on looks alone.”

-*He bragged about having sex with her and said he ‘wore her out’*  
“He is proud of his sexual encounter. It seems like having sex with her was a conquest, which is definitely a red flag when it comes to sexual assault. Contrary to popular belief, sexual assault isn’t just about sex. It’s about gaining power over another person, which is something Jason certainly did to Tasha.”

### **3. What are some ways Jason justified his behavior, and tried to convince us that he didn’t do anything wrong?**

*The following are possible answers, as well as ways you can address them:*

-*He said ‘she should feel lucky I was even into her’*  
“Jason definitely seemed entitled. He said people thought he was good looking and that she should feel lucky he liked her.”

-*He kept saying it was obvious she wanted it and that she was ‘asking for it’*  
“He makes it seem like he didn’t have to check in because her clothes and her invitation to come over meant she wanted to have sex, which it clearly did not. It’s never the survivor’s fault, no matter what they’re wearing. And even if someone is comfortable engaging in some form of sexual interaction, they can still say no at any time or be comfortable with one thing and not comfortable with another. Remember, consent is more than the absence of a no - it’s the presence of a yes.”

-*He blames her for what happened, rather than owning up to what he did*  
“The only person you can remove from a situation to prevent rape is a rapist. Someone can go to a party, get drunk, and wear short skirts every weekend, but no sexual assault occurs until a perpetrator is present and decides to assault them.

### **Closing Statement**

It’s important that we realize Jason actually committed sexual misconduct according to both the UO and Oregon Law.

If this situation was reported, Jason could face serious consequences including potential suspension or expulsion from the university.

By looking at Jason's character we were able to:

- Identify some red flags in things he said and did
- Understand that it's never the survivor's fault, no matter what they're wearing or where they are
- Talk about how consent is a step by step process and just because you consent to one thing does not mean you consent to everything.

### Friend of Perpetrator - Cass

Goal	<ul style="list-style-type: none"><li>• Participants will learn how myths about sexual violence contribute to perpetration, survivor self-blame, and bystanders not intervening.</li></ul>
Learning Objective	<ul style="list-style-type: none"><li>• Participants can name sexual violence myths that contribute to perpetration, survivor self-blame, and bystanders not intervening.</li></ul>

#### 1. Who here knows someone like Cass?

*Most audience members will raise their hands.*

#### 2. What misconceptions does Cass have about sexual assault, and maybe sex in general?

*The following are possible answers, as well as ways you can address them:*

*-She thinks it's Tasha's fault*

“Right, and like we discussed before, it's never the survivor's fault.”

*- She thinks rapists are 'creepy stalkers' and that they would be able to tell if they were friends with a rapist*

“Yeah, and actually, 85% of rapes are perpetrated by someone the survivor knows. Studies have shown that perpetrators look for people who are accessible (people that around them and people who trust them), so it make sense that partners and friends could be perpetrators because all it takes is making a choice to cross someone's boundaries.”

*- She assumes someone hasn't been assaulted unless they have bruises or obvious physical injuries*

“Sexual assault is a form of violence, whether or not it leaves external marks. **Less than 20% of perpetrators use physical violence or the threat of violence when assaulting someone. That's not to say physical injuries**

**don't occur, because they absolutely can, but** injuries can be internal or psychological as well. Just because they're not physically visible, that doesn't mean they don't exist. Also, we hear a lot about the fight or flight reaction, but some people freeze to avoid injury or further violation, which is a totally valid reaction."

- *She thinks that if someone is raped they will report it*  
 "Reporting a sexual assault is a totally valid option, but it's not for everyone. We'll talk about why it can be difficult to report in the next debrief."

**Closing Statement**

Through this character we were able to look at:

- Some misconceptions people often have about sex and sexual assault
- Some myths about what perpetrators look and like
- Fight, flight, or freeze responses

**Friend of Survivor - Chris**

Goal	<ul style="list-style-type: none"> <li>• Introduction to bystander intervention and survivor support</li> </ul>
Learning Objective	<ul style="list-style-type: none"> <li>• Participants will be able to identify different options for bystander intervention</li> <li>• Participants will be able to identify ways to support survivor of sexual assault</li> </ul>

**1. Who can relate to Chris, or has ever had to support a friend?**

*Most audience members will raise their hands.*

**2. What are some positive things Chris said or did to support Tasha?**

*The following are possible answers, as well as ways you can address them:*

- *He listened to her, he believed her, he wanted to help, he cared*  
 "Right, he was supportive and his heart was in the right place, he just wasn't quite sure what to say or do. **Let's get a list together or supportive things you can say or do to support a survivor.**"
  - *I believe you.*
  - *It's not your fault.*
  - *What do you need right now?*
  - *Thank you for trusting me/telling me.*

-*He wanted her to stand up to the guy and thought she should report it*  
 "Ok, so reporting a sexual assault is a valid option and for some

people it is what they want to do. It's important that we realize that oftentimes, reporting doesn't lead to prosecution. Sometimes people need to start the healing process and can't afford more emotional hardship. The reporting process can take a long time. Do you all remember the empathy exercise we did earlier? Talking about sexual experiences can be difficult even when they are positive. Reporting a negative experience to someone you don't know (like a DPS officer, police officer, or the dean of students) could be challenging. It is up to each individual to decide whether or not they want to report."

**3. What are some things Chris could have done better in this situation?**

*The following are possible answers, as well as ways you can address them:*

- *He shouldn't tell her what to do*

"When someone is assaulted, their power is taken away from them. One of the most supportive things you can do is to give the survivor back that power by letting them decide how they want to cope with their experiences. Offer them resources but let them choose what they want to do, if anything, and always respect and support their decision."

- *He shouldn't be spreading rumors or going around telling people she was raped*

"Right, gossiping is not a good way to support a survivor. It takes a lot of courage and trust to disclose a story of sexual assault. Check in to see if the survivor wants to keep what they told you confidential, or if they want to share it with someone else."

**Closing Statement**

Chris's character helped us understand:

- How to best support a survivor of sexual assault
- Things you can say to support a survivor
- Why it can be difficult to report
- Why it's important to give the survivor their power back by letting them decide who they want to tell or what they want to do, if anything

**Survivor - Tasha**

Goal	<ul style="list-style-type: none"> <li>• Understand the challenges and self-blame a survivor may feel</li> </ul>
Learning Objective	<ul style="list-style-type: none"> <li>• Participants will be able to identify 'slut-shaming' and 'self-blame'</li> <li>• Participants will be able to identify resources available to survivors of sexual violence</li> </ul>

**1. So we talked about how society often blames survivors for their assault. What are some things Tasha says that shows she might blame herself for what happened?**

*The following are possible answers, as well as ways you can address them:*

- *She says things like:*

*What did I do wrong?*

*I didn't mean to lead him on.*

*I feel so stupid*

*I keep thinking I should have said something more or been more forceful*

*I can't believe I let this happen to me*

“So it’s obvious that because society blames survivors, it’s very easy for survivors to feel self-blame when they’ve been assaulted. That’s what makes it even more important that you assure them you believe them and that it’s not their fault.”

**2. Now I'd like to explain some of the resources on and off campus for survivors of sexual assault**

*This part of the debrief is not a question. You will simply talk about the following resources .*

- The UO Health Center is a great on-campus resource. They have nurses who are specifically trained to support survivors of sexual assault. They can provide STI testing, emergency contraception, as well as collect medical evidence if the survivor chooses to report. If you call and let the front desk know you need to see someone about a sexual assault, the nurses will clear their calendars so they can fit you in immediately.

- On the second floor of the Health Center is the UO Counseling Center. They have a staff member who is specifically trained to support survivors of sexual assault and a 24-hour crisis line.

- SASS, Sexual Assault Support Services, is an amazing off campus resource. They have a 24-hour crisis line too, as well as support groups, and they're completely confidential.

- Supporting a survivor can be difficult, so we want you to know that both the counseling center and SASS are available as resources if you need help supporting a survivor.

- It's important for you to know that all university employees are required to report when they hear about instances of sexual violence.

If you want to make sure that you have confidential support, the health center, counseling center, and SASS are the best options.

- Also, don't feel like you have to memorize all of these resources. We'll hand out pamphlets at the end of the workshop that have these resources listed on them.

**Closing Statement**

“Through this character we were able to:

- Identify what self-blame can sound like
- Talk about three important confidential resources; the health center, the counseling center, and SASS (Sexual Assault Support Services)

**Facilitation of Healthy and Unhealthy Interactions (4 min - 3 min without media blurb)**

Goal	<ul style="list-style-type: none"><li>• Participants will understand role of negotiation and rejection in sexual communication</li></ul>
Learning Objective	<ul style="list-style-type: none"><li>• Participants will explain how nonverbal communication can affirm or negate consent</li><li>• Participants will give an example of how to renegotiate during sexual communication</li></ul>

*The following section of the workshop can be eliminated in the interest of time, if needed. However, **if there is time, begin this section HERE:***

“All right, that part of the workshop was a little heavy, but now we're going to move on to something lighter. First, I have a question for you. When was the last time you were walking down 13th on campus, you locked eyes with someone and romantic music started playing, rose petals fell from the sky, you were surrounded by candles and then you started having wildly passionate sex? No? Not so much? Maybe it's possible, and if it's happened to you then power to you! But that's probably not a super realistic scenario for most of us, right? Where do we see these kinds of unrealistic sexual interactions?”

*The audience should say things like movies/TV/rap videos.*

“Right, in the media sex is often implied or predetermined. So what is missing in these types of interactions where people magically seem to ‘know’ what the other person wants?”

*The audience will mention talking/communication/discussion.*

**“Right, how many of you are psychic? Perfect, I always like to know where the**

**smart ass is.** Unless y'all can read minds, communication is a HUGE part of healthy, consensual sexual experiences."

*Complete the above portion of this section if there is time. **If there isn't time, begin HERE:***

"Now we're going to see a few different scenarios that model different levels of communication and consent in sexual interactions, and then we'll get a chance to talk about them."

### **SCENE 1 – Unhealthy Interaction**

**Person 1** Let's go to your room. Your roommate's gone, we finally have the house to ourselves. I'm so ready to have sex.

**Person 2** Um wait, before we go that far, I have something I want to ask...

**Person 1** Go for it.

**Person 2** Have you been tested before? I mean, since we started seeing each other?

**Person 1** Um, no, but I'm totally clean.

**Person 2** Yeah, I'm sure everything is fine. It would just make me way more comfortable if we both got tested before we had sex, you know? Just to be safe.

**Person 1** I can't believe you. You don't trust me, do you? Do you honestly think I have a bunch of random diseases?

**Person 2** Of course I trust you, it's just that this is really important to me. We can get tested together.

**Person 1** Whatever. If sex is going to be such a big deal for you then just forget about it.

"Pause. How was that to watch?"

*Validate the peoples' answers by repeating them back to the audience.*

"I'm curious to see what it would look like if both partners reached a consensual understanding about how to handle this situation. Can you show me what it would look like if both people were open to getting tested?"

### **SCENE 2 – Healthy Interaction**

**Person 1** Let's go to your room. Your roommate's gone, we finally have the house to ourselves. I'm so ready to have sex.

**Person 2** Before we go that far, I have to ask... have you been tested before? I mean,  
since we started seeing each other?

**Person 1** Um, no, but I'm totally clean.

**Person 2** Yeah, I'm sure everything is fine. It would just make me way more comfortable if  
we both got tested before we had sex, you know? Just to be safe.

**Person 1** Ok. But I've actually never been tested before. It makes me a little nervous.  
Would you come with me?

**Person 2** Of course. I want to get tested too, so we can go together. Thanks for understanding.

“Pause. How was that different from the first scene we saw?”

*The audience should touch on topics like partner support, respect for the other person's boundaries, and that both people seemed much more comfortable.*

“Great! Thanks for your input.”

### **Facilitation of Negotiations (3 min)**

“So we know our shirts say ‘consent is sexy’, and it definitely can be, but we also acknowledge that talking about what you and your partner want can be a bit daunting and can maybe even feel a bit awkward. The more you try to talk about these kinds of things, the easier it will become for both of you. Practice really does make perfect, and your sexual experiences will only get better. One of the best ways to improve your sex life is for both people to be totally into what's happening, and for there to be enthusiastic consent. **How many of you would way rather have sex with someone who is totally into it? Congratulations, you are not rapists. When it comes to sex, consent is necessary, and it often involves making sexual negotiations and finding a common ground. Enthusiastic consent means you are actively and positively engaged in what's going on.** Here are some more examples of ways people can negotiate consent.”

### **NEGOTIATION 1 – Going Down**

**Person 1** I really want you. Will you go down on me?

**Person 2** I love making you feel good, but... this feels really awkward to talk about... I feel like I've been doing that a lot lately and sometimes I wish you would go down on me, too. I'm not saying that every time I go down on you that you need to go down on me, I would just really enjoy it if you would sometime – maybe even tonight, if you're ok with that.

**Person 1** It's not awkward at all! I didn't even know you liked it when I went down on you.

But I actually get really tired after... Should we try 69?

**Person 2** We could do that another time, but for tonight would you mind going down

on me and then I could return the favor?

**Person 1** That sounds perfect.

“FREEZE! Switch.”

### **NEGOTIATION 2 – Abstinent Intimacy**

**Person 1** So, you know that I'm not ready to have sex, but I don't want you to feel like we can't be intimate. I've been thinking about it and there are some other things I'd like to try.

**Person 2** I'm super into you and I totally respect that. I want you to be comfortable. If things get too hot and heavy would you feel ok asking me to stop? Or do you want to have a safe word?

**Person 1** That sounds good, actually... do you have something in mind?

**Person 2** What about... 'banana'. Or is that dumb?

**Person 1** No, 'banana' is good. I like it.

“FREEZE. Switch.”

### **NEGOTIATION 3 – Drunk Sex**

**Person 1** I feel like this party has kind of reached its peak. Want to get out of here and go to my place? Fool around a little bit?

**Person 2** Sounds perfect. I'm pretty drunk though, so maybe we can hold off on sex?

**Person 1** Don't worry about it, I'm drunk too... and I don't know about you but I get super turned on when I've been drinking.

**Person 2** Me too, but I don't like to have sex when I'm drunk. I've tried it and it just doesn't work for me.

**Person 1** Oh, ok. We could go back to my place and cuddle, maybe watch a movie

or something.

**Person 2** Yeah, that sounds good.

“Awesome! By communicating each partner set was able to negotiation in a healthy way. Did these interactions seem really awkward or uncomfortable?”

*Some audience members will say they weren't, some might say they were.*

“Maybe it was a little awkward to watch because these are pretty intimate moments that usually wouldn't have an audience. Some people seemed really comfortable and for others maybe it did feel a little awkward at first, but they appreciated being able to talk about this kind of stuff. **Getting consent doesn't have to be limited to technical language like “May I please put my penis inside of your vaginal region”, unless that's the kind of dirty talk you're into. Checking in can be as simple as asking, “Do you like that?” Was that a total boner killer? If you're on the fence about that, just drop your voice an octave, that always works (lower your voice to say): “Do you like that?”**

**Getting Crunk** (1 min)

“So in that last skit we saw, alcohol was obviously involved... so let's talk about getting a lil' tipsy! According to both UO Conduct Code and Oregon law, no one can give consent while mentally incapacitated. We as SWAT aren't going to tell you that people can't have hot, consensual sex when they're drunk, because we're fully aware that they can. It's just super important to make sure things are being communicated clearly, because alcohol can definitely complicate things. Also, alcohol is the #1 drug used in sexual assault because it's readily available and people are likely to ingest it willingly, making them lose inhibitions or consciousness. So just to be clear, having sex with someone who is passed out from drinking too much is considered rape. If you aren't 100% positive that your partner is just as into it as you are, then just don't do it. And remember, consent is a yes - *a clear and undeniable yes* - not the absence of a no.”

*Sometimes audience members make comments about it being a grey area when both people are drunk, so if a victim can say they don't remember because they were drunk, how come that doesn't work for the perpetrator? The following analogy is a good way to respond to these kinds of questions.*

**-If someone drinks and drives and ends up crashing into someone, can they use the fact that they were drunk as an excuse? No. They'll still be held accountable. If someone drinks and gets in a bar fight, pulls out a gun and shoots someone, can they just say, “Well he was drunk too!” No. Alcohol is not an excuse.**

**-Like we said, sometime people have drunk sex. It happens. When both people have been drinking and boundaries have potentially been crossed, it can be a lot like driving drunk. Two people can get drunk and get in separate cars and drive home. Sometimes both of them will get there safely. Sometimes they'll crash into each other. Sometimes**

**one person will crash into another. It's not about who was drinking, it's about who got hurt.**

**Conclusion** (1 min)

“We believe sex is better, healthier, and more fun when the process of negotiating consent is more than just obtaining a yes or a no; more than a line between rape and not rape. So start talking! We promise communication will only make your sex life better – in fact, it will make all of your interpersonal relationships healthier and even more awesome. To wrap up the workshop, we have one more scene to show you.”

**Person 1** Hey (SWATer's name), I have this cell phone and I really want to give it to

you.

**Person 2** Mmm, that sounds hot. Can you dial \*69 and give it to me nice and slow?

**Person 1** Oh, yes!

**Person 2** I'd love to give it back to you... how do you want it?

**Person 1** How about you put it on vibrate and stick in my back pocket?

**Person 2** That feels soooooo good.

*The scene concludes with happy orgasm-ish noises of pleasure.*

Thank you all for your attention and participation! We have some SWAG to pass out – handouts, buttons, pins, pens... (you will also be handed a survey and if you could fill it out we'd really appreciate it. We actually read the surveys and we will use your suggestions to create future workshops.) Thank you all so much for having us here!

## APPENDIX G

### SWAT PLUS WORKSHOP SCRIPT

- **Workshop Roles**
  - Social Norms
  - Peer Norms Around Sexual Violence
  - Continuum of Sexual Violence
  - A Call to Action
  - Bystander Intervention Scenario
    - Facilitator of scenes
    - Facilitator of interventions
    - Actors
      - Guy 1
      - Guy 2
      - Bystander
      - Claire
      - Friend
  - Final Question
  - Conclusion

*Make sure you get accurate information for each fraternity before doing this workshop!*

#### **Social Norms (10 min)**

Goal:	Undermine conformity to sexist peer norms
Learning Objective:	Participants will be able to identify accurate percentage of peers who do not endorse sexual violence

“For this next part of the program, we’re going to be talking about what you and your fraternity brothers think about sexual violence and bystander intervention. We want to remind you that this is a safe place where you can be honest and open. We really want to hear what your opinions are, not what you think we want to hear. Who can tell me what you think ‘bystander intervention’ is?”

*Validate the audience’s answers by repeating them out loud and giving verbal positive reinforcement.*

“Yes, that’s exactly right. Bystander intervention is when someone who is not directly involved in a situation steps in to offer assistance. What we are going to do now is talk about group norms and the things you all expect of each other in your community. Sometimes the things you think other people expect from you aren’t accurate.

Human nature makes us all want to belong to the group, so we make sure our behaviors are close in line with what we think is expected. For example, if I think that my fraternity brothers work out every single day, even if in actuality, they don't, I am likely to work out every single day, right? So right now we are actually going to look at some of the things that you think are expected of you in your fraternity.

I'm going to ask you to close your eyes and raise your hands if you agree with a statement I read. So, close your eyes... no peeking! Raise your hand if you agree with the following statement:

I think most of my fraternity brothers sing in the shower.

Keep your hands raised. Now open your eyes. Look around. This is what you all think is going on in your fraternity. Are you surprised by how many/how few of you think your brothers sing in the shower?

Okay, now close your eyes again. Raise your hand if you agree with the following statement:

I sing in the shower.

Keep your hands raised. Now open your eyes. Look around.

*Your next response as a facilitator will be **based on how many hands were raised**. You will use one of the following statements:*

“So it looks like those of you who thought most of your fraternity brothers sing in the shower were right, most of you sing in the shower.”

*OR*

“So it looks like those of you who thought that most of your brothers sing in the shower were wrong, most of you don't sing in the shower.”

“Although it's fun to think about fraternity norms around working on your fitness and singing in the shower, we also want to know about what else you think is happening in your fraternity.

So please close your eyes and raise your hand if you agree with the following statement:

I think most of my fraternity brothers are confident they could verbally ask for consent from a new sexual partner. This is not if you think they could, but if you think that they 'are confident they could verbally ask for consent from a new sexual partner.'

Keep your hands raised. Now open your eyes. Look around. This is what you all think is going on in your fraternity.

You all filled out a pre-survey, which indicated that \_\_\_\_\_ percent of your fraternity brothers actually said they “are confident they could ask for consent from a sexual partner.”

*Your next response as a facilitator will be **based on the pre-survey**. You will use one of the following statements:*

“That is most of you. Most of you feel confident you could verbally ask for consent from a new sexual partner.”

*OR*

“That is less than half of you. Most of you do not feel confident you could verbally ask for consent from a new sexual partner. Which is why its great we are here talking about it today and hopefully after seeing our workshop, you will feel a little more confident.”

*Your next response as a facilitator will be **based on how many hands were raised**. You will use one of the following statements:*

“In this example, it looks like what you think is going on may not actually be what it going on.”

*OR*

“In this example, it looks like what you think is going on is actually what is going on, and that’s awesome!”

“Okay, last one. Please close your eyes and raise your hand if you agree with the following statement:

I think most of my fraternity brothers are likely to intervene as a bystander in situations of sexual violence.

Keep your hands raised. Now open your eyes. Look around. Again, this is what you all think is going on in your fraternity.

You all filled out a pre-survey, which indicated that \_\_\_\_\_ percentage of your fraternity brother are likely to intervene as a bystander in situations of sexual violence.

*Your next response as a facilitator will be **based on the pre-survey**. You will use one of the following statements:*

“That is most of you. Most of your fraternity brothers are likely to intervene as a bystander in situations of sexual violence.”

*OR*

“That is less than half of you. Most of your fraternity brothers are not likely to intervene as a bystander in situations of sexual violence.”

*Your next response as a facilitator will be **based on how many hands were raised**. You will use one of the following statements:*

“OK, so this time, it looks like what you think is going on may not actually be what it going on.”

OR

“OK, so this time, it looks like what you think is going on is actually what is going on, and that’s awesome!”

“The point is, sometimes we are right on with what we think is going on and sometimes we are not. This is where clear understanding about your community’s values and actual behaviors is important.”

### **Discussion of Peer Norms Around Sexual Violence (10 min)**

Goal:	Identify norms related to sexual violence that exist within fraternity
Learning Objective:	Identify how mission is related to sexual violence prevention

“So now we’re going to talk about your community values especially in regard to sexual violence. When I am done explaining the directions, I’d like you all to break into groups of 5. I’m going to hand out a sheet with the \_\_ (insert fraternity name) \_\_ mission statement and a question. In about 5 minutes, we’ll hand out another question to discuss. You have 10 minutes to discuss these questions before we share our answers with the larger group. We’ll be walking around if you have any questions.”

*Give each group the sheet with the first question and mission.*

- *How is your mission related to the prevention of sexual violence?*

*After 5 minutes, hand out a piece of paper with the second question.*

- *What could you do as a fraternity to encourage members to stand up or intervene in situations of sexual violence?*

*After they’ve discussed both questions, have the groups reconvene for discussion.*

“Let’s talk about how your mission is related to the prevention of sexual violence. What did you all discuss?”

*Validate their answers and comments by repeating them to the audience. Add comments or elaborate as you see fit.*

“And what do you think you can do as a fraternity to encourage members to stand up or intervene in situations of sexual violence?”

*Validate their answers and comments by repeating them to the audience. Add comments or elaborate as you see fit.*

“Thanks so much for your participation in this discussion. As a member of any group, having conversations about your group values can really help reinforce the types the behaviors that you want to see in the group.”

**Continuum of Sexual Violence (1 min)**

Goals:	Participants will understand that sexual violence occurs on a continuum
Learning Objective:	Participants will be able to identify how bystander intervention would look different for different behaviors related to sexual violence

“We know that most, if not all of you, would never actually sexually assault someone, but what we want to do today is inspire you to challenge the attitudes and beliefs that support sexual violence. The reality is, you probably won’t ever actually witness a sexual assault. But there are other behaviors - like sexist jokes and sexual harassment - that actually contribute to a culture that tolerates sexual violence, and those are great places that you can intervene to help change that culture.”

**A Call to Action (5 min)**

Goal:	Participants will explore why someone would choose to act or not act in a given situation
Learning Objective:	Participants will be able to identify barriers to bystander intervention and facilitators of bystander intervention

“Now we would like to invite you to think about a situation where you saw or heard something that made you feel uncomfortable, but you didn’t actively do anything about it - a time where you wish you’d said or done something, but you didn’t. Maybe you heard a friend make a sexist joke, or maybe you heard a teacher make an offensive comment. This situation can, but doesn’t have to, relate to sexual violence. So go ahead and think about that for a moment.”

*Wait 15 seconds, then prompt them by rephrasing the statement:*

“Raise your hand when you’ve thought of one. Great. You’re all trying to think of a time when you could have said or done something, but didn’t,”

*Give them another 10 seconds and then wrap it up.*

“So why was it difficult for you to intervene in that situation? Or why might it be difficult to intervene in general? Go ahead and say your answers out loud. These reasons don’t have to be specific to your experience.”

*Repeat the audience’s answers out loud so everyone can hear.*

“These are all valid reasons. Some other examples are worrying about safety, not knowing what to do, not wanting someone to get mad at you or feel embarrassed, not feeling like it was your place, thinking someone else will do it, thinking that others don’t see it as a problem, etc. All of these reasons can make us remain silent when action is necessary.”

**Bystander Intervention Scenario (20 min)**

Goal:	<ul style="list-style-type: none"><li>• Learn Continuum of Behavior and how bystander intervention changes with each behavior</li><li>• Participants will recognize that there are multiple people who can intervene in any given situation</li></ul>
Learning Objective:	<ul style="list-style-type: none"><li>• Participants can identify that there are multiple time points and multiple behaviors in which they can intervene</li><li>• Participants will identify people who could intervene in a situation of sexual violence.</li></ul>

**Facilitation of Scenes**

“One of our goals today is to give you the skills and confidence to take action. We’ve created a situation of our own, and what we’re going to do now is show a scenario and then invite a few of you up to try different interventions to change the scene. We want you to know that there is no right way to do this, so we’re going to brainstorm as a group to figure out a few possible ways to intervene. We know it can be really hard to think on your feet and try to do something. That’s why we’re practicing now and trying to figure it out together as a group.

So the scenario we’re going to show you is a little blatant - maybe even over the top - but we want to give you plenty of opportunities within the scene to practice intervening.

First, let’s watch the scene one time through. As you watch, be thinking of possible things you could say or do if you were a bystander.”

**SCENE 1 - Before the Party**

“Let me set the scene: it’s 6 p.m. on a Friday evening and three friends are hanging out before a party.”

**Guy 1** Dude, Game of Thrones!

**Bystander** Dire wolves, am I right?

**Guy 2** More like boobies – EVERYWHERE.

**Guy 1** Aw man, you know who has an amazing rack? Claire. Y’know what I’m talking ‘bout? She has been looking goooooood lately.

**Guy 2** Yeah I’ve seen her working out at the Rec a couple of times and I gotta say, her ass looks great in those tiny spandex shorts.

**Guy 1** Spandex is the world’s greatest invention. Hands down.

**Guy 2** Hey she’s coming to that party tonight, right?

**Guy 1** She better.

**Guy 2** It’s like those tiny workout outfits are a pre-show for later. And she’s always all made up too, even at the gym. She likes to flaunt what she’s got, and I can’t complain.

**Guy 1** Oh yeah, she’s totally asking for it. And I’m gonna be the one to give it to her

## **SCENE 2 - At the Party**

“Later that night... 11:30 p.m. at the party.”

*Claire walks into the party with her friend and the guys from the previous scene spot her immediately.*

**Guy 1** Hey ladies.

**Claire** Oh hey... guys...

*Claire and her friend continue walking and stop to talk a few feet away.*

**Guy 1 & 2** DRINKS! *(They mix two drinks.)*

**Guy 1** Hey, I need you guys to help me out. I need a wingman.

**Guy 2** I got you covered... *(Guy 1 & 2 join women, Bystander looks on.)*  
Hey beautiful! You wanna play some beer pong?

*Guy 2 walks over to Claire's friend and puts his arm around her, starting to steer her away.*

**Friend** Uh... sure, that sounds great. Claire, are you good?

**Claire** Of course, go have fun.

*Guy 1 swoops in and gets very close to Claire.*

**Guy 1** Hey, Claire. You look great tonight. Have a drink.

**Claire** I'm not really drinking much tonight.

**Guy 1** Don't worry, I'll take care of you.

*He puts the drink in her hand.*

**Claire** Ok...

**Guy 1** We should go up on the roof where it's a little bit quieter. It's too distracting down here. A beautiful girl like you deserves 100% of my attention. I promise you'll like it.

*He starts to lead her away.*

**Claire** I'm actually cool staying here. Maybe we should go play some beer pong too...

**Guy 1** Nah, the list is crazy long and besides, we need some alone time together. I want us to get to know each other better.

*He doesn't wait for an answer as he grabs her hand and leads her away.*

### **Facilitation of Interventions**

"Freeze. Ok, what do we see going on here? Go ahead and call out the dynamics you see happening."

*Facilitator acknowledges their answers, repeating them to the audience.*

"So who are the potential bystanders in this situation?"

*Verbally give positive reinforcement to people who speak out.*

"Right! Any of these characters, except for the guy who is hitting on Claire, could

potentially intervene. Now that you've seen the scenario, you're all going to get a chance to take one of these characters' places and practice intervening. What's going to happen is we're going to see the scene again, but this time when you see a moment where there's something you'd like to say or do to change the scenario for the better, or when you just can't stand to watch anymore, yell 'STOP' and then you can come sub in for one of these two characters (*point toward the two fraternity brother characters and have them wave their hands so it's clear to the audience which people they can sub in for*).

Remember, there's no right way to do this. We're all practicing this together and we know it takes a lot of courage to get up here. Let's all be really supportive of anyone who has the guts to get up and try something. OK let's see the scene - and again, if you see something you'd like to change, yell 'STOP'. It doesn't have to be perfect. The point is to just start trying things. So here we go!"

*SWATers repeat scenes 1 & 2 until someone from the audience yells 'stop'. The facilitator asks them which character they want to take over and where they want to start the scene from. If no one yells 'stop' all the way through, brainstorm with the group about things that could potentially be done, and then play it again. After each intervention, ask them what their strategy was and how they felt about it. Thank them and give them a SWATer bottle. Get another round of applause going and allow them to sit down.*

"That was just one way of intervening, but we know that everyone will do it differently, so let's go through it again. If there is another point where you would like to intervene, or another person whose place you would like to take, please yell 'stop'. Again, we know that it takes a lot of courage to get up here and try things. Some ideas may work better than others but there is no one right way to do this. OK, let's see the scene again... Action."

*Have several more people come up and try some interventions. Try as many as time allows.*

"Great work, everyone. Thank you for having the courage to get up here and give it a shot."

### **Final Question (Optional)**

"After all we've talked about tonight, what can you do as a house to create an environment where bystander intervention isn't just accepted, it's expected? As you feel inspired to share, go ahead and call your answers out loud."

*Validate the audience's answers by repeating them out loud.*

### **Conclusion**

"We'd like to close by thanking you all for participating. You all had great ideas! We've been talking a lot about how as fraternity men, bystander intervention is a tool that you

can use within your own houses and on campus to promote your values of respect and leadership and to help end sexual violence. We want you to know that SWAT is now recruiting! If you want to get involved with an awesome group on campus, earn upper division leadership credit, and have something impressive to put on a resume, fill out an application at [swat.uoregon.edu](http://swat.uoregon.edu). It's a lot of fun, and we'd love to have you be a part of the team. Thank you again for a great workshop. We really appreciate the opportunity to work with all of you.

## REFERENCES CITED

- Albee, G. W., & Ryan, K. (1998). An overview of primary prevention. *Journal Of Mental Health, 7*(5), 441-449. doi:10.1080/09638239817815
- Alexander, R. (2012). Preventing sexual assault on campus. *The Nation*. Retrieved from <http://www.thenation.com/blog/170035/preventing-sexual-assault-campus#>
- American College Health Association (2007). Shifting the paradigm: Primary prevention of sexual violence. Retrieved from [http://www.acha.org/sexualviolence/docs/ACHA\\_PSV\\_toolkit.pdf](http://www.acha.org/sexualviolence/docs/ACHA_PSV_toolkit.pdf)
- Anderson, K.M. & Danis, F.S. (2007). Collegiate sororities & dating violence: An exploratory study of informal and formal helping strategies, *Violence Against Women, 13*(1), 87-100.
- Anderson, L. A., Stoelb M. P., Duggan, P., Hieger, B., Kling, K. H., & Payne, J. P. (1998). The effectiveness of two types of rape prevention programs in changing the rape-supportive attitudes of college students. *Journal of College Student Development, 39*, 131-142.
- Anderson, L. A., & Whiston, S. C. (2005). Sexual assault education programs: A meta-analytic examination of their effectiveness. *Psychology of Women Quarterly, 29*, 374-388.
- Asch, S. E. (1951). Effects of group pressure upon the modification and distortion of judgment. In H. Guetzkow (ed.) *Groups, leadership and men*. Pittsburgh, PA: Carnegie Press.
- Auster, C. J., & Leone, J. (2001). Late adolescents' perspectives on marital rape: The impact of gender and fraternity/sorority membership. *Adolescence, 36*, 141-152.
- Bachar K, & Koss M. P. (2001). From prevalence to prevention: closing the gap between what we know about rape and what we do. In: Renzetti C, Edleson J, Bergen RK, (Eds.) *Sourcebook on violence against women*. Thousand Oaks (CA): Sage.
- Banyard, V. L., Eckstein, R. P & Moynihan, M. M. (2010). Sexual violence prevention: The role of stages of change. *Journal of Interpersonal Violence, 25*(1), 111-135. DOI: 10.1177/0886260508329123
- Banyard, V. L., & Moynihan, M. M. (2011). Variation in bystander behavior related to sexual and intimate partner violence: Correlates in a sample of college students. *Psychology of Violence, 1*(4), 287-301.
- Banyard, V., Moynihan, M. M., & Plante, E. (2007). Sexual violence prevention through bystander intervention: An experimental evaluation. *Journal of Community Psychology, 35*, 463-481.

- Banyard, V., Moynihan, M. M., Walsh, W. A., Cohn, E. S., & Ward, S. (2010). Friends of survivors: The community impact of unwanted sexual experiences. *Journal of Interpersonal Violence, 25*, 242-256.
- Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology, 32*, 61-79.
- Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2005). Rape prevention through bystander education: Final report to NIJ for grant 2002-WG-BX-0009. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/208701.pdf>
- Batson, C. D. (1998). Altruism and Prosocial Behavior. In D.T. Gilbert, S.T. Fiske, & Lindzey, G. (Eds.) *The Handbook of Social Psychology II* (pp. 282-316). Boston, MA: McGrawHill.
- Berkowitz, A. D. (2002). Applications of social norms theory to other health and social justice issues. *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, Clinicians*. H. Wesley Perkins, (Ed.) San Francisco, Jossey-Bass.
- Berkowitz, A. D. (2004). The social norms approach: Theory, research and annotated bibliography. Retrieved from [http://www.alanberkowitz.com/articles/social\\_norms.pdf](http://www.alanberkowitz.com/articles/social_norms.pdf)
- Berkowitz, A. D. & Perkins, H.W. (1986). Problem drinking among college students: A review of recent research. *Journal of American College Health, 35*, 21-28.
- Berkowitz, A. D., Burkhart, B. R., & Bourg, S. E. (1994). Research on men and rape. In Berkowitz (Ed.) *Men and Rape: Theory, Research, and Prevention Programs in Higher Education (Chapter 6)*. San Francisco: Jossey-Bass.
- Bleeker, E. T., & Murnen, S. K. (2005). Fraternity membership, the display of degrading sexual images of women, and rape myth acceptance. *Sex Roles, 53*(7-8). 487-493.
- Boeringer, S.B. (1999). Association of rape-supportive attitudes with fraternal and athletic participation. *Violence Against Women, 5*, 81-90.
- 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*(1), 58-64.
- Bohner, G., Siebler, F., & Schmelcher, J. (2006). Social norms and the likelihood of raping: Perceived rape myth acceptance of others affects men's rape proclivity. *Personality and Social Psychology Bulletin, 32*, 286-297.

- Borges, A. M., Banyard, V. L., & Moynihan, M. M. (2008). Clarifying consent: Primary prevention of sexual assault on a college campus. *Journal of Prevention and Intervention in the Community, 36*(1/2), 75-88.
- Borsari, B. & Carey K. B., (2001). Peer influences on college drinking: A review of the research. *Journal of Substance Use, 13*(4), 391-424.
- Bowen, A. M. & Bourgeois, M. J. (2001). Attitudes towards lesbian, gay and bisexual college students: The contribution of pluralistic ignorance, dynamic social impact, and contact theories. *Journal of American College Health, 50*(2), 91-96.
- Brecklin, L. R. (2008). Evaluation Outcomes of Self-Defense Training for Women: A Review. *Aggression and Violent Behavior, 13*, 60–76.
- Brecklin, L.R., & Forde, D.R. (2001). A meta-analysis of rape education programs. *Violence and Victims, 16*(3), 303-321.
- Breitenbecher, K.H., & Gidycz, C.A. (1998). Empirical evaluation of a program designed to reduce the risk of multiple sexual victimization. *Journal of Interpersonal Violence, 13*, 472-488.
- Breitenbecher, K.H., & Scarce, M. (1999). A longitudinal evaluation of the effectiveness of a sexual assault education program. *Journal of Interpersonal Violence, 14*, 459-478.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Brown, A. L., & Messman-Moore, T. L. (2010). Personal and perceived peer attitudes supporting sexual aggression as predictors of male college students' willingness to intervene against sexual aggression. *Journal of Interpersonal Violence, 25*, 503-517.
- Burn, S. (2009). A situational model of sexual assault prevention through bystander intervention. *Sex Roles, 60*(11), 779-792.
- Campbell, R., Sefl, T., & Ahrens, C. E. (2003). The physical health consequences of rape: Assessing survivors' somatic symptoms. *Women's Studies Quarterly, 31*, 90-104.
- Casey, E. (2010). Strategies for engaging men as anti-violence allies: implications for ally movements. *Advances in Social Work, 11*(2), 267-282.
- Center for Disease Control (2009). Sexual Violence: Consequences. Retrieved from <http://www.cdc.gov/ViolencePrevention/sexualviolence/consequences.html>

- Chassin, L., Presson, C. C., Sherman, S. J., Corty E., & Olshavsky, R.W. (1984). Predicting the onset of cigarette smoking in adolescents: A longitudinal study. *Journal of Applied Social Psychology, 14*(3), 224-243.
- Chekroun, P., & Brauer, M. (2002). The bystander effect and social control behavior: the effect of the presence of others on people's reactions to norm violations. *European Journal of Social Psychology, 32*(6), 853-867.
- Cissner, A. B. (2009). Evaluating the mentors in violence prevention program: Preventing gender violence on a college campus. In Center for Court Innovation. Retrieved from [http://www.courtinnovation.org/sites/default/files/MVP\\_evaluation.pdf](http://www.courtinnovation.org/sites/default/files/MVP_evaluation.pdf)
- Clery Act, 20 U.S.C. § 1092(f) (1990).
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. Second Edition. Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.
- Coker, A. L., Cook-Craig, P. G., Williams, C. M., Bonnie S. Fisher, B. S., Clear, E. R., Garcia, L. S. & Hegge, L. M. (2011). Evaluation of green dot: An active bystander intervention to reduce sexual violence on college campuses. *Violence Against Women, 17*(6), 777-796.
- Costanzo, P. R. (1970). Conformity development as a function of self-blame. *Journal of Personality and Social Psychology, 14*, 366-374.
- Crandall, C. S. (1988). Social contagion of binge eating. *Journal of Personality and Social Psychology, 55*, 588-598.
- Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24*, 349-354.
- Dahlberg, L. L. & Krug, E. G. (2002). Violence-a global public health problem. In: Krug E., Dahlberg L. L., Mercy J. A., Zwi A. B., & Lozano R., (eds.). *World Report on Violence and Health* (pp.1-56). Geneva, Switzerland: World Health Organization.
- Dawson, D. A., Grant, B. F., Stinson, F. S., Chou, P. S. (2004). Another look at heavy episodic drinking and alcohol use disorders among college and noncollege youth. *Journal of Studies on Alcohol 65*, 477-488.
- DeKeseredy, W. S. & Schwartz, M. D. (1993). Rethinking the relationship between male peer support and woman abuse, *Sociological Spectrum 13*(4), 393-413.
- Edwards, D. (2010). Green dot: The origin of green dot. Retrieved from [http://www.livethegreendot.com/gd\\_origins.html](http://www.livethegreendot.com/gd_origins.html)

- Fabiano, P., Perkins, H. W., Berkowitz, A., Linkenbach, J., & Stark, C. (2003). Engaging men as social justice allies in ending violence against women: Evidence for a social norms approach. *Journal of American College Health, 52*(3), 105-111.
- Feldman (1984). The development and enforcement of group norms. *Academy of Management Review, 9*(1), 47-53.
- Festinger, L. (1954). A theory of social comparison processes. *Human Relations, 7*, 117-140.
- Fisher, B. S., Cullen, F. T., & Turner, M. G. (2000). The sexual victimization of college women U. S. Department of Justice Research Report. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/182369.pdf>
- Foubert, J. D. (2000). The longitudinal effects of a rape-prevention program on fraternity men's attitudes, behavioral intent, and behavior. *Journal of American College Health, 48*, 158-163.
- Foubert, J. D. & Garner, D. N. & Thaxter, P. J. (2006). An exploration of fraternity culture: Implications for programs to address alcohol-related sexual assault. *College Student Journal, 40*(2), 361-373.
- Foubert, J. D. & Marriott, K. A. (1997). Effects of a sexual assault peer education program on men's belief in rape myths. *Sex Roles: A Journal of Research, 36*, 257-266.
- Fritner M. P. & Rubinson L. (1993). Acquaintance rape: The influence of alcohol, fraternity membership, and sports team membership. *Journal of Sex Education Therapy, 19*, 272-284.
- Gidycz, C. A., Lynn, S. J., Rich, C. L., Marioni, N. L., Loh, C., Blackwell, L. M., et al. (2001). The evaluation of a sexual assault risk reduction program: A multisite investigation. *Journal of Consulting and Clinical Psychology, 69*, 1073-1078. doi: 10.1037//0022-006X.69.6.1073
- Gidycz, C. A., Orchowski, L. M., King, C. R., & Rich, C. L. (2008). Sexual victimization and health risk behaviors: A prospective analysis of college women. *Journal of Interpersonal Violence, 23*, 744-763. doi: 10.1177/0886260507313944
- Gilbert, B., Heesacker, M. & Gannon, L. (1991). Changing the sexual aggression-supportive attitudes of men: a psychoeducational intervention. *Journal of Counseling Psychology, 31*, 197-203.

- Godenzi, A., Schwartz, M. D., & DeKeseredy, W. S. (2001). Toward a gendered social bond/male peer support theory of university woman abuse. *Critical Criminology*, 10(1), 1-16.
- Gondolf, E. (2004). Evaluating batterer counseling programs: A difficult task showing some effects. *Aggression and Violent Behavior*, 9(6), 605-631.
- Gonzales, A. R., Schofield, R. B., & Schmitt, G. R. (2005). Sexual assault on campus: What colleges and universities are doing about it. Retrieved from <http://www.ncjrs.gov/pdffiles1/nij/205521.pdf>
- Gray, M. D., Lesser, D., Quinn, E., & Bounds, C. (1990). The effectiveness of personalizing acquaintance rape prevention: Programs on perception of vulnerability and on reducing risk-taking behavior. *Journal of College Student Development*, 31, 217-220.
- Guy, L. (2006). Re-Visioning the Sexual Violence Continuum, Partners in Social Change, pp. 4-7. Retrieved from <http://www.pcar.org/sites/default/files/file/re-visioning-the-sexual-violence-continuum.pdf>
- Hage, S. M. (2000). The role of counseling psychology in preventing male violence against female intimates *The Counseling Psychologist*, 28(6), 797-828.
- Hanson, K. A., & Gidycz, C. A. (1993). An evaluation of a sexual assault prevention program. *Journal of Consulting and Clinical Psychology*, 61, 1046- 1052.
- Heppner, M. J., Neville, H. A., Smith, K., Kivlighan, D. M., & Gershuny, B. S. (1999). Examining immediate and long-term efficacy of rape prevention programming with racially diverse college men. *Journal of Counseling Psychology*, 46, 16-26.
- 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.
- Hollander, E. P. (1960). Competence and conformity in the acceptance of influence. *Journal of Abnormal and Social Psychology*, 61, 365-369.
- Hollander, J. A. (2013). Does Self-Defense Training Prevent Sexual Violence Against Women? Manuscript submitted for publication.
- Hong, L. (2000). Toward a transformed approach to prevention: breaking the link between masculinity and violence. *Journal of American College Health*, 48(6), 269-280.

- Humphreys, T. P., & Brousseau, M. M. (2010). The sexual consent-scale-revised: Development, reliability, and preliminary validity. *Journal of Sex Research, 47*(5), 420-428. DOI: 10.1080/00224490903151358
- Humphreys, T. P., & Herold, E. (2007). Sexual consent in heterosexual relationships: Development of a new measure. *Sex Roles, 57*, 305-315.
- Humphrey, S. E., & Kahn, A. S. (2000). Fraternities, athletic teams, and rape: Importance of identification with a risky group. *Journal of Interpersonal Violence, 15*, 1313-1322.
- IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.
- Katz, J. (1995). Reconstructing Masculinity in the Locker Room: The Mentors in Violence Prevention Project. *Harvard Educational Review, 65*(2), 163-174.
- Kandel, D. B. (1985). On processes of peer influence in adolescent drug use: A developmental perspective. *Advances in Alcohol and Substance Abuse, 4*, 139-163.
- Kelly, L. (1987). The continuum of sexual violence. In Holmes, J. & Maynard, M. (Eds.), *Women, Violence and Social Control* (46-60). London: MacMillian.
- Koss, M., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, C., Ullman, S., West, C. & White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly, 31*(4), 357-370.
- Koss, M.P., & Gaines, J. A. (1993). The prediction of sexual aggression by alcohol use, athletic participation, and fraternity affiliation. *Journal of Interpersonal Violence, 8*, 94-108.
- Koss, M. P. & Oros, C. J. (1982). Sexual experiences survey: A research instrument investigating sexual aggression and victimization. *Journal of Consulting and Clinical Psychology, 50*, 455-457.
- Krebs, C. P., Lindquist, C. H., Warner, T. D., Fisher, B. S., & Martin, S. L. (2009). College women's experiences with sexual assault before and since entering college. *Journal of American College Health, 57*, 639-649.
- Krebs, C. P., Lindquist, C. H., Warner, T. D., Fisher, B. S., & Martin, S. L. (2009). The differential risk factors of physically forced and alcohol or other drug enabled sexual assault among university women. *Violence & Victims, 24*, 302-321.

- Labouvie-Vief, G. (2006). Emerging structures of adult thought. In J. Arnett (Ed.), *Psychological Development during Emerging Adulthood* (pp. 60-84). Washington, DC: American Psychological Association.
- Laner, M. R., Benin, M. H., & Ventrone, N. A. (2001). Bystander attitudes towards victims of violence who's worth helping? *Deviant Behavior: An Interdisciplinary Journal*, 22, 23-42.
- Langhinrichsen-Rohling, J., Foubert, J. D., Brasfield, H., 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.
- Latane, B., & Darley, J. M. (1970). *The unresponsive bystander: Why doesn't he help?* New York: Appleton-Century-Crofts.
- Lewin, K. (1945). The Research Center for Group Dynamics at Massachusetts Institute of Technology. *Sociometry* 8(2), 126-136.
- Lippitt, R., Watson, J. and Westley, B. (1958). *The Dynamics of Planned Change*. New York: Harcourt, Brace and World.
- Lim, G. Y., & Roloff, M. E. (1999). Attributing sexual consent. *Journal of Applied Communication Research*, 27(1), 1-23.
- Lonsway, K. A. (1996). Preventing acquaintance rape through education: What do we know? *Psychology of Women Quarterly*, 20(2), 229-265.
- Lonsway, K. A. & Kothari, C. (2000). First year campus acquaintance rape education: Evaluating the impact of a mandatory intervention. *Psychology of Women Quarterly*, 24(3), 220-232.
- Maas, C. J. M. & Hox, J. J. (n.d.). Robustness of multilevel parameter estimates against small sample sizes. Retrieved from <http://joophox.net/papers/p090101.pdf>
- McMahon, S. (2010). Rape myth beliefs and bystander attitudes among incoming college students. *Journal of American College Health*, 59(1), 1-11.
- McMahon, S. & Farmer, G. L. (2011). An updated measure for assessing subtle rape myths. *Social Work Research*, 35(2), 71-81.
- Martin, P. Y. & Hummer, R. A. (1989). Fraternities and rape on campus. *Gender and Society*, 3(4), 457-473.
- Michinov, E. & Michinov N. (2001). The similarity hypothesis: A test of the moderating role of social comparison theory. *European Journal of Social Psychology*, 31(5), 549-555.

- Mills, T. M. (1967) *The Sociology of Small Groups*. Englewood Cliffs, N.J.: Prentice-Hall.
- Morrison, S., Hardison, J., Mathew, A. & O'Neil, J. (2004). An evidence based review of sexual assault preventive intervention programs: Technical report. US Department of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/207262.pdf>
- Moynihan, M. M., Banyard, V. L., Arnold, J. S., Eckstein, R. P., & Stapleton, J. G. (2011). Sisterhood may be powerful in for reducing sexual and intimate partner violence: An evaluation of the Bringing in the Bystander in-person program with sorority members. *Violence Against Women, 17*(6), 703-719. doi: 10.1177/1077801211409726
- Murnen, S. K., & Kohlman, M. H. (2007). Athletic participation, fraternity membership, and sexual aggression among college men: A meta-analytic review. *Sex Roles, 57*, 145-157.
- Murray, C. E. & Kardatzke, K. N. (2007). Dating violence among college students: Key issues for college counselors. *Journal Of College Counseling, 10*(1), 79-89.
- Napier, R. W. & Gershenfeld, M. K. (2004). *Groups: Theory and Experience*. (7th ed.) Houghton Mifflin: New York.
- 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.
- Perkins, H. W. (1994). The Contextual Effect of Secular Norms on Religiosity as Moderator of Student Alcohol and Other Drug Use. In Lynn, M & Moberg, D (Eds) *Research in the Social Scientific Study of Religion, 6*, 187-208.
- Perkins, H. W., Meilman, P. W., Leichter, J. S, Cashin, M. A. & Presley, C. A. (1999). Misperceptions of the norms for the frequency of alcohol and other drug use on college campuses. *Journal of American College Health, 47*, 253-258.
- Perkins, H. W. (2002). Social Norms and the Prevention of Alcohol Misuse in Collegiate Contexts. *Journal of Studies on Alcohol, Supplement 14*, 164-172.
- Planty, M. (2002). Third-Party Involvement in Violent Crime, 1993-1999. Washington, D.C.: Bureau of Justice Statistics, U.S. Department of Justice. Snyder, H.N. (2000). Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident and Offender Characteristics. Washington, D.C.: Bureau of Justice Statistics, U.S. Department of Justice. Retrieved from <http://webapp1.dlib.indiana.edu/cgi-bin/virtcdlib/index.cgi/5772776/FID2/pdf/tpivc99.pdf>

- Plante, E. G., Banyard, V. L., Moynihan, M. M., & Eckstein, R. P. (2008). *Facilitator's guide: Bringing in the bystander: A prevention workshop for establishing a community of responsibility* (rev. ed.). Durham, NH: University of New Hampshire.
- Prentice, D. A., Miller, D. T. (1993). Pluralistic ignorance and alcohol use on campus: Some consequences of misperceiving the social norm. *Journal of Personality and Social Psychology*, 64(2), 243–256.
- Raudenbush, S. W. & Bryk, A. S. (2002). *Hierarchical linear models: Applications and data analysis methods*. Newbury Park: Sage Publications.
- Reynolds, W. M. (1982). Development of reliable & valid short forms of the MCSDS. *Journal of Clinical Psychology*, 38(1), 119-25.
- Rodriguez, R, Kulley, J & Barrow. J (2003). A SGNM intervention for men to prevent sexual assault. *The Report on Social Norms*, 3(3), 3.
- Rogers, E. M. (1983). *Diffusion of Innovations*. New York: Free Press.
- Rushton, J. P., & Campbell, A. C. (1977). Modeling, vicarious reinforcement and extroversion on blood donating in adults: Immediate and long term effects. *European Journal of Social Psychology*, 7(3), 297-306.
- Schwartz, M. D., DeKeseredy, W. S., Tait, D. & Alvi, S. (2001). Male peer support and a feminist routine activities theory: Understanding sexual assault on the college campus. *Justice Quarterly*, 18(3), 623-649.
- Schwartz, M. D., & Nogrady, C. A. (1996). Fraternity membership, rape myths, and sexual aggression on a college campus. *Violence Against Women*, 2(2), 148-162.
- Sexual Wellness Advocacy Team (n.d.). Retrieved from <http://swat.uoregon.edu/>.
- Sharpe, M. J., & Heppner, P. P. (1991). Gender role, gender role conflict, and psychological well-being in men. *Journal of Counseling Psychology*, 38, 323–330.
- Sherif, M. (1935). A study of some social factors in perception. *Archives of Psychology*, 27(187).
- Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. E. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *The Journal of American Medical Association*, 286(5), 572-579.

- Sochting, N., Fairbrother N., & Koch W. J. (2004). Sexual assault of women: Prevention efforts and risk factors. *Violence Against Women, 10*(1), 73-93.
- Stevens, J. P. (2002). *Applied multivariate statistics for the social sciences* (4th Ed.). New Jersey: Lawrence Erlbaum Associates, Inc.
- Story, M., Lytle, L. A., Birnbaum, A. S., & Perry, C. L. (2002). Peer-led, school-based nutrition education for young adolescents: Feasibility and process evaluation of the TEENS study. *Journal of School Health, 72*(3), 121-127.
- Ullman, S. E., & Brecklin, L. (2003). Sexual assault history and health-related outcomes in a national sample of women. *Psychology of Women Quarterly, 27*, 46-57.
- Uniform Crime Report (2004). U.S. Department of Justice. Retrieved from <http://www2.fbi.gov/ucr/handbook/ucrhandbook04.pdf>
- University of Oregon Annual Campus Security and Fire Safety Report. (2011). Retrieved from [http://police.uoregon.edu/files/docs/2011\\_annual\\_report.pdf](http://police.uoregon.edu/files/docs/2011_annual_report.pdf)
- Ward, K. J. (2001). Mentors in Violence Prevention Program Evaluation 1999-2000. Unpublished report, Northeastern University. Retrieved from <http://www.mvpnational.org/wp-content/uploads/2011/12/MVP-HS-Eval-Report-1999-2000.pdf>
- Ward, R. M., Matthews, M. R., Weiner, J., Hogan, K. M., & Popson, H. C. (2012). Alcohol and sexual consent scale: Development and validation. *American Journal of Health Behavior, 36*(6), 746-756.
- World Health Organization (2009). Sexual violence: Prevalence, dynamics, and consequences. Retrieved from [http://www.who.int/violence\\_injury\\_prevention/resources/publications/en/guidelines\\_chap2.pdf](http://www.who.int/violence_injury_prevention/resources/publications/en/guidelines_chap2.pdf)