Bystander Reactions and Social Support of Sexual Assault Victims

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Bystander Reactions and Social Support of Sexual Assault Victims

An Honors College Thesis

by

Mari Therese Helmichsen Eik

Spring, 2017

Psychology Department

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Abstract

Incidents of sexual assault on campuses have been a concern for colleges and universities throughout North America and Europe. Studies estimate a prevalence of 20 to 25 percent of women attending higher education have experienced a completed or attempted sexual assault (Fisher, Cullen & Turner, 2000). The following study examined a unique training program adapted from other bystander training programs for use in classrooms throughout the United States and Europe in educating bystanders about sexual assault prevention (Alegría-Flores, Raker, Pleasants, Weaver & Weinberger, 2015). The purpose of the study was 1) to examine if adverse childhood experiences would predict bystander confidence, behavior and willingness to help and 2) if these behaviors would change based on a an adapted lecture on sexual assault and bystander behavior developed from the Tennessee Coalition to End Domestic and Sexual Violence. A survey was administered to 34 students enrolled in a psychology class in the beginning of the academic semester, prior to lecture. The survey was then administered again to assess if enhanced knowledge might have changed the inclinations of bystanders to act in situations to prevent sexual assault. Findings indicate statistically significant changes (p < .05) for bystander confidence for participants at post-intervention. There were no statistically significant differences in bystander behavior or willingness to help with or without prior adverse childhood experiences. The current study provides evidence about the efficacy of bystander components in sexual assault programs, which colleges and universities should consider.
Bystander Reactions and Social Support of Sexual Assault Victims

Sexual Assault on College Campuses

According to findings collected by the National Center for Education Statistics (NCES), there is an increase in sexual violence on college campuses in the United States (Zhang, Musu-Gillette & Oudekerk, 2016). In fact, there was a 126 percent increase in forcible sex crimes between 2001 and 2013, with 2,200 reported cases in 2001 and 5,000 reported cases in 2013. These alarming numbers significantly increased, as there were 1,000 more reported forcible sex crimes on-campus in 2013 than in 2012 (Zhang et al., 2016). Studies of sexual assault victims are often done by addressing college populations, as this group of emerging adults are the ones with the highest rate of sexual assault victimizations (Sinozich & Langton, 2014). Females in other age brackets seem to be less likely to experience fewer sexual assaults than women ages 18 to 24. It is unclear whether rates of sexual assault are changing over time. According to Sinozich and Langtong (2014), there was no significant difference in rates of victimization for women in college from 1997 to 2013. This is in contrast to the findings of the National Center for Education Statistics (NCES) which saw a 126 percent increase from 2001 to 2013 with reported incidents (2016). This discrepancy can be due to differences in sample size, populations targeted and how the term victimization is emphasized in the two reports. However, both findings indicate that females are more often the victims of sexual assault than males.

Interventions have tried to stop the violent and harmful behavior of sexual violence and assault from taking place; however, they often fall short for a number of possible reasons. For instance, interventions have a tendency to focus on addressing only the victim in potential sexual assault situations. A promising strategy that has been looked at is addressing three possible groups: the potential assailant, the potential victim,
and the potential bystanders. Bystanders in potential sexual assault situations may be an often-overlooked group in interventions (Banyard, Plante & Moynihan, 2004). The following sections will address the incidents of sexual assault on campuses, behaviors of emerging adults, beliefs about sexual assault in emerging adults, sexual assault prevention programs, bystander research, bystanders and sexual assault, and lastly bystander interventions.

**Sexual Assault and Gender**

The term “sexual assault” includes victimization of both males and females in terms of verbal, emotional or physical threats, attempted or completed unwanted sexual contact with or without the use of force (Sinozich & Langton, 2014). Although women tend to have higher rates of victimization as a result of a sexual assault, men also report victimization experiences (Hines, Armstrong, Reed & Cameron, 2012; Sinozich & Langton, 2014). In the study by Hines et al. (2012), college women were significantly more likely to experience sexual assault compared to men (6.6% compared to 3.2%). Sinozich and Langton (2014) also examined gender and prevalence of sexual assault victimization and found higher rates of sexual assault, but a similar pattern of women being more likely to experience sexual assault than men (17% for men and 83% for women). The risk for attempted or completed forced sexual intercourse, which is a type of sexual assault, is greater for women from 18 to 21 years old compared to women at other ages (Abbey, Ross, McDuffie, McAuslan, 1996; Ullman, Karabatsos & Koss, 1999; Starzynski, Ullman, Filipas & Townsend, 2005). Moreover, women (3.7%) were more likely than men (1.5%) to be victims of sexual contact with the absence of consent while intoxicated. These findings indicate that women tend to be sexually assaulted more frequently than males (Hines et al., 2012). In the current study, the researcher was not able to conduct gender differences, as the sample group was too small (N=34).
Sexual Assault and Emerging Adults

Most students enrolled in educational programs on college campuses are within the age range from 18 to 25, which falls under the category of emerging adulthood (Arnett, 2000). Emerging adulthood is the lifespan between adolescence and adulthood, with extensive exploration in terms of identity without much commitment (Arnett, 2000; Nelson & Barry, 2005). This time of exploration is often referred to as an identity moratorium where the emerging adult attempts to navigate various demands from society, parents and their own personal development (Marcia, 1966).

The development of personal identity may often involve risky behaviors such as unprotected sexual engagement and exploration of drugs and alcohol (Arnett, 2000). This life stage is typically a period with the potential of engaging in riskier behaviors such as unprotected sex, substance abuse and reckless driving, compared to other life stages. The decrease of parental surveillance on college campuses, and during emerging adulthood, allows for greater sexual experimentation, “one night stands” with strangers and greater alcohol consumption (Arnett, 2000). More specifically, this increase in sexual risk-taking in form of uncommitted (without intention to engage in romantic relationship with partner) sexual intercourse has been reported as “unintentional” by 33 percent of undergraduate students in a study (Garcia & Reiber, 2008). This increase in casual sex on college campuses may increase the risk of sexual assault, especially considering that women have a greater susceptibility to sexual violence compared to men. However, it is important to notice the difference between consensual casual sex and nonconsensual casual sex, as nonconsensual sex often involves coercion and violence which consensual casual sex does not. Indeed these behaviors are often characteristic of the exploratory phase of “emerging adulthood” (Arnett, 2000).
Research indicates that emerging adults today have a tendency to engage in sexual behaviors with friends, strangers and acquaintances because of their desire to obtain physical pleasure (Garcia & Reiber, 2008). In a study of emerging adults conducted by Willoughby and Dworkin (2009), it was found that a majority of participants had engaged in sexual intercourse (85.1%), supporting the commonality for the early phase of emerging adults to be sexually active before or during their first year of college (Gilmartin, 2006). Furthermore, nearly all participants had engaged in at least one of the risky behaviors (sexual activity, binge drinking, and marijuana use) mentioned in the study (Willoughby & Dworkin, 2009). Arnett (2000) specified the risky behavior of sexual activity as a behavior of unprotected sex, whereas Willoughby and Dworkin (2009) seem to stress sexual activity, either in forms of protected or unprotected sex, as a risky behavior for emerging adults. For this reason, when Willoughby and Dworking (2009) indicate that a majority of their participants used birth control or condoms when engaging in sexual behaviors, one can argue that the conduct of apparent responsible behavior contradicts those of Arnett (2000). However, emerging adults appear to engage in several risky behaviors as a way to explore personal autonomy and identity.

The commonality of engaging in sexual experiences on college campuses is often referred to as “hooking up” (Garcia & Reiber, 2008; Paul & Hayes, 2002; Paul, McManus & Hayes, 2000). This risky practice of college students is often understood as “a spontaneous sexual interaction” without being in a romantic relationship with the other person, and there is no prior indication of establishing a traditional relationship with this person (Garcia & Reiber, 2008). In addition, hookups are seen in combination with drinking alcohol (32%) and attending parties (20.5%); however, the most common
predictor of this type of interaction is flirting with, or attraction to the other person (43%; Paul & Hayes, 2002).

There seems to be a common understanding among emerging adults on college campuses with respect to what a hookup entails (Paul & Hayes, 2002), and both genders appear to initiate the interaction. Men (80%) seem to initiate more hookups than women (65%; Garcia & Reiber, 2008), yet there is no significant difference between genders in the frequency of hookups (Paul & Hayes, 2002). When participants in the study where asked to describe their worst hookup experiences, the main reasons were intoxication for females (63%) and males (58%). A gender difference was found with respect to other reasons for worst hookup experiences, with “forced sexual behavior against own will” noted by 43 percent of females and 10.5 percent of males (Paul & Hayes, 2002). These findings suggest that even though there is an acceptance of sexual exploration in emerging adulthood, a significant number of males and females seem to have experienced negative sexual interactions throughout their time in college.

**Sexual Assault & Substance Abuse in Emerging Adults**

Emerging adults have a tendency to engage in risky behaviors (Arnett, 2000) including substance use. In a study addressing predictors of health risks, results indicate a high rate (46.6 %) of emerging adults engaging in sex while either drunk or high, with no significant difference among gender (Ravert, Schwartz, Zamoanga, Kim, Weisskrich & Bersamin, 2009). A high overall rate of alcohol consumption was found in a study by Orchowski, Berkowitz, Boggis and Oesterle (2016), which identified as many as half of the sample, college students, as heavy drinkers. This study operationally defined heavy drinking as consuming five or more drinks in one occasion (Orchowski et al., 2016). Sexual assault victimization was associated with both drugs and alcohol abuse according to findings (Hines et al., 2012). There was no significant gender difference, yet 12.5
percent of men used drugs in the time frame of being sexually assaulted, compared to 9.1 percent of women. Although men and women in college have a tendency to abuse both alcohol and drugs, the consumption of alcohol is significantly more common than abusing other types of drugs such as marijuana. Alcohol is also more apparent in terms of victimization than other drugs, as 88.2 percent of men and 66.7 percent of women had consumed alcohol prior to being victims or perpetrators of victimization.

Alcohol consumption by both victim and perpetrator has been linked to sexual violence, yet appears to be more prominent in emerging adults. Pugh, Ningard, Ven and Butler (2016) found the most common form of sexual victimization on college campuses to be related to alcohol. More specially, approximately 50 percent of emerging adults enrolled in college express sexual assaults being associated with alcohol use (Abby et al., 1996; Abby, 2002). Starzynski et al. (2005), also found support for using substances prior to sexual assaults with victims using substances one-third of the time and perpetrators two-thirds, however, these findings suggest less consumption than Abby (2002). Findings suggest there to be more aggressive behavior involved in sexual assaults when the perpetrator had not been consuming alcohol prior to the assault (Ullman et al., 1999). However, it is important to note that participants might over-report or under-report alcohol consumption in self-reporting studies due to socially desirable responding (Grubb & Turner, 2012). Alcohol consumption among emerging adults in college is relatively high compared to individuals in other life stages; however, sexual assaults do not necessarily only occur when alcohol is prominent in the perpetrator or the victim.

**Beliefs and Myths about Sexual Assault**

Some victims of sexual assaults are blamed for their assaults due to endorsement of rape myths and beliefs. Burt (1980) was the first to introduce the definition of rape
myths as, “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapist” (p.217). These stereotypical beliefs have a tendency to blame the victim, excuse the perpetrator and minimize the violence involved in sexual assaults (Burt, 1980; Chapleau, Oswald & Russel, 2007; Lonsway & Fitzgerald, 1994). Attitudes toward rape myths are, according to findings of a study by Burt (1980), linked to pervasive attitudes including “sex role stereotyping, distrust of the opposite sex (adversarial sexual beliefs), and acceptance of interpersonal violence” (p.229).

The negative attitudes individuals hold toward rape victims appear to foster stereotyped perceptions of what a “real” sexual assault victim is (Hockett, Smith, Klausing, & Saucier, 2016). In fact, a “real” sexual assault victim is stereotypically considered to be an innocent woman who is not intoxicated and who is violently victimized by a stranger. In addition, this situation is believed to occur in a deserted public place where the victim is exposed to physical injury and emotional distress. This assault is then immediately reported to the police with clear evidence and information about the assault (Hockett et al., 2016; Maier, 2008). However, when individuals blame victims of their sexual assaults based on the stereotype of what “real” assaults are, then the endorsement of rape myths seem to increase.

Several of the stereotypical sexual assault myths held by individuals are not supported by research. In fact, the rape myth of victims being sexual assaulted by a stranger at a deserted public place has not been supported by research (Abby et al., 1996; Hockett et al., 2016; Ullman et al., 1999; Starzynski et al., 2005). Findings indicate that most women (79.6%) are victimized and sexually assaulted by someone they know in contrast to 20.4 percent, who reported being assaulted by a stranger (Ullman et al., 1999; Starzynski et al., 2005). Starzynksi et al., (2005) suggest that most sexual assaults take place in steady relationships, whereas endorsed rape myths have a
tendency to support sexual victimization by strangers. In addition, a majority (34%) of attempted or completed sexual assaults take place in the perpetrator’s home or in the victim’s home (23%), compared to any other location where sexual assault victimization might take place (Abby et al., 1996).

Reactions to Myths of Sexual Assault

Reactions to myths of sexual assaults are seen in how, and what, victims decide to report to friends, family and formal institutions. Victims are more likely to disclose to police and other formal institutions when these characteristics of individuals’ perception of “real” rape are met (Starzynski et al., 2005). Victims of sexual assault seek protection and assistance from the police and medical system mostly when the personal perception of self-blame is low (Starzynski et al., 2005). Most sexual assault victims appear to disclose their assault to someone they know (Starzynski et al., 2005). More specifically, 97.6 percent of women who had experienced assault disclosed to informal sources (e.g., friends and family), whereas 60.7 percent told formal sources (e.g., police and medical assistance) about the assault (Starzynski et al., 2005). However, if caretakers such as police and medical workers do not perceive the sexual assault as “real”, then the self-blame of the victim increases and raises the possibility of further stereotyping victims (Hockett et al., 2016), which in turn minimizes the chance of disclosure. For instance, James and Lee (2015) found none of the victims of unwanted sexual intercourse and sexual acts in their study reported to the police due to fear of reprisal.

As noted, perception of “real” sexual assault and the victims’ self-blame appear to influence the individuals’ decision to report sexual assault. Victims of sexual assault are more likely to disclose to both informal and formal support sources when the perpetrator is a stranger. However, most findings indicate that the victim knows the perpetrator - hence the reason for minimized disclosure (Abby et al., 1996; Starzynski et
al., 2005; Ullman et al., 1999). Another possible variable affecting report of victimization might be how comfortable the victim is with authorities, such as police officers. A study conducted by James and Lee (2015) looked at college students’ perceptions of the police and whether this influenced reports of sexual assault victimization. Some noteworthy findings were gender and race differences; women were more likely to report future sexual victimization, whereas non-white respondents were less likely to report to the police regardless of gender. Moreover, those who report more satisfaction with the police are more likely to report sexual assault victimization.

After receiving stigmatizing responses that blame the victim for the assault, victims of sexual assault have the potential to increase the trauma of the experience and become re-victimized (Hockett et al., 2016). The trauma and re-victimization impacts how victims react to their sexual assault, and whether they decide to report the assault or not. In addition, victims of sexual assaults are more likely to disclose to both informal and formal support sources when displaying several symptoms of posttraumatic stress disorder (PTSD; Starzynski et al., 2005). Furthermore, findings suggest that victims with an increased number of PTSD symptoms may be more likely to disclose due to psychological symptoms, as opposed to the assault itself (Starzynski et al., 2005). Sadly, sexual assault victims often experience negative and traumatizing encounters with the legal system (Hockett et al., 2016), which can cause “secondary victimization” due to perceived callous attitudes (p.611) according to Frazier and Haney (1996). Experiences of blame and unsympathetic responses in seeking for help may cause victims to not disclose or report their sexual assaults.

**Rape Myth Acceptance and Victim-blaming**

Rape myth acceptance is the phenomenon where individuals support the false stereotypes of sexual assaults, victims and perpetrators (p.217; Burt, 1980). The
acceptance of rape myths is seen to be greater in males compared to females, as males appear to have a more negative attitude toward victims of sexual assault. According to Hockett et al. (2016), these attitudes include “holding the victim responsible for the rape, blaming the victim, and minimizing the rape” (p. 155). These types of myths can be placed in three categories – victim masochism, victim precipitation, and victim fabrication (Koss et al., 1994; as cited in Ben-David & Schneider, 2005). “Victim masochism” is expressed by suggesting that the victimization that took place is not sexual assault due to the victim either enjoying it or wanting it, also known as “holding the victim responsible” (Ben-David & Schneider, 2005; Hockett et al., 2016). Secondly, “victim precipitation” suggests that sexual assaults take place due to victims asking for it or acting promiscuously by dressing a certain way, which again blames the victim. Thirdly, “victim fabrication” offers the explanation of “minimizing the rape” by suggesting that victims lie or exaggerate (Koss et al., 1994, as cited in Ben-David & Schneider, 2005).

McMahon (2010) explored rape myth beliefs and bystander attitudes among incoming college students, and found there to be gender differences and various knowledge among athletes, fraternities, and sororities. In fact, those who indicated greater acceptance of rape myths were males compared to females, athletes compared to non-athletes, those pledging a sorority or a fraternity, those that had no previous rape education, and those that did not know someone who had been sexually assaulted. However, the most salient predictor of the rape myths and bystander beliefs seemed to be gender. Moreover, male athletes reported significantly higher rape myth acceptance than female athletes, as well as less positive bystander attitude (McMahon, 2010). Males may be more susceptible than females in adopting rape myths of victim masochism,
victim precipitation, and victim fabrication, which possibly can explain why males show greater rape myth acceptance.

**Factors Influencing Consent**

In situations addressing sexual behaviors, consent appears to be a primary issue. Hickman and Muehlenhard (1999) defined sexual consent as, “the freely given verbal or nonverbal communication of a feeling of willingness” (p.259). The importance of this definition is that it includes both the mental and physical act, as well as taking context into account.

Comfort and safety, as well as being wanted and agreed to in a romantic relationship are linked to explicitly given consent (Jozkowski, 2013). However, findings indicate difference in the importance of consent depending on the duration of relationships. Nonverbal cues and signals about sexual consent often are seen as more important in couples that have been together for a longer period of time, and consent is therefore believed to be less vital in sexual decision-making (Humphreys, 2007). Humphreys (2007) provided participants with a vignette of a male-female couple, Kevin and Lisa, who were watching a movie together when Kevin eventually begins touching Lisa in a sexual manner. Lisa’s response to sexual consent was ambiguous, as she was not enthusiastic about engaging in sexual behaviors, nor verbally consented to the situation. Participants of this study agreed more strongly with, “this couple’s nonverbal behaviors are just as effective as verbal communication to indicate sexual consent” (p.311), when the duration of the relationship increased from first date to 3 months of dating, and 2-year anniversary. Participants appeared to believe that verbal consent was more required when the couple had less experience and been together for a shorter period of time (Humphrey, 2007). Consent, according to findings of Humphrey (2007), is seen to be
more important in newly established relationships where nonverbal cues and understanding of partner are not as prominent compared to those of longer relationships.

Emerging adults tend to avoid verbal consent by either lack of response or resistance to continued sexual activity (Humphreys & Brousseau, 2010; Johnson & Hoover, 2015). This nonverbal communication of consent has been linked to fear of embarrassment, as emerging adults, especially men, would rather avoid asking for consent than being embarrassed if partner were to say no (Hickman & Muehlenhard, 1999; Humphreys & Brousseau, 2010; Johnson & Hoover, 2015; Jozkowski, Peterson, Sanders, Dennis, & Reece, 2014). Although emerging adults in general tend to avoid verbal consent, there are gender differences in whether consent should be established before sexual interactions occur. Women interpret verbal sexual consent as more necessary before sexual activity begins than men, regardless of experience or duration of the relationship (Humphrey, 2007), whereas men often communicate their consent nonverbally (Jozkowski, 2013). Hence avoidance of embarrassment is more important for men than verbal consent, while for women verbal consent is seen as necessary regardless of embarrassment, experience, and duration of relationship.

**Prevention and Education of Sexual Assault**

Prevention and education programs of sexual assaults have been implemented on several college campuses as emerging adults have the tendency to engage in risky behaviors and have moderately high acceptance of rape myths, which may make them more vulnerable for sexual assaults (Sinozich & Langton, 2014). These programs often focus on raising the awareness of students on topics of sexual assault victimization and providing strategies about prevention.

The following section will address sexual assault education programs that differ in facilitators and content information. One way of addressing prevention of sexual assault
among emerging adults is through peer education programs. Kernsmith and Hernandez-Jozefowics (2011) recommend the use of sessions led by peers, male and female leaders, in changing students’ attitudes and emphasize male responsibility. Their peer interventions produced statistically significant changes in attitudes based on presentations by peer educators. More importantly, their findings were comparable across genders, in that positive changes were found in both male and female participants. Furthermore, those who experienced a connection to the school in terms of involvement, appreciation and interest in presentation were more likely to show improvement. On the contrary, those with less connection to the educators and the institution were less likely to improve their sexual assault attitudes. Although this peer education program was effective, peer education programs are suggested to only work for a short-term period (Anderson & Whiston, 2005; Foubert & McEwen, 1998). For future prevention programs, colleges should therefore increase school belonging, have peer educators lecture on the topics and include components as films and role-playing, and then do a follow-up study to assure it works in the long-term.

Anderson and Whiston (2005) performed a meta-analysis of the effectiveness of sexual assault education programs on college campuses primarily addressing outcomes in attitude, behavioral changes and knowledge. The education programs differed in facilitator (peer, professional or graduate student), and content information; (a) informative, which addressed facts, statistics and identifications, (b) empathy focused, (c) socialization focused, minimize stereotypes, and (d) specific strategies for risk reduction. The effectiveness of these types of programs appears to differ depending on what the campuses concentrated on, yet their findings explain effectiveness of focused programs such as the content information from one of the programs mentioned above (Anderson & Whiston, 2005). When knowledge about sexual assaults is the focus, these
programs found a positive, but small effect on rape attitudes, but did not have any impact on rape empathy or rape awareness (Anderson & Whiston, 2005). The programs that used a professional presenter seemed to be more successful in creating positive change than those who used graduate students. As for the peer educators, further research is needed in order to establish whether they are successful in promoting positive changes. Education programs that provide general information on sexual assaults, gender roles, rape myths and facts, and provide strategies of risk-reduction seem to be more effective for emerging adults than rape empathy programs (Anderson & Whiston, 2005).

Sexual violence prevention programs on colleges and universities should be administered in multiple sessions with long lecture-based programs, as they appear to positively influence changes in rape myth acceptance and sexual assault attitudes (Vladutiu, Martin & Macy, 2010). The earlier emerging adults are exposed to prevention programs, the better, as this age group is still open to influence (Abbey, 2002). Furthermore, these programs should involve materials that present “rape scenario videos, films, presentations by rape survivors, interactive dramas, role-playing, workshops, and worksheets/brochures” (Vladutiu et al., 2010, p.14). Rothman and Silverman (2007) addressed the impact of sexual assault prevention in a program that provided college students with a presentation of risk reduction followed by an education workshop, where they observed positive effects for those emerging adults who had no prior experience with sexual assault victimization. The prevention program did not seem to have an impact on those participants that had prior history of sexual assault victimization. In addition, their findings indicate that participants with prior experience of victimization are more at risk for subsequent victimization (Rothman & Silverman, 2007). For this reason, it may be important for colleges to carefully decide which
strategies to use for best-desired outcome, whether the focus is on awareness or risk reduction, and possibly concentrate on addressing prevention of re-victimization among those with prior history of sexual assaults (Rothman & Silverman, 2007; Vladutiu et al., 2010).

**Bystander Effect**

Sexual assault education programs are constructed to raise awareness, influence attitudes and knowledge of sexual assault rather than dealing with people who might see, but not act to prevent this behavior from taking place (Anderson & Whiston, 2005; Banyard, 2008; Kernsmith & Hernandez-Jozefowics, 2011; Moynihan et al., 2015; Vladutiu et al., 2010). The “bystander effect” refers to the decreased likelihood of helping in critical situations when increased number of passive bystanders is present (Darley & Latane, 1968; Fischer, Kreuger, Greitemeyer, Vogrincic, Kastenmuller, Frey & Kainbacher, 2011). Darley and Latane (1968) first demonstrated this phenomenon after the murder of Kitty Genovese in Queens, New York, where neighbors heard cries for help, but did not intervene until it was too late (although later findings suggest that neighbors did not actually hear Genovese’s cries for help), (Darley & Latane, 1968; Fischer et al., 2011). For this reason, Darley and Latane (1968) addressed reasons why participants do not intervene or take long to intervene in emergency situations.

Interaction and intervening of bystanders in situations are based whether (a) it is an emergency and non-emergency situation, (b) the perpetrator present or non-present, and (c) if a physical or non-physical intervention is required (Darley & Latane, 1968). Larger bystander effects, minimized chance of helping, are seen in non-emergency situations, when the perpetrator is not present, and when there is a physical cost for the bystander to intervene (Fischer et al., 2011). In addition, findings indicate that the bystander effect is greater when the bystanders are strangers, and when bystanders are
female (Fischer et al., 2011). Although males tend to intervene in high-risk situations, females are better at identifying risk situations related to sexual assault compared to men (Burn, 2009). Similarly there are gender differences in situational characteristics that predict intervention; men are more likely to intervene when they know the perpetrator, and women are more likely to intervene when they know the potential victim (Amar, Sutherland, Laughon, 2014; Burn, 2009). However, if the victim was not a friend, then participants had to evaluate whether this person was worthy of help or not (Pugh et al., 2016).

Bystanders evaluate a potential risky situation before intervening. In fact, participants were more likely to help when believing they were alone (85%) compared to when the group of bystanders contained more than four people (31%), (Darley & Latane, 1968), as the diffusion of responsibility allows for less individual responsibility (Fischer et al., 2011). In addition, bystanders seem to engage in a greater non-direct action in reporting to emergency personnel than physically intervening in the situation (Darley & Latane, 1968). Another process in interfering with the response of a bystander is the idea of “evaluation apprehension”, the fear of others judging the individual when acting publicly (Fischer et al., 2011), which can minimize the likelihood of helping. “Pluralistic ignorance” also appears to influence helping, which is the lack of perceiving the situation as an emergency (Fischer et al., 2011).

People have different perceptions of what situations that they believe are appropriate focus of an intervention. For example, some people might not feel comfortable intervening in other people’s problems or fail to take responsibility in the situation. Orchowski et al. (2016) studied alcohol consumption, perceptions of peer approval for sexual aggression, participants’ comfort with sexism, rape supportive attitudes, and engagement in coercive sexual behavior. According to their findings, men who engaged
in heavy drinking behavior were less likely to help strangers at a party compared to men who drank less, especially if the heavy drinkers suspected the strangers to have been drugged. However, heavy drinkers appear to be more likely to interfere in high-risk situations than non-heavy drinkers. In particular, Orchowski et al. (2016) found that intoxicated males were likely to interfere when a woman is shoved or yelled at, or when a man is dragging an unconscious woman away from a party. In addition, there was a negative correlation with prosocial attitudes toward bystander intervention. The greater comfort with sexism, attitudes supportive of sexual assault and peer approval for sexual aggression; the lower likelihood of helping as bystanders.

Bystander interventions are based on the “bystander effect”; whether the situation is an emergency or not, if perpetrator is present or if physical intervention is required (Darley & Latane, 1968). The likelihood of helping is based on the perception of responsibility; hence bystander prevention programs that emphasize the importance of taking responsibility in risk situations are especially important.

**Bystander Effect in Sexual Assault Prevention**

The shift from focusing on sexual assault victims and perpetrators to the bystander appears to have several positive outcomes (Anderson & Whiston, 2005; Banyard, 2008; Banyard, Plante & Moynihan, 2004; Kernsmith & Hernandez-Jozefowics, 2011; Moynihan et al., 2015; Vladutiu et al., 2010). In contrast with traditional prevention education programs, bystander education helps bystanders build specific skills to help others (Banyard et al., 2004; Burn, 2009) by creating an attitude change that fosters responsibility, competence and understanding about why they should intervene. This potential knowledge may create a greater cohesiveness in a campus community to prevent sexual violence from taking place (Banyard et al., 2004).
This relative new approach targets training of potential bystanders to intervene or interrupt sexual assaults or situations that may lead to sexual assaults. In addition, it focuses on teaching the campus and social communities to speak up against norms supportive of sexual violence, and ways to provide support to victims and survivors (Banyard et al., 2007; Burn, 2009). These approaches have the possibility of preventing sexual violence and victim blaming (Burn, 2009). Moreover, Ullman (2007) suggest that these prevention strategies should target specific community members, such as males, in an effort to reduce sexual aggression, and stereotyped sex roles to decrease the burden of responsibility of potential victims, and to potentially avoid sexual assaults.

Positive changes in attitude among emerging adults seem to be most efficient when sexual assault prevention education programs are focused on providing specific information such as strategies for risk-reduction and factual material of sexual assaults (Anderson & Whiston, 2005). Moreover, strong messages that challenges myths related to sexual violence and promote empathy for victims should be integrated in bystander approaches, as they also seem to have an impact in changing attitudes (Banyard et al., 2004). However, one of the greatest changes in addressing the bystander is the commitment to intervene in situations (Banyard et al., 2004). Thus, the predictable outcome is to “teach all community members to identify themselves as prosocial bystanders who have a role to play in supporting victims or interrupting potential sexual violence” (Banyard et al., 2004, p.75). The bystander component in sexual assault prevention programs should therefore address each member of a community to take on responsibility and actively engage in helping others.

**The Process of Bystander Interventions**

The process of teaching bystanders to effectively intervene in sexual assault situations, or potential situations has been developed into a five-step situational model
created by Latane and Darley (1970; as cited in Burn, 2009). The first step in this model suggests helping bystanders to notice the event. When certain situations are ambiguous it is difficult to notice the severity of the situation (Fischer et al., 2011). In addition, bystanders have a tendency to not notice potential sexual assaults due to distractions or individual social activities (Burn, 2009).

In the second step in the situational model, bystanders must learn how to interpret the situation as risky in order to intervene - to identify the situation as intervention appropriate (Burn, 2009). The likelihood of helping is greater in clear emergency situations. When it is not clearly an emergency, there is likely to be pluralistic ignorance, whereby bystanders seek to observe behaviors in other inactive bystanders, which results in failure to interpret the situation as an emergency (Banyard, 2008; Fischer et al, 2011). The third step is that bystanders must take intervention responsibility. Participants appear to take more responsibility when alone, compared to when the group size is larger. Furthermore, bystanders might notice the risk, but the diffusion of responsibility suggests that people do not take action because they do not view the situation as their responsibility (Burn, 2009; Fischer et al., 2011). In addition, the likelihood of responsibility is increased when the other bystanders are not strangers (Fischer et al., 2011), and when the bystanders are females, as males have a tendency to believe more strongly in rape myths (Burn, 2009; Lonsway & Fitzgerald, 1994). The fourth step in the model - failure to intervene due to a skills deficit means to adapt the type of skills to intervene in specific situations. Males are more likely to intervene when the risk is higher (Fischer et al., 2011), whereas females are more comfortable in helping sexual assault survivors (Burn, 2009). In addition, women tend to have a greater empathy for victims, which may reduce the fifth step of failure to intervene due to audience inhibition barrier (Burn, 2009). The process of bystander interventions is,
based on findings of Burn (2009), more likely to be successful when considering the five-step situational model created by Latane and Darley (1970).

**Adverse Childhood Experiences and Bystanders**

Results from the Adverse Childhood Experiences (ACE) study suggest that as many as 67 percent of participants have experienced one of forms of emotional, physical or sexual abuse, or dysfunction in family environment addressed in the ACEs (Burke, Hellman, Scott, Weems & Carrion, 2011; Dube, Felitti, Dong, Chapman, Giles & Anda, 2003). In addition, women are more likely to score higher than men on adverse childhood experiences (Burke et al., 2011; Dube et al., 2003). Although individuals with traumatic experiences in childhood might be more susceptible for re-victimization as emerging adults, they may be considered as more active bystanders in potential risk situations. For this reason, these individuals can be vital in decreasing future sexual assaults.

Individuals who experienced household dysfunctions while growing up may be more vulnerable to become re-victimized as emerging adults (Christy & Voigt, 1994; as cited in Chabot, Tracy, Manning & Poisson, 2009). However, those who have experienced childhood abuse are more likely to be informal helpers (untrained witnesses) in potential sexual assault situations, according to Christy and Voigt (1994; as cited in Chabot et al., 2009). Furthermore, the amount of abuse experienced in childhood seems to predict bystander interventions more than the type of abuse experienced (Chabot et al., 2009).

**College Bystander Programs**

The bystander programs that have been established at different academic institutions in the United States focus on educating emerging adults about the bystander effect and victimization of women. The different types of programs addressed in this section are focusing on (a) speaking up against social norms in terms of an online program, (b)
teaching bystander to develop skills to become active and engage in risk situations, (c) prevention programs that are lengthier and include several sessions, (d) training program that emphasizes that Helping Advocates for Violence Ending Now (HAVEN), and finally (e) One Act which focuses on prevention training of bystanders.

An online program addressing bystander intervention called “Take Care” focuses on behaviors that involved speaking up against social norms, support for sexual violence and bystander behavior for friends, strangers and acquaintances (Kleinasser, Jouriles, McDonald & Rosenfield, 2015). The program reported a greater possible bystander intervention at post prevention and 2 months after taking part in the online program. Although this program seems to have some positive changes on bystander behavior, it is not possible to state whether the bystander behavior program was still effective after the 2-month follow up, as this study did not address long-term changes in bystander behavior (Kleinasser et al., 2015).

According to Moynihan and coworkers (2015) the multi-session version of the “Bringing in the Bystander” in-person program influenced participants by increasing their bystander behavior. Those participants that scored low in helping others on the pretest increased their behavior in helping strangers a year later. However, Moynihan et al. (2015) observed a decline in bystander intervention when participants were not exposed to prevention programs or similar behaviors continuously throughout the year of the study. It is noteworthy that this finding indicates that people should be exposed to intervention programs more often so that the likelihood of helping increases.

Supporting the finding of a lengthier program, Banyard et al., (2007) found that participants who were presented with several sessions of the sexual violence prevention program were more likely to have increased knowledge of bystander behavior and portray positive bystander attitudes. In addition, these participants had a lower rape myth
acceptance than participants from the one session group. Furthermore, bystander intervention programs show significant results in educating people about bystander behaviors and rape myth acceptance (Banyard et al., 2007); however, it does not mean that people will continue to behave in the way they are educated.

Bystander training programs appear to be helpful in teaching potential bystanders to intervene or interrupt sexual assaults or situations that may lead to sexual assaults (Banyard et al., 2007; Burn, 2009). More specifically, Algeria-Flores, Raker, Pleasants, Weaver and Weinberger (2015) provided students with two different training programs, “One Act” and “HAVEN”. The HAVEN training program was developed to teach faculty, students and staff how to appropriately respond to students who have experienced interpersonal violence. This program was not intentionally created to prevent interpersonal violence, but rather responses to sexual assault situations. Because of this One Act was developed in 2010. The prevention training of One Act was created to interrupt bystander effect in situations of sexual assault, stalking, intimate partner violence and dating violence (Algería-Flores et al., 2015).

The HAVEN training program looks to decrease sexual assault violence acceptance, rape myths and victim blaming, whereas the One Act bystander training program addressed potential warning signs in violence situation and evaluated safety in situations. Although the One Act program seeks to challenge endorsements of violence acceptance and rape myths, it also focuses on bystanders’ investment, their confidence in intervening and willingness to act (Algería-Flores et al., 2015). In fact, the One Act bystander training program significantly improved bystanders’ date rape attitudes and behaviors, as well as their confidence and willingness to prevent high risk sexual assault situations, which are similar to those findings of Moynihan, Banyard, Arnold, Eckstein and Stapleton (2011). In contrast, the HAVEN program had no significant results in
boosting bystander confidence or behavior. Notably, the One Act program was better at improving behavior and attitudes toward bystander intervention than HAVEN. Results from Algeria-Flores et al. (2015) showed no significant difference in bystander behavior, but could possibly do so by introducing participants to the bystander effect. This element can possibly decrease the diffusion of responsibility and serve as an example for others to take action in potential sexual assault situations.

**Purpose of the Study**

Bystander behavior targets potential bystanders in training them to speak up against norms supportive of sexual violence, and provide support to victims and survivors (Banyard et al., 2007; Burn, 2009). This current study addresses how confident bystanders are in intervening in possible sexual assault situations, how willing they are to help and how they possibly would behave in emergency situations by following an adapted lecture on sexual assault and bystander behavior developed from the Tennessee Coalition to End Domestic and Sexual Violence. This lecture focuses on providing students with definitions of sexual assault, consent issues, statistics, bystander effect and behavior, and possible reasons for passive bystanders. In addition, students were presented with examples of real world sexual assault situations and a video focusing on the bystander effect, as well as a video explaining consent. This short-term intervention focuses on addressing students directly by opening up for class responses in terms of reaction of examples and videos, as Vladutiu et al., (2010) suggested that this is the best way to change attitudes of bystander behavior. For this reason, the researcher is interested in observe whether participants are more likely to help potential victims of sexual assault after lecture on the topic.
Hypotheses

1. Participants who participate in a lecture about bystander behavior and sexual assault will have significant positive changes in bystander confidence from pre-intervention to post-intervention.

2. Participants who participate in a lecture about bystander behavior and sexual assault will have significant positive changes in bystander willingness to help from pre-intervention to post-intervention.

3. Participants who participate in a lecture about bystander behavior and sexual assault will have significant positive changes in bystander behavior from pre-intervention to post-intervention.

4. Participants with higher scores at the Adverse Childhood Experience (ACE) Study will be more willing to help in emergency situations than those of lower ACE scores at both pre-lecture and post-lecture.

5. Participants with higher scores at the Adverse Childhood Experience (ACE) Study will have a higher confidence in intervening as bystanders in emergency situations than those of lower ACE scores at both pre-lecture and post-lecture.

Method

Participants

Participants were enrolled in an undergraduate psychology course at a university in Northeastern America. A total of 34 participants participated in this project as a part of their class instruction, including 6 males (17.6%) and 28 females (82.4%). The sole criterion for participation was to be enrolled in that specific psychology class. Most (50%) of the participants were in the age group 18-21 years, whereas 41.2 percent stated that they were 22-25 years of age.
Measures

The three main scales, Bystander Confidence Scale, Willingness to Help Scale and Bystander Behavior Scale, used in this study were adapted from a previous study done by Alegría-Flores et al. (2015). However, these scales were originally adapted (Banyard & LaPlant, 2002; Banyard, Plante, Cohn, et al., 2005; Banyard, Plante, & Moynihan, 2005) in Alegria-Flores and coworkers (2015) study to better suit questions regarded to the content of training.

Bystander Confidence Scale. Bystander confidence was measured using the Bystander Confidence Scale (Alegría-Flores et al., 2015). The scale included 20 items asking students to report the degree of confidence in engaging in different bystander behavior scenarios. The students were asked to record their degree of confidence from 0 (Can’t do) and 100 (Very Certain). Furthermore, they were asked to only use whole numbers from 0 to 100, with a possible range of scale scores from 0 as no confidence to 2000 highest possible confidence. An example from the items of bystander behavior is, “Do something to prevent someone from taking a very drunk person upstairs at party if I suspect they might take sexual advantage of them.” Alegería-Flores and colleagues (2015) estimated the internal reliability of this scale to be at Cronbach’s alpha = .88. Corresponding to their findings, the scale for bystander confidence at pre-test in this study had strong internal reliability (Cronbach’s alpha = .84), and a small decrease in internal reliability at post-test (Cronbach’s alpha = .81),

Willingness to Help Scale. This current study examined participants’ willingness to help potential victims using the Willingness to Help Scale (Alegría-Flores et al., 2015). The scale addressed 12 behaviors where students were asked to indicate how likely they were to engage in these behaviors by rating their response from a 5-Point Likert type scale, 1 indicating Not at all likely and 5 being Extremely likely. The
possible range of scale scores indicated 12 as the lowest score of willingness to help and 60 as the highest score of helping behavior. An example of one of the behaviors is, “Call 911 if an acquaintance needs help because they are being hurt sexually or physically.” The internal reliability of this scale was estimated to be $\alpha = .79$ according to Alegría-Flores and colleagues (2015). In the current study the scale had an internal reliability of .73 (Cronbach’s alpha = .73) at the pre-test, and an increase in internal reliability at post-test (Cronbach’s alpha = .86).

**Bystander Behavior Scale.** This study also looked at which type of bystander behavior participants had engage in, in the past 2 months, using the Bystander Behavior Scale (Alegría-Flores et al., 2015). The students were introduced to 20 scenarios where they were asked to report “yes” if they had engaged in the behavior, “no” if they did not engage in the behavior, but had the opportunity to do so, or that they did not engage in the behavior due to not having the opportunity to do so (Not applicable or “NA”). Considering the researcher was only interested in evaluating the average of those that did apply to participants, NA options were recorded as “system missing” in statistical analysis. An example of the items is, “Asked for verbal consent when I was intimate with my partner, even if we are in a long-term relationship.” Internal reliability was measured to be at $\alpha = .84$ in Algería-Flores study (2015). However, in the current study the scale had a stronger internal reliability (Cronbach’s alpha = .93) at pre-test than Algeria-Flores et al. (2015), and an increase in internal reliability at post-test (Cronbach’s alpha = .97). The possible range of scale scores indicated 0 as the lowest score of bystander behavior and 20 as the highest score of bystander behavior.

**Demographic Questionnaire.** This self-report measure was used to gather information about the participants such as age group and gender. Participants were asked to indicate their gender identity by stating either female, male, non-binary/third gender,
transgender, prefer not to say or prefer to self-describe. In addition, checking of one of the following boxes indicated age: 18-21 years, 22-25 years, or 25+ years.

**Adverse Childhood Experiences (ACE) Study.** This scale addressed types of experiences participants had been exposed to during their childhood. The students were introduced to 10 scenarios where they were asked to report “1” for yes if they had experienced it, or not enter any value if no experience of such statement. An example of the items addressed is question 3, “Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? Or, try to or actually have oral, anal, or vaginal sex with you?” All scenarios were based on the first 18 years of the participants’ life while growing up (Fetti, Anda, Nordenberg, Williamson, Spitz, Edwards & Marks, 1998). The internal reliability for the adverse childhood experiences scale was $\alpha = .70$, with the possible range of scale scores indicated 0 as the lowest score adverse childhood experiences and 10 as the highest score of adverse childhood experiences.

**Procedure**

As a part of the class instruction, participants of a Trauma Psychology class were handed out a survey during class about bystander behaviors and social support of sexual assault victims, as well as the ACEs survey to measure adverse childhood experiences. The archival data used in this study were originally collected to be used for class instruction. Students signed an informed consent about their participation, which let them know that their decision to participate would not impact on their grade in the class. Participants completed survey that was distributed in packages by a research assistant for the class. The class instructor was not involved in the distribution and collection of responses from the students. They were asked to place completed study materials in sealed envelope with no identifying information included besides a code each individual
participant selected. Students were asked to place this code on all of their surveys and to sign a summary sheet, which would contain their name and the code. The research assistant sealed this sheet in an envelope and will only opened the envelope if the student requested to see the list during the second survey administration in the event they could not recall the special code the student originally utilized.

Two weeks after participants were asked to complete the questionnaires about adverse childhood experiences, bystander confidence, willingness to help and bystander behavior they were presented with information about sexual assault and bystander behavior. This lecture was held as a part of their curriculum for their trauma psychology class, emphasizing the topics addressed in the questionnaires participants filled out at pre-lecture. Furthermore, the lecture worked as an intervention to raise awareness and guide students in how to become an active bystander. The intervention focused on providing students with definitions of sexual assault, consent and bystander effect and behavior, real world situations of bystander effect and statistics. In addition, a video “Tea and Consent” by Thames Valley police focusing on the importance of consent in sexual interactions and a video “What would you do Drink Drugging Part 1 Drogando a su cita 1” displaying bystander behavior.

Students of the Trauma Psychology class were then, at post-intervention, asked to complete the same questionnaires over again to see if they changed their responses based on enhanced knowledge on the topic. More specifically, participants were asked to fill out the scales of bystander confidence, willingness to help and bystander behavior and not the adverse childhood experience scale as the intervention did not target childhood experiences. For this reason, this archival study measured changes in bystander behavior and social support of potential sexual assault victims.
Research Design

In this current study, a quantitative research design was used to examine the effects of changes in bystander confidence, willingness to help, and bystander behavior due to intervention in form of lecture on these topics. In addition, the measure of adverse childhood experiences was included to evaluate if possible traumatic experiences in the past played a role in bystander behavior. All hypotheses were non-experimental, as the researcher could not manipulate variables, or randomly assign participants to groups. This study was a within group design, as it addressed and examined data from pre-intervention to post-intervention by self-report measures for the same group of emerging adults.

Paired-samples t-tests were used to measure the first, second and third hypothesis to compare scores from pre-lecture to post-lecture within the same group of emerging adults to evaluate changes in behavior. Moreover, to evaluate hypotheses four and five, a correlational analysis was conducted to measure the potential relationship between adverse childhood experiences and willingness to help, and bystander confidence.

Results

The purpose of the current study is to further expand on existing research on including bystander components of sexual assault programs in education for emerging adults to enhance active bystander behaviors in potential sexual assault situations. A total of 36 participants of emerging adults in a trauma psychology class were recruited to participate in this study. However, of these 36 participants, only 34 were included in the statistical analysis due to lack of data from post-lecture. These two participants did not answer several of the scales, which possibly could skew the results due to small sample size. No analyses were conducted to determine whether gender had an impact on adverse childhood experiences, bystander confidence, willingness to help or bystander
behavior due to small number of male participants (N=6), and the risk for identification of participants. This was the reason for paired samples t-test and correlations to analyze the statistics conducted.

**Demographics**

The following table present descriptive statistics for demographics in terms of gender and age. The frequencies and percentage for gender and age are listed in *Table 1.*

**Bystander Confidence Pre-lecture and Post-lecture**

In the first hypothesis, the researcher predicted that there would be significant positive changes in bystander confidence from pre-intervention to post-intervention. To test this prediction, the researcher provided participants with the Bystander Confidence Scale (Alegría-Flores et al., 2015) twice: one prior to lecture and one post lecture. The measures were examined by a paired samples t-test. The results indicate that there is a statistically significant difference (p < .05) in bystander confidence at post intervention, \( t(33) = -2.34, p = .03 \). In other words, bystander confidence in potential sexual assault situations increased from pre-lecture (\( M=1664.41, SD=232.97 \)) to post-lecture (\( M=1766.79, SD=277.61 \)). These results support the hypothesis. *See figure 1.*

**Willingness to Help Pre-lecture and Post-lecture**

In the second hypothesis, the researcher predicted that there would be a significant positive change in willingness to help in bystander situations from pre-intervention to post-intervention. To test this prediction, the researcher provided participants with the Willingness to Help Scale (Alegría-Flores et al., 2015). The measures were examined by a paired samples t-test. The results indicate that there is not a statistically significant difference (p < .05) in willingness to help at post intervention \( t(33) = -1.4, p=.17 \). In other words, willingness to help in potential sexual assault situations increased from pre-lecture (\( M=51.65, SD=5.3 \)) to post-lecture (\( M=53.0, SD=16.26 \)).
SD=6.05), but the change was not statistically significant. These results do not support the hypothesis. See figure 2.

Bystander Behavior at Pre-lecture and Post-lecture

In the third hypothesis, the researcher predicted that there would be a significant positive change in bystander behavior in potential sexual assault situations from pre-intervention to post-intervention. To test this prediction, the researcher provided participants with the Bystander Behavior Scale (Alegría-Flores et al., 2015). The measures were examined by a paired samples t-test. The results indicate that there is no statistically significant difference (p < .05) in bystander behavior at post intervention \( t(32) = -1.43, p = .16 \). In other words, bystander behavior in potential sexual assault situations increased from pre-lecture (\( M=15.17, SD=6.03 \)) to post-lecture (\( M=16.45, SD=5.49 \)), but the changes in behavior was not statistically significant. These results do not support the hypothesis. See figure 3.

Correlation Adverse Childhood Experiences and Willingness to Help

In the fourth hypothesis, the researcher predicted that higher scores on the Adverse Childhood Experiences Scale would be associated with a greater willingness to help in potential sexual assault situations. In order to test this, the researcher conducted a correlation between level of adverse childhood experiences and pre-intervention of willingness to help. The results indicate no statistically significant association (p < .05) between the two, \( r(32) = -.23, p = .19 \). Similarly, the researcher conducted a correlation between adverse childhood experiences and post-intervention of willingness to help. The results also indicate no statistically significant association (p < .05) between the two scales, \( r(32) = -.064, p = .72 \). These findings do not support the hypothesis.
Correlation Adverse Childhood Experiences and Bystander Confidence

In the fifth hypothesis, the researcher predicted that higher scores on the Adverse Childhood Experiences Scale would be associated with bystander confidence in potential sexual assault situations. In order to test this, the researcher conducted a correlation between level of adverse childhood experiences and pre-intervention of bystander confidence. The results indicate no statistically significant association (p < .05) between the two, \( r(32) = -.222, p = .21 \). Similarly, the researcher conducted a correlation between adverse childhood experiences and post-intervention of bystander confidence. The results also indicate no statistically significant association (p < .05) between the two, \( r(32) = -.01, p = .95 \). These findings do not support the hypothesis.

Discussion

The current study examined bystander behavior in potential sexual assault situations both before and after being exposed to a lecture that raised awareness and guided students in how to address risky situations as bystanders. The study also examined how level of adverse experiences in childhood can affect bystander intervention.

The findings suggest that the lecture “Won’t you be my neighbor” adapted from the Tennessee Coalition to end Domestic and Sexual Violence, significantly improved participants’ bystander confidence in high-risk situations. For the Willingness to Help Scale and Bystander Behavior Scale (Alegría-Flores et al., 2015) the observed effects were positive, but not statistically significant. These findings of positive changes are similar to Alegría-Flores et al. (2015), although willingness to help and bystander behavior are not aligned with their statistically significant findings.

In the current study the researcher tried to address the population of emerging adults on a college campus, as this population is the one with the highest rate of
vulnerability to sexual assault victimizations (Sinozich & Langton, 2014). In order to address this group of emerging adults the researcher focused on altering an education programs that, according to a meta-analysis from Anderson and Whiston (2005), focused on providing general information on sexual assault, rape myths and facts, and provide strategies of risk-reduction, as these programs seem to be more effective on emerging adults than rape empathy programs (Anderson & Whiston, 2005). In addition, as emerging adults are still open to influence (Abbey, 2002) the researcher included rape scenario videos, as research suggests a positive change in attitude (Vladutiu, Martin & Macy, 2010). However, because sexual assault education programs are constructed to raise awareness, influence attitudes and knowledge of sexual assault rather than dealing with bystanders (Anderson & Whiston, 2005; Banyard, 2008; Kernsmith & Hernandez-Jozefowics, 2011; Moynihan et al., 2015; Vladutiu et al., 2010), the researcher focused on addressing behaviors in bystanders and not only focus on victims of sexual assault.

In contrast with traditional prevention education programs, bystander education helps bystanders build specific skills to help others by creating an attitude change that fosters responsibility, competence and understanding about why they should intervene (Banyard et al., 2004; Burn, 2009). In addition, it focuses on teaching people to speak up against norms supportive of sexual violence, and ways to provide support to victims and survivors (Banyard et al., 2007; Burn, 2009). The current findings support positive changes in speaking up against behaviors that support sexual violence at post-intervention lecture. In particular, there are positive changes of confidence in “speak[ing] up to someone who is making excuses for forcing someone to have sex with them” from pre-lecture (89.12%) to 94.12 percent at post-lecture. Similar findings in speaking up against norms supportive of sexual violence is the difference from 90.29 percent at pre-lecture to 94.4 percent at post lecture for the statement: “Challenge or
criticize a friend who tells me that they had sex with someone who was passed out or too drunk to give consent.” According to Banyard et al. (2004) and Burn (2009) these changes in bystander confidence may prevent sexual violence and victim blaming due to bystander education.

Findings from the current study in bystander confidence suggest that participants are more confident in helping a friend than a stranger. In fact, both a pre-lecture and post-lecture results found a mean confidence level of participants to be approximately 90 percent in agreeing with: “Ask a friend if they need to be walked home from a party”, whereas the confidence level at pre-lecture for “Ask[ing] a stranger if they need to be walked home from a party” was 54.41 percent, and at post-lecture 74.71 percent. These findings do support Fischer et al. (2011) who found that the bystander effect is greater when bystanders are strangers, and that participants have to evaluate if the potential victim is worthy of help if this person is a stranger (Pugh et al., 2016). In the current study, individuals may find potential victims worthier of help after increased knowledge, and may therefore be more confident in helping strangers at post lecture. The current findings seem therefore to provide support for increased bystander confidence in helping strangers after participating in lecture of bystander prevention and information on sexual assault victims.

Bystanders of potential sexual assault situations who have experienced childhood abuse are more likely to be informal helpers (untrained witnesses) according to Christy and Voigt (1994; as cited in Chabot, Tracy, Manning & Poisson, 2009), However, in the current study there is no statistically significant support for the association of level of adverse childhood experiences and bystander confidence or willingness to help, which may be due to small sample size. For this reason there is no support for the amount of abuse experienced in childhood to influence bystander interventions more than the type
of abuse experienced (Chabot et al., 2009). Although there are no significant correlations between the level of adverse childhood experiences reported and willingness to help or bystander confidence, it is important to notice that 17.6 percent (N=6) of participants indicated “yes” in the following question (3): “Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? Or, try to or actually have oral, anal, or vaginal sex with you?” These numbers are alarming considering the sample size was small, and data was only collected from one psychology class. The importance of addressing the incidents of sexual assault on campuses has been a concern for colleges and universities throughout North America and Europe, and should continue to do so when completed or attempted rape victimization in one class of 34 students is as high as 6. In fact, these numbers may even be higher as the adverse childhood scale only focuses on experiences of the first 18 years of a person’s life.

**Limitations**

When interpreting the results from the findings in this current study, the limitations must also be acknowledged. Participants of this study were not randomly sampled, as the recruitment was performed through convenience sampling, meaning that data was collected from undergraduates enrolled in a psychology class. In addition, the sample size of N=34 is minimal and not random, which also provide the possibility that the sample is not applicable to all emerging adults, and may not represent the emerging adult population as a whole. Corresponding to a small sample size, the number of male participants is low (N=6), which means that it is not representative of the male population. Consequently the reason of lacking statistics related to gender.

Although this study did not directly target victims of sexual assault, the content material in the survey still addresses abusive relationships and sexual assaults.
Bearing in mind that the material, both in surveys and lecture, might trigger past experiences for participants, some might not have been able to honestly fill out the survey. However, the researcher provided contact information to the researcher, advisor and the university’s psychological services center. In addition, participants were informed that they could leave the classroom at any time or leave the survey blank if the material made anyone uncomfortable. The researcher has no knowledge of any of the participants being distressed as a result of the study.

It is difficult to make conclusions regarding the efficacy of the lecture held, as the study is not an experiment with control group that can verify whether the statistically significant changes in bystander confidence and behaviors are simply due to lecture. For this reason, changes seen in participants’ endorsement of bystander behavior may be due to confounding variables. Not only may there be confounding variables, but also a limited power in making changes in attitude due to a one-hour presentation. Unfortunately, the researcher was not able to complete a long lecture-based program, which appear to positively influence changes in bystander attitude (Vladutin et al., 2010), due to a limitation of time. Furthermore, since the research was restricted to one academic semester, it was difficult to conduct a follow up study. Perhaps changes in willingness to help and bystander behaviors take longer time to alter than bystander confidence, and should therefore be a part of a longer lecture-based program. In addition, the videos concerning consent issues and bystander behaviors used as a part of the lecture were not taken from an existing bystander prevention program, but rather from the PowerPoint presentation from Tennessee Coalition to end Domestic and Sexual Violence.
Future research

This study builds on existing research on bystander prevention programs on college campuses, to create a better understanding of how active bystander behavior can change after education on the topic. Although the predicted finding of bystander confidence was supported, future research can address possible reasons why bystander’s willingness to help and bystander behavior might not be supported. In order to do so, researchers can address gender differences in larger samples and include personality differences in people that are willing to help and actively engage, compared to those who do not.

A possible solution to future research when addressing emerging adults on college campuses, is to include undergraduate students from several majors where the male population might be greater than generally within psychology. In addition, if the prevention program is included in the curriculum it might minimize the survey dropout rate that can take place in convenience sampling. Although providing an incentive can have the potential to decrease the dropout rate, one have to bear in mind that the subject material is sensitive and therefore the importance of maintaining confidentiality.

This study aims to look at changes in behavior immediately after being exposed to a lecture providing students with definitions of sexual assault, consent and bystander effect and behavior, real world situations of bystander effect and statistics. It would therefore be interesting to investigate long-term effects on lectures on bystander prevention at periodic follow-ups up to one year post participation, especially as peer education programs are suggested to only work for a short period of time (Anderson & Whiston, 2005; Foubert & McEwen, 1998). In addition, participants should be exposed to prevention programs several times, as frequent exposure seems to influence helping behavior (Moynihan et al., 2015). This follow up procedure and frequent exposure to
material would have lasting impact on bystander behavior and not just self-reported confidence in helping others. A possible study could address sexual assault victimization and likelihood of helping others in potential sexual assault situations.

**Clinical Implications**

This study’s findings could be useful in education and raising awareness of bystander reactions to emerging adults in college. By introducing the topic as a part of a class lecture, the greater possible likelihood for taking part in the study and paying attention, as participants would not sacrifice personal time.

The alarming number of participants (17.1%) that had a traumatic experience of sexual assault during childhood should specifically be addressed in prevention programs, as these individuals may be more vulnerable to re-victimization than other emerging adults.
References


Table 1:

*Frequency and Percentage for Characteristics – Total Sample*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>28</td>
<td>82.4%</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>17.6%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-21 years</td>
<td>17</td>
<td>50.0%</td>
</tr>
<tr>
<td>22-25 years</td>
<td>14</td>
<td>41.2%</td>
</tr>
<tr>
<td>25+ years</td>
<td>2</td>
<td>5.9%</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>2.9%</td>
</tr>
</tbody>
</table>
Figure 1:
Figure 2:

Willingness to Help Scale

![Graph showing willingness to help scale with pre-lecture and post-lecture data points. Series 1 indicates a significant increase in willingness to help from pre-lecture to post-lecture.]
Figure 3:

**Bystander Behavior Scale**

![Graph showing the change in bystander behavior scale from pre-lecture to post-lecture.](image-url)

- Pre-Lecture: 15, 17
- Post-Lecture: 16, 45

Legend: Yes
Appendix A: Demographic Questionnaire

Please answer the following questions as honestly as possible.

1. What is your gender identity?
   [ ] Female          [ ] Male
   [ ] Non-binary/third gender          [ ] Transgender
   [ ] Prefer not to say          [ ] Prefer to self-describe: __________________________

2. What is your age?
   [ ] 18–21 years          [ ] 22–25 years          [ ] 25+ years
Appendix B: Adverse Childhood Experiences Questionnaire

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes  No  If yes enter 1

2. Did a parent or other adult in the household often …
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes  No  If yes enter 1

3. Did an adult or person at least 5 years older than you ever…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes  No  If yes enter 1

4. Did you often feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn’t look out for each other, feel close to each other, or support each other?
   Yes  No  If yes enter 1

5. Did you often feel that …
   You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes  No  If yes enter 1

6. Were your parents ever separated or divorced?
   Yes  No  If yes enter 1

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes  No  If yes enter 1

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes  No  If yes enter 1

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes  No  If yes enter 1

10. Did a household member go to prison?
    Yes  No  If yes enter 1

Now add up your “Yes” answers: _______  This is your ACE Score
Appendix C: Bystander Confidence Scale

Please read each of the following behaviors. Indicate in the column Confidence how confident you are that you could do them. Rate your degree of confidence by recording a whole number from 0 to 100 using the scale given below:

<table>
<thead>
<tr>
<th>Confidence</th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can't do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>uncertain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>certain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

You may interpret the phrase “do something” to mean acting in some way, such as asking for help, creating a distraction, or talking directly.

1. Express my discomfort if someone makes a joke about a woman’s body. ___%  
2. Express my discomfort if someone says that rape victims are to blame for being raped ___%  
3. Call for help (i.e., call 911) if I hear someone in my dorm or apartment yelling “help.” ___%  
4. Talk to a friend who I suspect is in an abusive relationship. ___%  
5. Get help and resources for a friend who tells me they have been raped. ___%  
6. Ask a friend if they need to be walked home from a party. ___%  
7. Ask a stranger if they need to be walked home from a party. ___%  
8. Speak up in class if a professor is providing misinformation about sexual assault. ___%  
9. Challenge or criticize a friend who tells me that they took advantage of someone sexually. ___%  
10. Challenge or criticize a friend who tells me that they had sex with someone who was passed out or too drunk to give consent ___%  
11. Do something to prevent someone from taking a very drunk person upstairs at party if I suspected they might take sexual advantage of them. ___%  
12. Do something if I see a woman who looks very uncomfortable surrounded by a group of men at a party. ___%  
13. Do something if I see someone repeatedly physically groping others at a party without their permission. ___%  
14. Get help if I hear of an abusive relationship in my dorm or apartment ___%  
15. Tell an Resident Advisor (RA) or other campus authority about information I have that might help in a sexual assault case even if pressured by my peers to stay silent. ___%  
16. Speak up to someone who is making excuses for having sex with someone who is unable to give full consent. ___%  
17. Speak up to someone who is making excuses for using physical force in relationship. ___%  
18. Speak up to someone who is calling their partner names or swearing at them. ___%
**Appendix D: Willingness to Help Scale**

**Willingness to Help Scale**

**Section II**

Keeping in mind the previous definitions, please read the following list of behaviors and check how likely you are to engage in these behaviors using the following scale:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Think through the pros and cons of different ways I might intervene if I see an instance of sexual violence.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Express concern to a friend if I see their partner exhibiting very jealous behavior and trying to control my friend.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. If an acquaintance has had too much to drink, I ask them if they need to be walked home from the party</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Indicate my displeasure when I hear offensive jokes being made.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Refuse to remain silent about instances of sexual violence I may know about.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. If an acquaintance is being yelled at or shoved by their partner, I ask if they need help.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Express disagreement with a friend who says forcing someone to have sex is okay.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. If I saw a friend taking an intoxicated person back to their room, I would intervene.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Go with my friend to talk with someone (e.g., police, counselor, crisis center, resident advisor) about an unwanted sexual experience.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Enlist the help of others if an intoxicated acquaintance is being taken to a bedroom at a party.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. If I heard a stranger insulting their partner I would intervene.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Call 911 if an acquaintance needs help because they are being hurt sexually or physically.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix E: Bystander Behavior Scale

Keeping in mind the previous definitions, now please read the list below and circle yes for all the items indicating behaviors in which you have actually engaged IN THE LAST 2 MONTHS. If you have not engaged in these behaviors, please indicate that no you have not engaged in them but did have the opportunity to do so (“No”), or no you have not engaged in them because you did not have an opportunity to do so (Not applicable or “NA”).

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Thought through the pros and cons of different ways I might intervene when I saw an instance of sexual violence.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Spoke up if I heard someone say “she deserved to be raped.”</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Asked for verbal consent when I was intimate with my partner, even if we are in a long-term relationship.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Made sure I left the party with the same people I came with.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. I talked with my friends about going to parties together and staying together and leaving together.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. I talked with my friends about watching each others’ drinks.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. I talked with my friends about sexual and intimate partner violence as an issue for our community.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. I expressed concern to a friend if I see their partner exhibiting very jealous behavior and trying to control my friend.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. If a friend had too much to drink, I asked them if they needed to be walked home from the party.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. I told a friend if I thought their drink may have been spiked with a drug.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11. If I heard a friend insulting their partner I said something to them.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12. Walked a friend home from a party who had too much to drink.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>13. Watched my friends’ drinks at parties.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14. Made sure friends left the party with the same people they came with.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15. Went with my friend to talk with someone (e.g., police, counselor, crisis center, resident advisor) about an unwanted sexual experience or physical violence in their relationship.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>16. Talked to my friends or acquaintances to make sure we don’t leave an intoxicated friend behind at a party.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>17. If I noticed someone has a large bruise, I asked how he/she was hurt.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>18. If I heard someone say “that test raped me,” I explained how using the word rape in everyday situations is inappropriate.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>19. I shared information and/or statistics with my friends about interpersonal violence.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>20. I decided with my friends in advance of going out whether or not I would leave with anyone other than the person/people with whom I arrived.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Appendix F: Lecture Transcript and PowerPoint

My name is Mari Eik. I am an undergraduate majoring in psychology and am working with Dr. Demaria as part of my honors thesis. I will be collecting attendance sheets at the end of this presentation for Dr. Demaria.

The presentation is based on a PowerPoint from the Tennessee Coalition to End Domestic and Sexual Violence. I was lucky enough to get permission from the coalition to use their information and knowledge, to further educate you on the topic of sexual assault and bystander intervention.

Sexual assault is a sensitive topic, and might be difficult for some of you to talk about. If some of the things we talk about make you feel uncomfortable, then you may leave the classroom until you feel better or you can contact the Long Island University Psychological Services Center or Dr. Demaria (299-3211) for more support. Please let me know if you have any questions or concerns.

I will now present information based on the presentation, “Won’t you be my neighbor.”

The topics I will cover, as you can see here, define sexual assault, increase your knowledge of the impact of sexual assault on survivors, and increase your knowledge of how to support victims of sexual assault, which mainly is the focus on bystander intervention.

Before I provide you with the definition of sexual assault, I would like to hear from you, what you think are the main characteristics of how sexual assault is defined.

ASK students
Sexual assault is defined as intentional sexual contact where force, threats, intimidation, abuse of authority or when the victim does not or cannot consent occur. Notice that consent is not given. Furthermore, it involves rape, forcible sodomy known as oral or anal sex, and other unwanted sexual contact that is aggravated, abusive or wrongful, or even attempts to commit these acts. In other words, I would like you to remember that the victim is not consenting to sexual contact and that this contact is often forced upon the person, either as an attempt or completed action.

When we talk about sexual assault, we often hear the term consent. How would you define consent? **ASK**

It is the indication of a freely given agreement to sexual conduct given by a competent person. Competent meaning that the person has to be able to say yes or no to the situation and not be too drunk, asleep or under other circumstances that might not provide with the opportunity to say no. Moreover, when the victim does not say no, it does not mean that he or she is agreeing to the sexual conduct. **Consent is not** when the person is lacking verbal or physical resistance due to the use of force, threat of force, or placing fear on the person to take part in the act. In addition, people in relationships or how the victim behaves cannot be used to constitute consent.

Show video: [https://www.youtube.com/watch?v=pZwvrxVavnQ](https://www.youtube.com/watch?v=pZwvrxVavnQ)
Look at these findings. As much as 1 in 5 women in the US have been raped at some time in their lives. 1 out of 5. For men, the numbers are lower, but still very important to notice and know. 1 in 71 men in the US have been raped at some time in their lives. And notice the last sentence, over 90% of all sexual assault is committed by an intimate partner or acquaintance of the victim. In other words, the victim usually knows the perpetrator. In fact, research indicates that the majority of the victims that are sexually assaulted by someone they know are often in a steady relationship with that person.

Now that we have covered some definitions and some statistics of the prevalence of sexual assault, it is essential to take a look at how people have a tendency to either think of, or react to sexual assault situations.

“When I was a boy and I would see horrible things in the news, my mother would say to me “Look for the helpers. You will always find people who are helping.”” — Fred Rogers

What is your opinion of this statement? Do people actually help or not? ASK
According to Latane and Darley, the bystander effect shows that people are more likely to help when alone, compared to when other people are around. Now you know what the bystander effect is—so how do we define a bystander? ASK

A bystander is not the victim, nor the perpetrator. However, it is someone who plays some role in an act of harassment, abuse or violence—but is neither the perpetrator or the victim. It is someone who is present and thus potentially in a position to discourage, prevent, or interrupt an incident.

The following slides will give you examples of the bystander effect:
The first real world example is this sexual assault situation in Ohio. Read out loud.

Another real world example. Read out loud.
A third example.
Read out loud.

Last and final example.
Read out loud.

Take a moment and think of these four different scenarios.

These four situations all are real world examples of rape situations where no one stepped forward and helped.
Putting yourself in the situation as a bystander, what would you do? Do you think you would call for help? Keep walking? Intervening? Or watch the situation take place? I will not judge you for your answer, but try to be as honest as possible.
First date scenario.
Show on Youtube

https://www.youtube.com/watch?v=ue_fGd32Ewo&feature=youtu.be

Factors that influence helping. There are certain terms that explain variables that play a role in whether people help or do not help in situations of sexual assault.

Situational ambiguity: Situations where emergency is not clear or situations that are in unfamiliar environments.

Perceived cost: Likelihood of helping increases as the perceived cost to ourselves declines.

Diffusion of responsibility: If everyone believes that the other guy/girl will act, then no one acts.

Similarity: People are more willing to help others whom they perceive to be similar to themselves.
Mood: People are more likely to help others when in a good mood. What are your thoughts on this one? For example, are you more likely to stop and help people on the subway, hold the door open when entering a building or help a person pick up items that were lost on the floor – when you are in a good mood compared to being in a bad mood?

Attribution of the cause of need: people are more likely to help others they perceive as innocent victims

Social norms: prescribed behaviors that are expected of people in social situations – which is similar to social norming.

Social norming: the ways we talk about and respond to sexual violence are culturally located in the ways we talk about men and women being sexual. This is often based on the social norms in a society, hence the reason we behave and react the way we do in certain situations.
Now that we have gone over the potential reason why people either help or do not help, we sometimes see that media in a way justifies rape. Read these statements about the 16-year-old girl from Ohio that we talked about earlier. Take an extra look on the statement from USA Today. “Stresses that the victim was drunk.” Do you guys remember the definition of consent? “Competent meaning that the person has to be able to say yes or no to the situation and not be too drunk, asleep or under other circumstances that might not provide the opportunity to say no.” In other words, if the victim was drunk, do you think she was able to give consent? (NO) Exactly! It is for this reason considered sexual assault.

When media portrays sexual assault in this way, do you think that it is easy for those that have been sexually assaulted to report the assault? To come forward and tell formal and informal sources about the situation?

I have done some research on the topic of disclosure and research supports that: Many victims of sexual assault have a tendency to blame themselves for assaults taking place. In fact, the greater the self-blame of the victim, the less likely she was to disclose to formal sources such as police and college institutions (Orchowski et al., 2016). However, in Orchowski’s research, as many as eighty percent of the victims told someone about the assault, yet only 60.7 percent disclosed to formal support.
Like we talked about, we can argue that media is a platform that normalizes sexuality and sexual assault by displaying half-naked women. This ad from Dolce & Gabbana clearly represents the men as being in control of the situation, and displays the women as passive & accepting. Do you have any thoughts or opinions about this picture?

Dolce and Gabbana is not the only company that focuses on sex and appearance to catch your attention. Think of all the music videos that display men as superior over women, where the women in several cases are half-naked.

By doing this, the media might potentially create acceptance towards sexual assault and bystander behavior in people that are viewing and buying their products.

Rape prevention is focusing on educating people on the topic of sexual assault, and also making it less taboo to talk about. Debates have discussed the potential of providing those women that want to, with guns to protect themselves.

However, some might argue that the bystander approach is safer and a lot more convenient than increasing the gun use in this country.
The bystander approach is mainly the idea to have the community come together to decrease sexual violence and assault. By intervening in situations and stand up for those that are victims of sexual violence.

The bystander approach is also focusing on decreasing the stigma that surrounds sexual assault. In addition, it tried to engage men and women in taking a stand.
There are several campaigns that are trying to make men engage in rape prevention programs - to value alternative visions of male strength by foster healthy relationships and gender equality.

Bystander intervention and approach is not necessarily only seen in situations of sexual violence and assault, but also in other forms of crisis and situations. However, in today’s lecture the focus was on sexual assault and the bystander behavior that is often seen in relation to not helping victims of sexual assault.

Although it is important to include males in becoming active bystanders, it is also essential to include everyone. In other words, both men and women.
if you have any further questions, please talk to me after class or get in touch with Dr. Demaria @ 516-299-3211 or tdemaria@liu.edu

As a part of this lecture, I would like you to fill out a survey, code it with the same code you put on your last survey, put your name on the attendance sheet, and then you are free to go.

Thank you for participating!

Thank you

Mari Eik @ mari.eik@my.liu.edu

Dr. Demaria @ 516-299-3211
tdemaria@liu.edu
Appendix G: Video 1 Transcript: Tea Consent

“If you’re still struggling with consent, just imagine instead of initiating sex, you’re making them a cup of tea.

You say “hey, would you like a cup of tea?” and they go “Oh my God, I would LOVE a cup of tea! Thank you!” then you know they want a cup of tea.

If you say “hey, would you like a cup of tea?” and they’re like, “Uhh you know I’m not really sure…” then you can make them a cup of tea, or not, but be aware that they might not drink it, and if they don’t drink it, then – and this is the important bit – don’t make them drink it. Just because you made it doesn’t mean you are entitled to watch them drink it.

And if they say “No thank you” then don’t make them tea. At all. Just don’t make them tea, don’t make them drink tea, don’t get annoyed at them for not wanting tea. They just don’t want tea, okay?

They might say “Yes please, that’s kind of you” and then when the tea arrives they actually don’t want the tea at all. Sure, that’s kind of annoying as you’ve gone to all the effort of making the tea, but they remain under no obligation to drink the tea. They did want tea, now they don’t. Some people change their mind in the time it takes to boil the kettle, brew the tea and add the milk. And it’s okay for people to change their mind, and you are still not entitled to watch them drink it.

And if they are unconscious, don’t make them tea. Unconscious people don’t want tea and they can’t answer the question “do you want tea?” because they’re unconscious.

Okay, maybe they were conscious when you asked them if they wanted tea, and they said yes, but in the time it took you to boil the kettle, brew the tea and add the milk they are now unconscious. You should just put the tea down, make sure the unconscious person is safe, and – this is the important part again – don’t make them drink the tea. They said yes then, sure, but unconscious people don’t want tea.

If someone said yes to tea, started drinking it, and then passed out before they’d finished it, don’t keep on pouring it down their throat. Take the tea away, make sure they are safe. Because unconscious people don’t want tea. Trust me on this.

If someone said “yes” to tea around your house last Saturday, that doesn’t mean that they want you to make them tea all the time. They don’t want you to come around to their place unexpectedly and make them tea and force them to drink it going, “BUT YOU WANTED TEA LAST WEEK”, or to wake up to find you pouring tea down their throat going, “BUT YOU WANTED TEA LAST NIGHT”.

If you can understand how completely ludicrous it is to force people to have tea when they don’t want tea and you are able to understand when people don’t want tea. Then how hard is it to understand when it comes to sex? Whether it’s tea or sex, consent is everything. And on that note, I am going to make myself a cup of tea.”
Appendix H: Video 2 Transcript: “What would you do Drink Drugging Part 1
Drogando a su cita 1”

Narrator: Imagine you’re out for a drink and you see an attractive young couple on their first date. But then you see the guy doing something secretly, something frightening, what would you do?

Male Actor: “Have a seat”
Female Actor: “Right Here?”
Male Actor: “Sure”

Narrator: A couple on their first date at McCloons pier house on the jersey shore

Male Actor: “ don’t know if I dressed up enough”
Female Actor: “No you look great!”
Male Actor: “And it was the first date, I wanted to be a little you know, casual”
Female Actor: “Sure”

Narrator: She has no idea that she’s in real danger. Watch what happens when the young lady leaves

Female Actor: “Excuse me”
Male Actor: “Yeah”

Narrator: that’s right, he just drugged her drink. We wanted to find out what people would do if you saw a guy do this.

Male Actor: “Well here’s to you!”
Female: “And here’s to you”

Narrator: Do you tell her? Say something to him? Or just walk away? It sure looks like this first couple sees everything. You can tell by the concern on her face. But will she say anything? Not yet.

Male Actor: “Okay Salute!”
Female Actor: “Salute!”

Narrator: In fact, they look away as she takes a drink. It’s a good thing this couple are actors and the powered stirred into her drink is just sugar. Not a dangerous date rape drug that can even be fatal, but they don’t know that.

Male Actor: “I’ll be right back; I just got to use the restroom”
Female Actor: “Okay”

Narrator: Our actor excuses himself, but this couple says nothing.

Female Actor: “Excuse me; can I get a glass of water?”
Bartender: “A glass of water? Sure”
Female Actor: “It’s hot in here”
Female Bystander 1: “Yeah it is”
Narrator: Four minutes go by, and finally...

Female Bystander 1: “What you have a head ache?”
Female Actor: “Yeah. I just got it”
Female Bystander 1: “Yeah”
Male Bystander 1: “Maybe the drink, don’t drink that”
Female Bystander 1: “Yeah, maybe it’s the drink, don’t drink that”
Female Actor: “Don’t drink it?”
Male Bystander 1: “No”
Female Bystander 1: “No, excuse this really isn’t good”
Bartender: “What’s wrong?”
Female Bystander 1: “Can you give her another drink?”
Bartender: “Sure”
Male Bystander 1: “I’ll buy her another drink”
Female Bystander 1: “Yeah”

Narrator: They insist on giving the women a new drink, and then she gives her some motherly advice
Female Bystander 1: “I always tell my kids if you leave your drink, just get another one when you come back”
Female Actor: “Thank you”
Female Bystander 1: “Welcome”

Narrator: But why didn’t they just tell her, that her drink was spiked?

Female Bystander 1: “I didn’t know what relationship they had, but once I found out that it was a first date, I definitely would of said something. I don’t think I would of let them walk out together, let’s put it that way.”
Male Bystander 1: “Yeah I would have been uhh kind of cautious about it myself”
Female Bystander 1: “Yeah”

Narrator: There are many reasons why people hesitate to get involved. According to Colgate psychology professor Kary Kety...

Kary Kety: “The harm in saying something is really quite small when you stop to think about it. But we're so sensitive to embarrassment, to stepping out of line, to one another privacy that sometimes we don’t step up when real action is called for.”

New scenario of bystander behavior

Narrator: Well we are about to get that real action, more than we ever expected

Male Actor: “These seats taken bro? Pinot here is perfect”
Female Actor: “Okay, I’ll take a pinot”
Male Actor: “Okay”
Female Actor: “umm can you watch my drink?”
Male Actor: “Yeah, you’re not gonna leave on me are ya?”
Female Actor: “No I wouldn’t do that”
Female Actor: “Alright”
Male Bystander 2: “What happened to the young lady?”
Male Actor: “Oh she just went to the bathroom. It’s our first date. So she's kinda nervous I think”
Male Bystander 2: “Do a nice impression”
Male Actor: “I’m gonna try, we met on the Internet.”
Male Bystander 2: “Did you really?”
Male Actor: “Yeah”
Male Bystander 2: “Well you know what...”
Female Bystander 2: “Good Luck”
Male Bystander 2: “You know what we're together 25 years”
Male Actor: “Really?”
Male Bystander 2: “so we don’t know a lot about Internet dating. But I’ll say, don’t go wild. Just play yourself and be calm and chillin, ya know? Do your thing”
Male Actor: “Yeah”
Female Bystander 2: “Shut up”
Male Actor: “Jeremy”
Male Bystander 2: “Doug”
Male Actor: “Nice to meet you brotha”
Male Bystander 2: “Nice to meet you man”
Male Actor: “alright you too”

Narrator: But watch as our actor gets busted by his new friend, listen to this bromeant slip

Male Bystander 2: “Do you like headaches?”
Male Actor: “What’s that?
Male Bystander 2: I mean, do you like hot rods?”
Male Actor: “I love hot rods man”
Female Bystander 2: “Sit down and shut up.”
Male Bystander 2: “Can I say something to you?”
Male Actor: “Yeah”
Male Bystander 2: “You dropped something in that drink”
Male Actor: “No I didn’t”
Female Bystander 2: “Doug, what you doing?”
Male Bystander 2: “I’m being honest with you. I thought you put something in that drink for that lady. I hope not.”
Male Actor: “No no no, why would I do that for?”
Female Bystander 2: “Doug!”
Male Bystander 2: “I don’t want to say that for nothing, hon.”
Female Bystander 2: “Oh my God.”
Male Actor: “No no”
Male Bystander 2: “No I wanna look at something here”
Male Actor: “What? Its sentiment, its pinot noir”
Male Bystander 2: “Alright, okay. Maybe I’m wrong.”
Male Actor: “I wouldn’t do tha...”
Male Bystander 2: “Can I buy her another drink? Just throw that one away?”
Male Actor: “This is a nice pinot noir”
Male Bystander 2: “Alright, okay.”
Male Actor: “Hey”
Female Actor: “Hi”
Male Bystander 2: “Maybe I’m seeing something”
Female Bystander 2: “Sit down, sit down and shut up”

Narrator: Soon the innocent girl is back, oblivious to the chemical concoction that’s been stirred into her drink. So will he speak up before she takes a sip?

Male Actor: “Hey here's to you! Bottoms up”

Narrator: You can tell this guy wants to do more, but his wife wants him to...

Female Bystander 2: “Shut up, shut up, shut up”
Male Actor: “I’m gonna hit the restroom, I’ll be right back.”

Narrator: When the perpetrator leaves for the bathroom, all it takes is for the actress to complain. At that point, he can’t take it anymore.

Female Actor: “It taste funny”
Male Bystander 2: “Excuse me!?”
Female Actor: “It taste funny”
Male Bystander 2: “Throw that wine away!”
Bartender: “Huh?”
Male Bystander 2: “She said it taste funny, throw that wine away!”
Bartender: “What’s wrong with it?”
Male Bystander 2: “You okay?”
Female Actor: “I just feel a little hot”
Male Bystander 2: “You alright?”
Female Actor: “And a little headache”

Narrator: But remember, he has a headache of his own

Female Bystander 2: “If you don’t sit down…”
Male Bystander 2: “Shut up! You, shut up. You be quiet. I’ve seen what I’ve seen and this girl is now reacting to it”

Narrator: We decide it’s time to save this marriage, and send out producer in.

Producer: “I’m with ABC news, this is an actress”
Male Bystander 2: “So I... I’ve seen what I’ve seen!”
Producer and Female Actor: “You saw what you’ve saw”
Male Bystander 2: “Son of a Bitch!”
Female Bystander 2: “Shhh Shh shh”
Producer: “Dude you’re our... you’re our hero”
Female Actor: “Yeah, thank you”
Male Bystander 2: “Ohhh my god and I wanted to kick my wife’s ass”
Everyone: *Laughter*
Male Bystander 2: “I was a little shocked, then my wife says to me, shut up! And I says, shut you up! I thought I seen what I seen.”
Female Bystander 2: “Shhhhh”
Male Bystander 2: “And I’m like, that’s crazy”
Female Bystander 2: “He did the right thing, he really did.”
Kary Kety: “He was uh, powerful, action orientated type of guy”

Narrator: He was much shorter than the big guy on the date.

Kary Kety: “He was but he was kinda cool, don’t you think to step in the way he did”
Male Bystander 2: “Throw that wine away! She said it taste funny. Throw that wine away”
Narrator: Doug Mascurritola is the hero of the day

Male Bystander 2: “The right thing for this whole country, is if something’s wrong, speak up!”
Female Bystander 2: “React!”
Male Bystander 2: “React and protect you neighbors and let your neighbor protect you! Come on! America, we are the best! Let’s live it that way.”
Appendix I: Consent form

Project Title: Bystander Reactions and Social Support of Sexual Assault Victims

INFORMED CONSENT

You are being invited to participate in a research study evaluating the possible association between Exposure to Adverse Childhood Events and Bystander Reactions. Results of this survey will be used in one of the lectures in your Trauma Psychology class and for future research.

The decision to participate in this study is entirely up to you. If you agree to take part in this study, you will be asked to complete a survey with questions regarding some demographic information. However, your identity will remain completely anonymous. All data collected for this project will be categorized for analysis, and more importantly, will be kept confidential.

Since participation is voluntary, no negative consequences will follow your choice to discontinue the study.

For any questions or concerns, or for further information, please feel free to speak with your instructor/please free to contact Mari Eik via email at mari.eik@my.liu.edu or Thomas Demaria, Ph.D. tdemaria@liu.edu

Thank you.

Please check one of the boxes below.

[ ] I, ______________________________, have read this form and agree to give my consent to voluntarily participate in this study.

[ ] I, ______________________________, have read this form and deny to give my consent to voluntarily participate in this study.

By signing this form, I confirm that I have received a sufficient description of the purpose and conditions of this study, as well as the requirements of serving as a participant. It is to my knowledge that I have the option to deny participation in the study, or to opt out at any time. Further, I understand that all data will remain confidential.

______________________________  __________________
Signature of Participant          Date
Appendix J: IRB Approval

IRB ID# 17/02-033

Long Island University
Institutional Review Board
APPLICATION FOR EXEMPT CATEGORY REVIEW

Project Title: Bystander Reactions and Social Support of Sexual Assault Victims

A. Investigators:

Faculty Investigator/Sponsor: Theresa Flannery, PhD
Department: Criminal Psychology
Campus: LIU Post
Phone: 516.299.2053 Fax: Email: tdflannery@liu.edu

Student Investigator: Mari Therese Helmichsen Fik
Department: Psychology
Campus: Long Island University Post
Phone: 516.921.3950 Fax: Email: mari.eulky@liu.edu
Address for Correspondence:

PLEASE ATTACH A SUMMARY OF THE PROPOSED RESEARCH INCLUDE:
- Purpose of the study
- Statement indicating why study meets the guidelines for exempt review
- Subject population
- Brief description of procedures to be followed
- Brief description of risks and benefits to subjects involved in the study
- Copies of consent forms, scripts, surveys, questionnaires, syllabi, audiotapes of conversation should be appended.

As of September 1, 2004 all Long Island University personnel (including students and staff) involved in projects using human research subjects who have not completed the Long Island University workshop, “Education in the Protection of Human Research Subjects”, are required to complete an online training program before beginning their research. To complete the training titled “Human Participant Protections Education for Research Teams” go to http://nihtraining.com/users/login.php. Once the training module has been completed, you will be prompted to print out a certificate of completion. A copy of this certificate must be submitted with your IRB application or your application will be returned. Please keep a copy of your certificate for your records as it must be attached to all future IRB applications as proof of training compliance.

1
LONG ISLAND UNIVERSITY
UNIVERSITY OFFICE OF SPONSORED RESEARCH
UNIVERSITY CENTER

Please be aware that a protocol violation (e.g., failure to submit a modification for any change) of an IRB approved protocol may result in mandatory remedial education, additional audits, re-consenting subjects, researcher probation, suspension of any research protocol at issue, suspension of additional existing research protocols, invalidation of all research conducted under the research protocol at issue, and further appropriate consequences as determined by the IRB and the Institutional Officer.

TO: Professor Thomas Demaria, Psychology
Ms. Mari Therese Helmichsen Eik, Student Principal Investigator

FROM: Patricia Harvey, University IRB Administrator
LIU Post Institutional Review Board

DATE: March 1, 2017

PROTOCOL TITLE: Bystander reactions and social support of sexual assault victims

PROJECT ID. NO: 17/02-033

REVIEW TYPE: Expedited

ACTION: IRB Exempt Determination/Approval

Your project as described in your application of March 1, 2017 is considered to be an EXEMPT educational methodology/approach as defined in 45 CFR 46.101.b.4:

Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens IF:

- These Sources are publicly available
  OR
- The information obtained is recorded in such a manner that human subjects cannot be identified, either directly (e.g., name) or through identifiers linked to the subject (i.e., through ANY code used with the intent of being traced back to the subject)

Your approval expires on February 28, 2018 unless you submit appropriate renewal application and annual report.

Please note: Revisions and amendments to the research activity must be promptly reported to the IRB for review and approval prior to the commencement of the revised protocol.
Verification of Institutional Review Board (IRB) Exempt Determination/Approval

LIU Project ID: 17/02-033

Project Title: Bystander reactions and social support of sexual assault victims

Expiration Date: February 28, 2018

Signature: 

Name/Title: Patricia Harvey, University IRB Administrator

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