

## **Stand Up and Speak Up: Effectiveness of Web-Based Bystander Intervention on a College Campus**

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### ***Abstract***

The goal of bystander intervention is to provide college students with the necessary means to recognize an assaultive situation and gain the confidence to step in. The current study examined the effectiveness of a web-based bystander intervention by measuring 28 participants' outcomes (Illinois Rape Myth Acceptance Scale, Bystander Efficacy Scale, and a confidence in bystander intervention scale) before and after the intervention. The results were compared to a control group receiving statements about sexual assault and to existing data collected from the bystander workshop Stand Up Titans!, conducted through the University of Wisconsin Oshkosh Women's Center during the 2014–2015 academic year. Contrary to expectations, there was no difference in Rape Myth Acceptance scores or Bystander Efficacy scores between the experimental (web-based video) and control (reading passages) groups. Watching the web-based intervention did increase participants' confidence in intervening compared to the control group, however. As expected, there was a difference in Rape Myth Acceptance (RMA) scores between the web-based intervention group and the Stand Up Titans! workshop, with participants in the workshop reporting a lower Rape Myth Acceptance (i.e., lower endorsement of harmful rape myths). The web-based intervention group and the workshop both had high rates of confidence in intervening. Together, these findings suggest that web-based interventions may be effective at improving bystander confidence but may not reduce rape myths to a greater extent than merely reading statistics about sexual assault. Findings from this study have implications for the use of web-based bystander interventions on college campuses.

## ***Introduction***

Students in college are at a greater risk of sexual assault compared to same-age peers outside of college (National Sexual Violence Resource Center 2015). Changing attitudes are important in order to change unwanted sexual experiences of both men and women (Banyard, Moynihan, and Plante 2007). Bystander-intervention workshops are effective in altering the attitudes of college students as well as informing students about how to help prevent sexual violence and gain confidence in their ability to intervene in assaultive situations.

Many bystander interventions are designed to change sexual assault-related knowledge, attitudes, and behavior. For example, one measure designed to assess knowledge and attitudes is the Rape Myth Acceptance Scale (Payne, Lonsway, and Fitzgerald 1999). Rape myths are beliefs that are not true about rape and include instances where, if women dress provocatively, for example, they are asking to be raped or where, if a man is drunk, he might rape someone unintentionally. Rape myth beliefs are important in shaping bystander attitudes toward sexual violence (McMahon 2010). If people have lower acceptance of rape myths then they are more likely to intervene because they are less accepting of rape culture and less tolerant of assaultive behaviors (Egan and Wilson 2012; Foubert and Marriott 1997). A construct related to a person's behavior is bystander efficacy. According to Ahn et al., "Self-efficacy is the belief held by individuals that they can successfully carry out the actions required for achieving a desired outcome" (2016). Bystander efficacy scales often ask students to consider various situations and then report how likely the students would be to intervene in assaultive situations and their level of confidence in intervention (Banyard et al. 2005). Rape myth acceptance, low perceived bystander efficacy, and low confidence in intervening are all important to address during bystander interventions because they are perceived barriers to intervention (Bennett, Banyard, and Garnhart 2014); they have the potential to hold bystanders back from intervening. Examining these barriers to intervention can therefore increase actual helping behavior (Bennett et al. 2014).

Many studies have attempted to examine the effectiveness of bystander interventions in changing knowledge, attitudes, and behaviors. A study conducted by Banyard et al. (2007) focused on sexual violence prevention through two different in-person bystander workshops. Students participated in either a one-session 90-minute program, or a program consisting of three 90-minute sessions. The experimenters assessed the knowledge, attitudes, and behavior of the participants before and after they received the intervention. The results showed that the longer the bystander intervention, the more significant the changes in behavior, knowledge, and attitudes. However, they noted that if there were time constraints, shorter intervention programs could still create important changes. Coker et al. (2011) conducted a study at the University of Kentucky where they evaluated a bystander intervention program called GreenDot. GreenDot is a web-based video program used on college campuses throughout the United States. The participants were split into four groups that received different amounts of training that varied by time and extent. Compared to those who received less training, those who had the most training (both quantity and depth) were more likely to intervene or report actual bystander behaviors (e.g., got help and resources for a friend who said she or he was raped) following participation in the web-based program. However, consistent with

the results found by Banyard et al. (2007), receiving any type of intervention, even if minimal, resulted in more active bystander behaviors than no intervention at all.

Another bystander intervention program used on college campuses is the Men's Project, which seeks to train men as women's allies against sexual violence toward women (Stewart 2014). It requires college men to participate in an 11-week, in-person workshop that explores sexual assault topics. Some of the topics include male privilege, sexuality, gender socialization, sexual violence, emotional and psychological impacts on sexual assault survivors, and bystander interventions. In an evaluation of this program, results demonstrated that the participants showed a decrease in rape myth acceptance and sexism, and reported an increase in feminist activism, action willingness, and bystander efficacy in comparison to control group participants who did not receive any type of intervention (Stewart 2014). This program targets men because previous studies such as Anderson and Whiston (2005) and Foubert and Marriott (1997) found that women generally already have lower rape myth acceptance and less endorsement of sexist beliefs compared to men.

A step further in bystander intervention research was a study conducted by Senn and Forrest (2015). They worked to integrate bystander education into an undergraduate curriculum by providing an in-person class that consisted of bystander intervention content. A baseline survey measured students' knowledge, attitudes, and behaviors. They then took online surveys at three points during the course, which measured efficacy, readiness to change, intentions, and perceived barriers to intervention. Positive changes occurred in both men and women college students when bystander interventions were incorporated into undergraduate curriculum. Students were more confident and showed more readiness to intervene for friends and strangers compared to the control group participants who did not receive an intervention (Senn and Forrest 2015).

While effective, long-term in-person interventions like the Men's Project can be costly. College campuses are now beginning to look for alternative and more cost efficient ways to provide their students with intervention strategies, including shorter, web-based interventions like GreenDot. As stated above, the longer and more in-depth the intervention the more effective it is, but receiving shorter bystander interventions on sexual assault may still have an important impact on reducing rates of sexual violence. Research suggests that introducing college students to the topic of bystander interventions can be enough to get them thinking about how they can help. Long-term web-based interventions can be effective just like the long-term in-person interventions. For example, Salazar et al. (2014) tested the effectiveness of a web-based bystander approach called RealConsent. This bystander approach was designed to enhance prosocial intervening behaviors and prevent sexual violence perpetration. The participants engaged in six, "30-minute interactive modules covering topics like informed consent, communication skills regarding sex, the role of alcohol and male socialization in sexual violence, empathy for rape victims, and bystander education" (Salazar et al. 2014). The results at the six month follow up indicated that participants intervened more, engaged in less sexual violence perpetration, showed knowledge of effective consent, held fewer rape myths, showed greater empathy toward rape victims, and had greater intentions to intervene in comparison to control group participants who watched 30-minute modules from a general health promotion

program. The authors argued that RealConsent has the potential to increase the overall impact on sexual violence (Salazar et al. 2014).

### ***Current Study***

Although the results of previous studies on short web-based interventions are encouraging, more interventions are needed. In addition, the shorter web-based interventions have not been directly compared to the longer, more comprehensive, in-person workshops. The current study examined the effectiveness of a one-hour web-based intervention by comparing it to a control group (experimental design) and a previously conducted in-person workshop (non-experimental design). Participants in the experimental study were randomly assigned to watch the web-based interaction (intervention) or read passages about sexual violence (control). Results from the web-based intervention were then compared to a longer in-person bystander intervention workshop (Stand Up Titans!) conducted at the University of Wisconsin Oshkosh during the 2014–2015 academic year. The fact that the in-person workshop was already conducted on campus provided a unique opportunity to examine the effectiveness of these three formats in one college setting.

It was expected that there would be positive impacts of both web-based and in-person bystander intervention programs. More specifically, previous literature (e.g., Banyard, Moynihan, and Plante 2007; Coker et al. 2011; Salazar, Vivolo-Kantor, Hardin, and Berkowitz 2014; Senn and Forrest 2015; Stewart 2014) predicted that students in the web-based intervention would have a higher bystander efficacy score, a lower Rape Myth Acceptance (RMA) score, and higher confidence in intervention strategies compared to students in the control group who read basic facts about sexual assault. It was also predicted that students in the web-based intervention would have a higher RMA score and lower confidence in intervention strategies in comparison to last year's longer and more in-depth bystander workshop, Stand Up Titans!. This is consistent with the current literature that suggests the extent of bystander intervention training impacts rape myth acceptance, confidence, and efficacy (e.g., Banyard, Moynihan, and Plante 2007; Coker et al. 2011; Salazar et al. 2014; Senn and Forrest 2015; Stewart 2014).

### ***Method***

#### **Participants**

Participants came from two sources: an experimental study and a non-experimental study utilizing existing data. All were students at the University of Wisconsin Oshkosh. There were 54 participants in the experimental study (11 men and 43 women). They were aged 18–24 ( $m = 19$ ) and ranged in ethnicity with 88.9% identifying as white. Students varied in year in school with the majority (66.7%) being first years, 22.2% sophomores, 9.3% juniors, and 1.9% seniors. An additional 36 participants came from existing data from a Stand Up Titans! workshop (a three-hour workshop run the previous year) for a total of 90 participants. No additional demographic information was available for the workshop participants.

## **Procedure**

### *Experimental Study*

Participants in the experimental study were recruited using the online SONA pool in the Department of Psychology, where students are able to sign up as one way to gain course credit. No classes of individuals were excluded from recruitment. All participants were tested individually, with no one else in the room, using a computer, paper, and pencil. The experimental procedure took a total of one hour and was completed in one sitting.

Students in the experimental study participated in one of two conditions: a one-hour session consisting of watching video modules on a computer (experimental condition) or one hour of reading facts about sexual violence (control condition). In between each section, participants answered a series of questions in order to assess comprehension of and attention to the material. Participants filled out the Illinois Rape Myth Acceptance Scale and rated their confidence in bystander intervention strategies prior to watching the video or reading the passages. After the intervention, they were asked again to fill out the Illinois Rape Myth Acceptance Scale and rate their confidence in bystander intervention strategies. Lastly, they completed the Bystander Efficacy Scale (measures are described below and in table 1).

The participants in the experimental web-based bystander intervention condition watched a series of video modules created by GreenDot (Coker et al. 2011) that contained strategies to safely intervene in a potentially assaultive situation. The video clips gave scenarios that took place in bars and taught the viewers how to identify risk factors for assault. These video scenes were not violent in any way and did not include any physical touching. The intervention strategies given to the participants were non-confrontational and considered the safety of the bystander as well as the person at risk of being sexually assaulted. The length of the modules varied with each one being no longer than nine minutes for a total of 60 minutes.

The participants in the experimental control condition read a series of passages that contained basic facts about sexual assault. They were not given any type of intervention or any information about intervening in bystander situations. They were only asked to read information pertaining to sexual violence and answer questions between passages to help ensure they were paying attention.

### *Web-Based Intervention vs. In-Person Intervention*

Results from the experimental study were also compared to results from the Stand Up Titans! workshop conducted the previous year. Stand Up Titans! was a three-hour in-person intervention developed by the University of Wisconsin Oshkosh Women's Center and based on the GreenDot in-person intervention workshop. The intervention took place in one day and included three parts, each one targeting different components of effective bystander training. In the first section, participants responded to questions about why the participants should invest in ending violence and help create an understanding of rape culture. The participants were also challenged to investigate their own misconceptions about rape and sexual violence. The second section helped participants become familiar with bystander intervention strategies by providing examples and discussing the importance of intervening safely. The third and final section was a role-play activity where participants were given opportunities

to try different intervention strategies. Participants were then given feedback by the workshop facilitators on how well they executed the strategies. The role-play activity was designed to help participants see that the intervention strategies could be applied to real-world situations. Participants partook in this intervention as part of one of their course requirements for a social work class. Workshop participants were given the confidence scale and the Illinois Rape Myth Acceptance Scale before and after participation in the intervention. They were also asked to provide a general review of the program.

### ***Measures***

*Demographics.* Prior to participating in the experimental study, students were asked a number of demographic questions including age, year in school, gender identity, major, race/ethnicity, and to which student clubs or organizations they belong.

*Bystander Efficacy Scale.* The Bystander Efficacy Scale (Banyard, Plante, and Moynihan 2005) was developed to assess participants' self-efficacy or perceived competence in relation to sexual violence prevention. Participants were asked to indicate their confidence, on a scale of 0 "can't do" to 100 "very certain can do," in performing each of the 14 bystander behaviors. For example, "How confident are you that you could get help and resources for a friend who tells you they have been raped?" or "How confident are you that you could do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party?" In the original scoring, summary scores are created by subtracting the mean of these 14 items from 100; thus, higher scores indicate lower self-efficacy. For the purpose of this study, the mean of the 14 items was not subtracted from 100 but instead the raw score was used so that higher scores reflected higher self-efficacy (i.e., a better outcome of intervention).

*Illinois Rape Myth Acceptance Scale.* The Illinois Rape Myth Acceptance Scale (Payne, Lonsway, and Fitzgerald 1999) is a 22-item scale that assesses attitudes toward many common myths about sexual violence. Participants indicated on a five-point Likert scale the extent to which they agreed with each item. Examples directly from the Illinois Rape Myth Acceptance Scale include, "When guys rape, it is usually because of their strong desire for sex" and "If a girl doesn't say 'no' she can't claim rape." Higher scores indicate greater acceptance of rape myths.

*Confidence Scale.* This scale was developed for the Stand Up Titans! workshop to assess participants' confidence in their ability to intervene. Participants were asked to rate their confidence on a five-point Likert scale ranging from "not at all confident" to "extremely confident." For the purpose of the current study, participants answered one question off this scale, "Please rate your confidence in bystander intervention strategies by circling your response below." A higher score indicated more confidence in their intervention strategies. Participants were given this scale before and after they partook in both the workshop intervention and the experimental study.

## Data Analysis

For the experimental study, independent samples t-tests determined the difference in rape myth acceptance, confidence, and bystander efficacy scores between the experimental and control groups. An independent samples t-test also examined the difference in bystander efficacy scores between women and men post intervention. For the non-experimental study, scores between the web-based intervention and the in-person workshop were compared descriptively.

## Results

All participants in the experimental study reported an overall increase in confidence in bystander intervention strategies. Although both groups reported an increase in confidence, the increase was significantly larger for those in the experimental condition ( $m_{diff} = 1.36, SD = .955$ ) than in the control condition ( $m_{diff} = .68, SD = .87$ ), ( $t(35) = -2.184, p < .05$ ; appendix A). There was also a decrease in overall RMA scores (i.e., decrease in acceptance of rape myths), though the difference in scores between the experimental and control groups was not significant ( $t(54) = .259, p > .05$ ; appendix B). Both the video and control group led to equally lower rape myth acceptance. Of note, the average RMA scores were low to begin with ( $m = 45.1, SD = 12.86$ ; scores could range from 0 to 100), meaning participants already endorsed a low number of rape myths. Finally, there was a difference in bystander efficacy scores between groups, with students in the experimental condition reporting higher efficacy post intervention ( $m = 86.5, SD = 9.36$ ) than students in the control group ( $m = 82.6, SD = 12.79$ ). However, the difference was not significant ( $t(54) = 1.27, p > .05$ ; appendix C). There was a significant gender difference in bystander efficacy scores with women having higher scores, thus reporting significantly higher bystander efficacy than men ( $m = 86.3, SD = 10.8$ , and  $m = 78.3, SD = 10.7$ , respectively;  $t(54) = 2.17, p < .05$ ; appendix D).

According to data records not collected by this researcher, there was a statistically significant ( $n = 26, p < .05$ ) reduction in acceptance of rape myth beliefs following the Stand Up Titans! workshop. Descriptive comparisons between the in-person workshop and the experimental conditions showed a larger difference in RMA scores after the workshop ( $m_{diff} = 6.9, SD = 8.11$ ) than after the experimental ( $m_{diff} = 5.2, SD = 5.3$ ) or control groups ( $m_{diff} = 5.7, SD = 8.32$ ). A similarly high percent of participants agreed or strongly agreed that they now felt confident in practicing their bystander intervention strategies after both the workshop (87.5%) and the web-based intervention (92.9%). Although still a large percent (76.9%), fewer participants agreed or strongly agreed that they were confident in intervening after reading passages in the control condition. All results are reported in table 1.

**Table 1.** Rape myth acceptance, bystander efficacy, and confidence in intervention by condition.

Intervention Type	Description of Intervention	Outcome Measures						
		Rape Myth Acceptance <sup>a</sup>			Bystander Efficacy <sup>b</sup>	Confidence Scale <sup>c</sup>		
		Pre	Post	Change	Post Only	Pre	Post	Change
<b>Experimental Conditions</b>								
GreenDot Web-Based Intervention	One-hour session watching video modules about bystander intervention	44.1	38.9	5.2	86.5	2.2	3.7 (92.9%)	1.46*
Control	One-hour session reading facts about sexual violence.	46.1	40.4	5.7	82.6	2.8	3.6 (76.9%)	.76
<b>Non-Experimental Condition</b>								
Stand Up Titans!	Three-hour in-person interactive workshop about bystander intervention	N/A	N/A	6.9*	N/A	N/A	87.5%	N/A

\*  $p < .05$

Note: This study included both experimental and non-experimental conditions. Data from the web-based intervention and control conditions were collected from General Psychology students during the Spring 2016 semester. Results from the Stand-Up Titans! workshop were provided to the researcher and were based on data collected from students participating in the workshop during the 2015–2016 academic year.

<sup>a</sup> The Rape Myth Acceptance Scale (Illinois Rape Myth Acceptance Scale; Payne, Lonsway, and Fitzgerald 1999) is a 22-item scale that assesses attitudes toward many common myths about sexual violence. Scores range between 0 and 100 with higher scores indicating greater acceptance of rape myths. RMA scores were collected both before and after the intervention though only the change score was available for Stand Up Titans!.

<sup>b</sup> The Bystander Efficacy Scale (Bystander Efficacy Scale; Banyard, Plante, and Moynihan 2005) is a 14-item scale that measures participants' self-efficacy, or perceived competence, in relation to sexual violence prevention. Scale scores range from 0 to 100 with higher scores reflecting higher self-efficacy. BE scores were only collected in the experimental conditions and only after the intervention.

<sup>c</sup> Confidence in Bystander Efficacy (CBE) was a one-item scale developed for the Stand Up Titans! workshop to assess participants' confidence in their intervention strategies. Participants responded to the question, "Please rate your confidence in bystander intervention strategies" using a five-point Likert scale ranging from 1 (not at all confident) to 5 (extremely confident). This item was used in all three conditions with pre- and post-scores available for the experimental conditions.

## Discussion

As expected, after participating in a one-hour, web-based intervention, students had higher confidence in bystander intervention strategies compared to a control group that read passages about sexual assault. This finding is consistent with previous literature and suggests that the web-based intervention was more effective in increasing confidence in intervention strategies than reading statistics alone (e.g., Anderson and Whiston 2005; Banyard, Moynihan, and Plante 2007; Coker et al. 2011; Salazar et al. 2014; Senn and Forrest 2015; Stewart 2014). However, both the control and the experimental group had a decrease in rape myth acceptance, which suggests that just reading passages on topics of sexual violence may be enough to change at least some beliefs in rape myths. In previous bystander intervention literature, the control group did not receive any information on sexual violence (e.g., Anderson and Whiston 2005; Banyard, et al. 2007; Palm Reed et al. 2015; Senn and Forrest 2015; Stewart 2014). Some previous research suggests that receiving basic information can be enough to get students thinking about what they can do and how they can get involved (Coker et al. 2011; Salazar et al. 2014).

There was a difference in bystander efficacy scores between groups, but it was not significant. The video was equally effective in increasing students' perceived efficacy in bystander interventions as reading passages. This finding is inconsistent with the

current literature on bystander interventions, which states that bystander efficacy scores should be significantly higher in intervention groups in comparison to control groups (Banyard et al. 2005 and 2007). The control group in this study did receive basic information on sexual violence in the passages they read. This may have been enough to change the control group's perceived willingness to intervene. Interestingly, there was a significant difference between women and men in bystander efficacy scores. Women were more likely than men to report that they would enact the bystander behaviors that they learned from the intervention. This finding could be due to women being well-versed in issues surrounding sexual violence because in the media sexual violence is socialized as a women's issue (Banyard et al. 2007; Hlavka 2014). The finding of this study also continues to support the idea that interventions targeting men in particular (e.g., the Men's Project) have the potential for greater outcomes.

The web-based intervention group had a lower post-intervention RMA score (less endorsement of rape myths) and similar confidence in intervention strategies in comparison to last year's bystander workshop, Stand Up Titans!. In general, the longer the intervention, the more effective the results (Banyard et al. 2007; Coker et al. 2011; Salazar et al. 2014; Senn and Forrest 2015; Stewart 2014). However, the web-based intervention and workshop seemed to both increase confidence in bystander intervention strategies, which is consistent with research suggesting that even some intervention is better than none (Anderson et al. 2005; Banyard et al. 2007; Coker et al. 2011; Salazar et al. 2014; Senn and Forrest 2015; Stewart 2014).

### **Limitations and Future Directions**

One of the limitations of this study was that there was no follow up, so the reduction in rape myth beliefs and increase in confidence may have been short term. However, some research suggests that even short interventions can have lasting effects (e.g., Banyard et al. 2007; Coker et al. 2011; Senn and Forrest 2015). In addition, there were a number of limitations to the measures themselves. First, the measures used in this study (i.e., Rape Myth Acceptance Scale, Bystander Efficacy Scale, and Confidence Scale) were self-reported. For example, participants were asked to report how likely they felt they could do certain bystander intervention behaviors. Participants might report they could enact these behaviors but then not actually do them. In other words, there is no way to know if the participants in this study will actually intervene using the strategies given to them in the web-based intervention. Participants may also answer self-report questions in a socially desirable way since it was clear what the purpose of the study was. This may be particularly problematic when the questions are about a socially unacceptable behavior such as sexual assault. Presumably, longer interventions (e.g., Stand Up Titans!) would produce greater demand characteristic effects. Second, the confidence scale was only one question, which might not have been enough to compile accurate results on whether or not the participants felt confident in their intervention skills. However, it was intentionally chosen given its use in the Stand Up Titans! workshop. Third, the Illinois Rape Myth Acceptance Scale was created in 1999, and some of the items on the list might have been out of date with current beliefs about sexual assault. For example, "A rape probably doesn't happen if a girl doesn't have any bruises or marks" is a belief with less endorsement today (Payne, Lonsway, and Fitzgerald 1999). Finally, the lack of raw data for the in-person workshop limited

the comparisons that could be made. Future research should test long-term effects of short web-based interventions. It should also add measures that ask participants what bystander behaviors they have done and include a confidence scale that asks more than one question concerning confidence in intervention strategies. Finally, an experimental study of both in-person and web-based interventions is warranted.

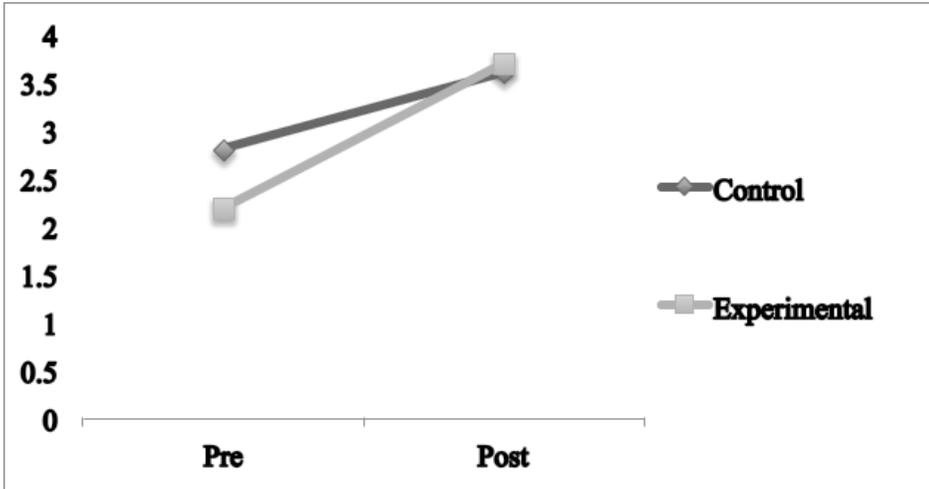
In conclusion, results suggest that shorter interventions may have important impacts on college campuses by reducing rape myth acceptance and increasing confidence in bystander intervention strategies. One possibility for bystander intervention on college campuses would be to integrate a longer intervention like Stand Up Titans! into freshman orientation. A web-based video like GreenDot could then be used as a booster session halfway through the first year to help reinforce bystander behaviors. This would help college students recognize the importance of intervening and thus reducing sexual violence, ultimately leading to college campuses becoming safer places and reducing rates of sexual violence as a whole.

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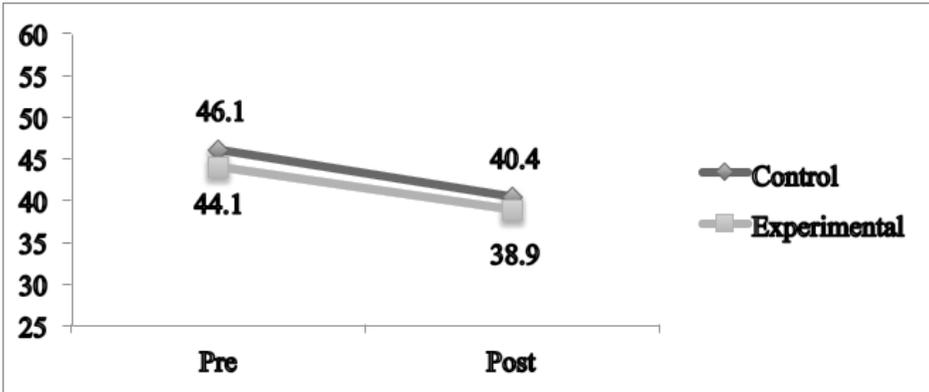
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### Appendix A Increase in Confidence across Experimental Groups



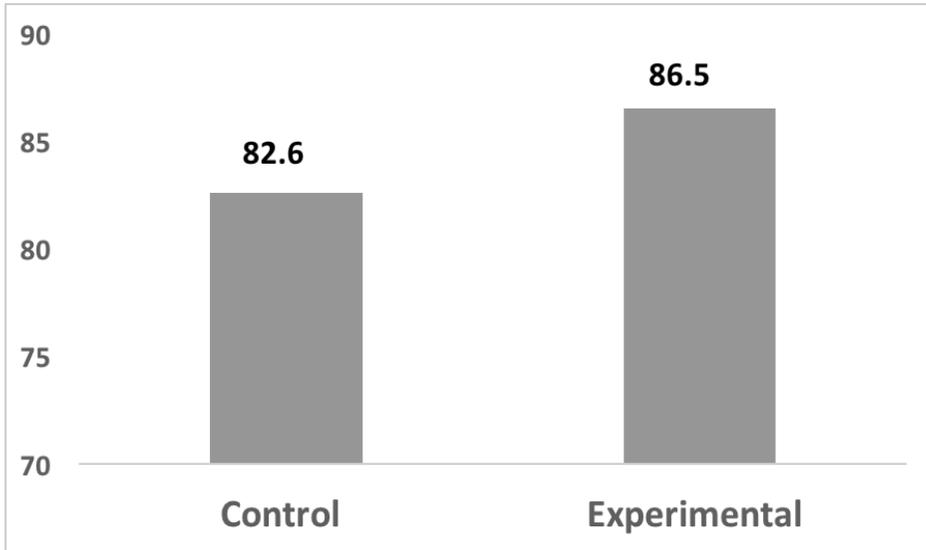
Note: Overall increase in confidence in bystander intervention. Increase was significantly larger for those in the experimental condition ( $m_{diff} = 1.36, SD = .955$ ) than in the control condition ( $m_{diff} = .68, SD = .87$ ),  $t(35) = -2.184, p < .05$ . Scores are on a 5-point Likert scale from 0 = not at all confident to 4 = extremely confident.

### Appendix B Difference in Rape Myth Acceptance Scores by Condition



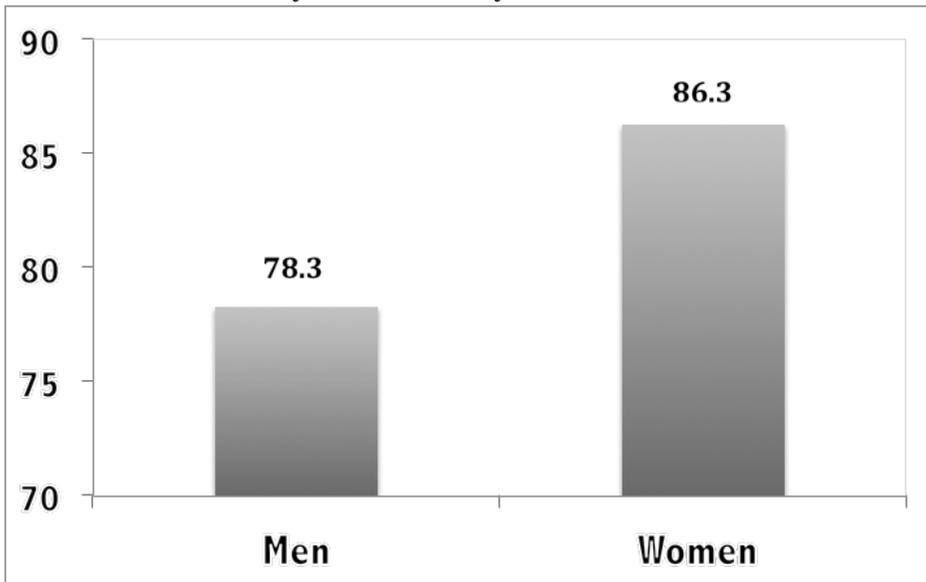
Note: Non-significant decrease in overall RMA scores,  $t(54) = .259, p > .05$ . Scores ranged from 0–10.

**Appendix C**  
**Bystander Efficacy between Groups Post Intervention**



Note: Non-significant difference in Bystander Efficacy scores between experimental and control groups,  $t(54) = 1.27, p > .05$ .

**Appendix D**  
**Gender Difference in Bystander Efficacy Post Intervention**



Note: Significant difference in Bystander Efficacy scores between men and women,  $t(54) = 2.17, p < .05$ .