

NATIONAL COLLEGE STUDENT BYSTANDER INTERVENTION SURVEY

NCSBIS DATA SUMMARY REPORT
CALIFORNIA STATE UNIVERSITIES AGGREGATE REPORT
PREPARED JULY 2022

NCSBIS

NATIONAL COLLEGE STUDENT
BYSTANDER INTERVENTION STUDY

INTRODUCTION

The persistent trend of preventable harm and tragic deaths in college populations continues to drive our research into bystander intervention. Issues of bias and exclusion, sexual violence, hazing, alcohol and other drug misuse put students at risk for serious emotional and psychological harm, poor academic performance and attrition, and physical injury that is sometimes fatal. Student bystanders (witnesses) who may be present when these issues take place can act to prevent or reduce harm to their fellow students by confronting problem behaviors and practices, providing direct aid, support, protection, and referrals to resources.

Unfortunately, many students succumb to “bystander apathy” and neglect to intervene or help because of the social and environmental barriers complicating their decision to act, including a lack of awareness to notice the situation, a lack of knowledge to identify it as intervention worthy, failing to take intervention responsibility, a lack of skills needed to offer help, and/or failing to act because they perceive the costs of intervention to be too great.

The WITH US Center for Bystander Intervention at Cal Poly investigates these barriers under the leadership of expert social psychology and public health faculty researchers, multidisciplinary prevention practitioners, and experienced student affairs administrators. Through this study and other initiatives, WITH US is committed to providing colleges and universities with current research and evidence-based strategies to mitigate situations where bystander intervention and peer accountability could reduce student harm and save lives.

For many of the higher education institutions involved in the administration of the 2022 survey, the data offer a sort of baseline metrics following widespread campus closures due to COVID-19 shut-down mandates that resulted in remote learning in lieu of classroom instruction and a widespread exodus of students returning to primary residences. The annual cycle of integrating new students into campus communities through students adopting the existing peer culture was disrupted by the pandemic. For many of the nation’s colleges and universities, the 2021 academic year experience surveyed for the 2022 study marked the return of college life for students. New routines and habits were established, and students began interacting in ways more familiar with pre-pandemic times.

In addition to patterns disrupted by the pandemic, the NCSBIS underwent some instrument changes for the 2022 survey. To expedite the time participants needed to complete the survey topics of sexual assault, sexual harassment and intimate partner violence were combined into the overarching topic of sexual violence. Demographic questions were moved to the end of the survey.

A record number of institutions participated in the 2022 NCSBIS survey, which shows the growing awareness and potential of bystander intervention. We are grateful to those who took part in this important study. We hope you find it useful in achieving your objectives. With data-informed practice, we can all work toward empowering students with the confidence and skills needed to be effective and proactive bystanders (Upstanders) in preventing harm and improving the health and safety of their communities. If you have questions about the report or would like to discuss its implications further, please do not hesitate to contact our team directly at withus@calpoly.edu.

In Community,

The WITH US Team



CAL POLY
Student Affairs

TABLE OF CONTENTS

4	ABOUT THE NCSBIS
5	ABOUT THE REPORT
6	DEMOGRAPHICS
7	BIAS, EXCLUSION AND DISCRIMINATION
9	SEXUAL VIOLENCE
11	UNHEALTHY ALCOHOL USE
13	UNHEALTHY DRUG USE
15	HAZING
17	UPSTANDER BEHAVIORS
19	BARRIERS TO BYSTANDER INTERVENTION
25	MEDICAL AMNESTY POLICY

POTENTIAL TRIGGER WARNING:

This report is not graphic or personal, but may contain emotionally triggering topics. If you anticipate stress or anxiety from thinking about these topics, know there are many support resources available to you on your local campus and/or in the surrounding community.

ABOUT THE NCSBIS

The National College Student Bystander Intervention Study (NCSBIS) was designed to expand the application of bystander intervention theory and research to prevent and reduce harm and lives lost to sexual assault, sexual harassment, intimate partner violence, unhealthy alcohol use, the misuse of non-prescription and prescription drugs, bias and exclusion, and hazing among college student populations. The study will provide a more comprehensive understanding of the motivators and barriers to college student bystander intervention in addressing each of these social issues.

The data gathered from this study is needed to assess and guide the development of effective bystander programs and communications. The goal is to increase student bystander intervention-supportive attitudes, intentions, skills, and behaviors to the benefit of individual, group, organizational, and community health. Over time, the NCSBIS will provide a national benchmark on college student bystander intervention behavior and will inform guidance on improving the bystander climate on college campuses.

SAMPLING:

U.S. four-year colleges and universities were invited to participate in this year's study, with 13 institutions representing eight states opting to participate. Each participating campus provided email addresses for a random sample of 5,000 currently enrolled undergraduate students (or a census if the campus was under 5,000 students). For this specific subset report, three California State University campuses are set aside for a system snapshot (San Luis Obispo, Pomona and Long Beach).

DATA COLLECTION:

Student participants were invited via email to participate in the survey via a unique link sent through Cal Poly's Anthology Baseline survey system. Participants were reminded to complete the online survey throughout a 3-4-week period.

INCENTIVES & CONFIDENTIALITY:

To boost response rates, participants were invited to enter a drawing to win an Amazon gift card. Participants completed consent forms and were informed that their responses to the survey would remain anonymous.

INSTITUTIONAL REVIEW BOARD:

This study was reviewed and approved by Cal Poly's Institutional Review Board (IRB). If you have questions about how the study was conducted, you may contact Dr. Michael Black, Chair of the Cal Poly IRB at mblack@calpoly.edu.

PRINCIPAL INVESTIGATOR:

Dr. Kevin Grant, Director of Student Affairs Assessment and Research, Cal Poly

ABOUT THIS REPORT

This report provides a snapshot of the bystander attitudes, behaviors, situations witnessed by students surveyed over the past academic year, and the barriers that held them back from helping. This data is intended to help identify the unique barriers and motivators to bystander intervention to inform prevention priorities, awareness campaigns, and education programs.

REPORT SECTIONS/IMPLICATIONS FOR PRACTICE:

SITUATIONS WITNESSED – Types of behaviors witnessed by students by topic area.

Implications for Practice: Many campus climate surveys ask students to share their personal experiences with social issues and if they personally have engaged in certain behaviors. The NCSBIS asks what students have witnessed firsthand or know about it because someone involved told them. This can help triangulate other data sources to understand the prevalence of these issues on the campus.

BYSTANDER ATTITUDES – Students' perceptions about these issues on their campus.

Implications for Practice: Research suggests that students are more motivated to engage in socially desirable behavior when they believe it is a norm among their peers. One common barrier to student bystander intervention is the belief that their peers may not approve. Social norm campaigns use normative student data to promote bystander intervention. You may consider using data from these items to inform social norm marketing and communication campaigns using statements such as “over 90% of college students agree that students should intervene when...”

UPSTANDER BEHAVIORS – Motivations to intervene/respond.

Implications for Practice: Some bystander intervention behaviors take the form of supporting and caring for victims and/or looking after at-risk peers to reduce their risk of harm. Others involve confronting the perpetrator and holding them accountable. The data from these items can be helpful to understand why student witnesses are currently responding and adjust programs to foster more desirable bystander behaviors.

BYSTANDER APATHY & BYSTANDER BARRIERS – Events where students witnessed an issue but did not act and the five barriers that may have held them back.

Implications for Practice: See barrier section for suggestions on how this data can be useful in determining prevention priorities and developing education initiatives.

WITNESS DEFINED:

Observed firsthand or know about because someone directly involved told you about it.

REPORT ACKNOWLEDGEMENTS:

NCSBIS SURVEY COORDINATOR – Andres T. Hernandez

DATA VISUALIZATION & REPORT DESIGN – Dr. Billie-Jo Grant

RESEARCH CONSULTANTS – Professor Heather Smith; Statistics Department

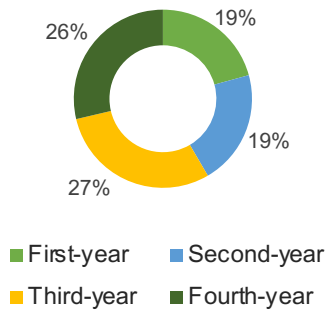
GRADUATE ASSISTANT – Lisa Rizzo

UNDERGRADUATE ASSISTANTS – Sara Entezar, Anna Ostrander, Howard Huang

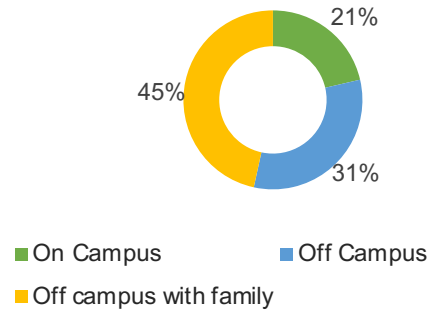
UNDER THE ADMINISTRATION OF – Dr. Keith Humphrey and Dr. Kevin Grant

DEMOGRAPHICS

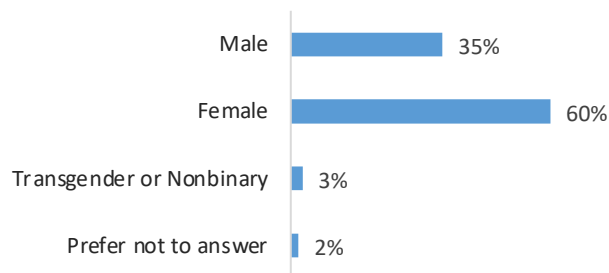
YEAR IN COLLEGE



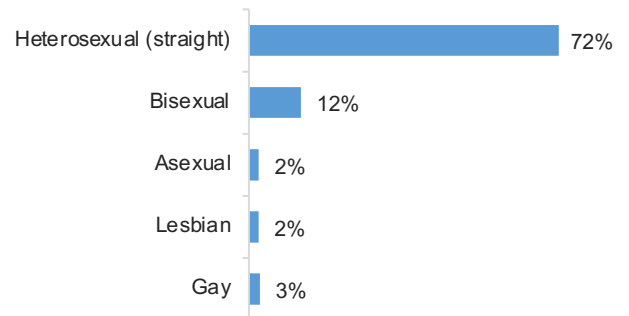
RESIDENCE



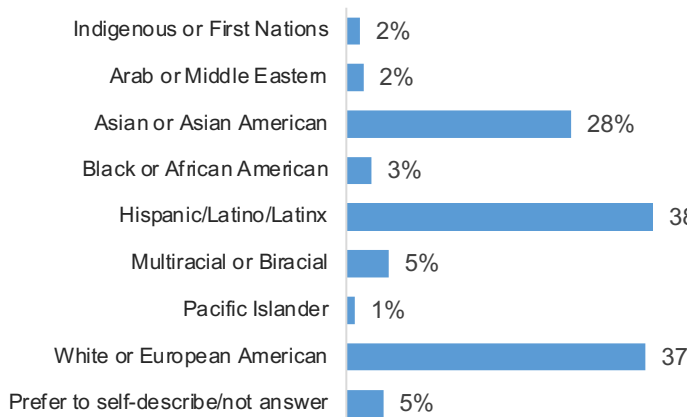
GENDER IDENTITY*



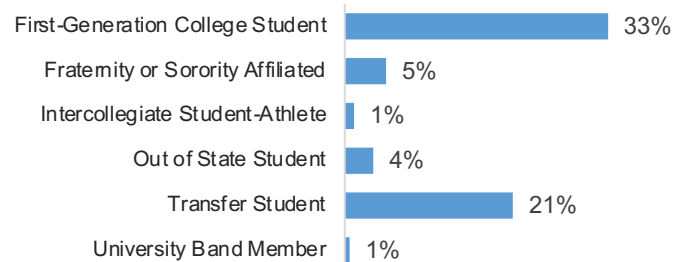
SEXUAL ORIENTATION*



RACE/ETHNIC IDENTITY*



CAMPUS AFFILIATION/IDENTITY*



RESPONSE RATE

1205 Responded / 15,000 Invited / 8.0%

* Participants were able to select all that apply

BIAS, EXCLUSION, DISCRIMINATION

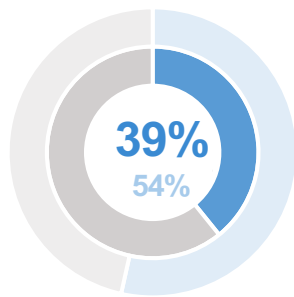
College students may experience bias, exclusion, and/or discrimination based on their gender, ethnicity, race, nationality, religion, language, sexual orientation, gender identity, and/or disability. Such bias, exclusion, and discrimination include:

- Comments and actions that suggest people from their group don't belong, are unwelcome, or are not expected to succeed
- Party themes, jokes, and comments reflecting offensive group stereotypes
- Blatant physical, spoken, or written acts of abuse, discrimination, harassment, retaliation, and/or intimidation directed at someone or their group

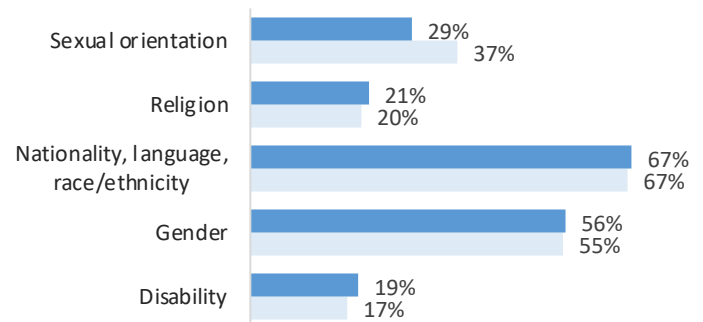
SUMMARY OF ISSUES WITNESSED

■ CSU
■ Aggregate

Percentage of students who witnessed acts of bias, exclusion, or discrimination this academic year.



Of the acts witnessed, what identities or groups were targeted ?



Of the bias, exclusion, discrimination witnessed, what acts were observed?

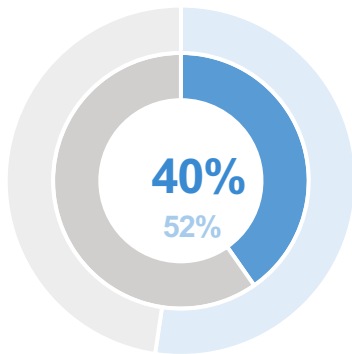
CSU	Aggregate	
31%	40%	Jokes or comments reflecting group stereotypes
20%	23%	Teasing someone in a way that reflects stereotypes of their group
24%	30%	Making stereotyped assumptions about a person based on their group membership
8%	11%	Excluding someone from a social group activity because of their group membership
5%	5%	Excluding someone from an academic group activity because of their group membership
9%	12%	Comments suggesting that because of their group membership, a person/group is expected to perform poorly
8%	8%	A student party with a theme and/or costumes based on group stereotypes
5%	6%	Telling/yelling at someone they're unwelcome/don't belong/should go home because of their group membership
6%	10%	Non-playfully calling someone names considered offensive to their group
7%	10%	Displaying items/signs with language or symbols offensive to a group (example: racial slurs or swastikas)
5%	6%	Defacement or vandalizing property with language or symbols targeting specific groups (example: racial slurs or swastikas)
2%	3%	Violence against persons because of their membership in a specific group
2%	4%	Intimidation or threats of violence against persons because of their membership in a specific group

BIAS, EXCLUSION, DISCRIMINATION

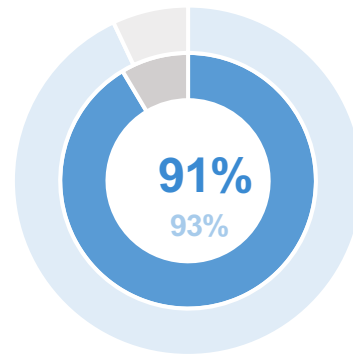
SUMMARY OF ATTITUDES

■ CSU
■ Aggregate

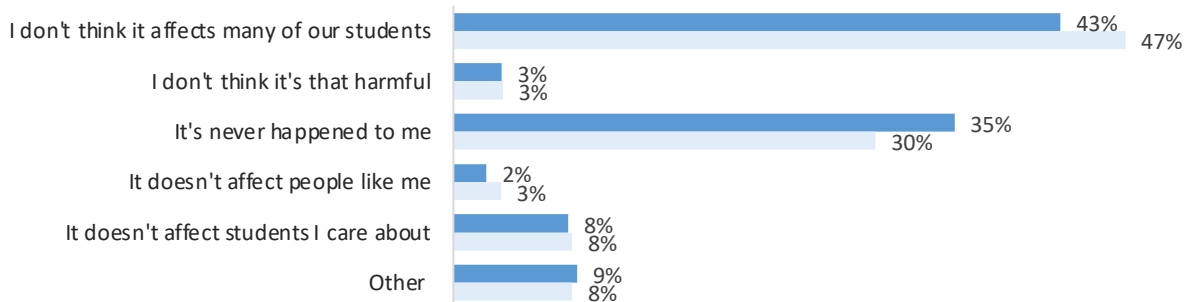
I believe bias, exclusion, and discrimination are a problem at my college/university



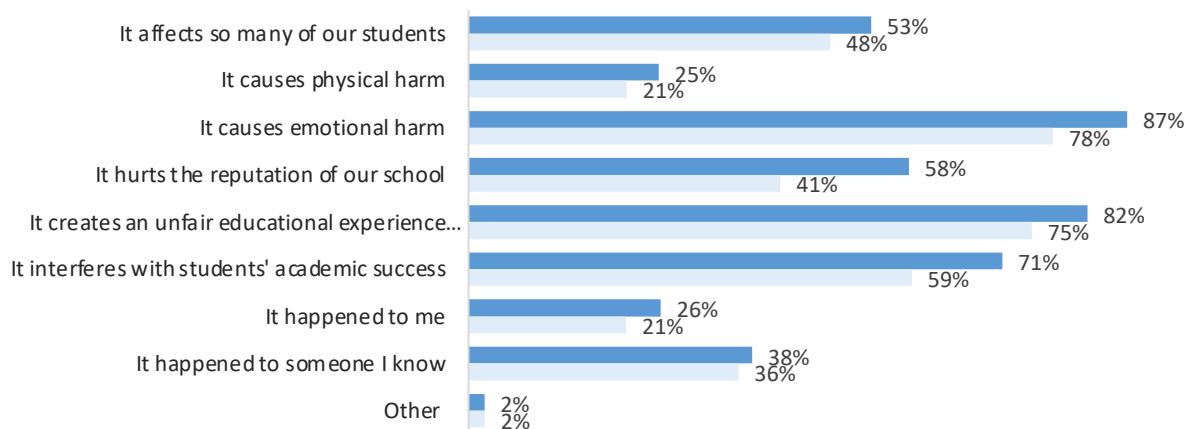
I believe students should say or do something when fellow students are targets of bias, exclusion, or discrimination



I don't think bias, exclusion, and discrimination are a problem at my college/university because:



I do think bias, exclusion, and discrimination are a problem at my college/university because:



SEXUAL VIOLENCE

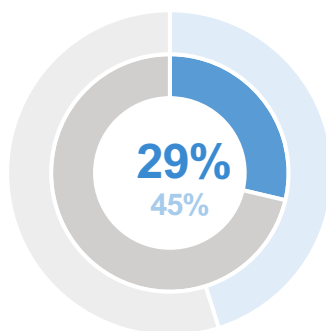
Sexual violence is sexual behavior or contact that occurs without explicit consent of the victim, or when a person's ability to provide consent is negated by alcohol or drugs. This section focuses on types of sexual violence such as:

- Sexual harassment like unwanted sexual actions, gestures, or comments
- Fondling or unwanted sexual touching
- Forcing a victim to perform sexual acts such as oral sex or penetrating the offender's body
- Penetration of the victim's body (rape) and attempted rape

SUMMARY OF ISSUES WITNESSED

■ CSU
■ Aggregate

Percentage of students who witnessed acts of sexual violence this academic year.



Of the sexual violence witnessed, what acts were observed?

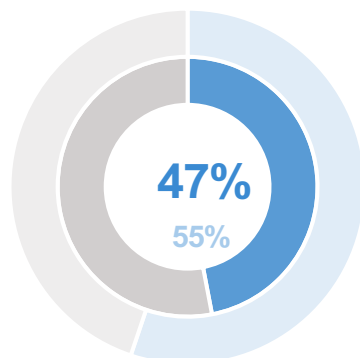
CSU	Aggregate	
19%	28%	Unsolicited and unreciprocated positive or negative comments of a sexual nature made to a person about their sex life or body (for example, catcalling)
21%	26%	Staring or looking at someone "up and down" or other obvious visual inspection of a person's body
5%	6%	Blocking someone's way so they're threatened with unwanted sexual contact to get by
12%	18%	Unsolicited and unreciprocated sexual advances or touching
6%	11%	Fondling (touching a person's private body parts) without explicit consent
4%	6%	Forcing someone to perform sexual acts such as oral sex or penetrating the offender's body
4%	7%	Rape (Penetrating a person's body without their explicit consent)
4%	6%	Attempted rape (attempting to penetrate a person's body without their explicit consent)
6%	12%	Giving someone drugs or alcohol in order to engage in sexual activity with them
6%	9%	Sexual contact with a person unable to provide consent
1%	1%	Requiring sexual contact or sexual favors to get rewards or benefits like a job, favorable work conditions, or a good evaluation or grade
7%	9%	Controlling behaviors of an intimate partners or romantic relationship
6%	7%	Cyber-violence

SEXUAL VIOLENCE

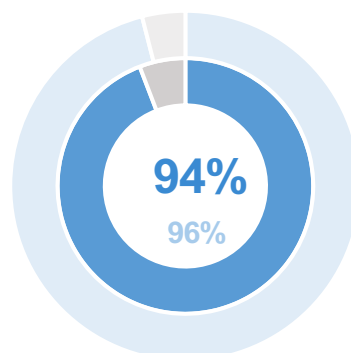
SUMMARY OF ATTITUDES

■ CSU
■ Aggregate

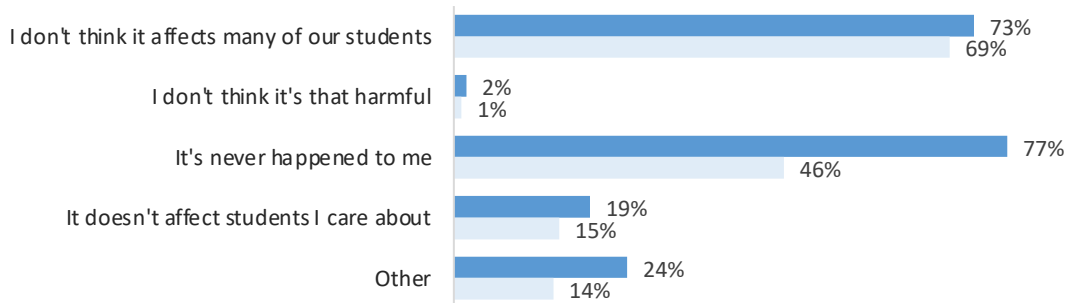
I believe sexual violence is a problem at my college/university.



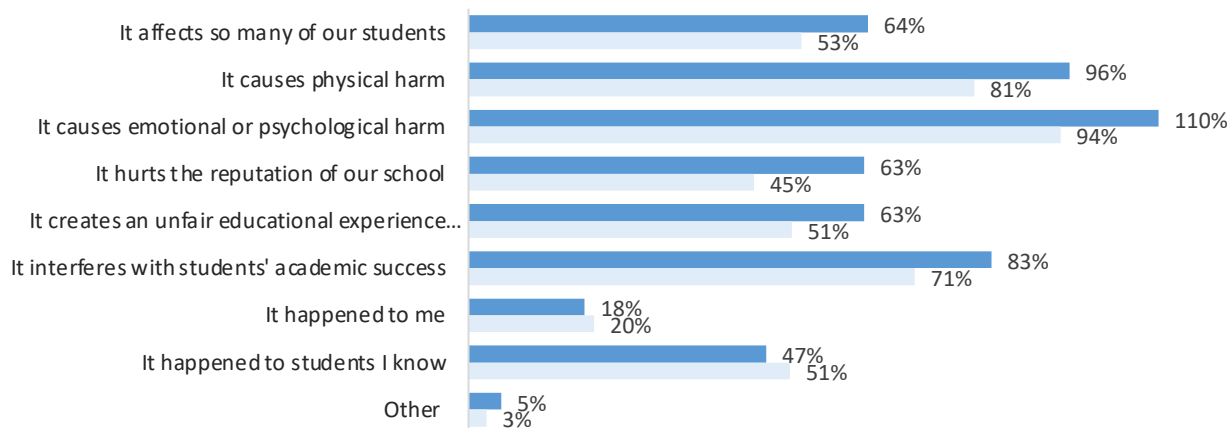
I believe students should say or do something when fellow students are targets of sexual violence.



I don't think sexual violence is a problem at my college/university because:



I do think sexual violence is a problem at my college/university because:



UNHEALTHY ALCOHOL USE

Alcohol use is unhealthy when it leads people to:

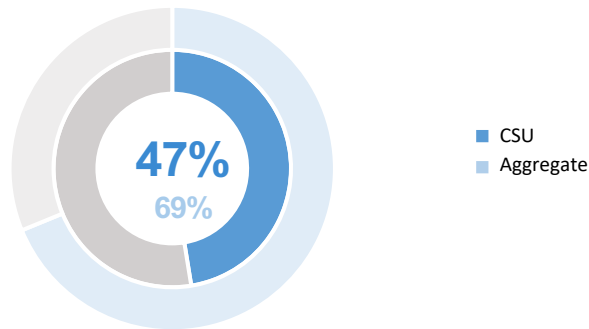
- Binge drink 4-5 or more alcoholic drinks in a 2-hour period
- Drink so much that they pass out or fail to remember what happened while they were intoxicated
- Drive under the influence
- Have unsafe or unintended sex
- Get into arguments and fights
- Injure themselves or others, or increases risk of such injuries
- Damage property

It is also considered unhealthy when alcohol use:

- Increases sexual assault risk
- Leads to poor academic, athletic, or work performance
- Leads to health, relationship, financial, or legal problems

SUMMARY OF ISSUES WITNESSED

Percentage of students who witnessed acts of unhealthy alcohol use this academic year.



Of the unhealthy alcohol use witnessed, what acts were observed?

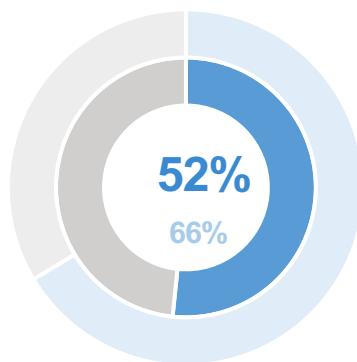
CSU	Aggregate	
34%	50%	Binge drinking (4-5 or more alcoholic drinks in a 2-hour period)
33%	43%	Drinking games where one or more persons drink 4-5 or more drinks in a 2-hour period
13%	20%	Drinking as part of a group initiation
28%	34%	Using other drugs along with alcohol
15%	19%	Driving under the influence of alcohol
9%	14%	Unprotected sex arising from alcohol use (for example, not using a condom)
8%	14%	Unintended/unplanned sex arising from alcohol use
12%	17%	Sexual harassment arising from alcohol intoxication
6%	10%	Sexual assault arising from alcohol use
15%	26%	Fights or arguments arising from alcohol use
14%	20%	Property damage committed by intoxicated persons
14%	21%	Physical risk-taking by intoxicated persons
16%	25%	Academic consequences arising from alcohol use (missed class, poor academic performance)
17%	25%	Passing out from alcohol use (loss of consciousness)
27%	46%	Underage drinking
22%	35%	Blackouts (the person could not remember what they did when they were intoxicated)
5%	8%	Serious injury arising from alcohol use
8%	12%	A hospital or health center visit due to alcohol poisoning
31%	45%	Vomiting from alcohol use
10%	13%	Sickness due to withdrawal/coming off of alcohol
7%	11%	A student that had difficulties reducing/stopping their habitual alcohol use

UNHEALTHY ALCOHOL USE

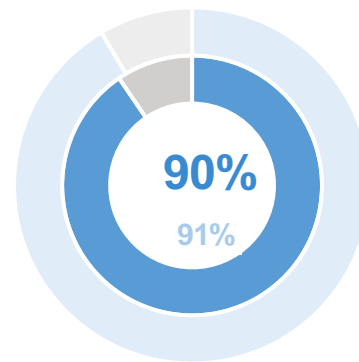
SUMMARY OF ATTITUDES

■ CSU
■ Aggregate

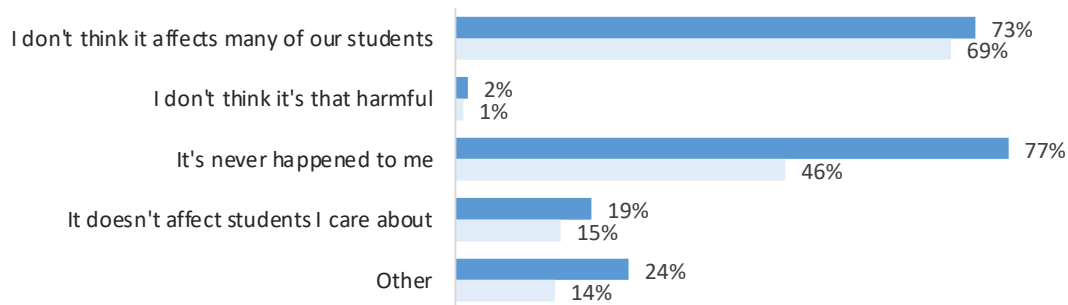
I believe unhealthy alcohol use is a problem at my college/university.



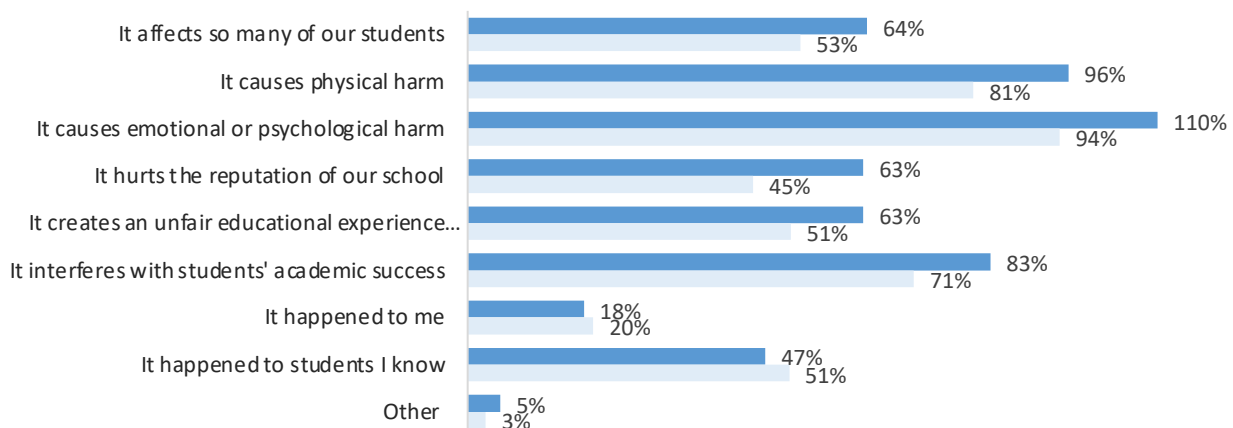
I believe students should say or do something when fellow students are victims of unhealthy alcohol use.



I don't think unhealthy alcohol use is a problem at my college/university because:



I do think unhealthy alcohol use is a problem at my college/university because:



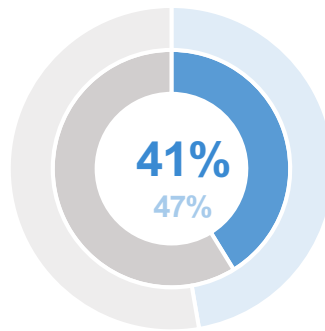
UNHEALTHY DRUG USE

This section focuses on student observations of the misuse of non-prescription drugs and prescription painkillers and stimulants by students at your college. Non-prescription drugs include cocaine, “party drugs” (such as MDMA, Molly, Ecstasy, Special K), and marijuana/cannabis. The misuse of prescription pain killers and stimulants means using these drugs in ways not intended by a prescribing doctor, including use by a person they were not prescribed to.

SUMMARY OF ISSUES WITNESSED

■ CSU
■ Aggregate

Percentage of students who witnessed acts of unhealthy drug use this academic year.



Of the unhealthy drug use witnessed, what acts were observed?

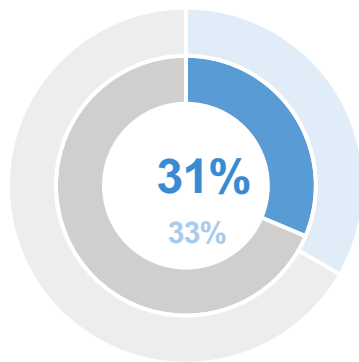
CSU	Aggregate	
58%	65%	Combining drugs with alcohol
31%	31%	Driving while under the influence of drugs
37%	33%	Use of prescription stimulants as a "study" drug (to increase focus to study or complete academic work)
6%	4%	Use of prescription stimulants or painkillers to boost athletic performance and/or play while injured
19%	17%	Use of prescription stimulants as a substitute for sleep
9%	8%	Unprotected sex related to drug use (e.g., not using a condom)
7%	7%	Unintended/unplanned sex related to drug use
4%	5%	Giving someone drugs to engage in sexual activity with them
4%	4%	Sexual harassment related to drug use
10%	11%	Arguments and fights by people under the influence of drugs
25%	25%	Academic consequences arising from drug use (missed class, poor academic performance)
6%	6%	Property damage committed by people under the influence of drugs
12%	15%	Blackouts (the person could not remember what they did when they were under the influence of drugs)
4%	3%	Serious injury arising from the drug use
3%	3%	Drug overdose
2%	3%	A health center or hospital visit due to the use of drugs
17%	17%	Sickness or side effects from drug use
13%	14%	Difficulties withdrawing/coming off of drugs
2%	3%	Stealing related to drug use
18%	19%	A student who had difficulties reducing/stopping their habitual use of drugs

UNHEALTHY DRUG USE

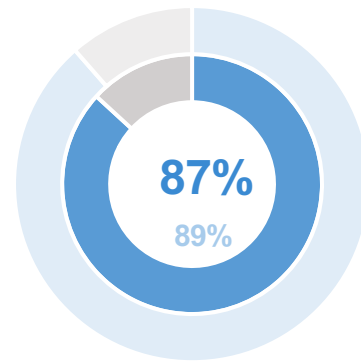
SUMMARY OF ATTITUDES

■ CSU
■ Aggregate

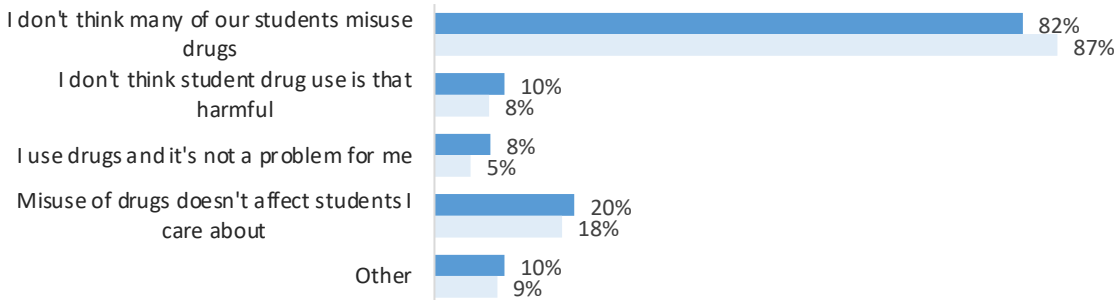
I believe unhealthy drug use is a problem at my college/university.



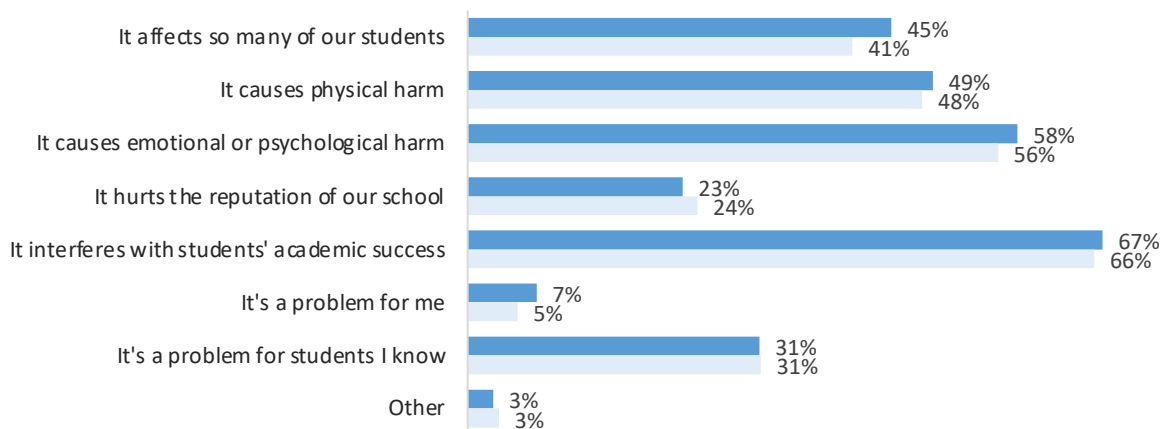
I believe students should say or do something when fellow students are victims of unhealthy drug use.



I don't think unhealthy drug use is a problem at my college/university because:



I do think unhealthy drug use is a problem at my college/university because:



HAZING

Hazing among student clubs, teams, and other organizations occurs when members are expected to show their commitment by being subjected to embarrassing, abusive, exploitative, and/or dangerous activities. Regardless of whether a student willingly chooses to participate, these activities are known as hazing.

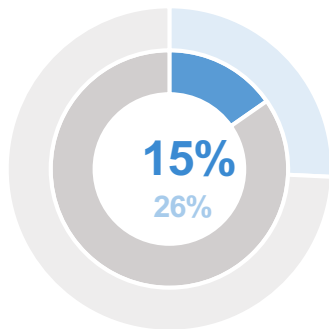
Examples include:

- Drinking rituals
- Being humiliated, yelled at or cursed at by other members
- Exploitative activities such as personal servitude
- Singing/chanting or wearing embarrassing clothing in a public situation
- Enduring harsh weather conditions
- Sleep deprivation
- Only being allowed to associate with certain people
- Physical abuse, including being beaten, tied up, or sexually violated

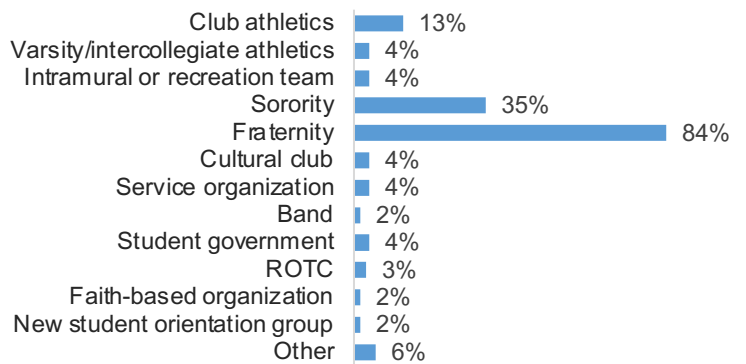
SUMMARY OF ISSUES WITNESSED

■ CSU
■ Aggregate

Percentage of students who witnessed acts of hazing this academic year.



Of the hazing witnessed, within what type of organization did it occur?



Of the hazing witnessed, what acts were observed?

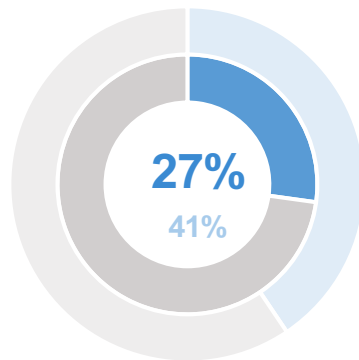
CSU	Aggregate	
60%	57%	Drinking rituals
49%	46%	Being criticized, humiliated, yelled at or cursed at by other members
43%	44%	Acting as a personal servant to other members
40%	44%	Embarrassing singing or chanting in a public situation
45%	40%	Being deprived of sleep
37%	39%	Wearing embarrassing clothing
19%	18%	Enduring harsh weather conditions without appropriate clothing
23%	21%	Only being allowed to associate with certain people
26%	22%	Feats of physical endurance/physical hardship
8%	7%	Being beaten
9%	5%	Being tied up
7%	6%	Sexual harassment or sexual assault

HAZING

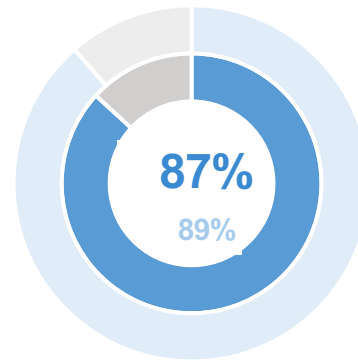
SUMMARY OF ATTITUDES

■ CSU
■ Aggregate

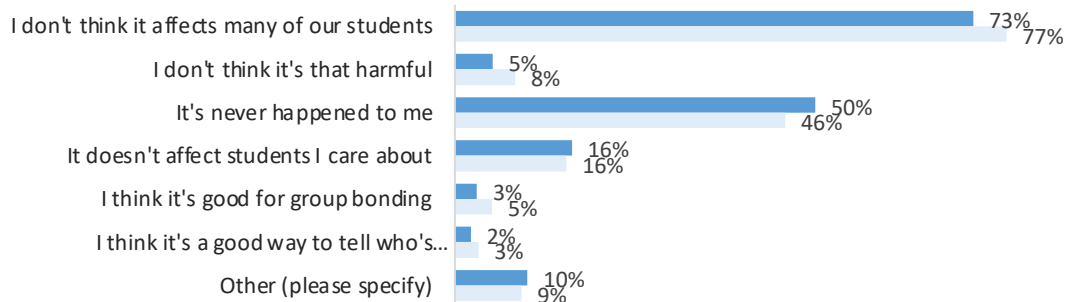
I believe hazing is a problem at my college/university.



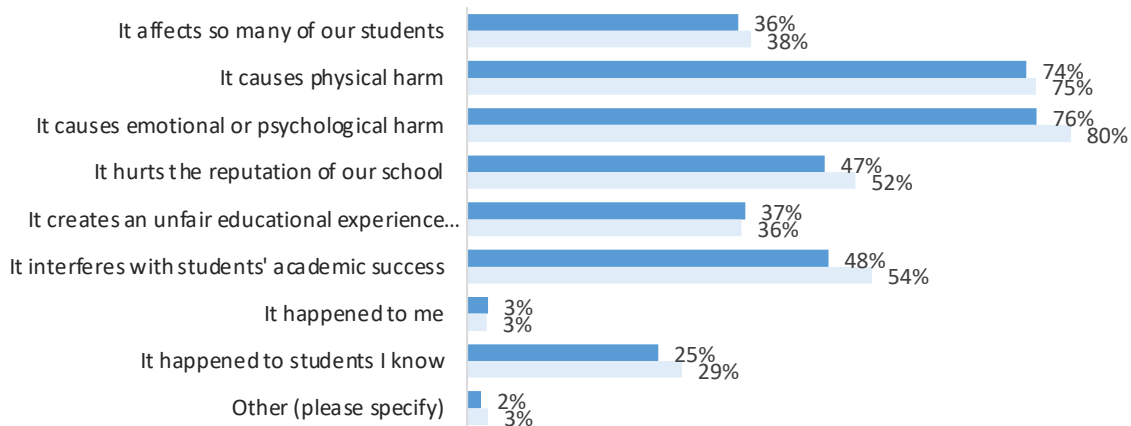
I believe students should say or do something when fellow students are targets of hazing.



I don't think hazing is a problem at my college/university because:



I do think hazing is a problem at my college/university because:



UPSTANDER BEHAVIORS

Upstanders foster the courage necessary to help others. They are cognizant of the social and environmental barriers that hold people back from helping and make intentional choices to overcome them. Upstanders speak up for what is right. They hold their peers accountable and they accept responsibility for the safety of those around them.

When you witnessed bias and exclusion, sexual violence, unhealthy drug or alcohol use, or hazing by one or more fellow students this academic year and you said or did something in response, what were some reasons you chose to intervene?

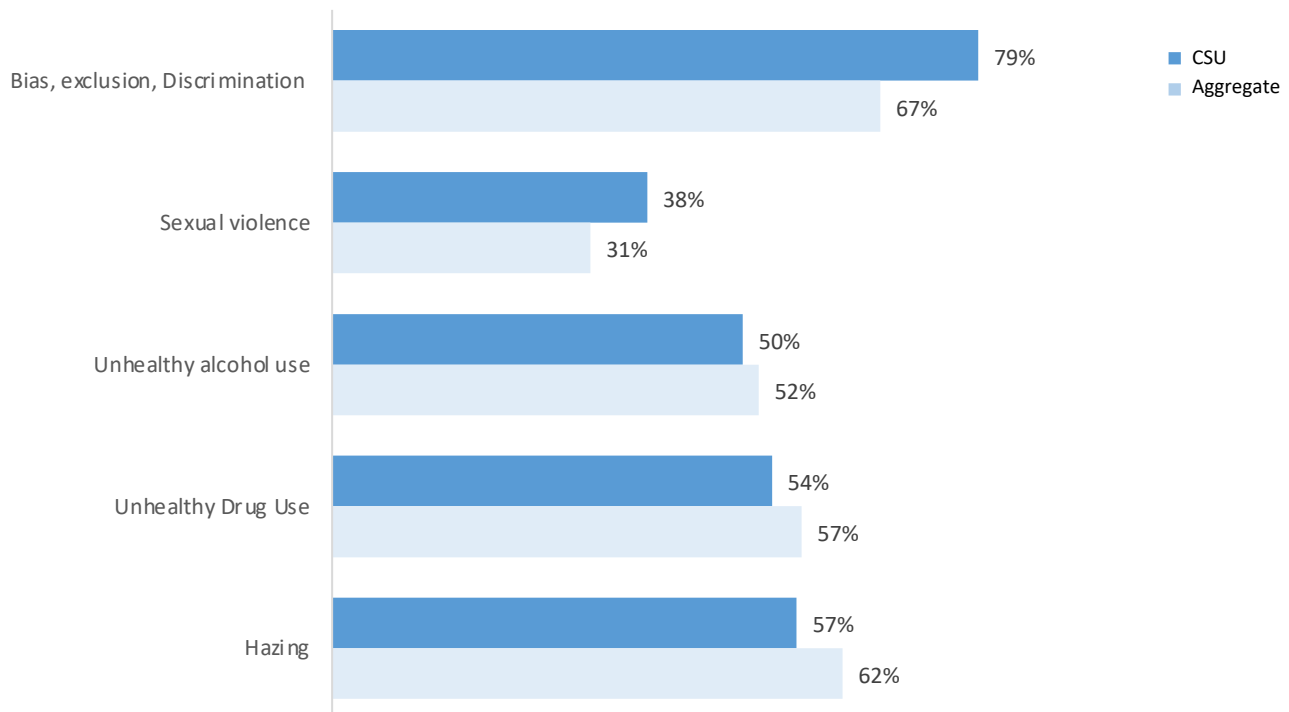
CSU	Aggregate	
38%	48%	I felt it was my ethical or moral responsibility to intervene.
21%	28%	I felt outraged by what was happening so I had to intervene.
30%	37%	I was motivated by the thought that I would want someone to help me if I were in that situation.
19%	25%	I felt compelled to intervene because I could imagine how they felt/would feel later and this upset me.
13%	15%	I started to feel guilty about not intervening.
10%	13%	I had the skills to figure out what to do and do it when others didn't.
29%	36%	It was my responsibility as a peer or friend to intervene.
7%	11%	It was my responsibility as a leader to intervene.
7%	8%	There was a time when someone helped me in a similar situation, so I was "paying it forward" by doing the same for someone else.
5%	6%	The actions or words of someone else encouraged me to intervene.
8%	9%	I don't know why I acted; I did it without thinking about it.
1%	1%	Other

BARRIERS TO BYSTANDER INTERVENTION

Even “good” people exhibit bystander apathy. According to Latané and Darley’s situational model of helping (1970), this is because the bystander intervention process is influenced by a variety of social-psychological and situational factors. These factors may vary depending on the type of issue witnessed, which highlights the importance of understanding the barriers associated with each type of issue.

According to the situational model of helping; bystanders must first (1) notice the event, (2) identify it as worthy of intervention, (3) take responsibility for intervention, (4) decide how to help, and finally, (5) act to intervene. Situational barriers at any of these steps may halt the bystander intervention process.

Percentage of students who reported “I didn’t say or do anything” when they observed:



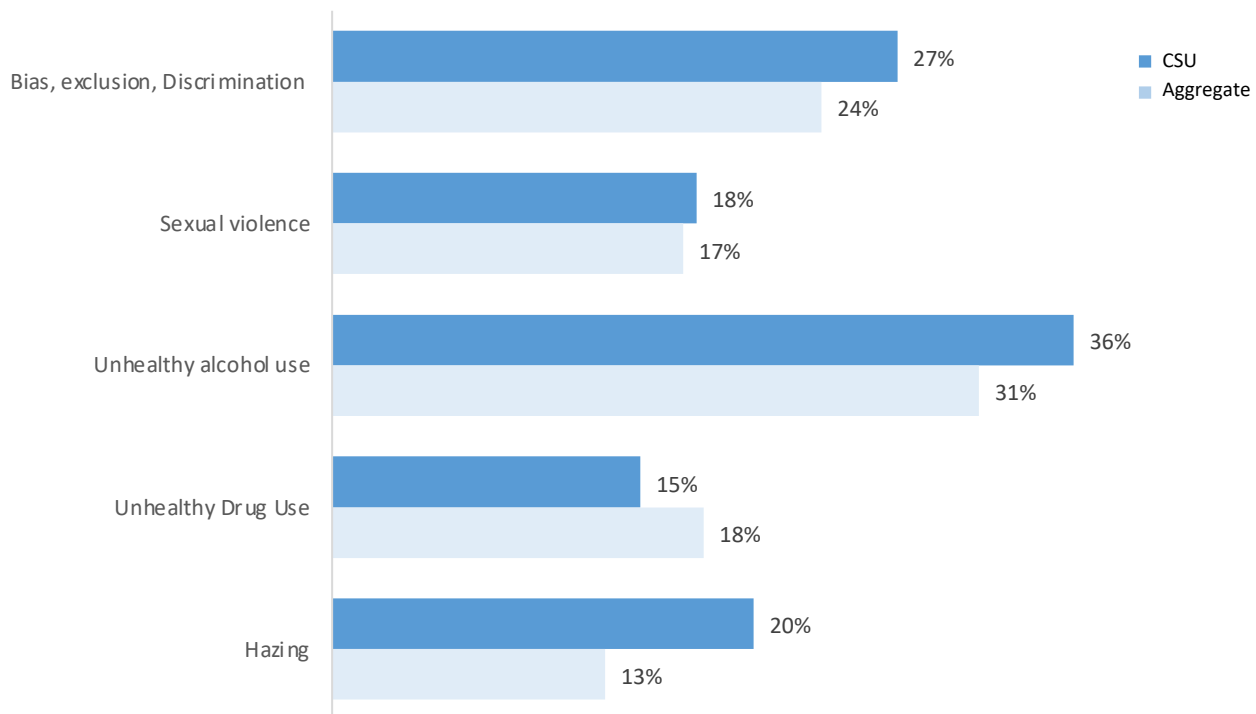
IMPLICATIONS FOR PRACTICE

Note the variance by issue. Consider why bystander apathy for some issues may be higher than others. The barriers described throughout this section will provide further insight to where students are having challenges in overcoming bystander apathy, which can help inform targeted prevention priorities and education strategies.

1. FAILURE TO NOTICE SITUATION

When bystanders are otherwise occupied due to self-focus, sensory or social distractions or responsibilities, a Failure to Notice barrier stalls the bystander intervention process. If a student is busy or distracted, they may fail to notice that someone may need assistance.

Percentage of students who reported a “Failure to Notice” barrier as a reason they did not intervene:



IMPLICATIONS FOR PRACTICE

If a bystander does not notice, they do not help. Educating students about common high-risk situations and their potential harms may increase the likelihood they will be on the lookout for these potentially harmful situations and notice them. Educators must put these issues on their “radar.”

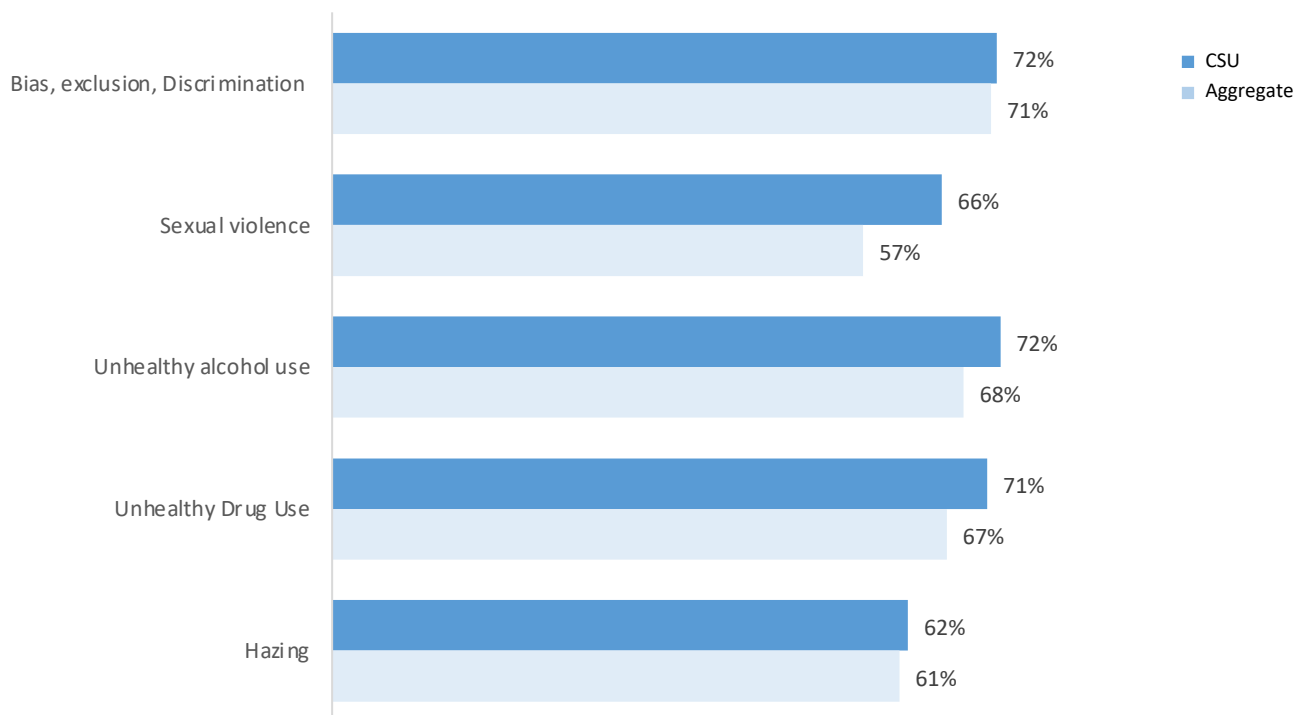
Reducing this barrier could include campaigns about the barrier, training students to be alert for it, and promoting the idea that party hosts or community leaders should assume this as part of their role.

Shifting community norms to emphasize “looking out for others” and being active and alert (not passive and unaware) in social environments may address this essential first step in the bystander intervention process.

2. FAILURE TO DIAGNOSE SITUATION

Due to a lack of knowledge or an ambiguous situation, bystanders may not define a situation as high-risk or recognize another student is at-risk of harm or is being harmed. If the bystander is unaware of the negative impacts of the situation on their peer(s), they will not diagnose it as requiring intervention and, consequently, will be unmotivated to act.

Percentage of students who reported a “Failure to Diagnose” barrier as a reason they did not intervene:



IMPLICATIONS FOR PRACTICE

When a bystander fails to recognize that another person needs assistance, they are unlikely to intervene. For each topic of concern, educators must identify key diagnostic features, including warning signs that can prepare bystanders to intervene early, to increase students’ diagnostic abilities in the moment (e.g., teach them the signs of alcohol poisoning, “red flags” of a sexual predator, etc.).

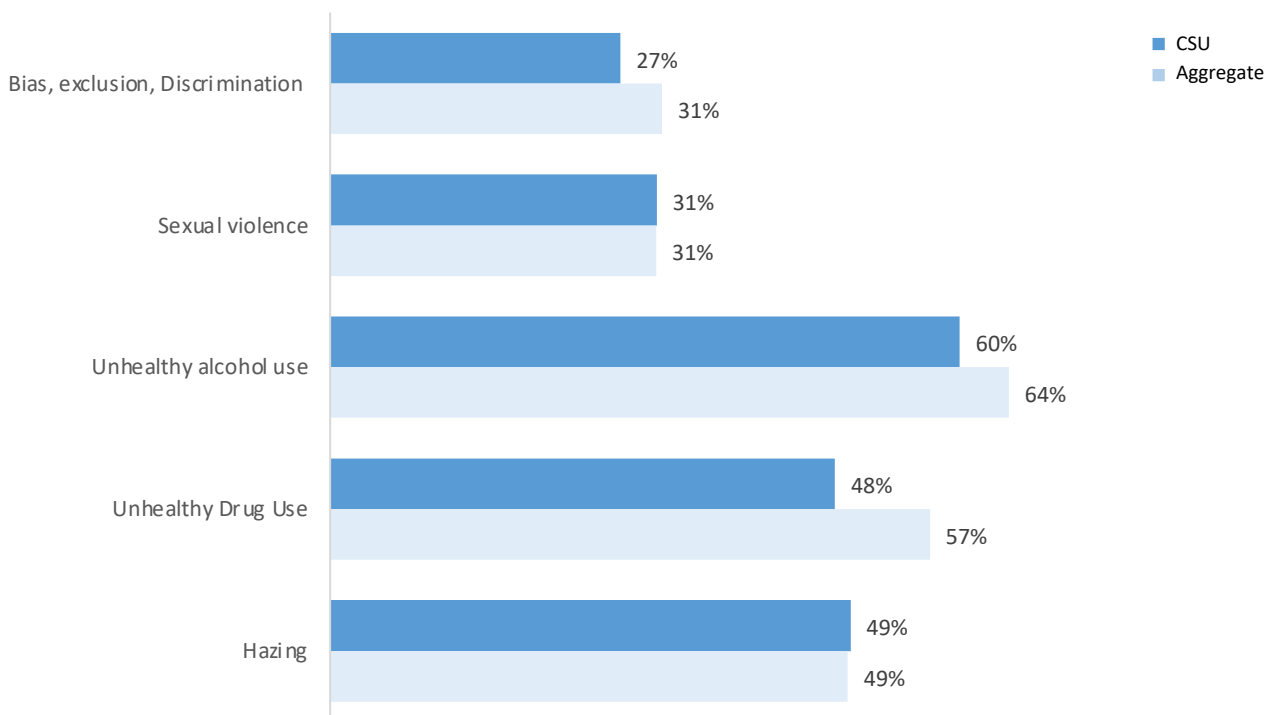
Institutions must have clear and widely understood definitions of these issues, as well as education about the negative impacts on individuals and communities to promote empathy.

When the bystanders are uncertain, they often look to other bystanders for guidance, and follow their lead. But if those bystanders are not acting due to their own uncertainty, no one acts. Latané and Darley called this pluralistic ignorance, and programs should alert students to this phenomenon and teach how to combat it.

3. FAILURE TO TAKE RESPONSIBILITY

In a large group, a bystander assumes someone else will act, or has acted, and feels less responsible. This is called diffusion of responsibility. Many bystanders believe responsibility lies with others, such as the party host, senior group members, or the victim's or perpetrator's friends. Other bystanders may not take responsibility because they lack empathy for the victim.

Percentage of students who reported a “Failure to Take Responsibility” barrier as a reason they did not intervene:



IMPLICATIONS FOR PRACTICE

If a bystander does not think it is their “job” to intervene, and/or does not have empathy for the victim, they will not take intervention responsibility. To increase empathy, educators must identify victim-blaming beliefs and myths relevant to each issue and determine how to effectively counter them.

Foster norms where bystander intervention is an extension and responsibility of being a good friend, event host, campus community member, and leader.

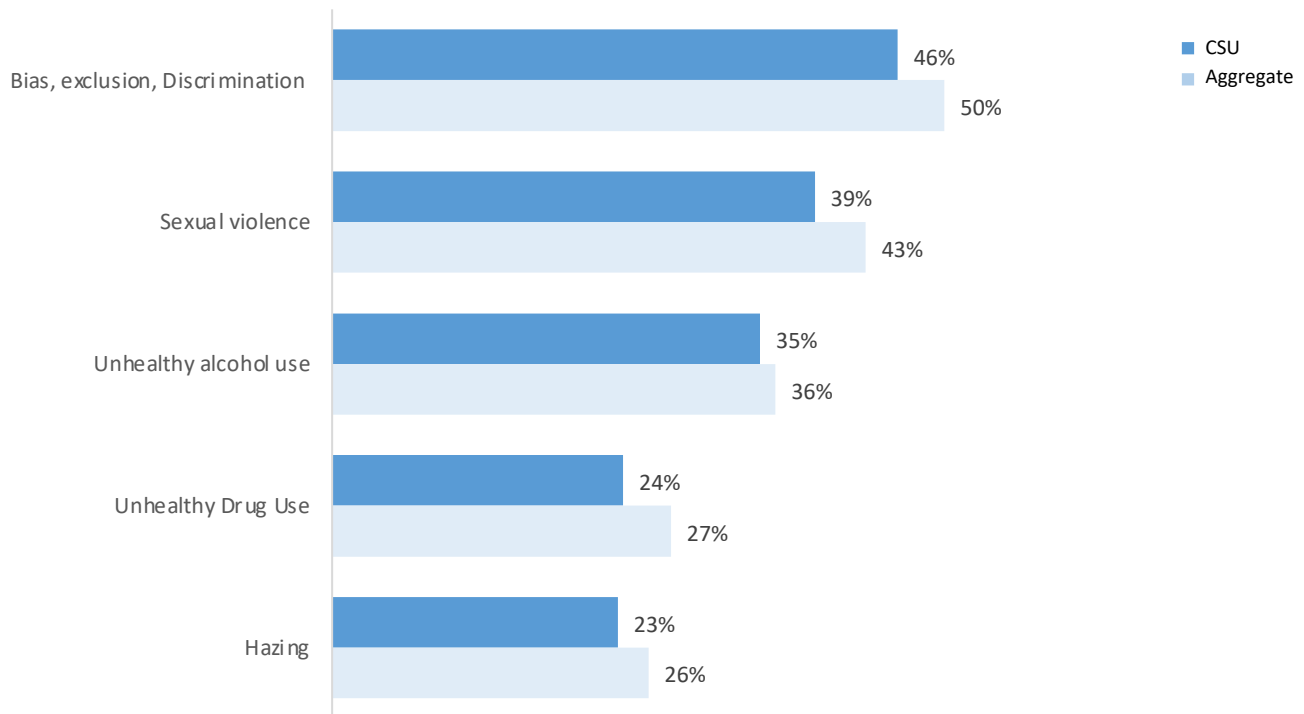
Educators must elevate awareness of the diffusion of responsibility phenomenon and promote community pledges that value care and responsibility for other community members.

Link important group identities/group values to proactive bystander intervention (Upstander) behavior so students embrace acting on belief of others as their responsibility. Connect taking intervention responsibility to prosocial community-wide values and standards of behavior.

4. LACK OF SKILLS

Bystanders may not know what to do or say to effectively intervene, even if they have identified the situation as intervention-worthy and are considering action. Skill deficits reveal the need for intentional training and practice beyond just raising awareness about the problem.

Percentage of students who reported a “Lack of Skills” barrier as a reason they did not intervene:



IMPLICATIONS FOR PRACTICE

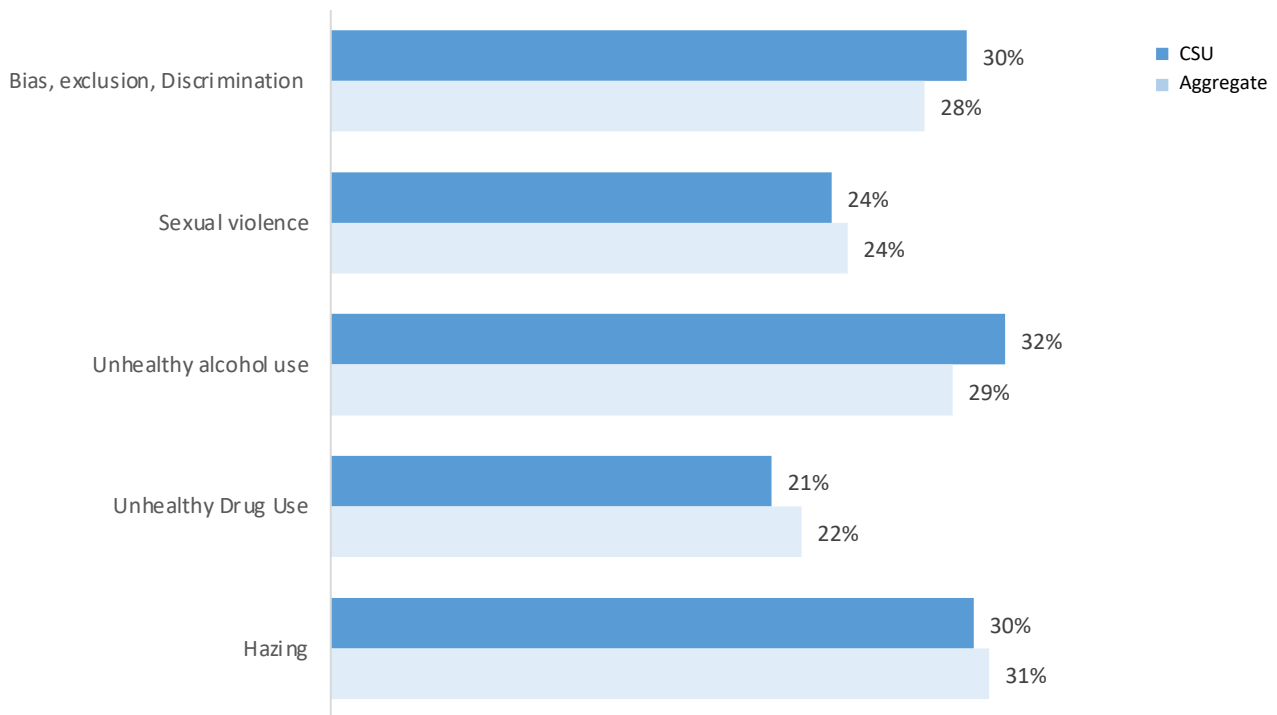
A lack of intervention skills, or lack of confidence in intervention skills (bystander efficacy), can prevent a bystander from intervening. Educators must identify the desired bystander intervention behaviors for each issue. Seek out student input on intervention behaviors that are realistic, acceptable, and “do-able” from their perspective.

More evidence is needed to inform effective ways of teaching culturally competent general, and issue specific, bystander intervention skills. Practitioners should work to develop and test skills trainings designed to increase knowledge about intervention strategies, improve abilities to effectively intervene, and foster overall bystander efficacy (confidence in their knowledge and ability to help).

5. AUDIENCE INHIBITION AND INTERVENTION COSTS

Bystanders may not know what to do or say to effectively intervene, even if they have identified the situation as intervention worthy and are considering action. Skill deficits reveal the need for intentional training and practice beyond just raising awareness about the problem.

Percentage of students who reported a “Audience Inhibition & Intervention Costs” barrier as a reason they did not intervene:



IMPLICATIONS FOR PRACTICE

If the bystander perceives the costs of action to outweigh the benefits of action, they will not act. Educators must identify intervention-sapping norms for each topic and within relevant subgroups.

Promoting bystander intervention behavior as a core aspect of friendship and other group/community norms, values, and identities may shift the real/perceived judgement associated with speaking up.

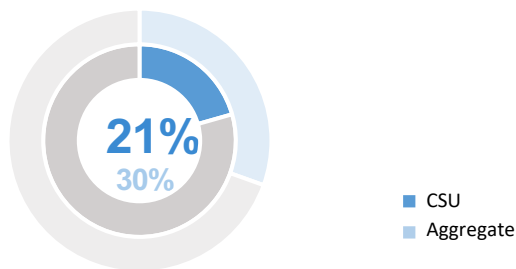
Reframe beliefs around intervening to prevent harmful group actions as essential to protecting the group’s reputation. Communicate that peer accountability and bystander intervention should be the emphasis of how they define loyalty to their organization and its members.

Programs and campaigns should promote norms supportive of intervention campus wide and within community subgroups and populations. Strategies should also focus on strengthening prosocial attitudes and values that will lead to action even in the face of intervention costs.

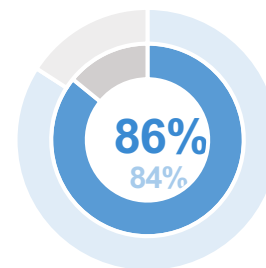
MEDICAL AMNESTY

Student bystanders may hesitate to get medical help for alcohol and drug related emergencies because of potential disciplinary consequences for themselves, the person in need of assistance, or the organization hosting the event where the situation occurs. This means that medical attention can be delayed, resulting in students becoming more seriously ill or even dying. Because of this, many universities have medical amnesty policies to encourage student bystanders to seek emergency care for their peers. Medical Amnesty Policies protect students (and sometimes student organizations) from formal university disciplinary action when they seek help for an alcohol/drug-related medical emergency.

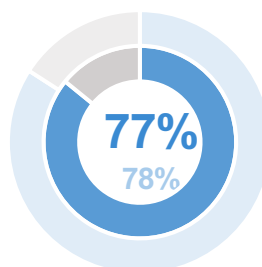
Percentage of students aware if their University has a Medical Amnesty Policy (MAP):



Percentage of students who reported their University's MAP makes them more willing to call emergency medical care:



Percentage of students who reported they would be more willing to call for help if their University had a MAP:



IMPLICATIONS FOR PRACTICE

Medical Amnesty Policies and state laws are intended to remove the real or perceived intervention costs associated with calling for help. Removing this fear of consequence puts the focus on what should be the highest priority: saving a student's life. These data may assist with advocating for implementation of a MAP if one does not exist on your campus. You can find [a resource on developing a comprehensive MAP here](#).



CAL POLY
Student Affairs

FOR MORE INFORMATION CONTACT:

WITH US - Center for Bystander Intervention at Cal Poly

Phone: 805.756.7787

Email: withus@calpoly.edu

Website: www.withus.org

Social Media: @WithUsNetwork

Address: 1 Grand Ave, San Luis Obispo, CA 93407