

The Evaluation of a Sexual Assault Risk Reduction Program: A Multisite Investigation

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This article summarizes the results of the Ohio University Sexual Assault Risk Reduction Project, which is a program designed to reduce college women's risk for sexual assault. The program was evaluated at 2 separate universities with 762 women. Participants were randomly assigned either to the program or to the no-treatment comparison group, and they completed measures that assessed sexual victimization, dating behaviors, sexual communication, and rape empathy at the pretest and at the 2-month and 6-month follow-ups. At the 2-month follow-up, there were no differences between the groups on any of the outcome measures. However, those women who were moderately victimized during the 2-month follow-up were significantly less likely to be revictimized during the 6-month follow-up period if they participated in the program.

Federal mandates require that all colleges and universities offer sexual assault prevention programming (National Association of Student Personnel Administrators, 1994); however, little research has been conducted to document their effectiveness. Whereas the majority of programs have focused on rape-related attitudes and cognitions (see Breitenbecher, 2000, for a review), with only a few exceptions (e.g., Hanson & Gidycz, 1993), program evaluators have not assessed self-reported sexual victimization and aggression in participants.

Gidycz and colleagues have systematically developed sexual assault prevention and risk reduction programs and evaluated their impact on both attitudes and behavior (Breitenbecher & Gidycz, 1998; Gidycz et al., 2001; Hanson & Gidycz, 1993; Pinzone-Glover, Gidycz, & Jacobs, 1998), and the results have been mixed. Although an initial study (Hanson & Gidycz, 1993) of college women found that the program was effective in decreasing sexual assault among women with no history of sexual assault, the pro-

gram was not effective for women who had a history of sexual assault. However, when the program was modified to provide additional information that was specifically tailored to sexual assault survivors, it was found to be ineffective for both women with and without assault histories (Breitenbecher & Gidycz, 1998). Subsequent programming that targeted both men and women together found that a 1-hr rape prevention program had a positive effect on the acceptance of rape myths in both men and women (Pinzone-Glover, Gidycz, & Jacobs, 1998); however, a follow-up study (Gidycz et al., 2001) indicated that the program did not affect either self-reported sexual aggression in men or rates of sexual victimization in women. The program evaluation form of the latter study indicated that, although the program was rated quite positively, the majority of participants believed that the information did not apply specifically to them.

The purpose of the present study was to further revise our risk reduction program by increasing the saliency and personal relevance of the information presented to the participants. Furthermore, because women with assault histories are approximately twice as likely to be sexually assaulted as are women without assault histories (Gidycz, Hanson, & Layman, 1995) and because a risk reduction program was found to be differentially effective for women as a function of assault history (Hanson & Gidycz, 1993), we explored whether past history of victimization in program participants was related to outcome. Our design incorporated both a 2-month follow-up and a 6-month follow-up that enabled us to explore rates of victimization and revictimization and investigate the program's effectiveness over time. With a few exceptions (e.g., Heppner, Neville, Smith, Kivlighan, & Gershuny, 1999),

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studies have been limited to follow-ups that have taken place within 2 months following the program.

Consistent with our past programming, the program used in the present study utilized a social learning model emphasizing the identification of risky situations and coping by incorporating role-plays and modeling into discussions. We have also incorporated elements of attitude and behavioral change consistent with the elaboration likelihood model (ELM; Petty & Cacioppo, 1986) and the health belief model (Hochman, 1958). In accordance with the ELM, our program was designed to maximize central route processing by increasing the persuasiveness and personal relevance of the message to the participants and by motivating them to actively participate in the program. Central route processing is hypothesized to lead to more stable attitude and behavioral change compared with peripheral route processing, wherein participants attend to peripheral cues such as the perceived attractiveness or expertness of the person giving the message rather than to its central content. The health belief model also addresses issues of personal saliency by suggesting that the likelihood of an individual's taking action is a function of the interaction between his or her perceived vulnerability and the seriousness of the threat and the individual's belief that he or she can overcome the threat.

The goals of the present study were to evaluate the effectiveness of this revised program with respect to participants' feelings of rape empathy, self-blame, dating behaviors, sexual communication, sexual victimization, and revictimization. We presented the revised program solely to women, in the hope that this would further increase participants' willingness to engage in role playing and discussions, and to increase participants' perceptions that the information applied to them. In addition to assessing sexual victimization and revictimization, other methodological strengths of our study included the random assignment of participants to either the risk reduction program or the control group, the use of a 6-month follow-up to assess the stability and pattern of change over time, and an analysis of how central and peripheral processing variables were related to program outcome.

Method

Participants

We recruited 762 women from the psychology department participant pools at two large universities. Introductory psychology students were selected because they are representative of the student population and most are in the age group of individuals at the highest risk for sexual assault (Koss, Gidycz, & Wisniewski, 1987). Data were collected during 1 academic year at these two universities (Site A and Site B) at three times: pretest and 2 and 6 months following the program. Of the 762 women who attended the first survey, 98% ($n = 752$) returned for the 2-month follow-up and 80% ($n = 532$) of the eligible women returned for the 6-month follow-up.¹ Chi-square analyses revealed that there were no significant differences in the dropout rates between the two sites or on any of the pretest variables, including past history of victimization. Table 1 summarizes the demographic characteristics for the sample.²

Risk Reduction Program

The Ohio University Sexual Assault Risk Reduction Program is a 3-hr one-session multimedia interactive presentation for women. The program's goals include increasing women's awareness of sexual assault risk and assertive defensive behaviors, reducing victim blaming, encouraging

women survivors to get help, and decreasing a woman's risk of victimization and revictimization.

The program begins with a didactic presentation of information on sexual assault that includes local statistics to make women aware of both the global problem of sexual assault as well as their own personal risk. Following this, the first video, "I Thought it Could Never Happen to Me" (Gidycz, Dowdall, et al., 1997), which consists of a series of interviews with seven college student rape survivors, is presented and risk factors are highlighted. Both of these components attempt to stimulate central processing by personalizing the information and encouraging active and personal discussion. The second video, "Sexual Assault Risk Factors: A Training Video" (Gidycz, Loh, et al., 1997), which depicts a date rape scenario and highlights risk factors, is presented. Consistent with a social learning framework, following the tape, role-plays are used to model protective behaviors that could have been used in the date rape scenario depicted on the tape. The program concludes with a handout and discussion of resistance strategies. To facilitate central route processing, both videos incorporated small group and large group discussion in which women are encouraged to develop and share risk reduction and resistance strategies and skills. In accordance with the health belief model, the videos also highlight personal risks for sexual assault while providing women with risk reduction strategies and skills.

Women graduate students led the program groups, and the principal investigators of the project trained and provided direct supervision for the program leaders. Twenty percent of the programs were videotaped and then rated by two graduate student raters on 57 criteria that reflected fidelity to the treatment protocol. Results indicated that leaders at both sites met over 95% of the fidelity criteria for both raters.

Measures

The Rape Empathy Scale (Deitz & Byrnes, 1981) was used to assess the degree to which participants empathized with either the rape victim or the offender. The Rape Empathy Scale has 19 items and each contains two statements, one that represents greater empathy with the victim and one that indicates more empathy with the rapist. Participants chose the statement in each item that they agreed with more and indicated the degree of preference for that chosen statement over the other on a 7-point scale, ranging from 1 (*strong preference*) to 7 (*no preference*). The Dating Behavior Survey (Hanson & Gidycz, 1993) assessed the frequency with which participants engaged in certain dating behaviors shown in the literature to be associated with acquaintance rape on a 7-point scale ranging from 1 (*never*) to 7 (*always*). Higher scores are indicative of riskier dating behaviors, such as greater alcohol use. Four internally consistent items (Cronbach's $\alpha = .98$) were taken from the Sexual Communication Survey (Hanson & Gidycz, 1993) and summed to obtain a measure of participants' perceptions of the accuracy of their communications in a dating situation.

¹ The design was cross-sequential, combining cross-sectional and longitudinal components. At Site A, two different groups participated in the study. One group began the study during the fall quarter and the other began the study at the beginning of the winter quarter. Both groups were available for the 2- and 6-month follow-ups. At Site B, which functioned on a semester system, one group began the study during fall semester and then was reassessed 2 and 6 months later. The fourth group began the study during spring semester and, thus, was only available for the 2-month follow-up (because of summer vacation). Collapsing across sites for the 2-month follow-ups, data indicated that approximately 17% of the participants were sexually assaulted in the fall, 22% during the winter, and 15% during the spring. These rates were not significantly different.

² Chi-square analyses revealed significant differences between the two sites in the participants' years in school, ethnicity, religious affiliations, and family incomes.

Table 1
Demographic Information of Participants

Variable	Site A (%)	Site B (%)
Age (years)		
18	74.0	72.9
19	16.5	16.7
20	5.6	5.1
21	2.3	2.4
Over 21	0.9	1.3
Marital status		
Single	99.5	99.4
Married	0.2	0.3
Separated	0.0	0.0
Divorced	0.2	0.3
Year in school		
Freshman	81.2	71.9
Sophomore	14.7	18.3
Junior	3.3	3.2
Senior	0.9	3.5
Ethnicity		
Caucasian	93.7	64.0
African American	3.0	5.1
Hispanic	1.9	6.3
Asian (or Pacific Islander)	1.2	24.4
Native American (or Alaska Native)	0.2	0.3
Religious affiliation		
Catholic	43.2	36.0
Protestant	19.7	11.2
Jewish	2.8	22.7
Other	23.2	16.5
None	11.1	13.6
Family income		
\$15,000 or less	3.0	9.8
\$15,001–\$25,000	6.0	10.1
\$25,001–\$35,000	14.4	13.6
\$35,001–\$50,000	22.1	19.9
Over \$50,000	54.4	46.6

The Sexual Experiences Survey (Koss & Oros, 1982) assessed sexual victimization history and victimizations during the follow-up periods. All instruments have good psychometrics.

Women who had victimization experiences were asked to rate on a 5-point scale two additional questions concerning the extent to which they felt that they or the offender were responsible for the assault. Finally, the participants assessed the program by answering 12 items about major components of the program. The questions were indicative of both central processing (e.g., whether they believed the program applied to them, interest in videos) and peripheral processing (e.g., helpfulness of the presenter) of the information presented.

Procedure

All participants received extra-credit points toward their Introductory Psychology course for participating in the pretesting and the 2-month follow-up sessions and \$15 for their participation in the 6-month follow-up. Participants were randomly assigned to the risk reduction program ($n = 395$) or the control group ($n = 357$). At pretest, participants answered the four questions from the Sexual Communication Survey, as well as took the Dating Behavior Survey, the Rape Empathy Scale, and the Sexual Experiences Survey. In addition, the participants in the treatment group received the risk reduction program. At the time of the 2-month and the 6-month follow-ups, participants filled out all the outcome measures again; however, in addition, participants were asked whether they had experienced any of the Sexual Experience Survey items during the interim period. Women who indicated a sexual victimization experience during the interim

period were asked to respond to the self- and offender-blame items. The t tests indicated that there were no significant differences at the time of the pretest between participants at the two sites on any variables; therefore, data from both sites were combined for analyses.

Results

Impact of the Program on Sexual Victimization and Revictimization

Sexual victimization during the 2-month follow-up period as a function of participation in the risk reduction program. We conducted a backward elimination log-linear analysis to examine whether there was an interaction between history of sexual victimization, treatment condition, and victimization during the 2-month follow-up period. Level of victimization was categorized into three levels—none, moderate (i.e., any victimization other than rape), or severe (i.e., a rape experience)—on the basis of the participants' experiences with sexual victimization either during adolescence or during the 2-month follow-up period. The best-fitting model included one significant two-way interaction between history of victimization and victimization during the 2-month follow-up period, $G^2(1, N = 740) = 73.75, p < .001$.

To investigate the nature of this significant interaction, we conducted chi-square analyses. Approximately 8% of women without a history of adolescent sexual victimization were victimized during the 2-month follow-up period; the majority (75%) of those victimized were moderately assaulted. However, of those women with a history of moderate or of severe sexual victimization experiences during adolescence, approximately 28% and 37%, respectively, were victimized during the 2-month follow-up period. The failure to find a significant interaction between treatment condition and victimization during the 2-month follow-up period suggests that the program was not effective in decreasing a woman's chances of being sexually assaulted during the initial follow-up period. Approximately 18% of the experimental group and 21% of the control group were victimized during the 2-month follow-up period.

Sexual victimization during the 6-month follow-up period as a function of participation in the risk reduction program. We conducted a second backward elimination log-linear analysis with the women who completed the 6-month follow-up to examine the relationships between history of victimization, victimization during the 2-month follow-up period, victimization during the 6-month follow-up period, and treatment condition. Victimization during the 2-month follow-up period was included as a predictor variable to assess whether the program had had an impact at the 6-month follow-up, that was independent of any impact that it may have had at the 2-month follow-up. The best-fitting model included a significant three-way interaction between victimization during the 2-month follow-up period, victimization during the 6-month follow-up period, and treatment condition, $G^2(1, N = 516) = 10.00, p < .05$. This finding indicates that the relationship between treatment condition and victimization during the 6-month follow-up period was dependent on victimization status during the 2-month follow-up period.

We conducted chi-square analyses to examine differences between the risk reduction and control groups with respect to victimization during the 6-month follow-up period for each of the

three levels of victimization severity identified at 2-month follow-up. The chi-squares conducted on women who were either not victimized or severely victimized during the 2-month period were not significant. Table 2 summarizes the significant chi-square analysis comparing women who were moderately victimized during the 2-month follow-up period, $\chi^2(2, N = 69) = 11.26, p < .01$. Of those women who had experienced victimizations other than rape during the 2-month follow-up period, women who had participated in the program were less likely to have been sexually assaulted during the 6-month follow-up period than were control group women. Specifically, of the women who were moderately victimized during the 2-month follow-up period, approximately 70% of the control group women and 30% of the risk reduction group women were revictimized during the 6-month follow-up period.

There were also two significant two-way interactions between history of victimization and victimization during the 2-month follow-up period, $G^2(1, N = 516) = 21.00, p < .001$, and victimization history and victimization at 6-month follow-up, $G^2(1, N = 516) = 34.30, p < .001$. Approximately 11% of women without a history of adolescent sexual victimization were victimized during the 6-month follow-up period, whereas 38% and 42% of women with histories of moderate or severe victimization experiences, respectively, were victimized during the 6-month follow-up period.

Impact of the Program on Dating Behaviors, Sexual Communication, and Rape Empathy

Three $2 \times 3 \times 3$ (Group \times Victimization Status at the 2-Month Follow-Up \times Time) repeated measures analyses of variance were conducted to assess whether group participation was related to changes in risky dating behaviors, sexual communication, or rape empathy across time. Because the log-linear analyses assessing sexual victimization as a function of group membership revealed an interaction between victimization status during the 2-month follow-up period, group membership, and victimization during the 6-month follow-up period, victimization status at the 2-month follow-up was included as an independent variable. Table 3 lists the means and standard deviations for the dependent variables.

For the Rape Empathy Scale, there was a Time \times Group interaction, $F(2, 499) = 6.87, p < .001$, that was qualified by the Group \times Time \times Victimization Status interaction at the 2-month follow-up, $F(2, 500) = 12.58, p < .0001$. We used Cicchetti's (1972) extension of Tukey's least significant difference test to examine interaction contrasts using an alpha level of .05. We conducted posttests for the experimental and control groups, comparing across time as a function of victimization status at the 2-month follow-up. The results revealed that for the control group,

women who were without a victimization experience during the 2-month follow-up period had been more empathic at the beginning of the study than were women who were either moderately or severely victimized during the 2-month follow-up period. Furthermore, women in the control group who were moderately and severely victimized during the 2-month follow-up period were more empathic at both the 2- and 6-month follow-ups than they had been at the beginning of the study. However, there were no significant differences in feelings of empathy toward rape victims for either the moderately or severely victimized control group women between the 2- and 6-month follow-ups.

For the experimental group, women who were severely victimized at the 2-month follow-up were less empathic at the 2- and 6-month follow-up than they had been at the beginning of the study. However, they were more empathic at the 6-month follow-up than they had been at the 2-month follow-up. Finally, severely victimized women at the 2-month follow-up were less empathic at the time of the 2-month follow-up assessment than were women who were moderately victimized during the 2-month follow-up period and those who were not victimized during the 2-month follow-up period; however, at 6-month follow-up, the severely victimized experimental group women did not differ significantly from the moderately victimized women. Thus, women who were severely victimized during the 2-month follow-up period appeared to decrease their feelings of rape empathy after an assault, and although their feelings increased over time, the severely victimized women were less empathic at the end of the study than were those experimental group women who had not been victimized. For the Dating Behavior Survey and the items from the Sexual Communication Survey, there were no significant main or interaction effects.

Self- and Offender-Blame Items

The *t* tests indicated that there were no differences in self- or offender-blame for those women victimized during the study in either the control or the experimental group at any time period.

The Relationship Between Perceptions of the Program and Sexual Victimization During the Follow-Up Periods

To assess the relationships between participants' perceptions of the program and their victimization during the 2- and 6-month follow-up periods, we examined the bivariate relationships between the 12 program evaluation items and participants' victimization during the 2- and 6-month follow-up periods, while we also controlled for past victimization experiences. We then computed odds ratios. The results for the 2-month follow-up data suggested that participants who indicated that they learned more from the program (odds ratio = .75, $p < .05$) and found the facilitators to be more helpful and interested (odds ratio = .69, $p < .05$) had lower odds of being victimized than did participants who evidenced less positive ratings on these two items. The results for the 6-month follow-up data suggested that participants who found the facilitators to be more helpful and interested (odds ratio = .66, $p < .05$) and who expressed a greater interest in the rape survivor video (odds ratio = .67, $p < .05$) had lower odds of being victimized than did participants who evidenced less positive ratings on these two items.

Table 2
Victimization at the 6-Month Follow-Up as a Function of Treatment Group for Participants Moderately Victimized During the 2-Month Follow-Up Period

Group	None		Moderate		Severe	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Experimental	22	68.8	7	21.9	3	9.4
Control	11	29.7	22	59.5	4	10.8

Table 3
Means for Sexual Communication, Dating Behavior, and Rape Empathy Scales as a Function of Treatment Group and Victimization During the 2-Month Follow-Up Period

Victimization level and group	Pretest		2-month follow-up		6-month follow-up	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Sexual Communication Scale						
No victimization						
Exp	6.47	12.09	6.18	11.98	6.61	12.57
Con	6.27	11.56	5.37	10.60	5.99	11.56
Moderate victimization						
Exp	6.07	8.86	6.22	8.36	7.53	11.15
Con	6.73	7.63	4.59	3.18	5.14	4.48
Severe victimization						
Exp	5.00	4.24	5.61	4.75	5.45	3.72
Con	4.79	2.64	4.95	2.90	4.33	3.03
Dating Behavior Scale						
No victimization						
Exp	3.86	2.27	3.88	2.18	3.97	2.25
Con	3.71	2.15	3.66	1.89	3.81	1.91
Moderate victimization						
Exp	3.51	1.51	3.66	1.50	3.90	2.00
Con	3.49	1.45	3.41	0.54	3.45	0.46
Severe victimization						
Exp	3.24	0.47	3.34	0.51	3.51	0.43
Con	3.47	0.50	3.60	0.65	3.77	0.61
Rape Empathy Scale						
No victimization						
Exp	113.27	12.35	116.08	14.98	116.66	13.14
Con	113.92	11.65	116.44	11.30	114.47	13.22
Moderate victimization						
Exp	115.28	13.05	113.45	15.59	115.78	12.00
Con	109.77	16.97	115.04	16.02	118.08	11.77
Severe victimization						
Exp	115.78	12.76	109.11	22.54	111.82	18.79
Con	108.74	16.03	114.96	12.76	114.22	11.87

Note. Exp = experimental group; Con = control group.

Discussion

The present study was a large scale, multisite, theoretically driven, sexual-assault-risk reduction intervention that randomly assigned participants to a treatment group or to a no-treatment control group, followed-up participants at multiple intervals, and secured information pertinent to actual reductions in sexual victimization. The results of the intervention were mixed. Whereas the program did not reduce a woman's risk over the first 2 months of this study, reductions (approximately 70% of the control group and 30% of the treatment group) in the risk for sexual revictimization were evident during the 6-month follow-up period for those women who had been moderately victimized during the 2-month follow-up period. Although it is possible that the program was only helpful to individuals subsequently victimized at a moderate level, another possibility, which can be evaluated in future research, is that the program prevented violence from continuing or escalating.

It is unclear why the program did not reduce sexual assault risk at the 6-month follow-up if participants had not been victims of sexual assault during the 2-month follow-up period. However, it is noteworthy that the women who were not victimized during the

2-month follow-up period also tended to be the women without any history of victimization and who, thus, were at the lowest risk of being victimized. Moreover, the women who were not victimized during the 2-month follow-up period were the least likely (approximately 16% for both treatment and control groups) to be victimized during the 6-month follow-up period. Given that the majority of the victimizations that took place during the 6-month follow-up period were classified as moderate victimizations, it is possible that the program reduced the risk for more serious future victimizations. Longer term follow-ups are needed to substantiate this hypothesis.

Thirty-seven percent of the women who were severely victimized during the 2-month follow-up period were women who had had a history of severe victimization prior to the study. Additionally, if participants were victims of rape during the 2-month follow-up period, the program did not reduce their risk for sexual revictimization during the 6-month follow-up period. It may be that the impact of the program was not sufficient to have an effect on this very-high-risk group of women. Indeed, the present program's effectiveness might have been limited by its brevity, given

Heppner et al.'s (1999) finding that long-term stable change in sexual assault risk is positively associated with the number of program sessions attended.

It would be of interest to ascertain whether additional sessions would, unlike our one-session intervention, yield evidence of changes in dating behaviors and sexual communication. We did, however, find that rape empathy interacted with the women's level of prior victimization. Specifically, for women with a moderate history of victimization prior to participating in the program, those in the risk reduction group became more empathic over time than those with a history of moderate victimization in the control group. For women who were severely victimized, however, those in the control group became more empathic over time than those women who were in the risk reduction group. It is unclear why the control group women evidenced such an increase in empathy. It is important to note, however, that the risk reduction group women who were severely victimized started out more empathic than did the control women and that they changed very little over time. Although data indicated a fluctuation in victim empathy, there were no observed changes in self-blame.

Our intention was to develop an intervention that reduced sexual assault risk compared with a no-treatment control group; however, we were only partially successful. We believe it is imperative to refine and strengthen our existing program and to demonstrate its efficacy relative to no treatment before efforts are made to dismantle the procedure and compare it with alternative treatments.

Our present study provides some indications of how to accomplish this goal. Consistent with Heppner, Humphrey, Hillenbrand-Gunn, and DeBord's (1995) contention that central route processing is associated with program effectiveness, we found that variables relevant to such processing (i.e., learned more, interested in video) were associated with reductions in sexual assault risk. However, we also found that peripheral route processes (i.e., facilitators were helpful and interested) contributed to reduction in risk for sexual assault at both the 2- and 6-month follow-ups. The finding that both central and peripheral variables were correlated with treatment outcome implies that future programs ought to maximize the personal relevance and saliency of the information presented and ensure that the information is presented by individuals who are perceived by participants as helpful and interested. Research that establishes the psychometric properties of theoretically derived measures of central and peripheral processing is necessary before firm conclusions can be drawn about the attribution of posttreatment change to these mechanisms of information processing. To assure firm conclusions, it is also important to have a sample of sufficient size to ensure statistical power. Despite the large scale, multisite nature of the present study, the size of some cells was small, thereby limiting the likelihood of obtaining meaningful between-group differences.

Our findings imply that programs targeting college student populations may not be enough by themselves to reduce a woman's risk for sexual victimization. Given that the program had an effect on rates of sexual revictimization, these programs may serve as a catalyst to reduce a woman's risk for sexual assault. Because the goal of reducing a woman's immediate risk for sexual assault was not met, further attention needs to be devoted to the processes through which sexual assault risk reduction programs impact rates of sexual victimization.

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