College Students’ Self-Predicted Reactions to Witnessing Sexual Assault: The Impact of Gender, Community, Bystander Experience, and Relationship to the Victim

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COLLEGE STUDENTS’ SELF-PREDICTED REACTIONS TO WITNESSING SEXUAL ASSAULT:
THE IMPACT OF GENDER, COMMUNITY, Bystander EXPERIENCE, AND RELATIONSHIP TO THE VICTIM

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This dissertation presents findings related to how college-aged bystanders would react if they witnessed a sexual assault at a typical college party. Using a hypothetical sexual assault vignette, a college-student sample (n=299) was asked to predict their willingness to intervene directly, indirectly, or request external help on behalf of a victim. Using gender, community, social learning, and relationship theories as a framework, this study focuses on the role that gender, sense of community, past experiences in bystander situations, and the nature of the victim-bystander relationship play in bystanders’ predicted willingness to intervene. Regression analysis confirms that women are more willing to intervene in indirect or external manners, and that sense of community is not significantly related to willingness to intervene. Also, bystanders are more willing to intervene directly if they have had previous positive experiences intervening as a bystander, and are more likely to intervene directly on behalf of the victim if she is a roommate than if she is a stranger.

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To my husband, Chris. I don’t have the words. It’s an honor to be your wife.

To my family, especially Mom, Dad, Joe, and Beth, who have always told me I could do anything. And then made me believe it.

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To my colleagues in the fight to end sexual violence who taught me that we can make a difference.

The charge is simple - stand up for others.

This dissertation is dedicated to all survivors of violence, all over the world.
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I. INTRODUCTION

The action or inaction of a bystander in a potentially dangerous situation can drastically affect the outcome. A bystander is someone who is present but not directly involved in an event or situation. They may see, hear, or otherwise perceive the event as it occurs. Bystanders can intervene in passive or active ways, or may choose to not intervene at all. By ignoring the situation or encouraging the actions, bystanders can become facilitators (Banyard, Plante, and Moynihan 2005). Rescue efforts may save lives, just as the parties may become more hurt if a bystander does not help.

Our society has long maintained a norm of social responsibility; in addition to reinforcing this value through everyday social interactions, it is also reinforced through legislation. Although no federal legislation exists that enforces a bystander’s duty to intervene or offer aid, Massachusetts legally requires witnesses of certain crimes such as aggravated rape, rape, murder, manslaughter, or armed robbery to report this to the police (Florida, Rhode Island, and Washington have similar statutes). Colorado, Hawaii, Nevada, and Ohio extend this to the required reporting of all criminal acts (Bagby 2000:575-77). A bystander’s ability and willingness is seen as so important that every U.S. state and most Canadian provinces enforce a form of a Good Samaritan Law (Rothe, Elgert, and Deedo 2002:13). These laws allow people to help others without the fear of being held responsible if their efforts caused injury or damage to the situation (Rothe, et al. 2002:13). In addition, the primary purpose of government employees such as police officers and Coast Guard personnel are to offer aid to those in need. In many states, this requirement is extended even when they are off-duty (Hyman 2006).
Although the bystander phenomenon has been studied for almost five decades by social psychologists, other social scientists have only recently been researching bystanders. Research in social psychology has tended to focus on individual traits of bystanders and their reaction to outside stimuli (Bar-Tal, Bar-Zohar, Greenberg, and Hermon 1977; Batson 1981; Clark and Mills 1979; Eisenberg, Guthrie, Cumberland, Murphy, and Shephard 2002; Huston, Ruggiero, Conner, and Geis 1981; Penner, Fritzsche, Craiger, and Freifeld 1995). Therefore, research on this topic has left many questions unanswered. Specifically, there is a dearth of research available on the actions of bystanders in sexual assault or partner violence situations. The current study expands available knowledge about what factors affect a bystander’s willingness to intervene or offer help in sexual assault situations.

Unfortunately, rape and sexual assault are all too common on college campuses, as college students fall in the highest risk age group, 16-24 (Truman and Rand 2010). The experience of sexual assault can have a destructive, debilitating, and long-term effect on survivors (National Center for Victims of Crime 2008; Nicoletti, Spencer-Thomas, and Bolinger 2001; Ullman, Filipas, Townsend, and Starsynski 2006; Zinzow, Resnick, McCauley, Amstadter, Ruggiero, and Kilpatrick 2010). Survivors often develop serious and long-lasting mental health symptoms similar to those of war veterans who suffer from Post-Traumatic Stress Disorder (PTSD). They may feel socially isolated, sad, depressed, suspicious, angry, and powerless (Nicoletti, et al. 2005; Ottens and Hotelling 2001; Ullman, et al. 2006). They may have trouble sleeping and experience flashbacks to the incident or be more easily startled. All of this can make everyday life difficult, and
victims may have a hard time continuing work, school, or interpersonal relationships as before (Nicoletti, et al. 2001:115).

Research has also shown that witnessing sexual violence can have negative and long-term effects on the families, friends, and witnesses (Ahrens and Campbell 2000; Banyard, Moynihan, Walsh, Cohn, and Ward 2010; Lerias and Byrne 2003). This can include what is known as *vicarious traumatization*, which mimics symptoms of PTSD in those in whom the rape survivor confides to (Ahrens and Campbell 2000; APA 2000; Lerias and Byrne 2003). Friends of sexual assault survivors who were told after the fact report feelings of anger and emotional distress; physically witnessing the assault can be even more traumatic (Ahrens and Campbell 2000; Banyard, et al. 2010). The impact of witnessing trauma such as a sexual assault is stronger if the witness themselves is also a survivor of sexual assault or abuse (Banyard, et al. 2010). Studies of bystander behavior can be helpful in an effort to test how we can best help victims, survivors, and their loved ones heal from the trauma of sexual assault.

Studies have shown that students are willing to help their peers in situations where sexual or intimate partner violence is about to occur if and when they have received training on how to do so (Banyard 2008; Liz Claiborne, Inc. 2006; Midlarsky and Midlarsky 1973). The University of New Hampshire has developed a bystander training curriculum for undergraduate students. This program, Bringing in the Bystander™, which has recently expanded to the Northeastern University campus, teaches students first how to determine if another person is in a risky situation (or if one may occur, given the circumstances). Through discussion, participants then learn the most helpful, and safest ways for them to intervene, whether that means getting people to
help one to break up the situation, or speaking with the victim to make sure they know someone cares. This bystander curriculum specifically focuses on recognizing and changing community norms that support sexual violence. With the help of exercises designed to promote empathy, the program facilitators encourage students to reflect on the sense of community on their campus (Banyard, Plante, and Moynihan 2004; Banyard, Plante, and Moynihan 2005).

Although evaluation of the curriculum is still ongoing, early analyses show that this program has given its participants a chance to reflect on their responsibility for their fellow human beings and how they would like to be treated in potentially dangerous situations (Banyard, et al. 2005; Banyard, Moynihan, and Plante 2007). Whether or not students are ever in a situation where they could intervene, bystander training programs teach empathy to a population where some 20-25% of women on the campus will be sexually assaulted (Fisher, Cullen, and Turner 2000; Koss, Gidycz, and Wisciewski 1987). By intervening in prosocial ways, bystanders are telling victims they think it is important to help them; this can go a long way in reducing the crippling self-blame victims often feel. Research on PTSD has shown that victim self-blame and negative social reactions are two of the most important predictors of PTSD (Ullman, et al. 2006; Banyard, et al. 2010). Because of the potential impact on survivors, it is vital that we learn how bystanders choose to act and why they make the decisions they do.

**Purpose**

The purpose of this dissertation is to determine the role that bystander gender, sense of community, the bystander-victim relationship, and past experience with
intervening play in bystanders’ self-assessed willingness to intervene and the type of intervention they choose. Specifically, this research is concerned with three possible outcomes of bystanders witnessing a sexual assault: direct intervention, indirect intervention, or requesting help from an external source. What factors affect a bystander's decision to intervene, offer help to the victims, or simply ignore the incident? The hypotheses tested draw from both the empirical research on bystander’s reaction as well as from a number of theoretical perspectives (e.g. social learning theory, gender role theory, as well as community theory including Durkheimian integration, strong ties and social networks, and social exchange theory).

**Research Questions**

To this end, this study addresses several questions. How does the bystander’s gender, sense of community, bystander-victim relationship, and prior experience as a bystander affect willingness to intervene in a sexual assault? Decades of research on bystander gender has shown that behavior typically follows traditional gender socialization, with men acting heroic and adventurous, and women more nurturing and better at handling relational problems (Chabot, Tracy, Manning, and Poisson 2009; Eagly and Crowley 1986; Senneker and Hendrick 1983). Are women therefore more likely to be more willing to intervene in a sexual assault scenario because they tend to be socialized to be caregivers? Are men more likely to intervene in direct, active ways, while women offer indirect intervention or request help from others?

Some sense of community among students on a college campus is certainly present in members of some groups such as fraternity and sorority members, and school athletes. But college students are also part of an ever-changing population, with an entire
class entering and leaving every year. Are students able to maintain a sense of community? How does a student’s sense of community (or lack thereof) affect their willingness to intervene? Although bystander intervention programs that focus on building community are effective (i.e. Banyard, et al. 2005; Banyard, Moynihan, and Crossman 2009) is a bystander’s sense of community the best foundation for encouraging bystander intervention?

It may be that students who have experienced intervening on behalf of others in the past are willing and more likely to feel competent to intervene in a sexual assault. How does actual bystander experience affect bystander reactions? Can we expect someone who does not have prior bystander experience to put themselves in a potentially dangerous situation by intervening? The cost of intervention to the bystander (time, effort, potential danger) may be mitigated by the seriousness of the situation and the relationship with the victim (Berkowitz and Daniels 1964; Graziano, Habashi, Sheese, and Tobin 2007).

The current study compares the types of intervention provided based on whether the sexual assault victim is a roommate or a stranger. Exchange relationships (like those with strangers) and communal relationships (like those with roommates and family) differ based on the kind of attention and care given (Clark, Mills, and Powell 1986). Based on the cost, seriousness, and relationship with the victim, are bystanders more likely to intervene directly when a roommate is involved rather than a stranger?

This research will address four research questions. Overall, what is the effect of bystander gender, sense of community, bystander-victim relationship, and prior experience as a bystander on willingness to intervene?
II. LITERATURE REVIEW

College sexual violence

Prevalence

Sexual violence has long been a scourge of women’s experiences at college. Sexual assault has been examined in hundreds of studies, and prevalence rates are fairly consistent. Koss, et al.’s (1987) widely cited study found that over 27% of women aged fourteen and over had been raped. Subsequent studies have also found rates of 15 to 25%, with attempted rapes experienced by up to 44% of women, depending on the definition of rape used and methodology (Combs-Lane and Smith 2002; Gross, Winslett, Roberts, and Grohm 2006:292; Kanin 1957; Muehlenhard and Linton 1987; Russell 1983; Ward, Chapman, Cohn, White, and Williams 1991:67).

Prevalence rates among college students are less established, but the U.S. Department of Justice report on The Sexual Victimization of College Women concurred that over a five-year college career (the national average), prevalence rates for attempted or completed rate average out to 24% of college women (Fisher, et al. 2000:10). Wilcox, Jordan, and Pritchard (2007) found sexual victimization rates of 19.9% for female college students for their college career (p. 233). Of the 903 respondents in Gross, et al.’s (2006) study, 27.2% (n=246) reported unwanted sexual experiences, and two-thirds of these were completed rapes (p. 292). A widely-cited study by Ullman, et al. (2006) surveyed 1,084 women eighteen years or older who had been victims of unwanted sexual experiences since age fourteen; 71% had been the victim of a completed rape, and the average age at the time of the assault was 19.2 years of age (p. 808). Similarly, Kalof’s
(2000) sample of 383 undergraduate women showed a victimization rate of 32.7%, with two-thirds of these being completed rapes (p. 82). Although prevalence rates of sexual victimization decreased in a twelve-year longitudinal study completed by Banyard, Plante, Cohn, Moorhead, Ward, and Walsh (2006), they still remained at a rate of 20.9% (down from 37%) (p. 435).

**Impact of sexual assault on victims**

Research on sexual assault tells us it is quite rare for victims of sexual assault to report to the police or legal authorities. Gross, et al. (2006) found that only 1.6% of their 246 college respondents reported to the police (p. 51). Fisher, et al.’s (2000) *National Survey of College Women* found that college women report less than 5% of attempted and completed rapes to the police (p. 23). Another study confirmed this, with a reporting rate of only 2% among a community population (Copenhaver and Grauerholz 1991:37).

Some research has found that the trauma felt by sexual assault survivors is not dependent on who assaulted them (Arata and Burkhart 1996). Additionally, the National Center on Post-Traumatic Stress Disorder (PTSD) found that PTSD could not be predicted by the length of time since the assault, previous intimacy with the offender, the method of resistance, whether alcohol or drugs were present, or the severity of the assault (Arata and Burkhart 1996; Ullman, et al. 2006:811). Those survivors assaulted by their intimate partners were no less likely to blame themselves for the sexual assault than those assaulted by stranger, acquaintances, or friends (Ullman, et al. 2006). Neither did the offender’s tactic predict victim self-blame: whether alcohol, force, or coercion was used,
survivor rates of self-blame approximate each other (Macy, Nurius, and Norris 2006). Those survivors who received negative social feedback were at an increased risk for PTSD (Ullman, et al. 2006).

Sexual assault survivors are often quick to blame themselves for what happened, whether or not alcohol, force, or trickery was used as a strategy (Karjane, Fisher, and Cullen 2002; Macy, et al. 2006; Ottens and Hotelling 2001; Scheel, Johnson, Schneider, and Smith 2001). Although Bickman and Green (1975) found that bystanders’ reports of shoplifters were not related to their personal feelings about the thief or store, it is easy to understand that a bystander who ignores or refuses to help a rape victim may be seen by the victim as implicitly blaming them. West and Wandrei (2002) found that in domestic violence situations, those who were less likely to blame the victim were likely to offer more helpful interventions (p. 981). The risk of long-term emotional effects combined with extremely low rates of reporting suggests that prosocial bystander intervention should indeed be encouraged. Future research in this complicated intersection of bystanders, victims, and offenders is clearly needed.

Bystander Research Framework

Origins

Bystander research can be traced to social psychological roots of helping behaviors of others and willingness to intervene. The infamous case of Brooklyn’s Kitty Genovese got researchers and the public interested in what factors play a part in a bystander’s decision to help or ignore an incident. Kitty Genovese, a young woman from
Queens, New York, was reported by *The New York Times* to have been brutally raped and murdered behind her apartment building. The most scandalous part of the story, though, was the assertion that thirty-eight witnesses had stood by and done nothing, even though the whole attack took over thirty minutes. *The New York Times* headline says it all: “37 Who Saw Murder Didn’t Call the Police. Apathy at Stabbing of Queens Woman Shocks Inspector” (Gansberg 1964). This event became an angry call-to-arms for those who willfully ignore their “neighbors” and “community” and not care for one another (Manning, Levine, and Collins 2007). People all over the nation, and especially in urban areas, began to question the norms and values of their communities. There seemed to have been a shift in what people were willing to do to help others.

Recently, it has come out that some of the commonly held facts of the case may have been exaggerated or wrong: very few of the thirty-eight were eye-witnesses, and the two separate attacks occurred at different locations and could not have been watched continuously by almost anyone. One neighbor did actually call the police and Ms. Genovese was still alive when the police arrived (Manning, et al. 2007). But these new details do not change the fact that there were still dozens of bystanders who saw or overheard some of the crime and did nothing. While a rush of research began to explore this group phenomenon, citizens and leaders alike exhorted each other to pay attention and help their fellow man (Manning, et al. 2007). Researchers began to realize that there was a heretofore never studied population around crime that needed to be researched.

In the 1960’s and 1970’s, bystander research was primarily conducted by social psychologists using laboratory or manipulated naturalistic settings (Berkowitz and
Daniels 1964; Bryan and Test 1975; Darley 1973; Darley and Latane 1968; Gaertner 1975; Howard and Crano 1974; Latane and Darley 1968; Latane and Darley 1969).

Bystander research began to incorporate sociological concepts such as cultural norms and the role of status and power (Banyard, et al. 2009; Chekroun and Brauer 2002; Foubert, Langhinrichsen-Rohling, Brasfield, and Hill 2010; Funder and Ozer 1983; Oh and Hazler 2009). Early research, though, focused on simpler crimes such as theft, shoplifting, and simple assault, mostly ignoring complicated crimes such as homicide, sexual assault, and domestic violence (Austin 1979; Bickman and Green 1975; Bickman and Helwig 1979; Harrell and Goltz 1980; Schwartz and Gottlieb 1976; Schwarz, Jennings, Petrillo, and Kidd 1980; Shaffer, Rogel, and Hendrick 1975).

Some bystander research draws on the efforts of bystanders during the Holocaust to save Jews (Bar-On 2001; London 1970; Oh and Hazler 2009:292; Oliner and Oliner 1988; Staub 1985). These questions about what others were willing to do, and how much (if at all) people were willing to stand up for others, became a central focus in early bystander research. Professor Stanley Milgram’s (1963) work on students’ obedience to authority drew a parallel to the guards’ willingness to murder Jews during the Holocaust, and books such as Hitler’s Willing Executioners (Goldhagen 1997) and Bystanders: Conscience and Complicity in the Holocaust (Barnett 2000), argue for the importance of encouraging bystanders to intervene, using the profound tragedy of the Holocaust as an example.

In the last ten to fifteen years, interdisciplinary researchers have begun to expand bystander research towards more complicated social situations such as sexual assault and
domestic violence. Jackson Katz’s pioneering work with Mentors in Violence Prevention™ Program (MVP) explores the interaction of traditional masculinity with preventing sexual violence (Katz 1995). The Bringing in the Bystander™ curriculum from the University of New Hampshire continues to meet success, as evidenced by studies of college students’ willingness to intervene in sexual violence situations among peers (Banyard, et al. 2005; Banyard 2008; Moynihan, Banyard, Arnold, Eckstein, and Stapleton 2010). Researchers in adolescent group relations have also looked into what factors affect teens’ knowledge of interpersonal violence and ability to intervene (Jackson, Cram, and Seymour 2000; Killen and Turiel 1998; Ocampo, Shelley, and Jaycox 2007). The section below highlights the essential findings of bystander research, and also its application to sexual violence situations.

**Nature of Bystander Event**

Early bystander researchers, such as Bibb Latané and James Darley (1968, 1969), tended to use lab settings to stage simple emergencies. These included innocuous events such as an asthma attack, smoke entering the room, or someone dropping a heavy stack of books. Intervention rates for simple bystander "events," as compared to crimes or violence, involve less complex decision-making for the bystander. In these types of studies, most people are willing to help, especially if they are sure the victim needs it, and if the effort required or cost to the bystander is fairly low (Bell, Grekul, Lamba, Minas, and Harrell 1995; Clark and Word 1972; Howard and Crano 1974; Sheleff 1978; Shotland and Stebbins 1983). In cases where no offender was responsible, but injury to a victim may have occurred (such as a seizure or fall, choking, or something falling onto...
someone), bystanders intervened at a rate of 69-100% (Clark and Word 1972; Gaertner, Dovidio, and Johnson 1982; Katzev and Averill 1984; Latané and Rodin 1969; Senneker and Hendrick 1983).

Bystander decision-making becomes more complicated if the bystander witnesses a crime such as theft or vandalism, and even more so if there is harm to a victim and a violent offender present. Studies of bystander reactions to thefts showed that 30-89% of subjects did intervene, with an average of 58% (Bickman and Helwig 1979; DeJong, Marber, and Shaver 1980; Greenberg, Wilson, Ruback, and Mills 1979; Moriarty 1975; Schwartz and Gottlieb 1980; Schwarz, et al. 1980; Shaffer, Rogel, and Hendrick 1975). The cost, effort, and potential consequences to an intervening bystander are heightened when they witness violence against a victim.

Because early bystander researcher almost exclusively dealt with reactions to thefts, it is difficult to reliably predict a consistent rate of intervention in the case of physical assault, sexual assault, or domestic violence. Harari, Harari, and White (1985) staged a sexual assault in a public area of San Diego State University and tested the reactions of men walking through the area. In total, 75% of these bystanders intervened in some way, whether it was getting help from a nearby police officer or approaching the couple to (presumably) break it up (Harari, et al. 1985). A similarly high number was found in the case of a physical assault ending in a theft: one-third contacted someone for help, but 58% tried to directly intervene and help the victim, for a total of 89% intervention (Schwartz and Gottlieb 1980). The rate of intervention was much lower in Shotland and Straw’s (1976) study of a violent fight between a woman and a man: only
42% intervened, but 80% of those who did intervene in some way chose to directly confront the couple rather than get someone else to help.

In a test of hypothetical bystander intervention, Levin, Nicksa, and Madfis (2007) investigated potential reactions to a physical assault or sexual assault. When asked the likelihood of reporting a witnessed physical assault to the authorities, 89% of respondents said they were “likely” or “very likely.” However, when these same respondents were asked about the likelihood of reporting a sexual assault, only 19% responded “likely” or “very likely” (Levin, et al. 2007).

_Bystander Effect_

Perhaps the most well-known finding of bystander research is that of the "bystander effect," or the finding that when the bystander is alone, they are more likely to intervene than when others are also present (Clark and Word 1972; Darley and Latané 1968; Howard and Crano 1974; Latané and Darley 1968; Latané and Darley 1969; Latané and Rodin 1969). Bibb Latané and James Darley, considered the founders of bystander research, attributed this to the idea of a "diffusion of responsibility," which suggests that if others witness the emergency or event, each of them becomes less responsible to intervene because they each assume the other person or persons will do it; later research confirmed this phenomenon (Chekroun and Brauer 2002; Clark and Word 1972; Darley and Latané 1968; Howard and Crano 1974; Latané and Darley 1968; Latané and Darley 1969; Latané and Rodin 1969; Schwartz and Gottlieb 1976; Schwartz and Gottlieb 1980; Shaffer, et al. 1975).
As bystander research developed, however, findings showed that the "bystander effect" could change based on situational factors. Shaffer, et al. (1975) found that bystanders were far more likely to help (despite the presence of others) when the victim explicitly requested their help (Shaffer, et al. 1975). Cramer, McMaster, Bartell, and Dragna (1988) concluded that the bystander effect could be negated when the bystander felt they were personally implicated. Therefore, when a nurse is working on their ward, or when a citizen is walking in their neighborhood park, they are more likely to intervene than a “stranger” to the situation (Cramer, et al. 1988). Clark and Word (1972) confirmed the bystander effect, except when the respondents were sure the victim had been hurt. Where the situation was unambiguous, having others present did not dissuade intervention (Clark and Word 1972).

**Ambiguity**

A bystander’s willingness to intervene is often affected by the ambiguity of the crime or event that was taking place.¹ Several studies showed that bystanders who were unclear as to what was happening, or who felt the victim was not in trouble, were less likely than bystanders in non-ambiguous situations to intervene (Clark and Word 1972; Latané and Rodin 1969; Moriarity 1975; Schwartz and Gottlieb 1980; Shotland and Stebbins 1983). Similarly, in studies where bystanders were sure that their lack of intervention could cause severe negative consequences for the victim, bystanders were much more likely to offer help (Clark and Word 1972; Schwartz and Gottlieb 1980). One

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¹For this reason, I have tried to make the sexual assault vignette as unambiguous as possible. Based on the victim giving several verbal cues in addition to the bystander having visual confirmation of the assault, 95% of the sample defined the situation as either “sexual assault or rape” or “violent sexual behavior (but not sexual assault or rape).”
possible explanation is that the bystander might be concerned about embarrassing themselves or embarrassing the victim, if the case is not serious (Laner, Benin, and Ventrone 2001; Rothe, et al. 2002; Shotland and Straw 1976). However, it is important to note that those bystanders who feel they understand the situation may still elect to not intervene because they do not feel the event is serious enough to need their help (Clark and Word 1972).

_Anonymity_

Another major factor in people’s willingness to get involved is whether or not they will be able to maintain their anonymity. A bystander’s decision not to intervene could be due to fear of harm or future retaliation from the offender (Bickman and Helwig 1979; Levin, et al. 2007; Moriarty 1975; Ocampo, et al. 2007; Shotland and Straw 1976). In this case, they are concerned with anonymity in order to preserve their safety.

In addition, bystanders may be concerned about further involvement if the crime goes to court, or if there is a police investigation. They may have a desire to help the victim, but only in the moment, and are unwilling to “see it through” all the way to court (Claiborne, Walker, and Brady 2008; Levin, et al. 2007; Rothe, et al. 2002). They may also fear being held accountable if someone gets hurt because of their actions, or that they do not know enough to help (Rothe, et al. 2002). The importance of concern about violating their group’s social norms as a barrier to intervening will be discussed in more detail in the next section.
Empirical Research Related to the Current Study

Types of Intervention

Once a bystander decides to intervene in an emergency, they must choose how to intervene. The kind of intervention a bystander is willing to make on a victim’s behalf depends on several factors. Some researchers have specifically focused on the personal and situational factors that encourage a direct intervention compared to an indirect intervention. Direct intervention could include a variety of actions, but is one whose purpose is to alter the outcome of or interrupt the emergency or crime taking place. Indirect intervention includes a bystander requesting help from others (external intervention) or personally helping in a non-direct way (such as causing a distraction or asking the person later if they are alright) (Chabot, et al. 2009; Leonard 1997; Reynald 2010). Emergency situations are often over so quickly that bystanders are unable to directly intervene while it is happening; indirect intervention becomes the only option for these bystanders (Leonard 1997).

The “limited altruism” model may be useful in explaining a bystander’s choice between types of intervention: direct, indirect, and external requests for help (Shotland and Huston, 1979; Shotland and Stebbins, 1983). Based in classic rational choice theory, Shotland and Stebbins’ (1983) model proposes that bystanders weigh the cost of the intervention (i.e., the time or effort required) with the victim’s need in order to arrive at their decision. Under this model, bystanders would be more likely to call for help if someone seemed to be having a heart attack than if someone had stubbed their toe (higher
victim need). Likewise, bystanders would be more willing to call 911 if they see a car
accident than stopping their car to offer assistance (higher bystander cost).

Direct and indirect intervention, or external requests for help, may represent
different levels of cost or effort for the bystander (Shotland and Stebbins 1983). It is not
always true that direct intervention is the most costly, and that indirect or external
requests for help are the least costly to the bystander. This will differ based on the
situation: if a child has dropped a toy, it is less costly to the bystander to intervene
directly, by picking up the toy themselves, than to find someone else to pick it up for the
child (indirect). In this case, the nature of the event matters. If intervening in an
emergency or crime where potential harm could come to the bystander, direct
intervention is often more costly than indirect intervention or external requests for help.
These costs could include potential injury or retaliation; this has been and continues to be
Frings, Abrams, Randsley de Moura, and Marques 2010; Latané and Darley 1970;
Leonard 1997; Piliavin, Dovidio, Gaertner, and Clark 1981; Reynald 2010).

Seriousness of the crime also impacts the type of intervention. In a sample of 255
neighborhood residents, Reynald (2010) asked about their likelihood of intervening if
they saw a suspicious person in their neighborhood. Of the 80% who said they would
intervene, 41% said they would only consider intervening indirectly, by requesting the
police, and 16% would only intervene directly. The remaining 23% would choose direct
or indirect based on the situation; of these, most specified they would try to deal with it
themselves (if it were not very serious) and then call the police (Reynald 2010:373).
Schwartz and Gottlieb (1980) used a staged violent attack to test for type of intervention: direct, indirect, and external requests for help. In this study, college student subjects were asked to watch (on a pre-taped video) a student in another room use ESP to transmit information to another student. During the experiment, the subjects saw another person enter the ESP room and violently attack the ESP-transmitting student after the stranger was caught stealing his calculator. Of the 127 students (who were told the video was live), 25% tried to intervene directly by entering the room while the scuffle was taking place. Another 33% tried to help the victim after the attacker left, and 31% used a phone in the room to call the experimenter (to request external help); 11% of the 127 students did not intervene at all (Schwartz and Gottlieb 1980:421).

In addition to cost, victim need, and seriousness of the situation, a bystander’s confidence and competence is also linked to the type of intervention. Bystanders will not intervene unless they feel capable to help the situation. In Leonard’s (1997:28) study of college violence, student bystanders who chose indirect intervention sometimes indicated that it was because they did not feel competent to stop the crime in progress (Midlarsky and Midlarsky 1973). Based on the “limited altruism” model (Shotland and Stebbins 1983), Shotland and Heinold (1985) proposed that type of intervention is linked to bystander competency: bystanders with less knowledge to directly intervene may ask others to help (p. 349). This was confirmed in their comparison of bystander reactions to (simulated) arterial bleeding: 42% of bystanders with no medical training chose an indirect response (asking others for help) while only 18% of medically trained subjects pursued an indirect response (p< .01). Compared to a 30% indirect intervention rate, 22%
chose the direct intervention of applying pressure to the wound (Shotland and Heinold 1985:353).

Some studies have demonstrated a clear difference in the types of intervention chosen based on a bystander’s gender. After reading hypothetical scenarios of verbal partner abuse, Chabot, et al. (2009:1705) found that men were more likely than women to get physically involved (24% and 2.7%, respectively; p<.01). Women were more likely than men to indicate that they would call the police, an indirect intervention (43.2% and 12%, respectively, p<.01). Also, women were more likely to talk to the victim (24.3% and 16%, respectively), whereas men were more likely to talk to the abuser (48% and 29.7, respectively; p<.01) (Chabot, et al. 2009:1705).

Senneker and Hendrick (1983) compared the bystander reactions of sex-typed females and males (those respondents who followed norms and held values of traditional gender roles) and androgynous respondents (based on their gender-traditional responses on the Bem Sex-Role Inventory). Based on reactions to a victim choking, sex-typed respondents acted in line with traditional gender role socialization: 71% of male subjects, compared to 50% of female subjects, offered direct help, while females were more likely than males to offer indirect or no help (p<.05) (Senneker and Hendrick 1983:921).

Very few studies of bystanders of sexual assault or intimate partner violence\(^2\) have compared types of interventions, and the findings are quite mixed. Among college males who witnessed a simulated rape, 80% intervened in some way. Of those, 80%
intervened directly, approaching the victim and offender, and the remaining 20% intervened indirectly, approaching a nearby police officer for help (Harari, et al. 1985).

The rate of intervention was much lower in Shotland and Straw’s (1976) study of a violent fight between a woman and a man: only 42% intervened, but 80% of those who did intervene in some way chose to directly confront the couple rather than get someone else to help. A similar study which involved a staged rape resulted in only 6% who intervened directly (Shotland and Stebbins 1980). However, among those who did intervene, men were significantly more likely than women to offer direct intervention by charging the room where the assault took place or shouting from outside the room (Shotland and Stebbins 1980:521).

Bystander’s Gender and Willingness to Intervene

Dozens of studies have looked at the impact that a bystander’s gender has on the likelihood of intervention. Findings on bystander gender impact have been mixed: some research tends to find that men are more likely to intervene in various situations (Eagly and Crowley 1986; R. Levine, Martinez, Brase, and Sorenson 1994; Shotland and Heinold 1985), but certain studies refute this finding (Amato 1990; Austin 1979; Chabot, et al. 2009; Huston, et al. 1981; OCampo, et al. 2007; Rabow, Newcomb, Monto, and Hernandez 1990), and several others have found no significant relationship between gender and intervention (Bickman and Green 1975; Bickman and Helwig 1979; Howard and Crano 1974; Shaffer, et al. 1975; Schwartz and Gottlieb 1980; Schwarz, et al. 1980; Shotland and Straw 1976).
In general, bystander studies have tended to focus on benign helping situations (like dropping things, asking for change) or clear-cut crimes like theft or simple assault. Rabow, et al. (1990) points out that laboratory-type experiments will naturally favor men as bystanders because they have been raised to be “initiators;” women may be more likely to help in situations where they feel they are safe and where the parties involved are not strangers (George, Carroll, Kersnick, Calderon 1998; Laner, et al. 2001; Rabow, et al. 1990). In a study involving simulated arterial bleeding, men were more likely to intervene than women (Shotland and Heinold 1985:353).

In a meta-analysis of 172 studies on gender and helping behavior, Eagly and Crowley (1986) found that overall men were more likely to intervene than women. Where women were more helpful, it involved things like calling a garage for someone with car trouble, mailing an envelope for someone, and volunteering to spend time with a group of children or time for a survey (Eagly and Crowley 1986:295). When the effect size for men helping more than women was large, the bystander situations were things like helping with a flat tire, picking up a hitchhiker, or stopping a violent fight (Eagly and Crowley 1986:290). However, the researchers admitted that studies that used strangers as victims/requestors of help and that tended to not examine complicated, intimate behavior may partially explain this difference (see also Rabow, et al. 1990).

Eagly and Crowley (1986) identified this as “gender role theory.” Anchored in social role theory, they suggest that we can best understand how and why women and men intervene differently into bystander situations through their gender roles. Women in our society are socialized toward helping from childhood and are expected to be altruistic
and place the needs of others before their own, and men are raised to be strong, unafraid, and chivalrous protectors (Eagly and Crowley 1986:283). In fact, both men and women are more likely to predict a woman helping than a man (in general bystander situations) (Eagly and Crowley 1986:288).

Katzev and Averill (1984) look at responses to a female who either dropped a book or appeared to have an asthma attack. Their findings show that overall, only 42.9% of men helped compared to 63.8% of women (Katzev and Averill 1984:227). Indeed, although the gender difference was small in the book-dropping experiment, there was a much clearer gender divide in the asthma attack situation: only 20% of males offered help compared to 63.6% of females (Katzev and Averill 1984:228). A 1994 study of “Helping in 36 U.S. Cities” compared reactions to several helping situations. Men were more likely to help someone who had dropped a pen, try to make change for a quarter, and help a blind person cross the street (R. Levine, et al. 1994).

Very few studies of bystander research have looked at the gender differences in bystander’s willingness to intervene in male-female domestic violence or sexual assault situations (Banyard 2008; Banyard, et al. 2005; Chabot, et al. 2009; Levin, et al. 2007; Shotland and Stebbins 1980; Shotland and Straw 1976). Similar to gendered trends in general bystander situations, the findings are inconsistent. Some studies have found that women are more likely to intervene, and in some, it is men who are more likely.

Shotland and Straw (1976) staged a fight where a man and a woman were yelling, he shook her violently, and then she struggled to get away from him while screaming
loudly. Men and women bystanders were not different in their actual efforts to intervene (Shotland and Straw 1976:992). In a test of bystander reactions to an overheard violent sexual assault, Shotland and Stebbins (1980) found no overall difference in the actions of men versus women. However, among those who did intervene, men were significantly more likely than women to offer direct intervention of charging the room where the assault took place or shouting from outside the room (Shotland and Stebbins 1980:521).

Chabot, et al. (2009) compared responses of willingness to intervene in two intimate partner violence scenarios (one more severe than the other), ranging from verbal abuse alone to violent physical abuse. Their findings offer partial support for gender socialization theory: in the physical abuse scenario, women and men did not differ in their willingness to intervene, but in the less severe, verbal abuse situation, men were far more likely to predict a physical intervention than women were.

Levin, et al. (2007) found that women were overall more likely than men to report a suspected fraternity party rape. This was also true for women who were good friends with the offender compared to men who were good friends with the offender. Interestingly, both male and female respondents were more than twice as willing to report a physical assault on a public street as a sexual assault. This could have been due to the more ambiguous nature of the sexual assault, where the physical assault was more clear (Levin, et al. 2007).

Interestingly, Laner, et al. (2001) found a gendered response to an argument between a man and a woman. Knowledge of a relationship between the two fighting
parties actually encouraged women to intervene, whereas it made men far less likely to
do so (Laner, et al. 2001:37). The explanation suggested by Laner, et al. for this finding
was that a woman intervening in a known intimate relationship may feel that she is less
likely to also become a victim than if she thinks the man is a stranger (2001). Another
plausible explanation is that women may be more likely than men, as bystanders, to see
this as an example of domestic violence. These female bystanders might see it as part of a
harmful pattern of action that needs attention. Laner, et al. (2001) also looked at the
gendered bystander response when the bystander had knowledge of a spousal or parental
relationship between the victim and the offender. Although this knowledge made men
and women less likely to intervene in a mother/child incident, only women reported that
this knowledge made them more likely to intervene between a husband and wife (Laner,
et al. 2001:37).

Banyard (2008) tested both men and women’s willingness to and experience with
intervening across many situations, including offering help or a hotline number to a
friend who has been raped, interrupting a couple in a heated argument to see if everything
is okay, and calling 911 if they hear someone yelling and fighting. Female respondents
were less likely to feel ineffective when intervening, more likely to predict future
intervention, and had more experience with actually intervening (Banyard 2008:90). In an
evaluation of a bystander education program, Banyard, et al. (2005) again found that
women were more likely to have experience and predict bystander intervention,
compared to men.
Sense of Community

How does a bystander’s sense of community impact their willingness to intervene on behalf of others in that community? A community can be based on geographical or social boundaries; it is a set of people who have a common tie, such as ethnicity, belief systems, or geographical closeness (Kaufman 1959). Colleges have long been associated with giving students a newly found sense of freedom and community unlike that which most have felt before. The new and different experiences that characterize college life include exposure to ethnicities, classes, lifestyles, and belief systems that students may be entirely unfamiliar with (Herrero and Gracia 2004:708). These new exposures can bring both new challenges and previously untapped sources of support in time of need (Granovetter 1973; Herrero and Gracia 2004).

The link between bystanders’ intervention and their sense of community has not been as deeply explored as the gender hypothesis. A study of 1200 8th and 11th graders suggests that those adolescents who feel a sense of community in their school are less likely to engage in antisocial behaviors like drug use or gun ownership (Cartland, Ruch-Ross, and Henry 2003:317). Lounsbury and DeNeui (1996) found that higher scores on their Collegiate Psychological Sense of Community scale were associated with respondents who lived on campus, who were in a fraternity or sorority, or whose schools had a population of 2,000 students or fewer (Lounsbury and DeNeui 1996:387).

Nicoletti, et al. (2001) suggest that the transient nature of college students, who are often only present for one to five years, makes it hard to maintain a sense of community. However, evidence from self-reports of community feelings seems to refute this idea. In fact, colleges often have several different communities within their college;
sororities, fraternities, athletes, certain clubs, and members of the student government or newspaper staff are often considered a tight-knit community on a college campus (Anderson and Danis 2007; Ottens and Hotelling 2001). When asked about whether they would be willing to intervene as a bystander to a car crash, a respondent in Rothe, et al. (2002:7) tapped into this: “I hope that we’re a community or a place that responds because it’s the right thing do, because you know there’s a lot of places where they don’t…”

Social psychology literature has suggested that roommates or college students may have a sense of “the concept of we-ness, described as ‘a sense of connectedness or a categorization of another person as a member of one’s own group’” (Dovidio, Piliavin, Gaertner, Shroeder, and Clark 1991:102). This concept of we-ness can increase feelings of similarity, closeness, and the social norm of responsibility (Lee, Campbell, and Miller 1991; M. Levine, Prosser, Evans, and Reicher 2005:444). Even though students come to college with different experiences and expectations, college students tend to be fairly homogenous in terms of race and socio\economic status (Bell, et al. 1995). College students tend to have familiarity with one another and may be more likely than strangers to help another college student because of their assumed similar experiences (Bell, et al. 1995). Indeed, a study of over thirty-eight thousand college students in 2005 showed that 79% agreed or strongly agreed that they were part of a campus community (Hurtado, Sax, Saenz, Harper, Oseguera, Curley, Lopez, Wolf, and Arellano 2007:51).

Recently, researchers have looked into the intersection of community feelings and helping others in need. Amato (1990) found that his college student respondents did include roommates among those they regularly help (p. 34). M. Levine, et al. (2005)
found that male bystanders were more likely to help people in their in-group (p. 448). They also found that bystander intervention extended to members of a larger group they were both part of. Among their sample of soccer fans, this meant that bystanders were more likely to help another soccer fan, even if he was a fan of a rival team (M. Levine, et al. 2005:450). This speaks to the impact that a common belonging or large group membership can have on a bystander’s intentions, and may be the same in the case of college students.

Studies of helping behavior have supported the importance of community among bystanders: Banyard (2008) found a fairly strong correlation between college students’ sense of community and their predicted willingness to intervene in potential sexual violence situations (p. 91). A National Institute of Justice study by Banyard, et al. (2005) showed that a greater sense of community was correlated to actual interventions and future willingness to intervene in a sexual assault situation (p. 130).

Amato (1990) compared planned and unplanned helping by college students and found that people were far more likely to report planned informal or formal helping to those within their social network than spontaneous helping. He suggested that because spontaneous helping is often an “emergency” for the victim, social networks do not play a part (Amato 1990:38). However, Amato (1990) acknowledged that the nature of spontaneous helping situation would make it difficult to calculate social networks; it is possible that the mechanism underlying helping others in emergency situations has more to do with feelings of an overall sense of community and goodwill towards its members.
Bystander Experience

A number of researchers have found that the role of prior experience is a salient issue in bystander intervention (Banyard, et al. 2005; Banyard 2008; Laner, et al. 2001; Leonard 1997; Midlarsky and Midlarsky 1993; Moynihan, et al. 2010; Shotland and Heinold 1985). Prior exposure to uncomfortable or upsetting situations, as well as feelings of competence among bystanders, can contribute to confidence of affecting a positive outcome in a bystander situation.

Albert Bandura, best known for producing social learning theory, described this as a sort of cycle: by observing which of our actions were successful and which were not, we are learning what we can and cannot do. In turn, we use this knowledge to pursue situations where we can affect change and lead us away from those where we would not be successful (Bandura 1982:123).

Laner, et al. (2001) tested Midlarsky’s (1968) assertions that bystander competence should be predictive of intervening. Although their findings did not show that prior exposure to violence increased future intervening, respondents who had experience breaking up fights were more likely to intervene (Laner, et al. 2001:35). Reynald noted that many of the respondents who do intervene regularly upon “suspicious people” in their neighborhood mentioned their training as security guards or police officers, which makes them feel more confident in “easily recogniz[ing] an offender” (2010:378).

In a study of college bystanders to violence, 53% “said they felt able to stop a violent incident,” while 47% did not (Leonard 1997). Feelings of competence also predicted type of intervention. Direct, physical intervention was used in 34% of the
interventions by bystanders who felt competent compared to only 10% of those who did not feel able to stop a violent event (Leonard 1997:69). Similarly, in a study of bystanders reacting to a simulated arterial bleeding emergency, they found that bystanders’ lack of knowledge was related to them choosing more indirect interventions (Shotland and Heinold 1985:354).

Studies have also shown that helping behavior (such as volunteering) leads to increased feelings of competence (which will then lead to increased helping) (Marta and Pozzi 2008; Midlarsky 1991; Bandura, Vittorio Caprara, Barbaranelli, Pastorelli, and Regalia 2001). Amato (1990) found that experiences in planned helping (e.g., helping someone move, babysitting, serving as a volunteer), increase students’ confidence related to helping behavior (p. 38).

Two research teams (e.g., Banyard, et al. 2005; Foubert, et al. 2010) have studied the impact of prior experience and prosocial bystander training on willingness to intervene in the future. Banyard and her colleagues have tested this relationship specifically for college student bystanders of sexual violence (Banyard 2008; Banyard, et al. 2005; Moynihan, et al. 2010). They found that higher scores on their self-efficacy scale were related to several positive bystander outcomes, including greater perceived benefits to intervening, greater knowledge of sexual and intimate partner facts, and prosocial bystander attitudes (Banyard, et al. 2005). More importantly, self-efficacy was also positively related to more positive views in general of intervening and greater experience with actual interventions (Banyard 2008; Banyard, et al. 2005). These effects were maintained at a 2-month follow-up among a general sample of undergraduates as well as a focused sample of college athletes (Moynihan, et al. 2010). Foubert and
colleagues (2010) tested a different bystander intervention program, using an all-female sample, and found a positive relationship between self-efficacy and willingness to intervene in the future (p. 825).

However, it is important to note that feelings of competence and confidence are distinct from any formal training the bystanders may have, such as medical/CPR, emergency, rape crisis training, etc. What matters in predicting future intervention is the feelings of competence that comes as a result of training (Huston, et al. 1981; Laner, et al. 2001). It is possible to have little experience but high feelings of competence, as well as the opposite: extensive training but low feelings of competence (Darley and Latané 1968; Reynald 2010). Bandura emphasizes this distinction in his 1982 study of self-efficacy: using successively more difficult puzzles and tests, he measured subjects’ indication of their ability and readiness to move on to the next, more difficult test. Noting that “people are influenced more by how they read their performance successes than by the successes per se,” he found that self-efficacy was actually a better predictor of performance than the measure of future performance based on past rates of improvement (1982:125).

**Bystander-Victim Relationship**

There is very little available research on the effect of the bystander-victim relationship on willingness to intervene. However, bystanders are generally more likely to help people they know before they would help strangers (Amato 1990; Graziano, et al. 2007; Hauff, Rea, Culley, Kerry, Becker, and Eisenberg 2003; Latané and Rodin 1969). In fact, because so many people are unwilling to perform medical aid on stranger,
rules of cardiopulmonary resuscitation (CPR) have recently changed (American Health Association 2010). Research shows that significant numbers of people needing CPR in an emergency situation were not getting it because bystanders were so worried about further harming the victim or contracting infectious diseases from the victim (MSNBC 2008). Since the act of pumping on the chest is actually more important, both CPR training classes and CPR phone operators now tell bystanders that if they want to avoid the mouth-to-mouth portion, that is fine. Dr. Sayre, head of the American Heart Association’s CPR commission, said that although including the mouth-to-mouth step would be best, “Something is better than nothing” (MSNBC 2008). This decision was made in response to studies like that of Hauff, et al. (2003), who found that bystanders were significantly more likely to give CPR to family, friends, or neighbors than to strangers.

Graziano, et al. (2007) asked respondents to compare their willingness to help a sibling, friend, or stranger in two bystander emergencies. In the more everyday bystander situation of helping someone whose car has broken down, 80% of college student respondents were willing to help if their sibling was the one requesting help. This decreased to 65% it was a friend needing help, and dropped to a mere 25% if a stranger needed help with their broken-down car (Graziano, et al. 2007:587).

However, when asked their willingness to rush into a burning building to save someone’s life, the strength of the relationship with the victim again predicted willingness to intervene. For siblings, 85% of respondents were willing to rush into the burning building, but just over 70% were willing to do this for friends. In the life or death situation, though, “strangers seemed to be drawn closer inside, not pushed farther out, the
inclusion class worthy of help” as almost 50% of respondents were willing to help strangers in the burning building scenario (Graziano, et al. 2007:587,596). Overall, though, these bystanders were more likely in everyday or life-or-death situations to help a sibling most, then a friend, and a stranger last.

In their analysis of bystander reactions to a woman falling and injuring herself, Latané and Rodin (1969) suggest that rates of helping seem higher when a bystander is among friends than strangers because the bystander is less likely to misinterpret cues or be concerned about appearing in control in front of friends. In a study of college student bystanders to campus violence, 80% of those who knew the victim intervened, while only 36% of those who did not know the victim intervened in some way (Leonard 1997:66).

The next chapter will discuss the theoretical framework for the study and detail the hypotheses. Specifically, gender socialization, social integration, in-group identification, social learning theory, and relationship theory are applied to the current research.
III. THEORETICAL FRAMEWORK AND HYPOTHESES

Types of Intervention

This research will test respondents’ willingness to intervene in different ways on behalf of a sexual assault victim. Specifically, a bystander may intervene directly, indirectly, or request external help. Three considerations help distinguish the three types of intervention from one another: the temporal expectation of the intervention (during the incident or not), probable location of the intervention, and who was expected to take responsibility for the victim.

Direct intervention is characterized by action taken during the assault and physically in or very near the room where the assault is occurring. If bystanders choose direct actions, they are physically inserting themselves into the situation and putting themselves at greatest risk.

The Bringing in the Bystander™ curriculum specifically addresses the importance of the bystander’s physical location. The safest way to intervene is “distant and with others” (that is, physically removed from the situation and not intervening alone), while the least safe way to intervene is “up close and alone” (that is, physically close to the situation, and without help from others) (Banyard, et al. 2005).

Indirect intervention is that which may also take place during the sexual assault, but that provides greater physical distance and safety for the bystander. However, compared to external requests for help, an indirectly intervening bystander is still personally helping the victim and not transferring the responsibility to some other person or agency.
External requests for help are distinct from direct and indirect intervention because they could take place during or after the assault, and they are also possible to conduct from a physically safe distance from the incident. The defining conceptual characteristic of requesting external help are that the bystander is then shifting the responsibility for the victim’s well-being to someone else (e.g. police, a rape crisis center, or a coach or residence hall director).

**Gender socialization**

The differences in how men and women intervene may be best explained by gender role theory (Eagly and Crowley 1986). They suggest that the altruism often attributed towards women is actually based in their gendered socialization, which places this theory in the framework of social learning theory (Bandura 1973; Bandura 1977; Eagly and Crowley 1986).

Eagly and Crowley (1986) anchor their gender analysis in social role theory, suggesting that men and women intervene differently because of their gendered socialization. Women in our society are socialized toward helping from childhood and are expected to be altruistic and place the needs of others before their own (Eagly and Crowley 1986:283). In fact, both men and women are more likely to predict a woman helping than a man (Eagly and Crowley 1986:288).

Along with a general tendency towards helping, women are expected to help those who have emotional or relational problems. They are socialized especially to help family members and friends (Eagly and Crowley 1986:284). So, in the gamut of potential
helping situations, women are expected to be more likely to intervene in situations where the help required is more relational than action, where they feel safe, and where they have a close relationship with the person needing help (Eagly and Crowley 1986:283; George, et al. 1998).

Safety is a widely-discussed factor in the gender difference among intervention behaviors (Eagly and Crowley 1986; R. Levine, et al. 1994). Women tend to estimate a higher rate of danger in interventions than do men (Eagly and Crowley 1986:288). Researchers suggest that this is due to socialization of women and men: in our society, women are raised to be more careful than men when alone, especially at night, or in an unknown or public place (Brownmiller 1975; Eagly and Crowley 1986; Kelly and Torres 2006). A common explanation by researchers for women’s unwillingness to get involved was their potential fear of the offender (Laner, et al. 2001; R. Levine, et al. 1994). Eagly and Crowley (1986) further argue that this is part of women’s socialization—to fear certain situations and therefore avoiding helping in those (p. 285). In their meta-analysis of 172 studies, women were more likely than men to predict facing danger when intervening, and men were more likely to judge themselves as competent and comfortable when intervening (Eagly and Crowley 1986:301).

When gender socialization role is applied to scenarios like domestic violence and sexual assault, the explanations become more complicated. In these situations, women are more likely to intervene, and several attitudinal measures correlate with this behavior (Banyard 2008; Banyard, et al. 2005). In addition, women are less likely to blame rape victims for their assault, have more knowledge about sexual assault, and less likely to
believe rape myths (Banyard 2008:93; Banyard, et al. 2005). This makes sense in the context of gender role theory, with women (compared to men) being more in tune and concerned about relational concerns and feelings around negative events (Eagly and Crowley 1986; George, et al. 1998). In fact, George, et al. (1998) found that men whose scores on empathy, victim-blaming, and sympathy more closely mirror women’s scores tend to respond in the same pattern as women (p. 700).

Men are raised to be protectors, to be strong and in charge, and these interventions essentially reinforce this view (Borofsky, Stollak, and Messe 1971; Eagly and Crowley 1986; Enloe 2000). So, while males are socialized to intervene, it serves a different function. Men are socialized not just as protectors of women, but of society, and all that is good and right; their motivation is characterized by chivalry (Eagly and Crowley 1986). Men are far overrepresented in occupations like police officer, firefighters, and soldiers (Eagly and Crowley 1986). However, it must also be noted that women have historically been discriminated against in exactly these types of occupations (Enloe 2000; Messing 1998).

In bystander situations, men’s actions are likely to appear heroic, such as when the situation is unsafe or unfamiliar, where a victim needs help, or where action is required (Eagly and Crowley 1986; George, et al. 1998; Laner, et al. 2001). Men are more likely to assert themselves and rush in and help, even when the victim has not asked for help (Eagly and Crowley 1986). Although Harrell and Goltz (1980) found that women were actually more likely to help a needy victim over a non-needy victim, their explanation follows gender role theory. They suggest that this higher rate of intervention
is based in Western society women’s “greater sensitivity…to distress in others” (Harrell and Goltz 1980:47; see also Austin 1979).

Following this, women tend to have more sympathy (George, et al. 1998), more empathic responses (George, et al. 1998; Hoffman 1977), tend to rate problems as more severe (Brewin 1984), and offer better quality help than do men (George, et al. 1998). Overall, the findings of George, et al. (1998) support Eagly and Crowley’s gender role hypothesis: women help more in situations that require care and nurturance and are more likely to help friends than strangers (Eagly and Crowley 1986; George, et al. 1998). The current study tests the whether women will be more likely than men to predict their willingness to intervene in a sexual assault scenario.

Community Theories

Why are social relationships and community important to the understanding of bystander behavior? Empirical findings have shown that increased feelings of community are correlated with increased likelihood of bystander intervention, but what are the mechanisms that explain this relationship? No one theory explains it definitively, but several contribute to our understanding, including altruism, Durkheimian integration, strong ties and social networks, and social exchange theory.

A key expectation of the current study is that if a person were in a community where they felt well-integrated and connected to other members of that community, they would be more likely to commit prosocial acts, such as intervening or helping others. The foundation for this hypothesis is Durkheim’s status integration-regulation theory. Social integration refers to the degree to which a person is integrated into society through
relationships with other people. Regulation refers to the degree to which those bonds regulate a person’s behavior. Durkheim (1951) believed that these two factors, social integration and social regulation, so affected people and their propensity to commit suicide that they could be used to predict future suicide rates based on social demographics. Since Durkheim’s original writings, his work has been extended though social disorganization theory, anomie theory, social exchange/reiprocity theory, and community psychology paradigms.

Explanations stemming from Durkheim’s concept of anomie were especially popular in the 1960’s, near the beginning of bystander research. Baffled by the inaction of witnesses in several high-profile violent crimes, academics and community leaders alike blamed this inaction on various reasons related to the change in peoples’ perceptions of their community (Gansberg 1964). Each decade of American life presented new challenges and problems for its citizens to face from war to economic crises. Anomic theory suggests that people are ultimately unable to keep up with these changes when trying to match their morals and value systems to their new experiences. The moral fabric of society is weakened, and people become less and less willing to go out of their way for others, especially strangers (Durkheim 1951). This idea is still regularly tested through research that examines helping behavior towards friends compared to strangers (Amato 1990; Banyard 2008; Banyard, et al. 2005; Bell, et al. 1995).

Granovetter (1973), based on Homans’ work, argues that people are more likely to help others with whom they have strong ties; it would logically follow that the presence of strong ties and a desire to help others fosters a sense of community. M.
Levine, et al. (2005) referred to this as “a kind of tribalism”—perhaps bystanders in their study were willing to help a rival soccer team fan because of their joint membership in a larger group: soccer fans in general (M. Levine, et al. 2005:449). It stands to reason that whether or not college students know each other personally, they may help simply due to recognizing that they are part of the same campus community.

This community participation can increase a person’s social capital – that is, the resources available to them when they are in need (Cartland, et al. 2003). This is true for both formal and informal helping by community members. When a person enters college, they can avail themselves not just of help offered by counselors, financial aid officers, and advisors, but also that offered by classmates, friends, and roommates.

Trusting others’ intentions is an important feature of feeling part of a community. Those who do trust others are more likely to participate in voluntary organizations (Ross, Mirowsky, and Prisbesh 2002). A community with numbers of trusting relationships and common goals is thereby increased in collective efficacy (Ross, et al. 2002; Sampson 2004). Sampson’s empirical research supports his claim that “the willingness of local residents to intervene on behalf of public safety depends, in large part, on conditions of mutual trust” (Sampson 2004:232). Through their use of buildings and spatial areas and their familiarity with neighbors, residents in a community develop sentiment for the space; Lee, et al. (1991) argue that this attachment to the physical space could increase a resident’s willingness to work to preserve that space, which means caring for themselves and the other community members (p. 530).

Fischer (1982) and others suggest that high social integration in communities may depend more on being married or having children or attachment due to having lived there
a long time (Ahlbrandt 1984; Riger and Lavrakis 1981; Ross, et al. 2002). However, these explanations do not allow for the idea that college students are community-integrated. By its nature, college is a social institution that does not maintain a static population, which could limit a student’s system of deep ties to social network or a commitment to their residence.

Social exchange, or reciprocity theory, also plays a part in a community theory of helping. In his influential work *The Gift: Forms and Functions of Exchange in Archaic Societies*, Mauss (1954) suggests that the gift, material or immaterial, forms the basis of most social relationships. Bell, et al. (1995) asserts that whether or not a set of roommates is friends does not matter as much because the fact that they will see each other often will serve as a reminder to the debtor (p. 50). This assumes that the first helping event potentially occurred because the helper knew they would receive help from that person as “payback,” or a reciprocal exchange of aid (Mauss 1954; Gouldner 1960).

Batson (1994) described altruistic motivation as the “motivation to benefit the other” (as quoted in Brewer and Gardner 1996:86). Perhaps bystanders’ intentions are not motivated by altruism, but instead by an effort to protect the group. I. Piliavin, Rodin, and J. Piliavin (1969) argue that a bystander’s willingness to help is actually selfish. They help because seeing someone needing help or in distress made them feel uncomfortable, and helping was the solution to ease that uncomfortable tension (Piliavin, et al. 1969:298). How do altruism and social relationships intersect?

Explanations of group behavior and community have also been explored in the social psychological discipline. Research in the field of social psychology taps into the community integration construct; Turner, Levine, and others have developed it as a
concept of “self-categorization theory,” part of the social identity tradition (M. Levine, et al. 2005:444; Turner, Hogg, Oakes, Reicher, and Wetherell 1987). Self-categorization theory suggests that people categorize themselves into in-groups or out-groups depending on the situation they are in (M. Levine, et al. 2005:444; Turner, et al. 1987). When help is needed, and bystanders categorize themselves into the same group as the person who needs help, they feel more responsible for that person’s fate. They are more likely to accept that the same thing could happen to them, and feel more close and familiar to the person. It is these feelings that trigger a naïve bystander, now a member of the victim’s in-group, to act on their behalf (Hornstein, Masor, Sole, and Heilman 1971; M. Levine, et al. 2002; M. Levine, et al. 2005).

Hornstein (1972) found empirical evidence that respondents are more likely to help those who they think share their attitudes or are part of their community (see also Lee, et al. 1991). These feelings are important because they serve two functions: they decrease the cost associated with the help and increase the cost of not helping (M. Levine, et al. 2005:444). There is some evidence that those bystanders who feel someone is an out-group member are less likely to offer help than if they were part of the in-group (Dovidio, Gaertner, Validzic, Motoka, Johnson, and Frazier 1997; Piliavin, et al. 1969:294); however, M. Levine, et al.’s (2005) findings did not support this.

Whether the explanation is integration, social networks, or an expectation of reciprocity, feelings of community increases the likelihood of a bystander intervening on behalf of someone in their community, or in-group. The current study tests the effects of greater positive feelings of community (related to their college) on a bystander’s
willingness to intervene directly, indirectly, or request external help in as sexual assault situation.

**Bystander Experience and Social Learning Theory**

Social learning theory is also instrumental to understanding what social factors affect a bystander’s willingness to intervene. The conception of social learning theory, introduced by Albert Bandura, moved away from earlier, more psychological theories of inner drives and intrinsic motivations. Instead, Bandura (1973; 1977) argued, people’s internal drives and interests interact with environmental forces. Social learning theory is based on the idea of observation and modeling actions of others. This modeling is related to the consequences of the actions being observed. Social learning theorists hold that those actions that they see being positively rewarded are likely to be imitated, while those that are punished are likely to be dropped from the repertoire of possible future behaviors. It is this refinement, this interaction within the actor that determines what actions are repeated (Bandura 1973:43-44).

Examples of behavior, or models to observe begin as a child, where many of one’s observations come from one’s family life and school interactions. As children age, their peers and the media begin to have more of an effect (Agnew 2005; Bandura 1973; Bandura 1977). When applied to helping behavior, social learning theory suggests that observations of helping or ignoring situations influence your future likelihood to repeat similar behavior (Bandura 1973).
Social learning and media interact to reinforce social norms of the society. Often times, the examples parents set and lessons they teach are as much their personal values as the social norms of the culture at large. Traditionally, children are thought to learn social and personal values from their families. This may be due to the sheer number of instances a child observes family members’ behavior (Bandura 1973:69). Following social learning theory, children and teens may have the values of bystander intervention and helping through simply witnessing their parents help others or by observing negative consequences for those who do not help. Bandura (1973) stated that formal, extreme reinforcement was not necessary to implement a value: informal rewards such as affection, verbal praise, and attention can be effective (p. 47).

Unless raised in a family and environment where helping is encouraged and expected, a person may take their cues from messages of the news media and popular culture. Although outrage is often expressed over bystanders’ inaction, there is no actual sanction of the behavior. Bandura specifically tapped into this with his discussion of the increasing availability of violent models on television and movies. His concern, a controversial one still debated, was that because negative consequences of violence were rarely shown, or were downplayed, children would begin to think violence was a good solution (Bandura 1973:217-221).

Except in extreme heroic and public examples, helping behavior does not result in concrete benefits to the helper. Perhaps a monetary reward will be given if a wallet is returned, or a press conference held if many lives were saved, but the vast majority of helping and intervention goes by unnoticed by most. For every bystander intervention or
failure to act noted in the media, there are probably hundreds, if not thousands, of bystanders intervening for others. That this prosocial behavior continues supports the idea of models contributing to an internalized morals system.

The bystander events that make it to the news tend to be dramatic: people rescued from attack or near death. Recent examples of this are the coverage around the Hartford, Connecticut man who was hit by a car, and the De Anza college students who intervened in a gang rape (Goode, Brown, Cohen, and Goren 2008; “Witnesses” 2007). In the Hartford case, security cameras captured a man who, after stepping out onto a busy street, was hit by a car. When he didn’t get up, several bystanders from the nearby sidewalk approached the street but no one went up to him. Afterwards, several cars drove past him in the opposite lane and a scooter did a U-turn around him and drove away. Although it was later reported that four people did actually call 911, the initial media reports and release of the footage caused an uproar. Familiar headlines like “So Inhumane” and “Left for Dead” echo the reaction after the Genovese case (Goode, et al. 2008).

The case of the De Anza college gang rape made news only after the case stalled in criminal court. Two female college students who actively intervened were angered after the prosecutor declined the case; they were interviewed about the assault (“Witnesses” 2007). Although they were incredibly brave to intervene upon this brutal attack, most people have not heard of the case or the heroic actions of the bystanders.

Ultimately, anecdotal evidence suggests that the Hartford bystanders’ failure to act gained far more media and public attention than did the De Anza prosocial
intervention. In relation to social learning theory, each case serves the same purpose: to reinforce the norm of social responsibility of our society. Social learning theory suggests that since people learn not only from first-hand observations, the lessons learned from examples in the media might also be filed away. In media cases, the observation/outcome model of social learning is less effective. Although a later newspaper article noted that the Hartford victim was quadriplegic and could not speak, those who watched the bystanders’ failure to act saw only public outrage as the outcome (Goren 2008). Bandura noted that if sanctions to negative behavior are not severe, observers may still consider that action appropriate and acceptable (Bandura 1973:49).

Several other studies have demonstrated the link between models of helping and future bystander behavior (Amato 1990; Bell, et al. 1995; Berkowitz and Daniels 1964). Laner, et al. (2001) found that respondents who reported past experience with breaking up physical fights were significantly more likely to intervene in future fights (p. 35). Bryan and Test (1967) found that when subjects observed helping by another, they were more likely to help in a similar situation afterward (see also Bell, et al. 1995). This finding was supported in two experimental conditions: helping a motorist with a flat tire on a busy street, and donating money to the Salvation Army kettle at a shopping mall (Bryan and Test 1967:405). As an explanation, Bryan and Test (1967) argued the “helping others did not strengthen the observer’s willingness to diffuse his social obligations, but rather stimulated greater social responsibility” (p. 406). The current study tests whether respondents with prior, positively judged intervention experience are more
willing to intervene directly, indirectly, or request external help in a hypothetical sexual assault scenario.

**Relationship Theory**

Why are bystanders more likely to intervene directly on behalf of a roommate than a stranger? Social psychology researchers Clark and Mills (1979) specify a difference between “exchange relationships” and “communal relationships”: exchange relationships represent acquaintance and stranger relationships, in that they are more business-like and center on transactions. Communal relationships explicitly include family, friends, romantic partners; this can be extended to roommates because they are part of your everyday life (Clark, et al. 1986).

Members of Clark and Mills’ communal relationships have “a general obligation to be concerned about the other’s welfare” (Clark, et al. 1986:333). This is not to say that they cannot genuinely feel concerned about the other person, just that this expectation is part of the role definition, as Amato (1990) would say (Clark and Mills 1979).

Amato (1990) focused his explanation of helping behavior on the role definitions within relationships. In his framework of everyday helping behavior, Amato (1990) hypothesizes that helping is carried out more frequently among friends, family, and roommates of bystanders, as compared to strangers. He points out the disconnect between who is likely to be helped in everyday situations, and the majority of bystander studies, which tend to measure the likelihood of a bystander helping a stranger (Amato 1990:33).
To test this, Amato (1990) asked 192 students to provide information about the last four or five helping behaviors they had done in the last week.

Confirming his hypothesis, Amato found that the vast majority were helping friends and family. When a sample 142 non-students were asked, they were also more likely to have recently helped friends and family. However, students were more likely to have also helped roommates and classmates recently (Amato 1990:34). In Amato’s (1990) explanation, the reason why we see so many more people helping friends, family, and acquaintances (compared to strangers) is related to the role definition in those relationships. Help is regularly given because it “helping is simply part and parcel of what it means to occupy certain roles in relation to others” (Amato 1990:32). The current study tests whether respondents are more willing to intervene directly on behalf of a roommate than a stranger.

The Current Study

This research is based on cross-sectional data from a self-completed questionnaire of 299 undergraduate students in introductory sociology and anthropology courses at a private university in the northeast United States. Surveys have been widely used in social research, and offer the ability to test a large number of questions among a sizeable sample in a relatively short period of time. The questionnaire had 98 questions and took approximately 20-25 minutes to complete. The university’s Institutional Review Board granted approval after a full board hearing in November 2008. Afterward, any small
changes made were approved by the school’s Director of Human Subject Research Protection (see Appendix B). This research will test the following four hypotheses:

Hypotheses:

1. Women will be more willing to intervene indirectly or request external help, and men are more likely to choose direct intervention, in a sexual assault scenario.

2. Greater positive feelings of community related to the respondents’ college will be related to increased willingness to intervene directly, indirectly, or request external help.

3. Respondents who have experienced intervening on behalf of others, and who judge this personal involvement as positive, will be more willing to intervene directly, indirectly, or request external help than those without positive experiences.

4. Respondents will indicate being more likely to intervene directly when the victim is their roommate than when the victim is a stranger or acquaintance.

These test the effects of bystander gender, sense of community, previous bystander experience, and the bystander-victim relationship on college students’ self-predicted bystander behavior. The hypotheses are based on both empirical findings and the strong theoretical frameworks discussed previously. The next chapter presents the methods and data collection procedures for this research.
IV. METHOD

Participants

This sample was drawn from a private university located in the middle of a major city in the northeast United States (N=299). The university has an enrollment of approximately 12,500 undergraduates, and 4,000 graduate students. The campus is easily accessed by public transportation. Of the undergraduate students, 56% live in on-campus housing, and a large number of students living in off-campus housing are within blocks of the university (University Newspaper 2010). The data used to compare the sample demographics to those of the private university are from school year 2008-2009 (the same year the data were collected).

The sample was 70.47% female, with an average age of 19.3 (sd 1.43). Compared to the university population (50% women and average age 21), women and young students are overrepresented in this sample (Office of Institutional Research 2011). The sample consisted of 64.31% freshmen, 18.52% sophomores, 4.71% third-year students, 4.71% fourth-year students, and 7.74% fifth-year students; here, freshmen are significantly overrepresented (Office of Institutional Research 2011). See Table 4.1.

Based on self-report race/ethnicity questions, the sample was 78.93% were white, 3.00% Latino/a, 2.67% African-American, and 8.33% Asian/Asian-American. African-American and Latino students are underrepresented, compared to the university population (Office of Institutional Research 2011).

Most students in the sample had majors in the College of Arts and Sciences (54.18% of sample), and the most commonly represented majors among the sample were nursing (14.33%), criminal justice (11.33%), international affairs (7.67%), and
psychology (6.67%). Each of these majors and colleges are overrepresented in comparison to the university population (see Table 4.1).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Freq/mean (SD)</th>
<th>95% Confidence Interval</th>
<th>Population at Private University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (n=298)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>70.47%</td>
<td>65.26%</td>
<td>75.68% 50.40%*</td>
</tr>
<tr>
<td>Men</td>
<td>29.53%</td>
<td>24.15%</td>
<td>34.52% 49.60%*</td>
</tr>
<tr>
<td>Year in School (n=286)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st year students</td>
<td>64.31%</td>
<td>.58.19%</td>
<td>69.14% 20.66%*</td>
</tr>
<tr>
<td>2nd year students</td>
<td>18.52%</td>
<td>13.93%</td>
<td>22.74% 19.97%*</td>
</tr>
<tr>
<td>3rd year students</td>
<td>4.71%</td>
<td>2.27%</td>
<td>7.20% 20.73%*</td>
</tr>
<tr>
<td>4th year students</td>
<td>4.71%</td>
<td>2.27%</td>
<td>7.20% 18.57%*</td>
</tr>
<tr>
<td>5th year students</td>
<td>7.74%</td>
<td>4.64%</td>
<td>10.70% 20.07%*</td>
</tr>
<tr>
<td>Missing</td>
<td>0.00%</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Average age (n=286)</td>
<td>19.3</td>
<td>(1.43)</td>
<td>21 c</td>
</tr>
<tr>
<td>Fraternity members (n=287)</td>
<td>1.33%</td>
<td>0.03%</td>
<td>2.64% 4.00%*</td>
</tr>
<tr>
<td>Sorority members (n=287)</td>
<td>3.33%</td>
<td>1.29%</td>
<td>5.38% 4.00%*</td>
</tr>
<tr>
<td>Race/Ethnicity (n=287)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>78.93%</td>
<td>74.28%</td>
<td>83.58% 75.5%*</td>
</tr>
<tr>
<td>African American</td>
<td>2.67%</td>
<td>0.83%</td>
<td>4.50% 6.7%*</td>
</tr>
<tr>
<td>Latino/a</td>
<td>3.00%</td>
<td>1.06%</td>
<td>4.94% 6.8%*</td>
</tr>
<tr>
<td>Asian*</td>
<td>8.33%*</td>
<td>5.19%</td>
<td>11.48% 10.8%*</td>
</tr>
<tr>
<td>Other or missing</td>
<td>7.07%</td>
<td>3.56%</td>
<td>9.11% 0.5%*</td>
</tr>
<tr>
<td>School major (n=294)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major in College of Arts &amp; Sciences</td>
<td>54.18%</td>
<td>48.50%</td>
<td>59.86% 45.32%*</td>
</tr>
<tr>
<td>Major in College of Health Sciences</td>
<td>23.41%</td>
<td>18.58%</td>
<td>28.24% 13.77%*</td>
</tr>
<tr>
<td>Nursing major</td>
<td>14.33%</td>
<td>10.35%</td>
<td>18.32% 2.96%*</td>
</tr>
<tr>
<td>Criminal justice major</td>
<td>11.33%</td>
<td>7.73%</td>
<td>14.94% 5.27%*</td>
</tr>
<tr>
<td>International affairs major</td>
<td>7.67%</td>
<td>4.64%</td>
<td>10.69% 2.96%*</td>
</tr>
<tr>
<td>Psychology major</td>
<td>6.67%</td>
<td>3.83%</td>
<td>9.51% 4.57%*</td>
</tr>
</tbody>
</table>

* The “Asian/Asian American” category in the data excludes Pacific Islander, while the university data’s “Asian” category includes it, so they cannot be accurately compared.

Measures

Dependent variables

The dependent variables are based on questions asked in regard to the vignette that respondents read. It described a sexual assault witnessed by the respondents. See full

3 These questions appear on page 6 and the top half of page 7 of the survey instrument (questions 1-8).
Prosocial bystander behavior is being conceptualized as not only actions that interrupt an assault but those that also lessen the harm caused by the assault (Banyard 2008; Slaby and Stringham 1994).

After reading the vignette, respondents were asked to indicate which possible actions they would take out of a list of twelve (they could check all that apply). Some of these statements include “Do nothing, it’s none of my business” and “Talk to Crystal later and ask her if she’s OK” and “Go into the living room and tell John he should leave.” In the “Other” option, respondents could write in another intervention choice.

The questionnaire then asked which of the above choices they would be most likely to do, and why. A student’s response to which choice they were most likely to make was originally to form the basis for the “willingness to intervene” dependent variable. Unfortunately, only 1.72% (n=5) of respondents indicated they were most likely to do nothing; 98.28% of respondents said they were most likely to take some kind of action (see Table 4.2). This highly skewed the distribution of the main variable, which forced a reconceptualization of the dependent variable to allow for meaningful statistical analysis.
### Table 4.2 Which action are you MOST likely to do?

<table>
<thead>
<tr>
<th>Label</th>
<th>Most likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do nothing, it's none of my business.</td>
<td>1.72% (n=5)</td>
</tr>
<tr>
<td>2. Do nothing, I don't feel like it's safe for me to do anything.</td>
<td>0.00% (n=0)</td>
</tr>
<tr>
<td>3. Cause some kind of distraction (call her phone, drop your books) to interrupt them and let them know you're in the apartment.</td>
<td>14.14% (n=41)</td>
</tr>
<tr>
<td>4. Call a resident assistant, counselor, friend, coach, or someone who I know is sensitive to this issue, and ask for his/her assistance or advice.</td>
<td>1.72% (n=5)</td>
</tr>
<tr>
<td>5. Contact a friend and ask them to come over to help make sure John leaves.</td>
<td>19.31% (n=56)</td>
</tr>
<tr>
<td>6. “Call out, ‘Crystal? Is everything OK?’ during the incident”</td>
<td>21.72% (n=63)</td>
</tr>
<tr>
<td>7. Call the police during the incident and report that your roommate needs help.</td>
<td>3.79% (n=11)</td>
</tr>
<tr>
<td>8. Go into the living room and tell John he should leave.</td>
<td>28.97% (n=84)</td>
</tr>
<tr>
<td>9. Talk to Crystal later and ask if she’s OK.</td>
<td>4.14% (n=12)</td>
</tr>
<tr>
<td>10. Talk to Crystal later and give her information and hotline numbers for the local rape crisis center.</td>
<td>0.00% (n=0)</td>
</tr>
<tr>
<td>11. Suggest to someone like a residence hall director or my coach that we have an educational program about rape awareness.</td>
<td>0.00% (n=0)</td>
</tr>
<tr>
<td>12. Other</td>
<td>4.48% (n=13)</td>
</tr>
<tr>
<td>Total</td>
<td>100.00% (n=290)</td>
</tr>
</tbody>
</table>

**Types of Intervention**

Instead of focusing on what affected a student’s likelihood of predicting any intervention, this research addresses what factors affect the *type* of intervention they chose. There was a broad range in the type of intervention the students could choose from, such as a relatively passive option of causing a distraction to the potentially dangerous act of rushing into the room.

Principal component analysis was used to parse out the underlying constructs of within the list of potential actions (see Table 4.3). This originally included variables for all twelve possible actions, including the “Other” category. However, the “Other” category was so mixed in its responses that it was inappropriate for its inclusion in the factor analysis. To confirm this, principal components analysis was conducted both with
and without the “Other” category responses included; this did not affect either factor loadings or the regression models. Additionally, the two variables representing non-action were also excluded from the factor analysis.

When evaluating the final factor loadings, the conceptual relevance of each variable was considered; this included when the intervention would take place (during the incident or not), probable location of the intervention, and who was expected to take responsibility for the victim. The two actions that make up the direct intervention factor (“Call out, ‘Crystal? Is everything ok?’ during the incident” or “Go into the room and tell John he should leave”) take place during the assault and physically in or very near the room where the assault is occurring. If bystanders choose direct actions, they are physically inserting themselves into the situation and putting themselves at greatest risk.

The indirect factor, Factor 2, is comprised of two actions that also take place during the sexual assault, but that provide greater physical distance and safety for the bystander (“Cause some kind of distraction,” or Contact a friend and ask them to come over to help make sure John leaves”). However, compared to the external requests for help, the bystander in the indirect factor is still personally helping the victim – for example, in the “Contact a friend” action choice, the bystander is not asking someone to fix the problem, but to come over and help them fix the problem.

Finally, the four variables that comprise external requests for help are 1) “Call a resident assistant, counselor, friend, coach, or someone who I know is sensitive to this issue, and ask for his/her assistance or advice.” 2) “Call the police during the incident and report that your roommate needs help,” 3) “Talk to Crystal later and give her information and hotline numbers for the local rape crisis center,” and 4) “Suggest to someone like a
residence hall director or my coach that we have an educational program about rape awareness.” These four actions are distinct from the direct and indirect actions because they could take place during or after the assault, and they are also possible to conduct from a physically safe distance from the incident. The defining conceptual characteristic of the “requesting external help” variables are that the bystander is then shifting the responsibility for the victim’s well-being to someone else (e.g. police, a rape crisis center, or the coach or residence hall director).

The variable “ask Crystal later if she’s OK” was removed from factor analysis because conceptually, it is an example of indirect intervention. However, it was loading the highest on direct intervention (.69). This was inconsistent with the conceptualization because direct intervention is characterized by intervening during the assault. In order to maintain the integrity of the factor analysis, a decision was made to remove that variable from the list of variables considered for the factor analysis. This resulted in no change; the final regression models were no different when that variable was included or excluded.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Factor 1 (external)</th>
<th>Factor 2 (indirect)</th>
<th>Factor 3 (direct)</th>
<th>Uniqueness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cause a distraction</td>
<td>-.12</td>
<td>.77</td>
<td>.23</td>
<td>.34</td>
</tr>
<tr>
<td>Ask for advice</td>
<td>.66</td>
<td>.24</td>
<td>-.20</td>
<td>.47</td>
</tr>
<tr>
<td>Ask help to come over</td>
<td>.17</td>
<td>.74</td>
<td>-.17</td>
<td>.40</td>
</tr>
<tr>
<td>Call out to see if OK</td>
<td>-.02</td>
<td>.27</td>
<td>.69</td>
<td>.46</td>
</tr>
<tr>
<td>Call police</td>
<td>.63</td>
<td>-.08</td>
<td>-.24</td>
<td>.54</td>
</tr>
<tr>
<td>Interrupt</td>
<td>.07</td>
<td>-.13</td>
<td>.70</td>
<td>.48</td>
</tr>
<tr>
<td>Offer rape crisis info later</td>
<td>.66</td>
<td>.01</td>
<td>.29</td>
<td>.48</td>
</tr>
<tr>
<td>Suggest sexual assault education to RA</td>
<td>.71</td>
<td>-.06</td>
<td>.17</td>
<td>.46</td>
</tr>
</tbody>
</table>
Independent variables

Gender\(^4\)

Respondents were asked to write in their gender; 298 of the 299 people wrote either “male” or “female,” and one person left it blank. Gender was dummy-coded to female=1 and male=0. The sample was 70.47% (n=210) female and 29.53% (n=88) male.

Sense of Community\(^5\)

Student sense of collegiate community was measured using the *Collegiate Psychological Sense of Community* scale, which consists of fourteen statements about how the respondent feels about their college experience. Originally formulated by Lounsbury and DeNeui (1996) for use in a college-student population, it asks them to rate their agreement on a five-point Likert scale. This measures a student’s community integration with such statements as: “I really feel like I belong here,” “Students feel they can get help if they are in trouble” and “There is a real sense of community here.” In this study, analysis showed an alpha coefficient of 0.917, which is consistent with the reliability scores found across three samples in the initial testing of the scale, which showed an alpha coefficient ranging from 0.88-0.92 (Lounsbury and Deneui 1996).

Prior Bystander Experience\(^6\)

In order to test my hypothesis that a history of intervening and positive judgment of that experience will make a bystander more likely to predict intervention, a revised version of Banyard, et al.’s (2005) *Bystander Behaviors Scale* was used. Respondent

\(^4\) This question appears on page 1.
\(^5\) These questions appear on the bottom of page 2.
\(^6\) These questions appear on pages 3-5.
survey fatigue is a common concern for survey researchers, so the current study used only the 24 items deemed most relevant or related to the sexual assault dependent variable in this study (Brace 2008). The full scale of 51 items showed an alpha of 0.88, and the alpha of the revised, 24-item scale was 0.85, suggesting excellent internal consistency. Additionally, Banyard, et al. (2005) applied extensive efforts in establishing face validity through the use of focus groups with students to discuss the measures.

The revised scale consists of a list of 24 specific bystander actions and asks respondents if they have ever actually engaged in these behaviors (e.g., “Walk a friend home from a party who has had too much to drink” and “Call a rape crisis center or talk to a resident counselor for help if a friend told me they were sexually assault.”) The responses on this checklist test the relationship between general bystander behavior and likelihood of intervention in the sexual assault scenarios (Banyard, et al. 2005).

The original scale did not include questions about the respondent’s opinion of the positive or negative nature of this involvement (Banyard, et al. 2005). However, one could argue that if a person’s experience in intervening previously was negative, they may be less willing than inexperienced bystanders to intervene. Because of this, respondents are asked after each set of similar bystander items how they would characterize their personal experience with this intervention. Following the Likert scale, they can choose to circle “mostly negative,” “somewhat negative,” “neutral,” “somewhat positive,” or “mostly positive.”

There are five sets of bystander experience statements. Section one (questions 1-4,9,10) deals with active intervention in non-specific bystander situations. A second section (questions 5-8) asks specifically about drinking situations, and a third (questions
concerns potential domestic violence. The fourth set of bystander items (questions 11-15) asks involves sexual assault scenarios and the fifth (questions 21-24) is about speaking up for others in conversations or jokes.

Although these items were not grouped similarly in the original Banyard, et al. (2005) scale, this change was made in order to enable respondents to think about their responses in one type of situation and then move on to another type. It is also important that they be grouped in some fashion for the purpose of the positive or negative characterization. It is fair to assume that while a college student may not have many positive feelings about a time when they tried to help their drunken friends, they may be taken more seriously and feel more helpful around sexual assault situations or other situations.

*Experimental Vignettes*¹⁷

In order to test the effect of the relationship between the victim and bystander, there are two original vignettes which vary based on that relationship. There were two versions of the final survey questionnaire: Version A described the victim as the bystander’s roommate, and in Version B, the victim was unknown to the bystander. The questionnaires were otherwise identical. The two versions of the questionnaire were distributed randomly throughout each classroom during data collection. In total, 46.31% (n=138) of the sample received Version A (roommate), and 53.69% (n=159) received Version B (stranger). There was no gender bias in the distribution (see Table 4.4).

¹⁷ The vignette appears on page 6.
Table 4.4 Questionnaire Distribution

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version A</td>
<td>28.93% (46)</td>
<td>71.07% (113)</td>
<td>159</td>
</tr>
<tr>
<td>Version B</td>
<td>30.44% (42)</td>
<td>69.57% (96)</td>
<td>138</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29.63% (88)</td>
<td>70.37% (209)</td>
<td>297</td>
</tr>
<tr>
<td>Pearson chi2(1) = 0.08 Pr = 0.78</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Version A (roommate) is below; In Version B, the underlined portion was changed to “you noticed a girl go upstairs with a guy.”

You are at a party and go upstairs to use the bathroom. A few minutes ago you noticed your roommate, Crystal, go upstairs with a guy. They had been flirting all night and were going to watch some TV. The walls in the apartment are thin, so you can hear them talking in the next room. You hear Crystal say, “Alright, John, let’s finish this TV show.” In a few more minutes, you hear Crystal say, “Really, John, stop. I need to go home.” Then: “John, get off of me. Let go of me!” You can see through a crack in the door that he is moving on top of her, and his pants are down. Crystal is crying.

Age

Age of the bystander respondent was included because some preliminary analysis suggested that age was positively associated with prior bystander experience. The average age of the sample was 19.3, with 70.70% aged 18 or 19. The average age of this sample is younger than that of the university’s population in general, which is 21 (National Center for Education Statistics 2010).

Victimization History

Because previous research has suggested that those with a history of experiencing or witnessing personal victimization may be more likely to intervene, a revised, 14-item

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8 These questions appear on page 8 and the top half of page 9 of the survey instrument (questions 1-14; 1-3).
version of the *Juvenile Victimization Questionnaire (Retrospective Form)*, developed by Finkelhor, Hamby, Ormrod, and Turner (2005) was used, which assesses an adolescent’s experiences with a variety of victimizations (see also Cauffman, et al. 2006:658). The decision to use a revised, shorter version of the *Juvenile Victimization Questionnaire* was based on efforts to avoid respondent fatigue (Brace 2008). Additionally, several of the questions in the full version are quite detailed and graphic, which may have unnecessarily upset the survey participants. Because a respondent’s victimization history was not a central question or hypotheses, it was decided to avoid this outcome.

For the purposes of this survey, questions were taken from all five sections on conventional crime, child maltreatment, peer and sibling victimization, sexual assault, and witnessing and indirect victimization. Some of the questions in the revised version included: “Not including spanking on your bottom as a child, has an adult hit, beat, kicked, or physically hurt you in any way?”, “Has a boyfriend or girlfriend or someone you went out with ever slapped or hit you?”, and “Has an adult ever TRIED to force you to have sex, that is sexual intercourse of any kind, even if it didn’t happen?” Respondents indicated how many times this behavioral statement had happened to them by circling a 0, 1, 2, 3+ in the “last 12 months” column and again in the “other times in your life.”

Originally, the *Juvenile Victimization Questionnaire* was meant to be administered in an interview setting with adolescents, but the authors note it can be used with adults (to discuss retrospective victimization) and in a self-response survey format (Hamby, Finkelhor, Ormrod, and Turner 2005). Additionally, the instrument was adapted to assess two time periods of victimization – situations within the last 12 months, and how many other times in their life (so that combining the two columns would be the total
of lifetime victimization). Validity has been established in multiple studies across populations of children, late teens, adults, caregivers of children, (Finkelhor, et al. 2005). Additionally, the instruments were reviewed extensively by academics in the juvenile victimization field and discussed using focus groups of both parents and children (Finkelhor, et al. 2005). Test-retest reliability, based on a small sample of children and caretakers, was fair to good, although the authors discuss potential explanations for this (see Finkelhor, et al. 2005:399). An alpha of 0.80 in the complete instrument shows strong internal coherence; this parallels the alpha coefficient of 0.82 among the revised scale used here.

*Training*  

Respondents were asked to indicate what, if any training or advanced knowledge they had about sexual assault or bystanders. There was a concern that those with training as a domestic violence or sexual assault advocate would have advanced knowledge of these situations and may therefore be primed to intervene in comparison to non-trained respondents. Specifically, they were asked: “Have you ever: (check all that apply) 1. “participated in a program on sexual assault,” “participated in a program on bystanders,” “had a guest speaker come to your class and talk about sexual assault,” “had a guest speaker come to your class and talk about bystanders,” “taken a class where a major unit of the curriculum was about sexual assault or domestic violence,” and “been trained as a sexual assault or domestic violence advocate.”

When all six variables were composited into one, the alpha coefficient, 0.53, was poor. Analysis showed that removing one or two of these from the composite “training”

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9 These questions appear on page 8.
variable would not greatly improving the internal consistency, so a decision was made to include the participation in a sexual assault program, participation in a bystander program, and training as a sexual assault or domestic violence advocate as stand-alone variables in the multivariate models.

*Social Desirability*\textsuperscript{10}

Socially desirable answers are always a concern when using hypothetical vignettes (Amato 1990; West and Wandrei 2002). To address this, the survey instrument includes a shortened, 10-item version of the *Marlowe-Crown Social Desirability Scale*, \([M-C \, 2(10)]\) (Crown and Marlowe 1960; Strahan and Gerbasi 1972). The revised *Social Desirability Scale* (\(M-C \, 10\)) uses ten of the thirty-three original statements to test a respondent’s likelihood of answering survey questions in a socially desirable way. For example: “I am sometimes irritated by people who ask favors of me” and “I am always courteous, even to people who are disagreeable.” On average, respondents scored a 4.46.

Psychometrics for earlier research using this scale varies according to the sample used and the number of items on the scale. In an effort to distill a short, 10-item subscale of the original *Social Desirability Scale*, Strahan and Gerbasi (1972) tested two ten-item scales. The MC-10(1) had an average alpha coefficient of .64 (range of .59 to .70), and the MC-10(2) showed an average alpha coefficient of .62 (range of .49 to .75). Although validity and reliability scores for this 10-item version are lower than for the original 33-item scale, Strahan and Gerbasi (1972) note that it is appropriate when survey administrators are concerned for the length of the instrument (Strahan and Gerbasi

\textsuperscript{10} These questions appear on the top half of page 2 of the survey instrument (questions 1-10).
The alpha coefficient for the current study was .55, which is generally demonstrates low internal consistency among the scale items (Field 2009).

### Table 4.5 Variable Frequencies

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency/ Mean</th>
<th>n</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct intervention</td>
<td>88.00%</td>
<td>264</td>
<td></td>
</tr>
<tr>
<td>Indirect intervention</td>
<td>80.67%</td>
<td>242</td>
<td></td>
</tr>
<tr>
<td>External requests for help</td>
<td>44.33%</td>
<td>133</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>70.47%</td>
<td>210</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>29.53%</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Sense of community</td>
<td>3.22</td>
<td>276</td>
<td>0.67</td>
</tr>
<tr>
<td>Bystander experience, judged positively</td>
<td>22.84</td>
<td>299</td>
<td>11.88</td>
</tr>
<tr>
<td>Victim was roommate</td>
<td>46.31%</td>
<td>138</td>
<td></td>
</tr>
<tr>
<td>Victim was stranger</td>
<td>53.69%</td>
<td>160</td>
<td></td>
</tr>
<tr>
<td>Victimization history</td>
<td>5.88</td>
<td>299</td>
<td>6.95</td>
</tr>
<tr>
<td>Age</td>
<td>19.3</td>
<td>297</td>
<td>1.43</td>
</tr>
<tr>
<td>Sexual assault program participant</td>
<td>14.58%</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Bystander program participant</td>
<td>7.80%</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Sexual assault advocate training</td>
<td>2.71%</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Social Desirability</td>
<td>4.46</td>
<td>299</td>
<td>2.03</td>
</tr>
</tbody>
</table>

**Procedures**

**Selection and Recruitment**

Introductory courses in sociology, anthropology, and criminal justice were targeted for data collection because they represent a broad range of majors due to the school’s general education requirements. Meetings were requested with each of the instructors to explain the survey, and all instructors agreed to allow data collection during class time. During March 2009, questionnaires were administered in all six introductory courses in the Department of Sociology & Anthropology in the Spring 2009 semester. This included three sections of Introduction to Sociology and three sections of “Peoples and Cultures,” which serves as the department’s introductory anthropology course.
Survey Instrument

The survey instrument consisted of standard and revised scales, such as the Collegiate Psychological Sense of Community Scale (Lounsbury and DeNeui 1996), and the Bystander Behaviors Scale (Banyard, et al. 2005), as well as an experimental vignette, and general demographics questions. Face validity was assessed during a focus group of fellow sociology graduate students who offered extensive suggestions and discussion as to content of questions, order of sections, and avoiding respondent fatigue. The questionnaire was revised and reordered based on suggestions.

In general, the questionnaire was arranged to ask the least disturbing and sensitive questions in the beginning and the most potentially disturbing ones at the end. This was to decrease the chances that respondents would discontinue their response because they were uncomfortable (Rea and Parker 2005).

In administering the survey instrument, the respondents were told only that the research concerned college students’ experiences. To prevent an exposure effect, it was important not to mention the terms bystanders, sexual assault, interpersonal violence, and dating violence (Baumeister and Bushman 2007:229). However, the students were sufficiently warned about any discomfort they may feel; they were told they could stop the questionnaire at any time. IRB discussions during the full board review prepared a plan of action in case a student seemed upset, including the option that the researcher would use her training as a rape crisis counselor (no students indicated this being necessary).
Privacy was reinforced by handing out manila folders to each student; they were then told to hold the folder open around the questionnaire while taking it, so that there was a paper barrier between each person and his or her neighbor. They were told this was simply a standard IRB precaution for questionnaire-taking in classrooms where people sat close to one another. Finally, the students were told that there was absolutely no requirement for students to participate, and that they could not receive extra credit for participating, as this is seen as a coercive incentive by the university’s IRB.

Because the study was administered during class, participation was limited to those students in attendance that day. No students refused to participate, and only seven respondents did not complete the questionnaire after they had begun.\textsuperscript{11} Five students were enrolled in both courses and announced this before the survey began, so they only participated in the first class.

**Analysis Strategy**

Data were entered into the statistical package Stata (version 11), and cleaned. Only one case was removed, a 35-year-old student whose responses were in the outlier range on several variables (more than three standard deviations from the mean) (Heritier, Cantoni, Copt, and Victoria-Feser 2009). The next step was to determine what statistically significant ($p<.05$) Pearson’s correlations existed between the predictor variables and outcome variables, but also to see where covariance and interaction effects might be present among predictor variables. When running Pearson’s correlations, listwise deletion for missing values in each variable was used.

\textsuperscript{11} There was no consistent point of the survey where these respondents stopped, nor was there a relationship between which students discontinued and which course or section they were enrolled in.
Pearson’s chi square tests and Fisher’s Exact test (for those cells with expected frequencies under five) were then used, as well as Cramer’s V (to measure the strength of the relationship between two variables) (Field 2009). Where applicable, Spearman’s non-parametric correlations were used to determine the relationship between variables. Ordinary Least Squares (OLS) regression was used to determine the amount of variance in the dependent variable is explained by the independent variables. Once all of the preliminary bivariate statistics were calculated, multivariate regression models were used to test the hypotheses.

Due to the interval nature of the three dependent variables created from factor scores (direct intervention, indirect intervention, and external requests for help), linear regression was used to test the effects of several predictors and controls on willingness to pursue each type of intervention. Specifically, the independent variables included gender (dummy-coded), community feelings score (summed), relationship between the bystander and the victim (1=roommate, 0=stranger), lifetime bystander experience score (summed), social desirability score (summed), total lifetime victimization (summed), age, experience in a sexual assault program, experience in a bystander program, and training as a sexual assault or domestic violence advocate.

Assumptions of Normality

A variety of tests were conducted to examine normality and homoscedasticity. First, the frequency distributions of the dependent variables were checked visually, confirming the need for the Shapiro-Wilk test, which tests to see if the distribution of scores differs significantly from a normal distribution (Field 2009:793). The Shapiro-
Wilk test showed that the distribution for each of the three dependent variables was highly different from the expected values based on a normal distribution (p<.0001).

The ladder test in Stata was used to determine if variable transformation would improve the distributions. Based on Tukey’s Ladder of Powers, it tests each possible transformed distribution for normality and displays chi-square values for each. However, this test indicated that no transformation would improve the distribution of any of the three dependent variables. Thus, a decision was made to complete the multivariate analysis with untransformed variables.

**Multicollinearity**

Multicollinearity was tested several ways. First, Pearson’s correlations were examined to determine that no two research variables correlated very highly with one another. The only statistically significant correlation above 0.3 was the correlation between ever participating in a program on sexual assault and ever participating in a program on bystanders (r=0.53, p<0.001). However, the number of people who had participated in both constituted less than 10% of the overall sample. Generally, a correlation of 0.7 or higher indicates multicollinearity (Brown and Saunders 2007:83).

In addition, standard errors and the variance inflation factor (vif) were used to test for multicollinearity. Generally, a vif of 4.0 or less is considered acceptable when addressing multicollinearity (Garson 2011). Although the average vif’s for each of the three regression models is 1.20, none of the individual vif’s are above 1.42.

The standard error on each of the regression models were used to determine
multicollinearity. Tabachnick and Fidell (2001:522) state that standard errors above 2.0 indicate multicollinearity; none of the standard errors in the regression models even approach 2.0, which further confirms an absence of multicollinearity.
V. RESULTS

Hypotheses:

1. Women will be more willing to intervene indirectly or request external help, and men are more likely to choose direct intervention, in a sexual assault scenario.

2. Greater positive feelings of community related to the respondents’ college will be related to increased willingness to intervene directly, indirectly, or request external help.

3. Respondents who have experienced intervening on behalf of others, and who judge this personal involvement as positive, will be more willing to intervene directly, indirectly, or request external help than those without positive experiences.

4. Respondents will indicate being more likely to intervene directly when the victim is their roommate than when the victim is a stranger or acquaintance.

Dependent variables

Types of Intervention

The original principal components analysis included eleven variables and produced four components. Three components were retained based on the scree plot and conceptual relevance (Field 2009; Kaiser 1960).\textsuperscript{12} Orthogonal rotation (varimax) was applied to improve the interpretation of the components it presented and a cutoff point of 0.6 was used (Field 2009:644). The Kaiser-Meyer-Olkin test of sampling adequacy score was a 0.62. Although not as high as the preferred range of 0.7-0.9, it does suggest adequate sample size (Field 2009:647). These three dependent variables are defined using the factor scores.

\textsuperscript{12} Although the fourth component’s eigenvalue of 1.03 meets Kaiser’s criterion for inclusion, it represented non-intervention and was therefore not relevant to the final dependent variable selection.
Table 5.1 Types of Intervention Based on Factor Scores

<table>
<thead>
<tr>
<th>Direct intervention</th>
<th>Indirect intervention</th>
<th>External requests for help</th>
</tr>
</thead>
</table>

The first factor, “external requests,” is comprised of four items and explains 22.79% of the variance (see Table 4.3). Requesting external help is characterized by involving some other person or agency in the intervention. Specifically, it includes “Call a resident assistant, counselor, friend, coach, or someone I know who is sensitive to this issue, and ask for his/her assistance or advice,” “Call the police during the incident and report that your roommate needs help,” “Talk to Crystal later and give her information and hotline numbers for the local rape crisis center,” and “Suggest to someone like a residence hall director or my coach that we have an educational program about rape awareness.”

The second component consists of two intervention choices, which represents “indirect intervention,” and explained an additional 16.14% of the variance. These include non-intrusive or after-the-fact intervention, such as dropping a stack of books in the next room to cause a distraction. The “indirect intervention” component also includes contacting a friend and asking them to come over to help make sure John leaves.

Finally, the third component’s loadings could be described as “direct intervention.” It includes calling out the victim’s name during the incident and going into
the room and telling the offender to leave. This component explains an additional 15.73% of the variance, for a total of 54.66% of the variance explained by these three factors.

Independent Variables

Scale Reliability

The majority of the revised scales used showed excellent internal consistency. Although the Marlow-Crowne scale has an alpha coefficient of .55, it is approximate to what was found in previous research.

<table>
<thead>
<tr>
<th>Table 5.2 Scale Reliability Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of items</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Collegiate Psychological Sense of Community Scale</td>
</tr>
<tr>
<td>Bystander Behaviors Scale</td>
</tr>
<tr>
<td>Juvenile Victimization Questionnaire</td>
</tr>
<tr>
<td>Marlow-Crowne Social Desirability Scale</td>
</tr>
</tbody>
</table>

Gender

Women were 70.47% (n=210) of the sample, while men were 29.53% (n=88). See Table 4.5 for all variable frequencies; the correlation matrix is Table 5.3.

Community Feelings

The median response on the community scale was a four out of five. A new variable was created as a sum of each respondent’s scores on each the fourteen questions in the Collegiate Psychological Sense of Community scale. The standardized community variable (n=276) had a range of 1-5, mean of 3.22, standard deviation of 0.76, and alpha of 0.92 (see Table 4.5).

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13 The third statement in the scale, “I wish I had gone to another college instead of this one.” was standardized after being originally reverse-coded.
Bystander Experience

Adapted from the Bystander Behavior Scale (Banyard, et al. 2005), respondents indicated their experience with twenty-four situations. Out of these 24 bystander situations, the average respondent had been in 8.61 situations and chosen to intervene in 69.6% (5.99) of them. When respondents did intervene, the average total score given was a 22.84, or 3.85 when standardized (1 being mostly negative, 5 being mostly positive).

Roommate

There were two versions of the survey instrument, differing only in the identity of the sexual assault victim. In Version A, the victim was the bystander’s roommate; 46.31% of the sample (n=138) received this version. In Version B, the victim was “a girl” at a party; 53.69% of the sample (n=160) received this version.

Other experiential variables

Out of a possible range of 0-48, the median number of victimization respondents reported was 4, with a standard deviation of 7.0. Also related to bystander decision-making was a respondent’s individual knowledge about sexual assault or domestic violence. In total, 14.58% (n=43) had participated in a program on sexual assault, while about half that number of respondents had participated in a program on bystanders (7.80%, n=23). A small number of respondents, 2.71% (n=8) had been trained as sexual assault or domestic violence advocates.
Table 5.3 Correlation Matrix

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Direct</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Indirect</td>
<td>.07</td>
<td>1.00</td>
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<tr>
<td>3. External</td>
<td>.02</td>
<td>.11</td>
<td>1.00</td>
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<tr>
<td>5. Female</td>
<td>.05</td>
<td>.33**</td>
<td>.16**</td>
<td>1.00</td>
<td></td>
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<tr>
<td>6. Sense of community</td>
<td>.06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.12*</td>
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<tr>
<td>8. Bystander experience, judged positively</td>
<td>.23**</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. Victim was roommate</td>
<td>.18**</td>
<td></td>
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<tr>
<td>10. Lifetime Victimization</td>
<td>.04</td>
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<tr>
<td>11. Age</td>
<td>.00</td>
<td></td>
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</tr>
<tr>
<td>12. Participated in a sexual assault program</td>
<td>.14*</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>13. Participated in a bystander program</td>
<td>.12*</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>14. Training as a sexual assault advocate</td>
<td>-.06</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>15. Social Desirability</td>
<td>.03</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*p<.05 **p<.01

Bivariate analyses for dependent variables

**Direct intervention**

In terms of a respondent’s willingness to use direct intervention, only prior experience as a bystander and the respondent’s relationship to the victim seem to matter (see Table 5.4). Direct intervention includes calling out the victim’s name during the incident, going into the room and telling the offender to leave, and talking to the victim later to ask if she’s OK. A respondent’s (positively judged) prior experience intervening on behalf of others was statistically significant but a weak correlation (r = .23, p<.01). A respondent’s relationship to the victim was a clear predictor of willingness to intervene.
directly (0.18, p<.01) with bystander’s more willing to intervene on behalf of a roommate.

Indirect intervention

A respondent’s willingness to pursue indirect intervention (such as causing a distraction, contacting a friend to come over and make sure the offender leaves, and other) can only be explained by the respondent’s gender. Based on a one-tailed t-test, female respondents are more likely than male respondents to choose indirect intervention (.29 and -.68, respectively). Specifically, male bystanders are unlikely to choose indirect intervention (-.68).

Requesting external help

Requesting external help includes calling someone to ask for advice, calling the police for help, offering rape crisis center information to the victim later, and suggesting a rape awareness program to a coach or residence director. Female respondents were more willing to request external help (0.15, p<.01) than were male respondents (-0.34, p<.01).

Multivariate Findings

Introduction

Three multivariate regression models were tested: direct help (interval), indirect help (interval), and external help being requested (interval). The other three dependent variables were based on the outcome of exploratory factor analysis which split up the twelve actions available to respondents into three different factor loadings: direct
intervention, indirect intervention, and requesting external help, and thus the factor scores were used for these variables. Multivariate linear regression was used for each of the three models (direct intervention, indirect intervention, and external requests for help). Each model included respondent gender, sense of community, previous experience, and relationship to the victim as independent variables.

**Dependent variable direct intervention**

The overall model was statistically significant at the p<.001 level, and the R-squared value of 0.13 indicates that the chosen independent variables explain 12.99% of the variance in likelihood of pursuing direct intervention. Three variables were statistically significant (roommate as victim, respondent’s judgment of prior bystander experience, and respondent’s being trained as sexual assault advocates), showing that closeness of the relationship of the victim to the bystander and a bystander’s positively-judged past experience with intervention increases the likelihood of them predicting direct intervention. Specifically, when the victim is the roommate, there is a .47 increase in the factor score for direct intervention (B coefficient 0.47, Beta 0.18, p<.01).
Table 5.4 Multivariate Regression for Direct Intervention

<table>
<thead>
<tr>
<th></th>
<th>B coeff</th>
<th>Stan error</th>
<th>Beta</th>
<th>P</th>
<th>95% Confidence Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>0.15</td>
<td>0.17</td>
<td>0.05</td>
<td>0.39</td>
<td>-0.19 - 0.49</td>
</tr>
<tr>
<td>Sense of community</td>
<td>0.04</td>
<td>0.11</td>
<td>0.02</td>
<td>0.72</td>
<td>-0.18 - 0.26</td>
</tr>
<tr>
<td>Bystander experience, judged positively</td>
<td>0.03</td>
<td>0.01</td>
<td>0.23</td>
<td>0.00</td>
<td>0.01 - 0.04</td>
</tr>
<tr>
<td>Roommate as victim</td>
<td>0.47</td>
<td>0.15</td>
<td>0.18</td>
<td>0.00</td>
<td>0.18 - 0.76</td>
</tr>
<tr>
<td>Victimization history</td>
<td>0.01</td>
<td>0.01</td>
<td>0.05</td>
<td>0.47</td>
<td>-0.02 - 0.03</td>
</tr>
<tr>
<td>Age</td>
<td>-0.02</td>
<td>0.06</td>
<td>-0.02</td>
<td>0.75</td>
<td>-0.13 - 0.09</td>
</tr>
<tr>
<td>Sexual assault program participant</td>
<td>0.25</td>
<td>0.25</td>
<td>0.07</td>
<td>0.31</td>
<td>-0.23 - 0.74</td>
</tr>
<tr>
<td>Bystander program participant</td>
<td>0.36</td>
<td>0.32</td>
<td>0.08</td>
<td>0.26</td>
<td>-0.27 - 1.00</td>
</tr>
<tr>
<td>Sexual assault advocate training</td>
<td>-1.09</td>
<td>0.48</td>
<td>-0.14</td>
<td>0.03</td>
<td>-0.23 - 0.14</td>
</tr>
<tr>
<td>Social desirability</td>
<td>0.02</td>
<td>0.04</td>
<td>0.03</td>
<td>0.56</td>
<td>-0.27 - 0.05</td>
</tr>
</tbody>
</table>

Constant=-0.87  R-squared = 0.13

Note: **p < 0.01

Each additional one unit increase in positively-judged actual bystander experiences increases the factor score for direct intervention by .03 (B coefficient 0.03; Beta 0.23, p<.001). Surprisingly, those respondents who have “participated in a program on sexual assault” are less likely than those who have not to predict direct intervention (B coefficient -1.09; Beta -0.14, p<.05). Potential explanations for these findings will be addressed in the discussion chapter.

Dependent variable indirect intervention

The overall model was statistically significant at the p<.0001 level, and the R-squared value of 0.16 indicates that the independent variables explains 16.19% of the variance in likelihood of pursuing indirect intervention. The only statistically significant
variable in this regression model was the respondent being female. The findings indicate that females are more likely to pursue indirect intervention than are males (B coefficient 0.88; Beta 0.33, p<.0001).

<table>
<thead>
<tr>
<th></th>
<th>B coeff</th>
<th>Stan. error</th>
<th>Beta</th>
<th>P</th>
<th>95% Confidence Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>0.88</td>
<td>0.16</td>
<td>0.33</td>
<td>0.00</td>
<td>0.56 – 1.20</td>
</tr>
<tr>
<td>Sense of community</td>
<td>-0.02</td>
<td>0.11</td>
<td>-0.01</td>
<td>0.83</td>
<td>-0.23 – 0.19</td>
</tr>
<tr>
<td>Bystander experience, judged positively</td>
<td>-0.01</td>
<td>0.01</td>
<td>-0.10</td>
<td>0.11</td>
<td>-0.02 – 0.00</td>
</tr>
<tr>
<td>Roommate as victim</td>
<td>-0.18</td>
<td>0.14</td>
<td>-0.08</td>
<td>0.18</td>
<td>-0.45 – 0.09</td>
</tr>
<tr>
<td>Victimization history</td>
<td>-0.01</td>
<td>0.01</td>
<td>-0.04</td>
<td>0.57</td>
<td>-0.03 – 0.02</td>
</tr>
<tr>
<td>Age</td>
<td>-0.06</td>
<td>0.05</td>
<td>-0.07</td>
<td>0.26</td>
<td>-0.16 – 0.04</td>
</tr>
<tr>
<td>Sexual assault program participant</td>
<td>0.21</td>
<td>0.23</td>
<td>0.06</td>
<td>0.37</td>
<td>-0.24 – 0.66</td>
</tr>
<tr>
<td>Bystander program participant</td>
<td>-0.02</td>
<td>0.30</td>
<td>-0.01</td>
<td>0.94</td>
<td>-0.62 – 0.57</td>
</tr>
<tr>
<td>Sexual assault* advocate training</td>
<td>-0.69</td>
<td>0.45</td>
<td>-0.09</td>
<td>0.13</td>
<td>-1.58 – 0.19</td>
</tr>
<tr>
<td>Social desirability</td>
<td>-0.01</td>
<td>0.04</td>
<td>-0.02</td>
<td>0.68</td>
<td>-0.08 – 0.05</td>
</tr>
</tbody>
</table>

Constant= 0.98 R-squared = 0.16
Note: **p < 0.01

Dependent variable requesting external help

The overall model was statistically significant at the p<.05 level, but the R-squared value of 0.07 indicates that the independent variables only explain 7.41% of the variance in likelihood of requesting intervention from an external source. The gender and social desirability variables were statistically significant, both at the p<.05 level.
Compared to males, female respondents score 0.43 units higher in choosing an external intervention (such as call someone and ask for advice, call the police for help, talk to Crystal later and offer rape crisis center information, and suggest a rape awareness program to a coach or residence hall director) (B coefficient 0.43; Beta 0.14, p<.05). This is true even when controlling for social desirability bias (B coefficient 0.10, Beta 0.09, p<.01).

<table>
<thead>
<tr>
<th>Table 5.6 Multivariate Regression for Requesting External Help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Female**</td>
</tr>
<tr>
<td>Sense of community</td>
</tr>
<tr>
<td>Bystander experience, judged positively</td>
</tr>
<tr>
<td>Roommate as victim</td>
</tr>
<tr>
<td>Victimization history</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Sexual assault program participant</td>
</tr>
<tr>
<td>Bystander program participant</td>
</tr>
<tr>
<td>Sexual assault advocate training</td>
</tr>
<tr>
<td>Social desirability*</td>
</tr>
</tbody>
</table>

Constant = 0.65 R-squared = 0.07 *p<.05 **p<.01
Note: **p < 0.01
VI. DISCUSSION

Overview

The data partially support three of the four hypotheses in this study and offers no support for the fourth. The female bystander is clearly more likely than the male bystander to choose indirect intervention or request external help, but there is no relationship between gender and choosing direct intervention.

Although it was hypothesized that a bystander’s sense of community would greatly impact their intervention decisions, no statistical support was found for this. The third hypothesis predicted that a respondent’s previous bystander experiences, judged positively, would make them more willing to intervene in a sexual assault, but the data show this only applies to cases of direct intervention such as calling out to the victim. Similarly, the relationship between the bystander and the victim only mattered in direct intervention: respondents were willing to directly intervene on behalf of a roommate, but not a stranger. This relationship had no impact on indirect intervention or requesting external help.

The impact of bystander gender

Based on previous research of the impact of a bystander’s gender, it was predicted that there would be sizeable differences between how male and female respondents would respond to witnessing a sexual assault scenario. These hypotheses were only partially supported. There was no statistically significant relationship between gender and willingness to choose direct intervention (even after intervening variables were considered). However, there were gender differences among the likelihood of predicting
indirect or external type action on behalf of victims. Women are more likely to choose indirect action (defined as causing a distraction, contacting a friend to come over, or “other”) or external help (defined as calling someone and asking for advice, calling the police for help, talking to Crystal [the victim] later and offering rape crisis center information, or suggesting a rape awareness program to a coach or residence hall director).

Gender was the only statistically significant predictor of indirect intervention, and had the largest effect size in the multivariate model. Although the multivariate analysis shows that gender only accounts for 16.19% of the variance in the likelihood of pursuing indirect intervention, gender was one of ten variables, so it explains a greater proportion of the indirect intervention than expected. In fact, women scored .88 higher on likelihood of indirect intervention than men. Women were also more likely than men to say they would request some kind of external help, such as calling someone to come over and help, or calling the police. This was true even when controlling for social desirability. Men were statistically unlikely to predict requesting external help.

These findings offer support for Eagly and Crowley’s gender role theory and related gender-specific bystander research (Chabot, et al. 2009; Eagly and Crowley 1986; Shotland and Stebbins 1980). Eagly and Crowley (1986), in a large meta-analysis of 172 studies of bystander helping, found that men were much more likely than women to intervene in situations requiring direct action, physical risk, or helping a stranger (p. 290). Women were consistently more likely to help people they knew, in fairly safe situations,
where relational or emotional help was needed (rather than physical) (Eagly and Crowley 1986:295).

The explanation for this type of gendered behavior is in traditional gender socialization: in our society, women are typically socialized toward helping from childhood and are expected to be altruistic and place the needs of others before their own. Women (compared to men) are thought of as altruistic, warm, caring, and nurturing. Men are raised and expected to be strong protectors (especially of women), heroic, adventurous, and unafraid (Bandura 1973; Brownmiller 1975; Enloe 2000).

Another potential explanation is the “fear of crime” or “fear of rape” hypothesis, which is based in female socialization. Feminist theorists have long written about women’s fear of rape as a product of the patriarchal society they were raised and live in (Brownmiller 1975; Buchwald, Fletcher, and Roth 1993; Fairchild 2008; Ferraro 1996; Hickman 1997; Stanko 1992; Yllo and Bograd 1988). Because rape and sexual assault can have such long-term, profoundly negative effects on its survivors, and because we live in a “rape culture,” women are socialized from a very early age to be afraid of how men can hurt them (Brownmiller 1975; Buchwald, Fletcher, and Roth 2004). Often this “fear of rape” plays into women’s fear of strangers, walking alone or at night, talking to men, or going out with men, but it can be easily applied to bystander situations.

When applied to bystanders and helping behavior, the literature shows that fear for safety or retaliation is a common reason to not intervene among bystanders, both men and women (Bickman and Helwig 1979; Laner, et al. 2001; Levin, et al. 2007; R. Levine, et al. 1994; Moriarty 1975; Ocampo, et al. 2007; Shotland and Straw 1976). Eagly and
Crowley (1986) argue that this is part of women’s socialization—to fear certain situations and therefore avoiding helping in those (p. 285). Among the 172 studies they analyzed, women were more likely than men to predict facing danger when intervening, and men were more likely to judge themselves as competent and comfortable when intervening (Eagly and Crowley 1986:301). This socialization may explain why women in this study were more willing to predict indirect intervention.

Because the specific situation they are witnessing is a sexual assault, female respondents might report an unwillingness to intervene due to fear. However, only four respondents (1.35%) chose “Do nothing, I don’t feel like it’s safe for me to do anything” as a potential response, and no one said it was their most likely response. At first glance, the data would suggest that the female respondents (nor male) were not so concerned about the fear of sexual assault, when intervening in an ongoing sexual assault, that they would avoid intervention entirely.

But the responses to the open-ended questions present a different conclusion (see Table 6.1). Each respondent was asked to briefly explain why they chose the action they were most likely to do, and this is where the fear of sexual assault (or physical assault) became clear. In this randomly chosen data, several women specifically addressed their size being smaller than the attacker’s (John), being by themselves, or specifically needing help because they were female. One respondent addressed both her desire to help the victim but concern for her safety: “I would want to deal with the situation right as it is happening and especially being a female I feel I would need a friend to deal with a
sexually violent person.” This respondent said she was most likely to choose “contact a friend and ask them to come over to help make sure John leaves.”

These data offer tacit support for the “fear of sexual assault” hypothesis. Ferraro (1996) studied the impact of this fear of sexual victimization to see if it extended to fear of other kinds of victimization. He found that women’s fear of sexual assault was strongly linked to fear of other kinds of victimization, especially violent victimization such as murder, assault, and “burglary while at home.” Ferraro found globalized fear to be present even when controlling for a respondent’s personal history of victimization (Ferraro 1996:686). When applied to the present study, the written comments of some of the respondents make sense. Although they are unwilling to avoid intervention entirely, several are concerned about potential violent victimization (including sexual assault) and their most likely intervention choice is attenuated in light of their fear.

<table>
<thead>
<tr>
<th>ID, gender</th>
<th>Victim was:</th>
<th>Which are you most likely to do?</th>
<th>Why did you choose the action you did?</th>
</tr>
</thead>
<tbody>
<tr>
<td>R135: female</td>
<td>Stranger</td>
<td>Contact a friend and ask them to come over to help make sure John leaves.</td>
<td>I would intervene, but I would call a friend first, preferably another male, so that I know it will end. Some men may be too much for me to handle on my own, and may end up sexually abusing both of us, especially if he is angered by the interruption. I would feel safer doing so.</td>
</tr>
<tr>
<td>R141: female</td>
<td>Roommate</td>
<td>Contact a friend and ask them to come over to help make sure John leaves.</td>
<td>Because I don't feel like it's safe for me to interrupt alone. But if someone else (maybe a man) was there, that I trusted we could change the situation to stop John.</td>
</tr>
<tr>
<td>R144: female</td>
<td>Stranger</td>
<td>Contact a friend and ask them to come over to help make sure John leaves.</td>
<td>I would want to tell someone else as well so that he didn't attack me as well.</td>
</tr>
<tr>
<td>R146: female</td>
<td>Stranger</td>
<td>Cause some kind of distraction (call her phone, drop your books) to interrupt them and let them know you’re in the apartment.</td>
<td>I would be too afraid to stand up directly to John, seeing as how he acts toward women is disrespectful, so distractions would be the closest thing I could do to that.</td>
</tr>
<tr>
<td>R158: female</td>
<td>Roommate</td>
<td>Cause some kind of distraction (call her phone, drop your books) to interrupt them and let them know you’re in the apartment.</td>
<td>It causes the least amount of conflict, doesn't put me in danger, and gives me time to get her opinions before jumping to conclusions or doing something that would make her more upset.</td>
</tr>
<tr>
<td>Respondent</td>
<td>Gender</td>
<td>Role</td>
<td>Intervention</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
<td>------</td>
<td>--------------</td>
</tr>
<tr>
<td>R160: female</td>
<td>Stranger</td>
<td>Contact a friend and ask them to come over to help make sure John leaves.</td>
<td>I'm not strong/scary enough to do anything alone. I would never leave Crystal to fend for herself.</td>
</tr>
<tr>
<td>R167: female</td>
<td>Stranger</td>
<td>Contact a friend and ask them to come over to help make sure John leaves.</td>
<td>I would be intimidated by John so I would go downstairs and get a guy to intervene.</td>
</tr>
<tr>
<td>R169: female</td>
<td>Stranger</td>
<td>Call out, “Crystal? Is everything OK?” during the incident.</td>
<td>Honestly, I am not a bold or confident enough person to go in and tell him to leave in that situation. I would hope that calling out her name and asking if she was alright would make him stop before he could get in trouble.</td>
</tr>
<tr>
<td>R171: female</td>
<td>Stranger</td>
<td>Contact a friend and ask them to come over to help make sure John leaves.</td>
<td>I may need help getting John to leave just because he might be physically stronger than me.</td>
</tr>
<tr>
<td>R178: female</td>
<td>Stranger</td>
<td>Contact a friend and ask them to come over to help make sure John leaves.</td>
<td>I would want to deal with the situation right as it is happening and especially being a female I feel I would need a friend to deal with a sexually violent person.</td>
</tr>
<tr>
<td>R181: female</td>
<td>Stranger</td>
<td>Contact a friend and ask them to come over to help make sure John leaves.</td>
<td>Because 2 people are better than one and he/she might have ideas to stop it.</td>
</tr>
<tr>
<td>R183: female</td>
<td>Stranger</td>
<td>Contact a friend and ask them to come over to help make sure John leaves.</td>
<td>I wouldn't feel safe doing anything by myself, but I would step in to help if I wasn't alone.</td>
</tr>
</tbody>
</table>

Impact of sense of community

This data show that a respondent’s sense of community has absolutely no impact on the type of intervention they would be likely to use. Sense of community was measured in two distinct ways. First, students were asked to complete the Collegiate Psychological Sense of Community scale which consists of fourteen statements such as “I really feel like I belong here” and “There is a real sense of community here” (Lounsbury and DeNeui 1996). They indicated the strength of their agreement with each statement on a scale from one to five. Respondents were also asked to indicate which campus groups they were a part of, including fraternity/sorority, athletic club, student government, university programming committee (which schedules entertainment, etc. on campus), resident student association, or the Campus Center on Violence Against Women. They could also indicate “Other” or none.

Bivariate statistical analysis was completed using both types of community measurement, but none of the community indicators were statistically related to type of
intervention. Therefore, only the summed score of the community scale was included in the multivariate regressions. Two potential explanations for this are ineffective measurement of the concept or an actual lack of substantive relationship between intervening and sense of community.

It may be that college students’ sense of community truly does not matter in relation to bystander decision-making. This is unexpected and concerning for two reasons: although few studies of bystander behavior have explicitly studied the impact of community feelings, the research that does exist supports the idea that it should impact bystander decision-making (Banyard 2008; M. Levine, et al. 2005; Moynihan, et al. 2010; Moynihan and Banyard 2008). Secondly, the University of New Hampshire’s Bringing in the Bystander™ college training curriculum, which McMahon (2010:4) calls “the most empirically and theoretically supported bystander intervention (BI) model to date,” is based on preventing sexual violence through the promotion of anti-violence community norms (Banyard, et al. 2005). It has been successfully implemented among various college populations, including student athletes and sorority members, (Moynihan, et al. 2010; Moynihan and Banyard 2008).

Although this finding may be problematic because it weakens the community-norms foundation of the Bringing in the Bystander™ curriculum, there is conflicting evidence that supports the importance of sense of community in bystander intervention training (Banyard, et al. 2005). In their report Rape Prevention through Bystander Education: Final Report to the National Institute of Justice, Banyard, et al. (2005) used a modified version of Unger and Wandersman’s (1982) community scale, which consists of three questions: “Do you feel a sense of community with others on campus? For example,
do you share interests and concerns with them?”, “How important is it to you to feel a sense of community with people on this campus?”, and “Some people care a lot about the kind of campus they live on. For others, the campus is not important. How important is what the campus is like to you?”

Based on the sample from the NIJ report, Banyard, et al. found a correlation between sense of community and a respondent’s willingness to intervene in a domestic violence situation ($r=.23$, $p<.01$) (Banyard 2008:91). A respondent’s sense of community was also positively correlated to a respondent’s prior bystander behavior (Banyard et al. 2005). However, there was no relationship between community feelings and actual increased bystander intervention after the bystander curriculum exposure (Banyard 2008:91). Overall, though, there is evidence that sense of community does matter.

Although the community scale used in by Banyard and colleagues (the Unger and Wandersman 1982 scale) differs from the fourteen-item scale used in the current research, their question “Do you feel a sense of community on this campus?” is very close to the item used in this study, “There is a real sense of community here.” The scores of the respondents on this statement were compared with the Banyard, et al. (2005) scores. The median score for this item is a three (neutral); although they did not give individual scores, their summed score (for three statements) was 12.18, indicating a stronger sense of community than was felt by the current sample.

Mark Levine and colleagues have also specifically tested for the impact of community on bystander action, through the lens of in-group categorization (M. Levine, et al. 2002; M. Levine, et al. 2005). After discussing the positive aspects of being a Manchester United team fan, they found that soccer fans of Manchester United were most
likely to help a man who fell and hurt his ankle if he was wearing a Manchester United shirt. In a follow-up study, researchers first discussed the positive aspects of being a soccer fan in general; this difference led to fans helping a victim (identical to earlier study) who was wearing either a Manchester United shirt or a rival’s team shirt. They were least likely to help a plain-shirted victim, whose social category was not immediately apparent (M. Levine, et al. 2005:1438).

In the face of this conflicting evidence, it is important to note that as a bystander trainer in the Bringing in the Bystander™ curriculum, building a college student’s sense of community remains a smart and effective way to increase prosocial bystander behavior. Some students I trained have told me they felt more willing to help others now that they see them as part of their community. Perhaps the explanation for the difference in statistically significant community findings in the current study and the evaluations by Banyard and colleagues is the specific university setting. Compared to the University of New Hampshire, the university in the current sample is in a large city that offers students a plethora of opportunities and social groups to be a part of. The University of New Hampshire, while rich in social opportunities and activities for students, tends to be based around the school or campus life. This is a major difference between the schools, and may account for the difference in the impact that sense of community has on potential bystanders.

However, potential measurement concerns must be addressed as well. It is possible that instead of measuring a student’s feelings of community on the campus (and in reference to all members of that campus), the Collegiate Psychological Sense of Community scale is actually tapping into how a respondent feels about their personal peer
group (Lounsbury and DeNeui 1996). Because the vignette in this study did not specify that you were at a party with friends, if the student’s sense of community did not extend to people at a college party, it would make sense that community feelings would not predict students’ willingness to intervene. However, the *Collegiate Psychological Sense of Community* scale has been tested in other research, and this has demonstrated high test-retest reliability as well as internal consistency (DeNeui 2003; Lounsbury and DeNeui 1996; Lounsbury, Loveland, and Gibson 2003). The original study (n=98) showed an alpha coefficient of .88; it was .92 in a larger college student sample (DeNeui 2003; Lounsbury and DeNeui 1996).

Even so, the *Collegiate Psychological Sense of Community* scale may be a poor proxy for true feelings of community. Based on bystander literature and current positively-evaluated bystander curriculum that focus on community, it makes sense that a sense of community should be an important contributor in bystander decisions. The median and mode for the entire community scale in the current study was a four out of five (five being most positive). Unfortunately, neither the original Lounsbury and DeNeui (1996) article that proposes the scale, nor subsequent research, discusses validity of the scale (Berryhill and Bee 2007; DeNeui 2003; Lee 2003; Lounsbury, Loveland, and Gibson 2003). Lounsbury and DeNeui (1996) found that higher scores on their *Collegiate Psychological Sense of Community* scale were associated with respondents who lived on campus, who were in a fraternity or sorority, or whose schools had a population of 2,000 students (or less) (Lounsbury and DeNeui 1996:387).

In choosing the instrument, face validity was assessed, and the items clearly measured collegiate sense of community. Members of an informal graduate student focus
group also agreed. However, recent research has noted problems with the construct validity of most “sense of community” scales currently in use in the field (Nowell and Boyd 2010). This will be further discussed below.

In the current study, it was thought that because the sexual assault was happening at a party they (the bystander and victim) were both attending, this would create some in-group identification with the victim, thus positively impacting bystander decision-making. Although half of the respondents were told the victim was their roommate (implying membership in the in-group), this had no effect on the bystander’s responses.

The explanation for a lack of correlation between sense of community and bystander predicted response may be explained by the nature of the sample: college students. Nicoletti, et al. (2001) suggested that by definition, college students are a loose collective, a transient population. Typically, students are part of this community for four to six years, and each year there is a fresh new crop entering, which replaces the class that graduates. Widely-held research in community sociology theorizes that high social integration in communities may depend more on being married or having children or attachment due to having lived there a long time. Using this model, the life of college students does not encourage a system of deep ties to a social network. However, Hurtado, et al. (2005:51) found that 79% of their thirty-eight thousand college student agreed or strongly agreed that they were part of a campus community. Although research has consistently shown that we are more likely to help people with whom we feel a kinship or positive relationship (Banyard, et al. 2005; Banyard 2008), this apparently does not extend to bystanders of sexual assault or intimate partner violence.
Therefore, the explanation for the current study’s findings may be more deeply rooted. Nowell and Boyd (2010) have suggested that the whole concept of measuring one’s sense of community is problematic, due to construct validity concerns. Ever since Sarason’s (1974) description of sense of community as an important construct in community psychology, researchers have been working to create valid, reliable scales with which to measure it. The problem, as Nowell and Boyd (2010) aptly describe it, is that sense of community has “remained underconceptualized theoretically and methodologically” (p. 828-829). They suggest that efforts to measure it have focused on a single-loop learning framework rather than a double-loop framework.

This is problematic because single-loop learning frameworks assume that the conceptual foundation is sound on its face and runs the risk of moving on to build methodological instruments for a potentially unsound concept (Nowell and Boyd 2010). Aside from McMillan and Chavis’ (1986) theoretical discussion of what a sense of community measure should include, no other studies have systematically explored the concept; Nowell and Boyd (2010) argue that we should go back to asking “‘are we measuring the right things?’ compared to “are we measuring things the right way?’” (829) Related to the current study, it is possible that the *Collegiate Psychological Sense of Community* scale is methodologically correct but conceptually flawed, and this is why sense of community, which *should* matter, appears to not matter in relation to bystanders.

In sum, the lack of significant findings in the current study probably has multiple explanations (related to the conceptual difficulties with measuring sense of community), but it also indicates that students’ sense of community at an urban university may not function the same way as it does on a rural campus.
Impact on Bystander Intervention Curriculum

If the conceptual basis for scales measuring sense of community has not been fully articulated, as Nowell and Boyd (2010) suggest, then more work needs to be done in community psychology to fully evaluate current scales and then recommend one that is both “measuring the right things” and “measuring things the right way.” Until then, although The Bringing in the Bystander™ (Banyard, et al. 2005) curriculum has been well-received by participants and researchers, we will not be able to understand the mechanism through which their pro-community messages are working to increase bystander intervention. This will be further discussed in the “Directions for Future Research” in the conclusion chapter.

The impact of prior experience

These findings confirm those of earlier studies which found that prior experience intervening on others' behalf makes one more likely to intervene in the future (Banyard, et al. 2005; Bell, et al. 1995; Bryan and Test 1967; Laner, et al. 2001). The college student respondents had varied amounts of experience in intervening in past bystander situations. Out of the 24 possible bystander situations, ranging from helping a friend when they needed it to warning a stranger if you saw their drink being spiked, respondents had been in an average of 8.6 of these situations; they actually intervened in 69% of them. They were most likely to have intervened in drinking situations, such as helping a friend who had too much to drink, or making conversational interjections such as disagreeing with racist, sexist, or homophobic jokes (71% each).

About half of respondents had actually intervened in intimate partner violence
(48%) or rape situations (50%) (e.g., “asking a woman being shoved or yelled at by a man if she needs help,” “letting a friend know I am available if I suspect they have been sexually assaulted”). They were least likely to have chosen to intervene in the general bystander category (45%). This finding is especially interesting because although a rate of 45% intervention seems similar to the other categories, it is actually quite low when you see that it includes the statement “Asked upset friend if they need help or are OK,” which 99% of respondents had done. Compared to this 99% intervention rate, only 10% of respondents had ever called 911 when they heard someone yelling and fighting, and only 12% had “talked to a resident counselor or someone else who could help” when they “heard what sounded like yelling or fighting through my dorm or apartment walls.” It is possible that the respondents were fairly unlikely to intervene in these situations because they did not specify that the person needing help was a friend or acquaintance. This follows the findings that college student bystanders are more likely to intervene on behalf of a roommate than a stranger.

When bystander experience was tested against specific types of intervention (direct, indirect, and external), the findings show that bystander experience has no effect on predicting indirect intervention (e.g., causing a distraction, contacting a friend to come over, or other). This held true even after controlling for the respondent’s overall impression of the bystander situation (positive or negative). In reference to direct intervention and external intervention, each displayed a positive but fairly small (statistically significant) relationship. That is, the more experience a respondent had had in intervening on behalf of others, the more likely they were to intervene directly than respondents with less experience. Bystander experience only explains 5.5% of the
variance in a bystander’s decision to directly intervene and only 2.2% of the variance in a bystander’s decision to request external help.

The impact of positive prior bystander experiences

This research tried specifically to tease out the effect that the bystander’s judgment of their prior bystander experience would have on their likelihood to intervene in the future. There should be a qualitative difference for bystanders between intervention experiences that they judge negatively and those they judge positively. Social learning theory would suggest they would be more likely to intervene in the future if they had had more positive experiences with interventions than negative ones (Bandura 1977). This was tested by comparing the means and correlations of the likelihood of intervention based on all prior bystander experiences compared to how many interventions they had completed plus their overall score of how they judged their bystander experiences. The statistical findings for the two groups were so similar (sometimes identical) that we can conclude no overall impact of the quality of bystander experience someone has to their likelihood of intervening in the future. Because the scale used to measure this construct was created quite recently (Banyard, et al. 2005), very little research has studied the relationship between prior bystander behavior and predicted future bystander intervention. In fact, the Bystander Behaviors Scale was used in earlier research as an outcome measure, to see if attitudes about prosocial behavior could predict actual bystander behavior (Banyard, et al. 2005). In this research, the time order was reversed; the actual intervention experience was used to predict a respondent’s future willingness to engage in more bystander interventions.
Bandura’s social learning theory posits behavior is learned by observing models of others’ behavior as well as the social reaction to that behavior (Bandura 1977). Following that, it predicts that positively-reinforced behaviors (such as positively judged interventions) would be more likely to occur than non-positively enforced behaviors. Therefore, we should see a difference in future willingness responses based on the presence or lack of a positive quality to the prior intervention. Since there is no statistical difference between simple experience and positively-judged experience, social learning theory alone cannot explain a bystander’s willingness to engage in future prosocial behavior.

However, these findings do offer support for the importance of self-efficacy as discussed in Bandura’s social learning theory (Bandura 1977:79). It was hypothesized that prior experience intervening would predict future willingness because it would build feelings of competence in the bystander, which would increase confidence when faced with new bystander situations (Bandura 1977). Studies have consistently found that bystander’s competence is an important factor in predicting emergency intervention (Huston et al. 1981; Laner, et al. 2001; Midlarsky 1968). Laner, et al. 2001 specifically found that feelings of being strong were positively correlated to willingness to intervene in the future, whereas actual physical size (and ability) was not (p. 39).

In fact, feelings of competence may be more important that actual skill in many bystander situations. Events requiring medical attention, such as CPR, may be better helped by a bystander with medical training, but in a witnessed sexual assault, it does not take special training to call the police or help the victim. The benefit of previous experience for a bystander could simply be that it makes future intervening less daunting
because it is not an entirely new concept. Psychological research has shown that fear of new situations is common across all primates, including humans (Bronson 1968). Simple exposure to uncomfortable situations where one has experience taking action will reduce some of a novice bystander’s fear of getting involved. Therefore, the familiarity and increased confidence caused by prior experience seems to explain the increased likelihood of intervention (Bronson 1968). In order to clarify understanding of how bystander confidence relates to increased willingness to intervene, future research should include a measure of respondent self-efficacy.

The impact of bystander-victim relationship

These findings show partial support for the victim-bystander relationship hypothesis. The data show no support for a relationship between the victim being the bystander’s roommate and their likelihood of intervening in an indirect or external manner. However, bystanders are more likely to intervene in a direct manner for their roommate, and they are unlikely to intervene directly for a stranger.

That bystanders predicted being unwilling to intervene directly on behalf of a stranger aligns strongly with cost-benefit models of helping behavior (Bell, et al. 1995; Dovidio, et al. 1991, M. Levine, et al. 2005; Shotland and Stebbins 1983). These models, based in rational choice theory, suggest that the higher the cost of the intervention for the bystander (time spent, effort expended, and exposure to danger), the less likely they are to intervene (Bell, et al. 1995; Dovidio, et al. 1991, M. Levine, et al. 2005; Shotland and Stebbins 1983). However, the nature of the event also matters, because it may dictate the seriousness of the emergency. Typically, as seriousness of the event (heart attack,
physical/sexual assault, fire) increases, so does a bystander’s willingness to intervene (Chabot, et al. 2009; Graziano, et al. 2007). This is related to findings on the importance of harm to the victim in a bystander’s decision-making process. Bystanders may be more willing (depending on cost and personal danger) to intervene if the harm to the victim is unambiguous and severe (Clark and Word 1972; DeJong, Marber, and Shaver 1980).  

Sexual assault is generally considered a serious emergency by college students (Shotland and Huston 1979:1823). The cost of direct intervention to bystanders in this study varies – even if they chose to interrupt the act, potentially putting themselves in danger, they are at a party with others present, who could potentially come to their aid.

Cost is not a static construct, though; in helping behavior, it varies based on the relationship with the person in need (Graziano, et al. 2007). Typically, as this study confirms, bystanders are willing to take on additional cost for those with whom they have closer relationships. In studies of bystander helping ranging from giving CPR to help someone with car troubles, respondents are most likely to predict willingness to help family, with friends equal or a close second, then acquaintances, and lastly, strangers (Coons and Guy 2009; Graziano, et al. 2007; Kuramoto, Morimoto, Kubota, Maeda, Ski, Takada, and Hiraide 2008).

The underlying construct beneath this is the definition of the relationship. Clark and Mills (1986) and Wills (1991) have contended that individuals have different schema for different types of relationships; specifically, they describe exchange relationships and communal relationships. The basis of communal relationships is intimacy – this includes

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14 Of course, there is a point at which a bystander may deem the situation too serious or dangerous to help, such as a burning building, a person held at gunpoint (Graziano, et al. 2007).
15 Which includes calling out her name, or going into the room where the assault is taking place.
family, friends, and romantic partners. Exchange relationships, on the other hand, are formed between “people who do business with one another” (Wills 1991:333). Communal relationships are defined by each member “keeping track” of the other’s needs.

When applied to bystanders of sexual assault, those with whom bystanders share communal relationships, and not exchange relationships, are who the bystander is willing to help in a direct fashion (Clark, Mills, and Powell 1986; Wills 1991). Bystanders may feel an increased sense of responsibility for their roommates (Dovidio, et al. 1991; Hogg, Lai, and Terry 2003; Levine, et al. 2005). A complete explanation of why bystanders are more likely to predict direct intervention on behalf of a roommate, and not on behalf of a stranger, is probably a combination of cost-benefit analysis and social norms of in-groups.

*The impact of training as a sexual assault advocate*

In my opinion, the finding that sexual assault or domestic violence advocates were less likely (B coefficient -1.09, p=.013) to choose direct intervention was not a surprising one. As a trained sexual assault advocate myself, this question was included the survey (and specified a difference from learning about it in a college class) on a hunch that it would affect bystander behavior. Training in the sexual assault/domestic violence field always includes an emphasis on victim/survivor safety, and how to assess it and improve it. Because sexual assault and intimate partner violence is often emotionally and socially complicated, sometimes the best thing to do for a victim is not to rush into
the room to interrupt the situation. It may be better, and cause less future danger, to simply talk to the victim later to let he/she know someone cares.

Advocacy training encourages thoughtfulness around a victim or survivor’s needs. We are taught to assess the situation fully, consult with others when necessary, and weigh sometimes conflicting options (BARCC 2009). Therefore, when reading a hypothetical sexual assault situation, it makes sense that advocates may take time to assess the situation and talk with the victim first, before making a decision on their behalf (e.g. calling the police).
VII. CONCLUSION

Limitations

This study used a sample limited in size and diversity, consisting of undergraduate students in Introduction to Sociology and Introduction to Anthropology courses at one private, urban university. However, college students as a respondent pool have long been a favorite pick of academic researchers, if only because they are relatively easy to access (Laner, et al. 2001). This research is specifically concerned with how the college community and social norms of college students interact upon bystander attitudes, so it is appropriate.

Generalizability is also limited by the choice of only Introduction to Sociology courses; even though they represent a variety of majors, these students have self-selected themselves into this class. Although these courses serve as one of several electives that satisfy a general culture requirement at the school, these students may also have chosen these courses because they care about people and society; they may have more experience as a bystander who intervenes than the typical student. In addition, while the university sample is in a major New England city, the racial diversity on both the campus and in this study is poor (over 75% White students). Future research should focus on applying these theories and hypotheses to a racially diverse or representative population.

An obvious limitation of this research is that the key variable (i.e. willingness to intervene) was measured in hypothetical situations. Although bystander intervention is often studied using staged crimes or emergencies, the nature of a sexual assault (especially one taking place during a party) would be too difficult to conduct in a live
setting with actors. Institutional review boards are justifiably concerned about staged crimes, both because of potential accidents, danger to subjects and the possibility of psychological trauma for participants, actors, and researchers. For these reasons, it was only possible for respondents to predict how they would react if they witnessed the described vignette. Feld and Robinson (1998), in their use of hypothetical scenarios, state that while they do not expect hypothetical responses to act as proxies for actual behavior, they “do assume that variation in subjects’ reports in response to variations in the experimental conditions reveals general tendencies of how their behavior would vary in response to similar variations in real situations” (Feld and Robinson 1998:280). In fact, Bickman and Helwig (1979) found that a consistent and statistically significant predictor of actual intervention behavior was the respondents’ predicted willingness to intervene in an earlier hypothetical scenario (p. 291). So, while hypothetical responses are less than ideal, there is reason to believe they may be accurate, and it is the best solution given the ethical constraints (Laner, et al. 2001:24).

Other research, in lieu of using hypothetical vignettes, has asked respondents about how they actually responded if they have ever witnessed a certain event. However, the sample size of this research would have been greatly reduced using a behavioral model, because only 16% (n=46) of the sample had witnessed or overheard what they think was a sexual assault. Hypothetical responses are common in research with topics of a sensitive nature or where actual behavioral experience may be rare (Bickman and Helwig 1979; Feld and Robinson 1998; Laner, et al. 2001).

Because some of the portions of the survey instrument are revised or were conceived originally for this study, validity and reliability for some sets of questions has
not been established (West and Wandrei 2002). Additionally, respondents’ discomfort with questions about sexual assault, including their own sexual victimization history, may affect their responses (Campbell 2002; Koss, Abbey, Campbell, Cook, Norris, Testa, Ullman, West, and White 2007; Yllo and Bograd 1988).

It is clear to the respondents that the socially desirable responses as a sexual assault bystander are to intervene and not ignore the situation. In an effort to increase privacy and encourage honest responses, each respondent was given a folder to shield their answers from their neighbors and told this was a requirement of the IRB (so that people would not be singled out for hiding their answers). It was emphasized before the survey began that their responses would be both anonymous and confidential and explicitly encouraged them to be completely honest as no one will ever be able to link their answers to their identity.

However, only 1.7% of the sample (n=5) said they were most likely to do nothing in response to witnessing the vignette sexual assault, leaving 98.3% as intervening bystanders. However, of the 46 students who had witnessed a sexual assault, only 14% actually intervened. The discrepancy between 98.3% who would intervene and the 14% who did intervene is too large to be unaffected by a social desirability bias.

**Directions for Future Research**

There are several potential avenues for this research to expand. The relationship between victim and offender, touched upon in Levin, et al. (2007), should be further explored. Because the vast majority of college sexual assault victims know their attacker, it is possible that a bystander of college sexual assault may also know the offender. How
would this affect a bystander’s response? The current study showed that bystanders with sexual assault advocate training are less likely to intervene directly. As discussed, this is at least partially related to an advocate’s increased understanding of the complexities of sexual assault. Surely a factor that also affects a bystander’s decisions is whether or not the offender is a friend, peer, boss, coach, or other authority figure.

Comparison studies at several other types of schools would be very helpful in both advancing the field of research and improving bystander curricula. Although the bulk of the evaluation research for Bringing in the Bystander™ has been done at University of New Hampshire, located in a traditional, small-town New England setting, the program is currently being evaluated at the commuter-heavy, urban University of Massachusetts-Lowell. The current study contributes toward understanding the decision-making of bystanders at a large, urban campus, but we could also look at regional differences, schools with large fraternity/sorority populations, historically black schools, or schools who have had a recently, highly publicized sexual assault case.

Where the time and financial resources exist, it would be instructive to use newspapers, the Internet, and word of mouth to track down cases of sexual assault where bystanders were involved. Researchers could use textual artifacts and interviews with those involved to discover the impact of gender, community, prior experience/training, and relationship with the victim on bystander decision-making.

Finally, as mentioned in the discussion of community, it would be helpful if bystander research among similar populations (e.g. college students) used a standardized sense of community scale. Although the scale used in this research had an alpha
coefficient of 0.92, it was long at fourteen items. The Banyard, et al. (2005) research used the three-item Unger and Wandersman scale, which showed an alpha coefficient of 0.71 (p.98). Perhaps a five to seven item scale, with high reliability, could be found and agreed upon for use by many bystander researchers (who are interested in sense of community). This would allow us to compare sense of community across different populations to confirm the impact of the construct. Additionally, validity is a concern. The team at the Crimes against Children Research Center and the Family Research Laboratory have worked to thoroughly establish validity and reliability for the Juvenile Victimization Questionnaire; we bystander researchers could follow their lead (Finkelhor, et al. 2005).

**Summary**

Very little research has explored the relationship between social factors and how a college-aged bystander would react to witnessing sexual assault. These findings both support and challenge earlier research. Surprisingly, there is no relationship between a sense of community and a bystander’s willingness to intervene on behalf of a community member. Providing support for social learning theory, bystanders who report experience intervening on others’ behalf are more likely to be willing to intervene in a sexual assault situation. This research also shows that while bystanders are willing to intervene directly on behalf of their roommates, they are unwilling to do so for strangers. Finally, the findings support more traditional notions of women’s role: women are more likely to predict indirect or external intervention.
VIII. REFERENCES


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APPENDIX A: Survey Instrument

Please answer all questions. Everything will be kept confidential and anonymous. Thank you for your effort and honesty!

1. Gender: ______________________

2. How old are you (in years)? ______

3. Race/Ethnicity/Cultural identity: Please choose one selection. If you identify with more than one, choose “Other” and write in your ethnic/cultural identity.
   1. ___ White
   2. ___ Black or African-American
   3. ___ Latino/a
   4. ___ American Indian or Alaska Native
   5. ___ Asian or Asian American
   6. ___ Native Hawaiian or other Pacific Islander
   7. ___ Other (please specify) ____________________________________
   8. ___ Decline to answer

4. What is your class standing?
   1. ___ Freshman
   2. ___ Sophomore
   3. ___ Middler
   4. ___ Junior
   5. ___ Senior
   6. ___ Other (please specify) __________

5. What is your major? __________________

6. What college is your major in?
   1. ___ Bouvé College of Health Sciences
   2. ___ College of Arts & Science
   3. ___ College of Business Administration
   4. ___ College of Computer and Information Science
   5. ___ College of Criminal Justice
   6. ___ College of Engineering
   7. ___ College of Professional Studies
   8. ___ School of General Studies

7. Are you a member of the following? (choose all that apply)
   1. Social fraternity
   2. Social sorority
   3. Athletic team (club sports, NCAA sports, intramural/intercollegiate)
   4. Student Government Association (SGA)
   5. Council for University Programs (CUP)
   6. Resident Student Association (RSA)
   7. Campus Center on Violence Against Women (CCVAW)
   8. Other (please specify) _______________________________________
   9. None: I am not in any social or university-related clubs or groups
Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I never hesitate to go out of my way to help someone in trouble.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I have never intensely disliked anyone.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. There have been times when I was quite jealous of the good fortune of others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I would never think of letting someone else be punished for my wrong doings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I sometimes feel resentful when I don’t get my way.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Though there have been times when I felt like rebelling against people in authority even though I knew they were right.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I am always courteous, even to people who are disagreeable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. When I don’t know something I don’t at all mind admitting it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I can remember &quot;playing sick&quot; to get out of something.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I am sometimes irritated by people who ask favors of me.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please read the following list of statements and indicate your agreement or disagreement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Neither agree nor disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I really feel like I belong here.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. There is a sociable atmosphere on campus.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. I wish I had gone to another college instead of this one.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Students feel they can get help if they are in trouble.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. I would recommend this college to students in my high school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. My parents like this college.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. There is a strong feeling of togetherness on campus.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. I someday plan to give alumni contributions to this college.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. I really enjoy going to school here.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Students here really care about what happens to this college.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. I feel very attached to this college.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Campus life is very stimulating.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. If I am/were going to college next year, I would go here.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. There is a real sense of community here.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Below are questions about times you may have intervened and how you felt about those experiences. Please read the following list and indicate whether or not you have EVER engaged in this behavior. Circle:

1. **Yes** if you have ever done this action.
2. **No** if you have never done this action.
3. **Never happened** if you have never been in this situation before.

If you answered YES to any of the situations, indicate on the next line how you characterize your personal experiences when you did intervene? (Please circle or underline one).

<table>
<thead>
<tr>
<th>Situation</th>
<th>Mostly Negative</th>
<th>somewhat negative</th>
<th>neutral</th>
<th>somewhat positive</th>
<th>mostly positive</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Asked a friend who seems upset if they are okay or need help.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>Never happened</td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
<td></td>
</tr>
<tr>
<td>2. Gone to investigate when I was awakened at night by someone calling for help.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>Never happened</td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
<td></td>
</tr>
<tr>
<td>3. When I heard what sounded like yelling or fighting through my dorm or apartment walls, I have knocked on the door to see if everything is OK.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>Never happened</td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
<td></td>
</tr>
<tr>
<td>4. When I heard what sounded like yelling or fighting through my dorm or apartment walls, I have talked with a resident counselor or someone else who could help.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>Never happened</td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
<td></td>
</tr>
<tr>
<td>5. If I saw someone at a party who has had too much to drink, I've asked them if they need to be walked home.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>Never happened</td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
<td></td>
</tr>
<tr>
<td>6. Walked a friend home from a party who had too much to drink.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>Never happened</td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
<td></td>
</tr>
<tr>
<td>7. Said something to a person whose drink I saw spiked with a drug even if I didn't know them.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>Never happened</td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
<td></td>
</tr>
<tr>
<td>8. Watched my drinks and my friends’ drinks at parties.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>Never happened</td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
<td></td>
</tr>
</tbody>
</table>

128
Please complete the below questions the same way you did on the previous page. Circle:

1. **Yes** if you have ever done this action.
2. **No** if you have never done this action.
3. **Never happened** if you have never been in this situation before.

If you answered YES to any of the situations, indicate on the next line how you characterize your personal experiences when you did intervene? (Please circle or underline one).

<table>
<thead>
<tr>
<th>mostly negative</th>
<th>somewhat negative</th>
<th>neutral</th>
<th>somewhat positive</th>
<th>mostly positive</th>
</tr>
</thead>
</table>

9. Called 911 when I heard someone yelling and fighting.  
   Was this experience: Mostly negative | somewhat negative | neutral | somewhat positive | mostly positive

10. Called 911 when I heard someone calling for help.  
    Was this experience: Mostly negative | somewhat negative | neutral | somewhat positive | mostly positive

11. I saw a man and his girlfriend whom I know in a heated argument. The man’s fist was clenched and his partner looked upset. I asked if everything is OK.  
    Was this experience: Mostly negative | somewhat negative | neutral | somewhat positive | mostly positive

12. I saw a man talking to a woman at a bar. He was sitting very close to her and by the look on her face I can see she is uncomfortable. I asked her if she is OK.  
    Was this experience: Mostly negative | somewhat negative | neutral | somewhat positive | mostly positive

13. When I saw a friend grabbing, pushing, or insulting their partner, I have confronted them.  
    Was this experience: Mostly negative | somewhat negative | neutral | somewhat positive | mostly positive

14. When I saw a friend grabbing, pushing, or insulting their partner, I have gotten help from other friends or university staff.  
    Was this experience: Mostly negative | somewhat negative | neutral | somewhat positive | mostly positive

15. When a woman was being shoved or yelled at by a man, I’ve asked her if she needs help.  
    Was this experience: Mostly negative | somewhat negative | neutral | somewhat positive | mostly positive

16. Called a rape crisis center or talked to a resident counselor for help if a friend told me they were sexually assaulted.  
    Was this experience: Mostly negative | somewhat negative | neutral | somewhat positive | mostly positive

Please continue to the next page.
1. **Yes** if you have ever done this action.

2. **No** if you have never done this action.

3. **Never happened** if you have never been in this situation before.

If you answered YES to any of the situations, indicate on the next line how you characterize *your* personal experiences when you did intervene? (Please circle or underline one.)

<table>
<thead>
<tr>
<th></th>
<th>mostly negative</th>
<th>somewhat negative</th>
<th>neutral</th>
<th>somewhat positive</th>
<th>mostly positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Called a rape crisis center or talked to a resident counselor for help if an acquaintance told me they were sexually assaulted.</td>
<td>Yes</td>
<td>No</td>
<td>Never happened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
</tr>
<tr>
<td>18. Approached a rape crisis center or talked to a resident counselor for help if an acquaintance told me they were sexually assaulted.</td>
<td>Yes</td>
<td>No</td>
<td>Never happened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
</tr>
<tr>
<td>19. Let a friend know that I am available for help or support if I suspect they have been sexually assaulted.</td>
<td>Yes</td>
<td>No</td>
<td>Never happened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
</tr>
<tr>
<td>20. Told the authorities what I know about an incident of sexual violence in case it would be helpful.</td>
<td>Yes</td>
<td>No</td>
<td>Never happened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
</tr>
<tr>
<td>21. Shared information about sexual assault and violence with my friends.</td>
<td>Yes</td>
<td>No</td>
<td>Never happened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
</tr>
<tr>
<td>22. Spoken up against racist, sexist, or homophobic jokes.</td>
<td>Yes</td>
<td>No</td>
<td>Never happened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
</tr>
<tr>
<td>23. Indicated my displeasure when I heard a sexist comment.</td>
<td>Yes</td>
<td>No</td>
<td>Never happened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
</tr>
<tr>
<td>24. Educated myself about sexual violence and what I can do about it.</td>
<td>Yes</td>
<td>No</td>
<td>Never happened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this experience:</td>
<td>Mostly negative</td>
<td>somewhat negative</td>
<td>neutral</td>
<td>somewhat positive</td>
<td>mostly positive</td>
</tr>
</tbody>
</table>

*Please continue to the next page.*
Please read the following paragraph and imagine yourself in that situation. Then answer the questions that follow about how you would respond in that situation.

Scenario:
You are at a party and go upstairs to use the bathroom. A few minutes ago you noticed your roommate, Crystal, go upstairs with a guy. They had been flirting all night and were going to watch some TV. The walls in the apartment are thin, so you can hear them talking in the next room. You hear Crystal say, “Alright, John, let’s finish this TV show.” In a few more minutes, you hear Crystal say, “Really, John, stop. I need to go home.” Then: “John, get off of me. Let go of me!” You can see through a crack in the door that he is moving on top of her, and his pants are down. Crystal is crying.
[In Version B, the underlined portion was changed to “you noticed a girl go upstairs with a guy.”]

1. On a scale of 1 to 5, how would you describe John’s behavior during this time?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>completely unacceptable</td>
<td>neither acceptable</td>
<td>completely acceptable</td>
<td>unacceptable</td>
<td>not unacceptable</td>
</tr>
</tbody>
</table>

2. How would you describe John’s behavior during this time? Please choose one answer.

1. _____ appropriate dating behavior or sexual contact
2. _____ aggressive sexual behavior
3. _____ coercive sexual behavior
4. _____ sexual assault or rape

3. Please indicate which (if any) of the following actions you would take at some point in this situation. You can choose more than one – please check all that apply.

1. Do nothing, it’s none of my business.
2. Do nothing, I don’t feel like it’s safe for me to do anything.
3. Cause some kind of distraction (call her phone, drop your books) to interrupt them and let them know someone is in the apartment.
4. Call a resident assistant, counselor, friend, coach, or someone who I know is sensitive to this issue, and ask for his/her assistance or advice
5. Contact a friend and ask them to come over to help make sure John leaves.
7. Call the police during the incident and report that your roommate needs help.
8. Go into the living room and tell John he should leave.
9. Talk to Crystal later and ask her if she’s OK.
10. Talk to Crystal later and give her information and hotline numbers for the local rape crisis center.
11. Suggest to someone like a residence hall director or my coach that we have an educational program about rape awareness.
12. Other (see below)

4. Would you do something else? If so, what?__________________________________________________________
__________________________________________________________________________________________________

5. Of the previous choices, which is the one you are MOST likely to do: Number ________________
6. In two sentences or less, please describe why you chose the answer you did.

7. If no one ever found out your identity, how likely is it that you would report this incident to the local or campus police? Please circle one number.

1  2  3  4  5
very unlikely  neither likely nor unlikely  very likely

8. In two sentences or less, please describe why you chose the answer you did.

Please indicate how likely YOUR FRIENDS are to do each of the following behaviors.

Not at all likely  1  2  3  4  5 extremely likely

1. Knock on the door to see if everything is alright if they hear sounds of fighting or arguing through dorm or apartment walls.
2. Ask a stranger who looks very upset at a party if they are okay or need help.
3. Do something to help a very intoxicated person who is being brought upstairs to a bedroom by a group of people at a party.
4. Do something to help a person who has had too much to drink and is passed out.
5. Do something if they see a woman surrounded by a group of men at a party who looks very uncomfortable.
6. Talk to a friend about that person's overconsumption of alcohol.
7. Approach a friend if they thought s/he was in an abusive relationship to let them know they were there to help.
8. Step in and say something to someone they know who was grabbing or pushing their partner.
9. Go to a community resource (crisis center, counseling center, police, professor, coach) if they saw someone pushing or grabbing their partner.
10. Express disagreement if they hear someone say that having sex with someone who is passed out or intoxicated is okay.
11. Show support for a friend who wants to report sexual or physical assault that happened to them even if someone else might get in trouble.
12. If there were a situation where there may be a risk of physical or sexual violence to someone else, how supportive would your friends be of you being an active bystander (someone who steps in to help)?

1  2  3  4  5
not supportive at all  somewhat unsupportive  neutral  somewhat supportive  very supportive
The following questions concern unpleasant or negative experiences that you may have had. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly.

Circle the number of times each experience has happened to you. “The past 12 months” refers to the past year going back from today. “Other times in your life” refers to your whole life NOT including the past 12 months.

<table>
<thead>
<tr>
<th>Negative Experiences</th>
<th>How many times in the past 12 months?</th>
<th>How many other times in your life?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has anyone robbed or mugged you (they took something from you that you were carrying or wearing)?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>2. Has anyone hit or attacked you on purpose (with or without some kind of weapon, including fists)?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>3. Has anyone hit or attacked you because of your skin color, religion, or where your family comes from? Because of a physical problem you have? Or because someone said you are gay?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>4. Not including spanking on your bottom as a child, has an adult hit, beat, kicked, or physically hurt you in any way?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>5. When you were a child, did any adult emotionally or physically abuse, or neglect you as a child?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>6. Has a boyfriend or girlfriend or someone you went out with ever slapped or hit you?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>7. Has a boyfriend or girlfriend or someone you went out with ever called you names or made you feel bad about yourself?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>8. Has an adult ever touched your genitals when you didn’t want it, made you touch their genitals or forced you to have sex?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>9. Has an adult ever TRIED to force you to have sex, that is sexual intercourse of any kind, even if it didn’t happen?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>10. Have you ever seen one of your parents get hit by another parent, or their boyfriend or girlfriend? How about slapped, punched, or beat up?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>11. Have you ever seen one of your parents hit, beat, kick, or physically hurt your brothers or sisters, not including a spanking on the bottom?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>12. Have you ever seen, in real life, someone get attacked on purpose (with or without some kind of weapon, including fists)?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>13. Has anyone close to you ever been murdered? This could be a friend, neighbor, or family member.</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>14. Have you ever been in a place in real life where you could see or hear people being shot, bombs going off, or street riots?</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
</tbody>
</table>

1. Have you ever: (please X all that apply)
   1. _____ participated in a program on sexual assault?
   2. _____ participated in a program on bystanders?
   3. _____ had a guest speaker come to your class and talk about sexual assault?
   4. _____ had a guest speaker come to your class and talk about bystanders?
   5. _____ taken a class where a major unit of the curriculum was about sexual assault or domestic violence?
   6. _____ been trained as a sexual assault or domestic violence advocate?

Please answer the below questions based on the most recent assault(s) you know about.

2. Has someone close to you (friend, family, etc.) been the victim of sexual assault or unwanted sexual contact?

Please continue to the next page.
3. Have you ever seen or overheard an event which you think was a sexual assault or rape?


If YES, did you intervene in any way (including after the incident ended)?

   1. _____ Yes 2. _____ No

If YES, what did you do to get involved?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

The last section of the survey asks about the household you grew up in.

*If you were raised by a single parent, please place an X here ______ and give only information about the parent who you feel raised you.

1. What was the occupation of your father (or parent #1) when you were in high school?

______________________________________________________________________________________

2. What was the occupation of your mother (or parent #2) when you were in high school?

______________________________________________________________________________________

3. What was the approximate yearly income of the household in which you lived when you were in high school?

   1. _____ under $30,000
   2. _____ $30,000-$49,999
   3. _____ $50,000-$74,999
   4. _____ $75,000-$99,999
   5. _____ $100,000-$149,999
   6. _____ $150,000-$199,999
   7. _____ $200,000-$299,999
   8. _____ $300,000-$399,999
   9. _____ $400,000-$499,999
10. _____ $500,000 and above
11. _____ Don’t know / cannot guess

Please continue to the last page.
8. What is the highest level of education for your father (or parent #1)?

1. _____ some high school
2. _____ completed high school
3. _____ some college (at least one year)
4. _____ finished undergraduate college with degree
5. _____ some graduate school (no degree received)
6. _____ Master’s or professional degree (i.e. law degree, nurse)
7. _____ Ph.D. degree
8. _____ Other (please specify) _______________________
9. _____ Don’t know

9. What is the highest level of education for your mother (or parent #2)?

1. _____ some high school
2. _____ completed high school
3. _____ some college (at least one year)
4. _____ finished undergraduate college with degree
5. _____ some graduate school (no degree received)
6. _____ Master’s or professional degree (i.e. law degree, nurse)
7. _____ Ph.D. degree
8. _____ Other (please specify) _______________________
9. _____ Don’t know

10. Are you affiliated with a religion? _____ 1. Yes _____ 2. No

If yes, what religion? ________________________________

If yes, do you regularly attend services? _____ 1. Yes _____ 2. No

11. Do you have any additional comments for the researcher? If so, please include them below.

Thank you for filling out this questionnaire for my doctoral dissertation. I know that sexual violence is a difficult topic, so if you were upset by anything you read today, please talk to me or consult the resource sheet I will give to everyone. The resources on this sheet can also help if you would like more information, or would like to get help for someone you know. My contact information is below.

Sarah Cope (Ph.D. candidate) 617-331-1813 s.cope@neu.edu
Ineke Marshall (dissertation advisor) 617-373-4988 i.marshall@neu.edu
APPENDIX B: Institutional Review Board Protocol

For NU IRB use:

__________________________________________  NU IRB No. ______________
Date Received: ____________________________
Review Category: __________________________  Approval Date ______________

APPLICATION FOR APPROVAL FOR USE OF HUMAN PARTICIPANTS IN RESEARCH

Before completing this application, please read the Application Instructions and Policies and Procedures for Human Research Protections to understand the responsibilities for which you are accountable as an investigator in conducting research with human participants. The document, Application Instructions, provides additional assistance in preparing this submission. Incomplete applications will be returned to the investigator. You may complete this application online and save it as a Word document.

If this research is related to a grant, contract proposal or dissertation, a copy of the full grant/contract proposal/dissertation must accompany this application.

Please carefully edit and proof read before submitting the application. Applications that are not filled out completely and/or have any missing or incorrect information will be returned to the Principal Investigator.

REQUIRED TRAINING FOR RESEARCH INVOLVING HUMAN SUBJECTS

Under the direction of the Office of the Vice Provost for Research, Northeastern University is now requiring completion of the NIH Office of Extramural Research training for all human subject research, regardless of whether or not investigators have received funding to support their project.

The online course titled "Protecting Human Research Participants" can be accessed at the following url: http://phrp.nihtraining.com/users/login.php. This requirement will be effective as of November 15, 2008 for all new protocols.

Principal Investigators, student researchers and key personnel (participants who contribute substantively to the scientific development or execution of a project) must include a copy of their certificate of completion for this web-based tutorial with the protocol submission.

☐ Certificate(s) Attached
☐ Certificate(s) submitted previously – on file with the NU’s Div. of Research Integrity

A. Investigator Information

Principal Investigator (PI cannot be a student) Ineke Haen Marshall

Investigator is: NU Faculty_X__ NU Staff___ Other _______________________

College ____ Arts & Sciences

Department ____ Sociology & Anthropology _______________________________

Address ____ 513 Holmes Hall _______________________________

Telephone ____ 617-373-4988 _______ Email ___ i.marshall@neu.edu _______

Is this student research? YES _X__ NO ___ If yes, please provide the following information:
B. Protocol Information

Title
Bystanders’ Reactions to Witnessing Sexual Assault

Projected # subjects __350____

Approx. begin date of project __1/10/09__ month, day, year
Approx. end date __1/10/10__ month, day, year

It is the policy of Northeastern University that no activity involving human subjects be undertaken until those activities have been reviewed and approved by the University's Institutional Review Board (IRB).

Anticipated funding source for project (or none) __none__________________

Has/will this proposal been/be submitted through:

DSPA ________ Provost ________ Corp & Foundations ________

C.

<table>
<thead>
<tr>
<th>Will Participants Be:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (&lt;18)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Northeastern University Students?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Institutionalized persons?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Prisoners?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Cognitively Impaired Persons?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Non or Limited English Speaking Persons?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>People Living outside the USA?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Pregnant Women/Fetuses?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Other? (Please provide detail)</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Project Involve:</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Blood Removal?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Investigational drug/device?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Audiotapes/videotapes?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Please answer each of the following questions using non-technical language. Missing or incomplete answers will delay your review while we request the information.
D. What are the goals of this research? Please state your research question(s) and related hypotheses.

This study will look at the factors that affect students’ willingness to intervene in a hypothetical sexual assault situation. Specifically, how does a student’s sense of community and their prior experience with similar situations affect their response as a bystander?

There are four hypotheses:

1. As positive feelings of community on their college campus increase, so will a respondent’s likelihood of predicting their willingness to intervene on a roommate’s behalf in a sexual assault situation.
2. As predicted intervention in general bystander situations increases, so will likelihood of predicted intervention in the sexual assault scenario.
3. As actual intervention (based on past experiences) increases, so will likelihood of predicted intervention in the sexual assault scenario.
4. Women will be more likely than men to predict their willingness to intervene on their roommate’s behalf in a sexual assault scenario.

E. Provide a brief summary in non-technical language.

Participants in this research will consist of Northeastern University undergraduate students over the age of 18 who are enrolled in an Introduction to Sociology course (Department of Sociology & Anthropology, College of Arts & Sciences) in the Spring 2009 semester. After receiving permission from instructors and after discussing informed consent, Sarah Cope will present the students with an in-class survey to be filled out during class. The survey instrument is attached; students will be informed that they may stop at any time or skip any portion of the survey for any reason. Students will complete survey in writing – there is no sharing of answers or oral/audio/video portions. Surveys will be collected when completed; no follow-up will be asked of the students (students may ask questions or ask for follow-up if they like). Surveys will be kept confidential and anonymous through a random numbering system. At no point will Sarah Cope collect the names or identification numbers of respondents.

F. Identify study personnel on this project. Include name, credentials, role, and organization affiliation.

Sarah Cope, NU PhD candidate in Sociology, will collect, enter, and analyze the data for the purposes of her dissertation.

G. Identify other organizations or institutions that are involved. Attach current Institutional Review Board (IRB) approvals or letters of permission as necessary.

No other organizations or institutions are involved in this research.

H. Recruitment Procedures

| Describe the participants you intend to recruit. Provide all inclusion and exclusion criteria. Include age range, number of subjects, gender, ethnicity/race, socio-economic level, literacy level and health (as applicable) and reasons for exempting any groups. |
Describe how/when/by whom inclusion/exclusion criteria will be determined.

This study intends to recruit undergraduate students of Northeastern University. The age of the students must be over 18 but there is no maximum age set. Students of any ethnicity/race, socio-economic group, religion, club affiliation, and major course of study are welcome. The only persons non-eligible for this study are those under the age of 18 or those who cannot understand the survey as written in the English language. These criteria will be determined by self-report of respondents on the day the surveys are given out. Students who cannot read the survey, or students under the age of 18, will be asked to exempt themselves from taking the survey.

Describe the procedures that you will use to recruit these participants. Be specific. How will potential subjects be identified? Who will ask for participation? If you intend to recruit using letters, posters, fliers, ads, website, email etc., copies must be included as attachments for stamped approval. Include scripts for intended telephone recruitment.

Potential subjects will be found in the six sections of introductory classes for the Sociology & Anthropology department at Northeastern University in the Spring 2009 semester. The sociology course, “Introduction to Sociology” (SOC 101), will enroll up to 125 students in each of the three sections. The anthropology course, “Peoples and Cultures” (SOA 101), will enroll up to 114 students in two sections, and up to 125 in the final section. As enrollment in these classes is usually close to the maximum, that allows for a potential recruitment of up to 728 students.

Sarah Cope will put an information sheet about the study in each of the five instructor’s boxes (one professor teaches two sections). She will also make personal contact with each instructor to answer questions and ask permission to use class time for the short survey. She will also make sure that instructors explicitly agree that no student will be discriminated against through grades or judgment if they decide to skip parts or discontinue or refuse participation.

If the professors agree to allow Sarah Cope to come into their classroom, a date will be agreed upon. Sarah will bring enough copies of the survey for everyone in the class (up to the maximum enrollment) and will ask the students if they are willing to participate. She will explain informed consent and make sure students are aware that they can skip any question or stop their participation at any time. She will also stress that their decision about participating will in no way affect their grade or evaluation by the instructor. Before the survey is handed out, students are welcome to ask questions to clarify informed consent.

Please see attached information sheet for instructors.
What remuneration, if any, is offered?

There will be no remuneration offered.

I. Consent Process

Describe the process of obtaining informed consent*. Be specific. How will the project and the participants’ role be presented to potential participants? By whom? When? Where? Having the participant read and sign a consent statement is done only after the researcher provides a detailed oral explanation and answers all questions. Please attach a copy of informed consent statements that you intend to use, if applicable.

If your study population includes non-English speaking people, translations of consent information are necessary. Describe how information will be translated and by whom. You may wait until the consent is approved in English before having it translated.

The process of informed consent will begin with the instructors mentioning the study in the classroom before Ms. Cope arrives with the surveys. This will allow the students to ask questions about the study or think about it before their decision is made. Alternately, Ms. Cope could draft an email that the instructors will send out to their students (therefore preserving anonymity) before the survey date.

Once Ms. Cope is in the classroom to administer the surveys, she will go through the unsigned consent form (based on DRI website Template #3). Please see attached form, “Request to Participate in Research,” which will be read verbatim to the class. The sections on anonymity and the right to discontinue at any time will be emphasized. She will then allow time for questions. It is the researcher’s belief that an in-person consent discussion will get through to students more, and be considered more authentic, than a consent form on an online version of this study.

If your population includes children, prisoners, people with limited mental capacity, language barriers, problems with reading or understanding, or other issues that may make them vulnerable or limit their ability to understand and provide consent, describe special procedures that you will institute to obtain consent appropriately. If participants are potentially decisionally impaired, how will you determine competency?

N/A

*If incomplete disclosure during the initial consent process is essential to carrying out the proposed research, please provide a detailed description of the debriefing process. Be specific. When will full disclosure of the research goals be presented to subjects (e.g., immediately after the subject has completed the research task(s) or held off until the completion of the study’s data collection)? By whom? Please attach a copy of the written debriefing statement that will be given to subjects.

N/A

J. Study Procedures

Provide a detailed description of all activities the participant will be asked to do and what
will be done to the participants. Include the location, number of sessions, time for each session, and total time period anticipated for each participant, including long term follow up.

Each participant will be asked to complete one self-administered survey during class that day. The survey will begin after informed consent is discussed, and after students have had a chance to ask questions. The location where the survey will be administered is based on the classroom the registrar assigns. In order to promote confidentiality and privacy for participants, manila privacy folders will be provided.

The survey should take no longer than 20 minutes to complete. Long term follow-up to specific students will not be initiated by researchers (to preserve anonymity), but students will be encouraged to contact both the researcher and the resources provided if they have questions or have become upset.

Who will conduct the experimental procedures, questionnaires, etc? Where will this be done? Attach copies of all questionnaires, interview questions, tests, survey instruments, links to online surveys, etc.

Sarah Cope will hand out all copies of the survey instrument. At no time will anyone else handle the completed surveys.

K. Risks

Identify possible risks to the participant as a result of the research. Consider possible psychological harm, loss of confidentiality, financial, social, or legal damages as well as physical risks. What is the seriousness of these risks and what is the likelihood that they may occur?

There is limited foreseeable likelihood of risk associated with this study. Due to the subject matter involved in the study some students may experience psychological distress. All students will be provided with the contact information for the counseling center and local service providers in the area of sexual assault.

Describe in detail the safeguards that will be implemented to minimize risks. What follow-up procedures are in place if harm occurs? What special precautions will be instituted for vulnerable populations?

There are three sets of questions that could potentially upset students. However, the questions about their actual willingness to intervene in the sexual assault situation are completely hypothetical. Students will be asked very short, checkbox-style questions about their personal victimization history. Finally, students will be asked to describe what actions, if any, they took if they have ever had a personal experience like the one described in the hypothetical vignette. As an additional protection, these last two sets of questions are located close to the end of the survey to minimize discomfort at the beginning of the survey. That is, the questions gradually increase in intensity to prepare students for what may be coming. Again, the researcher will emphasize a student’s right to discontinue their participation or skip any uncomfortable section. Students will be allowed to leave the room any time during the survey to use the bathroom. Additionally, all students present the day of the survey will be provided with information on counseling services and hotlines (both on-campus and off-campus, free, and anonymous options). The researcher, Ms. Cope, is a trained rape crisis counselor and will make herself available during and after the survey to the participants if needed.
L. Confidentiality

Describe *in detail* the procedures that will be used to maintain anonymity or confidentiality during collection and entry of data. Who will have access to data? How will the data be used, now and in the future?

Only Sarah Cope and Ineke Marshall, P.I., will have access to the data. No names or ID numbers of any kind will be collected from participants. Ultimately, this data will be analyzed and used in Sarah Cope’s dissertation.

How and where will data be stored? When will data, including audiotapes and videotapes, be destroyed? If data is to be retained, explain why. Will identifiers or links to identification be destroyed? When? Signed consent documents must be retained for 3 years following the end of the study. Where and how will they be maintained?

Data will be stored in a locked office in Holmes Hall. Once the data is compiled and analyzed the surveys will be shredded.

M. If your research is HIPAA-protected, please complete the following;

**Individual Access to PHI**

Describe the procedure that will be used for allowing individuals to access their PHI or, alternatively, advising them that they must wait until the end of the study to review their PHI.

N/A

N. Benefits

*What benefits can the participant reasonably expect from his/her involvement in the research? If none, state that. What are potential benefits to others?*

There is no foreseeable benefit to participants. However, this research will illustrate the decision-making process for bystanders when confronted with violence. This research will add to the field’s current understanding of how bystanders can be most effective in potentially dangerous situations. This could contribute to policy development and understanding for how college populations deal with community and bystander intervention.
O. Attachments

Identify attachments that have been included and those that are not applicable (n/a).

- Copy of fliers, ads, posters, emails, web pages, letters for recruitment *
- Scripts of intended telephone conversations*
- Copies of IRB approvals or letters of permission from other sites
  Informed Consent or Informed Consent and Health Information Use and Disclosure Authorization*
- Debriefing Statement*
- Copies of all instruments, surveys, focus group or interview questions, tests, etc.
- Signed Assurance of Principal Investigator Form (required)
  NIH Human Subject Training Certificate(s) (required if not already on file at DRI)

*(Approved forms must be stamped by the IRB before use)*

P. Health Care Provision During Study

Please check the applicable line:

___X___ I have read the description of HIPAA “health care” within Section 3.0 of the Policies & Procedures for Human Research Protection. I am not a HIPAA-covered health care provider and no health care will be provided in connection with this study.

_______ I am a HIPAA-covered health care provider or I will provide health care in connection with this study as described in Section 3.0 of the Policies & Procedures for Human Research Protection. This health care is described above under “Study Procedures,” and the Informed Consent and Health Information Use and Disclosure Authorization form will be used with all prospective study participants.

If you have any questions about whether you are a HIPAA-covered health care provider, please contact the Director of Research Integrity at n.regina@neu.edu or (617) 373-4588.

Please return the completed application to: Nan C. Regina, Director
Division of Research Integrity
413 Lake Hall
Northeastern University
Boston, MA 02115-5000
Tel: 617.373.7570; Fax: 617.373.4595
n.regina@neu.edu

The application and accompanying materials may be sent as email attachments or in hard copy. A signed Assurance of Principal Investigator Form may be sent via fax or in hard copy.