

This article was downloaded by:

On: 6 January 2009

Access details: *Access Details: Free Access*

Publisher *Routledge*

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



## Journal of Prevention & Intervention in the Community

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title-content=t92306944>

### Clarifying Consent: Primary Prevention of Sexual Assault on a College Campus

Angela M. Borges <sup>a</sup>; Victoria L. Banyard <sup>b</sup>; Mary M. Moynihan <sup>b</sup>

<sup>a</sup> Boston College, <sup>b</sup> University of New Hampshire,

Online Publication Date: 09 July 2008

**To cite this Article** Borges, Angela M., Banyard, Victoria L. and Moynihan, Mary M.(2008)'Clarifying Consent: Primary Prevention of Sexual Assault on a College Campus',*Journal of Prevention & Intervention in the Community*,36:1,75 — 88

**To link to this Article:** DOI: 10.1080/10852350802022324

**URL:** <http://dx.doi.org/10.1080/10852350802022324>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

# Clarifying Consent: Primary Prevention of Sexual Assault on a College Campus

Angela M. Borges

*Boston College*

Victoria L. Banyard

*University of New Hampshire*

Mary M. Moynihan

*University of New Hampshire*

**SUMMARY.** Although more universities are developing policies for students regarding consent for sexual behavior in response to the problem of sexual violence on campus, many students seem either unaware of these policies or what they mean for actual behavior. Policies are only as effective as peoples' understanding and use of them. The current study aimed to evaluate the utility of a prevention education program focused on teaching students about consent.

---

Angela M. Borges is Doctoral Student, Counseling Psychology, Boston College, Chestnut Hill, MA 02467.

Victoria L. Banyard, PhD, is Associate Professor, Department of Psychology, University of New Hampshire, Durham, NH 03824.

Mary M. Moynihan, PhD, is Research Associate Professor, Women's Studies Program, University of New Hampshire, Durham, NH 03824.

Address correspondence to: Mary M. Moynihan, PhD, Women's Studies Program, University of New Hampshire, 203 Huddleston Hall, 73 Main Street, Durham, NH 03824 (E-mail: marym@cisunix.unh.edu).

Journal of Prevention & Intervention in The Community, Vol. 36(1/2) 2008

Available online at <http://jpic.haworthpress.com>

© 2008 by The Haworth Press. All rights reserved.

doi: 10.1080/10852350802022324

75

Two hundred and twenty undergraduates, composing a control group, a shorter treatment group, and a longer one, participated in the study. The findings showed the greatest knowledge gain for participants in the longer treatment group that included a discussion of the policy and participation in an activity dealing with its implications. Implications and future research directions are discussed.

**KEYWORDS.** Acquaintance rape, college students, prevention

In part to address the widespread problem of sexual violence in college communities, more universities are developing clear policies for students regarding consent for sexual behavior (e.g., Karjane, Fisher, & Cullen, 2005). Yet many students seem either unaware of these policies or what they mean for actual behavior in relationships. When conducting discussions on campus, common sources of confusion include “What if both people are drunk? Do you actually have to say what you want every time? Consent doesn’t pertain to me because I’m in a long term relationship.” The issue of consent is fundamental to how individuals make decisions about and negotiate healthy sexual relationships and may be a key point for intervention and prevention. Indeed, while there is a growing and increasingly sophisticated body of research on the efficacy of violence prevention and intervention programs including a report published by the Centers for Disease Control and Prevention about next steps in sexual violence prevention (CDC, 2004), to date, much of the primary prevention work has focused on youth (e.g., Foshee, 1998). Following recommendations about advancing prevention science outlined by Wandersman and Florin (2003) and Nation et al. (2003), much more work is needed in the design and evaluation of primary prevention programs for groups and communities at risk for sexual violence. Because approximately 50% of college women have experienced some form of unwanted sexual activity (Abbey, Ross, & McDuffie, 1996) and college populations are more at risk for sexual assault than their non-college-attending peers (e.g., Karjane, Fisher, & Cullen, 2005), many researchers are interested in understanding factors that influence sexual violence and what can be done to prevent it within college communities. The current study presents results of a primary prevention educational program aimed at providing college students with important tools for building healthy relationships as one facet of rape prevention efforts.

## **CURRENT STATUS AND FUTURE DIRECTIONS FOR RAPE PREVENTION**

Several reviews have highlighted both progress that has been made in efforts to reduce sexual violence on campus and limitations of current programs that remain to be addressed (e.g., Banyard, Plante, & Moynihan, 2004; Breitenbecher, 2000; Lonsway, 1996; Schewe, 2002). Responses to the problem focus on both prevention and policy development. A federal law requires that all campuses that receive federal funding have policies related to sexual assault. Potter, Krider, and McMahon (2000) analyzed campus sexual violence policies from 100 campuses. They found that most focused on deterrence and risk reduction rather than policies to promote healthy behaviors. A recent report by Karjane, Fisher, and Cullen (2005) reviewed efforts in numerous campus communities around the nation, and found that although many communities offered support services for victims, few communities provided extensive training related to sexual assault. Furthermore, most prevention efforts have been at the secondary level, focusing on at-risk groups (e.g., Foubert & Marriott, 1997), or at the tertiary level, developing important services for survivors. Karjane et al.'s (2005) report echoes other calls for more efforts at the primary prevention level, specifically ones that include but also go beyond policy development.

Models of prevention more broadly call attention to difficulties and disorders that are the product of accumulated risk factors within the individual and environment that may be moderated or reduced by the presence of strengths and protective factors (e.g., Albee & Ryan, 1998). To date, the focus of traditional rape prevention programs has been on risk reduction by decreasing rape myths among participants or promoting self-defense among women (e.g., Schewe, 2002 for a review). Yet, Albee and Ryan (1998) and others remind us to consider the other half of the prevention equation and attend to building strengths (e.g., Banyard, Moynihan, & Plante, 2007). Berkowitz (2001) in discussing key elements of effective rape prevention programs particularly highlights the need for programs to go beyond information that lists behaviors that are prohibited to include "positive messages." Similar to Wolfe et al. (1996), some emphasis in prevention needs to be on helping participants learn what to do rather than only what not to do. Prevention must include providing tools for healthy relationships as well as tools for reducing the risk of negative relationship outcomes including dating violence.

One particularly important factor in understanding positive behaviors related to intimate relationships may be students' varying perceptions of consent (Abbey, 1982; Abbey & Melby, 1986; Abbey, Cozzarelli, McLaughlin, & Harnish, 1987; Abbey & Harnish, 1995; Abbey et al., 1996; Plante et al., 2003). Consent can be defined as "knowing or voluntary agreement to engage in sexual activity" (Lim & Roloff, 1999, p. 3). Although there may be disagreement about the specific components of consent and the exact wording of its definition, the meaning of the word is captured by this definition.

Although giving consent is a fundamental part of intimacy that takes place without coercion, violence, or abuse of power, students' perceptions of consent vary according to personal experiences, victimization, cultural influences and gender (Swift & Ryan-Finn, 1995; Sawyer, Pinciaro, & Jessell, 1998; Hickman & Muehlenhard, 1999; Coppens & Cohn, 2006; Plante et al., 2003). For example, Swift and Ryan-Finn (1995) identify many sociocultural factors that affect perpetration of sexual violence. If these factors affect perpetration, it is likely that they affect perceptions of consent as well. Findings that gender affects perceptions of consent abound. Sawyer, Pinciaro, and Jessell's (1998) observed gender differences in perceptions of consent, finding that men were more likely than women to interpret "no conversation" as a "yes." A study by Hickman and Muehlenhard (1999) found that men rated their female dates' verbal and nonverbal behavior as being more indicative of consent than the women themselves rated them, suggesting the potential for gender-based sexual miscommunication. Yet another study by Coppens and Cohn (2006) found that acceptance of rape myths affected student's perceptions of consent and that rape myth acceptance differed based by gender. Lastly, a study by Plante et al. (2003) found that men were more likely to assume consent despite alcohol consumption.

Consent is usually defined or at least referred to within policies related to sexual misconduct. For example, according to one university community's Student Code of Conduct, Edition 2005–2006, "sexual misconduct includes, but is not limited to, any sexual activity as defined by [New Hampshire State Law] RSA 632-A; 1 (IV) and (V) **without seeking and receiving expressed permission**. Sexual misconduct [can occur] when a person's ability to give expressed permission is compromised due to...substance ingestion" (University of New Hampshire, 2006, p. 77). Thus, for the purposes of this study consent involves four basic components: (1) seeking consent, (2) receiving

consent, (3) acknowledgement that verbal consent is the least ambiguous way to seek and receive consent, and (4) acknowledgement that there are limits to someone's ability to seek and receive consent. These limits include, for example, not engaging in sexual activity with someone who is either under the age of 16 (in New Hampshire) and/or who is incapacitated due to substance ingestion and/or has a disability that renders them unable to give consent.

Despite these clear guidelines outlined in some university handbooks, to date, little research has been conducted that investigates students' understanding of consent and how their knowledge of this key aspect of relationships may be enhanced through prevention efforts. This may be an important area for primary prevention that can build on and support other prevention programs and fits with Karjane, Fisher, and Cullen's (2005) recommendation that information about policies on sexual assault be more widely disseminated. In this regard, one northeastern public university campus crisis center has developed two projects aimed at prevention focusing on disseminating information about consent. One is a series of posters that read "Got consent?" featuring prominent campus community leaders on the posters. The other is a one hour presentation entitled "Consent 101" conducted by peer educators that describes the key features of obtaining consent at each new step of sexual intimacy and focuses on consent as "sexy" (Sexual Harassment and Rape Prevention Program [SHARPP], 2000). These programs have not to date been systematically evaluated but findings from a study that included questions about consent showed that students were most likely to give only vague and sometimes contradictory definitions of consent (Banyard et al., 2000). Because of the absence of a systematic evaluation of these programs, questions remain about the extent to which people know and understand policies relating to the issue of consent.

### ***CURRENT STUDY***

The current study aimed to evaluate the utility of a prevention education program focused on educating students about consent. Two educational programs were designed to take no longer than 10–15 minutes each (a shorter one involves a presentation only; a longer one includes a presentation and a related activity). Participants received either one of the two educational programs or were part

of a control group that did not receive any specific prevention program. It was hypothesized that participants in the presentation only group and the presentation and activity group would demonstrate greater knowledge about consent as measured by the posttest questionnaire compared to the no treatment control group. It was also hypothesized that the intervention would work equally well for men and women participants. Lastly, it was expected that participants who received the more intensive program (presentation and activity group) would show increased knowledge gain compared to the group to whom the presentation was given without any follow-up activity (presentation only group). The university Institutional Review Board granted approval of this research project.

## METHOD

### *Participants*

Two convenience samples of data were gathered for the current study. The first consisted of students enrolled in a summer class at the university whereas the second consisted of students at the same university who were enrolled in an introductory psychology course. Given that all were students at the same university, these two groups were collapsed and treated as one sample for the current analyses.

A total of 220 students across the two samples filled out pretest questionnaires (144 women and 70 men; 6 participants did not provide data on their gender). Participants received questionnaires at pretest (immediately before the educational treatment was delivered) and posttest (two weeks later). There were some differences between participants in the two samples. In the second sample, participants were significantly younger and were significantly more likely to be first year students. The second sample was composed of a significantly greater percentage of women. Despite these demographic differences, as noted earlier, because all participants were students at the same university, data from all participants for pretest and posttest analyses were pooled and analyzed together as a single sample. At pretest 67.3% of the participants were women; the mean age of all participants was 19.5; 53.2% were first-year students, 17.0% were sophomores, 17.4% were juniors, and 11.5% were seniors. In addition, 2 graduate students filled out the pretest. The sample was

overwhelmingly white, which is representative of the population of the university. Chi-square and *t*-test analyses showed that there were no significant differences between the control and two experimental groups on gender, age, year in school, family of origin income, having taken previous classes that dealt with the issue of sexual assault, or having attended a program by the crisis center at the university at pretest or posttest. There were also no between-group differences on scores on the pretest outcome measures.

### *Procedures*

As noted earlier, data was collected from two samples. The first sample ( $n = 86$ ) was collected during summer session courses. Instructors from every college in the university who were teaching summer courses with enrollments over 15 students were contacted (36 instructors) and asked for permission to use 5 minutes of class time to recruit participants. Fourteen instructors agreed and their classes were visited for recruitment. All interested participants in this sample volunteered time after class on two separate days (pretest and program on one day and posttest another day two weeks later) and were paid \$5.00. The second sample ( $n = 134$ ) was collected during the fall semester of 2005. Students enrolled in introductory psychology courses were given the opportunity to participate in the study in return for partial course credit.

All participants in both samples were randomly assigned to one of the three treatment groups. After the pretest was administered, the facilitator went on to administer one of the three conditions: no treatment (control group), one treatment (presentation only group), or two treatments (presentation and activity group). Treatment one consisted of participants listening to the facilitator read information about the four basic components of consent (seeking, receiving, expressed, permission) as defined by the university and examples of how these components can be applied to actual situations. The importance of continual attainment of consent was also emphasized. All information and examples were taken from the SHARPP "Consent 101" materials mentioned earlier. Treatment two consisted of the same elements of treatment one combined with an interactive discussion about the relationship between consent and alcohol consumption. Two weeks after administering pretests and treatments, a posttest was administered to each group.



## MEASURES

### *Outcome Measures*

The same set of outcome measures were used at pretest and post-test. Two measures were created specifically for this research study because there are few existing instruments available that measure students' understanding of consent. One of the measures (Implication of Consent) was adapted from a similar one used by Plante et al. (2003).

#### *Implication of Consent*

To assess the degree to which a participant believes ambiguous non-verbal behaviors imply consent, a yes-or-no answer question item was developed from crisis center materials used with this project. The question read "I think someone is implying consent to have sexual intercourse if she/he:" This was followed by a list of 7 behaviors ranging from "Invites me to his/her room" to "Receives oral sex." Participants obtained a score for each of the 7 behaviors depending on whether they considered the behavior an implication of consent. This resulted in 7 possible question items. Participants were scored with either "0" for an incorrect response (yes) or "1" for a correct response (no). Scores were based on knowledge imparted during the prevention program. Higher scores indicate greater numbers of correct responses. For this sample at pretest,  $M = 4.50$ ,  $SD = 2.26$  with a range from 0 to 7. Four participants had missing data on this scale.

#### *Knowledge of Four Basic Components of Consent*

To assess the degree to which participants could identify the four basic components of consent, an open-ended question was developed for use with this project. The question read "When you initiate sexual contact/sexual intercourse, how do you know you have consent?" Answers were coded and participants obtained a score for each of the four basic components of consent that were presented during the prevention program. The given definition of consent used by the university, "seeking and receiving expressed permission" and the subsequent discussion of each of the four components (seeking, receiving, expressed, and permission) during the program was taken from crisis center materials. This resulted in four possible items for scoring.

Participants obtained either “0” for an incorrect response (that component was not mentioned in the open-ended response) or “1” for a correct response (that component was mentioned in the open-ended response). Higher scores indicate greater numbers of correct responses and thus, greater knowledge of the four basic components of consent. For example, a common type of response to the question was “I know because s/he says it’s ok.” This participant would receive a “0” for “seeking” (because it is not clear that consent needs to be sought) a “1” for “receiving” (because it is clear that consent must be received), a “1” for “expressed” (because it is clear that consent must be clearly expressed and that verbal is the least ambiguous type of consent) and “0” for “permission” (because it is not clear that there are exceptions to the permission even if it is sought and received, for example, if the person is not of consenting age, is intoxicated with drugs or alcohol, or is disabled in some way that prevents consensual sexual contact or intercourse). Inter-observer reliability for coding on this measure by two independent coders was obtained for a subset of participants as follows: seeking 100%, receiving 93%, expressed 83%, and permission 100%. For the sample at pretest,  $M = 1.22$ ,  $SD = 1.05$  with a range from 0 to 4. Six participants had missing data on this scale.

### *Continual Obtainment of Consent*

To assess the degree to which participants could identify that consent must be obtained continually throughout the sexual experience, an open-ended question was developed for use with this project. The question read “At what point during a sexual encounter does consent need to be obtained?” Participants were scored with either “0” for an incorrect response (open-ended response did not indicate that consent must be obtained continually throughout the sexual experience, for example, “at the beginning” or “when it feels right”) or “1” for a correct response (open-ended response indicates that consent must be obtained continually throughout the sexual experience, for example, “every new phase” or “continually”). Inter-observer reliability for this measure by two independent coders was 100%.

Overall, there was very little missing data for participants who completed each questionnaire. Table 1 presents descriptive statistics for all outcome measures for each of the three groups across the two time points of the study.

TABLE 1. Descriptive Statistics for All Outcome Measure Across the Two Time Points of the Study

Outcomes	Control group <i>n</i> = 62	Presentation only <i>n</i> = 61	Presentation and activity <i>n</i> = 65
Implication of Consent			
Pretest	4.19 (2.29)	4.82 (2.36)	4.63 (2.13)
Posttest	4.68 (2.26)	5.18 (2.28)	4.97 (2.02)
Knowledge of Consent			
Pretest	1.25 (1.03)	1.11 (1.07)	1.27 (1.01)
Posttest	1.10 (.95)	1.18 (.79)	1.76 (1.01)
Continual Obtainment of Consent			
Pretest	.16 (.37)	.16 (.37)	.25 (.44)
Posttest	.13 (.34)	.31 (.47)	.44 (.50)

## RESULTS

### *Testing Intervention Impact*

The first hypothesis stated that there would be significant effects of the prevention program. From pretest to posttest, both treatment groups were expected to show increased scores on implication of consent, knowledge of consent, and continual obtainment of consent. The second hypothesis stated that the program would work equally well for men and women. The third hypothesis addressed the dose effect between treatments 2 and 3.

A repeated-measures MANOVA was calculated using the three outcome variables: participant scores on implication of consent and their scores on the two open-ended questions about knowledge of the four components of consent and continual obtainment of consent. Overall, there was a significant main effect for group  $F(6,352) = 2.42, p < .05$ , Wilks' Lambda = .92 but not for gender. There was a significant gender by group interaction  $F(6,352) = 2.13, p < .05$ , Wilks' Lambda = .93. There was a significant effect of time  $F(3, 176) = 6.46, p < .001$ , Wilks' Lambda = .90. Of greatest importance to assessing hypothesis one, there was a significant time by group interaction  $F(6,352) = 2.94, p < .01$ , Wilks' Lambda = .91 suggesting differences in scores from pretest to posttest across the three groups. Nine percent of the variance in scores about knowledge of consent was explained by differences between the treatment groups

over time. Additionally, we found no significant time-by-gender or time-by-group-by-gender interactions suggesting that effects of the intervention were not different by gender.

In order to address hypothesis three, follow-up post-hoc Tukey's HSD tests were performed and revealed differences between the control group, the presentation only group, and the presentation and activity group only for two of the three outcome measures. Because direction of effects was predicted, one tailed tests of significance were used. There was a significant difference between the control group and the presentation and activity group ( $p < .05$ ) for the continual obtainment of consent outcome measure. There was a significant difference between the control group and the presentation and activity group ( $p > .05$ ) and a significant difference between the presentation only group and the presentation and activity group ( $p < .05$ ) for the knowledge of four basic components of consent outcome measure. In these analyses, the presentation and activity group showed improvement in knowledge of consent compared to the control group.

To further investigate the impact of the program, exploratory analyses were conducted with one outcome measure—the open-ended question about the four key components of consent. A MANOVA was computed using difference scores between pretest and posttest on the four correct or incorrect coded items as dependent variables and the three experimental groups as the independent variable. There was a main effect for group  $F(8,364) = 2.63$ ,  $p < .01$ , Wilks' Lambda = .89. Follow-up univariate tests revealed significant differences for receiving consent  $F(2,188) = 4.30$ ,  $p < .05$  and expression of consent  $F(2,188) = 4.80$ ,  $p < .01$  but not for seeking or permission. Tukey's HSD tests revealed significant differences between the control group and the presentation and activity group on both of these outcomes, again with the presentation and activity group improving on knowledge of consent compared to the control group.

## DISCUSSION

This study was an exploratory investigation of what is needed for educational programming on sexual consent. The results are promising in that a very brief educational program produced changes in knowledge about and understanding of consent. Policies related to sexual misconduct and consent are an important part of campus

communities. But policies are only as effective as peoples' understanding and use of them. The current study showed the greatest knowledge gain for participants who engaged in a discussion of the policy and participated in an activity dealing with its real world implications, rather than simply listening as it is read aloud. This supports assertions by Karjane et al. (2005) who encourage best practices related to policies that are clearly worded and widely discussed in order to improve their effectiveness.

The current study also showed the utility of including prevention messages that focus on promoting more positive and healthy behaviors (Berkowitz, 2001). In this case, the focus was on discussions of the importance of consent to healthy relationships. Clearly this program is not meant to take the place of more comprehensive rape prevention messages. However, it may be an important additional tool. Lonsway and Kothari (2000) highlight the need for sexual violence prevention to be ongoing. No one program no matter its length or depth should be expected to take on the full task of preventing sexual violence in communities. Rather multiple tools are needed and participants should be exposed to prevention messages at multiple points in time. The current program is one example of a short, focused, primary prevention program that could be conducted easily and early-on with groups of students (e.g., first-year orientation) and may help support other prevention efforts for community members.

There are a number of limitations to the current study. For example, given that the measures were self-reported, participants may have quickly guessed the purpose of the questions and given information that portrayed themselves in a positive light. Assessment of program effects over longer time periods is needed. In addition, the lack of change across intervention groups for the "permission" component (e.g., limitations to permission such as intoxication, disability) highlights an area of understanding that may be more resistant to change and is of concern given links between alcohol and sexual assault in college campus communities. Lastly, it should be noted that the outcome measures of this study measure changes in knowledge rather than behavior. However, this study shows that even a simple 5-10 minute educational program may significantly broaden students' knowledge of sexual consent, therefore potentially reducing the prevalence of sexual violence on campus and supporting other, more comprehensive prevention efforts.

## ACKNOWLEDGMENT

Support for this research was provided by grants from the UNH Undergraduate Research Programs Office.

## REFERENCES

- Abbey, A. (1982). Sex differences in attributions for friendly behavior: Do males misperceive female's friendliness? *Journal of Personality and Social Psychology*, *42*, 830–838.
- Abbey, A., Cozzarelli, C., McLaughlin, K., & Harnish, R. J. (1987). The effects of clothing and dyad sex composition on perceptions of sexual intent: Do women and men evaluate these cues differently? *Journal of Applied Social Psychology*, *17*, 108–126.
- Abbey, A., & Harnish, R. J. (1995). Perception of sexual intent: The role of gender, alcohol consumption and rape supportive attitudes. *Sex Roles*, *32*, 297–313.
- Abbey, A., & Melby, C. (1986). The effects of nonverbal cues on gender differences in perceptions of sexual intent. *Sex Roles*, *15*, 283–298.
- Abbey, A., Ross, L. T., & McDuffie, D. (1996) Alcohol and dating risk factors for sexual assault among college women. *Psychology of Women Quarterly*, *20*, 147–169.
- Albee, G. W., & Ryan, K. (1998). An overview of primary prevention. *Journal of Mental Health*, *7*, 441–450.
- Banyard, V. L., Moynihan, M. M., & Plante, E. G. (2007). Sexual violence prevention through bystander education: An experimental evaluation. *Journal of Community Psychology*, *35*, 463–481.
- Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology*, *32*, 61–79.
- Banyard, V. L., Plante, E. G., Ward, S., Cohn, E., Moorhead, C., & Walsh, W. (2000). *Revisiting our understanding of unwanted sexual experiences on campus: A comparison of '88 and '00*. Unpublished manuscript.
- Berkowitz, A. D. (2001). Critical elements of sexual assault prevention and risk reduction programs for men and women. In C. Kilmartin (Ed.), *Sexual assault in context: Teaching college men about gender*. Holmes Beach, FL: Learning Publications.
- Breitenbecher, K. H. (2000). Sexual assault on college campuses: Is an ounce of prevention enough? *Applied and Preventive Psychology*, *9*, 23–52.
- Centers for Disease Control and Prevention (2004). *Sexual violence prevention: Beginning the dialogue*. Atlanta, GA: Centers for Disease Control and Prevention.
- Coppens, K., & Cohn, E. (2006). *College students' perceptions of sexual consent and resistance in interpersonal relationships*. Unpublished doctoral dissertation, University of New Hampshire, Durham.
- Foshee, V. A. (1998). Involving schools and communities in preventing adolescent dating abuse. In X. B. Arriaga & S. Oskamp (Eds.), *Addressing community*

- problems: *Psychological research and interventions* (pp. 104–129). Thousand Oaks, CA: Sage Publications, Inc.
- Foubert, J. D., & Marriott, K. A. (1997). Effects of a sexual assault peer education program on men's beliefs in rape myths. *Sex Roles, 36*, 259–268.
- Hickman, S. E., & Muehlenhard, C. L. (1999). By the semi-mystical appearance of a condom: How young women and men communicate sexual consent in heterosexual situations. *Journal of Sex Research, 36*(3), 258–272.
- Karjane, H. M., Fisher, B. S., & Cullen, F. T. (2005). *Sexual assault on campus: What colleges and universities are doing about it*. NIJ Research for Practice Report. NCJ 205521.
- Koss, M. P., & Dinero, T. E. (1989). Discriminant analysis of risk factors for sexual victimization among a national sample of college women. *Journal of Consulting and Clinical Psychology, 57*(2), 242–250.
- Lim, G. Y., & Roloff, M. E. (1999). Attributing sexual consent. *Journal of Applied Communication Research, 27*, 1–23.
- Lonsway, K. A. (1996). Preventing acquaintance rape through education: What do we know? *Psychology of Women Quarterly, 20*, 229–265.
- Lonsway, K. A., & Kothari, C. (2000). First year campus acquaintance rape education. *Psychology of Women Quarterly, 24*, 220–232.
- Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist, 58*, 449–456.
- Plante, E. G., Cohn, E. S., Coppens, K., Ward, S. K., Moorhead, C. A., Banyard, V. A., Walsh, W. A., et al. (2003). *Sex differences in verbal versus nonverbal perceptions of consent: It depends how you ask the question*. Unpublished manuscript.
- Potter, R. H., Krider, J. E., & McMahon, P. M. (2000). Examining elements of campus sexual violence policies. *Violence Against Women, 6*, 1345–1362.
- Sawyer, R. G., Pinciaro, P. J., & Jessell, J. K. (1998). Effects of coercion and verbal consent on university students' perception of date rape. *American Journal of Health Behavior, 22*(1), 46–53.
- Schewe, P. A. (2002). Guidelines for developing rape prevention and risk reduction interventions. In P. A. Schewe (Ed.), *Preventing violence in relationships* (pp. 107–136). Washington, DC: American Psychological Association.
- Schwartz, M. D., & Nogrady, C. A. (1996). Fraternity membership, rape myths, and sexual aggression on a college campus. *Violence Against Women, 2*, 148–162.
- Swift, C. F., & Ryan-Finn, K. (1995). Perpetrator prevention: Stopping the development of sexually abusive behavior. *Prevention in Human Services, 12*(2), 13–44.
- Sexual Harassment and Rape Prevention Program. (2000). SHARPP Curriculum “Consent 101.” University of New Hampshire. *Student's rights, rules & responsibilities handbook*. Edition 2005–2006.
- Wandersman, A., & Florin, P. (2003). Community interventions and effective prevention. *American Psychologist, 58*(6/7), 441–448.
- Wolfe, D. A., Wekerle, C., Gough, R., Reitzel-Jaffe, D., Grasley, C., Pittman, A., Lefebvre, L., & Stumpf, J. (1996). *The youth relationships manual*. Thousand Oaks, CA: Sage.