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THE IMPACT OF SEXUAL ASSAULT TRAINING AND GENDER ON RAPE ATTITUDES

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychological Science

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by
Monica Ann Krolnik Campos
March 2019

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A Thesis
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Approved by:

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ABSTRACT

Sexual assault is a growing concern across college campuses in the United States. According to the Sexual Victimization of College Women study, the victimization rate is 27.7 rapes per 1,000 women students (Fisher, Cullen, & Turner, 2000). In response to the high prevalence of sexual assault, college campuses are now mandated to implement various forms of sexual assault prevention programming. Sexual assault prevention programming is intended to promote awareness of sexual assault and reduce the prevalence of sexual assault on college campuses. Numerous studies have examined the short term effectiveness of sexual assault prevention programs (e.g., Anderson & Whiston, 2005). However, few studies have explored the effectiveness of repeated, annual prevention program participation on rape supportive beliefs. In addition, studies that have explored the efficacy of prevention programs have tended to rely exclusively on self-report measures and some have only focused on outcomes among men or women groups only. The purpose of the present study was to examine the impact of level of participation and gender in sexual assault prevention training on rape myth acceptance (RMA) and response latency to a hypothetical date rape scenario among a sample of Western college students. Results revealed no significant relationships between higher levels of sexual assault prevention programming participation and RMA scores and latency times. Additionally, there were no gender differences on IRMA scores or response latency. Findings have important implications for future sexual assault prevention programming efforts on college campuses and community settings.

Keywords: date rape, gender, rape myth acceptance, sexual assault

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DEDICATION

It’s with great joy that I dedicate this to my wonderful family. Thank you for continuously supporting my hopes and dreams, no matter how minuscule they may have seemed. Thank you for encouraging me to continually progress forward and implementing within me that “knowledge is power”. Most importantly, thank you for teaching me that love and kindness are two of the greatest things in this world. These past two and a half years would not have been possible without you. I love you with all my heart, forever and always.

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CHAPTER ONE

SEXUAL ASSAULT TRAINING AND RAPE MYTH ACCEPTANCE

Sexual Assault

Sexual assault is a significant public health concern. Research has shown that one in five women will experience sexual assault while in college (Krebs et al, 2007). Sexual assault is defined as unwanted or forced sexual contact, which can include rape and unwanted sexual contact such as fondling, molestation, and sexual coercion (Black et al, 2011). According to the National Intimate Partner and Sexual Violence Survey, nearly one in two women (44.6%) and one in five men (22.2%) have experienced sexual violence at some point during their lifespan, with the most common form of sexual victimization reported being completed forced penetration (12.3%; Black et al., 2011). These statistics suggest that sexual assault is a relatively common experience amongst women.

Research has also demonstrated high prevalence rates of sexual assault on college campuses (Black et al., 2011; Krebs et al., 2007; Koss, Gisycz & Wisneiwki, 1987; Fisher, Cullen, & Turner, 2000). For example, the Campus Sexual Assault study (CSA; Krebs et al., 2007) gathered sexual assault data through an anonymous, web-based survey. This study consisted of 5,446 undergraduate women enrolled at two separate public four-year universities. Results suggested that 20% of college seniors experienced some form of sexual assault since they entered college (Krebs et al., 2009). Additionally, 28.5% of respondents reported experiencing an attempted or completed sexual assault either before or since they entered college. Additionally, nearly 5% of the total sample of 5,446 women reported that they experienced forcible sexual assault since entering college.

Other investigations among college populations have reported similar results. Koss, Gidycz, and Wisneiwki (1987) investigated the incidence and prevalence of sexual aggression on a national basis. They used a sample of 6,159 students enrolled in 32 institutions of higher education across the United States. Students were administered the Sexual Experiences Survey (SES; Koss & Oros, 1982) to assess history of victimization. Results revealed that 53.7 % of college women experience some form of sexual assault after the age of 14. Specifically, findings revealed 14.4% of participants reported unwanted sexual contact, 2.1% reported attempted rape, and 15.4% reported experiencing rape during their lifetime.

In another large-scale, national investigation, The Sexual Victimization of College Women (Fisher & Cullen, 2000), 4,446 women who were attending either a two or four-year college or university were surveyed to determine the prevalence of sexual victimization. The goal of the study was to reinforce the importance of improving education and knowledge about sexual assault. Participants’ history of sexual victimization was measured based on responses to screening questions followed by incident reports for each victimization. Results revealed that 2.8% of the college sample had experienced either a completed rape (1.7%) or an attempted rape (1.1%), which equaled a victimization rate of 27.7 rapes per 1,000 women students. When examining the characteristics of both attempted and completed rapes, an estimated nine in 10 offenders were known to the victim, with most women reporting completed rapes perpetrated by a classmate (35.5%), friend (34.2%), boyfriend (23.7%), acquaintance (2.6%) or coworker (4.0%).

Results from studies of sexual assault have indicated that individuals experience sexual assault under various conditions, which can involve psychological pressure and alcohol. Finley and Corty (1993) investigated the frequency with which sexual assault occurs on a college campus and the characteristics surrounding these assaults. Specifically, the authors were interested in comparing sexual assault frequencies between upper and lower class students and determining the prevalence of sexual assault involving alcohol, force, and psychological pressure. The authors surveyed 5,500 undergraduate students at a Midwestern university, participants and administered the Sexual Experience Survey (SES; Koss & Oros, 1982). Results revealed that 27% of upper class women and 28.4% of upper class men experienced sexual intercourse under psychological pressure. Furthermore, 6.1% of first year women students reported experiencing sexual assault by force, while 12.1% experienced sexual assault due to alcohol influence. In comparison, 5.4 % of upper class women students experienced sexual assault by force, while 15.5% of upper class women experienced sexual assault due to the influence of alcohol. In sum, sexual assault is prevalent on college campuses with estimates ranging between 12.1% to 52.8% among men and women, in which both upper and lower class undergraduate students are both affected. (Finley & Corty, 1993; Koss, Gidycz, & Wisneiski, 1987).

The high prevalence rates of sexual assault among college students can lead to negative physical consequences, as well as a host of negative mental health concerns. For example, immediately following sexual assault, most survivors experience feelings of shame, helplessness, self-blame, and guilt (Mason & Lodric, 2013). As time progresses sexual assault survivors may display symptoms of anxiety, depression or posttraumatic stress disorder (PTSD; Mason & Lodric, 2013).

Between 17% and 65% of women with a lifetime history of a sexual assault develop PTSD (Campbell, Dworkin & Cabral, 2009). PTSD symptoms can include: intrusive nightmares, flashbacks, avoidance of daily activities, insomnia, hypervigilance, and amnesia (Hebnstreit, Maguen, Koo, & DePrince, 2015). Additionally, many survivors may experience prolonged distress and develop difficulties such as substance abuse and depression, which often co-occur with PTSD (Mason & Lodric, 2013). Findings from a study consisting of 1,620 women, enrolled at three U.S. southeastern universities, who completed an online survey across two academic semesters revealed that women who experience a sexual assault reported significantly higher levels of depressive symptoms when compared to non-victims (Littleton et al, 2013). Similar findings have been documented in other women samples (Kilpatrick et al.,1992) and among men undergraduate sexual assault survivors (Aosved, Long, & Voller, 2011). Additionally, studies indicate approximately 13% to 49% of survivors become dependent on alcohol, whereas 28 to 61% of these individuals may turn to the use of illicit substances (Campbell, Dworkin & Cabral, 2009). Higher rates of sleeping problems, such as disturbances in breathing and movement, have also been documented among assault survivors (Krakow et al., 2000). Due to the high prevalence and negative consequences of sexual assault, there is a dire need for prevention programs.

Sexual Assault Prevention

With the epidemic of sexual assault on college campuses, it has become crucial to create programs that raise awareness about and reduce the occurrence of sexual violence (Allen, 2017). Sexual assault education is vital in rape prevention and can help foster a safer campus environment for students and sexual assault survivors. Following the Clery Act 1998, all federal Title IV college campuses were required to develop and implement sexual assault prevention programs (Withey, 2010). Sexual assault prevention programs have become required on college campuses as a way to raise awareness about sexual assault and reduce its occurrence. As a result, all enrolled students are required to complete sexual assault prevention trainings annually.

Sexual assault prevention programs appear to be effective due to many factors. There are two theories that work explicitly well as to explaining why intervention programs are effective. The first theory, decision theory, is when individuals make choices based upon the information that they have about the potential outcomes of that choice (O'Donohue, Yeater & Fanetti, 2003). Behavioral decision theory has two components: normative and descriptive (Slovic, Fischhoff & Lichtenstein, 1977). The normative theory is concerned with prescribing courses of actions that conform the closest to the individual's beliefs and values system (Slovic, Fischhoff & Lichtenstein, 1977). Descriptive theory consists of describing the beliefs and values and the manner in which individuals incorporate them into their decisions (Slovic, Fischhoff & Lichtenstein, 1977).

The second theory, Deterrence Theory, states that individuals make decisions that benefit them while reducing the negative consequences due to being a rational being (Brown & Esbensen, 1988). Decision making may be affected by an individual's perception of punishment and reward versus a more objective standard after they consider the risks and benefits to their choice (Paul & Gray, 2011). As a result, when individuals are provided with corrective information regarding a behavior or thought, they are able to act in accordance with an objective view of the potential consequences (Paul & Gray, 2011). By providing specific information that highlights the negative consequences of sexual assault, varying from that psychological effects that sexual assault has on its survivors, to the vivid portrayals of a perpetrator, it can help to increase salience for participants, thus increasing their impact (Paul & Gray, 2011). By incorporating both theories, it allows men and women who endorse rape supportive beliefs to explore their own attitudes, receive corrective information about other’s attitudes and behaviors, and the consequences of the assault (Paul & Gray, 2011). This allows for the corrective information to be retained.

Within these preventions programs is the problem of the boomerang effect. In an effort to change an individual’s behavior in a manner that threatens their self-image or challenges their world view, it can result in a negative boomerang effect (Levy & Maaravi, 2017). Additionally, the boomerang effect may result in entrenchment, in which they will not change their judgements or behavior, but rather their existing opinions will be fortified (Levy & Maaravi, 2017). Individuals who engage in the negative target behavior more than their peers (e.g., rape myth acceptance) may decrease that negative behavior, while a boomerang effect has been observed amongst individuals who participate in the behavior less than their peers. These individuals will then increase their behavior in order to avoid deviating from what others consider to be the norm. (Schultz, Nolan, Cidldini, Goldstein, & Griskevicus, 2007).

Sexual assault prevention programs can vary in format but typically address factors such as consent, rape myth acceptance, and the role of bystanders in the prevention of sexual assault. Most prevention programs can have a varying audience and content, with some preventions programs aiming to target males, while others focus their sexual prevention efforts towards women (Breitenbecher, 2000). While the content of these programs vary, most focus on providing education on the legal definitions of sexual assault, the extent and nature of which sexual assault occurs amongst college women, the risk factors that are usually prevalent in sexual assault occurrences, sex role practices, and debunking rape mythology (Krebs et al., 2007; Breitenbecher, 2000). Due to strong associations between substance use and sexual assault, many schools have combined sexual assault prevention with drug and alcohol education programs (Gilmore & Bountress, 2016). By educating students about the potential risk of alcohol and substances in relation to sexual assault, students may be better aware what precautions to take. Also, these trainings seek to educate men and women about what proper consent is, and how to know if you have received consent (Krebs et al., 2007). Many of the educational programs also seek to provide information to bystander's behaviors that can engage in which can potentially prevent a sexual assault from occurring.

Research has been conducted to evaluate the impact of interventions in challenging rape myth acceptance beliefs. In many instances, a program's success was measured in terms of the participants having positive shifts regarding rape myth acceptance (RMA; Burt, 1980) as well as attitudes toward rape (Field, 1978). Lonsway and colleagues (1998) conducted a multimethod evaluation examining the effects of an intensive rape education program. Participants consisted of 74 undergraduate students enrolled in Campus Acquaintance Rape Education (CARE), a semester long workshop designed to train peer facilitators to teach rape education workshops. Lonsway and colleagues (1998) found that when students are given the opportunity to either take a human sexuality course or teach fellow classmates about rape prevention through a peer facilitated course, the students that chose to teach the peer facilitated course demonstrated being more willing and able to express themselves and assert their needs in ways that required more sexual communication. At a two year follow up, the students that participated in teaching the peer facilitator course demonstrated less endorsement of rape myth acceptance compared to those students that enrolled in a human sexuality course (Lonsway et al., 1998). One of the limitations of sexual assault programs found by Lonsway and colleagues (1998) was that it is extremely difficult for educators to alter the long-term perspective of students through a brief educational seminar. While the outcome of various prevention programs has been positive, it appears that following the prevention program, the educational impact that results afterwards may be short term. Accordingly, the authors concluded that longer seminars or programs may have a greater impact on the students and their perspective (Lonsway et al, 1998).

Foshee and colleagues (2004) conducted a longitudinal study with the goal of determining the long term effectiveness of the prevention program Safe Dates on dating violence. As part of this investigation, 957 participants were recruited from 10 different schools. The students selected to participate in the prevention program “Safe Dates” received a theater production performed by student, a curriculum consisting of ten, 45-minute sessions that were taught by a health teacher and concluding with a poster contest. The focus of the Safe

Dates curriculum was to target attitudes and behaviors associated with dating abuse and violence. During the 10 sessions, participants were taught about scenarios of such as dating violence, how to help friends that are in an abusive relationship, and how to prevent sexual assault. Participants were tested at various time intervals, including one-month post intervention followed by one-year post intervention annually for four years. Among these individuals, a randomly selected portion of the treatment participants received a booster during the two- and three-year follow ups. Results showed that compared to the controls, participants that received Safe Dates reported significantly less physical, serious physical and sexual dating violence perpetration and victimization four years after the program. Additionally, it was found that the booster did not improve the effectiveness of Safe Dates (Foshee et al., 2004; Lonsway et al., 1998).

While prevention programs have been found to help reduce dating and violence, it has been suggested that providing boosters is not an effective way to further improve prevention, rather it is better to provide longer courses or possibly multi-session workshops (Anderson & Whiston, 2005). Findings from a systematic review of primary prevention strategies for sexual violence perpetration conducted by DeGue et al. (2014), revealed that prevention approaches must provide a sufficient “dose” of the intervention in order for the program to be deemed effective. Intervention dose was measured based on the total exposure to the program content or contact hours pertaining to the material

(DeGue et al., 2014; Small et al., 2009). Results indicated that three quarters of interventions examined had only one session, and half of the studies involved a total exposure to prevention material of one hour or less (DeGue et al., 2014). Most interventions that had a positive effect averaged two to three times longer when compared to interventions that had null or mixed effects (DeGue et al., 2014). While it may be possible to influence an individual's behavior with a brief one-session strategy, behaviors that are more complex such as sexual violence require longer sessions in order to change behavior, associated beliefs, and have lasting effects. Longer prevention programs (i.e., length of time exposed to material in minutes) were associated with greater effectiveness in altering rape attitudes and rape-related attitudes (Anderson & Whiston, 2005; Vladutiu et al., 2011; DeGue et al.,2014).

Furthermore, sexual assault prevention programs can have varying effects on men and women. Lenihan and colleagues (1992) investigated gender differences in rape supportive attitudes before and after a date rape prevention program. The study consisted of 821 university student's attitudes toward rape and rape mythology being measured before and after exposure to an acquaintance rape program (Lenihan et al., 1992). The Rape Supportive Attitudes Survey (RSAS, Burt, 1980) was used in this study to assess response to a date rape education program. In this acquaintance rape program, participants were presented with information regarding sexual assault for a 50-minute class period. Participants were instructed through a video vignette presentation of a date rape scenario, lecture, and the personal experience of the presenter. Included in the lecture were the ways in which men and women are affected by rape, the national statistics of rape with an emphasis on date rape, along with definitions of sexual assault, and why survivors do not report their assault (Lenihan et al, 1992). Results revealed women changed their rape supportive attitudes whereas men were resistant to a rape education program. Women participating in the program indicated a greater change on the RMA scales. Men did not have a shift in scores after completing the program (Lenihan et al., 1992).

Sexual assault prevention programs were designed to help modify rape supportive attitudes (e.g., RMA), improve the safety of men and women on college campuses, and reduce the frequency of sexual assault (Allen, 2017; Anderson & Whiston, 2005, Banyard, 2014; DeGue, 2014; Foshee et al, 2004). While these programs are very common, there has been no research examining the impact of annual participation in sexual prevention programs. Additionally, many college campuses are beginning to switch their attention from providing prevention training where women are educated to lower their risk for victimization to incorporating males within trainings that aim to reduce perpetration (Garrity, 2011; Hansen & Gidycz, 1991). Most intervention programs have evaluated the effectiveness of sexual assault prevention programs with self-report measures that assess assault-related beliefs such as RMA.

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Rape Myth Acceptance

Research suggests that one factor responsible for the promotion of sexual assault is rape supportive beliefs, such as the acceptance of rape myths (Burt, 1980). Attitudes toward rape are crucial in understanding how individuals react or behave towards perpetrators and survivor of rape (Frese, Moya, & Megias, 2004). The attitude toward a survivor of rape or perpetrator is called Rape Myth Acceptance (RMA). RMA is a cognitive scheme that can influence how an individual interprets social information (Chapleau & Oswald, 2013).

RMA has been associated with hostile attitudes towards women, sexual aggression, as well as aggressive behavior towards women (Suarez & Gadalla, 2010). Often times, the ideology of RMA develops from rape myths, which are stereotypes based upon the act of rape (Chapleau & Oswald, 2013). This can be further interpreted as an individual’s agreement with beliefs about the causes and consequences of sexual assault (Paul, Gray, Elhai & Davis, 2009).

Rape myths are present at both the individual and societal level (Edwards et al., 2011). For example, a rape myth may be that sexual aggression occurs because women find men’s sexual aggressive behavior attractive or that women enjoy being raped (Payne, Lonsway, & Fitzgerald, 1999; Burt, 1980). Furthermore, rape myths can be associated with a woman’s state of awareness during the assault or what she was wearing, with rape myths such as “When women go around braless or wearing short skirts they are asking for it” or “she was drunk and in the alley” (Edwards et al., 2011; Burt, 1980). Individuals with a high level of RMA are likely to hold stereotypical, negative attitudes towards sexual assault survivors (Paul et al., 2009).

RMA has been associated with increased victim blame and decreased blame on the perpetrator (Burt, 1980; Payne, Lonsway & Fitzgerald, 1999; Chapleau & Oswald, 2013). According to Burt (1980), one of the best attitudinal predictors of rape myth acceptance was the acceptance of interpersonal violence (Burt, 1980). This belief supported the ideology that force and coercion can be viewed as being a legitimate way in which one can gain compliance. Furthermore, this was seen as being prominent within intimate and sexual relationships (Burt, 1980). Within some communities, rape is viewed as a natural consequence of women's provocative behavior and men's strong sexual drive (Burt, 1980). A consistent finding within the studies of rape myth acceptance is that higher rape myth acceptance has been associated with being men (Chapleau et al, 2008, Lonsway & Fitzgerald, 1995). More often, heterosexual males report more acceptance towards rape myths than their women counterparts (Chapleau, Oswald, & Russel, 2008).

Rape myths have been thought to be used for various reasons. For men, these rape myths that were used against women victims helped justify a male's sexual dominance over a woman (Lonsway & Fitzgerald, 1995). Men who endorsed rape myths while holding conservative, stereotypic beliefs regarding women (Burt, 1980) also had the tendency to justify rape (Muehlenhard, 1988). On the contrary, rape myths for women produced feelings of fear and vulnerability (Lonsway & Fitzgerald, 1995). Rape myths legitimize offending behavior and prevent women from identifying their own situations and experiences as rape.   (Withey, 2010). RMA can have also have a direct effect on sexual assault survivors. If the survivor feels that others are likely to hold RMA beliefs, they are most likely to not behave in an adaptive manner following the assault (Paul et al, 2009, such as seeking treatment or disclosing to others about the assault that occurred.

In most studies aimed at evaluating the efficacy of sexual assault prevention programs, RMA is the primary outcome. While many studies have concluded that rape prevention programs may result in attitudinal changes amongst students, it is difficult to draw firm conclusions (Hanson & Gidycz, 1993). There are several limitations to this method. Measuring attitudinal changes does not gauge whether or not a prevention program results in a change in dating behavior or reducing the incidence of sexual assault (Hansen & Gidycz, 1993). To help overcome these limitations, behavioral indices of sexual assault may be useful.

Behavioral Indices of Sexual Assault

Prior studies that have sought to evaluate the efficiency of sexual assault education programs, have relied exclusively on attitudinal measures as a way to assess the effectiveness of sexual assault prevention programs (Anderson & Whiston, 2005). There are several types of assessment measures that can be used to evaluate sexual assault-related beliefs which may have been the aim of most studies evaluating prevention programs. Some methods commonly used include self-report measures that assess participant's rape attitudes, rape empathy, rape-related beliefs, rape knowledge, as well as rape awareness behaviors (Anderson & Whiston, 2005). One of the limitations to attitudinal methods is that they may not accurately assess or predict actual sexual assault perpetration nor do they measure an individual's behavior. Additionally, there is some uncertainty as to whether a reported change in attitude can result in behavior change and actual reductions in the incidence of sexual assault (Anderson & Whiston, 2005). For example, a recent meta-analysis conducted by Anderson and Whiston (2005) reviewing college education programs estimated that 10% of studies included a form of behavior assessment (Anderson & Whiston, 2005). These behavioral assessments can be completed in multiple ways, which can include observing the student's behaviors or by measuring a student's change in self-reported behavioral intentions (Anderson & Whiston, 2005). Behaviors have been assessed through methods such as self-reported behavioral intentions which include the Sexual and Physical Abuse History Questionnaire (SPAQ; Kooiman, Ouwehand, & Kuile, 2000), the SES (Koss et al, 2006), as well as self-reported intentions to engage in bystander interventions behaviors (Basile, Hertz & Back, 2007; Breitenbecher, 2000). Behavioral intention refers to when an individual has formulated conscious plans to perform or not perform some specified future behavior (Warshaw & Davis, 1984). It can also be used as an indication of an individual's readiness to perform a given behavior (Ajzen, 2002), such as perpetrating assault or engaging in bystander behavior. An example of a behavioral observation can also include observing a student or recording a student's response to an audiotape or videotape vignette or a hypothetical situation (Basile, Hertz & Back, 2007; Breitenbecher, 2000; Anderson & Whiston, 2005).

Vignettes are useful in behavioral observation as they allow actions in context to be explored, clarify an individual's judgment, and they provide a less threatening and less personal way to explore sensitive topics. (Barter & Renold, 1999). The use of a vignette enables the participants to accept and define the situation in their own terms (Barter & Renold, 1999). Vignettes can be used to elicit cultural norms derived from the participant's attitudes and beliefs about the specific situation (Barter & Renold, 1999). Also noted, vignettes are more likely to be effective when they engage a participant's interest, are relevant to their lives, and appear to be realistic (Hughes & Huby, 2004).

The original form of the date rape vignette was first used by Marx and Gross in 1995. It has been used and validated in previous date rape scenario studies. The audiotape vignette represents two individuals, a man and a woman, at the man's apartment after going on a date. The tape begins with the couple engaging in consensual sexual behavior. As the tape goes further, the behavior begins to escalate into unwanted, nonconsensual behavior, leading to date rape. The audiotape contains numerous cues, both inhibiting and disinhibiting cues for sexual contact (Marx & Gross, 1995). As the participant listens to the tape, it becomes evident that the level of the man's request to engage in sexual activity and the intensity of the woman's refusal to participate both increase. This method of assessment enables participants to explore a sensitive topic such as date rape in a safe environment, while also allowing researchers to examine the response latency of the participant (Marx & Gross, 1995). Response latency is defined as the length of time that a participant needs to determine whether the man depicted on the vignette should stop making further sexual advances. The response latencies were measured as the time lapse between the start of the vignette and the sounding of the buzzer by the participant (Marx & Gross, 1995). The latencies were measured in seconds, with the time running for approximately 5 ½ minutes (Marx & Gross, 1995).

There have been numerous studies using the vignette created by Marx and Gross (1995). Most of the studies have examined token resistance and rape myth acceptance. Marx and Gross first introduced the audiotape vignette of a man and woman after a date in one of their earlier studies. Marx and Gross began this study with the purpose of examining men's perceptions of token resistance (i.e., the perception of partners as wanting to engage in sexual intercourse but offering mild resistance despite the intention to engage in this behavior). Furthermore, the experiment examined the participant's knowledge of a couple's previous sexual contact on their discrimination of when sexual advances towards a date should be terminated (Marx & Gross, 1995). The sample consisted on 100 male undergraduate students enrolled at a psychology course in southeastern United States. Participants completed the RMAS, SES, and their response latency was measured thru the audiotape vignette. Results revealed that when compared to subjects that had never experienced token resistance, subjects who had perceived such resistance at least once were significantly more likely to take longer to determine whether the man should refrain from making any further sexual advances.

Marx, Gross, and Van Wie (1995) later examined the effect of perceived token resistance and previous sexual contact on women's ability to discriminate when a woman wants her partner to stop making sexual advances. Participating in this study were 101 women undergraduate students. The subjects were asked to listen to an audiotape of a date rape after being provided information regarding the couple's sexual history that differed from one another. This information consisted of the couple's sexual history which differed by previous sexual contact as well as the occurrence of resistance to sexual intimacy. Additionally, the participant's degree of rape myth acceptance was examined using the RMAS (Burt, 1980) as well as the SES (Koss & Oros, 1982) to measure the experiences of sexual aggression amongst the participants. Results revealed that participants who experienced sexual aggression signaled to stop the audiotape significantly later than those who did not indicate such experiences. Findings suggest that participants who experienced sexual aggression following sexual resistance may have an increased difficulty associated with making accurate discriminations in regards to sexual advancements and resistance (Marx, Gross & Van Wie, 1995).

In another study conducted by Van Wie and Gross (2001), the impact of types of women's verbal refusals and the timing of her refusal on men's discrimination of when a woman wants her partner to stop making sexual advances was examined. One hundred ninety male undergraduate students participated in this study where they were asked to complete the RMAS (Burt, 1980), SES (Koss & Oros, 1982), Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) and have their response latency measured to a hypothetical date rape scenario. Participants were informed that they would be listening to an audiotape interaction between a man and woman who just returned home from a date. Participants were asked to indicate when the woman on the audiotape wanted the man to stop his sexual advances (by pressing a switch). Participants listened to one of six audiotapes, which varied according to the type of explanation they were assigned to (fear of pregnancy, too early in the relationship, and religious/waiting for marriage). The tapes also varied in the timing of the explanation in the interaction which occurred while the man and woman were kissing or during breast contact. These tapes depicted two college students at the man's apartment following a date. In the scenario, the woman is heard consenting to forms of intimacy such as kissing and breast contact, but she resists more advanced forms of sexual contact (genital contact and intercourse). The man's advances continue, with him agreeing to remain at the lower levels of intimacy after the woman objects, until he physically forces her to have intercourse with him. The tape ends with the woman crying, announcing to the man that he raped her. Response latency was measured by the length of time needed by participants to determine when the woman on the audiotape wanted the man to stop his sexual advances. The average response latency time for the too early in the relationship explanation was 5.19 seconds for kissing and 11.80 for breast contact. For those participants who were told the participants were waiting for marriage, the response latencies were 4.59 seconds for kissing and 2.37 seconds for breast contact. Participants in the fear of pregnancy explanation response latencies for kissing were 5.82 and 3.52 for breast contact. Response Latencies for the relationship explanation were significantly longer when compared to the marriage or pregnancy explanation at intimacy level. Results revealed a significant interaction between explanation and intimacy level. Thirty-eight percent of participants revealed that they believed a woman had misinterpreted the level of sexual intimacy that they had desired (Van Wie & Gross, 2001). Additionally, 32% of the participants admitted to saying things they regretted into order to obtain sexual intercourse with their partner (Van Wie & Gross, 2001). The use of this vignette allows researchers to examine response latency in various situations. Students may feel less pressure to react to the audiotape in a certain manner and are more likely to have a natural response time.

The Present Study

The goal of the proposed study is to examine the impact of level of participation and gender in sexual assault prevention training on rape myth acceptance (RMA) and response latency to a hypothetical date rape scenario among a sample of Western college students. According to previous research, many sexual assault prevention programs help to reduce RMA among students (Allen, 2017; Anderson & Whiston, 2005, Banyard, 2014; DeGue, 2014; Foshee et al., 2004). Findings from many program evaluation studies have revealed some reductions in RMA, however most studies only focused on one gender (Garrity, 2011). Also, of the studies that examined the role of gender, it was found that men were often resistant to the prevention program, thus often showing an increase in RMA (Lenihan et al, 1992).

Currently, the sexual assault prevention program, “End Sexual Violence,” consists of various components, such as an online intervention. Students are required to complete the “End Sexual Violence Training” annually. Failure to complete the training results in a registration hold. The online intervention is a video-based sexual violence prevention program. It is offered to students as one of the options to fulfill the mandatory End Sexual Violence Training.

The end sexual violence training is designed to help students to become conscious of the issues associated with sexual assault, sexual harassment, dating violence, and stalking. As part of the program, students are equipped with critical information about sexual assault prevention as well as definitions of consent, bystander intervention, sexual assault, rape, dating violence, domestic violence and stalking. If the student does not want to complete the training online, they have the ability to complete the sexual assault prevention requirement by attending a number of in-person trainings on sexual and partner violence-related topics. These trainings include Bringing in the Bystander (Banyard, Plante, & Moynihan, 2004) or presentations and/or discussions on online dating, understanding stalking and human sex trafficking.

The purpose of this study is twofold. The first part of this study will be to evaluate the impact of annual participation in sexual assault prevention programming on students' RMA and response latencies to a date rape scenario. Specifically, we are interested in examining how the level of students' participation (i.e., number of years of participation) in sexual assault prevention may impact their rape supportive beliefs and identification of sexual assault utilizing an audio-recorded hypothetical date rape scenario. The second goal of the study is to examine the role of gender in the associations between individuals' degree of participation in sexual assault prevention programing and RMA and response latencies to a hypothetical date rape scenario. We hypothesize higher levels of participation in sexual assault prevention programming will be negatively associated with RMA scores and latency times in response to a date rape scenario. In addition, we hypothesize that gender will moderate the relationship between level of programming participation and RMA scores and latency, with males having higher RMA scores and latency times when compared to women.

CHAPTER TWO

METHOD

Participants

A sample of 100 undergraduate students (*n* = 49 men; *n* = 51 women) enrolled in psychology courses were recruited through the Department of Psychology SONA system from psychology and social science courses. In exchange for participation, students were awarded credit they could apply toward extra credit in participating courses.

The sample consisted of 1% (*n* = 1) freshmen, 8% (*n* = 8) Sophomores, 25% (*n* = 25) juniors, and 66% (*n* = 66) seniors. The mean age of the participants was 23.81 years (SD = 6.76). In terms of ethnicity, 66% (*n* = 66) of the sample classified their ethnic background as Hispanic or Latino, while the remaining 34% (*n* = 34) answered as Not Hispanic or Latino. In terms of race, 30% (*n* =30) of the sample classified their racial background as Caucasian, 11% (*n* = 11) African American, 6% (*n* = 6) Asian American, 2% (*n* = 2) American Indian, and 1% (*n* =1) Native Hawaiian. With regard to relationship status, 51% (*n* = 51) reported being single, 40% (*n* = 40) in a committed relationship, 5% (n = 5) married, 3% (n = 3) living with a significant other, and 1% (*n* = 1) divorced or widowed. The majority of participants reported a yearly income of less than $15,000 (*n* = 72, 72%), with the rest of the sample reporting an annual income of $30,000 (*n* = 14, 17%), $45,000 (*n* = 8, 8%), $60,000 (*n* = 1, 1%), or greater than $60,000 2% (*n* = 2).

Measures

Demographics Questionnaire. A demographics measure was created to gather standard background information about the participants (e.g., age, gender, ethnicity, and education level).

Sexual Assault Prevention Questionaire . A sexual assault prevention questionaire was created to gather background information about the particpants level of training. The questions that were included assessed how many times participants completed sexual assault prevention programming on their campus. This included the options of: 0, 1, 2, 3, or 4 or more times having completed the sexual assault training. Additionally, questions assessing the participant’s level of engagement during the training, and where their training was completed via online or in person will be included.

Illinois Rape Myth Acceptance Scale (IRMA; Payne, Lonsway, &Fitzgerald, 1999). The IRMA is a 22 item self-report scale assesses a subject’s acceptance on a 5-point Likert scale to prejudiced, stereotyped and false beliefs about rape, rape victims and rapists. This scale assesses an individual’s commitment to cultural myths as well as stereotypical beliefs that are associated with rape. Subjects report their agreement or disagreement with the various statements on a 5-point scale. These statements include “Any female that goes to the male’s home on their first date implies that she is willing to have sex” and “A woman who "teases" a man deserves anything that might happen.”

Additionally, the IRMA contains 4 subscales within the measure. The subscales are: She asked for it, He didn't mean to, It wasn't really rape, and She lied. Within each of these subscales are statements pertaining to the aforementioned themes. Responses to all items were recorded on a five-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (5). The items are summed to produce an overall score. A higher score on the IRMAS represents greater acceptance of rape myths. In an exploration of the structure of IRMAS compared to the original Rape Myth Acceptance Scale (RMAS; Burt, 1980), psychometric analyses revealed that the IRMA possessed adequate internal consistently and reliability on both the subscales and scale scores. Three subsequent studies have also yield consistent results, supporting the internal validity of IRMA (as cited in Payne, Lonsway & Fitzgerald, 1999).

Life Events Checklist for *DSM-5* (LEC-5; Weathers, Blake, Schnurr, Kaloupek, Marx & Keane, 2013). The Life Events Checklist for DSM-5 (LEC-5) is a self-report measure designed to screen participants for any potentially traumatic events that occurred in their lifetime. The LEC-5 assesses exposure to 16 events which are known to potentially result in PTSD or distress. Within the measure is an additional item assessing any other extraordinarily stressful event that was not captured in the first 16 events. There is no formal scoring for this measure. Participants indicated the level at which they had exposure to each of the traumatic events included on a 6-point nominal scale. The reliability, validity, and stability of LEC-5 have been supported based on findings from a number of investigations amongst numerous populations (Gray et al, 2004; Bae et al, 2008). The LEC demonstrated adequate psychometric properties as a stand-alone assessment of traumatic exposure, particularly when evaluating consistency of events that actually happened to a respondent. Additionally, the LEC demonstrated convergent validity with measures assessing varying levels of exposure to potentially traumatic events and psychopathology known to relate to traumatic exposure (Weathers et al, 2013).

Response Latency. As a behavioral indicator of rape supportive beliefs participants' response latency to a date rape will be measured. An audiotape vignette portrayal of a man and woman engaged in sexual activity created by Marx & Gross (1995) will be used for this purpose. In the audiotape vignette, the couple is described as college students that are returning home from a date. Sexual activity in the vignette starts with brief kissing and ends with the couple engaging in sexual intercourse. The vignette has five stages. The first stage has the couple engaging in kissing. The second stage is that the man and woman further their kissing and the male tries to manually stimulate the woman's breasts. The woman can be heard resisting further sexual contact with the male as he tries to manually stimulate the woman's breast. The third and fourth stage include manually stimulation of buttocks and the woman's genitals. The final stage is that the man and woman engage in forced intercourse. The woman initially resisted with gentle verbal denials followed by more aggressive verbal demands for the male to stop. In the finale, the woman can be heard providing a strong response in which she is crying and shouting for the male to stop his advances.

Response latency measures the length of time needed by participants to determine whether or not the man being portrayed on the audiotape should stop making further sexual advances towards the woman in the tape. This is done by having the participants listen to the tape. While participants are listening to the tape, there is a timer measuring the amount of time they have listened to. When the participants activate the switch to stop the tape, the timer is stopped as well. From this, the response latency will be measured. The test-retest reliability and construct validity of this latency measure and the decision-latency method (developed by Marx & Gross, 1995) has been established (Bernat et al., 1997). Marx and Gross presented the script of the vignette to 43 undergraduate students to test the validity and reliability. Using a 7-point Likert scale, participants were asked to rate the authenticity of the scenario, as well as the depicted couples' responses to one another. Participants were asked "To what extent would you characterize this act of intercourse as rape?" and "How likely is it for a man who finds himself in a similar situation to respond in the same way as the man depicted here?" (Marx & Gross, 1995). Internal consistency was adequate as an alpha = .80 was obtained. Follow-up analyses revealed no gender differences with respect to the validity of the date scenarios (Marx & Gross, 1995).

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Procedure

All eligible participants were recruited with the use of an online research management system. Prior to recruitment for the present study, all participants completed the IRMA and LEC-5 online as part of a mass testing procedure. Their responses on these measures were used to test study hypotheses and were completed prior to the start of the study in order to reduce priming subjects' responses on the digitally recorded vignette.

Participants who volunteered for the present study were asked to present to a laboratory to complete other measures online in a private single room. Study experimenters were matched to participants' gender. Study experimenters greeted participants and walked them to a laboratory where they completed a consent form online via Qualtrics. Participants completed both a practice recording and the digitally recorded vignette online through Qualtrics. Participants were first asked to listen to a practice video recording. The practice task was completed in order to ensure that participants correctly understood how to stop the digitally recorded vignette. Participants were told the following on the video sample "Thank you for participating. You will be asked to stop this vignette shortly. In order to stop the recording, you will press the pause button. 1. 2. 3. 4. 5. Please stop the recording now by pressing the pause button." After the study experimenters checked the participant's success in stopping the practice vignette, participants were directed to complete the remainder of the survey.

The first item on the survey required participants to listen to a digitally recorded vignette with a hypothetical date-rape scenario. Participants were told that they would be listening to a sexual interaction between a man and woman who just returned home from a date in which sexual activity would be depicted. Participants were asked to stop the vignette tape when the man on the audiotape should stop his sexual advances towards the woman. Additionally, participants were told that their responses are kept confidential as the study experimenters are only coming into the laboratory room to help move the study forward. After the participant stops the audiotape, the study experimenter recorded the total seconds that elapsed. Participants were allowed to listen to the remainder of the vignette to eliminate any curiosity they may have acquired as to how the interaction would terminate. After this exercise, students completed a final measure online assessing demographic information and their participation in sexual assault prevention programming on campus. Then, participants were directed to a page where they receive post-study information.

CHAPTER THREE

RESULTS

Participants in the current study reported different frequencies in which they participated in any sexual assault prevention training. Participation was as follows: 17% (*n* = 17*)* reported never participating in any sexual assault prevention training, while 20%% (n = 20*)* of the study population reported participating at least one time, 31% % (*n* = 31*)* twice, 13%% (*n* = 13*)* reported three times, and 19%% (*n* = 19*)* reported participating in 4 or more trainings. Of these trainings, 81.0%% (*n* = 81*)* completed the “Not Anymore” Online training, while 12.0% % (*n* = 12*)* attended an in-Person event on campus. The “Not Anymore” online sexual assault training was not previously completed by 12.0%% (*n* = 12*)* of the study population. While the “Not Anymore” online sexual assault training is required to be completed every academic year, there were varying rates at which the study population had completed the training (see Table 1).

Design and Statistical Analysis

We tested Hypothesis 1 by calculating bivariate correlations between gender, total IRMA score, response latency, and frequency of participation in the online and any sexual assault prevention program. We tested Hypothesis 2 by conducting t-tests between men and women on our two outcome variables, the IRMA total and response latency scores.

Associations Between Variables

Bivariate correlations were calculated to determine the relationship between higher levels of participation in sexual assault prevention programming with RMA scores and latency times in response to a date rape scenario (See Table 2). Hypothesis 1 predicted that higher levels of participation in sexual assault prevention programming would be negatively associated with RMA scores and latency times in response to a date rape scenario. Results revealed no significant relationships between higher levels of sexual assault prevention programming participation and RMA scores and latency times.

Comparisons Between Men and Women

T-tests were conducted to determine if men and women differed on response latency and RMA scores. Hypothesis 2 predicted that gender will moderate the relationship between level of programming participation and RMA scores and latency. For hypothesis two, there was not a significant difference on IRMA scores for men (*M* = 93.65, *SD* = 12.85) or women (*M* = 90.83, *SD* = 16.82) conditions; *t* (90) = .89, *p* = .37. Additionally, there were no significant differences on response latency duration between men (*M* = 103.81 seconds, *SD* = 36.83) and women (*M* = 106.68 seconds, *SD* = 60.54); *t* (98) = .05, *p* = .78.

Moderation Analyses

Based upon findings from correlational analyses, there was no evidence of relationships between variables to support a moderation model and so we did not test the moderating role of gender in the relationship between program participation and the two outcome variables (i.e., IRMA total and response latency scores).

CHAPTER FOUR

DISCUSSION

The purpose of this study was to examine the impact of gender and level of participation in sexual assault prevention training on RMA and response latency to a hypothetical date rape scenario among a sample of Western college students. This study examined if there were gender differences in rape myth acceptance and response latency times based upon the number of times an individual completed sexual assault prevention training. It was hypothesized that individuals who have a higher level of participation in sexual assault prevention programming will report lower RMA scores and latency times in response to a date rape scenario. However, our findings revealed no significant relationships between the frequency of participation in sexual assault prevention training and RMA scores and response latency scores. In addition, we hypothesized that males who participated in sexual assault training would have longer response latency times, as well as higher RMA scores, as compared to women. We also hypothesized that women who participated in training will have shorter response latencies and lower RMA scores. Results revealed no significant gender differences between men and women students on RMA scores and response latency times.

According to Anderson and Whiston (2005), if an individual participates in longer interventions, it was suggested that the longer interventions would be more effective in comparison to a short intervention. However, as seen in this study, it has been found that the amount of time or training that a participant has, does not appear to have a significant effect on their response latency or IRMA scores. This has been seen in various studies. Brecklin & Ford (2001) report that the length of an educational awareness program does not significantly affect attitudinal change. Additionally, it has been suggested that as time passes between the educational program and the attitudinal measures, less attitudinal change is evident (Brecklin & Ford, 2001; Flores & Hartluab, 1998; Griffith, Hart, & Brickel, 2010). Findings from a recent systematic review examined by DeGue et al (2014) found that out of 140 outcome evaluations of primary prevention strategies for sexual violence, only three demonstrated significant effects of having an impact on sexual violence perpetration behaviors. The three strategies that have evidence of at least one positive effect on sexual violence perpetration behavior using rigorous, controlled evaluation design consisted of Safe Dates (Foshee et al.,2004), Shifting Boundaries (Taylor et al., 2011, 2013), and the U.S. Violence Against Women Act of 1994 (VAWA) (Boba & Lilley, 2008). Results from these strategies indicated that participants were significantly less likely to be victims or perpetrators of self-reported sexual violence (Foshee et al., 2004; DeGue et al., 2014). The majority of interventions were brief one session psycho-educational programs conducted with college students. The implementation of brief education programs served as an important stepping stone for sexual assault training by increasing student’s awareness and knowledge of sexual violence and prevention (DeGue et al., 2014). However, these programs did not provide consistent evidence regarding the impact on sexual violence outcomes, in addition to most programs not providing consistent evidence that the sexual assault programs have a lasting impact on risk factors (DeGue et al., 2014).

There are many limitations to this research. Some of the limitations that were present within this study were the geographic location and culture. Geographic location may attribute to different views on rape myth acceptance based upon different schooling in different districts and cultural upbringings. For instance, comparing sample means to a study conducted by Marx and Gross (1995) in Mississippi, there was a large difference in response latency times with males in the study (*M* = 137.76 seconds, *SD* = 45.48) compared to our current study (*M* = 103.81 seconds, *SD* = 36.83). Van Wie, Gross and Marx (1995) later examined female response latencies, which resulted in longer response times as well, (*M* = 119.67 seconds, *SD* = 38.15) compared to our current study (*M* = 106.68 seconds, *SD* = 60.54).

Furthermore, different cultures may have different attitudes towards gender and rape myth acceptance. This can be seen in traditional gender roles. Traditional gender roles, refers to roles that are defined by biological sex, in which men are expected to provide income for the family while the women maintain and care for the household and children (Read, 2003; Hill & Marshall, 2018). Costin and Schwarz (1987) found that traditional attitudes toward women were positively correlated with negative attitudes toward rape victims and increased rape myth acceptance. Additionally, sexual violence or acceptance of RMA is more likely to occur in cultures that foster beliefs of perceived male superiority, as well as social and cultural inferiority of women (Kalra & Bhugra, 2013). Findings have suggested that individuals who have greater amounts of racism, homophobia, ageism, classism and/or religious intolerance were associated with greater rape myth acceptance (Aosved & Long, 2006). Furthermore, there is a high possibility that men from a sexually conservative culture may interpret nonsexual behaviors or platonic interests of women from sexually open cultures, as sexual in nature resulting in sexual violence (Kalra & Bhugra, 2013).

Also, since this sample was only comprised of psychology students, it is unknown how well these findings will generalize to other groups of individuals. It is possible that psychology students may have altered views of sexual assault by virtue of their potential exposure to non-rape supportive content presented in psychology classes (e.g., individual and cultural factors associated with sexual assault, women’s issues). If other majors were included within this study, it could possibly offer a broader perspective of other students’ views and provide potentially more support for the impact of prevention programming. Also, another aspect to consider is broadening the participant population. It would be beneficial to see examine how our results would generalize to other populations, such as older men and women, individuals without a graduate or college education and community samples. Future studies should utilize more diverse samples, consisting of older adults or participants who are less familiar with the impact of sexual assault such as psychology majors. Additionally, future studies should seek to identify different coping mechanisms, learning styles, past traumas, and relationship histories to help impact and change the participant's RMA and views on sexual assault. Perhaps for future research could employ video-taped vignettes. This can allow researchers to see if participant's respond quicker to date-rape scenarios visually or though audio. The response latency does not provide information regarding the specific cues to which participants were attending to when they signaled the woman wanted the man to stop making sexual advances. Participants may have been responding to other variables than those manipulated in the study (ex: tone of voice). The laboratory nature of this experiment may have altered the experiment, as when in natural settings, people react differently. Another factor to consider for future studies would be to address personality, attitudinal, peer, situational, and societal factors which may contribute to misperception of sexual intent. Additionally, rape myth beliefs and attitudes should be assessed prior to the sexual assault training as well as after. Addressing the rape myth beliefs and attitudes before the sexual assault training will help researchers to see if the training has any impact on the individual's mindset. In addition to the assessment of rape myth beliefs and attitudes, individuals' knowledge of the "Me Too" movement and its potential influence on participants' responses should be assessed. Individuals may have guessed the purpose of the study and therefore compensated on the response latency task and/or RMA assessment to provide results in accordance with the “Me Too” campaign in order to produce a more socially desirable response.

The importance of these findings can be used for future sexual assault trainings to improve RMA and help reduce sexual assaults on campuses. Given the potential of sexual assault training, different methods of teaching and implementing sexual assault trainings should be explored. Different students learn and adapt in various ways. The existing sexual assault training modules may be useful in preventing sexual assaults on campuses but should be further developed to have a lasting effect. Perhaps what would work best is move away from teaching adults about sexual assault and begin to implement these teachings earlier on in education. By targeting middle and high school students, as well as multi-dimensional components (family taking sexual assault classes together, community events, mandatory volunteering at a crisis center while in high school), this can help to modify the community. By modifying the community, thoughts can be changed as a whole rather than a segment. This may lead to less sexual assault on college campuses as individuals will be enriched with this knowledge and were able to apply it to their life due to their real life experience.

APPENDIX A

IRB

09/27/2018

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2019-22

Christina Hassija
Department of Psychology
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Dr. Christina Hassija :

Your application to use human subjects, titled “The Impact of Sexual Assault Training and Gender on Rape Attitudes” has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implemented in your study to ensure the risk level to participants has not increased,
- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence. Best of luck with your research.

Sincerely,
Donna Garcia

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board

DG/MG

APPENDIX B

QUESTIONNAIRES AND VIGNETTE TRANSCRIPT

Demographic Questions

Please answer each question to the best of your knowledge.

1. Age: ________

2. Gender: M ___ F ___ (please check only one)

3. What is your ethnic background:
____Hispanic
____Not Hispanic
____Unknown

4. What is your racial background?

Caucasian (White)____
Asian (Asian American) ____
African American (Black) ____
American Indian or Alaskan Native ____
Native Hawaiian/other Pacific Islander _____
Other ____ (please specify) _________________________

5. What is your current marital status? (please choose only one)
_____ Single
_____ In a committed relationship
_____ Living with a significant other
_____ Married
_____Divorced or Widowed

6. Student Yearly Income: $0 - $14,999 _____ $15,000-$29,999
_____
$30,000-$44,999 _____ $45,000-$59,999
_____
$60,000-$74,999 _____ $75,000-$89,999
_____
$90,000-$99,999 _____ Over $100,000 _____

7. Year in College:____ Freshman ____Sophomore ____ Junior _____ Senior

(Hassija, 2018)

Sexual Assault Prevention Questionaire

1. What type of sexual prevention trainings have you completed?
    - a. Online training
    - b. In- Person Event
    - c. Other: _______
    - d. None of the above

2. How many times have you particpated in the online training?

_____ 0
_____ 1
_____ 2
_____ 3
_____ 4 or more

3. How many times have you participated in a sexual prevention training?
    - A. 0
    - B. 1
    - C. 2
    - D. 3
    - E. 4 or more

4. When did you most recently complete your training?
    - A. This academic year (2018 – 2019)
    - B. Last academic year (2017 – 2018)
    - C. I have not completed the sexual assalt prevention
    - D. Other (please specify):

5. To what extent were you paying attention to the training?
    - 1. I paid attention very closely
    - 2. I somewhat paid attention
    - 3. I did not pay attention very much
    - 4. I did not pay attention at all

(Krolnik Campos, 2018)

Updated Illinois Rape Myth Acceptance Scale (IRMA)

Strongly
Strongly
Agree
Disagree

	1	2	3	4	5
Subscale 1: She asked for it					
1. If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand.					
2. When girls go to parties wearing slutty clothes, they are asking for trouble.					
3. If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.					
4. If a girl acts like a slut, eventually she is going to get into trouble.					
5. When girls get raped, it’s often because the way they said “no” was unclear.					
6. If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex.					
Subscale 2: He didn’t mean to					
7. When guys rape, it is usually because of their strong desire for sex.					
8. Guys don’t usually intend to force sex on a girl, but sometimes they get too sexually carried away.					
9. Rape happens when a guy’s sex drive goes out of control.					
10. If a guy is drunk, he might rape someone unintentionally.					
11. It shouldn’t be considered rape if a guy is drunk and didn’t realize what he was doing.					
12. If both people are drunk, it can’t be rape.					
Subscale 3: It wasn’t really rape					
13. If a girl doesn’t physically resist sex—even if protesting verbally—it can’t be considered rape.					
14. If a girl doesn’t physically fight back, you can’t really say it was rape.					
15. A rape probably doesn’t happen if a girl doesn’t have any bruises or marks.					

16. If the accused “rapist” doesn’t have a weapon, you really can’t call it rape.					
17. If a girl doesn’t say “no” she can’t claim rape.					
Subscale 4: She lied					
18. A lot of times, girls who say they were raped agreed to have sex and then regret it.					
19. Rape accusations are often used as a way of getting back at guys.					
20. A lot of times, girls who say they were raped often led the guy on and then had regrets.					
21. A lot of times, girls who claim they were raped have emotional problems.					
22. Girls who are caught cheating on their boyfriends sometimes claim it was rape.					

- Scoring: Scores range from 1 (strongly agree) to 5 (strongly disagree).
- Scores may be totaled for a cumulative score.
- Higher scores indicate greater rejection of rape myths.

(Payne, Lonsway, & Fitzgerald, 1999; McMahon & Farmer, 2011)

Life Events Checklist for DSM-5 (LEC-5; Weathers, Blake, Schnurr, Kaloupek, Marx & Keane, 2013). LEC-5 Standard (27 October 2013) National Center for PTSD

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						

8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

Transcript for Vignette (Marx & Gross, 1995)

DATE RAPE SCRIPT

Dan and Jenny enter into Dan's apartment after going to dinner and a movie.

Dan: Please excuse my apartment. It's a real mess right now.

Jenny: Oh, that's alright. I don't mind.

Dan: Would you like to sit down on the couch?

Jenny: Sure.

Dan: I'm going to turn down the lights if that's alright.

Jenny: That's fine.

Dan: I don't know about you but I really enjoyed that movie. Jack Nicholson is one of my
all-time favorite actors.

Jenny: Yeah, I thought it was good although the ending was really predictable.

Dan: That's true but it was still entertaining. Besides, the best part of the movie was being
with you.

Jenny: Thanks. I enjoy being with you, too (they briefly kiss). Did anybody ever tell you
that you're a great kisser?

Dan: Maybe one or two. You're sitting too far away from me. I need to move closer to you (Dan moves over to Jenny's side of the couch). Now, this is much better.

Jenny: You really know how to show a girl a good time, Dan. Kiss me (The couple kisses more passionately).

Dan: You have such a hot body! When I'm close to you like this, it drives me wild.

Jenny: Oh, I love when you hold me like this. It feels so good.

Dan: Oh, yeah. It feels good to me, too. I like to touch your tits.

Jenny: (submissively) Oh, Dan. Don't do that.

Dan: You really turn me on! Kiss me (They kiss passionately again).

Jenny: (Pushing away from Dan) Please, Dan. I like when you touch my chest but I don't want to rush things.
Dan: OK. I'm sorry but you know that when I get close to you I just about lose control. I apologize - It won't happen again.

Jenny: It's alright. Now, come here and kiss me.

Dan: Anything you say!

(The couple moves together and kisses for a long time. During this exchange Dan now moves his hand and touches Jenny's buttocks. Jenny pushes away from Dan again).

Jenny: (More firmly) Dan, haven't you been listening to me! I just got through telling you that I didn't want you touching my chest and now you go and touch me on my butt! I want there to be something more to our relationship than just sex. Don't you?

Dan: Sure I do, Jenny. (Pleads) But I need this as much as the other stuff. It's important to me.

Jenny: Don't you care about what's important to me?

Dan: Yes, of course I care about what's important to you. But, it's gonna happen sometime so we might as well do it now.

Jenny: No, I can't right now. I need some more time with this.

Dan: Oh, come on now, don't tease me. I know how you feel about me and you know how I feel about you. I know you want to sleep with me.

Jenny: No, not yet. You have to give me more time to be sure.

Dan: Well, if it's more time you want, then it's more time you get.

Jenny: Oh, Dan. I knew you would understand. Come here (Dan and Jenny move closer together and kiss again for some time).

Dan: I love you, Jenny. (Dan touches Jenny's genitals)

Jenny: (with raised voice) No, Dan! Get your hands out of my pants!

Dan: (indignant) Jenny, if you don't let me do this I don't know what I'll do. I think I might have to stop seeing you. I know you don't want that to happen so why don't we just get it over with and sleep together.

Jenny: (Almost in tears) I don't want that to happen. But...

Dan: Then why don't we just remove these jeans (Dan unbuttons Jenny's jeans) since that would make things a lot easier!

Jenny: (Loudly with shaky voice) Please don't do this. Dan, I don't think you understand but I don't want sex right now.

Dan: Well, you act as if you want it. (Disgusted) But if you feel that strongly about it then stay away from me (He pushes Jenny away). You know Jenny, you're nothing but a big tease.

Jenny: Wait, Dan. Don't be upset with me. I know you don't want to wait but, believe me, it will be worth it. (Jenny moves closer and kisses Dan on the cheek. She then turns his head to face her). Hold me and kiss me like this. (They embrace and kiss).

Dan: (goes immediately back to touching her genitals) You know you want it, Jenny.

Jenny: (Yelling) No, Dan! Get away from me!

Dan: (with raised, irritated voice) Don't push it, Jenny. If you don't sleep with me right now, I'll have to hurt you and I know you don't want that to happen!

Jenny: (Yelling) Just stay away from me. Don't you dare touch me, Dan!

Dan: One way or the other, you are going to give it to me! (Dan pushes Jenny down on the couch and gets on top of her. Jenny screams and attempts to move Dan off of her by kicking and punching him). These pants are coming off right now and you are going to fuck me! Don't fight me, Jenny. You know you want it!

Jenny: (Screaming and crying) Get off of me! (She then quiets her screaming as she realizes that she is powerless to stop him).

Dan: Oh, yeah. That's more like it (After a short period of intercourse, Dan groans as he reaches orgasm. Dan then gets up and begins to fix his clothes).

Jenny: (Crying) Dan, how could you? I can't believe you did that! You raped me! You raped me and I never want to see you again!

Dan: I didn't rape you. You wanted it and you know it. You just changed your mind but I didn't rape you.

APPENDIX C

DEMOGRAPHICS AND CHARACTERISTICS OF SAMPLE

C

Table 1 - Demographic and other characteristics of the sample (N=100)

Variable	M(SD)	*n (*%)	Range
Gender			
Man		49(49%)	
Woman		51(51%)	
Age	23.81(6.76)	100	18-71
Year in College			
Freshmen		1(1.0)	
Sophomore		8(8.0)	
Junior		25(25.0)	
Senior		66(66.0)	
Ethnic background			
Hispanic or Latino		66(66)	
Not Hispanic or Latino		34(34)	
Unknown		0(0)	
Racial background			
Caucasian		30(30.0)	
Asian American		6 (6.0)	
African American		11(11.0)	
American Indian		2(2.0)	
Native Hawaiian		1(1.0)	
Other		42(42.0)	
Missing		8(8.0)	
Current Martial Status			
Single		51(51)	
In a committed relationship		40(40)	
Living with significant other		3(3)	
Married		5(5)	
Divorced or Widowed		1(1)	
Type of sexual assault prevention training			
“Not Anymore” Online training		5(5.6%)	
Attended an in-Person Event		13(14.6%)	
Have not completed required training		31(34.8%)	
Frequency “Not Anymore” online training	2.23 (1.23)	93	
1 time		35(37.6%)	

Variable	M(SD)	*n* (%)	Range
2 times		23 (24.7%)	
3 times		20(21.5%)	
4 times or more times		9(9.7%)	
0 – have not completed training		6(6.5%)	
Overall participation in Sexual Assault prevention training	2.97 (1.33)	100	
0 times		17(17%)	
1 time		20(20%)	
2 times		31(31%)	
3 times		13(13%)	
4 times or more		19(19%)	
IRMA			
Men	93.65 (12.85)	44(44%)	
Women	90.83 (16.82)	48(48%)	
Response Latency in seconds	105.28 (50.11)		
Men	103.81 (36.83)	49(49%)	
Women	106.68 (60.54)	51(51%)	

APPENDIX D

BIVARIATE CORRELATIONS

Table 2 – Bivariate Correlations

	A	B	C	D	E
A. IRMA Total	—	.02	-.09	.05	.06
B. Response Latency in seconds	.02	—	.02	.06	.16
C. Gender	-.09	.02	—	-.12	.17
D. Number of times participated in "Not Anymore"	.05	.06	-.12	___	.02
E. Overall participation in ANY sexual assault training	.06	.16	.17	.02	___

$^{*}p < .05$

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