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Barriers to Sexual Assault Bystander Intervention: Predicting Bystander Behavior, Attitudes, and Efficacy Across Sex

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INTRODUCTION

- In a survey of college students, over 90% reported having witnessed a risky sexual event, while only 50% said they intervened (Witte et al., 2017).
- The classic bystander intervention model describes five steps to *successful* intervention: notice the event, interpret the event as an emergency that requires assistance, accept responsibility for intervening, know how to intervene, and implement the intervention (Jenkins & Nickerson, 2017).
- In contrast to successful intervention, little research has been done to examine the extent in which certain barriers *prevent* bystander intervention (Burn, 2009).
- In addition, previous research has shown that gender is a reliable predictor of bystander behaviors throughout each step of the bystander intervention model. Specifically, men are less likely to intervene than women in a bystander scenario, as women are more likely to assume the role of a defender (Jenkins & Nickerson, 2017).
- In support, McMahon (2010) found that women reported significantly higher positive bystander attitudes as compared to men in a sample of university athletes. This pattern of results was also found in women pledging sororities compared to men pledging fraternities (McMahon, 2010).
- Taken together, we hypothesize that increased barriers to bystander intervention will predict decreased bystander behavior, less positive attitudes toward bystander intervention, and diminished confidence in one’s ability to intervene.
- Further, we predict that these associations will be more pronounced in men than in women.

METHOD

- Participants:**
- Participants were 1,018 undergraduate students (67.8% female; $M_{age} = 20.11$, $SD = 2.56$). Approximately 35% were freshmen ($n = 357$), 23% sophomores ($n = 238$), 21% juniors ($n = 215$), 15% seniors ($n = 156$), and 5.1% in their fifth year or above ($n = 52$).
 - Participants identified as White ($n = 805$; 79.1%), Black or African American ($n = 97$; 9.5%), Asian ($n = 98$; 9.6%), American Indian or Alaska Native ($n = 15$; 1.5%), Native Hawaiian or Other Pacific Islander ($n = 4$; 0.4%), and/or Other ($n = 40$; 4.0%). Ninety-five participants (9.3%) identified as being of Latinx/Hispanic origin.
- Procedures:**
- Undergraduate students were invited to participate in a study related to “Perceptions of Everyday Life.”
 - Participants were recruited through an online advertisement in the Psychology Department subject pool or directly e-mailed by the research team from a randomized list of undergraduate students on campus.
 - Following informed consent, participants completed a series of questionnaires via Qualtrics while seated at a private computer.
- Measures:**
- **Barriers to Bystander Intervention.** In order to measure barriers to bystander intervention, participants completed the *Barriers to Sexual Assault Bystander Intervention Scale* (BSABI; Burn, 2009). Sixteen situational items were used to represent barriers to each of the five known barriers to bystander intervention. Participants rated each item on a seven-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with 0 (*don’t know*) and 8 (*non-applicable*) as additional options. Items were summed such that higher scores indicate more barriers to bystander intervention ($\alpha = .91$).
 - **Bystander Behavior.** To measure bystander behavior, participants completed the *Bystander Behavior Scale-Revised* (BBS-R; McMahon, Allen, Postmus, McMahon, Peterson, & Lowe Hoffman, 2014). The BBS-R is a 20-item questionnaire that asks if participants have engaged in a series of bystander behaviors within the past year via response options “yes” “no” or “wasn’t in the situation.” In the current study, items were summed to obtain a total score, with higher scores indicating greater reported bystander behaviors ($\alpha = .92$).
 - **Bystander Attitudes.** A revised version of the *Bystander Attitude Scale* (BAS-R; McMahon, Postmus, & Koenick, 2011) was used to measure participants’ intentions to intervene to prevent sexual violence. This 16-item scale asked participants to indicate how likely they would be to perform various bystander behaviors (e.g., “Check in with my friend who looks drunk when s/he goes to a room with someone else at a party.”) on a five-point Likert scale ranging from 1 (*unlikely*) to 5 (*very likely*). Items were summed to obtain a total score, with higher scores indicating more positive attitudes toward bystander intervention ($\alpha = .84$).
 - **Bystander Efficacy.** The *Bystander Efficacy Scale* (BES; Baynard, Plante, Ward, Chon, Moorhead, & Walsh, 2005) is a 14-item questionnaire that assessed how confident a participant was that they would engage in bystander behaviors (e.g., “Express my discomfort if someone makes a joke about a woman’s body.”). Participants rated their degree of confidence on a scale from 0 (*can’t do*) to 100 (*very certain*). Items were averaged to create a score of perceived effectiveness, with higher scores indicating greater confidence in oneself to engage in bystander intervention behaviors ($\alpha = .85$).

RESULTS

- Bystander Behavior:**
- In a regression analysis, barriers to bystander intervention predicted bystander behavior in **men**: those with greater barriers to intervention engaged in less intervention behavior, $r = -.554$, $t(13) = -2.399$, $p = .032$.
 - In contrast, barriers to bystander intervention did not predict bystander behavior in **women**, $r = -.196$, $t(45) = -1.343$, $p = .186$.
 - As such, this pattern of results was stronger in men than in women.
- Bystander Attitudes:**
- In a separate regression analysis, barriers to bystander intervention predicted bystander attitudes in **both men and women**: those with greater barriers expressed less positive attitudes toward bystander intervention, $r = -.353$, $t(323) = -6.770$, $p < .001$ (men); $r = -.453$, $t(684) = -13.290$, $p < .001$ (women).
 - Surprisingly, this effect was slightly stronger in women than in men.
- Bystander Efficacy:**
- In a final regression analysis, barriers to bystander intervention predicted intervention efficacy in **both men and women**: those with greater barriers expressed less confidence in their ability to intervene, $r = -.583$, $t(323) = -12.892$, $p < .001$ (men); $r = -.539$, $t(686) = -16.750$, $p < .001$ (women).
 - This effect was slightly stronger in men than in women.

DISCUSSION

- Main Findings:**
- Findings suggest that barriers to sexual assault bystander intervention predict bystander behavior, attitudes, and efficacy differently for men and women.
 - Specifically, barriers to bystander intervention predict **behavior and efficacy** more strongly in men than in women. However, barriers to bystander intervention predict **attitudes** more strongly in women than in men.
- Limitations:**
- An attempt was made to obtain an ethnically diverse sample; however, the sample was gathered from a large Midwestern University where the participant pool predominately identified as White (79.1%), which limits generalizability to a broader population.
 - Data from the current study were obtained through self-report questionnaires, potentially limiting the application of results to sexually risky scenarios in real life. With that said, we are in the process of collecting in vivo bystander intervention behaviors with virtual reality and our future research will report on this outcome.
- Future Directions:**
- Summed scores of barriers to bystander intervention can predict bystander behavior, attitudes, and efficacy, but it is unclear which barriers best predict these outcomes. Future research should investigate if certain barriers contribute to these outcomes differently. To keep in line with current research, it should also be examined if men and women differ in which barriers best predict bystander outcomes.
 - Researchers should consider examining what *additional* variables predict bystander outcomes across sex. For example, does concurrent substance use differently predict bystander outcomes in men and women? Or might previous bystander training impact bystander behaviors, attitudes, and efficacy in men and women? Examination of these and other questions might lead to significant advances in the literature.