FACILITATORS AND BARRIERS TO BYSTANDER INTERVENTION IN THE CONTEXT OF ALCOHOL USE: A QUALITATIVE STUDY

Phylicia Stewart

Follow this and additional works at: https://scholarworks.gsu.edu/iph_theses

Recommended Citation

FACILITATORS AND BARRIERS TO BYSTANDER INTERVENTION IN THE CONTEXT
OF ALCOHOL USE: A QUALITATIVE STUDY

By

PHYLCIA STEWART

Under the Direction of Laura F. Salazar, PhD
ABSTRACT

The purpose of this study was to understand the factors that facilitate and/or impede female college students from intervening in a potentially dangerous situation, particularly when alcohol is present. Social Cognitive Theory (SCT) was used as a guiding framework to examine environmental, personal, and behavioral factors. This study utilized a qualitative research design and data were collected via semi-structured focus groups. Female college students (N=34) ages 18-20 from three Southeastern universities participated in a total of 6 focus groups. The focus groups were audio-recorded and transcribed verbatim. Nvivo was used to conduct a qualitative thematic analysis. Results suggested that normative beliefs about consent, alcohol, lack of risk perception, fear of consequences, toxic masculinity, and not knowing the potential victim were barriers to intervention. Facilitators to intervention included a lack of negative consequences for intervening, friendship or acquaintanceship of potential victim, moral obligation, and personal experience. Findings are relevant for informing sexual assault risk reduction education for female college students.
INDEX WORDS: Bystander Intervention, Alcohol, Sexual Violence
FACILITATORS AND BARRIERS TO BYSTANDER INTERVENTION IN THE CONTEXT
OF ALCOHOL USE: A QUALITATIVE STUDY

by

PHYLICIA STEWART

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Public Health

in the College of Arts and Sciences

Georgia State University

2019
Copyright by

Phylicia Stewart

2019
FACILITATORS AND BARRIERS TO BYSTANDER INTERVENTION IN THE CONTEXT OF ALCOHOL USE: A QUALITATIVE STUDY

by

PHYLICIA STEWART

Committee Chair: Laura F. Salazar, PhD, MA

Committee: Anne Marie Schipani-McLaughlin, PhD, MPH

Electronic Version Approved:
Office of Graduate Services

College of Arts and Sciences

Georgia State University

May 2020
ACKNOWLEDGEMENTS

I would first like to give gratitude to God for giving me the strength, ability, and opportunity to make it through this journey. To my thesis committee, Dr. Salazar and Dr. Schipani-McLaughlin, you have been the best mentors, teachers, and friends to me for the last 3 years. It has been an honor to bond with you two professionally, academically, and socially. Thank you for your expertise, enthusiasm, and aid in completing this thesis. I have gained so much from working with you both and I am forever thankful for this opportunity. Thank you to all the School of Public Health faculty, staff, and colleagues that have encouraged me and helped me in anyway. To my parents and siblings, thank you for always being ready to listen, support and pray with me throughout this process.
**Introduction**

Sexual assault for adolescent and adult women has been called a silent epidemic due to the high rates of incidence, but low rate of reporting (Friesen, 2019). Sexual assault is defined as the full range of forced sexual acts, including forced touching or kissing; verbally coerced intercourse; and vaginal, oral, and anal penetration (Abbey et al., 2001). Conservative estimates suggest that 25% of American women have experienced some form of sexual assault (Abbey et al., 2001). Both men and women can be sexually assaulted and can commit sexual assault, though women are disproportionately victimized. One in five women and one in 71 men will be raped at some point in their lives (Black et al., 2011). Ninety one percent of the victims of rape and sexual assault are female, and 9% are male (Weiss, 2010). Not only are the rates of sexual victimization much higher for women than men, but their health consequences are typically more extreme as well. Eighty one percent of women and 35% of men report significant short-term or long-term impacts like Post-traumatic stress disorder (PTSD), depression, and anxiety (Black et al., 2011). Additionally, 31.5% of female rape victims reported being physically injured during their most recent rape, compared to the 16.1% of male rape victims (Morgan & Oudekerk, 2019). Around half of the cases of sexual assault involve alcohol consumption by the perpetrator, victim, or both. Alcohol’s impact on sexual and aggressive behavior, cognitive and motor skills, and normative views around intoxicated women can all play a part in its association with sexual assault perpetration and victimization (Abbey et al., 2001).

Sexual assault on college campuses has become so prevalent that the United States government has mandated that all campuses that receive federal funding must provide a sexual assault prevention program to students in hopes that these assaults would decrease (Fisher,
One in five women and one in 16 men are sexually assaulted while in college (Krebs et al., 2007). Women and gender nonconforming students report the highest rates of sexual assault victimization at 28% and 38%, while male students reported sexual assault at 12.5% (Mellins et al., 2017). Over 90% of sexual assault victims on college campuses do not report the assault (Fisher, 2000). Due to these high rates of perpetration, and low rates of reporting, sexual victimization is a misfortune that is all too real for many students. The Campus Sexual Violence Elimination Act (SaVE) Act makes reference to the Violence Against Women Act (VAWA) amendments to the Clery Act. In 2013, the Campus SaVE act was passed to expand the scope of this legislation in terms of reporting, response, and prevention education requirements around rape, acquaintance rape, domestic violence, dating violence, sexual assault, and stalking (Fisher, 2013). Though this policy has many benefits like providing better support for victims and putting a bigger spotlight on sexual violence, there is still a high prevalence of sexual assault and rape on college campuses. Findings from a study by Griffen et al. showed that only 11% of schools within the sample were fully compliant with the requirements of the Campus SaVE Act, and on average, each school met ten of the eighteen criteria for compliance (2017).

A bystander is defined as a person who is present when an event takes place but isn’t directly involved (Abbey et al., 2001). The only person responsible for an assault is the perpetrator, but it is important to recognize the role bystanders can play in preventing sexual assault. Bystander Intervention is recognizing a potentially harmful situation or interaction and choosing to respond in a way that could positively influence the outcome (Latané and Darley, 1970). Alcohol, demographic characteristics like age and gender, social settings, other bystanders’ behavior, the potential victim’s attire, and the bystander’s relationship with the potential victim or perpetrator are correlates of bystander behavior (Zelin et al., 2019). Alcohol
intoxication is also a correlate. People often think of the relationship between alcohol and sexual assault without realizing the role it can play in bystander behavior. Alcohol can affect whether bystanders 1) notice an event, 2) interpret the event as intervention appropriate, 3) take responsibility, 4) decide how to help, and 5) choose to act (Leone, 2018).

The purpose of this study is to look at what factors facilitate and impede college women from intervening in a potentially dangerous situation, particularly when alcohol is present. The questions I will address are as follows: What factors facilitate student bystander intervention? What deters students from intervening? What role does alcohol play in bystander intervention? What strategies do women use to keep themselves and other women safe in the presence of alcohol. My literature review will focus on sexual assault demographics, health consequences, prevention efforts, barriers to intervention, and the role alcohol plays in sexual assault and bystander intervention. I will be using the Social Cognitive Theory (SCT) as a guiding framework for this study.

**Literature Review**

**Demographic Risk Factors for Sexual Assault**

Sexual assault is defined as the full range of forced sexual acts, including forced touching or kissing; verbally coerced intercourse; and vaginal, oral, and anal penetration (Abbey et al., 2001). Sexual assault can happen to anyone, no matter your gender, race, age, or socioeconomic status (NCVC, 2011); however, certain groups are at higher risk. Women are victimized at disproportionately higher levels than men, although men are also victims of sexual assault. In the United States, approximately 2.78 million men are victims of attempted or completed rape, which amounts to 9%, whereas 91% of victims of rape and sexual assault are female (Rennison,
 Sexual orientation has also been found to be a significant risk factor for victimization. According to Walter et al., 40.2% of homosexual men, 47.4% bisexual men, and 20.8% heterosexual men reported sexual violence other than rape during their lifetimes (2013). Forty-six percent lesbians, 74.9% bisexual women and 43.3% heterosexual women reported sexual violence other than rape during their lifetimes (Walter et al., 2013). Race and/or ethnicity is also a risk factor for victimization. For example, American Indian/Alaska Native women and men report higher rates of violent victimization than do women and men of other racial backgrounds (Morgan & Oudekerk, 2019). Not surprising, age has also been found to be a risk factor. Sexual assault victimization mostly occurs among women in late adolescence and early adulthood. Women ages 18-24 who enrolled in college are 3 times more likely than women in general to experience sexual violence (NCVC, 2011). For this reason, this study will be focused on college students.

**Health Consequences of Sexual Violence**

Research has revealed the detrimental mental and physical health consequences of sexual assault. Mental health consequences include suicidal ideation, depressive thoughts, post-traumatic stress disorder (PTSD), addiction and more (Department of Justice, 2014). Ninety-four percent of women who are raped experience symptoms of post-traumatic stress disorder (PTSD) (Department of Justice, 2014). One in three women who are raped contemplate suicide, and 13% of women who are raped attempt suicide (Department of Justice, 2014). About 70% of rape or sexual assault victims experience moderate to severe distress (Department of Justice, 2014). These percentages for experiencing serious mental health consequences are much higher among sexual assault victims than for any other violent crime (Department of Justice, 2014). Substance abuse is also a major risk for sexual assault victims. Victims are 3.5 more likely to
use marijuana, 6 times more likely to use cocaine, and 10 times more likely to use other major drugs (Kilpatrick & Acierno, 2003).

Sexual violence also affects victims’ interpersonal relationships with their intimate partner, family, friends, and co-workers. Thirty-eight percent of victims of sexual violence experience work or school problems, and 37% experience family/friend problems, including getting into arguments more frequently than before, not feeling able to trust their family/friends, or not feeling as close to them as before the crime (Department of Justice, 2014). Survivors who were victimized by their intimate partners experience even more severe consequences. Eighty-four percent of these survivors experience professional or emotional issues, including moderate to severe distress, or increased problems at work or school (Department of Justice, 2014).

Sexual assault or rape victims not only suffer from long-term negative outcomes including posttraumatic stress disorder (PTSD), depression, substance abuse, thoughts of or attempts of suicide (Kilpatrick & Acierno, 2003), but research has confirmed that women who have previously been victims of rape or sexual assault are at an increased risk for subsequent victimization. Women with a history of adolescent rape or attempted rape are almost twice as likely to experience a sexual assault in college than women with no previous history of sexual assault (Gidycz, 1993). In addition to the trauma of the initial impact and the increased risk of a second victimization, sexual assault survivors who choose to pursue post-assault assistance through legal, medical, or mental health services can experience magnification of feelings of powerlessness, shame, and guilt if treated insensitively by these systems. Post-assault help seeking can feel like a “second rape,” a secondary victimization to the initial trauma (Campbell, 2008).
Aside from palpable physical outcomes of sexual assault, other physical risks include risk of pregnancy and sexually transmitted infections (STIs). Studies suggest that the chance of getting pregnant from one-time, unprotected intercourse is between 3.1-5%. This is depending on multiple factors: time of month intercourse occurs, whether contraceptives are used, and the age of the female (Wilcox et al, 2001). The average number of rapes and sexual assaults against females of childbearing age is approximately 250,000. Thus, the number of children conceived from rape each year in the United States might range from 7,750—12,500 (Department of Justice, 2014).

Because of the mental and physical health consequences of sexual assault, a financial burden is inevitable. The estimated lifetime cost of rape is $122,461 per victim. This is a $3.1 trillion in population economic burden over victims’ lifetime. This estimate includes $1.2 trillion in medical costs; $1.6 trillion in lost work productivity among victims and perpetrators; $234 billion in criminal justice activities; and $36 billion in other costs (Peterson, 2017).

**Bystander Program Efforts**

College sexual violence prevention programs vary in terms of their goals and objectives. For example, many programs use the Bystander Education approach as a model for their intervention activities and objective. The bystander education approach to sexual violence prevention encourages prosocial bystanders to "spread" responsibility for safety to members of the broader community (Katz and Moore, 2013). Not only does the bystander education model encourage bystanders to intervene, but it teaches them how to intervene in the safest, most effective and appropriate ways to risk situations. The bystander model gives all community members a role they can play in preventing the community problem of sexual violence, especially on college campuses (Banyard et al., 2007). Salazar et al. (2014) created a web-based
sexual violence prevention program called *RealConsent*, which aimed to prevent sexual violence perpetration and increase prosocial bystander behavior among college men. A randomized controlled trial was conducted with undergraduate college men, and the results showed *RealConsent* was successful in preventing sexual violence perpetration and prosocial bystander behaviors via several proposed mediators such as knowledge of effective consent for sex, hostility toward women, date rape attitudes, and hyper-gender male ideology (Salazar et al., 2018). In Banyard et al.’s study that examined sexual violence prevention through the bystander education model, male and female undergraduate students were randomized into two treatment groups and a control group. The first treatment group had a one-session version of the program and the other had three. Participants in the control group received no prevention program. They completed a pretest questionnaire, and approximately 2 weeks later completed the same questionnaire again. The subset of students from the first year of the study was eligible for the 12-month follow-up while those in the second year of the study were eligible for the 4-month follow-up. Both treatment groups showed improvements across measures of attitudes, knowledge, and behavior while the control group did not. There were no significant overall differences between men and women in the impact of the prevention program, thus, it was effective for both groups (Banyard et al., 2007). Jouriles et al. found similar results in their systematic review and meta-analysis examining the effectiveness of bystander programs that address sexual violence on college campuses. Students who participated in a bystander program had more prosocial attitudes and beliefs about sexual violence and intervening in situations where sexual violence is at risk and engaged in more bystander behaviors than those who had not (Jouriles et al., 2018). The effects of bystander programs decrease overtime, but meaningful changes persisted for at least three months following program delivery. Longer programs had
greater effects than shorter programs on attitudes and beliefs (Jouriles et al., 2018). Therefore, bystander prevention programs are a promising approach to sexual violence prevention.

**Five Stages of Bystander Intervention**

Bystander training to increase bystander intervention has become a promising form of sexual violence prevention (Leone, 2018). A classic Bystander Intervention Model was created by Latané and Darley to describe the thought processes bystanders may go through when deciding whether to intervene (1970). This model states that there are five stages of bystander intervention: (i) notice the event; (ii) interpret the event as an emergency that requires assistance; (iii) accept responsibility for intervening; (iv) know how to intervene or provide help; and (v) implement intervention decisions (Latané and Darley, 1970).

The first step is to notice the event happening (Latané and Darley, 1970). If someone fails to notice a potentially dangerous situation taking place, they will not be able to intervene. The influences for this step are focus, sensory distractions, and inattentional blindness (Leone et al., 2018). Alcohol Myopia can also be a leading factor in this. The Alcohol Myopia Theory proposes that the pharmacological properties of alcohol impair attentional capacity and processes, and this impairment has a narrowing effect on attention, also known as “alcohol myopia” (Steele & Josephs, 1990). This causes people to focus on immediate events with a high stimulus and reduce concentration on events that are more distant when under the influence of alcohol. These findings suggest that alcohol-facilitated inattentional blindness reduces the likelihood that intoxicated bystanders notice seemingly obvious perpetrator behavior (Leone et al., 2018). A study by Schipani-McLaughlin et al., measuring binge drinking in college men and bystander behavior showed that binge drinking was related to lower bystander behavior, lower intentions to intervene, and less positive outcome expectancies for intervening. This study
concluded that binge drinking may reduce the ability to notice a risk situation and intervene in a prosocial manner (Schipani-McLaughlin et al., 2019).

The next step is for a bystander to see the situation as intervention appropriate (Latané and Darley, 1970). If a bystander does not see the situation as a risk, they will not intervene. The influences for this step are ambiguity and ignorance (Leone et al., 2018). Understanding situational cues becomes complex when intoxicated. Alcohol can distort men’s ability to read a woman’s cues and distort a women’s ability to recognize danger cues that could potentially lead to sexual violence (Leone et al., 2018). To complicate this further, bystanders may not perceive a situation to be intervention appropriate due to the relationship between the potential victim and perpetrator. Most sexual assaults that are reported to the police occur between strangers, however, these assaults only represent a small portion of all sexual assaults. About 8 out of 10 sexual assaults occur among people who know each other (Morgan & Oudekerk, 2019). To expand, more than half of female victims of rape reported being raped by their intimate partner (NCVC, 2011). This complicates things even without the presence of alcohol, so people may not feel comfortable intervening, or even see a situation as intervention appropriate if there are two people that know/ appear to know each other.

The third step is for bystanders to take responsibility (Latané and Darley, 1970). A bystander may notice a potentially dangerous situation, understand that it is worthy of intervention, but if they fail to feel a sense of responsibility, they will not take action. Diffusion of responsibility and attributions of a victim’s perceived worthiness can influence a bystander’s likelihood of attaining responsibility of attaining responsibility (Leone et al., 2018). Bystanders are more likely to engage in prosocial bystander behaviors when they know the victim because the personal relationship increases empathy (Leone et al., 2018). Aside from the relationship
with the potential victim, a victim’s worth is often determined by toxic masculinity and rape myth acceptance. Rape myths include “she was asking for it” because of how a woman is dressed, or “she wasn’t fighting back” because a woman doesn’t appear to be behaving in a physically aggressive manner are all harmful ways of thinking and can prevent bystanders from taking responsibility to intervene (Zelin et al., 2018). In addition, alcohol may cause bystanders to pay more attention to the possibility of others intervening instead of placing the responsibility on themselves. This includes viewing that the potential victim is responsible themselves (Leone et al., 2018).

The fourth step is deciding how to help (Latané and Darley, 1970). Bystanders are often uncertain of how to intervene and may feel that they lack the knowledge and skills of intervention (Leone et al., 2018). Simply put, they may know that intervention is necessary, but they don’t know what to do, especially when they don’t know the potential victim. Skills like problem solving, response inhibition, planning, and other cognitive functions are greatly impaired when alcohol is involved, making bystanders feel that they are unequipped to intervene (Leone et al., 2018). Increasing a bystander’s self-efficacy to intervene has been proven to increase prosocial bystander behaviors (McMahon et al., 2015). Self-efficacy is defined as one’s perceived ability to manage and succeed in intervening and diffusing a risky situation (Bandura, 1997). Studies show that there is a linear relationship between bystander behavior and bystander efficacy. Results from a study by McMahon et al. indicated that reciprocal causality was found between bystander intentions and bystander efficacy (McMahon et al., 2015).

Fifth and finally, bystanders must choose to act (Latané and Darley, 1970). Social norms can greatly affect this step. Bystanders may fear judgement, so bystanders are less likely to intervene if they feel they will receive negative feedback. This is understood as social inhibition
or audience inhibition. A bystander may choose not to intervene in an emergency because they are afraid of judgement or embarrassing themselves in front of other people (Latané & Nida, 1981). This barrier is most prevalent with men because of the known pressure to have sex (Leone et al., 2018). Young men do not want others to lose respect for them by intervening, so they often don’t. Peer pressure often works both ways, and alternatively if bystanders see others helping, they will be more likely to help (Leone et al., 2018). Another reason a bystander may choose not to act is pluralistic ignorance. Pluralistic ignorance occurs when people falsely infer that they feel differently from their peers, even though they are behaving similarly (Rendsvig, 2014). An example of this could be staying silent while seeing a man at a bar put something in a woman’s drink. The bystander who witnesses this mistakenly thinks that no one else believes this is wrong. Because they wrongly believe they are the only one infuriated by this, they don’t act. Pluralistic ignorance often leads to the bystander effect. This is when bystanders are less likely to help due to the amount of people present on the scene (Rendsvig, 2014). When more bystanders are present, the less likely people are to offer help. Diffusion of responsibility is the primary explanation behind the bystander effect. This is when bystanders believe they do not need to help in an emergency because someone else will (Latané & Nida, 1981). The classic example of diffusion of responsibility is the case of Kitty Genovese. In 1964, this young woman was stabbed to death outside of an apartment building in Queens, New York City. Two weeks after the murder, The New York Times published an article claiming that 38 witnesses saw or heard the attack, but none called the police or came to her aid (Rendsvig, 2014). A more applicable example of this is witnessing a car accident on a crowded highway around many other witnesses. Someone may be less inclined to help or call the police because they think someone else will do it.
Alcohol

At least 50% of all reported and unreported sexual assaults involve alcohol consumption by the perpetrator, victim, or both (Abbey, 2011). Acute alcohol consumption impairs numerous cognitive functions, including episodic and working memory, abstract reasoning, set shifting, planning, and judgment (Bartholow et al., 2003). It impedes response inhibition and limits the scope of cues that are understood in a situation (Abroms et al., 2003). When people drink, they recognize fewer internal and external cues, and focus only on the most salient cues in the situation rather than distal cues (Gervais et al., 2014). According to Sayette, alcohol lessens the stress appraisal process, reducing anxiety. If potential perpetrators do not feel apprehensive about the consequences of forcing sexual activity on an unwilling woman, they are more likely to act on their impulses (1999).

Alcohol greatly reduces internal and external cues that typically impede on sexually aggressive behavior such as sense of morality, empathy for the victim, and concern for future consequences (Abbey, 2011). These inhibitions are often overcome with feelings of anger, frustration, sexual arousal, and entitlement (Abbey, 2011). This is escalated on college campuses due to hookup culture or normative uncommitted sexual encounters (Gervais et al., 2014). A study by Gervais et al. measuring alcohol use, sexual objectification, and sexual violence in undergraduate male students reported that alcohol use was positively associated with more body evaluation/objectification and more sexual advances toward women. Both body evaluation and sexual advances were positively associated with sexual violence (Gervais et al., 2014).

Alcohol can play a major role in not only the perpetrator’s behavior, but also the victim’s. Approximately one-half of all sexual assault victims report that they were drinking alcohol at the
time of the assault (Abbey et al, 2001). This can be a major barrier to sexual assault victims getting the help they need because of the stereotype around alcohol and promiscuous behavior. Some women may not realize they experienced an assault because their experience does not align with the “stranger rape” narrative (Mellins et al, 2017). A woman wrote, “For years I believed it was my fault for being too drunk. I never called it ‘rape’ until much more recently, even though I repeatedly told him ‘no’ (2001).” It is important to emphasize that although a woman’s alcohol consumption may place her at increased risk of sexual assault, she is in no way responsible for the assault. Perpetrators are legally and morally responsible for their behavior.

Research shows that the quantity of alcohol consumed by a perpetrator has a linear relationship with the severity of the assault. This is problematic due to the high rates of binge drinking on college campuses. More than 80% of college students drink alcohol, and 54-70% of college students that drink report binge drinking in the past two weeks (ACHA, 2019; Health Hingson et al., 2009). Abbey et al., conducted a study with 113 undergraduate male students who reported that they had committed a sexual assault (2003). The quantity of alcohol that perpetrators consumed during the assault was positively related to the level of aggression used and severity of the assault committed.

In addition, victims are at higher risk with higher rates of consumption. A victim’s alcohol intake is predictive of the severity of outcomes such that the more alcohol victims consume, the more severe sexual violent outcomes (Abbey et al., 2003). In Anderson et al.’s study measuring relationships between heavy episodic drinking and sexual assault in male and female college students they found that heavy episodic drinking increases the likelihood of being sexually victimized among women, and sexual assault perpetration among men (Anderson et al., 2005).
There are distal and situational factors that influence the relationship between alcohol and sexual assault. Distal factors for perpetrators include heavy alcohol consumption, alcohol expectancies about sex and aggression, and stereotypes about women who drink being open and available for sex and appropriate targets (Abbey et al., 2001). Men who had committed sexual assault were more hostile toward women and had less empathy compared to other men. They were also more likely than other men to endorse traditional stereotypes about gender roles, and justify rape (Seto and Barbaree, 1997). Distal factors for victims include general or heavy alcohol consumption and childhood sexual abuse (Abbey et al., 2001). Women who have been sexually assaulted are more likely than other women to have experienced childhood sexual abuse, to have frequent sexual relationships, and to be heavy drinkers (Abbey et al. 1996; Koss and Dinero 1989). Wilsnack et al. expands on these findings stating that childhood victimization can have long-term effects (1997). Some victims of childhood sexual abuse cope with their negative emotions with frequent sexual relations and heavy drinking. This heavy drinking in potential sexual situations increases women’s risk of being sexually assaulted, both because perpetrators may view them as easy targets, and because they may be less capable to resisting due to intoxication (Wilsnack et al., 1997; Abbey et al., 2001). Situational factors for perpetrators include alcohol use as an excuse for people to behave in a socially unacceptable manner, misperceptions of a woman’s friendly cues, and can lead to a more aggressive response when men are not receiving the sexual validation they are seeking. Situational factors for victims include alcohol’s cognitive and motor impairments, which may reduce one’s ability to assess risk or combat behavior they’re uncomfortable with. Situational factors that both perpetrators and victims have in common are that heavy drinkers spend time at bars, parties, clubs, and other social atmospheres that may warrant sexual behavior (Abbey et al, 2001).
Eighty percent of sexual assaults occur during a social interaction because alcohol is likely present which increases the likelihood of perpetration/ victimization due to impaired cognitive functioning (Abbey et al, 2001).

<table>
<thead>
<tr>
<th>Distal Factors</th>
<th>Perpetrators</th>
<th>Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol expectancies about sex, aggression, and disinhibition</td>
<td>General, heavy alcohol consumption</td>
<td>Childhood sexual abuse</td>
</tr>
<tr>
<td>Stereotypes about drinking women being sexually available and appropriate targets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Situational Factors</th>
<th>Perpetrators</th>
<th>Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy drinkers spend time in bars and at parties</td>
<td>Drinking is used as an excuse for socially unacceptable behavior</td>
<td>Alcohol’s cognitive impairments reduce ability to evaluate risk</td>
</tr>
<tr>
<td>Alcohol’s cognitive impairments enhance misperception of the woman's friendly cues as sexual</td>
<td>Alcohol’s motor impairments reduce ability to resist effectively</td>
<td></td>
</tr>
<tr>
<td>Alcohol’s cognitive impairments facilitate an aggressive response if the man feels he has been “led on”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Social Cognitive Theory

I will be using the Social Cognitive Theory (SCT) as a guiding framework for this study. This theoretical framework is commonly used in psychology, education, and public health fields to explain behavior. The key constructs of social cognitive theory are knowledge, perceived self-efficacy, outcome expectations, goal formation, and sociostructural factors (DiClemente et al, 2011). SCT introduces the idea of reciprocal determinism, which considers the dynamic interaction between the individual, environment, and behavior (Bandura, 1986). In these ways, SCT can be deployed to better understand how behavioral changes occur in relation to personal and environmental factors (Bandura, 1986).
According to Bandura, “knowledge is a precondition for behavior change.” In other words, knowing about an idea, topic, problem, or phenomenon is necessary for behavior change. There are two different types of knowledge in this theory: content knowledge and procedural knowledge. Content knowledge is defined as the understanding of the advantages and disadvantages of a health behavior. This type of knowledge provides minimal awareness. Knowing that intervening is “good” as it can help prevent a sexual assault from occurring is an example of content knowledge. Procedural knowledge is the understanding of how to engage in a given health behavior (DiClemente et al, 2011). For example, procedural knowledge could take the form of a program that describes the different ways a bystander could intervene effectively and safely. Both content and procedural knowledge are imperative in prosocial bystander behavior. Without understanding the advantages and disadvantages of intervening, as well as knowing how to engage in bystander intervention, bystanders will be unable to intervene safely and effectively.

The second key construct of this theory is perceived self-efficacy. This is defined as a person’s perception of their ability to perform a specific behavior (DiClemente et al, 2011). In the context of bystander intervention, it is important to provide bystanders with the confidence and ability they need to adopt the behavior of intervening when necessary. There are many ways to intervene, and some are more appropriate than others based on the situation. Self-efficacy is task-specific, so it is important that students know different ways to intervene with different situations. Students may understand how to intervene when they feel their friend is in danger, but not when it’s a stranger. An example of ways to increase perceived self-efficacy could be students learning bystander intervention strategies like the 4 D’s of defense (University of Michigan, 2020). The first “D” stands for “direct.” This means bystanders being direct about
bystander intervention. For example, this would be telling a guy that seems to be harassing a woman that he needs to leave a woman alone. The next “D” stands for “distract.” An example of this would be telling a potential perpetrator that his car is being towed. This gives a bystander the opportunity to distract either or both parties. The next “D” stands for “delegate.” This means getting help from others. Perhaps you don’t know either party, but you know someone that does. Asking for help from his/her friends takes the pressure away from the bystander that may not feel comfortable confronting either directly. The last of the 4 “D’s” is “delay.” Delay means to check in later. Maybe you did not feel confident intervening directly or indirectly during the time of the incident, but you message the person later to check on them. This is still a form of intervening. Bystanders should consider their position in the situation, their own personal safety, weigh the benefits and consequences of intervening, and choose the best method to intervene in order to feel confident, secure, and have favorable perceived self-efficacy (University of Michigan, 2020).

Outcome expectations are the anticipated positive outcomes that stem from engaging in the behavior. Bystanders need to believe that if they do X, then Y will happen (DiClemente et al, 2011). An example of this would be, “if I intervene during this situation, this girl will not be sexually assaulted.” If someone’s outcome expectations are low, like thinking that you intervening will not change the outcome, then they are less likely to act.

Goal formation is the fourth key concept of the Social Cognitive Theory. This concept states that creating well-defined and easy-to-measure sub-goals can lead to a big goal that changes behavior. For example, when teaching women how to have a safe night, sub-goals may include keeping their phone charged, staying with friends, sharing their location, and being
cognizant of their drinking limit. Following these sub-goals may lead to the ultimate goal of having a safe night and avoiding a potentially dangerous situation.

Sociostructural factors are the final key factor. These are the larger scale forces within societies and cultures that affect thoughts, feelings, and behaviors. Examples of sociostructural factors include social norms, cultural identity, religious beliefs, family structure, and socioeconomic status. Enhancing perceived-self efficacy despite sociostructural factors is key in changing behavior. In college there is a norm that young men in fraternities are more likely to perpetrate than men in general. This is most likely due to the fraternity cultural norms of binge-drinking, toxic masculinity, and rape myth acceptance. Creating a program that is gender specific to men that addresses negative normative beliefs stemming from young men’s environmental influences such as binge drinking, effective consent, debunking rape myths, and increasing rape empathy may be a way to affect bystander behaviors by targeting these sociostructural factors as a means to changing their behavior.

Another tenet of Social Cognitive Theory is the concept of reciprocal determinism, which posits that behavioral changes occur in relation to personal and environmental factors (Bandura, 1986). Humans can affect change within their environment based on their behavior, and this change can in turn affect their cognitions or beliefs. These relationships among personal factors, behavior, and environment is referred to as reciprocal determinism (Bandura 1986, 1997, 2001). Reciprocal determinism suggests that these three factors (i.e., personal factors, behavior, and environment) affect one another rather than one factor being the sole cause of behavior in isolation from the others. A bystander’s environment, bystander characteristics, and bystander behavior all influence one another. How others are behaving around a bystander can greatly influence their behavior. An example of this would be a male student choosing not to intervene
in fear of judgement from others. Concepts like pluralistic ignorance, the bystander effect, and diffusion of responsibility explain this well, and can be considered environmental influences (Rendsvig, 2014). Location of an offense is also an environmental influence that can influence bystander behavior (Brewster & Tucker, 2015). A bystander may feel comfortable intervening in their dorm, but not at a party. Self-efficacy to intervene, empathy, gender, race, height, weight, stereotype acceptance, personality qualities, and alcohol consumption are examples of bystander characteristics that can play a role in bystander behavior (Brewster & Tucker, 2015, Laner et al., 2001). Bystander physical stature, physical strength, and aggressiveness have all been found to be related to increased willingness to intervene (Laner et al., 2001). A number of studies have noted that a bystander’s knowledge or previous experience increases their willingness to intervene due to having higher self-efficacy to intervene (Laner et al., 2001). Though the environment can certainly influence the bystander, it is also possible that bystanders can influence the environment, hence a reciprocal bi-directional relationship rather than a uni-directional relationship.

Study Purpose

The purpose of this study is to examine the factors that facilitate and impede college women from intervening in a potentially dangerous situation, particularly when alcohol is present. The questions I will address are as follows: What factors facilitate student bystander intervention? What deters students from intervening? What role does alcohol play in bystander intervention? What strategies do women use to keep themselves and other women safe in the presence of alcohol.
Methodology

Study Design

This study utilized a qualitative research design and data were collected via semi-structured focus groups. The purpose of using a qualitative research design was to receive candid responses from individuals, as well as allow participants the opportunity to build on each other’s ideas. Focus groups allow researchers to look beyond the facts and numbers that might be obtained via survey methodology.

Participants

Criteria for inclusion in these focus groups required participants to be 1) freshmen, 2) not married, 3) female 4) between the ages of 18 and 20 years of age, 5) English-speaking, and 6) enrolled in one of three specific Southeastern undergraduate institutions. A purposive sample was used to recruit participants. Participants were recruited via word of mouth, GroupMe messages, social media posts on Facebook, Instagram, and Twitter, and flyers posted on campus at three college campuses, two of which are large public Southeastern universities, and one mid-size private Southeastern university. The recruitment materials contained the basic eligibility criteria and contact information for further screening and participation. Each focus group was approximately 90 minutes in length. College freshmen women who were interested in participating contacted Dr. Schipani-McLaughlin via phone or email and were screened for eligibility. We then communicated with eligible participants to schedule focus groups. There were a total of 34 students involved. Each focus group consisted of 5-10 participants. There were 15 Black/African American, 11 White, 3 Hispanic/ Latino, 3 Asian, and 2 Mixed race participants.
**Procedures**

Informed consent was obtained prior to individuals’ participation in the focus groups. At the beginning of each focus group, the principal investigator, Dr. Laura Salazar, or the study project director, Dr. Anne-Marie Schipani-McLaughlin, read the consent form aloud before beginning the session. Participants were informed that their participation was completely voluntary and that they may feel free to withdraw at any time. They were also informed that the focus groups would be digitally audio recorded for data analysis purposes. Due to the personal nature of many of the questions, participants were informed that their information would be kept confidential. The focus group moderator’s guide consisted of open-ended questions, and participants were asked questions about various topics such as meeting potential partners, parties, alcohol, dating, sex, bystander behavior, sexual communication, and consent. Following each focus group, participants were compensated $25 for their time. The moderator’s guide is provided in the appendix.

**Analysis**

As a research assistant on the *RealConsent* study, I first transcribed all 6 of the focus group recordings. After the data were transcribed, I created a codebook, which was edited and later approved by the Principal Investigator (PI) and Project Director. Transcripts were uploaded into Nvivo for thematic analysis. A team of 3 interns and I coded the data in Nvivo using the codebook. We met to compare and review codes for agreement and developed a codebook for data analysis. If we discovered new codes during coding, we discussed the additional codes and added them to the codebook with approval from the PI. Once this process was done, I calculated percent agreements to assess inter-rater reliability in Nvivo between all coders.
**Results**

There was a very high inter-rater reliability amongst all team members coding the transcriptions in Nvivo. There were 6 pairs of percentage agreements, which ranged from 97.75% to 99.51% with an average percent agreement of 98.70%. NVivo software was used to facilitate a thematic analysis. The themes developed were normative beliefs about consent, alcohol and its influence on consent, barriers to intervention, facilitators to intervention, ways to intervene, and safety and prevention methods.

**Normative Beliefs About Consent for Sex**

This theme refers to the normative views around consent in most college communities. Research shows that men often assume if it’s not a “no,” it’s a “yes” (Zinzow & Thompson, 2019). In one study 68% of male students engaged in sexual coercion and assault. Many of these students were repeat offenders but did not understand that they were committing assault at the time (Zinzow & Thompson, 2019). The subthemes present in this theme are Implied Consent, Male Stigma, and Sexual Coercion.

**Implied Consent**

Participants in five of the focus groups mentioned that many people don’t truly understand the concept of consent, especially men. Participants discussed that consent is often implied instead of discussed:

P 1: I really don’t feel like guys get it enough. Like, even if you do want to do something, they never ask. I feel like that’s not really something most guys do. It doesn’t have to be “will you have sex with me,” but just saying like “is this okay? Are you okay? Is this good?” Anything like that. They just go for it.
P 2: Yeah, until you say stop.

Participants also mentioned that consent was often implied with people that have already had sexual relations or are in a relationship. There was mixed feedback in the focus groups about this. Some believe that their partners get a “hall pass” when it comes to sex, while others believe consent should be received every time. One participant discussed how there are rules and boundaries in her relationship to ensure that it is consensual, especially when they have been drinking:

My boyfriend and I know how drunk one another can be. So we’ll either consent before getting drunk so the next day we know it was fine, but there comes a point where… like sometimes for me I’ll get very drunk to where I don’t even remember what happened the next day. I don’t want either of us having that “why did I do that” guilt the next day.

Male stigma

Participants in one focus group mentioned the stigma around men needing to give consent for sex as well. Participants discussed that there is a stereotype with men that they are always supposed to want sex, and that there’s something wrong with them if they don’t want it. Another participant in this focus group mentioned:

There could be more men being affected by that [sexual assaults] but they’re not willing to say anything because there’s that whole stigma of ‘oh you had sex though, you should be happy about that. Good for you.

Sexual Coercion
Sexual coercion was brought up in two of the focus groups. Women may feel obliged to engage in sexual intercourse due to fear of the consequences of saying no:

P 1: Maybe she’s afraid of him physically, or maybe she could be afraid of how he would view her if she said no.

P 2: And I feel like a lot of girls feel like they’ll lose someone if they say no, like they’ll lose their boyfriend or the person their seeing.

Sexual coercion can happen in relationships as well. One student spoke out about someone she knew that was coerced into having sex to avoid arguments and relationship tension:

P 1: This particular time she may not have wanted to do anything, but she was like I don’t want to get into an argument, which I feel like is just as bad. Even if you’re in a relationship but you feel pressured to have sex because you don’t want to argue, I just think that’s bad.

**Alcohol and its Influence on Consent**

Alcohol was a common theme that was brought up in focus groups with regard to sex and consent. Because alcohol impairs cognition, it becomes harder to convey consent to another person, or to determine that a partner has consented to sex (Abroms, 2003). The subthemes that emerged within this theme include Alcohol, Giving and Receiving Consent While Intoxicated, Alcohol Use Limits, and Drinking on Dates.

**Alcohol**

The theme of alcohol as a facilitator for sex emerged in all 6 focus groups. It was very common that participants mentioned guys trying to buy them alcohol to help them “loosen up.”
Participants perceived that guys often try to get women drunk on purpose to take advantage of them. Participants also mentioned that offering women alcohol is often a way they get them into a private space such as a bedroom:

We were at a [university name] party, and a group of guys that were very, very drunk came up to myself and a group of people, and they had a handle of alcohol and they were like ‘do you wanna come drink some of this with us?’ and then led some of the girls to try to get them to come upstairs where there weren’t any guys allowed….maybe that’s a way that some people lure in women if they don’t have someone to stop them.

**Giving and Receiving Consent While Intoxicated**

At least one person from five of the focus groups mentioned that consent cannot be given when that person is intoxicated. Participants mention that when you’re under the influence your “sense of everything is skewed,” and that you may not make the decision you would’ve made when sober:

P 1: Personally, if it were me, I wouldn’t want to have sex with somebody when they’re intoxicated, and I wouldn’t want anybody to have sex with me if I were intoxicated. I just think when you’re intoxicated you’re not able to give consent…. You’re not, at all.

P 2: I think your sense of everything is skewed, so you might not feel the same way if you weren’t drunk. So I wouldn’t trust it.

Other participants feel that the initiator is in charge of receiving consent:
I think the person who is not the initiator is the one who has to kind of consent more, because by being pursued it’s not like their actively seeking something out or trying to make it happen, but I do think that both people should at least have some conversation beforehand where there’s some discussion about guidelines.

Another popular theme that emerged in five of the focus groups was that both parties are responsible for getting consent, not just the female. One participant mentioned that men’s consent is often assumed although it is not always given. She mentions that men may not feel comfortable saying no to sex because of the stigma surrounding hypermasculinity:

I feel like at that point both parties should be responsible… like they should both be asking, because there are cases of both… like guys not giving consent, and the girl is just assuming it. And then there’s this whole stigma around guys getting raped where it’s like that’s not possible or girls can’t really do that. And that really affects guys too because if that does happen to them they can’t really... they don’t feel comfortable coming forward.

**Alcohol Use Limits**

Though there is a theme that consent cannot be given while inebriated, participants in four focus groups expressed that people can give consent after drinking. Participants suggest that if people “know their limits” and are beneath the threshold of being “too drunk” than consent can still be obtained:

I think that boils down to every person reacts differently to alcohol, and every person has a different threshold, and every person has a different kind of level of
cognition where they’re okay with making decisions. But I think it’s better when both parties give permission, particularly when alcohol is involved.

Participants also suggested that pacing yourself was a good way to stay under their limit. This was brought up in four focus groups:

Space it [your drinks] out a little bit too. I’d say don’t drink a lot in like 10 minutes. You’ll be like “oh I’m fine” because all of it hasn’t hit you yet.

**Drinking on Dates**

Participants in all six focus groups mentioned how they often monitor their alcohol intake when hanging out or going on a date with a guy in fear of being taken advantage of:

So yes, when he bought me a drink, I made sure I kept eyes on that drink because I’d heard of all these stories, and they were scaring me (giggling). I was drinking it all slowly (giggling), I was just paranoid. Whenever I felt a little buzz I was like I’m sorry this is a few dollars wasted, but I can’t drink anymore

**Barriers to Intervention**

Having a lack of risk perception, fear of consequences, toxic masculinity, alcohol and alcohol myopia, and not knowing the potential victim were emphasized in the focus groups as barriers to bystander intervention.

**Lack of risk perception**

The lack of perceiving a situation as risky or noticing it at all was brought up in all six focus groups. The first step of bystander intervention is recognizing a situation to be...
intervention appropriate. If people fail to deem a situation is intervention-worthy due to alcohol myopia or other factors, they will not intervene. Participants claimed that they often overlook these situations when they are out and do not notice when people need help:

- It’s also just kinda scary because a lot of times people won’t notice when something like this is happening to someone. Like if there’s a girl that gets separated from her friends, or is for some reason alone, and is falling asleep or something… or maybe doing something erratic. It’s pretty easy for a guy to like, taking the girl away if the people around you don’t know what’s going on, or just aren’t paying attention.

**Fear of consequences**

The theme of students not intervening because they fear the consequences was very prominent. Participants in every focus group mentioned the fear of judgement when discussing barriers to intervention. Students often fear the social consequences of their peers disagreeing with their decision to intervene:

- Somebody will still be like “you shouldn’t have done that,” and then somebody else will be like “that was totally your place to say something.”

College students learn very early how to behave in a way that is “acceptable” to the university norms. Though norms vary per school, they are mostly the same. People are supposed to “go with the flow and not disturb the fun.” Participants in three focus groups talk about not wanting to ruin their reputation by speaking out against a potential perpetrator:
P 1: Girls are socialized to be polite and quiet and not make problems. And I think especially in a college dynamic where there are a lot of people that want to be cool and not have a problem, and if everyone’s doing something and nobody else is having any sort of problem with it, especially at the beginning of college, there’s social pressure for people to just be one of the fun people.

I 1: Mmm hmm

P 5: And you also don’t want to start with a bad reputation because of it.

Participants in two focus groups mentioned that students will sometimes avoid intervening in situations with alcohol in fear that they will be punished for drinking underage:

Not this past summer but the summer before, I know someone who was just left in the hallway with alcohol poisoning because everyone was scared to call the police because there was no Good Samaritan law or Amnesty law…

Toxic Masculinity

Another layer of the fear of the social consequences intervening may cause is toxic masculinity. This is described as the traditional cultural masculine norms that can be harmful to men, women, and society overall (Parent et al., 2019). There is a pressure for males not to intervene with other men, often leading to a code of silence that keeps men quiet. Participants referred to the word “cock block” as a common term used to degrade men that somehow impeded on another male having sex:
P 1: If they’re friends, or have some sort of social respect, or are part of a larger group of guys, they would cheer them on rather than stopping it just because of the social pressure of be so pro sex and being masculine and manly.

P 2: Or even if they’re not cheering them on they just don’t want to be that person to interrupt it because it’s just not a good look in front of friends.

Toxic masculinity can also come in the form of lack of empathy for victims. Often men blame women for things like drinking too much or being dressed inappropriately rather the accepting the fault of the perpetrator. A participant recalls a situation from class where she saw this firsthand:

The professor gave a hypothetical that there’s a girl walking home at 2am back to her dorm by herself, and she’s wearing scandalous clothes because she was at a party, and she’s really drunk. She gets assaulted, was it her fault? Or does it matter what she was wearing was the question. And like only myself and 5 other people in a class of like 45 said it doesn’t matter what she’s wearing… and all the people that said it didn’t matter were girls.

As stated earlier, toxic masculinity is not only harmful to females, but males as well. This culture of being overly masculine can make men that may not match up to those standards feel inadequate, therefore negatively affecting them mentally, emotionally, and physically (Gervais et al., 2014).

P 3: There was an assembly at my school where boys and girls were separated to talk about this sort of thing, and the one guy who stood up and talked about a male rape got laughed at and ridiculed by the rest of the guys.
Alcohol as a Barrier and Alcohol Myopia

Alcohol can often be used to excuse the behavior of perpetrators as well as to blame victims. Research shows that people commonly place blame on victims if they had been drinking prior to their assault; this is especially prominent in males (Stepanova & Brown, 2017):

There’s always going to be that person that’s like ‘well you drank too much so it’s your fault. You didn’t say no so it’s your fault.’ They’re always placing the blame all on the victim.

The concept of Alcohol Myopia was mentioned in all six focus groups. Although they never used that term, participants frequently brought up the idea that alcohol makes them less aware of their environment, which is consistent with alcohol myopia theory because findings suggest that alcohol-facilitated inattentional blindness reduces the likelihood that intoxicated bystanders notice seemingly obvious perpetrator behavior (Leone et al., 2018):

I 1: When you are drunk do you notice the difference in how you assess a dangerous situation?

P 1: Yeah, I feel a lot more brave, but I also feel like I don’t notice as much when I’m drinking. Sober I feel like I’m more aware of other people outside myself, I guess. When I am drinking I guess I don’t really notice as much outside of who I’m hanging out with.

Alcohol does not only influence a bystander’s ability to notice a potential harmful situation, but it also influences a potential victim from being able to stand up for themselves, as well as draw attention to themselves so that bystanders can help them. One participant explains that
bystanders would be more likely to intervene if they verbally heard someone resisting, but it is much harder to recognize when they are intoxicated:

I think that when girls are pretty sober or are able to say ‘no’ and trying to push the guy away then I think most people would step in. It’s just when the girl isn’t really able to make that decision, or isn’t really saying anything because she’s too drunk, less people are willing to step in.

Not knowing the person

In all 6 focus groups there was a theme of feeling less inclined to intervene when they didn’t know either party involved. Participants stated that they felt it was not “their business” to get involved with strangers, or that it made them uncomfortable to intervene with people they didn’t know. Friends often know each other’s cues to intervene, but this can be confusing for strangers, especially when alcohol is involved (McMahon, 2017). One participant discussed being nervous about intervening because she was unsure whether the stranger was uncomfortable:

I was thinking about going up there, but I didn’t know her well enough to know if that face was discomfort or if it was just a new thing for her.

Another layer to not knowing the potential victim, is not knowing the relationship between the aggressor and potential perpetrator. Students explained their confusion with not knowing if the male involved is a boyfriend, dating partner, or a complete stranger:

We just felt like it wasn’t our place to say anything. We have no idea what their relationship is. The only thing we could tell was she was drunk out of her mind. Part of me thinks that if I saw that going down I’d definitely say something, but there’s so many factors that give you excuses why you shouldn’t.
Facilitators to Intervention

Having a perceived lack of consequences, a friendship or acquaintanceship with a person at risk, moral obligation, and personal experience were the factors emphasized in the focus groups as facilitators to intervene.

Lack of Negative Consequences for Intervening

Perhaps one of the largest facilitators for bystander intervention is the lack of consequences. Participants in five of the focus groups claimed that they were more likely to help someone in need in a situation where there weren’t any consequences for doing so. For example:

[School name] has that whole amnesty rule where if you are caught drinking they’ll give you help and won’t put it on your record, to make sure we’re not afraid to call. They’ll keep it within the school boundaries so they won’t bring in the police for it. So they make sure if someone is alcohol poisoned we will call and we won’t be afraid about being expelled.

Participants in two focus groups also mentioned how men were more likely to intervene when other men were intervening because they were less likely to face social repercussions. Fearing social consequences is a barrier for bystander intervention, so when men see other men intervening it removes the pressure of feeling like they will be judged or that peers will disagree with their decision to intervene (Oesterle, 2018). For instance, one participant said, “Or if it’s a whole group of guys that step in at once. It’s just rare for a male individual to do something about it.”
Friendship or Acquaintanceship

In all six focus groups participants explained that knowing either the man or women involved made them more likely to intervene. Whether it was someone they recognize from class, or a close friend, knowing them was a significant reason to intervene. One participant explained how social ties often lead to intervention:

I feel like if that’s happening someone would stop it. Especially if it’s at a social or something with your sorority sisters or all his brother, they wouldn’t let you do that. If it’s at a more random event where there’s a lot of people you don’t know then it would be easier for people not to do anything.

Moral Obligation

The moral obligation to do the right or ethical thing came out in three of the focus groups as another facilitating factor for intervening. People often compared strangers to a friend or loved one in order to find compassion for them and feel moral obligation. As one participant stated:

Like if you see a person tripping over themselves just be like ‘hey I don’t know you, but my name is this, you good?’ Just kind of like, pull them away if they’re in a situation that you wouldn’t want your own friend to be in. What makes your friend different than the stranger? Take that stranger out of that situation that they’re in.

Personal Experience
Two focus groups mentioned how personal experiences can be a facilitator to intervention. One participant mentioned how her personal experiences have made her a prosocial bystander:

Like, the second week of school I ended up getting taken advantage of, and it was like I kind of looked up and everyone was gone … Now especially I’ve learned from that experience, and I look out for myself and try to be aware of other people too.

Methods of Intervention

This theme highlights the different ways participants stated that themselves or peers intervene. The 4 D’s of defense are research-based strategies for bystander intervention. The first “D” stands for “direct.” This means bystanders being direct about bystander intervention. The next “D” stands for “distract.” This gives bystanders the option to distract the potential victim, perpetrator, or both. The next “D” is “delegate.” This means reaching out to others for help. Asking for help from his/her friends takes the pressure away from the bystander that may not feel comfortable confronting either directly. The last of the 4 “D’s” is “delay.” Delay means to check in later. For example, someone may not feel confident intervening directly or indirectly during the time of the incident, but can message the person later to check on them. This is still a form of intervening. Bystanders should consider their position in the situation, their own personal safety, weigh the benefits and consequences of intervening, and choose the best method to intervene in order to feel confident, secure, and have favorable perceived self-efficacy (University of Michigan, 2020). Direct intervention and delegating were two methods of bystander intervention that surfaced in the focus groups. The other two strategies in the 4 D’s of bystander intervention such “delay” or “distract” were not mentioned in the focus groups.
Direct Intervention

Participants in three of the focus groups mentioned directly intervening when seeing a stranger in danger:

They [guys at a party] had a handle of alcohol and they were like ‘do you wanna come drink some of this with us?’ and then led some of the girls to try to get them to come upstairs where there weren’t any guys allowed… which I was like you shouldn’t do that… and then they didn’t do that.

Calling someone an Uber came up in two focus groups. One participant spoke about seeing another student in a situation where it appeared that she was about to be taken advantage of. Not only did they separate the two parties involved, but they called an Uber for the girl so that she was able to get home safely:

They were just walking and he claimed he just wanted to get to know her, but it was very clear that there were bad intentions. Thankfully there were several people who saw it happen, and were able to separate them and get the girl an Uber, and continue on with the night.

Delegating

Participants in three focus groups mentioned that when they don’t know either party involved in an intervention-worthy situation, they delegate to friends who know one of the parties involved. This approach still allows them to intervene. Delegating the responsibility or asking for help is still a form of intervention.
I feel like I’ve been to Frats [fraternity parties] where you see 2 people going at it like that, and I’ll just ask someone. There has to be someone there that I know that knows them. The one time I asked they were like “that’s just them, they always do stuff like this when they’re out, don’t worry about it,” so I guess sometimes you should do something and sometimes it’s just them.

**Safety and Prevention Methods**

This theme discusses ways participants keep themselves and others safe while out. The subthemes that surfaced from this theme were Sticking together, Group Messaging and Sharing Locations, Understanding Alcohol’s Influence, Finding Trusted Friends, Self-Defense, and Safety Codes.

**Sticking together**

The subtheme of sticking together during a night out was brought up in all six focus groups. Participants often mentioned that “if you come together you leave together,” to ensure the safety of themselves and their friends:

With hooking up situations, if you’re out with your friends and you meet a guy, at least in my friend group it’s not okay to leave with that guy. You’re leaving with us, and if you want to hook up with him you get his number, text him, and that’s another scenario, and another night, but we’re going to leave the club together.

Students from one focus group explain that they let each other know ahead of time if they plan to leave a social outing with a guy or someone that they did not come with to ensure that it is an informed decision and not impulsive:
Yeah, like sometimes a friend might just tell you “no I actually do want to leave with this person” and that’s fine, because they’re telling you. I literally make them repeat it like 20 times to make sure they really mean it.

**Group Messaging and Sharing Locations**

Participants from all 6 focus groups mention sharing their location as a means of staying safe and staying connected with friends even when they aren’t together:

P 1: Especially if I’m coming home late because God forbid something happens, my location is always on. Usually at a party when I’m about to leave I’ll text my friends so they’ll know and see me before I leave.

P 2: Yeah. And typically I’ll use it with my roommate, and if she’s not back or if I’m not back, then she will call me, and if I don’t pick up she knows where to find me.

Although participants without iPhones do not have the Find My Friends feature, they discussed location-finding apps they used as well as letting friends know in advance who they will be with and where they will be located:

I have an android so I can’t do Find My Friends, but I’ve noticed even if I’ve been dating a guy for a while… like, if I’m going out with him, I'll tell one of my friends or somebody else that I’m going out with this person today. I’ll tell them where we’re going and if I know the address, I’ll tell them that too so at least you can have some record.

**Understanding Alcohol’s Influence**
Students understanding the effects of alcohol and how it can affect cognition allows them to make safer decisions for themselves and friends. Participants in five of the focus groups discussed designating someone not to drink or to drink less than everyone else to watch over the other group members to stay safe:

When I’m with a group of people that do [drink] we’re just like okay someone needs to not have that much to drink so they can know what’s going on and watch over the others.

When drinking on a date or when hanging out with guys, participants stated that they were very careful with drinking and made sure not to get too inebriated in order to still be able to control themselves in the situation:

I remember this one time I was out on a date and we went to a club. I’d known that person for a little bit but it wasn’t enough for me to feel totally safe with that person. So yes, when he bought me a drink, I made sure I kept eyes on that drink because I’d heard of all these stories, and they were scaring me (giggling). I was drinking it all slowly (giggling), I was just paranoid. Whenever I felt a little buzz I was like I’m sorry this is a few dollars wasted, but I can’t drink anymore. It’s just the person and the setting you’re in, and you just have to know when to stop yourself.

Understanding alcohol’s influence also means understanding the risk of accepting drinks that participants did not make themselves. Participants from three focus groups mention that they avoid communal punches at parties, specifically fraternity parties. One
participant advised, “Don’t drink from communal punch bowls, or anything not in an individual container.”

Finding Trusted Friends

For many people, starting college means starting fresh and making new friends. Participants in three focus groups claim a safety strategy they use is not drinking when going out with new friends so that they’re able to look out for themselves, as well as seeing how new friends behave and if they can be trusted:

When you first meet somebody, like a friend group, and you’re trying to feel them out, don’t do anything risky. Don’t drink with them. You can drink any other night, but that night don’t get drunk, just watch how they behave.

Another reason the participants stated that finding trusted friends is important is because students that didn’t drink in high school may want to figure out their tolerances with friends before drinking in a more social setting. Participants in four focus groups mentioned drinking with trusted friends in a safe setting to get familiar with personal tolerances. This gives students that plan to drink the opportunity to understand their alcohol use limits so that they’re able to monitor their drinking when they go out:

Maybe have a night with some trusted friends, and just drink together to see at what point you don’t really know how to act. See if like, at 7 shots, you’re like ‘okay I know I can’t really do anything,’ and remember that number. At 7 shots do not have any more to drink at any party. It doesn’t matter if someone brings you a drink or anything, it’s like no, after 7 shots I’m done.

Self Defense
Students in two focus groups mentioned their interest in learning self-defense skills to make them feel more comfortable and safer on campus. They stated that some of their schools provide self-defense courses at their recreation centers of PE classes, but that they were very quick to fill up. One participant said, “I wish there were more [self-defense classes]. There’s one women’s self-defense PE class here, and it’s always filled up.”

Safety codes

Participants used safety codes to discretely get help in a situation. Safety codes can be anything that people use to let trusted friends or family members know that they are safe or unsafe when they aren’t around. These can be a code word or something more creative like the participant below. This focus group participant uses capital letters at the start of each word when she texts as an indication that she is safe. When she doesn’t, loved ones know that either someone else is texting from her phone and/ or she needs help.

Okay so with me, everybody knows I type with caps [capital letters]. Every word starts with caps for me. So when someone else has my phone, they’ll know that’s not me because I always type like that regardless. All my close friends know I type like that.

Discussion

Based on the results from the focus group analysis, normative beliefs about consent, alcohol and its influence on consent, barriers to intervention, facilitators to intervention, ways to intervene, and safety and prevention methods were the most prevalent themes in regards to my research questions. The themes “normative beliefs about consent” and “alcohol and its influence on consent” both discuss how outside influences like social norms and alcohol consumption have
an immense impact on sexual communication and how consent is conveyed. Having a lack of risk perception, fearing of potential consequences, toxic masculinity, alcohol and alcohol myopia, and not knowing the potential victim were all subthemes of the barriers to bystander intervention theme. These subthemes explain what factors impede students from intervening and can inform researchers on what areas we need to overcome and reinforce in future programs. Having a perceived lack of consequences, a friendship or acquaintanceship with a person at risk, moral obligation, and personal experience were the factors emphasized in the focus groups as facilitators to intervene. These facilitators should be reinforced in future programs. The methods of intervention theme highlighted that the most common ways to intervene were direct intervention and delegation. Other intervention methods such as delay or distract from the 4 D’s of Defense model should also be emphasized in future programs to allow bystanders to have as many intervention options as possible in order to feel confident, secure, and have favorable perceived self-efficacy for intervention. Lastly, the safety and prevention strategies theme discuss strategies that college women can use to keep themselves and others safe while out. The subthemes that surfaced from this theme were sticking together, group messaging and sharing locations, understanding alcohol’s influence, finding trusted friends, self-defense, and safety codes emphasize the importance of having a plan in order to stay safe and prevent victimization.

**Theoretical Implications**

I used the Social Cognitive Theory (SCT) as a guiding framework for this study. This theoretical framework is commonly used in public health and other fields to explain behavior. SCT introduces the idea of reciprocal determinism, which considers the dynamic interaction between the individual, environment, and behavior (Bandura, 1986). In these ways,
SCT can be applied to better understand how behavioral changes occur in relation to personal and environmental factors (Bandura, 1986).

Individual factors are those that are unique to every person. Examples of themes and subthemes that are individual factors are friendship/acquaintanceship, moral obligation, personal experience, and safety and prevention methods. According to participants, knowing someone makes students more likely to intervene. No matter if it is your friend or someone you’ve seen around on campus, when it is someone familiar you may feel more inclined to help (Liebst et al., 2019). Moral obligation is an individual factor because everyone’s set of values is different for everyone and is typically based on a person’s upbringing (McMahon et al., 2013). Personal experience, such as having experienced an assault or knowing someone that has experienced an assault, is also an individual factor. Participants stated that they feel more empathy for women and are more likely to intervene when they’ve seen the negative effects of assault first or second hand (Griffin et al., 2013). Lastly, safety and prevention methods. These are individual factors because they are often influenced by an individual’s past experiences, as well as their friends.

In the context of SCT, environmental factors are aspects of the environment or setting that influence the individual’s ability to complete a behavior (Bandura, 1986). Examples of themes and subthemes that are environmental factors are normative beliefs about consent, toxic masculinity, fear of consequences, and lack of consequences. According to participants, the normative beliefs that cause people to imply consent and/or coerce sex stem from a societal understanding that sexual communication and verbal consent are not necessary. This is amplified on college campuses due to a norm of casual sexual relationships. Toxic masculinity is an environmental factor as well. These traditional cultural masculine norms are enforced on an environmental level, and can be harmful to men, women, and society overall (Parent et al.,
Lastly, not intervening due to fearing consequences from peers or intervening because of a lack of consequences are both environmental factors because they are influenced by those around you.

Alcohol is a factor that influences behavior on both an individual and environmental level. On an individual level, alcohol influences cognition by lowering inhibitions, decreasing internal and external cues, as well as increasing sexual and aggressive behavior. Every individual has different alcohol use limits and thresholds, therefore affecting everyone differently. The concept of alcohol myopia and not focusing on less salient cues is an individual factor that often effects risk perception. Alcohol can also be an environmental factor. According to participants, it is often an excuse for people to perpetrate because they feel that aggressive behavior is normalized in social settings with alcohol, especially in college. People are also more likely to blame victims that drank alcohol prior to their assault (Zelin et al., 2019). “He was drunk” is often used to excuse male behavior, while “she was drunk” is used to put blame on a victim for being too intoxicated to control what was happening to them. Understanding reciprocal determinism and the dynamic relationship between the triad of an individual, their environment, and their behavior is key in order to change behavior.

Public Health Implications

The research from this study can be used to develop, adapt, inform, and tailor sexual violence prevention and bystander intervention programs to meet the needs of female college students. The themes found during the analysis highlight and reinforce the facilitators to intervene as well as implicating the barriers that future programs should focus on overcoming. Because we used qualitative data, this analysis is very explicit on the needs of the population at
hand. These results can be used to tailor future programs and show researchers how students truly feel about this subject matter.

This data also highlights the need for a larger focus on bystander intervention when looking to decrease victimization. The data used for this study was collected from Dr. Salazar’s RealConsent program. This gender-based program was designed to decrease perpetration and victimization as well as increase prosocial bystander behaviors. This program was informed by the focus groups data used for this study, and therefore has content that most sexual violence prevention programs lack, such as also tangible skills and tips and self-defense techniques. Tangible tips to encourage safe alcohol use, such as “pace yourself while drinking” rather than telling students not to drink at all can be very helpful, and our focus group participants mentioned the need to address this in programming.

Because the impact of bystander programs decreases with time, these programs should be supplemented by mass media or social media public service announcements (PSAs) to promote bystander intervention year-round. An example of this is Dr. Schipani-McLaughlin’s Be A Watch Dawg program that took place at a major University in Southeastern region and was created to increase prosocial bystander behaviors on a major University in Southeastern region. Campaigns such as these can cater messaging based on these results and enforce relevant themes.

Limitations

While this study adds valuable information on bystander intervention to the current body of research on sexual violence, there are some limitations to this study. Firstly, there are a few factors that make this study lack generalizability. Though the universities used for focus groups
were diverse in nature, our sample was recruited from 3 school in the same state. Because of this, findings may not be generalizable to the rest of the United States. There is a need for more national studies with different types of colleges in urban and rural environments in order to fully understand institutional and contextual differences. Also, because we used a purposive sample instead of a random sample our study could lack representation. The data collected in our focus groups could be an underrepresentation or overrepresentation based on who chose to participate.

Another limitation was experimenter bias. I used themes such as “male stigma” that had not reached saturation in the focus groups because I felt that they were relevant to my study purpose and research questions. We were also unable to calculate the kappa statistic due to an error during the analysis, but the percentage agreement was calculated instead, a comparable though less rigorous form of testing inter rater reliability.

**Concluding Summary**

In conclusion, this study provided more context on how college women, a population at high risk for sexual assault, perceive facilitators and barriers to intervening. Understanding the factors that helps or hinders intervening can aid in creating, adapting, and informing bystander intervention programs, increasing prosocial behaviors on college campuses, and slowly but surely putting a halt to the silent epidemic of sexual assault.
Appendix

Appendix A.1.

MODERATOR’S GUIDE FOR PHASE I FOCUS GROUPS
**Facilitator Tips**

1. Be sensitive to participants’ feelings and keep an eye on the overall vibe of the group.
2. Be on the lookout for conversation hijackers and redirect the conversation to the full group when it becomes necessary.
3. Keep an ear out for disrespectful comments, address, and redirect the conversation when it becomes necessary.
4. Ask for additional examples (personal or “friend”) until you feel you have reached saturation.
5. Try to incorporate the contextual details participants have previously mentioned into follow-up questions and probes.
6. Avoid getting stuck on one particular part of the interview guide. Don’t rush the conversation if you are getting good information, but if participants are stalling out unproductively on a particular topic, find a respectful way to push the conversation forward.
7. Avoid getting hung up on arguments about rape laws and policies.
8. If it comes up, always validate the difference between regretted sex and rape; but avoid getting hung up on the topic of false accusation.
9. Make sure that the participants don’t talk over each other and respond to our questions one at a time. (if they do talk over each other, important discussion may be lost since transcription may lose it if more than one voice is heard.)
Introduction

Our names are (FACILITATOR 1) and (FACILITATOR 2) from GSU and we are going to be asking you questions about your experiences with men and/or a romantic partner as well as your experiences in observing other young women interact with men or a romantic partner and how these interactions may create unwanted sexual experiences. Most of these occurrences happen between men and women. We acknowledge that this focus group may be diverse in terms of sexual orientation, but we want to emphasize that we are interested in being inclusive and getting everyone’s opinion on the topic. So, although most of the questions are about how women interact with men, but please feel free to answer in terms of your own personal experiences as it will help us tremendously with this research.

During our session, we will be asking questions to the group, all group members will have the opportunity to respond to these questions. You can also respond to questions presented by other group members. All responses will remain confidential, that means no one outside of the group will know exactly what you said during the session. There are some ground rules necessary for this to be a successful experience. For example, try not to interrupt when someone else is talking; do not make derogatory comments about someone in the group; do not make fun of anyone’s comments; cell phones must be turned off; if you are uncomfortable with a question, you are always free to not answer or participate. Some of these questions may be considered personal, but all your answers will remain confidential. Out of respect for your fellow participants, we ask that you agree to refrain from discussing the information shared today anywhere, or with anyone outside of this room. (“What happens in Focus Group stays in Focus Group”). Please demonstrate your commitment to maintaining this confidentiality by raising your hand.
I. Determining relevant situations in which college women meet guys, what their intentions are, and how general interest is communicated.

A. Preliminary Questions

We are interested in finding out where you meet guys or someone with whom are interested in, what you want out of meeting guys or meeting a potential partner (relationship, “hook-up”, sex, friends with benefits), and where you “hook-up” or have sex.

- Where do college women meet guys or someone with whom they may want to party, on and off campus? bars, parties, Greek Houses, class, coffee shops, student center, rec center, online (e.g. Facebook)

- At these places, how do guys approach girls (pick up lines, wing-man, start a normal conversation, offer to buy her a drink)?

- At these places, how do women approach guys (send the guy a drink, start a normal conversation, wing-girl)?
II. Determining how sexual interest is communicated in a social situation where sexual encounters may occur and identifying contextual factors that relate to encounter locations.

A. Scenarios

- Let’s say you are driving home from a first date with a guy, and he says he is not in the mood to go to a bar or party and would like to go to his place and watch a movie with you.

- Let’s say you are at (LOCATION) hanging out with a guy you just met there. You are both drinking and hanging out. He asks (or agrees) to go with you to (LIVING SITUATION) or invites you to his place.

Follow-Up Probe Questions

- What does this mean to you? Does this mean he wants sex? What if he does really just want sex?
- How would you respond?
- What factors (e.g., how well you know the guy, if you have been drinking, etc.) would change on how you would respond?
III. Determining how sexual interest is communicated in a private situation understanding perceptions of consent.

A. Scenarios

- Let’s say you are on a date with a guy. The two of you go back to his place or yours and start to make out.
- Let’s say you are on a date with a guy. Both of you have been drinking and having a great time. You go back to his place or yours and make out.
- Let’s say you just met a guy at (LOCATION). Both of you have been drinking and hanging out. You go back to his place or yours and start to make out.

Follow-Up Probe Questions

- What are the signals (verbal and non-verbal) you give for sex and what do they mean to you?
- What do guys do or say that might confuse you about their intentions?
- What if you know that he is carrying a condom?
- How do you show that you want to go further (including have sex)?
- What are the signals (verbal and non-verbal) you give to provide consent? What do you say or do? Do you make statements

IV. Understanding perceptions of consent.

A. Preliminary Question: Meaning of Consent

- A lot of college campuses have policies about informed consent as it relates to sex, what does “consent for sex” mean to you?
- Do you view consent as a one shot deal, or an ongoing process? Tell us about the consent process.
- Does consenting to kiss imply consenting to touch and etc
- How is consent between individuals given?
- Vary on boyfriend/relationship, one night stand, hook-up, etc.
- How is consent given based on your perception of the guy? (if not answered in 3rd bullet)

B. Scenarios

- Let’s say you are on a date with a guy. The two of you go back to his place or yours and start to make out.
- Let’s say you just met a guy at (LOCATION). You go back to his place or yours and start to make out.

C. Facilitator Notes

Vary the scenarios based on the following
- Who initiates (Note: Be sure to include situations where it is unclear)
- How “far” they have already gone
- Women’s INTENTION with the guy
- Women’s PERCEPTION of the guy (sleazy, gentleman, macho-man, aggressive)
D. Follow-Up Probe Questions

- Who is responsible for communication/consent? Is it the girl, the guy, both?
- What does this mean? (what does initiation mean?)
- What if things continue to intensify, but you aren’t really saying anything? What does this mean to you?
  - Is there any point where someone is incapable of giving consent? When do you think this might occur?
  - Could you recognize when this is the case? If you have been drinking, do you think you are capable of recognizing that you can’t give consent? Are you aware of the signals that you are giving?
- If your friend has been drinking, do you think she would be capable of recognizing that she cannot give consent?
- How far do you go with a guy if you’ve been drinking? (How does this change depending on how drunk you are? Specify levels of drunkeness)
V. Identifying various scenarios in which they might reach out to someone in their network and perceived benefits and barriers to using Circle of 6 or to asking for assistance.

For some young, college freshmen who are new to college and dating or hooking up, it might help them to be safer from experiencing an unwanted sexual incident or sexual assault if they had a way to create a special network of friends or adults who could provide them with help if they needed it.

A. PROBES:
What are your thoughts about creating a network defense circle who could help?
Do you think it is a good idea? Why or why not?
What are some risky situations that could happen where it would be helpful to be able to contact someone easily who could provide quick assistance?
What are some reasons why you think its not a good idea?
Have any of you heard of the phone app called Circle of 6?

Describe Circle of 6 app:
“With Circle of 6 you have a new way to connect with your most trusted friends – to stay close, stay safe and prevent violence before it happens! It’s the mobile way to look out for your friends – on campus or when you’re out for the night. Circle of 6 lets you choose six trusted friends to add to your circle. If you get into an uncomfortable or risky situation, use Circle of 6 to automatically send your circle a pre-programmed SMS alert message, with your exact location. It’s quick. It’s discreet. Two taps on your iPhone is all it takes. Circle of 6 can foster the formation of groups based on trust, and connect users with organizations who have made violence prevention their mission.

B. Scenarios

- You’re out late and you lose track of your friends.
- You’re on a date that starts to get uncomfortable. You need a polite way to excuse yourself.
- You’re seeing someone new, but you have some doubts about how things are going.
- You are in a critical situation where you think you are in danger of being sexually assaulted

A. PROBES:
Would you use the Circle of 6 to send your circle a “come and get me” message if you had it on your phone? Why or why not?
Are you OK with sending out a map using GPS to show your precise location if you could? Why or why not?

- Identify barriers to creating a supportive network that can be tapped into for help in a risky situation
- Learn strategies and techniques to resist unwanted sexual activities and for effective self-defense
- Build self-efficacy to engage in resistance strategies and self-defense techniques
VI. Normative beliefs regarding alcohol and sexual behavior

1. Let’s say you are on a date or party…do you usually drink? If so, what are some of the reasons that you drink? 
   **Probe:** Does it help you loosen up socially? Does it make you feel more comfortable with a guy?

2. Let’s say you are on a date with a guy you really like, and he pays for everything during your date or dates, do you feel like you owe him? 
   **Probe:** do you feel like you should kiss him, make out or have sex? Do you feel bad if you don’t give him “something back”?

3. Who should be the “initiator”? Who is responsible for getting/giving consent?

4. What does it mean when a woman touches a man’s genitals? Or when a women let’s a guy touch her genitals? Or gives or receives oral sex? Is this consent for sex?

- Increase understanding of how alcohol (and especially heavy alcohol use) is a situational risk factor for sexual assault
- Learn to identify situations that involve alcohol consumption and require help from network members
- Increase understanding of how alcohol alters men and women’s behavior and reduces women’s perceptions of risk
- Learn how alcohol affects cognitive abilities; learn how alcohol can influence informed consent
- Learn how to identify risky situations for a sexual assault and to identify good decision-making strategies when at a party or bar and how to cope with peer pressure to consume alcohol
VII. Level of comfort with sexual assertiveness

Let’s say you just met a guy at (LOCATION). You go back to his place or yours and start to make out. Things get hot and heavy and both parties are undressing each other. Suddenly, you say, “I can’t do this, let’s stop”. (no alcohol)

- How do you feel about this? (get at reactions: guilty, fearful, confident)
- In this situation, what would you want to do or say?
- In this situation, what would you actually do or say?
- How does this change if you have been drinking?

- Identify barriers to effective communication with a male partner
- Learn strategies for overcoming communication barriers and enhance communication skills
- Build self-efficacy to engage in communication in general and in situations involving bystander intervention
- Emphasize consequences of making good choices surrounding bystander intervention and sexual behavior
  Learn assertive communication for intervening and for articulating sexual boundaries, wants, and need
Closing

Thank you very much for your participation today. We appreciate the information you have provided and your willingness to share so openly with us and the rest of the group. Please remember the agreement you made to refrain from discussing the information shared today anywhere, or with anyone outside of this room. (“What happens in Focus Group stays in Focus Group”). At this time, we’d like to ask you to re-affirm your commitment to maintaining this confidentiality by raising your hand.


DG Kilpatrick, CN Edumuds, AK Seymour. Rape in America: A Report to the Nation.
Arlington, VA: National Victim Center and Medical University of South Carolina (1992).


Fisher S., Bonnie et al., Reporting Sexual Assault and the Clery Act: Situating Findings from the National Campus Sexual Assault Policy Study Within College Women’s Experiences, in Campus Crime 63, 67 (3d ed., 2013) (noting only thirty-seven percent of colleges fully complied with the Clery Act).


