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RISK REDUCTION PROGRAMMING:

UNDERSTANDING FEASABILITY AND THE ROLE OF RAPE MYTHS

by

Cari Beth Lee

A Thesis Submitted in

Partial Fulfillment of the

Requirements for the Degree of

Master of Science

in Psychology

at

The University of Wisconsin-Milwaukee

May 2018

ABSTRACT

RISK REDUCTION PROGRAMMING: UNDERSTANDING FEASABILITY AND THE ROLE OF RAPE MYTHS

by

Cari Beth Lee

The University of Wisconsin-Milwaukee, 2018
Under the Supervision of Professor Shawn Cahill, Ph.D.

Although risk reduction programming is a promising approach against college sexual assault, we need a better understanding of what makes the programming effective including understanding the role of rape myths. Additionally, it is unclear how college women perceive the programming which may affect feasibility. The present study evaluated a novel risk reduction program that utilizes Group Motivational Interviewing. Eligible college women with a sexual assault history were randomized to complete the program or to a control condition. Feasibility results indicated that students were interested in participating, were eligible at high rates, and had positive reactions to the program. Difficulties with feasibility included unequal distribution of participants across conditions, low rate of follow-up participation, and low occurrence of sexual assault for controls at follow-up. Rape myths were not found to be associated with risk reduction programming outcome factors. Preliminary efficacy results indicated that calculated effect size was lower than anticipated.

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ACKNOWLEDGMENTS

I would like to thank my advisor Dr. Shawn Cahill for his continuous support and for motivating me to think deeply about the issues raised in this study. I would also like to thank Drs. Raymond Fleming, Krista Lisdahl, and Elizabeth Santa Ana for their feedback throughout the research process.

I also want to thank my husband, parents, siblings, and friends for their unconditional love and always being there to lift me up.

Risk Reduction Programming:

Understanding Feasibility and the Role of Rape Myths

Sexual assault is a form of unwanted sexual contact that involves intentional touching in or near the genital region, anal region, inner thigh, buttocks, or breast without consent (Basile, Smith, Breiiding, Black, & Mahendra, 2014). The term ”without consent” includes not only instances in which a person withholds consent, but also circumstances in which a person is unable to freely give consent to sexual contact (e.g., when unconscious or intoxicated). Perpetrators of sexual assault utilize a number of tactics to coerce their victims into sexual acts. Common examples include use or threat of physical force, exploitation of a drunk or high individual, verbal pressuring, telling lies, and showing displeasure or criticizing (Koss et al., 2007). All of the aforementioned tactics prevent an individual from freely providing consent and sexual acts committed with use of these tactics are therefore sexual assault. Rape is a specific type of severe sexual assault that involves penetration of the mouth, anus, or vagina.

Prevalence & Risk Factors of College Women

Sexual assault has been recognized as a pervasive form of violence against women on college campuses since the 1980s (Koss, Gidycz, & Wisniewski, 1987). In fact, women are at the highest risk for sexual assault during college than at any other time in their life (Koss et al., 1987). Although rates from specific studies vary, there is broad consensus that approximately 23% of college women will experience a sexual assault (The Association of American Universities, 2015). Sexual assaults on college campuses are so pervasive that between 13% and 32% of women experience a new sexual assault in a 2 to 3 month evaluation period (Hanson & Gidycz, 1993; Breitenbecher & Gidycz, 1998; Gidycz, Rich, Orchowski, King, & Miller, 2006; Orchowski, Gidycz, & Raffle, 2008; Hill, Vernig, Lee, Brown, & Orsillo, 2011).

In addition to ‘in college’ being a risk factor in of itself, college women have a higher likelihood of experiencing additional risk factors for sexual assault. For example, experiencing a prior sexual assault is predictive of future sexual assaults. Women who experience an attempted or completed rape prior to college were twice as likely as those without such a history of sexual assault to experience sexual assault during college (Hanson and Gidycz, 1993). Drinking, a common occurrence among college students, can also increase a woman’s risk of sexual assault. Approximately 14% of female drinkers report being taken advantage of sexually and 1 in 20 college women report being raped while intoxicated (Mohler-Kuo, Dowdall, Koss, & Wechsler, 2004; Presley, Meilman, & Lyerla, 1995). Additionally, college freshman or other women who are new to campus are at higher risk than at any other point in their college careers (Carey, Durney, Shepardson, & Carey, 2015). Moreover, having more sexual partners increases the risk of sexual victimization due to sheer exposure to sexual contact (Franklin, 2010; Koss & Dinero, 1989). Other sexual assault risk factors that may be relevant to college women include identifying as a sexual minority or having a disability (Walters, Chen, & Breiding, 2013; Harrell, 2017).

Negative Impact of Sexual Assault

Being a victim of sexual violence can cause negative consequences for the individual and society. Sexual assault can result in physical health difficulties including gastrointestinal and gynecological problems (Heitkemper, Jarrett, Taylor, Walker, Landenburger, & Bond, 2001; Sommers, 2007). Victimization is associated with increasing risky behaviors such as smoking and alcohol usage (Cloutier, Martin, & Poole, 2002; Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997). In fact, compared to nonassaulted women, victims of rape are 2.8 times more likely to abuse alcohol (Kilpatrick et al., 1997). Impaired relationships and low self-esteem are

common among victims (Murphy, Amick-McMullan, Kilpatrick, Haskett, Veronen, Best, & Saunders, 1988). Overall, experiencing sexual assault can cause long-term negative effects to mental health. Findings from a large meta-analysis revealed significant associations between sexual abuse and depression, suicide attempts, posttraumatic stress disorder, and eating disorders (Chen et al., 2010). Sexual dysfunction, including fear or avoidance of sex, is also common (Becker, Skinner, Abel, & Cichon, 1986). Experiencing rape is considered the most expensive crime in the United States. Approximately $127 billion is spent annually to cover lost productivity, medical care, and additional costs associated with a decrease in quality of life (Miller, Cohen, & Wiersema, 1996).

Call for Intervention

In response to the consistently high rates of college sexual assault and the negative health and economic impact, the United States government has taken a greater role in attempting to reduce college sexual assault. In 1994, colleges that receive federal funding were mandated to make sexual assault prevention programs available to all students (National Association of the Student Personnel Administrators, 1994). Despite the mandate, most sexual assault prevention programs on college campuses are not empirically validated or are found to be ineffective in preventing sexual assault (Anderson & Whiston, 2005). After twenty years of no change to college sexual assault rates, the Obama administration formed the White House Task Force to Protect Students from Sexual Assault to improve the response to college sexual assault, and ultimately provide funding to develop effective prevention programs (Obama, 2014). With this initiative, researchers and universities have a responsibility to develop empirically validated interventions for their students.

Interventions for both college women and men will be necessary to reduce the rates of campus sexual assault across the country. Current programming for college men focus on preventing perpetration of sexual assault. Emphasis of these prevention programs typically includes the importance of consent, decreasing acceptance of sexual violence and rape myths, and increasing victim empathy (Newlands & O'Donohue, 2016). These prevention programs usually consider the participants to be bystanders, individuals willing to help potential victims rather than potential perpetrators (Newlands et al., 2016). Bystander interventions encourage third party witnesses to intervene to reduce harm (Katz & Moore, 2013). Broadly, bystander interventions are community-based interventions that encourage others to take responsibility for the safety of the community (Katz et al., 2013). The bystander intervention is not only used for sexual assault preventions programs for men but also for women and mixed gendered groups. A meta-analysis of campus bystander interventions showed that bystander interventions decrease rape myth acceptance, lower rape proclivity, and increase bystander efficacy but do not decrease the rate of perpetration (Katz et al., 2013). Review of the evidence based research for programs specific to reducing perpetration among college men reveals few programs, limited success, and numerous methodological limitations (Tharp, DeGue, Lang, Valle, Massetti, & Matjasko, 2011).

As programming focusing solely on men or mix-gendered groups has not decreased sexual assault rates, resistance programs have emerged for women only. Yet, many criticize sexual assault programming that targets women solely believing that "men must stop rape" and that these programs are a form of victim blaming (Gidycz & Dardis, 2015). These views prevent women from acquiring information and skills that may help to avoid rape. In fact, advocates of programming for women do not view such programs as a form of "prevention" but rather use the term "risk reduction." Risk reduction programs emphasize that women are not responsible for

preventing perpetration, but they can engage in behaviors that may reduce their risk of perpetration (Ullman, 2007). Programming for college women typically are alcohol centered or feminist self-defense interventions. Feminist self-defense is a teaching approach that assumes women are capable of defending themselves rather than needing protection from others (Hollander, 2004). Although feminist self-defense programs can include martial arts or other forms of physical defense training, most programs focus on helping women understand how traditional gender-role socialization makes them vulnerable to victimization (Norrell & Bradford, 2013). Traditional values instilled upon women encourage them to be unassertive or passive even in risky situations that may result in sexual assault (Norrell et al., 2013). Feminist self-defense programs empower college women by helping them identify dating situations that could become risky and dangerous, encourage assertive communication with a dating partner, and developing self-efficacy to respond to a threatening situation.

The Ohio University Risk Reduction Program

Christine Gidycz and her colleagues are the largest contributors to evaluating sexual assault risk reduction programs for college women. In total, they have published 7 randomized control trials examining the effectiveness of their program, the Ohio University Sexual Assault Risk Reduction Program (OUSARR) and its predecessors. The program has changed multiple times in an attempt to yield more favorable results with the ultimate goal of reducing the rate of sexual assault. However, despite the renditions, the program's success is variable.

In all versions of the program, education about sexual assault is highly emphasized. In the initial study, Hanson and Gidycz's (1993), participants were provided with information regarding rape myths and protective behaviors strategies to prevent acquaintance rape. Information was presented in a single session in the form of a live presentation, videos showing

an acquaintance rape scenario and appropriate protective behaviors, and open discussion with participants. At two months follow-up, the program was found to be associated with significantly fewer sexual assaults for participants without a history of sexual assault compared to participants in a no invention control group who also did not have a history of sexual assault. The program was ineffective at reducing the sexual assault rate for participants with any history of sexual victimization. Results also suggested an increase in protective dating behaviors but no changes in assertive sexual communication.

Following the initial 1993 study, changes were made to the program in the hopes of enhancing its efficacy. To address the high risk of experiencing subsequent sexual assaults, Breitenbecher and Hanson (1998) added information and discussion to the program about sexual victimization being a risk factor for future sexual victimization. Otherwise the program remained similar to the original Hanson et al. (1993) protocol. Results at two months follow-up yielded no significant findings on the rate of sexual assault, dating behaviors, or assertive sexual communication regardless of sexual assault history. Gidycz and colleagues' program was then heavily modified to a brief one hour intervention for both men and women with initial results showing a positive effect on the acceptance of rape myths for both genders (Pinzone-Glover, Gidycz, & Jacobs, 1998). However, at two months follow-up there was no effect on rates of sexual victimization for women or rates of sexual aggression for men (Gidycz et al., 2001a). The next study (Gidycz et al., 2001b) reverted to a protocol similar to Hanson et al. (1993) and Breitenbecher et al. (1998). Videos were updated to depict a date rape scenario and a series of interviews with rape survivors. Additionally, role-playing and small group discussions were incorporated to encourage participants to discuss resistance strategies. At two months follow-up, the program did not reduce the risk of sexual assault. Participants victimized during this time

frame, but did not experience rape, were less likely to experience another sexual assault at six months follow-up compared to controls. However, participants who were raped during the two-month follow-up period did not have a reduced rate of sexual assault at six months follow-up. Additionally, the program did not improve protective dating behaviors or assertive sexual communication.

In its current form, the OUSARR program is 7-hours in length, broken in 3 sessions (Gidycz et al., 2006; Orchowski et al., 2008). The first session is similar to its predecessors, with emphasis on presentation of relevant sexual assault factual information, videos, and discussion. Specifically, videos include the interviews with rape survivors and information on strategies to use in threatening dating situations. Group discussions focus on developing appropriate responses to these dating scenarios. The second session is a feminist self-defense training session during which participants learn physical and verbal responses to threatening dating situations. Women in the program are taught to trust their intuition and to be assertive in their interactions. The final session acts as a booster session taking place 2 to 4 months after enrollment. In the final session, a review of the program is provided and a discussion of how the women have applied strategies they learned in the initial sessions.

Gidycz and colleagues have conducted three randomized control trials since the last major revisions in 2006. Women who participated in the program had significantly higher levels of protective dating behaviors (Gidycz et al., 2015; Gidycz et al., 2006; Orchowski et al., 2008). The program has also produced evidence of increasing assertive sexual communication and self-efficacy in responding to risky dating behaviors (Gidycz et al., 2015; Orchowski et al., 2008). None of the trials found the program to be effective in reducing the rates of sexual assault, regardless of sexual victimization history.

Additional Programs for Women

Although Gidycz's program is the first to be systematically evaluated and has undergone the greatest scrutiny, a number of other programs specifically for college women have been created and undergone empirical testing. Breitenbecher and Scarce (1999 & 2001) evaluated an already instilled university sexual assault education program with two RCTs, each following students for an entire school year. In both studies, the program was unsuccessful at reducing the incidence of sexual assault. Others tried to build off of Gidycz's work and can be characterized as feminist self-defense programs. In one study, the Hanson et al. (1993) protocol was modified to include skills trainings with the aim of increasing participant self-efficacy for using the skills in dangerous situations (Marx, Calhoun, Wilson, & Meyerson, 2001). Participants in the program reported higher self-efficacy and were less likely to be raped, but overall sexual victimization rates were similar to the control condition.

In a Canadian study evaluating the Enhanced Assess, Acknowledge, Act Sexual Assault Resistance Program (EAAA), the program focused on assessing and acknowledging risk of sexual assault with instruction on practicing self-defense (Senn, Eliasziw, Barata, Thurston, Newby-Clark, Radtke, & Hobden, 2015). Results of the study over a 24-month follow-up period showed a significant decrease in sexual assault occurrence for the intervention condition compared to the control condition (Senn, Eliasziw, Hobden, Newby-Clark, Barata, Radtke, & Thurston, 2017). An earlier analysis of the 12-month results (Senn et al., 2015) indicated that participants in the intervention condition with a history of rape were less likely to be raped at 12 months follow-up (17.1%) compared to the control condition with the same history (22.8%). However, those in intervention remained at clinically significant high risk for rape compared to

women without such a history regardless of condition intervention (1.8%) or control (5.8%). A comparable analysis was not reported for the 24-month data.

There are a few innovative additional risk reduction programs that have undergone less rigorous testing by not including randomization. Examples include a physical and verbal self-defense program (Hollander, 2014) and a mindfulness training program (Hill, Vernig, Lee, Brown, & Orsillo, 2011). Both programs were ineffective at reducing sexual assault risk when compared to self-selected control conditions.

Sexual Assault Intervention and Alcohol Use

Alcohol is also a focus of sexual assault risk reduction programming. The primary aim of these studies is typically to decrease drinking and therefore the risk of experiencing an alcohol related sexual assault. Often programs include psychoeducation on drinking, feedback on current drinking, and suggestions or trainings on how to reduce drinking. In one web-based study, women with severe sexual assault histories who completed a combined program with a focus on alcohol reduction and sexual assault resistance strategies were less likely to experience a sexual assault at follow up compared to participants not in the combined program (Gilmore, Lewis, & George, 2015). The authors hypothesized that the mechanism of change in their program would be increasing protective behavioral strategies used in drinking or risky dating situations. However, the program did not increase protective behavioral strategies for dating or drinking. As the goal of resistance strategies training is to increase protective behaviors, some other variable(s) likely contributed to the effectiveness of the program.

Motivational interviewing (MI), a client-centered therapy style, is a well-established in the substance use literature. Specifically, MI is used to help people resolve ambivalence about their substance use and ultimately motivate them to change (Rollnick & Miller, 1995). MI

interventionists provide limited advice because they believe that the person often already have the tools necessary to make the change but needs the motivation to use the tools (Miller & Rollnick, 2012). Although MI started as a treatment for addictive behaviors it has since been applied to various behaviors or conditions people are often reluctant to change. For example, MI has been used to help increase physical activity level and enhance healthy eating (Armstrong, Mottershead, Ronksley, Sigal, Campbell, & Hemmelgarn, 2011), and reduce the risk of HIV/AIDS through increased condom usage (Kiene & Barta, 2006).

One study used MI in an effort to reduce sexual assault by focusing on reducing binge drinking (Clinton-Sherrod, Morgan-Lopez, Brown, McMillen, & Cowell, 2011). Participants with a history of recent episodic binge drinking completed one-session of individual MI and a follow-up 3 months later. MI was found to reduce both drinking and sexual assault during follow-up in comparison to a control condition that did not receive MI. However, their path analysis failed to support the authors' mediational hypothesis that alcohol reduction would be responsible for the reduction of sexual assault. Additionally, women with a prior history of victimization who participated in the MI intervention had a reduced risk of experiencing sexual assault that was comparable to the risk level of participants in the intervention condition with no sexual assault history. Considering the magnitude in the risk reduction, there is a clinically significant effect for those at high risk which has not been seen in feminist self-defense programs. Therefore, the results of the study suggest that MI may be particularly beneficial for college women with a sexual assault history, but some mechanism other than reduced drinking may be responsible for reducing sexual assault.

MI for substance use problems has been increasingly used in group settings. Participants in group motivational interviewing (GMI) experience the same components seen in individual

MI with the added benefit of group therapeutic factors. The most significant difference between MI and GMI is the use of structured activities within the group (Santa Ana & Martino, 2009; Wagner & Ingersoll, 2012). Additionally, the therapist models MI-consistent behaviors and group members are also expected to implement by following the agreed upon group norms (Santa Ana et al., 2009; Wagner et al., 2012). Group dynamics help organize GMI specific activities that allow group members to behave in a MI consistent manner (Santa Ana et al., 2009; Wagner et al., 2012).

Research has demonstrated that GMI can help to bolster the goals of treatment and to help with increasing recognition of the targeted problem (LaChance, Ewing, Bryan, Hutchison, & 2009; Murphy, Rosen, Cameron, & Thompson, 2002). Additionally, GMI may enhance change talk, thought to be one of the important processes of change promoted by MI. Change talk refers to any statements people express that are in the direction of changing their targeted behavior (Miller et al., 2012). In GMI, participants engage in more change talk at greater frequency when utilizing MI strategies than otherwise (Shorey, Martino, Lamb, LaRowe, & Santa Ana, 2015). Overall, GMI has the potential to enhance the potential of MI and be an effective intervention. Moreover, GMI may be more a more efficient way to deliver services in comparison to individually delivered interventions. To date, no studies have utilized GMI to target non-substance use problems or have evaluated the efficacy of GMI for substance use on reducing women's risk for sexual assault. Thus, GMI may be a potential avenue for delivering risk reduction programming and possibly contribute to feasibility of such programming.

Feasibility of Risk Reduction Studies

As risk reduction research is a growing field, it is reasonable to wonder how feasible it is to conduct such research. Like any other investigation into new interventions, risk reduction

programs need to have high interest from the community, adequate enrollment, and limited attrition. In other words, in order for these programs to be successful, college women have to find the program interesting, be willing to participate, and willing to stay in the program through follow-up. Without this, the programs will be unsuccessful regardless of its likelihood of reducing sexual assault. As the topic is sensitive in nature and participation can be time consuming, if college women do not want to participate while the program is still being evaluated it is unlikely that college women would willingly invest energy into an established program. Therefore, before a program can be established as effective, feasibility must be established.

For an intervention-focused study to be feasible, at minimum there must be an adequate pool of participants meeting eligibility criteria from which to draw, eligible participants must be willing to participate, and the target behavior must occur at high enough rates over the follow-up period, in the absence of intervention, that it is possible to detect a reduction that may be due to intervention. To consider these questions of feasibility, enrollment and follow-up retention numbers for the most recent versions of the OUSARR program and the EAAA programs were scrutinized. In the OUSARR program, 650 first year college women were recruited over the course of two academic years (Gidycz et al., 2015). A total of 2,243 male and female students living in specific residential halls were eligible to participate, with men and women participating in separate programs. Overall, 57% of eligible students enrolled in the study, including 650 women and 635 men. Of the 650 women, 34.6% reported a history of sexual victimization at baseline assessment. Overall, participation in the follow-up assessments was high, with 85.4% of participants completing the four-month follow-up and 82.3% of participants completing the seven-month follow-up. Participation in the four-month follow-up was comparable for

participants with and without a history of prior sexual assault and did not differ across treatment conditions. However, participation in the seven-moth follow-up was significantly lower for participants with a history of sexual assault who were assigned to the intervention program (69.2%) compared to participants with a history of sexual assault assigned to the control group (85.1%); the latter group had similar participation rates to women with no history of sexual assault assigned to the intervention program (85.9%) and the control group (85.1%). Overall, approximately 30% of participant with a prior history of sexual assault reported one or more new incidents during follow-up, compared to less than 8% for those without a history of prior assault. There was no difference in rate of assault across the treatment conditions nor was the history X treatment interaction significant.

In the EAAA program, 3,241 first year college women were screened for eligibility, which was related to availability to participate in the program, of which 3,150 were deemed eligible; 899 subsequently participated in the study (29.5% participation rate). Of the 899 participants, 58.7% reported a history of sexual victimization at baseline (Senn, Eliasziw, Barata, Thurston, Newby-Clark, Radtke, & Hobden, 2013). Between completing the baseline questionnaires and completing the program, 6 participants withdraw. Of the remaining 893 participants, 95% of participants completed the 12-month follow-up. This study is one of the few to report a significant effect of intervention, such that rates of both attempted and completed rape were lower for the intervention group. During the 12-month follow-up, 7.7% of participants in the intervention group reported attempted or completed rape compared to 15.5% in the control group. Rates of other forms of sexual assault were high for both groups over the follow-up period, with no differences between groups. For example, rates of nonconsensual contact (e.g., groping) during follow-up were 25.8% and 39.1% for intervention and control groups

respectively; corresponding rates of attempted coercion (e.g., use of coercive verbal tactics, but not force or threat of force, to in an attempt to obtain oral, vaginal, or anal sex) were 14.5% and 22%.

As both programs have high enrollment, including women with a sexual assault history, high retention through follow-up, and high rates of assault during follow-up (at least in the control group), these studies are indicative of high feasibility of risk reduction research.

Although the OUSARR and EAAA programs provide evidence that risk reduction programs can be successfully run, each university setting is different. Programs can be more or less successful at different universities. To consider this issue, numbers were evaluated from recent studies in the Cahill lab at University of Wisconsin – Milwaukee (UWM) that used recruitment methods similar to the present study (i.e., psychology undergraduate students are recruited online; see Methods below for more details) and enrolled participants over a two-semester period of time. In one study (Grout, 2016), participants were screened online for feelings of shame. In total, 381 women accessed the screener, of which 127 were eligible and attended the in-person study. The other study (Anderson, 2014) specifically screened college women for sexual assault history. Of the 255 participants who initiated the online screener, 77 (30.1%) were eligible due to a history sexual assault, of which 48 women enrolled in the in-person study. Both studies indicate female UWM students are interested in participating in research and willing to sign up for a study after undergoing screening online. Additionally, from Anderson's (2014) study it is likely that over 30% of participants will have a sexual assault history and that approximately 60% of them will be interested in doing an in-person study that asks them questions about their assault history.

The Role of Rape Myths

Rape myths, defined as false cultural beliefs that shift the blame from perpetrators to victims (Burt, 1980), are an important element when considering the effectiveness of sexual assault programs. In fact, as previously discussed, the goal of bystander intervention is to decrease rape myth acceptance (Katz et al., 2013). However, the majority of programs that target rape myths have only a short-term impact on participants (Anderson et al., 2005). Although reducing rape myth acceptance is not one of the main goals of programs that utilize a feminist self-defense model, understanding the role of rape myths in the context of risk reduction programming may be helpful in understanding why or why not a program is effective. To date, there is no known risk reduction program that evaluates the influence of rape myth acceptance on the results of the program.

Factors that contribute to rape myth acceptance have been widely researched. Rape myths are more likely to be held by men, particularly men with hostile behaviors and attitudes towards women (Suarez & Gadalla, 2010). However, women are not immune to rape myth acceptance. Regardless of gender, students who believe in more traditional gender roles are more likely to accept rape myths compared to students who reject traditional gender roles (King & Roberts, 2011). The drinking culture in college may also contribute to women believing in rape myths. For example, in one study, 41% of college women believe that if a woman was raped while intoxicated then she was responsible (Aronowitz, Lambert, & Davidoff, 2012).

For women, having greater rape myth acceptance may put them at higher risk for experiencing sexual assault. In one study, college women with greater rape myth acceptance had a higher threshold for evaluating sexually risky situations (Yeater, Treat, Viken, & McFall, 2010). To date, there are only two studies that consider the role of the most commonly evaluated

factors commonly targeted in risk reduction programs (i.e. dating behavior, sexual assertiveness, and self-efficacy) as factors that influence to rape myth. In a mixed gender study, participants who engaged in riskier dating behaviors were more likely to have higher rape myth acceptance compared to participants with safer dating behaviors (Swope, 2012). In another study, perception of blame was evaluated after women viewed videos of acquaintance sexual assault (Rusinko, Bradley, & Miller, 2010). Women with higher sexual assertiveness were more likely to blame the sexual assault victim in the videos if the victim engaged in unassertive nonverbal resistance to her perpetrator compared to women lower in sexual assertiveness. However, general rape myths acceptance was not evaluated in the Rusinko et al. (2010) study and it is unknown if sexually assertiveness increases rape myth acceptance. There are no known studies that consider the influence of self-efficacy in risky dating situations. As dating behavior, sexual assertiveness, and self-efficacy are essential components in understanding the effectiveness of risk reduction programming, further research is necessary to establish how these factors interact with rape myth beliefs and risk of experiencing sexual assault.

Another consideration when evaluating rape myth acceptance is the prior sexual victimization. Being a victim of sexual assault does not predict lesser or greater rape myth acceptance (Burt, 1980; Carmody & Washington, 2001). However, victims of unacknowledged rape (i.e., when a person who has experienced an event that meets the legal definition of rape but the person does not believe their experience was rape; Koss, 1985) may experience greater acceptance of rape myth compared to individuals with acknowledged rape. There are few studies that look at the differences between acknowledged victims and unacknowledged victims in evaluating rape myths (Dunlap, 1997; Harbottle, 2014; Mason, Riger, & Foley, 2004). In one study (Dunlap, 1997), participants with unacknowledged rape were more likely to victim blame

compared to participants with acknowledge rape. In the Harbottle (2014) and Mason et al. (2004) studies, unacknowledged victims reported greater blame or rape myths, but the results were not statistically significant. All of the studies used vignettes to direct the focus of the participants' feelings of blame and sample size was a limitation for all studies. It is therefore unclear if there is a relationship between unacknowledged rape and rape myth acceptance more broadly. Additionally, more research is needed to understand what factors contribute to acknowledgment of sexual assault.

Present Study

Current risk reduction studies have received high praise for empowering college women. Yet, the programs have not been consistently efficacious in lowering the high rates of sexual assault seen on campuses. Perhaps the goals of risk reduction programs are appropriate, but the delivery is ineffective. As mandated by the government, college women have been exposed to sexual assault prevention education. Hypothetically, they already have prior knowledge of what may put them at risk for a sexual assault. Therefore, information provided in risk reduction programs could be considered common knowledge for the average college woman. Thus, it may not be that college women are generally lacking in knowledge. Rather, it may be that college women may be reluctant to change their dating behaviors despite adequate knowledge. MI techniques may be especially useful in helping to improve the facilitation of a risk reduction program by raising motivation and reducing reluctance to act on that knowledge.

The present pilot study is a randomized controlled trial that combines GMI techniques with feminist self-defense tactics to motivate college women to change their dating behavior. The intervention targeted risky dating in a group setting. As college women with a history of sexual victimization are among those at highest risk for experiencing incidents during a

prospective follow-up period, the intervention targeted women with a history of prior sexual assault. The goal of the present intervention is not to eliminate college sexual assault, but to reduce the rate of sexual assault for those who are at the highest risk to a lower rate. As this is a pilot study, the primary aims are to evaluate the feasibility and acceptability of the program and to explore risk factors associated with rape myths that may affect the efficacy of the program. Preliminary results of the efficacy of the program are also discussed but are not the focus of the current project. The primary aims and hypotheses are described below:

Primary aims.

***First aim*.** The first aim is to determine how feasible the proposed study is in a population of college women. One aspect of feasibility involves recruitment and whether or not the investigators enroll an adequate sample size to achieve the goals of the study. This was evaluated by considering recruitment numbers, including how many participants initiated and completed the screener, had previously experienced a sexual assault, and subsequently enrolled in the study. A second aspect of feasibility involves retention of participants through all phases of the study. Accordingly, we considered preliminary data for participants that have reached the follow-up portion of the study to determine retention frequency. Finally, an aspect of feasibility with respect to risk-reduction interventions is to establish that the target problem occurs at a high rate during the proposed follow-up period to permit be able to detect whether an intervention effectively decreases that rate. Thus, we were specifically interested in the rate of sexual assault reported during follow-up by participants in the control condition. Feasibility hypotheses were primarily informed by evaluating the OUSARR program, the EAAA program, studies conducted in the Cahill lab, and national statistics. We supplemented results from the OUSARR and EAAA

programs with studies reported by, Gidyczc, Hanson, & Layman (1995) and Hill et al. (2011). We hypothesize the following:

1. At least 300 individuals will be interested enough in the study to access the screener over a period of two semesters of recruitment. This is the average number of participants who participated in similar screenings for in the Anderson and Grout studies over a similar period of time.
2. Similar to national estimates and the research on college populations reviewed earlier, over 25% of individuals who will take the screener will report a sexual assault and therefore be potentially eligible for the study.
3. Approximately 60% of participants who are eligible will subsequently enroll in the study. This is based on the average percent from the EAAA program and Anderson's research of female participants with a history of sexual assault who completed the screen, were eligible, and enrolled in those studies.
4. Ninety percent (90%) of participants, an average of the retention rate in the OUSARR and EAAA programs at 3 or 4 month follow-up, will complete the follow-up.
5. Approximately 35% of participants in the control condition will report one or more new instances of sexual assault during the follow-up period.

Second aim. The second aim is to determine how acceptable the risk reduction program is to college women. For participants who are randomly assigned to the program, we assessed the appropriateness and acceptability of the program. We hypothesize that women assigned to the program will find it logical, helpful in reducing their risk of unwanted sexual contact, and would recommend it to a friend.

Third aim. The third aim is to explore the relationships of rape myth endorsement with sexual assertiveness, use of protective dating behaviors, and self-efficacy in risk dating situations. We hypothesize the following:

1) Participants with a high belief in rape myths will be less likely to report use of self-protective dating behavior;

2) Participants with a high belief in rape myths will be more likely to report use of nonassertive sexual communication;

3) Participants with a high belief in rape myths will be less likely to report self-efficacy in response to threatening dating situations;

4) Belief in rape myths will be higher in participants with unacknowledged rape compared to participants with acknowledged rape.

Fourth aim. The fourth aim is to conduct a preliminary evaluation of the efficacy of the treatment. Specifically, we evaluated sexual assault rates at follow-up and changes in protective dating behavior, sexual assertiveness, and self-efficacy in risk dating situations. We hypothesize the following:

1) Fewer participants in the treatment condition will report sexual assaults at follow-up than in the control condition.

2) Participants in the treatment condition will report greater use of self-protective dating behaviors than participants in the control condition at follow-up;

3) Participants in the treatment condition will report less use of nonassertive sexual communication than participants in the control condition at follow-up;

4) Participants in the treatment condition will report higher confidence in respond to threatening dating situations than participants in the control condition at follow-up.

Methods

All study procedures and materials have been approved by the UWM Institutional IRB.

Participants

Female participants were recruited from University of Wisconsin – Milwaukee (UWM) undergraduate psychology classes. A total of 268 participants accessed the online screener to determine if they were eligible for the study. Of those who were eligible, 55 female participants enrolled in the in-person study; however, 1 participant discontinued before completing self-report questionnaires. Therefore, 54 participants in total were used for sample analysis. Participants were eligible if they were: (1) female; (2) aged 18-25; (3) enrolled as an undergraduate student at UWM in a psychology course that offers SONA credit; (4) reported on the screener a prior history of sexual assault since the age of 14; and (5) were able to read and write in English. Exclusion criteria were limited to not meeting one or more of the inclusion criteria (e.g., male, age < 18 or ≥ 26).

Baseline characteristics are reported in Table 1. for the overall sample as well as separately for each condition. Statistical comparisons between conditions were conducted for each baseline variable. Mean participant age was evaluated with a *t*-test for independent samples; the Mann-Whitney U test was selected to evaluate the median number of prior consensual partners, due to the skewed distribution of the variable; and all remaining variables were categorical variables and analyzed using the chi-square test, or Fisher's exact test when one or more cells had a predicted value of less than 5.

Table 1. Baseline characteristics of the participants.

Characteristic	Full Sample (N = 54)	Treatment Condition (n = 19)	Control Condition (n = 35)	Differences Between Conditions[1]
Age – yr±SD[2]	20.8±2.0	21.3±1.6	20.5±2.1	.168
Race				.392
White – no. (%)	38 (70.4)	12 (63.2)	26 (74.3)	--
Other – no. (%)	16 (29.6)	7 (36.8)	9 (25.7)	--
Hispanic – no. (%)	5 (9.3)	4 (21.1)	1(2.9)	.047
Sexual orientation				.817
Heterosexual – no. (%)	38 (70.4)	13 (68.4)	25 (71.4)	--
Other – no. (%)	16 (29.6)	6 (33.6)	10 (28.6)	--
Living arrangement				.232
University housing – no. (%)	12 (22.2)	3 (15.8)	9 (25.7)	--
Family home – no. (%)	14 (25.9)	3 (15.8)	11 (31.4)	--
Off-campus - without family – no. (%)	28 (51.9)	13 (68.4)	15 (42.9)	--
Sexually active – no. (%)[3]	48 (88.9)	18 (94.7)	30 (85.7)	.408
Number of consensual sex partners if sexually active – median (range)[4]	4 (1-11+)	4 (1-11+)	3 (1-11+)	.357
Currently in a committed romantic relationship – no. (%)	26 (48.1)	9 (47.4)	17 (48.6)	.933
Sexual victimization since 14 years of age[5]				
Completed rape – no. (%)	34 (63.0)	14 (73.7)	20 (57.1)	.227
Attempted rape – no. (%)	33 (61.1)	15 (78.9)	18 (51.4)	.048
Coercion – no. (%)	34 (63.0)	11 (57.9)	23 (65.7)	.570
Attempted coercion – no. (%)	39 (72.2)	14 (73.7)	25 (71.4)	.860
Nonconsensual sexual contact – no. (%)	49 (90.7)	17 (89.5)	32 (91.4)	1.00
Forced choice: Have you ever been raped? – no. (%)	18 (33.3)	9 (47.4)	9 (25.7)	.107
Current alcohol usage severity				.026
Low – no. (%)	38 (70.4)	10 (52.6)	28 (80.0)	--
Moderate – no. (%)	10 (18.5)	4 (21.1)	6 (17.1)	--
Severe – no. (%)	6 (11.1)	5 (26.3)	1 (2.9)	--

[1] Difference between treatment and control conditions are reported with p-values. The only significant differences were identifying as Hispanic, the number of attempted rapes, and alcohol severity.
[2] Plus-minus signs values are means and standard deviations.
[3] Participants that indicated they had engaged in consensual sexual relationships.
[4] Average number of lifetime sexual partners was calculated only for participants who indicated that they were sexually active. Median and range are reported. Participants indicated if they had sex with 0 to 11 or more partners.

Overall, the average age of participants was 20.8. The majority of participants were White (70.4%), identified as heterosexual (70.4%), were sexually active (88.9%), and were at low risk for alcohol related problems (70.4%). On average, participants reported having 4 lifetime consensual sex partners and about half (48.1%) were in a committed romantic relationship. Significant differences between conditions were observed for the percentage of participants who identified as Hispanic, the percentage of participants who reported a prior attempted rape, and alcohol severity. Specifically, a greater percentage of participants in the treatment condition identified as Hispanic and reported a prior attempted rape; fewer participants in the treatment condition reported low severity alcohol usage and more reported severe alcohol usage compared to the control condition. No other baseline characteristic differences were observed between conditions.

Materials

Screener (Appendix A). The survey assessed eligibility of participants for the present study. The 9-item screener includes identifying as a man or a woman, age, and experiencing an unwanted sexual experience singe age 14. The unwanted sexual experience questions are from the Sexual Experience Survey – Short Form Victimization (Koss et al, 2007). Although the full scale (as described below) asks participants to identify a specific tactic for experiencing unwanted sexual contact and identifies how often the assault occurred, the questions ask only if the sexual experience has occurred.

Baseline and follow-up measures (Appendix B).

The Alcohol Use Disorder Identification Test. The Alcohol Use Disorder Identification Test (AUDIT; Babor, Higgins-Biddle, Saunders, & Monteiro, 2001) is a 10-item self-report measure that assesses excessive drinking and risk for alcohol use disorder. Participants

responded to the first 8 items on a 5-point scale ranging from 0 to 4, and the last 2 items are on a 3-point scale with values of 0, 2, and 4. Scores range from 0 to 40, with higher scores indicating a greater severity. A score of less than 8 represents a low level of alcohol problems, 8 to 15 a medium level, and 16 or above a high level (Babor et al., 2001). Reinert and Allen's (2007) review of the AUDIT literature demonstrated high internal consistency with a median reliability coefficient of 0.83.

The Dating Self-Protection Against Rape Scale. The DSPARS (Moore et al., 1999) is a 15-item self-report measure that assesses self-protective dating behaviors. Responses are on a 6-point scale, ranging from "never" to "always," with higher scores signifying greater use of self-protective behaviors. The measure demonstrates good internal consistency (Chronbach's α = .97; Moore et al., 1999).

Demographics. The Demographics form assesses age, race, ethnicity, sexual orientation, marital and relationship status, and living situation. Additionally, the demographics form assesses issues relevant to sexual assault research including if they are dating and the number of consensual sexual partners they have had.

The Illinois Rape Myth Acceptance Scale – Short Form. The Illinois Rape Myth Acceptance Scale – Short Form (IRMAS-SF; Payne, Lonsway, & Fitzgerald, 1999) is a 20-item self-report measure that assesses agreement with myths about women as victims of rape, rape as a violent crime, and male perpetrators. Participants responded along a 9-point scale ranging from "not at all agree" to "very much agree" with higher scores signify more agreement with rape myths. The measure has 7 subscales: She asked for it, It wasn't really rape, He didn't mean to, She wanted it, She lied, Rape is a trivial event, and Rape is a deviant event. Payne et al. (1999) demonstrated good internal consistency for all subscales (Chronbach's α = .74-.84).

The Self-Efficacy Scale). The Self-Efficacy Scale (SE Scale; Marx, Calhoun, Wilson, & Meyerson, 2001; Ozer & Bandura 1990) is a 7-item self-report measure that assesses confidence in using assertive responses in threatening dating situations. Higher scores signify greater confidence. Participants respond along a 7-point scale, ranging from “not at all confident” to “very confident.” Ozer et al. (1990) demonstrated that the SE Scale has high internal consistency (Chronbach’s $\alpha = .97$).

Sexual Assertiveness Questionnaire for Women. The Sexual Assertiveness Questionnaire for Women (SAQ-W; Walker, 2006) is a 30-item self-report measures that assess a woman’s communication in sexual situations. Participants responded along a 5-point scale, ranging from strongly disagree to strongly agree, with higher scores indicating less sexual assertiveness. The measure has 4 subscales: Sex-related negative affect, Sexual Confidence and Communication Assertiveness, Commitment Focus, and Relational Sexual Assertiveness. Walker et al. (2006) demonstrated moderate internal consistency for all subscales (Chronbach’s $\alpha = .74$-93).

Sexual Experiences Scale-Short Form Victimization). The Sexual Experiences Scale-Short Form Victimization (SES-SFV; Koss et al., 2007) is a 10-item self-report measure that assesses unwanted sexual contact from the ages of 14 and up. Participants responded to the first 7 items that each describe a sexual act followed by 5 possible tactics as to how the act occurred. Each tactic, under each sexual act, is rated by the numbers of times the participant experienced the tactic on a scale of 0, 1, 2, or 3+ times. Participants separately rate whether they have experienced the tactic in past 12 months and since age 14 but not including the past year. Hence, the time intervals do not overlap. Three additional 3 items assess if any of sexual experiences occurred more than once, the gender of the perpetrator(s), and a forced choice item, “Have you

ever been raped?" One commonly used scoring method yields sexual victimization categories: (1) non-victim, (2) moderate sexual victimization (i.e. sexual coercion, forced sexual contact, and attempted rape), (3) severe sexual victimization (i.e. threats of force or physical force was used to coerce the woman into engaging in oral, anal, or vaginal intercourse). The SES-SFV is a valid measure of sexual assault (Johnson, Murphy, & Gidycz, 2017). For the purposes of baseline data analysis, the time intervals have been combined with sexual assault occurrence considered anytime since age 14 including the past year. During the follow-up, the SES-SFV was modified to inquire about unwanted sexual contact that occurred only during the 3 months since baseline participation.

Risk reduction program. Participants randomized to this condition completed the program entitled "No Means No: The Risk Reduction Workshop." The workshop was conducted according to the principles of GMI. For a full description of the program, the accompanying in-session presentation, and the worksheets to be completed in-session by participants, see Appendixes C. The goal of the GMI session was to encourage women to change their dating behavior in order to reduce the likelihood of a sexual assault occurring. The program incorporates methods from feminist self-defense programs and GMI to promote changes in dating behavior. Specifically, the present program draws upon content used in the Ohio University Sexual Assault Risk Reduction Program (Gidycz et al., 2006) and combines it with the delivery mechanism of GMI for substance use (Santa Ana et al., 2009). Dr. Santa Ana served as a consultant in adapting the GMI methods for the current use. Additionally, the session followed the spirit of MI using stylistic elements discussed in Miller et al. (2012). The workshop comprises a single 120-minute meeting. Each activity in the workshop serves to guide participants towards changing their dating behavior with a focus on identifying reasons to

change, enhancing participants' self-efficacy for change, and generating ideas as to how they can change. Specifically, the GMI session used the following structure: (a) engaging group members; (b) establishing group norms; (c) providing an overview of the workshop goals; (d) exploring common emotions regarding sexual assault; (e) open discussion on the importance of sexual assault for each participant; (f) creating a decisional balance on the pros of changing dating behavior and the cons of not changing dating behavior; (g) establishing dating behaviors to focus on change and exploring personal strengths to assist with change; (h) brainstorming helpful solutions for safer dating.

Throughout the session, the group facilitator utilized an empathetic style and attempted to elicit self-motivational statements from participants. The facilitator utilized basic MI skills by using open questions, affirmation, reflection statements, and summary statements. Facilitators did not offer information or advice unless solicited, permission was given, or qualified with an emphasis on autonomy. At the end of the session, in an effort to encourage implementing change, participants remarked on the day's discussion and shared plans to change. Groups comprised of between four and six participants plus the group facilitator.

The student investigator is a graduate student in the UWM Clinical Psychology doctoral program and delivered the GMI sessions. Prior to beginning enrolment, she completed general MI training by attending a workshop conducted by William Miller, Ph.D., worked closely with Elizabeth Santa Anna. Ph.D., in the modification of the GMI alcohol protocol for use in the present study, and received additional instruction and supervision in implementing the study GMI protocol from Shawn Cahill, Ph.D., the student investigator's faculty advisor.

Participants were asked to provide consent to audio recording of the treatment session for use in weekly supervision and for assessment of treatment fidelity. However, the session was

only recorded if all participants in the group consent. Treatment fidelity was rated by Dr. Cahill for three of the five group sessions using the No Means No Evaluation Checklist (see Appendix C). The checklist consists of 25 items that follows the flow of the workshop and should be completed in each workshop session. No concerns with treatment fidelity were reported and all sessions received positive marks on all 25 items (100%) of the checklist.

Program worksheets (Appendix D). The following worksheets were used to facilitate activities in the Risk Reduction Workshop.

Dating Behavior Checklist). The Dating Behavior Checklist was used to provide participants with common protective dating behaviors and to determine the direction of conversation. Participants were asked to pick at least one dating behavior they would consider changing. Items for the checklist were adapted from the Dating Self-Protection Against Rape Scale (DSPARS; Moore & Waterman, 1999) with some rewording of items to reflect positive dating behaviors. Greater details about the DSPARS are provided above.

Personal Strengths for Change. The Personal Strengths for Change worksheet was used to identify three personal attributes that will help participants make changes to their dating behavior. The final item of the worksheet evaluated a participant's perceived ability to remain safe in risky dating situations if they use all of their strengths. Items for the worksheet were adapted from the Santa Ana et al. (2009) GMI manual.

Suggestions for Dating Behavior. The Suggestions for Dating Behavior worksheet was used to help facilitate brainstorming of helpful solutions for safer dating. The worksheet was designed for the purposes of the workshop.

Workshop Satisfaction. The Workshop Satisfaction questionnaire was used following completion of the Risk Reduction Workshop. The questionnaire is a modified version of the

Credibility/Expectancy Questionnaire (Devilly & Borkovec, 2000). The modified measure is 4-items and assesses how appropriate and acceptable the program was to the participant. Participants rate items on a 9-point scale, ranging from "not at all" to "very," with higher scores signifying greater positive feelings about the workshop.

Procedures

Figure 1 provides an overview of the three distinct phases of the study: recruitment, baseline session, and follow-up session. Figure 2 provides an overview of the baseline session.

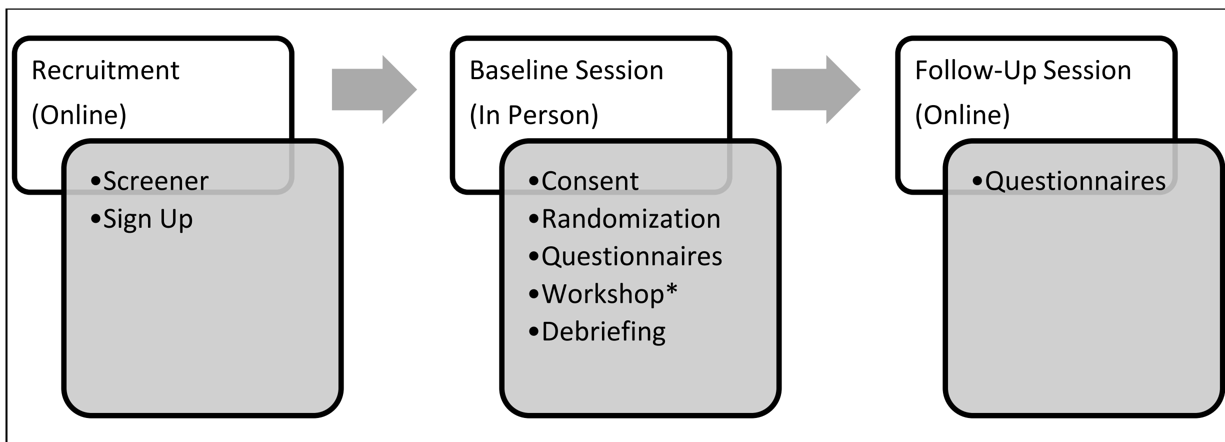

Figure 1. Overview of full study procedures.
*Treatment condition only

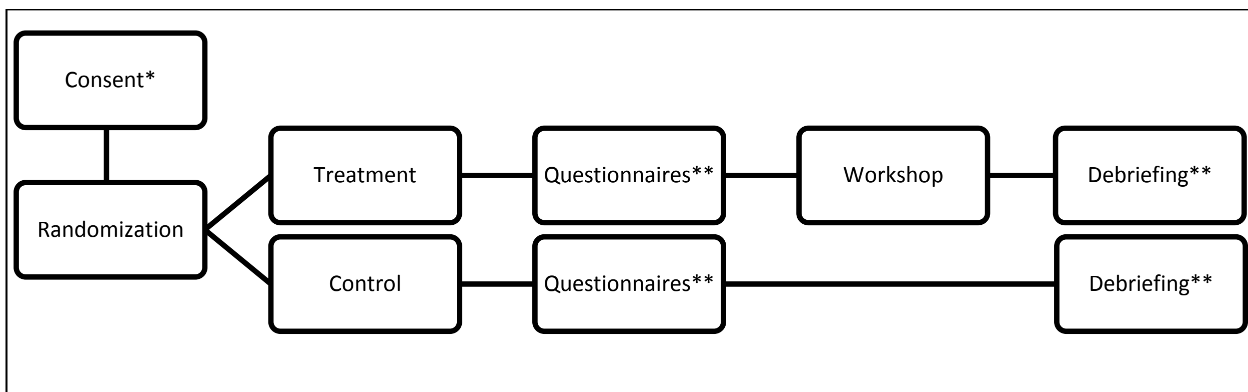

Figure 2. Overview of baseline procedures.
*Participants also complete confidentiality agreement, contact form, and subject number generator form
**Same procedure(s) for both conditions

Recruitment. Participants were recruited through the UWM's Experiment Management Website (SONA; https://uwmilwaukee.sona-systems.com). SONA is an online system for students to sign up for research participation in order to receive extra credit for their psychology course. Recruitment also occurred in the form of a flyer (see Appendix D) posted to D2L websites of UWM psychology courses that allow extra credit. The SONA online description and flyer described the opportunity to participate in a small group program designed to help reduce the likelihood of experiencing a sexual assault. Paper copies of the recruitment flyer were placed in various locations around campus.

Those interested in the study used a link in the SONA description to access to the study screener questionnaire (see Appendix A) through Qualtrics Survey Instrument (http://qualtrics.com). The screener started with an online consent form and then proceed with screener questions. Screener responses were collected anonymously. Respondents were provided with the opportunity to quit the screener after each sexual assault assessment item. Additionally, crisis information (National Suicide Prevention Lifeline) was provided at the top and bottom of every page. After completing the screener, participants were immediately informed of their eligibility status. Eligible participants, defined as those who identify as a female between the ages of 18 and 25 who have endorsed at least one type of sexual assault since the age of 14, were provided a link back to SONA and an invitation code for signing up for the study. Completion of the screener typically took less than 10 minutes and participants did not receive extra credit for completing the screener.

Baseline Session

Arrival and Consent. SONA permitted up to 12 participants to sign up for each scheduled in-person, baseline session. The baseline session took place in UWM's Psychology

Clinic. Upon arrival, all participants started in one room where they were provided with an overview of the study and provided a copy of the informed consent document (See Appendix E). Upon receipt of consent, participants were asked to complete a confidentiality agreement to encourage privacy among the group members, a contact form, and a form used to generate a unique study ID number that was used to identify study data (See Appendix F).

Group size and randomization. Following initial paperwork, half of the participants were assigned to each condition with the following exceptions. If there were 7 or more participants, they were randomly assigned to study conditions with the provision that at least four participants were assigned to the treatment condition and that groups differ by no more than one person. For example, 7 participants would be divided into 4 assigned to treatment and 3 to control, whereas 8 participants would be divided evenly. If there were between 4 and 6 participants, 4 were assigned to treatment and any remaining participants were assigned to control. If there were fewer than 4 participants, then all were assigned to control.

Randomization was conducted using a series of colored cards (e.g., black or red), of which one color represented the treatment condition and the other represented the control condition. Based on then number of participants present, the researchers selected the appropriate number of red and black cards and then thoroughly shuffled them. After the experimenter distributed the colored cards, one group of the participants went with a researcher to another room and the rest remained in the original room. Once the groups were separated, participants were informed to which group, treatment or control, they had been assigned.

Treatment Condition. After randomization and changing of rooms, participants in the treatment condition were asked to complete the baseline questionnaires, comprising of the AUDIT, demographics form, DSPARS, IRMAS-SF SE Scale, SAQ-W, and SES-SFV. They

then completed the Risk Reduction Workshop. During the workshop, participants utilized the workshop forms (i.e., the Dating Behavior Checklist, Personal Strengths for Change worksheet, and the Suggestions for Dating Behavior worksheet). Following the program, participants completed the Workshop Satisfaction questionnaire, were debriefed about sexual assault rape myths and the purpose of the study (See Appendix G), and were provided with a referral handout that lists local mental health resources and a crisis national hotline (See Appendix H). The experimenter thanked them for their participation and reminded them of the scheduled follow-up assessment in three months. The baseline session for the treatment participants lasted approximately 3 hours. All participants received 3 hours of credit for their participation. Participants who enrolled after January 2018 also received a $10 Amazon gift in addition to extra credit for attending the baseline session.

Control Condition. The participants randomly assigned to the control group completed the baseline questionnaires except for the workshop questionnaires, were debriefed, and received the referral handout. The experimenter thanked them for their participation and reminded them of the scheduled follow-up assessment in three months. The baseline session for the control participants lasted approximately 1 hour. All participants received 3 hours of credit for their participation. Participants who enrolled after January 2018 also received a $10 Amazon gift in addition to extra credit for attending the baseline session.

Follow-Up Session. Participants in both groups were contacted by email 3 months after participation to ask them to complete the online follow-up. The email provided participants with a link to a Qualtrics survey. The survey started with an online consent form before proceeding with the follow-up survey. Following consent, participants were asked to recreate their unique study ID to ensure responses are matched to previously collected data. All participants,

regardless of group assignment, were asked to complete the same measures they completed at baseline but, instead of the SES-SFV, they completed the modified version of the SES to assess any instances of sexual assaults occurring during the follow-up period.

For the purposes of participant comfort and safety during the survey, measures that contained information regarding sexual assault or other sexual behaviors were divided across multiple pages. Participants were provided with the opportunity to quit the survey at the bottom of each webpage. Additionally, crisis information (National Suicide Prevention Lifeline) was provided at the top and bottom of every page. Upon receiving an email from participants containing a verification code of their participation in the follow-up survey, they were emailed a $10 Amazon gift card code to their designated address. The follow-up session took approximately 30 minutes to complete.

Data Analysis Plan

Hypothesis 1.1. We hypothesized that at least 300 individuals would be interested enough in the study to access the screener. Descriptive statistics were computed to determine the number of participants who accessed the Qualtrics screener for the study.

Hypothesis 1.2. We hypothesized that over 25% of individuals who take the screener would report a sexual assault and therefore are eligible for the study. Descriptive statistics were computed to determine the percent of participants who accessed the Qualtrics screener for the study, completed the screener, and endorsed at least one sexual assault experiences.

Hypothesis 1.3. We hypothesized that approximately 60% of participants that were eligible would enroll in the study. Descriptive statistics were computed to determine the percent of participants eligible for the study, as determined by the Qualtrics screener, who attended the baseline study session.

Hypothesis 1.4. We hypothesized that 90% of participants would complete the follow-up. Descriptive statistics were computed to determine how many participants that enrolled and completed the baseline assessment also completed the three-month follow-up Qualtrics survey.

Hypothesis 1.5. We hypothesized that 35% of participants in the control group would report one or more instances of sexual assault that occurred during follow up. Descriptive statistics were used computed to determine how many participants assigned to the control group and completed follow up endorsed one or more SES items on the Qualtrics survey.

Hypothesis 2.1. We hypothesized that women assigned to the workshop condition would find it logical, find it helpful in reducing their risk of unwanted sexual contact, and would recommend it to a friend. Descriptive statistics were computed to determine average scores on the Workshop Satisfaction questions.

Hypotheses 3.1 – 3.3. We hypothesize that participants with a high belief in rape myths will use less protective dating behaviors, be more likely to use nonassertive sexual communication, and have lower self-efficacy in risky dating situations. Separate, Pearson's correlations were used to determine the relationship between rape myth acceptance as measured by the IRMAS-SF, dating behavior as measured by DSPARS, nonassertive sexual communication as measured by SAQ-W, and self-efficacy as measured by SE Scale.

Hypothesis 3.4. We hypothesized that belief in rape myths would be higher in participants with unacknowledged rape compared to participants with acknowledged rape. An independent-samples *t*-test was used to compare rape myth acceptance as measured by the IRMAS-SF for participants with unacknowledged and acknowledged rape. Rape acknowledgment status was measured by determining which participants indicated they were raped by positively responding to items on the SES-SFV that meet the legal definition of rape

and by responding yes or no to the forced choice question "Have you ever been raped?" Individuals who did not endorse any of the relevant SES-SFV items were not be included in this analysis.

Hypothesis 4.1. We hypothesized that rates of new assaults, as measured by the SES-SFV at follow up would be approximately 35% and 11%, in the control and treatment conditions respectively. The hypothesized corresponding effect size (*w*) would be approximately 0.3 (medium effect size) and would fall within the range of 0.174 – 0.552. The represents the 90% confidence interval around the mean of seven studies of college women that prospectively followed participants for a period of 2 or 3 months and reported rates of new sexual assaults separately for participants with and without a history of prior sexual assault. The effect size w was computed to determine whether it fell within the predicted range. Greater details, along with the rationale for selecting these studies, are provided in the section on power analysis.

Hypotheses 4.2 – 4.4. We hypothesized that the treatment group at follow up would report greater use of self-protective dating behaviors, less nonassertive sexual communication, and higher confidence in responding to threatening dating situations than the control group. Scores from the DSPARS, SAQ-W, and SE Scale were submitted to separate 2 (group: control vs. treatment) X 2 (time: baseline visit vs. follow-up) mixed factorial analyses of variance (ANOVAs). As these are preliminary analyses with a limited sample size, we set $\alpha = 0.10$. Significant group X time interactions were further evaluated by separately comparing groups at each time point with *t*-tests for independent samples. The means for the group X time interactions are provided graphically for visual inspection regardless of significance.

Power Analysis

The present thesis proposal is a feasibility study built into a larger pilot study designed to provide an initial test of the efficacy the GMI approach to delivering feminist self-defense content and thereby decrease participants risk for being victimized during the follow-up period. More specifically, the overall project will hopefully support a subsequent R34 grant application. The R34 mechanism provides funding for a maximum of three years; accordingly, an important aspect of feasibility is whether a sample of adequate size can be recruited within a period of time approximately 2 years in order to insure that all aspects of the project can be conducted time during the life of the grant; including initial set up, recruitment of all participants, delivering the intervention, obtaining all follow-up assessments, and conducting primary analyses.

With regard to the power analysis for the overall project, we determined that a preliminary test of efficacy (based on Hypothesis 4.1) would require a full sample of 126 participants to achieve 80% power. Details of this analysis are provided in the paragraphs below. However, for the present study, focused as it is on feasibility, we collected data for a period of 40 weeks (i.e., approximately 10 months) to determine empirically the number of participants we could recruit during that period as a way to evaluate the feasibility of recruiting the full sample of 126 participants in a period of approximately 24 months. Accordingly, it was our goal to recruit 53 participants for the in-person portion of the study in a 10-month time span.

A power analysis was conducted to determine the sample size for the proposed overall study using G*Power 3 (Faul, Erdfelder, Lang, & Buchner, 2007) to evaluate the efficacy of the group MI intervention at 3 months follow-up in reducing the incidence of new sexual assaults. The dependent variable was assault status during follow-up (no SES-SFV items endorsed at follow-up vs. one or more items endorsed) and the independent variable was group membership.

Alpha level was set at .05, two-tailed test; the desired power was set at .80; and the statistical method to be used was chi-square. For reasons detailed next, we assumed an effect size of *w* = .25.

As previously noted, there are currently no interventions that are consistently associated with the reduction of risk for sexual assault. However, research has consistently shown that college women with a prior history of sexual assault are more likely to experience a sexual assault during a follow-up period than those without such a history. Therefore, to estimate what we viewed as a desirable effect size, we considered seven studies that prospectively studied college women for a period of 2 or 3 months, reported the rate of sexual assault during follow up as a function of sexual assault history prior to the study, and utilized the SES-SFV (Koss et al., 2007) as their measure of sexual assault (Hanson et al., 1993; Gidycz et al.,1995; Breitenbecher et al., 1998; .Gidycz et al., 2006; Orchowski et al., 2008; Hill 2011; unpublished lab data). We decided it would be desirable to power the study to for an effect size that corresponded to reducing participants risk for assault to be similar to that experienced by women with no prior assault history. Table 2. presents the assault rates for each group reported in each study along with corresponding effect size, *w*. Interpretive guidelines for w are the values of .1, .3, and .5 are small, medium, and large effect sizes, respectively. The mean rate of assault during follow up for participants with no prior sexual assault history was 11% compared to 35% for those with a history of prior assault. The mean (*SD*) effect size was 0.36 (0.24). Thus, the 90% confidence interval ranged from 0.174 to 0.552.

For the purposes of determining the sample size for the larger efficacy study, we decided to be more conservative and calculated the sample size assuming a smaller effect size of 0.25. The result of the power analysis indicated that a sample of 126 participants (63 per group) would

yield 80% power to detect an effect size of $w = 0.25$ using a chi-square test of a 2 (treatment: intervention vs. control) X 2 (outcome at follow up: assaulted or not assaulted) contingency table.

Table 2. Effect sizes from sexual assault research literature

	Group*			
Study	No Prior Sexual Assault	Prior Sexual Assault	Effect Size (*w*)	Duration of Follow Up
Hanson et al. (1993)	10%	27%	0.27	2 months
Gidycz et al. (1995)	32%	54%	0.31	3 months
Breitenbecher et al. (1998)	11%	28%	0.27	2 months
Gidycz et al. (2006)	5%	31%	0.24	3 months
Orchowski et al. (2008)	10%	69%	0.90	2 months
Hill et al. (2011)	7%	21%	0.24	2 months
Unpublished data**	0%	16%	0.31	3 months

*Groups reflect participants' sexual assault history status at baseline for the study. Percentages in the table reflect the participants in each group that had experienced a sexual assault at follow-up.
**Unpublished data from the Cahill lab.

Results

Feasibility: Recruitment and Retention

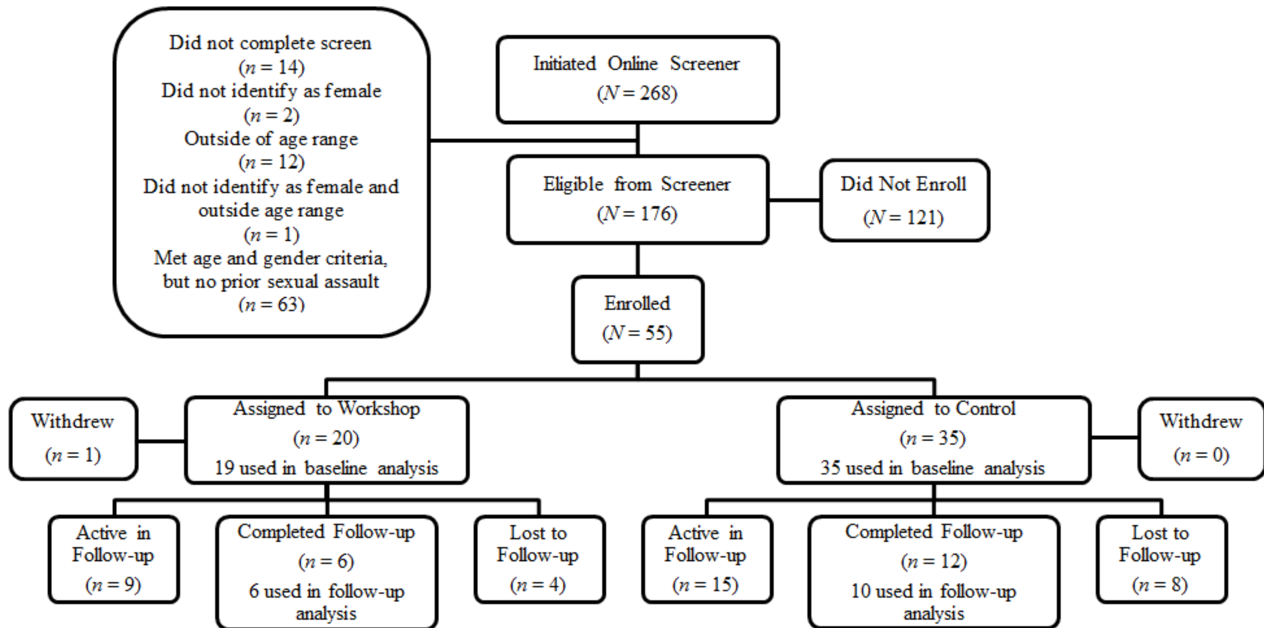

Figure 3. Summary of participant flow through the study from the online screen to follow-up.

Figure 3 describes participant flow throughout all stages of the study. Interested college students activated the study screener a total of 268 times between April 4, 2017 and February 13, 2018. Of the 268 screens, 176 (65.7%) identified as female, being between 18 and 25 years of age, and endorsed a sexual assault and were therefore eligible for the study. Reasons for ineligibility are provided in Figure 3.

The mean age of eligible participants was 20.53 (*SD* = 1.9) years old. Eligible participants endorsed on average of 2.72 (*SD* = 1.6) sexual assault items on the screener. The most commonly endorsed item (give percent) was "Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast, crotch, or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration)." However, even acts of completed oral (26.1%), vaginal (42.6%), and anal rape (13.1%) were common.

Of the 176 eligible screens, 55 participants (31.3%) enrolled in the study and underwent random assignment. Participants were scheduled in cohorts ranging in size between one and 8 individuals, and there were a total of 21 cohorts. Due to small size of some cohorts and the need to for at least 4 participants to conduct a workshop, assignment to groups was uneven, with 20 participants assigned to the treatment condition and 35 participants assigned to the control condition. Following randomization, 1 participant assigned to the treatment condition withdrew from the study. As this occurred post randomization, one workshop group had only 3 participants. A total of 19 participants completed the workshop across 5 cohorts.

As described in Table 1, enrolled participants experienced multiple sexual assaults with varying severity. Overall, 19 (35.2%) of participants experienced a moderate sexual assault and 34 (63%) of participants experienced a severe sexual assault. However, the way the questions are worded on the SES-SFV, it is difficult to determine exactly how many sexual assault encounters an individual participant experienced. One participant randomized to the treatment condition did not endorse any sexual assault at baseline, despite having done so on the screener. This participant's data have been included in the current analyses.

A total of 18 participants have activated the follow-up survey, 60% of participants who are eligible for the follow up. Of those 18 participants, 2 participants in the control condition provided insufficient information for data analysis. Thus, we had follow-up data for 6 participants in the treatment condition and 10 participants in the control condition. Overall, 3 of the 16 participants (18.8%) endorsed a sexual assault at follow-up. All 3 participants endorsed unwanted sexual contact, indicating a moderately severe sexual assault. Two of these participants were in the control condition, thus yielding a 20% revictimization rate in the absence

of intervention. At this point, we have designated 12 participants as lost to follow up (8 in the control condition) and 24 are still active in follow up (15 in the control condition).

Workshop Satisfaction

Participants in the treatment condition were asked 4 questions about their satisfaction with the workshop. The maximum score for each question was 9, indicating the greatest level of satisfaction. For the first question, “How logical did the workshop offered to you seem?” participants had an average score of 8.0 (*SD* = 1.1). For the second question, “How successfully do you think this workshop will be in reducing your risk of experiencing unwanted sexual contact?” participants had an average score of 7.5 (*SD* = 1.2). For the third question, “How confident would you be in recommending this workshop to a friend?” participants had an average score of 8.1 (*SD* = 1.3). For the fourth question “How much do you really *feel* that workshop will help you to reduce your of experiencing unwanted sexual contact?” participants had an average score of 7.2 (*SD* = 1.2). The histograms depicted in Figure 4 indicate that, overall, participants had positive reactions to the workshop with all participants rating each item with a score of 5 (insert descriptor if there is one) or greater. Overall, participants thought that the workshop was highly logical and that they would refer a friend. Participants reported mixed reactions to their beliefs in the success or helpfulness of the workshop, although scores trended positively.

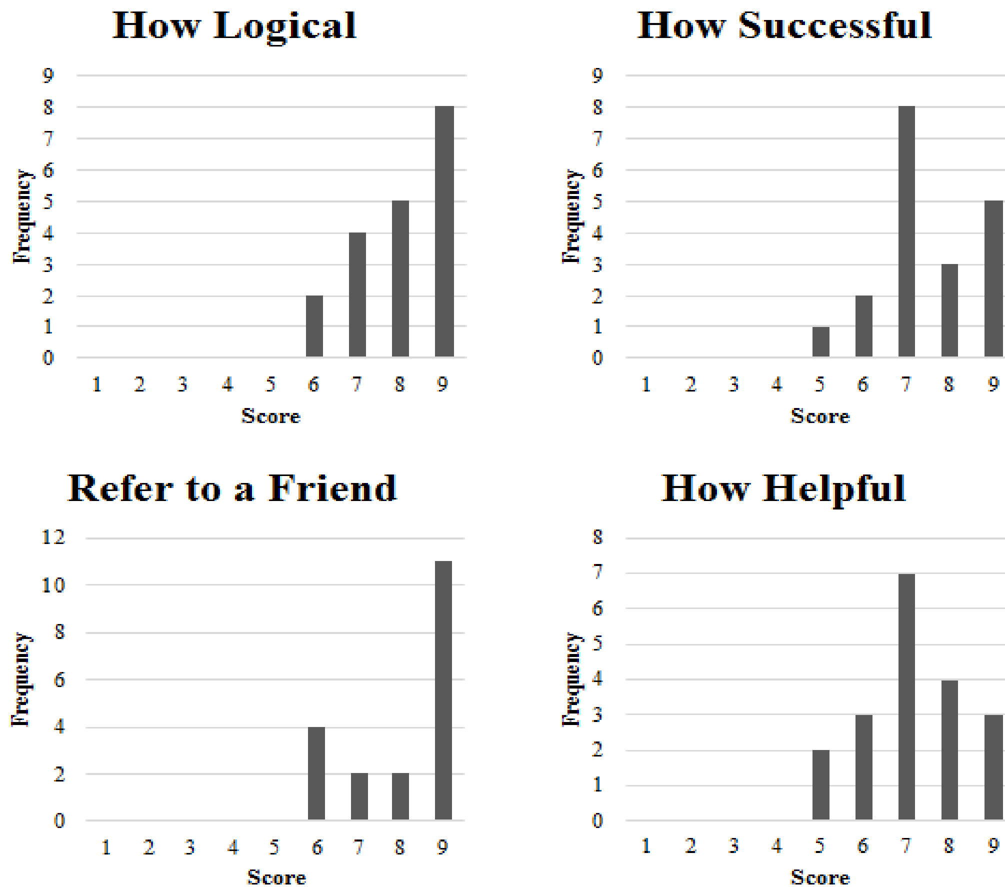

Figure 4. Treatment condition's workshop satisfaction scores by item.

Correlates of Rape Myth Endorsement

Dating Behavior. Pearson's correlation was conducted to examine the relationship between belief in rape myths and self-protective dating behavior. Results indicated that there was no significant association between the IRMAS total score and the DSPARS total score, $r(52) = .205$, $p = .137$.

Assertive Communication. Pearson's correlation was conducted to examine the relationship between belief in rape myths and nonassertive sexual communication. Results indicated that there was no significant association between the IRMAS total score and the SAQ-W total score, $r(52) = .047$, $p = .735$.

Self-Efficacy. Pearson's correlation was conducted to examine the relationship between belief in rape myths and self-efficacy. Results indicated that there was no significant association between the IRMAS total score and the SE Scale total score, $r(52) = -.059$, $p = .674$.

Rape Acknowledgement. An independent-samples *t*-test was conducted to examine beliefs in rape myths among participants with acknowledged and unacknowledged rape. Rape acknowledgement was measured by determining which participants indicated they were raped by positively responding to one or more items on the SES-SFV that meet the legal definition of rape and by responding yes or no to the forced choice question "Have you ever been raped?" Of the 34 participants who were raped according to their SES-SFV responses, 16 participants (47.1%) identified themselves as having been raped and 18 failed to do so. Results of the IRMAS total score showed that there was no significant differences between participants with acknowledged rape ($M = 37.75$, $SD = 7.80$) and participants with unacknowledged rape ($M = 41.16$, $SD = 7.69$) in level of rape myth endorsement, $t(32) = 1.29$, $p = .208$.

Efficacy

Sexual Assault Occurrence. Of the 3 participants, who experienced sexual assault at follow-up, 2 (20% of control participants at follow-up) were from the control condition and 1 (16.7% of treatment participants at follow-up) was from the treatment condition. The corresponding effect size for this difference is $w = .056$, smaller than expected and outside of the 90% confidence interval for the reference studies cited in our power analysis.

Dating Behavior. The ANOVA conducted to examine the effects of treatment on self-protective dating behavior between baseline and follow-up, indicated a significant main effect of condition, $F(1, 16) = 4.16$, $p = .058$, $\eta_{part} = .207$. Averaged across assessment time points, DSPARS scores were higher in the treatment condition ($M = 61.6$, $SE = 4.6$) than in the control

condition (M = 50.2, SE = 3.2). There was no significant main effect for time, $F(1, 16) = 2.02$ p = .175, η_{part} = .011, and no significant interaction effect, $F(1, 16) = 1.36$, p = .26, η_{part} = .079. On visual inspection (see Figure 5), participants assigned to the treatment condition appeared to show a modest increase in self-protective dating behavior whereas participants in the control condition showed little or no change in behavior.

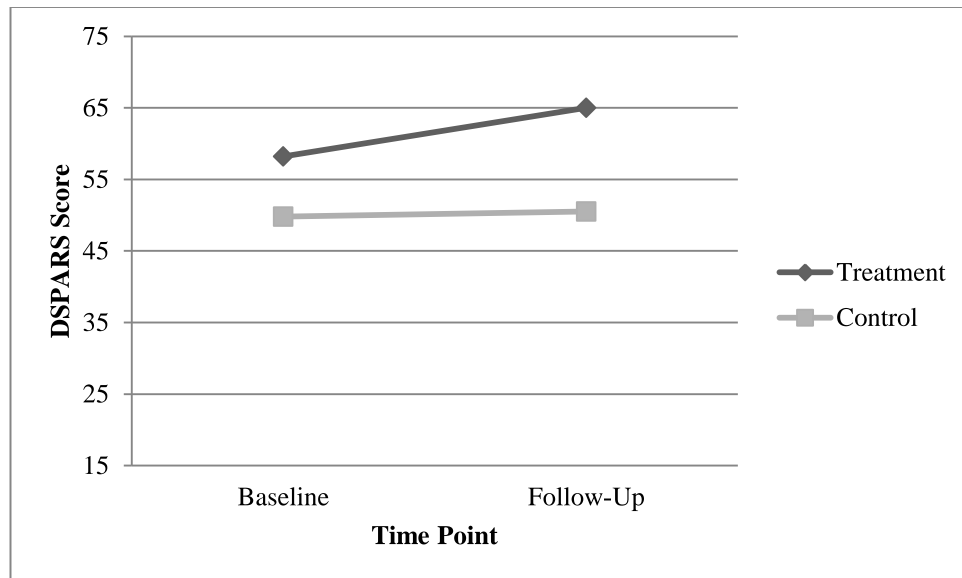

Figure 5. Pattern of positive dating behavior change.

Assertive Communication. The ANOVA conducted to examine the effects of treatment on nonassertive sexual communication between baseline and follow-up, indicated no significant main effects for condition, $F(1, 15) = 0.23$ p = .636, η_{part} = .015, or time, $F(1, 15)$ = .984, p = .337, η_{part} = .062, and no significant interaction effect, $F(1, 15) = 0.00$, p = .97, η_{part} = .000. On visual inspection (see Figure 6), participants regardless of condition had a small increase in sexually non-assertive sexual communication across time points. Additionally, participants in the treatment condition reported a slightly higher level of nonassertive sexual communication compared to participants in the control condition across time points.

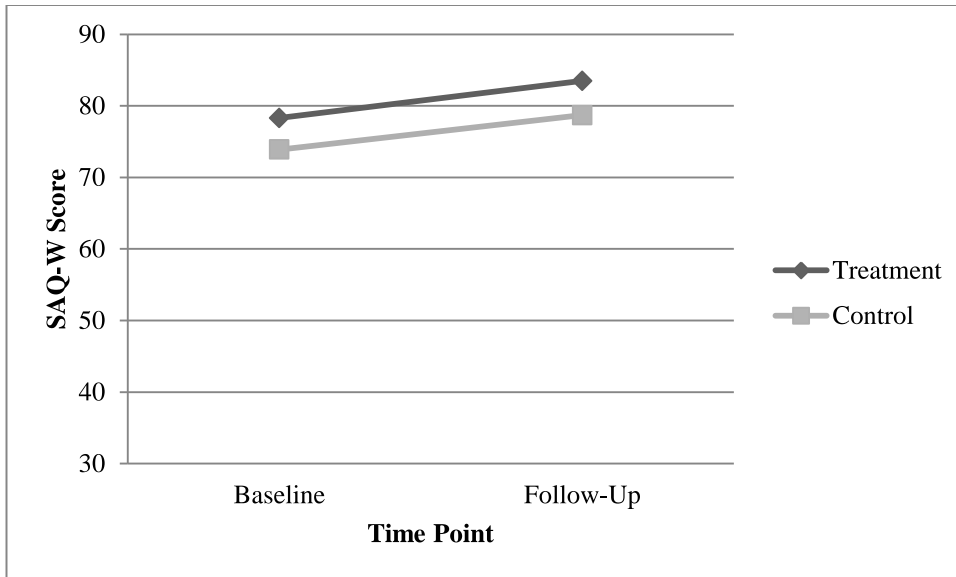

Figure 6. Pattern of nonassertive sexual communication change.

Self-Efficacy. The ANOVA conducted to examine the effects of treatment on self-efficacy between baseline and follow-up, indicated a significant main effect of condition, $F(1, 16) = 4.81$, $p = .043$, $\eta_{part} = .231$. Averaged across assessment time points, self-efficacy scores were lower in the treatment condition ($M = 33.2$, $SE = 1.8$) than in the control condition ($M = 38.0$, $SE = 1.3$). There was no significant main effect for time, $F(1, 16) = 0.17$ $p = .687$, $\eta_{part} = .010$, and no significant interaction effect, $F(1, 16) = 0.34$, $p = .567$, $\eta_{part} = .021$. On visual inspection (see Figure 7.), participants regardless of condition had little to no change in confidence across time points. Additionally, participants in the control condition reported higher level of confidence compared to participants in the treatment condition across time points.

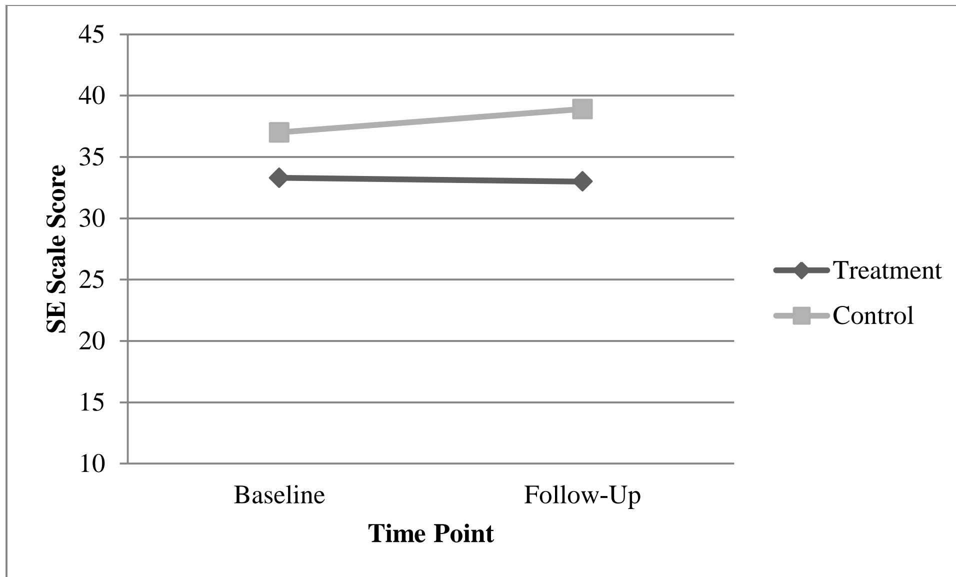

Figure 7. Pattern of increase in confidence change.

Discussion

Study Overview. Risk reduction programming for college women has gained recognition for being a promising intervention technique for reducing sexual assault on college campuses. Despite this recognition, these programs have demonstrated limited success. Therefore, more research is necessary to develop efficacious programs that help reduce sexual assault rates. One way to increase efficacy could be to create programs that targets risk factors, such as a history sexual assault victimization, that are common among college women. Additionally, although some variables have been identified as potential mechanisms of change, more work is necessary to understand how risk reduction programming works and how feasible conducting the necessary research is for establishing efficacy.

The present study sought to address these concerns by evaluating an innovative risk reduction program that combines feminist self-defense content with group motivational interviewing (GMI). Participants were college women with a history of prior victimization recruited through psychology courses at UWM. Once they completed the screening process for

eligibility, participants completed an in-person baseline session where they were randomized to a treatment or control condition. All participants completed self-report questionnaires about sexual assault, dating behavior, sexual assertiveness, self-efficacy in risky dating situations, and rape myth acceptance. Participants in the treatment condition engaged in a 1.5-hour group discussion aimed at motivating them to change their dating behavior to reduce their risk of sexual assault. Treatment participants also completed a questionnaire assessing their perception of the usefulness of the program. A follow-up was completed online 3 months later to measure changes in outcome measures, including new instances of sexual assault.

Feasibility. Initial interest in the risk reduction program was promising with 268 students completing the screener, only slightly fewer than predicted. This is mitigated by the 176 participants that were eligible for the study, over 2.5 times greater than predicated, and therefore leading to higher enrollment numbers than anticipated (55 participants compared to 45), but at a lower percentage of those eligible than predicted (31% compared to 60%). Unfortunately, response to follow-up was substantially lower than predicted at 60%. Overall victimization was lower than expected with 20% of controls reporting a sexual assault at follow-up.

Participants that completed the workshop reported positive reactions. Specifically, treatment participants thought that the workshop was logical and would refer a friend. Although results remained positive, responses were a little lower for ratings of how helpful and successful the workshop would be in helping to reduce their risk of experiencing unwanted sex. Overall, results suggest that college women are highly interested in initial participation in risk reduction programming but may not have enough motivation to follow through with full participation.

The present study saw a higher rate of prior victimization in our screening procedures than the OUSARR and EAAA programs had in their studies, but a smaller percentage of those

eligible enrolled in our study or completed follow-up. With regard to the high rate of prior victimization in our screener sample, it is possible that the advertisement for the present study may have led to more college women with sexual assault histories looking into the study compared to college women without such a history, although recruitment material for the screener did not specifically indicated that prior victimization was an inclusion criteria for the in-person study. It is also possible that rates of sexual assault are higher among UWM undergraduate women compared to other universities. However, prior Cahill lab research would suggest that UWM's rate would not be substantially greater than other universities. As far as lowered rate of enrollment goes, it is possible that due to the description of the sensitivity of the self-report questions and discussion within a group setting, eligible college women (i.e., those with a history of prior assault) choose not to participate due to a lack of comfort with or stigma about sexual assault. As prior assault in the OUSARR and EAAA programs was not even assessed until after participants enrolled, there is no way to determine whether prior assault status influenced enrollment in those two studies.

Another consideration for college women in terms of both enrolling and completing follow-up at lower rates in the present study compared to other studies is that participants may not have been adequately incentivized. The present study is a pilot study that was limited to psychology students who could receive course credit, had less invasive and time intensive studies available to them for comparable course credit, and were provided with limited monetary incentives (i.e., a $10 gift card). By comparison, participants in the OUSARR and EAAA studies received a minimum of $20 for each portion of the study they participated in.

Overall, we believe that the present pilot study demonstrates several aspects of feasibility for supporting a subsequent R34 grant application and here we consider some possible ways to

improve on those areas where evidence of feasibility is lacking. The moderate rate of accessing the screener, the high rate of eligibility for the study, and the overall workshop satisfaction all provide evidence to suggest that there is significant interest from the UWM community in the research. We have identified three areas of focus for improving feasibility: 1) imbalance in randomization of participants across conditions; 2) lower than expected rate of follow-up; and 3) lower than expected rate of sexual assault occurrence at follow-up for controls.

The imbalance in participants assigned to each condition is largely the result of cohorts in which fewer than four participants attended. In these cases, assignment to the control condition was the only option. Thus, to balance the number of participants in each condition, we need to increase the number of participants in each cohort attending the in-person session. Thus far, our primary strategy has been to experiment with the availability of sign up options by either adding more available times, in the hope that greater flexibility in scheduling will accommodate more interested participants, or restricting available times, with the hopes of consolidated those interested into just a few slots per week so as to increase the likelihood that there would be at least four students who show up for the study. The one strategy we have generally avoided is cancelation of scheduled sessions after one or more individuals have signed up, although UWM psychology department's policies do permit investigators to cancel an appointment with 24-hour notice. We remain generally opposed to this as a routine solution as it unnecessarily inconveniences those individuals who do sign up for the study. Moreover, there is no guarantee that students whose appointments are canceled will readily sign up for an alternate time, and if such cancelations happened with high frequency, the research study could gain a bad reputation spread by word of mouth that would further discourage students from signing up. One strategy we have recently implemented is to provide a greater incentive for eligible students to enroll in

the study by offering both class credit and a $10 gift card for participating in the in-person session. This modification was approved on January 25, 2018, and thus has not been in effect long enough to evaluate its effects on enrollment. Two additional tactics for increasing enrollment we would consider are to increase the number of individuals eligible for the study by opening up recruitment to students outside of psychology courses and encouraging students to create a referral system or bring a friend with them to the research session.

To increase the rate of follow-up completion, we will be seeking ways of having more frequent contact with participants during the follow up period and obtain more than one way of contacting them (e.g., phone numbers and alternative email addresses, obtain permission to text them reminders). In addition, it may be necessary to increase the amount of financial compensation for the follow up.

As far as lower rates of sexual assault in control at follow-up, we believe that this is a positive outcome for women generally. However, the lower rate may mean that we need to adjust our anticipated effect size which would then require a larger sample size to achieve adequate power. To illustrate, under the assumptions that the victimization rate in the control group would be 20% (based on the current results) and that a clinically meaningful reduction would be to decrease that risk by one half (i.e., 10%), the resulting effect size would be $w = 0.177$ and would need a full sample size of 252 participants to achieve 80% power. Alternatively, we could investigate adjusting the inclusion criteria to restrict enrollment into the in-person portion of the study to individuals at highest risk. For instance, we could limit enrollment to those with the severe forms of assault (e.g., those reporting on screen either attempted and completed rape) or those with an assault in the past year (rather than since 14). We would not modify inclusion criteria midway through an ongoing study, but we could use our full dataset to investigate

whether rates of assault in follow-up are associated with variables such as prior assault severity and recency, as well as other baseline characteristics (e.g., alcohol use severity) that could be incorporated into screening for future studies.

Another possible reason for the lower than expected base rate of assault during follow-up is the effect of participating in the baseline session. Participants are doing a form of self-reflection by completing self-report measures and undergoing debriefing where common examples of rape myths and the link between prior victimization and future victimization are discussed. Perhaps, even without the workshop, an increase in awareness about sexual assault led to control participants to make behavioral changes consistent with the principles of feminist self-defense and therefore were less likely to experience sexual assault during follow-up. Empirical assessment of the effects of baseline assessment on follow up assessment would require a specialized research design such as the Solomon 4-group design (Solomon, 1949), wherein participants within each treatment condition are randomly assigned to complete either both the baseline and follow-up assessment or the follow-up assessment only. However, in light of the multiple studies by Gidycz and colleagues reviewed in the introduction, where several hours of intervention within the feminist self-defense model is compared with the equivalent of repeated measurement, it seems unlikely there would not have been at least some hint of a dose-response relationship. Moreover, this explanation would require the assumption that the rate of assault between time points, but in the absence of the baseline assessment, would have been even higher than those that were observed in the reviewed relevant studies and which ranged between 16% and 69%.

One additional consideration is the possibility that women who have been sexually assaulted between during follow-up may be less likely to complete the follow-up due to fear of a

negative evaluation. By increasing our efforts to improve the rates of follow-up completion, we will be able to gain a better understanding of these results. In other words, if we are successful at increasing our follow up assessment rates, we may find our assault rates also increase.

Rape myths. The relationships between rape myths and factors associated with risk reduction programming were explored. Rape myth acceptance was not related to self-protective dating behavior, nonassertive sexual communication, or self-efficacy in responding to threatening dating situations. Additionally, rape myth acceptance did not vary on participant rape acknowledgement.

Because there were no significant findings for rape myths and factors associated with risk reduction, it is possible that variation in women's endorsement of rape myths may not be essential element for understanding or promoting the efficacy of risk reduction programing. However, previous findings suggest that there could be links between rape myths and sexual assertiveness (Rusinko et al., 2010) and rape myths and risky dating behavior (Swope, 2012). Given the mixed findings and low power of the present study, further investigation is necessary to rule out rape myths as a factor associated with risk reduction programming efficacy.

This is the first known study that evaluated the role of rape myth acceptance in understanding whether women recognize or acknowledge their rape or as such. Previous research findings (Dunlap, 1997; Harbottle, 2014; Mason et al., 2004) suggest that unacknowledged rape victims are more likely to victim blame compared to acknowledged rape victims when presented with a vignette. It is therefore possible that there is a difference between having a specific target of blame (e.g., the woman in the vignette) rather than an overall acceptance of victim blaming beliefs (e.g., rape myth acceptance). Like the previous findings, our small sample size suggests

that greater statistical power may is needed before drawing strong conclusions about the relationship between rape myth endorsement and rape acknowledgment.

Efficacy. Preliminary efficacy results were mixed. As data are still being collected for the present study and attrition is high, we chose not to focus on conventional inferential statistics for our primary outcome measure, incidence of sexual assault during follow up, but instead considered the resultant effect size, *w*, in comparison to predicted effects based on considerations of what would constitute a clinically meaningful reduction in risk. Specifically, given the strong evidence that a history of sexual assault since the age of 14 confers a significant increase in risk for sexual assaults assessed prospectively, we adopted reduction in risk to the level of women without a prior assault history as our standard for clinically meaningful reduction in risk. Based on several published studies and our own unpublished data, we hypothesized rates of assault during follow up would be approximately 35% and 11% for control and treatment conditions, respectively, and that the effect size would fall within the range of 0.174 to 0.552. Unfortunately, our effect size was substantially smaller than expected (0.056). However, we note that with our current sample size, the addition of even a few additional participants could have profound effects on the resultant percentages and effect size. To illustrate, the addition of just three participants (two in the experimental condition who do not experience assault during follow up and one in the control condition who does experience an assault during follow up) would change the current percentages from 16.7% and 20% for the experimental and control conditions to 12.5% and 27.3%, respectively, and the resulting effect size would be 0.35. Accordingly, we believe it would be prudent to withhold any strong judgments about the efficacy, or lack of efficacy, until the full sample has been collected.

As secondary measures of efficacy, we also investigated whether participation in the group intervention was associated was associated with greater increases in protective dating behaviors, less nonassertive sexual communication, and greater self-efficacy for responding to threatening dating situations. Although none of the relevant condition X time interactions achieved significance, visual inspection of the means for protective dating behavior hinted at the possibility there was an increase for the treatment group that was not present for the control group. As with our primary dependent variable, power for these analyses is extremely low due to the small sample size and caution in drawing any kind of strong conclusion is warranted until we have collected the full study sample. A main effect for condition was observed for self-efficacy, such that self-efficacy scores were significantly higher in the control condition compared to the treatment condition, regardless of time point.

Limitations. There are several limitations in this study. To ensure confidentiality, we have no way of knowing how many duplicates exist in the screening data. It is possible that participants took the screener multiple times. Additionally, there is a large self-selection factor to this study. Participants are aware that they are going to be talking about unwanted sex with a group of women who have also experienced unwanted sex. Although this is not necessarily a concern for the success of the workshop, it does increase the likelihood that participants are more invested in making changes to their behavior.

With exception of aims related to feasibility, the overall sample size is small and power was an issue for data analyses. Due to low recruitment numbers, participants were more likely to be randomized to the control condition and, consequently, the conditions were not evenly distributed. An additional limitation exists with the group setting. In particular, there is a clear violation of the assumption of independence of error underlying many of our most common

statistical methods. Specifically, any unusual event that occurs during a group affects not just a single individual, but affects all participants in that cohort. Although no major events occurred during cohort sessions, small environmental variations likely occurred. To illustrate, as was previously described, one of the experimental cohorts was run with only 3 participants. This was a deviation from the protocol and may have affected the outcomes for all participants in that cohort.

Another significant deviation from the research plan is the fact that one individual who participated in the study was able to do so without a sexual assault history; there are a few possible reasons for how it occurred. First, it is possible that a participant took the screener multiple times and changed her answers in order to be eligible for the study. Another possibility is that the participant misread the sexual assault question on the screener and indicated a sexual assault that occurred before the age of 14 rather than since the age of 14. An additional possibility is that the participant may have, in retrospect, been uncertain about a sexual encounter and chose to report it differently at baseline than she had on the screener. As the workshop was designed for participants at higher risk for a sexual assault, it is possible that the workshop would have a different effect on a participant without a sexual assault history or with a childhood sexual assault history. Additionally, as the participant was in the treatment condition, it is possible that her participation affected outcomes in her cohort. As we had not anticipated this possibility when designing the study, we followed an intention-to-treat model and therefore did not remove her data from our analyses. Future research should consider specifying *a priori* that verification of prior sexual assault at the baseline assessment is necessary for inclusion in the study.

Future Directions. The primary goal of this research project is to establish if a program that utilizes GMI and feminist self-defense tactics is efficacious in reducing the risk of sexual

assault in college women who are at high for sexual assault. As the present results are based on substantially fewer participants than was called for by our power analysis, our highest priority is to continue with data collection until we have achieved our planned enrollment and then data and evaluating efficacy of the "No Means No: The Risk Reduction Workshop." This includes further evaluation of factors related to potential mechanisms of change such as protective dating behavior, assertive sexual communication, self-efficacy in risky dating situations, and rape myth acceptance.

More generally, in the future, researchers should work on developing strategies for engaging and incentivizing students to participant in risk reduction programs. To do this, more research is needed on what makes students want to or not want to participate in such programming. Possibly, as participants indicated a high likelihood that they would refer a friend, interventions could be designed where participants are encouraged to bring friends with them. Finally, we note the vast majority of research on prevention programs is based on universal interventions that are intended to be delivered to all female students (or all students regardless of gender in the case of bystander interventions) without consideration for differences in risk level. There are limited research studies, including our study, that are exceptions to this generalization. Future research should explore the development of specific interventions that take into consideration specific risk factors, rather than adopting either a "one size fits all" or an "everything but the kitchen sink" approach.

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Appendix A

Screener

University of Wisconsin-Milwaukee
Consent to Participate in Online Screener

Study Title: No Means No: The Risk Reduction Workshop

Person Responsible for Research: Shawn P. Cahill, Ph.D., Department of Psychology, University of Wisconsin - Milwaukee

Study Description: The purpose of this online screener is to determine if you are eligible to participate in the "No Means No: The Risk Reduction Workshop." If eligible for the study you will be asked to participate in an in-person group session that may involve discussion about how to reduce your risk of experiencing unwanted sexual encounters. Additionally, if eligible, you will be asked to complete questionnaires about sexual experiences, dating behaviors, alcohol use, and beliefs about rape. The screener will take approximately 5 minutes to complete. You will be asked about your age and gender, and about any unwanted sexual experiences. Only women aged 18 to 25 will be eligible for this study. Men and/or individuals outside of the age range will not be able to participate in the in-person group discussion. You must complete the screener to determine if you are eligible to enroll in the in-person study through SONA.

Up to 2,000 participants will complete this screener for the "No Means No: The Risk Reduction Workshop". All enrolled participants will be asked to complete about their sexual experiences and dating behaviors.

Risks/Benefits: Risks to participants are considered minimal. You will be asked about unwanted sexual experiences. Some people may feel uncomfortable providing personal and sensitive information. We have taken steps to ensure that your responses are confidential. If you feel distressed by any of these questions, you may discontinue participation at any time without penalty.

Extra credit is not offered for the screener. However, if you participate in the in-person study, you will receive extra credit and have an opportunity to receive up to two $10 Amazon gift card.

Confidentiality: Your response to the screener is completely confidential and no individual participant will ever be identified with their answers.

Who do I contact for questions about the study: For more information about the study please contact Graduate Student Principal Investigator, Cari Lee, at 414-229-3188 or cbrosoff@uwm.edu, or Principal Investigator, Dr. Shawn Cahill, at 414-229-5099 or cahill@uwm.edu.

Who do I contact for questions about my rights or complaints towards my treatment as a research subject? Contact the UWM IRB at 414-229-3173 or irbinfo@uwm.edu.

Research Subject's Consent to Participate in Research Screener:
By completing and submitting the attached screener, you are voluntarily agreeing to take part in this study. If you have questions or concerns about participating, please discontinue now. You

may complete the screener at a later date after you have contacted the investigators to answer your questions or address your concerns. Completing the screener indicates that you have read this consent form and have had all of your questions answered, and that you are 18 years of age or older.

Summary:

- **While the risks of this screener are minimal, I may experience discomfort because of the nature of the material.**
- **The data I provide in the screener is confidential.**
- **Participation may be withdrawn at any time.**

PLEASE SAVE A COPY OF THE CONSENT FORM. THIS IS YOUR PROOF OF PARTICIPATION TO SAVE OR PRINT THE CONSENT FORM USE THE "FILE" -> SAVE PAGE AS OR PRINT BUTTON IN THE UPPER LEFT OF YOUR WEB BROWSER SCREEN

Before agreeing to screener consent, please take a moment to review the research staff associated with this study:
(Photos with names of research staff, their role in study, and their current classes taught)

Thank you!
To indicate agreement of the above screener consent, please write verbatim (and yes, include the period) the following statement: I have read the informed consent and I agree to take this screener.

<Page Break>

Please identify yourself as a:
- ❍ Woman
- ❍ Man
- ❍ I don't identify myself as either a woman or man.

Please select your age:
- ❍ 17 or younger
- ❍ 18
- ❍ 19
- ❍ 20
- ❍ 21
- ❍ 22
- ❍ 23
- ❍ 24
- ❍ 25
- ❍ 26 or older

<Page Break>

The following question concerns sexual experiences that you may have had that were unwanted. We know that these are personal questions, so as a reminder your name and other identifying information will not be connected to your responses. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Please only consider experienced that happened **since age 14**.

Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration).

- o Yes
- o No
- o No Answer

Do you wish to continue with the screener?

- o Yes
- o No

<Page Break>

The following question concerns sexual experiences that you may have had that were unwanted. We know that these are personal questions, so as a reminder your name and other identifying information will not be connected to your responses. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Please only consider experienced that happened **since age 14**.

Someone had oral sex with me or made me have oral sex with them without my consent.

- o Yes
- o No
- o No Answer

Do you wish to continue with the screener?

- o Yes
- o No

<Page Break>

The following question concerns sexual experiences that you may have had that were unwanted. We know that these are personal questions, so as a reminder your name and other identifying information will not be connected to your responses. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Please only consider experienced that happened **since age 14**.

A man put his penis into my vagina, or someone inserted fingers or objects without my consent.

- Yes
- No
- No Answer

Do you wish to continue with the screener?

- Yes
- No

<Page Break>

The following question concerns sexual experiences that you may have had that were unwanted. We know that these are personal questions, so as a reminder your name and other identifying information will not be connected to your responses. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Please only consider experienced that happened **since age 14**.

A man put his penis into my butt, or someone inserted fingers or objects without my consent.

- Yes
- No
- No Answer

Do you wish to continue with the screener?

- Yes
- No

<Page Break>

The following question concerns sexual experiences that you may have had that were unwanted. We know that these are personal questions, so as a reminder your name and other identifying information will not be connected to your responses. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Please only consider experienced that happened **since age 14**.

Even though it didn't happen, someone TRIED to put his penis into my vagina, or someone tried to stick in objects or fingers without my consent.

- Yes
- No
- No Answer

Do you wish to continue with the screener?

- Yes
- No

<Page Break>

The following question concerns sexual experiences that you may have had that were unwanted. We know that these are personal questions, so as a reminder your name and other identifying information will not be connected to your responses. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Please only consider experienced that happened **since age 14**.

Even though it didn't happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent.

- Yes
- No
- No Answer

Do you wish to continue with the screener?

- Yes
- No

<Page Break>

The following question concerns sexual experiences that you may have had that were unwanted. We know that these are personal questions, so as a reminder your name and other identifying information will not be connected to your responses. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Please only consider experienced that happened **since age 14**.

Even though it did not happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent.

- Yes
- No
- No Answer

Do you wish to continue with the screener?

- Yes
- No

<Page Break>

Message for ineligible participants:

Thank you for your interest in our study.

I regret to inform you that your answers to the screening questions indicate that you are not a good fit for our study.

We appreciate the time you spent filling out the screener. Please consider looking at other studies offered through the UWM psychology department to find a study that is right for you.

If after completing this survey you feel that you need to talk to someone, 1-800-656-HOPE, a National Hotline (24 hours).

If you have any questions or concerns about the study please contact Graduate Student Principal Investigator, Cari Lee, at 414-229-3188 or cbrosoff@uwm.edu, or Principal Investigator, Dr. Shawn Cahill, at 414-229-5099 or cahill@uwm.edu.

You may contact the UWM IRB at 414-229-3173 or irbinfo@uwm.edu if you have any questions about your rights or complaints about your treatment as a research participant.

Message for eligible participants:

Thank you for your interest in our study.

Your answers to our screening questions indicate that you are eligible for the study based on your experience of unwanted sexual contact in the past. This study MIGHT involve participation in a group discussion with other women who also indicated having experienced similar unwanted sexual contact.

In order to sign up for the study, login into SONA: https://uwmilwaukee.sona-systems.com/default.aspx?p_return_experiment_id=305

Under Studies, find study "No Means No: The Risk Reduction Workshop" and use the following **invitation code** to sign up for a timeslot: fc2017cr318

If after completing this survey you feel that you need to talk to someone, 1-800-656-HOPE, a National Hotline (24 hours).

If you have any questions or concerns about the study please contact Graduate Student Principal Investigator, Cari Lee, at 414-229-3188 or cbrosoff@uwm.edu, or Principal Investigator, Dr. Shawn Cahill, at 414-229-5099 or cahill@uwm.edu.

You may contact the UWM IRB at 414-229-3173 or irbinfo@uwm.edu if you have any questions about your rights or complaints about your treatment as a research participant.

Appendix B

Baseline and Follow-Up Measures:

Alcohol Use Disorder Identification Test

The Dating Self-Protection Against Rape Scale

Demographics

Illinois Rape Myth Acceptance Scale

The Self-Efficacy Scale

Sexual Assertiveness Questionnaire for Women

Sexual Experience Scale – Short Form Victimization

AUDIT

DIRECTIONS: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

Questions	**0**	**1**	**2**	**3**	**4**
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	2 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year

DSPARS

DIRECTIONS: For each of the following questions please circle how often you feel that you do the following in dating situations.

1	2	3	4	5	6
Never	Almost Never	Sometimes	Most of the Time	Frequently	Always

How often do you:

1. Plan for what self-protective measure you would take if you were alone with your partner and he/she becomes sexually aggressive?

1	2	3	4	5	6
Never	Almost Never	Sometimes	Most of the Time	Frequently	Always

1.

2. Have trusted friend(s) be with you and your dating partner?

1	2	3	4	5	6
Never	Almost Never	Sometimes	Most of the Time	Frequently	Always

3. Abstain or limit your alcohol intake to three drinks or less?

1	2	3	4	5	6
Never	Almost Never	Sometimes	Most of the Time	Frequently	Always

2.

4. Let a friend or family member know where you are and whom you are with?

1	2	3	4	5	6
Never	Almost Never	Sometimes	Most of the Time	Frequently	Always

3.

5. Speak directly and assertively?

1	2	3	4	5	6
Never	Almost Never	Sometimes	Most of the Time	Frequently	Always

4.

6. Try to be alone with your dating partner?

1	2	3	4	5	6
Never	Almost Never	Sometimes	Most of the Time	Frequently	Always

5.

7. Talk to people who know your dating partner to find out what he/she is like?

1	2	3	4	5	6
Never	Almost Never	Sometimes	Most of the Time	Frequently	Always

6.
8. Pay attention to your dating partner’s drug/alcohol intake?

1	2	3	4	5	6
Never	**Almost Never**	**Sometimes**	**Most of the Time**	**Frequently**	**Always**

7.
9. Provide your own transportation so you do not have to depend on your dating partner for transportation?

1	2	3	4	5	6
Never	**Almost Never**	**Sometimes**	**Most of the Time**	**Frequently**	**Always**

8.
10. Consider using self-defense strategies such as karate against your dating partner if the need arises?

1	2	3	4	5	6
Never	**Almost Never**	**Sometimes**	**Most of the Time**	**Frequently**	**Always**

9.
11. Meet in private place instead of a public place?

1	2	3	4	5	6
Never	**Almost Never**	**Sometimes**	**Most of the Time**	**Frequently**	**Always**

10.
12. Try to be aware of common household objects that could be used as weapons if your dating partner became sexually aggressive?

1	2	3	4	5	6
Never	**Almost Never**	**Sometimes**	**Most of the Time**	**Frequently**	**Always**

11.
13. Make yourself aware of exits from the area where you and your dating partner are?

1	2	3	4	5	6
Never	**Almost Never**	**Sometimes**	**Most of the Time**	**Frequently**	**Always**

12.
14. Try to be aware of where other people are who may be able to help you in case of an emergency?

1	2	3	4	5	6
Never	**Almost Never**	**Sometimes**	**Most of the Time**	**Frequently**	**Always**

15. Carry enough money with you to get a taxi or have someone you can call in case of an emergency?

1	2	3	4	5	6
Never	**Almost Never**	**Sometimes**	**Most of the Time**	**Frequently**	**Always**

Demographics

13. What is your Age?

A. 18 D. 21 G.24
B. 19 E. 22 H. 25
C. 20 F. 23 J. Other: _________

14.

15. What is your race?

A. American Indian or Alaska Native
B. Asian
C. Black or African American
D. Native Hawaiian or Pacific Islander
E. White or Caucasian
F. Other: ________________________

16.

17. What is your ethnicity?

A. Hispanic or Latino
B. Not Hispanic or Latino

18.

19. What is your sexual orientation?

A. Bisexual
B. Heterosexual
C. Homosexual or lesbian
D. Other: ________________________

20.

21. Approximately what is your household income?

A. Under $10,000
B. $10,000 - $20,000
C. $21,000 – 30,000
D. $31,000 – 40,000
E. $41,000 – $50,000
F. $51,000 – $75,000
G. $76,000 - $100,000
H. Over $100,000

22.

23. What is your current year in school?

A. Freshman
B. Sophomore
D. Junior
E. Senior
F: Other: _________________________

24.

25. What is your major? ________________________

26.

27. Are you a member of a Greek organization (i.e. sorority)?

A. Yes
B. No

28.

29. Do you live in:

A. University housing
B. Family home
C. Off campus apartment/house alone or with roommates
D. Other _____________________________

30.

31. What is your current marital status?

A. Never married D. Divorced
B. Cohabiting E. Widowed
C. Married

32.

33. What is your current dating status?

A. I do not date D. I am engaged
B. I date casually E. I am married
C. I am involved in a long-term monogamous relationship (more than 6-months)

34.

35. Are you currently involved in an exclusive romantic/dating relationship or marriage?

A. Yes
B. No

36.

37. If you are in a relationship, is your partner:

A. Male C. Other: ________________________
B. Female D. Not applicable (I am not currently in a relationship)

38.

39. If you are in a relationship, how long have you been with your current partner?

40.

41. ________ (Months) ________ (Years)

42.

43. How old were you when you first willingly had sexual intercourse?

A. 13 years or younger E. 17
B. 14 F. 18
C. 15 G. 19 years or older
D. 16 H. I have never willingly had sexual intercourse

44.

45. How many consensual (not forced) sex partner have you had in your *lifetime*?

A. 0 E. 4 I. 8
B. 1 F. 5 J. 9
C. 2 G. 6 K. 10
D. 3 H. 7 L. 11 or more

46.

47. How many consensual (not forced) sex partner have you had in the *past year*?

E. 0 E. 4 I. 8
F. 1 F. 5 J. 9
G. 2 G. 6 K. 10
H. 3 H. 7 L. 11 or more

IRMAS

DIRECTIONS: For the following items, use the scale below to indicate how much you agree with each statement:

1	2	3	4	5	6	7	8	9
Not at all agree				**Somewhat agree**				**Very much agree**

1. If a woman is raped while she is drunk, she is at least somewhat responsible for letting things get out of control.

1 2 3 4 5 6 7 8 9
Not at all agree **Somewhat agree** **Very much agree**

2. Although most women wouldn't admit it, they generally find being physically forced into sex a real "turn-on."

1 2 3 4 5 6 7 8 9
Not at all agree **Somewhat agree** **Very much agree**

3. If a woman is willing to "make out" with a guy, they it's no big deal if he goes a little further and has sex.

1 2 3 4 5 6 7 8 9
Not at all agree **Somewhat agree** **Very much agree**

4. Many women secretly desire to be raped.

1 2 3 4 5 6 7 8 9
Not at all agree **Somewhat agree** **Very much agree**

5. Most rapists are not caught by the police.

1 2 3 4 5 6 7 8 9
Not at all agree **Somewhat agree** **Very much agree**

6. If a woman doesn't physically fight back, you can't really say that it was rape.

1 2 3 4 5 6 7 8 9
Not at all agree **Somewhat agree** **Very much agree**

7. Men from nice middle-class homes almost never rape.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

8. Rape accusations are often used as a way of getting back at men

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

9. All women should have access to self-defense classes.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

10. It is usually only women who dress suggestively that are raped.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

11. If the rapist doesn’t have a weapon, you really can’t call it rape.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

12. Rape is unlikely to happen in the woman’s own familiar neighborhood.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

13. Women tend to exaggerate how much rape affects them.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

14. A lot of women lead a man on and then they cry rape.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

15. It is preferable that a female police officer conduct the questioning when a woman reports a rape.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

16. A woman who "teases" men deserves anything that might happen.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

17. When women are raped, it's often because the way they said "no" was ambiguous.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

18. Men don't usually intend to force sex on a woman, but sometimes they get too sexually carried away.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

19. A woman who dresses in skimpy clothes should not be surprised if a man tried to force her to have sex.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

20. Rape happens when a man's sex drive gets out of control.

1	2	3	4	5	6	7	8	9
Not at all agree			**Somewhat agree**				**Very much agree**	

SE Scale

DIRECTIONS: Please answer these questions concerning how confident you feel about your ability in question

A	B	C	D	E	F	G
Not at all Confident			Average			Very Confident

1. If a man you were with was attempting to get you to have sex with him and you were not interested, how confident are you that you could successfully resist his advances?

A	B	C	D	E	F	G
Not at all Confident		Average			Very Confident	

2. If a man you were with was attempting to pay for your meal when you did not want him to, how confident are you that you could be assertive enough to tell him that you would pay for your own way?

A	B	C	D	E	F	G
Not at all Confident		Average			Very Confident	

3. If a man you were with was attempting to get you to consume alcohol despite your wishes not do so, how confident are you that you could successfully resist his pressuring?

A	B	C	D	E	F	G
Not at all Confident		Average			Very Confident	

4. How confident are you that you could successfully avoid a situation in which you could be sexually assaulted?

A	B	C	D	E	F	G
Not at all Confident		Average			Very Confident	

5. If a situation develops which you feel you could be in danger of sexual assault, how confident are you that you could successfully think up ways to get out of that situation and then execute your plan?

A	B	C	D	E	F	G
Not at all Confident			**Average**			**Very Confident**

6. How confident are you that you could successfully recognize the signs that you might be in danger of being sexually assaulted?

A	B	C	D	E	F	G
Not at all Confident			**Average**			**Very Confident**

7. How confident are you that if you recognized the danger signs of sexual assault you could avoid/prevent it from happening?

A	B	C	D	E	F	G
Not at all Confident			**Average**			**Very Confident**

SAQ-W

Please indicate the degree to which you agree or disagree with each of the following statements. Answer each question based on how you generally behave, even if you are not currently in a relationship or sexually active. Circle the corresponding number.

1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree	4 Agree	5 Strongly Agree

Statement					
1. I go farther sexually than I want because otherwise my partner might reject me.	1	2	3	4	5
2. I engage in sexual behavior when I don't really want to because I'm afraid my partner might leave me if I don't.	1	2	3	4	5
3. I have trouble expressing my sexual needs.	1	2	3	4	5
4. I lack confidence in sexual situations.	1	2	3	4	5
5. I am easily persuaded to engage in sexual activity.	1	2	3	4	5
6. I worry that my partner won't like me unless I engage in sexual behavior.	1	2	3	4	5
7. It is difficult for me to be firm sexually if my partner keeps begging or pressuring me about it.	1	2	3	4	5
8. It is easier to "give in" sexually than to argue with my partner.	1	2	3	4	5
9. I engage in sexual activity when I don't want to because I don't know how to say "no."	1	2	3	4	5
10. I agree to have sex when I don't feel like it.	1	2	3	4	5
11. I go along with what my partner wants sexually, even when I'm uncomfortable.	1	2	3	4	5
12. I give more than I take in sexual situations.	1	2	3	4	5
13. I engage in unwanted sexual activity to avoid hurting my partner's feelings.	1	2	3	4	5
14. Once I agree to some sexual activity, it is difficult for me to stop things from going farther than I'd like.	1	2	3	4	5
15. I engage in unwanted sexual behavior to "avoid making a scene" with my partner.	1	2	3	4	5

Item					
16. I know what I want sexually.	1	2	3	4	5
17. I am good at expressing my sexual needs and wants.	1	2	3	4	5
18. It is easy for others to seduce me into sexual activity.	1	2	3	4	5
19. My partner must express respect and love for me before I engage in sexual behavior.	1	2	3	4	5
20. I need to know my partner very well before I engage in oral, vaginal, or anal sex.	1	2	3	4	5
21. I limit sexual activity to kissing and fondling when I first meet someone.	1	2	3	4	5
22. I don't have oral sex unless I'm in a committed relationship.	1	2	3	4	5
23. I worry that my partner might think less of me if I engage in sexual activity.	1	2	3	4	5
24. I don't really know what I want sexually.	1	2	3	4	5
25. I don't have intercourse unless I know my partner very well.	1	2	3	4	5
26. If you express your sexual needs, your partner may think you are promiscuous.	1	2	3	4	5
27. It is easy for me to tell my partner what I want, and what I don't want, sexually.	1	2	3	4	5
28. It is easy for me to be assertive in sexual situations with a partner.	1	2	3	4	5
29. I feel bad after I have sex.	1	2	3	4	5
30. Sexual behavior makes me feel dirty or "cheap."	1	2	3	4	5

SES-SFV

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so as a reminder your name and other identifying information will not be connected to your responses. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box showing the number of times each experience has happened to you. If several experiences occurred on the same occasion--for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. The past 12 months refers to the past year going back from today. Since age 14 refers to your life starting on your 14th birthday and stopping one year ago today.

			How many times in the past 12 months?	How many times since age 14?
1.	**Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast, crotch or butt) or removed some of my clothes without my consent (*but did not attempt sexual penetration*) by:**		0 1 2 3+	0 1 2 3+
	a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	d.	Threatening to physically harm me or some close to me.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

2.	**Someone had oral sex with me or made me have oral sex with them without my consent by:**	0 1 2 3+	0 1 2 3+
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
d.	Threatening to physically harm me or some close to me.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

		How many times in the past 12 months?	How many times since age 14?
3.	**A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:**	0 1 2 3+	0 1 2 3+
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
d.	Threatening to physically harm me or some close to me.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

4.	A man put his penis into my butt, or someone inserted fingers or objects without my consent by:		0 1 2 3+	0 1 2 3+
	a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	d.	Threatening to physically harm me or some close to me.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

5.	Even though it didn't happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:		0 1 2 3+	0 1 2 3+
	a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	d.	Threatening to physically harm me or some close to me.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

			How many times in the past 12 months?	How many times since age 14?
6.	**Even though it did not happen, a man TRIED to put his penis into my vagina, or someone tried to stick in objects or fingers without my consent by:**		0 1 2 3+	0 1 2 3+
	a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	d.	Threatening to physically harm me or some close to me.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

7.	**Even though it did not happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:**		0 1 2 3+	0 1 2 3+
	a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	d.	Threatening to physically harm me or some close to me.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

8. Did any of the experiences described in this survey happen to you 1 or more times?
   A. Yes
   B. No

If yes, what was the sex of the person or persons who did them to you?

A. Female only	C. Both females and males
B. Male Only	D. I reported no experiences

9. Have you ever been raped?
   A. Yes
   B. No

Appendix C

Risk Reduction Program with Materials

No Means No: The Risk Reduction Workshop Protocol 2017-2018

In-Session Presentation for Workshop

Dating Behavior Checklist

Personal Strengths Checklist

Suggestion for Dating Behavior

Workshop Satisfaction

No Means No Evaluation Checklist

Materials:

- Pencils and pens for each participant
- Chalk/dry erase marker
- Playing card with one of two room numbers
- Paperwork packets that include:
    - Consent form
    - Confidentiality agreement
    - Contact sheet
    - Subject identification number generator
    - Intake questionnaires
- In session paperwork:
    - List of Personal Strengths
    - Dating Behavior Check List
    - Suggestions for Dating Behaviors

Before participants arrive, set up the room. Room should have a large table that can comfortably sit 12 people and a white/chalk board. Place two copies of consent form, one copy of the confidentiality agreement, one copy of the contact form, one copy of the ID number calculation form, a pen, and a pencil on the table in front of each chair. Request participants to sign paperwork in pen and fill out questionnaires in pencil.

I. Welcome, Consent, and Initial Paperwork

Thank you for coming in today. My name is *(treatment group leader name)* and this is *(control group leader name)* and we will be your group leaders for the day.

I want to start by giving you an overview of the study. In a few minutes, you will be randomly assigned to one of two groups. For group one, you will be asked to complete a packet of questionnaires and then that will be it for today. We anticipate that those of you assigned to group one will be here for about 1 hour. Those of you assigned to group two will complete the packet of questionnaires and then participate in a group discussion about reducing the risk of experiencing unwanted sex through practicing safe dating. After, we will ask you to complete an additional questionnaire about your experience in the group discussion. We anticipate that those of you assigned to group two will be here for about 3 hours today. Regardless of group assignment, you will be given 3 hours of extra credit for your participation today and a $10 Amazon gift card. We will also ask everyone to participate in a 3-month follow-up online through SONA. The follow-up should take about 30 minutes and you will receive a $10 Amazon gift card upon completion.

The follow-up is an important part of our research process and helps the research team understand how to improve the workshop. If you feel that you will be unable to complete the follow-up we do not recommend participation in this study.

Does anyone have any questions?

Now let's take a look at the consent form.

You have two copies, one for our records and one for you to take home. The consent form provides a more detailed description of the study. In addition, the form discusses the use of videotaping. All of our sessions are recorded to ensure reliability in our workshop. I want to ensure you that only study staff will be able to review the recordings. The consent form also goes over study confidentiality. All information that you provide us is confidential. Today, you will

create an ID number. Your name and any other identifying information you provide us will always be kept separate from your questionnaires. Your questionnaires will only be identified by your ID number. There is no document connecting your name and ID number. The study staff takes efforts to make sure that all of your paperwork is locked in file cabinets and all digital data is secured. However, there are a few limits to confidentiality that you need to be aware of. These limits include information you may share about child or elder abuse and intentions to hurt yourself or others. If you disclose any of these things we may need to make a report to the authorities. I am now going to read the consent form out loud. Please follow along with me. If you have a question while we are going through the form, please interrupt me.

Read the consent form out loud. Be sure to briefly pause during the reading to allow for questions to be asked. Pay attention to any visible nonverbal signs of confusion the participants may have and address concerns.

At the bottom of the last page you will see a signature line. By signing and dating the consent form you are agreeing to participate in the study. If you wish to participate in this study please indicate this by sign and dating both copies of the consent form. When you are done, raise your hand so I know you are done. I will collect one copy of the form and the other copy is for your records. If you do not wish to participate, you are now excused with our thanks for considering our study.

As participants raise their hand, go around checking to see if the forms are filled out appropriately. Then, sign the witness lines of both of their consent forms and collect one of the forms. Wait for everyone to finish and then continue.

The next form is a confidentiality agreement. Today you will be encouraged to talk about your experiences and express your opinions. We want this to feel like a safe place for everyone. We therefore want to stress the need to maintain confidentiality of the group discussion. To help facilitate this, we will only be using first names during discussion. Additionally, we ask that you refrain from using the real names of people not in the group during discussion. By signing this agreement you are agreeing to keep what is said in the group confidential. Please read the form carefully and sign it.

Collect forms as participants finish signing them and check to see if filled out appropriately. Wait for everyone to finish and then continue.

The next form is a contact form. We will us this form to remind you about the follow-up and to e-mail you compensation in form of an Amazon gift card for today's session and for completing the follow-up. Please be sure to use an address where you know you can receive mail 3 months from now. Go ahead and fill out the form.

Collect forms as participants finish signing them and check to see if filled out appropriately. Wait for everyone to finish and then continue.

The next form is the ID number calculation form. By filling out the form you will create your own unique ID number. It is important that you fill out this form carefully so that you are able to recreate the ID when completing the follow-up. Watch me create an example ID number.

On the white board or computer, demonstrate how to calculate a subject ID using the direction on the form.

Any questions? Okay, go ahead and complete the form.

II. Random Assignment

Once all forms have been collected, randomly give out the playing cards, face down, with a room number on it.

Please look at your card. If you have *(control room number)* written on the card then please follow *(control group leader name)* to your room. If you have *(treatment room number)* written on the card then please remain seated. *The remainder of the instructions are for those in the treatment condition.*

After the control participants have left the room and the door is closed, continue.

You have been assigned to the 'dating safely to reduce the risk of unwanted sex group'. I have some more paperwork for you to do and then we will start the discussion portion of the day.

Note: Depending on available rooms, treatment participants may be the group that switches room. Instructions should be adjusted accordingly

III. Intake Questionnaires

Now the remaining forms in front of you are questionnaires. Please record your subject ID on each page of every questionnaire. Please do not write your name or any other identifying information on the questionnaires. Read each form's instructions carefully and take time to mark your answers clearly. There are a lot of questions on the front and back of each questionnaire. Please be careful not to accidentally skip questions. If you have any questions while filling out the forms please let me know. When you are done, please raise your hand for me to collect your questionnaires.

Wait for everyone to finish, collect packets, and then continue.

Before we start the group discussion, let's take a 5-minute break. Please feel free to use the bathroom or stretch your legs.

While participants take a break, prepare for MI session. Clear white board and put an Agenda Mapping form in front of each participant's seat. Assistant should collect packet of questionnaires. During MI session, assistant should go through each participant's questionnaires looking for mistakes. Any mistakes can be addressed before participants are dismissed.

IV. Group MI Session

With the exception of the introduction, the session will be conducted in the spirit of MI. Group leaders will utilize open questions, affirmations, reflections, and summaries (OARS) to address and direct the topic of sexual assault risk reduction. Below are a few guidelines that the group leader should follow:

- *Use OARS to facilitate communication*
- *Use complex reflections*
- *Use the 2:1 rule; 2 reflections for every 1 open questions*
- *Remember to use affirmations*
- *Use summarizing to link together common themes across the group and to move the conversation forward*
- *Whenever possible, address the group not just the individual*
- *Encourage group contribution without singling out individuals*
- *Be sure to respond to change talk with EARS (elaborating, affirming, reflecting, and summarizing)*
- *Stick to group norms*
    - *Replay norms:*
        - *If participants are not consistently sticking to the norms ask them to repeat it a manner that is consistent with the norms*

- *Only do this to maintain the spirit of the group. It is important that this does not interfere with the quality and time-frame of the session.*

The following includes required tasks and suggested language to be used throughout the session. The PowerPoint is used during the beginning of the program. Slide numbers, when appropriate are written in front of the text.

A. Introduction to GMI and Icebreaker.

(SLIDE 1) Before we begin, let me thank you all for being here and explain a little about how we will be working together…. 'as a team'. This group is based on an approach called motivational interviewing that has accumulated scientific evidence for its effectiveness in helping people achieve a variety of goals. The workshop is designed to engage all group members in conversation through collective sharing of experiences. Throughout the group discussion there will be activities that will encourage you to consider aspects of yourself in a different light and to share your experiences to assist others in the group. This sharing and self-understanding are key therapeutic factors necessary to enhance your motivation to make changes in your life for improved well-being.

I want to take a few minutes for everyone to get acquainted with each other by doing an icebreaker. We will only be using first names today. If you feel uncomfortable using your real name you are welcome to use a fake name. If you do use a fake name, please stick with it for the entirety of today's session. I want each of you to think of a characteristic that describes yourself that begins with the first letter of your first name. We are going to go around the table and tell everyone our names and the characteristic. So for example I would say, "Hi, I'm Cari. Cari is caring." However, the trick is you also have to say everyone's name and characteristic that went before you first. Does anyone want to go first/last?

Do game. Group leader should consider going last to make sure they know everyone's name.

B. Group Norms

In order to get the most out of this workshop there are a few of what we call "group norms" that are going be important for all of us to stick to, including me. The reason for these norms is so that we can get the most benefit from the group and that our focus remains on solutions. By doing this we will keep everyone motivated, keep everyone feeling comfortable, and allow for equal chances to talk.

(SLIDE 2) The first list of norms is a group that everyone should be encouraged to do.

Read norms from Slide 2.

(SLIDE 3) The second list of norms is what I agree to do.

Read norms from Slide 3.

(SLIDE 4) The third list of norms is what you agree to do.

Read norms from Slide 4.

As you can see, this list is the same list that I just agreed to do. Do these guidelines seem agreeable to everyone?

(SLIDE 5) To maintain the group norms, any group member may call a time out or request a member to replay a statement.

Read Time-Out/Replay rules on Slide 5.

Are there any questions about norms?

C. Introduction to Risk Reduction of Sexual Assault

Today's group discussion is designed to reduce the risk of experiencing unwanted sexual contact by socializing, and specifically, dating safely. Specifically, the discussion is set up so that you can identify behaviors specific in your own life that you may wish to change to reduce the risk for unwanted sex. The group format is utilized so you may share experiences and opinions with peers to help identify risky behaviors and how to tackle those behaviors.

Before we get started, I want to be clear that we believe that perpetrators are always responsible for sexual aggression. Males, the primary perpetrators, should participate in sexual assault prevention programs. However, because rates of unwanted sexual experiences continue to remain high, we believe women should be aware of ways to decrease their risk of experiencing unwanted sexual contact. By identifying your own risk factors and addressing ways to reduce those specific factors, we believe you will be more likely to take steps to protect yourself and therefore be less vulnerable to rape and other unwanted sexual experiences.

We hope that at the end of today's workshop that you feel empowered and that your confidence in your ability to date and socialize safely will be increased.

D. Common Emotions

Talking about an experienced that involved unwanted sexual contact can be difficult. Some of you may have had unwanted sexual encounters or sexual assault, or know a friend or family member that has gone through such an experience. These events are often considered taboo topics and many people in our culture feel uncomfortable discussing sexual assault. Because of this, women who have experienced sexual assault often do not talk about it and many report that they feel less confident to prevent it from happening again. One important aspect of this workshop is to help you become more comfortable talking about unwanted sexual experiences so that changes can be made to reduce your risk of an assault and to empower you from having to go through such an experience again.

The types of unwanted sexual contact can vary widely and can be violent and nonviolent. The amount of violence a woman experiences does not define the event, indicate if it was consensual, or dictate how you should react.

When women experience unwanted sexual contact, they can feel an array of emotions. What type of emotions do you think women might experience after unwanted sexual contact?

Allow participants to provide some examples of emotions. Guide participants into expressing an array emotions including: anger, guilt, confusion, sadness, shame, and numbness.

There is no "right way" to feel after you have been violated. Additionally, those feelings may lead you to act in a number of ways that may feel comfortable at the time but ultimately might

not be helpful. This includes acting like everything is okay when it isn't, isolating yourself, or partying more than you typically would.

There is often a strong desire to avoid talking about these experiences and making changes to improve how you feel and to protect yourself. It is often easier to stay the same. Why? Because sticking to behaviors that you already know, such as isolating yourself or partying, takes away the uncertainty and fear of having to change. Nobody likes to feel afraid or uncertain.

The desire to keep things the same and to avoid change is normal. Every person has their own level of comfort in deciding when they can talk about unwanted sexual contact, how it affects their lives, and what they can do to change that. That level of comfort can change from day to day, so that one day you may feel very eager to change your dating behavior and the next day the whole idea seems a little bit too much. Regardless of how you are feeling, it is up to you to decide ultimately whether you empower yourself when dating.

Whether you decide to make changes or not, the tools you learn in this workshop will be there for you today, tomorrow, and next year. Whatever you decide, this group is a place to begin to make positive changes you want for yourself. You are encouraged to listen to your whole self and not just your fears, worries, and uncertainties.

E. Open Discussion

The below questions are open to the whole group to start the conversation on unwanted sex. They do not have to be answered by everyone. Reflect and summarize. Keep conversation to 1-2 minutes per question.

To get us started in our conversation, I want everyone to be on the same page by what we mean by unwanted sex. So, what is unwanted sex? How does it occur?

This conversation should lead to a general definition of what is sexual assault (don't use term unless the group does) and circumstances that might lead to a sexual assault. Ex: Sexual assault is any unwanted/nonconsensual touching of a sexual nature. It can include fondling, attempted penetration, and penetration. I can occur by force, coercion, alcohol/drugs, threats, etc.

Today I will use the term "dating" to refer to situations when unwanted sex may occur. How is our discussion relevant if you are not currently dating?

The conversation should lead to an acknowledgement that sexual assault can occur even if you are not actively dating. Ex: "hooking-up," going out with friends to a party/bar, other social situations with men, assault by a current significant other, etc

Ask the following three open-ended questions to the group. Have each person respond to all three questions before moving on to the next question. Limit each participant's response to 2 minutes. After each participant responds to the questions, summarize and then ask the other members of the group if they had the same understanding (Ex: "What did I miss? "Would anyone like to add to what X said about what is important to her").

(SLIDE 6) Now I have a few questions that I would like each of you to answer individually.

1. First, why is unwanted sex an important issue to you?
2. Second, what is difficult about talking about unwanted sex?
3. And lastly, what does exploring ways of empowering yourself through dating safer practices have to offer you?

Who would like to go first?

F. Decisional Balance for Safer Dating

At set up, there should be a "Pro" and "Con" heading written on the board or a Word document available to type pros and cons.

Given what we just talked about with 'feeling immobilized', when we think of making changes, most of us don't really consider all sides in a complete way. Instead, we often do what we think we should do, avoid doing things we don't feel like doing, or just feel confused or overwhelmed and give up thinking about it at all. Thinking through the pros and cons of both changing and not making a change is one way to help us make sure we have fully considered a possible change. This can help us hang on to our plan in times of stress or temptations.

We are going to make two lists together. One will be the pros of changing your dating behavior. I want you to think of the benefits changing your dating behavior might have on your life. The other list will be the cons of changing your dating behavior. I want you to think of the costs of changing your dating behavior; what it would mean to do things differently. If you are not actively dating, consider behaviors you do when socializing and if there are changes you can make to be safer. Take into consideration things that matter to you and apply to your life as opposed to responses that are considered ideal, or what you think others would want to hear.

Go to black/white board/computer with overhead projection.

Let' start with the pro list. Go ahead and shout them out to me as I write them on the board.

Encourage response in a MI consistent manner. When there are no more response for "Pro" move onto the "Con" list.

Anything else?

Okay, let's take a moment and look at what we came up with. *(Pause for 10 seconds)*

What does this tell you about whether or not to decide adopting safer dating practices?

Look for patterns in responses. Reflect and summarize about risky dating behavior to enhance discrepancy and drive the point of the activity home.

G. Personal Strengths

Hand out Dating Behavior Checklist

On the worksheet, there is a list of common behaviors that can cause problems for women when dating or socializing. Please read through the behaviors and check off each behavior that you have had a problem with in the past or anticipate being a potential problem in the future.

Allow participants to complete the checklist.

The dating behaviors that you checked off are behaviors believed to be associated with a higher risk of experiencing unwanted sexual contact. One of the main reasons it is important for you to be aware of the dating behaviors that put you at greater risk is so that you can plan solutions ahead of time. The more you are prepared for these scenarios, the less you are at risk for unwanted sex.

(name of participant), what is one dating behavior that you checked off that you would that you would like to change?

Reflect on their change. Repeat with all participants.

You all have 'tools' right now in your tool box to help make these changes. Let's find out what those tools are and how you are going to use them.

Pass out List of Personal Strengths for Change worksheet

Look at the list of characteristics and circle your top three personal strengths. While thinking about the dating behavior you want to change or another behavior on the checklist, answer the questions at the bottom of the page about how your personal strengths can help you make the change you want.

Allow up to 5 minutes for participants to complete on their own. If they ask, strengths should be strengths that they currently possess as opposed to their "ideal" strengths. While they complete the worksheet, write the name of each participant on the board/word document and list the strengths under each participant's name.

(name of participant) What is the first personal strength you want to tell us about?

Affirm their strengths, ask appropriate follow up questions about each follow up (ex: how do you know you are x?). Reflect and ask:

How will you use *(strength)* as a tool to help you change *(specific dating behavior)*?

Affirm and reflect response. Repeat with all strengths for that person.

If you were to put all of your personal strengths to work, how likely is it that you will succeed at changing *(specific dating behavior)*?

Affirm and reflect in an empowering manner. Thank participant and remind them to consider their strengths in future dating situations.

Repeat for each participant in the group.

Each of you has listened to other group member's personal strengths and how those people can apply those strengths to make a change.

What has this exercise taught you about yourselves?

Reflect on group themes and pull for change talk.

H. Brainstorming Helpful Solutions for Safer Dating

This is a brainstorming activity that will give you the opportunity to help others and for others in the group to help you. Your task is to come up with alternatives for each behavior so that you will stay safe if that situation ever arises when dating, whether it's your own solution or one that someone else suggests that might work for you.

I want you to break into two teams. Using the dating behavior checklist, compare each other's answers. Make a list of the most common or shared behaviors of the team. Choose up to 4 behaviors. Once you have your list made, give it to the other team. That team will come up with

practical, logical, and creative alternatives for addressing each dating behavior the other team listed. The alternatives should be appropriate and feasible. Each team will then share their ideas with the other team. Please remember to use your group norms throughout this activity.

Hand out the Suggestions for Dating Behavior form. Give teams 2-3 minutes to develop a list, have them switch the lists with the opposite team, and give another 5 minutes for solutions. Switch lists back. Go to board.

Okay, team one. What were your more common shared dating behaviors? I am going to list them on the board

Team one reads off behaviors. Write behaviors on board.

Okay. Next to each behavior selected I am going to write the alternatives team 2 came up for your team. What alternatives did team 2 provide for team 1?

Affirm and reflect on solutions. Ask open questions if participants comments favorably/not favorably about the solution. If they do feel like the solution will work, have them give some compelling reason or evidence why they think it will work for them. If they don't feel like the solution will work, ask if they have a solution, or if it is okay for others to provide solutions.

Repeat with team two's checked off behaviors.

Why did we do this activity? What was important about it?

Reflect on group themes and pull for change talk.

I. End

Before I have you fill out some concluding paperwork, I want to go around the circle and have everyone give a closing remark about today's workshop. It could be about some new idea or thought that occurred to you, something that changed for you during the discussion, or something you are thinking about changing in your life.

Do rounds. The ending should be kept on a light note. Reply to each remark with an affirmation or a simple reflection. At the end, do a linking summary drawing on themes that emerged from the rounds (or the discussion as a whole).

I want to thank everyone for participating today. Everyone did a great job sharing their experiences and thinking about ways to make positive changes in your life.

I am going to pass out the paperwork. After everyone is done with the questionnaire I will briefly review with you the goals of this study (debriefing).

Go over debriefing as a group and provide resources. If necessary, provide the opportunity for participants to speak privately to you.

You will receive SONA credit and the gift card within the next day. Please remember that there is an online follow up for this study that you will be contacted about in 3 months.

Pass out final paperwork and collect as participants finish. Participants may leave as they finish.

No means No: The Risk Reduction Workshop

Cari Lee
Shawn Cahill, PhD

Group Members are Encouraged To:

1. Focus on the best in your fellow group members.
2. Focus on solutions (Ask yourself: "Will my comment help this person?").
3. Make positive and 'uplifting' comments to others.
4. Be warm & encouraging whenever possible.
5. Keep confidential what is said in group.

2

During this group, *I* agree to:

1. Avoid labeling others
2. Avoid giving advice, unless you ask me to!
3. Be non-judgmental
4. Be an equal and work collaboratively with the group as a team
5. Avoid telling you what to do
6. Remind you that you are free to decide what to do
7. Be warm & encouraging
8. Avoid dominating the discussion
9. Listen and not interrupt
10. Never make 'put-downs'
11. Help members be and feel included

3

During this group, *YOU* agree to:

1. Avoid labeling others
2. Avoid giving advice, unless you ask me to!
3. Be non-judgmental
4. Be an equal and work collaboratively with the group as a team
5. Avoid telling you what to do
6. Remind you that you are free to decide what to do
7. Be warm & encouraging
8. Avoid dominating the discussion
9. Listen and not interrupt
10. Never make 'put-downs'
11. Help members be and feel included

4

Time-Out/Replay!

- Any group member can call a brief "Time-Out" to request that the group stay 'true' to the group norms (only when someone has gone outside of the norms).
- Doesn't mean that a group member did anything wrong…just means that the interaction went 'outside' the group norms!
- Group members will be given the opportunity to "replay" and "try it again" using the norms.

5

Three Open-ended Questions

1. Why is unwanted sex an important issue to you?
2. What is difficult about talking about unwanted sex?
3. What does exploring ways of empowering yourself through safer dating practices have to offer you?

6

Dating Behavior Checklist

DIRECTIONS: Read each statement about dating behaviors. Check off the behaviors that were problems in the past or believe could be a future problem for you.

1. ______ Not having a plan for what self-protective measure you would take if you were alone
with your partner and he/she becomes sexually aggressive.
2. ______ Going out alone with your dating partner.
3. ______ Having four or more drinks in one occasion.
4. ______ When none of your family or friends know where you are and whom you are with.
5. ______ Speaking timidly or in an indirect manner.
6. ______ Being alone with your dating partner.
7. ______ Having no insight from others about what your dating partner is like.
8. ______ Being unaware of your dating partner's drug/alcohol intake.
9. ______ Depending on your dating partner for transportation.
10. ______ Not considering using self-defense strategies such as karate against your dating partner when the need arises.
11. ______ Meeting in a private place instead of a public place.
12. ______ Not being aware of common household objects that could be used as weapons if your
dating partner became sexually aggressive.
13. ______ Not knowing where the exits are in the area where you and your dating partner are.
14. ______ Not paying attention to where other people are who may be able to help you in case
of an emergency.
15. ______ Not carrying enough money with you to get a taxi or have someone you can call in case
of an emergency.

Personal Strengths for Change

Circle **three (3)** of your top personal strengths that you currently possess from the list below

Committed	Assertive	Generous	Experienced	Insightful
Courageous	Willing	Strong	Determined	Considerate
Honest	Spiritual	Easygoing	Good Listener	Reliable
Independent	Loving	Intelligent	Confident	Mature
Appreciative	Patient	Good Common	High Self-worth	Wise
Balanced	Compassionate	Sense	Persuasive	Focused
Accepting	Trustworthy	Responsible	Moral	Caring
Stable	Healthy	Persistent	Flexible	Nurturing
Realistic	Forgiving	Dependable	Reasonable	Adventurous
Hardworking	Calm	Optimistic	People Person	Good Planner
Competent	Loyal	Fearless	Understanding	Creative

1. How will the first strength help you to make the changes you want to make?
(e.g., Because I am a good planner, I will know how to get home at the end of the night)

____

____

2. How will the second strength help you to make the changes you want to make?
(e.g., Because I am assertive, I will be able to tell the guy "Stop" when he is touching me inappropriately)

____

____

3. How will the third strength help you to make the changes you want to make?
(e.g., Because I am responsible, I will track how much I am drinking so I know when I have reached my limit)

____

____

4. On a scale of 0-10 (10 meaning the most likely), how likely is it that you can remain safe in a risky or dangerous dating situations if you put all three strengths to work?

10	9	8	7	6	5	4	3	2	1	0
Extremely likely		Very likely		Somewhat likely		Not sure		Probably not likely		Not at all li

Suggestions for Dating Behaviors

DIRECTIONS: Above each box, write the name of the behavior the group would like to change. Then give this form to the other team. That team will provide suggestions for each behavior in the box.

Behavior: ____

Behavior: ____

Behavior: ____

Behavior: ____

Workshop Satisfaction

We would like you to indicate below how much you believe that the group workshop you just received will help to reduce your risk of experiencing unwanted sexual contact. Please answer the questions below.

How logical did the workshop offered to you seem?

1 2 3 4 5 6 7 8 9
Not at all Very

How successfully do you think this workshop will be in reducing your risk of experiencing unwanted sexual contact?

1 2 3 4 5 6 7 8 9
Not at all Very

How confident would you be in recommending this workshop to a friend?

1 2 3 4 5 6 7 8 9
Not at all Very

How much do you really *feel* that workshop will help you to reduce your of experiencing unwanted sexual contact?

1 2 3 4 5 6 7 8 9
Not at all Very

No Means No Evaluation Checklist

Date of Workshop: Date of Evaluation:

Group Number: Evaluation:

Group Leader:

An explanation of the group format of the workshop is provided

____

Icebreaker is used and group leader is able to repeat everyone's name

____

General group norms are reviewed

____

Norms that the leader agrees to do is reviewed

____

Norms for the participants are reviewed and participants are asked if they are agreeable

____

Time-out/replay rules are reviewed

____

The purpose of the workshop is provided with emphasis on no victim blaming

____

Participants are asked about common emotions experienced after an assault

____

Participants come up with a working definition of "unwanted sex"

____

Participants identify situations where sexual assault might occur other than "dating"

____

All participants answer open-ended questions about unwanted sex, responses are summarized

____

An overview of decisional balance for safer dating behavior is provided

____

Participants are encouraged to come up with pro and con lists

____

Discussion and reflection of decisional balance with emphasis on discrepancy between lists

____

Participants complete dating behavior checklist

____

Participants share the dating behavior they most would like to change

____

Participants complete personal strengths for change worksheet

____

Participants share all of their personal strengths and how it will help them change

____

Discussion and reflection on what was learned from personal strengths exercise

____

An overview of brainstorming for helpful solution for safer dating is provided

____

Participants complete the list of behaviors and come up with solutions for the other team

____

Solutions are discussed for each team with emphasis on the favorability of the solution

____

Discussion and reflection on what was learned from brainstorming exercise

____

Closing remarks, kept on a light note

____

Thanks and completion of workshop satisfaction form

____

Appendix D

Recruitment Flyer

No Means No:
The Risk Reduction Workshop

Participants will complete questionnaires and partake in group discussion about how to reduce their risk of experiencing unwanted sexual encounters. Participants will be exposed to sensitive questions about sexual experiences in a group setting.

The study will take approximately 180 minutes to complete, and you will receive 3.0 hours of extra credit for Psychology courses and earn up to $20 total.

Must identify as a woman, be between the ages of 18 and 25, be willing to engage in group conversation, and provide contact information for a follow-up survey.

To learn more about or take the survey please visit the SONA website and look for the “No Means No: The Risk Reduction Workshop” study sign-up link.

Appendix E

Initial Paperwork

Informed Consent

Confidentiality Agreement

Contact Form

Subject Number Calculation Form

UNIVERSITY OF WISCONSIN – MILWAUKEE
CONSENT TO PARTICIPATE IN RESEARCH

THIS CONSENT FORM HAS BEEN APPROVED BY THE IRB FOR A ONE YEAR PERIOD

1. General Information

Study title: No Means No: The Risk Reduction Workshop

Person in Charge of Study (Principal Investigator): Shawn P. Cahill, Ph.D., Associate Professor, Department of Psychology, University of Wisconsin – Milwaukee (UWM)

2. Study Description

You are being asked to participate in a research study. Your participation is completely voluntary. You do not have to participate if you do not want to. Please note that this is a two part study. Participation in the second part of the study is appreciated.

Study description:
The purpose of this study is to evaluate the effectiveness of a workshop about practicing safer dating. To accomplish this, you will be randomly assigned to one of two groups. If you are assigned to workshop group, you will asked to complete questionnaires about unwanted sexual experiences and your dating behaviors. You will then be asked to participate in a group discussion about reducing your risk of experiencing unwanted sex through practicing safer dating. If you are assigned to the other group, you will only complete questionnaires and not partake in the group discussion. Having two groups will allow the researchers to make a comparison between the groups. If you are assigned to the group discussion, total participation will take approximately 3 hours. If you are not assigned to the discussion group, participation will take approximately 1 hour. No matter what group you are assigned to, you will receive the same amount of participation credit, 3 hours. All study activities today will be completed in the UWM Psychology Clinic. In total, we expect to recruit up to 200 female students here at UWM to participate in this study.

The second part of the study will take place approximately 3 months from today. You will only be eligible for the second part if you complete all activities today. The second part of the study occurs exclusively online through a Qualitrics survey. Upon completion of the survey, you will be sent a $10 Amazon gift card for participation.

3. Study Procedures

What will I be asked to do if I participate in the study?

If you agree to participate you will be randomly assigned to one of two groups. You will then complete questionnaires about unwanted sexual experiences you have had**,** your dating

behaviors, assertiveness, confidence, alcohol usage, intimate relationships, and beliefs about unwanted sexual experiences, including rape. If you are assigned to the group discussion, you will be asked to actively participate with other members of the group in activities. The activities are designed to help you practice safer dating behaviors designed to reduce your risk of experiencing unwanted sex. Regardless of group assignment, you will be asked to complete questionnaires about your experience before you leave.

The group discussion will be videotaped for the purpose of providing the facilitator with supervision and to ensure consistency of the workshop across sessions and to maintain high quality of workshop execution. If you prefer not to be videotaped, it will not affect your participation in the study. Because this is a group study, if one person in the discussion group does not wish to be videotaped, the entire session will not be videotaped.

If you are assigned to the non-discussion group, you will complete the same questionnaires about unwanted sexual experiences and your dating behaviors. You will not participate in the group discussion or the questionnaire about your experience.

Questionnaires will take approximately 30 minutes to complete and the group discussion will take approximately 120 additional minutes to complete.

Three months after your initial participation, you will be contacted through email and asked to complete an online survey through Qualtrics. Questions on the survey will be about any unwanted sexual experiences you have had since your initial participation (i.e. today). The survey will take approximately 30 minutes to complete. All participants will be contacted regardless of their study group.

4. Risks and Minimizing Risks

What risks will I face by participating in this study?
You may experience emotional discomfort. The risk of experiencing distressing and uncomfortable emotions may be higher for women who have experienced unwanted sex, abuse, or assault. You will be asked questions that ask about sensitive information and which you may be uncomfortable recounting or revealing. If you feel distressed by any of the questions or activities, you may choose to not answer the questions or to discontinue participation at any time without penalty. To discontinue your participation, all you have to do is tell the person assisting you that you wish to stop. You will receive full credit for participating in the study regardless of how much of the study you complete. As discussed in Section 7 below, we have taken several steps to insure that your response to study questionnaires and interview questionnaires are confidential. If you have any concerns about your participation in this study, you may also contact the study's Principal Investigator, Dr. Cahill, who has experience in helping people with the experience of difficult and distressing emotions. Dr. Cahill supervises the workshop facilitator and he is available for consultation at any time during this meeting. He may also be contacted at any time after your participation in today's meeting. His contact information is provided in Section 10 below. In addition, if you become upset during or after your

participation in this study, or for any other reason wish to receive psychological counseling service, you may do so at no additional cost through the Norris Health Center located at:

2025 E Newport Ave.
Milwaukee, WI 53211
(414) 229-4716

Additionally, at the end of the study, you will be provided with a list of local resources that you may find useful.

5. Benefits

Will I receive any benefit from my participation in this study?
<u>Workshop Group:</u>
One benefit from participating in this study is that you may develop safer dating habits. However, as this is an experimental program, such benefit cannot be guaranteed. You may experience no benefit from participating in this study.
<u>No Workshop Group:</u>
There are no expected personal benefits from participating in this study.
<u>Societal Benefits:</u>
Regardless of you study condition, by participating in this study, you will be contributing our understanding of how to reduce sexual assault on college campuses. Thus, future students may benefit from your participation in this study.

6. Study Costs and Compensation

Will I be charged anything for participating in this study?
You will not be responsible for any of the costs from taking part in this research study.

Are subjects paid or given anything for being in the study?
By participating in this study, you may be awarded 3 hours of extra credit in your psychology course. Whether you will receive extra credit is determined by your instructor and cannot be guaranteed by the Principal Investigator of the study.

In addition to the extra credit, you will be awarded a $10 Amazon gift card for your participation today. To be eligible for the gift card, it is necessary that you provide us with your email address after the consent procedure.

By participating in the study 3 month follow-up, you will be awarded an additional $10 Amazon gift card.

7. Confidentiality

What happens to the information collected?
All information collected about you during the course of this study will be kept confidential to the extent permitted by law. We may decide to present what we find to others, or publish our results

in scientific journals or at scientific conferences. Information that identifies you personally will not be released without your written permission. Only the PI and a small number of research assistants under his supervision will have access to the information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records.
Electronic data are kept in password protected files on our secure servers and hard copies of study materials are kept in locked cabinets in a locked office. Your response to the study questionnaires will not be identified with your name, but with a unique subject identification number. Your name will be recorded in a password protected spreadsheet on our secure server to insure that you receive class credit for your participation. No list connecting names to subject identification number is created in this study. Your email address will also be stored on the spreadsheet with your name in order to contact you about the follow-up survey.

The content of your responses to the group discussion will be kept confidential. Therefore, there is no direct way to link specific questionnaires or videotaped responses to specific individuals. Additionally, if you prefer, you may use a fake name during the group discussion but please use your real name when completing paperwork.

Records of your participation in this study will be kept for up to ten years after publication for future use.

Limits to confidentiality include revealing information about child or elder abuse, or intention to hurt yourself or others. Disclosure of information that suggests you or another person may be at risk to harm may, upon consultation with the principal investigator, result in a report to the authorities.

An additional limit to confidentiality is due to the group setting. The research staff will encourage confidentiality among the group members but cannot guarantee confidentiality.

8. Alternatives

Are there alternatives to participating in the study?
If your course instructor does provide extra credit for participation in research, but you do not wish to participate in this particular study, there are other studies available through the Department of Psychology and you may learn about these studies by going online to SONA or asking your instructor. In addition, if your instructor provides extra credit for participation, he or she will also provide an alternative extra credit option for those who do not wish to participate in research.

9. Voluntary Participation and Withdrawal

What happens if I decide not to be in this study?
Your participation in this study is entirely voluntary. You may choose not to take part in this study. If you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Your decision will not change

any present or future relationships with the University of Wisconsin Milwaukee. Not taking part in the study or withdrawing will not affect your grade or class standing.

10. Questions

Who do I contact for questions about this study?
For more information about the study or the study procedures or treatments, or to withdraw from the study, contact

Shawn P. Cahill, Ph.D.
Department of Psychology
Garland Hall, Room 233
Milwaukee, WI 53201
(414) 229-5099

Who do I contact for questions about my rights or complaints towards my treatment as a research subject?
The Institutional Review Board may ask your name, but all complaints are kept in confidence.

Institutional Review Board
Human Research Protection Program
Department of University Safety and Assurances
University of Wisconsin – Milwaukee
P.O. Box 413
Milwaukee, WI 53201
(414) 229-3173

11. Signatures

Research Subject's Consent to Participate in Research:
To voluntarily agree to take part in this study, you must sign on the line below. If you choose to take part in this study, you may withdraw at any time. You are not giving up any of your legal rights by signing this form. Your signature below indicates that you have read or had read to you this entire consent form, including the risks and benefits, and have had all of your questions answered, and that you are 18 years of age or older.

____
Printed Name of Subject/ Legally Authorized Representative

____ _____________________
Signature of Subject/Legally Authorized Representative Date

Research Subject's Consent to Audio/Video/Photo Recording:

It is okay to videotape me while I am in this study and use my videotaped data in the research.

Please initial: ____Yes ____No

Principal Investigator (or Designee)
I have given this research subject information on the study that is accurate and sufficient for the subject to fully understand the nature, risks and benefits of the study.

____ ________________________
Printed Name of Person Obtaining Consent Study Role

____ ________________________
Signature of Person Obtaining Consent Date

Confidentiality Agreement

I, the undersigned, understand that I am participating in an experiment, “No Means No: Reducing the Risk of Unwanted Sex”, which consists of group discussion. I understand by participating in a discussion, I cannot guarantee the confidentiality of my responses. I understand that disclosure is voluntary, and that I can discontinue participation at any time.

I understand that participants’ confidentiality in the group can only be protected as far as the other participants in the group do not repeat what is discussed in the group setting.

By signing this agreement, I agree to maintain the confidentiality of information discussed during this program group.

____

Printed Name

____ ____________________

Signature Date

Contact Information Form

This is a two-part study. Therefore we will email you for a 3-month online follow-up. You will receive a $10 Amazon gift card after completion of the follow-up. Please provide an email address that you will have access to and regularly check.

Your name: ________________________________

Your email address: ________________________________

Subject Number Calculation Form

Record the first letter of your

Mother's name (capital letter): _______

1

Record the first letter of your

Father's name (capital letter): _______

2

Record the month and day of your

birth date: _______ _______ / _______ _______

3 4 5 6

Record the first three letters of the city

in which you were born (capital letters): _______ _______ _______

7 8 9

To make your ID number, write in each of the corresponding letters and numbers on the lines below:

_______ _______ _______ _______ _______ _______ _______ _______ _______

1 2 3 4 5 6 7 8 9

Write out your completed ID number on this line: ______________________________

You will need this number for every questionnaire you fill out today. Please also remember this number for your follow-up.

Appendix F

Debriefing Script

Debriefing Script

During your visit today you were asked some questions about sexual assault. Sexual assault is relatively common, affecting perhaps as many as one in four women. Although many survivors of sexual assault manage to put these experiences behind them, a significant percent of survivors suffer physical and psychological damage as a result of the assault. Moreover, many people believe several falsehoods or myths regarding sexual assault. For example, one totally unfounded myth is that if a survivor does not immediately report a sexual assault, or hesitates to report it, then the act is somehow not considered an actual sexual assault. Another example of a myth is that anyone can resist an assailant if she wants to. A third myth about sexual assault is that if a person does anything that may have put her at risk or made her more vulnerable to being victimized (e.g., being alone with a male, wearing enticing clothing, etc.), she somehow brings the assault upon herself. These are all in fact completely false and unfounded myths. Victims are not responsible for the actions of their abusers or assailants, and children are not responsible for the actions of adults or older children. Hopefully, you will leave this experiment with a more realistic and accurate view of sexual assault.

So that your participation can be a learning experience, I want to describe the background of our study. We are looking at how reduce a college woman's risk of experiencing unwanted sex. College women are highly vulnerable for experiencing sexual assault. Specifically, college women who have experienced sexual assault are more likely to experience another assault. Currently, there are no effective programs for college women that consistently show a reduction in sexual assault rates. The workshop used in this study is a new program designed to help college women reduce their risk of experiencing a sexual assault. Although we do not know how effective the program is, we hope that you gained something from this study.

What are your reactions?

Please remember to look for the follow-up email in three months.

Thank you for your time!

Appendix G

Mental Health Resource List

Resources

On Campus Resources

The below resources are available to UWM students at little or no cost.

- **Norris Health Center**

Phone: 414-229-4716

Hours: Monday - Thursday 8:00am - 4:45pm, Friday 9:00am - 4:45pm

Address: 3351 North Downer Ave. Milwaukee, WI 53211

Website: https://www4.uwm.edu/norris/

Services Available: Mental health services are available to all currently enrolled students at UWM who have paid the student segregated fee for short-term counseling.

- **University of Wisconsin-Milwaukee Psychology Clinic**

Phone: 414-229-2852

Address: Pearse Hall 179 (1st Floor, East Wing), 2513 E. Hartford Ave., Milwaukee, WI 53211

Website: http://www4.uwm.edu/letsci/psychology/graduate/phdprograms/clinical/clinics.cfm

Services Available: Offers sliding scale fees for therapy and assessment of a wide range of issues including learning disabilities, depression, and anxiety.

- **University of Wisconsin-Milwaukee Women's Resource Center**

Phone: 414-229-5521

Address: Student Union WG93, 2200 E Kenwood Blvd., Milwaukee, WI 53211

Website: http://uwm.edu/womensresourcecenter/our-office/

Services Available: Offers support and counseling for individuals experiencing stalking, sexual harassment, sexual assault, relationship, dating, or domestic violence. Assistance available for filing restraining orders or submitting complaints.

For Emergencies on Campus or Involving UWM Students Near Campus

- **UWM Police Department**

Phone: non emergency (414) 229-4627;

When calling from a: Campus Phone: 9-911; Cell Phone: 414-229-9911

Address: 3410 N. Maryland Avenue, Milwaukee, WI 53211

Website: http://www4.uwm.edu/police/

If you are in a life threatening emergency off campus please call 911.

Community Resources

The below resources are available at low cost.

- **Marquette University Center for Psychological Services**

Phone: 414-288-3487

Address: Cramer Hall 307 (3rd Floor), Marquette University,

604 N. 16th St., Milwaukee, WI, 53233

Website: http://www.mu.edu/psyc/about/centerforpsychologicalservices.shtml

Services Available: Offers sliding scale fees for therapy and assessment of anxiety, depression and couples' issues.

- **Jewish Family Services**

Phone: 414-390-5800

Address: 1300 N. Jackson St. Milwaukee, WI, 53202

Website: http://www.jfsmilw.org/mental_health_services/default.htm

Services Available: Offers sliding scale fees for therapy and counseling on a variety of psychological difficulties.

Hotlines

The below is a selection of recommended hotlines available 24-hours to talk.

- **National Sexual Assault Online Hotline**

1-800-656-HOPE or http://apps.rainn.org/ohl-bridge/

Issues specifically related to sexual assault.

- **National Domestic Violence Hotline**

  (800) 799-7233

Issues specifically related to domestic violence

- **National Crisis Hotline**

  (800) 442-HOPE (4673)

Crisis situation specific to suicide.