

Effects of Two Versions of an Empathy-Based Rape Prevention Program on Fraternity Men's Survivor Empathy, Attitudes, and Behavioral Intent to Commit Rape or Sexual Assault

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Fraternity men (N = 261) at a small to midsized public university saw one of two versions of a rape prevention program or were in a control group. Program participants reported significant increases in empathy toward rape survivors and significant declines in rape myth acceptance, likelihood of raping, and likelihood of committing sexual assault. Program participants' scores significantly differed from an untreated control group in several areas. Implications for describing a male-on-male rape to increase men's empathy toward female survivors and other related attitudes are discussed.

The number of incidents of rape and other forms of sexual assault survived by college students is alarmingly high. The U.S. Centers for Disease Control and Prevention found in a survey of over 4,600 college students at 136 institutions that 20% of college women and 4% of college men have been raped at some point in their lifetime (Douglas et al., 1997). In addition, the U.S. Department of Justice found in a nationwide survey of over 4,000 college women that 3% experienced rape or attempted rape during an 8-month academic year; 24% of women in the same study experienced either rape or attempted rape in their lifetime (Fisher, Cullen, & Turner, 2000). In roughly three out of four cases where a man rapes a woman in college, the woman is intoxicated (Mohler-Kuo, Dowdall, Koss, & Wechsler, 2004). In each of these studies, the

word "rape" includes intercourse against another person's will and by force.

The effects of rape on survivors are traumatic and long lasting. Nearly 5% of rape survivors become pregnant (Homes, Resnick, Kilpatrick, & Best, 1996); 20% experience injuries such as bruises, black eyes, cuts, scratches, swelling, or chipped teeth (Fisher et al., 2000); and many experience eating disorders (Resnick, Acierno, & Kilpatrick, 1997). Surviving rape coincides with higher levels of heavy smoking, high-risk drinking, cocaine use, drinking and driving, and considering and attempting suicide (Silverman, Raj, Mucci, & Hathaway, 2001). Long-term health consequences of rape include chronic headaches, fatigue, sleep disturbance, and recurrent nausea (Eby, Campbell, Sullivan, & Davidson, 1995).

With regard to perpetration, 99% of people who commit rape are men (Rennison, 2002). Among college men, 9% admit committing rape or attempted rape (Ouimett & Riggs, 1998). Fraternity men are a group at particularly high risk for perpetration; therefore, rape prevention program efforts often target this population (Choate, 2003; Larimer, Lydum, Anderson, & Turner, 1999). Studying fraternity men is warranted given that they commit over half of all gang rapes on college campuses (O'Sullivan, 1991). In addition, fraternity men are more likely than other men to believe that women enjoy being

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physically “roughed up,” that women pretend to not want sex but instead want to be forced into sex, that men should be controllers of relationships, that sexually liberated women are promiscuous and will probably have sex with anyone, and that women secretly desire to be raped (Boeringer, 1999).

Beyond these quantitative findings, qualitative research suggests that fraternity culture includes group norms that reinforce within-group attitudes perpetuating sexual coercion against women (Boswell & Spade, 1996). These cultural norms exert powerful influences on men’s behavior. Research exploring interactions among male peer groups has shown that their interpersonal exchanges contribute to aggression toward women (Capaldi, Dishion, Stoolmiller, & Yoerger, 2001). This aggression can be accounted for, in part, by men’s engagement in hostile talk with male peers about women. Such hostile talk socializes men into peer groups and tends to be mutual with active participation by most men oppressing women verbally or physically (Capaldi et al.).

A review of evaluated rape prevention programs found that *The Men’s Program* (Foubert, 2005) is the only program evaluated in the research literature to report clear, long-term change in men (Schewe, 2002). *The Men’s Program* has been presented to tens of thousands of men in colleges, universities, high schools, military bases, halfway houses, police training centers, rape crisis centers, and other community organizations nationwide. College audiences have included men in fraternities, sports teams, residence halls, student organizations, classes, faculty, and staff. This program is based on two thoroughly researched theories of attitude and behavior change (belief system theory and the elaboration likelihood model) and was guided in its development by research on effective rape prevention program elements.

It has also been shown by outcomes assessment research to lead to significant decreases in rape myth acceptance and likelihood of raping that remain improved for seven months (Foubert, 2000; Foubert & LaVoy, 2000; Foubert & McEwen, 1998).

Belief system theory suggests that to produce lasting attitude change, interventions must be designed to maintain people’s existing self-conceptions (Grube, Mayton, & Ball-Rokeach, 1994). Yet, nearly all rape prevention interventions reported in the literature assume male program participants to be potential rapists. Research has shown that men, regardless of whether they have committed sexual assault, do not perceive themselves to be potential rapists (Scheel, Johnson, Schneider, & Smith, 2001). Thus, programs assuming men to be potential rapists are unlikely to achieve desired outcomes, according to belief system theory. On the other hand, *The Men’s Program* attempts to influence men by appealing to beliefs they are shown to have about being potential helpers (Scheel et al.). Thus, presenters approach men as people who can provide thoughtful support to female survivors who seek their assistance after surviving rape. Appealing to this persona has shown substantial long-term success (Foubert, 2000; Foubert & LaVoy, 2000; Foubert & Perry, in press).

In addition to belief system theory, the elaboration likelihood model (ELM) has been helpful to rape prevention programmers. This model suggests that lasting attitude and behavior change occurs when participants are motivated to hear a message, are able to understand it, and perceive the message as relevant to them (Petty & Cacioppo, 1986). Such conditions lead to a type of thinking called central route processing, whereby listeners actively process program content and are far more likely to have long-term attitude

and behavior change. Applying the ELM to rape prevention has shown signs of success (Foubert, 2000; Heppner, Humphrey, Hillenbrand-Gunn, & Debord, 1995).

The Men's Program is an all-male workshop informed by the findings of a meta analysis of available research showing that programs presented to all-male audiences are much more likely to change men's attitudes and behavioral intent to rape than those presented to co-educational audiences (Brecklin & Forde, 2001). Research has also shown that as men increase their empathy with survivors, understand rape trauma and have more aversion to rape, they report less likelihood of raping (Schewe, 2002). According to Schewe's review, 10 studies have been published that assess the effects of an empathy-based intervention on men's attitudes toward rape and/or their behavioral intent to rape. Seven of these studies have assessed the impact of depicting a man as a survivor; three studies depicted a woman as a survivor. All of the studies depicting a man as a survivor significantly improved men's attitudes toward rape and/or lowered their behavioral intent to rape. In stark contrast, all of the studies evaluating the impact of a program whose primary intervention method was to depict a female survivor increased men's rape myth acceptance; one such program even increased men's reported likelihood of sexual aggression. Therefore, presenters of *The Men's Program* show a video (NO MORE, 2000) describing a male-on-male rape experience to teach men how a rape experience might feel. Afterward, presenters note that the described perpetrators were presumably heterosexual and known to the survivor, as with many male-on-male rapes. This point is made clear to the audience in an effort to meet one of the program's goals: to confront any preexisting homophobic assumptions held by audience members that male on male rapes are com-

monly perpetrated by gay men. Instead, presenters of *The Men's Program* note that they are describing the more common occurrence of heterosexual perpetrators who use rape and battery to exert power and control over another male. Next, presenters make connections between a male-on-male and a male-on-female rape experience to facilitate audience members' empathy toward rape survivors. Later, men are taught how to support a rape survivor. In a final program portion, men are taught some of the basics of defining consent and hear strategies about how to confront a peer who either jokes about rape, acts in a way that demeans women, or brags about abusing women. The program itself lasts about one hour and is usually presented by four undergraduate male peer educators. Given the potential for a strong emotional impact on audience members, particularly survivors of sexual assault, several disclaimers are given to participants and appropriate resources are offered. Rape survivors who have seen the program note that instead of being re-traumatized by hearing about a rape experience, they find it empowering that something that they experienced is being discussed openly with others. Over time, the program has been modified in accordance with feedback obtained through quantitative and qualitative evaluation studies.

For example, a focus group study with a follow-up survey of fraternity men and student athletes has shown evidence of lasting attitude and behavior change resulting from this program (Foubert & Cowell, 2004; Foubert & Perry, in press). Participants who gave feedback in these focus groups and on a follow-up survey attributed their changed attitudes and changed bystander behavior to their program participation. Fully 100% of focus group participants reported either lasting attitude or behavior change five months after

participating in *The Men's Program*. Most reported both attitude and behavior change. Focus group participants also suggested that adding material to the current program to address the impact of alcohol on intimate situations would be beneficial. They further suggested that this discussion of alcohol should either focus on defining consent or on giving advice on how to intervene as a bystander when the potential for a sexual assault is present (Foubert & Cowell; Foubert, Garner, & Thaxter, in press).

The need for rape prevention programs to successfully address the link between alcohol and sexual assault is confirmed by several studies. For example, research has shown that men who are more sexually coercive also drink more alcohol, particularly during sexual encounters (Abbey, Clinton-Sherrod, McAuslan, Zawacki, & Buck, 2003; Abbey, McAuslan, Zawacki, Clinton, & Buck, 2001; Carr & VanDeusen, 2004). In addition, the more alcohol men consume, the more aggressive they are in situations in which a sexual assault takes place. The link between alcohol and sexual assault is further compounded by findings that when men are intoxicated, they perceive rape survivors as being less distressed and less disgusted by their attackers than do sober men (Norris, George, Davis, Martel, & Leonesio, 1999). Interestingly, the more sexually coercive a man is the less honest he believes women are about not wanting to have sex on a particular occasion. This is especially evident when alcohol has been consumed by both parties.

Studies examining sexually aggressive men have shown that they are less inhibited about being coercive with women who have consumed alcohol. Although the amount of alcohol a woman consumes has no effect on nonaggressive men's perceptions of how far to push their sexual advances, sexually aggressive

men are much more likely to be coercive when a woman has consumed alcohol (Bernat, Calhoun, & Stolp, 1998). Collectively, these studies point to the need for rape prevention programs to successfully address the connection between alcohol and sexual assault in order to meet their objectives.

Given the desire to make *The Men's Program* as relevant as possible to its intended audience of college men, we used feedback gained through focus group studies (Foubert & Cowell, 2004; Foubert et al., in press) to design two experimental training modules dealing with the issues surrounding alcohol. Adding these elements is supported by our reliance on the elaboration likelihood model to guide program development, in that the model emphasizes the importance of making material as relevant as possible to the intended audience. These two new training modules included one focusing on defining consent in situations where alcohol has been consumed, the other focusing on bystander intervention in situations where alcohol has been consumed. Each training module was designed to be presented as part of a presentation of *The Men's Program* (Foubert, 2005).

In addition to testing the effects of two newly designed training modules, the present study sought to improve on the methodology of previously published studies of rape prevention programs. For example, prior studies of rape prevention programs that use a male-on-male rape experience as a tool to increase men's empathy toward rape survivors have not actually measured whether changes in empathy occurred (Foubert, 2000; Schewe & O'Donohue, 1993). Though such programs have been found to be effective in changing related attitudes, like rape myth acceptance, it is important to know whether or not assumed changes in empathy are occurring. Therefore, the present study was designed to

test whether program participants experienced a change in their empathy toward survivors after seeing a program and whether or not a hypothesized increase in empathy would differ from that of an untreated control group.

Most programs evaluated in the past have used a measure of rape myth acceptance that was published in 1980 and yields one score of global rape myth acceptance (Burt, 1980). Given the changing nature of cultural norms over time and the possibility that older questionnaires may not measure attitudes as well as newer ones, the present study used a more recent and thoroughly tested measure of rape myth acceptance, the Illinois Rape Myth Acceptance Scale (IRMAS) (Payne, Lonsway, & Fitzgerald, 1999). In addition, using the IRMAS added the benefit of being able to assess change in seven clusters of rape myth acceptance (i.e., “she asked for it,” “he didn’t mean to rape,” etc.) along with a global score on rape myth acceptance.

Finally, prior research (Foubert, 2000; Schewe & O’Donohue, 1993) asked men to respond whether they would rape a woman if they could be assured of not being caught or punished. Declines on the mean scores on this item have been used to establish declines in behavioral intent to rape. However, the item is limited by a participant’s personal definition of rape and his potential hesitancy to associate his behavior with the term “rape” (Scheel et al., 2001). Therefore, the present study included this and an additional reliable and validated item (Malamuth, 1989) asking men how likely they would be to “force a female to do something sexual that she did not want to do.” This latter item was used to gain a broader and perhaps more accurate reflection of men’s intent to commit sexual assault, given its absence of the objectionable term “rape” in asking for a self-description of behavior. Prior research on *The Men’s Program* was limited in

that long-term change in attitudes and behavioral intent was studied on a campus where only one third of the fraternities agreed to participate in the evaluation study (Foubert, 2000). The present study sought to improve on this sampling weakness by gaining a higher proportion of available fraternities on a campus to participate.

The research question for this study was: What impact do two versions of *The Men’s Program* (Foubert, 2005) have on program participants relative to each other and to a control group on four dependent variables measured: likelihood of raping, likelihood of committing sexual assault, rape myth acceptance, and rape survivor empathy. We included measures of likelihood of raping and likelihood of sexual assault to determine the programmatic effects on the specific incidence of rape versus the broader range of behaviors that fall under the category of sexual assault. We hypothesized that participants in each version of the program would experience declines in rape myth acceptance, likelihood of raping, and likelihood of committing sexual assault, and an increase in empathy toward rape survivors. We also hypothesized that program participants’ posttest scores on these items would differ significantly from control group scores.

METHOD

Participants

We requested all fraternities at a small to midsized public institution in the south to participate in the present study in return for a \$250 payment toward their insurance bill if they met 80% participation levels in this study and an additional study being conducted later in the year. All fraternities on the campus where the study took place agreed to participate. Of 388 men who were active members

of fraternities, 261 participated, accounting for 67% of the total population. Given the nature of social fraternities, the vast majority of participants were White, traditionally-aged college students. Seniors accounted for 29% of the sample, with 34% being juniors and 37% sophomores.

Materials

Belief in rape myths was assessed using the IRMAS (Payne et al., 1999). Payne et al. developed this scale through six studies including a factor analysis for construct definition and item pool selection, a complete-link cluster analysis to determine the structure and dimensions of the scale, item pool selection based on fit to a hierarchical model, and a construct validity study correlating the IRMAS to seven similar measures ($r =$ between .50 and .74, $p < .001$). They also conducted a study where groups known to differ in rape myth acceptance scored differently as predicted on the IRMAS ($p < .001$) and a validity study correlating IRMAS scores with a content analysis of open ended scenarios written by participants that were analyzed for rape myth content ($r = .32$, $p < .05$).

Behavioral intent to rape was assessed by Malamuth's (1989) likelihood of raping scale. This scale includes two primary questions: "If you could be assured of not being caught or punished, how likely would you be to rape?" and "If you could be assured of not being caught or punished, how likely would you be to force a female to do something sexual that she did not want to do?" Participants answer this question on a 1 (*not at all likely*) to 7 (*very likely*) scale. Evidence for the measure's validity includes the finding that men who score higher also report higher levels of anger ($r = .32$, $p < .05$), aggression ($r = .32$, $p < .05$), and a desire to hurt women ($r = .37$, $p < .05$; (Malamuth). Malamuth also reports that men

with higher scores are significantly more likely to believe that rape is a sexual act that women enjoy, whereas men with lower scores view rape more as an act of violence that hurts the survivor. Furthermore, men with higher scores report rape myth belief and sexual arousal to rape depictions that are more similar to convicted rapists than men who score lower on the Malamuth scale.

Empathy was measured by the Rape Empathy Scale (Deitz, Blackwell, Daley, & Bentley, 1982). This 19-item scale measures belief in paired items on a continuum of 1 (*agree more with first item*) to 7 (*agree more with second item*), for example, "In general, I feel that rape is an act that is provoked by the rape victim," and "In general, I feel that rape is an act that is not provoked by the rape victim." Internal consistency of the items, as determined by coefficient alpha, was shown to be .89 for a pool of 170 potential jurors and .84 for 639 college students. Indications of the scale's validity were shown by positive correlations with the Attitudes Toward Women Scale. The discriminant validity of the scale was supported by its lack of correlation with the Marlowe Crown Social Desirability Scale. Predictive validity was shown by significant correlations with participants' attributions of responsibility toward rape survivors and rapists.

Design and Procedure

After agreeing to participate in this study, all 12 fraternities on the campus were randomly divided into experimental and control groups in September 2004. Four fraternities participated in *The Men's Program* with an added training module on bystander intervention in situations involving alcohol; four participated in *The Men's Program* with an added training module on defining consent in situations involving alcohol; and four constituted an

untreated control group who saw no program. The new module focusing on consent in situations involving alcohol included a definition of consent, a discussion of the importance of verbal consent, and a discussion of the importance of avoiding intimate behavior with another person who may be too intoxicated to consent. In the new module focusing on bystander intervention, presenters led participants through a guided imagery of a woman close to them being sexually assaulted while another man, a bystander, did nothing to stop it. Next, participants were asked to consider what they would do in hypothetical situations in which they had the opportunity to confront another man who may be either abusing or preparing to be intimate with a woman who cannot give consent due to intoxication. Finally, participants considered what they would do in a potentially sexually intimate situation involving alcohol.

The same trained undergraduate experimenter distributed pretest and posttest surveys to all participants in the present study. A standard protocol of consent form distribution and reading of directions was followed for each group. Pre- and posttest measures took approximately 10 minutes each to complete. Participants completed a pretest survey that included the IRMAS, the Malamuth Likelihood of Raping Scale, the Rape Empathy Scale and a demographic questionnaire. Program participants completed the same measures immediately after the program conclusion. Measures were counterbalanced to control for order effects.

A 3 (bystander version, consent version, control group) by 2 (pretest vs. posttest) mixed multivariate analysis of variance (MANOVA) with unidirectional hypotheses was computed to determine whether there were differences in the impact of each of the program versions and the control group on fraternity men's rape

myth acceptance, empathy toward rape survivors, likelihood of raping, and likelihood of committing sexual assault before and after program participation. Additional MANOVAs with unidirectional hypotheses were computed using each of the seven subscales on the IRMAS as separate dependent variables for pre/post scores of each program version to determine whether there was a differential impact on the different types of rape myth acceptance based on the version of the program experienced by participants.

RESULTS

A 3 (bystander, consent, control) by 2 (pretest, posttest) mixed MANOVA using rape myth acceptance, rape survivor empathy, likelihood of raping, and likelihood of committing sexual assault as dependent variables showed an interaction between participants' program condition and testing occasion, $F(8, 510) = 14.99$, $p < .001$, with a low effect size (partial $\eta^2 = .19$). This indicated that participant's scores on the four dependent variables differed by program condition and testing occasion. Univariate effects were significant for all four dependent variables ($p < .01$).

Program Effects Between Groups

Analyses of variance revealed that pretest scores on the dependent variables were statistically equivalent among the three program groups ($p .05$). As one can see, participants in the three groups began at similar levels of likelihood of raping, likelihood of committing sexual assault, rape myth acceptance, and rape survivor empathy (Tables 1 and 2). After participation in one or the other version of *The Men's Program*, program participants differed from those in the control group in several areas. There was not a significant difference between likelihood of raping in the

TABLE 1.
Pre- and Posttest Means for Likelihood of Sexual Assault
and Likelihood of Raping by Experimental Condition

	Control	Consent	Bystander
Pre-Likelihood of Sexual Assault	1.4 (0.7)	1.6 (1.1)	1.5 (0.9)
Post-Likelihood of Sexual Assault		1.2 (0.6)	1.2 (0.4)
Pre-Likelihood of Raping	1.1 (0.5)	1.2 (0.5)	1.3 (0.8)
Post-Likelihood of Raping		1.1 (0.4)	1.1 (0.3)

Note. Between Groups Pretest Multivariate, $F(8, 510) = 1.48, p = .16$; Between Groups Posttest Multivariate, $F(4, 256) = 2.41, p < .05$; Between Groups Univariate Likelihood of Raping, $F(2, 258) = .952, p = .19$; Between Groups Univariate Likelihood of Sexual Assault, $F(2, 258) = 2.36, p < .05$; Pairwise comparisons showed that the consent and bystander group both had significantly less likelihood of committing sexual assault post program than the control group ($p < .05$). Within Groups Multivariate Bystander Group, $F(4, 71) = 32.16, p < .001$; Univariate Likelihood of Raping, $F(1, 74) = 7.75, p < .01$; Univariate Likelihood of Committing Sexual Assault, $F(1, 74) = 16.27, p < .001$; Within Groups Multivariate Consent Group, $F(4, 93) = 26.74, p < .001$; Univariate Likelihood of Raping, $F(1, 96) = 7.60, p < .01$; Univariate Likelihood of Sexual Assault, $F(1, 96) = 17.23, p < .001$.

control group and the posttest likelihood of raping scores for the bystander and the consent group, $F(2, 258) = .952, p = .19$. There were significant differences between the three groups on likelihood of sexual assault, $F(2, 258) = 2.36, p < .05$; rape myth acceptance, $F(2, 258) = 3.53, p < .05$; and rape survivor empathy $F(2, 258) = 2.61, p < .05$.

For participants' scores on likelihood of committing sexual assault, pairwise comparisons using the Least Significant Difference (LSD) test showed that both the consent and bystander group had significantly less likelihood of committing sexual assault after program participation than those in the control group ($p < .05$). The consent and bystander group did not significantly differ from each other ($p .05$).

For participants' scores on rape myth acceptance, pairwise comparisons using the LSD test showed that the bystander group had significantly lower rape myth acceptance than those in the control group ($p < .01$). No other

groups differed. Pairwise comparisons for empathy showed that the bystander group had significant more empathy toward female rape survivors than the control group ($p < .05$). No other groups differed.

Program Effects Within Groups

Within group differences emerged on a multivariate level for those in the bystander group, $F(4, 71) = 32.16, p < .001$, with a medium to high effect size (partial $\eta^2 = .64$). Univariate differences emerged for each dependent variable. Participants in the bystander group experienced a significant decline from pretest to posttest in their likelihood of raping, $F(1, 74) = 7.75, p < .01$, with a low effect size (partial $\eta^2 = .095$); their likelihood of committing sexual assault, $F(1, 74) = 16.27, p < .001$, with a low effect size (partial $\eta^2 = .18$); their rape myth acceptance, $F(1, 74) = 113.49, p < .001$, with a medium to high effect size (partial $\eta^2 = .61$); and a significant increase in their empathy

toward rape survivors, $F(1, 74) = 58.92$, $p < .001$, with a medium effect size (partial $\eta^2 = .44$).

Within group differences also emerged for the consent group on a multivariate level, $F(4, 93) = 26.74$, $p < .001$, with a medium effect size (partial $\eta^2 = .54$). Univariate differences emerged for each dependent variable. Participants in the consent group experienced a significant decline from pretest to posttest on their likelihood of raping, $F(1, 96) = 7.60$, $p < .01$, with a low effect size (partial $\eta^2 = .07$); their likelihood of committing sexual assault $F(1, 96) = 17.23$, $p < .001$, with a low effect size (partial $\eta^2 = .15$); and in their rape myth acceptance, $F(1, 96) = 84.06$, $p < .001$, with a medium effect size (partial $\eta^2 = .47$). Participants in the consent group also experienced a significant increase in their empathy toward rape survivors after seeing the program, $F(1, 96) = 23.20$, $p < .001$, with a low effect size (partial $\eta^2 = .20$).

Differences in Clusters of Rape Myth Acceptance

A MANOVA was computed to determine whether participants in the three groups differed on their pretests and posttests on the seven subscales of the IRMAS. These subscales are, “she asked for it,” “she wanted it,” “he didn’t mean to,” “rape is a trivial event,” “she lied,” “rape is a deviant event,” and “it wasn’t really rape” (Table 3).

Participants had statistically equivalent pretest scores across the three program groups on a multivariate level, $F(14, 504) = 1.37$, $p = .162$. Participants differed significantly in their posttest scores across the three program groups at a multivariate level, $F(14, 506) = 3.57$, $p < .001$, with a low effect size (partial $\eta^2 = .09$). Significant differences occurred between groups on the scales of “she asked for it” ($p < .05$), “she lied” ($p < .001$), and “it wasn’t really rape” ($p = .05$). Pairwise com-

TABLE 2.
Pre- and Posttest Means for Rape Myth Acceptance and Empathy Toward Survivors by Experimental Condition

	Control	Consent	Bystander
Pre-Myth Acceptance	92.1 (29.0)	100.2 (27.8)	97.9 (29.0)
Post-Myth Acceptance		85.8 (31.1)	80.3 (24.3)
Pre-Empathy	106.7 (17.3)	103.2 (14.3)	104.5 (13.0)
Post-Empathy		109.0 (14.7)	112.0 (12.2)

Note. Between Groups Pretest Multivariate, $F(8, 510) = 1.48$, $p = .16$; Between Groups Posttest Multivariate, $F(4, 256) = 2.41$, $p < .05$; Between Groups Univariate Rape Myth Acceptance, $F(2, 258) = 3.53$, $p < .05$; Pairwise comparisons showed that the bystander group had lower rape myth acceptance than the control group ($p < .01$). Between Groups Univariate Rape Survivor Empathy, $F(2, 258) = 2.61$, $p < .05$; Pairwise comparisons showed that the bystander group had significantly more empathy toward female rape survivors post program than the control group ($p < .05$); Within Groups Multivariate Bystander Group, $F(4, 71) = 32.16$, $p < .001$; Univariate Rape Myth Acceptance $F(1, 74) = 113.49$, $p < .001$; Univariate Survivor Empathy $F(1, 74) = 58.92$, $p < .001$; Within Groups Multivariate Consent Group $F(4, 93) = 26.74$, $p < .001$; Univariate Rape Myth Acceptance $F(1, 96) = 84.06$, $p < .001$; Univariate Survivor Empathy $F(1, 96) = 23.20$, $p < .001$.

TABLE 3.
Significant Differences in Mean Rape Myth Acceptance Scores Across Groups on a Pretest and Posttest

	Control	Consent	Bystander
Pre– “She Asked For It” ^a	19.7 (7.8)	21.2 (7.8)	21.6 (8.0)
Post– “She Asked For It”		17.7 (8.5)	16.8 (6.7)
Pre– “She Lied” ^b	16.1 (6.0)	17.7 (6.7)	16.2 (5.8)
Post– “She Lied”		13.4 (6.3)	11.5 (5.0)
Pre– “It Wasn’t Really Rape” ^c	7.4 (3.5)	8.5 (3.8)	8.2 (3.6)
Post– “It Wasn’t Really Rape”		7.6 (3.9)	6.5 (2.5)

Note. Between Groups Pretest Multivariate, $F(14, 504) = 1.37, p = .162$; Between Groups Posttest Multivariate, $F(14, 506) = 3.57, p < .001$; Within Program Groups Multivariate $F(7, 252) = 37.32, p < .001$; Pairwise comparisons showed significant within group declines in the bystander group at ($p < .001$) for all subscales except “he didn’t mean to”; Pairwise comparisons showed significant within group declines in the consent group on all seven subscales ($p < .01$).

- ^a Significant differences occurred between posttests of program groups and the control group at the $p < .05$ level; pairwise comparisons showed differences between the control and consent group ($p < .05$) and the control and bystander group ($p < .01$).
- ^b Significant differences occurred between posttests of program groups and the control group at the $p < .001$ level; pairwise comparisons showed differences between the control and consent group ($p < .05$) and the control and bystander group ($p < .01$).
- ^c Significant differences occurred between posttest of program groups and the control group at the $p < .05$ level; the control and bystander group ($p < .05$) and the consent and bystander group ($p < .05$) both differed significantly from each other.

parisons showed that there were significant differences on the “she asked for it” scale between the control and consent group ($p < .05$) and the control and bystander group ($p < .01$). Significant differences on the “she lied” scale occurred between the control and consent group ($p = .001$) and the control and bystander group ($p < .001$). Significant differences on the “it wasn’t really rape” scale emerged between the control and bystander group ($p < .05$) and the consent and bystander group ($p < .05$), with the bystander group having lower rape myth acceptance than both the consent and control group.

A MANOVA with program group (bystander or consent) and testing occasion

(pretest or posttest) was computed to determine whether participants who saw a program experienced a change in their rape myth acceptance along the seven subscales from pre- to posttest. The MANOVA revealed multivariate significance for change in the seven dependent variables, with a significant decline in rape myth acceptance from pre- to post-testing, $F(7, 252) = 37.32, p < .001$, with a medium effect size (partial $\eta^2 = .51$). Univariate effects were significant for all seven subscales from pre- to posttest ($p < .001$). For participants in the bystander program, there was multivariate significance for a decline in rape myth acceptance, $F(7, 68) = 21.76, p < .001$, with a medium to high effect size

(partial $\eta^2 = .69$). Significant declines emerged on six of the seven subscales at the $p < .001$ level (“she asked for it,” “she wanted it,” “rape is a trivial event,” “she lied,” “rape is a deviant event,” and “it wasn’t rape”). There was not a significant decline in “he didn’t mean to” for the bystander group. For participants in the consent program, there was multivariate significance for a decline in the seven subscales for rape myth acceptance, $F(7, 90) = 15.99$, $p < .001$, with a medium effect size (partial $\eta^2 = .55$). Significant declines emerged on all seven subscales at the $p < .01$ level.

DISCUSSION

After seeing *The Men’s Program* (Foubert, 2005), participants saw one of two additional training modules that dealt with either bystander intervention in situations involving alcohol or defining consent in situations involving alcohol. We sought to identify the effects of these two additions on fraternity men and improve on the methodology used in previous studies of rape prevention programs.

We expected each program version to have significant effects on participants and to have an impact that significantly differed from an untreated control group. Both program versions (defining consent and bystander intervention) significantly impacted participants in the predicted directions. Evidence was stronger for the impact of the program that contained *The Men’s Program* with an additional element on alcohol and bystander intervention than the same program that included an added portion on alcohol and defining consent. This evidence in favor of the bystander program was particularly clear when comparing posttest findings to the control group, as discussed below.

Participants in both program groups experienced significant within group changes

in all four dependent variables. These changes included significant decrements in rape myth acceptance, likelihood of raping, and likelihood of committing sexual assault and a significant increase in empathy toward survivors. Thus, as predicted, both program versions resulted in the hypothesized changes on all dependent variables.

Compared to the control group, participants in the bystander intervention group had significantly lower likelihood of committing sexual assault, lower rape myth acceptance, and higher empathy toward rape survivors. Although the bystander group experienced a significant decline in their likelihood of raping from pre- to posttest, the bystander group did not significantly differ from the control group on their likelihood of raping posttest.

Compared to the control group, participants in the defining consent group had a significantly lower likelihood of committing sexual assault. Although the defining consent group experienced a significant decline in their likelihood of raping and rape myth acceptance, and a significant increase in empathy from pre- to posttest, they did not significantly differ from the control group on these variables at the posttest.

It appears that the evidence is stronger for the bystander intervention program version given that they differed significantly in predicted directions on their likelihood of committing sexual assault, rape myth acceptance, and empathy toward rape survivors, whereas the consent group only differed from the control group on their likelihood of committing sexual assault. This finding is logical given that the bystander intervention portion approached men as potential helpers, in accordance with belief system theory and prior research (Grube et al., 1994; Scheel et al., 2001), instead of approaching them as

potential rapists. The findings herein support the conclusions of Scheel et al. that rape prevention programs should avoid accusatory tones toward the audience and instead should identify positive roles for them to play.

The benefit of using the bystander version over the consent version may also indicate that participants found the information more relevant, in line with the elaboration likelihood model. Based on our findings, we hypothesize that more men see themselves as potential bystanders to other's misbehavior than see themselves as in need of learning more about consent for their own encounters. Further research asking participants to experience and give their reactions to each new training module could clarify this issue.

An examination of changes in subscale scores of rape myth acceptance revealed that participants in both the defining consent and bystander intervention groups experienced declines in most if not all clusters of rape myths. Specifically, the defining consent group experienced declines in all seven clusters. The bystander intervention group experienced declines in every area except the "he didn't mean to" cluster. When compared to the control group, participants in the defining consent group were less likely to believe myths in two clusters: the "she asked for it" and "she lied" clusters. Participants in the bystander group also differed from the control group on these two clusters. In addition, the bystander group had significantly lower belief in a third cluster of rape myths, the "it wasn't really rape" cluster, than both the control group and the defining consent group. Thus, there is strong evidence for declines resulting from both programs in the "she asked for it" and "she lied" clusters. There is also strong evidence for declines resulting from the bystander intervention program for the "it wasn't really rape" cluster. In addition, significant within-group

declines for most remaining clusters provide evidence for programmatic impact.

With regard to rape myths, the strongest evidence seems to favor the bystander intervention approach over the defining consent approach, though both yielded predicted results. The fact that participants in the bystander program group had significantly lower belief in rape myths in the "it wasn't really rape" cluster is noteworthy, given that believing these myths and conveying that belief to rape survivors can be damaging. One of the best means of support that friends can provide to a survivor is to help determine how to identify what occurred so that the survivor can begin recovery (Warshaw, 1994). If others believe that what happened "wasn't really rape," they are less likely to be supportive of the survivor. In addition, if men cannot identify what rape really is and is not, one could reasonably assume that it would hamper their decisions during intimate encounters. Thus, the fact that the bystander group outperformed the consent and control group in this context adds further support to the advantage of the bystander program over the consent program.

Assessing change in likelihood of committing sexual assault provided useful information not included in prior studies. In addition, it appears that using the item assessing likelihood of committing sexual assault provided a broader estimate of program impact. Both likelihood of raping and likelihood of committing sexual assault were assessed on a 1 to 7 scale, with one indicating no likelihood at all. Men who report some degree of likelihood of committing sexual assault are considered to be in a "high risk" category for committing acts of sexual violence. In the present study 70% of participants indicated no likelihood of committing sexual assault; for rape, 87% indicated no likelihood. Conversely, 30% of

program participants were high risk by indicating some likelihood of committing sexual assault; 13% indicated some likelihood of committing rape. Most of these degrees of likelihood were toward the lower end of the scale (indicating a low likelihood). Thus it would be erroneous to say that 30% of men are likely to commit sexual assault and 13% are likely to commit rape. However, it is accurate to say that these proportions of men indicate some degree of likelihood.

What is particularly interesting is that when these high-risk men are examined, a large proportion of each group reports dramatic changes. Of the 30% of men who reported a likelihood of committing sexual assault, 73% reported a lower likelihood of committing sexual assault after participating in either version of *The Men's Program* (Foubert, 2005), with 62% of that 30% high-risk group reporting absolutely no likelihood of committing sexual assault after program participation. Coincidentally, the exact same results were found for those indicating some likelihood of raping: 73% reported a lower likelihood of raping after program participation with 62% reporting no likelihood at all.

There are several implications of the current study. First, it seems that results show that both program versions had powerful impacts on fraternity men. On balance, it seems that the version of *The Men's Program* with an added alcohol and bystander intervention component has a stronger impact than the program ending with a discussion on alcohol and defining consent. This difference is particularly evident when one looks closely at the post program differences between groups. Therefore, the former approach is recommended over the latter. However, caution should be used in making this conclusion given that the control group, though statistically equivalent with other

groups at pretest, did have lower scores on rape myth acceptance, likelihood of raping, and likelihood of committing sexual assault than the other groups. Had the control group not started out lower than the two program groups, the changes in the consent group scores may have significantly differed from the control group, as was the case when comparing the control group to the bystander group.

It is particularly interesting to look at the stronger results of the bystander program in light of previous research. Our bystander program included a portion in which men were asked to imagine a woman they know being raped, and a man noticing the event as a bystander and doing nothing about it. Prior research has found that, when men are asked to think about a woman they know being raped, the results are actually counter-productive, with increases in rape myth acceptance and/or likelihood of raping being the result (Schewe, 2002). In the present study, we asked men to think about the rape of a female from a bystander perspective, and we did this after men learned more of what rape might feel like by seeing a male-on-male rape video. Based on this finding, we hypothesize that men are better able to achieve desirable results from contemplating a woman being raped only after hearing about male-on-male rape and only when men contemplate a male-on-female rape from the bystander approach used in this study. It would be useful to test this hypothesis in future studies.

Another implication of the present study is that rape prevention programmers can, under the right circumstances, effectively use discussions of male-on-male rape to foster men's empathy toward female rape survivors. It is noteworthy that use of a situation involving a man as a survivor can be effectively translated by skilled presenters to help men understand women's experiences. It is also

noteworthy that the bystander group had the most empathy toward survivors. This may be due in part to the way in which the bystander group was asked to think about a man raping a woman they know and another man doing nothing about it. This section of the bystander portion may have constituted an additional empathy manipulation. Further research would be useful to clarify this issue.

Given prior research suggesting that fraternity culture includes group norms that reinforce within-group attitudes perpetuating sexual coercion against women (Boswell & Spade, 1996), the signs of the success of this particular program are particularly powerful. As new cultural norms exert influences on other men's behavior within fraternities, it stands to reason that men who experience change resulting from this program can have desirable influences on other brothers in their chapter, leading to a more sustained and pervasive programmatic effect.

The present study was limited by several factors. First, the participants all attended the same institution and were all members of fraternities. In addition, the vast majority were White students. Caution should be used in generalizing the results to other populations. Future research with a population of men who are not in fraternities and a more racially diverse sample would be very useful. In addition, because the control group began with likelihood of raping scores that were so low, floor effects precluded a finding of significant differences between the control and program groups on posttest likelihood of raping. Another limitation is that the present study only included the immediate impact of the programs studied. It would be even more useful to know whether any long-term impact resulted. As with any study with self-report measures, caution should be taken in inter-

preting the results as participants may have been motivated to either please the experimenter or to hide illegal behavior when completing measures of such sensitive subject matter.

Ultimately, the present study helped answer several questions about the impact of different approaches to rape prevention on multiple outcome measures. Knowing that a discussion of male-on-male rape can facilitate men's empathy with female survivors provides a significant piece of new information as effective programs are developed for decreasing the incidence of rape and sexual assault. In addition, the present study was able to identify a larger group of high-risk men than previously measured, consisting of those not only with some likelihood of raping but also those with degree of likelihood of committing sexual assault. Knowing that these high-risk men can have their likelihood of offending reduced to no likelihood offers great promise for rape prevention educators. The fact that the present study involved members of all fraternities on a campus, instead of just one third of fraternity men evaluated by previous studies (Foubert, 2000), is another methodological advance. Still, data on a more diverse sample of college men and data collected over time would be of even greater value. In particular, the literature still awaits empirical evidence of changes in sexually coercive behavior resulting from rape prevention efforts. Every effort possible should be made to reach this goal in order to decrease the pain and suffering experienced by people who are raped on our nation's campuses and beyond.

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REFERENCES

- Abbey, A., Clinton-Sherrrod, A. M., McAuslan, P., Zawacki, T., & Buck, P. O. (2003). The relationship between the quantity of alcohol consumed and the severity of sexual assaults committed by college men. *Journal of Interpersonal Violence, 18*(7), 813-833.
- Abbey, A., McAuslan, P., Zawacki, T., Clinton, A.M., & Buck, P. O. (2001). Attitudinal, experimental, and situational predictors of sexual assault perpetration. *Journal of Interpersonal Violence, 16*(8), 784-807.
- Bernat, J. A., Calhoun, K. S., & Stolp, S. (1998). Sexually aggressive men's responses to a date rape analogue: Alcohol as a disinhibiting cue. *Journal of Sex Research, 35*(4), 341-348.
- Boeringer, S. B. (1999). Associations of rape-supportive attitudes with fraternity and athletic participation. *Violence Against Women, 5*(1), 81-90.
- Boswell, A. A., & Spade, J. Z. (1996). Fraternities and collegiate rape: Why are some fraternities more dangerous places for women? *Gender & Society, 10*(2), 133-147.
- Brecklin, L. R., & Forde, D. R. (2001). A meta-analysis of rape education programs. *Violence and Victims, 16*, 303-321.
- Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology, 33*, 217-230.
- Capaldi, D. M., Dishion, T. J., Stoolmiller, M., & Yoerger, K. (2001). Aggression toward female partners by at-risk young men: The contribution of male adolescent friendships. *Developmental Psychology, 37*(1), 61-73.
- Carr, J. L., & VanDeusen, K. M. (2004). Risk factors for male sexual aggression on college campuses. *Journal of Family Violence, 19*(5), 279-289.
- Choate, L. H. (2003). Sexual assault prevention programs for college men: an exploratory evaluation of the men against violence model. *Journal of College Counseling, 6*, 166-176.
- Dietz, S., Blackwell, K., Daley, P., & Bently, B. (1982). Measurement of empathy toward rape victims and rapists. *Journal of Personality and Social Psychology, 43*, 372-384.
- Douglas, K. A., Collins, J. L., Warren, C., Kann, L. Gold, R., Clayton, S., et al. (1997). Results from the 1995 national college health risk behavior survey. *Journal of American College Health, 46*, 55-66.
- Eby, K. K., Campbell, J. C., Sullivan, C. M., & Davidson, W.S. (1995). Health effects of experiences of sexual violence for women with abusive partners. *Health Care for Women International, 16*(6), 563-576.
- Fisher, B. S., Cullen, F. T., & Turner, M. G. (2000). *The sexual victimization of college women*. Washington, DC: National Institute of Justice, U.S. Department 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. (2005). *The Men's Program: A peer education guide to rape prevention* (3rd ed.). New York: Routledge.
- 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., Garner, D. G., & Thaxter, P. J. (in press). An exploration of fraternity culture: Implications for decreasing alcohol-related sexual assault. *College Student Journal*.
- Foubert, J. D., & LaVoy, S. L. (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., & 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., & Perry, B. C. (in press). Creating lasting attitude and behavior change in fraternity men and male student athletes: The qualitative impact of an empathy based rape prevention program. *Violence Against Women*.
- Grube, J. W., Mayton, D. M., & Ball-Rokeach, S. J. (1994). Inducing change in values, attitudes, and behaviors: Belief system theory and the method of value self-confrontation. *Journal of Social Issues, 50*, 153-173.
- Hepner, M. J., Humphrey, C. F., Hillenbrand-Gunn, T. L., & DeBord, K. A. (1995). The differential effects of rape prevention programming on attitudes, behavior, and knowledge. *Journal of Counseling Psychology, 42*, 508-518.
- Homes, M. M., Resnick, H. S., Kilpatrick, D. G., & Best, C. L. (1996). Rape related pregnancy: Estimates and descriptive characteristics from a national sample of women. *American Journal of Obstetrics and Gynecology, 175*, 320-324.
- Larimer, M. M., Lydum, A. R., Anderson, B. K., & Turner, A. P. (1999). Male and female recipients of unwanted sexual contact in a college student sample: Prevalence rates, alcohol use, and depression symptoms. *Sex Roles, 40*(3/4), 295-308.
- Malamuth, N. M. (1981). Rape proclivity among males. *Journal of Social Issues, 37*, 138-157.
- Malamuth, N. M. (1989). The attraction to sexual aggression scale: Part one. *Journal of Sex Research, 26*, 26-49.
- Mohler-Kuo, M., Dowdall, G. W., Koss, M. P., & Wechsler, H. (2004). Correlates of rape while intoxicated in a national sample of college women. *Journal of Studies on Alcohol, 9*, 37-43.
- NO MORE—National Organization of Men's Outreach for Rape Education Inc. (Producer). (2000). *The Police Rape Training Video* [Motion picture]. (Available from NO MORE, William and Mary School of Education, Jones 320, P.O. Box 8795, Williamsburg, VA 23187-8795.)
- Norris, J., George, W. H., Davis, K. C., Martel, J., & Leonesio, R. J. (1999). Alcohol and hypermasculinity as determinants of men's empathic responses to violent pornography. *Journal of Interpersonal Violence, 14*(7), 683-700.
- O'Sullivan, C. (1991). Acquaintance gang rape on campus. In A. Parrot & L. Bechhofer (Eds.), *Acquaintance rape: The hidden crime* (pp. 140-156). New York: John Wiley & Sons.
- Ouitmette, P. C., & Riggs, D. (1998). Testing a mediational model of sexually aggressive behavior in nonincarcerated perpetrators. *Violence and Victims, 13*, 117-130.
- Payne, D. L., Lonsway, K.A., & Fitzgerald, L. F. (1999). Rape myth acceptance: Exploration of its structure and its measurement using the Illinois rape myth acceptance scale. *Journal of Research in Personality, 33*, 27-68.

- Petty, R. E. & Cacioppo, J. T. (1986). *Communication and persuasion: Central and peripheral routes to attitude change*. New York: Springer-Verlag.
- Rennison, C. M. (2002). National crime victimization survey, criminal victimization 2001: Changes 2000-2001 with trends 1993-2001 (NCJ 187007). Washington, DC: U.S. Government Printing Office.
- Resnick, H. S., Acierno, R., & Kilpatrick, D. G. (1997). Health impact of interpersonal violence: Medical and mental health outcomes. *Behavioral Medicine, 23*, 65-78.
- Scheel, E. D., Johnson, E. J., Schneider, M., & Smith, B. (2001). Making rape education meaningful for men: The case for eliminating the emphasis on men as perpetrators, protectors, or victims. *Sociological Practice: A Journal of Clinical and Applied Sociology, 3*(4), 257-278.
- Schewe, P. A. (2002). Guidelines for developing rape prevention and risk reduction interventions. In P. A. Schewe (Ed.), *Preventing violence in relationships: Interventions across the life span* (pp.107-136). Washington, DC: American Psychological Association.
- Schewe, P. & O'Donohue, W. (1993). Rape prevention: Methodological problems and new directions. *Clinical Psychology Review, 13*, 667-682.
- Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. E. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, suicidality. *The Journal of the American Medical Association, 286*(5), 572.
- Warshaw, R. (1994). *I never called it rape*. New York: HarperCollins.