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ABSTRACT

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Running Head: CAMPUS ACQUAINTANCE RAPE EDUCATION

Beyond No Means No: Outcomes of an Intensive Program
to Train Peer Facilitators for Campus Acquaintance Rape Education

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Abstract

As part of a larger multi-method evaluation, the present study examined the effects of a uniquely intensive rape education program. Participants included 74 undergraduates (53 women and 21 men) enrolled in Campus Acquaintance Rape Education (CARE), a semester-long university course designed to train peer facilitators to conduct rape education workshops. Ninety-six students (58 women and 38 men) enrolled in a general human sexuality course constituted a specialized comparison group. First, quantitative analysis of pre- and post-course responses suggested that comprehensive attitude change occurred for students in CARE but not for those in the human sexuality course. Next, qualitative analyses explored the differences between pre- and post-course responses to videotaped scenarios involving (hetero)sexual conflict. Responses suggested that as a result of participating in CARE, both women and men became more willing and able to directly express themselves and assert their needs in ways that facilitated increased sexual communication. Finally, follow-up investigation conducted two years after course participation revealed that CARE students were less accepting of cultural rape myths than those in human sexuality.

Beyond No Means No: Outcomes of an Intensive Program
to Train Peer Facilitators for Campus Acquaintance Rape Education

Recent reviews of rape prevention education reveal a paucity of work describing and evaluating specific programs (Lonsway, 1996; Schewe & O'Donohue, 1993). Further, many have suggested that the duration of these interventions -- typically ranging from 30 minutes to two hours -- is vastly insufficient for the task of challenging rape-supportive ideology (Barth, Derezotes & Danforth, 1991; Lonsway, 1996; Schaeffer & Nelson, 1993). The present study thus represents a much needed addition to the rape education literature by describing and evaluating a uniquely intensive program of 3-4 months' duration.

The Campus Acquaintance Rape Education program (or CARE) is a semester-long, comprehensive university course that trains undergraduates to facilitate peer workshops in various campus settings. Its unique format incorporates many aspects of rape education that are commonly associated with desirable attitudinal change, including: "debunking" rape mythology through a feminist framework, generating participant interaction, providing sexuality education, and avoiding confrontational approaches (Lonsway, 1996). Perhaps most importantly, however, involvement spans a period of 3-4 months, well surpassing the duration of most similar programs.

Evaluation of Rape Prevention Education

While prior evaluation of rape education has generally demonstrated success in reducing rape-supportive ideology (Lonsway, 1996), virtually no work documents an impact beyond standard attitudinal measurement. Notable exceptions include Ring and Kilmartin's (1992) assessment of willingness to participate in a future acquaintance rape workshop and Gilbert,

Heesacker and Gannon's (1991) measurement of the amount of money or time volunteered by participants for a women's safety project. With respect to actual sexual aggression, however, only two studies have conceptualized women's experience of sexual victimization as an important program outcome (Lenihan et al., 1992; Hanson & Gidycz, 1993), whereas another assessed men's self-reported likelihood to sexually aggress (Berg, Lonsway & Fitzgerald, under review).

The present study further contributes to our understanding of rape prevention education by conducting evaluation research with three important innovations. First, outcome evaluation focused on several ideological variables that have been theorized to be rape-supportive: rape myth acceptance, adversarial sexual beliefs, and attitudes toward women's role in modern society (Burt, 1980; Lonsway & Fitzgerald, 1994). This approach contrasts with prior research that often relies on a single measure of rape myth acceptance. Second, an examination of behavioral intention was implemented using videotaped scenarios of (hetero)sexual conflict between a man and woman. Such a strategy was employed to more closely approximate the type of behavioral assessment that is necessary but difficult to achieve in the field of rape prevention education (Lonsway, 1996; Schewe & O'Donohue, 1993).¹

Finally, follow-up investigation was conducted two years following program participation to determine the longevity of impact. This type of longitudinal assessment is rarely achieved in the field (Lonsway, 1996), but is critically important given recent research that demonstrates attitudinal rebounding after a period of weeks or months (Heppner et al., 1995).

The Link Between Rape versus Sex Education

Prior evaluation research has also suggested that education in human sexuality can lead to a significant decrease in rape-supportive ideology (Dallager & Rosen, 1993; Fischer, 1986). Such

a conclusion lends credence to the idea that acquaintance rape can be understood as an issue of sexual misinformation or miscommunication. To the extent that rape involves power differentials between the sexes, however, it is reasonable to suggest that sex education will be insufficient to prevent rape unless explicit attention is paid to issues of both gender inequality and sexual violence. The present study constitutes a first attempt to systematically investigate this issue by comparing attitudinal outcomes of CARE with those of a more general course in human sexuality.

First, classes of equivalent duration were selected to compare comparably intensive interventions. Because of the extremely selective nature of each class, however (especially in rape education), pre-course measures were administered to determine whether the two samples were comparable. Second, post-course measures were provided to compare the impact of each course. To allow a pure contrast of rape versus sex education, post-course assessment was conducted before students in the human sexuality class participated in a one-session workshop on sexual aggression and abuse. Of course, the exclusion of such material on sexual violence is atypical for classes in human sexuality, but it was hoped that such a theoretically based comparison would illuminate differences with respect to rape-related beliefs and attitudes. Finally, follow-up investigation was conducted to assess the longevity of impact over a two-year period.

The present evaluation was thus designed to provide a more comprehensive, contextual study of rape education than previously attempted. Our hypotheses were thus stated as follows:

- (1) Although the two classes will not respond differently at pre-course assessment, students will report less acceptance of cultural rape myths, less endorsement of adversarial sexual beliefs, and more support for the feminist movement after

participating in CARE versus general sex education. This class difference will be evident at immediate post-course assessment as well as follow-up investigation.

(2) Second, students will provide more direct and assertive responses to the sexual conflict scenarios as a result of participating in the CARE class (students in the human sexuality course were not evaluated with this measure).

Method

Overview

The present research constitutes a multi-method assessment of outcomes for students in the CARE class. Pre- and post-test data were collected on a number of attitudinal measures to assess possible changes in the endorsement of rape-supportive ideology. Undergraduates in a standard human sexuality course also provided responses to these attitudinal measures, serving as a specialized comparison group. In addition, CARE students responded to videotaped sexual conflict scenarios at pre- and post-class intervals. These responses were subject to thematic content analysis to assess the changes in strategies used to cope with such sexual conflict. Finally, follow-up investigation was conducted after an interval of two years, using the attitudinal measures with students from both CARE and human sexuality.

Participants

CARE students. Participants in the present study consisted of 74 undergraduates (53 women and 21 men) enrolled in the Campus Acquaintance Rape Education (CARE) class at a large Midwestern university. CARE is a practicum course that trains students to facilitate rape

education for peers in campus settings. The class is offered through the university's Department of Community Health, and students are awarded three hours of pass/fail credit upon completion. Instruction is facilitated by the CARE program coordinator (who is an academic professional staff member) along with undergraduate and graduate teaching assistants. The small, discussion-based class meets twice a week for 90 minutes.

As described in the syllabus, objectives for CARE are to: (1) explore societal foundations which make acquaintance rape a reality; (2) increase understanding of oppression and how it relates to sexual assault/abuse; (3) take a personal inventory of our contribution to the rape culture and explore alternative ways to behave; (4) become familiar with the facts about sexual victimization and confront myths about rape in our culture; (5) gain an understanding about the dynamics of rape trauma syndrome and campus/community resources for survivors and significant others; (6) create a sense of commitment to the CARE program and foster team building and cooperation; (7) acquire facilitation skills necessary to provide workshops and other presentations on acquaintance rape to other students; (8) enhance self-confidence in public speaking situations; (9) and build leadership skills.²

Study participants were involved in CARE in the fall semester of 1993 or spring of 1994. Furthermore, all 74 CARE students were sent follow-up measures, although only 43% returned completed responses. Because of the anonymity required for respondents, no information was available regarding the representativeness of those who provided follow-up responses and those who did not. Average age of the initial sample of CARE students was 20.64, and the majority were in their third (24%) or fourth (55%) year at the university. An additional 12% of the students were freshman, 4% were sophomores, and 4% were in their fifth year or beyond.³

Human sexuality students. An additional 96 undergraduates (58 women and 38 men) in a course on human sexuality responded to the attitudinal measures, constituting a specialized comparison group. The syllabus for this semester-long course describes a focus on "the cognitive and affective domains of human sexuality. Content areas such as communication, sexual behavior, birth control, abortion, pregnancy and childbirth, premarital sex, ethics, homosexuality, marriage, parenting, sexual health, coercive sex, and sexual assault will be covered." Near the end of the semester, CARE program facilitators (representing former CARE class participants) conducted a one-hour rape education workshop for human sexuality students, in order to address topics related to coercive sex and sexual assault. Post-test assessment was administered before this workshop took place, for reasons already discussed.

Average age for the human sexuality students was 19.59, and students were distributed across year in university (21% in their first year, 39% in their second, 8% in their third, 24% in their fourth, and 8% in fifth or above). Of the 60 students who received the follow-up questionnaire, 35% returned completed responses.⁴

Quantitative Assessment: Attitude Scales

Illinois Rape Myth Acceptance Scale. The 45-item *Illinois Rape Myth Acceptance Scale* (Payne, Lonsway & Fitzgerald, under review) was developed to assess the acceptance of rape myths, which are defined as "attitudes and beliefs that are generally false yet widely and persistently held and that serve to deny and justify male sexual aggression against women" (Lonsway & Fitzgerald, 1994, p.134). Coefficient *alpha* for the scale was reported as .93, based on a sample of 780 university students; item-to-total correlations ranged from .31 to .67 (Payne, Lonsway & Fitzgerald, under review). Sample items include: "When women go around wearing

low-cut tops or short skirts, they're just asking for trouble" and "Many so-called rape victims are actually women who had sex and 'changed their minds' afterwards." All statements are positively worded to reflect cultural rape myths, and responses are provided on a scale from 1 (not at all agree) to 7 (very much agree); five negatively worded filler items are provided in the scale to inhibit possible response bias.

Adversarial Heterosexual Beliefs Scale. The *Adversarial Heterosexual Beliefs Scale* was developed by Lonsway and Fitzgerald (1995) to reflect Burt's (1980) definition of the construct of adversarial sexual beliefs: "the expectation that [heterosexual] sexual relationships are fundamentally exploitative, that each party to them is manipulative, sly, cheating, opaque to the other's understanding, and not to be trusted" (p. 218). In developing the scale, Lonsway and Fitzgerald (1995) indicated that "care was taken to ensure that the items focused on the nature of the relationship between the sexes, rather than on stereotypical characteristics of either sex" (p.8). Thus, the 15 items assess beliefs about heterosexual relationships, working relationships between the sexes, platonic friendships, and societal structure. Cronbach's *alpha* for the scale was reported to be .78 based on a sample of 200 university students (Lonsway & Fitzgerald, 1995). Typical items include: "It's impossible for men and women to truly understand each other" and "In all societies it is inevitable that one sex is dominant." Responses are provided on a seven-point Likert scale from 1 (not at all agree) to 7 (very much agree); three items are negatively worded and reversed for scoring.

Attitudes Toward Feminism Scale. The *Attitudes Toward Feminism Scale* consists of ten items assessing support for feminist ideals and endeavors, including one item that taps subjective identification with the movement (Fassinger, 1984). Responses are scored on a seven-point

Likert scale from 1 (not at all agree) to 7 (very much agree); four items are negatively worded and reversed for scoring. One item of a general nature is "Feminist principles should be adopted everywhere." The subjective identification item reads "I consider myself supportive of the women's movement." Fassinger (1984) reported a variety of information supporting reliability and validity of the scale, including a test-retest correlation of 0.81 over a two-week interval.⁵

Qualitative Assessment: Videotaped Sexual Conflict Scenarios

Developed for research by Schneebaum and Fitzgerald, CARE students were asked to respond to a variety of videotaped scenes portraying a heterosexual couple involved in conflict with varying levels of sexual coercion by the male.⁶ Separate but comparable videos have been developed for men and women, so that viewers are asked to imagine themselves as the character of their own sex in the video. Different instructions are provided to respondents depending on their sex: men watching the video are instructed to respond as if they were involved in the interaction with the desire to have sex with the female character; women watching the video are instructed to respond as if they were involved in the interaction and did not intend to have sex. At various points, the action in the film is stopped and viewers are asked what they would say and do at that point in the interaction. Thus, women write what their response would be to increasing levels of sexual coercion by the male character in the video. Similarly, men write what their response would be to increasing levels of sexual resistance by the female character.

Procedure

Pre-course assessment. Before the first data collection, all students were informed of the nature of the study and their role as participants. They were informed that their responses would remain completely anonymous, with pre- and post-course assessments for CARE students linked

only with a pseudonym. Attitudinal scales were presented to the students in a workbook format and were administered at the beginning of their course participation.

CARE students additionally viewed the sexual conflict videos in a same-sex environment, and provided written responses again with only a pseudonym as identification. Before course participation, men and women in CARE each responded to two scenarios. The first scenario depicted a long-term dating situation in which the male character employs primarily physical coercion to obtain sexual compliance. The second involved a short-term dating situation in which the male character uses primarily verbal coercion.⁷

Post-course assessment. At the post-course assessment, students in both classes (CARE and human sexuality) were again informed regarding their anonymity and right to withdraw participation; they were then asked to complete the attitudinal questionnaire. Students in the CARE class also provided responses to two additional sexual conflict scenarios. To counterbalance the conditions and control for test-retest artifacts, two different scenarios were used in the post-course data collection. These scenarios involved a long-term dating situation involving primarily verbal coercion and a short-term dating situation with physical coercion. Thus, CARE students responded to two videos on the first day of class and two different videos on the last day of class; these four videos were counterbalanced for short- versus long-term relationship and verbal versus physical coercion.

Following in-class research participation, human sexuality students were provided information regarding sexual violence and related resources. For students in the CARE class, no formal debriefing was provided because extensive information regarding sexual assault had been provided in the course. However, an informant feedback session was held for the CARE students

after the final session of data collection -- to explain the project goals and design, as well as discussing preliminary findings and any questions or concerns (see Klaw et al., under review).

Follow-up assessment. Finally, two years following their respective course participation, students from CARE and human sexuality were again provided the attitudinal measures via an anonymous mail survey. The questionnaire was ostensibly conducted by the university administration to assess the attitudes of current and former undergraduates toward controversial social issues, and it was mailed twice to participants in an effort to increase response rate. Experimental measures were embedded among questions regarding race relations and sexual orientation. The instructions advised that "we want to know what you think about these important issues that affect students on campus." Phone interviews with several participants suggested that none perceived any link between the follow-up survey and prior evaluation.

Results

Quantitative Assessment

Psychometric information for each of the scales and sub-samples is presented in Table 1.

Insert Table 1 about here.

Comparison of CARE and human sexuality students: Pre-course assessment. Three univariate F -tests were conducted to determine whether students enrolled in the CARE and human sexuality courses responded differently to each of the three measures. Using a Bonferroni correction to control experimental error rate for the number of comparisons ($\alpha = .05/3 = .02$), results suggested that only one significant difference existed between students in the two courses.

Prior to class participation, the CARE students reported more supportive attitudes toward the feminist movement than did human sexuality students, $F(1,97) = 7.35, p = 0.01$. In contrast, CARE and human sexuality students did not provide responses that were significantly different on the *Illinois Rape Myth Acceptance Scale*, $F(1,97) = 2.39, p = 0.13$, or *Adversarial Heterosexual Beliefs Scale*, $F(1,97) = 0.94, p = 0.34$.

Change in the CARE classes. Because CARE students were the only ones to provide matched data, repeated measures analysis of variance was used to examine change as a result of participation in the class. Again using a Bonferroni correction ($alpha = .05/3 = .02$), univariate F -tests suggested that pre-post differences were seen in the expected direction with all three of the quantitative measures: $F(1,41) = 4.20, p = 0.02$ for the *Illinois Rape Myth Acceptance Scale*, $F(1,41) = 5.35, p = 0.00$ for the *Adversarial Heterosexual Beliefs Scale*, and $F(1,41) = 16.67, p = 0.00$ for the *Attitudes Toward Feminism Scale*. That is, after participating in CARE students reported less acceptance of cultural rape myths, less endorsement of adversarial sexual beliefs, and more support for the feminist movement; effect sizes were 0.32, 0.28, and 0.33 respectively.

Comparison of CARE and human sexuality students: Post-course assessment. To understand the relative influence of rape versus sex education, responses to each scale were also compared at post-course administration. With the same Bonferroni correction ($alpha = .05/3 = .02$), results suggested that class differences were seen with all three: (1) the *Illinois Rape Myth Acceptance Scale*, $F(1,90) = 46.27, p = 0.00$; (2) the *Adversarial Heterosexual Beliefs Scale*, $F(1,90) = 6.98, p = 0.01$; (3) and the *Attitudes Toward Feminism Scale*, $F(1,88) = 22.53, p = 0.00$. In comparison with students in a human sexuality course, those in CARE reported less acceptance of cultural rape myths, less endorsement of adversarial sexual beliefs, and more

support for the feminist movement; effect sizes were 0.34, 0.07, and 0.20, respectively.

Comparison of CARE and human sexuality students: Follow-up investigation. Finally, follow-up investigation was conducted to determine whether class differences remained after a period of two years. Univariate F -tests ($\alpha = .05/3 = .02$) revealed no class differences for the *Adversarial Heterosexual Beliefs Scale*, $F(1,50) = 0.73$, $p = 0.40$, or the *Attitudes Toward Feminism Scale*, $F(1,50) = 0.21$, $p = 0.65$. Yet a significant difference was still seen with the *Illinois Rape Myth Acceptance Scale*, $F(1,53) = 10.84$, $p = 0.02$; the effect size was 0.17. Thus, results suggested that students participating in CARE were less accepting of cultural rape myths than those in human sexuality course -- even after an interval of two years had elapsed.

Qualitative Assessment

Responses to the sexual conflict scenario were independently coded by members of the research team, which consisted of the authors and additional undergraduate assistants. In the process of *initial coding* (described by Charmaz, 1983), responses were read and thematic categories generated; categories and their meanings were subsequently debated and discussed and finally selected through a process of consensus. During *focused coding* (Charmaz, 1983), two members of an undergraduate research team then independently rated each video response by indicating whether a given code was present or absent. This coding methodology was initially conducted with 84% agreement for the women's responses and 65% for the men's; through a process of debate and discussion, these disagreements were resolved as the themes and their meanings became increasingly refined. Finally, the women's data was analyzed by counting the frequency of responses within each thematic category -- by time of administration (pre- versus post-course). These frequencies are presented in Table 2.

Although content analysis was conducted with the women's video responses, the sample size of seven men did not allow the statistical power needed for similar comparison. Furthermore, the instructions provided to men -- which directed them to pretend that they wanted to have sex with the female character -- constrained the men's responses in problematic ways. For these reasons, we decided to examine the only the quality of men's responses, understanding that this allows only the most tentative of conclusions.

 Insert Table 2 about here

Women's response strategies: Pre-course assessment. At pre-course assessment, female CARE students responded to the sexual advances of the male character in the video in six distinct ways: (1) direct physical resistance; (2) direct verbal resistance; (3) indirect physical resistance; (4) indirect verbal resistance; (5) monitoring their own internal reactions; and (6) becoming more sexually involved. Of the total number of responses, the most common strategy was to directly resist the male character's advances -- using either physical or verbal strategies. For example, eight percent of the responses illustrated strategies of *direct physical resistance* used by women, such as "I would push his hand away firmly" and "I'd push him off of me. If that doesn't work slap him to get his attention."

In the 35% of responses demonstrating *direct verbal resistance*, the women used one or a combination of four distinct approaches. In some instances, the women chose to make assertions, such as "I've told you before. I just don't think I'm ready to have sex yet." In other instances, they challenged the male character's perceived assumptions, for example: "We were just having a

good time. It doesn't mean that I want to have sex with you. Sex is for when two people love each other. Sorry, I am not a one night stand Bimbo." The women also used direct verbal resistance to express to the male character what they needed or wanted to happen, as in *"Let's just kiss"* and *"I really don't think we know each other well enough to do this yet. Why don't we get something to eat or take a walk."* Finally, the women directly resisted by expressing their feelings to the male character. Examples of this type of strategy included *"You're making me feel uncomfortable. Stop it"* and *"I'm not afraid. I am just not attracted to you whatsoever."*

Many of the women also resisted the sexual advances of the male character using indirect strategies -- both verbal (13%) and physical (17%). For example, with *indirect verbal resistance*, the women frequently gave the male character some reason other than their true feelings as justification to end the interaction. Prototypic examples were *"I think I should be calling it a night. I am really tired"* and *"I really should be going now. You know I have that meeting real early tomorrow."* Furthermore, the women used *indirect physical resistance* by employing different kinds of gestures, such as, moving away, turning away, standing up, etc. Specific examples included *"I would physically show him that I am not interested by turning the TV back on"* and *"I would stand up and walk by the radio and change the music -- as well as the subject. I wouldn't say much -- probably just smile."*

Another response strategy was described as *internal monitoring*, and it was employed in 9% of the women's pre-course responses. Such responses took two forms. Some had a vigilant quality, such as *"I would be aware that things are heating up and I would be careful"* and *"As long as he didn't go any further -- I would continue kissing but as long as he would not try unbuttoning my pants."* In other cases, women identified how they felt but did not share that

information with the male character. Examples of this strategy included the following statements: *"I'm repulsed by his moves. I don't like him"* and *"I would then look at the floor because I'd be embarrassed because I could tell he's leading to something."*

Finally, women in the CARE class responded to the male character's sexual advances by becoming more sexually engaged and/or by expressing a desire to do so (18% of the total number of responses). Examples of such sexual involvement included *"I would move a little close and start kissing him"* and *"Why don't you move a little closer to me? I'll meet you half way. (I'd move a little closer playfully)."* It is important to note that these responses were generally elicited in the early stages of the scenario, before sexual advances became unwelcome.

Change in women's response strategies: Post-course assessment. To ascertain the impact of CARE, women's responses to the videotaped scenarios were compared across the two points of administration (pre- versus post-course) with a chi-square analysis. Using a Bonferroni correction for the number of comparisons ($\alpha = .05/5 = .01$), the results suggested that women reported more responses of direct verbal resistance after the CARE class than they had before, $\chi^2(1) = 68.40, p = 0.00$. In addition, women were significantly less likely after the CARE class to report using strategies of: (1) indirect verbal resistance, $\chi^2(1) = 14.55, p = 0.00$; (2) indirect physical resistance, $\chi^2(1) = 15.77, p = 0.00$; (3) and internal monitoring, $\chi^2(1) = 6.81, p = 0.01$. Only the use of direct physical coping responses remained unchanged after participation in CARE.

Men's response strategies: Pre-course assessment. Although there was an insufficient number of men to warrant anything but the most tentative conclusions, it seemed as if men responded in three ways to the female character's refusal of his sexual advances: (1) stopping his physical activity; (2) persisting in his pursuit of sex; and (3) becoming more involved in open

expression/communication. It further appeared as if the quality of men's responses in this third category changed from pre- to post-course administration. Specifically, pre-course responses of expression/communication consisted largely of compliments or initiations of more intimate physical behavior such as *"You know you're very beautiful"* and *"I would lean forward to pet her and rub her back."* Although this type of response continued to be evident in post-course responses, the men also seemed to move beyond complimenting to concern for the female character's feelings, thoughts, and desires. These responses often contained a unique sense of genuineness and understanding, as in the following example: *"I didn't mean to get you upset, I guess I don't understand this one part of you. I feel like we have spent so much time together and I understand so much of you already. You have never been flexible at all when it comes to sex. Please tell me why you're not ready so I can understand."*

Discussion

Attitudinal Outcomes

The present results suggest that CARE students experienced change on a number of rape-related beliefs and attitudes during course involvement. This impact expands the narrowly conceptualized outcomes of past work that have generally only included a single dimension of rape attitudes (Lonsway, 1996). Of course, the highly selective nature of participants and social desirability of the evaluation are problematic for the internal validity of this study. Yet despite the assumption that students who enroll in the two classes certainly differ in many important ways, it is interesting to note that only one of the attitude measures exhibited a pre-course difference.

Despite these concerns, post-course assessment indicated that students in the two groups responded differently to all three experimental measures. Of course, it bears repeating that

students in the human sexuality course were scheduled to address issues of sexual aggression but had not yet done so at the time of post-test assessment. In some ways, this may appear to "stack the deck" in favor of our argument by limiting the potential of sex education to influence rape-related attitudes. This strategy was employed deliberately, however, as previous work has already examined the effect of sex education classes that include issues of sexual violence (Dallager & Rosen, 1993; Fischer, 1986). In contrast, the present results suggest that the impact of sex education on rape related attitudes is perhaps attributable to the explicit focus on rape issues. Future work should return to this question, possibly comparing students in the same sex education program both before and after presenting material regarding sexual inequality and violence.

Finally, follow-up investigation revealed that students who participated in CARE were less accepting of cultural rape myths than those in the more general course in human sexuality -- even after an interval of two years had elapsed. Such a result is unprecedented, especially in contrast with recent findings that change has remained only weeks or months for rape education programs of lesser duration and scope (Heppner et al., 1995).

Behavioral Intention Outcomes

Women's responses. In general, the women's responses to the videotaped sexual conflict scenarios suggest that after participating in CARE they were more willing and able to directly express themselves and to assert their needs in ways that facilitated increased sexual communication. This change in behavioral intention was also accompanied by an increase in interpersonal conflict and social activism described elsewhere (Klaw et al., under review). For example, the women's responses included significantly more direct verbal resistance as a result of course participation, whereas fewer responses were found to illustrate indirect resistance (either

physical or verbal), internal monitoring, or sexual involvement.

Furthermore, it appeared that the very nature of their communication changed, even within the thematic code of direct verbal resistance. Specifically, pre-course responses tended to be very short, "cut and dry" assertive refusals, such as "*get away from me.*" In most responses, the focus of these statements was exclusively on what the woman would not want to happen in the sexual conflict scenario. Following CARE participation, however, responses appeared to take on a different quality. The women remained assertive in their responses to the male character's actions but also became more proactive, setting boundaries for what they thought was and was not acceptable behavior. The following post-course response clearly exemplifies this change: "*I told you that I don't want to have sex with you. If we are closer together physically I need to know that I can trust you and you won't push me into anything I'm not ready for.*"

Although the present results suggest that women were better able to cope with situations of heterosexual conflict following CARE, there is a concern that they are now assumed to be prepared to "handle" any situation of sexual coercion and are thus somehow responsible for its prevention. We want to stress that ultimately, responsibility for "handling" male sexual coercion lies with those men who have chosen to use such a strategy. We do not see training in sexual communication as a means of preventing rape, but rather as an ancillary benefit of education in gender, sexuality, and violence.

Men's responses and methodological shortcomings. Following participation in CARE, the men also appeared to change their reactions to situations involving (hetero)sexual conflict. Examination suggested that men took greater responsibility for their actions and engaged in more open communication of thoughts and feelings. Unfortunately, the small sample size and

methodological shortcomings limit the conclusions that can be drawn from their responses. For example, both male and female CARE students might have simply attempted to give the "right" answers. Furthermore, there is evidence that the men were simply "writing the script" to go along with the actions of the male character, rather than providing their true behavioral intentions.

As one man commented, *"In no way can we make comments that represent ourselves when the situation just goes on ignoring our responses."* Another wrote *"The videos were hard to put myself into, especially when the situation goes differently than what I just said."* In addition, six of the seven men also commented that the video scenarios were *"unrealistic"* or *"hard to respond to."* To that extent, much further work is needed to determine whether the kind of change speculated to occur in the present study is maintained over the course of time and changing contexts and methodologies.

Limitations of the Present Study

Obviously, such extensive, naturalistic work is plagued by limitations not found in more rigorously controlled experimental investigation. For example, because of the limited number of students in the CARE class, we encountered a small sample size, as well as a lack of male participants in comparison with females. Yet the examination of two consecutive semesters of CARE allowed for both replication of the attitudinal assessment, as well as experimental control for any systematic variance associated with particular instructors. A related issue is the lack of ethnic/cultural diversity in the CARE program, such that learning is based on a white, middle class model of acquaintance rape education. Clearly, future research must explore educational approaches among other demographic groups. In addition, future work must begin to more meaningfully address the prevention of same-sex, group, and other types of assaults.

A second limitation of the present study is due to logistical problems with the human sexuality classes on campus; we were unable to assess a matched sample at pre-course, post-course, and follow-up administrations. Because of this situation, analysis was restricted to an examination of univariate group comparisons at each point of assessment (pre-course, post-course, and follow-up). Of course, the significance of the effects remains as testimony to the robustness of post-course differences, but increasing the power of analysis through larger sample sizes and matched data would strengthen our confidence in the present findings.

The issue of greater import thus appears to be the process of self-selection occurring among students in a semester-long course on acquaintance rape -- as in the more general class in human sexuality. Furthermore, this process of self-selection is only one of the many differences that must certainly exist between the CARE and human sexuality classes. For example, not only did the content and style in the two classes differ in countless ways, but differences were also involved in the research participation itself. Only CARE students in one of the two classes provided responses to the sexual conflict scenarios; the same class also participated in the concurrent study of processual change described elsewhere (Klaw et al., under review). Furthermore, it is possible that differences in the demographic characteristics of the two classes or return rates for the follow-up investigation could have produced artifactual results rather than meaningful conclusions. It is therefore particularly unfortunate that the human sexuality students could not provide comparison data for the videotaped scenarios of sexual conflict.

A final limitation is seen with the video conflict scenarios used in the present study. As indicated by the participants' responses and comments presented above, there are a number of reasons the qualitative data should be considered critically. First, the directions given to

respondents (especially the men) may have caused them to put words to the video actors' actions, regardless of their true behavioral intentions for such a situation. Second, because of the paper and pencil nature of the responses, the researchers often could not tell whether the responses were genuine or sarcastic, understanding or pressuring. Third, there was some indication that the respondents, particularly the men, did not take this exercise seriously. For example, one man's attempt to reassure the woman of his benevolent intentions stated, "*Alright, but don't worry, you can trust me. I gave up rape years ago. I'm very safe.*" Finally, the small sample size of male respondents (n=7) did not allow for conclusions beyond only the most tentative speculation, especially in light of these methodological concerns.

To conclude, many of these threats to validity could be used to account for the results of the present evaluation. None, however, can powerfully explain the pattern of responses at the two-year follow-up investigation. Because participation was anonymous and not understood to be linked with the previous evaluation project, problems of social desirability and demand characteristics unique to the context of each class were eliminated. Therefore, the present results remain provocative in suggesting possible phenomena for further examination.

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Footnotes

¹ Because of the very specialized nature of this group -- undergraduates trained to provide peer facilitation of acquaintance rape education -- the outcome of interest was not decreased sexual aggression but rather increased (hetero)sexual communication. This is not to suggest, however, that improved sexual communication is seen as the means for preventing rape.

² Further information regarding the CARE class is available from its coordinator at the following address: Campus Acquaintance Rape Education (CARE), University of Illinois, 2 Student Services Building, 610 E. John Street, Champaign IL 61820.

³ Information regarding racial/ethnic identification was not collected from CARE students for two reasons. First, the small proportion of minority students in the class would not permit meaningful comparisons. Second, the information would have compromised their right to anonymity, as certain groups were represented with only a single individual. It is worth noting, however, that the demographics of both classes generally appeared to represent those of the university in that the vast majority were White/European-American. In contrast, we did collect information regarding sexual victimization. On the basis of responses to the *Sexual Experiences Survey* (Koss & Oros, 1982), it was determined that 17% of the women in CARE reported experiences that meet the legal definition for sexual assault. An additional 6% reported experiences of attempted rape. In contrast, none of the men in CARE reported having perpetrated behaviors that meet the legal definition of rape or attempted rape. Finally, 62% of the men and 51% of the women reporting knowing someone (either an acquaintance, friend, or family member) who had been victimized by sexual assault.

⁴Because independent sampling was used with each administration of the evaluation measures to students in human sexuality, some provided responses to only one of the measures, whereas others might have responded to two or three administrations. Unfortunately, the anonymity of questionnaire administration precluded the matching of dependent responses; they were therefore considered to represent independent samples.

⁵This reliability estimate was found with a five-point Likert scale, unlike the seven-point scale in the present study. In addition, please note that the reliability sample was exclusively female -- unlike the mixed-sex sample participating in this investigation.

⁶Information regarding the sexual conflict videos is available from Louise F. Fitzgerald at the Department of Psychology, University of Illinois, 603 E. Daniel Street, Champaign IL 61820.

⁷As part of a processual analysis described elsewhere (Klaw et al., under review), students were also asked at the beginning of the CARE class to provide open-ended responses regarding why they enrolled. They were also asked at the middle and end of semester to describe how participation was affecting their lives.

Table 1

Psychometric Information on Quantitative Measures

Scale/Administration	CARE Students	Human Sexuality
<i>Illinois Rape Myth Acceptance</i>	$\alpha = 0.94$	$\alpha = 0.90$
Pre-Course Assessment	$\underline{M}=1.59; \underline{SD}=0.54$ (n=62)	$\underline{M}=1.77; \underline{SD}=0.53$ (n=37)
Post-Course Assessment	$\underline{M}=1.27; \underline{SD}=0.27$ (n=54)	$\underline{M}=1.97; \underline{SD}=0.68$ (n=38)
Follow-Up Assessment	$\underline{M}=1.17; \underline{SD}=0.36$ (n=34)	$\underline{M}=1.58; \underline{SD}=0.56$ (n=21)
<i>Adversarial Heterosexual Beliefs</i>	$\alpha = 0.64$	$\alpha = 0.60$
Pre-Course Assessment	$\underline{M}=2.34; \underline{SD}=0.66$ (n=62)	$\underline{M}=2.21; \underline{SD}=0.56$ (n=37)
Post-Course Assessment	$\underline{M}=2.06; \underline{SD}=0.59$ (n=54)	$\underline{M}=2.41; \underline{SD}=0.68$ (n=38)
Follow-Up Assessment	$\underline{M}=1.88; \underline{SD}=0.47$ (n=32)	$\underline{M}=2.04; \underline{SD}=0.84$ (n=20)
<i>Attitudes Toward Feminism</i>	$\alpha = 0.85$	$\alpha = 0.89$
Pre-Course Assessment	$\underline{M}=4.49; \underline{SD}=1.09$ (n=62)	$\underline{M}=3.88; \underline{SD}=1.08$ (n=37)
Post-Course Assessment	$\underline{M}=5.02; \underline{SD}=0.98$ (n=53)	$\underline{M}=4.03; \underline{SD}=0.96$ (n=37)
Follow-Up Assessment	$\underline{M}=4.89; \underline{SD}=1.30$ (n=31)	$\underline{M}=4.74; \underline{SD}=0.87$ (n=21)

Note. Due to missing data within each class at each time of administration, n-values do not correspond exactly to sample sizes described in the text.

Table 2

Responses of Female CARE Students to the Videotaped Sexual Conflict Scenarios

<u>Response Strategy</u>	<u>Number of Responses (Percentage)</u>	
	<u>Pre-Course</u>	<u>Post-Course</u>
Direct Verbal Resistance	117 (35%)	176 (69%)
Direct Physical Resistance	30 (8%)	15 (6%)
Indirect Verbal	44 (13%)	10 (4%)
Indirect Physical	56 (17%)	15 (6%)
Internal Monitoring	32 (9%)	10 (4%)
Sexual Involvement	60 (18%)	30 (12%)
TOTAL	339 (100%)	256 (100%)

Note: Because there were seen points at which the action in a videotaped scenario was stopped, respondents could have received each code a total of fourteen times for each time of administration (pre- versus post-course). The number of responses thus reflects the frequency of appearance for each thematic code whereas the percentage represents how many of the total number of assigned codes were from each thematic category.



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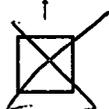
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