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611310 Colleges, Universities, and Professional Schools**Abstract:** Despite national efforts to create awareness about acquaintance rape and substance- facilitated sexual assault on college campuses, little empirical research investigates whether college women are incorporating these messages into their social behavior. This exploratory study adds to the existing literature by investigating college women's awareness of rape drugs, incorporation of widely advocated risk reduction strategies, communication with same sex peers about risk and protective factors, and perceptions of vulnerability to sexual violence. One hundred thirty-four women at a metropolitan university in the Midwest completed the web based survey. Findings suggest alcohol use affects the incorporation of risk reduction strategies, while class standing, peer disclosure, sexual assault history and receiving sexual assault education affect perceptions of vulnerability. In addition, perceived vulnerability is positively correlated with same-sex peer communication. Implications for possible prevention initiatives and future research directions are noted. [ABSTRACT FROM AUTHOR]

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²Sociology Department, Wichita State University**Full Text Word Count:** 6750**ISSN:** 01463934**Accession Number:** 36792314**Database:** Academic Search Complete**COLLEGE WOMEN'S RAPE AWARENESS AND USE OF COMMONLY ADVOCATED RISK REDUCTION STRATEGIES**

Despite national efforts to create awareness about acquaintance rape and substance- facilitated sexual assault on college campuses, little empirical research investigates whether college women are incorporating these messages into their social behavior. This exploratory study adds to the existing literature by investigating college women's awareness of rape drugs, incorporation of widely advocated risk reduction strategies, communication with same sex peers about risk and protective factors, and perceptions of vulnerability to sexual violence. One hundred thirty-four women at a metropolitan university in the Midwest completed the web based survey. Findings suggest alcohol use affects the incorporation of risk reduction strategies, while class standing, peer disclosure, sexual assault history and receiving sexual assault education affect perceptions of vulnerability. In addition, perceived vulnerability is positively correlated with same-sex peer communication. Implications for possible prevention initiatives and future research directions are noted.

There has been a recent trend toward coordinated national efforts to create awareness about acquaintance rape and substance-facilitated sexual assault on college campuses. For instance, the Rape, Abuse, and Incest National Network initiated the annual "get carded campaign" back in 2003. In 2007, the campaign handed out more than 1 million cards to students across the continental United States (RAINN, 2007). Yet, little empirical research has investigated whether college women are incorporating the messages promoted in such campaigns into their social behavior. The purpose of this exploratory study is to add to the existing literature by investigating college women's awareness of rape drugs, their incorporation of widely advocated risk reduction strategies, their communication with same sex peers about risk and protective factors, and their perceptions of vulnerability to sexual violence.

Over the past decade, growing attention has been given to the use of substances or "date rape drugs" to facilitate sexual assault (Fitzgerald, & Riley, 2000; Hensley, 2003; Romeo, 2004; Slaughter, 2000). While the list of substances continues to grow, the most common substances associated with sexual assaults in the medical literature include alcohol, Rohypnol, GHB, and Ketamine (Negrusz & Gaensslen, 2003; Pope & Shouldice, 2001; Schwartz, Milteer, & LeBeau, 2000). In response to the growing discourse about rape drugs, the U.S. government passed the Drug-Induced Rape Prevention and Punishment Act of 1996, which provided criminal penalties to persons utilizing controlled substances to commit a crime of violence (United States Department of Justice, 1997). Regardless, few empirical studies have explored the prevalence, incidence, or even women's perceived risk of being drugged and sexually assaulted by a date. In the few existing medical studies assessing incidence through the analysis of urine obtained from sexual assault victims, alcohol and marijuana were the most common substances detected (Negrusz & Gaensslen, 2003; Slaughter, 2000). While alcohol is often considered the number one date rape drug by rape prevention advocates, it is not regulated under the Drug-Induced Rape and Punishment Act because it is not a controlled substance.

Nonetheless, the role of alcohol in sexual assault incidents has gained the most empirical attention (Abbey, Ross, McDuffie, and McAulsan 1996; Corbin, Bernat, Calhoun, McNair, & Seals, 2001; Muehlenhard & Linton, 1987; Norris, Nurius, & Dimeff, 1996; Sampson, 2006; Sochting, Fairbrother, & Koch, 2004). While Ullman, Karabatsos, and Koss' (1999) longitudinal study found that 42% of female victims had been using alcohol at the time of their assault, the authors assert retrospective studies tend to find even larger estimates. Similarly, Combs-Lane and Smith (2002) found that alcohol use, intentions to engage in high risk drinking, being exposed to potential perpetrators (i.e., casually dating multiple men), and engaging in risky sexual activity were all positively correlated with young women experiencing a sexual assault across a 57 month period.

In another longitudinal study of women's vulnerability to sexual assault, Humphrey and White (2000) found that risk of sexual violence declined as women aged, with young women being most vulnerable during late adolescence. In fact, sexual assault prevention advocates often hold the first year of college to be a particularly high risk period for young women (Holcomb, Savage, Seehafer, & Waalkes, 2002; Karjane, Fisher, & Cullen, 2002; Rothman & Silverman, 2007; Sampson, 2006). In retrospect, college women may also perceive the first year to be a time of risk. In a qualitative study of 37 sorority/cooperative housing women in the Midwest, an emergent theme was the perception that first year women are often unaware of the affect that alcohol has on their bodies, placing them at risk of being preyed upon by older college men (Hertzog, 2004). However, previous research suggests that it is not uncommon for college women to view other women as being at higher risk for sexual assault than themselves (Gidycz, McNamara, & Edwards, 2006; Norris, Nurius, & Graham, 1999).

In addition to an empirical link between alcohol and risk of sexual assault, the use of alcohol or other drugs recreationally often prevents young women from either acknowledging their experience as an assault or reporting an incident to authorities (Fisher, Cullen, & Turner, 2000; Karjane, Fisher, & Cullen, 2002). In fact, alcohol is a common ingredient in college sexual experiences in general. For instance, an on-going national survey conducted by the Center for Alcohol and Other Drug (CORE)

Institute found that 57% of college men and 41% of college women believed that drinking is actually a means of facilitating sexual opportunities (Presley, Meilman, Cashin, & Leichter, 1998).

Thus, regardless of the forced nature of the crime of rape, it is likely that individuals compare rape narratives to some preconceived script for sexual behavior which often includes alcohol use (Hickman & Muehlenhard, 1997; Jackson, 1995; Kahn, Mathie, & Torgler, 1994). Existing studies lend some support to this hypothesis. Few college women identify general alcohol consumption as a risk factor in sexual assaults (Cue, George, & Norris, 1996), and they are less likely to acknowledge a forced act as an assault if performed by a date or acquaintance than by a stranger (Drapeau, 1992). Botta and Pingree (1997) further found that women who did not label their experience as a sexual assault were more likely to have experienced non-vaginal assaults (physical force for anal or oral penetration). Given the controversy surrounding what behaviors constitute sex (Pitts & Rahman, 2001; Remez, 2000), it is possible that young women might not acknowledge a behavior as rape if they do not even define it as sex.

Botta and Pingree (1997) did find that engaging in peer discussions about acquaintance rape was a significant predictor of whether a young woman acknowledges her experience as rape or not. To date, research on communication and sexual assault largely focuses on disclosure of past sexual assaults (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001) and how men and women communicate consent for sexual activities (Beres, 2007). However, gaining an understanding of whether young women are actually communicating about sexual assault in general conversation and whether this communication helps increase incorporation of risk reduction methods is important for the development of effective prevention programming. It is possible that peer communication around sexual assault may help increase awareness and create systems of support (Banyard, Plante, & Moynihan, 2004; Budde & Schene, 2004; Karjane, Fisher, & Cullen, 2002; Lonsway, Klaw, Berg, Waldo, Kothari et al., 1998; Stein, 2007). Discussions about sexual assault with friends can provide an opportunity for sharing knowledge on risk factors and prevention strategies, especially peer based strategies. Sexual violence prevention specialists often suggest risk reduction strategies that include going out in groups and having group members watch each other's drinks (RAINN, 2006; Romeo, 2004). If women talk with their friends about risk and protective factors, they may be more likely to develop and implement risk reduction strategies with their friends. To date, no published research explores the process and/or content of such peer discussions.

The purpose of the current exploratory study was to address some of these gaps. In particular, this study investigates college women's (1) perceptions of risk regarding sexual assault on campus; (2) their awareness of substances associated with sexual assault; (3) their incorporation of risk reduction strategies; and (4) the frequency of their same-sex peer discussions about date/acquaintance rape. Given the theoretical focus on social norms from sexual assault prevention funding organizations (such as the CDC's Rape Prevention Education block grants and the Office on Violence Against Women's Grants to Reduce Violent Crimes Against Women on Campus), it is important to develop a more complete understanding of the ways in which peers discuss rape and the conditions that constitute sexual assault. Gaining an increased empirical understanding of each of these interrelated issues will be useful in creating more effective date/acquaintance rape awareness materials and programs.

Method

Measures

A web-based survey was developed and used to gather information on college women's awareness of and risk perceptions related to sexual assault. The survey contained a total of 75 items focusing on college women's social habits, rape myth attitudes, personal experiences of sexual assault, communication with same-sex friends, substance use, awareness of date rape drugs, sources of education on the topic, and demographics.

Perceived vulnerability.

Perception of campus related rape vulnerability was measured by a single item taken from the perceived vulnerability sub-scale of the Date and Acquaintance Rape Survey (Walsh, DeVellis, & DeVellis, 1997). Based on a 7-point Likert scale ranging from strongly agree to strongly disagree, participants rated their level of agreement that "Rape among dates & acquaintances is a problem here at (name of university)." The responses were reverse coded so that higher scores indicated more agreement. The overall mean for responses was 3.7.

Drug awareness.

Awareness of "date rape" drugs was initially assessed via an open ended question asking participants to list the substances that they most associate with the term "date rape" drugs. The most commonly listed substances were "roofies" /rohypnol (42%), ecstasy (30%) and alcohol and marijuana (both listed by 24% of participants), however, another 32% of participants reported that they did not know what substances were associated with sexual assault. After dummy codes were created for each drug listed by participants, a sum scale of the number of common date rape drugs in the medical literature (including alcohol, GHB, Rohypnol, and Ketamine) was created with scores ranging from zero to four substances being identified.

Risk behavior.

Incorporation of risk reduction strategies was measured by a sum scale of five items (4 point likert scale ranging from very common to very uncommon, Chronbach's alpha = .522) assessing social habits/risk reduction strategies advocated by nationally reputable sexual assault prevention organizations such as RAINN and the National Sexual Violence Resource Center (see also Romeo, 2004). The individual items included in the scale are listed in Table 1. Responses ranged from six to 19 with higher scores indicating more risky social behaviors are common. The overall mean for the scale was 10.71 (sd = 2.6).

Peer communication.

Communication with same-sex peers was measured by a sum scale of seven items assessing how common it was to discuss identified risk and protective factors with their close girlfriends (4 point likert scale ranging from very uncommon to very common, coefficient alpha = .717). The individual items included in the scale are listed in Table 2. Responses ranged from seven to 28 with higher scores indicating more communication. The overall mean for the scale was 18.32 (sd = 3.6).

Age

Based on previous research, two demographic variables assessing age were used in this analysis. The first was chronological age, dichotomized as under 21 (n = 72) or over 21 (n = 62). The second was class standing which was dichotomized grouping first and second year students together (n = 65) and grouping third year through graduate students together (n = 69).

Sexual assault history.

Experience of sexual assault was measured by items from the Sexual Experience Survey (Koss & Gidycz, 1985). The survey asks participants whether a man has ever used threats or some degree of physical force (twisting your arm, holding you down, etc.) to make them engage in a variety of acts from "kissing or sexual touching" to "vaginal intercourse" when they didn't want to. A dichotomous variable was created grouping those who have experienced at least one form of sexual battery/assault (including kissing/touching; oral/anal sex; and unwanted vaginal intercourse due to threat, force, or substance use) since the age of 14 together (n = 62) and those who had not (n = 71).

Peer disclosure

Peer disclosure of sexual assault was measured by a single item asking participants how many of their female college friends have disclosed to them that they experienced a sexual assault or rape in their lifetimes. Response categories ranged from none to five or more. The majority of participants (56%) reported that at least one friend had disclosed a sexual assault to them, with 12% reporting three or more disclosures.

Sexual assault education

Exposure to sexual assault education was assessed by asking participants what forms of information they had received since starting college. Choices included class lecture (including readings, a project, or a video), attendance at a campus/community presentation, self researched on the internet, training through a rape crisis center or other social service organization, or have received no information through any of these methods. A dichotomous variable was created grouping those who had received at least one form of education ($n = 96$) and grouping those who had not ($n = 38$).

Participants and Procedures

Participants were recruited from general education Sociology courses, such as Introduction to Sociology and Marriage and Families, at a mid-sized metropolitan state university in the Midwest. Upon receiving Institutional Review Board and classroom professor approval, student members of the research team made brief presentations to invite female students between the ages of 18 and 34, identified as a high risk group in the literature, to participate in the study. In order to increase participant anonymity, all students in these courses were given a copy of the research flyer which provided a brief overview of the study, researcher contact information, and the study's web address. Male students were asked to pass on the flyer to a female student that they know. Approximately 300 flyers were passed out during the recruitment period. A total of 152 women took the survey, but the data for 18 participants (13%) were incomplete. Therefore, our total sample size dropped to 134.

The majority of participants were Caucasian (87%, which is slightly higher than the 76% campus demographic for females) and under 21 years of age (54%, campus median is 24 years of age for females). In addition, most participants were either casually dating or dating one person exclusively but not cohabiting (55%), lived off campus with family (40%), and had engaged in consensual intercourse (75%). Just under half of participants (46%) self reported that they themselves had experienced one or more instances of sexual violence, with 12% experiencing more than one form of sexual battery and 14% reporting experiencing two or more forms of rape. In addition, just over half of participants (56%) reported having had at least one friend disclose to them that they had been sexually assaulted.

While the majority of participants (60%) correctly identified at least one "date rape" drug, less than 1% reported that they commonly discussed the risk of being drugged with their close girlfriends and nearly a quarter reported that the possibility of being raped by a date was the last thing on their mind when out having a good time. The majority of participants also reported consuming alcohol on a regular basis (33% monthly, 37% weekly), with few participants reporting ever using GHB (1%), Ketamine (1%), or rohypnol (0%) recreationally. In addition, just over 60% disagreed with the rape myth that an intoxicated woman is at least somewhat responsible for her victimization, and over 75% agreed that a woman under the influence of recreational drugs is unable to give sexual consent. Nonetheless, 50% of participants also reported at least mild agreement with the myth that men don't intend to force sex on a woman but sometimes get too sexually carried away to stop.

Finally, 72% of participants reported that they had received at least one form of sexual assault education. The most reported source of information came directly from their college coursework through a lecture, reading, project, or video (52%). Only 28% reported receiving information from more than one source.

Results

In order to assess the hypothesized interrelationships between our dependent variables, a series of Pearson correlations were run (see Table 3). The first set of correlations assessed perceived vulnerability on campus. We hypothesized a positive relationship between perceived vulnerability and rape drug awareness and with peer communication. We also hypothesized a negative correlation between perceived vulnerability and risk-taking behavior. Our analysis revealed partial support for our hypotheses. Perceived vulnerability was positively though weakly associated with peer communication ($r = .179$; $p < .05$), but the relationships with drug awareness and risk taking behavior were not significant. Due to the cross sectional nature of our data, we are unable to determine if perceived vulnerability led participants to communicate more with peers or if more communication with peers led to increased awareness that sexual assault is a problem on campus.

The next set of correlations assessed risk taking behavior. We hypothesized a negative association between risk taking and awareness of rape drugs and with peer communication. In addition we assessed the relationship between peer communication and awareness of rape drugs. We anticipated a positive relationship between communication and awareness. Our analyses revealed that none of these hypotheses were supported, however, there was a weak trend toward significance between risk taking and peer communication in the expected direction ($r = -.154$, $p < .08$).

Next, a series of ANOVAs were run measuring the effects of our independent variables (age, class standing, having a friend disclose a sexual assault experience, participant's own personal experiences of sexual violence, and receiving sexual assault education) on college women's perceived vulnerability, risk-taking behaviors, peer communication, and awareness of "date rape" drugs (see Table 3). Based on previous research, our first ANOVAs assessed whether age would differentiate risk and protective behavior. As mentioned previously, existing research suggests that in addition to young adult women in general, first year college women may be at higher risk of experiencing a sexual assault. For this reason we ran an ANOVA for each dependent variable on two measures of age, chronological age and class standing. We anticipated that the younger age group and those earlier in their academic career would be less likely to engage in risk reduction behaviors compared to those in the older age group and those with higher class standing. Our findings indicate no differences in risk taking behavior by age. However, we did find a trend for class standing with third year and above exhibiting more risk behaviors than first and second year students.

To further investigate this finding, we ran a Chi Square test between class standing and alcohol use, since half of the risk reduction scale items dealt with drinking habits. We found significant differences in alcohol use by class standing ($\chi^2 = 9.986$; $p < .05$). Those earlier in their academic career were more likely to report never drinking (22%) than those later in their career (7%), while those in the later group were more likely to report drinking once a year (19% vs 6%). The groups were nearly identical in terms of reports of drinking monthly (34% for first/second year & 32% for third year+) and weekly (37% of both groups).

Next, we ran an ANOVA assessing whether alcohol use differentiated risk taking behavior. We anticipated that those engaging in less frequent drinking behaviors (i.e., yearly or never) would engage in more risk reduction strategies than those drinking more regularly (monthly or weekly/daily). We found partial support for our hypothesis ($F = 7.779$, $df = 3$, $p < .001$). Bonferroni post hoc comparisons revealed that participants reporting never consuming alcohol in the past year (mean = 8.89) and those reporting alcohol use a few times a year (mean = 9.76) both incorporated more risk reduction strategies than either those drinking a few times a month (mean = 10.55) or drinking weekly to daily (mean = 11.77). There were no significant differences in risk behavior between those consuming alcohol monthly and either those consuming alcohol more or less frequently.

In addition to risk behavior, we hypothesized that college women further in their academic career and those in the older age category would report more perceived vulnerability for sexual violence on campus, more communication with their same-sex friends about risk and protective factors, and an awareness of more date rape drugs. Neither age or class standing differentiated the amount of communication with peers or personal awareness of common date rape drugs; however, our hypotheses regarding perceived vulnerability were partially supported. While there were no significant differences in perceptions that sexual assault is a problem on campus by age, students in their third year of college or above reported higher mean levels of perceived vulnerability than those in their first or second year of college. It is possible that this difference is related to exposure to sexual assault education. Chi square analysis ($\chi^2 = 8.421$, $p < .004$) suggests that first and second year students were less likely to report receiving any form of sexual assault education (40%) than women further in their academic careers (17%).

The third area investigated was peer disclosure. We anticipated that women with "one" or "two or more" friends who disclosed to them that they had been sexually assaulted would be more likely to report that sexual assault was a problem on campus, would engage in more risk reduction strategies, would have higher levels of peer communication about relationships, and would be aware of more date rape drugs than participants with no peer disclosures. These hypotheses were partially supported in that significant differences emerged for perceived vulnerability and for protective communication with female friends, but not for risk-reduction behaviors or awareness of date rape drugs.

As hypothesized, Tukey-Kramer post hoc comparisons revealed significant mean differences between participants who had one peer disclosure and those with no peer disclosures in perceptions that sexual violence is a problem on campus, but found no differences between participants who had two or more peer disclosures and those with none or one. In addition, there was a significant difference in the level of peer communication between women with no disclosures and women with two or more, but no differences in communication between women with one peer disclosure and either no disclosures or two plus peer disclosures.

The fourth area we investigated was personal experience of sexual violence. Just under half of our participants (46%) reported experiencing at least one form of sexual assault. Because the SES assesses victimization since the age of 14, we had anticipated that women that had experienced some form of sexual battery would report more perceived vulnerability for sexual violence on campus, would engage in more risk reduction behaviors and would be aware of more types of date rape drugs. Based on the disclosure literature, we also anticipated that women who had experienced sexual assault would engage in less communication with peers. Of course we acknowledge that these hypotheses could easily be reversed and are dependent on timing of the assault experience which we were unable to investigate in the current study. Nonetheless, there were no significant differences on either risk reduction behavior, awareness of drugs, or communication between those experiencing a sexual assault and those who have not, despite a significant difference in perceived vulnerability. As hypothesized, women who had a previous experience with sexual violence were more likely to perceive that sexual violence was a problem on campus than those without a history of sexual assault.

Finally, we assessed the possible impact of receiving education about sexual assault on our four dependant variables. We anticipated that those who had received some form of education would be more likely to perceive sexual assault is a problem, would be less likely to engage in risk taking behavior, would be aware of more types of drugs, and would be more likely to engage in communication with their close female peers. As hypothesized, participants receiving some form of education on sexual assault reported higher mean levels of perceived vulnerability than those reporting no education. In addition, we found a strong trend toward significance for peer communication and a weaker trend for drug awareness, both in the expected direction. There were no differences in reported risk reduction behavior, however, across participants receiving education and those not.

Discussion & Implications

Despite increasing efforts to create awareness about violence against women on college campuses, little empirical research has investigated whether college women are actually incorporating these messages into their social behavior in some way. The purpose of our exploratory research was to do just that. We were particularly interested in gaining an increased understanding about college women's awareness of rape drugs, the level of their incorporation of some of the most commonly advocated risk reduction strategies, their communication with same sex peers about risk and protective factors related to sexual assault, and ultimately their perceptions of vulnerability to sexual violence.

Consistent with previous studies (Gidycz et al., 2006; Hickman & Muehlenhard, 1997; Norris et al., 1999), our findings suggest a possible dissonance between acknowledgement that sexual violence is a problem on campus and the internalization of personal risk. Overall, the college women in our study report engaging in moderate amounts of risk taking behavior that would be considered counterintuitive to the most commonly recommended risk reduction strategies. Furthermore, sexual assault history did not differentiate levels of risk taking behavior even though it did differentiate perceived vulnerability. It is possible that these findings are due in part to the types of risks being assessed. For example, 65% of participants reported that it is uncommon for them to let their dates know their sexual limits from the very beginning. At the same time, our findings suggest that college women may be incorporating other, less gender sensitive, protective behaviors with 75% of our respondents reporting that it is not common for them to consume alcoholic beverages on a first date. More attention to a wider range of risk reduction strategies advocated by campus sexual violence prevention specialists is warranted in future research.

While neither age nor class standing significantly differentiated risk taking behavior for our participants, alcohol use did. Participants consuming alcohol regularly (either monthly or weekly to daily) engaged in more risk taking behavior than those never consuming alcohol or only drinking a few times a year. It is interesting to note that only one in four of our participants, however, perceived alcohol to be a date rape drug. In addition, our findings suggest that drug awareness is not correlated with the incorporation of risk reduction strategies as we had hypothesized. These findings reinforce the need for student affairs professionals to incorporate a variety of methods for reaching populations that may be engaged in high risk drinking behaviors in their awareness initiatives such as advertising prevention messages in the restrooms of residence halls, Greek affiliated houses, and/or local bars.

Our findings further suggest that class standing, peer disclosure, history of sexual violence, and sexual assault education are all factors related to the perception that sexual assault is a problem on campus. College women later in their academic career (third year or beyond) are more likely to perceive the potential for sexual violence than those in their first or second year of college. It is possible that this finding may be associated with exposure to sexual assault education, given that the most reported form of education involved some form of curriculum infusion (i.e., exposure through a lecture, video, or class project). In addition, links may exist between exposure to education and student awareness of date rape drugs and to peer discussion about relationship risks. Considering that previous prevention research asserts the importance of repeated exposure to a variety of prevention messages (Holcomb et al., 2002; Karjane, Fisher, & Cullen, 2002; Sochting et al., 2004), student affairs specialists might aid other faculty on their campus with efforts toward curriculum infusion by providing resources, guest speaking engagements, and/or training on sexual assault prevention through an existing university center for teaching excellence or other faculty network, in addition to creating prevention programs specifically geared toward first year students. Moreover, student affairs affiliates can be instrumental in promoting general awareness throughout campus by working with existing student groups to develop bulletin board displays, sponsor purple and white ribbon campaigns, and coordinate "get carded" day events.

Finally, our findings suggest that it is at least moderately common for college women to engage in discussions about risk factors associated with sexual violence with their close female peers. In addition, communication that involves peer disclosure of previous sexual assault history was found to differentiate not only perceived vulnerability but peer communication about risks as well. Thus, women who reported that they had two or more friends disclose a sexual assault to them reported higher mean levels of communication with close female friends than women who reported no peer disclosures. Because of the cross-sectional nature of our data, it is not possible for us to determine the direct relationship between communication and peer disclosure. It is equally possible that peer disclosure leads to more communication with peers, or that communication among peers leads to an open space to disclose the experience of being assaulted. Future research incorporating a longitudinal design that tracks college women's relational experiences throughout their academic careers is necessary for fully understanding such relationships. Nonetheless, student affairs professionals can aid in the peer communication process by holding forums for college women to openly discuss healthy and unhealthy relationships and experiences as part of or in addition to other prevention programming (Hertzog, 2004).

While our findings are limited by the cross sectional nature of our data and our small sample size, we believe that peer communication about sexual assault warrants further attention. Interviews and focus groups could provide enlightening information about how college women consume prevention messages and their perceptions about risk reduction in general. In essence, it is the potential for peer relationships to be transformative that underlies much of the existing social norms awareness campaigns (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2003) as well as the push toward increasing bystander education programs (Banyard et al., 2004). We believe that qualitative methodologies could answer many of the questions that remain, including how attention to issues of sexual assault in communication among women emerge, what is the actual content of the communication and how accurate is it. In addition, 65% of our participants reported that they felt comfortable talking to their male friends about rape. Given the increased initiatives focusing on men's roles in preventing sexual assault (Choate, 2003; Karjane, Fisher, & Cullen, 2002; Stein, 2007), further research attention geared toward exploring communication about sexual violence in cross-sex friendships seems particularly warranted as well. Student affairs professionals can be instrumental in facilitating such cross-sex discussions about rape in their development of campus advocacy networks that work toward reducing violence against women on campus.

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Table 1: Riste Behavior Scale*

| | Mean | SD |
|--|------|--------|
| I consume alcoholic beverages on the first date. | 1.91 | (0.96) |
| I accept drinks (alcoholic or not) that I did not see prepared at a social gathering (i.e., club or party) from someone other than the wait staff. | 1.50 | (.76) |
| I leave my drink unattended at a social gathering to go dance or use the restroom. | 1.48 | (.87) |
| If I attend a social gathering with friends, I leave with a man I met that night. | 1.20 | (.46) |
| From the beginning, I tell a date what I do or do not want to do sexually. | 2.10 | (.88) |
| *4-point likert scale: 1 = very uncommon; 2 = somewhat uncommon; 3 = somewhat common; 4 = very common | | |

Table 2: Peer Communication Scale*

| | Mean | SD |
|--|------|-------|
| The factors that make a relationships healthy or unhealthy. | 3.24 | (.74) |
| Positive and negative impressions of the guys that ask us out. | 3.60 | (.67) |
| How to talk to guys about your sexual limits. | 2.28 | (.87) |
| The importance of going to and leaving social gatherings with at least one close friend. | 2.75 | (.96) |
| The risk of having a drink drugged by an acquaintance or stranger when attending a social gathering. | 2.18 | (.90) |
| What steps to take if you or a friend are | | |

sexually assaulted. 1.63 (.75)
 Concerns that you have about each others' behavior (drinking, drug use, interactions with men) that may be putting them at risk. 2.63 (.98)
 *Participants were asked to indicate on a 4-point likert scale (1 = almost never discuss, 2 = rarely discuss, 3 = sometimes discuss, 4 = frequently discuss) how often they discussed each topic with their close girlfriends.

Table 3: Analysis of Variance Results

| | M | SP | df | F | p |
|--------------------------|-------------------|------|----|-------|-------|
| Perceived Vulnerability | | | | | |
| Class Standing | | | 1 | 4.785 | 0.03 |
| first-second year | 3.43 | 1.13 | | | |
| third year-graduate | 3.87 | 1.19 | | | |
| Peer disclosure | | | 2 | 3.302 | 0.04 |
| none | 3.37 ^a | 1.10 | | | |
| one | 3.95 ^a | 1.11 | | | |
| two or more | 3.81 | 1.29 | | | |
| Sexual assault History | | | 1 | 4.562 | 0.035 |
| experienced SA | 3.90 | 1.17 | | | |
| did not experience | 3.48 | 1.12 | | | |
| Sexual assault education | | | 1 | 7.05 | 0.009 |
| received | 3.82 | 1.17 | | | |
| did not receive | 3.24 | 1.1 | | | |
| Awareness of Substances | | | | | |
| Sexual assault education | M | SP | df | F | p |
| received | 1.04 | 0.99 | 1 | 3.323 | 0.071 |
| did not receive | 0.71 | 0.80 | | | |
| Risk taking behavior | | | | | |
| Class Standing | M | SP | df | F | p |
| first-second year | 10.28 | 2.45 | 1 | 3.451 | 0.065 |
| third year-graduate | 11.12 | 2.71 | | | |
| Peer discussions | | | | | p |
| Peer disclosure | | | 2 | 3.369 | 0.037 |
| none one | 17.74 | 3.83 | | | |
| a | | | | | |
| two or more | 17.95 | 3.19 | | | |
| a | | | | | |
| Sexual assault education | | | 1 | 3.733 | 0.055 |
| received | 18.69 | 3.37 | | | |
| did not receive | 17.35 | 4.06 | | | |

a superscript indicates significant mean difference at p < .05

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