

An Evaluation of Two Dating Violence Prevention Programs on a College Campus

Journal of Interpersonal Violence
2018, Vol. 33(23) 3630–3655
© The Author(s) 2016
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/0886260516636069
journals.sagepub.com/home/jiv



Kerry Peterson, PhD, DNP, PMHNP,¹
Phyllis Sharps, PhD, RN, FAAN,²
Victoria Banyard, PhD,³ Ráchael A. Powers, PhD,⁴
Catherine Kaukinen, PhD,⁵
Deborah Gross, DNSc, RN, FAAN,²
Michele R. Decker, ScD,² Carrie Baatz, BA,¹
and Jacquelyn Campbell, PhD, RN, FAAN²

Abstract

Dating violence is a serious and prevalent public health problem that is associated with numerous negative physical and psychological health outcomes, and yet there has been limited evaluation of prevention programs on college campuses. A recent innovation in campus prevention focuses on mobilizing bystanders to take action. To date, bystander programs have mainly been compared with no treatment control groups raising questions about what value is added to dating violence prevention by focusing on bystanders. This study compared a single 90-min bystander education program for dating violence prevention with a traditional awareness

¹University of Colorado, Colorado Springs, CO, USA

²Johns Hopkins University, Baltimore, MD, USA

³University of New Hampshire, Durham, NH, USA

⁴University of South Florida, Tampa, FL, USA

⁵University of Central Florida, Orlando, FL, USA

Corresponding Author:

Kerry Peterson, University of Colorado, Colorado Springs, 1420 Austin Bluffs Pkwy,
Colorado Springs, CO 80918, USA.

Email: kpeters2@uccs.edu

education program, as well as with a no education control group. Using a quasi-experimental pre-test/post-test design with follow-up at 2 months, a sample of predominately freshmen college students was randomized to either the bystander ($n = 369$) or traditional awareness ($n = 376$) dating violence education program. A non-randomized control group of freshmen students who did not receive any education were also surveyed ($n = 224$). Students completed measures of attitudes, including rape myth acceptance, bystander efficacy, and intent to help as well as behavioral measures related to bystander action and victimization. Results showed that the bystander education program was more effective at changing attitudes, beliefs, efficacy, intentions, and self-reported behaviors compared with the traditional awareness education program. Both programs were significantly more effective than no education. The findings of this study have important implications for future dating violence prevention educational programming, emphasizing the value of bystander education programs for primary dating violence prevention among college students.

Keywords

bystander intervention, dating violence, college students

Dating violence or relationship violence is a form of intimate partner violence (IPV) that occurs among adolescents and young adults and can include physical violence, sexual violence, threats of violence, and psychological or emotional violence (Saltzman, Fanslow, McMahon, & Shelley, 2002). Violence in dating relationships results in numerous negative physical and mental health outcomes with potential long-lasting implications for victims and perpetrators (Campbell, 2002; Coker et al., 2002; Exner-Cortens, Eckenrode, & Rothman, 2013; Glass et al., 2003; Sutherland, 2011). More than two thirds of U.S. women and more than half of men who ever experienced rape, physical violence, and/or stalking by an intimate partner first experienced some form of IPV as adolescents or young adults before age 25 (Black et al., 2011). Due to the high prevalence and detrimental health consequences, effective dating violence prevention strategies are urgently needed. Overall, there is limited research on prevention and intervention strategies to address the issue of dating violence in college populations (DeGue et al., 2014; Shorey et al., 2012).

One promising newer approach to the problem of interpersonal violence, especially sexual assault, is bystander education (Amar, Sutherland, & Kesler, 2012; Banyard, Moynihan, & Plante, 2007; Banyard, Plante, &

Moynihan, 2004; Coker et al., 2011; Gidycz, Orchowski, & Berkowitz, 2011). Bystander education programs are innovative for primary dating violence prevention because they take a wider community approach to violence prevention rather than simply targeting individuals as likely victims or perpetrators (Banyard et al., 2004). Bystander education aims to help community members become more sensitive to issues of interpersonal violence and teach them skills to intervene to prevent violence from occurring or support survivors (Banyard et al., 2004). The community approach of the bystander intervention model reduces potential defensiveness or resistance to dating violence prevention messages and enhances motivation to engage in prevention efforts (Banyard et al., 2007). Training is used to change participants' attitudes and enable helping behaviors and direct intervention (Shorey et al., 2012). Bystander programs are grounded in individual and community health behavior change theories (Banyard, 2014; Banyard et al., 2004; Bennett, Banyard, & Garnhart, 2014; Casey & Lindhorst, 2009; McMahon & Banyard, 2012).

The *Theory of Planned Behavior* (TPB; Ajzen, 1985) informs bystander programming; this model posits that human behavior is guided by *behavioral intentions*, which are informed by behavioral beliefs, normative beliefs, and control beliefs (Ajzen, 2002). In the context of dating violence prevention, the TPB model suggests that intention to engage in behaviors aimed at preventing or positively responding to dating violence would be predicted by attitudes, subjective norms, and perceived behavioral control. In relation to mobilizing bystanders, an individual's attitudes toward dating violence, perception of social norms about dating violence and bystander intervention, and the degree to which one believes that they have the capacity to act to prevent dating violence all inform intention to take action as a bystander to dating violence.

Bystander Education

Bystander education began with in-person educational and skill building workshops to permit active learning through engaged skill building and opportunities for discussion. One of the earliest programs was the *Mentors in Violence Prevention* (MVP; Katz, 1994), which generated increased knowledge about violence and increased self-efficacy to take action to prevent violence (Katz, Heisterkamp, & Fleming, 2011; Ward, 2001). The MVP program trained young men and women to be leaders in their schools and communities to address violence. The program resulted in increased knowledge about violence and increased self-efficacy to take action to prevent violence among the students who attended the MVP program (Ward, 2001). Although an early

limitation of the MVP program is its focus on individual student athletes and leaders rather than the school or campus community more broadly, more recent evaluations have been conducted. For example, Katz et al. (2011) found that both male and female students provided with the MVP model more often held negative views of violence and were more likely to intervene as compared with students not exposed to the program. Other bystander programs have focused on the role of men in reducing violence among high school and college students (Barone, Wolgemuth, & Linder, 2007; Foubert, 2000; Foubert & Marriott, 1997; Gidycz et al., 2011; McCauley et al., 2013; Miller et al., 2013; Miller et al., 2012). These evaluations have mainly focused on attitude change, including bystander confidence and intent to help. Several studies have found increased bystander behavior following program participation. Few examine victimization or perpetration behavioral outcomes, and those that do have found mixed results (Foubert, 2000; Gidycz et al., 2011).

Other educational workshops focus on both men and women. The need for these gendered approaches reflects that there are important differences in the nature, extent, and dynamic of dating violence that differ by gender. Given that several bystander programs have focused on men only rather than both genders, it is important to explore the impact of bystander education and the moderating effects of gender. Both the *Green Dot* program (Coker et al., 2011) and *Bringing in the Bystander* (Banyard et al., 2007) have incorporated elements specific to young men and women. Several research studies have shown the *Bringing in the Bystander* program to be effective in positively changing bystander-related knowledge, attitudes, beliefs, and behaviors with both the one session and the three session programs (Amar et al., 2012; Banyard et al., 2007; Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2011). More recently, bystander-focused prevention has been expanded to social marketing campaigns (Potter, 2012), interactive theater (Ahrens, Rich, & Ullman, 2011), and online programs (Jouriles, Kleinsasser, Rosenfield, & McDonald, 2016), and research suggests that these methods are promising for changing attitudes and also behavior. One limitation of research to date is that the majority of evaluations compare a bystander prevention group with a no treatment control group. Next steps in research are needed to unpack unique aspects of bystander intervention that may be particularly important for prevention effects (Banyard, 2014). Furthermore, bystander intervention among college students has mainly been examined in relation to sexual assault. An expanded view that includes prevention of a broader array of forms of dating violence has the potential to make an important contribution to the literature.

Purpose

The purpose of this study was to compare the effectiveness of a 90-min bystander education program for dating violence prevention with a traditional dating violence awareness education program, as well as to a no education control group, in changing attitudes, beliefs, perceived efficacy, intentions, and self-reported behaviors in college students. Using outcome measures of rape myth acceptance, gender violence acceptance, bystander efficacy, intention to help, and self-reported bystander behaviors, we hypothesized the following:

Hypothesis 1: Participants in the bystander education group will have higher scores on bystander efficacy and intention to help, and lower scores on rape myth acceptance and gender violence acceptance than participants in the traditional awareness education group from pre-test to immediate post-intervention post-test.

Hypothesis 2: Participants in the bystander education group will have higher scores on bystander efficacy, intention to help, and self-reported bystander behaviors and lower scores on rape myth acceptance and gender violence acceptance than participants in the traditional awareness education group at 2-month follow-up.

Hypothesis 3: The association between type of dating violence education and outcome measures will be moderated by gender and personal victimization history.

Hypothesis 4: Participants in both the bystander education group and the traditional awareness education group will have higher scores on bystander efficacy, intention to help, and self-reported bystander behaviors and lower scores on rape myth acceptance and gender violence acceptance than participants who received no education at 2-month follow-up.

Method

Description of the Education Programs and Peer Educators

The 90-min traditional awareness education program covered the nature and dynamics of dating violence, stalking, sexual assault, and consent. The awareness program focused on the traditional victim/perpetrator approach to dating violence education, and there was no bystander content included. The bystander education program was adapted from the 90-min version of the *Bringing in the Bystander* program (Banyard et al., 2007). (See the appendix for a summary of the differences between the 90-min traditional awareness

dating violence prevention education program and the 90-min bystander dating violence prevention education program.) Standardized modifications were made to adapt the curriculum to the campus and address other forms of dating violence, in addition to sexual assault. They included physical abuse, stalking, emotional abuse, psychological abuse, isolation, and manipulation and control. The bystander program focused on how all students are affected by violence and how all students can play a role in preventing it both at the individual and at the community level. The bystander education defined bystanders as individuals who may witness violence occurring or situations at high-risk for violence, and in their presence, they may have the opportunity to provide assistance, do nothing, or contribute to the negative behavior. The bystander education clearly outlined the elements of bystander decision making before, during, and after crisis situations. The “three D” approach was taught for responding as a bystander. These were direct, delegate, and distract responses. The students also spent time learning how to listen, believe, and be empowered to assist.

All education was presented by a pair of one male and one female peer educator and presented through a combination of lecture PowerPoint, video clips, interactive scenarios, group discussion, and questions/answers. Peer educators received 12 hr of formal training on the education delivery method to which they were assigned. All of the educational presentations were observed and monitored for fidelity via a standardized form that documented adherence to the education protocol and class information. To minimize risk for contamination, peer educators were instructed not to discuss their training content with members of the other group, and they were not told about the differences between the educational programs. Weekly staff meetings for peer educators were stratified by education group where ongoing feedback on the delivery of the educational sessions was provided. These meetings occurred throughout the semester for which the education program was implemented.

Participants and Randomization

The sample was drawn from freshman students enrolled at a public university in the Rocky Mountain West during the fall semester of 2013. Approximately 95% of incoming freshman students took a 3-credit topical freshman seminar course (during the research period, the campus was transitioning to include the course as part of general education). For this study, lead instructors of all freshman seminars ($n = 28$, estimated 24-67 students per seminar, comprising 1,249 students) were invited to allow their classes to participate in the prevention education program and associated research. Of the 28 classes, based

on instructor preference, six did not participate in the standardized education or research (no participation), and five of the classes participated only in the research component with no education (non-randomized, no education control group). The remaining 17 classes received education and participated in the research. One additional class received the intervention; a sophomore-level class (30 students) requested a presentation on dating violence prevention, for a total of 18 intervention classes. There were no exclusion criteria for participation. Any student in a course in which the instructor allowed access was eligible to participate.

Randomization to the bystander or traditional awareness education program typically occurred within each class. Prior to the start of the educational presentation, students were asked to randomly draw a marble without looking from a bag that was passed around by a member of the research team. The bag contained an equal number of red and blue marbles, and the number of marbles reflected the number of students in attendance. Students who drew a red colored marble participated in the traditional awareness education program, and students who drew a blue colored marble participated in the bystander education. For some classes (eight of the 18 who received the intervention), individual randomization was not possible due to logistical constraints, such as no breakout room available. In these cases, a single marble was randomly selected to assign the type of education. Overall, there were a total of 14 traditional awareness education ($n = 376$ students) and 14 bystander education ($n = 369$ students) programs.

Procedures

The study used a quasi-experimental pre-test/post-test design with follow-up at 2 months post-intervention. Institutional review board approval for this study was obtained. Informed consent was obtained by a trained member of the research team. Students who chose to participate in the study were asked to create a unique code number to keep their responses anonymous. This code was used to match the three surveys across time points: pre-test (T1), immediate post-test (T2), and follow-up post-test (T3). The initial post-test (T2) occurred immediately following the education program and a second post-test (T3) occurred 2 months later. All surveys were administered in paper-and-pen format. As an incentive for participating in the research, students were entered into a raffle for prizes for each survey that they completed.

Pre-test surveys were collected from 1,001 students. At T2, 745 surveys were collected following the educational interventions (no T2 surveys from students who did not receive one of the education programs and 7% attrition from T1 in both education groups). At T3, 667 surveys were collected at

2-month follow-up (38% attrition from T1 in the bystander group, 51% attrition from T1 in the traditional group, and 22% attrition from T1 in the control group). Most of the attrition at T3 was due to instructors denying access to students in their classes at 2-month follow-up ($n = 228$ students). Chi-square and two-sample t tests were performed comparing retained students and students lost to follow-up on relevant demographic variables, personal victimization history, and scores on the Illinois Rape Myth Acceptance Scale–Revised (IRMA-R), Gender Violence Scale (GVS), Bystander Efficacy Scale (BES), Brief Intent to Help Scale (BIH), and Bystander Behavior Scale (BBS). There were no statistically significant differences between students who were retained and students who were lost to follow-up.

Measures

IRMA-R. The 19-item 5-point Likert-type IRMA-R measures acceptance of adverse, inaccurate, or false beliefs about sexual assault or forced/coerced sexual activity (McMahon & Farmer, 2011; Payne, Lonsway, & Fitzgerald, 1999). Scores range from 19 to 95 with higher scores indicating greater acceptance of rape myths. Cronbach's alpha for the full sample at pre-test was .88. The IRMA-R has demonstrated construct and criterion validity.

GVS. The 16-item 5-point Likert-type GVS (Cissner, 2009; Ward, 2001) measures acceptance of physical, sexual, or emotional abuse toward intimate partners and sexist attitudes. Total scores range from 16 to 80, with higher scores indicating greater acceptance of sexist attitudes and gender violence (after reverse score item recoding). Cronbach's alpha for the full sample at pre-test was .75.

BES. The 14-item BES (Banyard et al., 2007) measures confidence in one's ability to perform various bystander actions to prevent or stop sexism and interpersonal violence. Participants rate their confidence to perform the bystander behaviors on a scale from 0 (*can't do*) to 100 (*very certain*). The mean score across all 14 items is subtracted from 100 to create a score of perceived ineffectiveness, with higher scores indicating less effectiveness. Cronbach's alpha for the full sample at pre-test was .89. The BES has demonstrated content, criterion, and construct validity.

BIH. The 32-question 5-point Likert-type scale BIH (Banyard, 2008; Banyard, Moynihan, Cares, & Warner, 2014) measures participants' likelihood or willingness to engage in various helping behaviors with 16 questions specific to helping friends and 16 questions specific to helping strangers. Scores range

from 16 to 80 on both the Friends and Strangers subscales, with higher scores indicating more likelihood to engage in bystander behaviors. Cronbach's alpha for the full sample at pre-test was .94 overall.

BBS. The 26-item BBS (Banyard & Moynihan, 2011) measures various actions that an individual engages in to prevent or stop interpersonal violence and sexism. Participants answer "yes" or "no" or "no opportunity" to specific behaviors listed that they have actually carried out or performed in the past 8 weeks. If a "yes" response was selected, participants were asked how many times within the past 8 weeks they performed the behavior. The scores range from 0 behaviors to 26 behaviors. Cronbach's alpha for the full sample at pre-test was .91.

Abuse assessment screen (AAS). The AAS (Soeken, McFarlane, Parker, & Lominack, 1998) measures IPV, including physical abuse, sexual abuse, and emotional abuse as well as fear of an intimate partner. The four questions included the following: (a) Have you ever been emotionally or physically abused by your partner or someone important to you? (b) In the last year, have you been hit, slapped, kicked, choked, or otherwise physically hurt by your partner or ex-partner? (c) Within the last year, has your partner or ex-partner made you do something sexual that you did not want to do? (d) Are you afraid of your partner or ex-partner? For this study, a "yes" response to any of the questions categorized a participant as positive for IPV. Validity and ability to accurately assess for abuse have been supported (Rabin, Jennings, Campbell, & Bair-Merritt, 2009).

Sexual Experiences Survey (SES). The SES (Koss & Oros, 1982) is a 10-item self-report survey used to assess various types of sexual aggression and victimization. For this study, two questions adapted from the SES were used to assess occurrence and frequency of sexual abuse: (a) During the past year, how many times has someone had sexual contact with you when you did not want to? (b) During the past year, how many times have you had sexual intercourse with someone when you did not want to? For this study, any number above 0 categorized a participant as positive for sexual abuse. Validity and ability to accurately assess for sexual experiences have been supported (Karabatsos, 1996).

Demographics. Demographic data were collected, including age, gender, race/ethnicity, year in school, college major, relationship status, and previous dating violence education.

Social Desirability Scale–17 (SDS-17). The SDS-17 (Stöber, 1999) is a 17-item scale used to assess participants' propensity to present themselves in a manner that is socially desirable. In this study, one of the original 17 items was excluded: "I have tried illegal drugs (e.g., marijuana, cocaine, etc.)." The remaining 16 items are scored "1" for true or "0" for false for scores ranging from 0 to 16, with higher scores indicating greater socially desirable responding. Cronbach's alpha for the full sample at pre-test was .71. The SDS-17 has demonstrated convergent and discriminant validity (Stöber, 1999).

Data Analysis

Initial data analysis included exploratory and descriptive statistical analyses and pre-test differences. A repeated-measures MANOVA was used to test for differences between education groups. In addition, Pearson's correlations were run between the main outcome measures. There were significant correlations between the variables, thus providing support for the use of MANOVA in the additional analyses. Pearson's correlations were also run between scores of the SDS and outcomes at post-test. The results indicated that socially desirable responding was significantly correlated with bystander efficacy and bystander behaviors. Thus, social desirability was used in further analyses as a covariate. A repeated-measures MANCOVA was the primary analytic technique used to test the overall impacts of the educational programs across time points. The education group (traditional, bystander, and none) served as the independent variables, with each of the survey instruments measuring a dependent variable. Paired-sample *t* tests were performed to further examine changes in scores across the groups.

Results

Characteristics of the Sample

Table 1 summarizes the characteristics of the study sample at pre-test ($n = 1,001$). The sample was approximately half male and half female, and the underrepresented minority population (7.1% African American, 4.5% Asian American, 14.3% Hispanic/Latino, 0.5% Native American) was approximately equal to that of the entire university during the research period. The sample was examined for pre-test differences. A repeated-measures MANOVA was used to test for differences between education groups on demographic variables, personal victimization history, and scores on the IRMA, GVS, BES, BIH, and BBS. Overall, the main effect for the education type on pre-test scores was not significant, $F(6, 688) = 1.01, p = .41$, and

Table 1. Demographic Characteristics of the Study Sample at Pre-Test ($n = 1,001$).

Demographic Variables	N	%
Gender		
Male	489	49.1
Female	508	50.9
Class standing		
Freshmen	952	95.1
Non-freshmen	49	4.9
Race		
African American/Black	69	7.1
Asian American/Asian	44	4.5
Caucasian/White	682	69.9
Hispanic American/Latino/a	140	14.3
Native American	5	0.5
Other	36	3.7
Sexual orientation		
Heterosexual/straight	942	94.3
Gay	8	0.8
Lesbian	14	1.4
Bisexual	35	3.5
Relationship status		
Not currently dating	516	51.6
Occasionally dating	154	15.4
Exclusively dating	293	29.3
Engaged	21	2.1
Married	16	1.6
Previous education		
Sexual assault	297	29.7
Dating violence	317	31.8
Sexual harassment	387	38.7
Victimization		
Partner abuse	296	30.5
Sexual abuse	212	21.2

Wilks's Lambda = .99. Therefore, the groups did not differ significantly from each other at pre-test. There were 369 students in the bystander education group, 376 students in the traditional awareness education group, and 224 students in the no education group (with 32 surveys unmatched from pre-test).

Results for Hypothesis 1

A repeated-measures MANCOVA was performed with education group (bystander vs. traditional awareness) as the independent variable and outcome scores on the IRMA, GVS, BES, and BIH as the dependent variables. The two time points of pre-test (T1) and immediate education post-test (T2) were assessed. Only participants who completed both T1 and T2 with a matched participant code were included in the analysis for this hypothesis ($n = 691$). There were significant effects for social desirability, $F(4, 685) = 5.62, p < .001$, Wilks's Lambda = .97, and for treatment group, $F(4, 685) = 2.95, p < .05$, Wilks's Lambda = .98. There was significant within-subjects effect for time (T1-T2), $F(4, 685) = 43.94, p < .001$, Wilks's Lambda = .80, as well as for time by social desirability interaction, $F(4, 685) = 2.92, p < .05$, Wilks's Lambda = .98. Finally, most importantly, there was a significant time by group interaction when social desirability was controlled, $F(4, 685) = 28.83, p < .001$, Wilks's Lambda = .86, $\eta_p^2 = .14$.

A series of paired-sample *t* tests were also performed to explore changes in scores between the bystander and traditional education groups. A Bonferroni-adjusted significance value of .003 was utilized. The Bonferroni correction is a method used to counteract the problem of multiple comparisons. Both the bystander group and the traditional group showed significant ($p < .003$) positive changes in all outcome measures from pre-test to post-test. However, the bystander group showed more improvements overall compared with the traditional group. The implications of the findings are such that there are important changes in attitudes around gender violence and rape myth acceptance, which are important components of empathy toward potential victims. The improvements in bystander efficacy, intention to help, and bystander behaviors indicate a willingness to intervene in future situations.

Results for Hypothesis 2

To determine if the post-test changes in scores persisted at 2-month follow-up, a repeated-measures MANCOVA was performed again with three time points of pre-test (T1), immediate education post-test (T2), and 2-month follow-up (T3). Education group (bystander vs. traditional) served as the independent variable, and outcome scores on the IRMA, GVS, BES, and BIH served as the dependent variables. Only participants who completed all time points T1, T2, and T3 with a matched participant code were included in the analysis for this hypothesis ($n = 412$). There were significant effects for social desirability, $F(4, 406) = 4.11, p < .05$, Wilks's Lambda = .96, and for treatment group, $F(4, 406) = 3.04, p < .05$, Wilks's Lambda = .97. There was significant within-subjects effect for time (T1-T2), $F(8, 402) = 19.79, p < .001$, Wilks's Lambda = .72,

and non-significant time by social desirability interaction, $F(8, 402) = 1.36$, Wilks's Lambda = .97. Finally, most importantly, there was a significant time by group interaction when social desirability was controlled, $F(8, 402) = 9.07$, $p < .001$, Wilks's Lambda = .85, $\eta_p^2 = .15$.

At the 2-month follow-up, data were collected on self-reported bystander behavior. A separate repeated-measures MANCOVA was performed examining change over time from pre-test (T1) to 2-month follow-up (T3) on the BBS. First, the impact on BBS was explored as the dichotomized variable (yes or no to the behavior). There were no significant effects for time or time by social desirability interactions, but there was a significant main effect for time by group interaction, $F(1, 415) = 17.08$, $p < .001$, Wilks's Lambda = .96. Next, the impact on BBS opportunities to perform the behavior was performed. A MANCOVA was performed examining change over time from pre-test (T1) to 2-month follow-up (T3) on the opportunities to perform the behaviors. The results showed that there were no significant effects for time or time by social desirability interactions. In addition, there was no significant time by group interactions, $F(1, 415) = 1.79$, Wilks's Lambda = .97. There were no significant differences in opportunities to perform the behaviors over time or between the two educational groups. The mean opportunity to help at T1 for traditional ($n = 185$) was 9.84 ($SD = 7.4$), and for bystander ($n = 233$) was 10.62 ($SD = 7.8$). At T3, the mean opportunity for traditional was 8.49 ($SD = 7.4$) and bystander was 10.24 ($SD = 7.3$).

A series of paired-sample t tests were also performed to explore changes in scores between the bystander and traditional education groups from pre-test to 2-month post-test. A Bonferroni-adjusted significance value of .003 was utilized. Table 2 shows the means and standard deviations at all three time points for the traditional and bystander groups in addition to the paired-sample t tests for both education groups from T1 to T3. Both the bystander group and the traditional group showed significant positive changes in most outcome measures from pre-test to 2-month post-test. The only exceptions to this were the non-significant change in BIH and BBS scores for the traditional awareness education group. Both groups did show evidence of decay from immediate post-test scores; however, overall, they were still significantly improved from the pre-test scores ($p < .003$). The bystander group demonstrated more improvements overall than the traditional awareness group on all outcome measures.

Results for Hypothesis 3

There were 489 (49.1%) males and 508 (50.9%) females in the study at pre-test. A repeated-measures MANCOVA for pre-test (T1) to post-test (T2) was performed. There were significant between-subject effects for social desirability,

Table 2. Means Descriptive Scores, Standard Deviations, and Paired-Sample *t* Tests for Time 1, Time 2, and Time 3 for Traditional and Bystander Groups.

	Traditional Education (n = 353)				Bystander Education (n = 345)			
	T1	T2	T3	T	T1	T2	T3	t
	M (SD)	M (SD)	M (SD)		M (SD)	M (SD)	M (SD)	
IRMA	2.4 (0.6)	2.1 (0.6)	2.2 (0.6)	4.9*	2.5 (0.6)	1.9 (0.6)	2.1 (0.6)	10.2*
GVS	1.9 (0.4)	1.5 (0.5)	1.6 (0.5)	8.5*	2.0 (0.4)	1.3 (0.4)	1.5 (0.5)	14.1*
BES	19.9 (13.2)	15.9 (13.7)	14.9 (12.3)	6.2*	20.7 (13.1)	10.7 (9.3)	11.5 (9.4)	11.7*
BIH	3.7 (0.6)	3.9 (0.7)	3.9 (0.7)	-1.3	3.7 (0.6)	4.2 (0.7)	4.1 (0.6)	-9.1*
BBS	4.7 (4.5)	—	4.9 (4.5)	-0.6	4.6 (4.6)	—	7.0 (5.8)	-6.6*

Note. The BBS is only measured at Time 1 and Time 3. IRMA = Illinois Rape Myth Acceptance Scale—Revised; GVS = Gender Violence Scale; BES = Bystander Efficacy Scale; BIH = Brief Intent to Help Scale; BBS = Bystander Behavior Scale.

**p* < .003 (two-tailed significance).

$F(4, 680) = 6.41, p < .001$, Wilks’s Lambda = .97, education group, $F(4, 680) = 2.77, p < .05$, Wilks’s Lambda = .98, and gender, $F(4, 680) = 25.02, p < .001$, Wilks’s Lambda = .87. There were not significant differences for group by gender interaction, $F(4, 680) = 0.51$, Wilks’s Lambda = .99. For within-subjects effects, there were significant effects for time, $F(4, 680) = 43.39, p < .001$, Wilks’s Lambda = .80, for time by social desirability, $F(4, 680) = 3.05, p < .05$, Wilks’s Lambda = .98, and for time by group, $F(4, 680) = 29.06, p < .001$, Wilks’s Lambda = .85. Time by gender interaction was not significant, $F(4, 680) = 0.99$, Wilks’s Lambda = .97. Most importantly, time by group by gender interaction was also not significant, $F(4, 680) = 0.52$, Wilks’s Lambda = .99, $\eta^2_p = .03$. This suggests that the education worked equally well for women and men. Thus, gender does not appear to moderate the relationship between the education and outcome measures.

The educational programs also worked equally well for participants who reported victimization of abuse (both intimate partner abuse and sexual abuse) compared with those who did not report abuse victimization. There were non-significant effects for time by group by partner abuse interaction, $F(4, 665) = 2.71$, Wilks’s Lambda = .98, $\eta^2_p = .02$, and for time by group by sexual abuse interaction, $F(4, 683) = 1.34$, Wilks’s Lambda = .99, $\eta^2_p = .01$. Thus, neither partner abuse nor sexual abuse appears to moderate the relationship between the education and outcome measures.

Results for Hypothesis 4

To examine the overall impacts of the educational programs compared with a control group of students who received no education, a repeated-measures

MANCOVA was performed comparing pre-test with 2-month post-test for all three groups. The education group (traditional, bystander, and none) served as the independent variable, with each of the survey instruments (IRMA, GVS, BES, BIH) measuring a dependent variable. Only participants who completed both T1 and T3 with a matched participant code were included in the analysis for this aim ($n = 588$). The breakdown included 175 participants in the control group, 184 participants in the traditional group, and 229 participants in the bystander group. There were significant effects for social desirability, $F(4, 685) = 5.62, p < .001$, Wilks's Lambda = .97, and for treatment group, $F(4, 581) = 4.89, p < .001$, Wilks's Lambda = .97. There was significant within-subjects effect for time (T1-T3), $F(4, 581) = 5.52, p < .001$, Wilks's Lambda = .96, and non-significant time by social desirability interaction, $F(4, 581) = 1.57$, Wilks's Lambda = .99. Most importantly, there was a significant time by group interaction when social desirability was controlled, $F(8, 1162) = 17.06, p < .001$, Wilks's Lambda = .80, $\eta_p^2 = .11$. A separate repeated-measures MANCOVA was performed to examine change in self-reported bystander behavior comparing pre-test with 2-month post-test for all three groups. The education group served as the independent variable, and the BBS score served as the outcome/dependent variable. There were no significant effects for time or time by social desirability interactions, but there was a significant main effect for time by group interaction, $F(2, 591) = 27.44, p < .001$, Wilks's Lambda = .92.

A series of paired-sample *t* tests were also performed to explore changes in scores within the control group from T1 to T3. A Bonferroni-adjusted significance value of .003 was utilized. Table 3 displays the means (*SDs*) for pre-test (T1) and 2-month post-test (T3) for the traditional, bystander, and no education groups. Table 3 also shows the paired-sample *t* tests for the traditional, bystander, and no education group for pre-test (T1) and 2-month follow-up (T3). The control group showed two significant changes from pre-test to 2-month post-test. The BIH measure showed a significant negative change, with intention to help decreasing, and the BBS showed a significant negative change as well, with self-reported bystander behavior decreasing. Although not significant, rape myth acceptance also increased over time and efficacy decreased over time for the control group. For all measures, the control group scored worse than the groups that received dating violence prevention education.

Summary

In summary, both the bystander group and the traditional awareness group showed positive changes in outcome measures (e.g., decreased acceptance of rape myths and gender violence and increased efficacy and intention to help)

Table 3. Means Descriptive Scores and Standard Deviations, and Paired-Sample *t* Tests for T1 and T3 for Traditional, Bystander, and No Education Groups.

	Traditional Education (<i>n</i> = 185)			Bystander Education (<i>n</i> = 232)			No Education (<i>n</i> = 176)		
	T1	T3	<i>t</i>	T1	T3	<i>t</i>	T1	T3	<i>t</i>
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)		<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)		<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	
IRMA	2.4 (0.6)	2.2 (0.6)	4.9*	2.5 (0.6)	2.1 (0.6)	10.2*	2.4 (0.5)	2.5 (0.5)	-0.8
GVS	1.9 (0.4)	1.6 (0.5)	8.5*	2.0 (0.4)	1.5 (0.5)	14.1*	2.0 (0.5)	1.9 (0.5)	3.0
BES	19.9 (13.2)	14.9 (12.3)	6.2*	20.7 (13.1)	11.5 (9.4)	11.7*	21.4 (14.8)	24.9 (17.9)	-3.0
BIH	3.7 (0.6)	3.9 (0.7)	-1.3	3.7 (0.6)	4.1 (0.6)	-9.1*	3.6 (0.7)	3.4 (0.8)	3.2*
BBS	4.7 (4.5)	4.9 (4.5)	-0.6	4.6 (4.6)	7.0 (5.8)	-6.6*	4.9 (4.3)	3.7 (4.3)	3.8*

Note. IRMA = Illinois Rape Myth Acceptance Scale–Revised; GVS = Gender Violence Scale; BES = Bystander Efficacy Scale; BIH = Brief Intent to Help Scale; BBS = Bystander Behavior Scale.

**p* < .003 (two-tailed significance).

from pre-test (T1) to immediate post-test (T2). However, the bystander group showed more improvements overall compared with the traditional group. Although both groups did show evidence of decay from immediate post-test (T2) scores, there were still significant positive changes in all five outcome measures for the bystander group and three of five outcomes for the traditional awareness group from pre-test (T1) to 2-month post-test (T3). The bystander group demonstrated more statistically significant improvements than the traditional awareness group on all outcomes. Overall, the educational intervention yielded moderate effect sizes by conservative estimates.

Discussion

The results of this study suggest that dating violence prevention education can be helpful in changing attitudes, beliefs, efficacy, bystander intentions, and bystander behaviors in college students. Both the traditional awareness and bystander education program groups showed significant improvements in attitudinal and intention outcome measures from pre-test to post-test. The bystander education appeared to be even more effective than the traditional awareness group for decreasing acceptance of rape myths and gender violence and increasing efficacy, intention to help, and self-reported bystander behaviors. Of particular significance is the positive improvement in bystander intentions to help and actual bystander behaviors that were observed in the bystander group, but not the traditional awareness group, at 2-month follow-up. Another important finding is that both the education groups showed more

improvements in outcome measures compared with a group that received no education. In fact, over time, the control group observed increases in rape myth acceptance and decreases in efficacy, intention to help, and actual bystander behavior. The results of this study are important, given the quasi-experimental design and randomization of students to an educational intervention group. Although the group of students who did not receive education was not randomized, there were no significant differences in demographics or outcome variables at pre-test.

The overall results of this research study are consistent with findings from other researchers who have demonstrated the utility of changing attitudes and bystander intentions of using a bystander approach for sexual violence prevention (Amar et al., 2012; Banyard et al., 2007; Coker et al., 2011; Katz, 1994; Miller et al., 2013; Miller et al., 2012). Due to time constraints, only a one-time educational program was offered rather than multiple sessions of the program, which have shown to be even more effective in previous research (Banyard et al., 2007). Nonetheless, shorter versions of dating violence prevention interventions may be more practical in many settings. The results of this study, as well as others, suggest that even shorter educational programs can still have positive outcomes (Banyard et al., 2007; Coker et al., 2011).

This study expanded the focus of the *Bringing in the Bystander* education for sexual violence prevention and showed that it can be helpful in addressing dating violence in a different geographic region with a more diverse population of college students, thus supporting the generalizability of the program benefits. The original evaluation of the *Bringing in the Bystander* program included a sample that was more than 90% Caucasian (Banyard et al., 2007), whereas nearly one third of the sample from this study were ethnic minority groups. Furthermore, the original evaluation of the *Bringing in the Bystander* program provided education to single-gender groups of male and female students (Banyard et al., 2007). In this study, the education was delivered in mixed-gender classes and still showed positive effects for both men and women. Finally, this study also compared the bystander education with a more traditional awareness education approach and demonstrated that the bystander approach was more effective in changing attitudes, beliefs, efficacy, intentions, and self-reported bystander behaviors in college students.

The randomization of participants to education group and the 2-month follow-up strengthened the findings of this study. It is important to note that the bystander education program in this study continued to demonstrate positive outcomes at 2-month follow-up (although degraded from immediate post-test), even without the booster session that was included in the research conducted by Banyard et al. (2007). In this study, the group who received the bystander

education showed the most significant decreases in acceptance of rape myths and gender violence and increases in efficacy, intention to help, and self-reported bystander behaviors at 2-month follow-up. This suggests that bystander-focused prevention not only enhances bystander action but may also be more effective at raising general awareness about the problem of dating violence.

Limitations

This research study had several limitations. First, the data relied on self-report. A self-generated code was used to maintain anonymity and increase the likelihood of respondents honestly reporting sensitive issues. In addition, a SDS was included in the measures to assess for socially desirable response bias among participants. Nonetheless, the sole reliance on self-report is an important study limitation.

Due to time constraints, only a one-time educational program was offered rather than multiple sessions of the program. Prior research has shown that more sessions tend to be more effective (Banyard et al., 2007). However, shorter versions of dating violence prevention interventions may be more practical in many settings. Given that follow-up data were collected at 2 months post-intervention, while the students were still enrolled in the Freshmen Seminar courses, longer term benefits of this brief bystander education are unknown.

The AAS used to measure IPV asked respondents, "Have you ever been emotionally or physically abused by your partner or someone important to you?" A limitation of this wording is that abusive experiences may have occurred with someone other than an intimate partner.

The prevalence of sexual assault and dating violence at each time point was not measured. Therefore, it is unknown whether changes in attitudes, beliefs, efficacy, intentions, and bystander behaviors translated into a reduction in dating violence or sexual assault. Given that one third of all IPV occurs in the presence of a bystander (Planty, 2002), it is likely that bystander empowerment would affect the prevalence of dating violence or sexual assault. Nonetheless, longer term follow-up to determine intervention impact on IPV rates is an important direction for future research.

There was significant attrition of study participants at the 2-month follow-up (T3). Six instructors would not allow their classes to participate in the research at T3 leading to substantial attrition rates across all three conditions at this follow-up assessment. Thus, approximately 228 students were automatically lost to follow-up. As a result, the attrition rates were much higher at T3 compared with T2, with 38% attrition among the bystander group, 51% attrition among the traditional awareness group, and 22% attrition among the

control group. However, it should be noted that there were no significant differences between students who were retained and those lost to follow-up on demographic characteristics, abuse history, or the primary outcomes.

Although peer educators attended separate training and staff meetings specific to their education module, no additional efforts were made to blind the peer educators to the study goals and hypotheses. Peer educators leading the bystander intervention were aware that they were offering a novel intervention which may have led to some bias in intervention outcomes.

Finally, because of the low proportion of underrepresented minorities in the sample, the results were not examined for differences by race/ethnicity. Future research needs to include sufficient numbers of underrepresented minority groups to stratify results to determine the cultural appropriateness of this kind of intervention in different racial/ethnic groups.

Implications

This research study helps contribute to an enhanced understanding of effective primary prevention strategies for dating violence in college students. Dating violence is prevalent in adolescents and young adults; thus, dating violence prevention strategies should be implemented on college campuses. Bystander education is a promising approach to dating violence prevention that requires more research. Few studies have empirically tested bystander intervention approaches and those that have typically focused on rape prevention (Banyard, 2011; Shorey et al., 2012). This study expanded the focus to include all forms of dating violence, including physical, psychological, and sexual abuse. Furthermore, this study compared a traditional awareness dating violence prevention education approach with the bystander approach showing that the bystander approach was more effective. This study extends previous research demonstrating the utility of a bystander approach for sexual violence prevention (Banyard et al., 2007; Coker et al., 2011), by comparing this program with both a traditional awareness education approach and a no-intervention control group, and found that the bystander approach was more effective at changing attitudes, beliefs, efficacy, intentions, and self-reported behaviors in college students.

This study also has important implications for future dating violence prevention education programming. The results of this study and others demonstrating the benefits of bystander education for dating violence and sexual assault prevention may be useful to colleges and universities as they develop or revise their educational programming to meet requirements of the Campus Sexual Violence Elimination Act (Campus SaVE Act). The Campus SaVE Act calls for extensive “primary prevention and awareness programs” and expands the focus from sexual assault to include other forms of IPV

(CampusClarity, 2013). However, until the bystander education programs are shown to be effective on actual victimization and perpetration of sexual assault and dating violence, they need to be recommended with awareness of the limitations of the research thus far, so that institutions will invest in the needed rigorous experimental interventions. The results of the current research study may be useful to consider for future dating violence prevention educational programming and informing policies on violence prevention at institutions of higher education. This study’s findings support the use of an adapted form of the evidence-based bystander education program, *Bringing in the Bystander* (Banyard et al., 2007), for one component of dating violence prevention education for college students, although the effect on actual violence was not measured and remains unknown. Bystander education is a promising approach to dating violence prevention on college campuses.

Appendix

Overview of 90-Min Awareness and Bystander Education Programs.

Awareness Education Themes	Bystander Education Themes
<ul style="list-style-type: none"> • Qualities of healthy relationships • Continuum of relationships (healthy, unhealthy, abusive) • Definition and statistics about relationship abuse • Forms of abuse (expanded) • Consent, myths, and facts about sexual abuse • Impact of interpersonal violence • Risk factors for relationship violence • Stereotypes about relationship violence • Cycle of violence • Barriers to leaving and help seeking • Abuse red flags • Campus and community resources • Interactive tools including media clips and vignettes used for discussion of intimate partner violence, the dynamic of violence and abuse, power and control in intimate relationships, the cycle of violence, and barriers to seeking help and leaving violent relationships 	<ul style="list-style-type: none"> • Qualities of healthy relationships • Continuum of relationships (healthy, unhealthy, abusive) • Definition and statistics about relationship abuse • Forms of abuse (condensed) • Consent, myths, and facts about sexual abuse • Impact of interpersonal violence • Definition and examples of bystanders • Bystander options and impact • Bystander interventions before, during, and after an incident • The bystander decision-making process • Campus and community resources • Interactive tools including media clips and vignettes used for discussion of bystander responses to sexual assault and dating violence, bystander responsibility, and bystander decision-making.

Authors' Note

The content of this article is solely the responsibility of the authors and does not necessarily represent the official views of the funding agencies. The opinions, findings, conclusion, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This project is supported by funding from the Grant No. 2014-WA-AX-0014 awarded by the Office on Violence Against Women, U.S. Department of Justice, to Catherine Kaukinen, and American Psychiatric Nursing Foundation Research Grant and the Faculty Assembly Women's Committee Mini-Grant to Kerry Peterson at the University of Colorado at Colorado Springs.

References

- Ahrens, C. E., Rich, M. D., & Ullman, J. B. (2011). Rehearsing for real life: The impact of the InterACT Sexual Assault Prevention Program on self-reported likelihood of engaging in bystander interventions. *Violence Against Women, 17*, 760-776. doi:10.1177/1077801211410212
- Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl & J. Beckman (Eds.), *Action-control: From cognition to behavior* (pp. 11-39). Heidelberg, Germany: Springer.
- Ajzen, I. (2002). Perceived behavioral control, self-efficacy, locus of control, and the theory of planned behavior. *Journal of Applied Social Psychology, 32*, 665-683. doi:10.1111/j.1559-1816.2002.tb00236.x
- Amar, A. F., Sutherland, M., & Kesler, E. (2012). Evaluation of a bystander education program. *Issues in Mental Health Nursing, 33*, 851-857. doi:10.3109/01612840.2012.709915
- Banyard, V. L. (2008). Measurement and correlates of prosocial bystander behavior: The case of interpersonal violence. *Violence and Victims, 23*, 83-97. doi:10.1891/0886-6708.23.1.83
- Banyard, V. L. (2011). Who will help prevent sexual violence: Creating an ecological model of bystander intervention. *Psychology of Violence, 1*, 216-229. doi:10.1037/a0023739
- Banyard, V. L. (2014). Improving college campus-based prevention of violence against women: A strategic plan for research built on multipronged practices and policies. *Trauma, Violence, & Abuse, 15*, 339-351. doi:10.1177/1524838014521027

- Banyard, V. L., & Moynihan, M. M. (2011). Variation in bystander behavior related to sexual and intimate partner violence prevention: Correlates in a sample of college students. *Psychology of Violence, 1*, 287-301. doi:10.1037/a0023544
- Banyard, V. L., Moynihan, M. M., Cares, A., & Warner, R. (2014). How do we know if it works? Measuring outcomes in bystander-focused violence prevention on campuses. *Psychology of Violence, 4*, 101-115. doi:10.1037/a0033470
- Banyard, V. L., Moynihan, M. M., & Plante, E. G. (2007). Sexual violence prevention through bystander education: An experimental evaluation. *Journal of Community Psychology, 35*, 463-481. doi:10.1002/jcop.20159
- Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology, 32*, 61-79. doi:10.1002/jcop.10078
- Barone, R. P., Wolgemuth, J. R., & Linder, C. (2007). Preventing sexual assault through engaging college men. *Journal of College Student Development, 48*, 585-594. doi:10.1353/csd.2007.0045
- Bennett, S., Banyard, V. L., & Garnhart, L. (2014). To act or not to act, that is the question? Barriers and facilitators of bystander intervention. *Journal of Interpersonal Violence, 29*(3), 476-496. doi:10.1177/0886260513505210
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., . . . Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet, 359*, 1331-1336. doi:10.1016/S0140-6736(02)08336-8
- CampusClarity. (2013). *Campus Save Act*. Available from <http://campussaveact.org/>
- Casey, E., & Lindhorst, T. (2009). Toward a multi-level, ecological approach to the primary prevention of sexual assault: Prevention in peer and community contexts. *Trauma, Violence, & Abuse, 10*, 91-114. doi:10.1177/1524838009334129
- Cissner, A. B. (2009). *Evaluating the Mentors in Violence Prevention program: Preventing gender violence on a college campus*. Retrieved from <http://www.mvp-national.org/wp-content/uploads/2011/12/DOE-MVP-Eval-Report-2008.pdf>
- Coker, A. L., Cook-Craig, P., Williams, C. M., Fisher, B. S., Clear, E. R., Garcia, L. S., & Hegge, L. M. (2011). Evaluation of green dot: An active bystander intervention to reduce sexual violence on college campuses. *Violence Against Women, 17*, 777-796. doi:10.1177/1077801211410264
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine, 23*, 260-268.
- DeGue, S., Valle, L. A., Holt, M. K., Massetti, G. M., Matjasko, J. L., & Tharp, A. T. (2014). A systematic review of primary prevention strategies for sexual violence perpetration. *Aggression and Violent Behavior, 19*, 346-362.
- Exner-Cortens, D., Eckenrode, J., & Rothman, E. (2013). Longitudinal associations between teen dating violence and adverse health outcomes. *Pediatrics, 131*, 71-78.

- Foubert, J. D. (2000). The longitudinal effects of a rape-prevention program on fraternity men's attitudes, behavioral intent, and behavior. *Journal of American College Health, 48*, 158-163. doi:10.1080/07448480009595691
- Foubert, J. D., & Marriott, K. A. (1997). Effects of a sexual assault peer education program on men's beliefs in rape myths. *Sex Roles, 36*, 259-268. doi:10.1007/BF02766271
- Gidycz, C. A., Orchowski, L. M., & Berkowitz, A. D. (2011). Preventing sexual aggression among college men: An evaluation of a social norms and bystander intervention program. *Violence Against Women, 17*, 720-742. doi:10.1177/1077801211409727
- Glass, N., Fredland, N., Campbell, J., Yonas, M., Sharps, P., & Kub, J. (2003). Adolescent dating violence: Prevalence, risk factors, health outcomes, and implications for clinical practice. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 32*, 227-238.
- Jouriles, E. N., Kleinsasser, A., Rosenfield, D., & McDonald, R. (2016). Measuring bystander behavior to prevent sexual violence: Moving beyond self reports. *Psychology of Violence, 6*, 73-81. doi:10.1037/a0038230
- Karabatsos, G. (1996). The Sexual Experiences Survey: Interpretation and validity. *Journal of Outcome Measurement, 1*, 305-328.
- Katz, J. (1994). *Mentors in Violence Prevention (MVP) trainer's guide*. Boston, MA: Center for the Study of Sport in Society, Northeastern University.
- Katz, J., Heisterkamp, H. A., & Fleming, W. M. (2011). The social justice roots of the Mentors in Violence Prevention model and its application in a high school setting. *Violence Against Women, 17*, 684-702. doi:10.1177/1077801211409725
- Koss, M. P., & Oros, C. J. (1982). Sexual Experiences Survey: A research instrument investigating sexual aggression and victimization. *Journal of Consulting and Clinical Psychology, 50*, 455-457. doi:10.1037//0022-006X.50.3.455
- McCauley, H. L., Tancredi, D. J., Silverman, J. G., Decker, M. R., Bryn Austin, S. B., McCormick, M. C., . . . Miller, E. (2013). Gender-equitable attitudes, bystander behavior, and recent abuse perpetration against heterosexual dating partners of male high school athletes. *American Journal of Public Health, 103*, 1882-1887.
- McMahon, S., & Banyard, V. L. (2012). When can I help? A conceptual framework for the prevention of sexual violence through bystander intervention. *Trauma, Violence, & Abuse, 13*, 3-14. doi:10.1177/1524838011426015
- McMahon, S., & Farmer, G. (2011). An updated measure for assessing subtle rape myths. *Social Work Research, 35*, 71-81. doi:10.1093/swr/35.2.71
- Miller, E., Tancredi, D. J., McCauley, H. L., Decker, M. R., Virata, M. C., Anderson, H. A., . . . Silverman, J. (2013). One-year follow-up of a coach-delivered dating violence prevention program: A cluster randomized controlled trial. *American Journal of Preventive Medicine, 45*, 108-112.
- Miller, E., Tancredi, D. J., McCauley, H. L., Decker, M. R., Virata, M. C., Anderson, H. A., . . . Silverman, J. G. (2012). "Coaching boys into men": A cluster-randomized controlled trial of a dating violence prevention program. *Journal of Adolescent Health, 51*, 431-438. doi:10.1016/j.jadohealth.2012.01.018

- Moynihan, M. M., Banyard, V. L., Arnold, J. S., Eckstein, R. P., & Stapleton, J. G. (2011). Sisterhood may be powerful for reducing sexual and intimate partner violence: An evaluation of the bringing in the bystander in-person program with sorority members. *Violence Against Women, 17*, 703-719. doi:10.1177/1077801211409726
- Payne, D. A., Lonsway, K. A., & Fitzgerald, L. F. (1999). Rape myth acceptance: Exploration of its structure and its measurement using the Illinois Rape Myth Acceptance Scale. *Journal of Research in Personality, 33*, 27-68. doi:10.1006/jrpe.1998.2238
- Planty, M. (2002). *Third-party involvement in violent crime, 1993-1999* (Bureau of Justice Statistics Special Report). Washington, DC: U.S. Department of Justice.
- Potter, S. J. (2012). Using a multimedia social marketing campaign to increase active bystanders on the college campus. *Journal of American College Health, 60*, 282-295. doi:10.1080/07448481.2011.599350
- Rabin, R., Jennings, J., Campbell, J., & Bair-Merritt, M. (2009). Intimate partner violence screening tools: A systematic review. *American Journal of Preventive Medicine, 36*(5), 439-445. doi:10.1016/j.amepre.2009.01.024
- Saltzman, L. E., Fanslow, J. L., McMahon, P. M., & Shelley, G. A. (2002). *Intimate partner violence surveillance: Uniform definitions and recommended data elements*. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/ncipc/pub-res/ipv_surveillance/index.htm
- Shorey, R. C., Zucosky, H., Brasfield, H., Febres, J., Cornelius, T. L., Sage, C., & Stuart, G. L. (2012). Dating violence prevention programming: Directions for future interventions. *Aggression and Violent Behavior, 17*, 289-296. doi:10.1016/j.avb.2012.03.001
- Soeken, K. L., McFarlane, J., Parker, B., & Lominack, M. C. (1998). The Abuse Assessment Screen: A clinical instrument to measure frequency, severity, and perpetrator of abuse against women. In J. C. Campbell (Ed.), *Empowering survivors of abuse: Healthcare for battered women and their children* (pp. 195-203). Thousand Oaks, CA: Sage.
- Stöber, J. (1999). Die Soziale-Erwünschtheits-Skala-17 (SES-17): Entwicklung und erste Befunde zu Reliabilität und Validität [The Social Desirability Scale-17 (SDS-17): Development and first results on reliability and validity]. *Diagnostica, 45*, 173-177.
- Sutherland, M. A. (2011). Implications for violence in adolescent dating experiences. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 40*, 225-234. doi:10.1111/j.1552-6909.2011.01223.x
- Ward, K. J. (2001). *Mentors in violence prevention program evaluation 1999-2000*. Boston, MA: Northeastern University Press.

Author Biographies

Kerry Peterson, PhD, DNP, PMHCNS, PMHNP, RN, is an assistant professor at the Helen and Arthur E. Johnson Beth-El College of Nursing & Health Sciences at the University of Colorado at Colorado Springs. She completed her bachelor of science in

nursing, master of science in nursing, and doctor of nursing practice degrees at Shenandoah University and her PhD in nursing at Johns Hopkins University. She received the Sigma Theta Tau International Research Dissertation Award. She is a psychiatric mental health clinical nurse specialist (PMHCNS-BC) and nurse practitioner (PMHNP-BC) with experience in psychiatric inpatient, outpatient, residential, community, home, and campus health settings. Her research interests include prevention and interventions for intimate partner violence and mental illness.

Phyllis Sharps, PhD, RN, FANN, is a professor, the Elsie M. Lawler Endowed Chair and associate dean for Community Programs and Initiatives at the Johns Hopkins University School of Nursing. She is the director of three community health-nurse-based centers. She has published numerous articles on improving the reproductive health, reducing violence among African American women, including the physical and mental health consequences of violence against pregnant and parenting women, infants and very young children. She has been the principal investigator (PI) for two National Institutes of Health (NIH)-funded grants, Domestic Violence Enhanced Home Visitation—DOVE, a public health nurse intervention to reduce violence against pregnant women. She is a fellow of the American Academy of Nursing and a member of the International Nurse Researcher Hall of Fame, Sigma Theta Tau International Nursing Honor Society.

Victoria Banyard, PhD, is a professor in the Department of Psychology at the University of New Hampshire and a member of Prevention Innovations Research Center. Her research centers on understanding the long-term consequences of interpersonal violence, especially resilience of survivors and evaluating effective strategies for preventing violence. In particular, she conducts research on bystander action as a key prevention strategy and on what factors promote or impede helping behaviors in the context of sexual and relationship violence. She is the author of the Springer book *Toward the Next Generation of Bystander Prevention of Sexual and Relationship Violence: Action Coils to Engage Communities*.

Ráchael A. Powers, PhD, is an assistant professor in the Department of Criminology at the University of South Florida. Her research focuses around violent victimization, including causes, consequences, and prevention/intervention programs. Her recent work has appeared in *Justice Quarterly*, *Child Abuse & Neglect*, and *Journal of Interpersonal Violence*, among other outlets.

Catherine Kaukinen, PhD, is a professor and chair in the Department of Criminal Justice at the University of Central Florida. Her research interests include intimate partner violence, risk and protective factors for violent victimization, the history of Title IX and Federal initiatives to address violence against college women, and the evaluation of campus-based violence against women prevention and intervention programs. She has received more than US\$1 million in funding from the U.S. Department of Justice's Office on Violence Against Women (OVW) to develop and coordinate campus resources, services, and programs to reduce sexual assault, domestic violence, dating violence, and stalking. Her research has appeared in *Criminology*; *Journal of*

Marriage and Family; Journal of Research in Crime & Delinquency; Trauma, Violence, & Abuse; Journal of Interpersonal Violence; and Violence and Victims, among other outlets.

Deborah Gross, DNSc, RN, FAAN, is the Leonard and Helen Stulman Professor in Mental Health and Psychiatric Nursing at the Johns Hopkins School of Nursing with joint appointments in the Johns Hopkins School of Medicine and Bloomberg School of Public Health. Her research focuses on prevention and treatment of mental health problems in young children by promoting positive parenting. She has received numerous honors and awards for her work, including induction into the Sigma Theta Tau International Researcher Hall of Fame, the President's Award from the Friends of the National Institute for Nursing Research, and selection as an Edge Runner by the American Academy of Nursing. She was a Robert Wood Johnson Executive Nurse Fellow and has served on numerous national review and advisory panels.

Michele R. Decker, ScD, is an associate professor of Population Family and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, where she directs the Women's Health & Rights Program of the Center for Public Health & Human Rights. Her research focuses on the epidemiology, sexual and reproductive health impact, and prevention of violence against women and girls. She has advised World Health Organization (WHO), United Nations Population Fund (UNFPA), United States Agency for International Development (USAID), Futures Without Violence, and the National Resource Center for Domestic Violence on these topics.

Carrie Baatz, BA, is a community organizer at The Independence Center in Colorado Springs, founder of People's Access to Homes (PATH) and serves on the board of directors for the Colorado Springs National Alliance on Mental Illness and the Pikes Peak Justice and Peace Commission. She conducted qualitative research on affordable and accessible housing needs and barriers in the Pikes Peak Region, published by The Independence Center in 2015. She coordinated an interpersonal violence prevention program at the University of Colorado Colorado Springs.

Jacquelyn Campbell, PhD, RN, FAAN, is Anna D. Wolf Chair and professor in the Johns Hopkins University School of Nursing with a joint appointment in the Bloomberg School of Public Health and National Program Director of the Robert Wood Johnson Foundation Nurse Faculty Scholars program. She has been conducting advocacy policy work and research on violence against women since 1980, publishing more than 240 articles and seven books. She has been the PI of 13 major federal research grants on domestic violence and health outcomes and has worked with many governmental and non-governmental agencies to prevent violence and improve the health care response to abused women and other victims of trauma. An elected member of the National Academy of Medicine and the American Academy of Nursing, she is also on the Board of Directors of Futures Without Violence and was co-chair of the Institute of Medicine Global Violence Prevention Forum.