TEXT MESSAGE DELIVERY OF HARM REDUCTION MESSAGING FOR ALCOHOL-RELATED SEXUAL VIOLENCE: A PILOT RCT

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Introduction

Sexual violence and alcohol use frequently co-occur on college campuses, creating complex prevention challenges [1-4]. Over 50% of college sexual assaults involve alcohol use by one or both individuals [2-4]. Few prevention programs address both behaviors simultaneously. Text-messaging offers a scalable and private way to deliver harm-reduction content, though its use in sexual violence prevention remains unexplored [5-7].

Purpose

This study examines the feasibility and acceptability of a 12-week harm-reduction intervention, delivered via text message, targeting alcohol-related sexual violence among college students.

Methodology

- **Consent:** Obtained online and verified by phone prior to enrollment.
- **Surveys:** Completed at baseline, 3-, and 6-months assessing alcohol use, harm reduction, and consent knowledge.
- **Randomization**: 12-week text-message interventions. Multi-target (alcohol + sexual violence) vs. alcohol-only.
- **Compensation:** Amazon gift cards after each survey.
- **Analysis:** Regression models; feasibility defined by recruitment and retention.

Implications and Next Steps

The pilot RCT demonstrated high feasibility and retention for a 12-week text-based harm-reduction program. Next steps include a full-scale efficacy trial and deeper analysis of student engagement to refine content and delivery timing. Findings support text messaging as a feasible digital platform for alcohol-related sexual-violence prevention.

Results

Table 1. Regression Analysis

Outcome	3 Months				6 Months			
	b	SEb	95% CI	p	b	SEb	95% CI	p
# of alcohol use days in a month (unadjusted)	-0.536	0.714	(-1.929, -.857)	0.448	-0.022	0.589	(-1.152, 1.108)	0.969
# of alcohol use days in a month (adjusted)	-0.302	0.686	(-1.669, 1.065)	0.663	-0.007	0.612	(-1.159, 1.144)	0.99
Binge drinking days/month (unadjusted)	-0.5	0.403	(-1.322, .322)	0.231	-0.319	0.38	(-1.064, .425)	0.398
Binge drinking days/month (adjusted)	-0.371	0.408	(-1.185, .444)	0.37	-0.311	0.365	(-1.034, .413)	0.398
Use of SV harm reduction strategies (unadjusted)	0.284	0.32	(-.356, .924)	0.382	0.371	0.332	(-.284, 1.025)	0.266
Use of SV harm reduction strategies (adjusted)	0.331	0.324	(-.317, .979)	0.314	0.461	0.334	(-.184, 1.107)	0.16
Recognition of ETOH related SV (unadjusted)	0.53	0.218	(089, .970)	0.019	0.277	0.258	(-.232, .787)	0.284
Recognition of ETOH related SV (adjusted)	0.556	0.22	(-.109, 1.002)	0.015	0.253	0.255	(-.261, .766)	0.333
Self efficacy to obtain sexual consent (unadjusted)	0.709	0.4	(-.076, 1.494)	0.076	0.625	0.427	(-.199, 1.449)	0.136
Self efficacy to obtain sexual consent (adjusted)	0.636	0.39	(-.160, 1.433)	0.117	0.529	0.428	(-.304, 1.361)	0.212
	b	eB	95% CI	p	b	eB	95% CI	p
Sexual violence experience (unadjusted)	-0.464	0.629	(.349, 1.132)	0.118	-0.23	0.794	(.416, 1.519)	0.486
Sexual violence experience (adjusted)	-0.535	0.585	(.299, 1.147)	0.909	-0.2	0.819	(.455, .1.473)	0.505

*The models control for sex assigned at birth, age in years, and SV at baseline.
*The linear model assesses the intervention effect on listed outcomes. The 95% bias-corrected and accelerated confidence intervals are reported in parentheses.
*Confidence intervals and standard errors are based on 1000 bootstrap samples.
*By default, SPSS assigns the comparison group to the level with the highest value; the treatment was recoded to correct this.

Feasibility

- **Enrollment:** 186 of 322 eligible students (57.6%) completed phone verification and enrolled.
- **Attrition:** 16% declined to provide contact information or did not respond to outreach.
- **Retention:** 180 participants (98.4%) completed post-intervention surveys; 179 (97.8%) completed 3-month follow-up.

Figure 1. Demographics

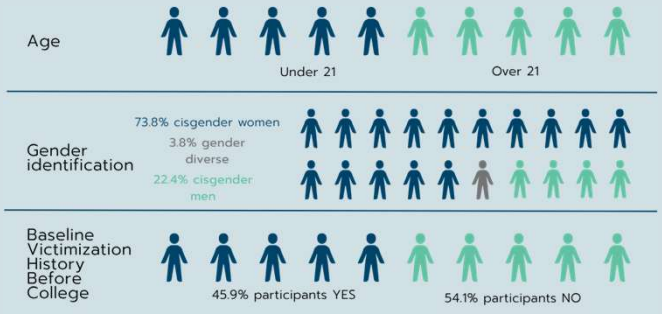
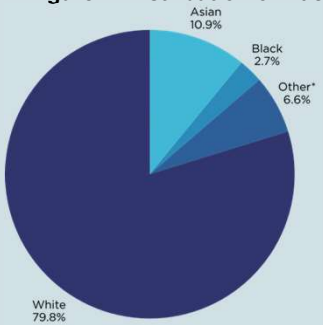


Figure 2. Distribution of Race



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References