The University of Texas at Austin
Institute on Domestic Violence
& Sexual Assault
Steve Hicks School of Social Work

The Science Behind Bystander Intervention

A Guide to the Literature for UT System Institutions

FEBRUARY · 2020

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Our sincere appreciation goes to Chris Brownson, Associate Vice President for Student Affairs and Director of the UT Counseling and Mental Health Center. His leadership and vision are instrumental to the success of the numerous initiatives at UT System institutions dedicated to reducing interpersonal violence and harm. We are fortunate to have his leadership, support, and expertise, and remain incredibly fortunate to count Chris and his team as strategic partners in this important work.

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We created this resource for the benefit of our students. Researchers drew on shared stories and discussions with victims, survivors, bystanders, and many others. We honor these stories through the creation of this resource and in the hope that it will assist campus communities in becoming safer learning environments.

We remain grateful to The University of Texas System Board of Regents for their dedication and funding allocations aimed at increasing student safety. In 2014 and 2018, the UT System Board of Regents allocated funds to support a bystander intervention initiative to empower students attending UT System academic institutions to intervene to prevent multiple types of violence and harm. The Steve Hicks School of Social Work's IDVSA is committed to supporting UT System bystander intervention and prevention programming by providing UT institutions with guidance on best practices and program evaluation support.

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SECTION 1.
Bystander Intervention At-A-Glance

Learning Objectives: Institutional representatives will...
1. Understand an overview of bystander intervention, relevant theory, factors that influence bystanders, associated initiatives, initiative outcomes, and recommendations from the literature.
2. Understand how to read and use this guide.

Other Resources in This Section:
Figure 2 is an illustration that provides an overview of this resource to orient institutional representatives to how to use this guide.

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1.1 BACKGROUND AND PURPOSE

The prevalence of sexual violence (SV) and intimate partner violence (IPV) on college campuses continues to be a significant issue. For instance, 31% of women attending University of Texas (UT) academic institutions reported experiencing IPV, and 17% have reported experiencing unwanted sexual contact.[1] To address this problem, The UT Board of Regents allocated funding to support the implementation and evaluation of bystander intervention initiatives at UT System academic institutions. In support of these efforts, the purpose of this document is to present a comprehensive review of the bystander intervention literature related to a range of harms and high-risk behaviors, and highlight literature recommendations of best practices for implementing and evaluating bystander intervention programming on university campuses.

While the scope of the literature review included additional types of violence and harm, such as alcohol and substance use, suicide, mental health, hazing, and academic integrity, the existing literature on bystander intervention appears to be limited nearly exclusively to SV and IPV. Therefore, the literature is limited in terms of its relevancy to the broad array of issues addressed by UT programming, but offers insights and guidance for UT practitioners seeking to prevent and address SV and IPV.

1.2 BYSTANDER INTERVENTION, DEFINED

Bystander intervention is emerging as an important component in preventing SV and IPV on college and university campuses. This approach is promoted by Centers for Disease Control and Prevention (CDC)[2] and in the 2014 report from the White House Task Force to Protect Students from Sexual Assault.[3] **Bystander intervention is evidence- and theory-based, and works to prevent violence by engaging community members to actively interrupt and respond to harmful language, acts, and behaviors. By rejecting harmful behaviors, cultural norms may change over time and contribute to a more protective environment.**

The theories that ground the bystander intervention approach are primarily the situational[4] and social-ecological models,[5,6,7] though there are many other theories that may guide bystander intervention initiatives. UT System institutions use a three-step model of bystander intervention known at the UT System model.[8] This homegrown model is collaborative across campus departments and intentionally uses consistent marketing to unify its messages. Constructs from the theories that ground the bystander approach have been found to somewhat explain if or how individuals engage in bystander behaviors (called behavioral determinants),[9] but there are also other factors that may influence whether or not someone engages in bystander intervention behaviors as listed in the callout box below.

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Factors That Influence Bystanders [10,11,12,13,14,15,16,17,18,19,20,21,22]

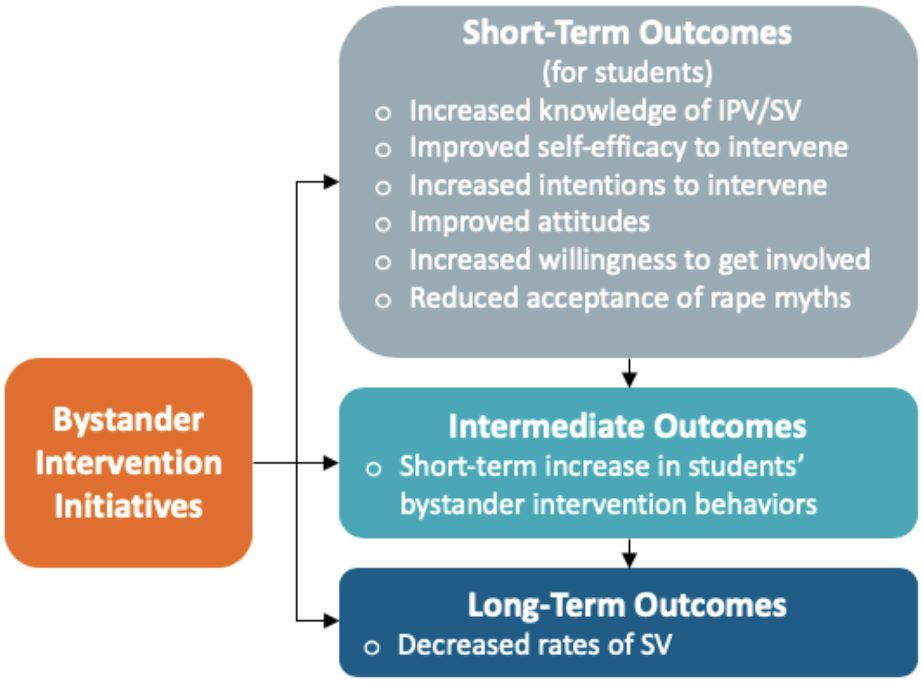
Behavioral Determinants	Individual Characteristics
•Self-efficacy •Attitudes •Beliefs that attitudes and behaviors align with social norms •Perceived barriers •Intentions	•Gender •Race/ethnicity •Sexual orientation

Initiatives that address these factors and characteristics may be more effective in increasing participants' prosocial bystander behaviors (active intervention to support someone being harmed) and in reducing violence.[23]

1.3 BYSTANDER INTERVENTION INITIATIVES

Seventeen initiatives (17) for bystander intervention are included in this review (see Table 2 in the Bystander Intervention Initiatives section). These initiatives reported overall success in improving participants' behavioral determinants and behaviors, and reducing rates of violence. See the outcomes in Figure 1 below.

Figure 1. Overall Bystander Intervention Initiative Outcomes



Specifically, seven initiatives had positive effects on participants' self-efficacy, five on acceptance of common myths related to rape/SV, six on intentions, five on attitudes, four on knowledge, and four on willingness to help (see Tables 2 and 3 in the Bystander Intervention Initiatives section for details and citations). Ten initiatives increased participants' bystander behaviors, though only one had sustained results over time. Four initiatives reported decreased violence, two of which reported sustained decreases in violence.

1.4 RECOMMENDATIONS FROM THE RESEARCH

The literature makes several recommendations for professionals implementing and evaluating bystander intervention initiatives to achieve best results. Generally, these suggestions address initiatives' target audiences, content, design, implementation, and evaluation. Recommendations most referenced include:

- Hire **dedicated staff** and provide facilitators with **extensive training**.[24,25,26,27]
- Initiatives should be **interactive** and **ongoing** (e.g., best results may occur in programs with 6 or more hours of training and exposure every 3 months).[28,29,30,31,32]
- Initiatives should **engage all members of the campus community** (i.e., students, staff, faculty, and administrators).[33,34]
- **Tailor programming** for student subgroups (e.g., LGBTQ+[a] populations, men at high risk for sexual assault perpetration).[35,36,37,38,39,40,41,42]
- Address participants' **intersectional identities** and how **biases** (e.g., homophobia, racial and gender stereotypes) can impact bystander behaviors.[43,44,45,46,47]
- Incorporate **a range of scenarios** to build bystander intervention skills (e.g., intervening with friends and acquaintances, or when intoxicated).[48,49,50,51,52,53,54,55,56,57,58,59,60,61,62]
- **Assess** long-term outcomes and processes in evaluations of initiatives. **Plan ahead for evaluations** in initial project plans.[63,64,65,66,67,68,69,70,71,72,73]
- Ground initiatives in established **theory**.[74,75,76,77]

See Table 6 in the Discussion section for a detailed list of recommendations.

1.5 CONCLUSION

Overall, the literature provides some support for the effectiveness of bystander intervention initiatives in changing campus communities and culture to be more protective against SV and IPV. However, due to the fact that research regarding the impact of bystander interventions is mixed and continuing to develop, it is crucial for colleges and universities to incorporate multiple approaches to prevent IPV, SV, and other harms. The CDC recommends that comprehensive prevention strategies be employed across the social-ecological model

[a] Lesbian, gay, bisexual, transgender, queer, intersex, asexual, genderqueer, and gender nonconforming.

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(i.e., approaches addressing the individual, interpersonal, community, and policy levels) so they may work synergistically with each other to better prevent and address violence. A few complimentary approaches to bystander intervention recommended by both the CDC and White House Task Force report include: further engaging men in violence prevention and providing healthy relationships programs. Implementing comprehensive prevention efforts (that incorporate multiple strategies and approaches for violence prevention) may motivate campus community members and provide the necessary skills to protect against violence, reject harm, and create a safer environment overall. Furthermore, comprehensive efforts that effectively address and prevent violence and create a safer campus community may also provide students with an environment in which they can thrive and succeed.

The final take away:

If individuals believe in their ability to intervene, they are more likely to actually intervene; if individuals disapprove of SV and IPV, approve of intervening, believe their peers approve of intervening, and have intentions to intervene then they are also more likely to intervene.[78] In addition, by engaging community members to actively interrupt harmful language, acts, and behaviors, the cultural norms may shift over time resulting in a more proactive social environment.

1.6 HOW TO USE THIS GUIDE

Purpose and Audience

This guide is designed to assist institutional representatives and other key stakeholders in understanding about applying information from the scientific literature related to bystander intervention as a strategy to prevent and interrupt SV and IPV.

How This Guide is Organized

Following this introductory at-a-glance section, this guide has six major sections as illustrated in Figure 2.

Highlight Information

The sections contain five main types of information described in Table 1 below. Throughout the guide, each type of information is indicated by an icon.

Table 1. Icon Legend

Icon[b]	Type of Information	Information Description
	Application	Specific strategies and steps for application.
	Theory and model	Theory and model definitions are highlighted with this icon.

Formatting Note:
In the body of the document, bold text denotes main takeaways from the content.

A Note About the Scientific Sources:
There are endnotes in each section that correspond to references in Section 6. See the Section 7 cover page for information on how to navigate those sources.

[b] Icon #1: created for The Noun Project by: ibrandify
Icon #2: created by The Noun Project by: Turkkub

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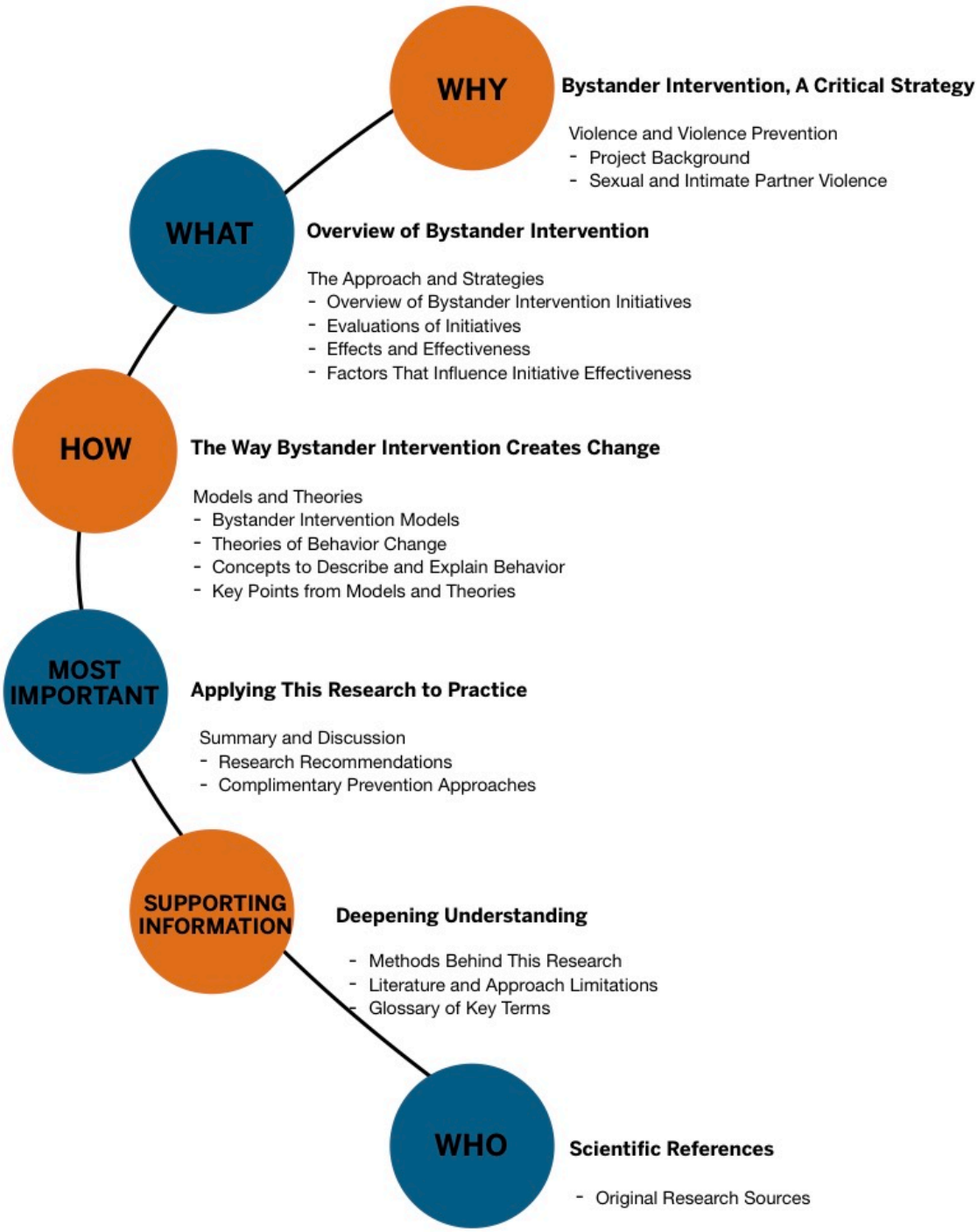
Figure 2. Bystander Intervention Literature Review – Resource Overview



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SECTION 2.

WHY: Bystander Intervention, A Critical Strategy for Violence Prevention

Learning Objectives: Institutional representatives will...
1. Understand the prevalence of sexual violence and intimate partner violence as well as prevention strategies, impacts, and risk factors for survivors.
2. Understand the application of evidence-based sexual violence and intimate partner violence prevention strategies.

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2.1 SEXUAL VIOLENCE AND INTIMATE PARTNER VIOLENCE

2.1.1 Prevalence

The prevalence of SV and IPV in adolescents and young adults in the United States is common and widely documented.[79,80]

Sexual Violence

- At UT academic institutions, **17% of undergraduate women** reported experiencing **unwanted sexual contact** and **10% experienced rape** since enrollment. [81]
- Nationally, 1 in 4 college women report being sexually assaulted.[82,c]
- Two studies found that **6% of college men** report being **sexually assaulted**.[83,d]

Intimate Partner Violence

- At UT academic institutions, **31% of women** who had been in a relationship reported at least one form of **IPV** since enrollment. Of those same women, **21%** reported **psychological violence** and **12%** reported **multiple forms of IPV**.[84] [85]
- A national longitudinal study found that **60% of girls and 49% of boys** were involved in **adolescent dating abuse**, as a victim, perpetrator, or both.[86]

2.1.2 Impacts of SV and IPV

The negative consequences of SV and IPV have also been widely recorded.[87,88,89,90] National survey data indicate that 26% of women who experience violence are fearful, 29% experience other IPV-related impacts, 15% experience an injury, and 2% become pregnant.[91] Other studies also indicate women experience disruption in their college education, more academic challenges than non-victims, lower self-esteem, poor workforce performance, heightened safety concerns, physical injuries or health problems, and reproductive health problems.[92,93] In one study,[94] a majority of women (73%) indicated they had greater mental health challenges (e.g., post-traumatic stress disorder, depression, anxiety) after experiencing SV in college. These results are again echoed in what women attending UT institutions report, with IPV experiences being associated with decreased academic engagement, increased academic impact, and more negative mental health outcomes.[95,96]

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[c] A systematic review of campus sexual assault studies that prevalence rates ranged from 1.8% to 34% for women, with a majority of studies reporting over 20%. The prevalence rate of 1.8% for women is a very low because it only measured a 7-month period as opposed to measuring since enrollment.

[d] Studies show a prevalence range of 4.8% to 31% for college men, and two studies reporting around 6% for men.

2.1.3 Risk Factors

There are a number of risk factors that may make someone more vulnerable to SV and IPV. Women experience violence more frequently than men,[97,98,99] and Black women have been found to be at greater risk than White women.[100] Gender non-conforming students and non-heterosexual students (particularly bisexual women, women who identified "other" for sexual orientation, and non-heterosexual men) have also been found to be at increased risk for SV.[101] Students with a history of victimization, or students who had greater difficulty paying for basic necessities, were also found to be more likely to experience violence in college.[102] Men and women who engage in risky or hazardous drinking practices, "hooking up," and women who engage in sexting were also found to be more likely to experience SV and IPV.[103,104] Finally, students may be at greater risk for violence during their first year in college or if they are members of fraternities and sororities.[105]

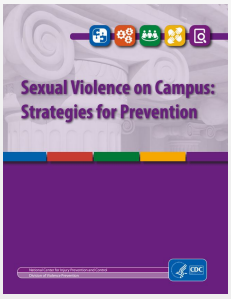
2.2 VIOLENCE PREVENTION

The prevalence of SV and IPV, and the severity and scope of the negative outcomes associated with these types of violence, highlight the need to address this public health problem. The White House Task Force to Protect Students from Sexual Assault provided guidelines in 2014 to address violence on college campuses, including: identifying the scope of the problem through climate surveys; listing approaches and best practices for prevention; providing recommendations for effective sexual assault response; and outlining strategies for the federal government to respond and support efforts.[106] Federal guidance continued in 2015, as the Centers for Disease Control and Prevention[107] held Think Tank and Action Planning meetings with prevention practitioners, college and university administrators, law enforcement, students, researchers, resource centers, college and university prevention educators, CDC grantees, and federal partners.[108] These meetings produced a framework to guide practitioners and campus partners in planning and implementing prevention initiatives in college or university settings.[109] This framework includes five components as follows.

2.2.1 CDC Framework to Prevent Sexual Violence

- Comprehensive prevention: Interventions and initiatives should work across the social-ecological model (described further in the Models and Theoretical Foundations section).

- Infrastructure: Interventions should have sufficient organizational systems and structures in place that support implementation.
- Audience: Interventions should reach out to engage diverse audiences.
- Partnerships and sustainability: Interventions should work across sectors to assure coordination and sustainability of prevention efforts.
- Evaluation: Interventions should be evaluated to identify what programs, policies, and practices do and do not work.



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To provide further guidance to practitioners, the CDC also produced technical packages with lists of evidence-based strategies and approaches effective in violence prevention.

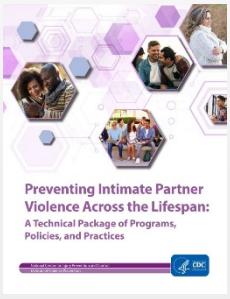
SV prevention strategies include:[110]

- Promoting social norms that protect against violence.
- Teaching skills to prevent SV.
- Providing opportunities to empower and support girls and women.
- Creating protective environments and supporting survivors to mitigate the impact of the negative consequences of SV.

Click the image for PDF

IPV prevention strategies include:[111]

- Teaching safe and healthy relationship skills.
- Engaging influential adults and peers.
- Disrupting the developmental pathways toward partner violence.
- Creating protective environments.
- Strengthening economic supports for families.
- Supporting survivors to increase safety and lessen harms.



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Each strategy listed has a number of associated approaches. Between the strategies and approaches for prevention, there are commonalities. Specifically, bystander intervention is a commonality and was also highlighted by the White House Task Force as a promising approach to prevention.[112] As such, the bystander intervention approach has been increasingly promoted and implemented in recent years to prevent violence.[113,114,115,116,117,118]

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SECTION 3.

WHAT: Overview of Bystander Intervention

Learning Objectives: Institutional representatives will...
1. Gain insight into the bystander intervention approach, including background on the approach and the most common strategies and initiatives.
2. Develop an understanding of the bystander intervention process.
3. Learn about effects and effectiveness of bystander intervention initiatives according to the research.
4. Understand the key factors that can influence effectiveness for bystander intervention initiatives.

Key Resources in This Section:
Table 2 covers sexual assault prevention approaches. This table includes details about the bystander interventions initiative reviewed, including audience, topics, format, theory, and associated author(s).
Table 3 covers comprehensive evaluation results for each bystander intervention initiative referenced in the review.
Table 4 can orient institutional representatives to the specific positive effects associated with each bystander intervention initiative.

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3.1 The Approach and Strategies

Focus on bystander intervention as an approach to prevent violence and harm represents a paradigm shift, as prevention efforts in past decades focused more on individual or small group self-defense training and awareness or education.[119, 120, 121] **The bystander approach works to engage community members by giving them a defined role to be able to intervene to prevent violence and help survivors.**[122] Bystander intervention also aims to be a method of primary prevention by attempting to prevent potentially harmful events from ever occurring.[123, 124]

Bystander intervention initiatives have also gained popularity because: they are more gender neutral and avoid addressing women as potential victims and men as potential perpetrators;[125,126,127,128] they promote positive social norms that can protect everyone against violence;[129,130,131,132] and can be tailored to meet the unique needs of population subgroups.[133,134] Additionally, the bystander approach can be applied across the continuum of violence to prevent higher-risk (e.g., rape) and lower-risk (e.g., sexually degrading language) harms.[135] Bystander intervention can be applied when providing support to survivors as well, serving as a secondary prevention approach (i.e., intervening during a high-risk event) or a tertiary prevention approach (i.e., intervening after an event).[136] The literature identifies several bystander strategies as follows.[137]

3.1.1 Bystander Strategies:

- Direct verbal confrontation: Verbally interrupting or correcting, having conversations, or providing emotional support or advice.
- Direct physical confrontation: Stepping in, being physically aggressive, and fighting.
- Distraction: Creating a distraction, removing the victim, or ignoring the perpetrator.
- Indirect intervention: Enlisting or calling for help.
- Passive/active acceptance: Not supporting victims or not trying to interrupt situations.

Some of these strategies are not considered prosocial examples of bystander behaviors. For example, direct physical confrontation may result in a fight and exacerbate the situation, especially when alcohol is involved.[138] Additionally, passive or active acceptance bystander behaviors run counter to the goals of bystander intervention initiatives and may send messages of acceptance or support for violence or harm.[139] Individuals' prosocial bystander behaviors (e.g., direct verbal confrontation, distraction, and indirect intervention), in contrast, actively use strategies to interrupt harmful situations and prevent more violence from occurring. Many bystander intervention initiatives promote individuals' prosocial bystander behaviors by attempting to address factors known to influence those behaviors (i.e., behavioral determinants). Figure 3 offers a basic visualization of this process. Details of

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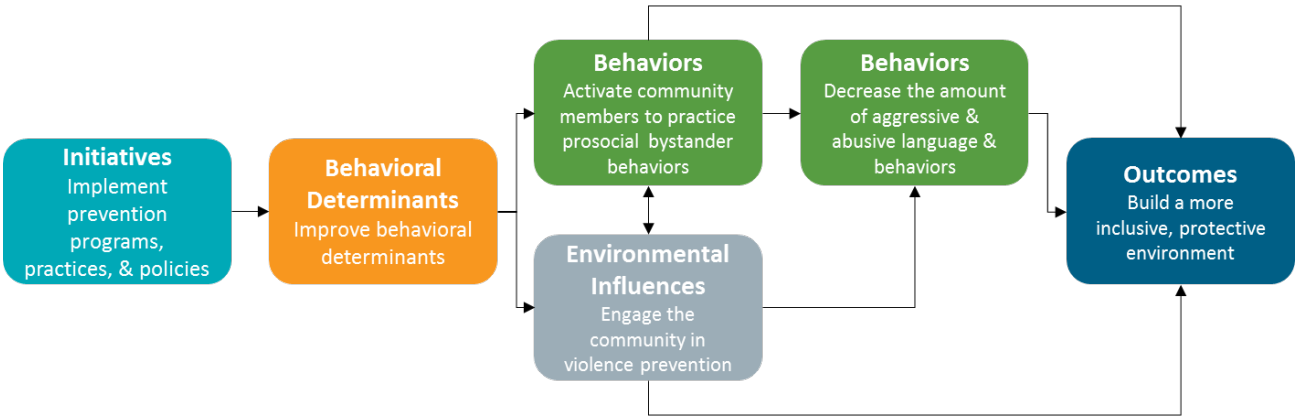
the theoretical underpinnings of bystander intervention, and the behavioral determinants, are discussed further in the Models and Theoretical Foundations section.

3.2 OVERVIEW OF BYSTANDER INTERVENTION INITIATIVES

Figure 3. Overview of Bystander Intervention



There are a number of bystander intervention initiatives referenced in the literature and in community resources. Table 2 lists a subset of initiatives (n = 17) and presents their target audiences, topics addressed, formats, theories explicitly employed, and citations. These initiatives were selected for this review because they were highlighted in the literature; or referenced by *Culture of Respect*, an organization (affiliated with the National Association of Student Personnel Administrators-Student Affairs Professionals in Higher Education) dedicated to ending SV on college campuses, and had a peer-reviewed publication.[140] The initiatives were all delivered between 2003 and 2018, though one (Giving Information for Trauma Support and Safety) may be ongoing. Below are some details on the initiatives reviewed, including trends and descriptions:

- All the initiatives address bystander intervention in their content.
- Six (6) initiatives address barriers to intervening and/or strategies to overcome barriers to intervening.
- Five (5) initiatives address masculinity, gender stereotypes, and empathy; two (2) address healthy dating relationships; three (3) address communication; and three (3) address the role of alcohol.
- Sixteen (16) initiatives were delivered on college or university campuses. Three (3) initiatives were delivered on high school and community college campuses.[e]

[e] See Table 2 for details on types of campus settings and populations used in the studies.

- Five (5) initiatives were delivered only to men, and two (2) were delivered only to women.
- Eleven (11) initiatives were delivered in a presentation, discussion session, or workshop format; three (3) were theatrical presentations; three (3) were online modules or videos; one (1) was a social marketing campaign; and one (1) was a brief counseling intervention delivered by student health or counseling center staff.

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Table 2. Sexual Assault Prevention Approaches That Include Bystander Intervention Skills Training

Initiative	Audience	Topics Addressed	Format	Theory Used	Citation(s)
Programs With a Primary Focus on Bystander Intervention Skills Training					
Bringing in the Bystander (BITB)	College students	Bystander intervention and barriers to intervening, awareness of SV prevalence and resources available	90 min. or 4.5 hr. workshops	None described	(Banyard, Moynihan, & Plante, 2007)[141]
Green Dot	College students	Bystander intervention, barriers to intervention, intervention strategies, situations of SV	50 min. presentation and 4–6 hr. training	Diffusion of innovation (peer opinion leaders); social marketing	(Coker et al., 2016)[142] (Coker et al., 2015)[143]
Students Challenging Realities and Educating Against Myths (SCREAM)	College students from a large public university	Situations of SV, bystander intervention, barriers to intervention, intervention strategies, norms for peers, perceptions for bystander intervention	Three theatrical presentations with audience engagement	None described	(McMahon, Winter, et al., 2015)[144]

Initiative	Audience	Topics Addressed	Format	Theory Used	Citation(s)
Programs That Engage Boys and Men as Allies in Prevention and Utilize Bystander Intervention Skills Training as One Component of the Approach					
Coaching Boys into Men (CBIM)	Male high school athletes	Respect, nonviolence, bystander intervention to stop violence against women and girls	Twelve 15 min. weekly discussions	None described	(Miller et al., 2013)[145]
The Men's Program	College men	Empathy, bystander intervention, intervening with friends in risky alcohol-related situations	1 hr. presentation	Belief system theory; elaboration likelihood model	(Langhinrichsen-Rohling et al., 2011)[146]
The Men's Project	College men from a medium-sized Midwestern university	Men's understanding of masculinity (i.e., how traditional masculinity can be a risk factor for SV and healthier alternatives), consent in dating relationships, awareness of norms and misperceptions that foster a culture that supports SV, empathy, bystander intervention	1.5 hr. discussion and 1 hr. booster session	Integrative model of sexual assault; social norms theory	(Gidycz et al., 2011)[147]

Initiative	Audience	Topics Addressed	Format	Theory Used	Citation(s)
Mentors in Violence Prevention (MVP)	High school students	Gender-related social expectations (norms) where violence is accepted, bystander intervention	20 hr. training for student leaders; sessions for others	Gender violence prevention theory	(Katz et al., 2011)[148]
RealConsent	College men from a large urban university	Bystander intervention, communication about sex, consent, outcome expectations for intervention and perpetration	Six 30 min. online modules	Social cognitive theory; social norms theory	(Salazar et al., 2014)[149]
Sexual Assault and Alcohol Feedback and Education (SAFE)	College men at Northeastern University	Intersection of alcohol use, sex, bystander intervention, consent, and risks; misperceived norms; correcting misperceptions about masculinity and sexual behavior; empathy for survivors; consent; bystander intervention; communication about sex	90 min. motivational interviewing session, 2.5 hr. workshop, and 90 min. booster	Integrative model of sexual assault; social norms theory	(Orchowski et al., 2018)[150]

Sulley, C., Rabideau, D., Jimenez, A., Dube, S., Wood, L., Susswein, M., & Busch-Armendariz, N.B. (2020). The science behind bystander intervention: A guide to the literature for UT System institutions. Austin, TX: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

Initiative	Audience	Topics Addressed	Format	Theory Used	Citation(s)
Sexual Assault Prevention Programs for College Students at Large That Include Bystander Intervention as One Component of the Approach					
Helping Advocates for Violence Ending Now (Haven)	College students	Types of relationships (healthy, unhealthy, and abusive), resources for survivors of SV or IPV, empathy, positive norms, bystander intervention	4 hr. workshop or online modules	None described	(Alegría-Flores et al., 2017)[151]
InterAct	College students	Warning signs of potential violence, strategies for intervention, social norms for bystander intervention	Theatrical presentation with audience engagement	Theater of the oppressed; pedagogy of the oppressed (community-based education that uses theater as a tool for social change)	(Ahrens et al., 2011)[152]
One Act	College students	Bystander intervention, warning signs of potential violence, empathy, scope of violence	4 hr. workshop	None described	(Alegría-Flores et al., 2017)[153]

Initiative	Audience	Topics Addressed	Format	Theory Used	Citation(s)
Sex Signals	College students	Gender role stereotypes, communication styles, definitions of rape and sexual assault, risk reduction, consequences for perpetrators, peer intervention	Theatrical presentation and educational workshop	None described	(Rothman & Silverman, 2007)[154]
TakeCARE	College students from a midsize university	Bystander intervention for friends	20 min. online video	None described	(Kleinsasser et al., 2015)[155]
Giving Information for Trauma Support and Safety (GIFTSS)	College students from college health centers	Alcohol-related SV, harm reduction strategies, counseling resources, bystander behaviors	Brief counseling intervention with palm-size safety card	None described	(Abebe et al., 2018)[156]
Know Your Power (KYP)	College students	Bystander intervention, alcohol-related SV, stalking, SV and IPV, a culture that supports SV, intervention strategies	Social marketing campaign	Transtheoretical model of change; social marketing model	(Potter, 2012)[157]

Initiative	Audience	Topics Addressed	Format	Theory Used	Citation(s)
Programs Specific to Women That Include Bystander Intervention					
The Women's Program	College women from a large public Midwestern university	Bystander intervention, identifying characteristics of individuals at high risk for SV perpetration, definitions of SV, prevalence of SV	1 hr. presentation	None described	(Bannon & Foubert, 2017)[158]

3.3 EVALUATIONS OF INITIATIVES

The literature also outlines some common evaluation methods for bystander intervention initiatives, which can be seen in the evaluation designs of the initiatives reviewed here (see Table 3). Most initiatives are evaluated with college students, and focus on SV over IPV or other harms.[159] Many published evaluations of bystander intervention initiatives (including the 22 reviewed for this resource) use rigorous evaluation designs that incorporate two groups (i.e., the group receiving the intervention and control or comparison groups that do not receive the intervention) and random assignment (the assignment of participants to groups totally at random, which strengthens the research design).[160,161] Less frequently evaluated are victimization or perpetration rates,[162] though there are some initiatives included in this review (n = 8) that did evaluate these outcomes. The primary and secondary outcomes typically assessed in evaluations are shown in the figure below:[163]

Figure 4: Common Outcomes Assessed

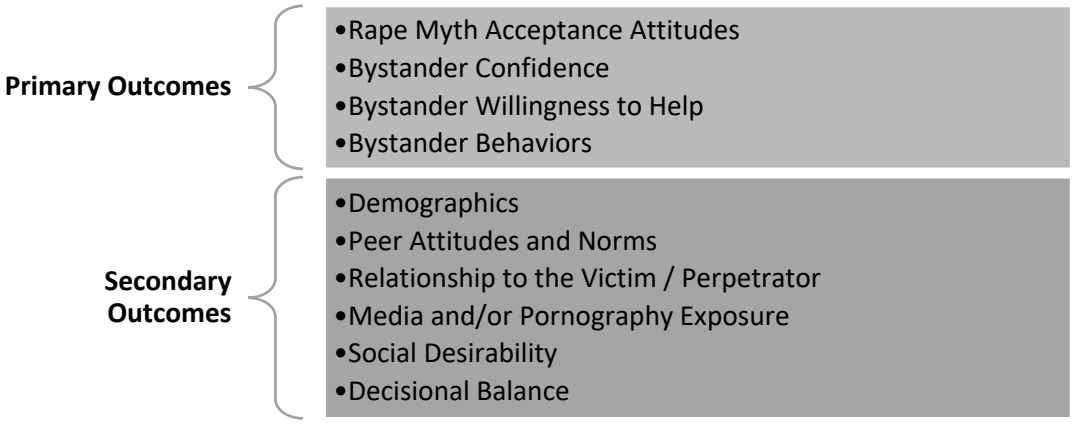

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Table 3. Bystander Intervention Initiatives' Evaluation Results

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
Programs With a Primary Focus on Bystander Intervention Skills Training					
BITB	Randomized controlled trial Pre-/post-test with 2, 4, and 12 month (mo.) follow-ups	• Knowledge • Illinois Rape Myth Acceptance Scale • College Date Rape Attitude Survey • Bystander attitudes • Bystander behaviors • Bystander Self-Efficacy Scale • Decisional Balance Scale	N = 389 / 83	• Participants reported significant improvements for: efficacy, knowledge, rape myth acceptance, bystander attitudes, bystander behavior, and decisional balance at posttest. • There were more significant improvements reported for those who had more doses of the intervention. • Effects were sustained for most measures, and significance was still maintained for efficacy, knowledge, and attitudes. • There were no significant improvements for bystander behaviors at 4 months or 12 months.	(Banyard et al., 2007)[164]
	Non-experimental Pre-/post-test	• Illinois Rape Myth Acceptance Scale	N = 202 / 202	• Participants reported significantly less rape myth acceptance and denial (lower scores).	(Amar et al., 2012)[165]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
		• Denial/lack of awareness • Bystander Intention to Help Scale • Level of taking responsibility		• Participants also had significantly more bystander intentions to help and taking responsibility to help (higher scores).	
	Non-experimental Pre-/post-test with 6 mo. follow-up	• Illinois Rape Myth Acceptance Scale • Dating violence attitudes • Knowledge/ Awareness Scale • Bystander Efficacy Scale	N = 218 / 97	• Participants reported decreases in their attitudes condoning SV and IPV, increased knowledge, and marginal increases in bystander self-efficacy. • Non-participants (students in the control group) also reported decreases in their attitudes condoning SV attitudes and increased knowledge. • No changes in already low approval of male-to-female IPV. • Participants at most risk at pre-test reported greatest improvements over time.	(Hines & Palm Reed, 2015)[166]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
	Quasi-experimental Baseline with 1 week (wk.) and 4 mo. follow-ups	• Bystander Efficacy Scale • Readiness to change/help • Brief Bystander Intent • Barriers to sexual assault intervention • Bystander behavior • Careless responding	N = 871 / 444	• Participants reported higher self-efficacy for prosocial bystander behaviors, increased readiness to engage in SV prevention efforts, increased intentions to help others, decreased perceived barriers, and increased prosocial bystander behaviors. • These findings were for both friends and strangers. • There were some diminished effects at 4 months, but they were still higher than baseline. • No effects seen on noticing situations and barriers for taking responsibility. • No effects seen for behaviors for taking action, accessing resources, or practicing party safety. • Men reported greater positive impacts overall.	(Senn & Forrest, 2016)[167]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
Green Dot	Multi-site quasi-experimental with stratified random sampling Cross-sectional survey	• National Intimate Partner and Sexual Violence Survey • Sexual Experiences Questionnaire • National Violence Against Women Survey (Conflicts Tactic Scales)	N = 8192 / 7026 (N = 3 campuses)	• Green Dot campus reported significantly lower rates of sexual harassment and stalking victimization experienced by both men and women, and sexual harassment and stalking perpetration perpetrated by men, and overall victimization. • Differences between the intervention and comparison campuses were more pronounced for males than females across all types of violence. • Campuses that implemented Green Dot found lower rates of violence victimization and perpetrations; furthermore, students involved in training had similar findings (primarily stalking and sexual harassment), with greater efficacy for females as a result of a larger turnout of women for training.	(Coker et al., 2015)[168]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
	Multi-site quasi-experimental with stratified random sampling Annual surveys		N = 8814 / 7111 (N = 3 campuses)	• Green Dot freshmen students reported lower rates of victimization and perpetration of sexual harassment, sexual assault, stalking, and IPV compared to comparison condition campuses. • These patterns were consistent over time.	(Coker et al., 2016)[169]
	Multi-site cluster randomized controlled trial Annual surveys		N = 106867 / 73795 (N = 26 campuses)	• High schools overall reported significantly lower SV perpetration over time, and significantly less perpetration and victimization after 4 years for sexual harassment, stalking, and IPV. • Student-level perpetration also decreased by 17–21% over time. • At the individual school-level, there were significant reductions in alcohol use or drug-facilitated sex and unwanted sex. • Program effects were more positive during the third year of implementation than the fourth year for all measures.	(Coker et al., 2017)[170]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
SCREAM	Randomized controlled trial Pre-test with 2 mo. and 4 mo. follow-ups	• Bystander Attitude Scale • Bystander Behavior Scale	N = 4311 / 938	• Participation was associated with positive bystander outcomes, regardless of dosage. Bystander behaviors increased for all students during the study period (not associated with number of doses). • Participants that received 3 doses had better scores for intentions, norms, and efficacy. • Gender differences were seen prior to entering college (women reporting higher scores than men), but additional intervention doses did not seem to have additional impact.	(McMahon, Winter, et al., 2015)[171]
BITB and KYP	Multi-site randomized controlled trial Pre-test with 12 mo. follow up	• Readiness-to-Help Scale (No-Awareness Subscale) • Opportunity for Bystander Behaviors • Perceptions of Peer Helping • Bystander Behavior Scale	N = 948 / 346 (N = 2 campuses)	• Decreased bystander behaviors reported over time for both program and control groups. • Participants did report more bystander behaviors for friends. • Participants who were aware of the problem at pre-test reported greater program impact on behaviors. • There were no impacts on helping behaviors for strangers overall, but intervention participants did report more helping behaviors than control group participants.	(Moynihan et al., 2015)[172]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
Programs That Engage Boys and Men as Allies in Prevention and Utilize Bystander Intervention Skills Training as One Component of the Approach					
CBIM	Multi-site cluster randomized controlled trial Pre-/post-test with 12 mo. follow up	• Recognition of abusive behavior • Barker's Gender-Equitable Norms Scale • Intentions to intervene • Positive and negative bystander intervention • Conflict Tactics Scale	N = 1513 / 1194 (N = 16 campuses)	• Athletes reported lower levels of negative bystander behaviors, and less overall abuse perpetration in the past 3 months toward female partners. • No effects were observed at 12 months on intentions to intervene, gender-equitable attitudes, recognition of abuse, or positive bystander behaviors (though positive changes were observed immediately post-intervention in these measures).	(Miller et al., 2013)[173]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
Men's Program	Quasi-experimental with some random sampling Pre-/post-test	• Bystander Efficacy Scale • Bystander Willingness to Help Scale • Illinois Rape Myth Acceptance Scale	N = 213 / 179	• Participants reported significant increases in bystander efficacy and willingness, and significant decreases in rape myth acceptance compared to comparison participants.	(Langhinrichsen-Rohling et al., 2011)[174]
Men's Project	Randomized controlled trial Pre-test with 4 mo. and 7 mo. follow-ups	• Illinois Rape Myth Acceptance Scale • Hypergender Ideology[f] Scale • Sexual Social Norms Inventory	N = 635 / 460	• Participants reported that sexually aggressive behaviors were less pleasurable. They had larger decreases in association with peers that may perpetrate sexual assault, and less exposure to sexually explicit media. • Participants also reported greater perceptions that friends were more likely to intervene following the intervention.	(Gidycz et al., 2011)[175]

[f] Hypergender ideology refers to adherence to extremely traditional gender-role ideologies (an attitude commonly associated with sexual aggression).

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
		• Social Norms Measure (Differential Reinforcement, Association with Aggressive Peers, Modeling, Overall Reinforcement, and Bystander Intervention Subscales) • Support for rape prevention efforts • Accurate identification of rape scenarios • Sexual Experiences Survey		• When presented with a scenario involving a consensual sexual act that escalates into a sexual assault, participants were more likely to label it as rape following the intervention. • Participants did not report greater tendencies to intervene or to support rape prevention efforts, and there were no changes in rape myth acceptance. • Among men that reported sexually aggressive behaviors, participants reported increased perceptions that other men would intervene, were less likely to report that sexually aggressive behavior was pleasurable at 4 months, and engaged in less sexual aggression at 4 months, compared to men in the comparison group. • There were no differences in aggressive behaviors at 7 months.	

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Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
	Non-experimental Pre-/post-test	• Ambivalent Sexism Inventory (Hostile Sexism and Benevolent Sexism Subscales) • Bystander efficacy • Collective action willingness • Feminist activism • Gender-biased language	N = 33 / 20	• Participants reported less hostile sexism, benevolent sexism, rape myth acceptance, and marginally lower gender-biased language. • Participants also reported increased willingness to engage in collective action against SV, bystander efficacy, and awareness of/involvement in women's rights issues. • Medium to large effects were seen in attitude measures; large effect sizes were seen for behaviors. Smaller effects were seen in gender-biased language and benevolent sexism.	(Stewart, 2014)[176]
MVP	Quasi-experimental Cross-sectional survey	• Perceived wrongfulness • Self-reported taking action	N = 1744 (N = 2 schools)	• Participants were more likely to identify behaviors as being wrong, and more likely to intervene in aggressive behaviors. • There were no significant differences found for intervening in less aggressive behaviors or in willingness to intervene.	(Katz et al., 2011)[177]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
RealConsent	Randomized controlled trial Pre-/post-test with 6 mo. follow-up	• Reactions to Offensive Language/ Behavior Index • Self-Behavior Scale • Revised Conflict Tactics Scale (Sexual Coercion Subscale) • Knowledge of assault or rape • Knowledge of effective consent for sex • Self-efficacy to intervene • Intentions to intervene • Outcome expectancies for intervening	N= 743 / 215	• Participants reported significantly less SV at 6 months, and significantly more prosocial intervening behaviors. Odds calculated for intervention participants perpetrating SV were 73% lower than for individuals in the comparison condition. • Participants also reported significant changes in legal knowledge of assault/rape, knowledge of consent for sex, intentions to intervene, expectation of potential outcomes after intervening, comfort with other men's inappropriate behaviors, rape myth acceptance, outcome expectancies for rape, empathy, hostility, date rape attitudes, and adherence to extremely traditional gender-role ideologies (an attitude commonly associated with sexual aggression). • No significant changes were seen for self-efficacy to intervene.	(Salazar et al., 2014)[178]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
		• Normative beliefs for SV • Rape myths • Gender role ideology • Empathy for rape survivors • Hostility toward women • Attitudes for date rape • Outcome expectancies for non-consensual sex			
SAFE	Non-experimental Baseline survey, post-tests after interview and	• Contemplation Ladder • Situational Confidence Questionnaire • Time Line Follow Back	N = 25 / 20	• At 2 months, participants reported increased use of strategies to limit drinking, fewer alcohol-related consequences, less rape myth acceptance, lower perceptions of peer alcohol use and engagement in sexual coercion, greater likelihood of intervening as a bystander, greater self-efficacy in intervening for a stranger.	(Orchowski et al., 2018)[179]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
	workshop, pre/ post-test for booster (2 mo. follow-up), exit interview	• Brief Young Adult Alcohol Consequences Questionnaire • Self-Control Questionnaire • Drinking Norms Rating Form • Sexual Experiences Survey • Illinois Rape Myth Acceptance Scale • Hypergender Ideology Scale • Brief Intent to Help Friends Scale • Intent to Help Strangers Scale • Bystander Attitudes Scale		• 25% of participants reported perpetration of sexual aggression; however, most of these participants had a history of sexual aggression at baseline.	

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
Sexual Assault Prevention Programs for College Students at Large That Include Bystander Intervention as One Component of the Approach					
Haven and One Act	Quasi-experimental Baseline, with 1 wk. and 2 mo. follow-up surveys collected over 2 yr.	• College Date Rape Attitude and Behaviors Scale • Bystander Confidence Scale • Willingness to Help Scale • Bystander Behavior Scale	One Act: N = 594 / 594 Haven: N = 336 / 336	• One Act significantly improved participants' bystander date rape attitudes, behaviors, confidence, and willingness. • One Act did not show significantly positive effects on bystander behaviors. • Both Haven and One Act positively affected date rape attitudes and behaviors. • One Act was significantly more effective on bystander confidence than Haven. • Haven did not have significant positive effects on bystander confidence or behavior.	(Alegría-Flores et al., 2017)[180]
InterAct	Non-experimental Pre-/post-test with 3 mo. follow-up	• Program participation • Decisional Balance Scale • Bystander Attitudes Scale	N = 457 / 355	• Participants reported significant increases in bystander helpfulness, and likelihood of bystander behaviors. • No significant changes were seen in perceptions of the personal benefits of engaging in bystander intervention. • There were no differences between active and passive participants (i.e., observers) in the program.	(Ahrens et al., 2011)[181]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
Sex Signals	Quasi-experimental retrospective cohort 1 yr. follow-up only	• Sexual Experience Survey • Youth Risk Behavior Survey (Alcohol and Binge Drinking Items)	N = 1988 / 1988	• Participants reported less SV victimization compared to comparison condition participants, except in students with a history of victimization.	(Rothman & Silverman, 2007)[182]
TakeCARE	Multi-site randomized controlled trials Pre-/post-test with 2 mo. follow-up	• Bystander Behaviors Scale • Bystander Behaviors for Friends Scale • Bystander Efficacy Scale	N = 96 / 93	• Participants reported more bystander behaviors for friends and increased self-efficacy. • Self-efficacy partially mediated the video's effect on bystander behaviors. • The video had greater impact on bystander behaviors for friends, but not general bystander behaviors (e.g., speaking up against negative social norms that increase the risk of SV or intervening for strangers). • Bystander behaviors among participants who received the intervention did not change over	(Kleinsasser et al., 2015)[183]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
				time and decreased in comparison condition groups.	
	Multi-site randomized controlled trial Pre-/post-test with 1 mo. follow-up	• Bystander Behaviors for Friends Scale • Bystander Efficacy Scale	N = 213 / 209 (N = 2 campuses)	• Participants reported more bystander behaviors for friends and higher self-efficacy than comparison participants. • Program effects on bystander behaviors were partially mediated by participants' perceived efficacy for intervening.	(Jouriles, McDonald, et al., 2016)[184]
	Randomized controlled trial Pre-/post-test with 2 mo. follow-up	• Bystander Behaviors for Friends Scale • Bystander Efficacy Scale	N = 211 / 180	• Participants reported more bystander behaviors for friends and higher self-efficacy than students in the comparison group.	
GIFTSS	Multi-site randomized controlled trial Pre-/post-test with 4 mo.	• Recognition of alcohol-related SV/risk • Self-efficacy for harm reduction • Knowledge of SV services	N = 2292 / 2292 (N = 28 health centers)	• Published intervention findings are not yet available. • 28 colleges agreed to participate and 2292 participants enrolled in the study at baseline. • Randomly-assigned groups of intervention participants were more likely to be Asian and Black/African American.	(Abebe et al., 2018)[185]

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
	and 12 mo. follow-ups	• Self-efficacy to use SV services • Intentions to intervene • Positive bystander behaviors • Recognition of coercion • Self-efficacy to obtain sexual consent • SV victimization • Disclosure of SV to health provider • Use of SV-related services			

Initiative	Evaluation Design	Measures	Sample Size (Baseline / Final)	Findings	Citation
KYP	Quasi-experimental Pre-/post-test	• Pre-contemplation, Contemplation, Action, and Backlash • Social self-identification	N = 353 / 353	• Campaign exposure increased students' awareness, willingness to help, and likelihood of taking action. • Students moved toward Contemplation and Action (from the TTM stages of change), but some experienced regression. • Campaign exposure did not increase students' willingness to take action, and there were no backlash effects that resulted in a decrease in empathy (as sometimes can occur).	(Potter, 2012)[186]
		Programs Specific to Women That Include Bystander Intervention			
Women's Program	Quasi-experimental Post-test	• Sexual Experiences Survey • Risk Perception Survey • Self-Efficacy Ratings Questionnaire • Dating self-protection against rape	N = 103 / 103	• Participants reported significant differences (with large effect sizes) in recognizing potential risks in their environment, willingness to take self-protective actions, and self-efficacy in handling threatening dating situations.	(Bannon & Foubert, 2017)[187]

3.4 EFFECTS AND EFFECTIVENESS

Evidence of effectiveness for the bystander intervention initiatives reviewed for this resource is presented in Tables 3 and 4. Most initiatives (n = 15) reported statistically significant positive effects on behavioral determinants of bystander behaviors. **In particular, initiatives had positive effects on participants':**

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- Self-efficacy (n = 8 initiatives)
- Rape myth acceptance (n = 7)
- Intentions (n = 6)
- Attitudes (n = 5)
- Knowledge or awareness (n = 5)
- Recognition of rape/abuse (n = 4)
- Willingness to help (n = 4)
- Normative beliefs (n = 3)
- Adherence to extremely traditional gender roles (n = 2)
- Hostility or sexism (n = 2)
- Readiness to take action (n = 2)
- Perceived barriers (n = 2)

Sulley, C., Rabideau, D., Jimenez, A., Dube, S., Wood, L., Susswein, M., & Busch-Armendariz, N.B. (2020). The science behind bystander intervention: A guide to the literature for UT System institutions. Austin, TX: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

Interventions targeting participants' knowledge, rape myth acceptance, perception of risk of sexual violence, self-efficacy, attitudes, and perceived barriers had sustained effects over time, but these results were reported by only two initiatives (Bringing in the Bystander and Enhanced Access, Acknowledge, Act). These findings are consistent with other published literature reviews on bystander intervention that found program effects on efficacy, intentions, attitudes, and knowledge.[188,189,190]

About half of initiatives (n = 10) reported positive increases in participants' prosocial bystander behaviors. This is again consistent with published reviews indicating that about half of the programs reported had positive program effects on bystander behaviors.[191] Though only one initiative explicitly reported sustained prosocial bystander behaviors over time (Bringing in the Bystander), other initiatives reported decreased SV rates (see below), so it is plausible that participants of those initiatives also engaged in more bystander behaviors over time.

Three initiatives reported decreased rates of SV victimization, two of which were sustained over time (Green Dot and Enhanced Access, Acknowledge, Act). Four initiatives reported decreased rates of SV perpetration, two of which were sustained over time (Green Dot and Coaching Boys Into Men). This is consistent with other reviews of the literature that found a limited number of initiatives (4.8%) positively affected SV behaviors.[192] Findings from a meta-analysis (examination of the data from multiple studies) are also consistent with these results, indicating that **bystander initiatives tend to have stronger effects on behavioral determinants than on actual bystander behaviors or other long-term outcomes.**[193]

3.4.1 Secondary Impacts

The literature also identified some secondary impacts (unintended positive effects) of bystander intervention initiatives. For example, evaluations of initiatives delivered specifically to women (The Women's Program and Enhanced Access, Acknowledge, Act) reported positive effects on typical bystander intervention evaluation measures (e.g., rape myth acceptance), and also measures related to perceptions of personal risk, willingness to take protective actions, confidence in resisting sexual coercion and SV, and rates of SV victimization.[194] [195] **This indicates that programs that are not primarily focused on bystander intervention (i.e., programs more focused on risk-reduction) may still result in positive gains for bystander intervention determinants and behaviors, as well as other determinants and behaviors that may also reduce rates of violence.**

In contrast, one study[196] found that bystander initiatives may also have some unintended negative effects. This study relied on interviews, focus groups, and direct observation of students on two college campuses related to incidents of bystander intervention that were reported or occurred during the course of the research. Despite students participating in bystander trainings, many continued to hold gendered ideas of bystander intervention that

reinforced stereotypes that men were "good" bystanders and women were typically potential victims. Additionally, students stigmatized SV perpetration and alienated men they perceived/described as "rapey"[g] from social circles. Men (and/or organizations) that were not "rapey" would then become better socially positioned, minimalize their own aggressive behaviors, and other students would overlook the potential risks of these men, leading to some cases of SV.

3.4.2 Other Effects

Compared to initiatives implemented in college or university settings, a few initiatives included in this review were implemented in high school settings (Green Dot and Coaching Boys Into Men) or community college settings (Media Aware). These initiatives show evidence of effectiveness in bystander intervention measures, but also in areas related to sexual health. Evaluations of these initiatives report that participants engaged in:

- Fewer negative bystander behaviors.[197]
- Less drug- or alcohol-facilitated sex.[198,199]
- Less sex with a casual partner or someone who had not been tested for sexually transmitted infections (STIs).[200]

Additionally, initiatives implemented with these populations reported increases in participants' sexual health knowledge, self-efficacy to communicate about sex, intentions to use protection during sex, and media skepticism. Skepticism of sexually themed media messages is considered a positive outcome because the media can be persuasive and often does not portray sexual situations and risks accurately. These additional effects may be due, in part, because initiatives implemented with these populations may have placed additional emphasis on these topic areas.[201]

[g] The term "rapey" is a direct quote from student reports in this research.

Table 4. Bystander Intervention Initiatives' Positive Effects

Initiative	Increased Knowledge	Decreased Rape Myth Acceptance	Increased Empathy	Increased Recognition of Rape	Decreased Adherence to Extremely Traditional Gender	Decreased Hostility or Sexism	Improved Risk Assessment	Increased Self-Efficacy	Improved Attitudes	Improved Normative Beliefs	Increased Willingness to Help	Increased Willingness to Take Protective Action	Improved Outcome Expectancies	Improved Decisional Balance	Increased Taking Responsibility to Intervene	Increased Readiness to Intervene	Decreased Perceived Barriers	Increased Intentions	Increased Bystander Behaviors-Friends	Increased Bystander Behaviors-General	Decreased Rates of Victimization	Decreased Rates of Perpetration
BITB	X*	X						X*	X*					X	X	X	X	X		X		
BITB and KYP																			X*	X		
CBIM				X	X													X		X		X*
Green Dot																					X*	X*
Haven									X											X		
InterAct									X									X				
KYP	X										X					X		X		X		
Men's Program		X						X			X											
Men's Project	X	X		X		X		X		X	X											X
MVP				X																X		
One Act								X	X		X									X		
RealConsent	X	X	X		X	X			X				X					X		X		X
Sex Signals																					X	
SAFE		X		X				X		X								X				
SCREAM																				X		
TakeCARE								X											X			
Women's Program							X	X				X										

**Effects sustained at or over 12 months*

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3.5 FACTORS THAT INFLUENCE INITIATIVE EFFECTIVENESS

Though bystander intervention initiatives show relative effectiveness, Table 5 highlights factors that may facilitate or hinder program success (program success is defined as improving participants' behavioral determinants, increasing participants' prosocial bystander behaviors, and/or reducing violence). These may be characteristics already identified as shaping individuals' bystander behaviors (e.g., knowledge, exposure to information, level of alcohol intoxication, ambiguity of the situation), or may be features specific to the initiatives or participants. For instance, initiatives with younger participants and more male participants reportedly show more positive effects[202,203,204] **Male engagement is especially interesting as men are frequently reported to show greater improvements after participating in these initiatives.**[205,206,207,208]

3.5.1 Participant Features

Participants' gender and race/ethnicity intersectional identities may also moderate (contribute to) program impact. One study[209] found that White men showed greater improvements after participation than Black or Latinx men, and Latinx women showed greater improvements than Latinx men. Additionally, participants' sexual orientation may moderate program effects as there is a need for programs to give special attention to LGTBQ students and scenarios during trainings to achieve program success.[210] Participants' self-efficacy, beliefs in line with social norms about gender, desire for social approval, aspiration (desire to emulate certain people, in this case men in college), and ego involvement (the extent to which a person's self-concept is connected to a particular issue) were also found to moderate program effects.[211,212] In order to see meaningful improvements and program success among participants with low baseline scores in these areas, there was **a need for more intentional messaging.**[213]

3.5.2 Initiative Features

There are also features of initiatives themselves that may facilitate implementation and contribute to program success. For example, theory-based initiatives and initiatives that are longer (i.e., longer than one session) or have more doses seem to report greater success.[214,215,216,217,218,219] Initiatives with dedicated staff, and facilitators that are sufficiently trained and found the program valuable also report greater success.[220,221,222,223] One study[224] outline a number of other features that may improve program effectiveness and/or facilitate delivery, including: a comprehensive approach with multiple components and strategies; a variety of teaching methods; strategies that foster positive relationships between participants, their peers, and adults; initiatives that are culturally relevant. Additionally, collaboration among stakeholders to build capacity and opportunities for implementers to gain confidence may contribute to program success.[225]

Features that do not appear to significantly impact program success include: if initiatives are delivered to single-gender or all-gender groups; if initiatives are delivered by peers or by staff; and if initiatives are delivered via videos, online, or through poster campaigns as compared to being delivered in-person by facilitators.[226] Conversely, **a feature that appears to negatively impact program success is the amount of time between when a program was delivered and follow-up, with longer time between sessions being associated with decreased positive effects.**[227]

Sulley, C., Rabideau, D., Jimenez, A., Dube, S., Wood, L., Susswein, M., & Busch-Armendariz, N.B. (2020). The science behind bystander intervention: A guide to the literature for UT System institutions. Austin, TX: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

Table 5. Moderators of Effectiveness

Type	Factors That Influence Likelihood of Intervention	Citation
Participant features	• Age of the bystander • Age of the target for intervention	(DeGue et al., 2014)[228] (Kettrey & Marx, 2018)[229] (Katz & Moore, 2013)[230]
	• Gender of the bystander	(Katz & Moore, 2013)[231]
	• Gender of the target for intervention • Perception of in-group out group (i.e., race, ethnicity)	(Burns et al., 2018)[232] (Ahrens et al., 2011)[233] (Coker et al., 2015)[234] (Senn & Forrest, 2016)[235] (Hines & Palm Reed, 2015)[236]
	• Attention to sexual orientation (e.g., explicitly address sexual violence within LGBTQ+ relationships)	(Hines & Palm Reed, 2015)[237]
	• Psychosocial factors among the bystander themselves (e.g., self-efficacy, normative beliefs, social approval, aspiration, ego involvement)	(Hines & Palm Reed, 2015)[238] (Mabry & Turner, 2016)[239]
	• Theory-based	(DeGue et al., 2014)[240] (McMahon et al., n.d.)[241] (Michau et al., 2015)[242]
Initiative features	• More doses of the program/intervention, more exposure, or longer duration (an average of 2–3 sessions or longer)	(DeGue et al., 2014)[243] (Jouriles et al., 2018)[244] (McMahon, Winter, et al., 2015)[245] (Senn et al., 2017)[246]
	• Includes a variety of teaching methods	(Bannon & Foubert, 2017)[247] (Burn, 2009)[248] (DeGue et al., 2014)[249]

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Type	Factors That Influence Likelihood of Intervention	Citation
	• Comprehensive approach with multiple components and strategies (For specific strategies, see Discussion section.) • Opportunities to foster relationships between students and adults • Culturally relevant	(DeGue et al., 2014)[250]
	• Facilitators are extensively trained	(DeGue et al., 2014)[251] (Dills et al., 2016)[252]
Implementation features	• Facilitators have a high degree of satisfaction with the program	(Crooks, Chiodo, Zwarych, Hughes, & Wolfe, 2013)[253] (Jaime et al., 2015)[254]
	• Facilitators willing to deliver programs with fidelity • High degree of collaboration between all stakeholders • There are opportunities for facilitators to gain confidence	(Cook-Craig et al., 2014)[255]
Type	**Factors That Do Not Appear to Show Impact**	**Citation**
Delivery features	• More time between program delivery and follow-up sessions or assessments • Gender-specific groups (vs. all gender groups) • Facilitators that are peer-led (vs. staff-led) • Facilitator-led programs (vs. videos, online programs, posters)	(Jouriles et al., 2018)[256]

SECTION 4.

HOW: The Development of Bystander Intervention

Learning Objectives: Institutional representatives will...
1. Understand the models and theories that are the basis for bystander intervention.
2. Understand the theories of behavior change and the concepts that describe and influence behavior.

Key Resources in This Section:
Figure 6 is a comprehensive illustration that demonstrates IDVSA's theoretical model of bystander intervention, including the relationships between the theories, behavioral determinants, bystander intervention behaviors, and related quality of life outcomes.

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4.1 BYSTANDER INTERVENTION MODELS

4.1.1 UT System Model

Specific to The UT System, bystander intervention is defined as "recognizing a potentially harmful situation or interaction and choosing to respond in a way that could positively influence the outcome." [257] The model of bystander intervention promoted by The UT System condenses the five steps of the situational model to three steps – ***recognize, choose, act*** – as follows.

Three-Step UT System Model:

1. Recognize potential harm.
2. Choose to respond.
3. Take action.

The definition and model are shared across UT System academic institutions so that all stakeholders can work together to prevent different types of violence and harm.[258] However, individual institutions have flexibility in creating and implementing bystander intervention initiatives that are tailored to their unique settings.[259] The UT System Model was developed using a combination of various models and theories. It is designed to be collaborative across campus departments and intentionally uses consistent marketing to unify its messages. The UT System Model was launched in 2012 and an interdisciplinary retreat is held each year to focus on the needs that surface from the prior year. The retreat also provides opportunities to evaluate current practices, review and share successes, and continue to adapt to changing factors in the UT institutions' ecosystems.

4.1.2 The Situational Model

The situational model is frequently used to explain bystander intervention.[260,261] This model suggests there are five steps for a bystander to go through to intervene in an event or situation as follows.[262]

Five Steps in the Situational Model:

1. Notice the situation.
2. Determine the situation needs intervention.
3. Decide they will be the one to intervene.
4. Decide how to intervene.
5. Intervene.

Each step has unique potential barriers that may prevent bystanders from intervening, including: failing to notice the situation; failing to determine the situation needs intervention; refusing responsibility to intervene; not having the skills necessary to intervene; and perceiving that social norms would not support intervention.[263] Many

bystander intervention initiatives seek to empower participants to overcome these barriers and become active bystanders who intervene in situations to prevent violence and harm from occurring.[264,265,266,267,268]

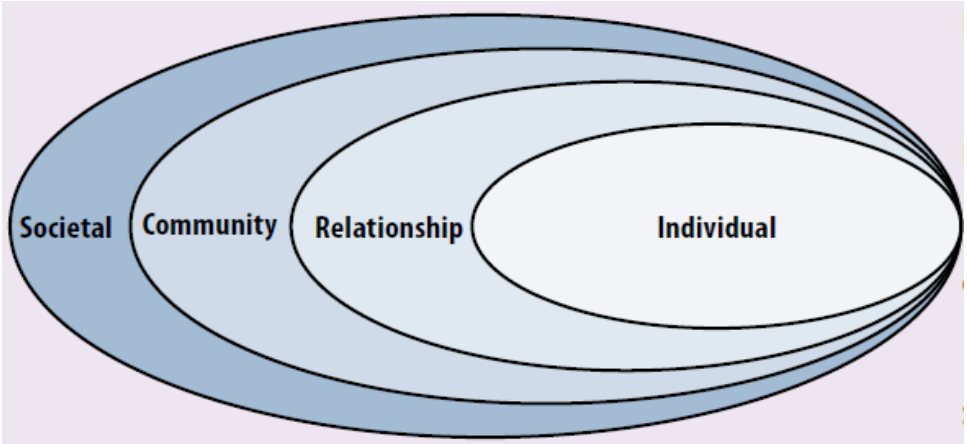
In addition to overcoming barriers, common goals of bystander intervention initiatives are to raise awareness and improve other factors that determine bystander behaviors, including: reducing rape myth attitudes, increasing self-efficacy or confidence to intervene, and increasing intentions or willingness to intervene.[269,270,271] (These are discussed further below.) By targeting these behavioral determinants, initiatives seek to increase the likelihood that participants actively engage in prosocial bystander behaviors and prevent violence from occurring.[272] Increased engagement in prosocial bystander behaviors may then lead to positive changes in campus cultural norms, create a more protective community, and eventually reduce rates of violence.[273,274]

4.2 THEORIES OF BEHAVIOR CHANGE

4.2.1 Social-Ecological Model

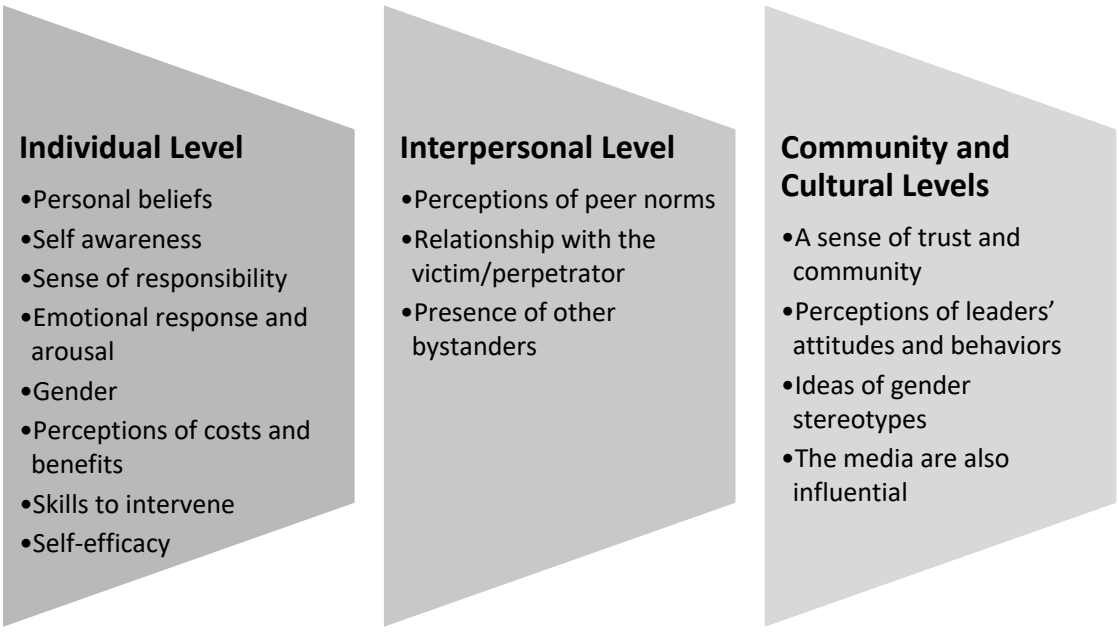
Generally, the bystander intervention approach is also grounded in the social-ecological model (see Figure 4 below), which proposes that individuals are affected by a number of different influences. Individuals, and their behaviors, are influenced by the interaction between their internal attributes (e.g., age, gender, education) and their external environment. These external factors include: interpersonal relationships and interactions with others; organizations and communities individuals are part of; and society or culture in which individuals live.[275,276,277] **Violence and harm impact individual, interpersonal, community, and cultural levels, and may not be effectively addressed by prevention efforts that only focus on individuals or small groups.**[278,279] **The bystander approach uses the social-ecological model by attempting to achieve change and reduce violence at the community level.**[280,281] This is done by engaging community members to change their attitudes, build their competence, and increase their understanding so they take action to reduce support for harm and foster social norms that protect against violence.[282,283]

Figure 4: Social-Ecological Model for Violence Prevention[h]



In the social-ecological model, there are several factors at each level that may influence bystander intervention and determine bystander behaviors.[284] The situational model outlines individual-level barriers that may influence bystander behaviors.[285] To overcome these barriers, there are several other determinants that may affect bystander behaviors and be targets of initiatives. The list in Figure 5 below offers key examples of behaviors and factors that bystander initiatives can target.[286] Prevention efforts that target these multiple determinants at multiple levels may therefore be better positioned to achieve desired changes.[287,288,289]

Figure 5: Key Factors Influencing Bystander Behaviors



[h] Centers for Disease Control and Prevention. (n.d.). *The Social-Ecological Model: A framework for violence prevention.* Retrieved from https://permanent.access.gpo.gov/gpo89432/sem_framewrk-a.pdf

4.2.2 Other Frameworks and Theories

In addition to the situational and social-ecological models, bystander intervention initiatives employ several other theories to guide their efforts and maximize potential impact.

Key individual-level theories include:[290]

- Social learning theory (SLT)
- Theory of reasoned action (TRA)/theory of planned behavior (TPB)
- Transtheoretical model of change (TTM)
- Elaboration likelihood model (ELM)

(See Glossary for brief explanations of these theories.)

These theories provide guidance on how to understand and target bystander behaviors, and their behavioral determinants, in order to activate community members to become effective bystanders. SLT, TRA/TPB, and TTM describe how individuals adopt behaviors, and how they may change their behaviors.[291,292] TTM and ELM also provide guidance on how to approach individuals and how to deliver messages in ways they find acceptable and relevant.[293]

Interpersonal and community-level theories implemented by bystander intervention initiatives include: [294,295]

- Social norms and male peer support theories: These theories discuss how individuals perceive (or misperceive) how others would behave in a given situation and follow suit. Males, in particular, may feel peer pressure that supports violence against women and act on it. They may overestimate their male peers' sexually aggressive attitudes and behaviors.
- Diffusion of innovation and popular opinion leaders: These theories discuss how new ideas reach and are accepted into communities, which may occur in waves instead of in a one-time or straightforward process. Opinions leaders are influential members of a community that can play a key role in sharing a new idea or sparking/supporting a cultural shift.
- Feminist and empowerment theories: These theories are concerned with equity and the processes that allow people to take power and make changes.
- Community readiness model: This model, which ls related to the transtheoretical model on the stages of change (see the callout bx below), is based on the concept that a community's readiness to address a certain issue is critical in creating social change.

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A Detailed Look at the Community Readiness Model[296]

Six Dimensions of Readiness:

1) Existing community efforts
2) Community knowledge of efforts
3) Leadership
4) Community climate
5) Community knowledge about the issue
6) Resources available related to the issue

On a campus setting, there are:

- 3 stages of readiness to address sexual violence: **denial, initiation, and sustainability**
- 2 dimensions of readiness: **leadership and resources (time, money, people**)

Some initiatives apply these theories to their work in order to more effectively increase the uptake of prosocial bystander behaviors among individuals, and change the cultural norms in a community.[297] In this way, the community environment becomes one that promotes healthier behaviors that protect against violence and harm.[298]

Societal level theories include: Feminist theory and intersectional perspectives

Theories at the societal level that tie into bystander intervention are related to women's rights and equality as well as the perspective that various forms of discrimination related to race, socioeconomic class, gender, and other aspects of a person's identity intersect and overlap to create additional layers of oppression for certain individuals and groups. Societal-level theories also include work to address racism, sexism, classism, and other dynamics that contribute to the root (underlying) causes of violence against women.[299]

Some bystander initiatives attempt to incorporate these perspectives by addressing openly negative beliefs about a particular gender as well as subtle or unintentional discrimination against a person of a different race, gender, or other group. Other initiatives incorporate these perspectives by intentionally engaging men and promoting the ways in which men can prevent and interrupt SV by leveraging the positive concepts of masculinity (e.g., courage, risk-taking, self-reliance) and using them in various social interactions,[300] which also works toward creating a more inclusive environment.[301]

4.3 CONCEPTS TO DESCRIBE AND EXPLAIN BEHAVIOR

Within these theories, constructs (or conceptual elements) are used to more concretely describe and explain individuals' behaviors. Specifically, there are a number of constructs from these models that the literature consistently identifies as behavioral determinants, or key factors that influence individuals' bystander behaviors.

Key behavioral determinants influencing bystander behaviors include:

- Self-efficacy (from SLT)[302,303,304,305,306,307]
- Normative beliefs (from TRA/TPB, social norms, and peer support theories)[308,309,310]
- Attitudes (from TRA/TPB)[311,312]
- Barriers (from the Situational Model)[313]
- Intentions (from TRA/TPB)[314]

In other words, if individuals believe in their ability to intervene then they are more likely to actually intervene; if individuals disapprove of SV and IPV, approve of intervening, believe their peers approve of intervening, and have intentions to intervene then they are also more likely to intervene.[315]

At the interpersonal and organizational/community levels, literature from high school populations also points to the importance of observational learning and social support as determinants of bystander intervention behaviors.[316] Interviews with high school students indicate that supportive teachers who model prosocial bystander behaviors, and responsive school leadership, positively influence students' willingness to engage in prosocial bystander intervention behaviors themselves and may contribute to perceptions of a safe, caring campus climate.[317]

4.3.1 Other Influences on Behavior

In addition to the behavioral determinants described above, there are other factors identified by the literature that impact students' engagement in prosocial bystander behaviors. **Students are more likely to intervene if they have more knowledge of, or exposure to information about, violence.**[318] The callout box below provides other influences on behavior.

Key Examples About Intervening [319,320,321,322,323]

- **Students are also more likely to intervene if** they do not feel a situation is ambiguous (e.g., they understand what SV is, situations where the risk is high for it, and that common myths about it are untrue) and there is a clear need for action.
- **Students may be less likely to intervene when** they are intoxicated, or if they watch more pornography.
- **Demographic characteristics also play a role** in bystander intervention behaviors, with Black and Latinx students reporting greater intentions to intervene, and use of more bystander behaviors, than White students.

The literature is more mixed when it comes to gender, sexual orientation, prior bystander behaviors, and relationship with the perpetrator/victim. Despite some literature that suggests women report greater intentions to intervene and more prosocial bystander behaviors than men;[324,325] recent research indicates men are engaging in more bystander intervention behaviors than women.[326] Similarly, students who identify as LGBTQ+ are presumed to have greater intentions to intervene and prosocial bystander behaviors because they are part of a marginalized group;[327] however, members of this group have also been found to have higher tolerance of IPV in the context of LGBTQ+ relationships.[328] **Research has also found that prior bystander behaviors do not necessarily predict future bystander behaviors.[329]**

Furthermore, the literature suggests that students are more likely to intervene if they perceive the perpetrator or victim to be similar to themselves (e.g., looks like them or their friends),[330,331] or if they know the perpetrator or victim personally.[332,333,334] Though, conflicting research suggests bystanders are less likely to get involved if they know or assume the victim and perpetrator know each other.[335]

4.4 KEY POINTS FROM MODELS AND THEORIES

Informed by the literature, and discussed in the sections above, IDVSA researchers created a model to visualize the relationships between the theories, behavioral determinants, bystander intervention behaviors, and quality of life outcomes related to bystander intervention (see Figure 6). Prevention programs, policies, and practices are positioned to have a positive influence on behavioral determinants and also improve individuals' responses to contextual factors of a situation. As their behavioral determinants change, individual community members may be more empowered to engage in more prosocial bystander behaviors and/or fewer aggressive or harmful behaviors. Additionally, changes in determinants creates an opportunity for a more inclusive culture as those changes may positively impact the larger environment in a way that will reduce interpersonal and community support for harm. Changes in the environment and in individuals' behaviors may also influence each other in positive ways. Finally, improvements in individuals' behaviors and the environment may ultimately lead to better health and quality of life outcomes for community members because there is less violence and the environment is safer.

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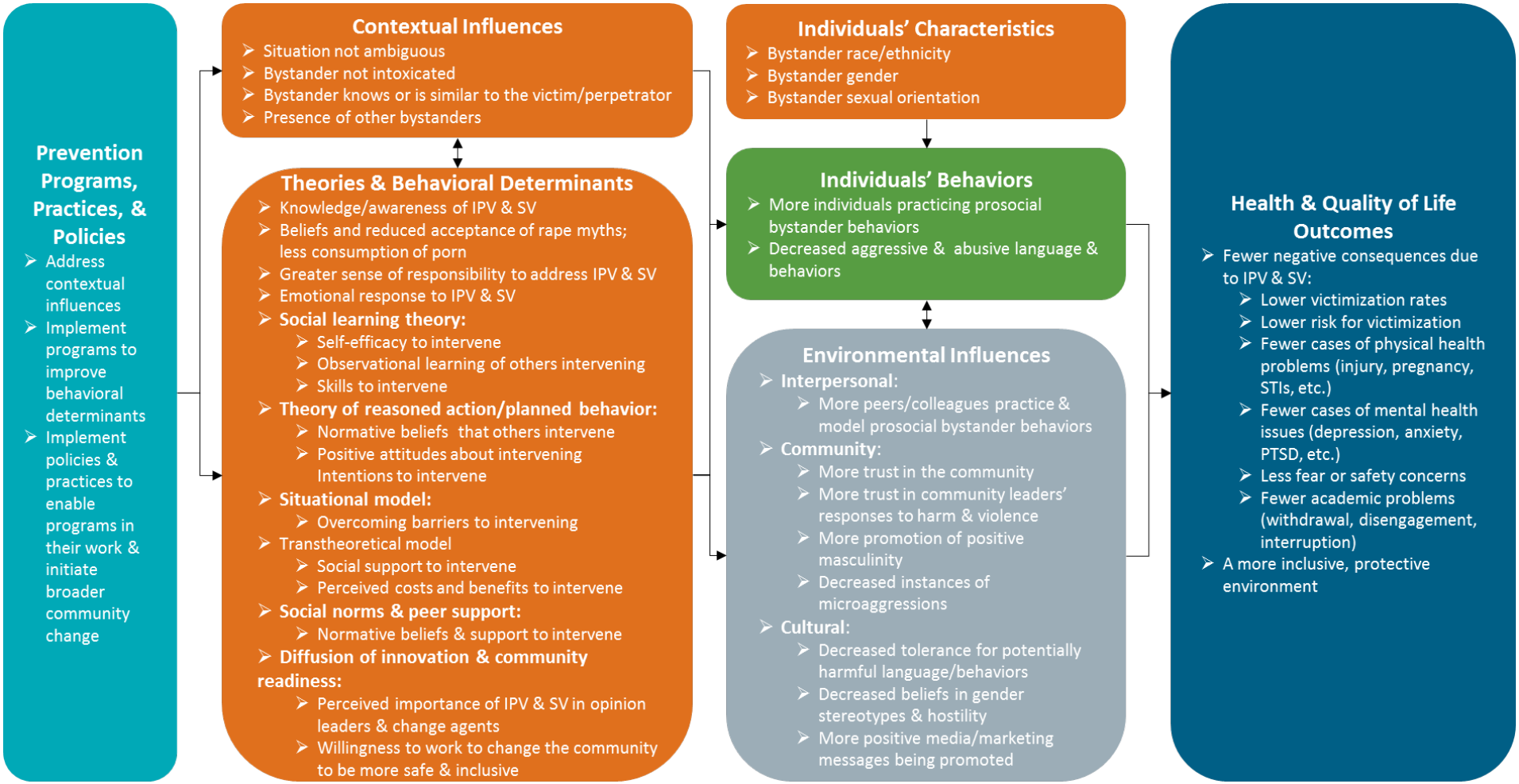
Figure 6: Theoretical Model of Bystander Intervention



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SECTION 5.

WHAT'S MOST IMPORTANT: Applying This Research to Practice

Learning Objectives: Institutional representatives will...
1. Reflect on the key factors of effective bystander initiatives.
2. Review the research recommendations as they relates to components and strategies for a comprehensive approach to bystander Intervention.
3. Gain an understanding of prevention approaches that compliment bystander intervention.
4. Learn the core components of engaging men and boys in violence prevention, healthy dating relationships programming and other complimentary approaches

Key Resources in This Section:
Table 6 includes recommendations to help direct institutional representatives to the most effective application of the research.

Sulley, C., Rabideau, D., Jimenez, A., Dube, S., Wood, L., Susswein, M., & Busch-Armendariz, N.B. (2020). The science behind bystander intervention: A guide to the literature for UT System institutions. Austin, TX: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

5.1 SUMMARY AND DISCUSSION

In summary, **bystander intervention initiatives are generally effective in improving participants' short-term attitudes, intentions, and bystander behaviors.** This finding is supported by other reviews on this topic.[336,337,338,339] Brief, single-dose initiatives have been found to be relatively successful in achieving improvements in individuals' short-term attitudes, intentions, and bystander behaviors.[340,341] This may be a relief to institutions with limited resources; however, initiatives that last longer and have more doses increase their degree of impact and, thereby, have greater potential return on investment.[342] In fact, one review of the literature found similar effects between 20 minute and 90 minute programs, but initiatives that were six hours or more in total duration showed the greatest positive effects.[343] Positive effects also appear to last for three months after delivery, indicating that follow-up or booster sessions may be appropriate every three months.[344] Finally, it is also encouraging that these initiatives are effective for participants that are at greater risk for victimization or perpetration.[345,346,347,348,349]

Key Findings on Factors of Effective Bystander Initiatives

- Programs that are **20 to 90 minutes** have similar effects.
- Initiatives that are **6 hours or more** show greatest positive effects.
- Positive effects may last **up to 3 months**, then **booster sessions** are helpful.

There are a few approaches to bystander intervention the literature highlights as strategies that are especially relevant to college and university students. Technology has been increasingly used to deliver initiatives to students.[350,351,352,353] Additionally, initiatives are being implemented by different individuals (i.e., peer popular opinion leaders and student health center staff) in different settings (i.e., student health centers, undergraduate courses, new student orientation, athletic team meetings) to expand the breadth of these efforts.[354,355,356,357,358,359,360,361] Further, the finding that some methods of delivery (i.e., facilitator-led or not; peer or staff facilitator; all- or single-gender) may not show significant differences may provide greater flexibility to campuses with limited resources.[362]

5.2 RESEARCH RECOMMENDATIONS

There are a number of recommendations the literature suggests for both bystander intervention programming and evaluation of this programming (see Table 6). Generally, in addition to increased duration and exposure**, initiatives should be interactive to allow for increased skill-building among participants.**[363,364,365,366,367] Participants should be presented with a range of scenarios and opportunities to practice bystander intervention behaviors to overcome a variety of situational barriers.[368,369,370] Initiatives should be

comprehensive in content and also in implementation – using strategies that complement each other and target the individual, relationship, community, and societal factors that influence SV (i.e., use a social-ecological approach) – with the literature suggesting that all members of the campus community be engaged.[371,372,373] (See the callout box below for more recommendations.) Campuses should also commit themselves to their prevention efforts by providing resources with dedicated staff that have access to training opportunities and seek out support for these efforts across all of the various stakeholder groups and diverse communities that make up the larger campus community.[374,375,376] Additionally, to assure better feasibility and validity of evaluations, the literature suggests that rigorous quasi-experimental evaluation designs (i.e., randomization is not used) be implemented so that evaluation does not require substantial amounts of resources. **This could include making an intervention part of course content available to a large and diverse group of students** that do not self-select as participants, but, instead, attend class as usual and may be in a section of the class that receives the intervention. In this type of design, participants in the intervention and control groups are similar.[377]

A Comprehensive Approach to Bystander Intervention - Recommended Components and Strategies[378]

- Conduct initiatives in **multiple settings.**
- Conduct for **multiple populations.**
- Address a **range of risk and protective factors** for sexual violence.
- Address **peer attitudes, social norms, organizational climate and policies.**
- **Combine approaches** – use educational or skills-building curricula with social norms campaigns, policy changes, community interventions, and environmental changes.

Table 6. Recommendations for Practitioners

Type	Recommendations	Citations
Target Audience	• Include men who pose the most risk (i.e., those with weaker beliefs about how people should act/intervene; those at high risk for rape perpetration).	(Gidycz et al., 2011)[379] (Mabry & Turner, 2016)[380]
	• Include LGBTQ+ students.	(Bannon & Foubert, 2017)[381] (Hines & Palm Reed, 2015)[382] (Ollen et al., 2017)[383]
	• Include younger students.	(Katz & Moore, 2013)[384] (Kettrey & Marx, 2018)[385]
Program Design	• Ground programs in established, evidence-based theoretical models (e.g., principles of prevention).	(Michau et al., 2015)[386] (Rothman & Silverman, 2007)[387] (Storer et al., 2016)[388] (DeGue et al., 2014)[389]
	• Be intensive (i.e., interactive and have at least 2–3 doses).	(DeGue et al., 2014)[390] (Bannon & Foubert, 2017)[391] (Gidycz et al., 2011)[392] (Senn et al., 2017)[393] (Burn, 2009)[394]
	• Use social marketing campaigns to reinforce messages.	(Burn, 2009)[395] (Potter, 2012)[396] (Mabry & Turner, 2016)[397]
	• Positively frame messages (i.e., what to do instead of what not to do).	(Mabry & Turner, 2016)[398]
	• Engage students with content and messaging relevant to them.	(Orchowski et al., 2018)[399]

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Type	Recommendations	Citations
	• Collaborate and coordinate with other campus stakeholders.	(Amar et al., 2012)[400] (Coker et al., 2017)[401] (Dills et al., 2016)[402] (DeGue et al., 2014)[403]
	• Include opportunities for students, staff, faculty, and administrators to connect.	(DeGue et al., 2014)[404] (Storer et al., 2017)[405]
	• Tailor programs for subgroups of students.	(Brown et al., 2014)[406] (Dills et al., 2016)[407] (Storer et al., 2016)[408]
Program Content	• Focus on substance misuse.	(Haikalis et al., 2018)[409]
	• Address students' intersectional identities and how biases may impact bystander behaviors: gendered stereotypes, racism, and homophobia.	(Brown et al., 2014)[410] (Byers, 2013)[411] (Katz et al., 2017)[412] (Ollen et al., 2017)[413] (Wamboldt et al., 2019)[414]
	• Include risk-reduction information and skill-building.	(Bannon & Foubert, 2017)[415] (McCaughey & Cermele, 2017)[416] (Wamboldt et al., 2019)[417]
	• Address the full range of violent behaviors (e.g., insults, threats, shaming, and daily discrimination all the way up to deadly or extremely violent forms of sexual assault).	(McMahon & Banyard, 2012)[418]
	• Incorporate a range of scenarios to practice bystander behaviors, including: ○ Intervening with friends and acquaintances.	(McMahon & Banyard, 2012)[419]

Type	Recommendations	Citations
	○ Intervening in same sex violence, including with LGBTQ+ individuals. ○ Intervening when intoxicated. ○ Recognizing perpetrator risk behaviors (e.g., unwanted sexual advances, targeting individuals who have been drinking, treating someone as only an object of sexual desire). ○ Intervening across a range of dating and interpersonal relationships. ○ Intervening across a range of low-risk and high-risk situations as well as situations where there are opportunities for self-education and to take a stand against violence proactively.	(Bannon & Foubert, 2017)[420] (Burn, 2009)[421] (DeGue et al., 2014)[422] (Haikalis et al., 2018)[423] (Katz et al., 2017)[424] (Krieger et al., 2017)[425] (Leone, Haikalis, Parrott, & DiLillo, 2018)[426] (McMahon, Banyard, et al., 2015)[427] (McMahon et al., 2019)[428] (Murphy Austin et al., 2016)[429] (Ollen et al., 2017)[430] (Storer et al., 2017)[431] (Wamboldt et al., 2019)[432] (Orchowski et al., 2018)[433]
	• Include content on healthy dating relationships and appropriate dating behaviors.	(Orchowski et al., 2018)[434]
	• Help students identify ways to be proactive (e.g., using social media as a platform to raise awareness about violence and its prevention).	(McMahon & Banyard, 2012)[435]
Program Implementation	• Use rigorous follow-up procedures (i.e., text, email, phone outreach reminders about programming dates, locations, and content) to keep participants engaged.	(Orchowski et al., 2018)[436]

Type	Recommendations	Citations
Program Evaluation	• Develop program logic models that show the step-by-step relationship between program activities and intended effects to use during evaluation planning.	(Dills et al., 2016)[437] (Rothman & Silverman, 2007)[438]
	• Integrate theories of change into evaluation designs and tools.	(Rothman & Silverman, 2007)[439]
	• Use rigorous, quasi-experimental designs (i.e., where participants are not assigned at random to intervention group).	(Senn & Forrest, 2016)[440]
	• Measure program effectiveness at multiple levels (e.g., individual, interpersonal, campus/community) using multiple data sources	(Dills et al., 2016)[441] (McMahon et al., 2018)[442]
	• Assess long-term outcomes and program processes, including: ○ Competence of facilitators. ○ Participants' demographic characteristics and the intersectionality of identities (e.g., race/ethnicity, gender, income/social class). ○ Degree of prior education and training in participants. ○ Cultural norms and participants' perceptions of norms. ○ Influence of alcohol intoxication. ○ How programming impacts various bystander situations (e.g., a friend, stranger). ○ Social desirability. ○ Reductions in violence (i.e., victimization and perpetration rates).	(McMahon et al., 2018)[443] (Burns et al., 2018)[444] (Coker et al., 2017)[445] (DeGue et al., 2014)[446] (Dills et al., 2016)[447] (Haikalis et al., 2018)[448] (Krieger et al., 2017)[449] (Leone et al., 2018)[450] (McMahon et al., 2019)[451] (Murphy Austin et al., 2016)[452] (Wamboldt et al., 2019)[453]
Frequently Used	• Illinois Rape Myth Acceptance scale	(Payne, Lonsway, & Fitzgerald, 1999)

Type	Recommendations	Citations
Measurement Tools	• Bystander Self-Efficacy • Bystander Intentions • Bystander Behaviors	(Banyard et al., 2004)[454]

5.3 COMPLIMENTARY PREVENTION APPROACHES

In line with literature recommendations to implement more comprehensive preventive strategies, the CDC technical packages outline a number of other strategies and approaches that may compliment bystander intervention. **Specifically, "engaging men and boys as allies" is a violence prevention approach listed alongside bystander intervention**,[455,456,457,458] and was also highlighted in the White House Task Force report.[459] Another approach is to teach students skills to have **safe and healthy dating relationships**.[460,461,462] Further discussion on these approaches is below.

5.3.1 Engaging Men and Boys in Violence Prevention

Increased efforts to mobilize men works synergistically with the bystander intervention approach to promote cultural norms that protect against violence, encourages men to take a more active role in prevention and survivor support, and teaches men skills to reduce their own risk for perpetration.[463,464,465] There are bystander intervention initiatives developed and/or delivered specifically to men and boys (e.g., The Men's Project, the Men's Program, RealConsent, Coaching Boys Into Men, SAFE, Mentors in Violence Prevention) that have demonstrated some effectiveness.[466,467,468,469,470,471,472,473] However, the literature continues to recommend that men be a focus for prevention efforts as part of a **comprehensive approach** to prevent violence and promote a more protective environment.[474,475,476,477]

Core Components

- Workshop presentations
- Interactive discussions
- Evaluations
- Coach-delivered
- Dating violence norms
- 5 to 12 sessions

5.3.2 Healthy Dating Relationships Programming

Teaching safe, healthy dating relationship skills provides students with skill-building opportunities regarding healthy sexuality, consent, and interpersonal relationships that can reduce violence victimization and perpetration. Research incorporating healthy relationships with bystander intervention is more limited compared to the men's engagement approach; however, the topics and skills addressed by healthy relationships programs may compliment those addressed by bystander intervention programming and contribute to a more comprehensive approach to violence prevention. These programs provide opportunities for social-emotional learning, which help individuals understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. These programs also teach respectful and nonviolent behaviors, healthy conflict resolution, and characteristics of healthy relationships.[478,479,480]

Core Components

- Role play
- Skill practice
- Prevention Curriculum
- School-based programs
- 12+ hours
- 10+ sessions

Safe Dates, The Fourth R, and Expect Respect Support Groups are examples of evidence-based programs highlighted in the literature as effectively implementing this strategy.[481,482,483,484,485] Each of these programs focuses on promoting healthy dating relationships and reducing teen IPV; The Fourth R also addresses personal safety and injury prevention, substance use, and healthy sexuality.[486] These types of programs show effectiveness with students at Fourth R schools engaging in less IPV, using more condoms, demonstrating stronger skills in negotiation and delaying sex, and engaging in less violent delinquency.[487,488,489]

While these social-emotional programs typically focus on younger populations (i.e., middle school and high school students), the prevalence of SV and IPV on college and university campuses indicate that these types of programs could be part of comprehensive prevention efforts too. The literature recognizes that many students come into college with previous SV and IPV education and experiences.[490] However, it also makes clear that students with greater exposure to education surrounding these topics are more likely to engage in prevention activities (i.e., bystander intervention).[491] **Given the diversity of students' backgrounds, attitudes, and intentions, there is a strong argument to make that colleges and universities should offer students the opportunity to start on a more even playing field and build these social-emotional life skills while simultaneously working toward creating a more safe campus environment with less violence.**

Similar to most bystander intervention initiatives, Enhanced Assess, Acknowledge, Act (EAAA) and Media Aware programs reinforce the message that sexual violence is a community issue. However, they do not teach the same knowledge or skills typically used in bystander programs, such as overcoming obstacles to intervene on others' behalf. EAAA utilizes four 3-hour workshops with first-year college women. The program addresses sexual assault risk with acquaintances, recognizing risky situations (including those with alcohol), and strategies to overcome barriers to intervention. Media Aware is a program used with community college students and involves five online modules. Topics cover the influence of media, gender stereotypes, assessing types of relationships (healthy, unhealthy, and abusive), risky sexual behaviors, sexual violence, contraception and STI testing, and communication about sex.

5.3.4 Other Complimentary Approaches

There are more evidence-based strategies outlined by the CDC that may also contribute to overall comprehensive violence prevention efforts.[492,493,494]

Supportive and Protective Communities

A campus community can implement the secondary prevention strategy of supporting survivors to lessen harms they may experience.[495,496,497] Approaches for this strategy include providing survivor-centered treatment and services, responding to students in trauma-informed ways that reflect an understanding of the impacts of trauma and avoid re-traumatization, and holding perpetrators accountable.[498,499,500] Creating protective environments is a strategy that requires college campuses to address community-level risks and make environmental and policy changes to improve campus climate and safety. The creation of **opportunities to empower and support women and girls** is a strategy to promote more female leadership and gender equity.[501,502,503]

Core Components

- Referrals for therapeutic interventions
- Community meetings
- Family meetings
- Risk reduction and resistance training
- Media awareness training

Risk Reduction and Resistance Training:

Risk reduction strategies or resistance trainings such as EAAA may also serve as complementary approaches to bystander intervention.[504] As noted earlier, EAAA utilizes workshops with first-year college women to address sexual assault risk. In a study of EAAA, findings demonstrated a significant increase in women's perception of personal risk, self-defense, self-efficacy, and knowledge of effective resistance strategies (both verbal and physical). In addition, the program produced decreases in general rape myth acceptance and woman blaming over the course of the 24-month follow-up period. Results also indicated between 30% and 64% reduction in the risk of completed and attempted rape, attempted coercion, and nonconsensual sexual contact at two years.[505] These findings indicate that the EAAA program produces long term outcomes in the occurrence of sexual assault experienced by women on college campuses and is a complementary option for bystander intervention programming.

Media Awareness Training:

In addition, media awareness and education may support bystander intervention initiatives. Media awareness serves as a tool to address social norms and behaviors learned from enduring stereotypes portrayed in various media. For example, Media Aware is a program used with community college students and involves five online modules.[506] Topics cover the influence of media, gender stereotypes, assessing types of relationships (healthy, unhealthy, and abusive), risky sexual behaviors, sexual violence, contraception and STI testing, and communication about sex. A study aiming to determine feasibility of Media Aware for improving sexual health outcomes in college students found several intervention effects of the program, including: reducing older adolescents' self-reported risky sexual behaviors; positive effects on knowledge, attitudes, normative beliefs, and intentions related to sexual

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health; and increasing media skepticism.[507] This program is a comprehensive approach to health education among college students.

These strategies all contribute to a proactive, comprehensive approach to prevent violence on college and university campuses, which ultimately contributes to the success and well-being of students.

5.4 CONCLUSION

To address the prevalence of sexual violence and intimate partner violence within public institutions of higher education, a thoughtful and multi-faceted approach is key to reach stakeholders with diverse experiences and roles on campus. This resource serves as a guide to understanding contemporary and relevant bystander intervention literature. By meticulously reviewing and organizing various theories, models, and prevention approaches, IDVSA was able to conduct an in-depth evaluation of 17 bystander initiatives and provide relevant data and recommendations for institutional representatives to utilize in their own campus programs. Although these initiatives employ varying strategies for their prevention approaches, we were able to examine, group and evaluate them in order to identify key factors that influence initiative effectiveness. This knowledge can be directly applied to everyday practice.

The theories and models that helped to conceptualize bystander intervention provide a deep understanding of how it can explain individuals' behavior in a variety of settings, especially on college campuses. From this research, we provide key recommendations for institutional representatives to consider when implementing their own initiatives as well as when evaluating elements of their established campus programs. Additionally, we included a brief summary of alternative approaches to prevention strategies that may complement current bystander initiatives on campuses.

This guide is a vital tool for institutional representatives, stakeholders and practitioners to deepen their understanding of bystander intervention strategies and enhance their ability to implement programs on college campuses using the evidence-based approaches and strategies provided in this review. Ultimately, the goal is to create safer, supportive campuses at the University of Texas System and elsewhere where bystanders and the entire campus community is equipped and ready to counteract violence and harms – and where sexual violence and intimate partner violence are prevented in the first place.

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SECTION 6.
SUPPORTING INFORMATION: Deepening Understanding

Learning Objectives: Institutional representatives will...
1. Review methods used to assess and compile this evidence-based resource.
2. Learn about the research limitations, which will in turn help guide future research.

Key Resources in This Section:
Key terms are provided for institutional representatives to review and refer back to as needed.

Sulley, C., Rabideau, D., Jimenez, A., Dube, S., Wood, L., Susswein, M., & Busch-Armendariz, N.B. (2020). The science behind bystander intervention: A guide to the literature for UT System institutions. Austin, TX: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

6.1 APPENDIX

6.1.1 Methods Behind This Research

Researchers at IDVSA searched academic databases (Ebsco, PsychINFO, Academic Search Complete, Psychology and Behavioral Sciences Collection, and PsychARTICLES) to find relevant literature. We conducted a preliminary search in September 2016 using the terms: bystander, bystander intervention, bystander behavior, dating violence, sexual assault, sexual harassment, stalking, alcohol, university, college, and high school. We completed a second search in February 2019 using the terms: bystander, bystander intervention, sexual assault, sexual assault prevention, risk factors, protective factors, college, university, faculty, staff, alcohol, high-risk drinking, drinking, LGBTQ+, suicide, mental health, hazing, and academic integrity. We also identified additional relevant articles that were cited in the articles located in the primary search. Inclusion criteria for articles reviewed was, but was not limited to: focus on colleges or university settings in the United States, bystander intervention initiatives, factors that influence bystander intervention behaviors, publications in academic or scholarly journals, publications in the last five years (2013–2018), and meta-analyses or reviews of the literature. Approximately 85 articles and resources were referenced for this review.

Figure 7: Literature Search Terms Wordcloud

Sulley, C., Rabideau, D., Jimenez, A., Dube, S., Wood, L., Susswein, M., & Busch-Armendariz, N.B. (2020). The science behind bystander intervention: A guide to the literature for UT System institutions. Austin, TX: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

6.1.2 Educational Framework

The learning framework utilized in the development and presentation of this guide was The Taxonomy of Educational Objectives[508] (also called Bloom's Taxonomy), a framework for learning. Six learning levels describe the process for critical thinking and acquiring new skills.

The Taxonomy of Educational Objectives:

1. Knowledge (new information; data and literature)
2. Comprehension (understanding; ways to check in)
3. Application (use in practice; examples from field)
4. Analysis (making meaning from what was learned; considering how to use in the field)
5. Synthesis (action – creating, innovating)
6. Evaluation (assessing "how did it go?")

By applying and integrating this learning framework, this guide serves as a tool that addresses cognitive learning and supports the integration of learning into practice.

6.1.3 Literature Limitations

6.1.3.1 Evaluation Design

The literature on bystander intervention initiatives is not without its limitations. All the initiatives selected for this review were evaluated using participants self-report measures. Some included measures of social desirability. Response bias may occur due to social desirability; that is, participants may report responses considered to be more socially acceptable. While some initiatives discussed in this review used self-report measures that include measures of social desirability as a strategy to measure the bias,[509,510] most initiatives did not include this measure. There are efforts to move beyond self-report through observation in the field or natural conditions (called ethnographic observation) and use of virtual reality technology,[511,512] but these approaches may require additional resources unavailable to many practitioners and evaluators. **Most evaluations also focused on individual-level, short-term outcomes and effects.** This is consistent with findings from other reviews of the literature,[513,514,515] and may reflect implementation challenges and resource limitations for evaluating long term, multi-level (e.g., individual and group) outcomes and effects.

6.1.3.2 Targeted Determinants

The literature on bystander intervention is also limited when considering specific factors that may influence program success. Specifically, **there is limited literature describing faculty and/or staff engagement in bystander intervention initiatives in college or university settings**, the effects of **alcohol intoxication** as a potential barrier to bystander intervention behaviors, the influence of **students' intersectional identities** (e.g., race/ethnicity,

socioeconomic level, gender, and experience with SV), and effectiveness of initiatives for student subgroups beyond athletic and fraternity or sorority students.

These limitations cause concern for a number of reasons. Teachers and school administrators are known to play important roles in influencing the bystander behaviors of students in high school,[516] so it would be unlikely that university faculty, staff, and other campus leaders would not also play a role in influencing college students' behaviors. It is particularly concerning that the literature is limited regarding the influence of alcohol intoxication on bystander intervention behaviors given the high prevalence of alcohol consumption among survivors, perpetrators, and bystanders prior to SV.[517] Limited literature on intersectional identities and other student subgroups may reflect a general desire to focus on groups of students considered most at-risk (i.e., athletes and fraternity and sorority members), but this approach may minimalize the diverse experiences of students and overlook the potential risks of the broader campus community.[518,519,520,521]

6.1.3.3 Other Types of Violence or Harm

The literature on bystander intervention also seems to be limited in that most of the focus is on SV and IPV prevention compared to other types of harms. **In conducting database searches as described previously, only a handful of articles that addressed bystander intervention also addressed alcohol or substance use, suicide, mental health, sexual minorities, hazing, or academic integrity.** In these articles, there seem to be similar findings as those in the SV and IPV literature. Bystander behaviors for alcohol seemed to be influenced by the same determinants (i.e., self-efficacy, willingness to intervene, prior behaviors).[522,523] Situational social status influenced bystanders' willingness to intervene, with hosts of parties more likely to intervene than guests.[524] Additionally, there is consistency related to the effectiveness of initiatives. A mental health bystander intervention program (Recognize and Refer) found mixed results with regard to effectiveness, with participants reporting greater willingness to seek help for themselves or others, but no differences in response to stigma or the extent to which participants were open to acknowledging their mental health challenges (i.e., psychological openness), which is the first step toward seeking help.[525] Despite these initial findings of consistency, no general conclusions or statements for bystander intervention initiatives that address multiple types of harm can be made until further research is conducted. The context for each of these types of harms can vary widely and the perceived barriers bystanders face to intervene may be different, therefore requiring different approaches.

Additionally, the literature is less robust with regard to how racism or homophobia (whether unconscious or conscious) and intersectional identities influence bystander intervention behaviors. The literature acknowledges, and empirical evidence supports, the existence of biases that present barriers to prosocial bystander intervention,[526,527,528] however less is

known about how specifically addressing these topics in bystander programming impacts their effectiveness.[529] Similarly, **investigation into intersectional identities is important in order to determine how to best serve groups that may be experiencing greater levels of stress or risk due to their membership in multiple marginalized groups** (e.g., bisexual Black women),[530] but the literature is just not there yet.[531]

6.1.3.4 Reasoning

There may be several explanations to justify the limitations in the literature described above. Publication bias is the tendency for studies that show statistically significant results to be the ones published – or withholding negative results from publication – and this bias may make it more difficult to publish on unsuccessful endeavors, or projects that attempt to replicate findings from prior research.[532] These factors may make it more difficult to publish studies that incorporate more long-term outcomes data; those studies may not contain the same level of positive results as short-term outcomes data may have. Further, evaluations with long-term outcomes measures may be more difficult to even implement because they typically require more time and resources than short-term outcomes measures. There may also be an additional publication gap in the types of individuals publishing results, as academic researchers may have more resources and incentives for publishing data than practitioners in the field. Therefore, it is unclear if some of the limitations outlined above exist because they truly haven't been explored in the field of bystander intervention, or if there is simply a gap in the literature.

6.1.4 Approach Limitations

In addition to limitations of the literature, **there are also limitations to initiatives using the bystander intervention approach alone**. First, studies with longer-term evaluations reported decreased program effects over time.[533,534,535,536,537] Some initiatives also only reported improved bystander behaviors for friends,[538,539,540] or reported null (no) effects.[541] These results are less promising because they suggest bystander intervention initiatives may ultimately be less effective in changing community cultural norms, which is a primary aim of the bystander intervention approach as described at the start of this resource. The literature also indicates there may be mixed results regarding how much intentions and prior bystander behaviors can predict future prosocial bystander behaviors.[542]

In addition, when reviewing complementary approaches to bystander intervention initiatives, the primary focus was on prevention initiatives as opposed to similar programs that focus more on risk reduction strategies or resistance trainings such as the Enhanced Assess, Acknowledge, Act[543] and Media Aware initiatives.[544] Although evaluating complimentary approaches to bystander intervention was not within the scope of this review, further insight on risk reduction strategies is warranted. The comprehensive ecosystem approach to eliminating violence should be considered in future research.

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Finally, because there are fewer published evaluations directly measuring long-term impacts of bystander initiatives, it is not clear that bystander intervention alone is sufficient to actually reduce the prevalence of violence on college campuses.[545,546,547] One study on the implementation of a bystander intervention program (Bringing in the Bystander) and social marketing campaign (Know Your Power) indicated that there may be some promise in the longer-term effects of initiatives using multiple formats and methods of delivery, but this study had some of the same limitations described above.[548] This indicates **the need to investigate the effectiveness of comprehensive initiatives that incorporate additional complimentary approaches to bystander intervention.**

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6.2 GLOSSARY OF KEY TERMS

In this Glossary, ***theory and model definitions*** *are highlighted with the following icon:*[i] 

Aspiration: An ambition, goal, or any kind of desired end that might be achieved through personal effort.[549]

Behavioral Determinants: Constructs or conceptual elements used as part of theories and models to concretely describe and explain what influences individuals' behaviors.

Benevolent Sexism: Benevolent sexism encompasses attitudes toward women in traditional roles that the person holding them believes are positive attitudes, such as: protective paternalism, idealization of women, and desire for intimate relations. Benevolent sexism is one of the two elements of Ambivalent Sexism Theory, which asserts that both forms of sexism serve to justify and maintain patriarchy and traditional gender roles.[550] See also **hostile sexism**.

Date Rape Attitudes: Attitudes towards rape/date rape based on The College Date Rape Attitude and Behavior Survey (1997). The survey tool was developed based on a literature review on risk factors for date rape and measures attitudes that may affect date rape risk.[551]

Decisional Balance: A comparison of potential gains and losses or "pros" and "cons," which are critical constructs in the Transtheoretical Model of Change. The balance between pros and cons varies depending on which stage of change the individual is in.[552] See also **Transtheoretical Model of Change.**

Descriptive Norms: Any of various socially-determined consensual standards (social norms) that describe how people typically behave, act, feel, and think in a given situation.[553] See also **injunctive norms.**

Dosage: The size or frequency of a dose of an intervention.

Effect: A statistically significant relationship between variables, such that one variable appears to be an outcome of another (or some combination of others).[554]

Effect Size: A measure of the strength of a relationship between two groups or variables that are being compared for an outcome related to a certain intervention. Effect size is measured

[i] Icon created by Turkkub for The Noun Project.

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as standard deviation, which is a measure of how much scores/data vary from the average score.[555]

Efficacy: The quality of being effective; effectiveness. Competence in behavioral performance, especially with reference to a person's perception of their performance capabilities. See also **self-efficacy.**

Ego Involvement: The extent to which a task, idea, or issue is perceived as psychologically significant or important to one's self-esteem. It is presumed to be a determinant of attitude strength.[556]

Elaboration Likelihood Model: This model asserts that there are two paths to persuade an individual of a particular message or belief – the central and peripheral paths. With the central path, an individual is motivated and able to think about the message. If the message is ambiguous, and the individual has an initially neutral attitude toward it, or if the individual is unable or not motivated to listen to the message, then they will look for a peripheral cue that associates the message with something else they already consider positive or negative.[557]

Evidence-Based: Applying or supported by the best available evidence. An intervention, strategy, or program that has credible evidence in support of it for a particular target behavior.[558]

Feminist Psychology/Feminist Theory: A form of psychology centered on social structures and gender that critiques historical psychological research as done from a male perspective with the view that males are the norm. Feminist theory is focused on equity.[559,560]

Gender Non-Conforming: A broad term referring to people who do not behave in a way that matches the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.[561]

Gender Role Stereotypes: Beliefs about how males and females act or should act. Gender stereotypes have descriptive components, or beliefs about how people of a certain gender typically act, as well as prescriptive components, or beliefs about how people of a certain gender should act.[562]

Hostile Sexism: Hostile sexism encompasses negative attitudes toward women: dominative paternalism, derogatory beliefs, and heterosexual hostility. Hostile sexism is one of the two elements of Ambivalent Sexism Theory, which asserts that both forms of sexism serve to justify and maintain patriarchy and traditional gender roles.[563] See also **benevolent sexism**.

Injunctive Norms: Any of various socially determined consensual standards (social norms) that describe how people <u>should</u> act, feel, and think in a given situation (regardless of how

people actually or typically respond in the setting). Individuals who violate these standards are often judged negatively.[564] See also **descriptive norms.**

Intersectionality/Intersectional Identities: Intersectionality is the theory that various forms of discrimination centered on race, gender, class, disability, sexuality, and other forms of identity do not work independently, but are interconnected and interact to produce overlapping forms of social oppression. Individuals have **intersectional identities**, and it is key to identify these and take them into account when studying or considering identity-based discrimination (e.g., sexism as connected to violence against women)**.**[565]

Marginalized Groups: Different groups of people within a given culture, context, and history at risk of being subjected to multiple forms of discrimination related to different personal characteristics or grounds, such as sex, gender, age, ethnicity, religion or belief, health status, disability, sexual orientation, gender identity, education, income, or living in various geographic localities.[566]

Meta-Analysis: A review of the evidence on a selected theme using a specific protocol for searching the literature and combining the results of all selected results into a common metric. Examination of data from a number of independent studies of the same subject in order to determine overall trends.[567,568]

Microaggressions: A statement, action, or incident of indirect, subtle, or unintentional discrimination against members of a marginalized group (e.g., a racial or ethnic minority).[569]

Outcome Expectancies: Anticipated cognitive, emotional, and behavioral consequences (positive or negative) as a result of engaging in a behavior.[570,571]

Peer-Reviewed Publication: A board of scholars in the subject area of an academic journal or publication vet materials prior to acceptance for publication for quality of research, validity, originality, importance, and adherence to editorial standards in order to maintain the integrity of science.[572,573]

Primary Prevention: Public health interventions are often grouped into three prevention categories. In terms of sexual violence, primary prevention is defined as population-based and/or environmental and system-level strategies, policies, and actions that prevent sexual violence from initially occurring. Primary prevention efforts target or aim to eliminate the events, conditions, situations, or risk factors for sexual violence and associated injuries and impacts. [574] See also **secondary prevention.**

Quasi-Experimental: An experimental design in which assignment of participants to an experimental group or to a control or comparison group cannot be made at random for either practical or ethical reasons, such as in field research. Such designs introduce a set of

assumptions or threats to internal validity that must be acknowledged by the researcher when interpreting study findings.[575]

Rape Myth: Untrue beliefs and assumptions about sexual assault.

Secondary Prevention: Public health interventions are often grouped into three prevention categories. In terms of sexual violence, secondary prevention includes immediate responses after sexual violence has occurred to deal with the short-term consequences of violence.[576] See also **primary prevention**.

Self-Efficacy: An individual's belief in their capacity to execute behaviors necessary to produce specific performance or outcomes. Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behavior, and social environment.[577]

Significant/Significance/Statistical Significance: A research finding that suggests that chance is not a good explanation for the data results.

Situational Model: The situational model is frequently used to explain bystander intervention. This model suggests there are five steps for a bystander to go through to intervene in an event or situation: (1) notice the situation; (2) determine the situation needs intervention; (3) decide to intervene; (4) decide how to intervene; (5) intervene. Each step presents potential barriers that may prevent bystanders from intervening.[578,579]

Social Approval: Positive appraisal and acceptance of someone or something (e.g., a behavior, trait, or attribute) by a social group demonstrated by compliments, praise, etc.[580]

Social Desirability: The tendency of some respondents to report an answer in a way they deem to be more socially acceptable than would be their "true" answer. Respondents do this to project a favorable image of themselves and to avoid receiving negative evaluations.[581]

Social Learning Theory: The view that learning is largely – or entirely – due to modeling, imitation, and other social interactions. Behavior is assumed to be developed and regulated by external stimuli or events, such as the influence of other individuals, and by external reinforcement, such as praise, blame, and reward.[582]

Socio-Ecological Model: This model explains how individuals, and their behaviors, are influenced by the interaction between their internal attributes (e.g., age, gender, education) and their external environment; these include: interpersonal relationships and interactions with others; organizations and communities; and the larger society or culture.[583,584,585]

Theater of the Oppressed / Pedagogy of the Oppressed: A method of community-based education that uses theater as a tool for social change, one that is designed to “awaken in [individuals who face oppression] the knowledge, creativity, and constant critical reflective

capacities necessary to unveil, demystify, and understand the power relations responsible for their oppression marginalization." [586]

Theory of Planned Behavior: The theory that attitudes toward a behavior, perceived expectations, and perceived behavioral control influence both the intent to behave in a particular way and actually behaving in that way.[587]

Theory of Reasoned Action: The theory that attitudes toward a behavior and perceived expectations (known as subjective norms) regarding a behavior determine a person's intention to perform that behavior. Intentions are in turn assumed to cause the actual behavior.[588]

Transtheoretical Model of Change: A five-stage theory to explain changes in an individual's health behavior. The model suggests that change takes time, that different interventions are effective at different stages, and that there are multiple outcomes (e.g., in belief structure, self-efficacy) occurring across the stages. The stages of change include: (1) precontemplation (not thinking about changing behavior), (2) contemplation (considering changing behavior), (3) preparation (occasionally changing behavior), (4) action (practicing the healthful behavior on a regular basis, resulting in major benefits), and (5) maintenance (continuing the behavior after 6 months of regular practice).[589]

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SECTION 7.
WHO: References

Learning Objectives: Institutional representatives will...
1. Review sources used to evaluate and support this evidence-based resource.
2. Have access to the sources for further independent investigation.

How to Use This Section
The full citation is included in the References section the first time the source appears. An abbreviation of the citation is used for all instances that follow.
There may be multiple references with the same author. Look at the publication year to find the correct original source.
The term **Ibid** means “in the same place” and indicates that the source is the same as the reference just above it.

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