State of the Science Brief: Programmatic Approaches to Sexual Violence Prevention and Risk Reduction in Post-Secondary Settings

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About Shift
The goal of Shift: The Project to End Domestic Violence is to significantly reduce domestic violence using a primary prevention approach to stop first-time victimization and perpetration. In short, primary prevention means taking action to build resilience and prevent problems before they occur. Shift's purpose is to enhance the capacity of policy-makers, systems leaders, clinicians, service providers and the community at large to significantly reduce the rates of domestic violence in Alberta. We are committed to making our research accessible and working collaboratively with a diverse range of stakeholders to inform and influence current and future domestic violence prevention efforts through primary prevention.

Authors' Message

The authors of this paper and Shift: The Project to End Domestic Violence believe that sexual assault is NEVER the victim's fault. Further, we wish to emphasize that research on risk reduction should not be taken to imply that victims are responsible for protecting themselves from assault. For too long, survivors have been blamed by individuals and systems for sexual assault, and thus we must whole-heartedly resist any discourse that blames and shames victims. However, we have found through the research that effective rape resistance programs within a specific context can impact sexual violence rates, and so we chose to present that research here. To that end, readers should only consider the presented research and findings within the context of the post-secondary environment, as this is the setting where all reported research was conducted: the post-secondary environment is a unique setting and we thus discourage the generalization of findings to other settings and age groups. It is our hope that this report leads to a robust discussion of these findings, and what they mean for sexual violence prevention in Alberta.

Key findings from the report

Sexual violence on post-secondary campuses is a serious public health problem. In Canada, 13% of women on campuses experienced non-consensual sexual touching in the last 12 months.

Current rates of sexual violence are unacceptable and must be addressed. Prevention of sexual violence requires a comprehensive approach that includes leadership, policy and the implementation of evidence-informed programmatic interventions.

Comprehensive, ecological approaches that address the complex relationships between people and their environment are a best practice for sexual violence prevention on post-secondary campuses.

There are two approaches that emerged from the science that could be part of a comprehensive strategy on post-secondary campuses. As a form of prevention, the use of evidence-based bystander/social norms approaches is promising for changing attitudes, intentions and behaviors. As a form of risk reduction, the use of evidence-based rape resistance approaches may be particularly effective for women who have previously experienced sexual violence. Both approaches show promise, but also require continued evaluation.

Rape resistance programs focus on building women's resistance to men's threatening behavior, and often include teaching skills that women can use to defend themselves in sexually violent situations. Within this review, every program that included self-defense skills practice found less risk for sexual assault victimization for women following program participation. It is critical that these programs teach from a feminist standpoint, which acknowledges the larger social context and holds perpetrators 100% accountable for any assault.

Some advocates are concerned that the use of rape resistance programs could perpetuate blame, both from victims themselves and from the larger society, and could increase injury. However, the scientific literature suggests that victim-blaming is decreased, not increased, with this approach. More discussion on this finding must be a top priority for policy makers and activists.

There is a need for evaluation of sexual violence prevention programs in diverse settings and with diverse populations. The majority of samples in current studies were predominately White. This lack of diversity limits generalizability of findings.

All sexual violence prevention programs implemented on post-secondary settings should follow best practices and collect ongoing evaluation data for continuous improvement.

While there remains debate as to how best to address sexual violence on post-secondary campuses, we feel that one fact is beyond dispute: current rates of sexual violence are unacceptable. Thus, we need to act quickly and decide on a way forward for campus-based sexual violence prevention. The information in this brief can be used by practitioners and policy-makers to support a collective understanding of how to move forward to address campus-based sexual violence in Alberta, and improve the well-being of young people across the province.

About this Report

This brief is situated within Shift's larger multi-tier research agenda to enhance the capacity of policy-makers, clinicians and service providers to prevent violence before it starts. In 2014, the Government of Alberta began to craft a provincial sexual violence action plan and wanted to enhance their focus on evidence-informed policy making. In line with both of these policy goals, this report was written to support the development of the provincial action plan, by reporting on the state of the science as it pertains to two primary programmatic approaches to sexual violence prevention and risk reduction in post-secondary environments. **We note that this brief is not a position statement, and only focuses on the post-secondary environment**. It is our hope that this report will be used to create dialogue and discussion with and between policy-makers, activists, community leaders and post-secondary schools to advance prevention activities and strategies. We also note that this brief focuses specifically on programmatic approaches, but that the larger campus response to sexual violence needs to be ecological and trauma-informed in nature, and include a consideration of policies, programs *and* practices, as is currently occurring in the United States with the recent changes to the application of Title IX of the Education Amendments of 1972 (a federal law prohibiting discrimination on the basis of sex in any federally funded education programs or activities).

As we note in the conclusion to this brief, while the best ways to address sexual violence on post-secondary campuses continue to be debated, one fact is beyond dispute: current rates of sexual violence are unacceptable. Shift believes we must move quickly to implement effective measures to prevent further campus-based sexual violence in Alberta. In order to facilitate this approach, Shift brought together several stakeholders (academic, policy makers, community-based leaders in the sexual violence movement) for a facilitated conversation in October 2016, with the goal of creating a collective understanding of how to move forward to address campus-based sexual violence in Alberta. We are deeply appreciative to each of these individuals for sharing their thoughts and perspectives on this issue, and have incorporated this feedback throughout the report. It is our hope that information in this brief will be used by practitioners and policy-makers to help guide policies, practices, and investments that will prevent sexual violence and improve the well-being of young people across the province.

Table of Contents

1.0 Executive Summary

Sexual violence in the post-secondary environment is a pressing social and public health problem. However, while policy-makers, academics, service providers, and activists agree that stopping sexual violence is an important task for colleges and universities, there is currently a lack of consensus on the best way forward. There is also considerable discussion about two current approaches to prevention (social norms/bystander-based approaches) and risk reduction (rape resistance approaches). This brief reviews evidence related to both of these approaches, and is intended to ground and foster evidence-informed discussion with policy makers and program designers.

This brief reviews the philosophy of two current approaches to skills-based sexual violence prevention (social norms/ bystander-based approaches) and risk reduction (rape resistance approaches) on post-secondary campuses, and presents promising programs associated with each approach.

We begin by reviewing eight programs that take a social norms/bystander-based prevention approach (i.e., an approach that frames sexual violence prevention as a community responsibility):

- *Bringing in the Bystander*
- *The Green Dot*
- *The Men's Program*
- *The Women's Program*
- *The Men's Project*
- *Mentors in Violence Prevention*
- *RealConsent*
- *TakeCARE*

Overall, these programs appear to have an effect on attitudes and intentions, and three programs (*Bringing in the Bystander, RealConsent, TakeCARE*) also reported a change in bystander behavior over time. Three programs also reported other types of behavior change: *The Green Dot* was associated with decreased violence victimization for women, and *The Men's Project and RealConsent* were associated with decreased sexual aggression perpetration for men.

We also reviewed six programs that take a rape resistance risk reduction approach:

- *Ohio University Sexual Assault Risk Reduction Program*
- *Re-Victimization Prevention Program*
- *University of Oregon Self-Defense Class*
- *Parent-Based Intervention*
- *Enhanced Assess, Acknowledge, Act (AAA) Sexual Assault Resistance Program*
- *Sexual Assault Risk Reduction for Women Engaged in Heavy Episodic Drinking*

Within this group, every program that included self-defense skills practice, and two that included discussion or review of such strategies, found less risk for sexual assault victimization for women following program participation.[1]

While we review these approaches separately, they are not mutually exclusive. Indeed, research to date suggests that the most comprehensive and effective approach will include programs, practices and policies at all ecological levels – from individuals, to families, to organizations, communities and societal institutions.

Although the best approach to preventing sexual violence on post-secondary campuses continues to be a subject of considerable discussion, one fact is beyond dispute: current rates of sexual violence are unacceptable and must be addressed. Given this, we recommend that the information in this brief continues to be shared with policy-makers and practitioners, and that stakeholders from across the province are brought together for a series of facilitated conversations that will lead to a collective understanding of how to move forward to address campus-based sexual violence in Alberta.

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[1] Programs offering self-defence skills practice include: *Ohio University Sexual Assault Risk Reduction Program; Re-Victimization Prevention Program; University of Oregon Self-Defense Class;* and the *Enhanced AAA Sexual Assault Resistance Program.* Programs that offer discussion of these skills (but no opportunity to practice) include: *Parent-Based Intervention* and *Sexual Assault Risk Reduction for Women Engaged in Heavy Episodic Drinking.*

Important Terms Used in this Report

A **Bystander** is "anyone who plays some role in an act of harassment, abuse, or violence but is neither the perpetrator nor the victim" (Katz et al., 2011, p. 686). This role can be positive (active bystanding or defending; e.g., challenging social norms that allow sexual violence to occur) or negative (i.e., witnessing the violence and doing nothing to stop it). Bystander-based programs focus on promoting positive, active bystanding.

Bystander efficacy refers to an individual's confidence that they could intervene in the situation (before, during and/or after violence has occurred) (Banyard et al., 2007).

Bystander intervention refers to actual intervention in a situation of sexual violence (before, during and/or after violence has occurred).

Bystander stages of change is based on the transtheoretical or stages-of-change model, and refers to where an individual stands in terms of readiness to change their behavior (Banyard et al., 2007). The stages are pre-contemplation (not yet ready to make a change); contemplation (willing to consider a change); and action (ready to make a change).

Bystander willingness to help is also referred to as willingness to engage or willingness to intervene, and refers to how willing or likely an individual would be to engage in a bystander behavior (before, during and/or after violence has occurred) (Banyard et al., 2007).

Intersectionality in research "emphasize[s] the need to consider complex interactions between structures of power and oppression and interconnected aspects of group identity and social location" (Grace, 2014, p. 1).

Rape resistance programs focus on building "women's resistance to men's threatening behavior[s]" (Senn, 2011, p. 125), and often include teaching skills that women can use to defend themselves in sexually violent situations.

Self-blame, behavioral is blame that focuses the reason for violence on certain behaviors (e.g., "I used poor judgement"). While survivors should never blame themselves for an act of sexual violence, when compared to character-based blame in research, this type of self-blame may be more "adaptive for victims of rape...[and] related to better adjustment because it is associated with a sense of future control" (Frazier, 2000, p. 205).

Self-blame, character-based is blame that focuses the reason for violence "on stable and uncontrollable aspects of the self" (e.g., that there is something wrong with you), which, when comparing the two types of self-blame in research, has been found to be more "unhelpful because it does not provide the same sense of control [as behavioral self-blame]" (Frazier, 2000, p. 205).

Sexual violence refers to "any sexual activity when consent is not obtained or given freely" (CDC, 2016), and includes sexual harassment, sexual assault and rape.

Social location refers to the "groups people belong to because of their place or position in history and society. All people have a social location that is defined by their gender, race, social class, age, ability, religion, sexual orientation, and geographic location" (Dick et al., 2006).

2.0 Background

Sexual violence among college and university students is an issue receiving growing attention across multiple sectors. In September 2015, the American Association of Universities released a sobering report detailing the prevalence of this violence on 27 U.S. campuses, where approximately one in four women reported some form of non-consensual sexual contact by force or incapacitation.[2] Despite an increase in prevention activities, this figure has remained essentially unchanged for nearly two decades.[3] In Canada, a 2016 survey conducted in 41 post-secondary institutions across the country found that 13% of women on those campuses had experienced non-consensual sexual touching in the 12 months prior to the survey.[4] Sexual violence can occur in any interpersonal setting, but most commonly occurs in cases where the perpetrator has an existing relationship with the victim. For example, in the Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey (2011), a minority of rapes experienced during the victim's lifetime were perpetrated by strangers (13%); most rapes were perpetrated by either an acquaintance (47%) or an intimate partner (45%).[5] Further, approximately 58% of women experiencing alcohol- or drug-facilitated assault in this study were victimized by an acquaintance.[6] In the 41-campus Canadian survey, 3% of women reported experiencing sexual violence in an intimate relationship in the past 12 months.[7]

In an attempt to address this issue, post-secondary institutions in both the U.S. and Canada are increasingly designing and offering programming targeted at preventing sexual violence. The content of this programming is broad, and may include a focus on raising awareness, discussing relationship violence, educating incoming students, or providing set programs to groups of students on campus. Student activist groups are also heavily involved in the fight against sexual violence.[8]

Policy-makers are also seeking to address this issue. In the U.S., the federal government has recently applied Title IX (a federal law prohibiting discrimination on the basis of sex in any federally funded education programs or activities) to sexual violence prevention. In April 2011, the Office for Civil Rights sent a *Dear Colleague* letter to all federally-funded educational institutions to inform them that "the sexual harassment of students,

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[2] Cantor et al., 2015
[3] Fisher et al., 2000
[4] American College Health Association, 2016
[5] Breiding et al., 2014. Note that these data are for women aged 18 and up in the United States, and are not specific to the post-secondary setting. However, the majority of this sample experienced their first rape by the age of 25, and so these statistics are likely relevant to the population discussed in this paper, as well.
[6] Breiding et al., 2014, p. 6
[7] American College Health Association, 2016
[8] Bazelon, 2015

including sexual violence, interferes with students' right to receive an education free from discrimination" and thus violated Title IX.[9] In order to remedy this, colleges and universities are required to respond to sexual harassment and violence by taking immediate action to "eliminate the harassment, prevent its recurrence, and address its effects."[10,11] This includes providing education and prevention programs.[12] In Canada, the Ontario Provincial Government passed the *Sexual Violence and Harassment Action Plan Act* in March 2016, which requires that every college or university in Ontario create a sexual violence policy, though a mandate for prevention programming is not present within the Act.[13] However, Ontario's Sexual Violence Prevention Plan (entitled *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment March 2015*) calls for Ontario's post-secondary campuses to support initiatives that "reduce sexual violence and harassment, and ensure safe campuses" and to "make sure all students have information about preventing sexual violence and harassment…"[14] Further, in January 2013, the Ontario Women's Directorate released a specific guide for colleges and universities around sexual violence policy, which frames prevention programs as part of the campus response to sexual violence.[15]

In Alberta, the provincial government committed to the development of a Sexual Violence Prevention Plan in their 2013 Prevention of Family Violence Framework. The literature review summarized in this report was conducted to support the development of this plan.

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[9] OCR, 2011
[10] OCR, 2011
[11] For more on this remedy, and the debate surrounding its implementation, please see Bazelon, 2015.
[12] OCR, 2011
[13] Legislative Assembly of Ontario, 2016
[14] Ontario Government, 2015
[15] Ontario Women's Directorate, 2013

Image Credit: Associated Press

Sexual assault prevention and risk reduction programs *on post-secondary campuses should be comprehensive; appropriately timed; use varied teaching methods; have an adequate length; include facilitator training; promote positive relationships among participants; use a culturally relevant curriculum; and have a theoretical grounding.*

A recent systematic review of campus-based sexual assault prevention programs concluded that "there are robust empirical findings about what sexual assault prevention program components and characteristics work most effectively for college and university students."[16] These include programs that are:

- professionally facilitated
- targeted at single-gender audiences
- offered at various times through students' tenure
- workshop-based or offered as classroom courses, and,
- frequent and with long sessions.[17]

Recommended content for prevention programs offered in post-secondary settings includes "gender-role socialization, risk education, rape myths, rape attitudes, rape avoidance, men's motivation to rape, victim empathy, dating communication, controlled drinking, and/or relapse prevention,"[18] and programs should:

- be comprehensive
- be appropriately timed
- use varied teaching methods
- have an adequate length
- include facilitator training

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[16] Vladutiu et al., 2011, p. 15
[17] Source for list of program characteristics: Vladutiu et al., 2011, p. 15
[18] Vladutiu et al., 2011, p. 15

- promote positive relationships among participants
- use a culturally relevant curriculum, and,
- have a theoretical grounding.[19]

In the literature, there are two dominant approaches for addressing sexual violence on post-secondary campuses: social norms/bystander-based (prevention approach) and rape resistance (risk reduction approach).[20] While rape resistance approaches are increasingly discussed within the sexual violence prevention literature as a component of a comprehensive and ecological solution,[21] many advocates have significant concerns about this approach, arguing that it perpetuates victim-blaming and shifts the focus off of perpetrators and their behavior (see Section 4 and Appendix C). Given this, it is important for policy makers and practitioners to understand both research and practice evidence in order to select the best interventions and recognize the implications of particular investments. In addition, it is important that programs be selected within a whole university/college campus approach that incorporates a comprehensive multi-tiered strategy.

In the following sections, we explore the philosophies and scientific evidence underlying each of the two main approaches to skills-based sexual violence prevention and risk reduction on post-secondary campuses (social norms/bystander-based approaches and rape resistance approaches), and present promising programs associated with each approach.[22]

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[19] Source for list of program content characteristics: Menning & Holtzman, 2015, p. 514

[20] See also Lonsway et al. (2009). We also note the growing popularity of 'consent ed' approaches (e.g., http://www.ucalgarycase.ca/; http://www.unh.edu/sharpp/wildcats-get-consent); however, evaluation of these approaches is limited to date (Borges et al., 2008). Finally, we note that we are only considering the two most popular and evaluated forms of sexual violence prevention (bystander) and risk reduction (rape resistance) on college campuses. We do not describe approaches targeting potential perpetrators before their first offense, specifically; however, these approaches are also a potentially important part of a comprehensive solution, especially given recent evidence on types and predictors of perpetration in this setting (Thompson, Swartout, & Koss, 2013).

[21] Basile, 2015

[22] Note on methodology: This brief presents a scoping review of the academic literature published through September 2015 on two key programmatic approaches to sexual violence prevention and risk reduction in the post-secondary environment. To locate articles for this review, we used an iterative process. First, search terms were entered into Google Scholar: search terms included, but were not limited to, *sexual violence, sexual assault, program, prevention, post-secondary* and *college*. Second, we performed a hand search of the reference lists of located review articles, and pulled all relevant articles found during this search. Finally, if an article mentioned a program that we had not previously located, we also did a search to find all articles pertaining to that program. This search process resulted in 90 articles that were selected for full-text review.

3.0 Prevention: Social Norms and Bystander-Based Programs

3.1 Overview

A social norms approach to sexual violence prevention sees this work as a community responsibility, and identifies that interventions need to go beyond individual victims and perpetrators.[23] In the theory of social norms, individuals act "within a social context that serves to inhibit or encourage healthy behaviors"; as it pertains to violence prevention, social norms are "influenced by the extent to which [the individual] feel[s] that others in their immediate environment share their concerns and will support their efforts."[24] However, individuals' perceptions of how others 'feel' is often skewed towards the negative (i.e., presuming that peers have negative attitudes toward intervention or positive attitudes towards sexual violence), which leads to actions that are based on misinformation and subsequent inaction.[25] As discussed by Berkowitz,[26] "for a norm to be perpetuated, it is not necessary for the majority to believe it, but only for the majority to believe that the majority believes it," through their words and inaction.

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[23] Banyard et al., 2004
[24] Berkowitz, 2010, p. 148
[25] Berkowitz, 2010
[26] Berkowitz, 2010, Table 1

The social norms approach also fits with feminist and structural understandings of sexual violence, as these theories identify the root causes of the issue in broader social structures, such as gender inequality and patriarchy.[27] Bystander-based approaches suggest that effective prevention efforts must target and change the social structures and norms that allow sexual violence to be socially permissible in our culture. Proponents of this type of prevention are also often critical of the rape resistance approach (see section 4) because they feel it holds the victim responsible for preventing violence (e.g., by asking the victim to change their behavior). In contrast, a bystander-based approach aims to place responsibility for preventing sexual violence on the entire community,

Bystander-based programs *focus on promoting positive, active bystander interventions that can occur before, during or after sexual violence has occurred.*

and not on victims or perpetrators alone. As such, a benefit of this approach is that it avoids targeting only men, who may reject or become defensive to prevention messages that cast all men as potential perpetrators.[28]

The term 'bystander' is used in this brief to indicate "anyone who plays some role in an act of harassment, abuse, or violence but is neither the perpetrator nor the victim";[29] this role can be positive (active bystanding or defending; e.g., challenging social norms that allow sexual violence to occur) or negative (i.e., witnessing the violence and doing nothing to stop it). Bystander-based programs focus on promoting positive, active bystander intervention that can occur before (primary prevention), during (secondary prevention) or after (tertiary prevention) sexual violence has occurred.[30]

3.2 Programming

A recent meta-analysis[31] that reviewed bystander-based approaches to campus sexual assault prevention found a moderate effect of these programs on bystander efficacy and intentions to help; effects were smaller for self-reported bystander behaviors, rape supportive attitudes and reported likelihood of committing a rape. The authors of this meta-analysis did not find an impact on reported perpetration,[32] but their other results do support the promise of bystander-based models. The programs included in this meta-analysis (*Bringing in the Bystander*, *The Men's Project*, *The Men's Program*/*The Women's Program* and *Mentors in Violence Prevention*) are reviewed here, along with key

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[27] Banyard et al., 2004
[28] Banyard et al., 2004
[29] Katz et al., 2011, p. 686
[30] McMahon & Banyard, 2012
[31] Katz & Moore, 2013
[32] Katz & Moore, 2013

findings. In addition, three programs that were evaluated after the meta-analysis was published (*The Green Dot*, *RealConsent* and *TakeCARE)* are also discussed.[33,34] A summary of evidence of effectiveness for these programs is presented in Table 1; program descriptions are presented in Appendix A.

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[33] Storer et al., 2016

[34] In order to be conservative when presenting evidence of program efficacy in this brief, we included only those programs that have been evaluated using a comparison or control group (i.e., in a quasi-experimental design or a randomized controlled trial). However, we wish to make note of two bystander-based programs that did not meet this criteria, but are promising for future study. The first is entitled the *InterACT Sexual Assault Prevention Program* (Ahrens et al., 2011), and is based on the *Theatre of the Oppressed.* In this program, participants are invited into the performance to test out their ideas for bystander intervention, and are also asked to critically consider the causes of rape. A group of primarily female undergraduate students who participated in the program reported increased perception of the helpfulness of bystander intervention and an increased self-reported likelihood of engaging in bystander behaviors three months after the program, as compared to their responses before the program. The second program is entitled *Stepping Up*, and was developed in Alberta by Dr. Gaye Warthe and colleagues (Warthe et al., 2013). This program is a peer-facilitated dating violence prevention program for post-secondary students, and is unique in its inclusion of content related to sexual violence within this type of program. Data collected from a small group of undergraduates who participated in the program in 2011 found improved knowledge about sexual violence myths, bystander intervention, community sexual assault resources and healthy sexual relationships 8 months following the program.

Table 1. Summary of Evidence of Effectiveness for Bystander-Based Programs

Program Name (Authors)	Evaluation Design / Sample Size	% Female	% White	Follow-Up Information	Outcomes[a]				
					Sexual Violence Victimization	Sexual Violence Perpetration	Bystander Behaviors	Attitudes or Knowledge	Other
Bringing in the Bystander (Cares et al., 2015; Moynihan et al., 2015)[b]	RCT / 948	47.8	85.2	12 month	-	-	Towards friend (men & women, +); Towards stranger (women only, +)	Stage of change (men at rural campus, +); Intentions to help strangers (women at rural campus, +)	Bystander efficacy (men & women at rural campus, +; women at urban campus, +; men at urban campus, -)
Green Dot (Coker et al., 2015)[c]	QED / 7026	58.9	82.2	9 month	Violent victimization (women only, -)	-	-	-	-
The Men's Program (Foubert et al., 2000)[d]	RCT / 145	0.0	91.0	7 month	-	-	-	Rape myth acceptance (-)	-
The Women's Program (Foubert et al., 2010c)	RCT / 279	100.0	N/A	Post-test	-	-	-	Bystander willingness to help (+)	Bystander efficacy (+)
The Men's Project (Gidycz et al., 2011)[e]	RCT / 635	0.0	91.8	7 month	-	-	-	Perception of other men's likelihood to intervene (+); Labeling of a scenario as rape (+)	-
Mentors in Violence Prevention (Cissner, 2009)	QED / 820	48.2[f]	82.0[f]	Post-test	-	-	-	Attitudes towards gender violence (+); Bystander efficacy (+)	-
RealConsent (Salazar et al., 2014)	RCT / 743	0.0	44.1	6 month	-	Sexual coercion perpetration (-)[g]	Prosocial intervening behaviors (+)	Legal knowledge of assault/rape (+); Knowledge of effective consent (+); Intentions to intervene (+); Rape myth acceptance (-); Hostility towards women (-); Date rape attitudes (-)	Normative beliefs (-); Outcome expectancies for intervention (+); Outcome expectancies for rape (+)[h]; Empathy for rape victims (+); Hyper-gender ideology (-)
TakeCARE (Kleinsasser et al., 2015)[i]	RCT / 93	80.6	66.7	2 month	-	-	Towards friends (+)	-	Bystander efficacy (+)

Acronyms: RCT=Randomized controlled trial. QED=Quasi-experimental design. + = Increase (improvement). - = Decrease (decline).
[a] Outcomes are reported from last follow-up occasion (i.e., as indicated in the column "Follow-Up Occasion"). Outcomes are as compared to the control/comparison group.

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[b] The most recent evaluation of this program. See Banyard et al., 2007 for the original evaluation, as well as Banyard et al., 2009; Banyard & Moynihan, 2008; Moynihan et al., 2011a; and Moynihan et al., 2011b for other evaluations.

[c] Only Coker et al., 2015 is reported here, because it is the only evaluation focusing on individual-level effects and using a comparison group. See also Coker et al., 2011 and Coker et al., 2016 for other information on this evaluation.

[d] We report here the evaluation with the longest follow-up and a control group. For other evaluation of this program, see Foubert & Cowell, 2004; Foubert & Cremedy, 2007; Foubert & La Voy, 2000; Foubert & Marriott, 1997; Foubert & McEwen, 1998; Foubert & Newberry, 2006; Foubert & Perry, 2007; Foubert et al., 2006; Foubert et al., 2007; Foubert et al., 2010a; Foubert et al., 2010b; Foubert et al., 2010c

[e] Because the sexual aggression perpetration finding did not hold at seven-month follow-up (see Appendix A.5), it is not reported in this table.

[f] Reported for MVP participants only (i.e., not for comparison group participants).

[g] Attrition over the course of this study was high (70% over the six-month follow-up period), and comparison condition participants were more likely to drop-out than treatment condition participants. However, there was no difference between those who completed the study and those who did not on the two primary outcomes (prosocial intervening behaviors and sexual coercion perpetration) at baseline. There was, however, a difference between treatment and comparison condition participants on sexual coercion perpetration at baseline (with comparison condition individuals more likely to have perpetrated), though this difference was controlled for in analyses.

[h] Note for "outcome expectancies for rape", both the comparison and treatment conditions declined from baseline to 6-month follow-up, but the comparison condition declined more, such that treatment participants had significantly higher outcomes expectancies (i.e., more positive) for rape than comparison participants at 6-month follow-up.

[i] Two other evaluations of this program were published outside of the search period for this paper (Jouriles et al., 2016). Findings for bystander efficacy and bystander behaviors towards friends were maintained in these subsequent RCTs (Study 1: N=213; % Female=80.8; % White=84.0; Follow-up Period=1 month; Study 2: N=211; % Female=50.2; % White=68.2; Follow-up Period=2 month).

3.3 Summary of Evidence

As reported in the recent meta-analyses of these programs,[35] the available bystander-based programs appear to have an effect on attitudes and intentions, as well as the potential to impact behavior. Five of the eight programs reviewed above (*Bringing in the Bystander, Green Dot, The Men's Project, RealConsent, TakeCARE*) found behavior change in program participants as compared to a control or comparison group, with three (*Bringing in the Bystander, RealConsent, TakeCARE*) reporting a change in bystander behavior over time, and three reporting changes in violence victimization (for females) and perpetration (for males) (see Table 1 and Appendix A, respectively). Given that the ultimate goal of all these programs is to reduce victimization and perpetration, reduced experience with sexual violence is a hopeful outcome. In sum, several of these programs appear to be a promising way to increase bystander intervention (and reduce sexual violence perpetration) on college campuses.

3.4 Limitations of Evidence

For each program, continued evaluation in diverse settings and with diverse populations of students is needed. As shown in Table 1, the samples included in the evaluations for these programs were predominately White (66.7% or more of the sample), with the exception of *RealConsent.* This lack of diversity limits generalizability of findings. A number of programs did extend evaluation beyond the time immediately following the program, which is important for assessing sustainability of effects. However, for *Mentors in Violence Prevention* and *The Women's Program*, assessment occurred at post-test (i.e., right after the program ended) only, and so longer-term follow-up is needed for these programs. Inconsistency of measurement is also an issue across all of

Several of the bystander-based programs appear promising in terms of increasing bystander intervention (and reducing sexual violence perpetration) on college campuses. However, all programs require additional evaluation in diverse settings and with diverse populations of students, and greater consistency in measurement.

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[35] Katz & Moore, 2013

the bystander-based evaluations. Specifically, only four programs (*Bringing in the Bystander, The Men's Project, RealConsent, TakeCARE*) assessed bystander behavior as part of their evaluation. The other programs assessed sexual violence victimization (*Green Dot, Mentors in Violence Prevention*) or perpetration (*Green Dot, The Men's Program, RealConsent*), and only *RealConsent* simultaneously assessed changes in both bystander behavior and changes in sexual violence victimization/perpetration. Thus, it is difficult to draw conclusions across studies, and overall, greater consistency in measurement is needed for bystander-based program evaluations.

Finally, several of the evaluations reviewed for this brief (see Appendix A) suggest that bystander interventions do not appear to be a one size fits all solution. This is important to think about, as, in the authors' experience, this very popular approach is sometimes presented as the cure-all for many issues facing post-secondary students. This is not to say that bystander-based approaches are not an important part of the prevention puzzle, but rather that they need to be seen as part of a comprehensive, ecological prevention plan. Specifically looking at this in the *Bringing in the Bystander* program, Banyard and Moynihan[36] found that older individuals, those who felt less responsibility for ending violence, those who had lower bystander efficacy (i.e., beliefs about whether they would be able to intervene in a potentially risky situation) and those who saw less pros to intervening were less likely to report bystander behaviors for sexual and intimate partner violence. Similarly, in an evaluation of a *Bringing In the Bystander*-based program for male athletes, Exner-Cortens and Cummings[37] found that men who participated in the program and who had personality traits that indicated higher self-control (i.e., tendency to make a decision that seems wiser in the long run) had lower bystander efficacy following programming, compared to a group with similar personality traits but who did not participate in the program. These potential individual differences in responses to programming need to be considered by organizations offering these programs, as well as in future program design and evaluation.

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[36] Banyard & Moynihan, 2011
[37] Exner-Cortens & Cummings, 2016 (in preparation)

4.0 Risk Reduction: Rape Resistance Strategies[38]

4.1 Overview

In their practitioner-focused review of the rape prevention and risk reduction literature, Lonsway and colleagues state that, "self-defense training for women constitutes one of the most promising directions in the field of sexual assault prevention."[39] Reasons for taking self-defense training include wanting to learn how to defend oneself and wanting to become more assertive.[40] Thompson (2014) argues that feminist self-defense training may also serve an empowerment function by providing a way for women to increase their safety, place violence in social context and shift the blame to perpetrators, and by offering a comprehensive toolbox to recognize, prevent and interrupt violence. From their review of the rape resistance literature, Gidycz and Dardis (2014) suggest that some promising practices for these programs include (over and above the practices presented in section 2.0):

- Teaching from a feminist standpoint, which acknowledges the larger social context and holds perpetrators 100% accountable for any assault;
- Being based on a framework that allows women to assess risk in situations (and acknowledge when situations are risky) and to act quickly and forcefully to respond to situations using a variety of response options.[41]

A recent review of 20 studies that looked at the psychological and behavioral impacts of self-defense training for women found that common outcomes included increased assertiveness, increased self-esteem and self-efficacy, lower anxiety, increased feelings of control, decreased feelings of helplessness, decreased fear of sexual assault, stronger self-defense skills and the use of fewer risk avoidance behaviors (e.g., less use of not walking home alone at night as a risk reduction strategy).[42] This approach is also generally associated with reduced rates of injury and assault. For example, a paper looking at sexual assaults that occurred in a U.S. national sample between 1992 and 2002 found that using self-defense strategies did not increase the rate of injury (with victims who resisted being less likely to be injured than victims who did not resist).[43]

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[38] We note that these programs are also referred to as *risk reduction programs* (e.g., Gidycz et al, 2006) and *rape avoidance programs* (e.g., Koss & Harvey, 1991). However, per Senn (2011), we choose to refer to them in this brief as *rape resistance programs*, which makes clear a focus on "women's resistance to men's threatening behavior" (p. 125), except in Appendices B.1 to B.6, where we retain the language as used by the program authors.

[39] Lonsway et al., 2009, p. 4

[40] Hollander, 2010

[41] See also Rozee & Koss, 2001, for more on this model

[42] Brecklin, 2008; see also Brecklin & Ullman, 2005

[43] Tark & Kleck, 2014

Furthermore, the use of resistance strategies was associated with lesser severity of assault; 19% of rapes were completed when the victim used resistance, compared to 88% when the victim did not use resistance.[44,45] Self-defense training may also be useful as a therapeutic intervention for survivors of sexual assault.[46]

It is important to note that, although these programs represent a potentially promising approach, their use is not without reasoned controversy.[47] Specifically, some advocates are concerned that the use of these programs could perpetuate blame, both from victims themselves and from the larger society, and could increase injury (see Footnote 45 for a discussion of injury). However, the scientific literature suggests that victim-blaming is decreased, not increased, with this approach: in their review of the literature, Gidycz and Dardis (2014) state that "there is repeated evidence that resistance strategies are related to increased rape avoidance and … lead to positive mental health consequences," and that there is "some suggestion that feminist [rape resistance] programming can lead to decreased self-blame in those who are victimized following

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[44] Tark & Kleck, 2014

[45] Although this study (which used representative data from the U.S.-based National Crime Victimization Survey) did not find an increased rate of injury to victims, it remains important to think about potential adverse consequences of this approach. In their critical review of self-defense and resistance training for college women, Gidyz and Dardis (2014) note the following: "Results of [prior] review articles indicate that any form of physical resistance (forceful or nonforceful) is associated with rape avoidance. Whereas physical resistance was also found to be related to greater injury experienced by the victim, studies taking into account attack-resistance-injury sequence have found that physical resistance led to less completed rape and no increase or decrease in physical injury; rather, injury is likely caused by the initial physical attack (Ullman, 1998). Matching of resistance strategies to strategies used by the offender is common; in these situations, resistance strategies that match the level of force used by the offender have been found to be particularly effective" (p. 4). Indeed, in the Tark and Kleck (2014) study presented here, the attack-resistance-injury sequence was considered, with findings indicating that self-protective actions did not "significantly affect the risk of additional injury" and that "additional injuries…particularly serious injuries, following victim resistance are rare" (p. 270). Given the consequences of injury, however, this remains an important topic for practitioners and researchers to continue to discuss and evaluate, and any implementation of these programs should include monitoring of both positive and negative impacts, in order to guide decision-making around continued program offering.

[46] Rosenblum & Taska, 2014

[47] See section 3.1. As another example, rape resistance programs are absent from CDC's description of a comprehensive, campus-based sexual violence prevention strategy (DeGue, 2014), and a paper reviewing CDC's past 10 years of work on this issue explains "many sexual violence prevention programs used victimization prevention strategies, such as rape avoidance or resistance training for women. Although these strategies have shown promise in reducing the risk of victimization for individual women who receive the training, [the] Division of Violence Prevention recognized that this approach would have limited impact on rates of sexual violence, as such strategies do not reduce the number of potential perpetrators or address the social norms that allow sexual violence to flourish. In addition, they place the burden for preventing sexual violence on potential victims" (DeGue et al., 2012, p. 1213). This viewpoint has driven US federal funding for sexual violence prevention, with a decline in the number of victimization prevention programs funded (none after 2007) and an increase in the number of bystander projects (or other programs targeting perpetration) funded. However, even with ten years of concentrated funding, there remains a "lack of effective, evidence-based prevention strategies for sexual violence" (DeGue et al., 2012, p. 1216), and writing in 2014, DeGue and colleagues note that "risk reduction approaches that aim to prevent victimization can be important and valuable pieces of the prevention puzzle" (p. 347).

program completion."[48,49] Thus, this controversy represents a large research-practice divide, and is one that requires continued dialogue and perspective-sharing.

4.2 Programming

For this brief, we provide a review of six rape resistance programs: *Ohio University Sexual Assault Risk Reduction Program*; *Re-Victimization Prevention Program*; *University of Oregon Self-Defense Class; Parent-Based Intervention; Enhanced AAA Sexual Assault Resistance Program;* and *Sexual Assault Risk Reduction for Women Engaged in Heavy Episodic Drinking.* While two of these do not include direct practice in self-defense skills (*Parent-Based Intervention; Sexual Assault Risk Reduction for Women Engaged in Heavy Episodic Drinking)*, we include them here as additional examples of how rape resistance programming can be implemented. A summary of evidence of effectiveness for these programs is presented in Table 2; program descriptions are presented in Appendix B.

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[48] Gidycz & Dardis, 2014, p. 323 and p. 327, respectively

[49] However, although research supports that assertiveness training is not generally related to the victim's own perception of blame, a victim's degree of assertiveness may impact outsider's assignment of blame. In a sample of over 200 college women who viewed a video vignette of an acquaintance sexual assault, Rusinko and colleagues (2010) found that participants who were more assertive assigned more blame to the victim for the assault, even though the victim in the video was shown using different types of resistance techniques, which these authors suggest is because "more assertive women believe other women should be as assertive as they are, and when a victim engages in less assertive resistance behavior, the more assertive women might believe the victim should have been able to handle the situation differently" (Rusinko et al, 2010, p. 366). Senn (2011) also notes that rape resistance programs may change the way women view responsibility for sexual violence in other ways, by "inadvertently and simultaneously counter[ing] messages about the social influences on sexual assault rates and acceptance" (p. 130), as a result of personalizing risk for women. These authors suggest that ways to address these barriers include: 1) incorporating a victim empathy component into existing resistance programs, so that "women are encouraged to remember that assertiveness is a learned skill, [that] women vary in their level of assertiveness, and [that] a woman is never at fault for being a victim of sexual assault" (Rusinko et al., 2010, p. 367); and 2) combining rape resistance programming and social norms education on college campuses (e.g., using both the *Enhanced AAA Sexual Assault Resistance Program* and *Bringing in the Bystander*), as part of a comprehensive solution (Senn, 2011).

Table 2. Summary of Evidence of Effectiveness for Rape Resistance Programs

Program Name (Authors)	Evaluation Design / Sample Size	% Female	% White	Follow-Up Information	Outcomes[a]				
					Sexual Violence Victimization	Sexual Violence Perpetration	Bystander Behaviors	Attitudes or Knowledge	Other
Ohio University Sexual Assault Risk Reduction Program (Orchowski et al., 2008)[b]	RCT / 301	100.0	96.0	4 month	-	-	-	-	Self-protective behaviors (+); Self-efficacy to resist (+); Use of self-defense strategies (+)
Re-Victimization Prevention Program (Marx et al., 2001)[*,c]	RCT / 66	100.0	85.0	2 month	Rape re-victimization (-)	-	-	-	Self-efficacy to resist (+); Psychological distress symptom severity (-)
University of Oregon Self-Defense Class (Hollander, 2014)	QED / 286	100.0	82.5	12 month	Sexual assault (-)	-	-	-	Self-efficacy to resist against strangers (+); Self-efficacy to resist against acquaintances/ intimates (+)
Parent-Based Intervention (Testa et al., 2010)[*]	RCT / 978	100.0	90.9	End of second semester (~9 months)	Alcohol- or drug-facilitated rape (-)	-	-	-	-
Enhanced Assess, Acknowledge, Act Sexual Assault Resistance Program (Senn et al., 2015)[d]	RCT / 893	100.0	72.9	12 month	Completed rape (-); Attempted rape (-)	-	-	-	-
Sexual Assault Risk Reduction for Women Engaged in Heavy Episodic Drinking (Gilmore et al., 2015)[*]	RCT[e] / 264	100.0	57.6	3 month	Alcohol-facilitated attempted rape (-); Alcohol-facilitated completed rape (-); Sexual assault severity (-)[e]	-	-	-	Perceived risk for alcohol-related or verbally coerced rape (+; sexual assault risk reduction condition only)

Acronyms: RCT=Randomized controlled trial. QED=Quasi-experimental design. + = Increase (improvement). - = Decrease (decline).

*Program name not provided by the authors. A program name was thus created for this brief using information from the article and based on program content.

[a] Outcomes are reported from last follow-up occasion (i.e, as indicated in the column "Follow-Up Occasion"). Outcomes are as compared to the control/comparison group.

[b] The evaluation of the most recent version of this program. For a discussion of prior versions and outcomes, please see Gidycz et al., 2006. See also Breitenbecher and Gidycz, 1998; Breitenbecher and Scarce, 1999; and Breitenbecher and Scarce, 2001 for additional evaluations of earlier versions of this program. Because the sexual victimization severity finding was only reported at two-month follow-up (see Appendix B.1), it is not reported in this table.

[c] Although this is not the most recent evaluation, we report on Marx et al., 2001 in this table because the more recent evaluation only reports on a sub-sample of women who were re-victimized following the program (Mouilso et al., 2011).

[d] For study protocol, see Senn et al., 2013.

[e] All findings for combined group women who experienced alcohol-related sexual assault in the 3 months prior to the program. Four conditions: sexual assault risk reduction only; alcohol intervention alone; sexual assault risk reduction + alcohol intervention (combined group); no intervention.

4.3 Summary of Evidence

All the programs reviewed here reported an impact on victimization – in other words, evaluations of every program that included self-defense skills practice (*Ohio University Sexual Assault Risk Reduction Program*; *Re-Victimization Prevention Program*; *University of Oregon Self-Defense Class; Enhanced AAA Sexual Assault Resistance Program*), and two that included discussion or review of such strategies (*Parent-Based Intervention; Sexual Assault Risk Reduction for Women Engaged in Heavy Episodic Drinking*), found that the risk of sexual assault victimization for women[50] was lower following program participation (see Table 2 and Appendix B.1).[51] For two of these programs (*Re-Victimization Prevention Program; Sexual Assault Risk Reduction for Women Engaged in Heavy Episodic Drinking*), this impact was restricted to women who had previously been victimized. The *Enhanced AAA Sexual Assault Resistance Program* was also especially effective for women who had previously experienced sexual violence. Given the rates of sexual violence re-victimization in this age group, these are important findings.[52] Further, the evaluation of the *Re-Victimization Prevention Program* also found reduced psychological distress for women who had previously been victimized and who participated in the program. In sum, these programs show promise in reducing rates of sexual violence for women on college campuses.

> **The reviewed rape resistance programs show promise in reducing rates of sexual violence for women on college campuses. Just as with the bystander-based programs, however, continued evaluation of these programs with diverse groups is needed, as well as the inclusion of an intersectional lens.**

4.4 Limitations of Evidence

However, continued evaluation of these programs with diverse populations is needed, including the inclusion of an intersectional lens (since current research predominately

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[50] These programs focus exclusively on women. However, sexual violence can occur in any relationship, and thus a full consideration of sexual violence needs to be inclusive of both cis- and transgender individuals, as well as those in heterosexual and same-sex relationships. The focus on cis-gender women is thus a limitation of all of these evaluations.

[51] We clarify that the findings for the *Ohio University Sexual Assault Risk Reduction Program* indicate a reduction in the severity of sexual assault, and not the overall incidence.

[52] Humphrey & White, 2000

focuses on the experiences of White women; see Table 2).[53] In addition, some other limitations of these programs are worth noting. First, evaluations of these programs have typically focused on discrete types of sexual violence, particularly completed and/or attempted anal, oral or vaginal rape perpetrated through incapacitation or physical force.[54] Indeed, only the *University of Oregon Self-Defense Class* found an impact for a broader categorization of sexual assault (which included unwanted sexual contact, unwanted sexual coercion, and attempted and completed rape) at long-term follow-up. Thus, although these programs have evidence around the prevention of forcible rape, it is not clear whether they are effective for the prevention of the broader spectrum of actions that constitute sexual violence. On the other hand, given the prevalence of alcohol-facilitated sexual assault on college campuses,[55] findings around prevention of alcohol-facilitated rape may be particularly salient for the post-secondary environment. Second, all of the included studies used the same measure (the *Sexual Experiences Survey*, SES); while this is a strength in terms of comparability of findings, it also means that all studies experienced limitations as they pertain to this measure. For example, the SES does not ask about the victim-perpetrator relationship, and thus there is an open question as to whether these programs are also effective in situations where the victim and perpetrator have an intimate relationship (i.e., where a broader spectrum of sexually violent actions may be used). Although some work suggests that rape resistance strategies may be equally effective with known offenders,[56] further study of the use of rape resistance techniques in the context of sexual assault perpetrated by an acquaintance or intimate partner is needed.[57] Third, none of the evaluations included in this review considered how trauma responses during sexual assault impact program efficacy. In particular, some advocates raise concerns about the "freeze" response experienced by some survivors (also known as tonic immobility, or an immobilized state where resisting would not be possible). Up to half of survivors report such a response,[58] and this response may be more likely among those with a history of child sexual abuse.[59] However, work by Nurius and colleagues[60] also found that in a sample of 415 college women who had experienced acquaintance sexual assault, lower levels of self-blame were associated with less perceived immobility during an assault[61]; as some evaluations of rape resistance programs find that individuals who participate demonstrate less self-blame,[62] this may indicate that rape resistance participation may

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[53] Speidel, 2014

[54] We note that because most of these studies were conducted in U.S. samples, they use the language of completed/attempted rape, as opposed to sexual assault.

[55] e.g., Abbey et al., 1996

[56] Gidycz & Dardis, p. 4

[57] Macy et al., 2006

[58] Marx et al., 2008

[59] Ullman, 2014

[60] Nurius et al., 2004

[61] Nurius et al., 2004, p. 10

[62] Gidycz & Dardis, 2014

potentially be protective against this response for some individuals. However, this is a question that cannot be answered in the available empirical literature, and is thus an important topic for future research. Future work should also investigate for whom these programs may be most empowering, and also if participation could constitute a form of secondary victimization for others.[63] A final important critique of these programs is one that the scientific literature cannot currently address; namely, that the implementation of risk reduction programs may take the focus off of the root causes of sexual violence; that their use could lead to victim blame from key stakeholders who respond to sexual violence (e.g., police officers, judges, medical personnel), who may feel that since the victim could have resisted, the assault was their fault; or that their use could add to the myth that sexual violence is solely a woman's issue. These are all highly important questions for future research to address, and should also be considered when implementing these programs.

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[63] Campbell & Raja, 1999

5.0 Comprehensive Approaches

While this brief outlines two predominant approaches to sexual violence prevention and risk reduction in the post-secondary environment – bystander-based and rape resistance – these approaches are certainly not mutually exclusive of each other, and indeed, sole reliance on rape resistance programming may lead to victim blaming.[64] Conversely, sole reliance on bystander-based programs as a panacea for prevention may not serve to reduce victimization for women in the immediate term because, as Senn notes, "while we wait or work for social change, women are still being sexually assaulted and coerced."[65] Thus, rape resistance programs might be seen as an interim solution, with the ultimate goal being the creation of a society that is gender equitable and that resists sexual violence in all its forms. As described by Basile,[66] "approaches such as [Senn's rape resistance approach], although limited by themselves, can be part of a comprehensive multilevel approach, including a focus on younger ages and potential perpetrators, to address this public health crisis."

DeGue and colleagues' rigorous review of programs designed to prevent sexual violence perpetration further supports the need for a *both and* solution. This review excluded rape resistance or victimization prevention approaches, and looked at bystander/social norm programs only. Of the 140 studies reviewed, only 3% showed effectiveness in preventing sexually violent behavior, and none of these programs were for college students. Together, then, bystander-based and rape resistance programs may comprise a more comprehensive and effective approach to prevention,[67] and indeed, best practices for prevention promote comprehensive, ecological approaches (i.e., approaches that include multiple and complementary prevention strategies at the individual, interpersonal, community and societal levels).[68]

Figure source: "The Social-Ecological Model: A Framework for Prevention" (Centers for Disease Control)

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[64] Gidycz et al., 2015
[65] Senn, 2011, p. 123
[66] Basile, 2015, p. 2351
[67] Basile, 2015; Menning & Holtzman, 2015
[68] Nation et al., 2003; https://www.preventioninstitute.org/publications/spectrum-prevention-developing-comprehensive-approach-injury-prevention

Recently, Gidycz and colleagues evaluated such a combined approach, using the *Ohio University Sexual Assault Risk Reduction Program* for women (see Appendix B.1) and *The Men's Project* for men (see Appendix A.5), with over 1200 first-year students who lived in university residence.[69] Women randomly assigned to the risk reduction program reported an increase in relational sexual assertiveness and self-protective strategies from baseline to seven-month follow-up; program participants also reported an increase in resistance self-efficacy at four-month follow-up. The study showed no impact on rates of sexual victimization among program participants; however, women who were in the program and who were victimized in the months following the program reported greater use of some form of resistance compared to women in the control group who were victimized. Women who were in the program and who experienced an assault in the seven months following the program were also significantly less likely to blame themselves for the assault and were more likely to attribute greater blame to the perpetrator, as compared to control group women who were assaulted. As described in Appendix A.5, participants in *The Men's Project* reported a more positive perception of their male peers' likelihood of intervening and less association with sexually aggressive peers seven months following the program; participants also reported less perpetration of sexual aggression four months after the program. As another example, Chadwick and Holtzman present an evaluation of a 6-hour program called *Elemental*, which combines primary prevention (including bystander) and risk reduction strategies.[70] Preliminary evaluation of this program with women finds promise for reducing risk for sexual assault. While these combined approaches are thus promising, a comprehensive approach should also include community- and societal-level interventions, in order to most effectively achieve prevention goals.

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[69] Gidycz et al., 2015
[70] Holtzman & Menning, 2015

6.0 Conclusion

This brief reviewed the state of the science on two programmatic approaches to sexual violence prevention and risk reduction in post-secondary environments, and presented research-based evidence produced on this topic during the past 15 years. We recognize that this science is not without controversy, and that much of it challenges the way the sexual violence movement has traditionally viewed survivors; however, the goal of the brief is to support evidence-informed dialogue, in order to allow for reflection and informed decision-making, as well as the integration of practice- and research-based evidence. Finally, we note that policy change – as illustrated by the case of Title IX in the United States – can be a key lever for promoting renewed responses to sexual violence on post-secondary campuses, and that the role of policy in shaping a comprehensive, ecological approach to sexual violence prevention in Alberta also needs to be considered.

While there remains debate as to how best to address sexual violence on post-secondary campuses, we feel that one fact is beyond dispute: current rates of sexual violence are unacceptable. Thus, we need to act quickly and decide on a way forward for campus-based sexual violence prevention. The information in this brief can be used by practitioners and policy-makers to support a collective understanding of how to move forward to address campus-based sexual violence in Alberta, and improve the well-being of young people across the province.

Appendix A: Information on Bystander-Based Programs

A.1 Bringing in the Bystander

The *Bringing in the Bystander* program has been rigorously evaluated with students at campuses in the Northeastern United States.[71] This 4.5 hour, three-session, discussion- and skill building-based program is co-led by a male and a female facilitator in single-sex groups. The program focuses on bystander responsibility, awareness of sexual violence, and role-playing bystander-based scenarios, in order to highlight strategies and build skills. A single session, 90-minute version of the program is also available, as well as a social marketing campaign entitled *Know Your Power*.[72] In the most recent evaluation with over 900 undergraduates,[73] intervention participants at two campuses (who participated in the program and were exposed to the social marketing campaign) reported more bystander behaviors towards friends, but not strangers, one year following the program, as well as increased bystander efficacy, as compared to a control group who was exposed to the social marketing campaign only: the program effect for helping friends was concentrated in individuals who reported low opportunities to help prior to experiencing the program. Women, as well as individuals who were more aware that sexual and intimate partner violence was a problem before the program, were also more likely to report having helped strangers one year after the program. Other results are presented in Table 1. The program has also shown positive effects on bystander attitudes and efficacy when used with sorority members[74] and male and female athletes[75]. This program is described by the Centers for Disease Control and Prevention as a promising strategy for sexual violence prevention in the post-secondary environment.

A.2 Green Dot

The Green Dot program[76] is comprised of a 50-minute motivational speech, followed by a voluntary 4-6 hour bystander training; individuals are recruited into the program training by peer leaders. Looking at one college which used Green Dot (where 57% of participating students reported exposure to 1 or both Green Dot activities) versus two comparison colleges who did not use any bystander-based interventions, Coker and colleagues found that individuals who received Green Dot training reported lower overall violence victimization (sexual violence, stalking and dating violence) than individuals receiving no training since the start of the semester (approximately 9 months), though this effect was driven by females.[77] Females also reported lower violence victimization if they received only the Green Dot speech compared to females receiving no training. There was no effect on violence victimization or perpetration for males. Looking at campus-level violence rates across four years at the Green Dot campus

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[71] Banyard et al., 2007; Banyard et al., 2009; Banyard & Moynihan, 2011; Cares et al., 2015; Moynihan et al., 2011a; 2001b; 2015

[72] Potter et al., 2008; Potter et al., 2009

[73] Cares et al., 2015; Moynihan et al., 2015

[74] Moynihan et al., 2011b

[75] Moynihan et al., 2011a

[76] Coker et al., 2015

[77] Coker et al., 2015

compared to the other two campuses, Coker and colleagues[78] found lower rates of unwanted sex where drugs/alcohol were involved for males and females; less stalking victimization and perpetration for both males and females; and less sexual harassment victimization and perpetration as reported by females. Looking only at the intervention campus, Coker et al[79] found that participation in the training was associated with lower rape myth scores, while participating in either the training or the speech alone was associated with greater observed (i.e., seeing someone else do it) and actual (i.e., doing it him/herself) bystander behaviors, although those attending the training reported the highest number of bystander behaviors. This program is described by the Centers for Disease Control and Prevention as a promising strategy for sexual violence prevention in the post-secondary environment.

A.3 The Men's Program and A.4 The Women's Program

The Men's Program is a 1-hour program presented to men only, and includes a DVD presentation that describes a male-on-male rape experience (in order to increase empathy for survivors and understanding of a survivor's experience), as well as discussion.[80] The presenters of the program are four male peer educators. Looking at a group of approximately 200 first-year male students two years after they had experienced the program, Foubert and colleagues[81] report that approximately four out of five participants reported attitude (e.g., feeling that communication is critical to consent) and/or behavior (e.g., intervening to keep friends safe) changes on open-ended response items. There was no control group in this study, and the evaluation of this program overall is limited.[82] In an earlier study with a control group, Foubert[83] found that fraternity members who participated in the program reported lower rape myths compared to the control (no treatment) participants, but did not report fewer sexually coercive behaviors or lower likelihood of committing rape. A companion program, *The Women's Program*, is facilitated by four male peer educators, and also consists of a DVD (showing the interview of a male rapist) and discussion session, and is for women only. Immediately following the program, women who had experienced the program (compared to women who had not) reported greater bystander efficacy and greater willingness to help, but there was no long-term follow-up to see if these effects remained once participants left the program.[84]

A.5 The Men's Project

The Men's Project was evaluated at a Midwestern university using students living in residence. (This program was offered in conjunction with a rape resistance program for females living in residence, discussed in Appendix B.1).[85] Program participants complete a 1.5 hour discussion-based program, focused on increasing empathy and decreasing rape myths, understanding

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[78] Coker et al., 2016
[79] Coker et al., 2011
[80] Foubert et al., 2010a
[81] Foubert et al., 2010a
[82] Tharp et al., 2011
[83] Foubert, 2000
[84] Foubert et al., 2010c
[85] Gidycz et al., 2011. Note that this is distinct from *The Men's Project* presented by Barone and colleagues (2007).

consent and facilitating bystander intervention, as well as a one hour booster session four months following the initial program. At seven months following the program, men who had participated had more a more positive perception of their male peers' likelihood of intervening and were more likely to label a written description of a sexually violent scenario as rape, compared to the wait-list control group. At four months following the program, program participants reported lower levels of reinforcement for sexual aggression and were less likely to report perpetration of sexual aggression (1.5% in program group vs. 6.7% in control), but these findings did not hold at seven-month follow-up.

A.6 Mentors in Violence Prevention

Mentors in Violence Prevention (MVP) engages both men and women in considering the social justice implications of men's violence against women, in order to "shift cultural practices and gender ideologies that contribute to men's mistreatment of women."[86] The social justice approach of MVP (with a focus on questioning the role of dominant groups in maintaining the conditions under which violence can occur) is distinct from programs that use a gender-neutral approach to bystander intervention (e.g., *Green Dot*). The program is facilitated by peer educators, and includes a scenario-based discussion in both single-sex and mixed-sex formats. The program, as evaluated in a university population, consists of two full days of training.[87] In this study, workshop participants reported improved gender violence attitudes and greater efficacy to intervene immediately following the program (as compared to a convenience sample comparison group). However, the effect of the program was strongest for the peer educators (who led the program and participated in multi-hour training), as compared to the actual MVP participants. Effects were also stronger for females than males. Also, there was no long-term follow-up to see if these effects remained, and despite mandated participation for some attendees, the implementers had difficulty recruiting students to attend (potentially because of the length of this program); the program was also less effective for mandated participants. Finally, the evaluators report that there was a 20% decrease in the number of rapes reported to the campus sexual assault centre after MVP was implemented; however, the evaluators caution that it is difficult to attribute this change to MVP alone.

A.7 RealConsent

RealConsent is a web-based program designed to increase prosocial intervening behaviors and decrease sexual violence perpetration among college men.[88] The program is based on social cognitive theory, social norms theory and bystander education, and is delivered as six 30-minute modules. Modules include both information and skills-based training. This program has been evaluated in a single randomized controlled trial at a university in the southern United States.[89] Participants in this evaluation were hetero- or bi-sexual undergraduate men who were not currently in a romantic relationship. Participants were randomly selected from the university's

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[86] Katz & Fleming, 2011, p. 687
[87] Cissner, 2009
[88] Salazar et al., 2014, p. 1
[89] Salazar et al., 2014

enrollment list, and those that chose to participate (79%) were randomly assigned to either *RealConsent* or an attention-control placebo (N=743). Data on prosocial intervening, sexually coercive behaviors and knowledge, attitudes and beliefs were collected at pre-test, post-test and 6-month follow-up; however, attrition in this study was high (i.e., at 6-month follow-up, only 28.9% of the sample completed the survey, and the trial also ended prematurely). Attrition was also more common in the control than in the treatment condition, though those who completed versus those who did not complete did not differ on primary outcomes (prosocial intervening, sexual coercion perpetration) at pre-test. As hypothesized, at 6-month follow-up, men who participated in *RealConsent* reported significantly more prosocial intervening and significantly less sexual coercion perpetration than control participants.[90] There was also a number of significant improvements in knowledge, attitudes and beliefs (see Table 1). This is the only program described by the Centers for Disease Control and Prevention as an effective strategy for sexual violence prevention in the post-secondary environment.

A.8 TakeCARE

TakeCARE is also a web-based bystander prevention program for sexual violence; unlike *RealConsent*, however, it targets both men and women. The premise of *TakeCARE* is that college students should watch out for their friends when they are in social situations (i.e., to show **C**ompassion, to pay **A**ttention, to take **R**esponsibility and to take **E**ffective action),[91] and the program consists of three video vignettes that can be completed in approximately 20 minutes. The program also discusses consent, and presents both men and women as potential victims of sexual violence. To date, this program has been evaluated in three small randomized controlled trials (Trial 1: N=93, 80.6% female; Trial 2: N=213, 80.8% female; Trial 3: N=211; 50.2% female),[92] with participants recruited from undergraduate classes. All three evaluations collected data at pre-test, post-test and either 1-month (Trial 2) or 2-month (Trials 1 and 3) follow-up, and all focused on assessing bystander behaviors towards friends following the program. As compared to a control condition that also participated in a short online program about study skills, participants who completed *TakeCARE* reported greater efficacy to intervene and more bystander behaviors towards friends at follow-up, demonstrating replication of findings across trials. Trial 1 also assessed bystander behaviors in general (i.e., not just towards friends), but did not find an impact.

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[90] Salazar et al., 2014, p. 9
[91] Kleinsasser et al., 2015, p. 230
[92] Kleinsasser et al., 2015; Jouriles et al., 2016 (note that the Jouriles et al., 2016 paper was published after this review was completed, and so is not included in Table 1)

Appendix B: Information on Rape Resistance Programs

B.1 Ohio University Sexual Assault Risk Reduction Program

Gidycz and colleagues have repeatedly evaluated a self-defense program for women, entitled the *Ohio University Sexual Assault Risk Reduction Program*.[93] This three-part, seven-hour program includes video vignettes and discussion, feminist-based self-defense training (covering forceful physical resistance, non-forceful physical resistance and forceful verbal resistance) and a booster session. In a randomized controlled trial with 500 undergraduate females who were participating in an Introductory Psychology class at a Midwestern university, Gidycz found that program participants reported increases in self-protective behaviors (e.g., paying attention to their partner's drug/alcohol intake), increased knowledge of sexual assault and greater likelihood to recognize and report unwanted sexual behaviors, as compared to a wait-list control group.[94] These findings were maintained at six-month follow-up. When comparing women who were in the program group and who were sexually assaulted in the three months following the program to control group women who were sexually assaulted in this same period, program participants were also significantly less likely to feel responsible for their assault and significantly more likely to place responsibility on the man for the assault (these same effects were not seen for women who were sexually assaulted in the six months following the program, which Gidycz and colleagues suggest may be due to repeat victimization, as well as the small sample size). Program participants also reported using self-defense techniques taught in the program at both three- and six-month follow-up. However, there were no program effects on sexual communication, self-efficacy or rates of sexual assault during the six-month follow-up period.[95]

Based on these results, Gidycz and colleagues revised the program, by including, in addition to everything in the 2006 version, an enhanced discussion of psychological barriers to resistance and intentions to engage in risk reduction behavior.[96] Also, instead of using a wait-list control (as was done in the 2006 study), the 2008 evaluation used a placebo-control group (where the topic was on vaccine-preventable diseases, and the structure was similar to the risk reduction program). In their sample of 301 undergraduate women, Orchowski and colleagues found an increase in self-protective behavior, self-efficacy to resist and use of assertive body language and behaviors over the four-month follow-up period for women who participated in the risk reduction program, compared to the control group.[97] There were no impacts on sexual assault knowledge. There were also no effects on the overall incidence of sexual assault victimization, but treatment group women were less likely to experience a severe assault than control group

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[93] We only review the three evaluations of the most current version of this program. For a discussion of prior versions and outcomes, please see Gidycz et al., 2006. See also Breitenbecher and Gidycz, 1998; Breitenbecher and Scarce, 1999; and Breitenbecher and Scarce, 2001 for additional evaluations of earlier versions of this program.
[94] Gidycz et al., 2006
[95] Gidycz et al., 2006. The authors also note that the lack of a behavioral finding may be related to program participant's increased knowledge of what constitutes sexual assault, and a corresponding increase in the reporting of sexual assault on the survey.
[96] Orchowski et al., 2008, p. 206
[97] Orchowski et al., 2008

women two months following the program. Levels of self-blame did not differ between treatment and control group women who were victimized during the follow-up period.

B.2 Re-victimization Prevention Program

The *Re-Victimization Prevention Program*, first presented by Marx and colleagues, focuses on reducing the incidence of sexual re-victimization among college women.[98] The four-hour, two-session program provides information on sexual assault, including how risk for sexual assault is maintained by social norms. It also teaches skills and strategies that can reduce the risk for re-victimization. The program is based, in part, on the *Ohio University Sexual Assault Risk Reduction Program* (see Appendix B.1). The sample in the evaluation of this program included women who reported that they had been sexually victimized since the age of 14. Women who participated in the program, compared to a randomized controlled group, reported lower incidence of rape during the two-month follow-up period (12% in treatment vs. 30% in control group). Participants in the program also reported greater self-efficacy to resist forceful sexual advances and greater decreases in psychological distress symptom severity.

Replicating these findings in a more recent evaluation of this program,[99] Mouilso and colleagues report that women who participated in the program, and who were subsequently re-victimized (i.e., had experienced sexual victimization prior to the program, and also experienced victimization in the four months following the program), had significantly lower psychological distress and fewer PTSD symptoms than control group women who were re-victimized. Further, the distress experienced by treatment group participants was tied more to the frequency and severity of the assault, while for the control group, it was tied to self-blame. Overall, in this evaluation, fewer women in the treatment group were re-victimized in the four-month follow-up period than in the control group (41.5% vs. 58.5%, respectively), and of those who were re-victimized, the severity of victimization was less.[100]

B.3 University of Oregon Self-Defense Class

Hollander presents a quasi-experimental, mixed-methods evaluation of a feminist self-defense class for college women.[101] This 45-hour class includes both physical and verbal self-defense, as well as learning about the issue of violence against women.[102] Like the *Enhanced Assess, Acknowledge, Act (AAA) Sexual Assault Resistance Program* (see Appendix B.5)*,* Hollander's program is also centered on the Assess, Acknowledge, Act model.[103] Women who participated in

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[98] Marx et al., 2001

[99] Although Mouilso et al. (2011) is the most recent evaluation of this program, this paper only presents findings for a subset of the sample (women who experienced re-victimization in the four months following the program, which was 147 out of 450 total participants). Thus, we present both the Marx and Mouilso evaluations here. Also, we note that since this program does not have a formal name, we are making the assumption that the Marx et al. (2001) and Mouilso et al. (2011) evaluations are reporting on the same program (based on program description, involved authors and findings).

[100] Mouilso et al., 2011

[101] Hollander, 2014

[102] Hollander, 2014

[103] Hollander, 2014

this self-defense program were less likely to experience sexual assault in the one year after the program than women who did not participate. Women who took the self-defense course also had higher confidence in their ability to defend themselves, irrespective of whether the perpetrator was a stranger, an acquaintance, or an intimate partner. Qualitative interview data also supported the finding of increased confidence, with participants reporting feelings of empowerment.

B.4 Parent-Based Intervention

Testa and colleagues' intervention differs from the other programs reviewed for this report in that it was designed to occur prior to the start of college and to be facilitated by mothers (or mother-figures).[104] In this program, mothers of a graduating high school senior receive an informational handbook to discuss with their daughter, prior to her starting college. In the evaluation of this program,[105] the handbook covered either information about alcohol and binge drinking, or information about alcohol and binge drinking as well as information about sexual refusal assertiveness and partner selectivity. Daughters who received either handbook reported decreased incidence of alcohol- or drug-facilitated rape in their first year of college (i.e., there was no additional benefit of adding information on sexual refusal assertiveness and partner selectivity over and above information on alcohol and binge drinking; 12.1% incidence in control vs. 8.0% treatment). In part, this effect was explained by the increased communication between mothers and daughters that occurred post-program; in turn, this increased communication predicted reduced binge drinking, which predicted reduced odds of sexual victimization.

B.5 Enhanced Assess, Acknowledge, Act (AAA) Sexual Assault Resistance Program

Senn and colleagues evaluated a 12 hour, four-unit, small group sexual assault resistance program that has been in development since 2005.[106] The program includes information provision, facilitated discussion and skills practice: Unit 1 is focused on assessing risk for sexual assault and developing problem-solving strategies, Unit 2 on acknowledging danger in coercive situations and practicing resistance responses, Unit 3 on acting by practicing options for resistance (including self-defense training), and Unit 4 on sexuality and relationships. The program draws on both feminist and social psychological theories, and aims not only to equip young women to defend themselves against sexual violence, but also to facilitate social change around sexual assault. In an evaluation where the comparison group received brochures about sexual assault,[107] Senn and colleagues found that one year following the intervention, women in the program experienced significantly lower rates of completed (5.2% vs. 9.8%) and attempted (3.4% vs. 9.3%) rape than women in the control group, as well as less attempted coercion and non-consensual sexual contact: their findings indicate that if 22 women took the program, this would prevent one additional rape from occurring in the year following participation.[108] The

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[104] Testa et al., 2010
[105] Testa et al., 2010
[106] Senn et al., 2015; Senn et al., 2013
[107] Senn et al., 2013
[108] Senn et al., 2015

program was also effective in reducing the incidence of rape for women who been victimized prior to the program.

B.6 Sexual Assault Risk Reduction for Women Engaged in Heavy Episodic Drinking

Given the association between alcohol and sexual assault on college campuses, Gilmore and colleagues[109] designed a web-based sexual assault risk reduction program specifically for college women who engage in heavy episodic (i.e., binge) drinking. Like many of the other reviewed programs, this program was based on the Assess, Acknowledge, Act model, as well as a cognitive mediational model, and focused on providing personalized risk reduction information, including information on risk reduction strategies and skills. In the alcohol reduction portion, women were given personalized, gender-specific feedback about alcohol use, alcohol use consequences and protective strategies, as well as information designed to combat perceived drinking norms. Participants in this evaluation were randomly assigned to either the sexual assault risk reduction program alone; the alcohol intervention alone; a combined sexual assault risk reduction and alcohol intervention (which used the components from both programs and combined information where possible); or no intervention. Women who participated in the combined version of the program reported less alcohol-facilitated rape (attempted and completed) than women in the control group at three-month follow-up, but this effect was only significant for women with more severe alcohol-related sexual assault histories (i.e., this finding is thus a re-victimization prevention finding). Women with a history of alcohol-related sexual assault also reported less severity of sexual assault generally through the follow-up period than control group women. Finally, women in the sexual assault risk reduction program alone reported a greater perceived likelihood of their chance to experience alcohol-facilitated or verbally coerced rape while in college, as compared to the control group.

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[109] Gilmore et al., 2015

Appendix C: Research Literature on Sexual Violence and Self-Blame

Though limited, the research literature presents some data around self-blame in the context of sexual violence, and factors that contribute to feelings of helplessness or control. In general, rape survivors may be most likely to blame themselves (and society) for the assault, rather than their perpetrator. For example, Donde's study of university-aged rape survivors showed that 27.9% assigned "total blame" to themselves, whereas none assigned total blame to the perpetrator. Similarly, 51.9% assigned *no* blame to the perpetrator, whereas only 4.7% assigned no blame to themselves.[110] And, findings from a series of studies in a hospital-based rape crisis program and in a sample of college women[111] suggest that self-blame may be related to higher levels of psychological distress among rape survivors, whether the rape was experienced 1 week ago, 1 year ago or 8 years ago. Conversely, feelings of ability to control future rapes was consistently reported as related to less psychological distress.

Interestingly, research distinguishes between two types of self-blame: 1) behavioral, which includes blaming certain behaviors that led to the event, and 2) character-based, which involves assigning blame to stable aspects of the self.[112] In a large sample of adult female medical center and university employees that simultaneously considered both kinds of blame, Koss and colleagues found that behavioral self-blame was related to less psychological distress, whereas character-based blame was related to more distress.[113] The authors suggest that this difference may be tied to the perceived control of future outcomes (i.e., behaviors can be changed whereas character tends to be more immutable).[114] Other work has found that behavioral self-blame is associated with perceptions of future avoidability, rather than psychological distress.[115]

In terms of the relationship between rape resistance programs and self-blame, research is still emerging. In one study, Brecklin and Ullman found that in a national sample of college women, women who had participated in self-defense or assertiveness training (compared to women who were assaulted and didn't have this training) felt more responsible for their assault;[116] however, this study did not distinguish between whether this blame was behavioral- or character-based, did not assess what type of program the women participated in,[117] and also did not investigate the relationship between self-blame and psychological distress. Thus, it is

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[110] Donde, 2015

[111] Frazier, 2000; Frazier, 2003

[112] In her report on these studies, Frazier (2000) notes that most survivors blamed both their behavior *and* their character, and so it is hard to separate out the effects in this work.

[113] Koss et al., 2002. We also wish to contextualize these findings by stating that no survivor should ever blame themselves for sexual violence. However, when comparing the two types of self-blame in research, behavioral self-blame appears to be more psychologically productive than character-based self-blame.

[114] Koss et al., 2002

[115] Breitenbecher, 2006

[116] Brecklin & Ullman, 2005. See also Section 4 for more on rape resistance and feelings of responsibility.

[117] We note that since this was a national sample, the type of rape resistance or assertiveness training was not queried; participants were simply asked if they 'had studied self-defense or taken assertiveness training' either before or after their sexual assault. Thus, it is possible that some of the programs taken by these women were not in line with promising practices for rape resistance programming (see section 4), and that this may in part underlie the responsibility finding.

unclear how to interpret this finding. Conversely, in an evaluation of the *Re-Victimization Prevention Program* (see section 4), Mouilso and colleagues found that women who were re-victimized after experiencing the program showed a decrease in psychological distress symptoms over time, whereas women who were re-victimized but did not receive programming showed higher rates of distress as a result of increased behavioral- and character-based self-blame (see Appendix B.2).[118] Thus, the literature suggests that issues related to self-blame and feelings of helplessness are more complex than they appear on the surface, and these findings require reflection and discussion.

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[118] Mouilso et al., 2011

Appendix D: Works Cited

Abbey, A., Ross, L. T., McDuffie, D., & McAuslan, P. (1996). Alcohol and dating risk factors for sexual assault among college women. *Psychology of Women Quarterly, 20*, 147-169.

Ahrens, C. E., Rich, M. D., & Ullman, J. B. (2011). Rehearsing for real life: The impact of the InterACT sexual assault prevention program on self-reported likelihood of engaging in bystander interventions. *Journal of Interpersonal Violence, 17*, 760-776.

American College Health Association. (2016). *American College Health Association-National College Health Assessment II: Canadian Reference Group Data Report Spring 2016*. Hanover, MD: American College Health Association. Retrieved from http://www.cacuss.ca/_Library/Provincial_Reports/NCHA-II_SPRING_2016_CANADIAN_REFERENCE_GROUP_DATA_REPORT.pdf

Banyard, V. L., & Moynihan, M. M. (2011). Variation in bystander behavior related to sexual and intimate partner violence prevention: Correlates in a sample of college students. *Psychology of Violence, 1*, 287-301.

Banyard, V. L., Moynihan, M. M., & Crossman, M. T. (2009). Reducing sexual violence on campus: The role of student leaders as empowered bystanders. *Journal of College Student Development, 50*, 446-457.

Banyard, V. L., Moynihan, M. M., & Plante, E. G. (2007). Sexual violence prevention through bystander education: An experimental evaluation. *Journal of Community Psychology, 35*, 463-481.

Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology, 32*, 61-79.

Barone, R. P., Wolgemuth, J. R., & Linder, C. (2007). Preventing sexual assault through engaging college men. *Journal of College Student Development, 48*, 585-594.

Basile, K. C. (2015). A comprehensive approach to sexual violence prevention. *New England Journal of Medicine, 372,* 2350-2352.

Berkowitz, A. D. (2010). Fostering healthy norms to prevent violence and abuse: The social norms approach. In K. L. Kaufman (Ed.), *The prevention of sexual violence: A practitioner's sourcebook* (pp. 147-172). Fitchburg, MA: NEARI Press.

Borges, A. M., Banyard, V. L., & Moynihan, M. M. (2008). Clarifying consent: Primary prevention of sexual assault on a college campus. *Journal of Primary Prevention, 36*, 75-88.

Boston Globe. (2014, October 15). Rethink Harvard's sexual harassment policy. *Boston Globe.* Retrieved from https://www.bostonglobe.com/opinion/2014/10/14/rethink-harvard-sexual-harassment-policy/HFDDiZN7nU2UwuUuWMnqbM/story.html.

Bazelon, E. (2015, September 10). The return of the sex wars. *New York Times Magazine.* Retrieved from http://www.nytimes.com/2015/09/13/magazine/the-return-of-the-sex-wars.html?_r=0.

Brecklin, L. R. (2008). Evaluation outcomes of self-defense training for women: A review. *Aggression and Violent Behavior, 13*, 60-76.

Brecklin, L. R., & Ullman, S. E. (2005). Self-defense or assertiveness training and women's responses to sexual attacks. *Journal of Interpersonal Violence, 20*, 738-762.

Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization — National Intimate Partner and Sexual Violence Survey, United States, 2011. *MMWR, 63*(No. SS-8), 1-18.

Breitenbecher, K. H. (2006). The relationships among self-blame, psychological distress, and sexual victimization. *Journal of Interpersonal Violence, 21*, 597-611.

Breitenbecher, K. H., & Gidycz, C. A. (1998). An empirical evaluation of a program designed to reduce the risk of multiple sexual victimization. *Journal of Interpersonal Violence, 13*, 472-488.

Breitenbecher, K. H., & Scarce, M. (1999). A longitudinal evaluation of the effectiveness of a sexual assault education program. *Journal of Interpersonal Violence, 14*, 459-478.

Breitenbecher, K. H., & Scarce, M. (2001). An evaluation of the effectiveness of a sexual assault education program focusing on psychological barriers to resistance. *Journal of Interpersonal Violence, 16*, 387-407.

Campbell, R., & Raja, S. (1999). Secondary victimization of rape victims: Insights from mental health professionals who treat survivors of violence. *Violence and Victims, 14*, 261-275.

Cantor, D., Fisher, B., Chibball, S., Townsend, R., Lee, H., Bruce, C., & Thomas, G. (2015, September). *Report on the AAU campus climate survey on sexual assault and sexual misconduct.* Rockville, MD: Westat.

Cares, A. C., Banyard, V. L., Moynihan, M. M., Williams, L M., Potter, S. J., & Stapleton, J. G. (2015). Changing attitudes about being a bystander to violence: Translating an in-person sexual violence prevention program to a new campus. *Violence Against Women, 21*, 165-187.

Centers for Disease Control and Prevention [CDC]. (2016, April). Sexual violence. Retrieved from http://www.cdc.gov/violenceprevention/sexualviolence/.

Coker, A. L., Bush, H. M., Fisher, B. S., Swan, S. C., Williams, C. M., Clear, E. R., & DeGue, S. (2016). Multi-college bystander intervention evaluation for violence prevention. *American Journal of Preventive Medicine, 50*, 295-302.

Coker, A. L., Cook-Craig, P. G., Williams, C. M., Fisher, B. S., Clear, E. R., Garcia, L. S., & Hegge, L. M. (2011). Evaluation of Green Dot: An active bystander intervention to reduce sexual violence on college campuses. *Violence Against Women*, *17*, 777–796.

Coker, A. L., Fisher, B. S., Bush, H. M., Swan, S. C., Williams, C. M., Clear, E. R., & DeGue, S. (2015). Evaluation of the Green Dot Bystander Intervention to reduce interpersonal violence among college students across three campuses. *Violence Against Women, 21,* 1507-1527.

Cissner, A. B. (2009). *Evaluating the Mentors in Violence Prevention program: Preventing gender violence on a college campus.* New York, NY: Center for Court Innovation.

DeGue, S. (2014, April). *Preventing sexual violence on college campuses: Lessons from research and practice* (Prepared for the White House Task Force to Protect Students from Sexual Assault). Atlanta, GA: Centers for Disease Control and Prevention.

DeGue, S., Simon, T. R., Basile, K. C., Yee, S. L., Lang, K., & Spivak, H. (2012). Moving forward by looking back: Reflecting on a decade of CDC's work in sexual violence prevention, 2000-2010. *Journal of Women's Health, 21*, 1211-1218.

DeGue, S., Valle, L. A., Holt, M. K., Massetti, G. M., Matjasko, J. L., & Tharp, A. T. (2014). A systematic review of primary prevention strategies for sexual violence perpetration. *Aggression and Violent Behavior, 19*, 346-362.

Dick, S., Duncan, S., Gillie, J., Mahara, S., Morris, J., Smye, V., & Voyageur, E. (2006). Cultural safety: Module 2: People's experiences of oppression. Retrieved from http://web2.uvcs.uvic.ca/courses/csafety/mod1/index.htm.

Donde, S. D. (2015). College women's attributions of blame for experiences of sexual assault. *Journal of Interpersonal Violence.*

Exner-Cortens, D., & Cummings, N. (2016). Sexual violence prevention among college athletes: The role of personality. Manuscript in preparation.

Fisher, B. S., Cullen, F. T., & Turner, M. G. (2000, December). *The sexual victimization of college women*. Washington, DC: U.S. Department of Justice, National Institute of Justice.

Foubert, J. D. (2000). The longitudinal effects of a rape-prevention program on fraternity men's attitudes, behavioral intent, and behavior. *Journal of American College Health, 48,* 158-163.

Foubert, J. D., & Cowell, E. A. (2004). Perceptions of a rape prevention program by fraternity men and male student athletes: Powerful effects and implications for changing behavior. *NASPA Journal, 42,* 1-20.

Foubert, J. D., & Cremedy, B. J. (2007). Reactions of men of color to a commonly used rape prevention program: Attitude and predicted behavior changes. *Sex Roles, 57,* 137-144.

Foubert, J. D., Godin, E. E., & Tatum, J. L. (2010a). In their own words: Sophomore college men describe attitude and behavior changes resulting from a rape prevention program 2 years after their participation. *Journal of Interpersonal Violence, 25,* 2237-2257.

Foubert, J. D., Langhinrichsen-Rohling, J., Brasfield, H., & Hill, B. (2010c). Effects of a rape awareness program on college women: Increasing bystander efficacy and willingness to intervene. *Journal of Community Psychology, 38,* 813-827.

Foubert, J. D., & La Voy, S. A. (2000). A qualitative assessment of "The Men's Program": The impact of a rape prevention program on fraternity men. *NASPA Journal, 38,* 18-30.

Foubert, J. D., & Marriott, K. A. (1997). Effects of a sexual assault peer education program in men's belief in rape myths. *Sex Roles, 36,* 259-268.

Foubert, J. D., & McEwen, M. K. (1998). An all-male rape-prevention peer education program: Decreasing fraternity men's behavioral intent to rape. *Journal of College Student Development, 39,* 548-556.

Foubert, J. D., & Newberry, J. T. (2006). Effects of two version of an empathy-based rape prevention program on fraternity men's survivor empathy, attitudes, and behavioral intent to commit rape or sexual assault. *Journal of College Student Development, 47,* 133-148.

Foubert, J. D., Newberry, J. T., & Tatum, J. (2007). Behavior differences seven months later: Effects of a rape prevention program. *NASPA Journal, 44,* 728-749.

Foubert, J. D., & Perry, B. C. (2007). Creating lasting attitude and behavior change in fraternity members and male student athletes: The qualitative impact of an empathy-based rape prevention program. *Violence Against Women, 13,* 70-86.

Foubert, J. D. Tatum, J., & Donahue, G. A. (2006). Reactions of first-year men to rape prevention program: Attitude and predicted behavior changes. *NASPA Journal, 43,* 578-598.

Foubert, J. D., Tatum, J. L., & Godin, E. E. (2010b). First-year male students' perceptions of a rape prevention program 7 months after their participation: Attitude and behavior changes. *Journal of College Student Development, 51,* 707-715.

Frazier, P. A. (2000). The role of attributions and perceived control in recovery from rape. *Journal of Personal and Interpersonal Loss, 5,* 203-225.

Frazier, P. A. (2003). Perceived control and distress following sexual assault: A longitudinal test of a new model. *Journal of Personality and Social Psychology, 84,* 1257-1269.

Gidycz, C. A., & Dardis, C. M. (2014). Feminist self-defense and resistance training for college students: A critical review and recommendations for the future. *Trauma, Violence & Abuse, 15,* 322-333.

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

Gidycz, C. A., Orchowski, L. M., Probst, D. R., Edwards, K. M., Murphy, M., & Tansill, E. (2015). Concurrent administration of sexual assault prevention and risk reduction programming: Outcomes for women. *Violence Against Women, 21,* 780-800.

Gidycz, C. A., Rich, C. L., Orchowski, L., King, K., & Miller, A. K. (2006). The evaluation of a sexual assault self-defense and risk-reduction program for college women: A prospective study. *Psychology of Women Quarterly, 30*, 173-186.

Gilmore, A. K., Lewis, M. A., & George, W. H. (2015). A randomized controlled trial targeting alcohol use and sexual assault risk among college women at high risk for victimization. *Behaviour Research and Therapy, 74*, 38-49.

Grace, D. (2014, April). *Intersectionality-informed mixed-methods research: A primer.* Burnaby, BC: Simon Fraser University, The Institute for Intersectionality Research & Policy.

Hollander, J. A. (2010). Why do women take self-defense classes? *Violence Against Women, 16*, 459-478.

Hollander, J. A. (2014). Does self-defense training prevent sexual violence against women? *Violence Against Women, 20*, 252-269.

Holtzman, M., & Menning, C. (2015). A new model for sexual assault protection: Creation and Initial testing of Elemental. *Journal of Applied Social Science*, *9*, 139-155.

Humphrey, J. A., & White, J. W. (2000). Women's vulnerability to sexual assault from adolescence to young adulthood. *Journal of Adolescent Health, 27*, 419-424.

Jouriles, E. N., McDonald, R., Rosenfield, D., Levy, N., Sargent, K., Caiozzo, C., & Grych, J. H. (2016). TakeCARE, a video bystander program to help prevent sexual violence on college campuses: Results of two randomized, controlled trials. *Psychology of Violence, 6*, 410-420.

Katz, J., Heisterkamp, H. A., & Fleming, W. M. (2011). The social justice roots of the Mentors in Violence Prevention model and its application in a high school settings. *Violence Against Women, 17*, 684-702.

Katz, J., & Moore, J. (2013). Bystander education training for campus sexual assault prevention: An initial meta-analysis. *Violence and Victims, 28*, 1054-1067.

Kleinsasser, A., Jouriles, E. N., McDonald, R. & Rosenfield, D. (2015). An online bystander intervention program for the prevention of sexual violence. *Psychology of Violence, 5*, 227-235.

Koss, M. P., Figueredo, A. J., & Prince, R. J. (2002). Cognitive mediation of rape's mental, physical, and social health impact: Tests of four models in cross-sectional data. *Journal of Consulting and Clinical Psychology, 70,* 926-941.

Koss, M. P., & Harvey, M. R. (1991). *The rape victim: Clinical and community interventions*. Newbury Park, CA: Sage Publications.

Legislative Assembly of Ontario. (2016). Bill 132, *An Act to amend various statutes with respect to sexual violence, sexual harassment, domestic violence and related matters*. Retrieved from http://www.ontla.on.ca/bills/bills-files/41_Parliament/Session1/b132ra.pdf.

Lonsway, K. A., Banyard, V. L., Berkowitz, A. D., Gidycz, C. A., Katz, J. T., Koss, M. P., … Ullman, S. E. (2009, January). *Rape prevention and risk reduction: Review of the research literature for practitioners.* Harrisburg, PA: VAWnet.

Macy, R. J., Nurius, P. S., & Norris, J. (2006). Responding in their best interests: Contextualizing women's coping with acquaintance sexual aggression. *Violence Against Women, 12*, 478-500.

Marx, B. P, Calhoun, K. S., Wilson, A. E., & Meyerson, L. A. (2001). Sexual revictimization prevention: An outcome evaluation. *Journal of Consulting and Clinical Psychology, 69*, 25-32.

Marx, B. P., Forsyth, J. P., Gallup, G. G., Fusé, T., & Lexington, J. M. (2008). Tonic immobility as an evolved predator defense: Implications for sexual assault survivors. *Clinical Psychology: Science and Practice, 15*, 74-90.

McMahon, S., & Banyard, V. L. (2012). When can I help? A conceptual framework for the prevention of sexual violence through bystander intervention. *Trauma, Violence, & Abuse, 13*, 3-14.

Menning, C., & Holtzman, M. (2015). Combining primary prevention and risk reduction approaches in sexual assault programming. *Journal of American College Health, 63*, 513–522.

Mouilso, E. R., Calhoun, K. S., & Gidycz, C. A. (2011). Effects of participation in a sexual assault risk reduction program on psychological distress following re-victimization. *Journal of Interpersonal Violence, 26*, 769-788.

Moynihan, M. M., & Banyard, V. L. (2008). Community responsibility for preventing sexual violence: A pilot study with campus Greeks and intercollegiate athletes. *Journal of Prevention & Intervention in the Community, 36*, 23-38.

Moynihan, M. M., Banyard, V. L., Arnold, J. S., Eckstein, R. P., & Stapleton, J. G. (2011a). Engaging intercollegiate athletes in preventing and intervening in sexual and intimate partner violence. *Journal of American College Health, 59,* 197-204.

Moynihan, M. M., Banyard, V. L., Arnold, J. S., Eckstein, R. P., & Stapleton, J. G. (2011b). Sisterhood may be powerful for reducing sexual and intimate partner violence: An evaluation of the Bringing in the Bystander in-person program with sorority members. *Journal of Interpersonal Violence, 17*, 703-719.

Moynihan, M. M., Banyard, V. L., Cares, A. C., Potter, S. J., Williams, L. M., & Stapleton, J. C. (2015). Encouraging responses in sexual and relationship violence prevention: What program effects remain 1 year later? *Journal of Interpersonal Violence, 30*, 110-132.

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist, 58*, 449-456.

Nurius, P. S., Norris, J., Macy, R. J., & Huang, B. (2004). Women's situational coping with acquaintance sexual assault: Applying an appraisal-based model. *Violence Against Women, 10*, 450-478.

Office for Civil Rights [OCR], U.S. Department of Education. (2011, April). *"Dear Colleague" letter guidance, supplementing the OCR's revised sexual harassment guidance (2001)*. Retrieved from https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201104.pdf.

Ontario Government. (2015). *It's never okay: An action plan to stop sexual violence and harassment*. Retrieved from http://docs.files.ontario.ca/documents/4136/mi-2003-svhap-report-en-for-tagging-final-2-up-s.pdf.

Ontario Women's Directorate. (2013, January). *Developing a response to sexual violence: A resource guide for Ontario's colleges and universities*. Retrieved from http://www.citizenship.gov.on.ca/owd/english/ending-violence/campus_guide.shtml.

Orchowski, L. M., Gidycz, C. A., & Raffle, H. (2008). Evaluation of a sexual assault risk reduction and self-defense program: A prospective analysis of a revised protocol. *Psychology of Women Quarterly, 32,* 204-218.

Potter, S. J., Moynihan, M. M., Stapleton, J. G., & Banyard, V. L. (2009). Empowering bystanders to prevent campus violence against women: A preliminary evaluation of a poster campaign. *Violence Against Women, 15*, 106-121.

Potter, S. J., Stapleton, J. G., & Moynihan, M. M. (2008). Designing, implementing, and evaluation a media campaign illustrating the bystander role. *Journal of Prevention & Intervention in the Community, 36*, 39-55.

Rosenblum, G. D., & Taska, L. D. (2014). Self-defense training as clinical intervention for survivors of trauma. *Violence Against Women, 20*, 293-308.

Rozee, P. D., & Koss, M. P. (2001). Rape: A century of resistance. *Psychology of Women Quarterly, 25,* 295-311.

Rusinko, H. M., Bradley, A. R., & Miller, J. (2010). Assertiveness and attributions of blame toward victims of sexual assault. *Journal of Aggression, Maltreatment & Trauma*, *19*, 357-371.

Salazar, L. F., Vivolo-Kantor, A., Hardin, J., & Berkowitz, A. (2014). A web-based sexual violence bystander intervention for male college students: Randomized controlled trial. *Journal of Medical Internet Research, 16,* e203.

Senn, C. Y. (2011). An imperfect feminist journey: Reflections on the process to develop an effective sexual assault resistance programme for university women. *Feminism & Psychology, 21,* 121-137.

Senn, C. Y., Eliasziw, M., Barata, P. C., Thurston, W. E., Newby-Clark, I. R., Radtke, H. L., & Hobden, K. L. (2015). Efficacy of a sexual assault resistance program for university women. *New England Journal of Medicine, 372,* 2326-2335.

Senn, C. Y., Eliasziw, M., Barata, P. C., Thurston, W. E., Newby-Clark, I. R., Radtke, H. L., & Hobden, K. L. (2013). Sexual assault resistance education for university women: Study protocol for a randomized controlled trial (SARE trial). *BMC Women's Health, 13,* 25.

Storer, H. L., Casey, E., & Herrenkohl, T. (2016). Efficacy of bystander programs to prevent dating abuse among youth and young adults: A review of the literature. *Trauma, Violence, & Abuse, 17,* 256-269.

Speidel, L. (2014). Exploring the intersection of race and gender in self-defense training. *Violence Against Women, 20,* 309-325.

Tark, J., & Kleck, G. (2014). Resisting rape: The effects of victim self-protection on rape completion and injury. *Violence Against Women, 20,* 270-292.

Testa, M., Hoffman, J. H., Livingstone, J. A., & Turrisi, R. (2010). Preventing college women's sexual victimization through parent based intervention: A randomized controlled trial. *Prevention Science, 11,* 308-318.

Tharp, A. T., DeGue, S., Lang, K., Valle, L. A., Massetti, G., Holt, M., & Matjasko, J. (2011). Commentary on Foubert, Godin, & Tatum (2010): The evaluation of sexual violence prevention and the urgency for effectiveness. *Journal of Interpersonal Violence, 26,* 3393-3402.

Thompson, M. E. (2014). Empowering self-defense training. *Violence Against Women, 20,* 351-359.

Thompson, M. P., Swartout, K. M., & Koss, M. P. (2013). Trajectories and predictors of sexually aggressive behaviors during emerging adulthood. *Psychology of Violence, 3,* 247-259.

Ullman, S. E. (1998). Does offender violence escalate when rape victims fight back? *Journal of Interpersonal Violence, 13,* 179-192.

Ullman, S. E. (2014). Reflections on researching rape resistance. *Violence Against Women, 20,* 343-350.

Vladutiu, C. J., Martin, S. L., & Macy, R. J. (2011). College or university-based sexual assault prevention programs: A review of program outcomes, characteristics, and recommendations. *Trauma, Violence & Abuse, 12,* 67-86.

Warthe, D. G., Kostouros, P., Carter-Snell, C., & Tutty, L. M. (2013). Stepping Up: A peer-to-peer dating violence prevention project on a post-secondary campus. *International Journal of Child, Youth and Family Studies, 1,* 100-118.

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