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The Influence of Normative Feedback and Expectancy Violation on Attitudes Related to Sexual Assault

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THE INFLUENCE OF NORMATIVE FEEDBACK AND EXPECTANCY VIOLATION ON ATTITUDES RELATED TO SEXUAL ASSAULT

by

STEPHANIE CHASTANG

(Under the Direction of Amy A. Hackney)

ABSTRACT

Sexual assault is a complex problem, and there is no set of best practices for sexual assault prevention and education programs. Social norms marketing and expectancy violations, however, have been proposed to be influential factors that may aid in increasing prosocial attitudes related to sexual assault. Therefore, the purpose of this study was to evaluate the potential effect of social norm feedback and expectancy violations on attitudes related to sexual assault and bystander intervention. Participants in the study included 244 undergraduate and graduate students who completed an experiment embedded in an online survey. Results indicated that there were no significant effects of expectancy violation or social norm feedback on participants' bystander attitudes, perceptions of peers' bystander attitudes, behavioral intent to help, or acceptance of rape myths. Overall, bystander attitudes were significantly associated with perceptions of peers' bystander attitudes and rape myth acceptance. The results also revealed some unique correlational patterns between bystander attitudes, perceptions of peers' bystander attitudes, and rape myth acceptance within each level of the independent variable. Theoretical and practical implications for these findings are discussed in detail.

INDEX WORDS: sexual assault, bystander intervention, social norms, expectancy violation

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ATTITUDES RELATED TO SEXUAL ASSAULT

by

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DEDICATION

"Perhaps most important, we need to keep saying to anyone out there who has ever been assaulted: you are not alone. We have your back. I've got your back."

- President Barack Obama, January 24, 2014

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It is with great excitement that I sit down to compose this acknowledgements section, as this is my final labor of love on such a significant project.

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CHAPTER 1: INTRODUCTION

Statement of the Problem

Approximately 12.3% of women report experiencing completed forced penetration at some point in their life, which includes rape through physical force and/or through threats of harm (Black et al., 2011). Additionally, about 8.0% of women report experiencing alcohol/drug facilitated rape in their lifetime, which includes rape when the survivor is drugged, passed out, and/or intoxicated and unable to give consent (Black et al., 2011). Overall, nearly 22 million women and 1.6 million men report experiencing completed or attempted rape in their lifetime, indicating that women are at a higher risk of victimization than men (Black et al., 2011). A large percentage of these rape incidents appear to occur relatively early in life. Specifically, approximately 80% of female sexual assault survivors experienced their first rape before the age of 25 (Black et al., 2011). Overall, college women experience a higher frequency of sexual victimization than women who are not in college, which suggests that prevention efforts are needed and necessary on college campuses (Gonzalez, Schofield, & Schmitt, 2005).

Much research has been conducted on sexual assault on college campuses due to the high risk that is associated with this population. A study on campus sexual assault found that 19% of undergraduate women experienced an attempted or completed sexual assault since entering college (Krebs, Lindquist, Warner, Fisher, & Martin, 2009). In a national study, approximately 300,000 women enrolled in college in 2007 reported being raped within a one-year span, which was just over 5% of female college students at the time (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). More recently, a report released by the White House Council on Women and Girls stated that one in five women are sexually assaulted in college, indicating

that sexual assault and rape continues to occur at alarmingly high rates across college campuses (The White House, 2014).

The potential consequences of rape on survivors include negative outcomes on physical health, psychological well-being, and academic performance (McMahon & Banyard, 2012). There are also severe negative outcomes for perpetrators of sexual assault. According to Georgia law, a felony conviction of rape carries a minimum prison sentence of 25 years and a maximum sentence of death or life imprisonment (Ga. Code Ann. § 16-6-1, 2013). Specifically, Georgia Code dictates that:

A person convicted of the offense of rape shall be punished by death, by imprisonment for life without parole, by imprisonment for life, or by a split sentence that is a term of imprisonment for not less than 25 years and not exceeding life imprisonment, followed by probation for life. (Ga. Code Ann. § 16-6-1, 2013)

Consequently, the repercussions of sexual assault can be significant for both the survivors and perpetrators. Given the significant consequences of committing this crime and the high rate at which it occurs, research efforts have consistently attempted to increase insight into the nature of sexual violence and the social factors that perpetuate this crime.

The prevalence and significance of sexual violence, especially on college campuses, has continued to generate a need for sexual assault education programs, prevention efforts, and research on the risk and protective factors related to sexual assault. Despite research efforts to reduce sexual victimization, sexual violence research has struggled to create prevention programs with empirical evidence of their efficacy in reducing sexual assault (Tharp et al., 2011). A common goal of prevention and education efforts today is to identify ways to decrease college students' risk of experiencing or committing sexual assault. However, the majority of

sexual assault prevention and education programs have generally not been successful in changing beliefs, behaviors, or attitudes over a long duration of time (Banyard, 2009; Lonsway et al., 2009). Furthermore, although previous prevention efforts have been important, they have primarily focused on potential perpetrators, failing to take into account the social and situational factors that also may help prevent sexual assaults.

Overall, prevention efforts on college campuses greatly differ, with no consensus as to the most effective policies, protocols, or approaches (McMahon & Banyard, 2012). In addition, there is little existing research or empirical efficacy for best practices in sexual assault prevention. The lack of long-term efficacy for sexual assault prevention programming and a lack of consensus regarding the best practices for prevention have resulted in an increased need for further empirical evaluation of rape prevention programs and the continued development of program content that is rooted in strong theoretical literature.

Institutions of higher learning are obligated to learn and implement best practices for preventing and responding to rape and sexual assault. In fact, the U.S. government has recognized the importance of sexual assault prevention and education by requiring college campuses to strengthen their prevention and response plans for sexual assault (Gonzalez et al., 2005). Title IX under the Violence Against Women Reauthorization Act of 2013 requires all college campuses that receive federal funding to implement sexual assault programming and to provide students with a response plan after a sexual assault has been reported. Sexual assault prevention advocates have lamented, however, that the majority of schools spend their money on response to sexual violence, with too little invested in sexual violence prevention. In response to this issue, a larger focus on primary prevention for sexual assault has been suggested.

A January 2014 report from the White House Administration called for renewed action on college campuses toward changing the culture that allows sexual assault to persist (The White House, 2014). The Administration also called for bystander education that will teach individuals to step in and stop sexual violence from occurring (The White House, 2014). Along with the White House Administration, sexual assault advocates and representatives from the Association of Title IX Administrators have suggested applications of bystander engagement, social normative marketing, and engaging men as allies as some of the most promising prevention strategies that warrant more empirical evidence (B.A. Sokolow, personal communication, January 24, 2014). Therefore, in line with campus obligations to implement best practices in prevention, many college sexual assault prevention programs have recently begun to focus general program content on changing the social norms that serve to permit and defend violence against women while increasing the visibility of men as sexual assault advocates (Berkowitz, 2004).

A significant feature of bystander intervention consists of emphasizing men's and women's duty to behave proactively in order to prevent a potential sexual assault from occurring (primary prevention), and a common bystander technique is intervening during a situation when someone else may be at risk for victimization. Influencing participants to behave as bystanders and reject rape-supportive attitudes is proposed to then create influences in program participants' own social environments and beyond. Bystander interventions have demonstrated efficacy for a range of outcomes, including increasing sexual assault knowledge, decreasing rape myth acceptance, increasing self-reported efficacy related to being an active bystander, and increasing engagement in actual bystander behaviors (Banyard, Moynihan, & Plante, 2007).

Social norms marketing has been used to increase healthy attitudes and behaviors for a range of health behaviors (i.e., drinking alcohol, smoking, sexual aggression). Social norms marketing approaches are based on the idea that target audiences will experience a violation of their expectation of a behavioral norm when receiving information that is discrepant from their perception of this norm. Therefore, expectancy violation is an important factor of bystander approaches, and has been associated with greater levels of influence (Bohner, Pina, Viki, Siebler, 2010).

Rationale of the Problem

In summary, women in the age range of 18-24 are at a greater risk for sexual violence victimization (Gonzales et al., 2005). This age range is consistent with the time that many women are in college and living on or near college campuses. Furthermore, research indicates that women are more vulnerable to sexual victimization when they are enrolled in college (Gonzales et al., 2005). As a result, there is an urgent need to research various aspects of sexual assault and to develop new practices for preventing sexual assault. This information justifies using a college sample for research on sexual violence.

Pertinent areas of sexual assault research include risk factors and protective factors regarding sexual assault perpetration and victimization and the role that social norms play in creating environments that permit violence against women. Subsequently, bystander intervention is becoming a commonly used technique for increasing education and awareness of sexual assault and decreasing incidents of sexual assault on college campuses.

The primary purpose of the proposed study was to objectively identify the extent that a social norms approach to sexual assault prevention and category-based expectancy violations reduced negative attitudes towards sexual assault and increased bystander intervention.

Specifically, the present study investigated how social norm information and expectancy violations influenced individuals' endorsement of rape myth acceptance, bystander attitudes, perceptions of peer norms, and bystander willingness to help. While levels of expectancy violations have been manipulated and found to be influential within other areas of research (Bettencourt, Dill, Greathouse, Charlton, & Mulholland, 1997; Kernahan, Bartholow, & Bettencourt, 2000), this factor has not been specifically manipulated to increase individuals' bystander related attitudes and behavior.

Significance & Implications

This study is important because the results are proposed to identify new and effective techniques for influencing participants to behave as active bystanders in the prevention of sexual assault. Identifying effective factors of influence within sexual assault prevention efforts will inform sexual assault prevention programs of efficacious elements to include within program construction. Creating and implementing effective sexual assault prevention programs on college campuses will then reduce the rate of sexual assault victimization for college students. Using best practices within sexual assault prevention will also allow publicly funded colleges and universities to meet requirements of government issued mandates to provide sexual assault prevention and education programs to students.

Definitions of Terms

Sexual Assault. Sexual assault is any type of sexual contact or sexually motivated behavior that occurs without the consent of an individual. Sexual assault applies to forced or coerced sexual acts, such as attempted rape, sexual threats, fondling, kissing, and completed rape.

Rape. Rape is a felony offense that involves forced sexual intercourse, including vaginal, anal, or oral penetration without consent. Penetration may occur by either a body part or an object. The force used in rape may be physical or by threat.

Sexual violence. The Centers for Disease Control and Prevention (CDC, 2014a) defines sexual violence as a broad term encompassing specific crimes that include sexual assault and sexual harassment.

Survivor. The term rape/sexual assault survivor will be used in this paper to address individuals who have experienced being raped and/or sexually assaulted. Using the descriptor ‘survivor’ as opposed to ‘victim’ is meant to empower individuals who have experienced sexual assault and to honor the strength of these individuals to heal (A Definition of Rape, 2014).

Rape-myths. Bohner (1998) defines rape myths as, “descriptive or prescriptive beliefs about rape (i.e., about its causes, context, consequences, perpetrators, survivors, and their interaction) that serve to deny, downplay or justify sexual violence that men commit against women” (p.14). In this study, rape myths will be measured by assessing attitudes about sexual aggression as measured by the Illinois Rape Myth Acceptance Scale- Short Form (Payne, Lonsway and Fitzgerald, 1999)

Bystander Intervention. Bystander intervention programs are violence prevention programs that aim to decrease incidents of violence by encouraging individuals to intervene in risky situations that may lead to a sexual assault and influencing participants to alter attitudes that serve to perpetuate violence against others (e.g., rape myth acceptance) (Berkowitz, 2004).

Expectancy Violation Theory. Expectancy violations theory is an empirically validated theory that suggests individuals evaluate others to a greater degree when the behaviors of others violate category-based stereotyped expectations for their salient in-groups (Bettencourt et al.,

1997). It is further proposed that these extreme evaluations follow in the direction of the valence of the expectancy violation (i.e., positive attitudes given to positive violations). An example would be perceiving a woman who helps in a civic emergency as more heroic than a man who does the same.

Social norms. Social norms theory is an evidence-based approach to addressing various health-related behaviors. This approach focuses on situations in which individuals incorrectly perceive the attitudes and/or behaviors of others to be different from their own when in actuality they are not different. This theory further predicts that interventions to correct misperceptions will have a beneficial effect on most individuals. Generally, this approach aims to reduce individuals' participation in harmful behaviors and encourage them to engage in protective, healthy behaviors (Berkowitz, 2004).

Normative feedback. Normative feedback is information provided to a target group that allows individuals to compare their perceptions of group norms and their behavior to the actual social norms of the larger reference group (LaBrie, Hummer, Neighbors, & Pederson, 2008).

Men as allies. An ally is a member of a dominant group who actively works to reduce oppressive behaviors by taking on a role as an advocate for change. In this paper, the term 'men as allies of sexual assault prevention,' or 'men as allies' for short, refers to men increasing their role and visibility within the field and practice of sexual assault prevention.

The terms rape, sexual violence, and sexual assault will be used throughout this paper with the term sexual assault and sexual violence referring to a broad range of acts of sexual misconduct, including rape. In addition, it is well-known and established that there are different forms of rape with male and female survivors and perpetrators (i.e., male-on-male rape, female-on-male rape, male-on-female rape; female-on-female rape). Male survivors of sexual violence

can suffer from the wide range of consequences from their assault that female survivors do.

Although sexual assault on men is an important issue, this study's focus will be restricted to male perpetrated rape with female survivors. This limited focus will provide for more precise findings regarding this common form of crime at colleges and universities.

CHAPTER 2: LITERATURE REVIEW

Sexual Assault Definitions and Laws

Definitions of rape vary, and there are no standard definitions of rape or sexual assault. There is also no national rape law in the United States. Therefore, each state and institution of higher education may define rape differently. The Georgia Southern University (GSU) Student Conduct Policy defines sexual assault as:

Any sexual conduct that takes place without the victim's consent, including any penetration of the vagina, anus, or mouth by the perpetrator's penis, or by any object. Sexual conduct will be deemed to be without the victim's consent when: (i) The victim has instructed the perpetrator not to engage in the conduct; (ii) The victim is forced to submit to the act; (iii) The victim is reasonably in fear that the victim or another person will be harmed if the victim does not submit to the act; (iv) The victim is unable to give consent or permission, or is unable to resist, because of intoxication with drugs or alcohol; or (v) The victim is unable to give consent or permission, or is unable to resist, because of any mental or physical disability. (Georgia Southern University, 2014).

This definition is thorough, easy to understand, and specifically outlines scenarios that include sexual assault by physical force, threat or coercion, and non-consent due to intoxication. The GSU Student Conduct website also dictates that a student who sexually assaults another student is liable to be prosecuted by a criminal and civil court of law and is subject to disciplinary action by Georgia Southern University (Georgia Southern University, 2014).

College campuses' definitions of rape and sexual assault may often be influenced by definitions proposed by government agencies. The Department of Justice announced a change in 2012 to the 80 year-old definition of rape previously used for the Uniform Crime Reporting

Program's (UCR) Summary Reporting System. The UCR Program collects data on known offenses and persons arrested by law enforcement agencies, which facilitates tracking national crime statistics (Federal Bureau of Investigation, 2004). The old definition by the UCR was, "The carnal knowledge of a female forcibly and against her will," which is also the current Georgia state definition (Ga. Code Ann. § 16-6-1, 2013). The outdated UCR definition caused some sex offenses that are criminal in most jurisdictions to be excluded from being counted toward overall rates of rape, including offenses involving oral or anal penetration, penetration with objects, and rapes against men.

The new UCR Summary Reporting System's definition of rape is, "Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim" (Federal Bureau of Investigation, 2004). This definition is proposed to be more accurate and is thought to provide a better understanding of sexual assault offenses. Specifically, the updated definition of rape is stated to broaden the scope of the previously narrow definition by now including rape against men and by counting offenses in which physical force was not used to perpetrate rape (Federal Bureau of Investigation, 2012). Furthermore, using the new definition, offenses in which perpetrators use penetration with objects or body parts other than the male sex organ will now be calculated toward statistical totals for rape. However, this definition is not a national legal definition, and will not directly affect the number of individuals charged with rape.

UCR Program officials believe that data collection using the new definition will result in a rise of the number of reported rapes per year and will provide a more accurate statistic of the number of rapes committed each year (Federal Bureau of Investigation, 2012). In addition, although this definition of rape may differ from other state and local laws, the Federal Bureau of

Investigation is requesting that all law enforcement agencies use the updated UCR definition when reporting their data to the UCR Program, which will then be published in the annual UCR report for the United States. This means that Georgia Southern University will also use the new UCR definition when reporting rape incidents each year.

Sexual Assault in Georgia

According to Georgia law, rape occurs when “a male has carnal knowledge of a female forcibly and against her will.” Carnal knowledge within this context refers to “any penetration of the female sex organ by the male sex organ” (Ga. Code Ann. § 16-6-1, 2013). The Georgia Reported Crime Index for rape in 2012 totaled to 2,104 reports of rape and 336 arrests for rape, which indicated an increase in reported rapes from the previous year’s estimate of 2,050 rapes. In the same year, a total of 162 arrests were made for individuals between the ages of 17 to 29 years old for forcible rape charges, encompassing the highest number of arrests for any age group (Georgia Bureau of Investigation, 2012). However, the number of sexual assault cases that are reported to law enforcement each year is a significant underestimate of the actual number of assaults committed due to the effects of underreporting (Allen, 2007).

The National College Women Sexual Victimization Study used a randomly selected, national sample of 4,446 women who were attending a two- or four-year college or university and found that 35 incidents of rape occur per year for every 1,000 female students at an institution of higher education (Fisher, Cullen, & Turner, 2000). Using this statistic for a campus similar to Georgia Southern University, with approximately 10,000 women between the ages of 17 to 29 (Office of Strategic Research and Analysis, 2013), would indicate that 350 or more rapes occur during a single academic year.

The Jeanne Clery Act, also known as the "Student Right-to-Know and Campus Security Act," requires publicly funded colleges and universities to report all statistics about on-campus crime. According to the U.S. Department of Education, there were only six reported forcible rape cases between the years 2010-2012 at Georgia Southern University (GSU), with 2 of those incidents reportedly occurring in 2012. These cases were classified as occurring on-campus and in student housing facilities. Of note, the number of reported incidents for Georgia Southern University only represents incidents that were reported to campus police and occurred on campus grounds. The number of rapes that were reported at Georgia Southern University between 2010 and 2012 is significantly lower than the prediction of 350 rapes per year for a similar campus, indicating high levels of unreported rape. Overall, research does indicate that rape is significantly underreported (Allen, 2007). Statistics suggest that fewer than 5% of rape cases are reported to law enforcement agencies (Gibbons & Evans, 2013). Following the prediction that 350 rapes typically occur each academic year at a campus similar to GSU would suggest that only 0.9% of all rapes were reported during the 2012 GSU academic school year.

Rural Sexual Assault

In general, a rural area is comprised of all inhabitants, housing, and land that is not located inside an urban area; therefore, land that is not considered urban is considered rural (Health Resources and Services Administration, n.d.). In addition, all counties that do not have the population of a Metropolitan Statistical Area (i.e., 5000,000 residents or more) are considered rural. According to the 2010 Census, Statesboro, Georgia's population is 28,422. Therefore, by these definitions, Statesboro, Georgia classifies as a rural area (U.S. Census Bureau, 2010).

Sexual assault is a significant concern in rural communities, and there are unique cultural factors within rural communities that may serve to perpetuate violence against women. Attitudes toward sexual assault are more accepting and tolerant in areas with low population density (Lewis, 2003). Tolerant attitudes toward sexual violence may be due to a lack of exposure to social norms. Families often shape behavioral and moral norms by dictating what is and is not appropriate for family members. While this is usually the case for families in all communities, this may be especially prevalent for families living in isolated areas because of less frequent exposure to social norms that challenge the family beliefs. Therefore, a belief that serves to perpetuate violence may be passed down through generations without individuals even realizing that their belief is outside of the norm.

Some statistics suggest that rural counties have higher rates of sexual victimization compared to urban counties (Ruback & Menard, 2001). However, urban counties are actually suggested to have higher rates of reporting compared to rural counties. Therefore, the total cases of reported sexual victimization in rape crisis centers may appear higher in urban areas, but the rate of sexual assaults in rural areas may actually be higher when considering population density. Overall, the true prevalence of sexual violence in rural towns is unknown and difficult to fairly compare against more populated areas (Ruback & Menard, 2001). Unfortunately, sexual assault services are primarily concentrated in urban and suburban areas due to the higher rates of crime reports, and the services that are in rural areas often lack adequate resources (Lewis, 2003). Overall, sexual assault advocates face difficulties reaching rural communities, including financial costs for travel to rural communities, low funding for rural sexual assault prevention efforts, low trust of outsiders by rural community members, and a general lack of individuals who have proper training and are willing to help rural communities (Lewis, 2003).

The United States Department of Justice has recognized the unique difficulties that rural inhabitants face when in need of sexual assault services. Difficulties for rural residents who need assistance after experiencing sexual assault include geographic isolation, transportation barriers, a lack of financial resources, and particularly strong social and cultural pressures, as previously noted. The Rural Sexual Assault, Domestic Violence, Dating Violence and Stalking Assistance Program (The Rural Program; Office on Violence Against Women, 2013) was created to improve the safety of rural survivors of sexual assault by providing financial support for projects that have been specifically designed to prevent crimes in rural areas. All grant recipients must assess and report on the effectiveness of their projects, which serves to identify best practices for prevention and response to sexual assault within this unique population.

Sexual Assault on College Campuses

One in four women in college report surviving rape or attempted rape (Foubert, 2000). Furthermore, in a nationally representative survey of adults, 37.4% of female rape survivors reported they were first raped between the ages 18 to 24, indicating that college-aged women are subjected to an increased risk for victimization (CDC, 2013). Subsequently, the typical age of college men coincide with the time that men pose the greatest likelihood of sexual assault perpetration (Burgess, 2007). This suggests that women in college are at a greater risk for sexual violence than women not in college because female college students are in the same age range and location (i.e., campus) as the majority of rape offenders. Women's increased risk for sexual violence victimization combined with men's heightened chance of committing sexual assault creates a potentially dangerous scenario for individuals living on college campuses.

The United States Department of Justice has indicated that the riskiest time period for sexual assault offenses on college campuses is during the first few days of the freshman year

(Sampson, 2002). Additional research has also supported that the first four semesters of college pose the riskiest time period for sexual assault victimization, suggesting a need for prevention programs to be presented as early in the school year as possible (Krebs, Lindquist, Warner, Fisher, & Martin, 2007). Prevention programs may help students identify factors that lead to an increased risk of victimization in order to take precautions in risky situations. Ideally, effective prevention programs will reduce the likelihood of experiencing or committing sexual assault, which would in turn reduce the heightened risk for sexual violence that is recorded on college campuses.

Various factors lead to a female college student's increased risk of victimization, including ease of access to alcohol and drugs, being a member of a sorority, living off-campus, and the residing in private dorm rooms (Krebs et al., 2009; Sampson, 2002). Mohler-Kuo, Dowdall, Koss, and Wechsler (2004) found that 72% of the sexual assault victimization cases reported by college students involved the consumption of alcohol by the survivor, the perpetrator, or both individuals. These results are similar to a study that found that 66 men in their sample of 107 male sexual assault perpetrators had at least one drink during the sexual assault incident (Parkhill, Abbey, & Jacques-Tiura, 2009). Furthermore, Ulman and Brecklin (2000) assessed various characteristics of 163 incidents of sexual assault and found that all of the sexual assault incidents in which the survivor was drinking alcohol involved the perpetrator drinking alcohol as well.

Four salient factors frequently associated with heightened risk of on-campus female sexual victimization include repeatedly drinking to the point of being drunk, being single (i.e., not married), having a history of sexual assault victimization prior to the start of the current school year, and residing in on-campus housing (Fisher et al., 2000). Additional factors found to

be associated with sexual assault perpetration on college campuses include affiliation with the university Greek system (Flood & Pease, 2009), marijuana use (Messman-Moore, Coates, Gaffey, & Johnson, 2008), and affiliation with an aggressive sports team (e.g., football, wrestling, basketball) (Krebs et al., 2009).

Underreporting

Rape is often referred to as the most underreported crime in America (Chen & Ulman, 2010). Compared to survivors of other violent crimes, survivors of sexual offenses are less likely to report incidents to the police (Chen & Ulman, 2010) and consequently, the majority of sexual assault offenses are not reported to the police (Wolitzky-Taylor et al., 2011). Results from the U.S. Justice Department National Crime Victimization Survey from 2008-2012 proposed that an average of 60% of assaults in the last 5 years were not reported (Truman, Langton, & Planty, 2013). Other organizations, like the National Research Council, suggest that up to 80% of sexual assault cases are never reported to law enforcement (Kruttschnitt, Kalsbeek, & House, 2013). Identifying and understanding the reasons that this crime is often not reported to law enforcement can potentially increase knowledge on the impact and consequences of experiencing rape.

Survivors of sexual violence may not report that they were assaulted for various reasons that relate to individual and socio-cultural factors. Individual factors that may influence underreporting include previous affiliation with the perpetrator and a desire to not get the individual in trouble (Sampson, 2002). In addition, individuals who have experienced sexual assault may fear that their peers will place responsibility for the assault on them instead of the perpetrator (Sampson, 2002). Survivors of sexual assault may also be anxious of the backlash and ridicule they may receive as a consequence of being blamed for their assault. Therefore, the

non-supportive response that survivors of rape receive in survivor-blaming may be an important factor that discourages them from reporting assault (Sampson, 2005).

Survivors of sexual assault who live in rural areas may be isolated from neighbors, local services, and healthcare, which may impact their ability to report crimes. There is also often a lack of anonymity and confidentiality in rural towns, which may deter individuals from reporting sexual assault and other crimes. In addition, every community has a diverse set of morals, values and beliefs. A report from the California Coalition Against Sexual Assault (Jones-Lockwood, 2010) stated that rural rape crisis centers often describe the power structure of their communities as, “a ‘good old boys’ network,’ with a group of men in decision-making positions that promote and recruit other men who share their same agenda” (p.6). Therefore, rural sexual assault survivors may feel even more pressure to conceal violence than individuals in communities with a larger population.

Additional socio-cultural factors that affect reporting rates may include the stigma surrounding sexual assault victimization, which includes survivor-shaming and survivor-blame. Survivor-blaming can occur from multiple sources, including police, legal services, social contacts, healthcare providers, and more. Sampson (2002) found that survivors of acquaintance rape are less likely to report their victimization to campus police or other criminal authorities when compared to survivors of stranger rape. This effect may exist on college campuses because when survivors of acquaintance rape have to report the name of their perpetrator, they often have to label a classmate or friend as a “criminal” or “rapist.” This act forces a drastic transformation of any prior relationship between the survivor and perpetrator. Avoiding this transformation is one factor that influences student sexual assault survivors to neither name their perpetrator nor report the assault they endured (Sampson, 2002).

Physical force by assailants, presence of weapons during perpetration, completed rape, and survivor injuries have all been associated with increased likelihood of reporting rape (Chen & Ullman, 2010; Wolitzky-Taylor et al., 2011). Women experiencing injury during the rape were nearly three times more likely than women without significant injury to report to authorities (Wolitzky-Taylor et al., 2011). This is likely due to the myth that physical force or weapons are essential elements of sexual assault. In addition, survivors are more likely to report a rape if the offense was coupled with another crime such as theft (Allen, 2007). The higher likelihood of reporting rape when it occurs with another crime may be due to a perceived higher likelihood of being believed or a better chance of conviction because of more evidence. In addition, women have been found to be more likely to report incidents occurring in the home or in the car, as opposed to in social situations such as dates and parties (Chen & Ullman, 2010). Unfortunately, a large percentage of rapes on college campuses take place in social situations, which leaves the true number of sexual assaults on college campuses an unknown number (Krebs et al., 2009).

Impact of Sexual Assault

Sexual violence can have harmful and lasting consequences for survivors, families, and communities. The Center for Disease Control (CDC) reports there are physical, social, psychological, and health behavior consequences of experiencing sexual violence. Physical consequences of sexual violence include unplanned pregnancy, exposure to sexually transmitted infections, chronic pelvic pain, gastrointestinal disorders, back pain, and migraines (CDC, 2014b). A longitudinal study followed 4,000 women for 3 years and found that the United States national rape-related pregnancy rate was 5% among survivors aging 12 to 45 years old. This suggests that nationally over 32,000 pregnancies occur each year from rape (Holmes et al., 1996 as cited in CDC, 2014b). In addition, gynecological difficulties have regularly been found to be associated with forced sex. These complications include vaginal bleeding or infection, fibroids,

decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain, and urinary tract infections (CDC, 2014b).

Survivors of sexual violence may also face both immediate and chronic psychological consequences of experiencing assault (CDC, 2014b). Immediate consequences may include confusion, anxiety, guilt, and distrust of others, while chronic psychological consequences include depression, alienation, low self-worth, self-blame, attempted or completed suicide, and symptoms related to post-traumatic stress disorder (CDC, 2014b; Lonsway & Fitzgerald, 1994). Women who experience sexual assault in childhood or adulthood present a higher degree of attempted and committed suicide than other women. In addition to physical and emotional damage, college students who have been sexually assaulted may also suffer from a host of problems that hinder academic achievement. Some survivors may elect to drop-out of school to avoid having to come into constant contact with their attacker on campus and at campus-related functions and events.

Sexual violence also has social impacts on survivors, such as strained relationships with the survivor's family, friends, and intimate partners; less emotional support from friends and family; and less frequent contact with friends and relatives (CDC, 2014b). Finally, various health behaviors are linked to sexual violence victimization, including using harmful substances and engaging in unhealthy diet-related behaviors (CDC, 2014b). Overeating and restricting diet and alcohol and drug use are both unhealthy coping behaviors that are often associated with experiencing trauma (Cameron, Maguire, & McCormack, 2011). Research has demonstrated a direct association between a rise in binge eating behaviors and the psychological stress associated with sexual assault. Specifically, approximately 30% of women with an eating disorder diagnosis report a connection between unwanted sexual contact and irregular patterns of

food consumption (Cameron et al., 2011). In addition, compared to non-survivors, female rape survivors are 3.4 times more likely to use marijuana, 6 times more likely to use cocaine, and 10 times more likely to use other major drugs (Orsillo, 2000, as cited in National Center for PTSD, 2014). Survivors often report that the use of these substances is to control other psychological symptoms related to their assault (National Center for PTSD, 2014).

Another consequence of experiencing sexual assault is the heightened chance of re-victimization. Research on re-victimization indicates that anywhere between 15% to 72% of survivors of child sexual abuse, adolescent sexual assault, and adult sexual assault are re-victimized (Mason, Ullman, Long, Long, & Starzynski, 2009). College women most at risk of rape are those who were previously survivors of childhood or teen sexual assault. Breitenbecher (2001) conducted a meta-analysis of research on re-victimization and reviewed a study by Gidycz, Hanson, & Layman (1995). This study found that over half of the women with a history of child or adolescent sexual abuse were re-victimized within three months of starting college, compared to the 32% of women without a sexual assault history who were assaulted during the same time-period. Fisher, Cullen and Turner (2000) also found that prior survivors are nearly twice as likely to be raped in college than those with no previous history of sexual assault. Statistics from other samples suggest that two out of three individuals who are sexually victimized will be re-victimized (Classen, Palesh, & Aggarwal, 2005).

Individuals who have not personally been sexually assaulted may still suffer from the consequences of this prevalent offense. Fear of rape can cause individuals to experience persistent anxiety, become hypervigilant, avoid engaging in activities at certain times, and use repressive coping techniques to reduce anxious thoughts and emotions (Krahé, 2005). Whether or not a woman has a history of rape is only one contributing factor to the development of the

fear of rape. Additional factors include perceived likelihood of being raped and perceived seriousness of consequences if raped (O'Donovan, Devilly, & Rapee, 2007).

Experiencing a concern for safety has led women to feel less secure while walking unaccompanied during hours of darkness, using public transportation, walking unaccompanied in a parking garage, and while alone in their residence during hours of darkness (MacMillan, Nierobisz, & Welsh, 2000). Therefore, concern for safety has also been linked with the restriction of women's independence due to women feeling the need to restrict their engagement in certain activities (e.g., leaving the house after nightfall, being at home alone) and a need to be dependent on the physical presence of others before feeling safe enough to engage in those activities (MacMillan et al., 2000).

Rape Myths

A significant amount of sexual assault research examines rape myth acceptance. Burt (1980) coined the term "rape myths" and defined them as, "stereotyped beliefs about rape, rape victims, and rapists" (Burt, 1980, p. 217). Three commonalities among rape myths are that they are false beliefs that are widely held, they explain some cultural phenomenon, and they serve to justify some cultural or social norm (Lonsway & Fitzgerald, 1994). Some researchers believe that dispelling rape myths will lead to a reduction of rape-tolerant societal norms and instances of rape in general. Consequently, identifying and testing strategies for addressing and reducing rape myths is a common goal of sexual assault research and is frequently used as a measure of program effectiveness.

The majority of rape myth literature has focused on rape myths aimed at female rape survivors. Burt (1980) suggested female rape myths include statements such as, "Women who go to men's homes want to have sex," and, "Women who get drunk and have sex with a man at a party are fair game for other men who want to have sex." Payne, Lonsway, and Fitzgerald (1999)

revealed seven main rape myths when they developed the Illinois Rape Myth Acceptance Scale, including the belief that “she asked for it,” and, “she lied” regarding acts of rape. Bohner (1998) contributed to rape myth research by distinguishing between general and gender-specific purposes of rape myth acceptance. From a general perspective, acceptance of rape myths may be seen as a result of the Belief in a Just World ideology (Lerner, 1980). The Belief in a Just World mindset supports the belief that individuals only receive what they deserve in life, and that bad things happen to bad people. Research has established that rape myth acceptance is positively correlated with the general Belief in a Just World (Bohner, 1998; Hayes, Lorenz, & Bell, 2013).

Gender specific purposes for the acceptance of rape myths suggest that for women, endorsing these beliefs serves as a barrier to anxiety and fear (Gerger, Kley, Bohner, & Siebler, 2007). Furthermore, these beliefs may help women lessen their perceived vulnerability to sexual assault and safeguard their self-esteem. However, this mindset also leads to victim blaming (Hayes et al., 2013). Gerger and colleagues (2007) explained that women who endorse more stereotypical attitudes toward rape also tend to believe that rape only happens to a certain type of woman (e.g., a woman who behaves ‘inappropriately’), whom they perceive as dissimilar from themselves. Contrarily, the women who reject rape myths may be more likely to view rape as a potential threat to themselves (Gerger et al., 2007). Therefore, rape myth acceptance may be a tool for women to escape the negative consequences of fear of rape.

Men who endorse rape myths have been proposed to use these beliefs to rationalize and validate personal inclinations to engage in sexually aggressive behaviors (Gerger et al., 2007). Men’s potential use of rape myths to rationalize sexually aggressive behaviors may explain the consistent positive association that research has established between higher rape myth acceptance in men and higher rape proclivity (Gerger et al., 2007). Rape proclivity is an

individual's self-reported likelihood to commit sexual assault, and it is measured by asking participants to read several sexual assault scenarios while imagining themselves in the scenario (Gerger et al., 2007). Participants are then asked to respond how likely they would be to behave like the perpetrator in the scenario and how likely they would be to enjoy getting their way in the scenario (Bohner, Pina, Viki, & Siebler, 2010). The positive association between rape myth acceptance and rape proclivity indicates that the rationalization and justification of sexually violent behavior is often coupled with a readiness to commit sexual violence.

Rape myth acceptance has consistently been found to be associated with negative rape-related attitudes and beliefs. Individuals who are high in acceptance of rape myths are consistently found to place more blame with the accuser of a rape and less blame with the accused (Eyssel & Boner, 2011; Frese, Moya, & Megias, 2004; Gray, 2006; Grubb & Turner, 2012; Hammond, Berry, & Rodriguez, 2011; Mason, Rieger, & Foley, 2004; Yamawaki, 2009). Research has also consistently demonstrated relationships between stereotypical ideas regarding sexual assault and heightened rape proclivity (Bohner, Jarvis, Eyssel, & Siebler, 2005; Bohner, Siebler, & Schmelcher, 2006).

Suarez and Gadalla (2010) conducted a meta-analysis of rape myth acceptance related studies. The authors included 37 studies (25 articles and 12 dissertations) on factors, individual characteristics, and beliefs associated with rape myth acceptance. Results indicated that men possessed significantly greater levels of rape myth acceptance when compared to women, which is consistent with previous research (Aronowitz, Lambert, & Davidoff, 2012; Davies, Gilston, & Rogers, 2012; Hammond et al., 2011; McMahon, 2010; Newcombe, Van Den Eynde, Hafner, & Jolly, 2008).

Specific social factors have been associated with increased levels of rape myth acceptance and likelihood for committing a sexual assault, including being a part of all-male groups.

Specifically, research has suggested that membership affiliation in fraternities and all-male athletic teams can result in a higher endorsement of rape myth acceptance (Flood & Pease, 2009; Forbes & Adams-Curtis, 2001; McMahon, 2010; Murnen & Kohlman, 2007). Researchers have proposed that particular all-male groups promote the idea that violence is “manly” and that having sex with women is an important aspect of masculinity (Murnen & Kohlman, 2007). Male-dominant sports culture and fraternities are highly gender segregated, which may lead to a strong emphasis on hypermasculinity and a devaluation of anything feminine. It is further hypothesized that hypermasculine attitudes are displayed at greater levels in all-male groups as a means of meeting the socially sanctioned gender norms (Murnen & Kohlman, 2007).

Greater levels of rape myth acceptance have been identified as a potential barrier to the willingness of bystanders to intervene in sexual assault situations (McMahon, 2010). Endorsing beliefs that result in survivor blaming and the pardoning of a perpetrator’s behaviors may lead individuals to feel less responsible or motivated to intervene in a scenario that could lead to sexual assault. McMahon (2010) explored the relationship between acceptance of rape myths and willingness to use a variety of bystander behaviors in a sample of 2,338 college students. Results indicated that higher levels of rape myth acceptance were associated with lower levels of willingness to use various bystander behaviors. Rape myth acceptance was measured by the revised IRMA (Payne et al., 1999) and bystander attitudes were assessed by the Bystander Attitude Scale, Revised (BAS-R; Banyard, Plante, & Moynihan, 2005). The *It Wasn’t Really Rape* subscale (e.g., “If a girl doesn’t physically fight back, you can’t really say it was rape”) displayed the strongest relationship to bystander attitudes, followed by *She Asked for It* (e.g., “When girls go to parties wearing slutty clothes, they are asking for trouble”), and then *She Lied* (e.g., “Girls who say they were raped often led the guy on and then had regrets”). These results indicate that rape myths should be addressed

within bystander intervention programs, which may increase the effectiveness of such programming.

Prevention Efforts and Bystander Intervention

Prevention programs provide an organized approach to preventing sexual violence and typically aim to shape future behaviors that will reduce the occurrence of sexual violence. A proactive sexual assault prevention program places emphasis on addressing the various factors (e.g., social, environmental) that serve to support sexual assault and rape offenses (Berkowitz, 2004). A general goal of primary prevention is to change the social climate so that sexual violence becomes socially unacceptable and banned (Carmody, Evans, Krogh, Flood, Heenan, & Owenden, 2009). According to the CDC (2013) comprehensive prevention initiatives typically include a multidimensional approach for increasing awareness and healthy behaviors that promote public health and safety. Therefore, comprehensive sexual assault prevention strategies should address multiple factors that influence sexual violence, including the individual, relationship, community, and society (CDC, 2013).

Sexual violence research has struggled to create prevention programs with empirical evidence of their efficacy in reducing sexual assault (Tharp et al., 2011). Sexual assault programming research reveals a trend of post-intervention effects diminishing over time, demonstrating only a temporary impact from programming (Breitenbecher, 2000; Gibbons & Evans, 2013; Hanson & Gidycz, 1993). Limitations in the effectiveness of sexual assault prevention strategies has led to new strategies and tools to help prevent sexual assault incidences on college campus, including bystander intervention programs.

Banyard and Moynihan (2011) define bystanders as, “witnesses to crimes, emergencies, or high-risk situations, who are not themselves directly involved as perpetrators or victims” (p. 287). The bystander effect was introduced by Latane and Darley (1970) when the authors explained the

concept of ‘diffusion of responsibility.’ Diffusion of responsibility refers to moments when individuals become less likely to help someone in need when others are around. Therefore, bystander interventions place accountability on all individuals within a community to help protect and defend the well-being of peers and associates. In addition to diffusion of responsibility, bystander intervention models propose that an individual’s level of ‘evaluation apprehension’ will predict whether bystander intervention behaviors are used in a relevant situation (Latane & Darley, 1970). Evaluation apprehension occurs when individuals are hesitant to take action in a high-risk situation because they fear looking foolish to the other bystanders around them.

Another predictor of whether a bystander will intervene is ‘pluralistic ignorance,’ which is when individuals behave according to what they perceive to be the social norm of those around them when deciding whether to respond in an ambiguous, but potentially high-risk situation (Berkowitz, 2004). For example, it may be unclear to a bystander whether or not an intoxicated woman is in danger when she is being led by a male to a bedroom, especially if the bystander does not know the existing relationship between the woman and the individual leading the woman away. In such a situation, bystanders may not intervene if they do not perceive anyone else to be concerned about the situation. Finally, ‘modeling’ predicts bystander behaviors by influencing people to intervene in a high risk situation only when they have seen someone else model active bystander behaviors first.

Burn (2009) suggests that bystanders are often present during the ‘pre-assault phase,’ when indicators of risk start to appear. Bystanders have several choices when it comes to intervening in actual high-risk situations, including a choice to step in and help, to do nothing, or to support perpetrators in making the situation worse. Therefore, if equipped with the correct

skills, bystanders can intervene to interrupt these situations. Hence, bystander intervention may be a potentially powerful prevention tool to ultimately reduce the occurrence of rape. Bystander intervention programs often involve teaching bystanders how to intervene in situations that involve sexual violence. These intervention programs make sexual assault a community problem instead of an individual issue. Specifically, bystander approaches assign helping roles to all members in a community, which makes everyone responsible in stopping sexual assault. These roles can include intervening in risky situations that have the potential of resulting in assault before it happens or while it is happening, speaking out against social norms that perpetuate and permit sexual violence, and knowing how to be a source of support to survivors (McMahon, 2010).

Bystander intervention programs are influenced by the Situational Model (Latane & Darley, 1970), which proposes that effective bystanders will be prompted to act if they are able to recognize the signs of sexual violence and identify that a potential survivor is at risk (New York State Department of Health, 2013). The situational model is often considered the most commonly used bystander intervention model (Burn, 2009). The Theory of Planned Behavior (TPB; Ajzen, 1985) also relates to prosocial helping behaviors by proposing that effective bystanders will help stop sexual violence if they hold anti-rape attitudes and beliefs, believe the social norm is to intervene, and believe they are capable in intervening (Stop Sexual, n.d.). The situational model demonstrates the Theory of Planned Behavior by outlining the following five steps required for bystanders to take action:

1. Recognize signs that an act of sexual violence may occur or is occurring.
2. Identify that the potential victim is at risk and that intervention is appropriate.
3. Decide whether or not to take responsibility to intervene.
4. Decide the most appropriate and safest way to intervene.
5. Implement the decision to intervene safely to diffuse the situation. (Burn, 2009, p. 3-4).

Burn (2009) examined how these barriers to bystander action affect men and women and found that failure to take responsibility (Step 3) predicted more of the variance in bystander intervention behavior than the other variables for both men and women. Burn also found that, overall, men reported greater barriers to intervene than women. Specifically, the failure to notice barrier (i.e., Step 1) was the largest barrier for men (Burn, 2009). These results align with McMahon's (2010) finding that the *It Wasn't Really Rape* subscale of the IRMA is a significant barrier of bystander attitudes. Specifically, individuals who hold stereotypical views about rape (e.g., the women has to physically fight back and scream for the act to be considered rape) may fail to notice (Step 1) an intoxicated woman being quietly led away to a bedroom, and they subsequently fail to intervene (Step 3) to stop a potential sexual assault.

Evaluations of bystander prevention programs are growing in number. In 2002, the U.S. Department of Justice evaluated the longitudinal effects of a university-level bystander prevention program that is based on bystander theory called Bringing in the Bystander™ (created by Plante, Banyard, Moynihan, & Eckstein in 2002). Bringing in the Bystander™ uses a community of responsibility model which emphasizes that everyone has a role to play in ending violence against women. The program has been implemented in single and multi-session formats. It is conducted in groups with a team of one male and one female peer facilitator. The program was found to be effective in increasing bystander efficacy as well as decreasing rape myth acceptance, suggesting a link between sexual assault attitudes and helping behaviors (Gibbons & Evans, 2013).

Gidycz, Orchowski, and Berkowitz (2011) also evaluated a bystander intervention using 635 male college participants. Participants were either assigned to a single-sex bystander program or a control group. This bystander program was effective in decreasing rape myths and

in increasing sexual assault knowledge, prosocial bystander attitudes, and confidence in intervening in a threatening situation. The program also appeared to have beneficial effects at the two-month follow-up, with the program participants indicating more engagement in prosocial bystander behavior than the control group (Gidycz et al., 2011).

Banyard, Moynihan, and Plante (2007) evaluated a bystander program with 389 male and female undergraduates. Participants were randomly assigned to one of two treatment groups (i.e., one-session program, three session program) or a control group. Male and female participants in both treatment conditions showed improvements when assessed with the Illinois Rape Myth Acceptance Scale-Short Form (Payne et al., 1999), Knowledge Assessment (Banyard et al., 2005), and Bystander Behaviors Scale (Banyard et al., 2005) while the control group did not. These results indicate that shorter bystander interventions can create important changes within participants.

Banyard and Moynihan (2011) investigated various factors that may influence individuals to act as active bystanders in violence prevention. Four hundred and six undergraduate students completed assessments on various sexual assault and bystander related scales, including perceived peer support for rape myth endorsement, confidence in performing bystander behaviors, self-reported likelihood to engage in bystander behaviors, and perceived pros and cons of bystander intervention. Regression analyses found that participants with a greater sense of responsibility for ending sexual violence on campuses, greater confidence as an active bystander, and who had pros outweighing cons for bystander intervention were more likely to intervene as bystanders. In addition, a greater expressed likelihood of engaging in active bystander behaviors was associated with lower rape myth acceptance, greater bystander efficacy, and lower perceptions of peers' accepting attitudes toward rape. Overall, women reported

engaging in more bystander behaviors as well as greater expressed likelihood to intervene than men. This gender difference suggests that there is a need to engage more men as active bystanders.

Social Norm Influence and Expectancy Violations

Attitudes toward violence against women are shaped by various factors, including sex, formal groups, informal peer groups, and social networks (Flood & Pease, 2009). As previously noted, men's social groups can have a significant influence on their endorsement of rape supportive attitudes and their self-reported chance of perpetrating sexual assault against women. Specifically, participation and investment in fraternities and certain athletic sports teams has been previously associated with men's higher tolerance for violence against women (Flood & Pease, 2009). Men's self-reported likelihood of committing rape is also influenced by their perception of other men's rape myth acceptance (Bohner et al., 2006). The ability for social networks to alter attitudes toward rape and reported likelihood of committing rape shows how social environments and social norms are extremely influential. Therefore, using this same channel of influence may serve as an effective tool for decreasing harmful attitudes toward sexual assault.

Social norms are defined as "rules and standards that are understood by members of a group and that guide and/or constrain behavior" (Bohner et al., 2006, p.287). Social norms interventions, or "the social norms approach," attempt to change health behaviors by focusing on peer influences and beliefs, as peer influences have been proposed to be more influential on individual behavior than biological, personality, familial, religious, and cultural influences (Berkowitz, 2004; Borsari & Carey, 2001; Kandel, 1985; Perkins, 1987; Perkins, 2002). The social norms approach is based on the empirically supported principle that people tend to

conform to what other people do. Cialdini and Goldstein (2004) composed a comprehensive review of psychological and social psychological literature that showed the effects of social norms on human behavior over a 45 year review of research.

Social norm research has made important contributions to sexual assault prevention efforts. One of the assumptions of the social norms approach is that norms influence behavior. In regards to sexual assault, social norms may influence individuals to behave in a sexually aggressive manner. Social norms may also influence individuals to endorse certain beliefs and attitudes about the act of sexual assault, sexual assault perpetrators, and survivors.

Social norms interventions are frequently incorporated within bystander intervention programs. In regard to bystander intervention, social norms are proposed to inhibit potential bystanders from intervening in an assault if the potential bystander underestimates the social support for them to intervene. Therefore, social norms are also proposed to increase bystanders' willingness to intervene if intervening appears to be the socially accepted response. As a result, Alan Berkowitz, one of the creators of the social norms approach, stated that interventions need to correct misperceptions about bystander behavior, teach individuals to notice risky situations, and teach potential bystanders specific skills to intervene (Berkowitz, 2004).

Berkowitz (2004) has dictated that one step of the social norms approach is correcting misperceptions about bystander behavior, suggesting that information about what peers believe is an important factor in increasing bystander willingness. Social norms marketing has become a widely used approach for correcting perceptions of the social norm. Social norms marketing campaigns are based on the theory of pluralistic ignorance, which proposes that individuals are unable to accurately judge the social norm. Social norms marketing assumes that once normative feedback (e.g., a message defining the actual norm) corrects the perceived norm so that it

matches the actual norm, individuals will alter their behavior accordingly. Regarding sexual assault, research indicates men often overestimate other men's negative attitudes related to sexual assault and bystander intervention (Fabiano, 2010), which lends support for the use of social norms marketing campaigns within sexual assault prevention programs.

Social norms marketing assumes that target audiences will experience a violation of their expectations of the norm after receiving a message containing information that is discrepant from their perception of this norm. The influential effect that this correction of misperceptions has may be explained by Expectancy Violation Theory (Burgoon, 1986). According to expectancy violation theory, an expectancy violation is a reaction to unexpected behaviors or attitudes of a reference group. Expectancy-violation theory proposes that people categorize others based off of their salient in-groups' stereotypes, and those who violate stereotyped expectancies are judged more extremely in the direction of the valence of the violation than those who do not (Burgoon, 1986).

Expected behaviors based off of one's social category are category-based expectancies. Witnessing information that goes against these expectancies is then referred to as category-based expectancy violations. Bohner and colleagues (2010) describe the social influence of an expectancy violation by stating that a perceiver will use external attributions (i.e., social norms) to explain unexpected characteristics of others as opposed to using internal attributions (i.e., personal preferences) to explain expected behaviors of others. Essentially, if an individual sees another peer behave contrary to their expectations, they believe that contrary behavior must actually be the social norm, rather than their previous expectation of the norm.

The effects of category-based expectancy violations have been primarily researched in fields not related to sexual assault (e.g., interpersonal relationships, communication), although

expectancy violations have been evaluated in regards to perceptions of rape victim credibility (Hackett, Day, & Mohr, 2008). Hackett and colleagues (2008) found that participants who expected rape victims to be highly emotional when describing their assault perceived an emotionally expressive survivor to be significantly more credible than a survivor who was not emotionally expressive when describing their assault. Results suggested that it was not the necessarily the emotional expressiveness that influenced perceptions of credibility, but it was the normative expectation that survivors of sexual assault will be emotionally expressive when accounting details of their assault.

Bohner, Siebler, and Schmelcher (2006) examined how social norms and expectancy violations influence individuals' own attitudes regarding rape. Specifically, Bohner and colleagues (2006) examined the function of rape myths as descriptive norms, which are defined as social norms that guide how others judge or act in a given situation. Male participants were given information about other students' alleged responses to a rape myth questionnaire to determine how the social norm feedback would influence each participant's responses. Participants were either told that other students rated high in rape myth acceptance (high normative feedback group) or were told that other students rated low in rape myth acceptance (low normative feedback group). Participants in a control condition were provided with no feedback on peer endorsed rape myth acceptance.

Results from Bohner et al. (2006) indicated that the high feedback group led to higher self-reported rape myth acceptance than the low feedback group. In addition, compared to the control condition (no feedback), the high feedback group resulted in higher self-reported rape myth acceptance while the low feedback group produced marginally lower self-reported rape myth acceptance. Results from Bohner et al. (2006) lend support to two empirically supported

theories of social influence, including the Focus Theory of Normative Conduct (Cialdini, Reno, & Kallgren, 1990) and the Self-categorization Model of Normative Influence (Terry & Hogg, 1996).

The focus theory of normative conduct (Cialdini et al., 1990) proposes that social norms become particularly influential on behavior when these norms are relevant at the time a behavioral judgment is made. Therefore, by informing participants of other alleged students' answers, Bohner and colleagues (2006) made a social norm salient to each participant at the time a behavioral judgment was being made. The self-categorization model of normative influence (Terry & Hogg, 1996) highlights the status of a reference group (i.e., in-group versus out-group) as a significant variable of influence. According to this theory, group norms should primarily affect behavior if the specified norms originate from a group that is a relevant source of social identity for an individual.

Within the Bohner et al. (2006) study, in-group norms were presented as other student's scores of rape myth acceptance. Bohner and colleagues chose to hold both norm salience and type of reference group constant by always providing particularly salient norm information that pertained to an in-group. Specifically, the authors made the normative beliefs of a peer group (i.e., self-categorization model) momentarily salient (i.e., focus theory) by making others' perceived rape myth acceptance a social norm. This design was constructed to increase the probability of detecting an influence of rape myth acceptance norms on rape proclivity. Therefore, the focus theory of normative conduct and the self-categorization model of normative influence may mutually influence individuals' rape myth acceptance, and may have both exerted some level of influence on participants' self-reports within the Bohner et al. (2006) study.

Bohner, Pina, Viki, and Siebler (2010) extended previous research regarding descriptive and injunctive norms (Bohner et al., 2006). In their design, Bohner and colleagues (2010) chose to vary the type of reference group (i.e., using in-groups and out-groups) instead of holding it constant and then assessed the resulting influence the different groups had on rape myth acceptance and self-reported likelihood to rape among men. The authors informed some participants of other student's rape myth acceptance (in-group) while other participants were given information about pensioner's rape myth acceptance (out-group). Information regarding rape myth acceptance was varied between two different levels (i.e., low acceptance and high acceptance). A control group did not receive feedback about any group's level of rape myth acceptance. The pensioner group was chosen as an out-group because pilot study results indicated that this group was perceived to be high in rape myth acceptance compared to a male student sample.

Using a pensioner reference group and a male student reference group allowed Bohner et al. (2010) to manipulate category-based expectancy violations in order to identify any additional effect expectancy violation may have on participants' self-reports. Based on expectancy violation theory, Bohner et al., (2011) proposed that feedback about others' rape myth acceptance would influence participants' rape myth acceptance and rape proclivity to the extent that the feedback deviated from the participants' stereotypic expectancies about the reference group (expectancy violation). Results demonstrated that the lowest rates of rape proclivity were reported by respondents who were provided low out-group feedback, suggesting an effect of expectancy violation. The authors proposed the presence of an added effect of positive distinctiveness to further explain the study results.

Positive distinctiveness is a main assumption of social identity theory and posits that individuals will be motivated to regain their positive reputation if it is threatened by an out-group that is perceived to be similar to the in-group in some way (Bohner et al., 2010). Therefore, receiving notification of the out-group's (pensioners) low feedback (i.e., low rape myth acceptance) might have influenced participants to lower their own rape supportive attitudes due to a greater distinctiveness threat. This influence from positive distinctiveness would be greatest in the low-norm out-group condition, which was consistent with the studies' results (Bohner et al., 2010). Specifically, the study participants may have wanted to look more favorable than the pensioners by reporting even lower levels of rape myth acceptance than the pensioners reported. However, when told that the pensioners reported high levels of rape myth acceptance, the participants may not have felt any added motivation to lower their rape supportive attitudes on self-report measures.

Bohner et al. (2006) and Bohner et al. (2010) both applied a social norms approach to studying attitudes toward rape that primarily focused on altering men's perceptions of social norms regarding sexual assault. These studies suggest that men who strongly endorse rape myths have a higher chance of acting on their rape supportive beliefs and perpetrating sexual assault when they perceive that their male peers also hold the same or similar attitudes. In contrast, men may be less likely to act on their rape supportive beliefs when they correctly perceive that other men are not in agreement. Overall, the results of these studies suggest that group norms can affect behavior even if they derive from a group that is not seen as a relevant source of social identity for the perceiver (i.e., out-groups). In addition, Bohner et al., (2011) demonstrate the utility of social normative feedback and expectancy violation as an intervention strategy. These results indicate that social norms approaches may be helpful for reducing the potential of

perpetration among men when placed within sexual assault prevention programs and other prevention efforts.

Misperceptions of Peer Norms

Social norms have shown strong support for their positive influence on changing attitudes and behaviors within sexual assault research (Berkowitz, 2004; Bohner et al., 2006; Bohner et al., 2010). One important aspect of social norm influence is the effect that misperceptions of social norms have on individuals' attitudes and behaviors, and the effect of misperceptions on behaviors forms the basis of the social norms approach. Berkowitz (2004) states: "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" (p. 260). Social norms research suggests that peer influences are created by perceptions of what others believe and do (the "perceived norm") as opposed to what their actual beliefs and actions are (the "actual norm"). The discrepancy between "perceived" and "actual" norms is called a "misperception" (Berkowitz, 2004). Berkowitz (2004) proposed that correcting the misperception by pointing out discrepancies and providing accurate norms will lead to a corresponding behavior change.

Misperceptions are proposed to become widespread norms when extreme behaviors (e.g., sexist jokes) from a minority group are observed by the majority. When extreme behaviors occur, they are often highly visible and more memorable than prosocial behaviors that are actually more common, but less visible (Perkins, 1997). After the extreme behavior is noticed, it is assumed to be the norm by perceivers and may be perpetuated even further when observers speak to others about what they witnessed, even if they do not engage in the negative behavior themselves. Therefore, providing accurate and believable information regarding peer group norms is proposed to reduce negative effects of misperceived norms (e.g., negative peer

pressure) and increase the chance that individuals will openly state their prosocial attitudes and beliefs when witnessing extreme negative behaviors. Therefore, supplying individuals with normative feedback that corrects misperceptions of norms is another one of the main methods of the social norms approach (Berkowitz, 2004).

Social norms and sexual assault research have placed some emphasis on examining the extent to which misperceptions of peer norms might prevent individuals from intervening in an assault. This line of research also explores the prospect that correcting misperceptions will serve as a beneficial strategy for violence prevention. Burn (2009) suggested that the fifth step in the situation model (i.e., failure to intervene) can be hindered by “bystander fears of embarrassment, awkwardness, and social concerns, leading to a failure to intervene due to audience inhibition barrier” (p. 782). This phenomenon is similar to the evaluation apprehension concept proposed by Latane and Darley (1970). Specifically, bystander fear of embarrassment and evaluation apprehension both reflect a reluctance to intervene due to anxious feelings toward being judged by individuals who witness one’s attempt to intervene as a bystander. Therefore, a social norms approach may inform individuals that intervening in risky situations is an approved action according to peers which may correct misperceptions that intervening is not acceptable and may subsequently reduce fear of embarrassment and evaluation apprehension.

Previous research shows that men tend to overestimate other men’s level of comfort with sexist, derogatory, and other rape-supportive comments and behaviors (Flood, 2011). According to social norms theory, men’s misperceptions of other men’s acceptance of violence and sexism are proposed to create ‘pluralistic ignorance,’ which can then lead to ‘false consensus’. In this regard, pluralistic ignorance would occur if individuals conform to rape-supportive behaviors because they misperceive these behaviors to be the norm and believe that they will be in the minority if they oppose such behaviors. The individuals experiencing pluralistic ignorance may

also be less likely to intervene in a risky situation and may be more likely to add to the problematic behavior because they assume that it is normative. Pluralistic ignorance leads to false consensus when these individuals misperceive others' silence for approval and continue to endorse rape-supportive beliefs and behaviors because they incorrectly believe that they are in the majority.

In two separate studies, Kilmartin et al. (2008) found that male participants believed other college students were significantly higher in hostile sexism, benevolent sexism, and adversarial sexual beliefs than they actually were. The participants' ratings of others were also significantly higher than self-ratings on all variables measured. Results indicated that men who are familiar with one another are no more accurate at predicting their peers' attitudes than men who are strangers. The study results showed that an intervention providing accurate norm feedback decreased the participants' perceptions of others in ratings of sexism and adversarial sex beliefs, and increased the perception of peers' discomfort with sexism. This study shows that providing accurate feedback regarding peer norms is influential in altering perceptions of peers on sexual assault related measures.

Men generally report greater misperceptions for other men as opposed to other women. Men overestimate other men's endorsement of rape-supportive attitudes and underestimate other men's willingness to intervene to prevent sexual assault (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2003). Therefore, research indicates that, compared to themselves, men tend to perceive the average college male to be more accepting of rape myths, less likely to intervene in a situation where a woman is being mistreated, and more comfortable in situations where a woman is being mistreated (Loh, Gidycz, Lobo, & Luthra, 2005). Research has also found that perceived peer attitudes are strongly positively associated with willingness to

intervene (Brown & Messman-Moore, 2010). Ultimately, men are much more likely to intervene when they believe that other men would intervene in the same or similar situation, indicating that perception of others' willingness to intervene may serve as a strong predictor of one's own willingness.

Overall, studies on social norms show the amount of influence men have on other men even when the influence is based on incorrect perceptions of others (Brown & Messman-Moore, 2010). These studies also show that men's perceptions of social norms influence their own ability to prevent sexual violence (Brown & Messman-Moore, 2010). This lends support for the use of a social norms approach to correct misperceptions of norms and, ultimately, to stop misperceptions of norms from being a significant barrier that prevents individuals from intervening to prevent sexual assault.

Engaging Men as Asexual Assault Advocates

There has been a recent shift to engage more men in sexual violence prevention efforts as facilitators, educators, and as participants, as opposed to focusing on men as potential rapists (Stathopoulos, 2013). Therefore, using men as allies of sexual assault prevention will focus more on the positive roles that men can play in prevention. Suggestions for the future of bystander intervention include uniting men and women in efforts to reduce the incident of sexual assault, avoiding associating men with rape culture, and supporting the positive qualities of men while also focusing on the issues that sexual assault causes for women (Fabiano et al., 2003). Using men as sexual assault prevention allies may serve to help ease the resistance men feel after being exposed to prevention messages (Stathopoulos, 2013). Increasing the number of men who are allies in prevention efforts may also help ease any feelings of helplessness, defensiveness, or lack

of acceptance in an area that has traditionally been seen as a feminists' field (Stathopoulos, 2013).

Research regarding men who choose to actively participate in efforts to end violence against women indicate that, "men's involvements have been nurtured by tangible opportunities to participate, and sustained by a sense of a mandate for action, a deeper understanding of the issues, and the support of peers and a community" (Flood, 2011, p. 266). Therefore, men may be more likely to intervene as bystanders when they are given clear and specific actions to engage in, have a personal conviction to help, comprehend how helping will benefit others and themselves, and feel comfort knowing that they are acting in the mindset of the majority. Ideally, the men in the majority would then begin to socially sanction the few who display rape-supportive attitudes and behaviors and use peer pressure as a positive force that supports healthy gender relations.

Additional Factors of Influence

Additional factors have been associated with influencing individuals and increasing prosocial action. Stewart, Latu, Branscombe, and Denney (2010) examined the role that perceived efficacy plays when attempting to reduce racial inequality and discrimination behavior. In this study, perceived efficacy to create social change was manipulated by separating participants into three experimental groups that each received varied levels of feedback (high, moderate, low) regarding the efficacy of writing letters to campus administration. Participants were told that writing letters would result in either a 95% chance (high), 50% (moderate), or 5% chance (low) of more African-American faculty actually being hired to work at the university. Results indicated that efficacy feedback significantly influenced participants' perceived efficacy to produce social change. In addition, participants with higher efficacy elected to take more

flyers to hand out on campus regarding antidiscrimination, which was used as a behavioral measure of willingness to act regarding antidiscrimination.

Results from Stewart et al. (2010) suggest that increasing one's efficacy for creating change may also increase one's efforts to act in support of that change. The results also suggest that bystander intervention programs should make increasing bystander efficacy a critical component of program goals, as it may serve to increase program participants' willingness to intervene. Stewart et al. (2010) explained the importance of focusing on efficacy by stating that, "...perceiving a system to be unchangeable undermines personal and collective efficacy and curtails efforts to enact change. Conversely, perceiving a system to be modifiable, and oneself to be efficacious, fosters action and perseverance" (pg. 1557). Therefore, convincing college students that they can help to reduce sexual assault by intervening in risky situations may increase the number of bystander interventions that occur which should serve to decrease sexual assault occurrences as a whole.

In addition to increasing perceived efficacy, perceived likability is proposed to be a significant factor of influence. Liking is proposed as one of Robert Cialdini's Six Principles of Influences (Cialdini, 2009). According to Cialdini, people prefer to comply with individuals that they know and like. Likeability can be produced through physical attractiveness and perceived similarity to oneself, but these factors may not be as relevant through online interactions due to a general lack of social and physical cues. Other factors proposed to increase liking are familiarity, compliments, and association. Although research is limited, the effectiveness of liking in regard to increasing persuasion has been found to still be relevant in online contexts that lack face-to-face interaction, and this effect is specifically relevant for persuading men, as opposed to women (Guadagno & Cialdini, 2007).

Statement of Problem and Hypotheses

Sexual assault is a problem on college campuses. Acceptance of rape-supportive attitudes has been shown to be a significant risk factor related to sexual assault (Abrams, Viki, Masser & Bohner, 2003; Bohner et al., 2006; Bohner et al., 2010), while willingness to engage in bystander intervention is a protective factor that both men and women can engage in to help prevent sexual assault incidents (Banyard et al., 2007). Social norms research has shown that individuals tend to misperceive others' rape supportive attitudes by underestimating their rejection of rape myths and willingness to intervene in risky situations that could lead to sexual assault, which encourages people to conform to a false norm (Fabiano et al., 2003; Flood, 2011). Social norms theory then proposes that correcting misperceptions allows individuals to act in accordance with their actual beliefs, which are most often positive and consistent with sexual assault prevention goals (Berkowitz, 2004). Previous studies have demonstrated that providing normative feedback can influence self-reported attitudes and behaviors by decreasing rape myth acceptance and self-reported likelihood to commit sexual assault and increasing prosocial bystander attitudes and behaviors (Bohner et al., 2006, Bohner et al., 2010; Brown & Messman-Moore, 2009). The influence of normative feedback has also been suggested to be made stronger when the normative feedback violates a preexisting stereotypical expectancy (Bohner et al., 2010).

In the present study, participants will be provided normative feedback regarding bystander attitudes and behaviors and rape myth acceptance. Based on research conducted by Bohner et al. (2010) and social norms theory, it is predicted that normative feedback that creates a large expectancy violation will be the most effective in increasing participants' self-reported bystander attitudes and behaviors and decreasing participants' rape-supportive attitudes than groups that create a low expectancy violation or no expectancy violation at all. In addition, it is

predicted that normative feedback that does not create an expectancy violation will be less effective in altering participants' attitudes than expectancy violation groups, but more effective in increasing participants' self-reported bystander attitudes and behaviors and decreasing participants' rape-supportive attitudes than a control group providing no feedback.

Hypothesis 1. Participants who are provided normative feedback that creates a high expectancy violation will rate the highest in self-reported intent to help than participants in all other experimental and control conditions. Participants who are provided normative feedback that creates a low expectancy violation will rate higher in intent to help than the no-expectancy violation condition and the control group. Participants who are provided normative feedback without the effects of expectancy violation will be higher in intent to help than a control group with no feedback.

Hypothesis 2. Participants who are provided normative feedback that creates a high expectancy violation will rate the highest in perception of peers' likelihood of helping than participants in all other experimental and control conditions. Participants who are provided normative feedback that creates a low expectancy violation will rate higher in perception of peers' likelihood of helping than the no-expectancy violation condition and the control group. Participants who are provided normative feedback without the effects of expectancy violation will be higher in perception of peers' likelihood of helping than a control group with no feedback.

Hypothesis 3. Participants who are provided normative feedback that creates a high expectancy violation will rate the lowest in rape myth acceptance than participants in all other experimental and control conditions. Participants who are provided normative feedback that

creates a low expectancy violation will rate lower in rape myth acceptance than the no-expectancy violation condition and the control group. Participants who are provided normative feedback without the effects of expectancy violation will be lower in rape myth acceptance than a control group with no feedback.

Hypothesis 4. Participants who are provided normative feedback that creates a high expectancy violation will sign a bystander willingness pledge (behavioral measure of intent to help) more often than participants in all other experimental and control conditions. Participants who are provided normative feedback that creates a low expectancy violation will sign the bystander willingness pledge more often than the participants in the no-expectancy violation condition and the control group. Participants who are provided normative feedback without the effects of expectancy violation will sign the bystander willingness pledge more than a control group with no feedback.

In summary, no research has examined the influence of expectancy violations created through social norm information on bystander perceptions, attitudes, and behaviors. The aim of the present study is to fill these gaps by examining how an expectancy violation created through a social norm script influences perceptions of peers, bystander attitudes, and bystander behaviors. Specifically, this study will manipulate expectancy violation and measure perceptions of peers' bystander attitudes, self-reported intent to help, and behavioral intent to help. A measure of rape myth acceptance will also be administered, as this factor has previously been linked to bystanders' willingness to intervene. Furthermore, social norms approaches for increasing healthy behaviors are becoming increasingly popular, and research is starting to apply these techniques to sexual assault prevention. This study will contribute to the literature on the

effects of social norm approaches on factors related to sexual assault prevention, including rape myth attitudes and primary intervention attitudes and behaviors.

CHAPTER 3: METHOD

Pilot Study 1

Before testing the predictions, two pilot studies were conducted. The design of the main study required participants to expect that two reference groups were either low or high in perceived prosocial bystander attitudes, bystander behaviors, and sexual assault attitudes. Therefore, two pilot studies were conducted to identify a reference group that resulted in low prosocial bystander expectancy and a reference group that resulted in high prosocial bystander expectancy when rated by a sample of Georgia Southern University (GSU) students. These two reference groups were used as two levels of the main study's independent variable of expectancy violation. The third level of the expectancy violation variable did not identify a specific group of reference and therefore was not tested for in the pilot study.

Participants

Consistent with Bohner et al. (2010), 42 participants were recruited for the first pilot study. Participants were undergraduate and graduate students enrolled in general psychology classes who were recruited through the Psychology Department Research Pool as a requirement for a class or in exchange for extra credit. Participants were between 18 and 41 years of age ($M = 20.12$; $SD = 4.33$). Most participants were women (30; 71%), with 12 men (29%). Consistent with the population of the university, most participants were Caucasian (27; 64%), with representative numbers of African American participants (13; 31%). Additionally, there were 2 (5%) participants who identified as multi-racial. Each participant completed an online research survey.

Materials & Procedure

Expectancy violation (Main Study IV). An expectancy violation is a reaction to unexpected behaviors or attitudes of a reference group (Bohner et al., 2010). Pilot study participants were presented with seven different social, service, and athletic collegiate groups found on the Georgia Southern University (GSU) campus. Participants were asked to rate how likely members of each GSU group would be to endorse a rape myth and engage in bystander behaviors. The seven groups included fraternity members, baseball players, male basketball players, football players, male marching band members, male Sexual Assault Response Team (SART) members, and male Residential Assistants (RA). Therefore, participants' expectancies were based on their perceptions and stereotypes of each of these seven groups, which resulted in the identification of participants' category-based expectancies of these groups regarding their sexual assault and bystander related attitudes and behaviors.

Items to measure likelihood to engage in bystander behaviors included, "You hear a student saying 'Jokes about rape are never funny.' How likely is this student to be a member of the (reference group)?" and, "While at a party you see a student stop a girl who is intoxicated and being led away by a guy to a bedroom. You hear the student ask the girl if she is okay and if she needs help. How likely is this student to be a member of the (reference group)?" Participants rated the likelihood of each statement on a five point Likert-type scale from 1 (Very Unlikely) to 5 (Very Likely). Additional items to measure likelihood to engage in bystander behaviors were adapted from the Perceptions of Peer Helping scale (Banyard, Moynihan, Cares, & Warner, 2014).

Items to measure likelihood to endorse rape myths included, "You hear a student saying 'Any time a girl invites a guy to her apartment for a drink after the club it means that she wants

to have sex.’ How likely is this student to be a member of the (reference group)?” and, “You hear a student say ‘Any girl dumb enough to get wasted at a party is partly at blame if she is raped.’ How likely is this student to be a member of the Football team?.” Participants rated the likelihood of each statement on a five point Likert-type scale from 1 (Very Unlikely) to 5 (Very Likely). Additional items to measure likelihood to endorse rape myths were adapted from the updated Illinois Rape Myth Acceptance Scale, as this scale presents various items that reflect attitudes toward typical college sexual assault scenarios (e.g., drinking alcohol, attending parties) (McMahon & Farmer, 2011; Payne et al., 1999).

Perceived likability is proposed to be a significant factor of influence (Cialdini, 2009). Therefore, participants were also asked to rate each group’s likeability by indicating how much they liked the group on a Likert-type scale from 1 (I Do Not Like Them At All) to 5 (I Like Them A Lot). Likeability was controlled for in the main study, as it has been shown to be a factor that increases influence. Controlling for likeability prevented this factor from confounding the variables of interest, which are the influential effects of the social norm script and expectancy violation.

In addition, in order to control the potential confounding effects due to measurement order, the perceived likability item was counterbalanced with the likelihood to engage in bystander behaviors and likelihood to endorse rape myth items. Specifically, half of the participants rated each GSU groups’ likeability before answering the ten likelihood items, and half of the participants rated each GSU group’s likability after answering the ten likelihood items. The ten likelihood to engage in bystander behaviors and likelihood to endorse rape myth items were randomized upon the survey’s creation and then presented to all participants in a set order.

Overall, a total of eleven questions were used to measure likelihood to engage in bystander behaviors, likelihood to endorse rape myths, and likability of each GSU group. The GSU groups chosen as least likely and most likely to engage in bystander behaviors and endorse rape myths and that were insignificantly different in likeability from each other were used for the high expectancy violation and the low expectancy violation groups in the main study.

Pilot Study 2

The purpose of this pilot study was to help confirm that reading a script by a football player who advocates for sexual assault prevention was perceived as surprising and unexpected and that reading a script by a SART member who advocates for sexual assault prevention was perceived as expected.

Participants

Participants included 27 students from a Southeastern university. Participants were recruited through the Psychology Department Research Pool as a requirement for a class or in exchange for extra credit. Each participant completed an online research survey.

Materials

Social norm script. Social norms are described as rules that guide the behavior of group members by dictating what is permitted and what is not permitted as acceptable (Bohner et al., 2010). Participants in all levels of the expectancy violation condition were exposed to a brief statement that was presented as a message written in first person by the experimenter of the study. The social norm script described social norms regarding bystander intervention and campus sexual assault and served as the social norm script manipulation for this study.

Instead of focusing on in-group versus out-groups norms like previous studies (Bohner et al., 2010), this study manipulated the social effects of expectancy violation on behaviors and

attitudes, as expectancy violation has been proposed to be more influential than in-group and out-group peer norms (Bohner, et al., 2010). Therefore, the social norm script held type of reference group constant by always providing norm information that pertained to an in-group (i.e., GSU students). The script also attempted to correct common rape myths and teach specific bystander intervention techniques. Finally, the script addressed positive distinctiveness and efficacy for a decrease in sexual assault incidences on the campus of GSU through an increase of participants' willingness to intervene (Stewart, Latu, Branscombe, & Denney, 2010).

Likeability is an important factor of influence, and an individual's name has been shown to influence characteristics associated with likeability (e.g., trustworthiness, commonality) (Cialdini, 2009; Newman et al., 2014). Specifically, research indicates that the most likeable names are the names that are easier to pronounce and the names that have positive valence (Lahama, Kovalala, & Alter, 2011; Newman et al., 2014). Therefore, the more pronounceable and positively valenced peoples' names are, the more likely people are to favor them. When researching names with positive and negative valence, Gebauer, Leary, and Neberich (2012) found that the most positive name (i.e., Jacob) received 90% more visits on a dating profile than the most negative name (i.e., Kevin). According to the social security administration, the name Jacob has been the top United States baby name for boys for 14 years in a row (Social Security Administration, 2013). Therefore, the name Jacob was chosen as the researcher's name for this study. The name Jacob appeared in the script for the high expectancy violation condition and in the low expectancy violation condition.

The script began with the researcher welcoming participants to the study and introducing himself by stating, "Hello. My name is Jacob." The script continued with the researcher stating that he is a student at Georgia Southern University. The experimenter identified himself as a

GSU student to create an in-group norm, which is proposed to make social norm information directly relevant to the GSU student participant sample. Next, the students randomly assigned to the high expectancy violation group heard the experimenter state his membership in the reference group rated in the pilot study to create the greatest expectancy violation (i.e., “I am a student at Georgia Southern and a member of the football team”). The students randomly assigned to the low expectancy violation group heard the experimenter state his membership in the reference group rated in the pilot study to create the lowest expectancy violation (“I am a student at Georgia Southern and a member of the Sexual Assault Response Team”). Participants randomly assigned to the no-expectancy violation condition did not hear that the experimenter was a member of any particular reference group. The researcher then thanked participants for electing to take the study.

Having the researcher state his in-group (GSU student) membership is in line with the self-categorization model of normative influence (Terry & Hogg, 1996), which proposes that the status of a reference group (i.e., in-group versus out-group) is a significant variable of influence. According to this theory, group norms should primarily affect behavior if the specified norms originate from a group that is relevant to the perceiver of the norm (Bohner et al., 2006). In addition, providing in-group information is proposed to be influential in altering participants’ attitudes toward rape (Bohner et al., 2006). Therefore, using the in-group norm of GSU students was chosen to make the subsequent social norm information highly salient to the participants, which is theorized to maximize the effect of reading the script on participants (Bohner et al., 2010).

The next section of the script was designed to provide social norms for participants in the form of injunctive and descriptive norms. Injunctive norms are behaviors or attitudes that are

seen as acceptable and appropriate within a social group and a social setting (Cialdini, Reno & Kallgren, 1990). Specifically, injunctive norms refer to what is seen as right and wrong based on morals or beliefs (Berkowitz, 2004). Descriptive norms are norms that describe how others judge or act in a given situation (Bohner et al., 2006). Descriptive norms focus on behaviors and what people actually do (Berkowitz, 2004).

Descriptive norms and injunctive norms were addressed by informing participants that it is acceptable and appropriate for all Georgia Southern University students to engage in bystander intervention. Specifically, injunctive norms were addressed by the sentence: “Hooking up with a girl (or guy) that is too drunk or wasted is not okay, and, believe it or not, that can get you charged with rape.” This sentence informs participants that sexual activity with someone who is drunk is not an acceptable behavior (injunctive norm), and educates students on what rape can look like. Increasing education regarding the act of sexual assault is a common goal of many sexual assault prevention and education programs.

The next sentence of the script stated: “Basically, more and more GSU students are taking a stand against sexual assault on our campus.” This sentence was meant to suggest that sexual assault is not accepted by Georgia Southern students and that students are already actively standing against sexual assault (descriptive norms). Dictating what the current social norms are for GSU students in this sentence may also assist with correcting any misperceptions that participants may have regarding their peers’ attitudes and behaviors about rape. Correcting misperceptions regarding peers’ attitudes and behaviors about rape has previously been shown to influence others’ willingness to intervene and attitudes toward rape (Bohner et al., 2006; Fabiano et al., 2003). The next sentence in the script also dictated an injunctive norm by stating:

As fellow GSU Eagles, it is our duty to look out for one another, and that means helping a friend out who has had too much to drink so that she (or he) doesn't end up being a victim of sexual assault.

This sentence sets a societal duty (injunctive norm) to help other students on the campus when they are in need. The following sentence continues to create and define the injunctive norm for bystander intervention by stating: "That also means we need to step in and intervene if one of our friends is taking advantage of someone that is too drunk to say 'no.'" Including drinking scenarios in the script is particularly relevant for a college sample, as 72% of the sexual assault victimization cases reported by college students involve the consumption of alcohol (Mohler-Kuo et al., 2004). Therefore, this sentence also depicted a high risk situation in which an immediate threat was posed to an individual.

Stating a need to help students who have had too much to drink also addresses a common rape myth that sexual assault survivors deserved to have been assaulted if they were drinking or drunk at the time of the assault. The function of rape myths has previously been researched as a form of descriptive norms (Bohner et al, 2006), and, according to prior research, individuals who rate higher in rape myth acceptance report less willingness to intervene in sexual assault situations (McMahon, 2010). Therefore, correcting rape myths has been proposed to be beneficial for increasing individuals' willingness to intervene. The last sentence was also meant to increase participants' awareness of the typical acquaintance rape scenario that commonly takes place at college parties, as failure to notice and failure to identify an individual's potential risk for victimization are presented as common barriers for engagement in bystander intervention in the Theory of Planned Behavior (Ajzen, 1985).

The script continued to set descriptive norms for GSU students by stating bystander intervention actions that the researcher has performed himself. This portion of the script stated:

My friends and I intervened when another friend of ours was drunk and being led to a bedroom by some guy. We simply stopped her to ask if she was okay and then took her back to her friends when we could tell that she was too wasted. Then we made sure she and all her friends made it back to their dorm safely for the night.

This statement also informed students of specific bystander techniques. Informing participants of specific, yet simple, bystander techniques (i.e., asking if an intoxicated individual is okay) is meant to decrease participants' evaluation apprehension (i.e., worry over looking foolish while attempting to perform bystander techniques) and increase participants' confidence as an active bystander, which is associated with increasing individuals' willingness to intervene (Banyard & Moynihan, 2011). In addition, the previous statement was added to correct misperceptions that a woman has to fight back physically for an incident to be considered rape, which further addresses common rape myths.

The script ended by making a statement about the potential efficacy of all students agreeing to participate in bystander intervention on campus safety and reputation. Efficacy was addressed in the script by stating:

If we all just agree to take a stand by intervening when we see friends and acquaintances at risk, we can help GSU decrease our total number of sexual assault incidents on campus. If we continue to decrease the GSU campus risk, our university will rank as one of the Top 5 Safest Campuses in GA.

Increasing one's efficacy for creating social change has been found to increase one's efforts to act in support of that social change (Stewart, Latu, Branscombe, & Denney, 2010). Therefore,

stating that engaging in bystander intervention can result in increased campus safety was meant to increase perceived efficacy for the participants. In addition, this sentence attempted to create a motivation to engage in bystander intervention derived from a desire for positive distinctiveness from other colleges and universities in Georgia. Positive distinctiveness is a model of normative influence that has been proposed to be beneficial for increasing prosocial attitudes and behaviors within a normative group (Bohner et al., 2010).

When all sections of the social norm script are together, it reads as the following:

Hello. My name is Jacob. I'm a student at Georgia Southern and a member of the Football Team. Thanks for taking my study on helping behaviors.

I'd like to talk about a serious topic that I need your help with. I want to end sexual violence on our campus.

Hooking up with a girl (or guy) that is too drunk or wasted is not okay, and, believe it or not, that can get you charged with rape. Basically, more and more GSU students are taking a stand against sexual assault on our campus.

There are a few bad people on campus, but most of us want to do the right thing. So as GSU Eagles it is our duty to look out for one another, and that means helping a friend who has had too much to drink so that she (or he) doesn't end up being a victim of sexual assault. That also means we need to step in and intervene if one of our friends is taking advantage of someone that is too drunk to say 'no'.

My friends and I stepped up when another friend of ours was drunk and being led to a bedroom by some guy. We simply stopped her to ask if she was okay and then took her back to her friends when we could tell that she was too wasted. Then we made sure she and all her friends made it back to their dorm safely for the night.

As previously mentioned, Flood (2011) has proposed that men may be more likely to intervene as bystanders when they are given clear and specific actions to engage in, have a personal conviction to help, comprehend how helping will benefit others and themselves, and feel comfort knowing that they are acting in the mindset of the majority. This study proposed that these same factors would be beneficial in engaging both men and women to intervene in a

sexual assault scenario. In addition, Bohner (2010) found that expectancy violation is effective in lowering rape-supportive attitudes. Bohner and colleagues (2010) also proposed that positive distinctiveness can help to increase the beneficial effects of expectancy violation. As a result, the social norm script for this study was created to reflect these principles joined with additional beneficial factors (e.g., in-group salience, efficacy) that have previously been researched and associated with increasing prosocial bystander attitudes and behaviors. Combining all of these principles and factors was done in effort to maximize the effect of reading the social norm script on participants' subsequent self-reported bystander attitudes and behaviors.

Procedure

First, all participants were asked to read and sign a consent form prior to beginning the study. In the informed consent form, participants were informed that they would be completing one of several studies related to helping behaviors and attitudes and they may receive a study by a hypothetical researcher. Participants were also informed that they would complete a series of surveys regarding helping behaviors and attitudes related to sexual behaviors. Next, all participants read a mock informed consent form that listed the researcher's name as Jacob Jones. The mock informed consent form contained the required content of all authentic informed consent forms. The purpose of the mock informed consent form was to add to the realism of the experimental manipulation. Participants were then randomly assigned to one of two experimental conditions (expectancy violation: high, low).

Participants were asked to read a social norm script that was presented as a hypothetical personal message from the researcher of the study. The social norm script described social norms regarding bystander intervention and campus sexual assault. The script was presented in text format, which was displayed on the screen for all participants to see. Directly above the text

version of the script, there was an audio recorded version of the script, which was recorded in the voice of a man. Therefore, participants had the option to read the social norm script and/or listen to the social norm script. There were five different male voices that participants were randomly assigned to, but the words in each audio version of the script were the same as the words in the written script.

Audio recordings were completed by male GSU students who each read the script twice, once introducing himself as a SART member (high prosocial expectancy) and once introducing himself as a Football player (low prosocial expectancy). The SART reference group and the football reference group were identified in the first pilot study to be similar in likeability but either high in prosocial bystander expectancy (i.e., SART members) or low in prosocial bystander expectancy (i.e., Football players). Therefore, participants were randomly assigned to either the Jacob SART condition or the Jacob Football player condition. Specifically, 12 pilot study participants read and/or heard that the researcher was a member of the football team, and 15 pilot study participants read and/or heard that the researcher was a member of SART.

After reading and/or listening to the script, participants were asked to rate the degree to which the social norm script violated their expectations on a Likert-type scale from 1 to 5, with 5 being higher reported expectancy violation. Example items included, “Compared to the attitudes of other [football players/SART members], Jacob’s message about sexual violence is [expected/unexpected]” and “Compared to the attitudes of other [football players/SART members], Jacob’s message about sexual violence is [expected/unexpected].”

Main Study

Participants

According to Cohen (1992), in order to detect medium sized differences between four group means, at least 45 participants per condition are required. Bohner et al. (2010) found effects of normative feedback and expectancy violation using 40 participants per condition. Consistent with Bohner et al., (2011) this study aimed to assign at least 40 participants per cell (4 groups), which required a sample of at least 160 participants.

Participants were recruited through the Psychology Department Research Pool as a requirement for an undergraduate class or in exchange for extra credit, and participants completed an online research survey. Initially, 304 students provided informed consent for this study. A total of 60 participants were removed from the data prior to conducting any analyses. Fifteen participants were removed because they did not respond to any questions. Five participants were removed due to failing to correctly answer catch questions that were designed to detect attention to the question items (“Which letter does the English alphabet start with?”). Within the no expectancy violation condition, seven participants were removed after failing to correctly answer two True or False manipulation check items (e.g., “The researcher of this study encourages sexual assault prevention.”). A total of 14 participants were removed after failing to correctly answer a True or False manipulation check item in the low expectancy violation condition (“The researcher of this study is a Sexual Assault Response Team member.”). Finally, 19 participants were removed due to failing to correctly answer a True or False manipulation check item in the high expectancy violation condition (“The researcher of this study is a Football team member.”). Thus, data from 244 participants were used in the analyses, which would allow

for 61 participants per condition. Participant characteristics of the final sample are described below.

Participants included 164 women (67.2%) and 80 men (32.8%) between 18 and 46 years of age ($M = 19.93$; $SD = 2.91$). Consistent with the population of the university, most participants were White/European (171, 70%), with representative numbers of Black/African American (59, 24.2%), Asian (9, 3.6%), and Native Hawaiian-Pacific Islander (2, 0.8%). Three participants indicated 'Other' as their race (1.2%). In addition, 21 participants identified as being of a Hispanic ethnicity (8.6%).

Participants self-identified as being from a rural (69; 28.3%), suburban (131; 53.7%), or urban area (43; 17.6%). Participants also indicated their academic level in school, with 97 participants identifying as being a freshmen (39.8%), 74 participants identified as a sophomore (29.5%), 54 participants identified as a junior (22.1%), and 21 participants identified as a senior (8.6%). Additionally, 33 participants identified as being in graduate school (13.5%), with 30 at the master's degree level (12.3%) and 3 at the doctoral degree level (1.2%). Twenty of the participants identified as belonging to a GSU sports team (8.2%), while 40 participants endorsed belonging to a fraternity (16.4%). Finally, 121 participants endorsed knowing a close friend or family member who had been sexually assaulted (49.6%).

Design & Materials

This study used a between subjects experimental design with random assignment to condition. Expectancy violation served as the independent variable. Expectancy violation variable had three levels (high expectancy violation, low expectancy violation, no expectancy violation) which differed according to the social norm script each participant was assigned to read. Three levels of expectancy violation were used in order to analyze the effects of levels of

expectancy violation on bystander related attitudes and behaviors in addition to the effects of social norm information. Participants who did not receive a social norm script were in the true control condition, as they were not exposed to social norm information or expectancy violating norms.

The no-expectancy violation group received a social norm script, but did not receive reference-group information within the script. Subsequently, participants in the no-expectancy violation condition were not exposed to any potential effects of an expectancy violation. Including the no-expectancy violation condition was used to help to determine if normative feedback produces a significant effect without the added potential effect of level of expectancy violation. Participants randomly assigned to the true control group did not receive a social norm script and subsequently were not exposed to any potential effects of normative feedback or expectancy violation. Results from the true control group served as a baseline to compare to the three experimental conditions.

The dependent variables for this study were personal bystander attitudes (as measured by the Bystander Attitudes Scale-Revised), perceptions of peers' likelihood of acting as an active bystander (as measured by the Perceptions of Peers Helping scale), acceptance of rape myths (as measured by the Illinois Rape Myth Acceptance Scale- Short Form), and a behavioral measure of intent to help (Pledge Signing). A web-based survey site, Qualtrics.com, was used to assess participants' attitudes and behaviors within an online survey.

Independent Variable

Expectancy violation. Expectancy violation was manipulated across three levels: high expectancy violation, low expectancy violation, or no expectancy violation. The group rated in the pilot study to be least likely to endorse rape myths and most likely to endorse positive

bystander attitudes (i.e., SART members) was used for the low expectancy violation group. The group rated in the pilot study to be similar in likeability to Sexual Assault Response Team members but the most likely to endorse rape myths and the least likely to endorse positive bystander attitudes was used for the high expectancy violation condition (i.e., Football players). These two groups were used to characterize the experimenter of the main study by indicating his reference group within the social norm script. Participants randomly assigned to the third experimental condition (no-expectancy violation) of this study were not presented with any group membership information and subsequently were not exposed to any potential expectancy violation effects.

Measures

Bystander Intervention. The Bystander Attitudes Scale-Revised (BAS-R; McMahon, Allen, Postmus, McMahon, Peterson & Hoffman, 2014) is based on the original Bystander Attitudes Scale (Banyard, Plante, & Moynihan, 2005) and is an updated version of the Bystander Attitudes Scale-Revised (McMahon, Postmus, & Koenick, 2011). The 2014 measure was updated in the following ways: items were deleted that were deemed to not be conceptually strong indicators of bystander behavior; items were added to have a better balance of bystander intervention opportunities during a range of risky situations; items were re-worded to make the questions clear (ex., original item: “Report a friend that committed a rape.,” updated item: “Report a friend to the police if I heard rumors that they had forced someone to have sex.”).

The BAS-R contains 11 items, each stating a different bystander behavior, and participants indicated how likely they were to engage in each behavior on a Likert-type scale from 1 (Very Unlikely) to 5 (Very likely). The BAS-R contains four subscales, including high-risk situations, postassault support for victims, postassault reporting of perpetrator, and proactive

opportunities with reliability coefficients of .82, .72, .82, and .86, respectively. Participants' total scores were calculated as the mean across the 11 items, with a score of 1 being low and a score of 5 being high. High scores indicate more prosocial attitudes regarding bystander intervention. Reliability analysis showed a Cronbach's alpha of .83 for the Bystander Attitudes Scale-Revised in the current sample.

Perceptions of Peer Helping. The Perceptions of Peer Helping scale (Banyard, Moynihan, Cares, & Warner, 2014) rates how much a participant views their friends as supportive and active bystanders. Nineteen items depicting descriptive norms examine participants' perceptions of how likely their peers are to engage in bystander behavior. Participants respond to overall instructions stating: "Please use the following scale to rate how likely YOUR FRIENDS are to do each of the following behaviors." Instructions were altered in this study by changing "YOUR FRIENDS" to "GSU STUDENTS" in effort to make this survey more relevant to this study's use of descriptive norms for GSU students. Each item was presented using a 5-point rating scale, ranging from 1 (Not at all likely) to 5 (Extremely likely). Participants' total scores were calculated as the mean across the 19 items with 1 being low and 5 being high. Higher scores indicate a higher prosocial perceptions of peers. Cronbach's alpha for this scale is .95 (Banyard et al., 2014). Example items measuring perceptions of peer helping included, "Criticize a friend who says they had sex with someone who was passed out or didn't give consent," and, "Do something to help a very intoxicated person who is being brought upstairs to a bedroom by a group of people at a party." Reliability analysis showed a Cronbach's alpha of .93 for the Perceptions of Peer Helping Scale in the current sample.

The Illinois Rape Myth Acceptance Scale - Short Form. (IRMA-SF; Payne, Lonsway and Fitzgerald, 1999) A modified version of The Illinois Rape Myth Acceptance scale (IRMA;

Payne, et al., 1999) was used to assess participants' general rape myth acceptance. The IRMA-SF scale is a 20-item scale that measures the extent that participants' endorse rape myths. Participants were asked to indicate their level of agreement with each item on a 5-point scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

The IRMA-SF was validated on a diverse range of individuals, including college students. The scale was designed to possess adequate internal consistency with a coefficient alpha of .87. The IRMA-SF demonstrates relatively high construct validity by converging ($r = .79-.88$) with scores on the Acceptance of Modern Myths about of Sexual Aggression (AMMSA; Gerger, 2007). There is also a high correlation between the full 45-item IRMA scale and the 20-item IRMA-SF scale ($r = .97$), indicating that IRMA-SF is a sufficient substitution for the IRMA when assessing general rape myth acceptance.

The 20 items on the IRMA-SF include three "filler items" that are not scored but are included to help control response sets. Therefore, participants' total scores were calculated as the mean across 17 items with 1 being low and 5 being high. Higher scores on the IRMA-SF represent greater endorsement of adversarial beliefs. (e.g., "Most girls secretly desire to be raped"). Reliability analysis showed a Cronbach's alpha of .88 for the IRMA-SF in the current sample.

GSU Students against Sexual Assault Pledge Signing. (*Behavioral Measure of Intent to Help*). Participants were informed of an opportunity to sign a pledge against sexual assault and for being an active bystander. Participants who wanted to sign the pledge were directed to click on a link that directed them to an external website which was separate from the study they just completed. The participants were informed that they could sign the pledge to convey their

commitment to being an active bystander against sexual assault by typing and submitting their name and their gender in the designated fields of the digital pledge website.

There was a separate pledge link for each condition within the study, and participants were only presented with the link that aligned with their study condition. The website Qualtrics.com hosted the separate pledge forms for each condition within this study. By submitting their digital signature, participants pledged their commitment to actively engage in five specific bystander behaviors that were written on the pledge screen (ex., “I pledge to change anything that I’m doing that contributed to sexual violence”).

The five bystander behaviors stated on the study’s pledge page were adapted from a pledge page created by The Green Dot program (Edwards, 2009), which is an international bystander intervention program. Participants were explicitly informed that the pledge was hosted on an external survey website that was not related to their responsibilities as a participant within the main study. Participants were also told that they would not be required to sign the pledge in order to receive their participation credit for the study and that signing the pledge was an extra, voluntary step that was able to be bypassed without any penalty. Therefore, participants were given the option to bypass the pledge signing in order to end the study and receive their full participation credit.

Pledge signing served as a behavioral measure of participants’ willingness to engage in bystander intervention. Self-report measures are proposed to sometimes be biased due to social desirability and demand characteristics of the researcher (Fritsche & Linneweber, 2006). Behavioral measures are proposed to more closely reflect a person’s actual views and are less sensitive to bias than self-report measures. Therefore, using a behavioral measure in this study was an attempt to enhance the external validity of this study.

Demographics. The demographic questionnaire provided a better understanding of the sample studied, and included the following information: race/ethnicity, major, year in school, age, gender, home of origin (i.e., rural/urban/suburban), and campus group membership (e.g., athletics, band, SGA, greek organizations, residential assistants).

Attention to the Manipulation and Expectancy Violation Checks. In order to check for attention to the manipulation, participants in the high and low expectancy violation groups were asked to identify the reference group of the researcher (i.e., Football player or SART member). Participants' expectancies and attention to the script were assessed once the BAS-R, Perceptions of Peer Helping scale, IRMA-SF, and demographic items were completed in order to avoid any demand effects on these measures.

Participants in the no expectancy violation group were assessed on attention by answering whether the researcher encouraged sexual assault prevention and whether the researcher stated that sexual assault is a serious topic. In line with Bettencourt, Dill, Greathouse, Charlton, and Mulholand (1997), the presence of expectancy violation was assessed by asking participants the following four questions: (1) "Compared to the interests of other (Football players/Sexual Assault Response Team members), Jacob's message about sexual assault was [very unexpected/very expected]" (2) "Compared to the behaviors of other (Football players/Sexual Assault Response Team members), how unexpected was Jacob's willingness to intervene when seeing a drunk girl being led to a bedroom at a party?" (3) "Compared to the attitudes of other (Football players/Sexual Assault Response Team members), how unexpected was Jacob's willingness to say that sexual assault is a serious topic?" Participants responded to these three questions on a five-point Likert-type scale with the 1 endpoint labeled "very unexpected" and the 5 endpoint labeled "very expected." The participants' responses to these

three questions were reversed coded, such that a higher score indicated higher levels of expectancy violation. The fourth question asked participants, “Overall, did Jacob’s reported behaviors and attitudes toward sexual assault fit common stereotypes for (Football players/Sexual Assault Response Team members)?” Participants responded to this question on a five-point Likert-type scale with the 1 endpoint labeled “Yes, fit common stereotypes” and the 5 endpoint labeled “No, Does not fit common stereotypes.” Responses to the four questions were averaged for a total score of Expectancy Violation.

Procedure

First, all participants were asked to read and sign a consent form prior to beginning the study. In the informed consent form, participants were informed that they would be completing one of several studies related to helping behaviors and attitudes and they may receive a study by a hypothetical researcher. Participants were also informed that they would complete a series of surveys regarding helping behaviors and attitudes related to sexual behaviors. Participants were then randomly assigned to one of three experimental conditions (expectancy violation: high, low, none) or a true control condition with no manipulation.

Conditions

High expectancy violation and low expectancy violation. Participants randomly assigned to the high and low expectancy violation conditions first read a mock informed consent form that listed the researcher’s name as Jacob Jones. The content of this mock informed consent contained the required content of all authentic informed consent forms. The purpose of the mock informed consent form was to add to the realism of the experimental manipulation.

Participants in the high and low expectancy violation conditions were then asked to read a social norm script that was presented as a personal message from the researcher of the study.

The same social norm script used in the second pilot study was administered to participants in the main study. The script was presented in text format, which was displayed on the screen for all participants to see. Directly above the text version of the script was an audio recorded version of the script, which was read in the voice of a man. There were five different male voices, and participants were randomly assigned to hear one of those five voices. Participants had the option to read the social norm script and/or listen to the social norm script. The words in each audio version of the script were the same as the words in the written script.

All participants in the experimental conditions received the same norm script. The only difference between the conditions was the reference group that the researcher identified with during the introductory message. Specifically, participants in the high expectancy violation group read that the researcher was a member of the football team and participants in the low expectancy violation condition read that the researcher was a member of the Sexual Assault Response Team (SART). Participants in the high and low expectancy violation conditions were asked to read and/or listen to the script before proceeding to the next part of the study.

After reading the script, participants in the high and low expectancy violation conditions were asked to complete The Bystander Attitudes scale-Revised, The Perceptions of Peer Helping scale, the IRMA-SF, and demographic items. The dependent measures were presented in the same order to all participants of this study, regardless of condition. Next, a manipulation check was utilized to assess participants' level of expectancy violation and attention to social norm information.

Finally, participants in the high and low expectancy violation conditions were presented with the opportunity to complete the signing of the pledge task outlined above. Specifically, at this point, participants in the high and low expectancy violation conditions were thanked for their

participation in the study and were presented with directions to receive credit. Along with directions to receive their credit, participants read that the researcher created a bystander pledge on an external website. Participants were told that they could sign the pledge by clicking on a provided link that was connected to an external website. Participants were told that this was a voluntary task that was not required to receive credit for the study.

No expectancy violation. Participants randomly assigned to the third experimental condition (no-expectancy violation) of this study were not exposed to any reference group information and therefore were not exposed to any potential expectancy violation effects. Participants in this group were asked to read the social norm script that did not present the researcher's name or reference group. Participants were then asked to complete The Bystander Attitudes scale-Revised, The Perceptions of Peer Helping scale, the IRMA-SF, and demographic items. Participants were then thanked for their participation in the study and presented with directions to receive credit. Along with directions to receive their credit, participants read that the researcher created a bystander pledge on an external website. Participants were told that they could sign the pledge by clicking a provided link that was connected to the external website. Participants were informed that this was a voluntary task that was not required to receive credit the study.

Control group. Participants assigned to the control condition of this study were not exposed to any social norm information and did not read a social norm script. These participants were only asked to complete all dependent measures and demographic items. Participants were then thanked for their participation in the study and presented with directions to receive credit. Along with directions to receive their credit, participants were informed that the researcher created a bystander pledge on an external website. Participants were told that they could sign the

pledge by clicking on a provided link that was connected to the external website. Participants were informed that this was a voluntary task that was not required to receive credit the study.

CHAPTER 4: RESULTS

Preliminary Analyses

Prior to completing analyses to test the hypotheses, preliminary analyses were conducted to determine the effect of the manipulated group membership on expected prosocial bystander attitudes and behaviors and likeability.

Pilot Study 1

It was expected that groups that had been found in previous sexual assault research as high-risk for sexual assault perpetration (i.e., athletic groups, fraternities; Flood & Pease, 2009) would be expected by participants to display fewer prosocial attitudes and behaviors related to sexual assault than other groups not associated with a high-risk for sexual assault perpetration. As predicted, a repeated measures ANOVA showed that prosocial attitudes differed by reference group, Wilk's lambda = 0.20, $F(6, 27) = 18.14$, $p < 0.001$, $\eta^2_{\text{partial}} = .80$. Results showed that the SART group ($M = 4.01$; $SD = .57$) was rated significantly different from all other reference groups (all p 's < 0.001), with an expectation for SART members to display more prosocial attitudes and behaviors related to sexual assault. Fraternity group members ($M = 2.55$; $SD = 0.58$) were the least expected of the seven reference groups to display prosocial bystander related attitudes or behaviors, all p 's $< .001$.

Football team members ($M = 2.77$; $SD = 0.54$) were rated significantly different from the SART group ($M = 4.01$; $SD = 0.57$), Residential Assistants ($M = 3.57$; $SD = 0.46$) and Marching Band members ($M = 3.22$; $SD = 0.47$; all p 's $< .001$), with an expectation for Football team members to display fewer prosocial attitudes and behaviors related to sexual assault. There was no significant difference between Football team members and Baseball team members ($M = 2.85$; $SD = 0.57$) or between Football team members and Basketball team members ($M = 2.78$;

$SD = 0.48$), indicating a similar expectation of prosocial bystander related attitudes and behaviors for each of the athletic groups within this study.

Regarding Likeability, a repeated measures ANOVA showed no significant differences by reference group, Wilk's lambda = 0.77, $F(6, 33) = 1.63$, $p = .17$, $\eta^2_{\text{partial}} = .23$. These results indicate that participants perceived each of the reference groups as similar in likability.

Overall, SART members were rated as significantly more expected to display prosocial bystander attitudes and behaviors than Football players and Fraternity members. These results suggest that reference group does have an effect on expectancy to display prosocial bystander related attitudes and behaviors. Specifically, SART members are seen as more likely to possess prosocial bystander attitudes and more likely to help in a scenario when sexual assault may occur than the other reference group members. Therefore, SART members would create *less* of an expectancy violation than Football players or Fraternity members when advocating for sexual assault prevention or intervening to help in a situation that may lead to sexual assault.

Conversely, Football players and Fraternity members would create *more* of an expectancy violation than SART members when advocating for sexual assault prevention or when attempting to intervene in a situation that may lead to sexual assault. Subsequently, SART members were chosen as the low expectancy violation reference group for the main study. The Fraternity members group was the least expected of the seven reference groups to display prosocial bystander related attitudes or behaviors. However, regarding Likability, although there were no significant overall differences by reference group, Fraternity members received the lowest Likability score among all seven reference groups. Therefore, in order to control for the potential influence of Likeability, Football members were chosen as the high expectancy violation reference group for the main study.

Pilot Study 2

The purpose of this pilot study was to confirm that reading a script by a football player (i.e., high expectancy violation group) who advocates for sexual assault prevention would be perceived as surprising and unexpected and that reading a script by a SART member (i.e., low expectancy violation group) who advocates for sexual assault prevention would be perceived as expected.

An independent samples *t*-test was conducted to assess for the mean difference between the high and low expectancy violation groups on the measure of expectancy. As predicted, results showed that Football team members ($M = 3.31$; $SD = 0.59$) created a significantly higher expectancy violation than SART members ($M = 1.98$; $SD = 0.69$) after reading a social norm script advocating for sexual assault prevention, $t(25) = 6.29$, $p < .001$, Cohen's $d = 2.07$. These results suggest that SART members would create less of an expectancy violation than Football players when stating prosocial attitudes regarding sexual assault. Conversely, Football players would create more of an expectancy violation than SART members when stating prosocial attitudes regarding sexual assault. These results support the use of SART members as the low expectancy violation group and Football players as the high expectancy violation group for two levels of the main study's IV.

Main Study

Expectancy Violation Manipulation Check. In two of the experimental conditions (high expectancy violation, low expectancy violation), participants were asked to read a social norm script from a hypothetical experimenter. In the script, the hypothetical experimenter identified as being either a football team member or a SART member depending on the participant's condition. Since stating membership within the different reference groups was

meant to cause an expectancy violation in participants, it was essential to test whether there was a difference in expectancy violation between the two conditions.

A manipulation check was conducted to confirm that reading the script by a football player (i.e., high expectancy violation group) who advocated for sexual assault prevention was perceived as surprising and unexpected and that reading a script by a SART member (i.e., low expectancy violation group) who advocates for sexual assault prevention was perceived as expected. An independent samples *t*-test was conducted to assess for the mean difference between the high and low expectancy violation groups on the measure of expectancy. Results showed that a Football team member ($M = 3.26$; $SD = 0.84$) advocating for sexual assault prevention created a significantly higher expectancy violation than did a SART member advocating for sexual assault prevention ($M = 1.87$; $SD = 0.61$), $t(82) = 8.52$, $p = .02$, Cohen's $d = 1.89$.

Hypothesis Testing

Expectancy violation served as the independent variable in this study. The expectancy violation variable had three levels (high expectancy violation, low expectancy violation, no expectancy violation), which differed according to the social norm script each participant was randomly assigned to read. Participants who did not receive a social norm script were in the true control condition, as they were not exposed to social norm information or expectancy violating norms. The dependent variables for this study were personal bystander attitudes (as measured by the Bystander Attitudes Scale-Revised), perceptions of peers' likelihood of acting as an active bystander (as measured by the Perceptions of Peers Helping scale), acceptance of rape myths (as measured by the Illinois Rape Myth Acceptance Scale- Short Form), and a behavioral measure of intent to help (Pledge Signing).

It was expected that participants who were provided normative feedback that created a high expectancy violation would rate the lowest in rape myth acceptance and the highest in self-reported intent to help, perceptions of peers' likelihood of being an active bystander, and behavioral intent to help than participants in all other experimental and control conditions. Participants who were provided normative feedback that created a low expectancy violation were expected to rate lower in rape myth acceptance and higher in self-reported intent to help, perceptions of peers' likelihood of being an active bystander, and behavioral intent to help than the no-expectancy violation condition and the control group. Finally, participants who were provided normative feedback without the effects of expectancy violation were expected to rate lower in rape myth acceptance and higher in self-reported intent to help, perceptions of peers' likelihood of being an active bystander, and behavioral intent to help than a control group with no feedback. The correlations between all self-report dependent measures are shown in Table 1. The results are organized by dependent variable.

Table 1

Correlations Between Outcome Variables

| Measure | BAS-R | POPH | IRMA-SF |
|---------|-------|-------|---------|
| BAS-R | --- | .24** | -.52** |
| POPH | | --- | .01 |
| IRMA-SF | | | --- |

Note. BAS-R- Bystander Attitudes Scale-Revised; POPH- Perceptions of Peer Helping Scale; IRMA-SF- Illinois Rape Myth Acceptance Scale-Short Form

** $p < .01$ level (2-tailed), * $p < .05$ level (2-tailed).

Bystander Attitudes Scale-Revised. To assess the relationship between expectancy violation and bystander attitudes, a one-way, between-subjects ANOVA was conducted. The study's first hypothesis proposed a significant difference between the experimental and control conditions, with participants exposed to normative information that creates a high expectancy

violation rating the highest in self-reported intent to help on the modified Bystander Attitudes Scale-Revised than participants in all other experimental and control conditions. Results from the ANOVA showed that the effects between conditions were not significant $F(3, 163) = 1.83$ $p = .14$, $\eta^2_{\text{partial}} = .03$, thus hypothesis 1 was not supported. The means, standard deviations, and cell sizes for the Bystander Attitudes Scale-Revised are displayed in Table 2.

Table 2

Means, Standard Deviations, and Sample Size for the Bystander Attitudes Scale-Revised

| Group | Mean | Standard Deviation | n |
|---------------------------|------|--------------------|----|
| Control | 3.91 | 0.66 | 52 |
| No Expectancy Violation | 4.07 | 0.59 | 54 |
| Low Expectancy Violation | 3.71 | 0.79 | 24 |
| High Expectancy Violation | 3.91 | 0.65 | 37 |

Perceptions of Peer Helping Scale. To assess the relationship between expectancy violation and perceptions of peers' likelihood of being active bystanders, a one-way, between subjects ANOVA was conducted. The study's second hypothesis proposed a significant difference between all experimental and control conditions, with participants exposed to normative information that creates a high expectancy violation rating the highest in prosocial perceptions of peers' intent to help than participants in all other experimental and control conditions. There was no significant main effect of expectancy violation on the perceptions of peer's intent to help $F(3, 162) = .41$ $p = .75$, $\eta^2_{\text{partial}} = .01$, thus hypothesis 2 was not supported. The group means, standard deviations, and cell sizes for the Perceptions of Peer Helping Scale are shown in Table 3.

Table 3

Means, Standard Deviations, and Sample Size for the Perceptions of Peer Helping Scale

| <i>Group</i> | Mean | Standard Deviation | n |
|---------------------------|------|--------------------|----|
| Control Group | 3.73 | 0.85 | 56 |
| No Expectancy Violation | 3.35 | 0.87 | 48 |
| Low Expectancy Violation | 3.47 | 0.55 | 27 |
| High Expectancy Violation | 3.52 | 0.86 | 35 |

Illinois Rape Myth Acceptance Scale - Short Form. To assess the relationship between expectancy violation and endorsement of rape myths, a one-way ANOVA was conducted. The study's third hypothesis proposed a significant difference between all experimental and control conditions, with participants exposed to normative feedback that creates a high expectancy violation rating the lowest in rape myth acceptance than participants in all other experimental and control conditions. There was no significant main effect of expectancy violation on rape myth acceptance $F(3, 168) = 0.68, p = .57, \eta^2_{\text{partial}} = .01$, thus hypothesis 3 was not supported. The group means, standard deviations, and cell sizes for the Illinois Rape Myth Acceptance Scale – Short Form are displayed in Table 4.

Table 4

Means, Standard Deviations, and Sample Size for the Illinois Rape Myth Acceptance-Short Form

| <i>Group</i> | Mean | Standard Deviation | n |
|---------------------------|------|--------------------|----|
| Control Group | 1.69 | 0.57 | 53 |
| No Expectancy Violation | 1.59 | 0.49 | 54 |
| Low Expectancy Violation | 1.74 | 0.62 | 33 |
| High Expectancy Violation | 1.72 | 0.56 | 32 |

Behavioral Measure of Intent to Help. To assess the relationship between expectancy violation and behavioral intent to help as a bystander, a Chi-square analysis was conducted. The study's fourth hypothesis proposed a significant difference between all experimental and control

conditions, with participants exposed to normative information that creates a high expectancy violation signing more pledges to become an active bystander than participants in all other experimental and control conditions. There was no significant effect of expectancy violation on behavioral intent to help $\chi^2(3, N = 244) = 2.4, p = .52$, Cramer's $V = .06$, thus hypothesis 4 was not supported. The numbers of pledges signed between groups are shown in Table 5.

Table 5

Group Outcomes for Behavioral Intent to Help

| Group | Signed Pledge | | Percentage Signed |
|---------------------------|---------------|----|-------------------|
| | Yes | No | |
| Control | 12 | 65 | 15.6% |
| No Expectancy Violation | 15 | 64 | 19.0% |
| Low Expectancy Violation | 4 | 36 | 10.0% |
| High Expectancy Violation | 10 | 38 | 20.8% |

Additional Analyses

Although the expectancy violation manipulation did not alter mean levels of bystander intervention, rape myth acceptance, or perceptions of peer helping, it is possible that the expectancy manipulation altered the cognitive associations between these variables. If bystander behaviors and rape myth acceptance are linked in an associative network, with higher rape myth acceptance associated with lower willingness to help, then the manipulation of a peer's advocacy for sexual assault prevention might decrease the associative strength between these attitudes.

The manipulation might also alter the associations between bystander behaviors and the perception of peer helping. Specifically, participants who read about a peer advocating to help sexual assault victims might have a change in association between their personal bystander behaviors and their perceptions of peer helping. To explore the effect of the manipulation on the correlations between the dependent variables, Pearson correlational analyses were conducted

within each level of the independent variable. Table 6 displays the correlations between bystander attitudes, perceptions of peer's bystander willingness, and rape myth acceptance within each level of the independent variable.

Table 6

Correlations between Outcome Variables by Level of Independent Variable

| Variables | BAS-R | POPH | IRMA-SF |
|---------------------------------|-------|-------|---------|
| Control Group | | | |
| BAS-R | --- | .27 | -.52** |
| POP | | --- | -.03 |
| IRMA-SF | | | --- |
| No Expectancy Violation Group | | | |
| BAS-R | --- | .14 | -.67** |
| POP | | --- | .19 |
| IRMA-SF | | | --- |
| Low Expectancy Violation Group | | | |
| BAS-R | --- | .61** | -.32 |
| POP | | --- | -.41* |
| IRMA-SF | | | --- |
| High Expectancy Violation Group | | | |
| BAS-R | --- | .19 | -.49* |
| POP | | --- | .09 |
| IRMA-SF | | | --- |

Note. BAS-R- Bystander Attitudes Scale-Revised, POPH- Perceptions of Peer Helping Scale, IRMA-SF- Illinois Rape Myth Acceptance Scale-Short Form

** $p < .01$ level (2-tailed), * $p < .05$ level (2-tailed).

There were large, negative correlations between bystander attitudes and rape myth acceptance for the control group ($r(38) = -.52, p < .001$) and for the no expectancy violation group ($r(38) = -.67, p < .001$). In addition, there was a moderate negative correlation between bystander attitudes and rape myth acceptance for the high expectancy violation group ($r(28) = -.49, p = .008$). For the low expectancy violation group, however, the correlation between bystander attitudes and rape myth acceptance was nonsignificant ($r(21) = -.32, p = .16$). These results indicate that participants who reported more stereotypical attitudes toward sexual assault also reported significantly less willingness to intervene in a bystander situation in all conditions

except for the low expectancy violation condition. For participants in the low expectancy violation condition, stereotypical attitudes toward sexual assault displayed no association with willingness to intervene in a bystander situation.

There was no significant correlation between bystander attitudes and perceptions of peer helping for the control group ($r(41) = -.27, p = .08$), for the no expectancy violation group ($r(38) = .14, p = .40$), or for the high expectancy violation group ($r(29) = .19, p = .31$). However, there was a large, positive correlation between perceptions of peers' likelihood of helping as an active bystander and personal bystander willingness for the low expectancy violation group ($r(19) = .61, p < .001$). These results indicate that, in the low expectancy violation condition, participants who believed their peers were more likely to be active bystanders reported a higher personal willingness to intervene. However, perceptions of peers' likelihood of intervening had no association with participants' own willingness to intervene for the other three conditions.

Finally, there was no significant correlation between perceptions of peers' likelihood of helping and rape myth acceptance for the control group ($r(43) = -.03, p = .84$), for the no expectancy violation group ($r(39) = .19, p = .24$), or for the high expectancy violation group ($r(28) = .09, p = .64$). However, for the low expectancy violation condition, there was a moderate significant negative correlation between perceptions of peers' likelihood of helping and rape myth acceptance ($r(26) = -.41, p = .04$). For participants in the low expectancy violation condition, the more they perceived that peers were likely to help in a bystander situation, the less they endorsed rape myths.

Past research has associated various factors with attitudes towards sexual assault. Therefore, additional analyses were conducted using the demographic data reported in this study to identify potential effects or associations that were not originally proposed within the main

hypotheses. A series of *t*-tests or ANOVAs were conducted to assess for the effects of demographic information on the measures of bystander attitudes, perceptions of peers' likelihood to be an active bystander, and rape myth acceptance. Specifically, the relationships between participant gender, knowing a sexual assault survivor, and home of origin on levels of bystander attitudes, rape myth acceptance, and perceptions of peer bystander attitudes were examined.

Bystander Attitude Scale-Revised. Results revealed significant differences for gender and knowing a sexual assault survivor on bystander attitudes. Specifically, female participants reported significantly more willingness to engage in bystander behaviors ($M = 4.08$; $SD = 0.53$) compared to male participants' willingness to engage in bystander behaviors ($M = 3.58$; $SD = 0.78$), $t(165) = 4.77$, $p < .001$, Cohen's $d = 0.075$. In addition, participants who reported knowing an individual who was sexually assaulted were significantly more willing to engage in bystander behaviors ($M = 4.12$; $SD = 0.59$) compared to participants who did not report knowing an individual who had been sexually assaulted ($M = 3.73$; $SD = 0.67$), $t(165) = 3.96$, $p < .001$, Cohen's $d = 0.62$. A between subjects, one-way ANOVA revealed that bystander attitudes did not significantly differ by participants' home of origin $F(2, 163) = 0.10$, $p = .91$, $\eta^2_{\text{partial}} = .001$. Therefore, participants who endorsed growing up in a primarily suburban area ($M = 3.95$; $SD = .65$) reported similar bystander willingness compared to individuals who endorsed growing up in a primarily urban area ($M = 3.88$; $SD = 0.73$) and a primarily rural area ($M = 3.92$; $SD = 0.64$). Participants who grew up in a primarily urban area also reported similar bystander willingness compared to individuals who endorsed growing up in a primarily rural area.

IRMA-SF. Results also revealed significant differences for gender and home of origin on rape myth acceptance. Specifically, female participant's reported significantly less rape myth acceptance ($M = 1.51$; $SD = 0.46$) compared to male participants' rape myth acceptance ($M =$

2.06; $SD = 0.57$), $t(170) = 6.53$, $p < .001$, Cohen's $d = 1.06$. Results revealed no significant differences in rape myth acceptance for participants who reported knowing an individual who was sexually assaulted ($M = 1.64$; $SD = 0.54$) compared to participants who did not report knowing an individual who had been sexually assaulted ($M = 1.71$; $SD = 0.57$), $t(170) = .66$, $p = .42$, Cohen's $d = 0.13$. Finally, a between subjects, one-way ANOVA revealed that rape myth acceptance also significantly differed by home of origin $F(2, 168) = 8.32$, $p < .001$, $\eta^2_{\text{partial}} = .09$. Results showed that participants who endorsed growing up in a primarily suburban area ($M = 1.54$; $SD = 0.49$) reported significantly less rape myth acceptance compared to individuals who endorsed growing up in a primarily urban area ($M = 2.00$; $SD = 0.62$; $p < .001$). Participants who grew up in a primarily suburban area also reported significantly less rape myth acceptance than individuals who endorsed growing up in a primarily rural area ($M = 1.73$; $SD = 0.57$; $p = .04$). Finally, there was a significant difference between rural participants and urban participants, with rural participants reporting significantly less rape myth acceptance than urban participants, $p = .04$.

Perceptions of Peer Helping. Results revealed no significant differences for gender, knowing a sexual assault survivor, or home of origin on perceptions of peers' likelihood of helping. Specifically, female participants ($M = 3.44$; $SD = 0.74$) reported similar perceptions of peers compared to male participants' perceptions of peers ($M = 3.40$; $SD = 0.85$), $t(164) = .27$, $p = .79$, Cohen's $d = .05$. Participants who reported knowing an individual who was sexually assaulted ($M = 3.53$; $SD = 0.85$) did not significantly differ in their prosocial perceptions of peers when compared to participants who did not report knowing an individual who had been sexually assaulted ($M = 3.29$; $SD = 0.75$), $t(163) = 1.87$, $p = .06$, Cohen's $d = .30$. Finally, a between subjects, one-way ANOVA revealed that bystander attitudes did not significantly differ by

participants' home of origin $F(2, 162) = 0.26, p = .78, \eta^2_{\text{partial}} = .003$. Therefore, participants who endorsed growing up in a primarily suburban area ($M = 3.38; SD = 0.87$) reported similar perceptions of peers compared to individuals who endorsed growing up in a primarily urban area ($M = 3.41; SD = 0.75$) and a primarily rural area ($M = 3.49; SD = 0.74$). Participants who grew up in a primarily urban area also reported similar perceptions of peers when compared to individuals who endorsed growing up in a primarily rural area.

CHAPTER 5: DISCUSSION

Review of the Purpose

Sexual assault is a complicated, multidimensional problem that affects many men and women. Campus prevention and education programs vary, with no set of best practices for keeping students safe. When evaluated, many sexual assault prevention programs lack empirical efficacy, indicating there is no easy method for changing attitudes that lead to violence or educating the public on the realities of sexual assault. As a result, there is still a need to identify innovative, effective ways to reduce factors that are associated with an increased risk of committing a sexual assault offense. The trend within sexual assault prevention indicates an additional need to switch from focusing solely on stopping potential perpetrators to incorporating a more community-based model of bystander intervention.

Recently, the topic of campus sexual assault has received an increase in attention from the federal government. The White House Task Force to Protect Students From Sexual Assault was created in January of 2014 with an intention to help schools reduce the incidence of sexual assault on their campuses. Recommendations from the White House Task Force report included incorporating bystander interventions into campus sexual assault prevention programs (The White House, 2014). The 2014 White House Task Force report also recommended engaging more men as allies in sexual assault prevention. Specifically, there is a call to change men's misperception that other men are okay with sexual assault and are not willing to intervene if someone is at risk of being assaulted (The White House, 2014).

The trend to engage more men as allies spurred from research demonstrating a significant association between men's perceptions of other men and their own behaviors (Brown & Messman-Moore, 2010, Fabiano et al., 2003). Despite promising research (Berkowitz, 2004),

there is no clear empirical evidence that engaging men will be of benefit to the field of sexual assault prevention. Within sexual assault research, few studies have been conducted to determine the influential effect men as allies may have on decreasing attitudes toward sexual assault or increasing bystander behaviors. Furthermore, even less research has been conducted to identify the variables that explain why using men as allies may result in a more influential change in attitudes.

In line with current prevention efforts, the purpose of this study was to evaluate the usefulness of a message from men, urging other men and women to become active in preventing sexual assault on a college campus. Hypotheses predicted that participants who were exposed to norm violating information would report more prosocial attitudes toward sexual assault prevention and would report more willingness to help stop sexual assault than individuals who were not exposed to norm violating information. Specifically, the four hypotheses predicted that individuals exposed to highly norm-violating information would report more willingness to intervene as a bystander, more prosocial perceptions of peers' likelihood of intervening as bystanders, the least amount of rape myth acceptance, and more behavioral support for engaging as an active bystander (pledge signing) than participants who were not exposed to highly norm violating information.

Discussion of Results

Results indicated that the expectancy violation manipulation did create a significant difference in the expected direction between the high and low expectancy violation conditions when assessing for participants' perceived violation of the norm. Specifically, participants were significantly more surprised to read that a football player was advocating for sexual assault prevention than they were to read that a Sexual Assault Response Team member was advocating

for sexual assault prevention. However, contrary to the hypotheses, overall results revealed no differences between the experimental groups on personal bystander willingness (Bystander Attitudes Scale-Revised), perceptions of peers' likelihood of intervening as a bystander (Perceptions of Peer Helping scale), rape myth acceptance (Illinois Rape Myth Acceptance Scale-Short Form), or a behavioral measure of willingness to engage in bystander behavior (Pledge Signing). Thus, participants' attitudes were not significantly influenced by the experimental manipulation, and the results did not find support for expectancy violation theory.

Bohner et al., (2010) used a social norms marketing campaign and found a significant effect of a normative message that went against participants' expectancies on participant's attitudes (rape myth acceptance) and behavioral intent (rape proclivity). Of note, the authors used an out-group (pensioners) to manipulate expectancy violation of participants (undergraduate students). Although the normative feedback did violate participants' expectancies, there was also a pontifical added influence of positive distinctiveness within the expectancy violation manipulation (Bohner et al., (2010)). Positive distinctiveness occurs when individuals feel threatened by an out-group and alter their behaviors and attitudes to increase their own positive reputation. Within the Bohner et al., (2010) study, participants may have felt a threat of positive distinctiveness when learning about a comparison group's low rape myth acceptance, which may have caused participants to lower their own rape myth acceptance to further distinguish themselves from the pensioner out-group.

Campo, Cameron, Brossard, and Frazer (2004) manipulated expectancy violation within a social norm marketing campaign and did not find significant effects of the manipulation on an attitudinal measure regarding alcohol use. Contrary to Bohner et al., (2010) and consistent with this study, Campo et al. (2004) manipulated expectancy violation while using undergraduate

students (in-group) as the normative group. Although the normative feedback used by Campo et al. (2004) led to an expectancy violation of the perceived social norm, participants' attitudes toward alcohol use were not affected. Finding significant effects of expectancy violation theory on attitudinal change when using an out-group (Bohner et al., 2010) but not when using an in-group (Campo et al., 2004) may suggest that positive distinctiveness is an essential mechanism of change when attempting an effect of expectancy violation on attitudes.

Perceptions of Peer Helping Scale. To assess the relationship between expectancy violation and perceptions of peers' likelihood of being an active bystander, a one-way, between-subjects ANOVA was conducted. The results displayed no significant group differences for perceptions of peers' likelihood of being an active bystander, as measured by the Perceptions of Peer Helping scale. Interestingly, in the low expectancy violation condition, there was a significant negative correlation between perceptions of peers' likelihood of intervening as a bystander and rape myth acceptance. However, there was no significant correlation between perceptions of peers' likelihood of helping and rape myth acceptance for the control group, for the no expectancy violation group, or for the high expectancy violation group. In addition, there was a significant positive correlation between perceptions of peers' likelihood of intervening as a bystander and personal willingness to intervene in the low expectancy violation condition. Contrarily, there was no significant correlation between bystander attitudes and perceptions of peer helping for the control group, for the no expectancy violation group, or for the high expectancy violation group.

According to these significant correlations, participants in the Jacob SART condition who expected their peers to hold more positive attitudes toward bystander intervention also reported prosocial attitudes toward sexual assault (endorsed fewer rape myths). In addition, those

participants in the Jacob SART condition who perceived their peers to be more likely to act as an active bystander also reported a higher personal willingness to act as an active bystander. These associations are consistent with findings in previous research that highlight the importance of normative influence on one's own beliefs and behaviors (Banyard & Moynihan, 2011; Berkowitz, 2004; Fabiano et al., 2003), but these correlations were only found in the Jacob SART condition of this study.

Social psychology literature indicates that attitudes based on direct experience are more strongly held and influence behavior more than attitudes formed indirectly (e.g., through hearsay, reading or watching television) because attitudes based on experience are more readily accessible in our memory. It is possible that the participants in this study have direct experience of SART members on the GSU campus and are more familiar with the SART's efforts to change sexual assault attitudes on campus, making this social norm message more believable than the Jacob Football message and more relatable than the conditions with no reference group information. Since SART members are active on the campus of Georgia Southern University (e.g., Sexual Assault Awareness Week), Jacob SART's message might have accessed more memories of students actually advocating for sexual assault awareness and prevention than did the Jacob Football or other conditions.

Although there were no significant differences, previous knowledge of SART in regard to students participating in sexual assault advocacy may have led Jacob SART's message to be more influential than the other normative messages in regard to perceptions of peers' likelihood of acting as active bystanders. Jacob SART's potentially greater level of influence on prosocial perceptions of peers may have led participants in this condition to bring their perception of peers (Perceptions of Peer Helping) more in line with their own positive bystander attitudes (Bystander

Attitudes Scale-Revised) and sexual assault attitudes (IRMA-SF), leading to a significant associations between these measures. If Jacob SART's message was more influential in stimulating prosocial perceptions of peers, then the socially influential factor of direct experience may be more useful in changing perceptions of peers than the factor of expectancy violation.

In line with previous literature (Fabiano et al., 2003), there were no gender differences regarding perceptions of peer's likelihood of acting as an active bystander, indicating men and women see their peers as similarly likely to assist in a situation that may lead to sexual assault. Research suggests that men misperceive other men's willingness to intervene by perceiving other men as less likely to intervene than they actually are (Brown & Messman-Moore, 2010). If women and men do not differ in their perception of their peer's likelihood of acting as an active bystander, then this may suggest that women also underestimate men's willingness to intervene in risky situations. Perceptions of peers' willingness to intervene has been shown to predict actual bystander behavior (Brown & Messman-Moore, 2010), meaning that while many prevention efforts focus on changing men's misperceptions of other men, women may also benefit from adjusting their normative perceptions of men's actual willingness to intervene.

Bystander Attitudes Scale-Revised. To assess the relationship between expectancy violation and bystander attitudes, a one-way, between-subjects ANOVA was conducted. The results displayed no significant group differences for personal willingness to be an active bystander, as measured by the Bystander Attitude Scale-Revised. Gender did display a significant effect on bystander willingness, with women reporting more willingness to intervene than men. The finding that women report more willingness to intervene as a bystander is consistent across sexual assault literature (Banyard & Moynihan, 2011; McMahan 2010). The fact that gender continues to emerge as significant in studies related to attitudes about sexual

violence lends strong support for the White House Task Force's proposal to engage more men as allies of sexual assault prevention.

Participants who knew a sexual assault survivor also reported significantly more positive bystander attitudes than individuals who did not know a sexual assault survivor. The significant relationship between knowing a survivor and reporting more willingness to intervene has been found in similar studies (McMahon, 2011). Banyard (2008) found that bystander intervention was positively associated with knowledge about sexual violence, which suggests that knowledge reduces a barrier to act. Knowing a sexual assault survivor may increase one's knowledge of sexual violence by way of learning about that individual's personal experience of assault and details regarding the perpetrator. This knowledge may then reduce a barrier to acting proactively in a situation where sexual violence may occur. In addition, Banyard and Moynihan (2011) found that individuals are more likely to help when they possess greater awareness of a problem. Knowing a sexual assault survivor may also increase one's awareness of the prevalence of sexual violence, which may increase one's prosocial bystander attitudes. Increased willingness to help by way of knowing a sexual assault survivor may also indicate that empathy plays a role within one's willingness to become an active bystander.

Consistent with previous research (Banyard, 2008; Banyard & Moynihan, 2011; McMahon, 2010), the current results showed a significant negative correlation between rape myth acceptance and personal bystander attitudes for three of the experimental groups (Control, No Expectancy violation, High Expectancy violation). This correlation indicates that the more rape myths participants endorsed, the less willing they were to be an active bystander. The only experimental group that did not display this negative association was the low expectancy violation group, which presented Jacob, the hypothetical researcher, as a member of the Sexual

Assault Response Team (SART). It appears that participants in the Jacob SART condition disassociated the cognitive component of their attitudes (rape myth acceptance) from the behavioral component of their attitudes (intent to act as an active bystander). The Theory of Planned Behavioral allows for an elaboration on the different factors that influence one's willingness to intervene.

According to the Theory of Planned Behavior, an attitude about a particular behavior is only one of three factors needed to understand the intention to perform a particular behavior (e.g., bystander intervention). Linked with attitudes are normative beliefs (i.e., perceptions of what peers would do) and confidence (i.e., self-efficacy) in the ability to perform a particular behavior. Since the Jacob SART condition was the only condition in which normative beliefs (perception of peers' likelihood of helping) were significantly correlated with personal bystander willingness and rape myth acceptance, it appears this condition was the only one in which personal attitudes (rape myth acceptance) were less relevant when considering the intention to perform a behavior and normative beliefs (perceptions of peers) became more relevant.

Illinois Rape Myth Acceptance Scale-Short Form. To assess the relationship between expectancy violation and rape myth acceptance, a one-way, between-subjects ANOVA was conducted. The results displayed no significant group differences in rape myth acceptance, as measured by the Illinois Rape Myth Acceptance Scale-Short Form. The lack of significant group differences on the measure of rape myth acceptance may be due to floor effects within this sample of participants. The IRMA-SF has a total score range of 1 (low rape myth acceptance) to 5 (high rape myth acceptance). The overall mean for rape myth acceptance within the total sample of participants was 1.67 with a standard deviation of .55, indicating a clustering of scores around the low range of the measure.

This low mean of rape myth acceptance is similar to other studies which have used the IRMA-SF with a mixed-gender undergraduate population. For example, Banyard and Moynihan (2011) used the IRMA-SF with a sample of 406 undergraduate students (51.4% women, 48.5% men). The overall group mean for their sample was 1.57, indicating that the results were also skewed towards a lower acceptance of rape myths.

The mean of rape myth acceptance in this sample reflects a range restriction bias not seen in research studies that have found significant effects of social norm feedback on levels of rape myth acceptance. Specifically, the overall mean for rape myth acceptance in this study was lower than the overall group mean found in the Bohner et al., (2010) study. Bohner et al., (2010) also created a social norm feedback manipulation with the aim to decrease sexual assault related attitudes. The IRMA-SF was used to measure rape myth acceptance. Contrary to our study, Bohner et al., (2010) found a total IRMA-SF mean of 2.62, with a standard deviation of 0.99. The mean of overall rape myth acceptance for the control group in this study was 1.69 (SD = .57) while the control group mean for the Bohner et al., (2010) study was 3.32 (no standard deviation reported).

One key difference in the participant samples between this study and the Bohner et al. (2010) study is gender, as this study used a mixed gender sample while the Bohner et al. (2010) used an all-male sample. Research shows that men consistently report higher levels of rape myth acceptance than do women (Aronowitz et al., 2012; Davies et al., 2012; Hammond et al., 2011; Newcombe, Van Den Eynde, Hafner, & Jolly), which was consistent with the findings of this study. As this study used a primarily female sample (67% women, 33% men), it is possible that floor effects hindered the experimental groups from producing significant change from one

another. It is also likely that the IRMA-SF was not sensitive enough to capture the potential effects of an expectancy violation within this sample.

Gerger and colleagues (2007) proposed that the tendency for low means on self-reported rape myth acceptance scales did not necessarily indicate a very low level of rape myth acceptance. The low scores were suggested to actually indicate that individuals were becoming more aware of the politically correct answers when responding to explicit and obvious items used in common rape myth acceptance scales (Gerger et al., 2007). In addition, the subject matter of common myths about sexual aggression was proposed to have changed and developed over time. As a result, this study may have benefited from using a more updated, sensitive measure of subtle, covert rape myth acceptance, such as the Acceptance of Modern Myths About Sexual Aggression scale (Gerger et al., 2007).

Reported home of origin (suburban, urban, rural) was significantly associated with rape myth acceptance, with participants from suburban homes reporting significantly less rape myth acceptance than those from urban and rural homes. In addition, participants from rural homes endorsed significantly less rape myth acceptance than participants from urban homes. This result is contrary to previous research that did not find an effect of hometown on rape myth acceptance (King & Roberts, 2011). Specifically, King and Roberts (2011) also assessed for differences in rape myth acceptance based upon hometown of origin (urban, suburban, rural) within a sample of college students. However, the degree of rurality of participant's hometown was not found to be related to their acceptance of rape myths.

Rape myths are widely and persistently held beliefs that serve to justify sexual violence. If negative attitudes toward sexual assault facilitate rape, it is perceivable that greater rape myth acceptance will be seen in cultures with higher incidents of sexual violence. According to the

2013 FBI Uniform Crime Report, the rate of sexual assault incidents in urbanized areas (population of 5000,000 or more) was 65.3 per 100,000 inhabitants. For rural areas similar to Statesboro, Georgia (population of 10,000 to 24,999), the rate of sexual assault incidents was 35.2 per 100,000 inhabitants. Finally, the rate of sexual assault incidents in suburban areas (cities with less than 50,000 inhabitants) was 30.8 per 100,000 inhabitants. The national trend in the incidence of sexual assault by population density follows the same trend in participants' acceptance of rape myths by home of origin, with urban participants reporting the highest acceptance of rape myths and suburban participants reporting the lowest acceptance of rape myth. Therefore, urban participants' significantly higher acceptance of rape myths could be related to a higher rate of sexual violence in urban areas.

The significant difference between the suburban and rural groups in rape myth acceptance may be related to a higher incidence of sexual violence in rural areas when compared to suburban areas. Rural participants' higher acceptance of rape myths compared to suburban participants may also be explained by the common association of rural culture with traditional gender roles (Little & Panelli, 2003), which has been found to be a strong predictor of rape myth acceptance (King & Roberts, 2011).

Pledge Signing. To assess the potential effect of expectancy violation on a behavioral measure of bystander willingness, a chi-square analysis was conducted. Results displayed no group differences regarding the number of participants who signed a bystander willingness pledge. Banyard and Moynihan (2011) found the variable of responsibility, or personal level of accountability, to be a significant predictor of actual helping behaviors. A lack of significant differences between groups for the number of signed bystander pledges may be related to a lack of increased accountability as a result of expectancy violation. In addition, the Elaboration

Likelihood Model (Petty & Cacioppo, 1984), a model of persuasion, indicates that attitudes precede behavior. Therefore, the lack of impact on attitudes (rape myth acceptance) in this study may have also impaired any significant differences on behavioral intent (Bystander Attitudes Scale-Revised, Pledge Signing).

Limitations

There are several limitations to the current study that may have contributed to the lack of significant effects of the manipulation. One limitation to the study was the low sample size. Although the standard guideline of 20 participants per condition was achieved (Simmons, Nelson, & Simonsohn, 2011), the statistical tests were still very underpowered because of the low sample size (Simmons et al., 2011). Simmons, Nelson, and Simonsohn (2013) have argued that at least 50 participants per condition should be used in a research design. In addition, Bohner and colleagues (2010) used 40 participants per condition when finding significant effects of social norm feedback on attitudes related to sexual assault. Although this study's original total sample size of 304 participants was more than sufficient to meet the 50 participants per condition standards, high numbers of incomplete or incorrect responses caused the sample size to fall below this targeted number in many conditions. Therefore, a larger sample size of at least 40 participants per condition may have allowed for the detection of significant effects of the manipulation. Furthermore, a larger sample size of at least 50 participants per cell could have increased statistical validity of the ANOVA and correlational analyses (Simonsohn et al., 2013).

Contributing to the low sample size, about 17% of the total sample responded incorrectly to the manipulation check questions regarding information presented in the social norm scripts, requiring their removal from the main analyses. Incorrect responses to the manipulation check items suggest that the script manipulation needed to be stronger. However, the participants who

were assigned to the high expectancy violation did report significantly higher expectancy violation than participants assigned to the low expectancy violation condition, suggesting the manipulation was successful. Despite success of the manipulation, there was no observed effect of the manipulation on the dependent measures. This may suggest that the strength of the manipulation was not strong enough to engage participants in an online setting.

Approximately 5% of participants had to be removed due to significant non-responding (e.g., responding to 5 or fewer items), while each analysis of the main hypotheses had at least 31% of the cases (72 participants) excluded due to missing data. Considering these issues, another limitation of this study was the online survey format, which likely allowed for too much extraneous distraction while participants were completing this study. By using this online format, there was no ability to monitor participants while they completed the study in effort to encourage full completion of the measures, leading to high rates of missing data and low sample sizes in some conditions. Therefore, conducting the study within a controlled lab setting would have provided less distraction during the exposure to the manipulation and completion of the measures, which may have allowed for a stronger effect of the manipulation and less inconsistent responding from participants.

Another limitation of this study was the potentially confounding effect of the researcher's gender identity. Specifically, efforts were taken to present the researcher of the high expectancy violation condition (Jacob Football) and the low expectancy violation condition (Jacob SART) as a man. Participants assigned to these two conditions were presented with a mock informed consent form with the name Jacob listed as the main researcher, and participants were presented with a social norm script in which a hypothetical research identified himself as Jacob in audio and in text format. However, no steps were taken to conceal or influence the researcher's gender

identity in the no expectancy violation condition or the control condition. Participants in the no expectancy violation condition or the control condition likely knew the researcher was a woman, due to this researcher's name being identified on the informed consent form that all participants signed before completing the study. Perception of the researcher's gender identity was not assessed for or controlled for in the analyses. As a result, there is a possibility that participants' perception of the researcher's gender identity had some influence on their response style.

Some social norm marketing campaigns have reported success in producing change on college campuses (Fabiano, 2003), although these campaigns have primarily focused on the context of substance abuse (e.g., cigarettes, alcohol, illicit drugs). Regardless, these social norm campaigns provided normative feedback concerning the prosocial beliefs of the majority of peers, as opposed to providing a message from one peer, as was used in this study design. Social norm theory follows the assumption that people organize their behaviors based on collective norms that a group follows. Therefore, another limitation of this study may have been the use of one hypothetical peer's message as the social norm manipulation as opposed to providing a clear, collective group norm, as is often used by social norms marketing approaches (Berkowitz, 2004).

Practical Implications

Social norm feedback did not have an effect on attitudes related to sexual assault and bystander intervention in this study. Yet, when applied to different populations from this study (e.g., all male participants) and within other health-related fields (e.g., smoking, drinking) social norms marketing campaigns have yielded significant results (Bohner et al., 2010; Fabiano, 2003). Social norms campaigns are context specific. As a result, a particular message or style of media presentation may be useful in eliciting change in one community while the same presentation may not prove to be effective in a different community. In addition, the most

effective mode of disseminating information may differ among groups or communities. Because of this issue of context, attempts to replicate social norms interventions without attention to a specific context may fail. Similarly, when a social norms intervention is adapted to a different health issue, the intervention will likely need to be specifically tailored to the culture of the new problem (Berkowitz, 2004). Thus, the generalizability of social norms theory, particularly within sexual assault prevention, remains in question.

This study attempted a social norms approach for influencing attitudes related to sexual assault, as normative messages have been shown to be influential in altering attitudes related to many different health behaviors (Berkowitz, 2004; Fabiano, 2003). While the continued study of the usefulness of the social norm approach in the field of sexual assault prevention is recommended, this study may indicate that one-shot approaches, such as a poster campaign or PSAs, may not be as effective as longer term programs and repeated interventions. For example, to help enlist men as allies in sexual assault prevention, the White House Task Force recently created a public service announcement featuring the President, Vice-President, and various pop-culture icons. The message urges men and men's groups (e.g., Greek organizations, school officials) to become active in speaking out against sexual assault on college campuses. This study also used media (audio) to create an influential message and did not find significant results of the manipulation on the dependent measures. Results may suggest that such a brief intervention will not be successful in producing significant, long lasting results. As a result, it may be necessary for campuses to provide continuous reinforcement of prosocial norms in order to produce meaningful change.

Implications to Rural Psychology

The results of this study demonstrated a significantly higher rate of rape myth acceptance in participants who identified as being from a rural home compared to participants who identified as being from a suburban home. Research has demonstrated relationships between stereotypical ideas regarding sexual assault and heightened rape proclivity (Bohner, Jarvis, Eyssele, & Siebler, 2005; Bohner, Siebler, & Schmelcher, 2006) and lower levels of willingness to use various bystander behaviors (McMahon, 2010), indicating a need to lower these stereotypical attitudes.

Survivors of sexual assault in rural communities face unique challenges and barriers to receiving assistance rarely encountered in urban areas. Yet, sexual assault services are primarily concentrated in urban and suburban areas, and the rural centers often lack adequate resources (Lewis, 2003). Barriers to receiving adequate support in rural areas include geographic isolation, lack of transportation, economic struggle, and strong social and cultural pressures. Sexual assault advocates also face difficulties reaching rural communities, which are exacerbated by the financial costs of traveling to rural communities, low trust of outsiders by rural community members, and a general lack of individuals who have proper training and are willing to help rural communities (Lewis, 2003). Furthermore, low funding for rural prevention efforts creates a general lack of available services in rural jurisdictions, significantly compounding the challenges to individuals who are seeking support and services to end the violence in their lives.

Rural counties typically have very few, if any, sexual assault assistance programs, as these federally funded programs are often concentrated in suburban and urban areas. Therefore, in many rural counties, sexual assault response teams (e.g., Sexual Assault Nurse Examiner) do not exist at all. In addition, rural sexual assault advocates have reported a need of more advocates, as sexual assault service providers stress the positive impact that outreach has in rural areas (Lewis,

2003). An increased effort into researching the prevalence of rural sexual assault and identifying the cultural factors that may perpetuate sexual violence in rural communities would provide evidence for the need to increase funding for sexual assault crisis centers in areas with lower population density.

Mental healthcare providers and advocates of sexual assault prevention should be aware of potentially higher rates of rape myth acceptance when working in rural communities, as this may inform intervention strategies. Specifically, higher rates of rape myth acceptance may lead to more resistance to changing these attitudes, especially if they are ingrained within the rural culture. It will be important to first build rapport within these communities in order to gain credibility and trust. As perceived credibility and trust are influential factors in persuasion (Cialdini, 2009), these key components may allow for the greater dissemination and impact of accurate education regarding sexual assault.

Future Directions

The findings of the current study warrant more research, as most effects predicted by past research (Bohner et al., 2010) were absent. In an effort to increase the probability of replicating findings from Bohner et al., (2010), a change in the study design is proposed. Addressing some limitations of this project, these recommended changes include conducting the study within a controlled lab setting, with all male participants, and a larger sample size. In addition, the use of a more sensitive measure of rape myth acceptance, such as the AMMSA (Gerger et al., 2007) may allow for the detection of group changes within this construct. Finally, as results from Bohner et al., (2010) lend support to both expectancy violation theory and positive distinctiveness theory, a study that isolates and then compares the influence of positive distinctiveness to the influence of expectancy violation is recommended. Future studies using a

similar design should also vary expectancies for both in-groups and out-groups. These recommended alterations will likely allow for the finding of an effect of expectancy violation on sexual assault related attitudes if such a finding exists.

For comparison, a similar study using the above recommended changes and with a mixed gender sample may also be used. If the effects of expectancy violation are significant when using an all-male sample compared to a mixed gender sample, this would lend support for the use of same-gender sexual assault programs as opposed to mixed-gender programs, as the use of expectancy violation in the reduction of negative sexual assault attitudes may be more influential for men than for women. In addition, although men appear to predict other men's behaviors related to being an active bystander (Brown & Messman-Moore, 2010), there is no empirical evidence that including more men as advocates of sexual assault prevention will result in a larger influence over men or women's decisions to become more active bystanders. Furthermore, no research has identified the potential influence of a sexual assault advocate's gender identity on other's attitudes toward sexual assault or bystander willingness. The potential influence of the gender identity of a sexual assault advocate on the receiver of the advocacy message would provide further implications for the implementation of same-gender or mixed gender sexual assault prevention programs.

Although the social norm script in this study attempted to address collective norms (e.g., "...more and more GSU students are taking a stand against sexual assault on our campus."), some participants may have compared the social norm script's message to the attitudes and behaviors of their personal peers, and if a discrepancy was found, they may have been more influenced by their peer's beliefs and behaviors than the social norm script's message. Therefore, future sexual assault research should evaluate the influence of a social norm message from a peer

compared to a normative message that emphasizes the use of collective peer norms (e.g., “9 out of 10 peers are against sexual violence”).

Research shows that men regularly report higher levels of rape myth acceptance than do women (Aronowitz et al., 2012; Davies et al., 2012; Hammond et al., 2011; Newcombe, Van Den Eynde, Hafner, & Jolly), which was consistent with the findings of this study. Men’s high rape myth acceptance has been associated with higher rape proclivity, which highlights the importance behind continuing to find ways to reduce men’s rape myth acceptance. If this study is replicated with men and finds a significant reduction of rape myth acceptance, this would lend support for the future use of expectancy violations within the design of all-male sexual assault prevention programs.

Finally, sexual assault is not well-researched within rural populations, and there is no known previous research which demonstrates that rural populations have higher rates of rape myth acceptance compared to other areas with higher population density. Therefore, there is a need to increase research efforts regarding the incidence of rape myth acceptance in rural communities and the social cultural factors that may lead to higher sexual violence in these communities. If future research also demonstrates a greater acceptance of rape myths in rural communities compared to other communities, this would call for greater education and prevention efforts in rural communities. As the social norms approach is context specific, special efforts should be made to consider unique socio-cultural factors that are present in rural communities while creating a social norms intervention for a rural community.

Conclusion

This research extended the study of the effects of social norms messages and expectancy violations on attitudes related to sexual assault and bystander intervention. Key findings show

that although normative feedback was influential in creating an expectancy violation, it was not successful in creating attitudinal change. Overall, regarding the use of social norm approaches within sexual assault prevention, future research should continue to explore theoretical explanations and conditions under which normative messages are effective or ineffective in altering attitudes and behaviors as well as investigate whether or not personal characteristics, such as the sex of an advocate, have an effect on the reception of social norms messages.

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