Spring 5-12-2017

Likelihood of Bystander Intervention as a Function of Perceived Social Norms

Shelby Hatten
University of Wyoming, shatten@uwyo.edu

Likelihood of Bystander Intervention as a Function of Perceived Social Norms

Shelby Hatten & Dr. Matt Gray

University of Wyoming

Honors Program

Abstract

Bystander intervention is the decision of a third party to take action in a perceived, ongoing, or completed sexual assault in order to assist the victim. The primary goal of bystander intervention is to prevent sexual victimization before it is perpetrated. Research has explored how perceptions of community expectations can alter rape myth acceptance (RMA). This research indicates that RMA can be malleable if the perceived RMA of one's community is higher or lower, at least temporarily. RMA can function as a social norm. The aim of this study is to evaluate the degree to which an individual's perceptions of community support influences their willingness to intervene in potential assault situations. It is expected that individuals' perceptions of bystander behavior as normative will increase self-reported willingness to intervene, and that perceptions of such behavior as uncommon, will decrease one's intent to intervene. Participants (N=81) were asked to fill out two surveys assessing willingness to help and efficacy to help in a hypothetical sexual assault situation. Participants were randomly assigned to one of three groups: control group, low perceived community support, or high perceived community support. Results showed trends, in regards to bystander efficacy, that higher levels of perceived community support lead to higher self-reported efficacy. This also held true for lower levels. Readiness to help was divided into three subscales (action, responsibility, and no awareness). The different conditions had no effect on action. There were trends to indicate more feelings of responsibility and need for awareness in the two experimental groups.

Likelihood of Bystander Intervention as a Function of Perceived Social Norms

Rape is defined by the National Intimate Partner and Sexual Violence Survey (NISVS) as "any completed or attempted vagina, oral, or anal penetration through the use of physical force or threats to physically harm the victim" (2010). This definition includes situations in which the victim was impaired by drugs or alcohol, unconscious, or unable to consent. Sexual assault is unwanted sexual contact, with or without the use of force. This can include kissing, grabbing, groping, or rubbing in a sexual way. The NISVS found that 1 in 5 women and 1 in 71 men have reported being raped at some point in their lives (Black et al., 2011). In both the National College Women Sexual Victimization (NCWSV) study and the Campus Sexual Assault (CSA) study, collegiate age females are at the greatest risk for victimization, with 20-25% of female undergraduates likely to experience attempted or completed rape at some point in their college careers (Fisher, Cullen, & Turner, 2000). Additional analyses in the NCWSV study found that women were at an increased risk for victimization if they were unmarried, frequently consumed alcohol to the point of intoxication, had a prior history of victimization, and if they lived on campus.

The Association of American Universities defined sexual assault as unwanted sexual contact (kissing, grabbing, groping, or rubbing in a sexual way) with or without the use of force with 11.2% of students reporting such contact by force or incapacitation since enrolling at their university. Contrary to commonly held beliefs, most sexual assaults are perpetrated by a known acquaintance. The CSA found that a small proportion of sexual assault (SA) victims were assaulted by a stranger (23.3% of forced SA, 11.5% of incapacitated SA). Forced sexual assault was more likely to be committed by a stranger, while incapacitated sexual assault is more likely

to be perpetrated by a friend (35.4%), an acquaintance (33.9%), or a classmate (27.1%) (Krebs et al., 2007).

Reporting sexual assault has proved to be an issue. The NCWSV study's findings suggested that few sexual assault incidents among college women are reported to formal support services. In the NCWSV study, 88% of women had reported disclosing their experience of sexual victimization to their peers, 1% disclosed to a counseling service, 4% to a campus authority, and 2.1% to a police agency. (Fisher et al., 2003) Women have various reason for not reporting, but some of the most common are not believing their assault experience was serious enough, not wanting family and friends to know, being unsure whether the crime or harm was intended, and believing there was a lack of proof. When law enforcement was involved, women also cited reasons such as believing that the police would think that the assault was not serious enough, believing the police would not want to be bothered, and fearing hostility (Fisher et al., 2003). Evidence from these studies suggest that survivors do disclose their experiences to another individual; however, few report these incidents of assault to law enforcement, local or campus.

The underreporting of sexual assault, especially on university campuses, has lead university and government officials to underestimate the prevalence of sexual victimization on campuses. Universities are required to conform to two federal laws: the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, which requires all institutions of higher learning to track crimes in and around their campuses, and Title IX of the Education Amendments of 1972, which prohibits sex discrimination. In 2013, federal law authorized the Violence Against Women Reauthorization Act of 2013 (VAWA), which requires universities to expand campus crime reporting statistics imposed by the Cleary Act to include incidents of

domestic and dating violence and stalking. VAWA also requires institutions of higher education

to adopt revised standards for investigation and conduct of student discipline proceedings in

response to instances of victimization. These federally mandated standards require institutions to

provide written notification of accommodations available to victims regardless of whether the

victim chooses to report, and to provide comprehensive educational prevention and awareness

for incoming students and new employees on sexual assault, rape, acquaintance rape, domestic

violence, dating violence, and stalking (McCallion & Feder, 2014).

Sexual assault has enormous impacts on the lives of the survivors and those around them.

Miller, Cohen, & Wiersema's 1996 National Institute of Justice research report estimated a cost

of $87,000 for every rape or attempted rape incident. While tangible monetary losses, such as

medical care or loss of productivity at work, home, or school, are relatively low (approximately

$5,100 per incident) it is impossible to account for intangible losses, such as fear, pain, suffering,

and lost quality of life (Miller, Cohen & Wiersema estimate $81,400 per incident). The economic

impact of sexual assault is often understated. These costs can take a toll on the survivors,

especially those at the greatest risk, young women with presumably limited finances. The

estimates listed above do not include the costs of other forms of victimization (stalking, domestic

and dating violence, etc.).

Bystander intervention is the decision of a third party to take action in a perceived,

ongoing, or completed sexual assault in order to assist the victim. According to Gray, Hassija,

and Steinmetz (2016), the "primary goal of bystander intervention is to prevent sexual

victimization before it is perpetrated." Ideally, a bystander will notice and intervene in a situation

before any harm can be done to the victim. However, this does not always occur. Latane &

Darley (1970) identified five stages bystanders experience before deciding to intervene or not.

These stages include 1) noticing the event, 2) recognizing the event as a problem, 3) assuming responsibility to be part of the solution, 4) deciding how best to intervene, 5) having confidence in their capability to help. In addition to having knowledge of these steps, bystanders also need to feel a sense of responsibility to intervene, empathy for the victims, and confidence in their skills and ability to effectively intervene (Latane & Darley, 1970).

Social psychological phenomena have been identified to potentially hinder an individual's willingness to intervene. These phenomena include diffusion of responsibility, audience inhibition, pluralistic ignorance, and confidence in skills (Latane & Darley, 1970). "Diffusion of responsibility" involves individuals feeling less personally responsible to take action in situations where others are present based on the assumption that others are responsible for acting or have already acted, also referred to as the "Bystander Effect" (Latane & Darley, 1970). "Audience inhibition" refers to an individual's fear of embarrassment. An example of this could be the fear of college students intervening at a party because they are afraid of being ridiculed. "Pluralistic ignorance" refers to a situation in which the majority of group members privately reject a norm, but assume that most accept it. Finally, "confidence in skills" takes the amount of confidence an individual has in their skills to intervene effectively into account.

These phenomena may make bystanders feel less personally involved in a situation, especially when there are multiple bystanders present. Willingness to intervene is also reliant on the community setting in which an emergency is presented. "Bystander interventions take into account the influence of the larger community's role in shifting social norms of sexual violence" (Banyard, 2011). How much a community endorses or ignores bystander intervention efforts can shape how likely members of that community are to intervene in an attempted or ongoing assault. Banyard (2011) used Bronfrenbrenner's (2005) ecological framework to conceptualize

bystander intervention. Each level included factors that influence the decision of bystanders to take action. These factors included the bystander's personal beliefs and attitudes, level of emotional arousal when they observe someone in distress, gender, costs and benefits, and confidence in ability. Banyard (2011) also looks at bystander influences on the micro-, exo-, and macrosystems. At the microsystem, peer and family influence the bystander, which can impact the extent to which an individual believes that intervening behavior will be supported, aspects of the situation, and victim-blaming behaviors. At the exosystem is the degree to which an individual is a part of their campus community. Finally, at the macrosystem are societal attitudes about sexual violence that come from larger cultural beliefs and media influences that impact an individual's decision to intervene.

Bystander intervention programs can vary in format, targeted audience, length, and delivery, but often share common characteristics. They provide information on "the range of behaviors along the continuum of sexual violence and highlight the risk factors and negative impacts on victims of sexual victimization and perpetration" (Gray, Hassija, & Steinmetz, 2016). Various methods have been implemented to attempt to increase the likelihood of bystander intervention. These methods include programs such as bystander training, seminars and workshops. Many of these programs have been shown to promote bystander intervention, however, it is uncertain if they reduce actual sexual assault occurrences.

A potential barrier to bystander intervention program success is the difficulty in delivering the intervention information to large quantities of individuals on campuses. Results from web-based programs have revealed significantly more prosocial intervening behaviors and lower sexual violence. However, it is difficult to generalize the results due to participant attrition and possible selection bias (Salazar, Vivolo-Kantor, Hardin, & Berkowitz, 2014). Marketing

campaigns have also been shown to influence potential bystander intervention. Potter, Moynihan, Stapleton, and Baynard (2009), assessed the effectiveness of a poster campaign meant to increase students' willingness to intervene. Results revealed students who had reported viewing the posters were more likely to contemplate intervening and more likely to be willing to intervene. Bystander intervention programs have been implemented on college campuses nationwide. The research surrounding bystander intervention programs is not without limitations. They generally lack randomization and control conditions. It is also difficult to control for social desirability. The promise of these programs is ever growing as findings from studies suggest that bystander in-person, web-based, and social marketing campaigns provide valuable tools that improve awareness of sexual violence and teach skills that increase willingness to intervene and provide the support for confidence in ability to intervene in potential sexually violent situations (Gray et al., 2016).

The current study is modeled after a study by Bohner, Siebler, and Schmelcher (2006), which focused on how perceptions of community expectations altered rape myth acceptance (RMA) beliefs. Social norms were defined as "rules and standards that are understood by members of a group and that guide and/or constrain behavior" (Cialdini & Trost, 1998, p. 152). Bohner et al. (2006) conducted two experiments. In the first, male students "received information about other students' alleged responses to an RMA scale before they reported their own RMA as well as their rape proclivity" (p. 288). There were high and low RMA feedback conditions. The first experiment found that men's proclivity to exert sexual violence is influenced by perceived RMA of others. "Feedback about a high level of RMA in their peer group led students to report somewhat higher rape proclivity compared to feedback about a low level of RMA" (p. 290). This finding suggested that perceived social norms influenced the etiology of sexual violence. In the

second experiment, Bohner et al. extended their design and added a "very high" and "very low" RMA feedback conditions. Experiment 2 further substantiated the findings in Experiment 1. They found that RMA can be malleable if the perceived RMA of one's community is higher or lower, at least temporarily. RMA can function as a social norm. If the perceived RMA is higher, respondents were more likely to answer in ways that conformed to this way of thinking. The same proved true for perceived lower rates of RMA. This study further corroborated the role of rape myth acceptance as a factor that facilitates sexual aggression.

The current study is designed to evaluate the degree to which an individual's perceptions of the likelihood that similar others would intervene in a potential assault situation influences their own willingness to intervene in such situations. We manipulated information about the likelihood that peers would be inclined to assist a potential victim to assess the impact on participants' self-reported bystander intent and efficacy. We tested the following hypothesis: Self-reported intent to intervene and self-efficacy for intervening to prevent a sexual assault is influenced by one's perception of the likelihood that peers would intervene.

Methods

Participants and Design

Eighty-one collegiate aged students (M= 20.63, range 18-39), at the University of Wyoming were asked to fill out two brief surveys assessing willingness to help and efficacy to help in a hypothetical sexual assault situation. Participants were randomly assigned to one of three groups: control group (N=25), low perceived community support (N=27), or high perceived community support (N=27).

Procedure

This study was conducted online using Sona-Systems, with all participants directed into one of three survey administration conditions. All participants were directed to fill out the Bystander Efficacy Scale, the Readiness to Help Scale, and demographic information. The control group was asked to fill out the Bystander Efficacy Scale and the Readiness to Help Scale with no feedback on level of perceived community support.

The first experimental group received low levels of alleged community support for bystander intervention prior to filling out the above mentioned scales. Before completing the scales, participants received the following feedback: "Results from recent studies have shown that Laramie is amongst the worst college towns for bystander intervention. Students were not sure if others on campus would intervene in the case of a sexual assault." In addition to this short statement, participants were given alleged responses by the average students in both surveys (Bystander Efficacy Scale: 20, Readiness to Help Scale: 2).

The second experimental group received high levels of alleged community support for bystander intervention prior to filling out the above mentioned scales. Before completing the scales, participants received the following feedback: "Results from recent studies have shown that Laramie is amongst the best college towns for bystander intervention. Students stated that they feel safe on campus and do not fear sexual assault because they believe good Samaritans would be willing to help." In addition to this short statement, participants were given alleged responses by the average students in both surveys (Bystander Efficacy Scale: 90, Readiness to Help Scale: 4).

This investigation was a very brief survey study with the intent to evaluate the degree to which responses are influenced by perceptions of the degree of community support for bystander behavior. Participants were asked to answer all questions honestly and were assured of the confidentiality and anonymity of their responses.

SPSS was used to analyze the data. One way ANOVAs and post-hoc t-tests were conducted on both scales.

Materials

Bystander Efficacy Scale. Participants' efficacy to intervene in a hypothetical situation was assessed using the Bystander Efficacy Scale (Banyard, Plante, & Moynihan, 2005). The Bystander Efficacy Scale contains 14 items which measure the percent confident the participant would be to intervene in a given situation, for example, "Get help and resources for a friend who tells me they have been raped."

Readiness to Help Scale. Participants' readiness to intervene in a hypothetical situation was assessed using the Readiness to Help Scale (Banyard, Moynihan, Cares, & Warner, 2014). This measure contains 33 items, using a 5-point ranging from "not at all true" to "very much true" to score the item. The scale contains three subscales: Action, Responsibility, and No Awareness. Total scores for these subscales are created by taking the mean across items for that subscale.

Additional measures. In addition to answering the questions of the scales mentioned above, participants were asked to indicate a variety of demographics. These included gender, sexual orientation, race, education, SES, level of employment, and relationship status.

Results

Bystander Efficacy. The means of bystander efficacy in the low condition, control condition, and high condition were 73.35, 78.09, and 84.07, respectively. ANOVA results revealed a main effect for bystander efficacy, $F(2, 27) = 3.26$, $p < .05$). Post-hoc t-tests demonstrated that those who perceived peer support for intervening in potential assault situations to be low, were much less inclined to intervene in such situations themselves ($M = 73.35$, $SD = 16.1$) relative to those participants who were led to believe that peer support for intervening is high ($M = 84.07$, $SD = 10.35$), $t(52) = 2.91$, $p < .01$. Neither group differed significantly from the neutral condition ($M = 78.09$, $SD = 18.9$) – which may be considered the best estimate of true likelihood of intervening, as this condition was given no manipulated information about peer inclination to intervene. Figure 1 shows how perceived community support influences reported confidence in ability to intervene in a sexual assault situation.
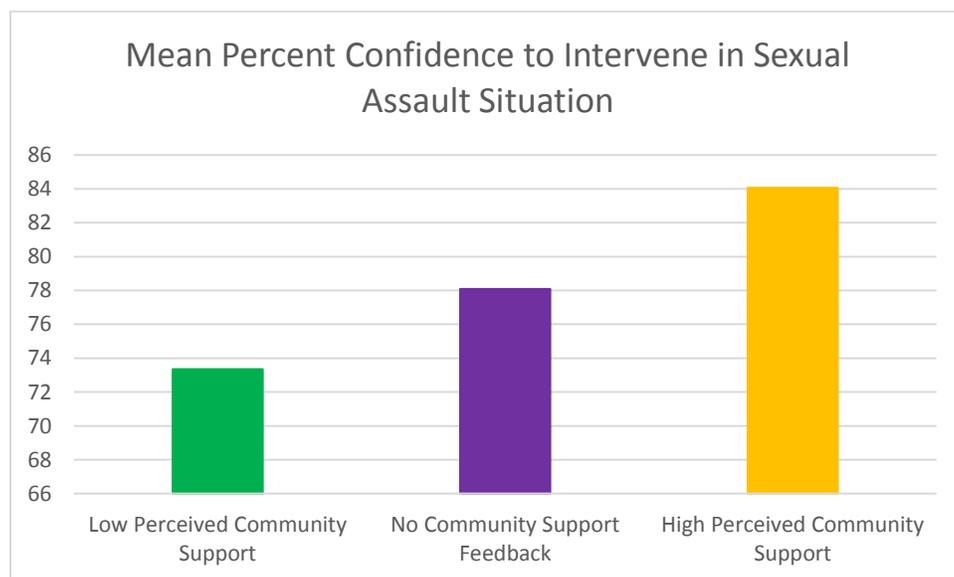

Figure 1

Bystander Readiness to Help. The Readiness to Help Scale is divided into three subscales:

Action, Responsibility, and No Awareness. The means, t-values, and p-values of each condition

are shown in table 1 below:

Table 1

	Low Condition Mean	**Control Condition Mean**	**High Condition Mean**	**T value, p value**
Action Subscale	1.32	1.41	1.37	t (2) =0.14, p=.87; (p=.61, p=.8, p=.79)
Responsibility Subscale	2.95	3.28	3.42	t (2) =1.91, p=.16; (p=.19, p=.06, p=.55)
No Awareness Subscale	2.23	1.79	1.93	t (2) =2.14, p=.13; (p=.05, p=.17, p=.50)

Figure 2 depicts the differences in means across the subscales. As can be seen, while the

differences between the groups were not significant, there are visible change between the

experimental groups compared to the control in the Responsibility and No Awareness subscales.
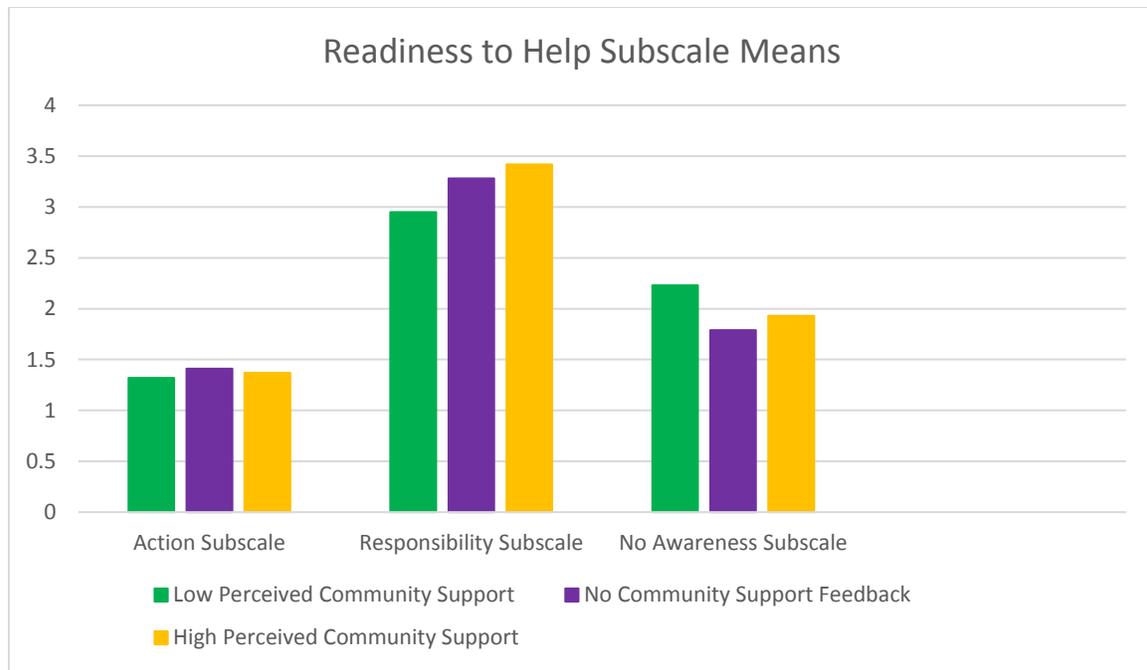
Figure 2

Discussion

The results of this study show a significant influence of perceived community norms on bystander intent to intervene in order to prevent a potential sexual assault. These findings support our original hypothesis that self-reported intent to intervene and self-efficacy for intervening to prevent a sexual assault is influenced by one's perception of the likelihood that peers would intervene. In bystander efficacy, there was a significant difference between the low and high conditions. This indicates that when participants were led to believe that peers are disinclined to intervene in a potential assault situation, there was a much lower level of reported efficacy and intent to intervene as compared to the very high reported likelihood of intervening among participants led to believe that such behavior was likely among their peers.

There were multiple trends towards relationships between perceived social expectations and likelihood of intervention. No results in the Action subscale were significant, but results in

the Responsibility and No Awareness subscales were either significant or trending toward

significant. These results indicate that the two experimental conditions develop more feelings of

responsibility and need for awareness as a product of the perceived community feedback. This

effect suggests community feedback, positive or negative, boosts awareness and contemplation

of what is happening in the community and what the individual can do to participate in that

community setting. Addition analyses could be done to examine the relationship between

recorded scores and different demographics, such as gender and relationship status.

This study is not without limitations. Notably, the sample size was small and, as a result,

analyses were under-powered. With the current number of participants, there is no way to

generalize the results to the population. Additional participants may provide statistically

significant data that indicate a relationship between perceived community expectations and

likelihood of intervention. This would indicate that more positive, encouraging social

environments promote bystander intervention; however, the reverse could also occur, negative

social environments may hinder and discourage possible bystanders to intervene in sexually

violent situations. Additional participants are needed to further analyze this subject.

Another limitation to this investigation pertains to its analogue nature. Although the

findings are consistent with theoretically informed hypotheses, it is not clear whether

manipulated information about peer support for sexual assault intervention mirrors real world

perceptions of peer support. There was also opportunity for social desirability biases with the

self-report nature of this study.

This finding has important implications, in that it suggests that it is not sufficient to

merely educate college students about the importance of intervening to prevent sexual assault or

how they might go about doing so. It is also important to make students aware of the fact that

their fellow students are strongly inclined to do what they can to prevent sexual assault. Cultivating support for bystander interventions and personal responsibility for intervening to prevent assault is necessary for reducing sexual violence on college campuses. It is clear from these findings that perceived social norms related to helping can be highly influential in effecting such change.

The insights this study provides may eventually inform and shape communities into more bystander-friendly environments. Our study showed that perceived community norms influenced the reported bystander behaviors. Perceived norms that represented higher community support of bystander behaviors resulted in higher reported likelihood of bystander behaviors. Further research into the positive effect of perceived community norms could be conducted in the form of a poster campaign, in which posters encourage bystander behavior. Further research is needed to further corroborate this relationship, but it is promising.

References

Banyard, V. L. (2011). Who will help prevent sexual violence: Creating an ecological model of

bystander intervention. Psychology of violence, 1(3), 216-229. doi: 10.1037/a0023739

Banyard, V. L., Moynihan, M. M., Cares, A. C., & Warner, R. (2014). Readiness to Help Scale

[Database record]. Retrieved from PsycTESTS. doi: http://dx.doi.org/10.1037/t28157-

000

Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2005). Bystander Efficacy Scale [Database

record]. Retrieved from PsycTESTS. doi: http://dx.doi.org/10.1037/t42713-000

Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J.,

& Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey

(NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and

Control, Centers for Disease Control and Prevention.

Cantor, D., Fisher, B., Chibnall, S. Townsend, R., Lee, H., Bruce, C., & Thomas, G. (2015).

Report on the AAU campus climate survey on sexual assault and sexual misconduct.

Rockville, MD: Association of American Universities

Centers for Disease Control, National Center for Injury Prevention and Control, Division of

Violence Prevention. (2010). The national intimate partner and sexual violence survey:

2010 summary report. Retrieved from

https://www.cdc.gov/violenceprevention/pdf/NISVS_Report2010-a.pdf

Cialdini,R.B.,&Trost,M.R.(1998).Socialinfluence:Socialnorms, conformity, and compliance. In

    D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), Handbook of social psychology (4th ed.,

    Vol. 2, pp. 151-192). Boston: McGraw-Hill.

Fisher, B. S., Cullen, F. T. & Turner, M. G. (2000). The sexual victimization of college women.

    Washington, DC: U.S. Department of Justice, National Institute of Justice.

Fisher, B., Daigle, L., Cullen, F., & Turner, M. (2003). Reporting sexual victimization to the

    police and others: Results from a national-level study of college women. Criminal Justice

    and Behaviors, 30, 6-38. doi: 10.1177/0093854802239161

Gray, M., Hassija, C. & Steinmetz, S. (2016). Sexual Assault Prevention on College Campuses.

    Routledge/Taylor and Francis.

Krebs, C. P., Linquist, C.H., Warner, T. D., Fisher, B. S., & Martian, S. L. (2007). The campus

    sexual assault study (CSA) study. Washington DC: US Department of Justice, National

    Institute of Justice.

Latane, B., & Darley, J. M. (1970). The unresponsive bystander: Why doesn't he help? New

    York, NY: Appleton-Century-Crofts.

McCallion, G., & Feder, J. (2014). Sexual Violence at Institutions of Higher Education (Report

    number: R43764). Washington, DC: Congressional Research Service. Retrieved from:

    www.hsdl.org/?view&did=759198.

Miller, T. R., Cohen, M. A., & Wiersema, B. (1996). Victim costs and consequences: A new

    number: R43764). Washington, DC: Congressional Research Service. Retrieved from:

    www.hsdl.org/?view&did=759198.

Potter, S. J., Moynihan, M. M., Stapleton, J. G., & Banyard, V. L. (2009). Empowering

      bystanders to prevent campus violence against women: A preliminary evaluation of a

      poster campaign. Violence Against Women, 15(1), 106-121. doi:

      10.1177/1077801208327482

Salazar, L. F., Vivolo-Kantor, A., Hardin, J., & Berkowitz, A. (2014). A web-based sexual

      violence bystander intervention for male college students: randomized controlled trial.

      Journal of Medical Internet Research, 16(9). doi: 10.2196/jmir.3426