

12-2022

Female Adults' Experiences of Sexual Harassment and Assault in the Presence of Others: A Qualitative Analysis of the Effectiveness and Consequences of Bystander Intervention Strategies

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Female Adults' Experiences of Sexual Harassment and Assault in the Presence of Others: A Qualitative Analysis of the Effectiveness and Consequences of Bystander Intervention Strategies

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts in Psychology

by

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University of South Carolina
Bachelor of Science in Experimental Psychology, 2018

December 2022
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The thesis is approved for recommendation to the Graduate Council.

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Abstract

Bystander intervention programs aim to reduce the acceptance of violence against women by fostering prosocial behavior from community members, and often provide knowledge on behaviors associated with sexual risk and ways a bystander can intervene. However, there is limited knowledge on which intervention strategies are used, and how these interventions impact perpetrator behavior and incidence of verbal and physical harm to those involved. There is even less research on these phenomena from the perspective of the victim. To address these gaps, the current study utilized a qualitative approach to (1) identify bystander intervention strategies employed; (2) discuss trends of the presence of certain strategies as it relates to the perpetrator's behavior being unchanged, paused, or stopped towards the victim at the event-level; and (3) examine general trends between the presence of strategies and verbal and physical harm from the perspective of the victimized individual. Adult women between the ages of 18 to 30 ($N = 25$, college student = 80%) were interviewed about their experiences of bystander intervention during an unwanted sexual interaction since the age of 16 years old. Results suggested that: (1) distance, direct, distract, delegate, and proximity strategies were identified by victims of sexual harassment and assault; (2) distance or direct strategies were most frequently present when the perpetrator's behavior was stopped towards the victim at the event-level; (3) the incidence rate of verbal and physical harm, though low, occurred more frequently when a direct or distance strategy was involved. Because distance and direct strategies most frequently mentioned overall in the stories, further research is needed to disentangle whether these strategies are more effective at thwarting sexual assault or related to harms than other strategies or just employed more often. Future research should attempt to replicate and extend the present findings in a larger and more diverse sample.

Keywords: bystander intervention, sexual assault, qualitative, effectiveness, consequences

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Introduction

Sexual victimization is a widespread phenomenon that impacts many adults and can include a range of behaviors such as sexual penetration through physical force or incapacitation, threat, intimidation, and other forms of unwanted sexual contact (Koss et al., 2007). Given that one in five college women will experience sexual assault or rape at some point in their life (Krebs et al., 2007) and women are especially likely to experience a sexual assault while in college (Martin et al., 2011), research initiatives have been devoted to examining sexual harassment and assault among college students. However, sexual harassment and assault are not exclusive to college students or women. Indeed, a recent study from a nationally representative sample of 893 adults in the United States found similar rates of sexual harassment and assault among college attending and non-college young adults during the ages of 18 to 24, with those currently between the ages of 18 to 29 having higher odds of endorsing both sexual harassment and assault when compared to individuals at or above the age of 30 (Mumford et al., 2020). Further, a review of studies in the United States concluded that individuals who identify as a gender minority are at particular risk of sexual violence (Stotzer, 2009). Importantly, experiencing a sexual assault increases risk for many mental health conditions (e.g., depression, posttraumatic stress, and suicidality; Dworkin et al., 2017). These alarming statistics suggest that there is a need to understand how to prevent sexual assault among young adult women and gender minorities, which can be achieved through bystander intervention.

Overview of Bystander Intervention

Recent efforts have been geared towards creating bystander intervention programs to educate communities on ways to intervene when witnessing sexual or relationship violence, particularly on college campuses (White House Task Force, 2014). Bystander helping behaviors

are often considered prosocial actions that are classified within society or someone's social group as generally helpful to other people (Penner et al., 2005). Bystanders are individuals that witness a harmful or problematic event between other individuals but are not directly involved in the situation (Katz & Moore, 2013), which means that they have a choice to assist in the potentially harmful event and become involved in the situation.

Within the context of sexual assault, there are three time points where a bystander can intervene (McMahon & Banyard, 2012). First, bystanders can intervene in the "pre-assault" or "primary intervention" phase, which is the time point before a sexual assault has taken place. Some example behaviors include attempting to prevent a man from taking an intoxicated woman to his room for the purposes of engaging in sex. Bystanders are most often present during this timepoint (Banyard et al. 2004; Haikalis et al., 2018). Secondly, bystanders can intervene when they witness an ongoing rape, referred to as the "mid-assault" phase (i.e., secondary intervention), which can include a bystander taking actions to help a victim being sexually assaulted. Lastly, bystanders can help a victim after a sexual assault has occurred; for example, by helping them report the incident to the police.

Latané and Darley (1970) outlined a broad decision-making model of bystander intervention for harmful behaviors, which Burn (2009) later applied to sexual assault. In the latter model, bystanders engage in cognitive steps before deciding to intervene, which require bystanders to; a) notice an ongoing event and perceive some level of risk, b) believe that the situation warrants assistance, c) feel a sense of responsibility to help, d) decide on an action to take in the situation, and e) engage in the chosen bystander intervention. For sexual assault in particular, Burn (2009) found that bystanders will not intervene if the bystander does not a) notice an event, b) perceive the event as harmful, c) feel responsible for intervening, d) have the

knowledge of ways to intervene, and/or e) have other bystanders who are responding to help that are also present. Thus, the initial four steps are focused on the internal experience of the bystander while the latter steps are primarily focused on available knowledge about ways to intervene and the implementation of the identified strategy.

Bystander Intervention Strategies for Sexual Assault

Bystander intervention training programs, like the Green Dot (Edwards, 2009), have been created to promote and educate community members on strategies that can be used to intervene in a sexual assault situation. The Green Dot bystander intervention training program identified specific methods that bystanders can use to intervene known as the “three Ds” (Edwards, 2009). These strategies include *direct* methods, such as becoming involved in the situation through attempts to interrupt it, *distract* methods to allow the victim to remove themselves from the interaction, and *delegate* methods in which the person who witnessed the event will send someone else to disrupt the situation. A study conducted by Moschella and colleagues (2018) found that college students who reportedly engaged in bystander actions during a sexual assault used the aforementioned strategies in addition to two new strategies: diffuse and distance. *Diffuse* strategies were defined as attempts to calm down the parties involved, and *distance* strategies were conceptualized as creating physical space between the perpetrator and the victim. Of the 150 participants that reported engaging in bystander intervention, the most used strategies, which often involved more than one strategy, included distance (42.7%), direct (42.0%), distract (26.7%) methods of intervention (Moschella et al., 2018).

Consequences of Bystander Intervention

Few studies have examined the impact of bystander intervention strategies on what happens *after* someone engages in helping behavior as it relates to responses from others (i.e.,

consequences). Experiencing adverse consequences negatively relates to intent to intervene in the future (Banyard et al., 2007; 2019). The limited research on consequences has primarily focused on bystanders' perceptions of emotional reactions from the perpetrator or victim (e.g., Moschella et al., 2018; Banyard et al., 2019) and the mixed emotional experiences of bystanders (i.e., negative and positive) after intervening (Witte et al., 2017). Unfortunately, bystanders may also experience physical repercussions after intervening, particularly among bystanders who intervene during a sexual assault compared to other types of interpersonal violence (Hamby et al., 2016). Further, the fear of physical harm can be a barrier to bystander intervention (e.g., Exner & Cummings, 2011). Ultimately, it is important to better understand the incidence of emotional and physical threat, as well as occurrences of verbal and physical harm to better address community members concerns about engaging in helping behavior.

Evaluation of Bystander Interventions

It is also crucial to examine the effectiveness of bystander behavior and the intervention programs on reducing instances of sexual assault. Thus far, research has found that bystander programs can promote attitudinal changes, reduce victimization rates, and enhance intent to intervene as well as increase self-reported bystander behavior (Ahrens et al., 2011; Katz & Moore, 2013). Of the 24 studies across two meta-analyses (Jouriles et al., 2018; Katz & Moore, 2013) evaluating the effectiveness of bystander education on various outcomes, none of the included studies examined the incidence rate of sexual assault because of bystander action. Thus, it is unclear what it is about these programs that are contributing to the changes in victimization rates on campuses with bystander education trainings (Banyard, 2014). Ultimately, more research is needed to understand the outcomes of bystander intervention on incidence of sexual assault.

To our knowledge, only one study has provided information about bystander helping behavior as it relates to whether the bystander perceived that the behaviors of those involved was stopped (Moschella et al., 2018). In this study, approximately 13% of participants mentioned that the intervention stopped what was happening between those involved. Notably, the participants were not directly asked to indicate whether anyone's behavior was stopped following their intervention. Perhaps the frequency of participants that indicated the perpetrator's behavior was stopped would have been different if participants were directly asked about this outcome. Importantly, perpetrators are the individuals involved in sexual assault who need to alter their behaviors. Thus, more research focused on the impacts of bystander actions on the perpetrator's behavior would be informative to improve our understanding of the role bystanders play in thwarting sexual assault.

Victim Perspectives of Bystander Intervention for Sexual Assault

Most studies have focused on the experiences of bystanders self-reported experiences of engaging in helping behavior (e.g., Moschella et al., 2018); however, a couple of studies have sought victims' perceptions of bystander intervention in the context of sexual assault. Of note, the consequences of bystander intervention (i.e., physical harm and safety of the bystander) may impact the mental health of victims following such occurrences (Hamby et al., 2016; Taylor et al., 2019). Further, a recent qualitative study designed to understand how victims of dating or sexual violence experience helping behavior revealed that there are important contextual considerations for whether a selected bystander intervention strategy is perceived as helpful or harmful (McMahon, 2022). This limited research suggests that understanding the experiences of victims of sexual assault, the strategies they witness, and the consequences of bystander intervention are important.

Current Study

Based on the research, the three aims of the study were to address the following exploratory research questions: a) what bystander intervention strategies were identified by victims during an unwanted sexual interaction? b) what bystander intervention strategies were present when the perpetrator's behavior was reportedly stopped, paused, or continued (i.e., effectiveness)? and c) what bystander intervention strategies were present when there was a threat or instance of verbal and physical threat or harm towards the bystander, victim, and perpetrator?

Method

Participants

Initially, the research staff were recruiting college students who identified as female between the ages of 18-24 who reported bystander intervention for an experience of sexual victimization by a male perpetrator (approved by the IRB on 9/30/20). Due to struggles recruiting prospective participants with the abovementioned criteria as well as difficulties with attrition from survey to interview attendance, I consulted with my mentor to determine appropriate next steps. Ultimately, we decided to expand eligibility criteria to recruit through social media platforms for college students outside of the host university (approved by the IRB on 3/24/21). The remaining criteria remained the same for that submission. However, we expanded recruitment to allow for social media recruitment with college students, which was approved on 4/1/21. All other criteria remained the same. On 8/27/21, the IRB approved expanding recruitment to include non-college students and college students between the ages of 18 to 30 and the identity of the victim to include being a female or gender minority. The previous requirement of the perpetrator identifying as male was removed from the requirements. Data

collection was stopped on 3/2/22. All informed consent documents can be found in Appendix A through C, and debriefing documents based on these changes can be found in Appendix D through G. Appendix H contains all approval letters from the IRB.

Ultimately, 32 women between the ages of 18 to 30 participated in the full-length study. In total, seven women were excluded for several reasons including an intervention occurring after an assault had taken place ($n = 4$), lack of clarity about the details of one specific event ($n = 1$), event occurring before the age of 16 ($n = 1$), and a bystander being described as accidentally moving physically closer to the situation yet the victim indicated that the person did not try to help ($n = 1$). Twenty-five women, 18 of which with full demographic data (mean age = 18.68, $SD = 2.99$; 72.2% White, non-Hispanic), met the following final eligibility criteria: a) gender identity of female or other gender minority, b) currently between the ages of 18 to 30, c) experience of sexual victimization by someone of any gender since the age of 16, and e) noticed that at least one bystander tried to help them in a pre-assault or mid-assault situation. Some missing data was deduced based on the IRB approval date for eligibility changes and the date of participation in the interview. Thus, I was able to determine that 4 of the 7 individuals with missing data were college students, while we were unable to determine if 3 participants were college students.

Participants were recruited using two methods: the General Psychology Subject Pool of the University of Arkansas, NewsWire, and through social media methods (e.g., Facebook, Twitter). Recruitment for the present study started in September of 2020 and ended in March of 2022, which was during the COVID-19 pandemic. Participants recruited through the subject pool found the survey for this study among the list of all available studies in the psychology department. Those who participated through NewsWire or social media viewed a recruitment ad

that provided information about the aims of the study along with a link to the eligibility screener (Appendix I).

Procedures

Some participants were recruited through a college campus where students were enrolled in General Psychology courses. Participants completed an eligibility screening embedded in the Qualtrics survey, a confidential software (“Security Statement”, 2018) within the Department of Psychological Science’ SONA systems at the University of Arkansas (Appendix J). Students who endorsed the appropriate eligibility for the study at the time of recruitment were prompted to provide their email address and/or sign up on a Calendly link at the end of the study if they were interested in participating in a follow-up study about their experience. The online survey included a consent form, demographics (Appendix K), previous history of sexual harassment and perpetrator gender(s) (Appendix L), sexual victimization since the age of 16, perpetrator gender(s) (Appendix M), and bystander presence (Appendix N) for previous experiences. Then participants filled out survey questions regarding their most recent experience of sexual harassment and/or assault where someone intervened (Appendix O). Those who were interested in the follow-up study were contacted to schedule an interview on WebEx, a virtual platform that allows for audio and video, due to the COVID-19 pandemic. Participants were offered either \$20 Amazon e-gift card or provided course credit commensurate with the time spent in the survey and interview (i.e., 2 credits).

Participants recruited through social media or NewsWire completed a brief eligibility pre-screener (Appendix P). Eligible participants were prompted to provide information about their most recent experience of bystander intervention and their email address if they were interested in being contacted for the full-length study (i.e., additional questionnaires on Qualtrics

and interview). These participants were then contacted through email to schedule an interview with me or the post-bac research assistant on Calendly. I sent these individuals a WebEx link for their scheduled time, at which point, the participant completed the remainder of the research study. Participants were compensated with a \$20 Amazon e-gift card.

Interview Protocol

Once the participant completed the survey, they completed a video and audio-recorded semi-structured clinical interview with me or a post-bac research assistant. In the semi-structured interview, participants were initially prompted to tell the interviewer their story in an open-ended format prior to answering specific questions (Appendix Q). Burn's (2009) situational model of bystander intervention was used as a guide for our interview questions and probes (i.e., influences related to bystander intervention). Specifically, the interviewer asked at what point the bystander intervened (i.e., the noticed event), the action that was taken (i.e., skill or knowledge), and how many other people were around (i.e., audience inhibition). The interviewer also asked the participant to describe the intervention behavior(s) of the bystander(s), whether the intervention stopped the unwanted behavior from the perpetrator, and if anyone was verbally or physically harmed or threatened during the intervention. For those who indicated that the intervention stopped the perpetrator's behavior, the interviewer followed-up on whether this same perpetrator approached the participant later and continued engaging in unwanted behaviors during the same event. Other questions relevant to the present study for the purposes of providing contextual information included: number of helping bystanders, location of event, time of event, whether non-intervening bystanders were present, whether non-intervening bystanders were perceived to notice the event between victim and perpetrator, mentioned use of alcohol or drugs by someone involved, mentioned behaviors of victim to help situation, and if there was

mention of continued perpetration towards another person or same victim after the event of bystander intervention.

Guided Relaxation and Debriefing

Following the interview, participants participated in a guided relaxation exercise that involved deep breathing and progressive muscle relaxation to induce a calm mood. This video was pre-recorded by a doctoral student. Participants level of distress, as measured by the Subjective Units of Distress Scale (SUDS; Appendix R), was below a 50 before moving onto the debriefing form. All participants were then debriefed about the purpose of the study and provided with mental health and sexual assault resources on campus and in the community (Appendix S).

Measures

Demographic information

Participants were asked to indicate their age, gender identity, race/ethnicity, type of living arrangement, year in school, sexual orientation, and whether they were a member of a Greek organization (Appendix K). Participants recruited through social media were not prompted to indicate whether they were involved in Greek Life since the eligibility criteria was no longer restricted to college students.

Sexual harassment

The Sexual Experiences Questionnaire-W (Fitzgerald et al., 1995; Appendix L) was used to screen for Unwanted Sexual Harassment in the form of suggestive stories, crude sexual remarks, offensive remarks, display of offensive materials, and sexist comments; Unwanted Sexual Attention in the form of attempts to discuss sex, stares, attempts to establish a sexual relationship, repeated requests for drinks or dinner despite rejection, touched in a way that made

you feel uncomfortable, and/or attempts to stroke or fondle you; and Sexual Coercion in the form of subtle bribes and threats, or forced to cooperate to be well treated or made you afraid of poor treatment if you did not cooperate. The SEQ-W has varying reliabilities for the different subscales. There is high reliability among the gender harassment ($\alpha = 0.82$) and unwanted sexual attention subscales ($\alpha = 0.85$), while there is low reliability among the sexual coercion subscale ($\alpha = 0.42$). There is also convincing evidence of the validity. These items were used to provide information about the participant's history of being sexually harassed since the age of 16 and as a screening for potential experiences of sexual harassment in the presence of others.

Sexual victimization

Sexual victimization was assessed using the Sexual Experiences Survey – Revised to capture attempted and completed sexual assault and rape (Koss et. al, 2007; Appendix M). The SES-R uses gender-neutral language to address victimization, specific behavioral examples to understand perpetration tactics, and screens for alcohol use as a factor in victimization experiences. Participants indicated whether they have experienced sexual victimization in different forms and using various tactics. The original measure asks for the frequency of these experiences in the past year and since age 14 years old. The SES-R has been shown to have moderate consistency overall in identifying experiences of sexual victimization ($K_s = .33-.69$) (Littleton et al., 2019). The measure also has some support for convergent validity (Davis et al., 2014; Littleton et al., 2019). The measure was modified to ask only about experiences since turning 16 years old. This was done in efforts to include experiences of sexual harassment and assault once the participant is of legal age to provide sexual consent (2010 Arkansas Code, n.d.) rather than childhood sexual abuse.

Gender of perpetrator

As a part of the SES-R the gender of the person or persons who engaged in these behaviors toward the participants was assessed. Response options were “males only,” “females only,” “males and females,” “other,” and “unknown.”

Bystander presence

The presence of bystanders was assessed with a single item: “In any of the above situations, did anybody see what happened to you besides you and the person who did this?” Response options included family member(s), roommate(s), friend(s), acquaintance(s), police officer(s), stranger(s), no one, and other. Participants were prompted to check all that apply (Appendix N).

Bystander intervention

Bystander intervention was assessed by asking participants to indicate whether a bystander attempted to stop any of the abovementioned sexual experiences. Response options to this item were “yes,” “no,” or “not sure.” Participants must have selected “yes” to this item to be eligible for the study in the most recent experiences questions (Appendix N).

Gender of bystander

The gender of the bystander was assessed with “What gender was the person(s) that intervened to help you out of the unwanted situation?” The response options included “male,” “female,” “not sure,” and “other.” Participants were prompted to check all that apply.

Data Analysis

Preliminary Analyses

Descriptive statistics were conducted to obtain an overview of the demographics of the sample recruited from the Psychology Subject Pool and from social media (see Table 1 for overview), as well as for contextual information about the stories told by participants (see Table

2 for overview). The frequency of interventions that occurred during the pre-assault phase (which included low- and/or high-risk behaviors) and the mid-assault phase based on McMahon and Banyard's (2012) ecological model with examples is also provided (see Table 3 for overview). Additionally, information on the presence of certain strategies based on the intervention timepoint was included (see Table 4 for overview).

Qualitative Analyses

A hybrid coding approach (Fereday & Muir-Cochrane, 2006) was utilized to analyze the participants' responses regarding what strategies they noticed the bystander use to help them in an unwanted sexual situation. This allowed me to match the responses of the participants to strategies established by previous researchers (i.e., deductive reasoning) and identify any additional strategies that emerged (i.e., inductive reasoning). Consistent with the hybrid approach described by Fereday & Muir-Cochrane, the codebook was developed prior to reviewing the data (see Appendix T). Once the data were collected, another doctoral student with expertise in sexual assault and I reviewed a sample of the data (83% agreement; 12 codes for 4 stories) to determine whether predefined codes needed to be modified. We made minor modifications to some code descriptions and the process of coding the responses based on our discussions. Specifically, we decided to remove the "Combination Strategy" code due to difficulty parsing apart when strategies co-occurred or were implemented by the bystander(s) at separate intervention points during the singular event. We then coded the remaining transcripts separately and met to discuss discrepancies that emerged to reach a consensus on the codes, as well as to name and describe additional strategies that emerged in the data. Lastly, I checked that the text, codes, and strategies matched to legitimize the coded themes (2006).

Further, we employed a deductive approach based on the Fereday and Cochrane (2006) study for effectiveness levels (i.e., temporarily effective, entirely effective, ineffective) and for whether verbal or physical harm occurred. We also provided examples of what participants stated for the varying effectiveness levels and incidences of verbal and physical harm. The agreed upon codes were entered into NVIVO for data analysis by me; however, the two coders put their initial codes into Excel due to incompatibility issues for the Mac and PC versions of the NVIVO software. During the coding process for strategies, effectiveness, and verbal or physical harm, the two coders agreed on 93% of all possible 286 codes (11 codes for 26 stories; 1 later deemed ineligible).

Planned Analyses

We read the full transcripts to code the data due to potential discrepancies and confusion based solely on participant responses to the relevant questions. Special attention was given to participants' responses to the direct questions related to the study aims; however, coders were able to use their discretion based on other information in the participants' stories that may have given further context and clarity to the participants responses to the singular relevant questions. For each coded variable (i.e., strategy, effectiveness, and harm), the code was dichotomized to indicate whether it was present (*0=not present in story*, and *1=present in story*). Each strategy and effectiveness level were only counted a singular time per story even if the person described a strategy occurred multiple times back-to-back. This was due to enhance confidence in the coding as it could be difficult to determine the frequency of strategies and effectiveness due to the reporting styles of the participant and/or the presence of potential co-occurring strategies (i.e., asking the perpetrator to stop and immediately removing the victim from their vicinity; direct + distance). This issue was not relevant for the verbal harm/threat and physical harm codes, so

these were simply counted based on incidence and to whom the harm occurred. I also provided a narrative overview with examples of participants' responses for the various levels of effectiveness, as well as the types of verbal and physical threats and harms that occurred. To protect the anonymity of the participants and individuals involved in these stories, references to the bystander are written as "BYSTANDER" and references to the perpetrator are described as "PERPETRATOR," which does not reflect how the participants referenced those involved.

Results

Demographic information was provided for most of the 25 individuals that were included in the present study. Seven people did not provide the information needed in the questionnaires to match the survey information with their interview responses; thus, missing data varied based on the item and method of data collection. However, eligibility criteria were confirmed with each participant during the informed consent process. Therefore, all participants confirmed that they were currently 18 to 30 years of age, experienced sexual harassment or assault since the age of 16 in which someone intervened and reported their gender identity as female during the consent process. The contextual information is present for all stories due to this data being extracted from the interview responses rather than the survey responses.

Below is a summary of the information we have for participants and their stories (see Table 1 and 2 for more detailed information). Participants were primarily between the ages of 18 to 24, were currently a college or graduate student, identified as White non-Hispanic, and described their sexual orientation as heterosexual. The majority of participants were not involved in Greek life, and primarily lived on-campus dorms and residence halls. For contextual features of the stories told by participants, the perpetrator's gender was reported primarily as male; bystander's gender was primarily female; the perpetrator's relationship with the victim was most

commonly a stranger, and the relationship between the victim and bystander was most frequently a friend and least commonly a romantic partner. Most stories included one helping bystander; though the participant typically reported that there were other people around that did not intervene and the participant believed that at least one other non-intervening person noticed the event. Most people reported that the described event occurred when they were between the ages of 18 to 24, followed by 16 to 18 years of age. Locations of the described event varied from public places (e.g., concert), private locations (e.g., house), and bars/casinos, and primarily occurred at night. Most participants reported that at least one individual was using alcohol at the time of the event.

Aim 1: Overview of Strategies Identified by Victims.

Many stories described by victims of sexual violence indicated 5 bystander intervention strategies: Distance, Direct, Distract, Delegate, and Proximity strategies (see Table 5 for overview). None of the participants mentioned a diffuse strategy as identified in previous research (Moschella et al., 2018). Most participants ($n = 15$; 60%) reported the use of more than one strategy while telling their stories, which sometimes occurred in combination or at an additional timepoint during the event. The maximum number of strategies used in a single story was 3 ($n = 4$). Across the 15 stories where multiple strategies were used, the most frequently mentioned strategies within the same story were direct and distance ($n = 10$).

Strategy 1: Distance. Distance strategies were the most frequently mentioned intervention strategy used by a bystander, reported in 18 of the 25 stories. Participants described a few different ways that the bystander reportedly used a distance strategy. First, some participants indicated that bystander(s) created space between the victim and the perpetrator while staying in the same location. This was often done by removing the victim from the

perpetrator's immediate grasp or space. For example, one participant reported "So, what BYSTANDER did- okay, so I was like frozen up and BYSTANDER like... grabbed me [laughs] and like pulled me towards BYSTANDER..." and another participant stated "BYSTANDER immediately stood up and... came and ...grabbed me and ...pulled me... And then went to the bathroom and BYSTANDER was talking me through it." On the other hand, there were also times where the bystander attempted to create distance between the two parties involved by trying to remove the perpetrator from the situation. This was exemplified when one participant noted "... the third time was trying get PERPETRATOR away from me, not me away from PERPETRATOR."

Secondly, some participants indicated that bystanders tried to get them to leave the area of the perpetrator by removing the victim from the location entirely while other times the bystander would try to get the perpetrator away from the area. For example, one participant reported that a bystander "put herself between them and me, and then like pushed me into the store" and "BYSTANDER was like, 'dude, chill,' like kept pushin' PERPETRATOR away..." Similarly, when unwanted sexual events were taking place at a public location, bystanders would often try to separate the individuals by telling the victim that she did not need to go back into the space that the perpetrator was in. Indeed, one participant stated the bystander said "okay, yeah, you don't need to come in this room anymore," while another participant reported the bystander "... told [her] that PERPETRATOR is staring [her] down, and that we need to not walk by there again."

Thirdly, some participants indicated that the bystander(s) tried to create a physical barrier between them and the perpetrator. As an example, one participant noted "... BYSTANDERS [tried] to like create a wall, so I could, um, stand behind BYSTANDERS so PERPETRATOR

couldn't see me," and another stated that "... BYSTANDER physically like created like a barrier." There were also times where the bystander would sit in between the perpetrator and victim to create a tiny amount of space, such as "...then BYSTANDER sat in between me and PERPETRATOR."

In one instance, the bystander indicated that she could swap places with the victim, which upset the victim: "And BYSTANDER was like, 'well, just switch spots with me,' and I was like, 'switch spots with you? Then, PERPETRATOR'S gonna just do it to you.' And BYSTANDER was like, 'well, I don't care if PERPETRATOR does it to me. I'm single.'"

Strategy 2: Direct. Direct strategies were reported by 12 participants. These included a few different subsets of behaviors that involved discussing or questioning the perpetrator behavior or the victim's perception, which occurred directly between the bystander, perpetrator, and victim while other times occurring in front of a group. The latter was reflected when a participant reported:

"BYSTANDER addressed PERPETRATOR in front of the entire room and was like you don't do that, that's not allowed, like I think it's time that you and your friend leave and, um, he's never made that advance again but it was [a] really uncomfortable experience."

In another instance, the bystander would address the behavior in front of the immediate parties involved, such as:

"...as soon as BYSTANDER saw it happen, um, they walked over and they told the person like, 'go away. That was not okay, um. Do not do this again. It's very disrespectful,' and 'it made me very uncomfortable, and it's a violation of my personal space and my body.'"

Other bystanders also addressed the perpetrator directly by telling the perpetrator to stop without providing an explanation of what was wrong with the behavior, such as "...told PERPETRATOR to stop," and "... BYSTANDER that was right next to me...just like says like, 'dude, what are you talking about like just stop.'" In other instances, the bystander questioned

the perpetrator's actions, such as "... asking the person, confronting the person, asking him, 'why are you doing this?'"

One participant described the bystanders asking the victim about their perceptions/feelings about what was going on: "BYSTANDERS were like... constantly asking how I was feeling and like discussing how PERPETRATOR's actions were bizarre."

Lastly, there were times where direct strategies alongside other types of strategies, such as in the following quote where a distance strategy occurred following a direct approach:

"So, um, as soon as BYSTANDER saw it happen, um, they walked over and they told PERPETRATOR like, "go away... And then, they helped me gather my things and they gathered their things and we left to the library, so we were in a different- a completely different environment than where, you know, they had just grabbed my bottom, and so that way I was able to be away from everyone and just me and my friend talked one on one about what just happened, how I was feeling, what I wanted to do, and we just sat there until it was time to go to class."

Strategy 3: Distract. Distract strategies ($n = 8$) included behaviors that did not necessarily involve directly addressing what was happening between the victim and perpetrator; instead, these strategies focused on providing a temporary shift in attention from the situation occurring. In one example, the participant described that the bystander continuously shifted the perpetrator's attention, such as:

"BYSTANDER would say things like- like, 'PERPETRATOR come and catch me,' ... 'try to catch me,' and then things like, 'come here. Let me show you this.' And like, 'Oh, look at' ... '...You're in this picture.' And ...would be like, 'oh, come and sit on this couch.'"

In other instances, the bystander(s) were described as taking over the conversation between the victim and perpetrator. One participant stated "...sometimes like answering those questions or just kind of like trying to hint that he should leave," and another reported "...BYSTANDER came up and, um, started talking to me, so that it was not just me having this conversation with PERPETRATOR."

Lastly, another participant reported that the bystander tried to physically create a distraction: “BYSTANDER tried to like grab one of their should- he said like shoulder. Like, just to say like, ‘hey,’ I believe.”

Strategy 4: Delegate. One person reported the use of delegation strategies. The mentioned behavior included seeking assistance from someone else involved by getting a group of individuals together to help. This was mentioned in the following response: “...BYSTANDER now went to call out the other crowd...” Notably, other strategies were used previously in this story and appeared to be a last resort when others did not adequately address the perpetrator’s behavior.

Strategy 5: Proximity. In addition to the previously mentioned strategies, there was an additional strategy that emerged in the data, which the coders named “Proximity” strategies ($n = 5$). These strategies involved enclosing physical or interpersonal distance between the bystander and the victim, which seemed to be in efforts to indicate that the victim was not alone and to assert their presence or relationship with the victim. In other words, participants mentioned that bystanders tended to stay close to them physically or engaged in actions that showed the perpetrator that the bystanders were romantically or emotionally connected to the victim. For example, a few participants stated that the bystander(s) stayed near them in the situation, such as “... didn’t like leave me like alone by myself” and “...BYSTANDER showed up and was like, ‘yeah, no. You guys are staying here...’” Another participant described a bystander coming into the space where the event was happening as an intervention: “I guess technically BYSTANDER helped just by having his presence there.” For interpersonal closeness, one strategy appeared to close the gap in interpersonal closeness by non-verbally indicating that the bystander is affiliated with the victim, such as when a participant reported “BYSTANDER... put his arm around me

and stuff to be like, ‘okay, we’re together.’” Though this was the only story that directly stated this, other proximity strategies had this undertone when describing the person staying close to them. It seemed to suggest that these bystanders were trying to show that they cared about and would protect the victim and had their attention focused on the actions of the perpetrator.

Aim 2: Strategies and Perpetrator Behavior

Of the 25 stories, 21 resulted in the perpetrator’s behavior being stopped at the event-level (i.e., remaining time in that situation/location; entirely effective) after the occurrence of at least one instance of bystander intervention (see Table 6 for overview). There were 5 stories where the perpetrator’s behavior was paused for some length of time prior to targeting the participant again (i.e., temporarily effective). There were also 5 stories where the perpetrator’s behavior continued regardless of the helping behavior of the bystander (i.e., entirely ineffective). Of the stories that ended with the perpetrator’s behavior stopping at the event-level, 81% of them involved distance strategies, 47.6% involved direct strategies, 28.6% involved distract strategies, 14.3% involved proximity strategies, and one involved delegation strategies. Of those with at least one strategy described as pausing the perpetrator’s behavior for a short length of time prior to re-engaging in an unwanted sexual behavior towards the same participant, 100% involved distance strategies; 40% involved direct, distract, and/or proximity strategies; while none involved delegation strategies. Lastly, direct and/or distract strategies were involved 60% of the time in situations where the perpetrator’s behavior was described as continuing regardless of the bystander intervention, as well as proximity in 40% of these stories, and distance or delegate in 20% of them. Below are also descriptions of the perpetrator’s behaviors by the participants for each of the effectiveness levels.

Entirely Effective. Interventions were described as entirely effective when the perpetrator's behavior stopped towards the participant at the event-level following helping behavior from a bystander. In 94.4% of the stories with the presence of a distance strategy, the perpetrator's behavior was described as stopping towards the victim, compared to 83.3% of those with a direct, 75% of those with a distract, and 60% of those with a proximal strategy, while one involved a delegation strategy. These behaviors were described to stop when the victim was out of reach or grasp from the perpetrator, which could be while in the same space or when they left that location. For example, one participant stated "PERPETRATOR stopped with me, 'cause PERPETRATOR couldn't reach me anymore... I think...it was really just that I was the most convenient person," while others stated "...PERPETRATOR stopped that long enough to where like I can leave," and "...I never had any other classes with PERPETRATOR or like lunch with PERPETRATOR, so it stopped then." Participants also mentioned that the behavior was stopped potentially due to other external reasons like the passage of time, such as "... because at that point it was getting close to like bed time," or "...we were only there for an extra 30 minutes and then we left. So, I didn't see PERPETRATOR there."

At other times, the participant stated that the behavior was stopped out of internal reactions (i.e., emotions) based off external attention or the presence of certain individuals. For example, one participant stated that "PERPETRATOR actually feared...there's a crowd...also the shame," and another reported "PERPETRATOR's step-dad scares him more than...mom, does." Other participants indicated that the behavior discontinued for an extended period of time, such as "...for like a year PERPETRATOR didn't reach out," or "Um, with me it stopped for the rest of like...since I've known PERPETRATOR."

Temporarily Effective. Interventions were coded as temporarily effective when the perpetrator's behavior was paused before re-engaging with the participant during the same event. In 40% with the presence of a proximity strategy, the perpetrator's behavior was described as pausing for a length of time before re-engaging with the participant in an unwanted way at the event-level, compared to 27.8% of those with a distraction strategy, 25% with a distract, 16.7% with a direct, and 40% with a proximity. No delegation strategies were present. Temporary effectiveness is exemplified by the following quote from a participant:

“The first time I think it was just that there was someone else present, ya know. Someone else is witnessing this... The second there the like the second time the BYSTANDER tried to intervene or like the third whole incident, umm, I think it was more just like the phys- it was the physical intervention, because PERPETRATOR didn't see BYSTANDER coming.”

Similarly, another participant described that the perpetrator's behavior was temporarily paused while in the presence of the bystander:

“...I think that while BYSTANDER was there uh the PERPETRATOR didn't feel like she could get away with doing it again, but then as soon as BYSTANDER left I think PERPETRATOR was like, oh okay that person is gone, the other two didn't intervene when I was starting these behaviors so like I can continue them now.”

Another participant had a similar experience, in which she stated “Temporarily. Like PERPETRATOR stopped for the rest of the class, but then like when the next class... like nobody said anything, then PERPETRATOR would do it again until they said something.”

At other times, the participant reported that the perpetrator paused their behavior temporarily due to being distracted by other things or people. As an example, one participant reported that the perpetrator found another person to talk to before returning to her. This person described this experience as “kind of playing hide and seek...” wherein she would continuously change locations after the bystander intervened since the perpetrator continuously found her location.

Entirely Ineffective. An intervention was coded as entirely ineffective if the perpetrator's behavior was described as continuing after the bystander intervened in some way. This description was provided in 5.6% of stories with a distance strategy, compared to 25% of those with direct, 37.5% of those with a distract, 40% of those with a proximity, and 100% of those with a delegate strategy. In each of these instances, the perpetrator's behavior was described as continuing regardless of the bystander's intervention by saying that "PERPETRATOR didn't stop," or "it just continued." Other participants expressed hope that the perpetrator's behavior would stop in the future "You know hopefully it stopped for—I mean, well like, potential victims but, um, not for me." Lastly, one participant described difficulty saying whether the behavior stopped:

"It's hard to say whether it deferred PERPETRATOR at all because, you know, we were standing there for a little bit, PERPETRATOR was still staring and then it wasn't- it wasn't for a little bit that we moved to the next area and that's whenever PERPETRATOR moved with us."

Post-Event Behavior. Though not directly asked about in the interview, a few participants spontaneously indicated that the perpetrator later assaulted or engaged in other unwanted sexual behaviors towards them when bystanders were not around to help at another time point ($n = 3$). Similarly, some participants also stated without prompting that the perpetrator targeted another person at the time of the event or that they suspected or knew that the perpetrator engaged in assaultive behavior towards another person ($n = 5$). The remainder of participants did not mention a sexual assault towards another individual ($n = 18$).

Aim 3: Strategies and Verbal Threat or Harm and Physical Harm.

The majority of participants did not indicate that anyone was verbally threatened/harmed ($n = 18$) or physically harmed ($n = 24$) (see Table 7 for overview). In total, verbal harm and/or physical harm were mentioned within 5 of the 25 stories (24%). Specifically, verbal or physical

harm were mentioned in 5 and 2 of the 25 stories, respectively. In both stories involving physical harm, at least one verbal threat or harm occurred towards someone involved. In total, participants reported 3 verbal threats occurred towards the victim, and 1 verbal threat occurred towards the bystander. They also reported 3 verbal threats occurred towards the perpetrator. Only 2 instances of physical harm were reported across the 25 stories.

Distance strategies were involved in 75% of the stories that reported a verbal threat was made towards the victim, 66.6% of threats towards the perpetrator, and none towards the bystander. Direct strategies comprised 100% of reported verbal threats towards the bystander and perpetrator, and 75% of the reported verbal threats towards the victim and physical harm to the perpetrator. Proximity strategies were present during 25% of the stories that involved verbal harm towards the victim and physical harm to the victim. Notably, one verbal threat was made towards an individual that was not present during the bystander intervention. Distraction and delegation strategies were not mentioned in any stories with reported instances of verbal or physical harm to anyone involved. Below is the breakdown of the presence of verbal and physical harm based on strategy, as well as the types of threats and harms that occurred.

Verbal Threat/Harm. One participant reported that the perpetrator was being verbally abusive and threatening by “ranting and cursing and calling me a bit**,” while another participant reported “I don’t wanna cuss on here, but like asking why I was being a B word and like- ... Constantly like getting closer and closer to me as I was backing up.” Another participant indicated that the bystander and perpetrator were threatening each other: “Like, one was like, ‘oh, get out of my face before I do this,’ and then the other one was like ‘well I’ll do this if you do this.’ You know like- just bickering back and forth kind of.” In another instance, the perpetrator was the only person threatened when the bystander reportedly stated, “don’t do that

again or like next time I won't be so nice." In a unique instance, the perpetrator threatened harm to a person that was not actually present for the event:

"PERPETRATOR like, at one point like stole his hoodie and was like, 'I'm going to burn this and like throw it into his' - I don't know PERPETRATOR was just making dumb threats and trying to be funny cause she was like, 'he doesn't deserve you,' you know all that stuff."

Another bystander was described as directly threatening the perpetrator when the participant stated "BYSTANDER was gonna beat him, um, if he ever found out PERPETRATOR laid a hand on me...again."

Physical Threat/Harm. There were only two reported instances of physical harm described by participants. One participant mentioned that they experienced physical harm during a bystander intervention:

"I mean I ended up with like a pretty good bruise on my arm from like here to there. Umm, I ended up with a pretty good bruise all the way around my arm. It wasn't like a handprint or anything. It was just kind of- PERPETRATOR was grabbing at me, not necessarily grabbing and like squeezing, umm. Except for that third time, PERPETRATOR really got ahold of me, umm, but I mean other than that, I just ended up with a pretty good bruise on my arm."

Another participant suspected that the perpetrator may have been hurt due to the presence of physical objects during the intervention:

"Um well because BYSTANDER physically moved PERPETRATOR and in doing so, the PERPETRATOR hit her arm against the corner of my desk. So, I imagine that probably resulted in a bruise, but I never heard anything about it."

Discussion

This exploratory study contributes to the growing body of research on victims' perspectives of bystander intervention on sexual violence by a) examining what strategies victims noticed a bystander use to intervene, b) examining the presence of certain strategies during an event based on the perpetrator's subsequent behavior, and c) exploring the presence of

certain strategies as it pertains to verbal and physical harm to those involved. Overall, there were 5 bystander intervention strategies identified among victims of sexual victimization. The perpetrator's behavior was stopped towards the victim at the event-level in 84.6% of stories, paused for some amount of time in 23.1% of the stories, and did not alter the perpetrator's behavior in 19.2% of stories. Distance and direct strategies were present most frequently in the stories where the perpetrator's behavior was stopped at the event-level. Verbal and/or physical harm occurred in 5 and 2 of the stories, respectively. Both stories that involved physical harm also involved a verbal threat or harm to someone involved. Notably, distance and direct strategies were most often present during events where verbal or physical harm occurred. These findings suggest that the effective strategies for stopping behavior from the perpetrator towards the victim could hold greatest risk of verbal or physical harm. As such, bystander intervention programs that educate people on strategies to take may want to encourage bystanders to consider the context of the situation to help promote safe and effective bystander actions.

Implications for Strategies Identified

There were five identified strategies by victims of sexual harassment or assault: distance, distract, direct, delegate, and proximity. Of these strategies, distance, distract, direct, and delegate strategies were consistent with previous research on self-reported bystander helping actions (Moschella et al., 2018). A new strategy emerged, which we conceptualized as proximity strategies. Proximity strategies were identified by participants when they mentioned that bystanders tended to stay close to them physically or engaged in actions that showed the perpetrator that the bystanders were romantically or emotionally connected to the victim. These actions seemed to be passive in that they did not directly call attention to the problematic behavior yet sent the message that "these are my people" so to speak. These sorts of strategies

are reflective on the RAINN organization's website (n.d.); however, these strategies are framed in terms of asking the victim if they want the bystander to stay with them. In these stories, the bystanders seemed to engage in these actions on their own without prompting.

Of these 5 strategies, the most frequently mentioned strategies across the stories of the 25 participants were distance ($n=18$), direct ($n=12$), and distract ($n=8$), followed by proximity ($n=5$) and delegate ($n=1$). These findings are somewhat consistent with the self-reported bystander actions in Moschella and colleagues (2018) study in that distance and distract strategies were among the most common; however, proximity studies were not reported in the aforementioned study. Further, none of the participants in this study mentioned diffuse strategies as a helping behavior taken by a bystander. The absence of diffuse strategies could have occurred for several reasons: a) participants did not perceive this strategy as helpful or designed to interrupt ongoing problematic actions, b) were overlooked when recalling the story, or c) were not used by bystanders in the types of situations described by these participants.

Implications for Perpetrator Behavior

The second aim of the study was to examine how the presence of certain types of strategies impacted the perpetrator's behavior towards the victim. Specifically, whether their behavior was stopped towards the participant at the event-level (*entirely effective*), was paused for a short amount of time until something else ended the interaction (*temporarily effective*), or was not able to impact the perpetrator's behavior towards the participant (*entirely ineffective*). To our knowledge, the only study that has attempted to look at the relationship between bystander intervention strategy and the thwarting of behavior of parties involved was conducted by Moschella and colleagues (2018). In this study, participants mentioned (without being prompted) that the parties stopped engaging in the behavior in 12.7% of the 150 responses, which is much

lower than our findings that the perpetrator's behavior was stopped entirely at the event-level in 84.6% of the stories told by participants. This may have occurred for several reasons: a) our interviews directly asked participants if the perpetrator's behavior was stopped after the bystander intervention which was not directly asked in the other study, b) our focus was explicitly on the perpetrator's behavior while the other study focused on stopped behavior of *all parties* involved in the situation, c) our study focused on the experiences of victims of sexual victimization rather than the perspective of bystanders, and d) the qualitative information for the present study was conducted via interview rather than through open-ended survey questions. Thus, these inconsistent findings may have occurred due to methodological differences.

Moreover, Moschella and colleagues found that the parties involved stopped their behaviors most frequently when a distract or diffuse strategy was reported, followed by direct, distance, and delegate strategies (2018). On the contrary, our findings suggested that when the perpetrator's behavior was stopped, the most frequently reported strategies were direct, distract, proximity, and delegate strategies—and no use/identification of diffuse strategies. Of note, the strategies that were mentioned least often when the perpetrator's behavior was stopped were also identified least often by participants. Thus, it is difficult to determine whether the differences in effectiveness rates occurred due to the infrequent use of such strategies or true behavioral outcomes from the selected intervention strategies. Nonetheless, the current findings suggest that distance strategies, which frequently involved removing the victim from the immediate vicinity of the perpetrator or leaving the situation where the perpetrator was present altogether, may be most helpful in discontinuing the behavior of the perpetrator. Direct strategies were present in half of the stories where the perpetrator's behavior was stopped entirely at the event-level, which often involved confronting the perpetrator about their actions or checking in with the victim

about their perception of the event. Thus, it is possible that discussion of problematic behaviors may be able to alter the perpetrator's behavior while bystanders are present and helping.

Among the stories that included the presence of distance strategies, 36.8% involved the bystander removing the victim ($n = 6$) or the perpetrator ($n = 1$) from the situation entirely. Essentially, this means that these bystanders prompted and encouraged the person being harmed to leave the situation entirely or asked the perpetrator to leave the space, which resulted in the behavior of the perpetrator being stopped towards the victim. Therefore, it is possible that the effectiveness rate would be lower when bystanders utilize distance strategies while remaining in the same location. Thus, it may be important to consider in what contexts is distancing from the perpetrator while staying in the same location possible while also maintaining the victim's safety. Ultimately, it is difficult to parse apart the effects of strategy versus context.

To our knowledge, no studies have examined which strategies are present that may contribute to a) pausing the perpetrator's behavior, which can create an opportunity for the victim to leave the situation, or b) when the perpetrator's behavior continues regardless of the helping actions taken. In the present study, distance strategies were present in all 5 stories where an intervention was described as pausing the perpetrator's behavior for a short length of time and 1 of the 5 stories where the perpetrator's behavior was described as not stopping at all, which suggests that the type of distance strategies used may be relevant for whether the perpetrator's behavior will be stopped or paused. However, it was difficult to connect the strategy to its effectiveness level within the interview process; thus, it is impossible to make firm conclusions about the effectiveness of certain strategies as the most frequently used strategies are often mentioned within multiple effectiveness levels. Notably, the only effectiveness level that ultimately results in the perpetrator's behavior being stopped towards the participant is within the

entirely effective level. Thus, even though the presence of direct, distract, proximity and delegate strategies may have varying impacts on the perpetrator's behavior, it seems that the presence of direct and/or distance strategies may be promising strategies for stopping perpetrator behavior based on the victim's perspective.

Although not an aim or asked about directly in the present study, I pulled out instances where participants mentioned in their stories a) their own response(s) to the perpetrator's behavior, and b) incidence of mentioning that the same perpetrator sexually assaulted the participant at a later time-point after the event where someone intervened or c) approached a new person following the behavior discontinuing towards the participant during or after the same event. Notably, many participants reported that they asked the perpetrator to stop, asked the bystander for help, or engaged in other behaviors in efforts to stop the perpetrator's behavior. Though this was not directly asked about to avoid potential victim blaming language, it is notable that many people took actions themselves to stop the behavior of the perpetrator. Secondly, some participants mentioned that they were sexually assaulted by the same individual when bystanders were not present at a different timepoint or noticed, suspected, or learned that the perpetrator later harmed another individual. This combination of findings suggests that the efforts taken by both victims and bystander(s) may be able to alter perpetrator's behavior at the event-level but may not be a long-term to solution to promoting consensual sexual encounters among perpetrators.

Implications for Verbal and Physical Harm

The last aim of the present study was to examine whether the presence of certain strategies was related to verbal harm or threat, as well as physical harm. Overall, the incidence rate of verbal harm/threat and physical harm was relatively low, as verbal harms were present in

6 of the 25 stories and physical harm occurred in 2 stories. However, direct strategies were involved in most stories involving verbal and physical threat or harm, and distance was the second most reported strategy when verbal or physical threat or harm occurred. Proximity strategies were mentioned in some of the stories, while distract and delegation strategies were not reported in any stories where verbal or physical harm occurred to someone. This suggests that strategies that may involve directly calling attention to the perpetrator's behavior or checking in with the victim may relate to harmful outcomes for those involved. Notably, and in contrary to Hamby and colleagues (2016) study, bystanders experienced the lowest rate of verbal harm and no physical harm in the reported stories, suggesting that bystanders were able to remain relatively safe while intervening.

Notably, verbal harm occurred at the same rate towards both the perpetrator ($n=3$) and the victim ($n=3$) while only 1 verbal harm occurred towards the bystander. Though verbal harm can be hurtful to all involved, victims are at the forefront of whom bystanders are trying to protect during violent situations as well as the bystander themselves. Thus, verbal harm of a perpetrator of sexual violence may not be as relevant for bystander intervention programming. Instead, intervention efforts may focus on the relatively low rates of verbal harm, particularly to the bystander, when encouraging intervention to prevent sexual assault.

Limitations and Strengths

There are limitations to the present study that are worth mentioning. One such limitation is that it was difficult to determine how many times a bystander intervened when using the same strategy (i.e., using direct strategies back-to-back). Similarly, it was difficult to determine if a bystander used a combination of strategies at the same timepoint or close together in time due to the perpetrator continuing behavior towards the individual. Due to this data being collected

during COVID, many participants appeared to be reporting on experiences that occurred prior to the pandemic so participant recall may have been more difficult due to the passage of time. The qualitative nature of this study also prevented us from connecting the specific strategy to the effectiveness level. Future research may consider addressing such limitations by seeking participants that have experienced bystander intervention in the past few months and designing studies that address momentary effectiveness levels of bystander intervention for protecting potential victims.

Another limitation is that the sample that participated in this study identified as cisgender female (although one individual reported questioning their gender identity), despite evidence that gender minorities are also at an increased risk of sexual harassment and assault (Stotzer, 2009). It is possible that the experiences of bystander intervention among individuals who identify as a gender minority would be different than the stories captured in these stories. Further, there was a lack of racial diversity in our sample. There is some evidence that race of the potential victim and bystander can impact bystander behavior; for example, researchers found that when a Black woman is at-risk for alcohol-involved sexual assault, White women endorse less likelihood to intervene and less responsibility to intervene compared to when someone of the same racial group is at-risk for the same behavior (Katz et al., 2017). Thus, it is possible that the decreased likelihood or hesitancy to intervene when a woman from a minority racial group is at-risk for sexual violence may lead individuals to intervene at later time points (i.e., mid- or post-assault), which may not prevent instances of sexual assault as occurs in the pre-assault phase. If there are possible differences in common intervention timepoints along the continuum, then different strategies may be employed and detected by these victims and may have differing implications for effectiveness and harm.

Thirdly, the participants in this study identified and recognized that someone intervened to help them in this situation. Ultimately, it is possible that there were other strategies and/or other people that helped them that went undetected by the participant. These are also participants who appeared likely to benefit from help in the situation given that they experienced the interaction as unwanted. However, it is possible that there are other situations where help would not be wanted even when someone intervened. Thus, there could be different findings among individuals that experienced helping behavior when an interaction was consensual between the parties involved.

There are also strengths of the present study. To our knowledge, this is the first study to examine identified bystander intervention strategies from the perspective of the victim of an unwanted sexual experience, and to examine how bystander intervention can impact perpetrator's behavior and verbal threat/harm, as well as physical harm to those involved. Further, we employed a semi-structured interview procedure to allow participants to tell their stories in their own words prior to guiding them throughout the interview process. We also had two coders with expertise in sexual assault research code the data, which allowed the two coders to discuss the discrepancies and come to an agreement on the various codes. This also provided multiple perspectives on coding the data, which can increase confidence in the findings of the present study.

Future Research Directions

Future researchers can consider multiple avenues to further extend the present findings. First and foremost, it is unclear how the identification of bystander intervention may influence victims' behavior in the future. For example, a few participants in this study mentioned that they did not want to make a "big deal" out of a small situation and seemed to suggest that bystander

intervention confirmed that their experience was problematic. This seemed to validate participants' perceptions of events, which gave at least one person courage to advocate for themselves. Considering the importance of emotional validation for victims (McMahon, 2022), this identification of help from a bystander may be important to confirm one's perceptions that unwanted sexual actions are problematic. This suggests that there could also be a cognitive process that impacts momentary behavior and emotional responses that may have relevance for mental health outcomes among victims of sexual violence when a bystander intervenes that may be worth looking into in the future. Relatedly, future research could examine how these different outcomes of bystander intervention impact mental health outcomes among victims. Lastly, a larger and more diverse sample may be able to capture more and potentially different experiences with bystander intervention strategies, which could allow for more specific conclusions about the various strategies, effectiveness levels, and harm as a result.

Conclusions

This study detected 5 bystander intervention strategies identified by victims of sexual violence: distance, distract, direct, delegate, and proximity. The most commonly reported strategies were distance and direct, followed by distract, delegate, and proximity. The perpetrator's behavior was eventually stopped following at least one bystander intervention at the event-level in 21 of the 25 stories, many of which contained direct or distance strategies at some point during the event. Rates of verbal harm and physical harm were reported less frequently towards the bystander compared to incidence rates to the perpetrator and victim; however, direct and distance strategies were present most often when verbal or physical harm occurred. These results suggest that distance and direct strategies may be helpful in keeping the victim from experiencing further unwanted sexual behavior at the event-level yet may also result in a slightly

greater risk of verbal or physical harm to someone involved than the presence of other types of strategies. However, the overall findings from this study suggest that the presence of certain strategies for bystander intervention may be helpful in stopping perpetrator's behavior at the event-level and infrequently resulted in harm to the bystander; however, more research is needed to draw more specific conclusions about these relationships.

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Tables

Table 1.
Participant Demographics

	Overall Sample (N = 25)	Subject Pool (n = 18)	Social Media (n = 7)
Race/Ethnicity			
White; not Hispanic	16(64%)	11(61.1%)	3(42.9%)
Hispanic or Latina/o	1(4%)	1(5.6%)	0(0%)
Black or African American	1(4%)	1(5.6%)	0(0%)
White and Native American	1(4%)	1(5.6%)	0(0%)
White and Middle Eastern	1(4%)	0(0%)	1(25%)
Unknown	7(28%)	3(16.7%)	4(57.1%)
Age			
18 to 24	17(68%)	14(77.8%)	3(42.9%)
24 to 30	5(20%)	1(5.6%)	4(57.1%)
Unknown, confirmed 18 to 30 during consent	5(20%)	3(16.7%)	2(28.6%)
Gender Identity			
Female	24(96%)	17(100%)	7(100%)
Female/questioning	1(4%)	1(5.6%)	0(0%)
Sexual Orientation			
Heterosexual	15(60%)	12(66.7%)	3(42.9%)
Bisexual	1(4%)	1(5.6%)	0(0%)
Pansexual	1(4%)	1(5.6%)	0(0%)
Questioning/unsure	1(4%)	1(5.6%)	0(0%)
Unknown	7(28%)	3(16.7%)	4(57.1%)
Living Situation			
On campus	13(12%)	11(61.1%)	2(28.6%)
Off campus	3(12%)	3(16.7%)	0(0%)
In parents' home	1(4%)	1(5.6%)	0(0%)
Unknown	8(32%)	3(16.7%)	5(71.4%)
Year in School			
Freshman	12(48%)	10(55.6%)	2(28.6%)
Sophomore	3(12%)	2(11.1%)	1(14.3%)
Junior	0(0%)	2(11.1%)	0(0%)
Senior	0(0%)	0(0%)	0(0%)
Graduate student	1(4%)	1(5.6%)	0(0%)
Unknown	7(28%)	3(16.7%)	4(57.1%)
Greek Life Status			
Yes	4(16%)	4(26.6%)	0(0%)
No	13(52%)	11(73.3%)	2(28.6%)
Unknown	8(32%)	3(16.7%)	5(71.4%)

Note. There was missing data for some participants.

Table 2.*Contextual Information about Bystander Intervention Stories from Interview Data*

Contextual Information	<i>n</i> (%)
Gender of Perpetrator(s)	
Male	24(96%)
Female	1(96%)
Gender of Bystander(s)	
Male	9(25.7%)
Female	26(74.3%)
Relationship between Victim and Perpetrator	
Acquaintance	7(28%)
Friend	5(20%)
Romantic partner	1(4%)
Stranger	10 (40%)
Patient in Healthcare Setting	1(4%)
Staff at Public Location	1(4%)
Relationship between Victim and Bystander(s)	
Acquaintance(s)	3 (12%)
Roommate(s)	5(20%)
Friend(s)	16(64%)
Romantic partner(s)	1(4%)
Stranger(s)	2(8%)
Family of Victim(s)	5(20%)
Family of Perpetrator(s)	3(12%)
Helping Bystanders	
1	18(72%)
2	3(12%)
3	3(12%)
3+	1(4%)
Age of Victim at Event*	
Before age 18	8(32%)
18 to 24	10(40%)
25 to 30	1(4%)
Unknown, confirmed event occurred over 16 y/o during consent	6(24%)
Location of Event	
Frat/sorority party	7(28%)
Church	1(4%)
House party	3(12%)
Gas station	1(4%)
School	1(4%)
Work	1(4%)
Concert	1(4%)
Bar/Casino	2(8%)
House	5(2%)
Outdoors	2(8%)
Vacation/hotel	1(4%)

Time of Event	
Morning (5 AM-12 PM)	0(0%)
Afternoon (12 PM-5PM)	2(8%)
Evening (5 PM-9 PM)	6(24%)
Night (9 PM-4 AM)	17(68%)
Non-Intervening Bystanders Around	
Yes	21(84%)
No	3(12%)
Unsure	1(4%)
Non-Intervening Bystanders Present and Perceived to Notice Event	
Yes	19(76%)
No	5(20%)
Unsure	1(4%)
One or More People Using Alcohol or Substances Mentioned	
Yes	16(64%)
No	7(28%)
Unclear	2(8%)
Victim Intervention	
Asked bystander for help	3(12%)
Told perpetrator to stop verbally	10(40%)
Indicated perpetrator to stop physically (e.g., moving away)	4(16%)
Told bystander about discomfort without asking for help directly	4(16%)
Scream to get help	11(44%)
Did not mention the above behaviors	3(12%)
Later Sexual Victimization by Same Perpetrator**	
Not mentioned	17(68%)
Same Victim	3(12%)
New Victim	5(20%)

Note: $n_{survey}=19$, $n_{stories}=25$, $n_{bystanders}=35$, The ns range in this table due to missing data in the survey, and more bystanders than stories. *The age of event came from the interview, survey, or calculation from the researcher due to inconsistencies in describing when the event occurred. **The interviewer did not ask about later victimization by the same perpetrator, so this was coded based on whether the participant indicated a later victimization of self or others spontaneously after the bystander intervention occurred after the situation between the victim and perpetrator.

Table 3.*Frequency of Bystander Intervention Time Point and Example Behaviors.*

Intervention Timepoint	n(%)	Sample Quotes
Pre-assault, Low risk	5	“I was wearing like a, tank-top dress that was like, uh, went down to my knees, um and I - they whistled at me” “I would get stared at”
Pre-assault, High risk	20	“But she kept on like trying to kiss me or like touch my boobs and like crotch area” “Well, he was like, “which one of you wants to have sex with my friend?” “It was more like a- a stalking type of situation” “He was like trying to get it to happen again. So, he was like, ‘come on, let’s go do it. It’s fun. You’ve already done it once. It’s not the end of the world.’”
Mid-assault	2	“...now when he was removing his clothes, he pinned me down actually.”

Note. If a bystander intervened at more than one timepoint, then we counted the intervention at each time point. If a bystander intervened at the same timepoint multiple times, we only coded the time point one time.

Table 4.*Overview of Strategies Present based on Intervention Time Point.*

Strategies Present	Pre-assault, Low risk n(%)	Pre-assault, High risk n(%)	Mid-assault n(%)
Distance	3(60%)	14(70%)	1(50%)
Direct	2(40%)	9(45%)	2(100%)
Distract	1(20%)	8(40%)	0
Delegate	0(0%)	0(0%)	1(50%)
Proximity	0(0%)	4(20%)	0
Total Stories with Risk Level	5	20	2

Note. Some stories had more than one level of risk. Each timepoint was counted once for each story if intervention for a behavior occurred during that time point.

Table 5.*Strategies and Descriptions Based on Results from Present Study.*

Aim	Themes	Description
Bystander Intervention Strategies	Distance	Creating distance between the perpetrator and the victim while either staying in the same location or removing someone from the current location. This can be done by pulling the perpetrator or victim away, or verbally telling someone to leave the event.
	Direct	Confronting or asking the perpetrator about their behavior or checking in with the victim about their perceptions and feelings of the interaction, which can take place in private, among the parties involved, or in front of a group of people.
	Distract	Temporarily shifting the perpetrator's attention off the victim by starting or taking over the conversation, among other strategies
	Delegate	Seeking other individuals that are peers or a person in authority that may have more power to make a difference in the situation. This can include seeking an audience or a crowd for the behavior in efforts to have more attention on the situation at hand.
	Proximity	Closing the physical or interpersonal distance between the bystander(s) and the victim by either staying close to the person that may be harmed or indicating through other non-verbal cues that the bystander and victim are acquainted in some way.

Note. Diffuse strategies were in our initial codebook based on Moschella and colleagues (2018) article; however, these strategies were not described in the stories coded for the present study.

Table 6.
Strategies and Effectiveness.

Strategies Present	Entirely Effective <i>n</i> (%)	Temporarily Effective <i>n</i> (%)	Entirely Ineffective <i>n</i> (%)
Distance (<i>n</i> =18)	17(81%)	5(100%)	1(20%)
Direct (<i>n</i> =12)	10(47.6%)	2(40%)	3(60%)
Distract (<i>n</i> =8)	6(28.6%)	2(40%)	3(60%)
Delegate (<i>n</i> =1)	1(4.8%)	0(0%)	1(20%)
Proximity (<i>n</i> =5)	3(14.3%)	2(40%)	2(40%)
Total	21	5	5

Note. *N* = 25 stories. There were multiple strategies and effectiveness mentioned throughout depending on how many strategies were used. Since it was difficult at times to connect effectiveness to the singular timepoint where certain strategies were used, each strategy and effectiveness only had one count even if the person said the person repeated the same thing many times back-to-back.

Table 7.
Strategies and Verbal/Physical Harm.

Strategies Present	Verbal Harm/Threat – Perpetrator <i>n</i> (%)	Verbal Harm/Threat – Bystander <i>n</i> (%)	Verbal Harm/Threat – Victim <i>n</i> (%)	Physical Harm – Perpetrator <i>n</i> (%)	Physical Harm – Bystander <i>n</i> (%)	Physical Harm – Victim <i>n</i> (%)
Distance (<i>n</i> =18)	2(66.6%)	0	2(75%)	1(50%)	0	1(50%)
Direct (<i>n</i> =12)	3(100%)	1(100%)	2(75%)	1(50%)	0	0
Distract (<i>n</i> =8)	0	0	0	0	0	0
Delegate (<i>n</i> =1)	0	0	0	0	0	0
Proximity (<i>n</i> =5)	0	0	1(25%)	0	0	1(50%)
Total	3	1	3	2	0	2

Note. *One verbal threat was made to someone that was not present.

Appendix A

Initial Informed Consent for Psychology Subject Pool (Initial Eligibility Criteria)

Principal Researcher:**Principal Researcher:**

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Study Aim: The study aims to improve our understanding of how people who witness sexual harassment and/or assault may be able to intervene in an effective and safe manner to stop these situations.

Eligibility: Participants must be between the ages of 18-24, be a female student at the University of Arkansas, and reportedly experienced some form of sexual harassment or assault since age 16 where somebody tried to stop the situation.

Description: Once participants have read an online consent form and agree to participate, they will be asked to complete an anonymous online survey which will take about 30 minutes. The survey will consist of self-report questions about demographics, previous experiences of sexual harassment and sexual assault, alcohol use, and helping behaviors from another person. The participant will then be asked to partake in an in-person interview with a clinical psychology doctoral student about their most recent experience of sexual harassment or sexual assault in which someone tried to stop the situation.

Risks: Although there are no known risks for completing this survey, the sensitive nature of the topics may cause some level of discomfort for participants. All participants will be provided with mental health, crisis, and victim hotlines to participants to ensure they receive services if they experience any distress after recounting their experiences.

Benefits: Participants can benefit from this study by receiving either \$20 or 2.5-3 research credits toward their course requirements. Participants may also benefit by knowing they are contributing to knowledge that will help inform bystander intervention training programs.

Voluntary Participation: Your participation in this research is completely voluntary. You are not required to participate in this study or any other. Your future relations with the investigators of this study or the University of Arkansas will not be affected by your decision, whether or not you wish to participate

in this study. If you are participating in order to obtain research or class credit, please note that there are other options besides this study to earn the same credit.

Right to Discontinue Participation: If at any point during the course of the study you feel uncomfortable and do not wish to continue, you are free to discontinue participation without penalty. Additionally, your participation in this study is anonymous, therefore it will not be possible to withdraw your survey answers from the study after you have submitted the survey.

Confidentiality: Please keep in mind that your responses will be anonymous. Your name will not be associated with any of your responses, and your responses will be stored anonymously by the online survey software. All information will be kept confidential to the extent allowed by applicable State and Federal law and University policy. However, our SONA system is set up in such a way that **your name will not be linked to your responses on our survey**. All data will be stored in a password protected computer in a locked laboratory office and will be recorded anonymously used coded subject numbers. Names will not be recorded by the researcher. Your research records will be kept for five years after the study is closed and then destroyed. Any scientific reports or other applications of the results of the study will include no individual identifying information.

Questions: You have the right to contact the Principal Researcher or the University of Arkansas Research Compliance office at the email addresses and phone numbers as listed above for any questions or concerns that you may have. If you have any questions about the study, you may contact Kayla Ford at XXX-XXX-XXX or XXX@uark.edu or Dr. Lindsay Ham at XXX-XXX-XXXX or XXX@uark.edu. If you like, a summary of the results of the study can be sent to you. If you have any other concerns about your rights as a research participant that have not been answered, or if you have any problems or concerns that occur as a result of your participation, you may contact Ro Windwalker, Compliance Officer at the University of Arkansas Institutional Review Board at irb@uark.edu or 479-575-2208.

If you would like to keep a copy of this document for your records, please print or save this page now. You may also contact the researcher to request a copy.

Informed Consent: By signing below, I am indicating that I have read this form and understand its contents. I have had a chance to ask any questions, and my questions were answered to my satisfaction and I agree to participate in this study.

Appendix B

Final Informed Consent for Survey Subject Pool

Title: College Student's Experiences of Helping Behavior in Unwanted Sexual Situations Study

Principal Researcher:

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Study Aim: This study aims to improve our understanding of sexual victimization, bystander intervention, alcohol use, and mental health related outcomes among college students.

Description: Once participants have read an online consent form and agree to participate, they will be asked to complete an online survey which will take about 30-45 minutes. The survey will consist of self-report questions about demographics, previous experiences of sexual harassment and sexual assault, alcohol use, and helping behaviors from another person.

Risks: Although there are no known risks for completing this survey, the sensitive nature of the topics may cause some level of discomfort for participants. All participants will be provided with mental health, crisis, and victim hotlines to participants to ensure they receive services if they experience any distress after recounting their experiences.

Benefits: Participants can benefit from this study by receiving 1 research credit toward their course requirements. Participants may also benefit by knowing they are contributing to knowledge about sexual victimization, bystander intervention, and related mental health outcomes.

Voluntary Participation: Your participation in this research is completely voluntary. You are not required to participate in this study or any other. Your future relations with the investigators of this study or the University of Arkansas will not be affected by your decision, whether or not you wish to participate in this study. If you are participating in order to obtain research or class credit, please note that there are other options besides this study to earn the same credit.

Right to Discontinue Participation: If at any point during the course of the study you feel uncomfortable and do not wish to continue, you are free to discontinue participation without penalty. Additionally, your participation in this study is anonymous, therefore it will not be possible to withdraw your survey answers from the study after you have submitted the survey.

Confidentiality: Please keep in mind that your responses to the survey will be deidentified after data collection. All information will be kept confidential to the extent allowed by applicable

State and Federal law and University policy. One exception to confidentiality is if you express intention to harm yourself or others. In that case, we may need to call someone to help keep you safe. All data will be stored in a password protected computer and will be deidentified following data collection. Your research records will be kept for five years after the study is closed and then destroyed. Any scientific reports or other applications of the results of the study will include no individual identifying information.

Questions: You have the right to contact the Principal Researcher or the University of Arkansas Research Compliance office at the email addresses and phone numbers as listed above for any questions or concerns that you may have. If you have any questions about the study, you may contact Kayla Ford at XXX-XXX-XXXX or XXX@uark.edu or Dr. Lindsay Ham at XXX-XXX-XXXX or XXX@uark.edu. If you like, a summary of the results of the study can be sent to you. If you have any other concerns about your rights as a research participant that have not been answered, or if you have any problems or concerns that occur as a result of your participation, you may contact Ro Windwalker, Compliance Officer at the University of Arkansas Institutional Review Board at irb@uark.edu or 479-575-2208.

If you would like to keep a copy of this document for your records, please print or save this page now. You may also contact the researcher to request a copy.

By clicking the “CONSENT” button below, you are indicating that you have read this form and understand its contents and agree to participate in the online survey.

Appendix C

Informed Consent for Survey and Interview Social Media

Title: College Student's Experiences of Helping Behavior in Unwanted Sexual Situations Study

Principal Researcher:

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Study Aim: The study aims to improve our understanding of how people who witness unwanted sexual experiences, such as sexual harassment and/or assault, may be able to intervene in an effective and safe manner to stop these situations.

Eligibility: Participants must be between the ages of 18-30, identify as a female or gender minority, live in the United States, and report experiencing some form of unwanted sexual experience since the age of 16 in which somebody else tried to stop the situation.

Description: The participant will be asked to complete a confidential online survey and partake in an interview through WebEx with a clinical psychology doctoral student about their most recent experience of sexual harassment or sexual assault in which someone tried to stop the situation. The survey and interview will take approximately 2 hours to complete in total.

Risks: The sensitive nature of the topics may cause some level of discomfort for participants. All participants will be provided with mental health, crisis, and victim hotlines to participants to ensure they receive services if they experience any distress after recounting their experiences.

Benefits: Participants can benefit from this study by receiving a \$20 Amazon e-gift card within 3 to 5 business days of completion of the study. Participants may also benefit by knowing they are contributing to knowledge that will help inform bystander intervention training programs designed to prevent or stop sexual assault.

Voluntary Participation: Your participation in this research is completely voluntary. You are not required to participate in this study or any other. Your future relations with the investigators of this study or the University of Arkansas will not be affected by your decision, whether or not you wish to participate in this study.

Right to Discontinue Participation: If at any point during the course of the study you feel uncomfortable and do not wish to continue, you are free to discontinue participation without penalty. Additionally, your participation in this study is confidential.

Confidentiality: Your interview will be audio and video recorded through the WebEx platform for monitoring and accuracy of data collection. This audio recording will not contain your name, birthday, or other identifying information, and will be erased as soon as it has been transcribed by a research assistant. All information will be kept confidential to the extent allowed by applicable State and Federal law and University policy. One exception to confidentiality is if you express intention to harm yourself or others. In that case, we may need to call someone to help keep you safe. All data will be stored in a password protected computer and will be recorded anonymously using coded subject numbers. Your research records will be kept for five years after the study is closed and then destroyed. Any scientific reports or other applications of the results of the study will include no individual identifying information.

Questions: You have the right to contact the Principal Researcher or the University of Arkansas Research Compliance office at the email addresses and phone numbers as listed above for any questions or concerns that you may have. If you have any questions about the study, you may contact Kayla Ford at XXX-XXX-XXXX or XXX@uark.edu or Dr. Lindsay Ham at XXX-XXX-XXXX or XXX@uark.edu. If you like, a summary of the results of the study can be sent to you. If you have any other concerns about your rights as a research participant that have not been answered, or if you have any problems or concerns that occur as a result of your participation, you may contact Ro Windwalker, Compliance Officer at the University of Arkansas Institutional Review Board at irb@uark.edu or 479-575-2208.

If you would like to keep a copy of this document for your records, please print or save this page now. You may also contact the researcher to request a copy.

Informed Consent: By signing/typing my email address below, I am indicating that I have read this form and understand its contents. I have had a chance to ask any questions, and my questions were answered to my satisfaction and I agree to participate in this study.

By signing/typing my email address below, I also agree to allow my responses to the interview questions to be audio and video recorded. I understand that the video will be kept confidential and deleted once my responses have been transcribed.

Appendix D

Debriefing for Prescreener Social Media

Debriefing

Title: College Student's Experiences of Helping Behavior in Unwanted Sexual Situations Study

Principal Researcher:

Kayla M. Ford
Lindsay S. Ham, Ph.D.
Department of Psychological Sciences
216 Memorial Hall
Fayetteville, AR 72701
XXX-XXX-XXXX
XXX@uark.edu
XXX@uark.edu

Compliance Officer:

Ro Windwalker, CIP
University of Arkansas
Office of Research Compliance
109 MLKG Building
Fayetteville, AR 72701
XXX-XXX-XXXX
irb@uark.edu

In this study, we were interested in looking at how sexual victimization and bystander intervention may impact mental health outcomes. We were also interested in the prevalence of sexual victimization among college students on our campus.

All responses to the survey questions will be de-identified following data collection. We will also provide your name to the instructor to indicate that you should receive credit for participating in the study.

Please note: This is ongoing research. We would greatly appreciate your help in keeping the contents of this study confidential and not telling others about its contents, as this could impact the responses of others participating in the study.

If you have questions about the research or concerns about your participation, please contact the primary researchers through XXX@uark.edu or XXX@uark.edu. If you have any questions concerning the rights of participants in research studies, you may contact the University of Arkansas Office of Research Compliance at irb@uark.edu or 479-575-2208

Local:

University of Arkansas Counseling and Psychological Services (CAPS): (479) 575-5276 or
Pat Walker Health Center, 525 North Garland Avenue, Fayetteville, AR 72701

Psychological Clinic, University of Arkansas: (479) 575-4258

Ozark Guidance Hotline: (800) 234-7052

Northwest Arkansas Rape Crisis Center: (800) 794-4175

University of Arkansas Police: (for non-emergencies: 479-575-2222)

National/Online:

ULifeline: Text "START" to 741-741, call 1-800-273-TALK (8255), or
<http://www.ulifeline.org/main/Home.html>

National Sexual Assault Hotline: 800-656-HOPE or <http://www.rainn.org/get-help/national-sexual-assault-hotline>

National Suicide Prevention Lifeline: 800-273-8255 or <http://suicidepreventionlifeline.org/>

This information is provided solely for your convenience. The University of Arkansas provides no endorsement or guarantee of the services provided by these facilities.

Thank you again for your participation!

Appendix E

Debriefing for Survey on Subject Pool

Debriefing

Title: College Student's Experiences of Helping Behavior in Unwanted Sexual Situations Study

Principal Researcher:

Kayla M. Ford
 Lindsay S. Ham, Ph.D.
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 216 Memorial Hall
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In this study, we were interested in looking at how sexual victimization and bystander intervention may impact mental health outcomes. We were also interested in the prevalence of sexual victimization among college students on our campus.

All responses to the survey questions will be de-identified following data collection. At the end of this survey, the researcher will assign 1 research credit to your account.

Please note: This is ongoing research. We would greatly appreciate your help in keeping the contents of this study confidential and not telling others about its contents, as this could impact the responses of others participating in the study.

If you have questions about the research or concerns about your participation, please contact the primary researchers through XXX@uark.edu or XXX@uark.edu. If you have any questions concerning the rights of participants in research studies, you may contact the University of Arkansas Office of Research Compliance at irb@uark.edu or 479-575-2208

Local:

- **University of Arkansas Counseling and Psychological Services (CAPS):** (479) 575-5276
- or
- **Pat Walker Health Center, 525 North Garland Avenue,** Fayetteville, AR 72701
- **Psychological Clinic, University of Arkansas:** (479) 575-4258
- **Ozark Guidance Hotline:** (800) 234-7052
- **Northwest Arkansas Rape Crisis Center:** (800) 794-4175
- **University of Arkansas Police:** (for non-emergencies: 479-575-2222)

National/Online:

- **ULifeline:** Text "START" to 741-741, call 1-800-273-TALK (8255), or <http://www.ulifeline.org/main/Home.html>

- **National Sexual Assault Hotline:** 800-656-HOPE or <http://www.rainn.org/get-help/national-sexual-assault-hotline>

- **National Suicide Prevention Lifeline:** 800-273-8255 or <http://suicidepreventionlifeline.org/>

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Thank you again for your participation!

Appendix F

Informed Consent for Interview Subject Pool

Title: College Student's Experiences of Helping Behavior in Unwanted Sexual Situations Study

Principal Researcher:

Kayla M. Ford
Lindsay S. Ham, Ph.D.
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216 Memorial Hall
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Compliance Officer:

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University of Arkansas
Office of Research Compliance
109 MLKG Building
Fayetteville, AR 72701
XXX-XXX-XXXX
irb@uark.edu

Study Aim: The study aims to improve our understanding of how people who witness unwanted sexual experiences, such as sexual harassment and/or assault, may be able to intervene in an effective and safe manner to stop these situations.

Eligibility: Participants must be between the ages of 18-30, identify as a female or gender minority, live in the United States, and report experiencing some form of unwanted sexual experience since the age of 16 in which somebody else tried to stop the situation.

Description: The participant will be asked to partake in an interview through WebEx with a clinical psychology doctoral student about their most recent experience of sexual harassment or sexual assault in which someone tried to stop the situation. This interview will take approximately 45-60 minutes.

Risks: The sensitive nature of the topics may cause some level of discomfort for participants. All participants will be provided with mental health, crisis, and victim hotlines to participants to ensure they receive services if they experience any distress after recounting their experiences.

Benefits: Participants can benefit from this study by receiving either (a) 2 research credits toward their course requirements or (b) a \$20 Amazon e-gift card. Participants may also benefit by knowing they are contributing to knowledge that will help inform bystander intervention training programs designed to prevent or stop sexual assault.

Voluntary Participation: Your participation in this research is completely voluntary. You are not required to participate in this study or any other. Your future relations with the investigators of this study or the University of Arkansas will not be affected by your decision, whether or not you wish to participate in this study. If you are participating in order to obtain research or class credit, please note that there are other options besides this study to earn the same credit.

Right to Discontinue Participation: If at any point during the course of the study you feel uncomfortable and do not wish to continue, you are free to discontinue participation without penalty.

Additionally, your participation in this study is anonymous, therefore it will not be possible to withdraw your survey answers from the study after you have submitted the survey.

Confidentiality: Your interview will be audio and video recorded through the WebEx platform for monitoring and accuracy of data collection. This recording will be stored in a password

protected Box.uark.edu folder, only viewable by the interviewer and the research assistant that transcribes your audio, and erased as soon as the audio recording has been transcribed by a research assistant. All information will be kept confidential to the extent allowed by applicable State and Federal law and University policy. One exception to confidentiality is if you express intention to harm yourself or others.

In that case, we may need to call someone to help keep you safe. All data will be stored in a password protected computer and will be recorded anonymously using coded subject numbers. Your research records will be kept for five years after the study is closed and then destroyed. Any scientific reports or other applications of the results of the study will include no individual identifying information.

Questions: You have the right to contact the Principal Researcher or the University of Arkansas Research Compliance office at the email addresses and phone numbers as listed above for any questions or concerns that you may have. If you have any questions about the study, you may contact Kayla Ford at XXX-XXX-XXXX or XXX@uark.edu or Dr. Lindsay Ham at XXX-XXX-XXXX or XXX@uark.edu. If you like, a summary of the results of the study can be sent to you. If you have any other concerns about your rights

as a research participant that have not been answered, or if you have any problems or concerns that occur as a result of your participation, you may contact Ro Windwalker, Compliance Officer at the University of Arkansas Institutional Review Board at irb@uark.edu or 479-575-2208.

If you would like to keep a copy of this document for your records, please print or save this page now. You may also contact the researcher to request a copy.

Informed Consent: By signing/typing my name below, I am indicating that I have read this form and understand its contents. I have had a chance to ask any questions, and my questions were answered to my satisfaction and I agree to participate in this study.

Appendix G

Debriefing for Interview

Principal Researcher:

Kayla M. Ford
 Lindsay S. Ham, Ph.D.
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 109 MLKG Building
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 irb@uark.edu

In this study, we were interested in looking at how bystanders may be using certain intervention strategies and how the differing strategies may be able to effectively and safely stop unwanted sexual behaviors in the form of sexual harassment and/or sexual assault.

Any individually identifiable information will be changed in the collected data during transcription and the audio and video recording will be deleted following transcription. Upon completion of this form, the researcher will provide you with the \$20 payment or assign research credit to your Sona account.

Please note: This is ongoing research. We would greatly appreciate your help in keeping the contents of this study confidential and not telling others about its contents, as this could impact the responses of others participating in the study.

If you have questions about the research or concerns about your participation, please contact the primary researchers through kf022@uark.edu or lham@uark.edu. If you have any questions concerning the rights of participants in research studies, you may contact the University of Arkansas Office of Research Compliance at irb@uark.edu or 479-575-2208

Local:

- **University of Arkansas Counseling and Psychological Services (CAPS):** (479) 575-5276 or
- **Pat Walker Health Center, 525 North Garland Avenue, Fayetteville, AR 72701**
- **Psychological Clinic, University of Arkansas:** (479) 575-4258
- **Ozark Guidance Hotline:** (800) 234-7052
- **Northwest Arkansas Rape Crisis Center:** (800) 794-4175
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National/Online:

- **ULifeline:** Text “START” to 741-741, call 1-800-273-TALK (8255), or <http://www.ulifeline.org/main/Home.html>
- **National Sexual Assault Hotline:** 800-656-HOPE or <http://www.rainn.org/get-help/national-sexual-assault-hotline>
- **National Suicide Prevention Lifeline:** 800-273-8255 or <http://suicidepreventionlifeline.org/>

This information is provided solely for your convenience. The University of Arkansas provides no endorsement or guarantee of the services provided by these facilities.

Thank you again for your participation!

Appendix H

Institutional Review Board Approval Letters



To: Kayla M Ford
 BELL 4188
From: Douglas J Adams, Chair
 IRB Expedited Review
Date: 09/30/2020
Action: **Expedited Approval**
Action Date: 09/30/2020
Protocol #: 2005266375
Study Title: Female College Students Experiences of Sexual Harassment and Assault in the Presence of Others: A Qualitative Analysis of the Effectiveness and Consequences of Bystander Intervention Strategies
Expiration Date: 07/02/2021
Last Approval Date:

The above-referenced protocol has been approved following expedited review by the IRB Committee that oversees research with human subjects.

If the research involves collaboration with another institution then the research cannot commence until the Committee receives written notification of approval from the collaborating institution's IRB.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date.

Protocols are approved for a maximum period of one year. You may not continue any research activity beyond the expiration date without Committee approval. Please submit continuation requests early enough to allow sufficient time for review. Failure to receive approval for continuation before the expiration date will result in the automatic suspension of the approval of this protocol. Information collected following suspension is unapproved research and cannot be reported or published as research data. If you do not wish continued approval, please notify the Committee of the study closure.

Adverse Events: Any serious or unexpected adverse event must be reported to the IRB Committee within 48 hours. All other adverse events should be reported within 10 working days.

Amendments: If you wish to change any aspect of this study, such as the procedures, the consent forms, study personnel, or number of participants, please submit an amendment to the IRB. All changes must be approved by the IRB Committee before they can be initiated.

You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with the IRB Committee, original signed consent forms, and study data.

cc: Lindsay S Ham, Investigator



To: Kayla M Ford
 BELL 4188
From: Douglas J Adams, Chair
 IRB Expedited Review
Date: 04/01/2021
Action: **Expedited Approval**
Action Date: 03/29/2021
Protocol #: 2005266375A001
Study Title: Female College Students Experiences of Sexual Harassment and Assault in the Presence of Others: A Qualitative Analysis of the Effectiveness and Consequences of Bystander Intervention Strategies
Expiration Date: 07/02/2021
Last Approval Date: 03/29/2021

The above-referenced protocol has been approved following expedited review by the IRB Committee that oversees research with human subjects.

If the research involves collaboration with another institution then the research cannot commence until the Committee receives written notification of approval from the collaborating institution's IRB.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date.

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Adverse Events: Any serious or unexpected adverse event must be reported to the IRB Committee within 48 hours. All other adverse events should be reported within 10 working days.

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You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with the IRB Committee, original signed consent forms, and study data.

cc: Lindsay S Ham, Investigator

Appendix I

Recruitment Ad on Social Media

Help with research to better understand experiences related to sexual assault! Prospective participants are invited to take a 5-to-10 minute eligibility pre-screener related to demographics, previous experiences of sexual harassment, and bystander intervention. Interested people will be prompted to provide their email address and will be contacted by the student researcher if eligible. The full 2-hour study consists of additional questionnaires related to sexual assault, helping behavior, and mental health outcomes and an interview with the student researcher. Participants in the full study will be compensated with a \$20 Amazon e-gift card.

Appendix J

Subject Pool Screening

For the following questions: *Sexual harassment* is defined as **behavior characterized by the making of unwelcome and inappropriate sexual remarks or physical advances in a workplace or learning environment or in other professional or social situations.**

Examples include:

- unwanted sexual attention
- touching you in a way that made you uncomfortable
- unwanted sexually explicit photos, emails, or text messages
- sexist comments
- repeated requests for dinner or drinks despite rejection
- discussing sexual relations/stories/fantasies at school, work, or other inappropriate places
- feeling pressured to engage with someone sexually
- physical acts of sexual assault
- verbal harassment of a sexual nature, including jokes about sexual orientation or sexual acts

1. Have you ever had a friend, family member, stranger, or acquaintance witness someone sexually harass you?
 - a. Yes
 - b. No
 - c. Not sure
 - d. Prefer not to answer

2. If YES: Did someone do something try to stop the sexual harassment?
 - a. Yes. Who did something? _____
 - b. No
 - c. I have never experienced sexual harassment
 - d. Prefer not to answer

Appendix K

Demographic Measure

What is your age?

What is your gender? (Male/Female/Other)

What is your race/ethnicity? (choose all that apply)

- Black/African American
- Hispanic/Latinx
- Asian/Pacific Islander
- American Indian/Native American/Alaskan Native
- White/Caucasian/European American

Which of the following best describes your sexual orientation?

- Heterosexual
- Lesbian
- Gay
- Bisexual
- Asexual
- Pansexual
- Other

What is your current relationship status?

- In a relationship
- Single

What year are you in?

- Freshman/First year
- Sophomore/Second year
- Junior/Third year
- Senior/Fourth year
- Fifth year
- Graduate student

Are you a member of a Greek fraternity or sorority?

- Yes
- No

Where do you live?

- With a family member
- On-campus dorms/residence halls
- On-campus or university owned apartments
- Fraternity or sorority house
- Off-campus apartments or house
- Other: please specify

Appendix L

Sexual Experiences Questionnaire

Instructions: Please indicate whether you have experienced any of the following behaviors **since the age of 16 years old**.

1. Told suggestive stories
 - a. Yes, no
2. Attempted to discuss sex
 - a. Yes, no
3. Made crude sexual remarks
 - a. Yes, no
4. Made offensive remarks
 - a. Yes, no
5. Unwanted sexual attention
 - a. Yes, no
6. Staring, leering at you
 - a. Yes, no
7. Attempts to establish a sexual relationship
 - a. Yes, no
8. Displayed offensive materials
 - a. Yes, no
9. Sexist comments
 - a. Yes, no
10. Repeated requests for drinks, dinner, despite rejection
 - a. Yes, no
11. Subtly bribed you
 - a. Yes, no
12. Subtly threatened you
 - a. Yes, no
13. Touching in a way that made you feel uncomfortable
 - a. Yes, no
14. Attempts to stroke or fondle
 - a. Yes, no
15. Made it necessary to cooperate to be well treated
 - a. Yes, no
16. Made you afraid of poor treatment if you didn't cooperate
 - a. Yes, no

Please indicate the gender of the person who engaged in the above behavior(s) towards you since the age of 16:

- Female only
- Male only
- Male and female
- Other: please specify

Appendix M

Sexual Experiences Survey – Revised

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box (☐) showing the number of times each experience has happened to you. If several experiences occurred on the same occasion—for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. “The past 12 months” refers to the past year going back from to- day.

1. Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (*but did not attempt sexual penetration*) by:

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

2. Someone had oral sex with me or made me have oral sex with them without my consent by:

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.

- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

3. If you are a male, check box and skip to item 4

A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:

- b. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- c. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- d. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- e. Threatening to physically harm me or someone close to me.
- f. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

4. A man put his penis into my butt, or someone inserted fingers or objects without my consent by:

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

5. Even though it did not happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.

- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

6. If you are male, check this box and skip to item 7.

Even though it did not happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

7. Even though it did not happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

8. I am: Female Male My age is years and months.

9. Did any of the experiences described in this survey happen to you one or more times?

Yes No

What was the sex of the person or persons who did them to you?

I reported no experiences Female only Male only Both females and males

10. Have you ever been raped?

Yes No

Appendix N

Bystander Presence and Intervention

In any of the above situations, did anybody see what happened to you besides you and the person who did this? Check all that apply.

- Family member(s)
- Roommate(s)
- Friend(s)
- Acquaintance(s)
- Police officer(s)
- Stranger(s)
- No one
- Other: please specify
- I did not indicate “yes” to any of the above experiences

In any of these situations, did anybody attempt to help you or stop any of the above mentioned experiences?

- Yes
- No
- Not sure
- I did not indicate “yes” to any of the above experiences

Appendix O

Most Recent Event Survey Questions

Please think about the *most recent* situation where *someone tried to stop a situation* where you were being sexually harassed or assaulted when answering the following questions.

1. How old were you when this occurred most recently?
2. Where did this occurrence take place?
 - a. Bar
 - b. Party
 - c. House
 - d. Tailgate
 - e. Other: please specify
3. How many people would you estimate were around when someone tried to help you out of the situation? Do **NOT** include you, the person engaging in unwanted behavior towards you, and the person that tried to help stop the situation in this total.
 - a. Answer: _____
4. How intoxicated do you believe **you** were at the time of the event?
 - a. Not at all intoxicated – no perceived intoxication
 - b. A little - mild relaxation, slight loss of social discomfort, and mild intensification of mood
 - c. Somewhat - a small buzz, loss of shyness, emotions and behavior become exaggerated, and reaction time slows
 - d. Moderately - fuzzy thinking, speech may be noticeably impaired, sight and hearing acuity are reduced, and ability to make decisions is compromised
 - e. Quite - confusion, disorientation, exaggerated emotions, and all sensory perceptions distorted
 - f. Very intoxicated - nearly unconscious, unable to walk/stand, vomiting, and impaired consciousness
5. How intoxicated do you believe **the person harassing/assaulting you** was at the time of the event?
 - a. Not at all intoxicated – no perceived intoxication
 - b. A little - mild relaxation, slight loss of social discomfort, and mild intensification of mood
 - c. Somewhat - a small buzz, loss of shyness, emotions and behavior become exaggerated, and reaction time slows
 - d. Moderately - fuzzy thinking, speech may be noticeably impaired, sight and hearing acuity are reduced, and ability to make decisions is compromised
 - e. Quite - confusion, disorientation, exaggerated emotions, and all sensory perceptions distorted
 - f. Very intoxicated - nearly unconscious, unable to walk/stand, vomiting, and impaired consciousness
6. How intoxicated do you believe **the person trying to help you** was at the time of the event?
 - a. Not at all intoxicated – no perceived intoxication

- b. A little - mild relaxation, slight loss of social discomfort, and mild intensification of mood
 - c. Somewhat - a small buzz, loss of shyness, emotions and behavior become exaggerated, and reaction time slows
 - d. Moderately - fuzzy thinking, speech may be noticeably impaired, sight and hearing acuity are reduced, and ability to make decisions is compromised
 - e. Quite - confusion, disorientation, exaggerated emotions, and all sensory perceptions distorted
 - f. Very intoxicated - nearly unconscious, unable to walk/stand, vomiting, and impaired consciousness
7. What was your relationship to the person harassing/assaulting you?
- a. Friend
 - b. Stranger
 - c. Acquaintance
 - d. Romantic partner
 - e. Roommate
 - f. Other: please specify
8. What was your relationship to the person that tried to help you?
- a. Friend
 - b. Stranger
 - c. Acquaintance
 - d. Romantic partner
 - e. Roommate
 - f. Police Officer
 - g. Other: please specify
9. What was the relationship between the person that tried to help you and the person harassing/assaulting you?
- a. Friend
 - b. Stranger
 - c. Acquaintance
 - d. Romantic partner
 - e. Roommate
 - f. Police officer
 - g. Other: please specify
 - h. I don't know

Appendix P

Social Media Pre-screener Questions

Note: some items were adapted and changed over time based on eligibility criteria changes

1. What is your age?
2. What gender do you identify as? [Male, Female, Transgender male, Transgender female, Gender non-binary, Other: please specify ____]
3. Do you live in the United States? [Yes, No]
4. Are you currently enrolled in college? [Yes; currently enrolled, No; previously enrolled and graduated, No; previously enrolled and did not graduate, No; never enrolled]
5. What year in school are you? [Freshman/First year, Sophomore/Second year, Junior/Third year, Senior/Fourth year, Fifth year, Graduate student]
6. Which of the following best describes your sexual orientation? [Heterosexual, Gay, Lesbian, Bisexual, Pansexual, Another sexual orientation: please specify, Questioning or unsure, I prefer not to respond]
7. Are you a member of a Greek fraternity or sorority? [yes, no]
8. Are you an international student? [Yes, No]
9. My ethnicity is [Asian or Asian American, including Chinese, Japanese, or others; Black or African American; Hispanic or Latina/o, including Mexican American, Central American, and others; White, Caucasian, Anglo, European American; not Hispanic; American Indian/Native American; Other: please specify]
10. Where do you live?
 - a. In parents' home
 - b. In relatives' home
 - c. On-campus dorms/residence halls
 - d. On-campus or university owned apartments
 - e. Fraternity or sorority house
 - f. Off-campus apartments or house
 - g. Other: please specify

+ Most Recent Event Questions (Appendix O) and SEQ (Appendix L)

Email Prompt:

The full study aims to learn, based on your experiences, more about how people can more effectively intervene to stop sexual harassment and assault. This study would be conducted at a later time through a WebEx interview with a clinical psychology doctoral student, will take approximately 2 hours, and you will be compensated with a \$20 Amazon e-gift card.

If you are interested in participating in the longer follow-up study where you will complete additional questionnaires and an interview, provide your email address below to be contacted by the student researcher if you are eligible based on your responses above.

Appendix Q

Interview Protocol

Instructions: Interviewers read the “Introduction” section verbatim to the participant along with the various questions in the right-hand column of the interview protocol. However, researchers can follow up as-needed for clarity and confusion based on the participants’ answers to the questions. Researchers are also instructed to use the same language as the participant in describing the bystander(s) and perpetrator. For example, if the participant references the bystander as “my good friend” and the perpetrator as “the guy messing with me” then the interviewer should use that same language inserted where the interview says “bystander” and “perpetrator.” Rating scales for items are also within the protocol below.

Introduction: Now that you have completed the online survey, I want to ask you some additional questions about your experience being helped out of an unwanted situation. On the survey, you indicated that someone has tried to help you out of a situation where you were experiencing unwanted sexual behavior. Please tell me in your own words what happened during the **most recent time** someone helped you.

General Information	Sample Questions
Date of event	<p><u>Ask one or more of these questions as necessary:</u> How recent was this? When did this happen? How long ago was this event?</p>
Setting of event(s) (indoor/outdoor, location)	<p><u>Ask one or more of these questions as necessary:</u> Paint me a picture of this situation – where were you? Where were you when this happened? Please describe the setting where this happened?</p>
Time of day	<p><u>Ask this:</u> What time of day did this happen?</p>
Number of bystander(s)	<p><u>Ask this:</u> How many people tried to help you in this situation?</p>
Bystander Audience/Inhibition	<p><u>Ask one or more of these questions as necessary:</u> Did you know others who were there? How many people were around at the time?</p>

Bystander Intervention Phase (pre-assault/mid-assault)	<u>Ask this if unclear:</u> What was happening between you and “perpetrator” when “bystander(s)” intervened?
Step 1: Noticing the event	<u>Ask this:</u> How many people do you think noticed what was happening between you and “perpetrator”?
Step 5: Choose an action	<u>Ask this:</u> Tell me about what “bystander” did to try to help the situation or stop the behavior.
Effectiveness of intervention	<u>Ask all questions:</u> Did “bystander” successfully stop “perpetrator”’s behavior? How long did “perpetrator”’s behavior stop after “bystander” intervened? <i>Ask applicable question(s) based on above response:</i> a. <i>If participant indicates the unwanted behavior stopped completely, <u>move to part a of next question</u></i> b. <i>If the participant indicates that the behavior stopped for a limited amount of time, how much time do you believe passed between the intervening behavior before the unwanted behavior continued? Did (name of bystander) intervene again? <u>Move to part b of next question</u></i> c. <i>If the participant indicates that the intervention did not stop the behavior at all, <u>move to part c of next question</u></i>
Reasons the intervention was effective/ineffective	<u>Ask applicable question(s) as stated in previous question:</u> a. Why do you think “perpetrator” chose to stop engaging in the unwanted behavior towards you? b. Why do you think “perpetrator”’s behavior was stopped temporarily?

	<p>c. Why do you think “perpetrator” did not stop engaging in this behavior towards you despite (<i>name of bystander</i>) trying to stop the situation?</p>
Step 4: Decide how to help	<p><u>Ask all questions:</u> Why do you think “bystander” helped you by (<i>type of intervention</i>) as opposed to doing something else?</p>
Information about the bystander(s) – personality traits, social status, physical stature, etc.	<p><u>Ask this about each bystander(s):</u> How would you describe “bystander” to someone who does not know them?</p> <p><u>Ask if not answered:</u> How would you describe “bystander”’s physical appearance? Did they appear physically fit?</p>
Information about the perpetrator(s) – personality traits, social status, physical stature, etc.	<p><u>Ask all questions:</u> How would you describe “perpetrator” to someone who does not know them?</p> <p><u>Ask if not answered:</u> How would you describe “perpetrator”’s physical appearance? Was “perpetrator” physically fit?</p>
Step 2: Interpretation of event	<p><u>Ask all questions:</u> What kinds of cues do you believe “bystander” noticed that let them know the situation with “perpetrator” was unwanted or distressing?</p>
Relationship between participant and perpetrator	<p><u>Ask all questions:</u> How long did you know “perpetrator” before this happened? What was your impression of “perpetrator” before this happened?</p> <p><u>If participant and “perpetrator” are NOT strangers:</u> How has this changed, if at all?</p>
<u>Note to self: pull up rating scales</u>	
Perceptions of harm to bystander	<u>Ask this:</u>

	On a scale of 1-10, with 1 being not at all concerned and 10 being extremely concerned, how concerned were you that “bystander” would be harmed when they intervened? Why did you pick that number?
Perceptions of harm to perpetrator	<u>Ask this:</u> On a scale of 1-10, with 1 being not at all concerned and 10 being extremely concerned, how concerned were you that “perpetrator” would be harmed when “bystander” intervened? Why did you pick that number?
Perceptions of harm to self before and after intervention	<u>Ask this:</u> On a scale of 1-10, with 1 being not at all scared and 10 being extremely scared, how fearful were you for your safety before “bystander” intervened? Why did you pick that number? How about after “bystander” intervened? Why did you pick that number?
Actual harm or threat of harm	<u>Ask all questions:</u> Was anyone physically harmed when “bystander” tried to help? <i>If yes</i> , who was harmed? By whom? What happened? Was anyone verbally threatened when “bystander” tried to help? <i>If yes</i> , who was threatened? By whom? What was said?
Other positive/negative consequences in general	<u>Ask all questions:</u> Did anything negative happen after “bystander” intervened? Did anything positive happen after “bystander” intervened?
Alcohol/substance use of those involved	<u>Ask all questions:</u> What role do you believe drugs or alcohol played in what happened, if any?
Relationship between participant and bystander	<u>Ask all questions about each bystander(s):</u> How long did you know “bystander” before they helped you?

	<p>What was your relationship like with “bystander” before this event?</p> <p><u>If participant and bystander are NOT strangers:</u> What is your relationship like with “bystander” now?</p>
Level of victim distress/mental health changes	<p><u>Ask this:</u> Have you experienced any distress related to the incident (<i>if questioned</i>: such as changes in mood, appetite, avoidance of situations similar to the event, etc.)?</p>
Alternative scenarios	<p><u>Ask all questions:</u> What do you think would have happened if nobody had tried to help?</p> <p>What would have been the ideal way for someone to help you in this situation?</p> <p>What do you wish would have happened differently, if anything?</p>
Step 3: Responsibility to intervene	<p><u>Ask this:</u> As you may know, in many situations like this people do not choose to get involved. What do you think are some reasons that someone did get involved in this situation?</p>
<p>Read to participant: “Thank you for all of your responses and sharing your story with me. We have spoken about a number of things related to this situation. I have asked you multiple questions, but we did not cover everything. Is there anything else you would like to tell me that I did not ask about or that you did not get a chance to say?”</p>	
<p><i>*Show relaxation video and ask the participant to follow the instructions*</i></p>	

1	<i>Not at all concerned</i>
2	
3	
4	
5	
6	
7	
8	
9	
10	<i>Extremely concerned</i>

1	<i>Not at all scared</i>
2	
3	
4	
5	
6	
7	
8	
9	
10	<i>Extremely scared</i>

Appendix R

Subjective Units of Distress Scale

Please rate your anxiety or discomfort at this moment using the scale below. You may choose any number between 0-100.

No Anxiety				Maximum Anxiety
0	25	50	75	100

Appendix S

Mental Health Resources

Mental health services can be helpful in understanding and coping with feelings or behaviors in a positive and healthy way. If you have any concerns about mental health issues, some of the local mental health services listed below are good resources for questions, guidance, or treatment. This information is provided solely for your convenience. The University of Arkansas provides no endorsement or guarantee of the services provided by these facilities.

Emergency Resources:**Ozark Guidance Hotline**

(800) 234-7052

Northwest Arkansas Rape Crisis Center

(800) 794-4175

Washington Regional Medical Center

3215 N. North Hills Blvd

Fayetteville, AR

(479) 713-1000

Vista Health

4253 Crossover Rd.

Fayetteville, AR

(479) 521-5731

(800) 545-HOPE

Decision Point Alcohol and Drug Treatment Services

Immediate help: (479) 464-1060

After hours: (479) 381-4549

For University of Arkansas Students only

CAPS Crisis Line

(479) 575-5276

Mental Health Clinics:**Ozark Guidance**

2508 SE 20th Street

Bentonville, AR

(479) 273-9088

2400 S. 48th Street

Springdale, AR

(479) 750-2020

Northwest Arkansas Rape Crisis Center

2367 N. Green Acres Rd.
 Fayetteville, AR
 (479) 445-6448

Behavior Therapy & Counseling Clinic

Fayetteville, AR
 (479) 575-0868

Fayetteville Psychotherapy Associates

225 North East Avenue
 Fayetteville, AR
 (479) 442-8900

Psychological Clinic

University of Arkansas
 111 Memorial Hall
 Fayetteville, AR
 (479) 575-4258

Psychology & Counseling Associates

1 W. Sunbridge Drive
 Fayetteville, AR
 (479) 443-5575

Decision Point Alcohol and Drug Treatment Services

602 N. Walton Boulevard
 P. O. Box 1393
 Bentonville, AR 72712

301 Holcomb St
 Springdale, AR 72764-4404

402 Hailey Road
 Berryville, AR 72616-5077

Northwest Arkansas Psychological Group

1706 E. Joyce Blvd, Suite #3
 Fayetteville, AR 72703
 (479) 442-9381

For University of Arkansas Students**Counseling and Psychological Services (CAPS)**

Pat Walker Health Center
 525 North Garland Avenue
 1 University of Arkansas

Fayetteville, AR 72701-1201
(479) 575-5276

For Veterans

Fayetteville VA Medical Center
1100 North College Ave.
Fayetteville, AR
(479) 443-4301

Online Resources

National Institute on Alcohol and Alcoholism “Rethinking Drinking”

<http://rethinkingdrinking.niaaa.nih.gov/default.asp>

This site has several resources to assist in taking a look at your drinking habits and how they may be affecting your health.

Substance Abuse Treatment Facility Locator from the Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://dasis3.samhsa.gov/Default.aspx>

This site allows you to locate information about drug and alcohol treatment facilities in your area.

Alcoholics Anonymous (AA)

www.aa.org

Moderation Management (MM)

<http://www.moderation.org/>

Smart Recovery

<http://www.smartrecovery.org/>

Association for Behavioral and Cognitive Therapies

www.abct.org

Information about psychological symptoms, psychological treatments, and find-a-therapist tool to locate local treatment resources for treatment providers school in cognitive-behavioral therapies.

American Psychological Association (APA) Help Center

<http://www.apahelpcenter.org/>

Brochures, tips, and articles about psychological issues affecting your physical and emotional well-being, as well as information about referrals

Anxiety Disorders Association of America (ADAA)

<http://www.adaa.org/>

Information about anxiety disorders and resources for seeking treatment.

Appendix T

Preliminary Codebook

Direct Intervention. “Direct intervention was described as talking to the parties involved about the behavior they were engaging in, by asking the victim if she is okay and needs help, or by confronting the perpetrator,” (Moschella et al., 2018, pg. 3217).

Distract Intervention. “Distract intervention was defined as interrupting the situation without directly confronting the perpetrator or asking the victim if she needs help, such as introducing a new conversation topic, making up a lie (about going to bathroom or going outside), or starting a new activity with the victim or perpetrator such as dancing,” (Moschella et al., 2018, pg. 3218).

Distance intervention. “Direct intervention was characterized as physically distancing the victim from the perpetrator or vice versa, such as taking the victim to her dorm room or to the bathroom,” (Moschella et al., 2018, pg. 3218).

Delegate intervention. “Delegate intervention was described as seeking help from a third party, such as asking the friends of the victim or perpetrator to help, asking other bystanders, or calling 911,” (Moschella et al., 2018, pg. 3218).

Diffuse intervention. “Diffuse intervention was defined as actions to calm down the parties involved, such as breaking up the situation by telling the parties involved to relax or calm down,” (Moschella et al., 2018, pg. 3218).

Entirely Effective: Following bystander intervention, the perpetrator’s behavior discontinued completely towards the participant at the event-level (i.e., for the remainder of the time the perpetrator and victim were around each other). This code will be used when the perpetrator's behavior stops entirely after a bystander or group of bystanders that intervene together intervened. This code should be used if the behavior was stopped during the described situation

even if the participant reports that they were assaulted by the same perpetrator at a later timepoint.

Entirely Ineffective: The perpetrator's behavior did not stop for any length of time following intervention at the event-level. This code will be used when the perpetrator's behavior continued despite the actions of a bystander or group of bystanders that intervene together were. This code should be used if the participant does not indicate that the perpetrator's behavior stopped.

Temporarily Effective: The perpetrator's behavior stopped briefly or for some amount of time prior to re-approaching and/or re-targeting the participant at the event-level (i.e., victim). This code will be used when the perpetrator stops engaging in the unwanted behavior for a temporary amount of time after the bystander intervened. This code should be used if the perpetrator continues their behavior towards the same individual during the event/situation being described. This code should NOT be used if the perpetrator's behavior stopped at that event even if they assaulted the participant at a later time point.

Verbal Threat/Harm: This code will be used when during or following bystander intervention, there is some level of emotional, verbal, or physical threat of harm. This can include behaviors, such as calling someone names (e.g., a bitc*), threatening to physically harm someone, threatening their social status by spreading lies, etc. Codes include: Absence of Verbal Threat, Threat to Bystander, Threat to Perpetrator, Threat to Victim (*can indicate more than one*)

Physical Harm: This code will be used when anyone was physically harmed at the event DURING or AFTER the bystander intervened. This includes bruises, physical fights, or other forms of physical violence. Codes include: Absence of Physical Harm, Physical Harm to Bystander, Physical Harm to Perpetrator, Physical Harm to Victim (*can indicate more than one*)