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A Community Approach to Prevention: The Development and Assessment of a Bystander Intervention Program

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Abstract: In response to a growing concern about assaults on college campuses, universities are beginning to focus on the capacity of bystanders to intervene. Some schools have started bystander intervention programs for college students, which address bystander effect and barriers to bystander intervention. Schools teach participants how to become active bystanders. These programs rely on research regarding obstacles to intervention that have been tested on general population samples. But because the research focuses on scenarios less likely to occur to college students, there is a gap in understanding what barriers are salient to college student bystanders. Through a qualitative case study, a bystander intervention program was developed and piloted with a group of college students. This intervention program was designed to gain a more in-depth understanding of barriers to intervention that are salient to college students. Results from this study found three emergent themes that inhibit intervention: ambiguity, violation of social norms, and bystander efficacy. This research study contributes to a greater understanding of obstacles that are significant to college students and the college culture. As such, this study has implications for the development of intervention programming for universities.

Keywords: *bystander intervention, American college students*

A major concern for university students' safety is the prevalence of sexual assault and harassment that occurs on campuses (Krebs, Lindquist, Warner, Fisher, & Martin, 2009). National studies, such as the Campus Sexual Assault (CSA) Study, have uncovered statistics linking sexual assault to the use of alcohol and drugs. Studies have also found that victims of sexual assault are extremely likely to know their assailant and be assaulted in places where others are present, particularly at college parties (Krebs et al., 2009). Campus prevention programs seek to reduce sexual assault, substance abuse, violence, and discrimination. So prevention programs on campuses are beginning to focus on the role of the bystanders present at college parties (Banyard, Plante, & Moynihan, 2004). Such programs hope to encourage bystanders to take responsibility for the safety of their friends

and peers by being willing to take action to prevent an assault or another emergency (Banyard, Plante, & Moynihan, 2004).

This study focuses on the development and piloting of a bystander intervention program that addresses the issue of sexual harassment and assault. The program also educates students about the problems of alcohol and drug abuse, intimate partner violence, physical violence, mental health concerns, bullying, hazing, and discrimination. The development of the bystander intervention program specifically emphasized discovering what obstacles participants identified. Knowing these obstacles helped me, as the developer/researcher, to make the program more effective in empowering students to be active bystanders. Although this program did incorporate previously researched obstacles to intervention, it also gave participants the opportunity to discuss if

those obstacles occurred in their own bystander experiences, and what other factors they believed might contribute to a lack of intervention. The participants' feedback contributed to a more comprehensive understanding of the college student bystander. The developer/researcher then made changes and adaptations to the program curriculum that could increase the effectiveness of programs. The developer/researcher was certain that it would prove useful to address real issues in the lives of college students.

LITERATURE REVIEW

The phenomenon of bystanders not intervening is not exclusive to campus crime. The phenomenon started to be studied in 1968 following a gruesome murder in 1964 with several witnesses. After that crime, social psychologists began studying crimes in which no witness intervened, and they called this inaction "the bystander effect" (Latané & Darley, 1968). Research has found that there are a number of obstacles that prevent intervention from a bystander (Latané & Darley, 1970; Bickman, 1971; Piliavin & Piliavin, 1972; Rutkowski, 1983). These findings aided in the development of campus bystander intervention programs and provided the foundational curriculum for these programs at colleges across the United States (Coker et al., 2011; Katz, 1995; Step Up Program, 2011; University of New Hampshire, 2015).

Discovering the Bystander Effect and Barriers to Bystander Intervention

As previously mentioned, in the late sixties social psychologists took an interest in news reports of a murder of twenty-eight-year-old Kitty Genovese. In the middle of the night, Genovese had been attacked outside of her New York City apartment. She had been stabbed around twenty times, raped, and robbed. She had been, at least initially, calling for help (Platt, 1973). Six days later, police caught a twenty-nine-year-old

burglar, Winston Moseley, who subsequently confessed to the murder and was imprisoned.

Two weeks after the murder, newspaper reports started appearing the *New York Times* (Gansberg, 1964) saying that there had been many witnesses, but that no witness had tried to help. As is known now, the news reports were misleading. In actuality, as historians have revealed, the murder was made up of several attacks that took place in a number of locations—some spots visible, but some not visible. One witness (who did nothing) saw her stabbed in the first, very brief attack, which occurred in the most visible area. As for possible listeners, it was a cold evening, and few people had windows open. Of those people who heard yelling around this first attack, many listeners were not aware it was an assault and homicide. It was often noisy at the bar nearby. One person (who did not see the assailant, only the victim) did call police at the time of the first attack to say that a beat-up woman was staggering around, but this call did not get much priority and was not even logged. A second person at the time of the first attack (he saw the two), yelled at the attacker to leave her alone; the assailant did so, but he returned to her in about ten minutes and proceeded then, in an area not in view or earshot of most people, to conduct most of the damage to her. Another witness, who saw her stabbed in the second attack, was at least the second person to have called police, albeit after some waiting. At that point, a different neighbor came to her aid (courageously, because the neighbor did not know for sure if the killer had fled). From the second call, the police arrived quickly to find Genovese in her neighbor's arms. However, it was too late; Genovese died in the ambulance on the way to the hospital. From the time of the first attack until her death, it had been about an hour.

So certainly some witnesses had been responsive and had tried to help Genovese (Cook, 2014; Cornish, 2014; Lemann, 2014). But because of the erroneous newspaper reports saying not one of several witnesses had helped, social psychologists became intrigued by the lack of assistance from neighbors (Platt, 1973). Darley and Latané (1968) were the first psychologists to

give a name to the inaction of bystanders (when the witnesses believe there are several other witnesses), coining the behavior “bystander apathy.” As knowledge of bystander apathy grew, the term “bystander effect” became synonymous with the concept of bystander apathy. *Bystander effect* is a more accurate term, because Darley and Latané (1968) discovered that witnesses to an emergency are not apathetic; rather, witnesses face a series of barriers and obstacles that complicate the decision of whether or not to intervene.

Barriers to Bystander Intervention

Darley and Latané (1968) developed a situational model of bystander intervention that explains the single decision to intervene during an emergency. The decision is divided into four separate actions that a bystander must make that would lead to the choice of intervention (Darley & Latané, 1971). They identified these four actions as the following: (1) the bystander must notice a situation is occurring, (2) a bystander must identify the situation as an emergency and therefore worthy of intervention, (3) a bystander must decide to take responsibility for intervention, and (4) a bystander must decide how to provide assistance and then do so (1971). Each of these four steps provides room, in the bystander’s mind, for barriers to form against intervention.

Recognizing an emergency is occurring. If an individual fails to recognize that an emergency is occurring, he or she is unlikely to intervene. External stimuli can cause distractors for the bystander that prevent him or her from noticing an emergency (Burns, 2009). In the college setting, this barrier can be more relevant than in other settings, due to the large number of external stimuli that exist for students.

Recognizing an emergency as intervention-worthy. An intervention-worthy event is one in which bystanders understand that getting involved is necessary (or influential) in preventing harm or an assault. If a bystander does not consider an

event to be intervention-worthy, he or she is likely not to get involved and is probably deciding not to take responsibility for intervention. What factors are behind this decision? Factors include the group size during an emergency, the severity of an emergency, the victim’s needs, and the clarity of the emergency. Darley and Latané (1968) found that in larger groups, intervention was less likely. In addition to group size, Piliavin and Piliavin (1972) found that the severity of an emergency also affects intervention. Intervention is more likely in high-severity emergency situations because bystanders have more understanding that an emergency has happened. It is clearer to them that the victim needs assistance (Piliavin & Piliavin).

Taking responsibility for intervention. Once a bystander notices an event and recognizes that event as a situation in which intervention could assist the victim, he or she must make the decision to take responsibility and intervene. Research has found that bystanders are capable of recognizing an event as one where intervention could help, but yet they still fail to intervene (Burns, 2009; Fischer et al., 2011). Why would that be? It is likely because bystanders are influenced by a number of social factors that inhibit them, including their perception of a victim’s “worthiness,” the relationship of the bystander to either the victim or the perpetrator, and the pressure of social norms to avoid confrontation and ignore the situation (Burns, 2009).

Corcoran and Scronce (1995) found that the victim’s worthiness could prevent intervention. For example, if a person is attacked, would some bystanders turn away because they felt that the victim was at fault for being drunk or wearing provocative clothes? Additionally, research on the relationship among victim, perpetrator, and bystander demonstrated that bystanders were more likely to intervene when the victim was a friend or roommate. Their decision to get involved may be due to the personal nature of the relationship between the victim and the bystander, and the bystander’s ability to read behaviors and emotions of the victim more accurately because of their relationship (Nicksa, 2011).

Social norms also play a pivotal role in the inhibition of bystanders. In a survey of intervention self-efficacy among undergraduate college students, female participants listed a concern in intervening as not wanting to lose a friendship or not wanting to upset their friends (Exner & Cummings, 2011). One study measured both male and female bystander efficacy (self-reported ability to intervene) and willingness to help. In that study, no gender differences were found in self-efficacy—but male students reported less willingness to intervene in situations. Possibly this reticence is because male bystanders may be more heavily influenced by a social “rule” to uphold traditional norms of masculinity (norms that encourage aggressiveness). Male bystanders may feel it is against traditional male norms to discourage, shut down, or intervene in situations such as out-of-control parties, sexual harassment, or alcohol and substance abuse (Bannon, Brosi, & Foubert, 2013).

Intervening and providing assistance.

Bystanders may fail to intervene if they have a deficit in emergency skills. Such bystanders may lack the knowledge on how to safely and properly intervene in a dangerous situation (Burns, 2009). This lack of knowledge has fueled the development of educational bystander intervention programs, particularly on the university campuses (Banyard, Moyniah, & Plante, 2007).

Introduction to Bystander Intervention Programming

A bystander intervention program aims to educate participants on how to overcome bystander effect. In the class, students can practice becoming a more active bystander in a variety of different social situations. On university campuses, bystander intervention is primarily focused on preventing sexual assault, relationship abuse, and alcohol and drug misuse, with some programs even including issues such as hazing, bullying, eating disorders, and academic dishonesty (Breitenbecher, 2000). A typical program is about one to two hours in length and

can be offered in a variety of different formats. For example, some programs are presented to single-sex audiences only. Programs can be presented to small groups or larger groups. Participation may be mandatory or voluntary. The content of the presentation varies by campus, depending on the issues important to each school (Anderson & Whiston, 2005; Brecklin & Forde, 2001; Daigle, Fisher, & Stewart, 2009). Bystander intervention programs emphasize a community responsibility for prevention. These programs challenge the campus community to alter norms and attitudes that contribute to sexual assault and the abuse of alcohol and drugs. In contrast, previous models of prevention programming emphasized education and risk reduction, centering on issues such as sexual violence and alcohol misuse (Banyard, 2011).

METHODOLOGY

Program Design

The program that was developed for this research consisted of an hour-long class that was piloted to seven undergraduate students at the University of Northern Colorado (UNC). The school is mid-sized, serving about 10,000 undergraduate students and 2,000 graduate students (University of Northern Colorado). The class used an on-campus office that houses three undergraduate academic programs for the university. That office was chosen because the developers wanted the pilot run of the program to take place in a context similar to the future program. Additionally, the student lounge was considered a comfortable place for the student staff; it was important that students feel relaxed during that program in order to facilitate discussion and sharing. By presenting the program at the offices in which the students were employed, the researcher hoped to replicate the personal atmosphere that the future program would have.

The program was guided by five teaching goals: (1) participants will gain an understanding of who a bystander is, (2) participants will gain an understanding of bystander effect, (3) participants

will be able to identify barriers that inhibit bystander intervention, (4) participants will be able to present an intervention strategy for a specific scenario using the Five Action Steps presented in the program as a framework, and (5) participants will be able to distinguish between direct and indirect intervention.

The intervention program covered a multitude of issues that occur on university campuses: sexual harassment, sexual assault, alcohol and substance abuse, relationship abuse, bullying, hazing, mental health concerns, discrimination, and physical violence. The purpose of the program was not only to call attention to these issues but also to introduce students to their role as a potential bystander in any of these situations.

Participants of the intervention program pilot were provided with a brief introduction to the definition of *bystander effect*. They heard what factors prevent an individual from intervening in a concerning or emergency situation. Throughout the program, participants were asked to reflect on that they had watched, heard, or learned. Discussion among participants was encouraged.

Participants were shown the “Five Steps to Intervention” model created by Latané and Darley (1970). Participants were taken through the process of intervention, starting with recognizing an emergency. They moved through the other stages: interpreting an emergency as intervention-worthy, assuming responsibility for intervention, developing a strategy to intervene, and ultimately intervening. They were taught strategies of direct and indirect intervention. They were told about on- and off-campus resources in their local community that could be used in the case that they needed to indirectly intervene in a situation.

Using the Five Steps model, participants thought their way through scenarios likely to occur on campus. They identified what obstacles might occur at each stage of the Five Steps model and what they could do to overcome these obstacles. They created an intervention plan and presented it to each other.

In a final discussion, participants tackled three questions: (1) When might you find yourself as a bystander? (2) What might affect your ability to intervene? (3) What intervention strategies are

you most comfortable with? This discussion was designed to assist participants in synthesizing the new information they had acquired into a more personal understanding of their individual bystander identity. They considered their strengths and weaknesses in being bystanders. Throughout the program, several data analysis techniques were employed (these are discussed later). Data analysis allowed the program developers a better understanding of what participants identified as obstacles to intervention. Further, the data allowed the researcher to see whether these participant-identified obstacles are represented in current literature regarding bystander intervention among college students.

My Perspective as a Researcher

As a researcher, I have been seeking to answer the question of bystander obstacles among college students. I was motivated because of my exposure to the college culture and my frustration with why people did not intervene and help. I was raised in the heart of a college community in San Diego, California. Most of my family worked for or attended the university at that time and would bring home stories of tragedies that had occurred as a result of sexual assault or excessive drinking or drug abuse. My parents would often discuss with me the importance of ensuring my safety, as well as the safety of my friends. Yet after I moved away to college, I would still witness situations where people needed assistance, and I did not know what I could do to help. After learning about the bystander effect through my coursework as a Psychology undergraduate, I began to understand the complexity of intervention and was motivated to develop a bystander intervention program to combat the many reasons that people do not intervene. In this study, I was the researcher, developer, instructor, data collector, and data cruncher.

Methodology

The content and teaching of my bystander intervention program needed to be evaluated. The evaluation of this program was done through a

case study of five participants who had completed the pilot program. By “case study,” I mean that the evaluation followed Merriam (1998), who defines a *case study* as an examination of a specific phenomenon such as a program, an event, a person, a process, an institution, or a social group. The specific phenomenon or the site becomes the bounded system within which the researcher works. Within this case study research, the primary “instrument” for data collection and analysis was the researcher (me). As the researcher, I served as the filter through which the data flowed. Furthermore, I was responsible for analyzing and finding meaning in the data (Merriam).

Participants

Participants were recruited through a gatekeeper: the director of the academic office in which the undergraduate students were employed. The director gave permission to me, as the researcher, to ask students if they would be interested in participating in a research study. Then participants were provided with information on the research study. Interested participants were asked to contact the researcher. Those who contacted the researcher were then provided with consent forms prior to the study. Participants were ensured that their participation in the study would remain confidential. They were informed of their right to leave the study at any time if they chose. Participants were selected using criterion sampling (Patton, 2001). For this study, participants had to be currently enrolled, degree-seeking undergraduate students who were hourly or work-study student employees on campus. This criterion was selected in order to establish a maximum variation sample, or a sample of persons who represented a wide range of experiences (Maykut & Morehouse, 2000). Participants in this sample were linked through their employment but brought variations in their hobbies, interests, academic majors, age, and previous knowledge of the bystander effect and bystander intervention. Seven participants completed the pre-test and engaged in the program, but only five participants completed the

final post-test due to time conflicts. Only those five are included in the results.

Data Collection

Data were collected through participant observation and pre- and post-tests. Participants all signed a video release form stating their consent to be videotaped. A video was made to record observations of participants' discussion during the program and interactions with other participants during an interactive role-playing scenario. The video was then transcribed so that the discussion could be analyzed and coded for themes.

Following the distribution and return of consent forms, an open-ended pre-test was distributed to participants that assessed their pre-program knowledge of the bystander effect and bystander intervention. A post-test was given after the program; this test asked participants the same questions that existed on the pre-test. The pre- and post-test surveys asked the following questions: (1) How would you define who a bystander is? (2) Are you familiar with the social psychology phenomenon of bystander effect/apathy? If yes, please provide your own brief definition. (On the post-test, the question was re-worded to ask it this way: Please provide a brief definition of bystander effect/apathy.) (3) How would you define bystander intervention? Subsequently, individual participant responses on the pre-test were compared to the same individual's answer on the post-test, in order to assess whether or not the participant had acquired an understanding of the definition of the terms *bystander*, *bystander effect*, and *bystander intervention* as a result of the intervention program.

Data Analysis

The video recording of the program was transcribed, and the researcher added observational field notes. The open-ended pre- and post-tests and participant discussion from the video recordings were coded for themes and patterns using open coding (Lapan & Quartaroli, 2009). Open coding was selected as a method for

discovering if there were any words or phrases that participants repeatedly used, or any common words or phrases used between participants. Pre- and post-test responses were read through and assigned codes particular to the type of response provided by the participant. The same process was used for the video transcription notes from the piloting of the intervention program.

FINDINGS

Looking at the teaching goals, how well did the program work? Participants' understanding and acquisition of the program's information was measured. As previously mentioned, measurement tools included the coding of open-ended pre- and post-tests, and the coding of a video transcription that focused on participant discussions and interactions. As noted earlier, the pre-test and post-test were identical, with three open-ended questions. The pre- and post-tests assessed the effectiveness of three of the five program teaching goals: (1) participants will gain an understanding of who a bystander is, (2) participants will gain an understanding of bystander effect, (3) participants will be able to identify barriers that inhibit bystander intervention.

The first survey question asked participants to define the term "bystander." Results from this question indicated that the majority of participants viewed the term "bystander" negatively. For example, in the pre-test, four of the five participants responded that a bystander does not take action when witnessing an emergency or a distressing event. What might happen if students view a bystander as an individual who does not take action? In this case, such students may be less likely to want to view themselves as bystanders, because they perceive bystanders as not taking action. Students must understand that they are bystanders whenever they witness an event (before they can decide how to intervene effectively). On the post-test following the intervention program, three of the participants indicated that a bystander can either take action or ignore the situation, indicating that those three participants were the learning objective. The other two participants responded that a bystander does

not intervene in any situation; these two did not acknowledge that a bystander can either take action or not take action. Such a response may indicate that these two people still see the concept of a bystander as negative.

The second survey test question measured the participants' understanding of the phenomenon of bystander effect. None of the participants demonstrated a full understanding of the idea of the bystander effect prior to the program. This situation may indicate that students do not have a strong understanding of why individuals do not intervene in a situation. On the post-test following the program, two participants acknowledged that bystander effect occurs when a bystander fails to intervene due to the presence of other bystanders. Two other participants responded that bystanders fail to intervene due to multiple reasons beyond the presence of other bystanders. The fifth bystander responded that a lack of intervention is due to "a fear of being ridiculed," acknowledging the role that social norms play in intervention. It is important that participants gain an understanding that bystander intervention is a difficult process that can be inhibited by a number of factors outside of apathy. It is important because in order for students to overcome obstacles to intervention, students need to understand why those obstacles exist.

The third survey test question asked participants to define "bystander intervention." This question was designed to assess whether or not participants viewed the concept of bystander intervention as positive or negative. Understanding students' attitudes toward bystander intervention is crucial for programming a campus curriculum, because how students view intervention could shape the program's approach. In the pre-test, the majority of participants responded that "bystander intervention" is when a bystander witnesses an event and then intervenes. This response indicates that participants held a positive and basic understanding of intervention prior to the program. Following the program, participant definitions of "bystander invention" varied, with two participants indicating that intervention can be direct or indirect. Another participant defined "intervention" as a process in

which an individual becomes more educated on how to effectively intervene. The remaining two participants defined “intervention” as a witness taking action regardless of the his or her discomfort. While participants’ definitions of “intervention” in both the pre- and post-test indicate an understanding that a bystander takes action, post-test results demonstrate their understanding of the complexity of intervention by including discussion of different types of intervention and the discomfort factor of intervention.

DISCUSSION

Findings from this study showed that participants had an increased understanding of concepts such as *bystander*, *bystander effect*, and *bystander intervention* as a result of the intervention program, meeting one of the purposes of this study. However, this research also sought to provide participants with valuable strategies for bystander intervention. The program also aimed to find out what participants identified as obstacles to intervention. Through a role-playing component of the program and facilitated discussions, participants showed their ability to apply intervention strategies in practice. They also discussed obstacles salient to them as bystanders.

Strategies for Bystander Intervention

As part of the program curriculum, participants were provided with strategies to use in situations in which intervention is necessary. In order to aid the participants’ acquisition of these strategies, a role-playing component was included in the intervention program. There were three participant groups; each received a different scenario. In one hypothetical situation, they were asked to work with another participant to determine the most effective way to intervene in a given scenario. This hypothetical case allowed the researcher to determine what barriers participants might experience when deciding to intervene. Participants were asked to do three things: to apply an effective intervention strategy to the

given scenario, to identify any barriers to intervention that may occur with that specific scenario, and to distinguish whether their intervention strategy was direct or indirect intervention.

Hypothetical situations. The three hypothetical situations given to participants included a sexual assault, a mental health emergency, and an alcohol overdose. In the sexual assault situation, participants were asked how to approach a case in which they were at a party and saw an intoxicated friend being led into an isolated room. With the mental health scenario, participants were asked how to approach a situation in which they were worried about their roommate’s emotional well-being. In the case of the alcohol overdose, participants were asked how to handle an unconscious partygoer in need of immediate medical attention from having had too much to drink. Participants worked with a partner during the program to discuss their hypothetical situation, choose a relevant intervention strategy, and brainstorm what obstacles may inhibit their intervention. They decided how they would overcome those obstacles.

Intervention strategies. Participants working with the sexual assault case chose to intervene using a distraction technique that had been discussed during the program. They decided that they would distract the probable intended victim of the assault and separate that person from the possible attacker. The participants working with this situation demonstrated effective language for the distraction technique, and they identified their strategy as a direct intervention strategy. Two potential barriers, they said, that bystanders might encounter in this situation included feelings of ambiguity (particularly when deciding whether or not a potential victim is consenting) and feelings of awkwardness, hoping that no one else around would perceive them as overreacting.

Participants working with the mental health situation chose to intervene through a technique called “Say Something” (Strategies for Effective Helping). This strategy involves sitting down with the person and having a conversation about the

issue. The participants also stated during the program that if the “Say Something” approach was ineffective or not well received, that they would encourage their friend to seek help from the Counseling Center. The participants grasped that their approach to intervention employed both direct and indirect strategies of intervention. One barrier to intervention that they identified was not wanting to hurt their roommate’s feelings by insinuating that their friend may need to seek help from a mental health professional. They also responded that another barrier might be if they were to encounter resistance from their roommate.

Participants working with the alcohol overdose situation chose to intervene by calling for an ambulance to transport their friend to the hospital to get treatment. In the discussion, the participants said that they struggled between whether or not to call for an ambulance or take their friend to the hospital themselves. The participants were hesitant to choose a strategy that would involve possible law enforcement involvement because of the potential presence of underage individuals who may be intoxicated. However, the participants chose to call an ambulance because they recognized that they, too, as partygoers, might be intoxicated and ill equipped to drive. Further, they decided that they may encounter health issues as they took their friend to the hospital. They understood that their strategy was an indirect intervention strategy because they were employing the help of an outside source. One barrier they noted was the consequences to other partygoers of getting law enforcement involved. The participants further expanded on that barrier by discussing that they didn’t want to be responsible for stopping the party or upsetting other partygoers. Should other partygoers be put off, that might lead to a confrontation.

Nature of the college bystander. The results from the role-playing component of the program provided insight into the nature of the college student bystander. They are likely to use indirect intervention and employ the help of outside resources. When participants were asked to choose an intervention strategy that would be

more public, rather than talking one-on-one with a friend (which would be more private), participants opted for a strategy of distraction rather than straight confrontation. However, when the situation was more private and between close friends, participants were more willing to directly confront their friend about their behavior. Future research might explore why bystanders chose more confrontational methods of intervention with close friends. Another idea to explore is whether confrontational strategies to intervention are more effective than non-confrontational means. This response by study participants suggests that college student bystanders are particularly concerned about how others will perceive them when they intervene, and the reactions from others. Further supporting this insight is the potential obstacles that participants identified, which included feelings of awkwardness, resistance of help from their friends, hurting their friends’ feelings, or being seen as uncool in the eyes of their peers. These concerns were reflected in themes on obstacles to intervention and provide a number of implications for bystander intervention programming (to be discussed later).

Obstacles to Intervention

Throughout the program, there were a number of different opportunities for participants to discuss their own opinions on what obstacles may inhibit them from intervening. Nine obstacles were identified; these nine obstacles fell into three categories: ambiguity, violating social norms, and bystander efficacy.

Ambiguity. In relation to bystander intervention, “ambiguity” refers to the difficulty that bystanders face when discerning what is happening around them (Denner, 1968). Participants discussed that a potential obstacle to intervention in the situation of potential sexual assault would be overreacting to a situation in which their friend may be coherent and consenting. When discussing mental health issues, participants noted that a potential obstacle to intervention may be the bystander mistakenly

believing that a friend is dealing with a mental health concern—when in fact they are not. Clark and Word (1972) found that helping behavior was significantly lower in situations where there was a lack of clarity for bystanders on whether or not an emergency was occurring and if they should assist. In the example of a car crash, it is clear that someone is in need of immediate medical attention. In contrast, in situations such as sexual assault or domestic violence, bystanders find clarity significantly more difficult to discern (Clark & Word). Ullman and Najdowski (2010) report that when potential victims are intoxicated, their ability to identify the intentions of a perpetrator is inhibited, and this difficulty to perceive clearly may also be true of bystanders. Perhaps the bystanders are under the influence of drugs or alcohol; in this case, they might not be capable of deciding if they should intervene. The participants' discussion regarding obstacles to intervention supported previous research on the role of ambiguity in relation to intervention. When discussing how to intervene in a potential sexual assault situation, one participant related that he might be less likely to intervene because he would not have a complete understanding of whether or not both parties were consenting to sexual advances—especially if one or both parties were intoxicated. This lack of total understanding of the motives of a potential victim and perpetrator may prevent the participant from intervening. Bystanders do not want to overreact to a situation. Similarly, another participant added that certain situations (such as sexual assault or alcohol overdose) are not “everyday occurrences.” Thus, as a bystander, he may not recognize the warning signs. Without knowing the signs, he would be less likely to understand what is happening and therefore less likely to intervene. A third participant discussed the issue of ambiguity when deciding about intervening in a situation (such as domestic violence) that is occurring “behind closed doors.” Because the bystander only knows one side of the story through personal observations, he or she may be less likely to intervene out of a fear of being wrong about what is actually occurring. These discussions from the students about ambiguity support the previous

research on the topic (Clark & Word; Denner, 1968; Ullman & Najdowski).

The participants' identification of ambiguity has three useful implications for bystander intervention programming. First, when an instructor is teaching students how to intervene to stop a sexual assault, the training can focus on giving participants a crucial fact to remember: when an individual is intoxicated, that person cannot give consent, regardless of what he or she might have said while intoxicated. Second, the students could be encouraged to have discussions with friends and roommates about what they would consider an appropriate way to approach a situation where a possible sexual assault could occur. For example, a group of friends has a discussion that encourages each other to intervene if they think something is suspicious. There would be no relationship repercussions from this intervention. So the likelihood of intervention may greatly increase because the bystander would feel both responsible and enabled to intervene. Third, it is known that sometimes bystanders are not absolutely certain something is occurring in “behind closed doors” situations (such as domestic abuse or mental health struggles). So the instructor can address the ambiguity of these situations and provide helpful strategies.

Violating social norms. One of the most recurring themes regarding participants' identification of obstacles is the reticence to violate social norms. Bystander intervention requires violating several social norms, or social attitudes of approval and disapproval (Sunstein, 1996). Previous research has found that many bystanders do not intervene because they do not feel that they have the right to do so. They may feel that intervening is a violation of another person's privacy (Burns, 2009). When this study's participants were asked to define particular obstacles to intervention, they reported five roadblocks: feelings of awkwardness when intervening, worries of confrontation, terror of standing out in a crowd, qualms about hurting a friend's feelings, and fears of meeting resistance from friends when trying to help. However, participants in this study did not report some of

the other commonly identified obstacles that were defined in the literature, such as victim worthiness and relationship to the victim and attacker. Why did they not bring up these obstacles? Possibly because these two obstacles are more commonly brought up in bystander programs specific to sexual assault. In contrast, this study focused on multiple issues faced by college students, not just sexual assault.

It is clear from participant data that fear of violating social norms is a major obstacle to intervention. Programming should take this fact into consideration by including discussions specifically geared toward overcoming this obstacle. Many programs have already included this subject in the program curriculum, such as The Men's Project (Barone, Wolgemuth, & Linder, 2007), which specifically discusses social norms for masculinity that male bystanders face. Feelings of awkwardness and social anxiety are other obstacles to address. For example, programs can work on empowering participants to overcome their anxieties about intervention.

Bystander efficacy. Students can be blocked in acting due to feelings of a lack of efficacy and confidence. If individuals do not feel confident and knowledgeable enough to act, intervention tools and strategies are irrelevant because the participants will not feel that they can effectively employ any strategies. For example, one participant talked about a time he could have intervened to help a friend. But he did not help, because he felt overpowered physically. He also was not able to convey his emotions to his friend. In this example, the young man was comparing himself negatively to his male peers. He judged them to be more powerful, better suited for intervention. While he knew that intervention was necessary in this situation, and even had a strong understanding of how to intervene, he did not act because he felt powerless. In addition to participants explaining that feeling powerless is a big obstacle, they also discussed that they often lacked the confidence to act, particularly in making the right decision in *how* to intervene. One participant revealed that he was bullied throughout his adolescence because of his

inhibited social skills, and that experience resulted in his desire to be seen as a "cool guy." But this desire to be liked would prevent him from intervening in large groups, because he fears he will be ridiculed for doing so. He explained that he was confident enough about intervening, but not in a large group. Another participant expanded on those ideas by saying that he felt inhibited to act due to a lack of confidence in his ability to choose the right approach to intervening. He revealed that he struggles between deciding whether he should intervene directly, or ask for assistance from someone else.

While some research deals with efficacy (Bannon, Brosi, & Foubert, 2013), these studies are mostly in relation to bystander efficacy in overcoming social norms (not about the topic of personal feelings of confidence or powerlessness). None of the programs overviewed in the literature specifically address issues of personal efficacy, either. So this lack of covering efficacy is significant, because currently bystander education curriculum may be overlooking personal efficacy and focusing too strongly on preparing bystanders through lecturing on the types of intervention styles. Perhaps a better focus for classes would be on how participants could work on overcoming their personal obstacles. The consistency of students' concerns about violating social norms demonstrates that social acceptance is an important value for college students. This fact has several implications for bystander intervention programming and college prevention efforts.

Implications for Education Efforts

The findings from this research expose the unique nature of intervention obstacles for college students. Their concerns about getting involved revolve around maintaining socially appropriate behavior when intervening. When they are faced with the need to take action, they struggle with their personal confidence and their efficacy to effectively intervene. Bystander intervention programming in the campus setting can take into account the importance of addressing these issues in the curriculum. More emphasis can be put on working with students to overcome potential

negative reactions when they (as active bystanders) violate social norms. Additionally, components of the curriculum could address students' feelings of powerlessness and low confidence. Instructors can facilitate discussions with them about why college students feel that they are unable to effectively intervene.

Clearly, being socially accepted is important to students. To address this need, a community approach to prevention efforts is required. (Remember that bystander intervention programs already shift the responsibility for prevention from the shoulders of the victim to bystanders.) So university communities that promote the idea of positive bystander intervention could make a difference by demonstrating that intervention is accepted and welcome on campus. Many institutions have launched campus-wide public awareness campaigns focused on bystander intervention (White House Press Office, 2014). These campaigns provide resources to promote this type of education on campuses. In addition, the campaigns also work to create a public presence on campus through posters, public service announcements, and social media campaigns. One option for increasing bystander education awareness on campus is to incorporate bystander education into the academic curriculum in courses that address bystander effect. Another possible academic course that could cover it includes the First Year Experience course that reaches many incoming college students.

LIMITATIONS AND FUTURE RESEARCH

Two limitations. There are two types of limitation in this study. One of the limitations of this study is participant selection. All the participants who were selected were student employees within the same on-campus office. One of the requirements of holding their on-campus position was that they were a current member of either the University Honors Program and/or the Leadership Studies Program. As a result, all of the participants selected for the study were high-achieving students who were also friends outside of the study. This factor could have impacted the research because the participants' answers to

questions or contributions to discussion were very similar to each other. Also, the participants at times had tangent discussions due to enthusiasm, causing them to stray from the program curriculum. While these discussions were welcomed and provided the participants with other concepts to consider, it is unclear if off-topic discussions would have happened with a participant group not linked by employment and friendship.

Another limitation to this study is that participants discussed their probable decision-making process during the program, rather than in a setting where intervention was likely to be needed. As mentioned previously, at the time that intervention is needed, the bystanders may be intoxicated themselves. Or the bystanders may react differently when actually faced with the need to intervene. However, this study was meant to gain a better understanding of their obstacles, which it accomplished. Furthermore, the program was designed to provide participants with an understanding of methods of intervention that they could employ in the future, if needed. According to the tests and role play, participants did gain this awareness.

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