Enhancing Women's Resistance to Sexual Coercion: A Randomized Controlled Trial of the DATE Program

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Abstract. Objective: Despite extensive efforts to develop sexual assault prevention programs for college women, few have been rigorously evaluated, and fewer have demonstrable effects on victimization. This study pilots the Dating Assertiveness Training Experience (DATE), designed to train young women in assertiveness skills for responding to sexual coercion and to provide them opportunities to practice these skills in a safe environment. Participants: One hundred thirty-nine female college students from a private university in the Southwest. Methods: Participants were randomly assigned to DATE or a no-treatment control group. Sexual victimization and response to acts of sexual aggression were assessed prior to randomization, after intervention, and monthly for 3 months. **Results**: Women who completed DATE were less likely to be victimized than women in the control condition; those who were victimized were more likely to respond assertively. Conclusions: Assertiveness training for resisting sexual coercion holds promise for reducing sexual victimization of young women.

Keywords: experimental design, gender, health education, prevention, sexual violence

etween 25% and 50% of women in the United States are sexually assaulted or coerced at some point in their lifetimes. Women are at greatest risk for sexual assault during their teens and early 20s, and sexual aggression is a common occurrence on many college campuses. Sexual aggression includes a wide range of acts (eg, rape, attempted rape, verbal coercion, unwanted touch), which can have adverse effects on victims. Furthermore, women who have been previously victimized are

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at greater risk for future assaults,^{2,7} increasing the probability of long-term deleterious effects through repeat victimization. In short, the prevalence and potential consequences of sexual aggression highlight the importance of developing effective methods for prevention on college campuses.

True prevention efforts must be aimed at those responsible for sexual violence—the perpetrators; however, as long as some men commit sexual assault or coercion, programs designed to help women protect themselves are also essential. Many programs have been designed to reduce women's vulnerability to sexual victimization, and they typically emphasize 1 or more of 3 areas: increasing women's knowledge about sexual assault and awareness of risk factors, challenging rape-supportive attitudes, and enhancing women's selfprotection strategies (eg, risk assessment, self-defense skills, assertiveness). 8,9 Programs targeting knowledge and attitude change are in widest use on college campuses, 8 and there is some evidence that they are effective in achieving these goals. However, evaluations indicate that changes in knowledge and attitudes are small-to-moderate in magnitude and often short-lived.^{8,9} Furthermore, there is little evidence to suggest that these programs reduce actual incidents of sexual victimization. Evaluations of programs addressing selfprotection strategies, in contrast, are less common, but the findings are more promising. That is, some, but not all, of these programs have led to reductions in women's victimization rates, but often only for those women who have not been previously victimized. 10-13 The limited success suggests that such an approach can work, but that there is room for im-

The dearth of validated programs designed to teach women self-protection strategies is a regrettable gap in the field. The empirical literature on rape resistance points to specific self-protection strategies that are effective in reducing the likelihood of completed sexual coercion and assault. Women who use assertive verbal and/or physical resistance strategies (eg, yelling, assertively saying "no," running away, or physically fighting back) are more likely than women who use passive resistance (eg, crying, pleading, freezing, ignoring, or reasoning) to escape a sexually threatening situation without being raped. ¹⁴ In addition, men with strong rape-supportive beliefs are more likely to perceive assertive resistance as true refusal and to dismiss subtle or passive resistance as token refusal. ^{15,16} These findings converge to suggest that teaching women to use assertive strategies for resisting unwanted sexual advances (ie, to express refusal directly, clearly, and forcefully) may be valuable in helping them to protect themselves from sexual assault and coercion.

One consideration in designing an effective self-protection program is the extent to which participants engage in behavioral practice of the skills they are to acquire, versus simply discussing or viewing examples of skills. Extensive research shows that behavioral practice is associated with better recall of information and mastery of skills in a wide range of areas, including social skills like assertiveness. ^{17,18} Thus, it is reasonable to posit that a program that emphasizes behavioral practice of self-protection strategies may be efficacious. Furthermore, exposure to material (eg, practicing skills) in a mood state or context similar to that in which that material will be applied is associated with better recall. 19 Since sexual assault and coercion most often occur in the context of romantic, or potentially romantic, relationships, 20,21 practice of assertiveness skills in contexts that elicit emotions and behaviors similar to those in actual dating/sexual situations may also be helpful for skill acquisition.

The Dating Assertiveness Training Experience (DATE) is a brief sexual assault prevention program that incorporates behavioral practice of self-protection skills in dating and sexual situations. DATE differs from other programs that emphasize self-protection in its almost exclusive focus on training in assertive responses to sexual coercion and assault and extensive practice of the skills. In this pilot study, we conducted a randomized controlled trial to evaluate the effectiveness of the DATE program in helping female college students to resist sexual coercion and assault. We expected participants in the DATE program to experience less sexual victimization and to respond more assertively to any victimization that did occur compared with participants in a no-treatment control condition. We also explored the relative efficacy of DATE for women with and without a history of prior victimization.

METHODS

Recruitment Procedures

All study procedures were approved by the internal review board of the private university in the southwestern United States where the study was conducted. Participants were recruited through the human subject pool of the university's psychology department. Specifically, advertisements targeted women who were enrolled in psychology classes

in which they could receive extra credit for participating in research. Because all women are potentially vulnerable to sexual coercion and assault, and college-aged women are at particularly high risk,³ any female undergraduate was eligible to participate. Interested students received information about the intervention and study procedures over the phone, including risks and benefits, confidentiality, randomization to condition, duration and content of the intervention, number of assessments (preintervention, postintervention, and 4-, 8-, and 12-week follow-up assessments), and duration of participation (16 weeks). All potential participants were informed that they would receive extra credit in their psychology course for completing the pre- and postintervention assessments, and that they would receive a total of \$50 for completion of the 4-, 8-, and 12-week follow-up assessments. Those who were interested in participating were e-mailed a link to a secure Web site to provide informed consent and complete the preintervention assessment, which included self-report measures of victimization experiences and assertiveness (measures described below). A total of 188 women responded to advertisements and, of those, 139 (73.9%) completed the preintervention assessment.

Random Assignment to Condition

After the preintervention assessment, participants were randomized to the DATE program or to a no-treatment control condition. A research assistant withdrew 1 of 2 slips of paper (one labeled "intervention" and the other labeled "control") from an envelope to determine the participant's experimental condition. There were no differences among participants assigned to the DATE (n = 64) and no-treatment control (n = 64)= 75) conditions on measured demographic variables or the primary study variables. Those assigned to the DATE condition were scheduled to attend the first of 2 group sessions within 1 to 2 weeks. Participants assigned to the control condition were informed that they would be contacted again in 3 to 4 weeks to schedule the next phase of their participation; control participants had no further contact with study staff until the first follow-up assessment and received no form of intervention.

Follow-Up Procedures

Approximately 4 weeks after completing the preintervention assessment (and typically 1 week after completing the intervention for those randomized to the DATE program), participants were asked to complete the postintervention assessment, which included assessment of sexual victimization and assertive response to victimization during the past month. Additional follow-up assessments of the same variables occurred at 4, 8, and 12 weeks after the postintervention assessment. Prior research has shown that repeated assessments of victimization, inquiring about experiences over a relatively short time interval, provide a more sensitive and valid measure of victimization than one-time retrospective assessments that inquire about experiences occurring over longer intervals of time.²² Thus, our follow-up procedures

involved serial assessments of sexual victimization and responses to aggression, asking about experiences during the previous month. All questionnaires were completed through a secure Web site from a location of the participant's choice. Participants in the DATE condition completed an average of $3.3 \, (SD=1.09)$ of the 4 follow-up assessments (postintervention, 4-week, 8-week, 12-week); participants in the control condition completed an average of $2.9 \, (SD=2.86)$ assessments. The number of completed assessments did not differ across the groups, t(100)=1.77, p=.08.

Attrition

The final sample for analysis consisted of 102 women who completed at least 1 of the 4 follow-up assessments and, if in the DATE condition, completed both group sessions: 36 in the DATE condition and 66 in the control condition (see Figure 1). Most of the attrition in the DATE condition occurred during the course of the intervention (27 women originally randomized to DATE did not complete the protocol; 19 missed both sessions and 8 attended the first session only); most of those who missed one or both sessions also did not participate in the follow-up assessments.

We evaluated the effects of attrition on the study data, focusing initially on the 64 participants originally assigned to the DATE condition. Analyses comparing those who participated in both intervention sessions (n=37) to those who participated in one or no intervention session (n=27) indicated no differences on any of the demographic or study variables at the preintervention assessment. Next, we examined the total sample (n=139) of participants who completed the preintervention assessment, comparing those who completed at least 1 follow-up assessment (n=102) to those who did not complete any follow-up assessments (n=37). Again, analyses indicated no differences between these 2 groups of participants on any of the demographic or study variables at the preintervention assessment.

The Dating Assertiveness Training Experience (DATE)

DATE is a manualized assertiveness training and skills practice program that consists of 2 90-minute small group sessions conducted 1 week apart. Each DATE session began with a brief period of education and discussion. Group facilitators guided participants in a discussion of (1) consent in sexual and dating situations, (2) definitions of assertive and active listening behaviors, (3) the importance of assertive response to coercion, (4) common barriers to engaging in assertiveness, and (5) the importance of attention to and appropriate response to refusal cues. The discussion was followed by behavioral practice in assertive communication and active listening skills through role plays based on common events in dating and sexual relationships. Approximately two-thirds of each 90-minute session was devoted to skill practice.

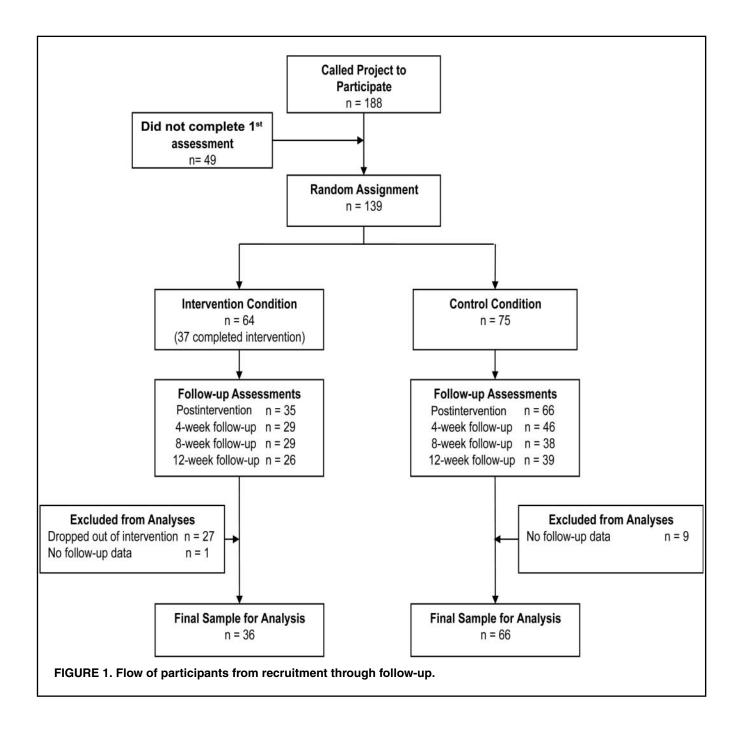
In this implementation, DATE was administered as a mixed-sex program. The mixed-sex format was intended to provide women the opportunity to role play assertiveness skills with men, thus enhancing the realism of practice. It was also expected that the intervention might raise men's awareness of the importance of consent and attention to refusal cues, a hypothesis that will be tested in a separate study. A total of 61 men participated in the program, and there was at least 1 male participant in 83.3% of the groups.

Participants practiced skills in pairs (mixed-sex whenever possible to enhance realism), using role plays designed to elicit assertive responding (ie, saying "no" clearly and confidently, escalating assertive response to increasing aggression or coercion, etc) and to heighten awareness of cues indicating sexual consent and refusal. The intent of this approach was to enhance women's ability to stop the escalation of sexual pressure through use of assertiveness skills. To engage participants and prevent defensive responding, however, the program was presented as focusing on dating communication, and we emphasized the importance for all individuals to understand and assert their boundaries and to be attuned to and respond appropriately to the boundaries of others. The first session focused on the use of skills in dating/romantic situations, generally, and the second on the use of skills in sexual situations, specifically. At the conclusion of the second session, referrals for campus and community resources for victims of sexual aggression were provided to all participants (participants in the control condition received the same referrals at the postintervention assessment).

The role plays for practicing assertiveness and active listening skills were designed to be as realistic as possible and to elicit some of the emotions that might occur in real-life situations (eg, anxiety about rejection, embarrassment, or hurting the other person's feelings). They were developed with input from undergraduate students and from professionals with experience in treating college-aged sexual assault victims. Assertiveness role play topics included refusing a request for a date, refusing to go to a dorm room or apartment of someone the participant had just met, responding to unwanted pressure to have sex, and other similar scenarios. Active listening role play topics included attending to vagueness in communicating intent or willingness (eg, vagueness or subtlety in a response to asking for a date, in response to a kiss or other physical contact, or in communicating negative affect during a sexual encounter). No physical touch was involved in any role play. Facilitators coached participants in the use of assertiveness and active listening skills and encouraged participants to practice until they demonstrated that they could readily generate assertive responses (eg, a definitive and clear "no" response) and use active listening techniques (eg, request for clarification, stopping unwanted behavior). Many participants indicated anecdotally that the role plays were similar to real-life situations and elicited some anxiety about practicing the skills (eg, fears of being rude to the male).

Over the course of the 2008–2009 academic year 12 DATE groups were administered. Group size on average was 4.83 (SD=2.12) participants (3.08 women, SD=1.44; 1.75 men, SD=1.36). Group sessions were led by pairs of female graduate student facilitators or by a graduate student and the first

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author (L.S.R.). All graduate student facilitators were advanced doctoral students in a clinical psychology program who had at least 1 year of clinical experience. Prior to beginning DATE groups, facilitators completed a 2-month training program with the first author in which they were educated about sexual coercion and assault, trained in the use and teaching of assertiveness skills, and practiced administering DATE to each other. Facilitators also completed weekly supervision meetings with the first author over the course of the study, which included video review of DATE sessions. Facilitators received direct feedback regarding both their clinical skills in administering the program and their adherence to the protocol.

Measures

Sexual Victimization

Participants completed a 14-item measure of sexual victimization. Items were drawn from the Sexual Experiences Survey (SES)²³ and the Conflict in Adolescent Dating Relationships Inventory (CADRI).²⁴ Additional items were developed describing acts likely to occur in collegestudent samples that were not included in the SES or CADRI in order to obtain a broad assessment of possible victimization experiences. Specifically, participants responded to items assessing experiences of unwanted sexual contact (eg, unwanted sexual touch or kiss), sexual coercion (eg, threats to end a relationship if not given sex, giving into arguments or persuasion), and actual or attempted rape (eg, being made to have unwanted sex through force or threats). Participants were asked to rate how many times each item had occurred in the previous month (once through 4 or more times). Lifetime sexual victimization experiences were also assessed at the preintervention assessment through inclusion of the response option, This has happened, but not in the past month. Items were interspersed with 5 distracter items measuring consensual sexual experiences (eg, being asked for a kiss). Cronbach's alpha was .84 for the 14 items.

Response to Sexual Victimization

For each victimization item that a participant reported, she was asked to indicate how she had responded when it occurred, using the following response options: I went along with it; I said "No" or "Stop"; I yelled or screamed; I hit or shoved the person; I left or ran away; or I called the police. Based on behaviors identified as effective assertive resistance, ¹⁴ all but *I went along with it* were coded as assertive. In order to obtain a measure of how frequently the participant responded to sexual aggression with assertiveness, we calculated a ratio score reflecting the total number of assertive responses divided by the total number of items endorsed. This score could range from 0 (did not respond assertively to any acts of aggression) to 1 (responded assertively to every act of aggression). Because the focus was on response to actual incidents of sexual aggression, the ratio score could only be calculated for women who experienced victimization; if a participant experienced no sexual victimization during a particular month, she would not have a ratio score for that month.

RESULTS

Sample Characteristics

The average age of participants was 19.39 years (SD=1.52), and most were in either their first (n=44; 43.1%) or second (n=30; 29.4%) year of college. Consistent with the demographic characteristics of the university, the majority of participants were white (n=84; 82.4%); 9.8% (n=10) were African American and 7.8% (n=8) Asian. More than half were currently in a dating relationship (n=61; 59.8%), and all but 1 (1.0%) reported having had at least 1 dating relationship at some point. Approximately half (n=58; 56.9%) of the participants reported at least 1 lifetime victimization experience in the form of unwanted sexual contact, sexual coercion, or rape/attempted rape. Chi-square analyses revealed no pretreatment differences in victimization rates between women in the DATE (n=19; 52.8%) and the control (n=39; 59.1%) conditions, $\chi^2(1,102)=.38$, p=.54.

Sexual Victimization

Although sexual victimization is prevalent among young women, it is a relatively low-frequency event. Thus, we aggregated the number of sexual victimization incidents reported at each of the 4 follow-up assessments (postintervention, 4-week, 8-week, and 12-week) to estimate the number of women who were victimized at any point during the 16 weeks of the study. Seventy-two women (70.6%) reported no sexual victimization, 21 (20.6%) reported unwanted contact, 19 (18.6%) reported sexual coercion, and 5 (4.9%) reported rape or attempted rape; 13 (12.8%) reported more than 1 type of victimization. Because cell sizes were too small to examine each type of victimization separately, incidents of each of the 3 types of aggression were combined to provide a measure of participant victimization as either present (29.4%) or absent (70.6%) during the follow-up period.

Consistent with our hypotheses, women in the DATE condition were less likely than those in the control condition to report being sexually victimized: 6 (16.7%) women in the DATE condition and 24 (36.4%) women in the control condition reported an incident of sexual victimization during the 16 week study period, $\chi^2(1, 102) = 4.35$, p = .04. Because sexual assault prevention programs may be less effective for women with a prior victimization history, 12 we examined effects of the program for women with (n = 58) and without (n = 44) a history of prior sexual victimization (see Table 1). For women with no prior history of sexual victimization, completion of DATE was associated with lower rates of victimization during the follow-up period, $\chi^2(1, 44) = 4.37, p =$.04. In contrast, there were no between-group differences in the effects of DATE among women with a prior history of sexual victimization, $\chi^2(1, 58) = 1.12, p = .29$.

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TABLE 1. Sexual Victimization and Assertive Responding During the Follow-up Period

	DATE $(n = 36)$				No-treatment control ($n = 66$)			
	\overline{n}	%	М	SD	n	%	М	SD
Total follow-up victimization	6	16.7			24	36.4		
With no prior victimization (n 's = 17, 27)	0	0.0			6	22.2		
With any prior victimization (n 's = 19, 39)	6	31.6			18	46.2		
Assertive responding ratio (n 's = 6, 24)			.79	.22			.36	.43

Note. DATE = Dating Assertiveness Training Experience.

Assertive Responding to Sexual Victimization

As expected, assertive responding to victimization did not differ at baseline between women in the DATE (average assertive response ratio of .57, SD = .42) and control (average assertive response ratio of .38, SD = .36) conditions, t(42) = 1.55, p = .13, d = 49. Across the 16-week period of the study, however, the 6 women in the DATE condition who had been victimized reported a higher assertive response ratio compared with the 24 women in the control condition who were victimized, t(28) = 2.37, p = .03, d = 1.26 (see Table 1 for means and standard deviations; note: It was not possible to control for previous assertive response because not all women victimized during the study period had a prior history of victimization).

COMMENT

The development of the DATE program was guided by theory and research emphasizing the importance of assertive response as a self-protection strategy for effectively resisting sexual coercion and assault.14-16 Our results indicate that college women who completed the DATE program were less likely than those in the control condition to be sexually victimized during the follow-up period. There was also evidence that women who completed DATE and who were subsequently victimized were more likely to respond to sexual aggression with an assertive response (eg, saying "No" or "Stop," leaving, or running away) compared with victimized women in the control condition, suggesting an improvement in assertive response to incidents of sexual aggression. Our results underscore the potential importance of teaching women to respond assertively to sexual pressure and suggest that these skills can be enhanced through a relatively brief program (2 90-minute sessions) applied on a college campus. Coupled with other research indicating the high risk for sexual violence on college campuses, the effectiveness of assertive responding in escaping from dangerous sexual situations, 14 and the importance of emphasizing assertiveness in prevention programs aimed at women, 10-13 the present findings hold promise for improving the effectiveness of such programs. Indeed, our data suggest that the almost exclusive emphasis on assertiveness training and behavioral practice that characterizes DATE may be an important avenue for future efforts to reduce college women's vulnerability to unwanted sexual advances, coercion, and assault. This is particularly important given that the majority of victimization experiences on college campuses (and elsewhere) occur between people who know each other in the context of a dating or social situation.^{20,21} Women in such situations are typically focused on developing relationships and social enjoyment,²⁵ so they may not realize their danger until coercion has escalated to the point of assault, and if they do, may be hesitant to resist assertively.^{26,27} A program like DATE may help raise college women's awareness of the risk for sexual aggression in dating/social situations, encourage them to use assertiveness skills, and provide them with extensive, lifelike practice that both enhances their effective use of skills and increases their confidence in their ability to do so.

Our data also highlight the vulnerability of college women to sexual coercion and assault. Over half of the participants indicated that they had been sexually victimized prior to participating in this study and approximately one-third reported experiencing unwanted sexual contact, sexual coercion, attempted rape, or rape during the 16-week course of the study. Unfortunately, participation in DATE did not significantly reduce the likelihood of victimization for women at highest risk—those who had been victimized previously. Continued research on the mechanisms^{2,7} of sexual revictimization is essential, and it would behoove the field to further explore specific approaches for helping women with and without a victimization history.¹¹

Limitations

Several limitations should be kept in mind when interpreting the results of this study. First, there was differential attrition. Although those who did not complete the DATE program did not differ from those who completed it on any of the measured variables, the amount of attrition in the DATE condition is still of concern. One possible explanation for this is the way students were recruited to participate in this study, and the manner in which the incentives were offered. Specifically, students were recruited through the human subject pool of the university's psychology department, and a primary incentive was to receive extra credit in a psychology class for their participation. Unfortunately, participants assigned to the DATE program were required to do more

(ie, attend 2 intervention sessions) than those assigned to the control condition, but received the same compensation. This additional "demand" may have contributed to attrition in the DATE condition. Alternatively, it is possible that the content of the DATE program was off-putting to some students, or simply not perceived as useful or personally relevant enough to maintain their participation. Regardless, the attrition may reflect real difficulties in getting college-aged women to participate in sexual assault prevention programs.

Second, replication with a larger sample would increase confidence in our results, particularly in terms of assertive responses to sexual victimization. A larger sample would also allow evaluation of program effects on different types of sexual aggression (ie, unwanted contact vs sexual coercion vs assault), changes in risk for victimization over time, and examination of the degree to which assertive response to one form of sexual aggression affects the potential escalation to more severe aggression. In addition, the sample was fairly homogeneous; attitudes toward assertive behavior and comfort with behaving assertively differ across racial and ethnic groups, ²⁸ so it is unclear if our findings apply to more diverse samples.

Third, our measure of assertive response to sexual victimization had some limitations. Specifically, we only assessed the responses of participants who reported a victimization experience. Presumably, some of the participants engaged in assertive responses that effectively prevented a victimization experience from occurring at all, and our measure would not have captured these incidents. It is also not clear when exactly the measured responses would have occurred (eg, after an initial unwanted kiss or touch or after an act of coercion), and whether these responses were effective in preventing the situation from escalating to more severe aggression. In addition, it is not clear how well the participant's retrospective report of a response to sexual threat or coercion reflects what actually happened. Thus, although promising, the results regarding assertive response require replication and more in-depth analysis of the process and outcomes of responding assertively to sexual aggression.

Conclusions

Despite these limitations, this study included a number of methodological strengths, including random assignment of participants to conditions, assessment of victimization experiences as an outcome, the use of serial assessments of victimization experiences, and measurement of response to actual victimization experiences. Our results provide encouraging evidence for the efficacy of assertiveness training with behavioral practice in reducing sexual victimization and improving assertive response to victimization that does occur. Nonetheless, the number of women who experienced sexual victimization during the weeks following their participation emphasizes the need to continue to improve this and similar programs to help young women effectively resist sexual aggression.

NOTE

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