


A Systematic Review of Bystander Interventions for the Prevention of Sexual Violence

TRAUMA, VIOLENCE, & ABUSE
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Abstract

Introduction: Bystander interventions have been successful in changing bystander attitudes and behaviors to prevent sexual violence. This systematic review was performed to summarize and categorize the characteristics of sexual violence bystander intervention programs and analyze bystander intervention training approaches for the primary prevention of sexual violence and assault. **Method:** From June to July 2017, the authors searched both published and unpublished American and Canadian studies from 2007 to 2017. The published sources included six major electronic databases and the unpublished sources were Google Scholar and the 40 program websites. From the 706 studies that resulted from this initial search, a total of 44 studies (that included a single bystander intervention program and assessments at both pretest and at least one posttest) were included. **Results:** Thirty-two percent of studies analyzed bystander behavior postintervention, and most found significant beneficial outcomes. The most frequently used training methods were presentation, discussion, and active learning exercises. Bringing in the Bystander and The Men's Program had the most replicated empirical support for effectiveness. **Discussion:** There has been a substantive increase in quasi-experimental and randomized controlled trial approaches to assessing the effectiveness of this type of intervention since 2014. The training methods shared between these efficacious programs may translate to bystander interventions for other victimization types, such as child abuse. **Conclusion:** The use of in-person bystander training can make positive changes in attitudes and behaviors by increasing awareness of a problem and responsibility to solve it.

Keywords

sexual violence, sexual assault, bystander intervention, systematic review, violence prevention

Bystanders play a key role in sexual assault prevention. Theoretical frameworks including Latane and Darley's stages (Burn, 2009; Koelsch, Brown, & Boisen, 2012) have been used to understand bystander behaviors and to promote bystander engagement (Anderson & Whiston, 2005; Katz & Moore, 2013). In the past 5 years, one systematic review (DeGue et al., 2014) and two meta-analyses (Jouriles, Krauss, Vu, Banyard, & McDonald, 2018; Katz & Moore, 2013) have been published on evaluations of bystander sexual assault prevention programs. A combined systematic review and meta-analysis conducted by Katz and Moore (2013) on in-person bystander programs on college campuses, for example, included five bystander intervention programs and revealed that students who attended the program reported more bystander efficacy, intent to help others, and bystander behaviors, as well as less rape myth acceptance and rape proclivity than those in the control group. Due to the limited amount of evaluated bystander programs at the time, this analysis was limited to a small amount of studies ($n = 12$) and only included bystander programs implemented on college campuses that were compared to a control.

DeGue et al. (2014) systematically reviewed methodological and programmatic elements as well as sexual violence outcomes across the broad field of sexual violence primary prevention efforts. The review specifically notes that Coaching Boys into Men (Miller et al., 2012) and Bringing in the Bystander (Banyard, Moynihan, & Crossman, 2009) stand out as two bystander programs with significant potential for impacting sexually violent behavior if subjected to rigorous evaluation on sexual violence behavioral outcomes based on their

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prevention approach and initial evidence from large randomized controlled trials (RCTs) with longer follow-up periods. Jouriles, Krauss, Vu, Banyard, and McDonald (2018) published a meta-analysis to provide an updated assessment of Katz and Moore's (2013) study on the effectiveness of bystander programs that addresses dating violence or sexual violence on college campuses ($n = 37$). The review examined the outcomes of student attitudes, beliefs, and bystander behavior following a bystander intervention, finding small positive effects overall. However, effect sizes per specific intervention were not specified.

While this literature is encouraging, these systematic reviews have several limitations. These include not limiting the assessment to bystander interventions for the prevention of sexual violence (DeGue et al., 2014; Jouriles et al., 2018), sampling all studies evaluating outcomes related to such programs (DeGue et al., 2014), including studies with no pretest (restricting causality assessment and potentially artificially inflating beneficial intervention outcomes), only examining college campuses (Jouriles et al., 2018; Katz & Moore, 2013), not specifying outcomes by program type (Jouriles et al., 2018), and small sample size (e.g., Katz & Moore, 2013; $N = 12$).

As literature in the sexual violence field grows and methods are further refined, it is important to continue the systematic analysis of these evaluations. For example, since the systematic review in 2014, 25 new RCT and quasi-experimental studies have been published. Of the 12 identified studies testing the effectiveness of Bringing in the Bystander, only 5 were published by the time of the last systematic analysis.

This article expands earlier work and allows for a more complete understanding of bystander programs, thus facilitating their application to sexual violence prevention and translation to other fields. For example, although these prevention programs are recognized for targeting college campuses, sexual assault and sexual violence are not isolated to college campuses; therefore, an assessment of off-campus bystander program outcomes is necessary. While the Sexual Assault Violence Elimination Act (SaVE), signed by President Obama in 2013, mandates universities participating in Title IX federal financial programs to provide students with primary prevention and awareness programs, there is no current American legislation comparable to the SaVE Act in secondary schools. Yet bystander programs have begun to target school age students in middle school and high schools, and outside of the school setting, such as the military (Edwards, Rodenhizer, & Eckstein, 2017; Rosenstein & Carroll, 2015; Vukotich, 2013). There is increasing need and opportunity to assess the translation of bystander intervention programs for the prevention of sexual violence to settings outside of college campuses.

The purpose of the current study is 3-fold: (1) to update knowledge of RCT and quasi-experimental studies assessing effectiveness of these programs, (2) to address the limitations of prior studies in determining causality, and (3) provide preliminary recommendations for the translation of effective

bystander programs to other forms of violence prevention, by focusing on training methods, target populations, and outcome measures.

Method

Following the Cochrane Handbook for systematic reviews, we identified and analyzed 44 full-text studies that included both a pretest and at least one posttest assessing the effectiveness of a single bystander intervention program for the primary prevention of sexual assault.

Data Sources

Electronic database searches of the published literature from 2007 to 2017 were conducted through PubMed, SCOPUS, EBSCO (all academic search + ERIC), and Web of Science. Materials were also identified from unpublished (i.e., gray) literature from 2007 to 2017 using Google Scholar, ProQuest Dissertation and Thesis Database, and websites of 40 American and Canadian bystander intervention programs, which were identified from the published database search and from the National Sexual Violence Resource Center (NSVRC) website.

Search Strategy

Published literature. The published literature search was conducted from June 19 to 28, 2017. The specific search strategy varied by database. The published database searches included the concepts of bystander behavior, sexual violence, and program or intervention. From the published literature and the NSVRC website, 40 American and Canadian bystander intervention programs were identified. To capture any missed literature on the identified bystander intervention programs, an additional database search of published literature was conducted using the program name and "bystander" (Online Appendix B).

Gray Literature. The gray literature search was conducted from the beginning to the end of July 2017. The Google Scholar and ProQuest Dissertation and Thesis Database search consisted of "program name," "bystander," and "sexual assault" or "sexual violence." An additional gray literature search was conducted through the 40 bystander intervention program websites. Of the 40 programs, 19 had program websites.

Study Selection

The search resulted in 887 total records. After duplicates were removed by endnote, our citation reference manager, the search resulted in 648 studies. Covidence, an online software tool identified 37 additional duplicates resulting in a total of 648 records that were then included in the title/abstract (initial) screening. Using Covidence, two reviewers screened the titles and abstracts of the 648 studies. Of 158 studies that were reviewed at full text, 44 studies were included in the systematic review and 114 were excluded (Figure 1).

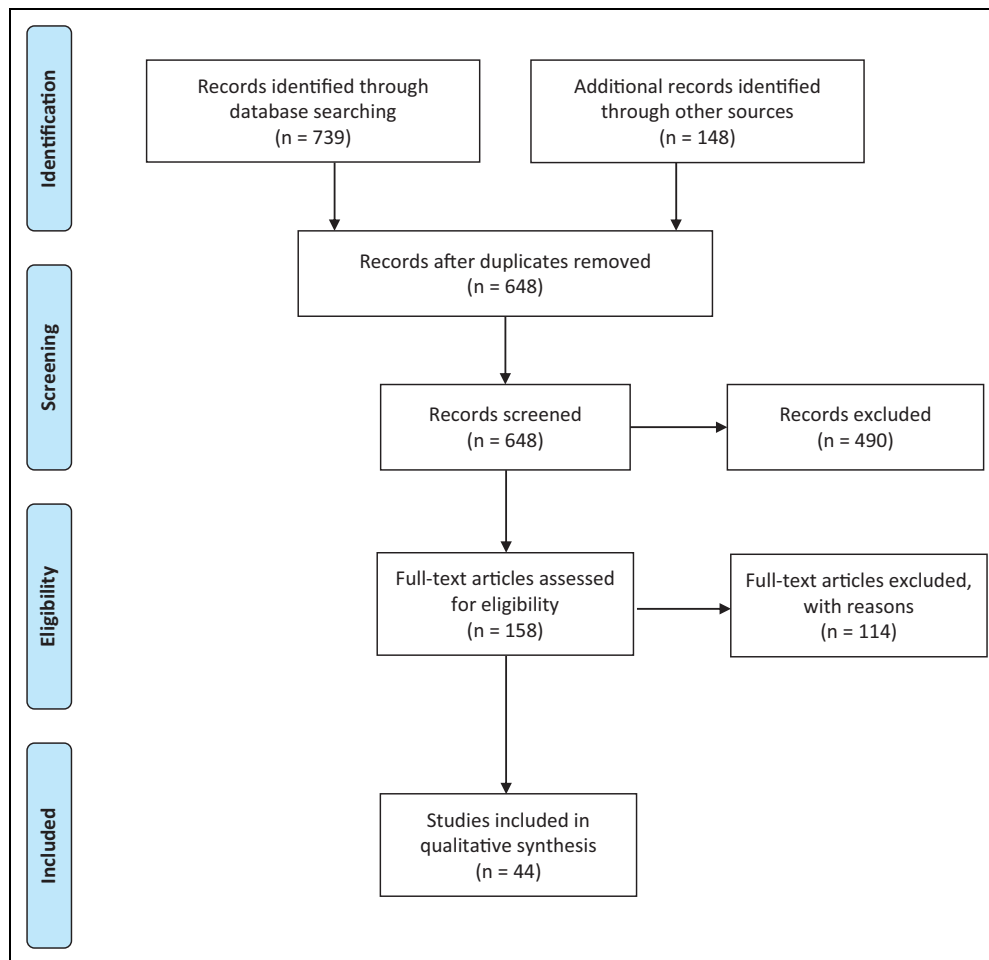


Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram. Source: From Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group (2009)

Eligibility Criteria

During the initial title/abstract screening, studies were included if they were conducted in the United States or Canada and if there was a mention of “bystander,” “program” or “intervention,” “sexual assault,” “sexual violence,” or “sexual harassment.” Studies were excluded if they focused on street harassment, bullying, child sexual abuse, or rape crisis center programs (postsexual assault); 490 records were excluded at this stage. See Online Appendix C for full list of search terms.

Reviewers then independently conducted full-text screening of the remaining 158 studies for inclusion. At full-text screening, studies had to meet the following inclusion criteria: (1) Study was American or Canadian; (2) the literature was published and study conducted within the last 10 years (2007–2017); (3) included a pretest and at least one posttest in the design; (4) target population was open to students (middle school, high school, and college) and adults (military and other community groups); (5) addressed the topic of sexual assault, sexual violence, dating violence, sexual harassment, gender-based violence, or interpersonal violence; (6) examined the

implementation of either one in-person or web-based/online bystander education program for the prevention of sexual violence; (7) an intervention group received the training; and (8) at least one of the following outcome measures were collected: attitudes, knowledge, behaviors, efficacy, or incidence/rate of sexual violence. Inclusion criteria included programs regardless of whether or not there was mention of a specific program name. Studies were excluded if they examined more than one intervention program (e.g., if a comparison group received a different bystander intervention program) or if they assessed only a social media campaign, such as Know Your Power, unless the campaign was implemented in conjunction with an actual bystander training program.

Of the 114 excluded at full-text review, primary exclusion criteria included unavailability of full text, a study design that was determined to not meet inclusion criteria (e.g., studies lacking a pretest or posttest) and problems with the intervention assessment (e.g., studies that only controlled for program exposure instead of assessing program effectiveness, e.g., Ozaki, 2017; studies examining more than one bystander intervention, e.g., Schumitsch-Jewell, 2016; and did not meet the definition of a bystander program, e.g., studies assessing effectiveness of

one program to prioritize direct program outcomes rather than potential overlap).

Data Extraction

Coding process. Using initial codes defined by all four reviewers, the reviewers then generated a final codebook for study and program characteristics. Divided into teams of two independent reviewers, each team entered data for 22 studies using Qualtrics. These data included study characteristics (e.g., study design, time to last follow-up, study setting, study population, and sample size), program characteristics (e.g., number of sessions, session length, and teaching methods), and evaluation (e.g., outcome type, outcome results, and significance).

Finally, in the same teams of two reviewers, variable operationalization, outcomes, and risk assessment were scored separately. These included author's planned outcomes, author's actual measures (what instruments they used for each planned outcome), and actual reported outcome (e.g., a significant decrease in rape myth acceptance).

Quality assessment. Adapting Cochrane's Risk of Bias tool for RCTs, two teams of two reviewers each assessed the quality of the 44 studies, using three risk of biases (selection, reporting, and attrition) and four judgment levels (low, moderate, high, and unclear) for each bias mentioned. Reviewers collectively defined specific criteria for each judgment level and, in the same teams of two, assigned judgment for each study along with justification for each decision made (Online Appendix A). Performance bias and detection bias, two of the Cochrane bias categories, were not considered in the quality assessment phase, as they refer to the blinding of participants and personnel from knowing which intervention participants received or which outcomes were assessed, neither of which were applicable to these educational bystander interventions.

Measures of Interest

Study design. Study design described if the study was an RCT or quasi-experimental, how many follow-ups the study had and the time from the first test to last posttest.

Study sample characteristics. This was a brief assessment of the demographic composition described in each study including the age and race/ethnicity of the population and sample size and attrition rates.

Theoretical framework. Theoretical criteria were established by following the five processes outlined by Sutton and Staw's (1995) article on what theory is not. This eliminated in particular studies which referenced theory through citations or as data rather than discussing how a specific theory applied to their current study.

Intervention, time, place, and audience. This category consisted of the name of the intervention tested, how many sessions of the

intervention were administered and how long each session was, and audience descriptors, including audience gender, category (such as military, high school, college, or community samples), and categorical descriptions of the presenter(s) of the intervention, such as peer educator, school staff, coach, and so on.

Teaching methods. Teaching methods included any method indicated by the authors to have been used to encourage bystanders to identify and intervene in sexual assault situations. Categories included, for example, use of presentation, discussion, active learning exercises, media, theater/skits, vignettes, and so on.

Outcomes. Outcomes described the categorization of observed change into several overarching categories, including but not limited to bystander attitudes, bystander behavior, rape myth acceptance, and criminal/sexually coercive behavior. The direction of the change (increase/decrease/larger or smaller than control) and its significance were also indicated.

Interrater Reliability

Each team met to identify and resolve disagreements. One reviewer went through the separate entries to score interrater reliability for each team. Total interrater reliability (IRR) was calculated using a simple percent agreement. Disagreements on each program characteristic were enumerated then divided by 22 (total number of possible disagreements) to obtain the IRR percentage. All disagreements were then summed across questions and divided by the total number of potential disagreements possible (1,232), resulting in the total percent agreement. Between the two teams, total percent agreement ranged from 84.5% to 88.0%.

Results

Both study and intervention characteristics are displayed in Tables 1 and 2.

Study Design

Nearly 40% of studies employed an RCT design. Another 36% of studies were one-group designs. Finally, 25% of our studies had a quasi-experimental design. Of those 25%, seven had a comparison group and four had no comparison group. Seventeen studies were dissertations or theses (39%), while the rest (61%) were peer-reviewed journal articles. Forty-eight percent of the studies included one follow-up, 13 were conducted immediate posttest (same day), 2 were conducted between 2 and 3 months, and 2 were conducted between 7 and 12 months postintervention. Fifty-two percent of studies included multiple follow-ups with the final follow-up most commonly occurring 2–3 months after the initial intervention ($n = 11$), followed by 4–6 months ($n = 9$).

Table 1. Study Characteristics and Outcome Measures.

Study Characteristics (N = 44 studies)	Mean	Range	n	Percentage
Publication type				
Peer-reviewed journal article			27	61
Dissertation or thesis			17	39
Study design				
RCT			17	38
One-group design			16	36
Quasi-experimental with comparison			7	16
Quasi-experimental with no comparison			4	9
Number of follow-ups				
Single			21	48
Multiple			23	52
Time to last follow-up				
Immediate same day			13	29
1 Month or less			7	15
2–3 Months			11	25
4–6 Months			9	20
7–12 Months			4	9
Study sample size	536	1–4,311		
Study sample attrition	36%	0–89		
Study sample age	19.55	18–30		
Study population race/ethnicity				
>60% White			20	45
>60% Black, Asian, Pacific Islander, Hispanic, Latino			1	2
Diverse (no group more than 60%)			11	25

Study Sample Characteristics

Of the 44 studies, sample size ranged from 1 to 4,311 ($M = 536$). Most of the studies were conducted with college students (75%), leading to a relatively young average sample age of 19.55, although the studies testing interventions with high school and younger populations did not report age, only grade levels. In terms of racial diversity, 20 of 44 studies had more than 60% White individuals in their sample. However, in 11 of the studies, no one ethnic group was represented in the sample greater than 60%.

Quality Assessment

Of the 44 studies, 8 (18.18%) had high selection and attrition bias (Figure 2). Sample attrition averaged 36%, although it ranged widely from 0% to 89%. Nearly none had low selection bias, as only one of the sample designs was purely random (Gidycz, Orchowski, & Berkowitz, 2011). Seven studies had high risk of both selection and attrition bias—two of which assessed Bringing in the Bystander (Amar, Sutherland, & Kessler, 2012; Elias-Lambert, 2013; Elias-Lambert & Black, 2015). Twenty studies (65%) had high risk of either selection or attrition bias (but not both). These included five studies assessing Bringing in the Bystander (Banyard, Moynihan, & Crossman, 2009; Cares et al., 2015; Hines & Palm Reed, 2014; Palm Reed, Hines, Armstrong, & Cameron, 2015; Moynihan et al., 2015), two for The Men's Program (Foubert & Masin, 2012; Langhinrichsen-Rohling, Foubert, Brasfield, Hill, & Shelley-Tremblay, 2011), and none for TakeCARE. Of the remaining

studies, three programs (SWAT and both of the unspecified programs) have only been assessed by studies with high risk of both selection and attrition bias (Addison, 2015; Borsky, 2014; Darlington, 2014), and one study (Bluth, 2015) had high risk of bias for all three categories of risk: selection, attrition, and reporting. Finally, 10 programs (Safe Sisters, The Men's Project, Helping Sexual Violence Survivors, Speak Up!, Outcry, SCREAM, OneAct, RESPECT, Friends Helping Friends, The Women's Program, and the Grassroots' Guide to Fostering Healthy Norms to Reduce Violence in our Communities: Social Norms Toolkit) have only been assessed by studies with either high risk of selection or attrition bias (Algeria-Flores et al., 2017; Amar, Tuccinardi, Heislein, & Simpson, 2015; Cambron, 2014; Caver, 2012; Childers, 2011; Cornelis, 2017; Foubert, Langhinrichsen-Rohling, Brasfield, & Hill, 2010; Hahn, Morris, & Jacobs, 2016; Leacock, 2017; McMahan et al., 2015; Stewart, 2014; Trombley, 2017).

Theoretical Frameworks

Of the 44 studies, over half (56.8%) espoused a theoretical framework. Frameworks included but were not limited to the 5 Step Bystander Model Theory, Latane and Darley's Situational Model, Belief System Theory, Elaboration Likelihood Model, Gilligan's Theory of Moral Development, Transtheoretical Model for Change, Social and Group Norms, the Health Belief Model, and several Gender theories. Due to wide variance in theoretical approaches across studies, theoretical frameworks were excluded from Table 1 in the interest of brevity.

Table 2. Intervention Characteristics.

Intervention Characteristics	Mean	Range	<i>n</i>	Percentage
Number of sessions				
One session			33	75
Multiple sessions			7	15
Session length (min)	116	10–480		
Study setting				
College or university			33	75
Web-based			6	14
High school			2	5
Middle school			1	2
Community			1	2
Military base			1	2
Participant sex				
Mixed			25	56
Male-only			12	27
Female-only			5	11
Presenter type				
Peer educators			12	27
School staff			7	16
Web-based			5	11
College students			5	11
Program staff			3	7
Trained prevention educator			3	7
Study researcher			2	4
Coaches			2	4
Professional educators			1	2
Teaching methods				
Presentation			30	68
Discussion			24	54
Vignette/scenario			16	36
Active learning exercises			16	36
Skills training			16	36
Media			16	36
By the book			7	16
Intention to act			5	11
Provision of resources			4	9
Readings/narratives			3	7
Myth-busting			3	7
Social media campaign			3	7
Theater/skits			2	4
Feedback/evaluation			1	2

Intervention, Time, Place, and Audience

The most commonly evaluated interventions included Bringing in the Bystander (11 studies), Take Care, and The Men's Program (4 studies each). Interventions mostly commonly consisted of one session (75%), ranging between 10 and 480 min ($M = 116$ min). Most interventions were held in a college or university (75%), to a mixed-gender audience (56%). Presenters were most commonly peer educators (27%), followed by school staff (16%), college students (11%), web-based presenters (11%), program staff (7%), trained prevention educators (7%), coaches (4%), study researchers (4%), and professional educators (2%). Generally, presenters were often tailored to the audience (e.g., male presenters to male-only audience; coaches for high school student athlete audience), likely to avoid a potential "interviewer effect" that might otherwise bias

learning and/or survey response (Davis, Couper, Janz, Caldwell, & Resnicow, 2009).

Teaching Methods

Presentation was by far the most used teaching method (68%), followed by discussion (54%). Vignette/scenario (e.g., encourages hypothetical thinking, guided imagery using imagination, rate various scenarios containing consensual and non-consensual sexual activities), active learning exercises (e.g., role-play), skills training (e.g., training participants on the five steps of intervening, motivational tactics on how to intervene proactively, learn about bystander roles, and discuss healthy ways to obtain consent), and media (e.g., web-based program, viewing of a video that supplements program material) were all used in 36% of the interventions. The least used methods were feedback/personal reflection (2%), where participants provide feedback as a part of the training program or were asked to provide a personal reflection (i.e., excluding posttest surveys) and theater/skits (4%; e.g., skits or scenes assigned for groups of student participants to brainstorm helpful ways to intervene). Other teaching methods include readings/narratives (e.g., a narrative from a sexual assault survivor was presented and discussed to increase victim empathy), social marketing campaign (e.g., Know Your Power), provision of resources/products (e.g., wallet cards), intention to act (e.g., development of a bystander plan, signing of a pledge), and myth-busting (e.g., presenters and participants listed commonly held myths and provided evidence to dispel them or explored masculine and feminine gender norms).²

Outcomes

In terms of change in intervention groups from pretest to final posttest and differences between intervention and control groups at final posttest, 34 studies used measures previously determined to be reliable and valid. These are reported in Table 3. For brevity, described results include only changes from pretest to final posttest unless only the difference between intervention and control at final posttest was reported. Sixteen studies (36%) included measures with unknown or relatively untested reliability or validity, such as instruments created and tested solely by the author. Three programs (Step UP!, Speak Up!, and Coaching Boys Into Men) had no studies using an instrument with established reliability or validity. All programs with outcomes from instruments with unknown or questionable reliability/validity were excluded from Table 3, as the remaining studies had more generalizable results with established validity. Of the 44 studies, 18 had problems with reliability/validity. Nine studies were excluded from final outcome analysis (Table 3) because they had potential issues regarding reliable or valid outcome measures (Online Appendix E). Nine articles that measured at least one outcome with reliable or valid measures and also had issues with reliable or valid measures are included in both Table 3 and Online Appendix E.

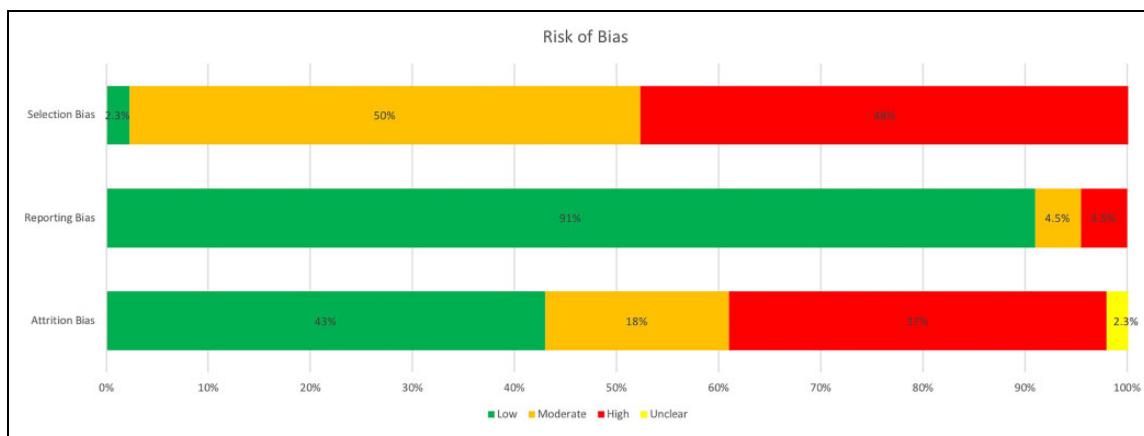


Figure 2. Risk of Bias Summary that Reviews Authors' Judgments for each included Study.

Of studies assessing outcomes using instruments with established reliability and validity, the majority tested Bringing in the Bystander (27%), followed by TakeCARE (9.1%) and The Men's Program (9.1%). Bringing in the Bystander had consistently positive outcomes, with nearly all statistically significant. To examine program effectiveness, Table 3 (and Online Appendix D) includes those studies that compare intervention group pretest to final posttest or compare intervention group to control group at final posttest. Three studies did not meet these criteria.

Of the 28 studies assessing outcomes with instruments with established reliability and validity, 12 assessed Bringing in the Bystander. Overall, the studies assessing Bringing in the Bystander found improvements in bystander behavior, attitudes, efficacy, intent, willingness to help, rape myth acceptance, engagement in sexually coercive behaviors, egalitarian attitudes, among other improvements. Most but not all of these results were statistically significant.

Four studies evaluated The Men's Program. Nearly all results from these studies indicated significant improvements in pro-bystander attitudes, efficacy, willingness to help, rape myth acceptance, and rape attitudes and beliefs. TakeCARE was also assessed by four studies. Most found significant improvements in bystander behavior and efficacy.

Discussion

Systematic reviews are particularly useful for providing overarching evidence of program effectiveness, inconsistency in outcomes, and new developments in interventions. In the current study, 44 studies met established criteria for assessing the effectiveness of a single bystander intervention for the prevention of sexual violence. Our approach is substantively different from prior systematic reviews due to the pretest, posttest design requirement, decreasing the possibility of spurious relationships. With more than half of the studies informed by theoretical frameworks, it is promising that the majority of studies considered theory. However, bystander interventions will benefit from future evaluation research that provides explanation

for why and how the intervention worked and how it can be adjusted or replicated. Theory is useful for examining these mediating, causal pathways; identifying the impact of these program elements was not a central goal of the included studies.

Further, 25 of these studies were published since DeGue and colleagues (2014) conducted their systematic review, showing a sharp increase in quasi-experimental and RCT studies covering this type of intervention. With the addition of new studies and greater representation from other populations (e.g., middle school, high school, college, and military personnel), this review provides new insight into the rigor within the research base, allowing us to be more confident about findings of effects.

Aim 1

Since the last systematic review in 2014, 25 new studies using such designs have been published; more than half of identified literature using RCT or quasi-experimental methods. Twelve programs had never been assessed before using RCT or a quasi-experimental design, and more than half the current studies analyzing effectiveness of Bringing in the Bystander have been published after 2014. RCTs are more rigorous than other methodological designs, providing greater confidence in the effectiveness of study outcomes. The observed trend toward greater use of RCTs in the evaluation of sexual violence bystander intervention programs is a positive change in the literature because it provides more generalizable and replicable results to the evidence base. The current study indicates that effectiveness studies are becoming more prevalent, the evidence base supports a wider variety of programs, and there is more consistent evidence of effectiveness for both Bringing in the Bystander and The Men's Program.

Aim 2

The second goal was to address many of the limitations of prior studies in determining causality. This was accomplished by

Table 3. Outcomes by Program.^a

Program Name/Study	Bystander Behavior/Attitudes	Bystander Efficacy/ Confidence and Intent/Willingness to Help	Rape Myth Acceptance (RMA and MRMA), Sexism, Attitudes Toward Women and Bystander Intervention, and SV Behaviors	Modified and Original Readiness to Change/Help Scales and Denial and Responsibility Subscales	Perceptions and Knowledge: SV, Peer Helping, Benefits, and Barriers
Bringing in the bystander					
Amar, Sutherland, and Kesler (2012)		Increase in willingness—S	Decrease in RMA—S	Decrease in denial—S Increase in responsibility—S	
Banyard, Moynihan, and Crossman (2009)		Increase in efficacy—S Increase in willingness—S	Decrease in RMA—S		
Bluth (2015) ^b		Increase in efficacy—NS	Decrease in RMA—NS Increase in egalitarian attitudes—S NA	Increase in likelihood of stopping sexually violent behavior—NS	
Senn and Forrest (2016) ^c	Bystander behaviors for friends: Increase in three subscales, decrease in one—S Bystander behaviors for strangers: Increase in four subscales—S	Increase in efficacy—S Greater than control at last follow-up—S Increase in intent toward friends—S Not different than control at last follow-up—S Increase in intent toward strangers—S Not different than control at last follow-up—S Not different than control at last follow-up—S		Precontemplation: Decrease—S Less than control at last follow-up—S Action: Decrease—S Greater than control at last follow-up—S Contemplation: increase—S	Barriers: Two subscales decrease, three subscales no change—S
Elias-Lambert and Black (2015) ^d	Decrease in behavior—NS Increase in pro-bystander attitudes—NS		Decrease in RMA—NS Decrease in sexually coercive behaviors—S No change in likelihood of sexually coercive behaviors—S		Increase knowledge/awareness scale—NS
Palm Reed, Hines, Armstrong, and Cameron (2015)		Increase in efficacy—NS Increase in intent—NS No change in willingness—NS	Decrease in RMA—NS		
Hines and Palm Reed (2014)	Increase in behavior—NS	Increase in efficacy—S	Decrease in RMA—S Decrease in MRMA—S		
Moynihan, Banyard, Arnold, Eckstein, and Stapleton (2010)	Increase in behavior—NS Not different than control at last follow-up—S NI	Increase in efficacy—S Greater than control at last follow-up—S Increase in intent—S Greater than control at last follow-up—S	Decrease in RMA—S Less than control at last follow-up—NS		
Moynihan, Banyard, Arnold, Eckstein, and Stapleton (2011)		Increase in efficacy—S Greater than control at last follow-up—S Increase in intent—S Greater than control at last follow-up—S		Decrease in denial—NS Not different than control at last follow- up—S NI Increase in responsibility—S Greater than control at last follow-up—S	
Moynihan et al. (2015)	Greater than control at last follow-up—S Behavior for strangers: Increase—S				NI ^e
Cares et al. (2015)		Increase in efficacy—S Increase in intent—S	Decrease in RMA—S	Decrease in precontemplation—S Increase in contemplation—S	
The Men's Program					
Gidycz, Orchowski, and Berkowitz 2011			Decrease in RMA—NS		
Foubert and Masin (2012)		Increase in efficacy—S Increase in willingness—S	Decrease in RMA—S		
Lawson, Munoz-Rojas, Gutman, and Siman (2012)	Increase in pro-bystander attitudes—S		Rape Attitudes and Beliefs Scale: Increase in beneficial attitudes and beliefs—S		

(continued)

Table 3. (continued)

Program Name/Study	Bystander Behavior/Attitudes	Bystander Efficacy/ Confidence and Intent/Willingness to Help	Rape Myth Acceptance (RMA and MRMA), Sexism, Attitudes Toward Women and Bystander Intervention, and SV Behaviors	Modified and Original Readiness to Change/Help Scales and Denial and Responsibility Subscales	Perceptions and Knowledge: SV, Peer Helping, Benefits, and Barriers
Langhinrichsen-Rohling, Foubert, Brasfield, Hill, and Shelley- Tremblay (2011)		Increase in efficacy—S Greater than control at last follow-up—S Increase in willingness—S Greater than control at last follow-up—S	Decrease in RMA—S Less than control at last follow-up—S		
TakeCARE					
Sargent, Jouriles, Rosenfield, and McDonald (2017) ¹	Change in behavior uncertain Greater than control at last follow-up—S				
Jouriles et al. (2016; Study 1)	Increase in behavior—S Greater than control at last follow-up—S	Increase in efficacy—S Greater than control at last follow-up—S			
Jouriles et al. (2016; Study 2)	Increase in behavior—S Greater than control at last follow-up—S	Increase in efficacy—S Greater than control at last follow-up—S			
Kleinsasser, Jouriles, McDonald, and Rosenfield (2015)	Bystander behavior for friends: No change—NS Bystander Behavior Scale: Decrease—S	Increase in efficacy - NS Greater than control at last follow-up—S			
Take a Stand					
Brokenshire (2015)			Knowledge of effective consent: less than control at last follow-up—NS Hostility toward women: Less than control at last follow-up—NS Social Norms: Less than control at last follow-up—NS		
Edmiston (2017)		Efficacy: Greater than control at last follow- up—NS			Failure in knowledge or intervention: Five subscales less than control at last follow- up—Four NS, one S
The Women's Program					
Foubert, Langhinrichsen-Rohling, Brasfield, and Hill (2010)		Increase in efficacy—S Increase in willingness—S	Decrease in RMA—S		
Hahn, Morris, and Jacobs (2016)		Increase in efficacy—NS	Decrease in RMA—S		
interAct					
Ahrens, Rich, and Ullman (2011)	Increase in likelihood of behavior—S				No change in perceived benefits of intervention—NS
SCREAM					
McMahon et al. (2015)	Increase in behavior—S Greater than control at last follow-up—S Increase in pro-bystander attitudes—S Greater than control at last follow-up—S	Increase in efficacy—NS Greater than control at last follow-up—S			

(continued)

Table 3. (continued)

Program Name/Study	Bystander Behavior/Attitudes	Bystander Efficacy/ Confidence and Intent/Willingness to Help	Rape Myth Acceptance (RMA and MRMA), Sexism, Attitudes Toward Women and Bystander Intervention, and SV Behaviors Responsibility Subscales	Modified and Original Readiness to Change/Help Scales and Denial and Responsibility Subscales	Perceptions and Knowledge: SV, Peer Helping, Benefits, and Barriers
OneAct					
Algeria-Flores et al. (2017)	Increase in behavior—NS	Increase in confidence—S Increase in willingness—S	Decrease in date rape attitudes—S		
MVP					
Toy (2016)		Increase in confidence—NS Increase in intent to use leadership to prevent SV—S			Decrease in perceptions of sexual violence on campus—S
RESPECT					
Childers (2011)	Increase in behavior—S NI	Increase in efficacy—S NI Increase in willingness—S			
Friends Helping Friends					
Amar, Tuccinardi, Heislein, and Simpson (2015)		Increase in efficacy—NS	Decrease in date rape attitudes—S		
Safe Sisters					
Cambron (2014)		Increase in efficacy—S			Increase in perceived benefits of intervention—S
The Men's Project					
Stewart (2014)		Increase in efficacy—S Increase in collective action willingness—S	Decrease in RMA—S Decrease in ambivalent sexism—S Decrease in hostile sexism—S		
SWAT					
Darlington (2014)	Increase in behavior—S NI	Increase in efficacy—S NI	Decrease in MRMA—S NI		
Helping Sexual Violence Survivors					
Leacock (2017) ⁶			Decrease in RMA—NS Increase in egalitarian attitudes—NS Decrease in date rape attitudes—NS		
Unspecified Program					
Addison (2015)		Increase in efficacy—S			

^{6a}“Increase/decrease”/“greater/less” refers to the group that received the intervention when specified, not the control/comparison group. “Increase/decrease” also indicates a change from pretest to last follow-up, while “greater than/less than control at follow-up” indicates difference between the intervention and control at last follow-up but not change over time. “No change”/“no difference” means less than .5 difference (except for mean scores with moderate to large effect sizes). “S” stands for significance at $p < .05$ or less; “NS” for nonsignificance; “NI” for not indicated; “S NI” for significance not indicated. ^b“S NA” stands for significance not applicable (because significance calculation was not part of that portion of the analysis). In the case of Bluth (2015), Attitudes toward women scale (AWS) was not assessed as an outcome of the intervention but rather a measure of association with RMA scores. However, means at pretest, posttest, and follow-up were provided, and there was a 3-point increase from pretest to follow-up. Because mean scores from pretest to follow-up were not analyzed as change over time, significance was not mentioned and is therefore not applicable. ^cSenn and Forrest (2016): Contemplation and action variables appeared to have a typo that switched their results. The results reported here are the results that match the table provided by the authors and not the results reported in their findings section. ^dElias-Lambert (2013): Contemplation and action variables appeared to have a typo that switched their results. The results reported here are the results that match the table provided by the authors and not the results reported in their findings section. For analysis purposes, the dissertation is used in the descriptive results, and the peer-reviewed article in the outcomes results. ^eMoynihan et al. (2015): NI because the variable was used as moderator instead of a dependent variable; participants who scored as “low no-awareness” scored significantly higher on intervention behaviors. ^fSargent, Jouriles, Rosenfield, and McDonald (2017, p. 638), authors claimed a significant increase, but the reported numbers are less clear and appear contradictory to that claim, possibly due to a typo. ^gLeacock (2017): N = 1.

changing inclusion criteria to require both a pre- and posttest, restricting the sample of studies to outcomes of a single intervention, specifying outcome by intervention type (e.g., The Men's Program), and including settings beyond college campuses to include the military, community, and middle as well as secondary school campuses.

Most of the studies employed quasi-experimental designs. This is likely due to difficulty in employing RCT designs in real-world settings such as universities and communities, where samples are both more challenging to recruit and ethical concerns may limit ability to withhold the intervention for research purposes, even temporarily. Additionally, it was not uncommon for universities to administer the intervention to the entire student body (or all incoming freshmen), prohibiting random allocation to a control group. Follow-ups rarely exceeded 2–3 months however, and no study conducted a follow-up past 12 months after the end of the intervention.

Although many of the studies had a multimonth follow-up, these were still ultimately assessments of short-term outcomes and not a long-term test over a number of years. No study assessing bystander intervention effectiveness examined outcomes beyond 12 months after program completion. As a result, the permanency of bystander intervention outcomes (such as changes in attitudes, knowledge, efficacy, and behaviors) is uncertain in the long term. It is possible bystander interventions require semiregular or regular reinforcement rather than short-term dosage alone. Recent evidence (Jouriles et al., 2018) supports this possibility finding that program effects diminished over time (although meaningful changes did persist for at least 3 months). Longer programs had greater effects on attitude change.

Aim 3

Because of the limited variability of program elements and corresponding evaluation metrics, it is not within the scope of this review to offer instruction on developing bystander programs; the included studies do not provide causal evidence that particular program elements lead to optimal effects. However, because we have included rigorous designs that address potential confounding explanations of effects, our results suggest several points of consideration for program developers. Bringing in the Bystander and The Men's Program, which have the most consistent reliable and valid positive outcomes, share some teaching methods that may be ideal for translation to other types of bystander interventions. Program designers interested in incorporating bystander models might consider building self-efficacy through role-playing exercises and using presentation, discussion, and active learning exercises—methods which are strongly supported in teaching literature (Carpenter, 2006). Although these two programs are founded on different theories and present different scenarios, according to Rape, Abuse, & Incest National Network (RAINN), both programs use trauma-informed, evidence-based research, focus on empathy building, support for survivors and victims of sexual assault, and emphasize perceived self-efficacy, training or

peer facilitation, and bystander and community importance in prevention and recovery. Grounding newly developed bystander programs in formative research will allow developers to address trauma, frame community-level responsibility and increase the emotional attachment that participants have to the issue.

While this review may not directly inform the translation of the model to other arenas, the body of literature does offer tools that program developers can use. For example, Bringing in the Bystander appears to be translatable to audiences beyond the college students it was initially designed for and still works with those audiences. Bystander intervention programs aimed at, for example, improving bystander response to crimes in progress or Good Samaritan behavior can seek to mimic the teaching styles and theoretical background employed in this intervention. This consolidated knowledge, across a broad field of bystander intervention programs, allows for preliminary insight into what new bystander intervention programs can use to improve translatability to different venues, topics, and audiences. Additionally, several of the most common measurement tools are likely translatable to other forms of violence with minor modification and pilot testing, including the Bystander Efficacy Scale, the Bystander Behavior Scale, and Banyard's Pros and Cons of Helping Scales (and Decisional Balance Scale).

While these teaching methods may be translatable to other forms of bystander interventions, several factors should be considered. First, these programs and their corresponding studies were largely conducted with college/university students, not with the general adult population. Further, both Bringing in the Bystander and The Men's Program were primarily designed for bystander intervention in *adult* sexual assault and may not be immediately translatable to a target population consisting of children or teenagers.

Limitations

This review has several limitations. First, as it was a systematic review and not a meta-analysis, effect sizes were not calculated. As a result, although most studies found significant beneficial outcomes, for the most part, the practical effect of these benefits is not certain. Recent meta-analysis by Jouriles et al. (2018) suggests that effect sizes may be small but substantial.

Second, while the implementation and assessment of bystander intervention programs for the prevention of sexual violence is rising, many programs have yet to be evaluated using both pretest and posttest. As a result, the sample size of papers in this review is relatively small (72% of studies that met key word search criteria were ultimately excluded for failing to evaluate a single intervention program using both a pretest and posttest). A major goal of this article was to advance the existing body of knowledge by including bystander programs offered in a variety of settings (such as in the community, the military, and middle/high schools); however, there were a limited number of articles in such settings that met our criteria. A quarter of the sample studies took place in venues

other than a college campus. Although results significance is somewhat inconsistent between programs, the three bystander interventions programs that have the most evidence suggest strongly that bystander programs are generally effective in improving attitudes and behaviors to prevent sexual violence regardless of setting. The evidence base is still in its infancy, and therefore, findings remain preliminary. As interventions become more available, evaluations can further illuminate the pathways by which they have had their effects. Further understanding the nuances of program components and how they affect attitudes, beliefs, and behaviors will allow prevention program developers to allocate resources most efficiently to these active and salient ingredients in order to optimize outcomes.

Third, this systematic review examines studies from only the United States and Canada and does not explore bystander programs implemented in other countries; therefore, it is not globally generalizable. Fourth, diversity within the studies remains a problem. Nearly half (45%) of the studies sampled primarily Whites. While a few studies prioritized assessment of minority populations, only a quarter were diverse in the sense that no one ethnic group represented more than 60% of the sample population. It is important to increase both sample-diverse studies, to improve generalizability to the total American population, as well as to increase single-group minority studies, to better determine whether cultural differences alter bystander program effectiveness.

Fifth, the lack of theoretical framework in peer-reviewed studies (18 of 27 peer-reviewed studies) presents a challenge. Theory is particularly necessary for studies conducting preliminary effectiveness tests for interventions, for mixed findings, and for studies with findings counter to expectations (Sutton & Staw, 1995). Despite the advantages of applying theory to interventions, a proportion of the final studies (19 of 44) did not make explicit reference to theory or explicitly apply/test it in the intervention. Future research in behavioral science requires a strong understanding of how interventions are informed and theory is tested.

Sixth, 14 studies had high risk of bias due to gray literature problems. All but one had high risk caused at least in part by sampling issues for dissertation and thesis writers, while 6 had both sampling and attrition problems—one of which was also at high risk of reporting bias. A further 14 studies with high risk of bias were not gray literature, but peer-reviewed articles. This points to a need for emphasis on methodological rigor in future analyses of bystander interventions for the prevention of sexual violence.

Over one third of the sample evaluated bystander programs using instruments with unknown or relatively untested reliability or validity, including items created and tested only by the author(s). The lack of reliable and valid measures poses a threat to the data obtained from such instruments. Addressing this concern requires funding of reliability and validity testing of instruments, and encouraging replication research by others in the field, as well as an increase to researcher access and use of existing instruments with substantial evidence of strong reliability and validity.

Further research is needed to assess whether the effectiveness of the interventions is reduced by setting (e.g., military, high school) due to cultural and institutional barriers not present in traditional college campus settings. It is important to understand these potential barriers in order to modify interventions to improve effectiveness. Finally, the focus of our review is primary intervention strategies and does not examine other intervention types that may take place after sexual assault occurs. Other programs such as self-defense training may be successful at improving self-efficacy and assertiveness for intervening but did not meet our criteria.

Strengths

This review was not limited to peer-reviewed publications alone, minimizing potential publication bias toward positive findings as insignificant, null, and negative findings are less likely to be published. This strengthens the quality of our systematic review. While the dissertations included may be less scientifically rigorous than those that are peer-reviewed and published, of the 17 dissertations included, 4 were RCTs which added greater rigor to our evaluation research, and the remaining 13 were quasi-experimental. Additionally, most theoretical frameworks found in the data came from dissertations and theses (16 of 25 studies with theoretical framework). The gray literature also introduced new intervention programs that we would have not included if we did not conduct a search of gray literature. Two of these programs were not named by the investigator (Addison, 2015; Borsky, 2014); others included Safe Sisters, Outcry, RESPECT, Speak Up!, Step Up! ($n = 3$), SWAT, Helping Sexual Violence Survivors, and the Grassroots Guide to Fostering Healthy Norms to Reduce Violence.

Conclusion

The use of in-person bystander training can make positive changes in attitudes and behaviors. This systematic review addressed many of the limitations of prior studies by expanding program inclusion criteria, including settings beyond college campuses, assessing a wider variety of program outcomes, and reviewing a larger sample of studies employing RCT or quasi-experimental designs.

The bystander interventions examined here were nearly all conducted in-person (with the exception of TakeCARE). Additional research is recommended to assess the role technology plays to both administer bystander training programs (e.g., computer-based training, mobile technology, apps, video programs) and to promote bystander campaigns as social movements (e.g., Hollaback) and as an online tool among friends (e.g., Circle of 6) in order to combat other forms of harassment, such as street harassment, online harassment, and cyberbullying, and to promote healthy relationships.

Training approaches translate to other research areas, such as the prevention of child maltreatment in public and private settings. Few studies have applied bystander principles to the prevention of child abuse and neglect. We recommend future

research examine the ways in which the most effective training methods of these sexual violence intervention programs may be applied to inform the development of child abuse intervention programs.

Implications for Practice, Research, and Policy

Practice

- This review provides insight into the context and environment through which sexual violence bystander interventions are delivered.
- In general, evidence indicates that sexual assault prevention programs are effective at improving attitudes and behaviors regardless of setting.
- Further testing of other programs will improve knowledge of best training approaches and permanency of program outcomes.

Research

- The research on intervention programs is limited.
- Knowledge of the effectiveness of bystander interventions for the prevention of sexual violence is still small due to the rarity of RCT and quasi-experimental designs testing such programs and the lack of any effectiveness tests beyond 12 months after program conclusion.
- The studies included in this review had methodological concerns (e.g., some were pilot studies and were not replicated in other settings; some had high attrition rates).
- Further research is required to investigate the translational effect to programs addressing violence prevention.
- While translation to populations outside of college campuses remains rare, increasing work with school-age populations, community, and military provides examples of how to begin.

Policy

- Despite legal safeguards enacted at the federal level to ensure schools report and respond to acts of sexual violence and provide programs to students for preventing its occurrence on campus, high occurrence of sexual assault on college campuses reveals that it remains a problem.
- There are no federal mandates requiring sexual violence bystander programs in settings outside of universities participating in Title IX financial aid programs; current literature suggests that programs should be mandatory for other school or community settings, as they provide crucial elements to recognize a sexually assaultive, abusive, or violent situation, to encourage prosocial behaviors before sexual violence has been perpetrated, and to reduce criminal sexual behavior.

Critical Findings

1. The current study shows a substantial rise in effectiveness studies employing RCT and quasi-experimental designs, as well as increasing empirical support for the effectiveness of at least two programs: Bringing in the Bystander and The Men's Program.
2. Training approaches, particularly presentation, discussion, and the use of active learning exercises, may translate to other violence prevention efforts.
3. Certain outcome tools are ripe for translation to other forms of violence to assess the effectiveness of new types of bystander interventions on efficacy/confidence, intent/willingness to help prevent that violence, pros and cons of intervening, and actual changes in behavior.

Authors' Note

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of Missouri Foundation for Health or Saint Louis University.

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Supplemental Material

Supplemental material for this article is available online.

Notes

1. Jouriles et al. (2016) consisted of two TakeCARE studies, despite only being from one published citation; for consistency with our coding process and qualitative analysis, we counted these as two, separate studies in our final number of full-text studies included in the systematic review ($N = 44$) and named them "Study 1" and "Study 2" in our analysis.

2. For those interested in the program training materials, please visit the program website (if applicable) or reach out to the respective study investigator/researcher for more information. If there was no mention of the program's teaching methods, the authors selected "not indicated" from the teaching methods codebook they created.

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