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Effects of The Men's Program on U.S. Army Soldiers' Intentions to Commit and Willingness to Intervene to Prevent Rape: A Pretest Posttest Study

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Noncommissioned male officers in the U.S. Army stationed in Germany were trained to present a 1-hour rape prevention workshop—The Men's Program—to 237 enlisted male soldiers. A comparison group of 244 male soldiers received a briefing focused on reducing the individual's risk for experiencing sexual assault, discussion of myths and facts about sexual assault, and how to avoid being accused of sexual assault. Participants in The Men's Program experienced significant change in the predicted direction for bystander willingness to help, bystander efficacy, rape myth acceptance, likelihood of raping, and likelihood of committing sexual assault with low to medium effect sizes. Comparison group participants experienced no effect on these variables except for a significant decline in rape myth acceptance with a very low effect size.

Between-group differences pointed to the efficacy of The Men's Program. Implications of these results for rape prevention programming in the military are discussed.

Keywords: rape; prevention; program; evaluation; military; bystander

Research has shown that throughout the U.S. military, between one quarter and one third of women experience rape or attempted rape during their military service (Campbell & Raja, 2005; Sadler, Booth, & Doebbeling, 2005; Suris & Lind, 2008). What is particularly alarming about this statistic, in addition to its magnitude, is that 96% of the perpetrators of this violence are other members of the U.S. military (Sadler et al., 2005; Suris & Lind, 2008). Studies from individual branches of the military lend further credence to these studies. In the Air Force, 38% of active duty women have experienced sexual harassment from their supervisors; a rate that is more than twice as high as women in the civilian workforce (Bostock & Daley, 2007). A statistic of great concern to the Navy is that 13% of men who enlist report perpetrating rape or attempted rape prior to their service; a rate twice as high as the 6%–9% national average (Abbey & McAuslan, 2004; Lisak & Miller, 2002; Stander, Merrill, Thomsen, Crouch, & Milner, 2008).

Numerous studies demonstrate that female soldiers who experience rape have significantly higher rates of mental health problems including posttraumatic stress disorder

(PTSD), substance abuse, and depression (Kang, Dalager, Mahan, & Ishii, 2005; Suris, Lind, Kashner, Borman, & Petty, 2004). Female veterans (21%) are more likely to meet criteria for PTSD compared to 5% in the civilian population of women. Sexual assault appears to be the greatest risk factor for PTSD compared to other types of trauma for female veterans.

Because both interpersonal violence and combat exposure are associated with high rates of PTSD, PTSD represents a significant health challenge for female veterans. Furthermore, female veterans who are exposed to trauma are at increased risk for developing other mental health problems, such as depression, anxiety, and overall poor psychological functioning. Therefore, these women are likely to demonstrate an increased need for mental health services. Regarding physical health, studies of female veterans have documented associations between sexual assault, PTSD, and increased physical health problems. Preliminary research suggests that a history of trauma is related to increased medical service uses, although this may depend on the nature of the trauma experienced. Nevertheless, the high rates of trauma exposure and PTSD among female veterans suggest that this population likely demonstrates a greater need for medical services in comparison to the civilian sector (Zinzow, Grubaugh, Moonier, Suffoletta-Maierle, & Frueh, 2007).

If female soldiers are experiencing rape and other forms of military sexual trauma, this threatens unit cohesion. Given that the rate of military sexual trauma is so high, it has become an increasing threat to the mission readiness of the U.S. Armed Forces. This point has been made plain by former U.S. Secretary of Defense Robert Gates, who described sexual assault within the military as a threat to national security (U.S. Department of Defense, 2010). Thus, the need for effective sexual assault prevention methods within the military is paramount.

Rape is more likely in cultures where men support their peers for sexually assaulting women as well as in cultures in which men's sexually aggressive behavior is either tolerated or ignored by peers (Katz, 2006; Schwartz & DeKeseredy, 2008). Creating a culture in which violence against women is unacceptable, and rape is confronted, is important for groups such as the military who wish to eradicate it. The bystander intervention model lends itself to this purpose with its emphasis on changing the culture in which men's violence against women occurs.

The bystander model has been successfully applied to rape prevention (Banyard, Moynihan, & Crossman, 2009; Banyard, Plante, Moynihan, 2004; Langhinrichsen-Rohling, Foubert, Brasfield, Hill, & Shelley-Tremblay, 2011). Taking a bystander approach creates a broader community context for rape prevention as it reinforces the belief that everyone can contribute to prevention efforts. With a bystander approach, prevention activities go beyond educating potential victims and perpetrators to engage all individuals as likely friends, officers, leaders, parents, coaches, teachers, brothers, sisters, and community members of rape victims. Such an approach makes it very difficult for people to respond with an attitude suggesting that program material is not personally relevant. Consequently, this approach has been shown to reduce personal defensiveness on the part of program participants (Scheel, Johnson, Schneider, & Smith, 2001).

Existing rape prevention programs that have employed a combination of victim empathy building (Schewe, 2007) and bystander intervention training have received empirical support (Banyard, Moynihan, & Plante, 2007; Cissner, 2009; Foubert, Newberry, & Tatum, 2007). For example, research on the Mentors in Violence Prevention (MVP) program

found fraternity men and sorority women who participated in the program to report lower levels of sexism and an increased belief that they could prevent men's violence against women (Cissner, 2009).

Although many educational interventions have been used to address the problem of rape, an independent review of rape prevention programs has shown that the only program that has shown lasting evidence of reducing adult men's actual sexual aggression during the last 20 years is The Men's Program (Lonsway, 2009). Specifically, a longitudinal study showed that college men who participated in this program committed fewer and less severe acts of sexual assault than men in a control group (Foubert et al., 2007). More than a dozen prior and subsequent studies have shown that The Men's Program has been successful with improving men's attitudes, lowering their likelihood of raping, lowering their likelihood of committing sexual assault, increasing their empathy toward female rape survivors, and increasing their bystander intervention willingness and efficacy (Foubert, 2011).

The Men's Program was designed based on belief system theory. One of the postulates of this theory is that in order to produce lasting attitude and behavior change, programmatic interventions must be designed with an understanding of people's existing self-conceptions (Grube, Mayton, & Ball-Rokeach, 1994). In related fashion, the authors of this theory contend that the most effective means to change or solidify beliefs is the

need to maintain and enhance positive self-conceptions and self-presentations of morality and competence. That is, belief system theory proposes that individuals continually strive to act in ways that are, or at least appear to others to be, as moral and competent as possible. (Grube et al., 1994, p. 156)

Research has shown that men, regardless of whether or not they have already committed sexual assault, typically do not perceive themselves to be potential rapists (Scheel et al., 2001). Therefore, presenters of The Men's Program attempt to influence men's rape-related attitudes and behavior by appealing to beliefs they already hold about being potential helpers and bystanders who could intervene. Specifically, the program was designed to appeal to men who believe they can help survivors recover from rape and whose self-concept indicates they already are and/or will be the type of bystanders who will successfully intervene in difficult situations (Banyard et al., 2007; Scheel et al., 2001)

The purpose of this study was to compare the effects of two different methods of training U.S. Army soldiers about sexual assault on their attitudes, intent to commit rape, and willingness to intervene as a bystander to prevent rape. Specifically, male soldiers in the U.S. Army stationed in Germany completed pretests assessing their willingness to intervene to prevent rape, their perceived ability to intervene, their intent to commit rape, their intent to commit sexual assault, and a scale measuring seven different clusters of attitudes defined as "rape myths." Participants then saw either The Men's Program or were randomly assigned to a comparison group that saw a briefing focused on reducing the individual's risk for experiencing sexual assault, discussion of myths and facts about sexual assault, and how to avoid being accused of sexual assault. Based on prior research on the efficacy of The Men's Program, it was hypothesized that participants in The Men's Program would experience a decline in rape myth acceptance, behavioral intent to rape and likelihood of raping, and an increase in bystander efficacy and willingness to intervene after program participation.

METHOD

Participants

Participants in this study included 481 enlisted men in the U.S. Army stationed in Germany. The mean age of participants was 25.9 years ($SD = 6.6$). The racial breakdown of the sample was 54% White, 20% African American, 16% Hispanic/Latino, 5% mixed race, 3% Asian, and 2% Native American. Participants were given pretest and posttest surveys and saw either The Men's Program or a typical U.S. Army brief about sexual assault in December 2009.

Materials

Participants completed several measures as part of this study, including the following:

Bystander Efficacy Scale. Confidence in one's ability to perform as a bystander was measured by the bystander efficacy scale (BES) developed by Banyard, Plante, and Moynihan (2005). The BES asks participants to indicate whether they believe that they could do each of the 18 bystander behaviors and, if so, to indicate their level of confidence in performing the bystander behavior in question. Items that participants express confidence in their ability to do include "express my discomfort if someone says that rape victims are to blame for being raped" and "get help and resources for a friend who tells me they have been raped." Higher scores on the BES indicate greater perceived bystander efficacy. Criterion validity of the BES was previously established through a significant correlation between bystander efficacy and actual bystander behavior ($r = .30$; Banyard, 2008). Construct validity was established with a significant correlation between bystander efficacy and rape myth acceptance (Banyard, 2008). This scale yielded an alpha reliability of .89 in the current sample at pretest. The coefficient alpha for this scale at posttest was .92.

Bystander Willingness to Help Scale. The bystander willingness to help scale (BWHS; Banyard et al., 2005) measures participants' degree of willingness to help and their perceived likelihood to engage in 12 bystander behaviors on a 7-point scale. Items on this scale came from the research literature and from discussions with advocates and professionals working in the field of sexual violence. Items on the BWHS ask participants to rate the likelihood that they would do such things as "if an acquaintance has had too much to drink, I ask them if they need to be walked home from the party" and "refuse to remain silent about instances of sexual violence I may know about." Higher scores on the BWHS correspond to greater willingness to help as a potential bystander. Criterion validity of the BWHS was established through a significant correlation between bystander willingness to help and actual bystander behavior ($r = .37$). Construct validity was established with a significant correlation between likelihood of intervening as a bystander and rape myth acceptance (Banyard, 2008). The alpha reliability for these 12 items was .82 in the present sample at pretest and .88 at posttest.

Illinois Rape Myth Acceptance Scale. Belief in rape myths was assessed using the Illinois rape myth acceptance (IRMA) scale (Payne, Lonsway, & Fitzgerald, 1999). Payne et al. (1999) developed this scale through six studies including a factor analysis for construct definition and item pool selection, a complete-link cluster analysis to determine the structure and dimensions of the scale, item pool selection based on fit to a hierarchical model, and a construct validity study correlating the IRMA to seven similar measures ($r =$ between .50 and .74, $p < .001$). They also conducted a study where groups known to differ in rape myth acceptance scored differently as predicted on the

IRMA ($p < .001$) and a validity study correlating IRMA scores with a content analysis of open-ended scenarios written by participants that were analyzed for rape myth content ($r = .32, p < .05$). There are seven subscales of the IRMA scale. These subscales are "she asked for it," "she wanted it," "he didn't mean to," "rape is a trivial event," "she lied," "rape is a deviant event," and "it wasn't really rape." Alpha reliabilities for the IRMA were .92 for the pretest and .93 for the posttest.

Likelihood of Raping and Likelihood of Committing Sexual Assault. Behavioral intent to rape was assessed by Malamuth's (1981) likelihood of raping scale. This scale includes two primary questions: "If you were sure that no one would ever find out and that you'd never be punished for it, how likely would you be to do the following: raping a female" and "forcing a female to do something sexual she didn't want to do." Both are rated on a 1–7 scale with 1 being *very unlikely* and 7 being *very likely*.

Evidence for the measure's validity includes the finding that men who score higher also report higher levels of anger ($r = .32, p < .05$), aggression ($r = .32, p < .05$), and a desire to hurt women ($r = .37, p < .05$; Malamuth, 1981). Malamuth (1981) also reports that men who report higher scores are significantly more likely to believe that rape is a sexual act that women enjoy, whereas subjects with lower scores view rape more as an act of violence that hurts the survivor. Furthermore, men with higher scores report rape myth belief and sexual arousal to rape depictions that are more similar to convicted rapists than men who score lower on the Malamuth scale.

Procedure

Noncommissioned officers were trained for 16 hours by the principal investigator to present The Men's Program in an intensive training at a U.S. Army facility in Germany. U.S. Army staff identified an experimental group of 237 to see The Men's Program and a comparison group of 244 to see a typical U.S. Army brief. Presenters trained to present The Men's Program went to units of approximately 30 men at a time who were randomly assigned to the program group. The participants randomly assigned to the typical U.S. Army sexual assault brief received a presentation from other U.S. Army staff. A pretest/posttest design was used to gauge the degree to which the program was successful in meeting its objectives.

In both groups, fellow servicemen read a script about the study, distributed consent forms, and provided participants the opportunity to complete the surveys before and after seeing the particular program chosen for their group. A pretest and posttest survey was distributed in the same envelope for each participant. Participants completed a pretest survey and put it back in their own envelope. A training workshop was then presented. Participants then pulled their posttest out of their envelope and completed it. Once they completed their posttest survey, participants returned their own survey in a giant survey return envelope that was large enough to contain the surveys from all soldiers present. This protected the anonymity of the individual participants.

Description of The Men's Program

Based on research demonstrating the effectiveness of all male (Brecklin & Forde, 2001) peer education programs (Stein, 2007) that include a discussion of a male-on-male rape experience (Schewe, 2007), presenters of The Men's Program show a video depicting a male-on-male rape experience that is designed to teach men how rape feels from a survivor's perspective (One in Four Inc., 2000). Next, the male peer presenters make connections

between the male-on-male rape that was viewed and a male-on-female rape experience to enhance audience members' empathy toward rape survivors rather than increase male defensiveness about perpetration. Next, men are taught how to take their empathy to further support a rape survivor. Afterward, presenters define sexual consent in basic terms and then role model bystander intervention behaviors while facilitating a discussion of strategies for confronting peers when they overhear someone telling jokes about rape, acting in ways that demean women, or bragging about abusing women (Foubert, 2011).

Description of Brief Seen by Comparison Group

Those who experienced the brief seen by the comparison group heard statistics about sexual assault in the army; learned definitions of sexual assault and consent; and were presented with definitions of sexual harassment, restricted, and unrestricted reporting. Participants were told how they could reduce their risk of experiencing sexual assault with advice such as "be especially prepared and alert," "watch your beverages," "set sexual limits," and "trust your instincts." Information on dangerous behaviors to watch out for was presented including being alert if the person you are with "has a reputation for being a player," "does what he or she wants without asking," or "pressures you to have sex." Information on date rape drugs and on the intersection between drinking and date rape was then shared. A discussion of myths and facts was then held with information presented on false reporting, acquaintance rape, and the nature of perpetrators. A slide each was then shared on what to do if you are sexually assaulted and how to prevent yourself from being accused of a sexual assault. A game show-style exercise was then used to reinforce information delivered throughout the program.

Experimenters received no names, only codes, to protect participant anonymity. Results were analyzed using SPSS 17. Probability values of less than .05 were used to indicate significant differences within and between groups.

RESULTS

Participants in the program group were compared to those in the comparison group using a pretest/posttest experimental design. Consistent with hypotheses, when comparing pretests and posttest scores, men who participated in The Men's Program reported significantly increased willingness to intervene in a sexual assault situation, greater ability to intervene in a sexual assault situation, decreased rape myth acceptance, decreased likelihood of raping, and decreased likelihood of committing sexual assault. Participants in the comparison group remained the same from pretest to posttest on all variables except for rape myth acceptance where there was a very small but significant decline.

Bystander Willingness to Help in a Sexual Assault Situation

After men saw The Men's Program, participants were significantly more willing to help intervene in a sexual assault situation ($M = 4.4$, $SD = 0.85$) than beforehand ($M = 4.1$, $SD = 0.68$); $F(1, 353) = 21.84$, $p < .001$. The effect size for this difference was in the medium range (Cohen's $d = .39$). Participants in the comparison group remained statistically equivalent before ($M = 3.85$, $SD = 0.92$) and after ($M = 3.86$, $SD = 1.01$) the program. The difference between the two groups' scores after seeing the different programs was significant ($F[1, 353] = 20.05$, $p < .001$), with a medium effect size (Cohen's $d = .58$).

Bystander Efficacy

Before men participated in The Men's Program, they reported a mean bystander efficacy score of 84.5 ($SD = 14.69$) on a scale of 1–100 where 100 expresses 100% confidence in one's ability to intervene. After seeing The Men's Program, participants' scores increased to 89.7 ($SD = 13.57$)—a significant jump ($F[1, 353] = 21.43, p < .001$), with a medium effect size (Cohen's $d = .37$). Participants in the comparison group remained statistically equivalent before ($M = 79.37, SD = 21.20$) and after ($M = 79.74, SD = 23.03$) the program ($p > .05$). The difference between the two groups' scores after seeing the different programs was significant ($F[1, 353] = 16.49, p < .001$), with a medium effect size (Cohen's $d = -.53$).

Likelihood of Raping

Participants in The Men's Program dropped from a likelihood of raping mean of 1.34 ($SD = 1.09$) to 1.17 ($SD = .88$). This was a statistically significant decline ($F[1, 229] = 15.26, p < .001$), with a low effect size (Cohen's $d = .17$). Participants in the comparison group did not have a statistically significant change from the pretest ($M = 1.30, SD = 1.08$) to the posttest ($M = 1.24, SD = .94$). Although participants in The Men's Program were better off than participants in the comparison group after seeing their respective programs, the difference between the two programs was not statistically significant ($p > .05$).

Likelihood of Committing Sexual Assault

Participants in The Men's Program dropped from a likelihood of committing sexual assault mean of 1.47 ($SD = 1.15$) to 1.23 ($SD = .92$). This was a statistically significant decline ($F[1, 229] = 18.46, p < .001$), with a low effect size (Cohen's $d = .23$). Participants' scores in the comparison group were statistically equivalent from before ($M = 1.44, SD = 1.26$) to after their program ($M = 1.31, SD = .96, p > .05$). The difference between the two groups at posttest was not statistically significant.

Rape Myth Acceptance

Participants in The Men's Program dropped from a mean rape myth acceptance score of 100.4 ($SD = 30.9$) to 87.7 ($SD = 32.6$). This was a statistically significant decline ($F[1, 221] = 144.00, p < .001$), with a medium effect size (Cohen's $d = .40$). Participants in the comparison group declined from $M = 106.9 (SD = 39.82)$ to $M = 102.5 (SD = 43.65)$. This decline was also statistically significant ($F[1, 188] = 9.31, p < .01$), with a very low effect size (Cohen's $d = .10$). The difference between these two groups at the posttest was significantly different, such that participants in The Men's Program had lower rape myth acceptance than those in the comparison group ($F[1, 409] = 12.45, p < .001$), with a medium effect size (Cohen's $d = .39$).

The rape myth acceptance scale had seven subscales: she asked for it, she wanted it, rape is trivial, he didn't mean to, she lied, rape is deviant, and it wasn't rape. Soldiers who saw The Men's Program had scores reflecting significant declines on six of these seven subscales when comparing pretest to posttest scores, with no effect on the "rape is deviant" subscale. Soldiers in the comparison group had significant declines on four subscales (she asked for it, she wanted it, he didn't mean to, she lied) and significant increases on three subscales (rape is trivial, rape is deviant, it wasn't rape). On five of the seven subscales, there was a significant difference between participants between the two programs; in all cases, those who saw The Men's Program had more favorable scores (see Table 1).

TABLE 1. Rape Myth Acceptance Subscale Scores by Program Group: The Men's Program Versus Comparison Group

Subscales	Occasion	The Men's Program Participants			Comparison Group Participants		
		<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
She asked for it	Pre	229	22.91	9.37	198	26.11	11.77
	Post		19.20	9.92		23.63	11.56
She wanted it	Pre	231	12.66	5.94	199	12.18	6.28
	Post		10.59	5.29		11.61	6.28
Rape is trivial	Pre	230	9.12	4.01	198	9.96	4.95
	Post		8.17	4.17		10.38	5.85
She lied	Pre	233	18.56	6.21	211	19.13	6.94
	Post		15.19	6.61		17.10	7.78
Deviant event	Pre	233	13.22	6.16	210	14.20	7.91
	Post		12.64	6.96		14.98	9.16
It wasn't rape	Pre	232	8.10	4.23	200	9.29	5.83
	Post		7.17	3.60		10.05	6.15
He didn't mean to	Pre	230	15.70	6.80	200	15.36	6.37
	Post		14.70	7.34		13.86	7.56

DISCUSSION

This study found that after seeing The Men's Program (Foubert, 2011), male soldiers in the U.S. Army reported several significant effects that had a substantial impact on their attitudes and intent to behave in ways that would help lower the incidence of sexual assault. Specifically, men experienced significant declines in their rape myth acceptance, their likelihood of raping, and their likelihood of committing sexual assault. Participants in The Men's Program also increased their perceived sense of efficacy and willingness to intervene to prevent rape. Thus, not only did men report a lower likelihood of committing rape and other forms of sexual assault but they also reported a higher likelihood of intervening to prevent it. It is also noteworthy that for rape myth acceptance and bystander intervention variables, the magnitude of change as measured by effect size was in the medium range. By contrast, of the five variables discussed, significant change occurred on only rape myth acceptance for participants in the comparison group who saw the typical U.S. Army brief. For that variable, the effect size was very low. It is noteworthy that when exploring attitude change more deeply, as measured by rape myth acceptance, soldiers in the comparison group actually reported worse attitudes on three out of seven subscales than before they saw the program that was presented to them. This finding points to the need to be careful that programmatic interventions don't inadvertently do more harm than good in some elements of their execution.

When examining the between-group differences, soldiers who saw The Men's Program had significantly lower rape myth acceptance, significantly higher bystander efficacy, and significantly higher willingness to intervene than men in the comparison group. All of these effect sizes were in the medium range. These findings support the assertion that The Men's Program is a highly effective training tool for soldiers in the U.S. Army in the area of improving attitudes and in encouraging bystander intervention.

The effectiveness of The Men's Program relative to the typical U.S. Army brief could be traced to belief system theory. Grube et al. (1994) note the necessity of designing interventions to maintain and enhance positive self-conceptions. The Men's Program places its emphasis on helping survivors and intervening as a positive bystander. The comparison group saw a program that addressed the men as potential victims who should set sexual limits trust their instincts. It also talked about how to avoid being accused of sexual assault. Prior research has suggested that men tend to reject these approaches (Scheel et al., 2001); thus, the men in this study may have had an adverse reaction to the brief presented in the comparison group condition. Care should be taken to tailor sexual assault programs to maintain and enhance positive self-perceptions to promote their objectives.

The findings of this study are important given the critical need for effective means of reducing rape within the U.S. Military to enhance unit cohesion and mission readiness (Campbell & Raja, 2005; Sadler et al., 2005; Suris & Lind, 2008). The program evaluated in this study has been shown to be effective with college fraternity men (Foubert et al., 2007), college athletes (Foubert & Perry, 2007), and first year students (Foubert, Tatum, & Godin, 2010). This study extends these findings to male soldiers in the army.

One must consider the fact that there are several limitations to this study. Participants in each group were statistically equivalent regarding their age; however, information on the number of years participants served in the army was not collected. Given that the culture of being in the army is strengthened by the amount of time one spends within it, one would think that it would be relevant to know how long soldiers have served in a study such as this. Future research should collect this information to assess its impact. In addition, this study was limited to pretest/posttest data. Nothing is known about the long-term impact of the programs tested. Future research should include a follow-up assessment to determine whether the effects shown in this study are maintained at long-term intervals or if they fade or vanish. This study is also limited in its reliance on self-report measures of program impact.

Ultimately, this study is an important step forward in evaluating the efficacy of current practice and an experimental program used to train male soldiers in the U.S. Army. Results suggest both the need for modification of current practice, and that The Men's Program holds promise for improving the attitudes, efficacy, and willingness to intervene as a bystander among U.S. Army soldiers.

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