Campus Sexual Assault Series

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Crime Victims' Institute

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Bystander Intervention:

Sexual Assault Prevention and Response

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Prevention of sexual assault on college campuses has been of interest for decades. Most recently, programming on institutions of higher education has focused on engaging onlookers or witnesses to crime events in an effort to prevent, interrupt, or respond to sexual violence (Banyard, Moynihan, & Plante, 2007). In particular, these strategies have promoted the role that students and other campus community members can have as bystanders to create an environment that does not tolerate sexual violence (Banyard, Plante, & Moynihan, 2004). The current issue in the Campus Sexual Assault Series introduces bystander intervention programs as an evidenced-based strategy with the potential to effectively prevent and decrease campus sexual assault while providing victim-centered responses to survivors.

Bystander Intervention

Bystanders are defined as individuals who are proximally present as onlookers or witnesses to an escalating situation, emergency, violent incident, or crime (Banyard et al., 2007). Past research has demonstrated that 67% of all crimes and 30% of sexual assault incidents have occurred in front of a witness (Hart & Miethe, 2008; Planty, 2002). Additionally, bystanders are often present as highrisk situations elevate, putting them in a unique position to intervene (Hart & Miethe, 2008; McMahon & Banyard, 2011). Students and the broader campus community have the capacity to: (a) raise awareness of sexual assault on campuses, (b) prevent and interrupt sexual assault, and (c) assist sexual assault survivors by promoting empathic and compassionate responses upon disclosure.

The helping potential of onlookers gained popularity among social psychologists following the 1964 death of Kitty Genovese, who was attacked, raped, and stabbed to death as she was walking to her New York apartment from her car after a night shift at the local hospital. The police investigation found that 38 people residing in her apartment building either directly witnessed or heard Genovese in need of help, however, no one spoke up or called the police until after she was brutally murdered (Darley & Latane, 1968; Latane & Darley, 1970). This revelation led to the emergence of bystander intervention research and later, strategies to encourage bystander intervention in prevention and response to crime.

The basic tenets of bystander intervention involve five psychological steps that onlookers must undergo to make the decision to intervene. According to Latane and Darley (1970, p. 220) these five steps include, "[s]he must first notice the event, must then interpret it as an emergency, and must decide that it is his[her] personal responsibility to act." Bystanders must then decide on ways they would help and finally, take action.

Bystander Education Programs

Bystander intervention education has gained popularity as a promising strategy for sexual assault prevention and response and many institutions of higher education have implemented campus-wide educational programs targeting both male and female audiences to reduce the incidence of victimization (Longsway & Kothari, 2000). One of the main objectives of bystander programs is to counter participants' antisocial beliefs by discussing the effects of violence-supportive attitudes on helping (Storer, Casey, & Herrenkohl, 2015). behaviors Adherence to violence-tolerant attitudes and norms can inhibit an individual's decision and willingness to



identify an event as intervention-appropriate and/or directly intervene (Banyard et al., 2004; Loewenstein & 2010). Small, 2007). This suite of attitudes includes stringent and limited definitions of masculinity, sexism, hostility toward women, and attitudes that excuse, deny, or undermine the seriousness of rape and sexual assault (Ahrens, Rich, & Ullman, 2011; Coker et al., 2011; Foubert, Langhinrichsen-Rohling, Brasfield, & Hill, 2010; Storer et al., 2015). Program curricula have included discussions of healthy interpersonal relationship behaviors, such as how to

Rohling, Brasfield, & Hill, 2010; Storer et al., 2015). Program curricula have included discussions of healthy interpersonal relationship behaviors, such as how to navigate intimate relationships, with attention to the importance of consent (Storer et al., 2015). Program facilitators have clarified the importance of how alcohol facilitates miscommunication and its relationship to sexually aggressive behaviors. This material has been effectively conveyed through role-playing, group discussions, and by screening audience-appropriate videos that depict sexual assault scenarios (Ahrens et al., 2011; Storer et al., 2015).

Bystander programs have targeted both community norms and individual beliefs that have normalized the use of violence and minimized the seriousness of sexual aggression. These beliefs have been targeted because they have influenced bystanders' willingness to help victims in a high-risk sexual situation (Banyard, Moynihan, & Crossman, 2009; Storer et al., 2015). For example, college students with increased adherence to rape myths, such as "many women secretly desire to be raped" and "if a woman goes home with a man she doesn't know, it is her own fault if she is raped" (Payne, Lonsway, & Fitzgerald, 1999, p. 49) have reported increased levels of blame directed toward sexual assault victims compared to those who score lower on rape myth acceptance. These individuals have also been less likely to help sexual assault survivors (Loewenstein & Small, 2007).

The bystander paradigm has been incorporated into sexual assault prevention on college campuses (Longsway & Kothari, 2000). These programs have included *Bringing in the Bystander, InterACT Sexual Assault, Green Dot Active Bystander,* and *The Men's Program* and its companion program for women (e.g. *Women's Program*).

Bystander Intervention Effectiveness

Research has demonstrated that individuals with some exposure to bystander education have reported an increase in willingness to intervene in a sexual assault situation (Storer et al., 2015) as compared to those with no bystander education exposure. For example, participation in either a single session (e.g., 60 minutes) (Langhinrichsen -Rohling, Foubert, Brasfield, Hill, & Shelley-Tremblay, 2011) or multiple brief sessions (e.g., 15 minutes for 11 weeks) (Miller et al., 2012) has produced positive change in willingness to help potential victims of sexual assault. Participants have also reported increasingly prosocial attitudes and beliefs that discourage violence and disrespectful behavior toward women following training (Banyard et al., 2004; Coker et al., 2011; Foubert et al., 2010).

Bystander programs have also effectively increased participants' confidence in and willingness to intervene in high risk situations. Programming has incorporated concrete planning in terms of the strategies that participants would draw upon if/when faced with an intervention-appropriate situation (Storer et al., 2015). This practice has facilitated learning a range of skills and the development of a bystander plan that participants can feel comfortable acting upon (Storer et al., 2015). For example, in the Green Dot Active Bystander Program, primarily tailored for first-year college students, participants are informed of three ways they can intervene: (a) direct, (b) delegate, and (c) distract (Edwards, 2009). "Direct" intervention has required bystanders to personally interrupt or intervene in a situation (Edwards, 2009). The "delegate" intervention method has encouraged bystanders to seek assistance from others (e.g., campus police, resident assistant, and victim service providers) to prevent, interrupt, or stop an escalating situation (Edwards, 2009). Finally, bystanders have been instructed on the variety of ways in which they can "distract" the perpetrator (e.g., spilling a drink), allowing the victim to safely escape (Edwards, 2009).

Evaluations of specific bystander programs, such as Bringing in the Bystander and Green Dot, have been promising. Program completers reported increased confidence and willingness to intervene (Banyard et al., 2009; Coker et al., 2011), compared to non-completers. Using a sample of 196 college students, Banyard et al. (2009) found those exposed to the intervention program reported an increased likelihood of using the skills they learned from the training, increased perceptions of bystander efficacy, and decreased adherence to rape myths compared to the control group. Additionally, using a sample of 179 college men, Langhinrichsen-Rohling and colleagues (2011) examined the effect of The Men's Program on bystander competence, bystander willingness to help, and rape myth acceptance and found that program completers reported significantly higher bystander efficacy and willingness to help and significantly lower rape myth acceptance compared to men who did not complete the program. These findings have underscored the utility of bystander education to prevent and interrupt sexual assault in university settings. Bystander education programs have also focused on assisting sexual assault victims following the assault (Banyard et al., 2009). Unfortunately, many college students lack familiarity with and knowledge of services available to survivors of interpersonal violence (Franklin et al., 2016; Hayes-Smith & Levett, 2010). Bystander education programs have incorporated strategies for responding to a disclosure into curriculum so that participants can provide appropriate referrals to survivors (Storer et al., 2015). Finally, bystander education has focused on educating participants to better understand the impact of trauma on survivors' psychological and physical health outcomes and the need to approach survivors with empathy and compassion (Storer et al., 2015). This is particularly important because college students have been more likely to disclose their experiences to friends and family rather than reporting to formal service providers, like mental health professionals, and university police (Hayes-Smith & Levett, 2010).

Overall, bystander intervention education programs have varied by the targeted audience (e.g., based on sex or age of participants), goals of programs, and intervention components. Despite these differences in program curricula, program participation has increased willingness to intervene and discouraged violence-supportive attitudes and behavior toward women (Storer et al., 2015). Bystander programs have been successful in increasing willingness to help victims before, during, and after victimization and in facilitating compassionate responses toward sexual assault survivors.

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Resources

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