PREDICTORS OF COLLEGE WOMEN’S PROSOCIAL BYSTANDER INTERVENTION: PERSONAL CHARACTERISTICS, SEXUAL ASSAULT HISTORY AND SITUATIONAL BARRIERS

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Abstract

Sexual assault is a major issue on college campuses (Fisher, Cullen, & Turner, 2000). Prosocial bystander behavior occurs when bystanders witnessing a potentially dangerous situation positively intervene. Recent research suggests that prosocial bystander behavior, in both men and women, can play a role in the prevention of sexual assault (Banyard, 2007). However, little research focuses on women as bystanders in situations of sexual assault. There are certain situational barriers that make it difficult to engage in prosocial bystander behavior (e.g., failure to notice, failure to identify a situation as high-risk, failure to take intervention responsibility, failure to intervene due to skills deficit, and failure to intervene due to audience inhibition). The current study examined predictors of prosocial bystander behavior, including the role of bystander attitudes and efficacy, personality traits, situational barriers to bystander behavior, and women’s history of sexual assault. In the final regression, positive bystander attitudes were the only significant predictors of bystander intervention behavior, with one situational barrier (failure to intervene due to audience inhibition), marginally related (e.g. when participants were concerned about how an audience would perceive their intervention, or that others would think they looked foolish, they were less likely to intervene).
Predictors of College Women’s Prosocial Bystander Intervention: Personal Characteristics, Sexual Assault History and Situational Barriers

Sexual assault is the most commonly committed violent crime on college campuses (Fisher, Cullen, & Turner, 2000). Sexual assault occurs on a continuum including unwanted sexual contact, sexual coercion, attempted rape, and rape, with rape being the most extreme form. Between 25% and 50% of Ohio University women report histories of sexual victimization (Dardis & Gidycz, 2011; Edwards, VanWynsberghe, Gidycz, & Orchowski, 2006), with national rates of sexual assault approximately 25% (Tjaden & Thoennes, 2000). Previous research has found that sexual assault is more likely to occur in settings in which active bystanders do not intervene (Schwartz, DeKeseredy, Tait, & Alvi, 2001). As a result, researchers have called for decreasing sexual violence in the community by deterring such behavior through prosocial bystander behavior, including both direct intervention (e.g., interrupting sexual aggression in progress), and indirect intervention (e.g., contacting the authorities) (Banyard, 2007; Shotland & Goodstein, 1984). Further, it is suggested that bystanders have the potential to help create new prosocial community norms that assist in the prevention of sexual assault, increase feelings of self-efficacy and sense of responsibility to intervene, and provide role models of prosocial behavior (Burn, 2009).

Unfortunately, although previous research pertaining to bystander behavior usually includes both women and men in their samples, research and programming efforts have primarily focused on men as bystanders more so than women. However,
women may be important targets for bystander intervention efforts, due to their own personal characteristics. Previous literature suggests that certain personality traits comprise the “prosocial personality” (Penner, Escarrez, & Ellis, 1983), including helpfulness and “sympathetic concern” or compassionate traits, which have been found to be positive correlates of a bystanders’ willingness to intervene in emergency situations, especially for women (Baton, 1991). However, there is no known research that examines how prosocial personality characteristics relate to women’s willingness and likelihood to engage in bystander interventions in situations of sexual assault. Further, although research has begun to examine barriers to bystander intervention (Burn, 2009); more research is needed to replicate and extend preliminary findings.

Finally, because sexual assault rates are so high, women who may intervene as bystanders have potentially been prior victims of sexual assault themselves. Prior research has not investigated how previous experiences of sexual victimization may impact prosocial bystander behavior. Thus, the current study will examine prosocial bystander behavior in women, with a focus on predictors of prosocial bystander behavior including attitudes toward bystander behavior and bystander efficacy, personal characteristics (e.g., personality traits), situational barriers to intervention, and history of sexual assault.

**Sexual Assault**

Violence against women has become a serious public health issue with an estimated two million women assaulted each year in the United States alone (Tjaden & Thoennes, 2000). According to the National Center for Victims of Crime there are
many forms of sexual assault that occur on a continuum ranging from unwanted contact to more severe experiences, which include attempted rape and rape. The Sexual Experiences Survey-Revised is a measure that is commonly used in studies on sexual assault to capture this continuum (SES-SFV; Koss et al., 2007).

Sexual assault is an unfortunately prevalent problem that has generated an abundance of research. A reoccurring issue within the field of this particular literature, however, is the debate pertaining to the specific definitions. According to RAINN (Rape, Abuse, and Incest National Network, 2009), the exact definition of rape and sexual assault differs, not only within previous literature, but also in legal terms that vary from state to state. What constitutes a sexual assault is guided by the U.S. Justice Department’s (2000) guidelines to entail unsolicited sexual contact, short of rape or attempted rape, including sexual touching and fondling. Many states use the terms “sexual assault” and “rape” interchangeably, however, the U.S. Justice Department and the National Crime Victimization Survey (NCVS), define (as cited in Fisher, Cullen, & Turner, 2000) rape as:

Forced sexual intercourse including both psychological coercion as well as physical force. Forced sexual intercourse means vaginal, anal, or oral penetration by the offender(s). This category also includes incidents where the penetration is from a foreign object such as a bottle. (p. 15)

Sexual assault is highly prevalent on college campuses. In fact, previous research has found that, during their time in college, approximately 50% of women will experience unwanted sexual activities of some form, with more than 100,000
incidents of rape and other forms of sexual assault reported each year on campuses (Koss, Gidycz, & Wisniewski, 1987). Researchers believe that prevalence rates are immensely underestimated due to underreporting of sexual assault instances, and in fact, the rates are suggested to be much higher (Casey & Nurius, 2006; Neville & Pugh, 1997).

Moreover, research has found sexual assault to be associated with multiple physical health issues, as well as psychological problems and symptoms, such as substance abuse problems, depression, hopelessness, fear of revictimization, helplessness, suicidal feelings, vulnerability, anger, and posttraumatic stress disorder (LeJeune & Follette, 1994; Seto, 2008). As a result, interventions to reduce the occurrence of sexual assault are vital.

**Social and Sexual Norms**

Increasingly programmatic efforts to reduce sexual assault are informed by social norms about sexual assault. Social norms are strong determinants of human behavior (Asch, 1951), and are specifically used in ambiguous or unfamiliar situations to help guide behavior and receive favorable reactions from others. The Social Norms Theory asserts that behavior is influenced by perceptions of beliefs and behaviors of an individual’s social group with which the person most identifies (Berkowitz, 2004). Previous research has found that college students are ultimately influenced by a general idea of the campus norm, particularly in party and drinking environments (Perkins, 2003). Studies have found that misperceptions of norms, specifically on college campuses, often predict risky behaviors such as dangerous
levels of drinking (Clapp & McDonnell, 2000). Usually, perceptions of hazardous behaviors, such as sexual assault, are overestimated and prosocial behaviors, such as willingness to intervene in risky situations, are underestimated (McMahon, Postmus, & Koenick, 2011). Social Norms Theory can help to explain why problematic behavior is ignored. More specifically, this theory posits that when individuals observe problematic behavior in others, for example, peers behaving in a sexually inappropriate manner, they will be less likely to intervene and express their discomfort with the behavior to the extent that they underestimate others’ discomfort with the observed behavior (Berkowitz, 2004).

An important construct within Social Norms Theory is that of “pluralistic ignorance,” which is when perceptions of the misconceived norm result in the altering of an individual’s behavior (Miller & McFarland, 1991). Pluralistic ignorance, along with other similar ideas within the Social Norms Theory spectrum, support the idea that the majority of a group will remain inactive in situations where action should be taken, due to the fact that they believe they are the minority and would negatively stand out (Berkowitz, 2004). Pluralistic ignorance often occurs when situations are ambiguous and individuals rely on others’ reactions to influence their own behavior (Latane & Darley, 1968). These concepts have been applied to the field of violence and sexual aggression against women. Recent research found that men were less likely to intervene in a sexually assaultive situation when they believed that other men would be unlikely to intervene (Berkowitz, 2003). In fact, Stein (2007) found that men’s perceptions of their peers’ willingness to rape was even more influential than
their own personal attitudes about sexism and rape on their willingness to intervene in sexually aggressive situations. Thus, researchers believe that if the social norm approach were to be utilized, exposing men’s accurate perceptions, men would feel more empowered and be more likely to intervene.

There is somewhat limited literature focusing solely on women’s role in the social norms approach as it relates to a person’s willingness to intervene in risky sexual situations, with prior research testing equivalent models among women and men (e.g., Banyard, 2008; Banyard et al., 2005). However, the research that does exists suggests that women could be particularly amenable to approaches based on social norms, as women compared to men tend to have much lower rape myth acceptance and endorse fewer rape-supportive attitudes, which are factors shown to be correlated to bystander behavior (Burn, 2009). Previous research has also found that women are more accurate and knowledgeable about date rape and sexual assault, which is important because such knowledge has been correlated to bystander behavior (Banyard, 2008; Banyard et al., 2005; Burn, 2009; Foubert, 2000). Moreover, women exhibited more positive attitudes about bystander behavior, and had a higher willingness and history of engaging in prosocial bystander behavior than men (Banyard et al., 2005). Thus, although men are always responsible for their own acts of sexual assault against assault, women may be apt targets for intervention to help prevent sexual assault in risky situations.

**Bystander Approach and Intervention**

Due to interest in the social norms approach, recent studies of violence against
women have begun to address the importance of prosocial bystander behavior in situations of sexual assault and aggression (Banyard 2008; Burn, 2009; Foubert, 2000; McMahon & Farmer, 2009; Stein, 2007). Moreover, as a result of research findings that serial perpetrators account for the majority of sexual assault instances committed, recent research has emphasized the importance of expanding from the standard sexual assault prevention programs that focus on educating potential perpetrators, to a focus on incorporating the non-perpetrator bystanders into the prevention programs (Lisak & Miller, 2002). The bystander approach applied to these instances proposes that community members, including non-perpetrating men, can assist in decreasing sexual violence in their community (Banyard, 2007; Berkowitz, 2003). Shotland and Goodstein (1984) assert that bystanders can play a large role in deterring such behavior through both direct intervention (e.g., interrupting sexual aggression in progress), and indirect intervention (e.g., contacting the authorities).

The bystander intervention framework has yielded promising research because previous literature has found that college student bystanders are frequently present before an assault occurs, however, they do not intervene (Burn, 2009). In fact, Schwartz (2001) found that in a setting in which active bystanders do not intervene, sexual assault is more likely to occur. Thus, specifically with sexual assault, the assumption is that bystanders have the potential to intervene and possibly prevent a sexual assault, while also assisting to help form new community norms that avert sexually aggressive behavior towards women.

There has increasingly been research conducted on factors that predict
prosocial bystander behavior as well as the effectiveness of programs designed to increase such behavior. It has been found that after interventions participants have been found to be more willing to intervene, exhibit an increase in specific skills and feel greater self-efficacy to intervene compared to individuals in the control groups (Banyard et al., 2007). Such studies found that women are more willing to intervene and exhibit more prosocial bystander behaviors than men (Banyard, 2008; Banyard et al., 2005; Berkowitz, 2003; Burn, 2009; Foubert, 2000). Many of these prevention programs incorporating the bystander approach were found to decrease rape myths and sexual aggression, and increase prosocial bystander attitudes, bystander efficacy, and sexual assault knowledge in both women and men (Banyard et al., 2007; Gidycz et al., 2011). Some examples of bystander attitudes and behaviors in situations of sexual assault include walking a stranger or friend home from a party who has had too much to drink, saying something to someone whose drink they saw spiked or drugged even if they are strangers, and educating oneself about sexual violence and intervention strategies (Banyard et al., 2002).

**Predictors of Bystander Behavior**

Bystander behavior in sexually assaultive situations has not been assessed through social psychological experiments (likely due to ethical concerns), but rather by either individuals’ responses to scripts or questions of likelihood of intervention (e.g., Banyard et al., 2002), or to questions regarding actual bystander behaviors performed over a circumscribed amount of time (e.g., past 2 months; Banyard, 2008). There are a variety of correlates of bystander behavior. Specific predictors of
interest include bystander attitudes and efficacy, personality characteristics, situational factors and barriers, as well as personal experience of sexual assault. These predictors are each discussed in detail below.

**Bystander Attitudes and Efficacy.** Research on the efficacy of bystander programming have found that variables that evidence change as a result of bystander behavior prevention programs (e.g., decreases in rape myth acceptance) are positively related to bystander behavior in situations that are high risk for sexual assault (Banyard et al., 2007). For example, research suggests that a decrease in rape myths increases the likelihood that a woman has intervened in the past, which is important because a history of prosocial intervention also increased the likelihood of future prosocial bystander behavior (Banyard et al., 2002). Moreover, if individuals exhibited more positive attitudes towards bystander behavior or felt as though the positive consequences of intervening outweigh the negative, then they were more likely to report that they would decide to help someone in hypothetically troubling situations (Banyard et al., 2002). Research also posits that if an individual has previous sexual assault knowledge or training on sexual assault prevention they are more apt to intervene and to have a feeling of bystander efficacy, which was a factor that was also found to be positively correlated to bystander behavior participants had performed in the past two months (Banyard, 2008). Interestingly, even after programming, women in comparison to men still showed the greater increases in knowledge and efficacy, as well as higher perceived pros of bystander behavior. Banyard et al. (2005) suggest that this may be the case because in order for women to
feel effective as bystanders, they needed more empowerment which was gained through programming, and therefore impacted them more than men. Due to such findings on bystander attitudes and efficacy, researchers recommend that programming embrace the social psychological models on attitude change and abandon the traditional programming efforts that approach women as victims and men as perpetrators (Lonsway, 1996).

**Personality Characteristics.** Researchers have found that individuals can interpret a particular situation of abuse differently, which causes some individuals to notice certain information over others, and ultimately influence how they will react (Hoefnagels & Zwikker, 2001). Women bystanders, in particular, seem to more often interpret situations and scenarios as being more abusive and dangerous than men (Dukes & Kean, 1989). No known research has been conducted to evaluate the relationship between college women’s personality characteristics and prosocial bystander behavior in situations of sexual assault and aggression. Moreover, there have been only a limited amount of studies that have investigated the relationship between personality characteristics and prosocial helping or altruistic behavior more generally (Eisenberg, Guthrie, Cumberland, Murphy, & Shepard 2002; Penner, Escarrez, & Ellis, 1983).

Originally in the 1970’s, many studies examining prosocial behavior dismissed the association between personality factors and individual differences in prosocial behavior because they believed that their findings did not seem to have enough significant support, or that the prosocial actions were just attributed to situational...
variations in cases of simple action, such as picking up books (Rushton, Chrisjohn, & Fekken, 1981). Yet, in the early 1980’s a wave of several social psychologists reassessed the idea of a “prosocial personality” (Davis, 1980; Penner et al., 1983; Rushton et al., 1981). Louis A. Penner and his colleagues were particularly important in this shift and sought to identify personality traits that predict prosocial actions reliably. Penner and Finkelstein (1998) defined the prosocial personality as an individual who had “an enduring tendency to think about the welfare and rights of other people, to feel concern and empathy for them, and to act in a way that benefits them” (p. 526). Included in this description are cognitions, values, and prosocial action. Sympathy and empathy are two other factors that are positively correlated with prosocial behavior, and are also characteristics of a prosocial disposition, which has been found to motivate altruistic behavior (Batson, 1991; Eisenberg et al., 1998). Moral reasoning and prosocial moral judgment are also contributing factors to the prosocial disposition that is related to prosocial personal characteristics, as well as moral decisions and prosocial behavior (Eisenberg, 1979).

Moreover, Penner (1980) found that many personality facets were related to personal characteristics including helpfulness and empathy. Penner labeled his first factor of significance that is related to prosocial behavior as “Other-Oriented Empathy,” which mostly encompasses an individual’s prosocial thoughts and feelings. This factor entails predisposed affective and cognitive empathy that causes an individual to feel a personal responsibility and emotional concern for others and their welfare. The “Helpfulness” factor, however, reflected an individual’s behavioral
tendencies. Those who had high scores in “Helpfulness” had a history of helpful behavior and reported feeling less self-oriented discomfort in situations where another is in distress and action needs to be taken (Penner, 1980). The “Helpfulness” factor was also found to be a significant correlate of self-reported prosocial behavior (Penner & Menon, 1993). Further investigation found that women tended to score significantly higher in the “Other-Oriented Empathy” categories, whereas men scored higher on “Helpfulness” (Penner, Fritzsche, Craiger, & Freifeld, 1995).

Other studies have found positive correlations between the “Helpfulness” factor, and self-confidence and assertiveness (Penner & Fritzsche, 1993). Self-efficacy and self-confidence were further believed to be potential influencing “factors over actions” (e.g. an individual may feel as though they have the skills to act prosocially in one particular situation or context over others). When tested, a relationship was, in fact, found between self-efficacy and “Other-Oriented Empathy” and “Helpfulness” (Penner & Menon, 1993).

McCrae and Costa (1999), the creators of the five-factor model of personality traits, suggested that such characteristics of one’s personality are pattern of thoughts, actions and feelings. Their “Big Five” Model was made up of five domains (Agreeableness, Conscientiousness, Neuroticism, Extroversion, and Openness), some of which Penner (1980) found to be especially correlated to his factors that also relate to prosocial behavior. For example, there was a significant correlation between the BFI personality trait “Agreeableness” and Penner’s “Other-Oriented Empathy” factor (Costa & McCrae, 1992; Penner & Fritzsche, 1993).
Many studies assessing prosocial behavior and the “Big Five” personality traits suggest that agreeableness is the main dispositional trait that contributes to prosocial behavior, prosocial value motivation, and volunteering (Carlo, Okun, Knight, de Guzman, & Rosario, 2005; Graziano & Eisenberg, 1997; Smith & Nelson, 1975). Agreeable individuals were characterized as being altruistic, straightforward, soft-hearted, and trusting (McCrae & Hall, 1986). “Extraversion” was another “Big Five” trait that was found to be correlated with volunteerism behavior and associated with factors that predict volunteerism behavior, such as sociability, assertiveness, positive emotions, activity, warmth, and gregariousness (McCrae & Costa, 1999). Moreover, individuals who had higher scores on the Big Five Trait “conscientiousness” reported high levels of dependability, which is a correlate of prosocial behavior and altruism (McMillan & Chavis, 1986).

Research suggests that the Big Five personality traits were also related to the “Psychological Sense of Community” (PSC), which is a strong concern for the community (Lounsbury, 2003). Studies have found a higher level of emotional stability, subjective well-being, and emotional safety and security to be related to PSC (McMillan & Chavis, 1986). Other traits that were found to be related to PSC are self-efficacy and locus of control, which are two important factors also found to be influential in bystander behavior (Langram, 1997). Many other factors that have a suggested relationship to prosocial personality are also similar to those of a prosocial bystander, which is why prosocial personality traits are interesting variables to examine in this study. For example, both prosocial personality traits and prosocial
bystanders have been found to be correlates of empathy and sympathy, as well as a feeling of efficacy and knowledge about how to intervene. Although research regarding prosocial dispositions and personalities exists, there is no research to our knowledge that has examined the relationship between prosocial dispositional traits and prosocial bystander behavior in high-risk situations for sexual assault.

Prosocial Bystander Behavior Situational Factors and Barriers. Darley and Latane (1970) originated the research phenomena of the prosocial potential of “bystanders” after the infamous murder of Kitty Genovese in 1964. It was a landmark case in social psychology because not only did Genovese’s assault occur in public, but dozens of witnesses were present, none of whom intervened or attempted to help. This prompted the researchers’ interest in an individual’s motivation to react and intervene in an emergency situation as a bystander. Their groundbreaking research gave support to the idea that the presence of other bystanders influences helping behavior in crisis situations, a concept referred to as the “bystander effect” (Darley & Latane, 1968). Further, they found that in order to effectively intervene in an emergency situation, a bystander must first fulfill five steps that were incorporated into their “situational model” of bystander behavior (Latane & Darley, 1970). If any of the steps were not taken, then a bystander barrier occurs that inhibits the bystander from intervening (Latane & Darley, 1968; 1970). Although these steps have not been commonly applied to intervening in risky sexual situations, one recent study (Burn, 2009) found that these five barriers were negatively correlated with prosocial bystander behavior among both college men and women in situations of sexual
assault.

The first step to bystander intervention, according to the situational model, is for the bystander to notice the event. Thus, if not done, the barrier results in a failure of the bystander to notice, which is often influenced by sensory distractions or a self-focus (Latane & Darley, 1970). Specifically in college situations a large sensory distraction is intoxication, which ultimately impairs bystanders’ ability to pay attention and correctly perceive an at-risk situation (Burn, 2009). Secondly, a bystander must identify the noticed event as being an intervention-appropriate situation, and if the bystander does not do so, then the resulting barrier is a failure to identify the situation as high-risk (Latane & Darley, 1970). In the case of sexual assault situations, one major influence on this barrier is often an ambiguity of whether or not a woman is in danger, and an ambiguity about the relationship and nature of consent between the potential perpetrator and potential victim (Burn, 2009). Another aspect of the failure to identify situations as high risk is ignorance of men’s “pre-rape behaviors” and other risk markers, such as women being left alone or going to a private location with a male acquaintance (Burn, 2009). In fact, there is a relationship between this particular barrier, and bystander knowledge of sexual assault and at-risk markers, meaning that the more knowledge individuals have, the more likely they are to properly identify a high risk situation (Banyard, 2008).

The third step is for the bystander to take responsibility, thus the barrier to that step is “failure to take intervention responsibility” (Latane & Darley, 1970). There may be several barriers to an individual taking intervention responsibility. One
potential influence on such a barrier is bystanders’ perceptions of the potential victim’s “worthiness.” Previous research found perceptions of the victim’s “worthiness” to be influenced by bystanders’ personal beliefs; for example if a woman is perceived to be dressed provocatively, a greater responsibility is put on her for a sexual assault (Norris & Cubbins, 1992). The victim or perpetrator’s substance/alcohol use were also found to be influencing factors, such that when both the victim and the perpetrator consumed alcohol, peers saw acquaintance rape to be judged as less severe (Norris & Cubbins, 1992). The bystander’s relationship to the potential victim and perpetrator are other potential influences on taking intervention responsibility, although research has been equivocal. Banyard (2008) found no relationship between the bystander’s relationship with the victim and his/her bystander behavior. However, Burn (2009), found that women were more likely to intervene in a situation of sexual assault if the potential victim was a friend, and men were more likely to intervene if the potential perpetrator was a friend.

Further, individuals are less likely to take intervention responsibility when there are more people around, a concept known as diffusion of responsibility (Latane & Darley, 1970). Conversely, people are more likely to intervene when they perceive the person in the situation in question as similar to them or as belonging to their group (Levine, Cassidy, Brazier, & Reicher, 2002). Specifically, cohesive groups with strong communication skills and a developed consensus around helping are more likely to intervene (Harada, 1985). A particular example of such is the closeness exhibited in athletic teams, which was found to be a significant influencing factor in
whether or not one participates in prosocial bystander behavior, meaning that an individual that is a part of a team is more likely to act prosocially if other members of their team do, or if they believe that they would (McMahon & Farmer, 2009). If bystanders are not cohesive or if the number of bystanders increases, there is a higher likelihood that diffusion of responsibility will occur, such that each bystander feels a decreased sense of intervention obligation, which in turn contributes to a lack of intervention (Latane & Darley, 1970). Further, Levine (1999) found that bystanders were also less likely to take intervention responsibility if there was an in-group bias towards aggressive behavior due to aggressive group members. However, if the majority of the group members believed that the aggressive members were portraying their group in a negative light, then the group would be more inclined to act against them, regardless of their in-group bond. Another factor is a commitment to help or a request for help from the potential victim; previous research found that if a bystander was asked for help they were more likely to exhibit prosocial bystander behavior and feel more responsibility for intervention than if no requests were made for help (Shaffer, Rogel, & Hendrick, 1975).

The fourth step in bystander intervention is to “decide how to help,” and the barrier is “failure to intervene due to skills deficit,” which occurs usually when the bystanders are unaware and ignorant about ways they could intervene (Cramer, McMaster, Bartell, & Dragna, 1988). Thus, it is important to increase bystander efficacy so that bystanders will feel confident in what they should say or do to successfully intervene. This is important as bystander efficacy was found to have a
positive correlation with bystander behavior (Banyard, 2008). Moreover, previous literature suggests that a bystander is more likely to exhibit prosocial intervention behavior if they have had previous training in how to do so, or if they are confident in their own physical strength (Huston, Ruggiero, Conner, & Geis, 1981). Women in particular seem to be negatively affected by this barrier (Burn, 2009). Sexual assault prevention programs that focus on teaching bystander intervention behavior and ways to recognize potential perpetrator cues were found to increase such bystander efficacy (Banyard, Moynihan, & Crossman, 2009; Foubert, Langhinrichsen-Rohling, Brasfield, & Hill, 2010).

The last step of Latane and Darley’s (1970) situational model is to “act to intervene.” This step’s barrier, “failure to intervene due to audience inhibition,” usually occurs due to the perceived norms of the bystander and how they believe a certain action will affect their status in the group (Schwartz & Gottleib, 1980). Other potential influences related to this barrier are the fear of publically making a mistake or not being accepted, especially for younger, newer students and sorority/fraternity pledges that are not yet cohesive within the group and fully aware of their expectations (Latane & Darley, 1970). Research has found that women are not as susceptible to this audience inhibition barrier, however, due to women’s greater empathy towards potential victims (Burn, 2009). Overall, Burn’s (2009) previous research using the situational model in sexual assault situations found that the largest barrier was the “failure to notice a high-risk situation.”

Burn (2009) found that overall these bystander barriers were greater for men
than for women in situations that were at high risk for sexual assault. Previous research suggests that this could be due to women’s heightened awareness of their greater potential to experience sexual assault, as well as women’s ability to empathize and identify with sexual assault victims (Lambdin, 2005). Women did, however, report a greater failure to intervene due to a lack of skills. Perceiving that they had a lack of skills, as well as the failure to notice, were the largest barriers to intervention for both men and women. The least significant barriers to bystander intervention found were the barriers of the failure to intervene due to audience inhibition and the failure to take intervention responsibility (Burn, 2009). Previous research on abuse found that in general, women interpret scenarios to be more abusive than men, and women bystanders are especially more likely to correctly notice and interpret a situation (Hoefnagels & Zwikker, 2001). Multiple studies have found gender to be significant factor in bystander intervention, specifically finding women to have higher prosocial bystander attitudes and behaviors (Banyard, 2008). McMahon et al. (2011) also found that, in addition to women, bystanders that knew someone that had been sexually assaulted within the past two months, engaged in significantly more prosocial bystander behavior.

**Personal Experience of Sexual Assault.** Individuals use both observed and experienced information in everyday situations. Darley and Latane (1968) found that bystanders act differently depending on their experiences and the information that they gather from such events. Experienced information can be so influential to individuals that it was found to even override the strong weight of observed behaviors.
Personal experience can also unconsciously shape individuals’ preferences and alter their whole decision-making processes and rationale; their decisions may even deviate from a standard model of choice (Small & Simonsohn, 2006). Individuals that have personally experienced a particular misfortune, or are close to someone that has, were found to be more likely to react prosocially towards a victim with the same or similar misfortune, such as a disease or traumatic experience or event (Small & Simonsohn, 2007).

Furthermore, research has found that individuals who feel as though they can identify with someone in need, are more likely to exhibit prosocial behavior, which is similar to the influence of having an “in-group” relationship (Small & Simonsohn, 2007). For example, in a study where the researchers investigated organization volunteers (e.g., Action AIDS, Alzheimer’s Association, and the Special Olympics), 81% of the volunteers had a personal experience or relationship with someone who had been negatively affected by the misfortune that the organization helped, prior to their volunteering (Small & Simonsohn, 2007). There are also other studies that found that personal experiences with diseases led to greater likelihood of donations to charities, specifically related to their experience (Simonsohn, 2006). Another similar example is found in the fact that all of the national presidents of the organization of Mothers Against Drunk Drivers lost a close loved one to a drunk driver. Researchers posit further that the closer the relationship to a victim, the greater the sympathy one has for other victims of similar circumstances (Small & Simonsohn, 2007).

Christy and Voigt (1994) found that those who had a history of abuse as a child
reported being more likely to intervene if they saw a child being abused than those who did not have such a history. Further, Barnett (1986) found that when watching a video of a rape victim, those with a history of rape showed greater sympathy towards the victim than those who had never been raped. Barnett (1992) also found that women who reported a history of rape rated themselves as being more similar to the rape victim in a video that was depicted than those without a rape history. Similarly, another study found that women who had a “direct exposure to rape,” being either a victim or a resister, also scored significantly higher in empathy towards rape victims than those without a direct experience (Deitz, Blackwell, Daley, & Bentley, 1982). The same was found with women who reported being “victim acquainted.” These women not only exhibited more empathy towards the victim, but they also attributed more responsibility to rapists (Wiener, Wiener, & Grisso, 1989). Greater empathetic feelings towards rape victims also were found in victims (or friends of victims) of other unrelated tragic events, such as a death of a brother. These results were suggested to be due not to the tragic experience itself, but instead to the similarity in their feelings of emotional distress as a victim (Barnett, Tetreault, Esper, & Bristow, 1986).

Moreover, multiple studies have found that participants who had more rape victim empathy, without testing for previous sexual assault history, showed more positive attitudes towards the victims, as well as less stigmatization (Sakalli-Uğurlu, Yalçın, & Glick, 2007). Studies also found that empathy in general predicted positive attitudes towards victims of rape (Lambert & Raichle, 2000). One study’s findings
even suggest that empathy may be more of a personality trait as opposed to an ideological belief (Sakallı-Uğurlu et al., 2007).

Although there has been previous research regarding women with a history of sexual assault and empathy towards other victims, there is no known literature that assesses how bystanders’ own sexual assault history influences or affects whether or not they participate in prosocial bystander intervention actions.

**Rationale for Present Study**

Research is needed to explore factors that facilitate prosocial bystander intervention as it relates to high-risk situations for sexual assault. Some sexual assault bystander intervention research has been conducted with just men (Foubert, 2000; Foubert & Cowell, 2004; Langhinrichsen-Rohling et al., 2011; O’Donohue et al., 2003), and other studies have included both men and women (Banyard et al., 2004; 2005; 2007; 2009; 2011; Burn, 2009; McMahon et al., 2011), but very little known research to date examines prosocial bystander behavior among college women alone (Foubert et al., 2010). Thus, the current study will investigate only college women with regard to their past intervention behavior. Not only have women been understudied as potential bystanders in situations of sexual assault up until recent years, but also previous literature has found that they exhibit greater prosocial bystander attitudes and behaviors than men, and they perceive the positive benefits of intervention to outweigh the potential negative consequences more often than men (Banyard, 2008; McMahon et al., 2011). Due to these factors, women have the potential to be more effective prosocial bystanders than men. Thus, research
investigating the factors that underlie bystander intervention behavior in women would help to inform programmatic efforts to maximize women as bystanders.

Further, although previous research has found an association between an individual’s stable prosocial personality (Eisenberg et al., 2002) and altruistic, prosocial behavior (Penner et al., 1995; Rushton et al., 1981), no known research has focused on women’s personal characteristics and personality traits, and how they correspond to the likelihood that they would intervene in a potential sexual assault situation. Thus, the current study will examine prosocial personality characteristics in women, and the relationship of such characteristics to prosocial bystander behavior.

Another interesting factor that will be included in this study is the examination of women’s previous recent personal history of sexual assault and their prosocial bystander behavior. There is no known literature on the relationship between history of sexual assault and prosocial bystander behavior in sexual assault situations; however, there has been much research on the effects of sexual assault victimization on women. A personal history of sexual assault is an interesting variable to include also because previous investigations indicate that an individual’s attitudes about rape and bystander behavior are impacted if they know someone who has been sexually assaulted; and more prosocial bystander behaviors were exhibited in such cases (Banyard, 2005; McMahon, 2005). It is also interesting to note that Christy and Voigt’s (1994) research pertaining to child abuse found that people who observed child abuse were more likely to intervene if they themselves had been abused as a child. Thus, extrapolating from this research, women who have been sexually
assaulted may be more likely to intervene in potentially sexually aggressive situations.

Previous research regarding at-risk situations of sexual assault based on the situational model of bystander intervention (Latane & Darley, 1970) found five barriers to be negatively correlated with prosocial bystander intervention behavior (Burn, 2009). However, these results must be replicated, particularly in the context of other potential predictors of bystander intervention, specifically personal history and personality characteristics.

**Hypotheses**

The researcher proposed four hypotheses. First, it was hypothesized that bystander efficacy and attitudinal variables, including greater bystander efficacy, more positive attitudes toward prosocial bystander behavior, and perceiving more positive consequences to engaging in bystander behavior will be positively related to prosocial bystander behavior. Second, it is proposed that personality variables, including more prosocial personality traits (i.e., other-oriented empathy and helpfulness), higher extraversion, higher agreeableness and conscientiousness will also be positively related to prosocial bystander behavior. Third, when more barriers to bystander intervention in at-risk situations of sexual assault are present, less prosocial bystander behavior will be exhibited. Finally, although exploratory in nature, based on prior research examining intervention in child abuse (Christy & Voigt, 1994), it is hypothesized that women with a history of sexual assault will be more likely to intervene in at-risk sexual assault situations than women without histories of sexual assault.
Method

Participants

Based on a preliminary power analysis, we determined we would need data from approximately 153 undergraduate women from Ohio University, and data from 227 women was collected. After accounting for missing data, by using sample mean substitution for scales missing 15% or fewer of the data points (excluding the DV and experiences of sexual assault, for which mean imputation would be inappropriate), three individuals were excluded from the analyses due to incomplete data on the DV. Thus, the final sample included 224 women. The majority of the women in the sample were Caucasian (87.5%) and in their first year (68.8%), with a mean age of 19 years old ($SD = 1.169$). Table 1 summarizes the demographics for the sample. From the total sample population, 45.5% of women in the current study endorsed experiencing some sort of history of sexual assault.

Procedure

This study was limited to female participants (above the age of 18). Women were recruited from the Research Participant Pool through introductory psychology courses and volunteered, for course credit, to participate in the study by registering via an online sign-up system. In order to avoid selection bias, the description of the study provided to potential participants referred to the study as, “A Study of OU Women’s Beliefs and Social Lives.” The researcher recruited participants during Winter Quarter of the 2011-2012 school year.

After receiving informed consent (see Appendix A-1), participants were
allowed sufficient time to read the form and to ask any questions about its contents. These forms were collected after being signed and prior to administering or completing any study materials, and were stored separately from the study materials. Following this, participants were administered a battery of surveys by the experimenter. These tests’ administrations took place in the Department of Psychology in groups of approximately 30 participants. After completion of the surveys, which took approximately one hour, participants received one experimental course credit. If some women needed over an hour to complete the survey, they were compensated with additional credit. Debriefing information, which included information regarding psychological services in the area (see Appendix A-2) was also provided.

**Measures**

For all measures, the mean, standard deviation, range of scale, study range, and Cronbach’s alpha for the current study are listed in Table 2.

**Demographics Questionnaire.** This is a brief questionnaire used to collect personal information regarding basic participant characteristics such as age, year in college, ethnicity and race. Questions pertaining to previous dating and sexual history are also included in this questionnaire.

**Barriers to Sexual Assault Bystander Intervention Scale (Burn, 2009).** The Barriers to Sexual Assault Intervention Scale consists of sixteen items Burn (2009) based on five bystander intervention barriers identified by Latane and Darley’s (1970) situational model of bystander intervention: failure to notice (one item, e.g., “At a
party or bar, I am probably too busy to be aware of whether someone is at risk for sexual assault”), failure to identify situation as high risk (three items, e.g., “In a party or bar situation, I find it hard to tell whether a guy is at risk for sexually assaulting someone”), failure to take intervention responsibility (eight items, e.g., “Even if I thought someone was at risk for being sexually assaulted, I would probably leave it up to others to intervene”), failure to intervene due to skills deficit (two items, e.g., “Although I would like to intervene when a guy’s sexual conduct is questionable, I am not sure I would know what to say or do”) and failure to intervene due to audience inhibition (two items, e.g., “I am hesitant to intervene when a man’s sexual conduct is questionable because I am not sure other people would support me”). Items are assessed using a self-report 7-point scale, (1 = Strongly Disagree to 7=Strongly Agree). An example item from this measure includes, “At a party or bar, I am probably too busy to be aware of whether someone is at risk for sexual assault”. Factor analyses were used by the creators to eliminate items that were found to need rewording or that were redundant, in order to provide evidence for construct validity (Burn, 2009). Higher scores on each subscale indicate a greater failure to intervene due to that subscale.

**Bystander Attitudes Scale (Banyard, Plante, & Moynihan, 2002).** The Bystander Attitudes Scale is composed of 51 potential prosocial bystander behaviors, which were created using previous research and literature regarding sexual violence. The likeliness and willingness that a participant will act with such prosocial behaviors was measured with a 5-point scale ranging from 1 (not at all likely) to 5 (extremely
likely). An example item includes, “If I saw several strangers dragging a passed out woman up to their room, I would get help and try to intervene”. Previous literature documented the validity of this scale with a full factor analysis; further evidence suggested variable independence (Banyard & Moynihan, 2011; Banyard et al., 2005).

**Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960).** The Marlowe-Crowne Social Desirability Scale is used to assess participants’ socially desirable response bias. It consists of 13 statements in which the participant must circle either true or false in regards to their own behavior (e.g., “There have been occasions when I took advantage of someone”). Higher scores indicate a more socially desirable pattern of responding. This measure is widely used with much demonstrated validity and reliability (Banyard, Moynihan, & Plante, 2007).

**Decisional Balance Scale (Banyard, Plante, & Moynihan, 2002).** In previous research, Banyard, Plante, and Moynihan developed this 11 question measure using principles from Prochaska and DiClemente’s Transtheoretical Model of health behavior change (Grimley et al., 1994). This scale measures, on a scale from 1 (not important at all) to 5 (extremely important), how important certain positive or negative consequences are to a participant when deciding whether or not to intervene in an instance where a person is, or could potentially be hurt. A total decisional balance score is calculated by subtracting the “cons” items sum from the “pros” items sum. An example item includes, “I could get physically hurt if I intervene”. Validity of this scale was established by significant correlations between the total decisional balance scores and other bystander behavior measures (Banyard et al., 2005). Higher
scores are reflective of greater endorsement of the positive reasons for intervening.

**Bystander Efficacy Scale (Banyard, Plante, & Moynihan, 2005).** The Bystander Efficacy Scale consists of 14 situational statements describing bystander behaviors. Participants are to indicate on a scale of 0 (can’t do) to 100 (very certainly can do) the level of confidence they have with performing each of the bystander behaviors stated. An example item from this scale is, “Ask a friend if they need to be walked home from a party”. Through previous pilot testing, the measure has shown adequate reliability and validity and was found to correlate with other instruments that measure bystander efficacy (e.g., Slaby, Wilson-Brewer, & Devos, 1994). Higher scores indicated higher feelings of efficacy.

**Bystander Intervention Behavior Scale (Burn, 2009).** The Bystander Intervention Behavior Scale is a brief questionnaire developed by Burn (2009) and based on the five bystander intervention barriers (Latane & Darley, 1970). It is specifically separated into items by gender so that desired behaviors that differ with gender could be assessed individually. The current study will only use statements applicable to women: four concerning sexual assault bystander intervention with regard to friends ($\alpha = .77$), and four concerning their sexual assault bystander intervention with regard to women in general ($\alpha = .85$). This study did not use the last two additional statements that were on the original scale, used to assess the likelihood of intervention if the potential victim or perpetrator was known (e.g., “I am more likely to intervene to prevent sexual assault if I know the potential victim than if I do not”) because we did not find it relevant to the present study and because they did not
match up with the rest of the questions. The mean of the remaining eight items will be used for analyses. An example item is, “If I see a situation in which it looks like someone will end up being taken advantage of sexually, I intervene.” Each item’s 7-point response option scale was revised for this study (from 1=Strongly Disagree to 7=Strongly Agree, to 1=Have Never Done This to 7=I Always Do This) in order to better assess actual bystander behavior that participants took part in and make it clearer that we were assessing actual actions, not attitudes. Significant validity and reliability were found for the original scale through previous research using factor analyses (Banyard et al., 2005).

**Sexual Experiences Survey – Short Form Victimization (SES-SFV; Koss et al., 2007).** The Sexual Experiences Survey – Short Form Victimization is a self-report instrument that is used to assess women’s previous sexual victimization experiences. This survey evaluates a range of sexually aggressive experiences, including both rape and non-rape experiences. This measure assesses five levels of sexual assault including, (1) no history of sexual victimization, (2) unwanted sexual contact: the use of continual arguments, authority, or physical force was used by the perpetrator to coerce the woman into sex play, including fondling, kissing, or petting, but not sexual intercourse, (3) sexual coercion: authority, continual arguments and pressure were used by the perpetrator to compel the woman into sexual intercourse, (4) attempted rape: physical force, alcohol or drugs were used by the perpetrator to attempt sexual intercourse with the woman, but intercourse did not occur, and (5) completed rape: alcohol, drugs, or physical force were used by the perpetrator to
coerce the woman into sexual intercourse, including anal, vaginal and/or oral sex. The questions ask participants to specifically report such experiences that have occurred since the age of 14. Koss and Gidycz (1985) found the original SES to exhibit good internal consistency ($\alpha = .74$) and excellent test-retest reliability ($r = .93$). A recent ongoing study in the Laboratory for the Study and Prevention of Sexual Assault at Ohio University reported the new SES-SFV scale to have an internal consistency of .92 and a test-retest reliability of .72 over a two week period. Validity was also demonstrated by a significant correlation to the original SES (personal communication, M. Murphy September 26, 2011). In the current study, this variable was used dichotomously, indicating either that they have experienced any form of sexual assault since the age of 14, or have not experienced any form of sexual assault since the age of 14. Follow up items were also included in order to record situational variables such as alcohol or drug use by the victim and offender, the nature of the relationship between the victim and offender, and the environment in which the assault occurred. An example of a follow up item includes, “How responsible do you feel for what happened?”

**Prosocial Personality Battery (PSB; Penner, Fritzsche, Craiger, & Freifeld, 1995).** Prosocial propensities were assessed with the Prosocial Personality Battery, which is a self-report measure that consists of 30 items on two dimensions that are measured on a scale of 1 (Strongly disagree) to 5 (Strongly agree). An example item is, “I am often quite touched by things that I see happen”. “Other-oriented empathy” is the first factor on the PSB, which addresses prosocial thoughts and feelings, and
primarily assesses cognitions and affect. The second factor that the PSB measures is “helpfulness” which consists of self-reported history of helpful or prosocial behaviors. An example from the second part of this measure is, “My decisions are usually based on my concern for other people”. The factor structure is nearly invariant across gender, age and educational level (Penner et al., 1995). Extensive preliminary work and factor analyses of the total scores on the measure documented the validity of the items (Penner, 2002). Higher scores on each subscale indicate greater presence of that trait (e.g., greater helpfulness).

**The Big Five Inventory (BFI; John & Srivastava, 1999).** The Big Five Inventory is a brief inventory that consists of 44 short phrases that assess the typical traits defining the Big Five personality dimensions, Conscientiousness, Agreeableness, Neuroticism, Openness and Extraversion (e.g., “Is outgoing, sociable” and “Likes to cooperate with others”). The BFI items are rated on a scale from 1 (disagree strongly) to 5 (agree strongly). Previous research has found the BFI to show high reliability and convergent validity with other personality self-report scales, as well as with peer ratings of the Big Five (John & Paulhus, 2003; Rammstedt & John, 2003). Based on our hypotheses, only the Conscientiousness, Agreeableness, and Extraversion scales were utilized in analyses in the current study. Higher scores on each subscale indicate greater personal relevance of that trait (e.g., greater conscientiousness).

**Data Analysis**

Data were hand entered into a statistical software program (SPSS) by the primary investigator. Descriptive statistics were then compiled for all study variables
As described in the hypotheses, the relationship between prosocial bystander behavior and four clusters of predictors were examined. These four sets of predictors included: (Cluster 1) bystander attitudes/efficacy, (Cluster 2) personality characteristics, (Cluster 3) barriers to prosocial bystander behavior, and (Cluster 4) history of sexual assault (see Figure 1). Correlational analyses were conducted first within each of the first three clusters of variables in order to determine significant bivariate relationships with the dependent variable, prosocial bystander behavior (see Figure 1, Step 1a-c). Variables significantly related to prosocial bystander behavior were included in a linear regression equation that predicted prosocial bystander behavior for each cluster (See Figure 1, Step 2a-c). The exception was sexual assault, which was assessed dichotomously (including any form of unwanted sexual contact, sexual coercion, attempted or completed rape). A t-test was performed to determine whether women who have been assaulted engaged in differential levels of prosocial bystander behavior (Step 2d). Lastly, variables significantly related to prosocial bystander behavior from each of the four clusters of predictor variables were entered simultaneously into a linear regression equation that predicted prosocial bystander behavior in order to determine the relative importance of the predictors in the presence of each other and to examine an overall model of prosocial bystander behavior in women (Step 3).

Results

Rates of Prosocial Bystander Intervention

For mean rates of endorsement of each item on the Bystander Intervention
Behavior Scale, see Table 4. Generally, women were most likely to endorse the more passive forms of intervention (items 1-4; e.g. “I try to be a good friend by not letting my intoxicated female friends go to a private location with a guy”) and less likely to endorse the more active forms of intervention (items 5-8; e.g. “When I see a man pressuring a woman to leave a party or a bar with him, I intervene”).

**Hypothesis 1**

Hypothesis 1, which stated that bystander efficacy and attitudinal variables, including greater bystander efficacy, more positive attitudes toward prosocial bystander behavior, and perceiving more positive consequences to engaging in bystander behavior would be positively related to prosocial bystander behavior, was tested by examining correlations and completing a simultaneous linear regression. (See Figure 1, Steps 1a and 2a for Cluster 1: Bystander Attitudes/Efficacy). Bystander efficacy and bystander intervention were strongly positively correlated ($r = .50, p = .000$). There was also a significant positive correlation between bystander attitudes and bystander intervention ($r = .64, p = .000$), as well as between decisional balance and bystander intervention ($r = .43, p = .000$). With the criterion variable of bystander intervention, a simultaneous regression was then performed. Only the aforementioned bystander attitude and efficacy variables that demonstrated a significant bivariate relationship by being correlated with the criterion were included in the regression analysis. The regression was significant, $F(3, 223) = 55.08, p = .000$, and accounted for 42.9% of the variance in bystander intervention. In the presence of other predictors, positive attitudes towards bystander intervention ($\beta = .03, p = .000$) and
higher decisional balance (i.e., weighing there to be more positive than negative reasons for bystander intervention) ($\beta = .03, p = .010$) were significantly related to higher rates of bystander intervention. Bystander efficacy was not found to be significantly related to bystander intervention in the presence of the other variables ($\beta = .01, p = .390$) (See Table 5).

**Hypothesis 2**

Hypothesis 2, that personality variables, including more prosocial personality traits (i.e., other-oriented empathy and helpfulness), higher extraversion, higher agreeableness and conscientiousness would also be positively related to prosocial bystander behavior was tested by conducting correlations and a simultaneous linear regression analysis (See Figure 1, Steps 1b and 2b for Cluster 2: Personality Factors). The Big Five Inventory traits extraversion ($r = .13, p = .045$), agreeableness ($r = .30, p = .000$), and conscientiousness ($r = .22, p = .001$) all had a significant positive correlation to bystander intervention. The Prosocial Personality Battery personality variables other-oriented empathy ($r = .37, p = .000$), and helpfulness ($r = .30, p = .000$) also each had a significant positive correlation with bystander intervention. See Table 3 for correlations. With the criterion variable of bystander intervention, a simultaneous regression was then performed using all of the personality variables because they all demonstrated a significant bivariate relationship with the criterion. See Table 6 for results. The regression was significant, $F(5, 223) = 10.93, p = .000$, and accounted for 20% of the variance in bystander intervention. In the presence of other predictors, other-oriented empathy ($\beta = .03, p = .002$) and helpfulness ($\beta = .05, p$
= .002) were significantly related to higher rates of bystander intervention.

**Hypothesis 3**

Hypothesis 3 which posited that when more barriers to bystander intervention in at-risk situations of sexual assault are present, less prosocial bystander behavior would be exhibited, was also examined using correlations and a simultaneous linear regression. (See Figure 1, Steps 1c and 2c for Cluster 3: Bystander Barriers). Failure to Identify as High Risk\( (r = -.244, p = .000)\), Failure to Take Responsibility \( (r = -.310, p = .000)\), Failure to Intervene due to a skills deficit \( (r = -.273, p = .000)\) and Failure to Intervene due to Audience Inhibition \( (r = -.380, p = .000)\) all had a significant negative correlation to bystander intervention. Failure to Notice \( (r = -.130, p = .052)\), however, was not significantly related to bystander intervention. A simultaneous regression was then performed using bystander intervention as the criterion variable. All of the barriers but Failure to Notice were included due to their correlation to bystander intervention. See Table 7 for results. The regression was significant, \( F(4, 223) = 10.57, p = .000\), and accounted for 16.2\% of the variance in bystander intervention. In the presence of other predictors, only the barrier Failure to Intervene due to Audience Inhibition \( (\beta = -.194, p = .003)\) was significantly related to lower bystander intervention (i.e. when participants were concerned about how an audience would perceive their intervention, or that others would think they looked foolish, they were less likely to intervene). See Table 7 for results.

**Hypothesis 4**

Finally, although exploratory in nature, based on prior research examining
intervention in child abuse (Christy & Voigt, 1994), it was hypothesized that women with a history of sexual assault were more likely to intervene in at risk sexual assault situations than women without histories of sexual assault (See Figure 1, Step 2d for Cluster 4: History of Sexual Assault). This hypothesis was assessed using a t-test and found that women who were sexually assaulted ($M = 4.82$, $SD = 1.00$) were not significantly more likely to intervene than women who did not have a history of sexual assault ($M = 4.77$, $SD = 1.20$), $t(222) = -0.32$, $p = .749$.

**Final Model with all Predictors of Bystander Intervention Behavior**

Finally, the variables that were significant from each cluster regression (Steps 2a-c) were included in a final regression to predict bystander intervention (Step 3). Thus variables included in the regression were: bystander attitudes, decisional balance, other-oriented empathy, helpfulness, and failure to intervene due to audience inhibition. This regression was significant $F(5, 223) = 35.42$, $p = .000$, and accounted for 44.8% of the variance in bystander intervention. However, when in the presence of other predictors, bystander attitudes towards intervention ($\beta = .024$, $p = .000$) was the only variable that was found to be significantly related to higher rates of bystander intervention. Failure to intervene due to audience inhibition ($\beta = -.078$, $p = .060$) was marginally related.

**Discussion**

The purpose of this study was to investigate factors that were potential predictors of college women’s prosocial bystander behavior specifically in high risk sexual assault situations. The four clusters and predictor categories assessed were:
bystander attitudes and efficacy, personality characteristics, situational factors and barriers, as well as a personal history of sexual assault.

Many factors within each of the four clusters were highly correlated with bystander intervention, such as conscientiousness, agreeableness, and bystander efficacy. Regardless of whether the correlated variables were significant throughout the regression analyses, these variables are still very important to understanding women’s prosocial bystander intervention behavior. Knowing which variables are most correlated to bystander intervention helps to narrow the focus of study in future research, and to specifically address these variables in programming efforts. There are many potential reasons why not all of the correlated variables were found to be significant in each set of regressions, which will be discussed in further detail below. A main contributing factor may be the intercorrelations among the variables.

Ultimately in the final regression in the presence of other predictors, only bystander attitudes towards intervention were found to be significantly related to higher rates of bystander intervention, with the failure to intervene due to audience inhibition barrier marginally related to bystander intervention. The strong positive relationship between positive attitudes toward bystander intervention and engagement in bystander intervention has been demonstrated in previous research (Banyard, 2008; Banyard et al., 2002).

Although bystander attitudes and efficacy have been widely studied in prior research, much of this research has specifically assessed bystander attitudes as an outcome of sexual assault prevention programming (Banyard, 2008; Banyard,
Moynihan, & Plante, 2007; Banyard, Plante, & Moynihan, 2002; McMahon, Postmus, & Koenick, 2011). Such prior studies that found bystander attitudes to be related to bystander behavior, also found a relationship between prosocial bystander behavior and bystander efficacy, as well as higher decisional balance (Banyard et al., 2002; McMahon et al., 2011). Prior to the regression analyses, all three factors were found to be significantly positively correlated to bystander intervention. However, in the presence of all of the other significant variables, bystander attitudes and decisional balance remained the most significant, with bystander efficacy no longer significant. This finding is likely due to the high correlation between bystander attitudes and efficacy ($r = .72$), and the stronger relationship between bystander attitudes and bystander intervention ($r = .64$) than bystander efficacy and bystander intervention ($r = .50$).

From a theoretical standpoint, this finding highlights the possibility that bystander efficacy and attitudes are part of a similar dimension. Indeed, it is possible that bystander efficacy leads to positive attitudes toward bystander behavior, though this relationship has not been tested in the literature. Decisional balance, dealing with the beliefs and perceptions of the pros and cons involved in intervention, also appeared to be impactful in the decision of whether or not to intervene as a bystander. Personality characteristics as predicting factors of bystander behavior are not a foreign idea in general altruistic behavior research (Eisenberg et al., 2002; Penner et al., 1983), however, it is quite exploratory in the realm of bystander behavior in terms of sexual assault situations. All of the personality traits that were assessed in the present
study (extraversion, agreeableness, conscientiousness, helpfulness and other-oriented empathy) were significantly correlated to higher prosocial bystander behavior.

When in the presence of all the personality variables, though, only other-oriented empathy and helpfulness were significantly predicted of higher rates of bystander intervention. This finding may be due to the fact that the personality factors from the PPB were originally created using particular aspects from Big Five Inventory traits that were correlated with altruistic behavior, and altruistic behavior has previously demonstrated a positive relationship with bystander intervention (Penner, 1980; Penner & Menon, 1993). Therefore, when the cluster variables are all in a simultaneous regression together, other-oriented empathy and helpfulness, which are factors that consist of ideas taken from the big five traits and are more specific to altruistic behaviors, likely better explain bystander behavior than the original big five personality traits (extraversion, agreeableness and conscientiousness).

Moreover, there are multiple facets within each big five personality trait that may contradict each other in terms of their relation to bystander behavior. For example, although some aspects of agreeableness (e.g. sympathetic, helpful) may make someone more likely to intervene, other aspects of that trait may actually cause them to be less likely to intervene (e.g. a fear of what others might think of them due to a higher need for a sense of belonging and cohesiveness).

In the present study, the researcher also was interested in altering and replicating Burn’s (2009) exploratory research involving barriers to bystander intervention in at-risk situations of sexual assault, which was based on Latane and
Darley’s (1970) situational model. Burn (2009) found all five barriers to be negatively correlated with intervention and together significantly accounted for a large portion of the variance in bystander intervention behavior. Different from Burn (2009), the present study found all of the barriers to be significantly negatively correlated to bystander intervention, except for failure to notice, which was nonsignificantly related to bystander behavior.

Furthermore, in the presence of other barriers in the simultaneous regression only one of the five barriers, failure to intervene due to audience inhibition, was found to be significantly related to lower bystander intervention behavior (e.g. bystanders were less likely to intervene if an audience was present during an at-risk sexual assault situation). This finding could have especially been affected by the strong correlations among the barriers (i.e., $r = -.65$). Failure to intervene due to audience inhibition was also marginally related to prosocial bystander intervention in the final regression in the presence of all other predictors, which was a finding unique to the current study.

Failure to intervene due to audience inhibition is suggested to be influenced by social norms that counter intervention behaviors and evaluation apprehension, involving fears of embarrassment, awkwardness and social concerns (Burn, 2009). Prior research found that the anxiety of evaluation apprehension usually prevents bystanders from intervening due to the fear of making a mistake, which most affects those new to a group, such as new students, or freshman (Schwartz & Gottleib, 1980). The majority of the present study’s sample consisted of first year students, which may explain why out of the five barriers, audience inhibition was found to be the most
significantly related barrier to lower bystander intervention. Future research may find it interesting, for this reason, to compare students by their year in college.

Latane and Darley (1970) suggest that as the number of bystanders in the audience increases, the higher the potential costs of making a mistake or inappropriate response. Therefore, this barrier may have specifically affected our population because of the large audiences that are often present in many common college settings where potential sexual assault situations may be likely to occur, such as parties or bars.

Prior research does not indicate that the failure to intervene due to audience inhibition would be specifically related to bystander behavior beyond other situational barriers (Burn, 2009), so this bears replication. In fact, Burn found that it was instead the failure to take intervention responsibility barrier that was most predictive of a large portion of the variance for both women and men, which was the barrier that the present study found to be closest to being significantly predictive of bystander intervention, out of all of the insignificant barriers \( (p=.077) \). The difference in these results could have especially been impacted by the problem of multicollinearity due to the fact that all five of the barriers are strongly related to each other. These assessed barriers were all found to be factors that are highly correlated to bystander behavior, which is why they were each established as one of the five most important bystander barriers to begin with (Latane & Darley, 1970).

Because prior research has not investigated personal history of sexual assault as a predictor of bystander intervention, the researchers were particularly interested in the results of this analysis. Based on bystander behaviors in child abuse cases among
individuals who have experience child abuse (Christy & Voigt, 1994), the present study hypothesized that women with a history of sexual assault would be more likely to intervene than women without a history. However, results of the current study found that sexual assault history was unrelated to prosocial bystander behavior.

One reason that a history of sexual victimization may not be related to prosocial bystander behavior is that sexual assault experiences affect different people in different ways. Research suggests that sexual assault can sometimes lead to PTSD (see Jordan, Campbell & Follingstad, 2010 for a review), including symptoms such as avoidance, in which stimuli or situations associated with the experienced trauma are avoided. Such avoidance, as well as other PTSD symptomatology such as hypervigilance (e.g. feeling on-guard), may lead to victim discomfort or lack of approach to sexual assault-related stimuli or situations, such that women who experience symptoms of PTSD may be less likely to intervene, whereas other survivors of sexual assault may be likely to identify risky sexual situations and intervene. Further research is needed to better understand the relationship between personal victimization history, PTSD symptoms, and bystander intervention. Additionally, future research (with larger samples) should further address whether variables such as the severity of past victimization or the number of victimizations may be related to bystander behavior.

Moreover, future research should try to explore individual differences among people who were sexually assaulted, such as trauma symptoms, length of time since the victimization, and the type of coping strategies or treatment used. Other previous
research suggests that people who know someone who was sexually assaulted are more likely to engage in positive bystander behaviors (Banyard 2008; McMahon et al., 2011), so perhaps future research could investigate this further as well.

There are several limitations to the current study. First, the present study had a fairly homogeneous sample that was collected over one quarter, so future research should investigate a larger, more diverse sample over a longer period of time. It might also be interesting to replicate the present study with multiple time points to examine the impact of attitudes, history of sexual assault, and other study variables on bystander intervention over time. Also, due to previous research that suggests gender to be a salient factor in terms of bystander behavior (Banyard, 2008; McMahon, Postmus & Koenick, 2011), it may be interesting to explore this further by including both men and women in a similar replication study.

Further, although many previous studies that assess bystander intervention in situations of sexual assault also utilize self-report measures (Banyard, 2008; Banyard et al., 2004; Banyard et al., 2007; Burn, 2009; Foubert, 2000; McMahon, 2005; Moynihan & Banyard, 2008), this can be considered a limitation of the present study. The self-report measures are retrospective and ask participants to recall events that occurred from as young as fourteen years old, which could be associated with selective memory, over-reporting, or denial of certain painful events (Badia & Runyon, 1982).

Also, self-report measures in this specific realm of bystander behavior are limited by a lack of realism, because unlike other more basic prosocial bystander
actions (e.g. picking up a dropped book in a lab), situations of sexual assault would be difficult to study in observational settings. Future research could perhaps employ valid and reliable new vignettes that depict more detailed situations to increase the realism in these terms. Future research should also be undertaken to address whether individuals have not intervened due to a lack of opportunity (i.e., they have not been in risky sexual situations), or due to a lack of intervention in the presence of ample opportunity to intervene.

Finally, one general limitation to the current study is the possibility that multicollinearity in the assessed variables influenced the regression results. Many of the predictors in the present study are very strongly related to one another. The issue of multicollinearity occurs when such predictor variables are so highly related that they ultimately do not appear to be significantly related to the dependent variable when in the presence of the other strongly associated variables (Cohen & Cohen, 1975).

Despite these limitations, the current study presents many implications for research and programming efforts. Recent research suggests that effective methods of sexual assault prevention programming include a focus on the role of the community and audience as potential bystanders that can intervene and prevent sexual assault, rather than merely on potential perpetrators of sexual assault (Banyard et al., 2004; Berkowitz, 2002). Due to the recent success with such sexual assault programming using the bystander approach, there are many promising implications of this study. Understanding the most predictive factors and correlates of bystander intervention will
help improve sexual assault prevention programming and allow researchers and interventionists to specifically target predictors most related to bystander intervention, such as bystander attitudes. Previous research has found prevention programs that incorporate the bystander approach to increase prosocial bystander attitudes and positive attitudes towards bystander behavior (Banyard et al., 2002; Banyard et al., 2007).

Moreover, in discussing implications, it is also important to address the marginally significant relationship of the failure to intervene due to audience inhibition. In overcoming this particular barrier and teaching potential bystanders how to counter the fear of what the present audience may think of bystander actions, it will be beneficial for programming to increase the salience of prosocial bystander intervention norms. Further, because group newcomers that are seeking acceptance are more susceptible to fail to intervene due to the pressure and anxiety of what others may think, this aspect could be especially important to focus on in programming for new students or Greek members.

Prior research has found that audience inhibition has less of an effect on bystander intervention when there are salient social norms in place consistent with the intervention (Latane & Darley, 1970), which, is another reason why social norms and attitudes should be addressed in programming. Although men who perpetrate sexual assault are always at fault for these acts, researchers have long identified that, in the absence of an antidote to the epidemic of sexual assault, other prevention efforts are required. With understanding from this study and others pertaining to bystander
intervention, we have the opportunity as a community to engage in efforts to decrease the prevalence of sexual assault in society.
### Table 1

**Demographic Variables**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
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<tbody>
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<td></td>
<td></td>
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</tr>
<tr>
<td>First Year</td>
<td></td>
<td>154</td>
<td>68.8%</td>
</tr>
<tr>
<td>Second Year</td>
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<td>33</td>
<td>14.7%</td>
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<td>Third Year</td>
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<td>21</td>
<td>9.4%</td>
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<tr>
<td>Fourth Year</td>
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<td>16</td>
<td>7.1%</td>
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<tr>
<td><strong>Race</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
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<td>196</td>
<td>87.5%</td>
</tr>
<tr>
<td>African American</td>
<td></td>
<td>10</td>
<td>4.5%</td>
</tr>
<tr>
<td>Latino</td>
<td></td>
<td>4</td>
<td>1.8%</td>
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<tr>
<td>Asian/Pacific Islander</td>
<td></td>
<td>9</td>
<td>4.0%</td>
</tr>
<tr>
<td>Two or More</td>
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<td>4</td>
<td>1.8%</td>
</tr>
<tr>
<td>Other</td>
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<td>.4%</td>
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<td></td>
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<td>History of Victimization</td>
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Table 2

*Descriptive Statistics Clusters 1-4*

<table>
<thead>
<tr>
<th>Continuous Variable</th>
<th>Mean (SD)</th>
<th>Scale Range</th>
<th>Sample Range</th>
<th>Alpha</th>
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</thead>
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<td>Bystander Attitudes</td>
<td>196.57 (22.75)</td>
<td>51-255</td>
<td>126-246</td>
<td>.92</td>
</tr>
<tr>
<td>Decisional Balance</td>
<td>2.04 (5.37)</td>
<td>-25-19</td>
<td>-13-14</td>
<td></td>
</tr>
<tr>
<td>Bystander Efficacy</td>
<td>78.27 (13.81)</td>
<td>0-100</td>
<td>28.57-100</td>
<td>.87</td>
</tr>
<tr>
<td>Bystander Intervention</td>
<td>4.79 (1.11)</td>
<td>1-7</td>
<td>1.88-7</td>
<td>.85</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>4.01 (.58)</td>
<td>1-5</td>
<td>2.22-5</td>
<td>.80</td>
</tr>
<tr>
<td>Extraversion</td>
<td>3.67 (.71)</td>
<td>1-5</td>
<td>1.63-5</td>
<td>.84</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>3.69 (.58)</td>
<td>1-5</td>
<td>2.11-5</td>
<td>.75</td>
</tr>
<tr>
<td>Helpfulness</td>
<td>27.44 (4.81)</td>
<td>8-40</td>
<td>14-40</td>
<td></td>
</tr>
<tr>
<td>Other-Oriented Empathy</td>
<td>82.22 (8.74)</td>
<td>23-105</td>
<td>58-104</td>
<td>.75</td>
</tr>
<tr>
<td>Failure to Notice</td>
<td>3.5 (1.5)</td>
<td>1-7</td>
<td>1-7</td>
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</tr>
<tr>
<td>Failure to Identify</td>
<td>3.42 (1.17)</td>
<td>1-7</td>
<td>1-6.67</td>
<td>.69</td>
</tr>
<tr>
<td>Failure to Take Responsibility</td>
<td>3.37 (1.02)</td>
<td>1-7</td>
<td>1-6.25</td>
<td>.83</td>
</tr>
<tr>
<td>Failure due to Skills Deficit</td>
<td>4.41 (1.66)</td>
<td>1-7</td>
<td>1-7</td>
<td>.91</td>
</tr>
<tr>
<td>Failure due to Audience</td>
<td>3.26 (1.54)</td>
<td>1-7</td>
<td>1-7</td>
<td>.96</td>
</tr>
</tbody>
</table>

*a* Cronbach’s alpha were not completed for this measure, but it does represent a combination of the perceived positives for intervening (alpha = .77; sum of 5 items), and negatives for intervening (alpha = .75; sum of 6 items).

*b* Cronbach’s alpha for this measure were impossible to calculate due to the subscale calculations. Separately, they were Personal Distress (alpha = .65; 3 items), and Self-Reported Altruism (alpha = .62; 5 items).

*c* No reliability was reported for this variable because it consisted of only 1 item.
Table 3

Correlations Among Variables of Interest

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<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
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<th>13</th>
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<th>15</th>
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<td>1. MCSDS</td>
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<td>.35**</td>
<td>.34**</td>
<td>.16*</td>
<td>-.14*</td>
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<td>-.27*</td>
<td>.23**</td>
<td>.23**</td>
<td>.14*</td>
<td>.22**</td>
</tr>
<tr>
<td>2. Extraversion</td>
<td>1</td>
<td>.18*</td>
<td>.04</td>
<td>.21*</td>
<td>.31*</td>
<td>.01</td>
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<td>-.14*</td>
<td>.22*</td>
<td>-.18</td>
<td>.22**</td>
<td>.37**</td>
<td>.18**</td>
<td>.13**</td>
<td></td>
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<tr>
<td>3. Agreeableness</td>
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<td>.40**</td>
<td>.54**</td>
<td>.17*</td>
<td>-.15*</td>
<td>-.16*</td>
<td>-.107</td>
<td>-.12</td>
<td>-.16*</td>
<td>.30**</td>
<td>.34**</td>
<td>.19**</td>
<td>.30**</td>
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<td>4. Conscientiousness</td>
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<td>.09</td>
<td>.024</td>
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<td>-.01</td>
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<td>.12</td>
<td>.21**</td>
<td>.14*</td>
<td>.22**</td>
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<tr>
<td>5. Other-Oriented Empathy</td>
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<td>.28**</td>
<td>-.12</td>
<td>-.21**</td>
<td>-.24**</td>
<td>-.18**</td>
<td>-.29**</td>
<td>.43**</td>
<td>.37**</td>
<td>.35**</td>
<td>.37**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Helpfulness</td>
<td>1</td>
<td>-.15*</td>
<td>-.28**</td>
<td>-.21**</td>
<td>-.28**</td>
<td>-.25**</td>
<td>.29**</td>
<td>.33**</td>
<td>.29**</td>
<td>.30**</td>
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<td>7. Failure to Notice</td>
<td>1</td>
<td>.65**</td>
<td>.22**</td>
<td>.26**</td>
<td>.28**</td>
<td>-.13</td>
<td>-.15*</td>
<td>.11</td>
<td>-.13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Identify as High Risk</td>
<td>1</td>
<td>.43**</td>
<td>.40**</td>
<td>.48**</td>
<td>-.24**</td>
<td>-.24**</td>
<td>-.23**</td>
<td>-.24**</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9. Take Responsibility</td>
<td>1</td>
<td>.42**</td>
<td>.54**</td>
<td>-.35**</td>
<td>-.31**</td>
<td>-.32**</td>
<td>-.31**</td>
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<td></td>
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<tr>
<td>10. Skills Deficit</td>
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<td>-.30**</td>
<td>-.19**</td>
<td>-.27**</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>11. Audience Inhibition</td>
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<td>-.39**</td>
<td>-.40**</td>
<td>-.41**</td>
<td>-.38**</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>12. Bystander Attitudes</td>
<td>1</td>
<td>.48**</td>
<td>.72**</td>
<td>.64**</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Decisional Balance</td>
<td>1</td>
<td>.43**</td>
<td>.43**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>14. Bystander Efficacy</td>
<td>1</td>
<td>.50**</td>
<td></td>
<td></td>
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<tr>
<td>15. Bystander Intervention</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level (2-tailed); ** Correlation is significant at the 0.01 level (2-tailed)
### Table 4

**Descriptives of Prosocial Bystander Intervention: Dependent Variable**

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To reduce sexual assault risk, I never leave a friend alone at a party or bar even if the friend insists she’ll be all right.</td>
<td>5.85</td>
<td>1.38</td>
<td>1-7</td>
</tr>
<tr>
<td>2. I try to be a good friend by not letting my intoxicated female friends go to a private location with a guy.</td>
<td>6.03</td>
<td>1.14</td>
<td>2-7</td>
</tr>
<tr>
<td>3. To reduce sexual assault risk, I discourage my friends from going to a private location with a male acquaintance.</td>
<td>5.82</td>
<td>1.33</td>
<td>1-7</td>
</tr>
<tr>
<td>4. I remind my female friends to take actions to reduce sexual assault risk.</td>
<td>5.07</td>
<td>1.62</td>
<td>1-7</td>
</tr>
<tr>
<td>5. When I see a man pressuring a woman to leave a party or bar with him, I intervene.</td>
<td>3.74</td>
<td>1.76</td>
<td>1-7</td>
</tr>
<tr>
<td>6. When I see a situation in which it looks like someone will end up being taken advantage of sexually, I intervene.</td>
<td>4.12</td>
<td>1.74</td>
<td>1-7</td>
</tr>
<tr>
<td>7. When I see someone “putting the moves” on a person that is very intoxicated, I say or do something about it.</td>
<td>3.65</td>
<td>1.76</td>
<td>1-7</td>
</tr>
<tr>
<td>8. When I hear someone making inappropriate sexual comments to someone else, I say or do something about it.</td>
<td>4.05</td>
<td>1.82</td>
<td>1-7</td>
</tr>
</tbody>
</table>
Table 5

*Simultaneous Linear Regression Predicting Bystander Intervention from Bystander Attitudes/Efficacy Variables: Step 2a*

<table>
<thead>
<tr>
<th></th>
<th>β</th>
<th>SE β</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bystander Attitudes</td>
<td>.03</td>
<td>.00</td>
<td>6.9**</td>
<td>.000***</td>
</tr>
<tr>
<td>Decisional Balance</td>
<td>.03</td>
<td>.01</td>
<td>2.6**</td>
<td>.010**</td>
</tr>
<tr>
<td>Bystander Efficacy</td>
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<td>.01</td>
<td>.9</td>
<td>.390</td>
</tr>
</tbody>
</table>

*Notes: R² = .43 (**p < .01, ***p < .0001).*
Table 6

Simultaneous Linear Regression Predicting Bystander Intervention from Personality Factors: Step 2b

<table>
<thead>
<tr>
<th></th>
<th>$\beta$</th>
<th>SE $\beta$</th>
<th>$T$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreeableness</td>
<td>.19</td>
<td>.15</td>
<td>1.30</td>
<td>.194</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.00</td>
<td>.10</td>
<td>.001</td>
<td>.999</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.199</td>
<td>.01</td>
<td>1.56</td>
<td>.120</td>
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<tr>
<td>Helpfulness</td>
<td>.05</td>
<td>.02</td>
<td>3.11</td>
<td>.002**</td>
</tr>
<tr>
<td>Other-Oriented Help</td>
<td>.03</td>
<td>.01</td>
<td>3.17</td>
<td>.002**</td>
</tr>
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</table>

Notes: $R^2 = .20$ (**$p < .01$).
Table 7

*Simultaneous Linear Regression Predicting Bystander Intervention from Bystander Barriers: Step 2c*

<table>
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<tr>
<th>Predictor</th>
<th>$\beta$</th>
<th>SE $\beta$</th>
<th>$t$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify as High Risk</td>
<td>-.05</td>
<td>.07</td>
<td>-.66</td>
<td>.510</td>
</tr>
<tr>
<td>Take Responsibility</td>
<td>-.15</td>
<td>.08</td>
<td>-1.78</td>
<td>.077</td>
</tr>
<tr>
<td>Skills Deficit</td>
<td>-.02</td>
<td>.06</td>
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<td>.777</td>
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<tr>
<td>Audience Inhibition</td>
<td>-.194</td>
<td>.07</td>
<td>-2.984</td>
<td>.003**</td>
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</table>

*Notes: $R^2 = .16 (**p < .01)."*
Table 8

**Final Regression including all Predictors: Step 3**

<table>
<thead>
<tr>
<th>Predictor</th>
<th>β</th>
<th>SE β</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bystander Attitudes</td>
<td>.02</td>
<td>.003</td>
<td>8.10</td>
<td>.000***</td>
</tr>
<tr>
<td>Decisional Balance</td>
<td>.02</td>
<td>.01</td>
<td>1.57</td>
<td>.118</td>
</tr>
<tr>
<td>Other-Oriented Empathy</td>
<td>.01</td>
<td>.01</td>
<td>1.61</td>
<td>.247</td>
</tr>
<tr>
<td>Helpfulness</td>
<td>.02</td>
<td>.01</td>
<td>1.4</td>
<td>.172</td>
</tr>
<tr>
<td>Audience Inhibition</td>
<td>-.08</td>
<td>.04</td>
<td>-1.89</td>
<td>.060</td>
</tr>
</tbody>
</table>

*Notes: $R^2 = .45$ (***p < .0001).*
Figure 1

Analyses Chart

**STEP 1a**
Correlations with DV
Cluster 1: Bystander Attitudes/Efficacy

* Bystander Attitude Scale
  a. Bystander Attitudes

* Decisional Balance Scale
  b. Decisional Balance

* Bystander Efficacy Scale
  c. Bystander Efficacy

**STEP 1b**
Correlations with DV
Cluster 2: Personality Factors

* Big Five Inventory
  a. Agreeableness
  b. Extraversion
  c. Conscientiousness

* Prosocial Personality Battery
  d. Helpfulness
  e. Other-Oriented Help

**STEP 1c**
Correlations with DV
Cluster 3: Bystander Barriers

* Barriers to Bystander Intervention Scale
  a. Notice
  b. Identify as High-Risk
  c. Take Responsibility
  d. Skills Deficit
  e. Audience Inhibition

**STEP 2a**
Significant Variables from Cluster 1 into Regression

**STEP 2b**
Significant Variables from Cluster 2 into Regression

**STEP 2c**
Significant Variables from Cluster 3 into Regression

**STEP 2d**
Cluster 4 t-test
Cluster 4: History of Sexual Assault

* Sexual Experiences Survey
  a. History of Sexual Assault

**STEP 3**
Any Significant Variables from “Step 2”
References


program on men’s beliefs in rape myths. *Sex Roles, 36*, 259-268.


prevention program. *Journal of College Student Development, 38*, 673-676.


PREDICTORS OF COLLEGE WOMEN’S PROSOCIAL BEHAVIOR


Appendix A-1
Ohio University Consent Form

Title of Research: A Study of OU Women’s Beliefs and Social Lives
Principal Investigators: Carolyn Davidson, Christina Dardis
Department: Psychology

You are being asked to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign it. This will allow your participation in this study. You should receive a copy of this document to take with you.

Explanation of Study
This study is being done in order to explore women’s personal characteristics and social experiences. If you agree to participate, you will be asked to fill out several questionnaires some of which will ask you about personal and sexual information. Following completion of the questionnaires, you will be debriefed. If you have any questions or concerns, the experimenter will be here to assist you. Your participation in the study will last approximately one hour.

Risks and Discomforts
During this study, you will be asked for personal information, including questions about unwanted sexual experiences. Please consider your comfort level with these types of questions before agreeing to participate in the study. This study involves no physical risks for participants. However, some individuals might experience emotional discomfort. Participation is voluntary, and you may stop responding and withdraw from the study at any point without penalty.

Benefits
This study is important to science and society because it will provide you the opportunity to learn, first-hand, the process of data collection for a psychological experiment, as well as provide you with the compensation of one credit for your participation.

Confidentiality and Records
Your survey data will be completely anonymous. There is no way that your name will be linked to your data. Additionally, any information you provide to the experimenters is confidential. No individual names will be used in reporting the results of the study.
Compensation

You will receive one credit for today’s session even if you withdrawal prior to completing the questionnaire.

Contact Information

The principal investigator for this study is Carolyn Davidson, and Co-Investigator is Tina Dardis, who are both under the supervision of Dr. Christine A. Gidycz. These individuals can be contacted regarding any questions or concerns:

Carolyn Davidson
056 Porter Hall (593-1088)
cd305507@ohio.edu

Tina Dardis
056 Porter Hall (593-1088)
cd126408@ohio.edu

Christine A. Gidycz, Ph.D.
231 Porter Hall (593-1092)
gidycz@ohio.edu

If you have any questions regarding your rights as a research participant, please contact Jo Ellen Sherow, Director of Research Compliance, Ohio University, (740)593-0664.

By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
- you have been informed of potential risks and they have been explained to your satisfaction.
- you understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study
- you are 18 years of age or older
- your participation in this research is completely voluntary
- you may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.

Signature_________________________________________ Date_____________________

Printed Name_________________________________________
Appendix A-2

DEBRIEFING FORM

Thank you for your participation in this research project. This study was designed to understand factors that are related to women’s willingness to intervene when they witness potentially threatening situations. Since the study focused on the witnessing of inappropriate dating or sexual behaviors, the information provided by these questionnaires will be useful to researchers and clinicians who are involved with the development and implementation of programs to reduce the occurrence of unwanted sexual experiences on college campuses.

As a reminder, all of your questionnaire responses will remain strictly anonymous. If you have any further questions regarding the nature of this study, or would like to request details of the results, please feel free to contact one of the following:

The principal investigator for this study is Carolyn Davidson, and Co-Investigator is Tina Dardis, who are both under the supervision of Dr. Christine A. Gidycz. These individuals can be contacted regarding any questions or concerns:

Carolyn Davidson
056 Porter Hall (593-1088)
cd305057@ohio.edu

Tina Dardis
056 Porter Hall (593-1088)
cd125069@ohio.edu

Christine A. Gidycz, Ph.D.
231 Porter Hall (593-1092)
gidycz@ohio.edu

If you have any questions regarding your rights as a research participant, please contact Jo Ellen Sherow, Director of Research Compliance, Ohio University, (740)593-0664.

In addition, if you are concerned about the study materials used or questions asked and wish to speak to a professional, or if you would like more information or reading material on this topic, please contact one of the following resources:

Ohio University Counseling and Psychological Services: 593-1616

Ohio University Psychology and Social Work Clinic 593-0902

Sexual Assault Survivor Advocacy Program: 589-5562

OU Counselor-in-Residence 593-0769
Appendix B-1

**Sign-up Form on the Ohio University Experiment Sign-up System**

Potential participants on the electronic sign-up system will view the experiment, as it appears below:

<table>
<thead>
<tr>
<th><strong>Experiment Name</strong></th>
<th>A Study of OU Women’s Beliefs and Social Lives (WOMEN ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>The purpose of this study is to examine personal beliefs and social experiences among college women.</td>
</tr>
<tr>
<td><strong>Subject</strong></td>
<td>Must be a female and 18 years or older to participate.</td>
</tr>
<tr>
<td><strong>Restrictions</strong></td>
<td>Must be a female and 18 years or older to participate.</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>60 minutes</td>
</tr>
<tr>
<td><strong>Preparation</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Credits</strong></td>
<td>1 credit</td>
</tr>
<tr>
<td><strong>Experimenter</strong></td>
<td>Carolyn Davidson</td>
</tr>
<tr>
<td></td>
<td>Office: Porter 056</td>
</tr>
<tr>
<td></td>
<td>Phone: 593-1088</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:cd305507@ohio.edu">cd305507@ohio.edu</a></td>
</tr>
<tr>
<td><strong>Experiment Status</strong></td>
<td>Not visible to students</td>
</tr>
<tr>
<td></td>
<td>Inactive experiment (does not show up on list of available experiments)</td>
</tr>
<tr>
<td><strong>IRB Approval Code</strong></td>
<td>SAMPLE ONLY.</td>
</tr>
</tbody>
</table>
Appendix C-1

**Demographics Questionnaire**

**DIRECTIONS:** Please choose the best response for each question.

1. **What is your age?** __________ (Write in)

2. **What is your current year in college?**
   - A. First
   - B. Second
   - C. Third
   - D. Fourth
   - E. Fifth or above
   - F. Graduate student
   - G. Other_______

3. **Where do you currently live?**
   - A. College dormitory or residence hall
   - B. Sorority house
   - C. Other university/college housing
   - D. Off-campus house or apartment
   - E. Parent/guardian’s home
   - F. Other

4. **What is your racial identity?**
   - A. Caucasian, non-Hispanic
   - B. African American
   - C. Latino or Hispanic
   - D. Asian or Pacific Islander
   - E. American Indian or Alaska Native
   - F. Two or more races
   - G. Other

5. **Approximately how much is your parents’ yearly income?**
   - A. Unemployed or disabled
   - B. $10,000 - $20,000
   - C. $21,000 - $30,000
   - D. $31,000 - $40,000
   - E. $41,000 - $50,000
   - F. $51,000 - $75,000
   - G. $76,000 - $100,000
   - H. $100,000 - $150,000
   - I. $150,000 or more
6. Which one best describes your intimate relationships/sexual orientation?
   A. Exclusively heterosexual experiences
   B. Mostly heterosexual experiences
   C. More heterosexual than homosexual experiences
   D. Equal heterosexual and homosexual experiences
   E. More homosexual than heterosexual experiences
   F. Mostly homosexual experiences
   G. Exclusively homosexual experiences

7. What is your current marital status?
   A. Never married
   B. Cohabiting
   C. Married
   D. Divorced
   E. Widowed

8. What is your current dating status?
   A. I do not date.
   B. I date casually.
   C. I am involved in a long-term monogamous relationship (more than 6-months).
   D. I am engaged.
   E. I am married.

9. Are you a member of an all-female sorority?
   a. Yes
   b. No

10. If in an all female social sorority, how much do you personally identify with the beliefs of your all female sorority?

   1  2  3  4  5
   1. Never/not in
      all female social sorority
   2. Somewhat
   3. A lot

11. If in an all female social sorority, how much do you personally identify with the behaviors of your all female sorority?

   1  2  3  4  5
   1. Never/not in
      all female social sorority
   2. Somewhat
   3. A lot

12. If in an all female social sorority, how important is it to you for you to fit in with your sorority sisters, to feel a sense of sisterhood and devotion?

   1  2  3  4  5
   1. Never/not in
      all female social sorority
   2. Somewhat
   3. A lot
13. Are you currently involved in more than one dating relationship?
   a. No
   b. Yes  How many?______

The next four questions ask about sexual history. The questions about sexual intercourse mean penetration of the vagina or anus, no matter how slight, by a man’s penis. Ejaculation is not required.

14. Have you ever willingly had sexual intercourse?
   a. Yes
   b. No

15. How old were you when you first willingly had sexual intercourse?
   a. I have never willingly had sexual intercourse
   b. 13 years or younger
   c. 14
   d. 15
   e. 16
   f. 17
   g. 18
   h. 19 years or older

16. Approximately how many consensual (not forced) sex partners have you had (including anal, oral, anal and vaginal intercourse) since age 14?________(Please write in a number)

17. How many consensual sex partners have you engaged in sexual behavior with (but not sexual intercourse)?________(Please write in a number)

18. Have you ever attended a program or taken a course pertaining to sexual assault or rape?
   a. Yes
   b. No

19. How much of a problem is sexual violence on campus?
   a. Not at all
   b. Slightly
   c. Moderately
   d. Mostly
   e. Extremely

20. Have you ever known someone who was a victim of sexual violence?
   a. Yes
   b. No

21. Have you ever witnessed events that you think are abusive?
   a. Yes
   b. No
22. Have you ever suspected that someone has been sexually assaulted?
   a. Yes
   b. No

23. Have you ever had a friend report a sexual assault to you?
   a. Yes
   b. No

24. How often do you go to bars?
   a. Never
   b. Rarely
   c. Sometimes
   d. Frequently

25. How often do you go to parties?
   a. Never
   b. Rarely
   c. Sometimes
   d. Frequently

26. Are you a member of any university sponsored sports teams?
   a. Yes
   b. No
Barriers to Sexual Assault Bystander Intervention

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Neither</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>1. At a party or bar, I am probably too busy to be aware of whether someone is at risk for sexual assault.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In a party or bar situation, I find it hard to tell whether a guy is at risk for sexually assaulting someone.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. In a party or bar situation, I think I might be uncertain as to whether someone is at-risk for being sexually assaulted.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Even if I thought a situation might be high in sexual assault risk, I probably wouldn’t say or do anything if other people appeared unconcerned.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Even if I thought someone was at risk for being sexually assaulted, I would probably leave it up to others to intervene.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. If I saw someone I didn’t know was at risk for being sexually assaulted, I would leave it up to his/her friends to intervene.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I am less likely to intervene to reduce a person’s risk of sexual assault if I think she/he made choices that increased their risk.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. If a person is dressed provocatively, or acts provocatively, I am less likely to intervene to prevent others from taking sexual advantage of them.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. If a person is extremely intoxicated I am less likely to intervene to prevent others from taking sexual advantage of them.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. If a person is dressed provocatively, or acts provocatively, I feel less responsible for preventing others from taking sexual advantage of them.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I am more likely to intervene to prevent sexual assault if I know the potential victim than if I do not.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I am more likely to intervene to prevent sexual assault if I know the person that may be at risk for committing sexual assault than if I do not know him.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>13.</td>
<td>Although I would like to intervene when a guy’s sexual conduct is questionable, I am not sure I would know what to say or do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14.</td>
<td>Even if I thought it was my responsibility to intervene to prevent sexual assault, I am not sure I would know how to intervene.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15.</td>
<td>I am hesitant to intervene when a man’s sexual conduct is questionable because I am not sure other people would support me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16.</td>
<td>Even if I thought it was my responsibility to intervene to prevent a sexual assault, I might not out of a concern I would look foolish.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Please read the following list of behaviors and check how likely you are to engage in these behaviors using the following scale:

<table>
<thead>
<tr>
<th></th>
<th>1 not at all likely</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 extremely likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Call 911 &amp; tell the hospital my suspicions if I suspect that my friend has been drugged.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Call 911 if I hear someone yelling and fighting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Try to get help if I suspect a stranger at a party has been drugged.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Call 911 if I hear someone calling for help.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Go investigate if I am awakened at night by someone calling for help.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Call 911 if my friend needs help.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Talk to the friends of a drunk person to make sure they don’t leave their drunk friend behind at the party</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>If I see someone at a party who has had too much to drink, I ask them if they need to be walked home so they can go to sleep.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>If my roommate or friend said that they had an unwanted sexual experience but they don’t call it “rape” I question them further.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Walk a stranger home from a party who has had too much to drink.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>Walk a friend home from a party who has had too much to drink.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>If a woman is being shoved or yelled at by a man, I ask her if she needs help.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13</td>
<td>If I hear what sounds like yelling and fighting through my dorm walls I knock on the door to see if everything is ok.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14</td>
<td>If I hear what sounds like yelling or fighting through my dorm or apartment walls, I talk with a resident counselor or someone else who can help</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>If I saw a friend grabbing, pushing, or insulting their partner I would confront them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16</td>
<td>If I saw a friend grabbing, pushing, or insulting their partner I would get help from other friends or university staff.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>If I saw a friend taking a very intoxicated person up the stairs to my friend’s room, I would say something and ask what my friend was doing.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
18. If I saw several strangers dragging a passed out woman up to their room,
   I would get help and try to intervene.  
1 2 3 4 5

19. If I hear an acquaintance talking about forcing someone to have sex with them,
   I speak up against it and express concern for the person who was forced.  
1 2 3 4 5

20. Say something to a person whose drink I saw spiked with a drug even if
   I didn’t know them.  
1 2 3 4 5

21. Grab someone else’s cup and pour their drink out if I saw that someone slipped
    something into it.  
1 2 3 4 5

22. Ask a friend who seems upset if they are okay or need help.  
1 2 3 4 5

23. Ask an acquaintance who seems upset if they are okay or need help.  
1 2 3 4 5

24. Ask a stranger who seems upset if they are okay or need help.  
1 2 3 4 5

25. Call a rape crisis center or talk to a resident counselor for help if a
    friend told me they were sexually assaulted.  
1 2 3 4 5

26. Call a rape crisis center or talk to a resident counselor for help if an
    acquaintance told me they were sexually assaulted.  
1 2 3 4 5

27. Call a rape crisis center or talk to a resident counselor for help if a
    stranger told me they were sexually assaulted.  
1 2 3 4 5

28. Approach a friend if I thought they were in an abusive relationship and let
    them know that I’m here to help.  
1 2 3 4 5

29. Let a friend I suspect has been sexually assaulted know that I am
    available for help and support.  
1 2 3 4 5

30. Share information about sexual assault and violence with my friend.  
1 2 3 4 5

31. Confront friends who make excuses for abusive behavior by others.  
1 2 3 4 5

32. Speak up against racist jokes.  
1 2 3 4 5

33. Speak up against sexist jokes  
1 2 3 4 5

34. Speak up against homophobic jokes.  
1 2 3 4 5

35. Speak up against commercials that depict violence against women.  
1 2 3 4 5

36. Speak up in class if a professor explains that women like to be raped.  
1 2 3 4 5

37. Speak up if I hear someone say “she deserved to be raped.”  
1 2 3 4 5

38. Watch my drinks and my friends’ drinks at parties.  
1 2 3 4 5
39. Make sure I leave the party with the same people I came with. 1 2 3 4 5

40. Ask for verbal consent when I am intimate with my partner, even we are in a long-term relationship. 1 2 3 4 5

41. I won’t stop sexual activity when asked to if I am already sexually aroused. 1 2 3 4 5

42. When I hear a sexist comment I indicate my displeasure. 1 2 3 4 5

43. I obtain verbal consent before engaging in sexual behavior. 1 2 3 4 5

44. If I hear that a teammate, dorm mate, fraternity brother, sorority sister has been accused of sexual violence, I keep any information I may have to myself. 1 2 3 4 5

45. Educate myself about sexual violence and what I can do about it. 1 2 3 4 5

46. Call 911 if a stranger needs help. 1 2 3 4 5

47. I see a man and his girlfriend whom I know in a heated argument. The man’s fist is clenched and his partner looks upset. I ask if everything is ok. 1 2 3 4 5

48. I see a man talking to a woman at a bar. He is sitting very close to her and by the look on her face I can see she is uncomfortable. I ask her if she is ok. 1 2 3 4 5

49. I see a man and his girlfriend. I don’t know them but the man’s fist is clenched and his partner looks upset. I ask if everything is ok. 1 2 3 4 5

50. I encourage people who say they have had unwanted sexual experiences to keep quiet so they don’t get others in trouble. 1 2 3 4 5

51. If I know information about an incident of sexual violence, I tell authorities what I know in case it is helpful. 1 2 3 4 5
Marlowe-Crowne Social Desirability Scale (MCSDS)

DIRECTIONS: Listed below are thirteen statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally.

1. It is sometimes hard for me to go on with my work if I am not encouraged.
2. I sometimes feel resentful when I don't get my way.
3. On a few occasions, I have given up doing something because I thought too little of my ability.
4. There have been times when I felt like rebelling against people in authority even though I knew they were right.
5. No matter who I'm talking to, I'm always a good listener.
6. There have been occasions when I took advantage of someone.
7. I'm always willing to admit it when I make a mistake.
8. I sometimes try to get even rather than forgive and forget.
9. I am always courteous, even to people who are disagreeable.
10. I have never been irked when people expressed ideas very different from my own.
11. There have been times when I was quite jealous of the good fortune of others.
12. I am sometimes irritated by people who ask favors of me.
13. I have never deliberately said something that hurt someone’s feelings.
Appendix C-5

**Decision Balance Scale**

Each statement represents a thought that might occur to a person who is deciding whether or not to help someone who is in trouble. Please indicate how important each of these statements would be to you if you were considering intervening in a situation where you thought someone might be being hurt or was at risk of being hurt. Please circle the number that best describes how important each statement would be to you if you were deciding whether or not to intervene.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> If I intervene regularly, I can prevent someone from being hurt.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>2.</strong> It is important for all community members to play a role in keeping everyone safe.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>3.</strong> Friends will look up to me and admire me if I intervene.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>4.</strong> I will feel like a leader in my community if I intervene.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>5.</strong> I like thinking of myself as someone who helps others when I can.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>6.</strong> Intervening would make my friends angry with me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>7.</strong> Intervening might cost me friendships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>8.</strong> I could get physically hurt by intervening.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>9.</strong> I could make the wrong decision and intervene when nothing was wrong and feel embarrassed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>10.</strong> People might think I’m too sensitive and am overreacting to the situation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>11.</strong> I could get in trouble by making the wrong decision about how to intervene</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix C-6

Bystander Efficacy Scale

Please read each of the following behaviors. Indicate in the column *Confidence* how confident you are that you could do them. Rate your degree of confidence by recording a number from 0 to 100 using the scale given below:

<table>
<thead>
<tr>
<th>Confidence</th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>can’t do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>very certain</td>
</tr>
<tr>
<td>do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>certain</td>
</tr>
<tr>
<td>quite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>moderately certain</td>
</tr>
<tr>
<td>uncertain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>certain</td>
</tr>
</tbody>
</table>

1. Express my discomfort if someone makes a joke about a woman’s body. _____%
2. Express my discomfort if someone says that rape victims are to blame for being raped. _____%
3. Call for help (i.e. call 911) if I hear someone in my dorm yelling “help.” _____%
4. Talk to a friend who I suspect is in an abusive relationship. _____%
5. Get help and resources for a friend who tells me they have been raped. _____%
6. Able to ask a stranger who looks very upset at a party if they are ok or need help. _____%
7. Ask a friend if they need to be walked home from a party. _____%
8. Ask a stranger if they need to be walked home from a party. _____%
9. Speak up in class if a professor is providing misinformation about sexual assault. _____%
10. Criticize a friend who tells me that they had sex with someone who was passed out or who didn’t give consent. _____%
11. Do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party. _____%
12. Do something if I see a woman surrounded by a group of men at a party who looks very uncomfortable. _____%
13. Get help if I hear of an abusive relationship in my dorm or apartment. _____%
14. Tell an RA or other campus authority about information I have that might help in a sexual assault case even if pressured by my peers to stay silent. _____%
Please read the list below and circle the number that best coincides with how often you have actually engaged in the behavior listed.

<table>
<thead>
<tr>
<th></th>
<th>I Have Never Done This</th>
<th>I Sometimes Do This</th>
<th>I Always Do This</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To reduce sexual assault risk, I never leave a friend alone at a party or bar even if the friend insists she’ll be all right.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I try to be a good friend by not letting my intoxicated female friends go to a private location with a guy.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>To reduce sexual assault risk, I discourage my friends from going to a private location with a male acquaintance.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I remind my female friends to take actions to reduce sexual assault risk.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>When I see a man pressuring a woman to leave a party or bar with him, I intervene.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>When I see a situation in which it looks like someone will end up being taken advantage of sexually, I intervene.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>When I see someone “putting the moves” on a person that is very intoxicated, I say or do something about it.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>When I hear someone making inappropriate sexual comments to someone else, I say or do something about it.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>
Sexual Experiences Survey – Short Form Version (SES-SFV)

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 that this 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. Answer the questions for the time period "Since age 14 up until today”

<table>
<thead>
<tr>
<th>Sexual Experiences</th>
<th>This has happened to me since age 14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>□</td>
</tr>
<tr>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>□</td>
</tr>
<tr>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td>□</td>
</tr>
<tr>
<td>d. Threatening to physically harm me or someone close to me.</td>
<td>□</td>
</tr>
<tr>
<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
<td>□</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td></td>
</tr>
<tr>
<td>Someone had oral sex with me or made me have oral sex with them without my consent by:</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>□</td>
</tr>
<tr>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>□</td>
</tr>
<tr>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td>□</td>
</tr>
<tr>
<td>d. Threatening to physically harm me or someone close to me.</td>
<td>□</td>
</tr>
<tr>
<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3.</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
</tr>
<tr>
<td></td>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
</tr>
<tr>
<td></td>
<td>d. Threatening to physically harm me or someone close to me.</td>
</tr>
<tr>
<td></td>
<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.</th>
<th>A man put his penis into my butt, or someone inserted fingers or objects without my consent by:</th>
<th>This has happened to me since age 14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
<td>❑</td>
</tr>
<tr>
<td></td>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>❑</td>
</tr>
<tr>
<td></td>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td>❑</td>
</tr>
<tr>
<td></td>
<td>d. Threatening to physically harm me or someone close to me.</td>
<td>❑</td>
</tr>
<tr>
<td></td>
<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
<td>❑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5.</th>
<th>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:</th>
<th>This has happened to me since age 14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
<td>❑</td>
</tr>
<tr>
<td></td>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>❑</td>
</tr>
<tr>
<td></td>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td>❑</td>
</tr>
<tr>
<td></td>
<td>d. Threatening to physically harm me or someone close to me.</td>
<td>❑</td>
</tr>
<tr>
<td></td>
<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
<td>❑</td>
</tr>
</tbody>
</table>
### Predictors of College Women’s Prosocial Behavior

6. **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:**

<table>
<thead>
<tr>
<th></th>
<th>This has happened to me since age 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
</tr>
<tr>
<td>c.</td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
</tr>
<tr>
<td>d.</td>
<td>Threatening to physically harm me or someone close to me.</td>
</tr>
<tr>
<td>e.</td>
<td>Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th></th>
<th>This has happened to me since age 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
</tr>
<tr>
<td>c.</td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
</tr>
<tr>
<td>d.</td>
<td>Threatening to physically harm me or someone close to me.</td>
</tr>
<tr>
<td>e.</td>
<td>Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
</tr>
</tbody>
</table>

**STEP TWO:** For the following questions, if you have had this experience with more than one person on different occasions, refer to the most significant time this occurred. If you did not answer “yes” to any of the previous questions, then answer “no experience”.

9. **What was your relationship with this person prior to this event?**
   - A. Stranger
   - B. Acquaintance
   - C. Friend
   - D. Relative
   - E. Casual Date
   - F. Steady Dating Partner
   - G. Spouse
   - H. Ex-Spouse
   - I. Other
   - J. No experience
10. How much alcohol were you drinking at the time when this incident occurred?
   A. 5 or more drinks
   B. 3-4 drinks
   C. 1-2 drinks
   D. I was not drinking
   E. No experience

11. Were you using drugs at the time when this incident occurred?
   A. Yes
   B. No
   C. No experience

12. How much alcohol do you think the other person had consumed the time when this incident occurred?
   A. 5 or more drinks
   B. 3-4 drinks
   C. 1-2 drinks
   D. He was not drinking
   E. I do not know
   F. No experience

13. Do you think that the other person was using drugs at the time when this incident occurred?
   A. Yes
   B. No
   C. I do not know
   D. No experience

14. How long did you know this person before this incident occurred?
   A. Less than one month
   B. More than one month but less than one year
   C. More than one year
   D. No experience

15. Did you continue the relationship with this person?
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience

16. Did you have consensual sexual intercourse with this person prior to this experience?
   A. Yes
   B. No
   C. No experience
17. Did you discuss the experience with anyone?
   A. Yes
   B. No
   C. No experience

18. Did you press charges?
   A. Yes
   B. No
   C. No experience

19. How much do you feel responsible for what happened?
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience

20. How responsible is he/are they for what happened?
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience

21. How responsible is society for what happened?
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience

22. How responsible is someone (other than yourself or the perpetrator or something other than society) responsible for what happened? Write-in who/what____________________
   A. Not at all
   B. Somewhat
   C. Quite a bit
   D. Very much
   E. No experience/Not applicable

23. How do you label the incident?
   A. Serious Miscommunication
   B. Sexual Assault
   C. Rape
   D. Crime other than Rape or Sexual Assault
   E. Normal Sexual Experience / No Assault
   F. Other (please specify) ________________________________
   G. No experience
24. **What did you do or say to resist the man’s behavior? (Circle ALL THAT APPLY)**
   A. Tried to reason with him
   B. Plead with the man/men
   C. Turned cold
   D. Quarreled with the man/men
   E. Cried
   F. Screamed for help
   G. Physically struggled (i.e., wrestled, pushed, struck, bit, used a weapon)
   H. Ran away
   I. No outward resistance
   J. Other (please specify):________
   K. No experience

25. **What strategies did the man use? (Circle ALL THAT APPLY)**
   A. Verbally threatened you
   B. Restrained you with his body (arms, legs, etc.)
   C. Restrained you in another way (e.g., tied you up)
   D. Implied that he had a weapon but did not show it
   E. Displayed a weapon
   F. Hit you with his fist
   G. Hit you with an object
   H. Choked or attempted to choke you
   I. Held a gun to your head or knife to your throat
   J. Shot or cut you during the incident
   K. Other (please specify):__________________________________
   L. No experience
**PART 1:**
Below are a number of statements that may or may not describe you, your feelings, or your behavior. Please read each statement carefully and circle the number that corresponds to choices presented below. There are no right or wrong responses.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strongly Disagree</strong></td>
<td><strong>Disagree</strong></td>
<td><strong>Uncertain</strong></td>
<td><strong>Agree</strong></td>
<td><strong>Strongly Agree</strong></td>
</tr>
<tr>
<td>1.</td>
<td><strong>When people are nasty to me, I feel very little responsibility to treat them well.</strong></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td><strong>I would feel less bothered about leaving litter in a dirty park than in a clean one.</strong></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td><strong>No matter what a person has done to us, there is no excuse for taking advantage of them</strong></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td><strong>With the pressure for grades and the widespread cheating in school nowadays, the individual who cheats occasionally is not really as much at fault.</strong></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td><strong>It doesn't make much sense to be very concerned about how we act when we are sick and feeling miserable.</strong></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td><strong>If I broke a machine through mishandling, I would feel less guilty if it was already damaged before I used it.</strong></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7.</td>
<td><strong>When you have a job to do, it is impossible to look out for everybody's best interest.</strong></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8.</td>
<td><strong>I sometimes find it difficult to see things from the &quot;other person's&quot; point of view</strong></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9.</td>
<td><strong>When I see someone being taken advantage of, I feel kind of protective towards them.</strong></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10.</td>
<td><strong>I sometimes try to understand my friends better by imagining how things look from their perspective.</strong></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11.</td>
<td><strong>Other people's misfortunes do not usually disturb me a great deal.</strong></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Predictors of College Women’s Prosocial Behavior</td>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td>------------------------------------------------</td>
<td></td>
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</tr>
<tr>
<td>12.</td>
<td>If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>13.</td>
<td>When I see someone being treated unfairly, I sometimes don't feel very much pity for them.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14.</td>
<td>I am usually pretty effective in dealing with emergencies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>I am often quite touched by things that I see happen.</td>
<td></td>
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<tr>
<td>16.</td>
<td>I believe that there are two sides to every question and try to look at them both.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>17.</td>
<td>I tend to lose control during emergencies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>When I'm upset at someone, I usually try to &quot;put myself in their shoes&quot; for a while.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>When I see someone who badly needs help in an emergency, I go to pieces.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PART 2:**
Below are a set of statements, which may or may not describe how you make decisions when you have to choose between two courses of action or alternatives when there is no clear right way or wrong way to act. Read each statement and circle the number that corresponds to the choices presented below.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Uncertain</td>
<td>Agree</td>
</tr>
<tr>
<td>20.</td>
<td>My decisions are usually based on my concern for other people.</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>21.</td>
<td>My decisions are usually based on what is the most fair and just way to act.</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>22.</td>
<td>I choose alternatives that are intended to meet everybody's needs.</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>23.</td>
<td>I choose a course of action that maximizes the help other people receive.</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>24.</td>
<td>I choose a course of action that considers the rights of all people involved.</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>25.</td>
<td>My decisions are usually based on concern for the welfare of others.</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Below are several different actions in which people sometimes engage. Read each of them and decide how frequently you have carried it out in the past. Circle the number which best describes your past behavior. Use the scale presented below.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Uncertain</td>
<td>Agree</td>
</tr>
<tr>
<td>26.</td>
<td>I have helped carry a stranger's belongings (e.g., books, parcels, etc.).</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>27.</td>
<td>I have allowed someone to go ahead of me in a line (e.g., supermarket, copying machine, etc.).</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>28.</td>
<td>I have let a neighbor whom I didn't know too well borrow an item of some value (e.g., tools, a dish, etc.).</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>29.</td>
<td>I have, before being asked, voluntarily looked after a neighbor's pets or children without being paid for it.</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>30.</td>
<td>I have offered to help a handicapped or elderly stranger across a street.</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
Big Five Inventory (BFI)

Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who likes to spend time with others? Please write the number that applies to you in the box next to each statement to indicate the extent to which you agree or disagree with that statement.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Is talkative</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>2. Tends to find fault with others</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>3. Does a thorough job</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>4. Is depressed, blue</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>5. Is original, comes up with new ideas</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>6. Is reserved</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>7. Is helpful and unselfish with others</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>8. Can be somewhat careless</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>9. Is relaxed, handles stress well</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>10. Is curious about many different things</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>11. Is full of energy</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>12. Starts quarrels with others</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>13. Is a reliable worker</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>14. Can be tense</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>15. Is ingenious, a deep thinker</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>16. Generates a lot of enthusiasm</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>17. Has a forgiving nature</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>18. Tends to be disorganized</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>19. Worries a lot</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>20. Has an active imagination</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>21. Tends to be quiet</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>22. Is generally trusting</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1 Disagree Strongly</td>
<td>2 Disagree a little</td>
<td>3 Neither agree nor disagree</td>
<td>4 Agree a little</td>
</tr>
<tr>
<td>---</td>
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<td>---------------------</td>
<td>-------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>23.</td>
<td>Tends to be lazy</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Is emotionally stable, not easily upset</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Is inventive</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Has an assertive personality</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Can be cold and aloof</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Perseveres until the task is finished</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Can be moody</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Values artistic, aesthetic experiences</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Is sometimes shy, inhibited</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Is considerate and kind to almost everyone</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Does things efficiently</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Remains calm in tense situations</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>Prefers work that is routine</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>Is outgoing, sociable</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>Is sometimes rude to others</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38.</td>
<td>Makes plans and follows through with them</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39.</td>
<td>Gets nervous easily</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40.</td>
<td>Likes to reflect, play with ideas</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41.</td>
<td>Has few artistic interests</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42.</td>
<td>Likes to cooperate with others</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43.</td>
<td>Is easily distracted</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44.</td>
<td>Is sophisticated in art, music, or literature</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tbody>
</table>