





Engaging the Healthy Majority: An Examination of Bystander Intervention Approaches for Alcohol & Sexual Assault Prevention

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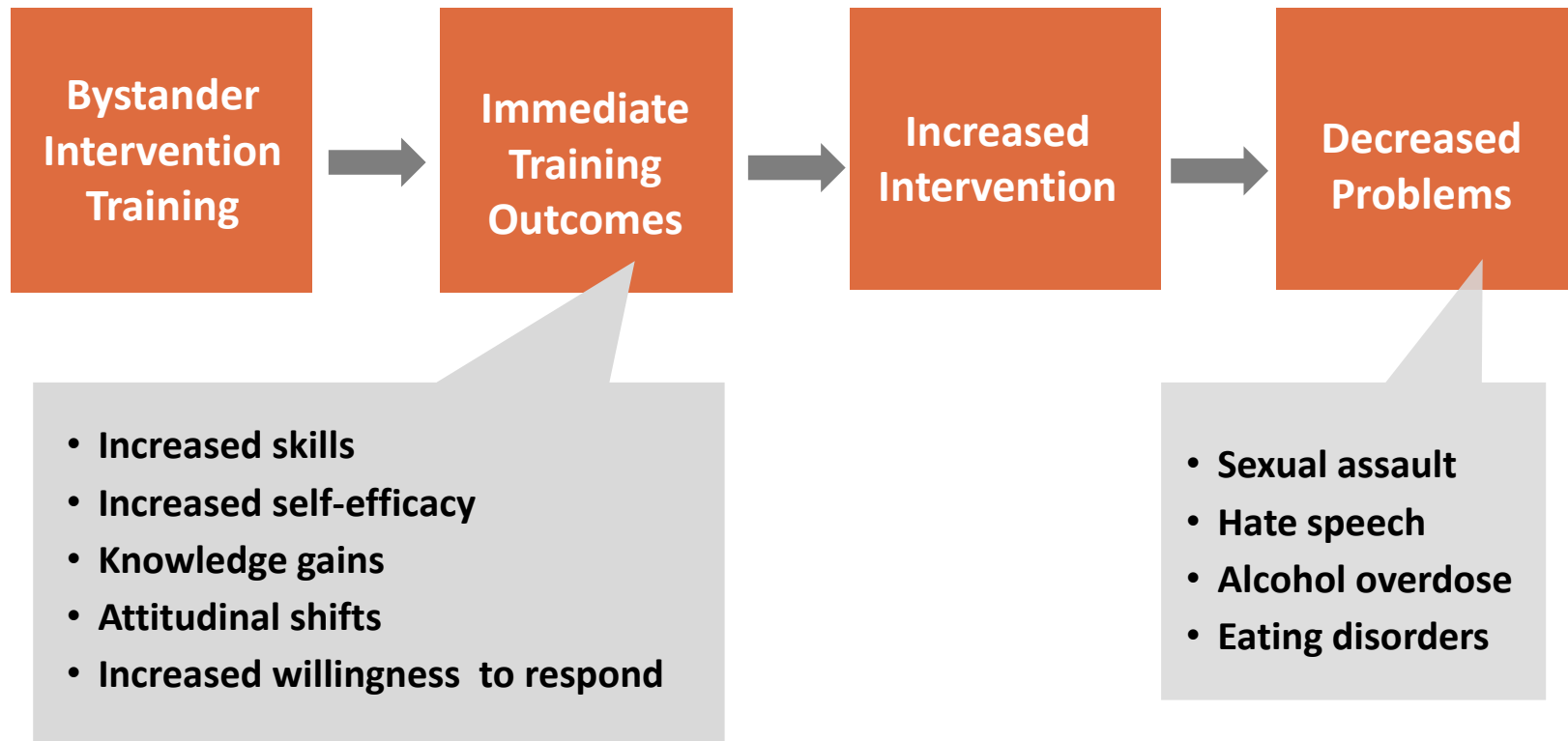
1. Introduction to the Bystander Intervention Model
2. Examining Different Bystander Programs
3. Key Strategies for Successful Implementation
4. Campus Case Studies

Defining Bystander Intervention

	In order to intervene, a bystander must...	Therefore, bystander trainings should...
	Notice the incident	Educate on warning signs and red flags
	Interpret the incident as a problem	Challenge students to investigate further and ask others what they think
	Feel personally responsible for dealing with it	Discuss responsibility to act in high-risk situations and engage others
	Possess the skills/resources necessary to help	Teach and practice skills for intervening safely and appropriately

Recognizing the Premise of BI Trainings

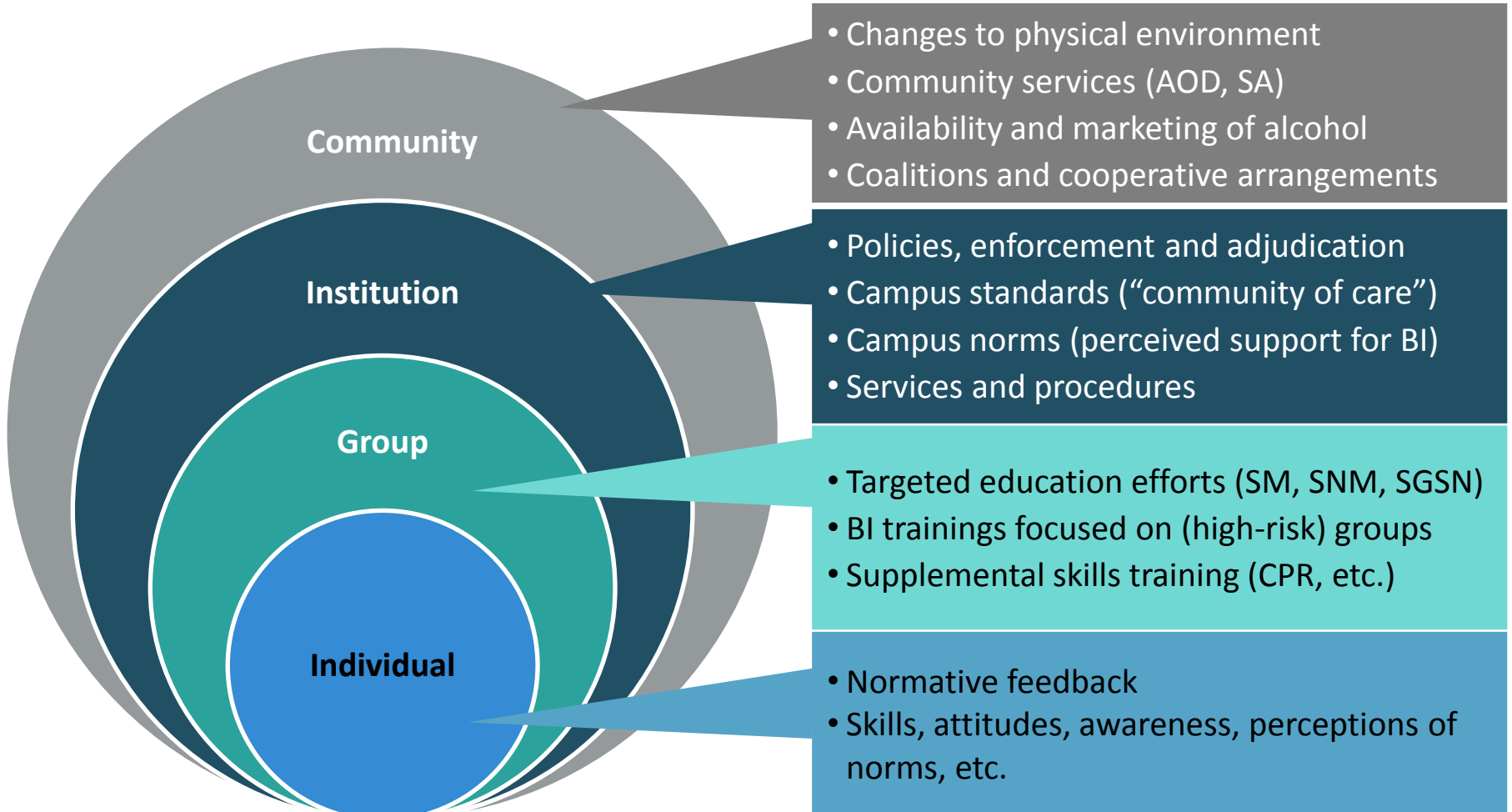
A Logic Model for Bystander Intervention Training Programs



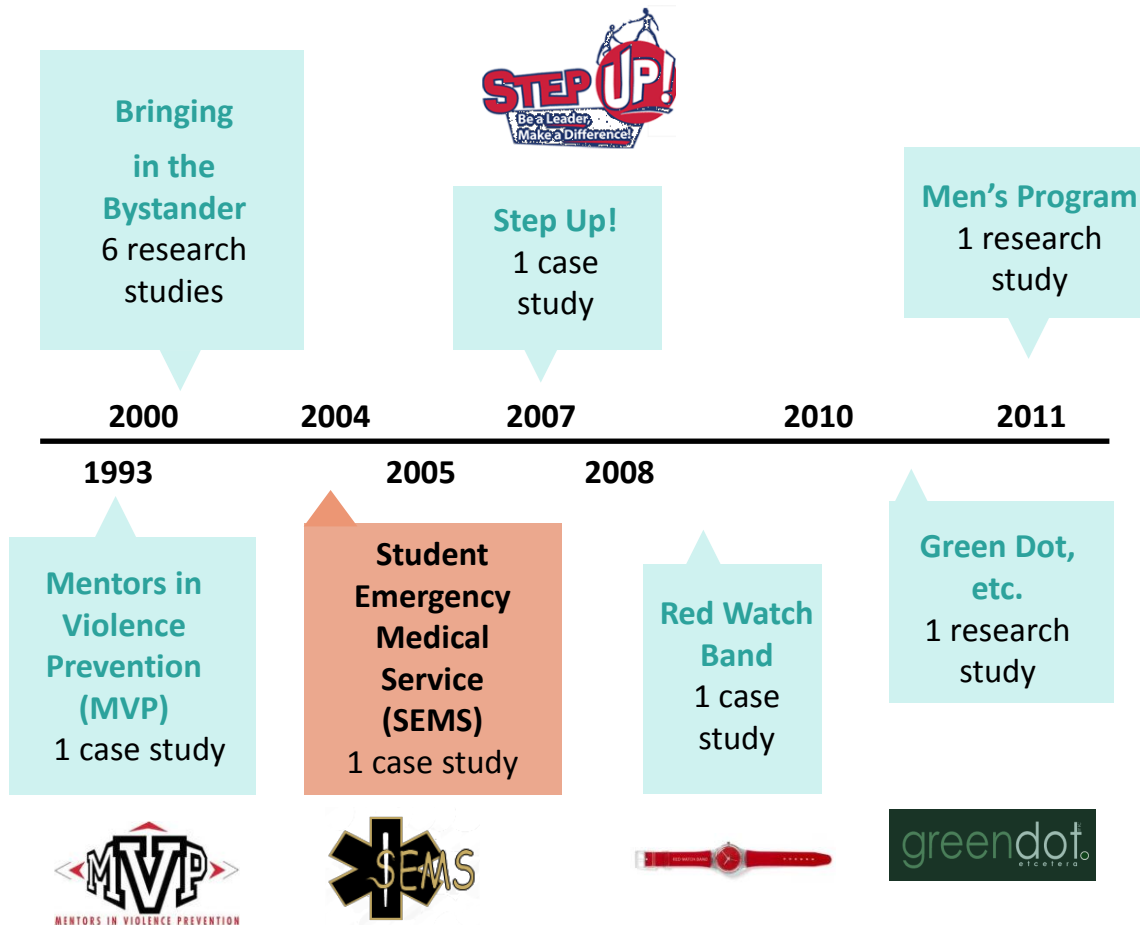
Source: adapted from Langford, 2012.

Placing BI Training in the Context of Other Efforts

Key Point: A bystander intervention training program should be considered as one component of a broader prevention effort, with synergistic elements put in place to support its overall goals.



The Emergence of Bystander Intervention



Challenges to Choosing a Bystander Intervention Program










- Many programs
- Different degree of literature to support each program
- Varying degree of cost
- Different areas of focus

Challenges to Implementation

- Marketing and recruitment
- Gaining buy-in from likely partners
- Customizing programs for “fit”
- Evaluation: determining efficacy










Examining Different Bystander Programs

Bringing in the Bystander

 GOAL	Help participants identify sexually violent behaviors, identify barriers to intervening, make a commitment to intervene, and learn skills to intervene safely
 IMPLEMENTATION	90-minute session – 4.5 hours over a week
 TRAINERS	One male and one female trained peer facilitator
 TARGET AUDIENCE	All students
 GROUP COMPOSITION	Single gender
 TEACHING METHODS	Lecture, discussion, videos, interactive exercises, small group work, role play
 FOCUS	Sexual violence
 EVALUATION	Improved knowledge, attitudes, self-efficacy, and behavioral intentions scores. Program provides evaluation tools.
 COST	\$78,781 administrative time and supplies










Source: <http://www.unh.edu/preventioninnovations>

Green Dot










	GOAL	Engage bystanders through awareness, education, and skills practice
	IMPLEMENTATION	6 hours - entire weekend
	TRAINERS	Trained professional staff
	TARGET AUDIENCE	High-risk groups and bystanders with social influence
	GROUP COMPOSITION	Mixed gender
	TEACHING METHODS	Lecture, skills practice, role plays, video, discussion, writing, interactive media
	FOCUS	Power-based personal violence
	EVALUATION	Significantly lower rape myth acceptance scores and more bystander behaviors
	COST	\$24,240 facilitator training and administrative time

Source: <http://www.livethegreendot.com>

Mentors in Violence Prevention










 GOAL	Reduce the level of men's violence against women by raising awareness, opening dialogue, challenging thinking, and inspiring leadership
 IMPLEMENTATION	90-minute session or 10-hour training over 3-5 months
 TRAINERS	Former professional and college student-athletes
 TARGET AUDIENCE	Student leaders and athletes
 GROUP COMPOSITION	Discussions are single gender, interactive scenarios are mixed
 TEACHING METHODS	Interactive scenarios, discussion, awareness-raising exercises
 FOCUS	Violence prevention
 EVALUATION	Participation in the MVP Program heightens students' knowledge and awareness of gender violence
 COST	\$10,000 for training

Step Up!

	GOAL	Raise awareness of helping behaviors, increase motivation to help, develop skills and confidence, ensure safety of self and others
	IMPLEMENTATION	Two-hour training or day-long retreat
	TRAINERS	Untrained professionals or students
	TARGET AUDIENCE	Athletes, but applicable to Greeks and other students
	GROUP COMPOSITION	Mixed or single gender
	TEACHING METHODS	Clickers, snowball survey, presentation, videos, skill building, scenario discussions
	FOCUS	Various topics including alcohol
	EVALUATION	Pre- and 2 post-tests provided with program
	COST	\$1,300 including 100 student athlete guides and 10 facilitator guides

Source: <http://www.stepupprogram.org>

Student Emergency Medical Services (SEMS)

	GOAL	Maximize alcohol prevention efforts through education To effectively treat alcohol- and- drug-related emergencies and injuries in a timely manner
	IMPLEMENTATION	One-hour session
	TRAINERS	Trained peer educators
	TARGET AUDIENCE	Pre-med, pre-dental, and education majors
	GROUP COMPOSITION	Mixed gender
	TEACHING METHODS	Lecture, CPR and first aid training, knowledge and skills training
	FOCUS	High-risk alcohol use
	EVALUATION	70% of students at CU-Boulder would do something to help a drunken friend vs. 20% six prior to the formation of SEMS
	COST	\$1,340 administrative time

Student Emergency Medical Services (SEMS)

University of Colorado-Boulder Student Emergency Medical Services (SEMS) Program

Recruitment



Call to action on the CU-Boulder SEMS website

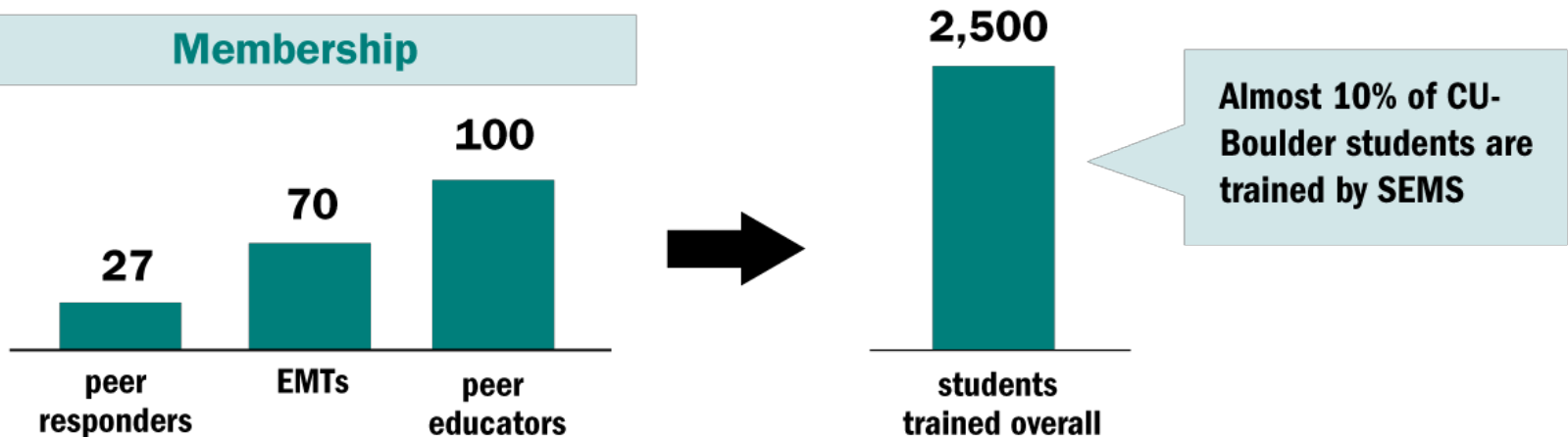


Targeted recruitment of pre-med, pre-dental, and education majors



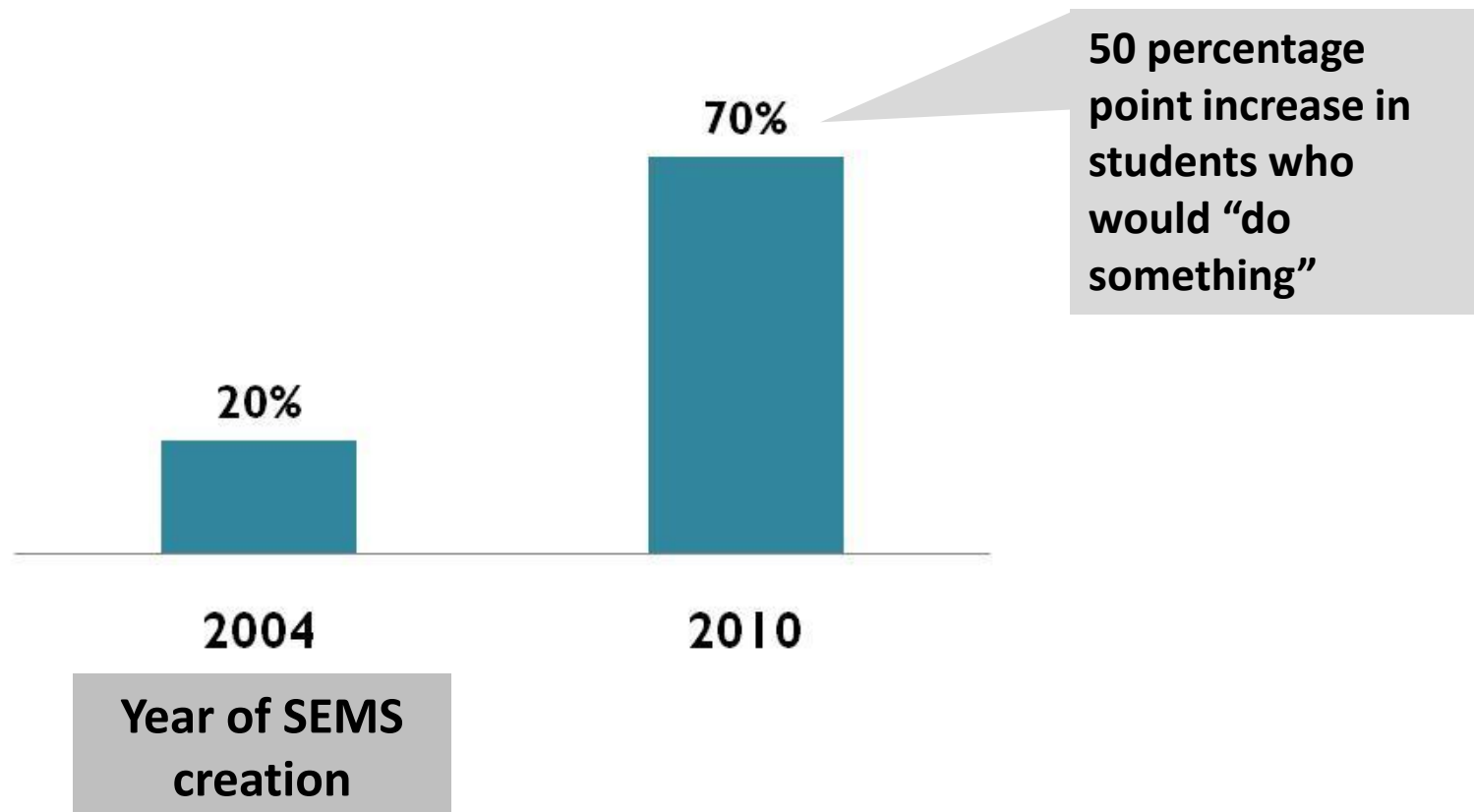
Greeks required to have SEMS representative

Membership












SEMS Impact on Bystander Attitudes

Students Who Would “Do Something” to Help a Drunk Friend












Red Watch Band

	GOAL	Provide accurate information about the dangers of alcohol and train students on when, where, and how to get help
	IMPLEMENTATION	1.5 hour training and 2.5 hour CPR class
	TRAINERS	Peer health educators, AOD specialists, CPR instructors
	TARGET AUDIENCE	All students
	GROUP COMPOSITION	Mixed gender
	TEACHING METHODS	Lecture, discussion, knowledge and skills training, role plays, CPR training
	FOCUS	High-risk alcohol use
	EVALUATION	Pre- to post- knowledge assessment surveys included with program, but no formal evaluation results
	COST	\$7,859 supplies and administrative time

Source: <http://www.stonybrook.edu/sb/redwatchband>

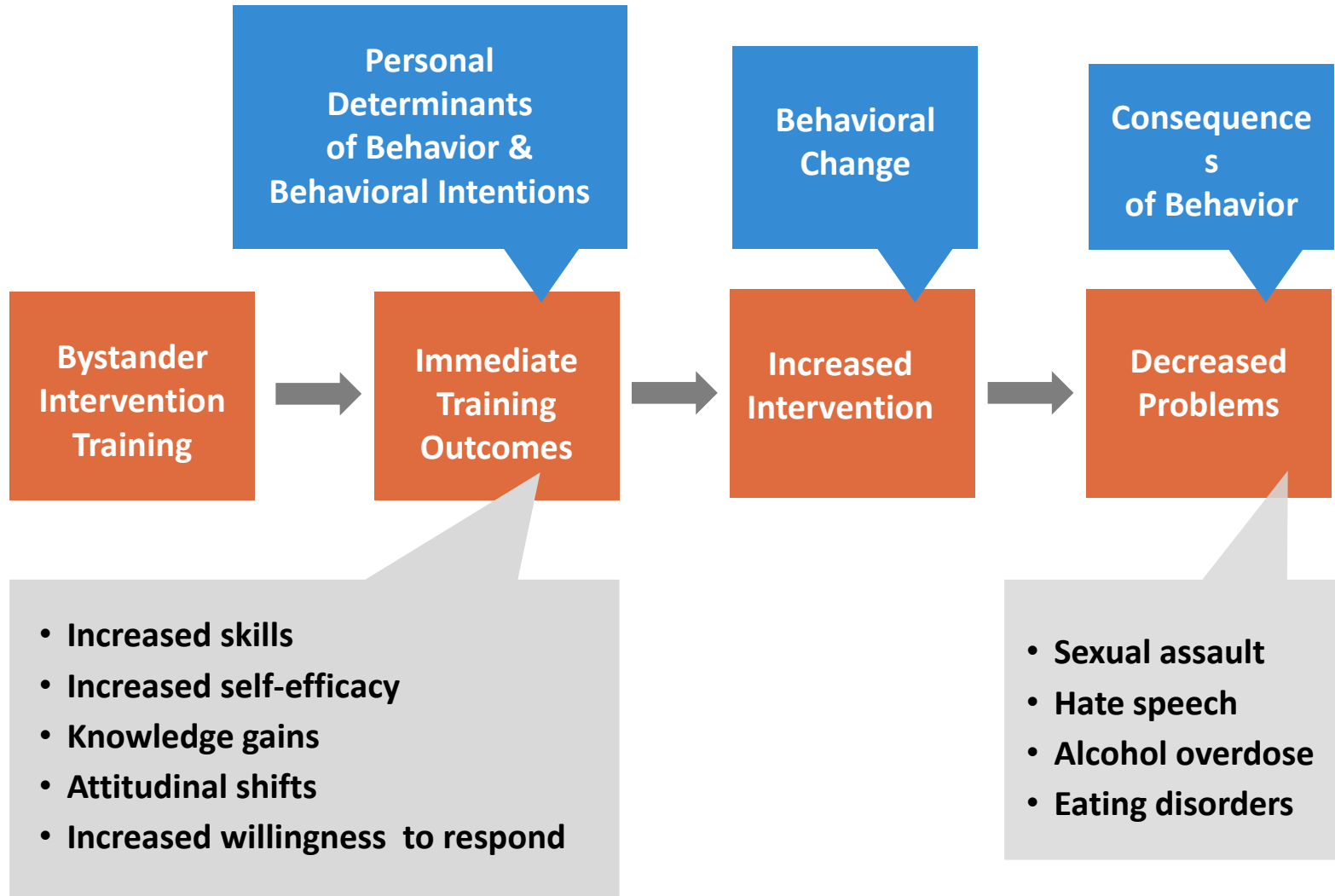
Men's Program (Berkowitz)

	GOAL	Reduce sexual aggression. Increase: understanding of consent, appropriate norms, prosocial behavior, and accuracy of perceptions of other men's behavior
	IMPLEMENTATION	1.5 hour session and a 1 hour booster
	TRAINERS	Trained undergrad and doctoral male facilitators
	TARGET AUDIENCE	Men
	GROUP COMPOSITION	Single gender
	TEACHING METHODS	Small group social norms correction, discussion to facilitate empathy, context specific scenarios
	FOCUS	Sexual violence
	EVALUATION	Improvements in self-reported sexual aggression and an effect on men's perceptions that their peers would intervene
	COST	\$1,883 administrative time

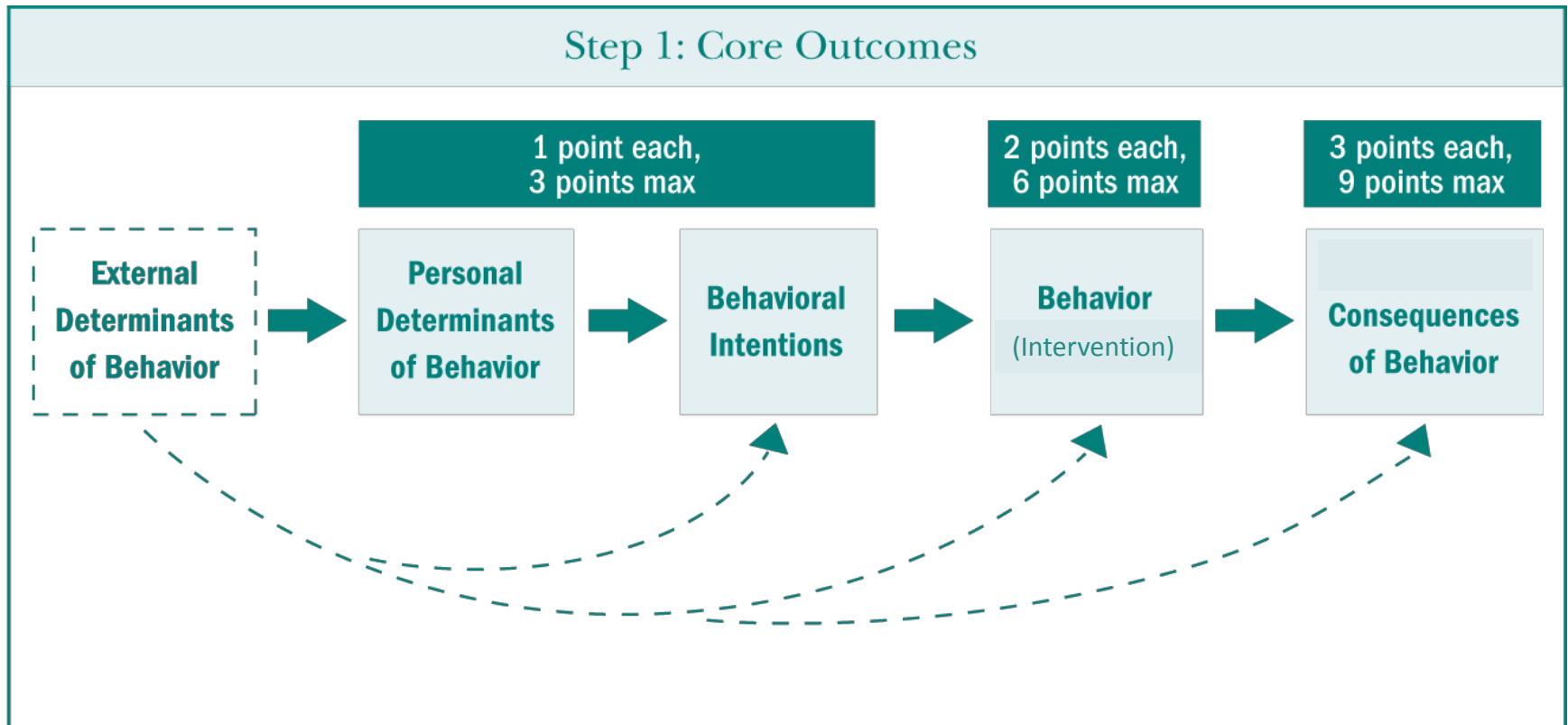
Source: Gidycz, et al., (2011).

Understanding the Limitations of Efficacy Research

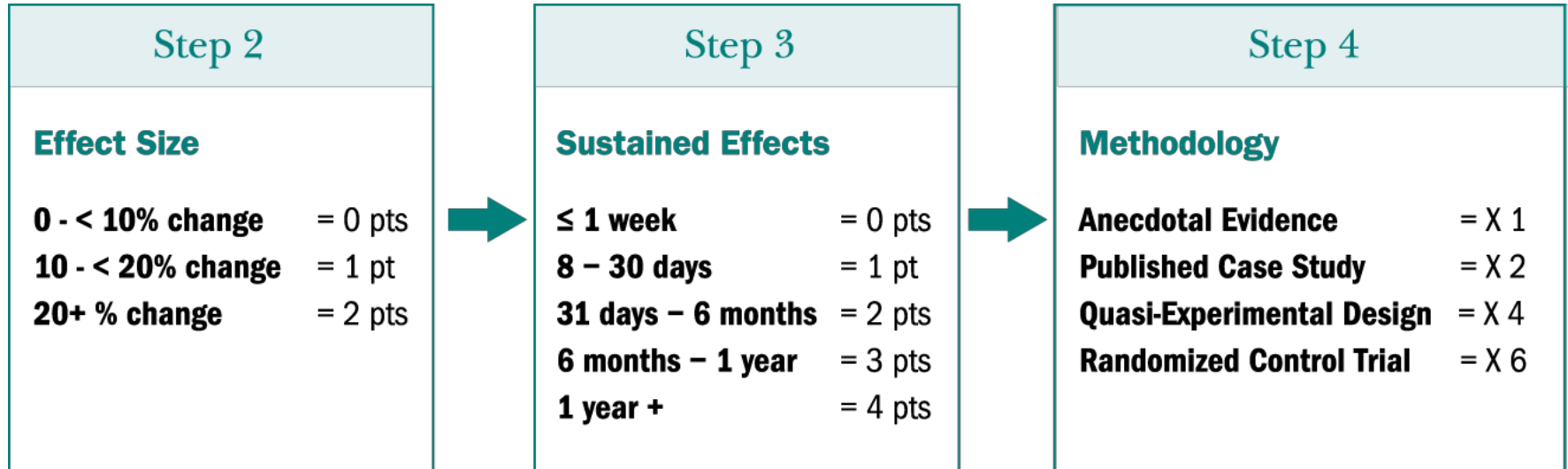
A Logic Model for Bystander Intervention Training Programs



Quantifying and Comparing the Efficacy BI Programs



Quantifying the Impact of BI: Steps 2 - 4

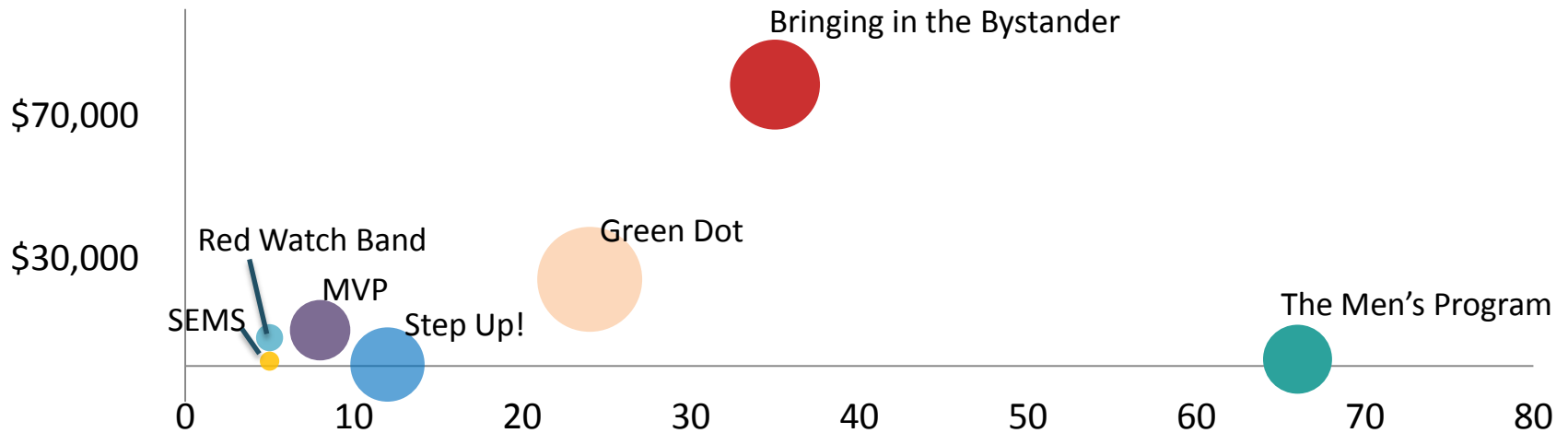


= TOTAL Impact Score per Article

Calculating Average Impact Across Articles

$$\frac{\sum \text{Total Impact Scores}}{\text{\# of articles}} = \text{Final Impact Score}$$

The Bystander Intervention Compass: A Visual Summary of Findings



STRATEGY	Score	\$	Reach
Red Watch Band	5	\$7,859	2%
Student Emergency Medical Services (SEMS)	5	\$1,340	1%
Mentors in Violence Prevention (MVP)	8	\$10,000	10%
Step Up!	12	\$350	15%
Green Dot	24	\$24,240	30%
Bringing in the Bystander	35	\$78,781	22%
Men's Program	66	\$1,883	13%

Key Strategies for Successful Implementation

Key Strategy:

Gaining Buy-In from Potential Partners

Engaging Key Partners



Student Government

- Emphasize they serve as role models and influence other students
- In-depth trainings may facilitate dissemination to others



Greek Community

- Emphasize Greek community members as role models
- Focus on bystander training with Greek leadership
- Present bystander training during chapter meetings



Residence Life

- Emphasize the bystander model shift of focus from “enforcement” to “helping behaviors and student safety”
- Focus on bystander training with RAs

Partnering with Other Student Groups

Student Organizations



Pre-med Student Group



Campus Ministry



Athletics



LGBT Group



Key Strategy:

Targeting Outreach to Opinion Leaders



Optimize the effectiveness of the bystander approach by recruiting the socially influential who are most likely to influence others to engage in proactive bystander behavior



The Green Dot Program Emphasizes Targeted Recruitment of Popular Opinion Leaders (Pols)

Who is most likely to intersect as a bystander with the target issue and population?
Which bystanders carry the most social influence?



Outreach To Popular Opinion Leaders at University of Mississippi

Identify POLs with the help of faculty, staff, and administrators
POLs receive an email with the message of “you’ve been identified as a leader” and offered a chance to participate in the in-depth training

Key Strategy:

Customizing Bystander Programs for Campus “Fit”



PROGRAM MODIFICATIONS: Red Watch Band



Incorporated small group discussion to make it more interactive



Cutting back the curriculum to one hour

- Eliminated “background of RWB” and the sharing why you are here piece
- Skips the “share why you are here today” piece because students were not comfortable
- Reduced CPR component is drastically



PROGRAM MODIFICATIONS: Bringing in the Bystander



Emphasized mission of institution



Added a video testimony of survivor from John Carroll



PROGRAM MODIFICATIONS Know Your Power

Students who identified with the actors in the images reported greater willingness to help

Key Strategy:

Social Marketing Campaigns Increase Awareness

Benefits of social marketing:



**Raises awareness
across many different
groups of people**



Is cost-effective



- **Social marketing campaigns alone have not yet been linked to changes in bystander behavior**
- **Social marketing can be useful when linked with other prevention strategies that increase individual skills**

Key Strategy:

Application of the Social Norms Approach

Assumptions of the Social Norms Approach

1. Norms Influence Behavior

2. Norms Are Often Misperceived

they are often over- or under-estimated by the majority

3. Misperceptions Encourage People To Conform to A False Norm

attitudes and behaviors are adjusted to confirm to what is incorrectly perceived to be true

4. Correcting Misperceptions Allows Individuals to Act In Accordance With Their Actual Beliefs

most often positive and consistent with prevention goals

Impact on Bystander Behavior

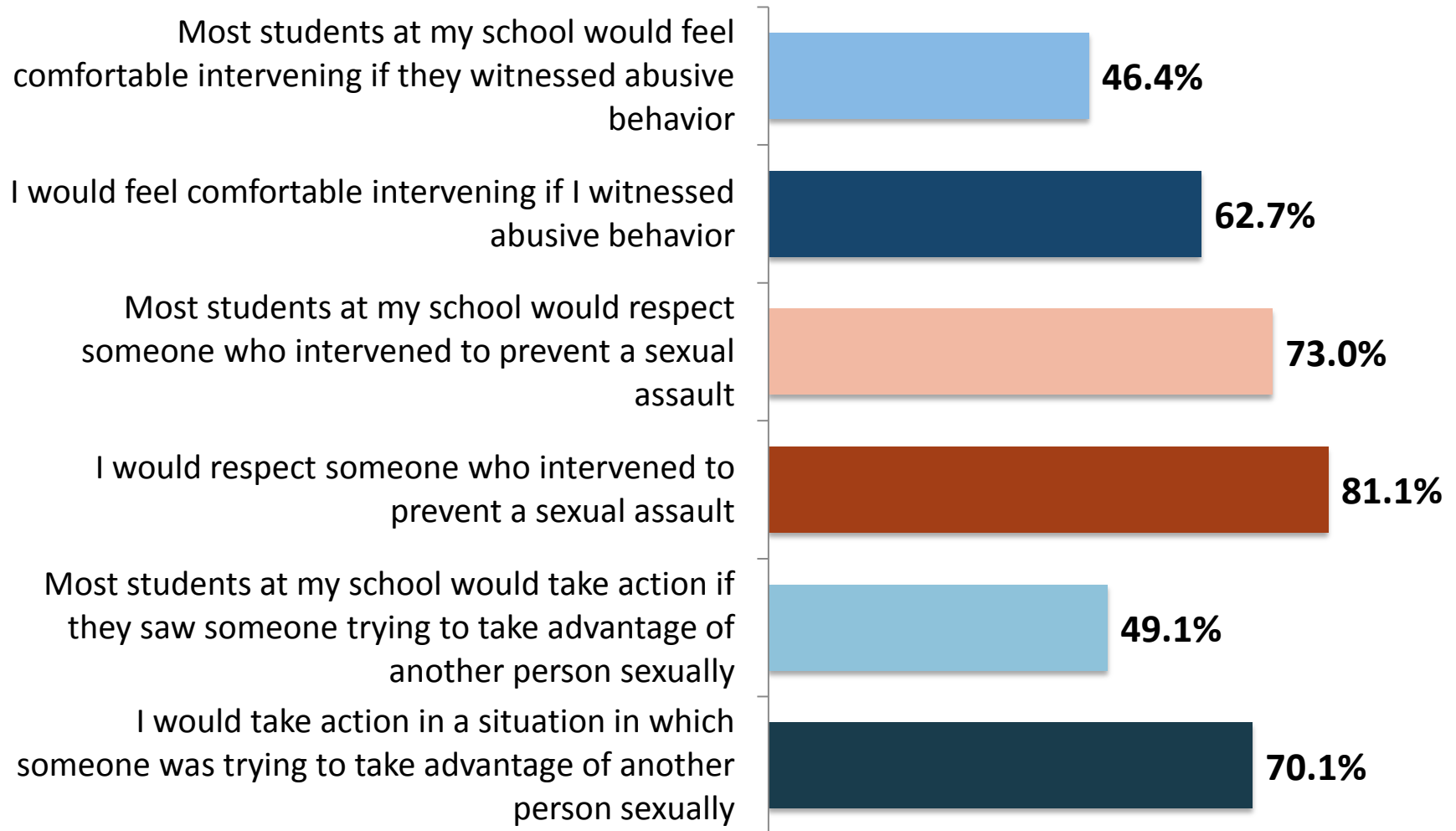
Single strongest predictor of whether or not a man intervenes to prevent a sexual assault is **what he thinks other men would do**

Underestimations of other men's support associated with a lower likelihood of intervention

Source: Fabiano et. al. (2003)

Misperceptions of Norms Documented in Haven

Percentage of Students Agreeing with the Following Statements*



(those selecting 5, 6, or 7 on a 7-item Likert scale; 1 = Strongly disagree, 7 = strongly agree)

Using Social Norms Approach to Address Bystander Issues

Collect Data

Survey on attitudes about bystander intervention and determine if misperceptions exist

- Responses to scenarios
- Actual behaviors
- Perception questions measure how student feels others would respond

Develop Intervention

Small group social norms

Social norms marketing campaign

Bystander intervention training

- Incorporate skills training where possible
- Incorporate normative feedback

Evaluate

Survey students on the extent to which they:

- Perceive bystander behaviors
- Noticed a risky situation
- Had an opportunity to intervene
- Actually intervened

Social norms interventions that **correct misperceptions** relating to bystander intervention can be incorporated into bystander intervention programs that also include a component of **skills development and training**

Campus Case Studies

Gold University: Adaptation of Bringing in the Bystander



Gaining Administrative Buy-in

- Executive Vice President funded the bystander intervention education program
- Division of Student Affairs has bystander intervention program listed among its goals and initiatives



Marketing And Outreach To:

- residence halls
- first-year seminars
- student leaders
- student orientation leaders
- athletic teams
- campus ministry
- student conduct board



Customization

Student feedback revealed students wanted the program to:

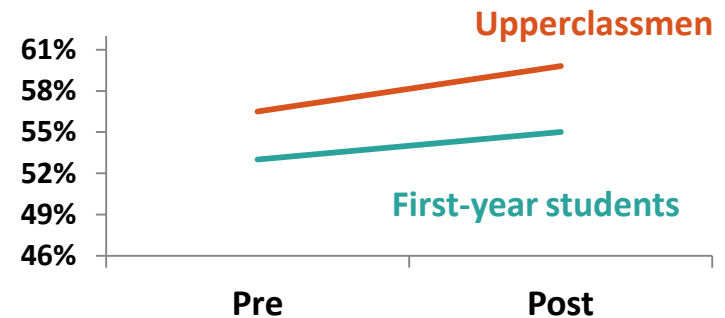
- reflect their institution
- have more time for group discussion and interaction

Evaluating Gold University's Bystander Program

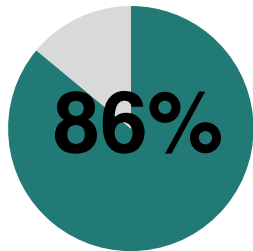
Increases after Three-month Post Survey

- ↑ Knowledge gains
- ↑ Willingness to intervene
- ↑ Readiness to change

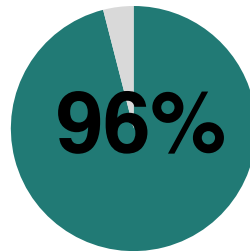
Upperclassmen Gain More Knowledge than First-Year Students



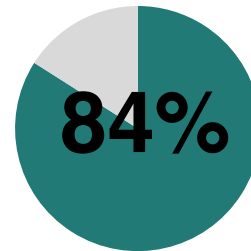
A Majority of Students Reported Intervening in the Following:



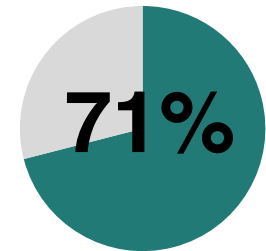
Helping someone who they believe is in an abusive relationship



Helping someone who they believe has been sexually assaulted



Making sure not to leave an intoxicated individual at a party



Voicing concerns about visible physical abuse and sexist/racist/homophobic jokes




UNC-Chapel Hill's One ACT: Drawing Upon Two National Programs



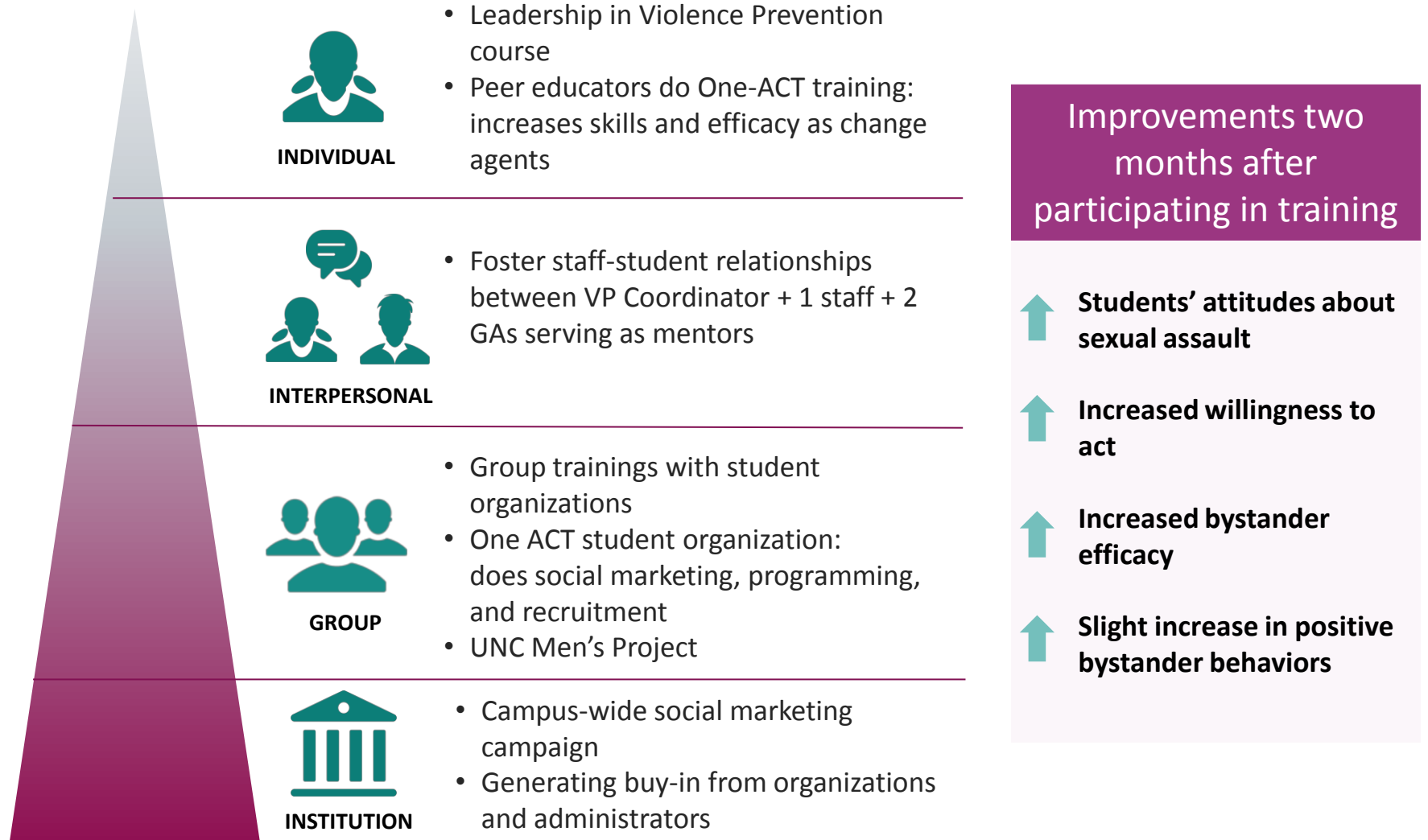
ASK for help
CREATE a distraction
TALK directly

Program Elements

- A 4-hour bystander intervention training aligned with “Bringing in the Bystander”
- 2-week and 2-month follow-up
- Student organization developed around the program
- Supplemented by campus-wide social marketing campaign

Challenge		Solution
	CUSTOMIZATION	Customized the program based on student focus group feedback
	MARKETING & OUTREACH	Included elements of Green Dot by focusing on Popular Opinion Leaders
	EVALUATION	Collecting data on bystander activity by asking if student has been in situation where they would notice an event

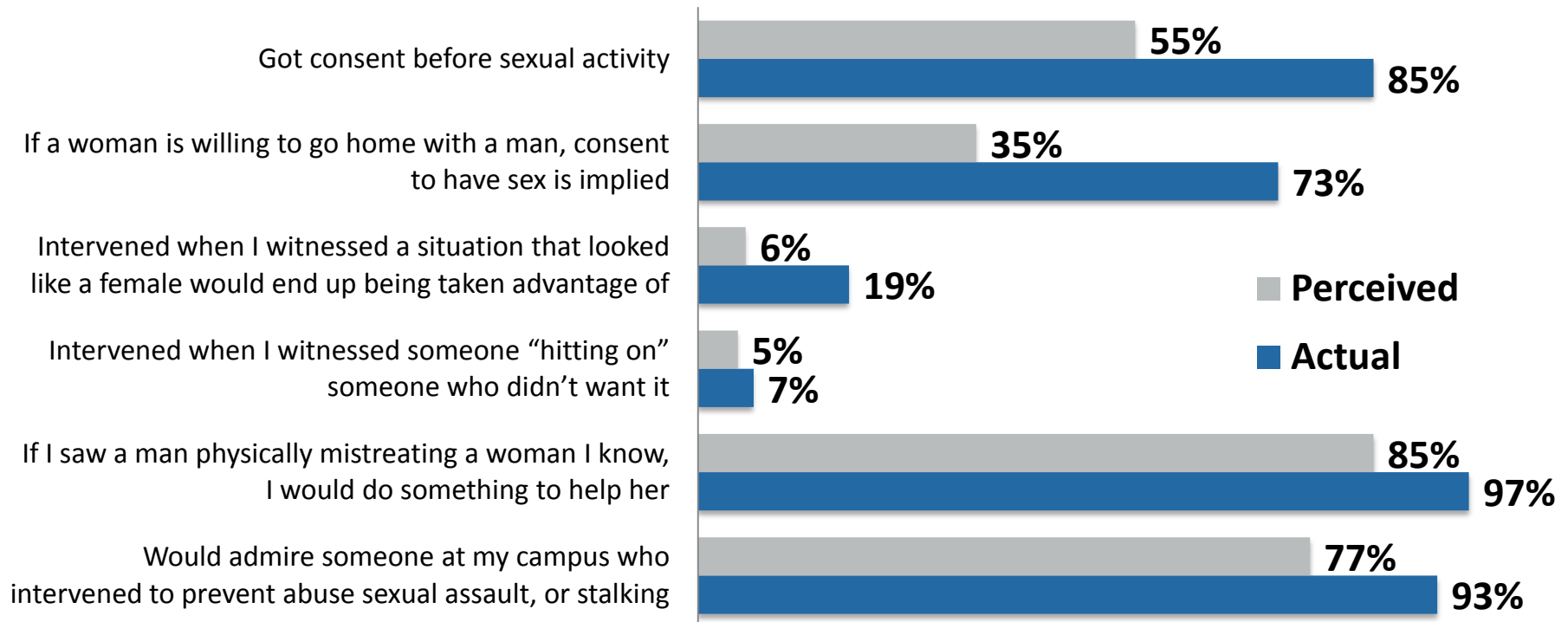
UNC-Chapel Hill's One ACT: A Comprehensive Model



Florida State University: Social Norms Approach to Address Bystander Intervention

Misperceptions of Sexual Assault Norms and Behaviors

Online random sample of 3,000 FSU men



FINDINGS

- Strong positive intervention norms exist and are correctly perceived for the most part
- Even though most men state they would intervene, actual rates are very low
- Large misperceptions for rape myth attitudes and consent behaviors

Two-Pronged Approach: Social Norms Campaign and Small Group Social Norms Interventions

Intervention Development

1. Social norms marketing campaign “The Measure of a Man”

Theme	Message
Consent	Most men understand the importance of getting consent before sexual intimacy
Bystander	Most FSU men would intervene to prevent a sexual assault
Non-victim blaming	Most FSU men agree that blaming a sexual assault victim is wrong
Behavior of men	Most FSU men are not as sexually active as you might think



2. Small group social norms workshops

Skills to intervene taught in workshop designed for groups of male students, such as athletic teams and fraternity leaders

Normative feedback delivered through use of clickers

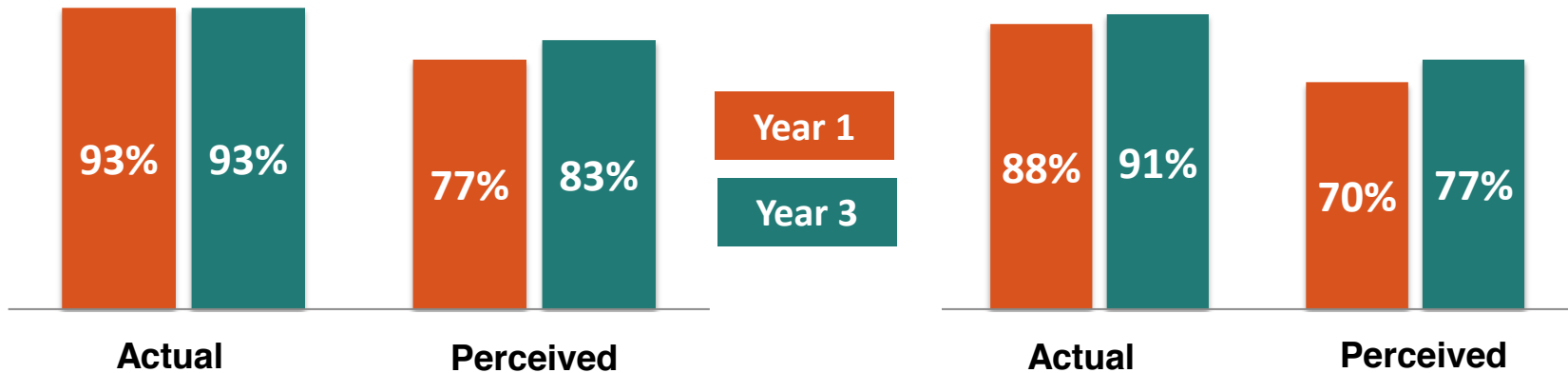


Results: Positive Impact on Bystander Intervention Intentions

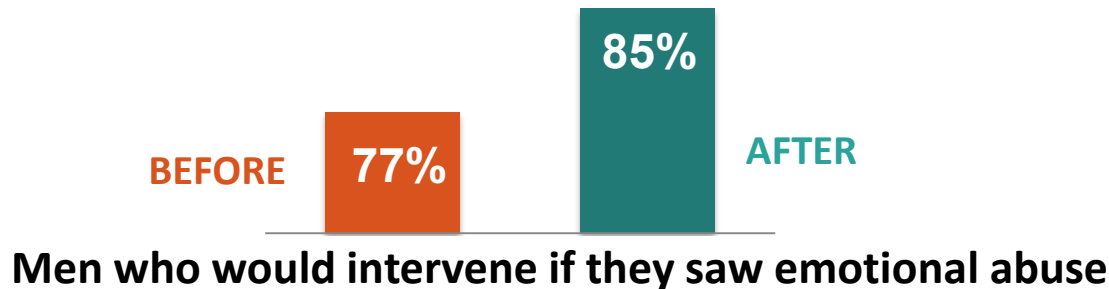
Evaluation 1: Social Norms Marketing Campaign, The Measure of a Man

Would Admire Someone Who Intervened

Would Intervene if Witnessed Emotional Abuse



Evaluation 2. Small Group Social Norms: The FSU Men's Workshop



UCM Pairs Bystander Training with Small Group Social Norms

CENTRAL MISSOURI TARGETS GREEK ALCOHOL USE

90-minute training session for 19 chapters

Small Group Social Norms

Chapter-specific data presented on:

- ✓ Real vs. perceived alcohol use and consequences
- ✓ Real vs. perceived acceptability of use and consequences
- ✓ Discussion of discrepancies among group members

Bystander Skills Training

Students learn:

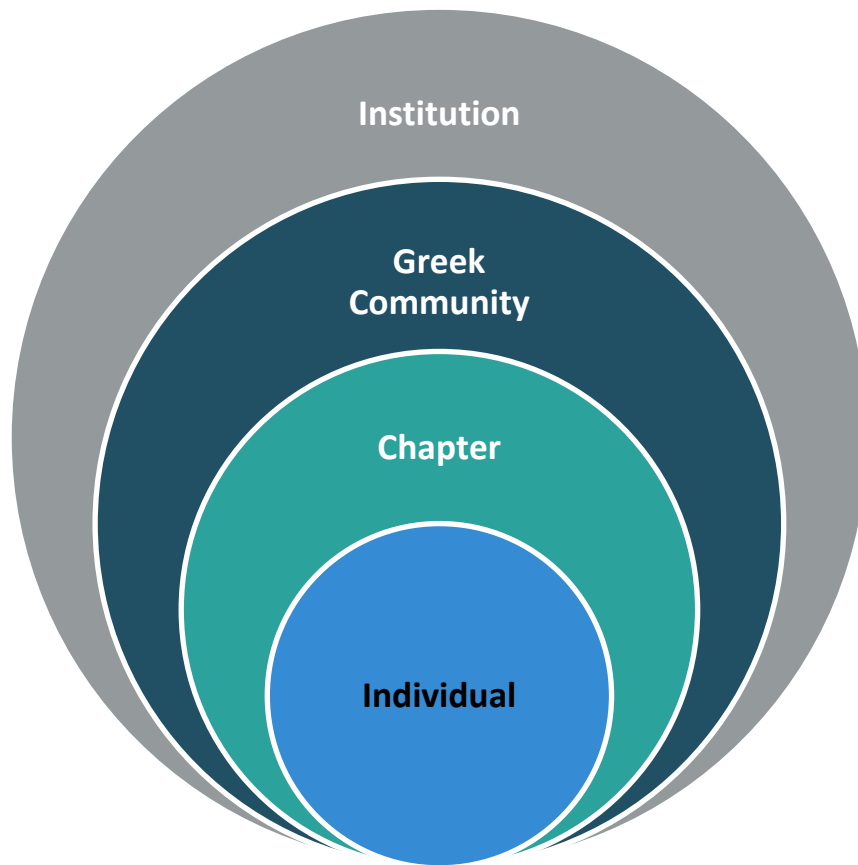
- ✓ Bystander theory
- ✓ Five common barriers to intervention
- ✓ Supports for intervention
- ✓ Clicker quiz
- ✓ Small group analysis of scenarios



Complete report provided to chapter leadership with offer for further support

EPIC Program's Comprehensive Approach

Encouraging Positive Intervention in Chapters



House Party Guide, Newspaper ads

Social Norms media campaign

Environmental Management: EPIC team training
Video contest

Chapter-specific social norms clarification & bystander intervention skills training

Sample UCM Poster Supporting EPIC Program



The contents of this bulletin board were developed under a grant from the Department of Education. However, these contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government. For more information contact the VSAP office at 660-543-4044.

Did You Know?

85% of UCM
Greek students
think it's
unacceptable
to miss class
due to alcohol.

Data collected from Fall
2009 EPIC survey.



The contents of this ad were developed under a grant from the Department of Education. However, these contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government. For more information contact the VSAP office at (560) 543-4044.





UCM
GREEK MEN

LEADING THE WAY TO AN **EPIC** FUTURE.

91% of UCM fraternity men think it's acceptable to stop a brother from drinking more if he has had too much.

95% of UCM fraternity men think it's unacceptable for a brother to miss chapter commitments due to alcohol use.

91% of UCM fraternity men think it's unacceptable for a brother to miss class due to alcohol use.

1966



2010

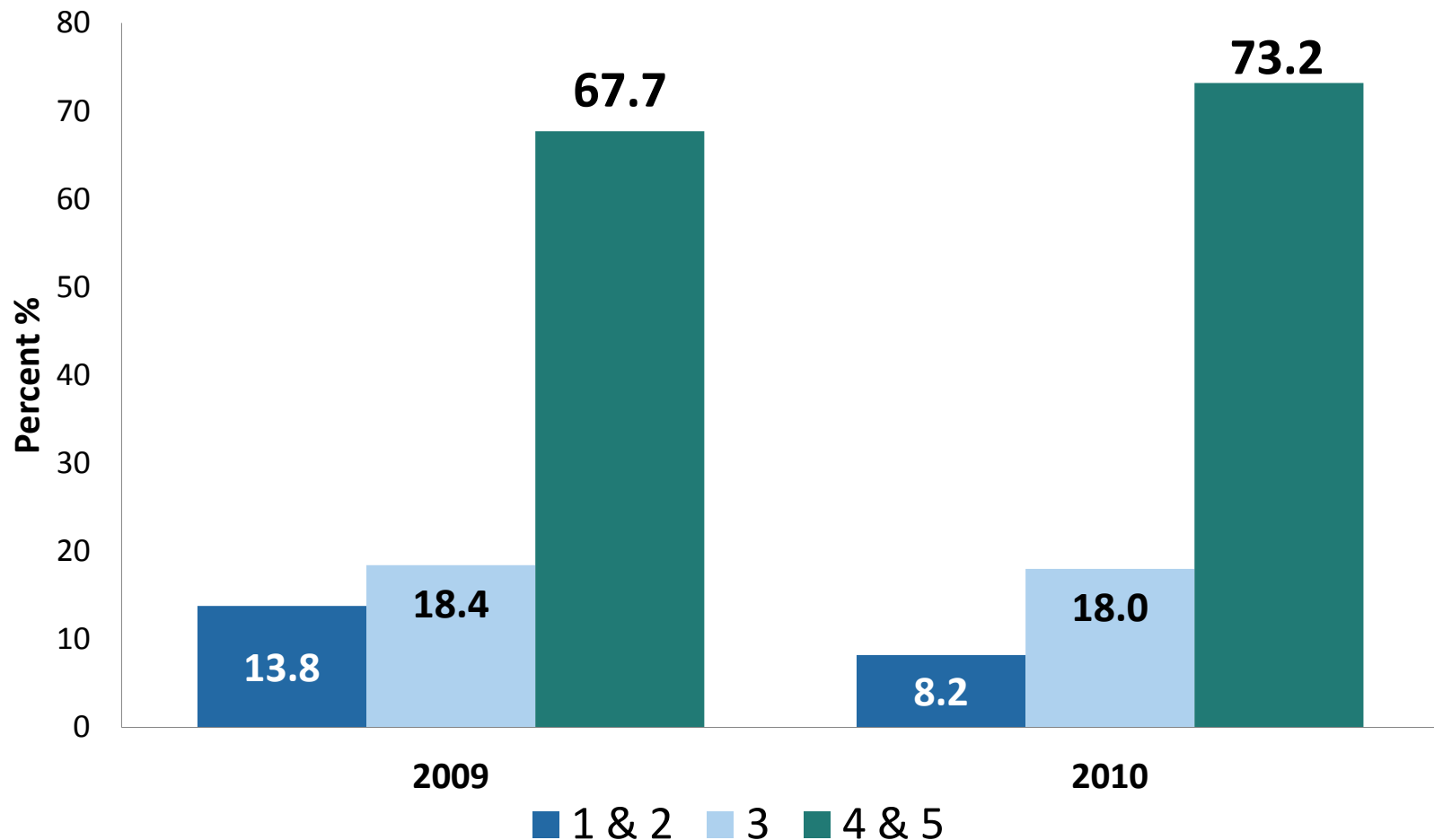
THE CONTENTS OF THIS BULLETIN BOARD WERE DEVELOPED UNDER A GRANT FROM THE DEPARTMENT OF EDUCATION. HOWEVER, THESE CONTENTS DO NOT NECESSARILY REPRESENT THE POLICY OF THE DEPARTMENT OF EDUCATION, AND YOU SHOULD NOT ASSUME ENDORSEMENT BY THE FEDERAL GOVERNMENT. FOR MORE INFORMATION CONTACT THE VSAP OFFICE AT 660-543-4044.



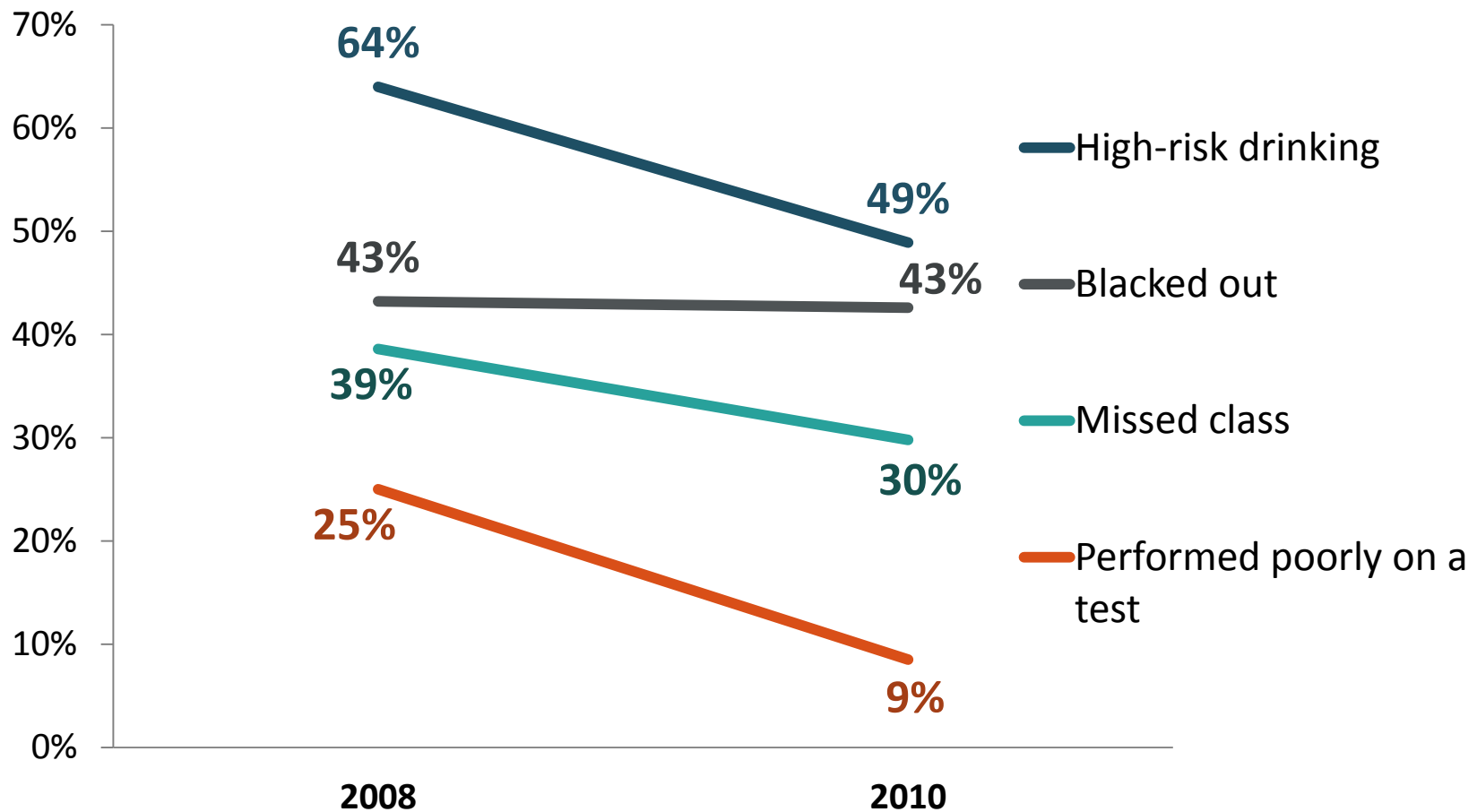
Results: UCM Greeks More Comfortable Intervening

Comfort Level with Cutting Off a Chapter Member

Scale 1-5; 1 = Not at all comfortable, 5 = Very comfortable



Results: Decreased Alcohol Use and Negative Academic Consequences



Conclusions

- Bystander intervention can be an effective component of a comprehensive prevention strategy
- As with the adoption of any prevention strategy:
 - Gather data to assess need for and targets of BI training
 - BI trainings ought to be focused on specific groups and behaviors to be successful
 - Other program components ought to reinforce the messages and goals of your BI training program
- Successful “off the shelf” models can (and should) be adapted to fit your specific campus
- Social norms should be included as an intervention component to overcome barriers to action

Appendix I: References and Contacts

Engaging the Healthy Majority: An Examination of Bystander Intervention Approaches for Alcohol & Sexual Assault Prevention

Slide 3: Defining Bystander Intervention

Source: Latane, B., & Darley, J. M. (1970). *The unresponsive bystander: Why doesn't he help?* New York: Appleton-Century-Crofts; Berkowitz, AD (2009). *RESPONSE ABILITY: A Complete Guide to Bystander Intervention*. Chicago, Beck & Company.

Slide 4: Recognizing the Premise of BI Trainings

Source: Langford, L. Panel on Bystander Pedagogy: Why and how we teach/facilitate. Bystander Intervention: From its roots to the road ahead. Boston, MA. May 31 - June 1, 2012.

Slide 13 - 14: Student Emergency Medical Services (SEMS)

Source: EverFi Coalition interview

Contact: Joseph Young, Faculty Advisor for SEMS

Slide 18 - 20: The Bystander Intervention Compass

Source: The EverFi Coalition Bystander Intervention Compass, 2014, EverFi.

Slide 23: Key Strategy: Targeted Outreach to Opinion Leaders

Source: EverFi Coalition interview

Contact: Jennifer Sayre, Director of Training & Development Green Dot, etc., sayre@livethegreendot.com 540-319-0913; Linda Abbott, LPC, Violence Prevention Coordinator, University of Mississippi, labbott@olemiss.edu 662-915-1059

Slide 24: Customizing Bystander Programs for Campus "Fit"

Source: EverFi Coalition interview

Contact: Alexis Blavos, ATOD Prevention Specialist, University of Toledo, alexis.blavos@utoledo.edu 419-530-8436; Amanda Rolf, Program Coordinator, John Carroll University, arolf@jcu.edu 216-397-2175

Slide 25: Key Strategy: Social Marketing Campaigns Increase Awareness

Source: Potter SJ, and Stapleton JG, (2013). Assessing the efficacy of a bystander social marketing campaign four weeks following the campaign administration. *Sexual Assault Report*. 16, 65-80. Potter SJ, (2012). Using a multi-media social marketing campaign to increase active bystanders on the college campus. *Journal of American College Health* 60, 282-295.

Slide 26: Key Strategy: Application of the Social Norms Approach

Source: Berkowitz, AD, & Perkins, HW (1987). Recent research on gender differences in collegiate alcohol use. *Journal of American College Health*, 36(2), 123-129. Fabiano, P, Perkins, HW, Berkowitz, AD, Linkenbach, J & Stark, C. (2003). Engaging Men as Social Justice Allies in Ending Violence Against Women: Evidence for a Social Norms Approach. *Journal of American College Health*. 52(3), 105-112.

Appendix I: References and Contacts

Slide 27: Misperceptions of Norms Documented in Haven

Source: *Haven: Understanding Sexual Assault* national survey database, 2013.

Slide 28: Using Social Norms Approach to Address Bystander Issues

Source: Berkowitz, AD, (2014). *A Grassroots' Guide to Fostering Healthy Norms to Reduce Violence in our Communities: Social Norms Toolkit*.

Slide 30 - 31: Gold University: Bringing in the Bystander

Source: EverFi Coalition interview

Slide 32 -33: UNC-Chapel Hill's One ACT: Drawing Upon Two National Programs

Source: EverFi Coalition interview

Contact: Robert Pleasants, Interpersonal Violence Prevention Coordinator, University of North Carolina Chapel Hill, bpleas@email.unc.edu

Slide 34 - 36: Florida State University: Using Social Norms Approach to Address Bystander Issues

Source: Berkowitz, AD, (2014). *A Grassroots' Guide to Fostering Healthy Norms to Reduce Violence in our Communities: Social Norms Toolkit*.

Slide 37 - 43: UCM Pairs Bystander Training with Small Group Social Norms

Source: EverFi Coalition interview

Contact: Amy Kiger, Director, Violence & Substance Abuse Prevention, University of Central Missouri, kiger@ucmo.edu 660-543-8338

Appendix II: Bystander Program Matrix

Bystander Intervention Programs

A comparison of bystander intervention training programs

	Green Dot	Bringing in the Bystander	Student Emergency Medical Services (SEMS)	Red Watch Band	Step Up!	Mentors in Violence Program	Men's Project
Focus of Program	Power-based personal violence	Sexual violence	High-risk alcohol use	High-risk alcohol use	High-risk alcohol use, discrimination, hazing, sexual assault, etc.	Violence prevention	Sexual violence
Goal	Engage bystanders through awareness, education, and skills practice	Help participants identify sexually violent behaviors, identify barriers to intervening, make a commitment to intervene, and learn skills to intervene safely	Maximize alcohol prevention efforts through education to effectively treat alcohol- and drug-related emergencies and injuries in a timely manner	Provide accurate information about the dangers of alcohol and train students on when, where, and how to get help	Raise awareness of helping behaviors, increase motivation to help, develop skills and confidence when responding, and ensure the safety and well-being of self and others	Reduce the level of men's violence against women by raising awareness, opening dialogue, challenging thinking, and inspiring leadership	Reduce sexual aggression, educate on rape attitudes and sexism, increase understanding of consent, education on appropriate norms, increased engagement in pro-social behavior, and increase accuracy of perceptions of other men's social and sexual behavior
Execution	6 hours - entire weekend	90-minute session - 4.5 hours over a week	1 hour session	1.5 hour training and 2.5 hour CPR class	2 hour session; can be divided into two parts of 75 -90 minutes each	90-minute session or 10-hour training over 3-5 months	1.5 hour session and a 1 hour booster session
Trainers	Trained professional staff	One male and one female trained peer facilitator	Trained peer educators	Peer health educators, AOD specialists, CPR instructors	Trained professional staff	Former professional and college male and female student-athletes	Two trained male facilitators, either undergraduate or doctoral psychology students

Appendix II: Bystander Program Matrix

	Green Dot	Bringing in the Bystander	Student Emergency Medical Services (SEMS)	Red Watch Band	Step Up!	Mentors in Violence Program	Men's Project
Target Audience	Popular Opinion Leaders	All	Pre-med, pre-dental, and education majors	All students	Student groups	Student leaders and athletes	Men
Group Makeup	Mixed gender	Mixed or single gender	Mixed gender	Mixed gender	Mixed gender	Discussions are single gender, interactive scenarios are mixed	Single gender
Teaching Method	<ul style="list-style-type: none"> Lecture Skills practice Role plays Video discussion Writing Interactive media 	<ul style="list-style-type: none"> Lecture Discussion Videos interactive exercises Small group work Role play 	<ul style="list-style-type: none"> Lecture CPR and First Aid Knowledge and skills training CPR training 	<ul style="list-style-type: none"> Lecture Discussion Knowledge, skills Role plays CPR training 	<ul style="list-style-type: none"> Powerpoint presentations with videos Discussion Skill building Interaction via clickers 	<ul style="list-style-type: none"> Interactive scenarios Discussion Awareness-raising exercises 	<ul style="list-style-type: none"> Small group social norms correction Intervention Discussion to facilitate empathy Context-specific scenarios
Evaluation	Significantly lower rape myth acceptance scores and reported engaging in bystander behaviors	Improved knowledge, attitudes, self-efficacy, and behavioral intentions scores. Program provides evaluation tools	70% of students at CU-Boulder would do something to help a drunken friend compared to only 20% six years ago prior to the formation of SEMS	Pre- to post-knowledge assessment surveys included with program. One case study found students engaged in more protective strategies after RWB training	Pre- to post-knowledge test survey included with facilitators guide as well as a post-training evaluation questionnaire to measure efficacy	Participation in the MVP Program heightens students' knowledge and awareness of gender violence	Pretest to 7-month follow-up evaluation data found improvements in self-reported sexual aggression and an effect on men's perceptions that their peers would intervene
Cost pro-rated for 10,000 FTE	\$24,240	\$78,781	\$1,340	\$7,859	\$1,300	\$10,000	\$1,883
EverFI Compass Score	24	35	5	4	12	8	66

Appendix III: Gold University Bystander Survey

Methods (Adapted from Dr. Victoria Banyard's assessment - UNH)

Pre/Post Survey

Demographic Information:

What is your age? ____

What is your class year? ____

Which gender do you identify as?

Male ____ Female ____ Transgender ____

Which of the following racial/ethnic categories best describes you?

____ White, Not Hispanic	____ Black/African American (non-Hispanic)
____ Asian/Pacific Islander	____ American Indian/Alaskan Indian
____ Hispanic	____ Mixed race/Multiracial
____ Other	

Where/how are you receiving this presentation?

____ Classroom
____ Residence Hall
____ Club/Student Organization
____ Other

Have you ever attended a campus education program on dating violence, ____ Yes ____ No
rape or sexual assault ____ Yes ____ No

During the current semester, how often did you drink any alcoholic beverage (beer, wine, liquor)?

____ Everyday	____ Nearly every day
____ One or two days a week	____ Two or three days a month
____ Once a month or less	____ Never

Appendix III: *continued*

Belief in Sexual Assault Myths/Readiness to Change Questions

Please read each of the following statements and indicate how true each is of you.

1	2	3	4	5
Strongly disagree				Strongly agree
Not at all true				Very much true
I don't think sexual assault is a big problem on campus				
				1 2 3 4 5
I don't think there is much I can do about sexual assault at				
			1 2 3 4 5	
Doing something about sexual assault is solely the job of the administration				
				1 2 3 4 5
I think I should learn more about sexual assault				
				1 2 3 4 5
I think I can do something about sexual assault				
				1 2 3 4 5
I have actively sought out opportunities to learn more about sexual assault				
				1 2 3 4 5
In the last 6 months I attended a program about sexual assault, on or off campus, other than this one				
				1 2 3 4 5
If a woman or man is raped when s/he is drunk, s/he is at least somewhat responsible for letting things get out of control				
				1 2 3 4 5
If a woman or man is willing to "make out" with someone, then it's no big deal for that person goes a little further and have sex.				
				1 2 3 4 5
If a woman or man doesn't physically fight back, you really can't say it was rape				
				1 2 3 4 5
Rape accusations are often used as a way of getting back at men				
				1 2 3 4 5
Rape is unlikely to happen in the woman's or man's own familiar neighborhood				
				1 2 3 4 5
A lot of women lead a man on and then cry rape				
				1 2 3 4 5
A woman who "teases" men deserves anything that might happen				
				1 2 3 4 5
A woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex				
				1 2 3 4 5

Appendix III: *continued*

Willingness to Intervene Questions

Please read the following list of behaviors and check how likely you are to engage in these behaviors at Gold University using the following scale.

1	2	3	4	5
Not likely at all				Extremely likely
Encourage a friend to seek help if they had an unwanted sexual experience				
1	2	3	4	5
Walk a friend home from a party who has had too much to drink				
1	2	3	4	5
Confront a friend who is grabbing, pushing, or insulting their partner				
1	2	3	4	5
Let a friend who is being grabbed, pushed, or insulted by their partner know that I am available for help				
1	2	3	4	5
Call the Gold University Police Department or contact an RA if I hear someone in distress or calling for help				
1	2	3	4	5
Let a friend who I suspect has been sexually assaulted know I am available for help/support				
1	2	3	4	5
Speak up if I hear someone say, "He/She deserved to be raped."				
1	2	3	4	5

POST-ONLY Questions:

Post only:

Were you able to relate to the case studies even though they were not based : at Gold University
[circle one]

Yes Unsure No

What was most helpful?

What was least helpful?

Appendix III: *continued*

3-month Post-Program Survey

Behavioral Change Questions

For the following questions, please answer in the context of Gold University

I developed a specific plan for ways I might safely intervene as a bystander if I see sexual abuse happening around me.

Yes No

I got further training in skills to confront and prevent sexual assault.

Yes No

I encouraged others to learn more and get involved in preventing sexual assault.

Yes No

I talked to others about not leaving someone behind, alone, at a party.

Yes No

I talked to others about sexual assault as an issue for our community.

Yes No

I let others know I am there to help when:

a. I think someone is in an abusive relationship.

Yes I did not find myself in this situation. No, I did not let others know.

b. I think that someone has been sexually assaulted.

Yes I did not find myself in this situation. No, I did not let others know.

c. Someone wants support when reporting a sexual assault, even if it could get others in trouble.

Yes I did not find myself in this situation. No, I did not let others know.

I made sure I did not leave an intoxicated friend behind at a party.

Yes No (Pop-up question: Why?) I did not find myself in this situation.

I went with someone to talk to the police/RA/hospital/Women's Resource Center about an unwanted sexual assault.

Yes No I did not find myself in this situation.

In the past three months, I intervened when:

a. I heard sounds of yelling and fighting coming from a nearby room.

Yes, I intervened. (Pop-up question: What did you do?)

No, I did not intervene in this situation. (Pop-up question: Why?)

I did not find myself in this situation.

b. I saw someone be pushed or grabbed by his/her partner.

Appendix III: *continued*

Yes, I intervened. (Pop-up question: What did you do?)
No, I did not intervene in this situation. (Pop-up question: Why?)
I did not find myself in this situation.

c. I heard someone talking about forcing someone to have sex with him/her.
Yes, I intervened. (Pop-up question: What did you do?)
No, I did not intervene in this situation. (Pop-up question: Why?)
I did not find myself in this situation.

d. I heard someone saying that it is OK to have sex with someone who is passed out or very intoxicated.
Yes, I intervened. (Pop-up question: What did you do?)
No, I did not intervene in this situation. (Pop-up question: Why?)
I did not find myself in this situation.

e. I saw an intoxicated individual at a party and asked if he/she needed to be walked home.
Yes, I intervened. (Pop-up question: What did you do?)
No, I did not intervene in this situation. (Pop-up question: Why?)
I did not find myself in this situation.

f. I saw someone who was intoxicated being brought into a different room/going upstairs or home with someone they just met at a party.
Yes, I intervened. (Pop-up question: What did you do?)
No, I did not intervene in this situation. (Pop-up question: Why?)
I did not find myself in this situation.

g. I saw 2 people talking very closely to one another, and one person looked extremely uncomfortable.
Yes, I intervened. (Pop-up question: What did you do?)
No, I did not intervene in this situation. (Pop-up question: Why?)
I did not find myself in this situation.

h. I heard someone say, "She deserved to be raped."
Yes, I intervened. (Pop-up question: What did you do?)
No, I did not intervene in this situation. (Pop-up question: Why?)
I did not find myself in this situation.

i. I heard someone making sexist, racist, and/or homophobic jokes.
Yes, I intervened. (Pop-up question: What did you do?)
No, I did not intervene in this situation. (Pop-up question: Why?)
I did not find myself in this situation.

In the past three months, I called for help when:

a. someone told me that they had been sexually assaulted.
Yes, I called someone. (Pop-up question: Who did you call?)
No, I did not intervene in this situation. (Pop-up question: Why?)
I did not find myself in this situation.

Appendix III: *continued*

b. someone thought they had been drugged.

Yes, I called someone. (Pop-up question: Who did you call?)

No, I did not intervene in this situation. (Pop-up question: Why?)

I did not find myself in this situation.

c. I heard someone yelling for help.

Yes, I called someone. (Pop-up question: Who did you call?)

No, I did not intervene in this situation. (Pop-up question: Why?)

I did not find myself in this situation.

In the past three months, have you been in a different situation where you intervened and used prosocial behavior?

Yes, I was and I intervened. (Pop-up question: What was the situation and what did you do?)

I was in a situation, but I did not intervene. (Pop-up question: What was the situation, and why didn't you intervene?)

I was not in such a situation.

I refuse to remain silent when a perpetrator asked me to remain quiet about an instance of sexual assault that I knew about.

Yes I did not find myself in this situation. No (Pop-up question: Why?)

When I heard that someone was accused of sexual assault, I came forward with what I knew rather than keeping silent.

Yes I did not find myself in this situation. No (Pop-up question: Why?)

Appendix IV: Integrating the Social Norms Approach and Bystander Intervention in Sexual Assault and AOD Prevention

by Alan D. Berkowitz

The social norms approach and bystander intervention are two cutting-edge, science-based strategies for preventing sexual assault and for intervening against high-risk use of alcohol and other drugs. Currently in the field, these two interventions tend to be implemented separately despite strong evidence that either would be more effective if combined with the other.

Regarding social norms for sexual assault, norm misperceptions have been found to influence whether or not an individual is willing to intervene to prevent an assault as well as whether or not an individual is willing to perpetrate one. Similarly, for alcohol and other drug issues, use tends to be overestimated among students in general and in particular among high-risk users, misperceptions which serve to inhibit moderate or non-use and promote high-risk use. It has also been documented that students underestimate the extent to which others are bothered by the “second-hand effects” of high risk drinking.

As a result of this research small-group norms correction interventions and social norms media campaigns have gained increasing acceptance as both a sexual assault and AOD prevention strategy.

Recently, bystander intervention has become a cutting edge practice within the sexual assault prevention field given that many sexual assaults are witnessed and can be prevented by bystanders. A number of training models have been developed that teach individuals the importance of intervention and the skills to do so. These include Mentors in Violence Prevention, the Green Dot Campaign, and Bringing in the Bystander. The AOD prevention field has had success implementing the bystander model with respect to not letting drunk drivers drive, but less so to teach individuals to confront other negative effects of high-risk drinking.

While both bystander intervention and the social norms approaches are supported by science and evaluation research, have been strongly recommended by researchers (see Lonsway, et al, 2009) and are increasingly being adopted by the field, it is less well-known that these two approaches can be combined and that that both are likely to be more effective when offered together. The synergy between these two approaches is due to the fact that one of the main barriers to an individual intervening to prevent a sexual assault or high-risk alcohol use is the misperception that others: are not concerned, would not support an intervention, and would not respect someone who did so. (For summaries of this research see Berkowitz, 2010 and Berkowitz, 2013). Thus, an effort to lower misperceptions relating to bystander intervention fits well with teaching individuals to notice and intervene in high-risk situations, with correction of these misperceptions increasing the likelihood that someone will intervene.

A number of institutions of higher education have adopted this dual-approach of integrating norms correction with bystander intervention, based on my own and other’s work. These programs may have a number of components, including a social norms media campaign to

Appendix IV: Integrating the Social Norms Approach and Bystander Intervention in Sexual Assault and AOD Prevention

correct misperceptions that inhibit bystanders from intervening, workshops for staff, student leaders and students on effective intervention skills, small group norms interventions, a focused research agenda to identify healthy attitudes and behavior and their misperceptions, and public lectures.

Some of the campuses that have successfully integrated these two approaches include Ohio University (see Gidycz, Orchowski and Berkowitz, 2011 for a published evaluation of this program), University of Central Missouri, the State University of New York at Albany, Florida State University, and the University of California at San Diego. Descriptions of these programs and contact information follow this overview. The recent re-design of Sexual Assault.Edu, a popular on-line sexual assault prevention course (called “Haven” in its new form) also incorporates bystander intervention with the social norms approach.

It is strongly recommended by AOD and sexual assault prevention researchers (and prevention researchers and theorists in general) that a comprehensive prevention program include multiple elements that are synergistic and mutually reinforcing. Thus, these efforts to combine the social norms approach with bystander intervention is consistent with theory, research and best practice and it is therefore strongly recommended that both be utilized together.

Resources:

Berkowitz, AD. (2009). *Response-Ability: A complete guide to bystander intervention*. Chicago: Beck and Company. www.lulu.com

Berkowitz, AD (2010). Fostering Health Norms to Prevent Violence and Abuse: The Social Norms Approach. Chapter 8 in Kaufman, K (Ed): *The Prevention of Sexual Violence: A Practitioner's Sourcebook*. NEARI Press, Holoyoke, MA.

Berkowitz, A.D. (2013). *Fostering Healthy Norms to Reduce Violence in our Communities: A Social Norms Toolkit*. Developed by the New Jersey Coalition Against Sexual Assault with a grant from the Division on Women, DCF, NJ. Available from www.alanberkowitz.com or www.njcasa.org

Gidycz, C. A., Orchowski, L. M., & Berkowitz, A. D. (2011). Preventing sexual aggression among college men: An evaluation of a social norms and bystander intervention program. *Violence Against Women*, 17(6):720-742. doi:10.1177/1077801211409727

Lonsway, KA; Banyard, VL; Berkowitz, AD; Gidycz, CA; Katz JT; Koss, MP; Schewe, PA; Ullman, SE. (2009) Rape Prevention and Risk Reduction: Review of the Research Literature for Practitioners. *Applied Research Forum: National Online Resource Center on Violence Against Women*. www.vawnet.org

Appendix IV: Integrating the Social Norms Approach and Bystander Intervention in Sexual Assault and AOD Prevention

Case Studies:

Integrating the Social Norms Approach with Bystander Intervention

The case studies below describe programs in which the social norms approach and bystander intervention have been successfully integrated with each other. They are based on the work of Dr. Alan Berkowitz, who has served as a consultant for each of these programs.

University at Albany, State University of New York. This program, at a large state university in the Northeast, integrates multiple components designed to reduce risk behaviors (alcohol and other drug use, violence, risk factors that may lead to suicide) and foster positive bystander intervention. It includes social norms media campaigns, bystander intervention training, peer leadership training, and other workshops and programs integrated into multiple settings and venues. The program is based in the University Counseling Center, which has developed a bystander intervention model called “STEP-UP UALBANY” that integrates the following components: pro-social behavior, five decision-making steps for addressing a risky situation, factors that make it difficult to help, warning signs of a risky or concerning situation, a continuum of options to safely intervene, intervention skills, and campus and community resources. Extensive data has been collected annually and recent surveys indicate significant reductions in a variety of health-risk behavior, including alcohol use and related negative consequences, mental health risk factors that may lead to suicide, and anonymous reports of sexual assault and intimate partner violence.

For more information contact M. Dolores Cimini, Ph.D. at dcimini@albany.edu or go to the UAlbany Counseling Center website for program descriptions, PSA's and other materials (www.albany.edu/counseling_center/).

University of Central Missouri. The University of Central Missouri has pioneered the use of small group norms interventions, offered to first year students, fraternities and sororities, and the general campus, that integrate normative feedback about risky behaviors and desire to intervene with bystander intervention skills and information. Social norms media campaigns are offered to the campus at large to reinforce the workshops and promote healthy behaviors and norms correction. One outgrowth of this work is a student organization called EPIC (Encouraging Positive Interventions on Campus) which has a Facebook page with resources and information (www.facebook.com/EPICEducators).

For more information contact Amy Kiger from the Office of Violence and Substance Abuse Prevention at kiger@ucmo.edu or go to their program website: www.theepicproject.com which contains bystander intervention materials, PSAs and bystander intervention videos developed by students that focus on the theme of alcohol abuse intervention.

Appendix IV: Integrating the Social Norms Approach and Bystander Intervention in Sexual Assault and AOD Prevention

Florida State University. Florida State has extensive experience and success using social norms media campaigns to reduce substance abuse. More recently, FSU has developed small group workshop for sexual assault prevention that integrate normative feedback with bystander intervention skills, coupled with a campus-wide social norms anti-violence media campaign. The campaign is directed primarily at male students and is titled “FSU Men Measure Up.” Extensive survey research has been conducted to document norms and perceptions related to consent, bystander intervention, sexual activity, belief in rape myths, etc. A case study of the program is contained in the document: *Fostering Healthy Norms to Reduce Violence in our Communities: A Social Norms Toolkit* available from www.alanberkowitz.com or www.njcasa.org.

For more information contact Richard Howell, Deputy Director of the Florida Center for Prevention Research at rhowell@fsu.edu or go to the Center for Prevention Research website: www.fcpr.fsu.edu and click on “projects” for information about the campaign, including statistics, media, and workshop information.

University of California at San Diego. The USCD program integrates a bystander intervention training program (BIT) with social norms media campaigns. The UCSD Bystander Intervention Model was created by UCSD students and staff to empower participants with the skills needed to become a responsive bystander in everyday situations. Components of the model include the following IDEAS for getting involved: Interrupt, Distract, Engage Peers, Authorities, and Safety. The model was originally developed for sexual assault prevention and is now being integrated into other issues on campus.

For more information contact Nancy Wahlig at the Sexual Assault & Violence Prevention Resource Center nwahlig@ucsd.edu or go to www.sarc.uscd.edu

Appendix V: Components of a Successful Rape Prevention Program for Men

“The Men’s Program” by Alan D. Berkowitz

Published as: Preventing sexual aggression among college men: An evaluation of a social norms and bystander intervention program. Christine Gidycz, Lindsay Orchowski and Alan Berkowitz. **Violence Against Women**, 2002, 17(6): 720-42

Abstract: Men and women living in randomly selected 1st year dormitories participated in tailored single-sex sexual assault prevention or risk-reduction programs, respectively. An evaluation of the men’s program is presented (N=635). The program incorporated social norms and bystander intervention education and had an impact on self-reported sexual aggression and an effect on men’s perceptions that their peers would intervene when they encountered inappropriate behavior in others. Relative to the control group, participants also reported less reinforcement for engaging in sexually aggressive behavior, reported fewer association with sexually aggressive peers, and indicated less exposure to sexually explicit media.

Workshop description. Participants in this workshop attended a 1.5-hour prevention program and a 1-hour booster session, both facilitated by two highly trained male peers. The workshop protocol has been described previously and sustained evaluation in two prior studies (see below).

Program elements (in order) were:

Introduction and warm-up. Facilitators introduce themselves and the workshop. Participants answer the questions “What’s difficult about being a man on this campus” creating an atmosphere of informal discussion, honesty, and an opportunity for self-disclosure.

Definitions and facts. Relevant facts about sexual assault, including campus and national statistics. Review of a multi-component definition of consent. Discussion of the consent model. Information on false accusations.

Group norms exercise. Discussion of campus and workshop participant norms, documenting of misperceptions and discussion about them.

Scenarios. Presentation and discussion of scenarios involving high-risk coercive behavior by men, including participant reactions.

Small group bystander intervention practice. Presentation of bystander intervention. Meet in small groups to discuss a scenario and what intervention could work. Rejoin in large group to discuss intervention options generated by each group.

Final discussion and wrap-up.

Booster session description

Introduction and overview. Facilitators review components and content of initial workshop.

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Break-out sessions. Participants meet in small groups to discuss a list of questions including if their perception of the problem of sexual assault has changed, if the consent model has been helpful to them, examples of discomforting behavior of other men and how they responded.

Concluding whole-group discussion.

Comments

The workshop was highly successful, reducing actual rapes (not only self-reported intent) by 75% over a four-month period, but this rebounded at 7-months. Intensive facilitator training and supervision was critical. Because of the nature of the research study there were no other parallel, reinforcing program elements, such as speakers, other workshops, media campaigns, etc. It is unlikely that a single workshop with a short booster-session can produce long-term sustainable change without other ongoing efforts to reinforce the workshop outcomes. Evaluation measures suggest that the workshop corrected misperceptions, which in turn created a healthy normative culture among first-year men that marginalized sexually coercive men and inhibited them from committing assaults.

For more information or to implement this workshop on your campus contact Alan Berkowitz at alan@fltq.net

Additional resources and evaluations of the workshop:

Berkowitz, AD (1994). A model acquaintance rape prevention program for men. In AD Berkowitz (Ed) *Men and rape: Theory, research and prevention programs in higher education*. San Francisco, Jossey Bass.

Berkowitz, AD (2009). *Response-Ability: A complete guide to bystander intervention*. Chicago: Beck and Company. www.lulu.com

Berkowitz, AD (2010). Fostering Health Norms to Prevent Violence and Abuse: The Social Norms Approach. Chapter 8 in Kaufman, K (Ed): *The Prevention of Sexual Violence: A Practitioner's Sourcebook*. NEARI Press, Holyoke, MA.

Berkowitz, AD (2013). *A Grassroots Guide to Fostering Healthy Norms to Reduce Violence in Our Communities: A Social Norms Toolkit*. New Jersey Coalition Against Sexual Assault. Available from www.alanberkowitz.com.

Davis, TL (1997). The effectiveness of a sex role socialization focused date rape prevention program in reducing rape supportive attitudes in college fraternity men (Unpublished masters thesis). University of Iowa, Ames.

Earle, JP (1996). Acquaintance rape workshops: Their effectiveness in changing the attitudes of first year men. *NASPA Journal*, 34 (2-16).