Rape can occur on a college campus as often as it does in any community. In order to increase students' awareness of rape, many colleges are adopting awareness and prevention programs. In this study 100 undergraduate college student volunteers (50 males and 50 females) completed two questionnaires. The Attitudes Toward Rape Questionnaire (ATR) (Barnett & Feild, 1977) and Rape Empathy Scale (RES) (Deitz, Blackwell, Daley, & Bentley, 1982) are concerned with attitudes and empathy towards rape, rapists, and rape victims. Students also completed the Internal, Powerful Others, and Chance Scales (IPC) (Levenson, 1974), which measure locus of control. Half of the subjects were presented with a rape awareness and prevention program; the other half served as a control.
group. Four weeks later both groups were retested. Gender, religiosity, and acquaintance with rape victims served as dependent variables.

Males were significantly less empathic and sensitive on their attitudes of rape, rapists, and rape victims, as measured by the ATR and RES respectively. However, no significant differences were due to treatment effects, personal acquaintance with a victim, and religiosity. The overall results of this study indicate a significantly different view between males and females concerning the topic of rape. Yet, this study did not show any difference between those exposed to a rape awareness and prevention program and those in a control group. Suggestions for further research in the area of rape awareness are given.
ATTITUDES AND EMPATHY TOWARDS RAPE AND ITS VICTIMS
USING AN AWARENESS AND PREVENTION PROGRAM

A Thesis
Presented to
the Department of Psychology
EMPORIA STATE UNIVERSITY

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

By
Lynn A. Borden
November, 1984
ACKNOWLEDGEMENTS

I wish to extend my deep appreciation and gratitude to Dr. Sharon Karr for all her assistance and encouragement throughout this project. I am also grateful to Dr. A. Toy Caldwell-Colbert, Mr. Roger Reinsch, Dr. Paul McKnab, Dr. Stephen F. Davis, and all of the other individuals who gave me great assistance and support along the way.
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Chapter 1

INTRODUCTION

Forcible rape, "the carnal knowledge of a female forcibly and against her will" (p. 13), as defined by the FBI (1982), has increased in the U.S. 51% in 1973 and has risen to 16% since 1978. In 1982 the FBI reported that approximately 65 of every 100,000 females were reported rape victims. Additionally, the FBI (1982) estimated 77,763 forcible rapes would be reported for that year, accounting for 6% of all violent crimes and 1% of all total crimes. In a society that permits men to dominate women; believes aged myths about rape (Burt, 1980); frowns upon the rape victim who had used alcohol before the rape yet places less responsibility on the offender who used alcohol (Richardson & Campbell, 1982); and finds pornography and sexual assault exciting (Malamuth, Haber, & Feshbach, 1980; Malamuth & Check, 1983; Zillmann & Bryant, 1982); it is not surprising that rape is considered one of the fastest growing crimes and one of the largest growing criminal problems.

Although both males and females can be raped, most research has assumed females were the victims and males were the rapist. Therefore, the use of the terms victim (i.e., female) and rapist (i.e., male) will be incorporated into this study.
Responsibility for the rape has varied due to various circumstances. Females believed a black defendant was more often guilty when the victim was white, opposing the viewpoint of males, who convicted a white defendant more often when the victim was black (Klein & Creech, 1982). Subjects found a victim to be more responsible for a rape when she did not take any precautions as compared to the victim who exercised precautions (Pallack & Davies, 1982). Richardson and Campbell (1982) discovered subjects felt that if the defendant was intoxicated at the time of the crime, he would receive less blame than if he had been sober. In addition, the victim was perceived as more responsible for the rape if she were intoxicated at the time than if she were sober. American society has tended to believe the offender more often than the victim, possibly because Americans have been predominately male-oriented. Scroogs (1976) stated that the offenders have been favored since most police officers, judges, and juries have been predominately male, and the laws have been written exclusively by males. Thus, the opinions of those in power have been male-oriented and male-biased.

Attitudes toward rape have varied not only due to gender, but with age and culture. For example, in Sweden adolescents tended to classify "rape after petting" and pedophilia as criminal (Lewin, 1983). In India, a woman has been shunned from marriage if she has been raped (since her chastity is gone). The Indian translation for rape is literally "ruining of chastity" (L'Armand, Pepitone, &
Shanugan, 1981). Thus, the rate of reported rapes in India has been very low. However, in both India and the United States, rape of the unchaste victim has been regarded as less serious than rape of the virgin (L'Armand et al., 1981). L'Armand et al. (1981) reported that when a victim with "limited [sexual] experience" was raped, the rape was judged as less serious, the victim considered to be damaged less, the sentence for the rapist was lighter, he was less to blame, and she received more blame. Attitudes toward rape have reflected norms of the society regarding aggression and sexual conduct, privacy and self-determination, and a woman's sexuality. These attitudes show the narrow views taken by laymen regarding the act of rape.

In reality, rape has been shown to be a very traumatic experience for the victim (Calhoun, Atkeson, & Resick, 1982; Feldman-Summers, Gordon, & Meager, 1979; Krulewitz, 1981; Krulewitz, 1982; Nadelson, Notman, Zackson, & Gornick, 1982; Orlando & Koss, 1983; Ruch & Chandler, 1982). The older victim, 25 or older, suffered a longer and more severe trauma effect than the younger victim (Ruch & Chandler, 1982). The trauma was significantly higher if the victim was verbally assaulted with threats of physical harm in addition to the rape (Ruch & Chandler, 1982). Some examples of the trauma women have suffered are a greater fear of men and strangers, fear of being alone, nightmares, anger, and self-blame. Calhoun et al. (1982) reported that the majority of victims recovered from the most traumatic episodes within two months of the assault. However, they still suffered
from episodes of fear even 12 months after the event. After being a victim of rape, a woman generally was afraid to go out—especially with men, suffered disruptions in her everyday life, and experienced a period of intense feelings including anger, guilt, and depression. Nadelson et al. (1982) reported that the most common symptom occurring in victims for as long as one to one and one-half years after the incident was a persistent suspicion of others. Nearly all women in the study reported a continued fear and distrust of others after the rape.

The trauma of a rape has also negatively influenced a woman's sexual enjoyment (Feldman-Summers et al., 1979; Orlando & Koss, 1983). Specific sexual actions and behaviors were paired with the actions of the rape, thus, decreasing pleasure and satisfaction the woman received from sex. However, the amount of satisfaction increased with time. Feldman-Summers et al. (1979) reported that a two months post-rape period was necessary before women tended to become more sexually satisfied; Orlando and Koss (1983) reported an initial one month recuperation period followed by a greater increase in sexual satisfaction after three months. Both studies concluded that the level of satisfaction two or three months after the rape had not reached the same level as before the rape. Specific sexual behaviors tended to elicit fearful and pain-related associations of the rape and thus became less satisfying than before the rape.

Previous research (Klein & Creech, 1982, Pallack & Davies, 1982) has indicated a great deal of difference in
the way males and females view rape. The reality and fear of rape have been greater in females. Because of the smaller chance of being raped, men have had more difficulty in understanding the effects of rape and identifying with a female rape victim (Krulewitz, 1981). Males have believed that a victim who resists is less at fault than one who complies with the rapist's demands; this was opposite from the view expressed by females (Krulewitz & Nash, 1979).

The researchers also found that males significantly identified more with an assailant than females and that females significantly identified more with a victim than did males. Thornton, Robbins, and Johnson (1981) found that males more often perceived the victim to be the cause of the rape. Krulewitz and Nash (1979) also observed that a "woman who does not offer obvious physical resistance to a sexual assault is less likely to be perceived as raped" (p. 568).

When compared to females males attributed less fault to a victim who resisted more strongly during a rape. Recently, Krulewitz (1982) found that generally subjects did not place much of the blame on the victim and did not want the victim to accept much responsibility for the act. She also discovered that women viewed rape to be more upsetting and having more negative effects than men did. Scroogs (1976) reminded society that female attitudes were not as liberated as might be thought. Whether males and females attributed greater responsibility for the rape to the victim, females have rather consistently viewed the victims as having suffered a more traumatic experience and identified more
with her than males have.

But who really is to blame for the trauma of rape?
Both male and female subjects have felt a woman is partially responsible in varied situations (Pallak & Davies, 1982; Richardson & Campbell, 1982; Scroogs, 1976; Thornton, Robbins, & Johnson, 1981). Scroogs (1976) reported that females who fight back during an attack—a "tough broad"—are considered less of a victim than a helpless and nonresisting female. Confirming previous research, Scroogs' (1976) subjects believed that females who did not fight back were encouraging the rape and, if there were no scars, there was no suffering involved. Therefore, it can be speculated that if a woman did not fight back during an attack, it cannot be concluded that she wanted to be raped. Rather, she may have been under verbal threat or simply did not know how to fight off an attacker.

Most of the research tends to place a greater portion of the responsibility for the rape on the offender, since it was he who selected the innocent victim and committed the violent act. Some people have attributed this behavior to uncontrollable urges, biological differences, or extenuating environmental circumstances. Kozma and Zuckerman (1983) investigated rapists, murderers, and property offenders. They found the traits of rapists and murderers to be similar in a number of ways, but these two groups' traits contrasted with property offenders. Specifically, rapists and murderers were more masculine-oriented, had more heterosexual experience, and more conservative attitudes
toward sex than property offenders. Rapists also exhibited better control of their aggression and appeared to be less androgynous. Kozma and Zuckerman (1983) believed their findings supported the idea that "rape is related to insecurity regarding the masculine role since the former two groups, murderers and rapists, tended to deny feminine traits... a characteristic of all males who commit aggressive crimes" (p. 28).

Another factor related to attitudes toward rape is the great extent of media exposure to pornography and sexual assault. Being continuously exposed to these areas starts to break down one's negative and scruppled attitude to the crime of rape. After being exposed to numerous pornographic movies, college students' attitudes toward rape and rapists decreased significantly (Zillmann & Bryant, 1982). In addition, these students recommended minimal sentences for a rapist after viewing the films. This trivialization was found evident in both males and females (Zillmann & Bryant, 1982). Malamuth and Check (1981) also found this to be true with males in their study, but females shared the opposite view. After viewing pornographic movies, males were more accepting of interpersonal violence and of rape myths. Females exposed to the same films showed less acceptance of interpersonal violence and rape myths afterward. The more males viewed sexual assault and interpersonal violence, the easier it became to trivialize the seriousness of the act. Thus, with continual exposure one might eventually reach a point to question the occurrence of rape as actually being
a crime.

Malamuth and Check (1983) investigated male college students to find whether a nonrapist's arousal to rape depictions was an isolated response or whether it was associated with other tendencies toward sexual aggression. Their results indicated that subjects were more sexually aroused by a consenting depiction if the woman were disgusted. If she were viewed as being aroused, the subjects were more sexually aroused in a nonconsenting portrayal. These results suggest sexual arousal is not merely an isolated response, but it is associated with other measures for sexually aggressive tendencies. Malamuth and Check (1983) concluded "that a sizable minority of the population...are more sexually aroused to the type of rape depiction typically found in pornography...than to similar consenting portrayals" (p. 65).

Earlier research by Malamuth et al. (1980) found males exposed to a sexually violent rape story were more sexually aroused than males exposed to a nonviolent story. Additionally, males exposed to the sexually violent rape story felt the victim experienced less pain, less trauma, and resisted less. On the other hand, females exposed to the same rape stories identified more with the victim, were more aware of her pain and traumatic situation, and were less likely to believe the victim received any physical pleasure from the event. Females were also less likely than males to minimize the dangerousness or responsibility of the offender.
Previous research has indicated recovery from rape can entail a long process or it can occur practically overnight. A victim's rate of recovery has been affected by how much support she received from family and friends as well as from professional helpers (Krulwitch, 1982). Deitz, Blackwell, Daley, and Bentley (1982) created a rape empathy scale, which will be discussed later, measuring the amount of empathy toward rape, rapists, and rape victims. The expression of empathy toward a victim has helped her to feel as though she has one less person to fear and distrust and one more person to support and help her with her trauma. Higher levels of empathy toward a victim helped to increase the speed of recovery from the trauma the victim had suffered. Empathy has been defined as "that unique capacity of the human being to feel the experiences, needs, aspirations, frustrations, sorrows, joys, anxieties, hurt, or hunger of others as if they were his or her own" (Deitz et al., 1982, p. 373).

Rapists would be expected to have less empathy toward a victim than a nonrapist. However, Hoppe and Singer (1977) failed to note any significant difference in the overall mean empathy score of a group of rapists and a group of male college students. Hoppe and Singer (1976) also found a substantially higher mean empathy score for extremely aggressive offenders (including rapists) than for less violent offenders. Likewise, Mehrabian and Epstein (1972) found similar results. Males were significantly more aggressive than females. Subjects with higher levels of
aggression showed lower levels of empathy. Additionally, 
Mehrabian and Epstein (1972) considered helping behavior 
to be positively related to empathy toward the recipient. 
A person with a greater degree of empathy would be more 
likely to help a rape victim than a person who did not 
display much empathy. Thus, a rape victim would want to 
 obtain the help of a person who showed more empathy and a 
greater acceptance of rape victims.

Unfortunately, these types of people were the exception 
rather than the rule. Burt (1980) found that most Americans 
believed many of the aged and false myths surrounding rape. 
This is partially due to rape attitudes being strongly 
connected to deeply held attitudes about "sex role 
stereotyping,...adversarial sex beliefs, and acceptance of 
interpersonal violence" (Burt, 1980, p. 229). She also 
discovered that younger and better educated people displayed 
less stereotypical, less adversarial, less proviolent 
attitudes, and less acceptance of rape myths.

Several studies have focused primarily on changing 
attitudes, in particular concerning rape (Barnett & Feild, 
1977; Estabrook, Fessenden, Dumas, & McBride, 1978; Feild, 
A short presentation on a topic has resulted in a 
significantly more positive change in a particular attitude 
(Shouksmith, 1983). Having more information about a topic 
generally decreased negative and naive attitudes toward the 
topic. Typically these strategies have been more effective 
in attitude change with women than with men (Krulewitz &
Kahn, 1983). Regardless, awareness presentations, which have included speakers, films, education programs, and informative brochures, have been shown to change one's attitudes. Thus, implementing a rape awareness program would reduce naive attitudes and increase knowledge and concern for the topic of rape. An individual who took the time to attend a rape awareness program generally would have more of an interest in the subject and the welfare of individuals who may be affected by it. This individual would display a desire to gain knowledge about the area of rape, as well as a greater level of empathy. With more knowledge, one should have more empathy.

To increase awareness, one group of police officers underwent a training program designed to deal with victims of rape immediately after the crime (Gottesman, 1977). The following responses after training were found:

1. An unchanged belief that rape victims are responsible for the assault by their actions or style of dress....

2. An increased recognition of the nature of the trauma of rape to the victim....

3. An increased awareness of personal feelings about rape and their effect on dealing with a rape victim....

4. An increase in knowledge about medical and legal procedures....

5. A positive attitude toward the training program and a stated need for more extensive training in working with rape victims....
6. An overall more empathetic and understanding approach to the rape victim (pp. 16-17). Through training, police officers increased their understanding and knowledge concerning five of the six areas of concentration. The program achieved its objectives of providing specific information and increasing personal awareness of the crime.

Logic suggests that awareness programs would greatly benefit both males and females. If younger and better educated individuals revealed less stereotypical attitudes toward rape and rape myth acceptance, it would be logical to make rape awareness programs a beneficial prerequisite on every college campus. Barnett and Feild (1977) suggested integrating university rape awareness programs on all college campuses, focusing primarily on male attitudes. Since they reported drastic differences between the attitudes of males and females concerning rape, offering programs focused on rape awareness on college campuses hopefully would decrease the significant difference.

Estabrook et al. (1978) reported that many rape victims (27%) were college students. They also reported that current rape awareness programs have been in great demand, have had good attendance, and have received active participation. Educating college students about the cause and effects of rape has been viewed very positively by those who have implemented and participated in such programs.

Barnett and Feild (1977) have developed the Attitudes Toward Rape Questionnaire (ATR), comprised of 25 items which
measure various commonly held beliefs toward rape, rape victims, and rapists. Forty percent of the women questioned, compared with only 18% of the men, felt rape was a male exercise in power over women. Males were significantly more likely than females to attribute a desire for sex as being the major motive for a rapist. Forty percent of males felt that a woman's degree of resistance should be the major factor in determining the occurrence of rape as compared to only 18% for women. Thirty-two percent of the males questioned, compared to eight percent of females, felt it would do some women some good to be raped (Barnett & Feild, 1977). Statistics like these are both surprising and frightening. (It is a very unsettling and disturbing thought to think that nearly a third of the men felt it would do some women some good to be raped.) In another study utilizing the ATR, Feild (1978) found when compared with women, men indicated to a greater extent that it was a woman's responsibility to prevent rape; punishment for rape should be harsh; victims encouraged rape through their appearance or behavior; rapists were mentally normal; a woman is less attractive after rape; and that women should not resist during rape. Hence, men's and women's attitudes toward rape appear to vary considerably.

Changing an attitude alone is not enough, of course. One's level of empathy toward a victim of rape needs to be increased as well. Deitz and Byrnes (1981) measured pretrial empathy levels using the Rape Empathy Scale (RES). Those subjects expressing a greater level of empathy tended to
reveal a greater amount of positive feelings and identification with the rape victim; sentenced the defendant to a longer prison term; rated the victim as less likely to have encouraged the rape; and rated the psychological impact of the rape to be greater for the victim. In a follow-up study, Deitz, Litman, and Bentley (1984) discovered females to be consistently more positive and empathic toward the victim and were more certain that the defendant was guilty when compared to males.

Some individuals consider that what happens to them is through chance or some other external force of control, rather than as a result of something they may have or have not done. Being a victim of rape may be viewed as something that was inevitable by these individuals. Levenson (1974) developed an Internal, Powerful Others, and Chance Scales (IPC) inventory to measure the amount of control one has over oneself. Her scale measures control by internal power (I), by powerful others (P), and occurrence by chance (C). An individual who feels his/her life is controlled by chance is cognitively and behaviorally different from the individual who considers him/herself as being internally in control of his/her own life (Levenson, 1974). Levenson's (1981) scales yielded Kuder-Richardson reliabilities of .64, .77, and .78 for the IPC scales, respectively. High scores on each subscale indicate a high expectation of control for the designated source. It would be hypothesized that one who scores high on the I scale would have a different attitude toward rape than an individual scoring
high on the C scale. Additionally, scores on the I, P, and C scales have varied with variables such as information and involvement (Levenson, 1974). If an individual has a high Internal score, it could be interpreted that he/she views a rape as being caused more by the victim; the victim had control over the occurrence of the act. Whereas a high Chance score would indicate that he/she felt the rape was a result of chance; there was little the victim could have done to either encourage or prevent it from occurring.

As previously stated, the amount of empathy toward rape victims has varied between males and females (Barnett & Feild, 1977; Deitz et al., 1982). Additionally, younger and better educated people, male or female, showed a less-accepting-of-rape attitude. However, a limited amount of research has been conducted in the specific area of rape awareness on a college campus. Implementing rape education programs throughout all college campuses, as suggested by both Barnett and Feild (1977) and Feild (1978), would probably cause a greater awareness of rape, its aftereffects, and increase the amount of empathy felt toward a victim with females and males alike. White and Nichols (1981) established such a program designed to enlighten students about rape. The program covered a wide variety of topics concerning rape and sexual assault. The outcome of such programs gave students across campus a clear, fact-based view of the subject, thus producing an increased awareness and a greater effort toward prevention from and protection of rape. After a year of operation, the students and
faculty in White and Nichols' (1981) study felt that their campus was safer and students were much better informed, particularly about the services available to a rape victim and about rape prevention.

Another factor which might possibly cause one to have more empathy and greater awareness of rape is religion. The only research available concerning religion and rape found that Catholics were less often the rapist in reported rapes (Stack & Kanavy, 1983). One possible explanation is that being a conservative and dogmatic religion, Catholicism teaches a strict and obedient way of life, accounting for the smaller portion of rapists who are Catholic. On the other hand, no research was available to demonstrate a strict religious individual's notions toward sex, whether it be forced or consented. Because of limited previous research it cannot be concluded that a more religious individual will demonstrate greater empathy toward rape victims than a less religious individual.

An additional factor which possibly could cause a greater level of empathy toward rape victims is an individual's personal acquaintance with a victim of rape, or being a victim herself. Knowing a female who has survived this type of trauma probably has an impact on an individual. It is hypothesized that this individual would have a greater awareness and greater empathy towards rape and a rape victim. Unfortunately, no research has dealt with this topic.

It has been illustrated how the use of a rape
awareness program has altered perceptions of rape. The purpose of the present study was to assess the impact of a rape awareness and prevention program on male and female college students. A treatment group, which received a 45-minute rape prevention seminar, and a control group were utilized. To measure attitudes, Barnett and Feild's (1977) Attitudes Toward Rape Questionnaire (ATR) was used. To measure empathy, a modified Rape Empathy Scale (RES) by Deitz et al. (1982) was used. Additionally, students were given Levenson's (1974) Internal, Powerful Others, and Chance Scales (IPC). To measure any changes in attitudes and empathy, subjects were given both a pre- and post-test of the ATR and RES measurements. The present study was designed to evaluate the following hypotheses: (a) females will display significantly higher scores than males on both ATR and RES questionnaires in both treatment and control groups, and (b) there will be a significant difference in both attitudes and empathy levels between pre- and post-tests of the students in the treatment group. The effects of religiosity, personal acquaintance of a rape victim, and locus of control on both ATR and RES scores were also investigated.
Chapter 2

METHOD

Subjects

The sample was drawn from undergraduate students enrolled in Introductory Psychology courses at Emporia State University during the spring of 1984. Male subjects ranged in age from 18 to 34 with a mean age of 20.00 years. Females ranged from 18 to 48 years of age with a mean age of 19.86 years. The students were placed in the treatment group if they were in a 75-minute class and in the control group if they were in a 50-minute class. The rape awareness program required at least 45 minutes to present. Additionally, another 25 minutes were necessary to complete questionnaires. Thus, the mandatory time limit predetermined in which group a student was to participate. Every student received extra credit for participating from his/her instructor.

The original sample contained 59 males and 53 females, but the groups were randomly reduced to obtain equal populations in all four groups. Hence, a total of 100 subjects (50 males and 50 females) volunteered to participate in this study. Fifty subjects (25 males and 25 females) were in the treatment group and 50 subjects (25 males and 25 females) were in the control group. Eighty-nine subjects (50 males and 39 females) had not previously attended a seminar on rape awareness, whereas 11 subjects (all females) had attended a similar seminar previously.
Two simple analyses of variance indicated there were no
significant differences on either the ATR scale, $F(1, 48) = .040$, or the modified RES scale, $F(1, 48) = 2.23$, between females who had attended a seminar and those who had not. Hence, scores for both groups of women were combined. A total of 81 students (41 males and 40 females) did not personally know a victim of rape compared to 19 students (9 males and 10 females) who did know a rape victim personally. Finally, 42 students (17 males and 25 females) considered themselves to be religious (attended church services at least 3 times a month) and 58 students (33 males and 25 females) did not consider themselves as being religious.

**Instruments**

**Attitudes Toward Rape Questionnaire.** Barnett and Feild's (1977) Attitudes Toward Rape scale consists of 25 statements that reflect societal attitudes toward rape (see Appendix A). Responses were made on a 6-point Likert scale which ranged from "Strongly Agree" (1) to "Strongly Disagree" (6). Items 13, 14, 15, and 23 were scored in reverse to have the more knowledgeable and positive attitude response indicate a higher score value (i.e. a response of 1 was recorded as 6, 2 as 5, 3 as 4, 4 as 3, 5 as 2, and 6 as 1). Higher scores indicated more awareness and knowledge about rape.

**Rape Empathy Scale.** A modified version of the Deitz et al. (1982) Rape Empathy Scale (RES) was used, since the RES was originally designed to measure a jury's level of
empathy (see Appendix B). In addition, it was modified to make the scale easier to understand. The original RES included two statements for each of the 19 items. An individual was to select either response a or b as being the closest to his or her own thoughts. The modified scale included the first item on every question. These statements assessed empathy toward both rapists and rape victims. The questionnaire was scored using a 7-point Likert scale. Responses ranged from "Strongly Agree" (1) to "Strongly Disagree" (7). Individual scores were totaled to yield a RES score for every participant. Items 1, 6, 12, 14, 16, 18, and 19 were scored in reverse since the higher score indicated a greater amount of empathy conveyed (i.e. a response of 1 was recorded as 7, 2 as 6, 3 as 5, 5 as 3, 6 as 2, and 7 as 1). Higher scores indicated more empathic attitudes toward a rape victim.

Internal, Powerful Others, and Chance Scales. The degree to which one possesses internal-external control of oneself is measured by the mastery of one's personal life (Internal), influence by powerful others (Powerful Others), and the degree of control which occurs by chance (Chance) (Levenson, 1974, 1981). The 24-item questionnaire is scored on a 6-point Likert scale with "Strongly Agree" scored as 1 and "Strongly Disagree" scored as 6 (see Appendix C). All items of the Internal (I) scale were reversed when summed so that a higher score reflected a greater amount of internal control, or control over one's own life (i.e. a response of 1 was recorded as 6, 2 as 5, 3 as 4, 4 as 3, 5
as 2, and 6 as 1). A higher Powerful Others (P) score reflected a greater belief that powerful others controlled one's life. A higher Chance (C) score indicated that one perceived chance as the major factor controlling one's life. Low scores reflected tendencies not to believe in the particular locus of control. (See Appendix D for answer sheet used.)

Procedure

As previously noted, students were either in the treatment group or the control group, depending upon the length of time their introductory psychology class met. A minimum of 70 minutes was needed to administer all three questionnaires and present the rape awareness program. Both groups were given the ATR, the modified RES, and the locus of control questionnaires. Standard directions were read to every group before they began responding to the questions (see Appendix E).

After completing the three questionnaires, the treatment group listened to a 45-minute seminar on rape awareness and prevention presented by the coordinator of the rape and sexual assault program at Emporia State University. Her lecture covered such topics as legal terms, biographical descriptions of a "typical" rapist, rape trauma syndrome, prevention strategies, and available assistance following a rape. An outline of the presentation is given in Appendix F.

Effects of pre- and post-testing can vary with the amount of time given between tests. A period of three to
five weeks before retesting has yielded the best results (Goldberg, 1982; Grube, 1982; Kinney, Bergen, & Price, 1982; Schon, Hopkins, & Vijir, 1982; Schaffer, Reardon, Clary, & Sadowski, 1982). Retesting immediately after treatment does not allow for a real change in attitude to become permanent, whereas waiting too long can allow too many intervening factors to account for any real change as a result of treatment. For this study, a period of four weeks was determined to be a satisfactory amount of time between pre- and post-testing.

After the four-week period, all groups were again given both the ATR and the modified RES questionnaires. An IPC was not given since this variable should not have changed as a result of exposure to the rape awareness and prevention program. Students were given the same directions before proceeding with the retest questionnaires (see Appendix E).
Chapter 3

RESULTS

It will be recalled that the primary purpose of the present study was to assess the impact of a rape awareness and prevention program on the attitudes and empathy of male and female college students. Separate mixed factor split-plot analyses of variance were computed for both the ATR and RES questionnaires. A 2x2x2, or treatment groups by sex of subject by pre- and post-testing, design was used. Thus, results for each questionnaire will be discussed separately.

Statistical Analysis

Attitudes Toward Rape Scores. The mean scores for all subjects on pre- and post-testing of the ATR measure are reported in Table 1. The mean ATR scores for each treatment group on the pre-training measure were 109.4 for treatment and 110.2 for control. Post-test mean ATR scores were 109.2 for treatment and 112.02 for control. Mean post-test scores decreased slightly for the treatment group, but increased nearly two points for the control group.

As noted previously, a 2(Treatment Groups) by 2(Sex of Subject) by 2(Pre- and Post-test) mixed factor split-plot analysis of variance (ANOVA) was used to analyze the attitude data to determine the effects of treatment and gender (between subjects factors) on the attitudes score derived from pre- and post-testing measures (within-subjects factor).
### Table 1

**Means and Standard Deviations for Attitudes Toward Rape**

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Pre-test M</th>
<th>Pre-test SD</th>
<th>Post-test M</th>
<th>Post-test SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>25</td>
<td>102.8</td>
<td>13.48</td>
<td>104.08</td>
<td>17.41</td>
</tr>
<tr>
<td>Females</td>
<td>25</td>
<td>116.0</td>
<td>8.50</td>
<td>114.28</td>
<td>10.49</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>109.4</td>
<td>10.99</td>
<td>109.18</td>
<td>13.95</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>25</td>
<td>107.12</td>
<td>10.47</td>
<td>107.64</td>
<td>12.70</td>
</tr>
<tr>
<td>Females</td>
<td>25</td>
<td>113.28</td>
<td>10.96</td>
<td>116.4</td>
<td>10.50</td>
</tr>
<tr>
<td>Control</td>
<td>50</td>
<td>110.2</td>
<td>10.72</td>
<td>112.02</td>
<td>11.60</td>
</tr>
</tbody>
</table>

*Note: Maximum score = 150*

As shown in Table 2, there was a significant difference found between genders, $F(1, 96) = 18.7555, p < .001$. Females displayed a higher mean score on both the pre- and post-testing of the ATR. There was no significant difference found for the interaction of the between-subject main effects. In addition, there were no other significant differences for any of the within-subject factors indicated by the 3-way ANOVA.

**Rape Empathy Scale.** The mean scores for all subjects on pre- and post-testing of the modified RES measure are reported in Table 3. The mean RES scores for each treatment group on the pre-training measure were 104.12 for treatment and 103.10 for control. Post-test mean RES scores were
Table 2
ANOVA Summary for Attitudes Toward Rape

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male-Female (M-F)</td>
<td>4579.244</td>
<td>1</td>
<td>4579.244</td>
<td>18.755*</td>
</tr>
<tr>
<td>Treatment-Control (T-C)</td>
<td>163.804</td>
<td>1</td>
<td>163.804</td>
<td>.671</td>
</tr>
<tr>
<td>M-F X T-C</td>
<td>222.604</td>
<td>1</td>
<td>222.604</td>
<td>.912</td>
</tr>
<tr>
<td>Error</td>
<td>23439.438</td>
<td>96</td>
<td>244.161</td>
<td></td>
</tr>
<tr>
<td><strong>Within Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Post (P-P)</td>
<td>32.805</td>
<td>1</td>
<td>32.805</td>
<td>.721</td>
</tr>
<tr>
<td>M-F X P-P</td>
<td>.603</td>
<td>1</td>
<td>.603</td>
<td>.013</td>
</tr>
<tr>
<td>T-C X P-P</td>
<td>51.003</td>
<td>1</td>
<td>51.003</td>
<td>1.121</td>
</tr>
<tr>
<td>M-F X T-C X P-P</td>
<td>99.408</td>
<td>1</td>
<td>99.408</td>
<td>2.185</td>
</tr>
<tr>
<td>Error</td>
<td>4367.680</td>
<td>96</td>
<td>45.497</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32956.589</td>
<td>199</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* \( F(1, 80) = 6.96, p < .01 

103.46 for treatment and 107.22 for control. Post-test scores dropped slightly for the treatment group, but increased by over four points for the control group.

A 2(Treatment Groups) by 2(Sex of Subject) by 2(Pre-and Post-test) mixed factor split-plot ANOVA was again used to analyze the effects of treatment and sex (between-subjects factor) on the empathy scores derived from pre-and post-testing measures (within-subjects factor).
Table 3

Means and Standard Deviations for Modified Rape Empathy Scale

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>25</td>
<td>100.36</td>
<td>14.08</td>
</tr>
<tr>
<td>Females</td>
<td>25</td>
<td>107.88</td>
<td>12.74</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>104.12</td>
<td>13.41</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>25</td>
<td>98.56</td>
<td>15.84</td>
</tr>
<tr>
<td>Females</td>
<td>25</td>
<td>112.04</td>
<td>11.95</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>105.30</td>
<td>13.90</td>
</tr>
</tbody>
</table>

Note: Maximum score = 133

A significant difference between males and females was found on the RES mean scores, F(1, 96) = 12.199, p < .001 (see Table 4). Females again scored a higher mean score on both the pre- and post-testing of the modified RES. There were no significant differences found for the interaction of the between-subject main effects, nor for any of the within-subjects factors.

Relationship Between Measures

Correlation coefficients, indicating the amount of agreement between the three measures, were calculated. The overall correlation coefficient for the relationship of the ATR and RES was significant, r = .642, p < .05. This Pearson r represents a fairly high, but acceptable, relationship
Table 4

ANOVA Summary for the Modified Rape Empathy Scale

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male-Female (M-F)</td>
<td>4503.004</td>
<td>1</td>
<td>4503.004</td>
<td>12.199*</td>
</tr>
<tr>
<td>Treatment-Control (T-C)</td>
<td>93.845</td>
<td>1</td>
<td>93.845</td>
<td>.254</td>
</tr>
<tr>
<td>M-F X T-C</td>
<td>305.042</td>
<td>1</td>
<td>305.042</td>
<td>.826</td>
</tr>
<tr>
<td>Error</td>
<td>35437.478</td>
<td>96</td>
<td>369.140</td>
<td></td>
</tr>
<tr>
<td><strong>Within Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Post (P-P)</td>
<td>149.644</td>
<td>1</td>
<td>149.644</td>
<td>1.448</td>
</tr>
<tr>
<td>M-F X P-P</td>
<td>70.804</td>
<td>1</td>
<td>70.804</td>
<td>.685</td>
</tr>
<tr>
<td>T-C X P-P</td>
<td>285.603</td>
<td>1</td>
<td>285.603</td>
<td>2.763</td>
</tr>
<tr>
<td>M-F X T-C X P-P</td>
<td>142.808</td>
<td>1</td>
<td>142.808</td>
<td>1.382</td>
</tr>
<tr>
<td>Error</td>
<td>9921.640</td>
<td>96</td>
<td>103.350</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>50909.869</td>
<td>199</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*F(1, 80) = 6.96, p < .01

between the two questionnaires.

Low correlation coefficients were yielded for all subjects between the ATR and the IPC subscores; .166, .272, and .137 respectively for the I, P, and C. The modified RES also revealed low correlation coefficients for the locus of control scores; .169, .268, and .108 for the I, P, and C respectively.

When combined into one group subjects revealed a significant correlation coefficient of $r = .750$ for ATR test-retest and $r = .765$ for modified RES test-retest, as
can be seen in Table 5. A significance level of .05 was established for the correlation values. The treatment group yielded a significant correlation coefficient of $r = .741$ for ATR test-retest and $r = .804$ for modified RES test-retest. The control group displayed a correlation coefficient of $r = .768$ for ATR test-retest and $r = .740$ for modified RES test-retest, which are also significant.

Table 5
Correlation Coefficients for Total Subjects

<table>
<thead>
<tr>
<th></th>
<th>ATR Pre</th>
<th>ATR Post</th>
<th>RES Pre</th>
<th>RES Post</th>
<th>I</th>
<th>P</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATR Pre</td>
<td>---</td>
<td>.750**</td>
<td>.642**</td>
<td>.543**</td>
<td>.166</td>
<td>.272**</td>
<td>.137**</td>
</tr>
<tr>
<td>ATR Post</td>
<td></td>
<td>---</td>
<td>.651**</td>
<td>.744**</td>
<td>.119</td>
<td>.151</td>
<td>.016</td>
</tr>
<tr>
<td>RES Pre</td>
<td></td>
<td></td>
<td>---</td>
<td>.765**</td>
<td>.169</td>
<td>.268**</td>
<td>.108</td>
</tr>
<tr>
<td>RES Post</td>
<td></td>
<td></td>
<td></td>
<td>---</td>
<td>.071</td>
<td>.242*</td>
<td>.035</td>
</tr>
<tr>
<td>Internal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>---</td>
<td>.263*</td>
<td>.384**</td>
</tr>
<tr>
<td>Powerful Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.607**</td>
</tr>
<tr>
<td>Chance</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>---</td>
</tr>
</tbody>
</table>

* $p < .05$  
** $p < .01$

Religiosity

Subjects who considered themselves as religious showed a nearly equivalent attitude and empathy level toward a rape victim as subjects who did not consider themselves to be religious. (Considering oneself to be religious was arbitrarily set at attending religious services three or more times a month.) Means and standard deviations for
religiosity can be found in Table 6.

Table 6
Means and Standard Deviations for Religious and Nonreligious Subjects

<table>
<thead>
<tr>
<th>Variable</th>
<th>Religious</th>
<th></th>
<th>Nonreligious</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>ATR Pre-test</td>
<td>111.175</td>
<td>11.564</td>
<td>107.977</td>
<td>12.455</td>
</tr>
<tr>
<td>RES Pre-test</td>
<td>104.175</td>
<td>15.506</td>
<td>105.023</td>
<td>14.011</td>
</tr>
<tr>
<td>ATR Post-test</td>
<td>111.088</td>
<td>14.012</td>
<td>100.000</td>
<td>13.073</td>
</tr>
<tr>
<td>RES Post-test</td>
<td>104.561</td>
<td>15.260</td>
<td>106.186</td>
<td>15.105</td>
</tr>
</tbody>
</table>

Table 7
ANOVA Summary for Religiosity and ATR

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious-Nonrelig (R-N)</td>
<td>493.134</td>
<td>1</td>
<td>493.134</td>
<td>1.786</td>
</tr>
<tr>
<td>Treatment-Control (T-C)</td>
<td>78.582</td>
<td>1</td>
<td>78.582</td>
<td>.285</td>
</tr>
<tr>
<td>R-N X T-C</td>
<td>333.674</td>
<td>1</td>
<td>333.674</td>
<td>1.208</td>
</tr>
<tr>
<td>Error</td>
<td>26236.037</td>
<td>96</td>
<td>273.292</td>
<td></td>
</tr>
<tr>
<td>Within Subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Post (P-P)</td>
<td>48.816</td>
<td>1</td>
<td>48.816</td>
<td>1.191</td>
</tr>
<tr>
<td>R-N X P-P</td>
<td>20.462</td>
<td>1</td>
<td>20.462</td>
<td>.499</td>
</tr>
<tr>
<td>T-C X P-P</td>
<td>46.311</td>
<td>1</td>
<td>46.311</td>
<td>1.130</td>
</tr>
<tr>
<td>R-N X T-C X P-P</td>
<td>89.301</td>
<td>1</td>
<td>89.301</td>
<td>2.180</td>
</tr>
<tr>
<td>Error</td>
<td>3892.474</td>
<td>96</td>
<td>40.574</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>31238.791</td>
<td>199</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A 2(Treatment Groups) by 2(Religiosity) by 2(Pre- and Post-test) mixed factor split-plot ANOVA was conducted for both the ATR and modified RES to analyze the effects of treatment and religiosity (between-subjects factor) on the attitudes and empathy scores derived from pre- and post-testing measures (within-subjects factor). The ANOVA for the ATR is found in Table 7. The ANOVA for the modified RES is given in Table 8.

Table 8
ANOVA Summary for Religiosity and Modified RES

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious-Nonrelig (R-N)</td>
<td>117.598</td>
<td>1</td>
<td>117.598</td>
<td>.259</td>
</tr>
<tr>
<td>Treatment-Control (T-C)</td>
<td>62.746</td>
<td>1</td>
<td>62.746</td>
<td>.133</td>
</tr>
<tr>
<td>R-N X T-C</td>
<td>125.749</td>
<td>1</td>
<td>125.749</td>
<td>.277</td>
</tr>
<tr>
<td>Error</td>
<td>43092.733</td>
<td>96</td>
<td>448.883</td>
<td></td>
</tr>
<tr>
<td><strong>Within Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Post (P-P)</td>
<td>55.504</td>
<td>1</td>
<td>55.504</td>
<td>.531</td>
</tr>
<tr>
<td>R-N X P-P</td>
<td>74.548</td>
<td>1</td>
<td>74.548</td>
<td>.713</td>
</tr>
<tr>
<td>T-C X P-P</td>
<td>203.470</td>
<td>1</td>
<td>203.470</td>
<td>1.947</td>
</tr>
<tr>
<td>R-N X T-C X P-P</td>
<td>61.250</td>
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<td>61.250</td>
<td>.586</td>
</tr>
<tr>
<td>Error</td>
<td>9928.023</td>
<td>96</td>
<td>103.417</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>53721.621</td>
<td>199</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Acquaintance With a Rape Victim

On a similar level, no significance was found on either
Table 9

Means and Standard Deviations for Subjects Knowing and Not Knowing a Rape Victim

<table>
<thead>
<tr>
<th>Variable</th>
<th>Know Victim</th>
<th></th>
<th>Do Not Know Victim</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>ATR Pre-test</td>
<td>109.305</td>
<td>12.316</td>
<td>112.056</td>
<td>10.452</td>
</tr>
<tr>
<td>RES Pre-test</td>
<td>104.122</td>
<td>14.662</td>
<td>106.444</td>
<td>15.783</td>
</tr>
<tr>
<td>ATR Post-test</td>
<td>110.537</td>
<td>14.349</td>
<td>111.000</td>
<td>9.462</td>
</tr>
<tr>
<td>RES Post-test</td>
<td>105.719</td>
<td>15.252</td>
<td>103.167</td>
<td>14.849</td>
</tr>
</tbody>
</table>

Table 10

ANOVA Summary for Acquaintance and ATR

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know-Dk Not Know (K-D)</td>
<td>82.497</td>
<td>1</td>
<td>82.497</td>
<td>.296</td>
</tr>
<tr>
<td>Treatment-Control (T-C)</td>
<td>46.678</td>
<td>1</td>
<td>46.678</td>
<td>.167</td>
</tr>
<tr>
<td>K-D X T-C</td>
<td>5.006</td>
<td>1</td>
<td>5.006</td>
<td>.018</td>
</tr>
<tr>
<td>Error</td>
<td>26799.721</td>
<td>96</td>
<td>279.164</td>
<td></td>
</tr>
<tr>
<td>Within Subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Post (P-P)</td>
<td>4.991</td>
<td>1</td>
<td>4.991</td>
<td>.103</td>
</tr>
<tr>
<td>K-D X P-P</td>
<td>53.803</td>
<td>1</td>
<td>53.803</td>
<td>1.107</td>
</tr>
<tr>
<td>T-C X P-P</td>
<td>113.246</td>
<td>1</td>
<td>113.246</td>
<td>2.329</td>
</tr>
<tr>
<td>K-D X T-C X P-P</td>
<td>51.112</td>
<td>1</td>
<td>51.112</td>
<td>1.051</td>
</tr>
<tr>
<td>Error</td>
<td>4666.942</td>
<td>96</td>
<td>48.614</td>
<td></td>
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<tr>
<td>Total</td>
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<td>199</td>
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</table>
the ATR or modified RES between subjects who knew a victim of rape and those who did not know a rape victim. Table 9 lists the means and standard deviations for those who either knew or did not know a rape victim. Likewise, a 2(Treatment Groups) by 2(Acquaintance) by 2(Pre- and Post-test) mixed factor split-plot ANOVA was conducted for both the ATR and modified RES. It analyzed the effects of treatment upon acquaintance with a rape victim (between-subjects factor) on the attitudes and empathy scores derived from pre- and post-testing measures (within-subjects factor). The ANOVA for the ATR is found in Table 10; Table 11 contains the ANOVA for the modified RES.

Table 11
ANOVA Summary for Acquaintance and Modified RES

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<tr>
<td><strong>Within Subjects</strong></td>
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<tr>
<td>Pre-Post (P-P)</td>
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Chapter 4

DISCUSSION

The results of this study do not strongly support the use of rape awareness and prevention programs to increase attitudes and empathy levels among college students. The program did not have any significant effects on the attitudes and empathy levels of college students toward rape and its victims. However, the results of the present study are consistent with earlier studies (Barnett & Feild, 1977; Feild, 1978; Krulewitz, 1981, 1982; Krulewitz & Kahn, 1983; Krulewitz & Nash, 1979; Malamuth, Haber, & Feshbach, 1980; Scroogs, 1976), which found that females show a greater awareness of rape, its effects, and a greater amount of empathy displayed toward a victim. Each of the specific areas dealt with in this study will be discussed separately.

Gender Variable

It was hypothesized that females would display significantly greater scores than males on both the ATR and RES questionnaires for both treatment and control groups. The results supported this hypothesis. As Tables 1 and 3 illustrate, females consistently displayed a higher mean score for all questionnaires. Analysis indicated that females were more knowledgeable and concerned with the topic of rape than males. Analysis of all the scores indicated that sex of the subject was the most overriding factor in determination of individual scores. This data confirmed Krulewitz and
Kahn's (1983) statement affirming that subjects believed rape educational programs directed toward males will not help as much as would be hoped. Nevertheless, Barnett and Feild (1977) strongly felt that males need to be an involved part of rape prevention programs. Additionally, it must be kept in mind that Scroogs' (1976) study did not find females' attitudes to be as liberal as might be expected. In his study females displayed nearly the same attitudes as males towards a victim who strongly and mildly resisted a rape attack.

Gender differences have consistently found females as being more upset at and viewing more harshly the crime of rape, and identifying more with the victim (Krulwitz, 1982; Krulewitz & Nash, 1979; Malamuth, Haber, & Feshbach, 1980). With these gender differences so repeatedly apparent throughout most of the research, it is not surprising that females consistently showed more awareness of and empathy toward rape and its victims.

There may be several factors determining why females scores higher on both tests. Krulewitz and Kahn (1983) contend that since women are typically the victims of rape, they would be more motivated to end it. Another cause, suggested by Krulewitz (1981), considered men to identify less with the female victim, thus, having less at stake and less cause to become more educated about rape. Without as great of a threat of being raped, a man may not consider himself to have as much at risk as a female. Thus, he may not pay as close of attention during an awareness presentation.
as a female. He may not even show any interest in attending such a seminar. Increasing awareness and empathy may require a considerable greater amount of effort to present an impacting program for such an individual.

**Treatment Variable**

A second hypothesis concerned a significant difference in both attitudes and empathy levels of those exposed to treatment compared with those in the control group. Treatment groups, such as those reported by Gottesman (1977) and White and Nichols (1981), have been shown to result in a positive difference as a result of treatment. Although both studies did not find significant differences, Gottesman (1977) found an increase in nearly all of the areas of training. White and Nichols (1981) concluded that students were better informed about rape as a result of more exposure. However, the present study failed to yield any significant differences as a result of treatment.

Regardless, Estabrook et al. (1978) strongly urges colleges and universities to educate its community about sexual assault and prevention.

Recall that the present study was especially interested in determining if a rape awareness program had a significant effect on altering attitudes toward rape. Results indicated no significance for either treatment or control groups. There was no significant increase in attitudes displayed as a result of the awareness and prevention program intervention. Thus, one would presume this type of program has little effect upon college students. However, previous research
has shown an increase in awareness and empathy as a result of training programs (Gottesman, 1977; Nichols & White, 1981). Therefore, the necessity of rape awareness and prevention programs on college campuses is still supported. **Religiosity, Acquaintance With a Rape Victim, and Locus of Control**

The variable of being religious did not have an effect upon an individual's amount of empathy toward rape, rapists, and rape victims. It did not alter one's attitudes after exposure to a rape awareness program. As illustrated in Tables 6 and 7, the differences in ATR and RES scores were only slight between religious and nonreligious individuals; no significance was found.

Since the topic of rape and religiosity has virtually not been researched, conclusions cannot be assumed by the results of this study alone. Individuals may be religious, but not attend church services at least three times a month. Likewise, frequent attendance at church does not automatically make one a religious individual. Further research in this area is strongly recommended before any results can be discussed.

On a similar level, personal acquaintance with a rape victim did not produce any significant differences either. Again, this is an area which does not show any previous research. Thus, it cannot be speculated as to why no significance was found. Someone who did not know a rape victim showed an equal attitude and amount of empathy toward rape, rape victims, and rapists as did an individual
who was personally acquainted with a victim of rape.

One last area which did not reveal any significant difference was the IPC factor. The correlation coefficients indicated an extremely low overlap, thus, virtually no similarity between scores. An individual who felt he/she had complete control of his/her life did not show a greater awareness or empathic attitude toward a rape victim than did an individual who felt his/her life was controlled by powerful others or left up to chance.

**Limitations and Implications**

It should be pointed out that any lack of significance to support rape awareness and prevention programs should not be interpreted solely as the ineffectiveness of the program. Rather, the lack of overall significance may be due to students not giving full attention to the retest since they had been required to respond to a large number of questionnaires previously given by other researchers. After answering numerous questionnaires throughout the semester some students may not have given the post-test as much careful attention as the pre-test and adopted an "I don't care, let's just get this thing over with" attitude. Lack of overall significance may also be attributed to a reflection of environmental influence and exposure during the four week interim.

The rape awareness and prevention program at Emporia State University has received strong support and praise by students as well as faculty. There has been a steady request for the program within classrooms, sororities,
residence halls, and even fraternities. Therefore, it was assumed that the presentations have been not only informative but interesting as well. Yet, results of this study suggest that the program was not effective. To increase effectiveness various procedures could be utilized to enhance the awareness and prevention programs. Such procedures include utilization of films and audio tapes demonstrating actual or simulated rapes. Additionally, the presentation could include concrete data that could be seen. Small discussion groups or an unstructured question and answer session could be utilized. A strong statement would be made if theatrical actors were to barge in on the middle of the lecture and simulate the onset of a rape. Visual materials, especially realistic portrayals, tend to have a greater effect, and therefore a greater impact, on those viewing them.

However, one needs to be careful as to how much exposure is given. Too much discussion could produce apathetic or negative feelings about a subject. Malamuth and Check (1981) and Zillmann and Bryant (1982) both found that continuous exposure to sexual violence and pornography resulted in a greater acceptance of such interpersonal violence and invasion.

It is concluded that ATR and the modified RES are accurate and predictable tools for the areas in which they measure. (The Pearson correlation indicated that the ATR and modified RES measured related, but different factors.) Feild (1978) discussed the notion of people's view of rape being related to their knowledge about rape. Through
increasing knowledge these attitudes may be changed. The ATH measure has shown to be a promising measure in rape research efforts. Likewise, Deitz et al. (1982) avowed their RES questionnaire to be predictive of an individual's perceptions of a rape victim and an individual's views of the crime of rape. With these useful tools, any measures obtained would be not only accurate, but also insightful into the views held by both males and females toward rape.

Further research is strongly suggested in all of the areas illustrated by the current study. A continuation of treatment versus control groups using pre- and post-testing may yield significant results, particularly if testing is done during the fall semester when students have less questionnaires to fill out. One could conduct a more detailed study of the relationship between religiosity and views on rape. A person may consider him or herself to be religious but not attend church on a regular basis. A breakdown by denomination may result in significantly varied views on rape. Additionally, increasing effectiveness of rape awareness and prevention programs through some of the various techniques previously mentioned may result in a greater difference in attitudes and empathy as a result of treatment.

Education on a topic can reduce naive and inaccurate thoughts on a subject. Therefore, it is imperative that educational programs, such as the one conducted, on rape awareness and prevention continue throughout all college and university campuses. Support for this idea has been
shown by Burt's (1980) study which found younger and better educated people to be less accepting of rape myths, to have a less violent attitude, and to have less opposing beliefs than an average group of Americans. The results of the present study indicated a difference between males' and females' views on rape, thus indicating a need to approach each gender differently on the sensitive topic of rape awareness and prevention.

In summary, the results do indicate a significant difference between the views of males and females toward rape. Knowing this, perhaps it would be of greater benefit to have two separate educational and awareness groups, one for each gender. Each program would focus on the topics that are most pertinent to that specific sex. With specially designed programs it would be highly likely to produce a greater, even significant, result than what was demonstrated by this study.
REFERENCES


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attributing responsibility: Using facts differently.  


APPENDIX A

ATTITUDES TOWARD RAPE

QUESTIONNAIRE
In most cases when a woman was raped, she was asking for it.

A woman cannot be raped against her will.

If a woman is going to be raped, she might as well relax and enjoy it.

Most women secretly desire to be raped.

During a rape, a woman should do everything she can do to resist.

Women provoke rape by their appearance or behavior.

Rape is a sex crime.

Rapists are sexually frustrated individuals.

All rape is a male exercise in power over women.

Rape provides the opportunity for many rapists to show their manhood.

Women are trained by society to be rape victims.

Rape of a woman by a man she knows can be defined as a "woman who changed her mind afterward."

Rape is the worst crime that can be committed.

All rapists are mentally sick.

A man who has committed rape should be given no less than 30 years of imprisonment.

The reason most rapists commit rape is for sex.

A woman should be responsible for preventing her victimization in a rape.

In forcible rape, the victim always causes the crime.

A raped woman is a less desirable woman.

The degree of a woman's resistance should be the major factor in determining if a rape has occurred.

"Nice" women do not get raped.

A charge of rape two days after the act has occurred is probably not rape.

Rape is a humiliating experience for a woman.

In order to protect the male, it should be difficult to prove that a rape has occurred.

It would do some women some good to get raped.
APPENDIX B

MODIFIED RAPE EMPATHY SCALE
1. I feel that the situation in which a man compels a woman to submit to sexual intercourse against her will is an unjustifiable act under any circumstances.

2. In deciding the matter of guilt or innocence in a rape case, it is more important to know about the past sexual activity of the alleged rape victim than the past sexual activity of the alleged rapist.

3. In general, I feel that rape is an act that is provoked by the rape victim.

4. I would find it easier to imagine how a rapist might feel during an actual rape than how a rape victim might feel.

5. Under certain circumstances, I can understand why a man would use force to obtain sexual relations with a woman.

6. In a court of law, I feel that the rapist must be held accountable for his behavior during the rape.

7. When a woman dresses in a sexually attractive way, she must be willing to accept the consequences of her behavior, whatever they are, since she is signalling her interest in having sexual relations.

8. I would find it easier to empathize with the shame and humiliation a rapist might feel during a trial for rape than with the feelings a rape victim might have during the trial.

9. If a man rapes a sexually active woman, he would probably be justified in his actions by the fact that she chooses to have sexual relations with other men.

10. I believe that all women secretly want to be raped.

11. In deciding whether a rape has occurred or not, the burden of proof should rest with the woman, who must prove that a rape has occurred.

12. I believe that it is impossible for a rape victim to enjoy being raped.

13. I can really empathize with the helplessness a rapist must feel during a rape, since he's at the mercy of forces beyond his control.

14. After a rape has occurred, I think the woman would suffer more emotional torment in dealing with the police than the man would.

15. I feel it is impossible for a man to rape a woman unless she is unwilling.

16. If a rape trial were publicized in the press, I feel the rape victim would suffer more emotional trauma from the publicity than the rapist.

17. Once a couple has had sexual intercourse, then that issue is resolved and it is no longer possible for that man to rape that woman.
I can understand a wife's humiliation and anger if her husband forced her to have sexual relations with him.

If I were a member of the jury in a rape trial, I would probably be more likely to believe the woman's testimony than the man's, since it takes a lot of courage on the woman's part to accuse the man of rape.
APPENDIX C

INTERNAL, POWERFUL OTHERS

AND CHANCE SCALES
QUESTIONNAIRE # 3

Please respond to each of these items by marking the appropriate number on the answer sheet provided. (Please DO NOT respond on this questionnaire.) Use the following code:

1 - Strongly Agree  2 - Moderately Agree  3 - Agree
4 - Disagree  5 - Moderately Disagree  6 - Strongly Disagree

1. Whether or not I get to be a leader depends mostly on my ability.
2. To a great extent my life is controlled by accidental happenings.
3. I feel like what happens in my life is mostly determined by powerful others.
4. My behavior will determine when I am ready to leave the hospital.
5. When I make plans, I am almost certain to make them work.
6. Often there is no chance of protecting my personal interest from bad luck happenings.
7. When I get what I want, it's usually because I'm lucky.
8. Even if I were a good leader, I would not be made a leader unless I play up to those in positions of power.
9. How many friends I have depends on how nice a person I am.
10. I have often found that what is going to happen will happen.
11. My life is chiefly controlled by powerful others.
12. It is impossible for anyone to say how long I'll be in the hospital.
13. People like myself have very little chance of protecting our personal interests when they conflict with those of powerful other people.
14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.
15. Getting what I want means I have to please those people above me.
16. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.
17. If important people were to decide they didn't like me, I probably wouldn't make many friends.
18. I can pretty much determine what will happen in my life.
19. I am usually able to protect my personal interests.
20. How soon I leave the hospital depends on other people who have power over me.
21. When I get what I want, it's usually because I worked hard for it.
22. In order to have my plans work, I make sure that they fit in with
23. My life is determined by my own actions.

24. It's chiefly a matter of fate whether or not I have a few friends or many friends.
APPENDIX D

ANSWER SHEETS
SSN: ___________________________ Male ______ Female ______

Age ______ Class standing _______________________

Ethnic background White ______ Black ______ Other (please specify) ______

Religious preference ______________________ Do you attend religious services 3 or more times a month? ______

Have you ever attended a seminar on rape? ______

Do you personally know anyone who has been a victim of rape? ______

QUESTIONNAIRE # 1

1. 1 2 3 4 5 6 10. 1 2 3 4 5 6 19. 1 2 3 4 5 6
2. 1 2 3 4 5 6 11. 1 2 3 4 5 6 20. 1 2 3 4 5 6
3. 1 2 3 4 5 6 12. 1 2 3 4 5 6 21. 1 2 3 4 5 6
4. 1 2 3 4 5 6 13. 1 2 3 4 5 6 22. 1 2 3 4 5 6
5. 1 2 3 4 5 6 14. 1 2 3 4 5 6 23. 1 2 3 4 5 6
6. 1 2 3 4 5 6 15. 1 2 3 4 5 6 24. 1 2 3 4 5 6
7. 1 2 3 4 5 6 16. 1 2 3 4 5 6 25. 1 2 3 4 5 6
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9. 1 2 3 4 5 6 18. 1 2 3 4 5 6

QUESTIONNAIRE # 2

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2. 1 2 3 4 5 6 7 12. 1 2 3 4 5 6 7
3. 1 2 3 4 5 6 7 13. 1 2 3 4 5 6 7
4. 1 2 3 4 5 6 7 14. 1 2 3 4 5 6 7
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6. 1 2 3 4 5 6 7 16. 1 2 3 4 5 6 7
7. 1 2 3 4 5 6 7 17. 1 2 3 4 5 6 7
8. 1 2 3 4 5 6 7 18. 1 2 3 4 5 6 7
9. 1 2 3 4 5 6 7 19. 1 2 3 4 5 6 7
10. 1 2 3 4 5 6 7

Thank you for your cooperation.
QUESTIONNAIRE # 3

1. 1 2 3 4 5 6
2. 1 2 3 4 5 6
3. 1 2 3 4 5 6
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19. 1 2 3 4 5 6
20. 1 2 3 4 5 6
21. 1 2 3 4 5 6
22. 1 2 3 4 5 6
23. 1 2 3 4 5 6
24. 1 2 3 4 5 6

Once again, Thank You for your cooperation.
APPENDIX E

STANDARD DIRECTIONS
You are helping to collect data for a master's thesis. Please respond to these three (two) questionnaires with the answer you feel is most accurate of your own thoughts and ideas on the subject. If you are unsure of a response, please respond with what you first thought; do not ponder over any of the statements.

Please use the answer sheets provided. Do not write on the questionnaires.

Put your student ID number in the space provided. This is so responses can be correlated at a later date (with your earlier responses). However, you will remain anonymous. Please answer all the information questions at the top. Also, please answer all the questions. You will remain completely anonymous.
APPENDIX F
OUTLINE OF RAPE AWARENESS
AND PREVENTION PROGRAM
OUTLINE OF PROGRAM

I. General introduction of topic
   -Statistics
   -Definitions: rape, sodomy, sexual battery 7 min.

II. Description of Rapists
   -Expressing anger
   -Choosing victims
   -Myths/facts
   -Biographical background
   -Categories: power, anger, sadistic 11 min.

III. Description of Victims
   -Rape Trauma Syndrome
     a. acute reaction phase
     b. outward adjustment phase
     c. resolution 9 min.

IV. Prevention Strategies
   -Self-defense
   -Dealing with a rape situation
   -Resistance: passive and active 5 min.

V. Male Victims
   4 min.

VI. Local Occurrences
   -Campus reported rapes
   -Acquaintence rape 4 min.

VII. Support Services Available
   -Presentation of RAPE brochures--
     Appendix H 5 min.

TOTAL 45 min.
APPENDIX G
SUMMARY OF
DEMOGRAPHIC CHARACTERISTICS
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APPENDIX H

RAPE AWARENESS BROCHURE
* Call Emporia Police:
  Immediately after the attack - 911
  The next day 342-1766

* Call a hospital emergency room:
  Newman Memorial County Hospital
  343-6800
  St. Mary’s Hospital
  342-2450

* Call SOS. SOS is a non-profit volunteer organization which provides supportive aid to victims of sexual assault and domestic violence.
  Days 342-6116 or
  Evenings and weekends 343-2626

* Call a friend.

* Avoid douching, showering, or using the bathroom. Don’t touch anything that the rapist may have handled.

* Remember: You are not to blame. You should not assume the guilt for another’s act of antisocial violence.

We live in a changing society. Events occur with alarming frequency today that would not have been considered twenty years ago. Although we cannot completely prevent rape, all of society can work together to reduce the incidence of attacks and to help the victim recover.

For more information contact the Women’s Resource Center-Rape/Sexual Assault Prevention Program: Kay Lingenfelter, coordinator, 207A Plumb Hall, ext. 221.
All of us have heard and read about cases of rape which have been reported in the large urban centers of America. We generally believe that such acts only occur in cities where women invite the attention of the strange element in society. Some of us tend to be a bit smug about the relative safety of our small university town and campus. The attitude of “It can’t happen here” or “That sort of thing could never happen to me” is all too common on our campus. Perhaps a look at some of the truths about rape will provide a different perspective.

**TRUEHKS**

- Incidents of sexual assault on college campuses increased 55% in the five year period between 1975 and 1980 (FBI study).
- College campuses can have high risk areas such as parking lots, poorly lighted open spaces, empty academic buildings and laundry rooms.
- Rapists are not always easy to spot. They are not the typical “weirdos” we sometimes envision. Many rapists are young, from all educational and ethnic backgrounds, married or involved in stable relationships.
- Rape is not unbridled sexual passion. Rape is clearly forced sexual contact without the victim’s consent.
- No one is immune from rape. Victims have ranged in age from 6 months to 90 years of age. Most victims are women, but men are raped too.
- Men and women are similarly affected when a friend or family member is raped.
- Women who dress provocatively are not “asking for it.” One’s dress is not an example of rape can stymie educational success. Some women have dropped or avoided taking night classes because of the fear of being raped.
- The danger is not always with the stranger. Date rape or acquaintance rape is on the increase. Very often these rapes are not reported because the victims are afraid that they will not be believed.

Although statistics tell us that 1 out of every 3 women will be sexually assaulted at some point in her life, one need not be an unwitting target. There are some effective precautionary measures.

**PRECAUTIONS**

- Develop bonds of friendship with your roommates and others in your living group. Support groups can offer emotional as well as physical security.
- Never leave your residence after dark without a trusted friend, either male or female.
- If you must be out walking alone, adopt a brisk, confident stride, as if you are on your way to an appointment. Wear clothes and shoes in which you can move easily.
- Be assertive with anyone who makes advances toward you. If you are in a public place and someone makes lewd remarks or touches your body, speak in a loud voice, “I’ve asked you to leave me alone.”
- If accosted on the street, speak in a firm voice which demands compliance. Such commands as “Don’t touch me,” and “Go away,” could thwart a would-be attacker.
- Walk in only well lighted areas of the campus.
- Learn self-defense techniques.

Don’t deny that rape could happen to you. It is sometimes quite human to put something on the “back burner” to be thought of at a later date. That plan may work for exercising, but not for aggressive acts of violence. Develop a plan of action to follow in case of attack.

**IF ATTACKED**

- Try to escape, not win. Scream, bite, poke the eyes (rapists have learned to protect the groin).
- Don’t carry guns or knives to use against an assailant. More natural weapons are safer and just as effective.
- Keys held tightly between the index and middle fingers can be raked across the eyes.
- Umbrellas can be used to jab the abdomen.
- Burning cigarettes can be ground into the attacker’s face.
- Smash the attacker’s instep with the heel of your shoe.
- Yell “Fire!”

If none of these tactics work and you are overcome, try to remember distinctive characteristics, such as body odor, hair color, shape of teeth. Make a recognizable mark by scratching the attacker’s face, back, or arms.

**AFTERWARDS**

Do one of the following:

- Call ESU Police & Safety: 343-1200, ext. 337 or 342-2120.