

BE A MAN AND STOP SEXUAL ASSAULT: TAKE THE I-POSITION?

A DISSERTATION IN
Counseling Psychology

Presented to the Faculty of the University
of Missouri-Kansas City in partial fulfillment of
the requirements for the degree

DOCTOR OF PHILOSOPHY

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Kansas City, Missouri
2019

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BE A MAN AND STOP SEXUAL ASSAULT: TAKE THE I-POSITION?

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University of Missouri-Kansas City, 2019

ABSTRACT

Personal and peer attitudes toward sexual assault and their connection to positive bystander intervention have been widely studied in the current literature. Most researchers examining bystander intervention and sexual assault have concluded that conformity to social norms is the strongest predictor of whether men intervene when witnessing sexism or a potential sexual assault situation. Even so, very few empirical studies have explored characteristics of men who do intervene despite pressure to adhere to social norms, men the social norms literature calls “deviants.” This study used Bowen family systems theory’s (BFST) concept of Differentiation of Self (DOS) to examine whether an aspect of differentiation of self called I-position (IP) helps us better understand for what types of men does rape myth acceptance (RMA) better predict bystander intervention (BI) than social norms. Analyses revealed partial support for the hypotheses. There was a main effect of rape myth acceptance on bystander intervention as well as well as a main effect of social norms condition on BI. Although the three-way interaction of condition, RMA and IP on BI was significant, the hypotheses were not supported. When social norms were rejected, for individuals with high RMA, IP was positively associated with BI, but not associated when social norms were salient. For those with low RMA, there was no association between IP and BI regardless of condition. Implications of these results for counseling practice, bystander intervention, training and practice are discussed.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Education, have examined the dissertation titled, “Be a Man and Stop Sexual Assault: Take the I-Position?,” presented by Saed Deryck Hill, candidate for the Doctor of Philosophy degree, and certify that in their opinion it is worthy of acceptance.

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ACKNOWLEDGMENTS

Pursuing and completing a doctoral degree is the most challenging, frustrating, and rewarding experience of my life. My feelings about this entire process are very complex, but I cannot help but feel grateful for the wonderful support and guidance so many people have shown me along the way. To start, I would like to express deep gratitude for those of you on my dissertation committee: Dr. Kym Bennett, Dr. Laurel Watson, Dr. Joah Williams, Dr. Chrisanthia Brown, and Dr. Carolyn Barber. Your advice and thoughtful feedback during this process has been invaluable. All of you, each in your own way, helped me think more deeply about not only this dissertation, but also my entire academic career. I also have to thank my advisor, Dr. Nancy Murdock. All I have to say is that we finally did it. You will never understand how appreciative I am of the relationship we have established for almost 10 years. Through all of the ups and downs we have had together during this journey, you have always been there to guide me in all of the ways you know how. You pushed me to be a better researcher, writer, and academic. Most importantly however, you pushed me to be a better and more mature person. I thank you for everything you have done for me since we first met. I know it wasn't always easy, but the patience you have shown me will never be forgotten or taken for granted. I am forever thankful that you saw something in me way back in 2009 and I hope I have made you proud.

I am also so appreciative for the love and support of my friends and family. The laughs, the tears, the disappointments, and the successes all feel worth it today. I hold these memories with me forever. The end of this dissertation is a celebration for all we accomplished together over the years. I'd like to thank my UMKC family, people like Leia Charnin, Marti Trummer, Romana Krycak, Sindhu Krishnamoorthi, Byron Ceasar, and so

many others that have influenced and supported me during this graduate experience. A special thank you is also reserved for my big sister Sarah E. Williams. I don't need to put into words here what you have meant to me over the years. We did it together Sarah. If only those kids in Pine Bluff, AR and Queens, NY could see us now. I also express gratitude for other friends like Jorge Barron and Sheila Musau who have known me since I was a teenager. I love you both. I also hold a special place in my heart for my Planned Parenthood family. People like my fearless boss Sarah Aanestad and my amazing intern Gabby Buckner. You all helped me rediscover the confidence I once lost while on this journey. My partner Kate, thank you for your love and patience and always dealing with my "dissertation moods" with such openness and acceptance. You helped me evolve so much over the last three years. I also have so many positive feelings for my internship family, Abram Milton, Alex Auerbach, and Dr. Anthony Teasdale. You all taught me so much about balance, vulnerability, and connection. Nick Kelley and Chris Fowler, thank you for being my stats gurus over the years. You were both there for me through the most stressful of times during the research process and I could not have done it without you both. I also have to acknowledge the love and support of my new Northwestern students and colleagues. Thank you for warmly welcoming me into the family.

Lastly, thank you to the sources of the deepest love, admiration, and support I have, my parents. You both taught me what it means to never give up, to quest for excellence, and hold myself to a higher standard. This is another place where I must acknowledge that it was not easy being on this journey with me, but this degree is for you all too. I do not even have the words to express the feelings I have for you both. Thank you for doing everything possible to help me get to this point. Now it is time to brag, your son is a Doctor.

CHAPTER 1

INTRODUCTION

Sexual assault and rape have been major problems on college campuses historically. Reported prevalence rates of sexual assaults on college campuses vary extensively (Yung, 2015). For example, past research suggested that 3% of all college women are raped during a 9-month period and about 23% of all women experience an attempted or completed rape during their four to five year college careers (DeMatteo, Galloway, Arnold, & Patel, 2015; Karjane, Fisher, & Cullen, 2005; Koss, Gidycz, & Wisniewski, 1987). The more recent Campus Sexual Assault Study concluded that 19% of all undergraduate women have experienced some kind of attempted or completed sexual assault since entering college (Krebs, Lindquist, Warner, Fisher, & Martin, 2009). Additionally, 52.7% of sexually assaulted students had been in college for less than two years at the time of the study. When isolating just the college seniors in the sample, 26.3% of women reported experiencing an attempted or completed sexual assault since starting college (Krebs et al., 2009). To address this issue, the federal government has mandated that all higher education institutions receiving federal funds provide rape prevention programs (Neville & Heppner, 2002). The White House Task Force to Protect Students from Sexual Assault called for colleges to address sexual violence in a comprehensive manner, including assessing overall campus climate (White House, 2014).

The type of rape prevention programs offered on college campuses vary widely and include programs that are socialization focused (gender role socialization), risk reduction focused (strategies to avoid rape), information focused (providing fact-based information pertaining to rape), and empathy focused (focusing on increasing empathy for sexual assault

survivors amongst sexual assault perpetrators and non-perpetrators; Anderson & Whiston, 2005). The target audiences of rape prevention programs range from all students at college orientations to “high risk” groups such as fraternities, athletes, and men in general (Anderson & Whiston, 2005).

Studies in the sexual assault prevention literature address three levels of prevention: the primary, secondary, and tertiary levels. Unfortunately, these three levels often cause confusion for prevention educators and researchers because they are often so concerned with focusing on all levels of prevention in their studies and programs that they leave out important details that are crucial to understanding each level. Because of this, researchers and educators have encouraged future investigators to clearly define their level of focus. The current study will address the primary level of prevention. *Primary prevention* happens before the onset of the problem and has the goal of reducing the actual incidence of the problem while promoting the general wellbeing of the target audience (Weissberg & Bell, 1997). Primary prevention efforts involve education to modify the negative underlying attitudes, behaviors, and practices that contribute to rape and to also emphasize positive behaviors students can practice to challenge rape-supportive beliefs (Borges, Banyard, & Moynihan, 2008). This study addressed the latter focus by examining if Bowen Family System Theory’s construct of I-position helps contribute to why, and in what circumstances, some individuals decide to engage in positive behaviors and practices that challenge rape-supportive beliefs, attitudes, and scenarios. This study also further addressed these primary prevention goals by utilizing an all-male sample, since men have been identified as a high-risk group when it comes to perpetration of sexual assault. One example of primary rape

prevention programs on college campuses is bystander skill development (Banyard et al., 2005).

Before proceeding, it is important to differentiate sexual assault from rape to minimize any confusion between the two terms. Prominent criminal justice researchers such as Daly and Bouhours (2010) differentiate sexual assault and rape by noting that rape often refers to unwanted vaginal penetration while sexual assault covers a broader range of unwanted non-penetrative offenses. In contrast, some state laws differentiate the two by defining rape as including threat or force while sexual assault refers to intercourse without consent. Many states also use the terms interchangeably (Palmer, 2011). The majority of studies reviewed for the purposes of this research utilized the term sexual assault without fully differentiating it from rape. To best reflect the language of these studies, this study also used the term sexual assault, defined as unwanted sexual contact. Any use of the term rape was only used when that term was specifically used by a source.

Bystander Education and Sexual Assault Prevention

Theories of bystander behavior are well established in the field of social psychology and are used to understand individuals' reactions to witnessing crimes and emergencies (Banyard, Plante, & Moynihan, 2004; Fischer, Greitemeyer, Pollozek, & Frey, 2006; Latane & Darley, 1970). More recently, the bystander intervention approach has expanded to the field of rape education, with the thought that training individuals to skillfully intervene in potential rape situations is pivotal for prevention. Presently, attention to the issue of bystander intervention is increasing on college campuses (e.g., Banyard, Moynihan, & Plante, 2007; Brinkman et al., 2015; DeMatteo, Galloway, Arnold, & Patel, 2015; Foubert & Perry, 2007; Mabry & Turner, 2016). For example, the American College Health Association

(2007) has urged college health professionals to develop bystander intervention programs as the primary means of sexual assault prevention on campuses.

The logic behind these efforts to include bystander education is that young adults may be indifferent to educational programs targeting their own unsafe behaviors. For example, research has shown that young adults are hesitant to see themselves as susceptible to negative outcomes (Weinstein, 1980), and young men specifically may become defensive in response to the suggestion that their behavior is sexually aggressive (Banyard, Plante, & Moynihan, 2004). Furthermore, young adults tend to believe that their peers are more likely to engage in risky and sexually aggressive behaviors than they are, which often leads to more monitoring of their peers' behavior than their own (Banyard et al., 2004).

Sexual assault prevention programs include components that encourage men and women to intervene on behalf of female victims in several ways, such as speaking out against sexist language in social situations, assisting victims, and confronting domestic and sexual violence when it is safe to do so (Banyard et al., 2004; Berkowitz, 2002; Foubert & Marriott, 1997; Katz, 1995). There are multiple layers to these programs, addressing a range of issues such as personal attitudes and values, bystander behaviors, and social norms. Researchers have concluded that including these constructs in future studies aimed at understanding bystander intervention will be crucial for the field of sexual assault prevention as they all provide valuable information to be further explored.

The literature on the effectiveness of using a bystander intervention approach to prevent sexual assault continues to grow, especially those approaches that focus on the behavior and attitudes of men. Berkowitz (2002) outlined critical elements targeted at increasing men's awareness and action in rape prevention scenarios and has helped spearhead

male bystander research and various bystander intervention programs. Although researchers examining these male bystander programs acknowledge that they have helped further the understanding of bystander intervention, they also acknowledge that there are still limitations to these programs, including lack of investigation into the degree to which preexisting characteristics of the men affect how they respond to bystander situations. Researchers continue to encourage future bystander research to address these preexisting characteristics and how they affect intervention behaviors and attitudes (Langhinrichsen-Rohling, Foubert, Brasfield, Hill, & Shelley-Tremblay, 2011), something this study did.

Bystander Intervention and Rape Myth Acceptance

Banyard (2008) found that several variables related to bystander attitudes were significantly correlated with college students' willingness to intervene against interpersonal and sexual violence. One such variable was rape myth acceptance (RMA); individuals with higher RMA are less willing to report intent to intervene than those with low RMA. Rape myths were first operationally defined by Burt (1980) as stereotyped, prejudicial, or incorrect beliefs about rape and the people involved in rape, such as "only bad girls get raped" and "women only cry rape when they have something to cover up." Lonsway and Fitzgerald (1994) later expanded on that definition by acknowledging that rape myth beliefs are not just false, but are also used to justify or deny male sexual aggression against women. Since the early 1980s rape myths have been studied in many various contexts. Bohner and colleagues (2005) have shown that acceptance of rape myths is a critical predictor of actual perpetration of sexual assault/violence. Researchers have also sought to discover how to better use rape myth acceptance awareness in college intervention programs, and have demonstrated that exposure to rape prevention education has lowered the acceptance of rape myths among

college students (Hinck & Thomas, 1999). Furthermore, researchers have become interested in how these beliefs exist in more indirect or implicit ways. For example, while conducting research with student athletes, McMahon (2005) found that although students would not overtly blame a victim for her sexual assault, they still expressed the belief that women were indirectly responsible for sexual violence perpetrated against them because of way they dressed, whether they were drinking alcohol or not, and if they were flirting. Additionally, those same respondents often believed that rape could happen accidentally and that under specific circumstances men should not be held entirely responsible when they perpetrate sexual assault.

McMahon (2010), who sought to understand which rape myths were most accepted by college students and the types most predictive of bystander behavior, conducted one of the most prominent studies regarding rape myth acceptance and bystander behavior. The results indicated that participants were likely to intervene during flagrant cases of sexual violence (e.g., confront a friend who is sexually engaging someone who is passed out); however they were less likely to intervene during situations which seemed less consequential, such as challenging someone making sexist comments (McMahon, 2010). Those who endorsed rape myths were also less likely to report being willing to intervene as bystanders in response to sexual assault scenarios than those who did not endorse rape myths, a result which supported Banyard's (2008) results. Many other studies have also shown that acceptance of rape myths are related to bystander behaviors, further suggesting the importance of taking rape myths into account in attempting to understand bystander behaviors (Banyard, 2008; Burn, 2009; Suarez & Gadalla, 2010; McMahon, 2015).

Bystander Intervention and Social Norms Theory

Even though personal attitudes such as RMA have become crucial to understanding why people intervene against sexual assault, some sexual assault and bystander researchers suggest that personal attitudes are not the best predictors of willingness to intervene against sexual assault. Previous studies have stressed the importance of adding a social norms approach to bystander intervention (Berkowitz, 2003). Social norms theorists predict that an individual's perceptions of the attitudes of the general public and their peer groups can influence their behavior (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2003). When applied to male peer groups, individual men make inaccurate assumptions about the consensus opinion of other men. These inaccuracies cause men with healthy attitudes toward women to assume other men hold negative attitudes toward women, while men with negative attitudes toward women assume most other men also hold negative attitudes (Berkowitz, 2010). These misperceptions can also cause men to behave in ways inconsistent with their beliefs, such as when a man with positive attitudes toward women remains silent in the presence of other men making misogynistic or sexist remarks.

For instance, Berkowitz (2011) concluded that college men tend to overestimate other men's acceptance of hyper-masculine norms and underestimate how uncomfortable their male peers feel with the use of degrading language and behaviors toward women (Kilmartin, Conway, Friedberg, McQuoid, & Tschan, 1999). Furthermore, college men believe that their male peers are more sexually active than they really are (Lynch, Mowrey, Nesbitt, & O'Neil, 2004). They also believe that other men endorse more rape myths than they actually do (Boulter, 1998). When applied to bystander intervention, social norms theorists predict that these misperceptions may discourage men from expressing their real unease with

inappropriate sexual behaviors of other men because they are attempting to conform to the perceived norm (Berkowitz, 2004). In support of social norms theory, Fabiano and colleagues showed that a strong predictor of men's reported willingness to intervene against sexual violence in a hypothetical situation was their perception of male peers' willingness to intervene (Fabiano et al., 2003). Furthermore, Stein (2007) found that even after controlling for personal attitudes and values about rape and sexism, men's perceptions of their close friends' willingness to intervene predicted their own reported intentions to intervene in a hypothetical situation involving sexual assault.

Social Norms and Willingness to Intervene

Findings regarding men's perceptions of their peers' attitudes in relation to their own willingness to intervene are consistent with other research such as Schwartz and DeKeseredy's (1997) male peer-support model of sexual assault among college. This model specifically emphasized the importance of group dynamics in better understanding male sexual aggression. The model also makes the case that male social groups may intentionally and unintentionally encourage the sexual objectification of women, rejection of femininity, and male sexual dominance. The support for these social norms, combined with other factors such as misperceptions regarding alcohol consumption, can create an environment where sexual aggression is tolerated or encouraged.

A study conducted by Brown and Messman-Moore (2010) was one of the first to directly examine men's perception of their peers' general beliefs regarding sexual aggression in relation to their willingness to intervene to prevent sexual assault. In this study, willingness to intervene was not measured by actual intervention behavior, but via self-reported intent to intervene in a hypothetical scenario. It examined this relationship by having

participants answer a battery of questionnaires pertaining to the lives of college students, including questionnaires about sexual aggression, rape myth acceptance, and willingness to intervene to stop the hypothetical situation involving sexual aggression.

The results were consistent with the social norms theory; college men higher in personal support for sexual aggression and perceived peer support for sexual aggression self-reported less willingness to intervene. Perceived peer attitudes made a significantly larger contribution to willingness to intervene than personal beliefs. (Brown & Messman-Moore, 2010). Brown and Messman-Moore (2010) provided empirical support for Berkowitz's (2002, 2003) social norms hypothesis while also extending Schwartz and DeKeseredy's (1997) work on the importance of peer beliefs. The assumption of social norms theorists is that although only a small percentage of men are actually sexually violent, when men believe that sexual violence is generally supported they are less likely to speak out against it or intervene to stop it regardless of their personal beliefs. Additionally, many men may pretend to support sexism and sexual aggression against women to fit in even if they feel uncomfortable with both. Furthermore, these false beliefs create a cycle in which sexual violence is perceived as more common than it really is, which contributes to men silencing themselves when faced with opportunities to speak up for women or intervene to stop sexual assault.

Thus far most studies of the social norms approach to understanding bystander intervention support the conclusion that peer attitudes are crucial predictors of intervention. However, researchers suggest that future studies focus on examining more correlates of bystander behavior on both an individual and group level to help gain a more comprehensive understanding of why people do or do not intervene. Fabiano et al. (2003) contended that part

of this more comprehensive approach should also include a more focused look at the positive attitudes that men hold toward women and the behaviors related to these positive attitudes.

Personal Attitudes versus Social Norms

Although social norms theory has been the dominant explanation for understanding male bystander intervention behavior, a recent study came to different conclusions. Murphy-Austin, Dardis, Wilson, Gidycz, & Berkowitz (2015) examined the impact of men's personal attitudes and behaviors and perceptions of peer attitudes and behaviors on self-reported intentions to intervene in the future and actual self-reported pro-social bystander behaviors at 4 and 7 month follow-ups. In this study, discomfort with sexism and self-reported rape supportive attitudes were the attitudes measured. They found that although personal attitudes (discomfort with sexism) and perceptions of peer attitudes and behaviors were both significant predictors of reported intentions to prevent future sexual assaults, only men's personal attitudes appeared to be robustly predictive of reported past pro-social bystander behaviors and also future pro-social bystander behaviors at 4 and 7 month follow-ups. Additionally, men's perceptions of their peers' attitudes and behaviors were stronger predictors of future intent to engage in prosocial bystander behaviors than actual past prosocial bystander behaviors (Murphy-Austin et al., 2015). Findings from this study seem to indicate that although perceptions of peer attitudes and behaviors may contribute to behavior, they do not consistently or directly relate to actual bystander behavior, something that contradicts the foundation of social norms theory, which is that behavior is most strongly predicted by perceptions and not attitudes.

Murphy-Austin et al. (2015) speculated that the discrepant results might be related to the way that the social norms approach has been studied. Because actual bystander behavior

involves intervening against other people's own behavior as opposed to predicting one's own behavior in a hypothetical situation, the actual threshold for action may be different such that the influence of perceptions of other men alone are not influential enough to prompt action to intervene. In other words, because the stakes are so high when faced with a real opportunity to intervene to prevent a sexual assault, men would turn to using their own personal attitudes and beliefs to decide what to do (Murphy-Austin et al, 2015). When the stakes seem low (such as just answering a questionnaire about bystander behavior), men may use perceptions of other men as a short cut to determine whether to intervene or not. Murphy-Austin et al. (2015) concluded that although bystander behaviors may be a collective function of things like intentions, subjective norms, and personal attitudes, it may be that subjective norms are the weakest predictor of actual intervention behavior. They also concluded that personal attitudes might be more critical predictors of behavior than subjective norms and that future studies need to examine this issue further distinguishing intent to intervene from actual intervention behaviors.

Men Who Intervene

Studies such as Murphy-Austin et al.'s (2015) point to another major gap in the literature on sexual assault prevention, namely that most studies on social norms theory offer very little understanding of men who do attempt to prevent sexual assault. We can infer from bystander research that men intervene to prevent sexual assault because of their personal attitudes (e.g., discomfort with sexism, low RMA) but these studies generally do not explore why this may be. Additionally, although Murphy-Austin et al. offered the hypothesis that the differences between reported intentions to intervene and actual intervening was a potential explanation for their findings, it seems that they did not fully address why some men are

influenced by perceptions of others, whereas other men rely on their personal attitudes when making decisions. These are important points to consider because it seems that for many men social pressure does not determine their willingness to intervene; personal attitudes and values do, which directly challenges the basic tenet of social norms theory.

Leone, Parrott, and Swartout (2016) examined how some men intervene to prevent sexual aggression. In their study, instead of attitudes, researchers examined Masculine Gender Role Stress (MGRS) as a person-level factor that might influence bystander behavior in men. MGRS refers to the anxiety men feel when placed into gender-relevant social situations that they deem to be threatening (Eisler & Skidmore, 1987), because it makes them have to defend personal and societal standards of masculinity. For example, men who experience anxiety related to feelings of physical inadequacy may attempt to find a sexual partner, using sexual conquest as a way to alleviate their anxiety and make them feel more powerful and physically masculine. Additionally, they in turn may overcompensate for this anxiety by perpetrating sexual aggression in an attempt to quell this stress (Moore et al., 2010).

Indeed, MGRS has been identified as a risk factor for sexual aggression among college men, greater perceptions of negative consequences of bystander intervention, and low levels of bystander efficacy (Leone, Parrott, Swartout, & Tharp, 2016; Malamuth, Linz, Heavey, Barnes, & Acker, 1995). In their study Leone, Parrott, & Swartout (2016) constructed a situation in which a group of four men (3 confederates, 1 participant) were asked to individually select either a sexually explicit video clip or neutral video clip to show a confederate female who had indicated she did not enjoy sexually explicit videos.

Leone et al. told participants that one man's choice of clip in the group would be randomly shown to the female, although in reality, none of the men's choices mattered as the researchers always showed the sexually explicit clip to female confederate. They defined sexual aggression as whether the participant chose to show the female the sexually explicit video. Previous research had shown that previous history of sexual assault predicts a man's selection of sexually explicit material (Hall, DeGarmo, Eap, Teten, & Sue, 2006; Hall & Hirschman, 1994; Parrott et al., 2012). Participants were then told they would watch the woman view the video clip together, and that they could stop the female from seeing the clip at any time. Before the clip was started, researchers had the 3 confederates either say misogynistic things about the female participant or say neutral things, thus creating either a misogynic situation or an ambiguous situation for the male participant. Intervention was then measured by whether the participants stopped the video or allowed it to play out and also the time it took for participants to stop the video. It should be noted that Leone et al. were most interested in solely examining the behaviors of the men who did not initially choose the sexually explicit video clip.

Researchers only focused on this group of men based on the sexual imposition paradigm (Hall & Hirschman, 1994), which operationalizes sexual aggression as the selection of sexually explicit material to show the female confederate. Working from this approach, Leone et al. (2016) concluded that bystander behavior would be best assessed by focusing on men who did not choose the sexually explicit material in the first place because sexually aggressive men will not likely intervene in any circumstance, and therefore make a poor sample for measuring bystander intervention. Indeed, only 20% of participants chose

the sexually explicit clip, showing that the vast majority of men were not sexually aggressive in this situation and were therefore potential bystanders.

Consistent with a social norms approach, Leone et al., (2016) found that being in the misogynistic condition significantly reduced the odds that men would intervene. Additionally, they also found that while MGRS did not influence bystander intervention, it did influence intervention speed in those in the misogynistic condition such that participants with higher MGRS intervened around 40% more quickly than those with lower MGRS; however MGRS did not affect intervention speed in the ambiguous condition. These results were both contrary to what was expected. Leone et al., (2016) concluded that although this result supported social norms, it is important to remember that the way we understand how personal attitudes and traits of men influences their bystander behaviors is still developing. For example, Leone et al. suggested that perhaps those with high MGRS see intervening in the face of misogyny as an act of heroism. In this case, although intervention occurred, it was a result of misogynistic thinking, ironically. This finding is important because it points to some discrepancies in how the social norms approach and personal attitudes and traits are understood and studied. Additionally, this study also helped shed some light on characteristics and situations in which men do actually intervene to prevent sexual aggression. Leone et al.'s (2016) study points future researchers in a direction that calls for not only the continued examination of social norms, but also attention to men who intervene and why they do so, a focus of the current study.

Perhaps the best attempt at addressing what happens psychologically for men when deciding whether to intervene comes from Berkowitz's (2010) theories on how men feel about being men in society. Berkowitz explained that men conform to their perceptions of

other men's attitudes and behaviors (social norms) because the consequences of non-conforming can be grave. Calling men who do not conform deviants, he speculates that a vocal minority of men act as enforcers to punish and threaten to ostracize men who do not conform to perceived norms. The fear of being ostracized then leads men who may have been deviant to hide their discomfort to fit in and be accepted. Although some men appear not to be susceptible to this influence, Berkowitz does not comment about the reasons that these men do not conform. It would seem important to examine commonalities among the deviants since they can potentially be very valuable persons in the continued study of sexual assault prevention. We also know that such deviants exist given not only the results of Leone et al. (2016) and Murphy-Austin et al. (2015), but also because of studies like Banyard (2008) and McMahon (2010) where men who did not endorse rape myths reported being willing to intervene to prevent a sexual assault.

The purpose of this study was to gain a more concrete understanding of the results of research in which personal values were more predictive of actual bystander intervention than social norms. Furthermore, Berkowitz's argument that the social pressure men feel leads to non-intervention would imply that men who are able to resist such pressure would be more likely to intervene. Exploring what leads to some men resisting social pressure is very important to furthering the sexual assault prevention and social norms literature. This study addressed these issues using I-position, a sub-construct of Bowen family systems theory's concept of Differentiation of self (DOS). I-position refers to the ability of a person to adhere to one's own convictions when pressured to do otherwise. More specifically, it was expected that those with high I-position would report bystander behaviors consistent with a measure of participants' personal values (e.g., rape myth acceptance), whereas those with low I-position

will report bystander behaviors consistent with participants' perceptions of what the men around them would do (social norms). The following sections will review additional findings in the social norms literature in understanding bystander intervention, the importance of addressing rape myth acceptance in social norms studies, the basic principles of the construct of differentiation of self, and how we may be able to use differentiation of self and I-position to better understand the influence of peers in men's willingness to intervene.

Differentiation of Self

Bowen's family systems theory presents a comprehensive explanation of human behavior and psychological development (Licht & Chabot, 2006). The theory relies on the concept of differentiation of self from the family of origin, which includes both an intrapsychic aspect and an interpersonal aspect. Differentiation of self is described as the personality construct most critical to mature growth and psychological health. According to Kerr and Bowen (1988), differentiation of self (DOS) is the intrinsic tendency of all living organisms to balance pulls of togetherness and separateness. At the intrapsychic level, differentiation of self refers to the capacity to distinguish thoughts from feelings, and to choose between being directed by one's intellect or one's emotions. On the interpersonal level, differentiation of self refers to the ability to tolerate and balance closeness with independence from others (Bowen, 1976, 1978). Essentially, differentiation is the ability to maintain independent thinking and achieve a clear, consistent sense of self in the context of emotional relationships with other people.

Skowron and Friedlander (1998) explained that highly differentiated individuals are those who are able to maintain independence in their intimate relationships while operating equally well on both emotional and rational levels. DOS involves one's ability to engage in

considered examinations of situations and to engage in composed, balanced thinking before making decisions and acting (Skowron & Friedlander, 1992). Individuals with low differentiation are less able to think clearly in intimate situations, and to balance their emotional and thinking systems in comparison to individuals with higher levels of DOS (Guerin & Guerin, 2002). Furthermore, people with poorly differentiated selves rely so heavily on the approval of others that they may quickly adjust what they do to please others and fit in. Perhaps the most relevant to bystander intervention and social norms theory is that what a differentiated person says, thinks, and does all matches (The Bowen Center, 2015). Therefore a highly differentiated person would be less likely than a person with low differentiation to adhere to perceived social norms or buckle under pressure from others if he or she disagreed with them.

Skowron and Friedlander (1998) developed a widely-used instrument measuring differentiation of self, the Differentiation of Self Inventory, which they found to have four dimensions of DOS: emotional reactivity (ER), the degree to which a person experiences hypersensitivity to environmental stimuli and reacts emotionally, emotional cutoff (EC), the degree to which individuals manage their unresolved emotional issues with their family by reducing or cutting off emotional contact with them, I position (IP), the ability of a person to adhere to one's own convictions when pressured to do otherwise, and fusion with others (FO), the level of emotional over-involvement with others. Differentiation of self as a construct, and more specifically, one's level of I-Position (IP), could potentially give us more information as to what would cause an individual to intervene during a sexual assault regardless of their perception of the attitudes of their peers toward sexual assault.

According to Bowen's family system theory, greater differentiation leads to better emotional maturity, interpersonal competence and lower levels of psychological distress because individuals are able to better control heightened emotional arousal during challenging interpersonal situations. Individuals with higher levels of differentiation are able to keep a clear and defined sense of self when pressured to act contrary to their personal beliefs (Bowen 1978; Kerr & Bowen, 1988; Skowron & Friedlander, 1998; Peleg 2004; Peleg et al., 2006). In general, a person with higher differentiation is able to better maintain a basic self than those with low differentiation. Bowen's theory has also been used to understand social problem solving among adolescents and teens. Knauth, Skowron, and Escobar (2006) found that high levels of differentiation of self were related to lower levels of chronic anxiety and higher levels of social problem solving.

Previous differentiation of self-research has also shown that highly differentiated people tend to have better psychological adjustment, compared to individuals with low differentiation, who tend to become dysfunctional under stress and thus suffer from more psychological and physiological symptoms such as higher rates of anxiety, depression, psychosis, and alcoholism (Bowen, 1976; 1978; Kerr & Bowen, 1988; Skowron & Friedlander, 1998; Titelman, 1998). Furthermore, although aspects of differentiation of self have not been directly linked to acceptance of sexual violence, researchers have examined differentiation of self in the context of family violence. For instance, greater risk for engaging in physical child abuse has been linked to aspects of differentiation of self, such as difficulty managing anxiety (Skowron & Platt, 2005). Skowron and Platt (2005) concluded that the propensity to commit and endorse various kinds of violence is a direct effect of the inability to manage anxiety, which is a hallmark of those with low differentiation of self. Because

differentiation of self as a construct has been linked historically to positive attitudes and behaviors such as greater psychological adjustment and ability to cope with stressful and anxious situations, it is theoretically possible, but unlikely that people would have high differentiation of self or high I-position would endorse rape myths; however, this assertion has not been empirically tested. Thus, this study also investigated the relationship between I-position and rape myth acceptance as a research question.

Some researchers have also examined differentiation of self at the subscale level to gain more information about specific aspects of differentiation of self. For instance, I-position has been related to several areas of psychological functioning. Skowron et al. (2004) found that college students who had greater difficulty taking an I-position experienced higher levels of stress than students who had higher I-position. Greater ability to take an I-position significantly predicted overall college adjustment beyond even the effects of stress. Knauth, Skowron, and Escobar's (2006) study also provided evidence that differentiation of self as measured by low emotional reactivity, low emotional cutoff, low fusion with others, and high I-position, is an important cognitive factor that allows adolescents to manage chronic anxiety and motivates them to use effective problem solving which results in less participation in health-compromising behaviors and increased academic engagement.

Additionally, in a study examining differentiation of self, social anxiety, and physiological symptoms, Peleg (2002) found that individuals with high I-position tended to experience lower levels of social anxiety and fear of negative evaluation. Peleg concluded that those with high I-position demonstrated the ability to define their basic "self," which involves clearly identifying their own individual beliefs, wishes, needs, and personal limits, and the ability to express these concepts openly with others even when pressured to do

otherwise. Peleg also concluded that those individuals with high I-position are likely not influenced by interpersonal patterns of behavior, power, overall pressure, or need for approval (Peleg, 2002). On the other hand, individuals with low I-position tend to experience great anxiety in social situations because of their need to please others.

Vignettes and Bystander Intervention

Most of the previous studies conducted to examine attitudes toward sexual assault, social norms, and willingness to intervene have not used experimental designs; however many researchers encourage future investigators to find ways to use experimental designs when examining these concepts. Additionally, a large criticism of social norms research as it relates to sexual assault is that most social norms research lacks the use of real life scenarios in which participants must respond to the behaviors and attitudes of other people and then decide whether or not they want to intervene. Indeed, Burt (2009) argued that a significant shortcoming of bystander intervention studies stems from their lack of realism, and that many participants in bystander intervention studies have trouble anticipating how they would respond when only asked to complete measures of bystander behavior without also having any hypothetical scenarios to respond to. He concluded that future bystander studies employ the use of vignettes to increase their realism.

The present study used an experimental design to assess bystander intervention behaviors, employing vignettes to examine reported behaviors and attitudes pertaining to sexual assault intervention. These vignettes were used to provide participants with realistic scenarios in which they decided whether to intervene or not. Researchers in the field of bystander intervention suggest the use of vignettes for various reasons including the ethical constraints involved in experimentally studying sensitive subjects (Bennett & Banyard, 2014;

Gidycz, Orchowski, & Berkowitz, 2011; Pinzone-Glover, Gidycz, & Jacobs, 1998). For instance, in a study examining sexual violence, Bennett and Banyard (2014) concluded that given the ethical limitations of manipulating constructs related to sexual assault intervention, vignettes serve as an appropriate way of better understanding how bystander intervention behaviors are influenced by having a personal relationship with the victim and/or perpetrator (Bennett & Banyard, 2014). In Bennett and Banyard's (2014) study, analyses showed that vignettes were rated as being perceived as realistic. Bennett and Banyard concluded that the vignettes successfully helped them increase the internal validity of the study while also allowing them to ethically manipulate the independent variables that they wanted to examine. Although not fully comparable to a real-life bystander intervention scenario, using realistic vignettes should help address issues with intentions to intervene and better understand how men may behave when faced with a scenario where they must make a decision about whether to intervene.

Nicksa (2014) also used vignettes to examine bystander attitudes and behaviors. Although not specifically measuring social norms, Nicksa randomly assigned participants to read one of 12 original vignettes depicting either a theft, physical assault, or sexual assault. Each crime condition was fully crossed with bystander anonymity and bystander's relationship with the offender, creating the 12 vignettes. Participants were then asked to rate the likelihood that they would report the crime that they witnessed. It was found that participants were least likely to report the sexual assault and most likely to report the physical assault. Nicksa concluded that this result was mostly likely due to physical assaults being easier to process for participants as opposed to sexual assault, which can be difficult for individuals to identify if not explicit in nature. Furthermore, women reported more crime

than men, and crime reporting was most frequent when offenders were strangers instead of a friend. Nicksa concluded that hypothetical vignettes are good choices for bystander behavior research because of the emotional nature of real life crime. She also supported the use of vignettes because institutional review boards are often concerned with staged crimes and interventions because of potential accidents and danger to participants as well as the possibility of psychological trauma for all involved in the research. In her study Nicksa (2014) found that vignettes were able to help her successfully achieve her goal of assessing bystander behavior and resulted in her suggestion that they be used for future research in bystander intervention. Investigators of studies examining bystander behaviors and potential crimes conclude that responding to hypothetical vignettes is the best experimental solution given the ethical constraints of this type of research (Laner et al., 2001), and also point out that vignettes have been widely accepted and trusted throughout the history of social science research pertaining to sensitive subjects such as sexual assault (Anderson & Doherty, 2008; Hughes, 1998; M.D. Schwartz, 2000).

It should be noted that a common criticism of using vignettes in sensitive social science research is that using this method lowers external validity and thus makes any results less generalizable to actual behavior. Additionally, although hypothetical vignettes do allow researchers to avoid potential danger and trauma to those involved in the study, they may not be a very good method of predicting future participant behavior. However, according to Feld and Robinson (1998), although hypothetical responses are not expected to act as full proxies for real behavior, they “do assume that variation in subjects’ reports in response to variations in the experimental conditions reveals general tendencies of how their behavior would vary in response to similar variations in real situations” (p.280). Furthermore, in a study

examining behavioral intentions and crime reporting behaviors, Bickman and Helwig (1979) found that a consistent predictor of real intervention behavior when faced with a staged crime was the respondents' reported willingness to intervene in a previous hypothetical scenario depicting a similar crime.

Rationale and Hypotheses

Finding ways to prevent sexual assault on college campuses continues to be a major concern for school officials. Many researchers in the field of sexual assault prevention have turned to bystander intervention approaches to address, not only the negative underlying attitudes, behaviors, and practices that contribute to sexual assault, but also the positive behaviors students can practice to challenge rape-supportive beliefs (Borges, Banyard, & Moynihan, 2008). Researchers such as Anderson and Whiston (2005) have also stressed the importance of targeting young men when exploring bystander research to address the disproportionate number of sexual assaults committed by men compared to women. Much of the bystander research includes deliberate focus on personal attitudes of men, which helps investigators determine reasons why they intervene. One personal attitude that has been a focus of a significant amount of research is rape myth acceptance (RMA). Studies have found that people high in RMA were not only less likely to report intentions to intervene during sexual assault than those who were low in RMA, but were also more likely to commit sexual assault than those with low RMA in general (Banyard, 2008; Bohner, Jarvis, Eyssel, and Siebler, 2005; McMahon, 2010). Even so, additional studies have suggested that personal attitudes alone are not enough to help us understand how men decide whether to intervene to prevent sexual assault.

Fabiano et al., (2003) and Brown and Messman-Moore (2010) have provided evidence that shows that although an important variable, the influence of RMA is weaker than men's perceptions of social norms when it comes to predicting bystander intervention. These studies have led to the conclusion that the perceptions of men about their male peers' attitudes and behaviors regarding sexual assault are more predictive of intervention to prevent sexual assault than their personal attitudes. These conclusions have long supported the social norms theory hypothesis developed by Berkowitz (2002, 2003) and have largely shaped the direction of bystander research. Berkowitz's research contends that a vocal minority of men serve as "enforcers" tasked with making sure all other men behave in ways consistent with the false perceptions social norms refers to. These men attempt to be especially influential with men who attempt to behave in ways inconsistent with social norms, the "deviants," by creating environmental pressure designed to make men with healthy attitudes towards women act in ways inconsistent with their positive beliefs.

In contrast to previous research, Murphy-Austin (2015) found that only personal attitudes (discomfort with sexism) predicted actual past and future bystander intervention behaviors. These results served as a major advancement in the bystander and social norms research because they contradicted the major tenets of social norms theory, namely that perceptions trump attitudes.

These contradictory results certainly open up the need for more investigation into how social norms and personal attitudes both affect men's bystander behaviors. Another issue with Murphy-Austin's study is one that is pervasive in most social norms research, namely that these studies offer very little understanding of men who intervene. More specifically, why are some men guided to intervene based on personal attitudes, whereas

others act on the basis of social norms; or as Berkowitz might ask it, why do some men remain “deviants” and not succumb to the social pressure exerted by the “enforcers?” This issue is one that many researchers contend is pivotal for future investigators to explore (Fabiano et al., 2003; Langhinrichsen-Rohling et al., 2011). Additionally, Leone et al.’s (2016) study also shows some discrepancies in how person-level constructs and social norms affect bystander behavior in men. Berkowitz (2010) offered the theory that men who are guided by social norms do so because they are afraid of being ostracized by their male social group, causing them to ignore their personal attitudes and conform. Berkowitz, however, does not comment about what causes other men to ignore social norms and make decisions based on their personal attitudes. My research addressed this issue by examining Bowen’s Family System Theory’s construct of differentiation of self. However, a particular emphasis was placed on examining the sub construct of DOS, I-position, because it pertains to the ability of a person to adhere to one’s own convictions when pressured to do otherwise, an ability that would be logically related to responses to social pressure or conformity with perceived social norms. I-position is able to help examine men who are not as susceptible to giving in to pressure to behave in ways inconsistent with their true beliefs especially when finding themselves in social situations in which they might feel pressure to do so; the core of social norms theory. Based on Bowen theory, I expected that a man’s level of I-position would determine whether his bystander intervention behavior is better predicted by their personal rape myth attitudes or their perceptions of peer attitudes and behaviors. In this study, I examined a three-way interaction, between social norms, rape myth acceptance, and I-position on reported willingness to intervene. A three-way interaction was most appropriate because of not only how rape myths and social norms have been examined together in

previous studies, but also because a participant's I-position influences whether they respond to social pressure by behaving in ways consistent with their personal attitudes or consistent with whatever they perceive their peers want them to do. The proposed three-way interaction is shown in Figure 1 below.

In this study, participants were randomly assigned to read one of two social situation vignettes and then reported on what they thought they would do. The two situations depict a scene at a party where participants were asked to imagine themselves with a group of four men when one man in the group starts making derogatory remarks about a woman who appears intoxicated. After making the comments the same man then leads the drunk woman into a room, closing the door behind them. In one of the scenarios all of the men in the group express displeasure with the man's comments (social norms rejected), whereas in the other situation, the men agree and laugh about what the man is saying about the woman (social norms salient). The difference in these vignettes (see Appendices F and G) allowed the examination of how participants' willingness to intervene on the woman's behalf changes as a function of their own personal attitudes regarding rape myths (RMA), their level of I-position, and how the other men in the group are reacting (social norms). I predicted that in general, social norms would have a stronger effect on individuals with low-I position compared to those with higher levels of I-position, which would result in different patterns of responses according to RMA. In the social norms rejected condition, the effect of social norms would result in higher levels of intervention on the part of respondents with low-I position compared to those with high I-position, particularly when participants reported low RMA. However, in the social norms salient condition, participants with low I-position would

report lower levels of intervention behavior than those with high I-position because their RMA is overridden by social norms.

The current study tested the following hypotheses and research question:

Research question. What is the relationship between I-position and RMA? Studies have concluded that committing and endorsing various kinds of violence is a direct effect of the inability to manage anxiety, which is a hallmark of those with low differentiation of self and low I-position (Skowron & Platt, 2005). Because differentiation of self is linked to prosocial attitudes and behaviors it seems possible that people with high I-position would be likely to endorse low rape myth acceptance; however, this assertion has not been empirically tested.

Hypotheses

1. a. There will be a main effect of rape myth acceptance on bystander intervention such that those higher in rape myth acceptance will report being less likely to intervene in comparison to those with lower rape myth acceptance.
- b. There will be a main effect of social norms condition on bystander intervention such that participants in the social norms salient condition will be less likely to report bystander intervention than those in the social norms rejected condition.
2. a. Social Norms Rejected. The relationship between I-position and bystander intervention will be weak for those individuals with lower RMA in the social norms rejected condition. Specifically, when participants lower in rape myth acceptance are primed with social norms being rejected, those lower and higher in I-position will not differ significantly in their reported likelihood of intervening.

Hypothesis 2a also predicts that when participants higher in RMA are primed with rape myths being rejected then those lower in I-position will report being more likely to intervene than those higher in I-position.

b. Social Norms Salient. There will be a relationship between I-position and bystander intervention for those with lower RMA in the social norms salient condition. Specifically, when participants lower in rape myth acceptance and primed with social norms as salient, those lower in I-position will report being less likely to intervene than those with higher I-position.

Hypothesis 2b also predicts that when participants higher in RMA are primed with rape myths as salient, then those lower and higher in I-position should not vary significantly in their reported likelihood of intervening.

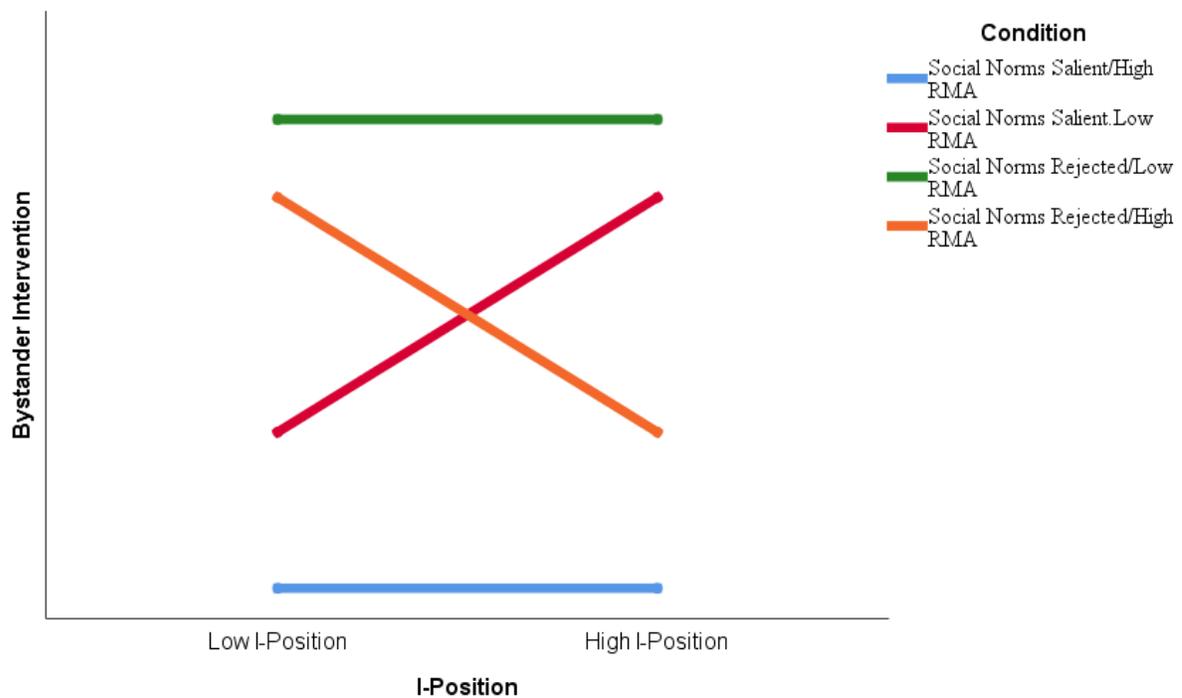


Figure 1. Proposed interactive effects of I-Position, RMA, and Social Norms on BI.

CHAPTER 2

METHOD

Participants

Participants were 184 undergraduate cisgender men from various universities in the United States ranging in age from 18 to 69 ($M=22.24$, $SD = 5.90$) and a median of 21. I limited participation to cisgender men because social norms theory is most appropriately examined as a function of how cisgender men are uniquely socialized to embrace the more sexist attitudes throughout their lifetime that underlie the theory. A definition of cisgender was included in the initial participant recruitment email sent out to prospective participants, as well as at the beginning of the questionnaire. Cisgender was defined as “your birth certificate reads that you are a male and you identify yourself as a man.” Thirty-nine participants identified as First year students (21.2%), 33 Sophomores (17.9%), 53 Juniors (28.8%), 40 Seniors (21.7%), and 19 Senior 5th year+ (10.3%). Race/ethnicity, sexual orientation, and relationship status were collected to help describe the sample. Of the sample, 113 participants identified as White/European (61.4%); the remaining participants were 22 Latino(a)/Hispanic/Chicano (12%), 16 Asian/Pacific Islander (8.7%), 15 Black/African American (8.2%), 10 Biracial/Multiracial (5.4%), 6 Middle Eastern (3.3%), and 2 International/Non-US Citizens (1.1%). For this study, 160 participants identified as heterosexual (87%), 12 as gay (6.5%), 8 bisexual (4.3%), and 4 other (2.2%); There were also 102 participants that identified their relationship status as single (55.4%), 67 in a relationship (36.4%), 11 married (6%), 3 engaged (1.6%) and 1 divorced (.5%).

In addition, participants also provided information regarding alcohol use, fraternity and athletic team membership, previous bystander intervention behaviors, confidence in

ability to intervene, and previous bystander intervention programming participation. Of the 184 participants, 119 reported that they drink alcohol (64.7%) while 65 reported they did not (35.3%). Only 34 participants identified as being part of a fraternity (18.5%). Similarly, only 6 of the 184 participants reported being part of an athletic team (3.3%). Regarding previous experience engaging in bystander intervention behaviors, 39 (21.2%) reported that they had previously intervened to prevent an assault. Participants also reported their confidence in intervening to prevent an assault, with only 6 (3.3%) reporting not feeling confident at all, while 56 (30.4%) reported feeling “very confident.” Forty-six participants reported feeling “slightly confident” (25%), while the largest group were the 76 participants who chose “moderately confident” (41.3%). A little over half (51.1%) of participants reported no previous bystander intervention programming participation, 46 (25%) reported participating in one program, 29 (15.8%) reported participating in 2-3 programs, and 15 (8.2%) reported participating in more than 3 previous bystander intervention programs.

Procedure

The study was conducted after Institutional Review Board (IRB) approval was received. The study utilized Qualtrics, a comprehensive online survey tool used to design surveys and clinical studies online. The University of Missouri-Kansas City Psychology Department was contacted to arrange for undergraduates to access the study via the department’s on-line research system (called Psych Pool) where they received course extra credit for their participation in the study. Participants were also recruited through the University of Missouri-Kansas City’s Fraternity and Sorority Affairs. In addition, the survey was distributed to undergraduate students via email through department listservs at multiple universities across the United States. The email as well as Psych Pool included a brief

description of the study, a statement about approximately how long the study would take to complete, and information regarding participants being entered into a raffle at the end of the study where they could win one of three \$20 gift certificates to Amazon.com for their participation. These participants were offered the opportunity to win the certificates as an incentive for participation because they were unable to receive course extra credit like the psychology department students using Psych Pool. The email also indicated that only those individuals that self-identify as cisgender men were eligible to participate in the study. The email also stated that the responses provided by each participant would be kept completely confidential, no identifying information would be recorded, and that participants could withdraw from the study at any time without penalty.

Participants using Psych Pool began the study by clicking on the study's link located on the Psych Pool main page. The participants accessing the study via email began the study by clicking on an embedded link located in the body of the participant recruitment email. When a participant clicked on the link taking them to the beginning of the study, he was taken to an informed consent page. The participant was asked to read this page before starting the study. The page described the requirement that the participants be cisgender and at least 18 years of age, the anonymous nature of the study, the benefits and risks of participation in the study, and contact information for the researcher and Institutional Review Board (IRB). Participants' informed consent was inferred when they clicked a link to continue on to the study. After consenting to their participation in the study, participants completed the demographic questionnaire, the bystander intervention measures, the DSI-Short Form, and the IRMA-SF in one of four orders (described in the following section).

Then participants read either a vignette depicting men openly disagreeing with another man at a party who eventually leads a drunk woman into a room after making sexist comments about her (see appendix E for vignette) or a vignette depicting a group of men agreeing with another man's sexist comments about a drunk woman at a party before he leads her into a room (see appendix F for vignette). The order in which participants fill out the questionnaires varied to control for sensitization effects that may have resulted from the dominant theme of sexual assault throughout most of the measures. Participants were randomly assigned to complete the measures in one of four orders. The order that the participant received were determined by having him choose a number between 1 and 12 which represented the month in which he was born.

Using this question logic, participants were assigned, based on their birth months, to one of four orders: (a) social norms rejected condition, demographic questionnaire and DSI-SF prior to reading the vignette; followed by the vignette, bystander intervention measure and IRMA-SF last; (b) social norms salient condition, demographic questionnaire and DSI-SF prior to reading the vignette; followed by the vignette, bystander intervention measure and IRMA-SF last; (c) social norms rejected condition, IRMA-SF, demographic questionnaire, and DSI-SF prior to reading the vignette; followed by the vignette, bystander intervention measure last; (d) social norms salient condition, IRMA-SF, demographic questionnaire, and DSI-SF prior to reading the vignette; followed by the vignette, bystander intervention measure last. Using random assignment addressed the possibility that exposure to the RMA measure and the assigned condition could result in sensitization to the issue of sexual assault. Random assignment also ensured that equal numbers of participants were assigned to the social norms rejected and social norms salient conditions.

When each participant reached the vignette in their order of measures, they read the following instructions “Please read the following scenario and answer the questions that follow.” Participants then read the vignette. The Social Norms Rejected vignette (for full vignette see Appendix E) asked the participant to imagine that he has encountered a group of men he has a class with at a weekend party. After speaking to the men for a while one of the men in the group makes some derogatory remarks about an intoxicated woman who walks by the group. He eventually follows the woman and leads her into a bedroom. In this condition the other men openly disagree with what the man just said. Participants then responded to the eight items measuring bystander intervention and completed the study depending on the condition to which they were assigned. The social norms salient vignette (for full vignette see Appendix F) asked the participant to imagine that he encountered a group of men he had a class with at a weekend party. After speaking to the men for a while one of the men in the group makes some derogatory remarks about an intoxicated woman who walks by the group. He eventually follows the woman and leads her into a bedroom. In this condition the other men laugh and agree with the comments the man made. Participants then responded to the eight items measuring bystander intervention and completed the study depending on the condition to which they are assigned.

In total 96 participants were placed into the social norms rejected condition and 88 participants participated in the social norms salient condition. Survey options were set so that participants could not return to the previous pages or re-enter the survey after it was completed. Following the completion of all study materials, participants accessing the study via email were given a new survey (unlinked to the study data) via an embedded link to provide their name and email address for the raffle. The raffle was held when data collection

was completed, and upon completion, names and email addresses were destroyed. Psych Pool participants had their participation in the study recorded and their instructors notified so that they could receive their extra credit.

Vignette Creation

I used a two-step process to ensure the quality of the vignettes. In step one, five male undergraduate students and a Ph.D. researcher experienced in the area of male bystander behavior and sexual assault reviewed them for face validity. I recruited the undergraduate students from a group of students I knew at the university. Reviewers rated the vignettes on a scale ranging from 1 *{low}* to 5 *{high}* indicating whether or not they accurately portrayed a believable social situation that one might encounter at a party. Reviewers read the vignettes individually and assigned their ratings. The group of reviewers then met together to share their ratings and overall thoughts on the vignettes with the group. If the vignettes were not scored as 5 then the plan was to re-word them until the reviewers rated each vignette as a 5. During the first stage of the ratings process all of the reviewers scored the vignettes as a 5 and no modifications were made to the vignettes. Reviewers then met together as a group with me to provide feedback regarding the vignettes and the ratings process. In that meeting the vignettes were deemed appropriate for the study and were included in the final version of the questionnaire.

Pilot Testing the Bystander Intervention Index and Vignettes

After the reviewers finalized their ratings of the vignettes, I began step two of insuring the quality of the vignettes. I created focus groups to discuss the content and wording of the bystander intervention scale to ensure that the items were clearly worded, grammatically correct, and displayed continuity with the vignettes. These focus groups were

comprised of undergraduate men and were not the same men who reviewed the vignettes. Items on the scale were amended based on feedback from the focus groups. Two focus groups, comprised of 5 undergraduate men each, completed the bystander intervention index and vignette procedure before the study was conducted. One focus group reviewed the social norms salient vignette and bystander intervention index to check for content and comprehension issues, whereas the other group reviewed the social norms rejected vignette and bystander intervention index. These men were asked to read the vignettes individually and complete the bystander intervention index within a week of receiving the materials. Over the week, the respondents were asked to keep notes regarding their feedback about the vignette and scale and be prepared to meet with their other group members to discuss their feedback. Focus group members also rated the bystander intervention scale and vignettes on a scale ranging from 1 *{low}* to 5 *{high}* for whether the scale's content and wording made sense and if it matched with the vignette provided. Each focus group then met within the week to discuss the vignettes and items in the scale and shared their ratings and overall thoughts on the scale and vignettes. If the results of the ratings indicated that the procedure was not clearly worded as evidenced by some raters not rating the procedure at least a 4, then the scale and vignettes were re-worded and the focus groups were asked to rate them again until the procedure was rated at least a 4. This process continued until the procedure was considered appropriate for the study as indicated by all focus group members rating each vignette a 4 or better. After the first round of rating, no group member rated the procedure less than a 4 and I moved forward with the study.

Measures

Demographic information

The demographic portion of the survey was a brief questionnaire assessing age, year in college, race/ethnicity, sexual orientation, and relationship status. Participants were also asked about whether or not they drink alcohol, are a part of a fraternity or athletic team, have already experienced bystander intervention programming/training, have previous experience with actually intervening to prevent a sexual assault, and how confident they were intervening to prevent a sexual assault. These variables were used in the current study to describe the sample and for potential comparison purposes.

Differentiation of Self

The Differentiation of Self Inventory- Short Form (DSI-SF; Drake, Murdock, Marszalek, & Barber, 2015) is a 20-item self-report measure used to assess differentiation of self (Kerr & Bowen, 1988). The DSI-SF is a multidimensional measure of differentiation that is used with adults, assessing their current relations with their family of origin, and also their significant relationships. The original DSI (Skowron & Friedlander, 1998) was composed of 96 items that were created by analyzing the research and writings of various Bowen Family Systems scholars. Statistical analyses were performed at the item level to reduce the original 96 items to 43 items. The 43 items were used to create four subscales: (a) Emotional Reactivity (ER), which is the degree to which a person experiences hypersensitivity to environmental stimuli and reacts emotionally, (b) I-Position (IP), the ability of a person to adhere to one's own convictions when pressured to do otherwise, (c) Emotional Cutoff (EC), which is the degree to which a person feels threatened by intimacy, and finally (d) Fusion with Others (FO), the level of emotional over-involvement with others

(Skowron and Friedlander, 1998). Each subscale includes response options that range from 1 (*not at all true of me*) to 6 (*very true of me*). Some items are reverse scored.

The DSI-SF was created to help address concerns related to its length, such as participant fatigue, time and energy burden, and attrition (Galesic & Bosnjak, 2009). The DSI-SF follows the same factor structure of the previous versions of Differentiation of Self scale but contains fewer items. Three studies were conducted to create the DSI-SF. Item response theory (IRT) was used to reduce the number of items on the original DSI-R, establishing criterion and construct validity by testing the DSI-SF's relationships with constructs such as depression, anxiety, and another measure of differentiation, and lastly a study establishing a preliminary estimate of test-retest reliability (Drake et al., 2015). The DSI-SF has demonstrated internal consistency estimates of $\alpha = .79$ for the EC subscale (3 items), $\alpha = .80$ for the ER subscale (6 items), a coefficient alpha of .68 for the FO subscale (5 items), $\alpha = .70$ for the IP subscale (6 items). The DSI-SF-Full scale also has a coefficient alpha of .88 (Drake et al., 2015). The DSI-SF also shows evidence of concurrent and convergent criterion validity after relating it to measures of depression, trait and state anxiety, perceived stress, self-esteem, and a different measure of differentiation, The Level of Differentiation of Self Scale (Haber, 2003; Drake et al., 2015).

Subscale scores of the DSI-SF are determined by taking the average of all items within a subscale resulting in scores falling between 1 and 6. Higher scores indicate higher differentiation of self. Although rare for researchers to isolate individual DSI subscale scores for main analyses as opposed to full scale DSI scores, historically when researchers do so they still administer the full DSI. Although I only used the I-position continuous subscale score in the main analyses because it allowed for the most specific test of my hypotheses, I

still administered the full scale to participants in conjunction with previous research practices. As a stand-alone scale, the I-position subscale has shown to be reliable in both the original Differentiation of Self Inventory, $\alpha = .85$ (Skowron & Friedlander, 1998) and also the Differentiation of Self Inventory-Revised, $\alpha = .81$ (Skowron & Schmitt). For the DSI-SF, evidence of structural validity was achieved displaying good evidence of linearity for the I-position subscale, $r(34) = 0.88$ (Drake et al., 2015). Consistent with previous differentiation of self-research, the I-position subscale has shown strong convergent validity and is negatively correlated with stress ($r = -0.60$), state anxiety ($r = -0.51$), trait anxiety ($r = -0.68$), symptoms of depression ($r = -0.46$), and positively correlated with general self-esteem ($r = 0.56$). Finally, according to the bivariate correlations, the I-position subscale displayed convergent validity with another measure of differentiation of self, the Level of Differentiation of Self Scale ($r = .52$) (Drake et al., 2015). For this study, individual scores for each DSI-SF subscale were calculated by taking the total for each subscale and dividing it by the number of items. I-Position scores ranged from 1.67 to 6 and the Cronbach's alpha for I-position showed a good internal consistency of .78.

Rape Myth Acceptance

Rape Myth Acceptance Scale – Short Form Revised Version (IRMA-SF-R; McMahon & Farmer, 2011). The original Illinois Rape Myth Acceptance Scale–Short Form (IRMA-SF) assesses the belief in rape myths (Payne, Lonsway, & Fitzgerald, 1999). The IRMA-SF includes 22 items scored on a scale of 1 = *not at all agree* to 7 = *very much agree*. Scores at the higher end of the scale indicate stronger endorsement of rape myths. For this study the revised version of the IRMA-SF was selected because the scale includes updated language for college students (McMahon & Farmer, 2011). The scale consists of a total of 19

statements about sexual assault with responses ranging from 1 (*strongly agree*) to 5 (*strongly disagree*), with a Cronbach's alpha coefficient of .87. It should be noted that scoring for the revised version differs from the previous versions in that higher scores on the revised IRMA-SF indicates greater rejection of rape myths. Thus higher rape myth acceptance would be indicative of lower scores on the IRMA-SF. The Likert scale is also 1 to 5 instead of 1 to 7. To aid in the interpretability of results for this study, the scores for the IRMA-SF-R, which measured RMA, were reverse scored so that higher overall scores indicated higher endorsement of rape myths.

The 19 items make up five subscales: (a) She Asked for it, which reflects the belief that the victim's behaviors invited the sexual assault. Examples of items on this subscale include "If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped" and "If a girl acts like a slut, eventually she is going to get into trouble." (b) He didn't Mean To, which is the belief that the perpetrator did not intend to rape, with items such as "When guys rape, it is usually because of their strong desire for sex" and "Rape happens when a guy's sex drive goes out of control." (c) He didn't Mean To (intoxication), which is the belief that the perpetrator did not intend to rape, but with a specific emphasis on excuses based on alcohol, with items such as "If a guy is drunk, he might rape someone unintentionally" and "If both people are drunk, it can't be rape." (d) It wasn't Really Rape, which consists of items that deny an assault occurred due to either blaming the victim or excusing the perpetrator. This subscale includes items such as "If the accused 'rapist' doesn't have a weapon, you really can't call it rape" and "If a girl doesn't physically resist sex—even if protesting verbally—it can't be considered rape." (e) She Lied, which measures the belief that the victim fabricated the rape and include items such as "A lot of times, girls who say they were

raped agreed to have sex and then regret it” and “A lot of times, girls who claim they were raped have emotional problems.”

Developers of the IRMA-SF-R demonstrated internal consistency estimates of $\alpha = .73$ for the She Asked for it subscale (4 items), $\alpha = .73$ for the It Wasn't Really Rape subscale (4 items), a coefficient alpha of .70 for the He didn't Mean to subscale (3 items), a coefficient alpha of .64 for the He didn't Mean to (intoxication) subscale (3 items), and $\alpha = .80$ for the She Lied subscale (5 items). The IRMA-SF-R subscales and full scale scores show evidence of convergent validity after comparing it to measures of sex-role stereotyping, sexism, hostility toward women, acceptance of violence, and the original IRMA when assessing general rape myth attitudes (Payne et al. 1999).

For this study the IRMA-SF-R had a Cronbach's alpha of .90 which is consistent with previous studies. Internal consistency for the IRMA-SF subscales in this study was good, with alphas of $\alpha = .83$ for She Asked for it, $\alpha = .73$ for (b) He didn't Mean To, $\alpha = .65$ for (c) He didn't Mean To (intoxication), $\alpha = .67$ for (d) It wasn't Really Rape, and $\alpha = .91$ for (e) She Lied. Each subscale on the IRMA-SF-R also correlated significantly with the Bystander Intervention Index used in this study.

Bystander Intervention

Previous researchers examining willingness to report, speak out and intervene when it comes to sexual assault have developed their own measures of proactive bystander behaviors and willingness to intervene for their studies (Brown & Messman-Moore, 2010; Fabiano et al., 2003; Nicksa, 2013). Nicksa (2013), for example, used one item to assess her participants' willingness to report an ambiguous sexual assault situation. In the current study, I improve upon past research by creating a new measure of bystander intervention the

Bystander Intervention Index (BII). The BII consists of 8 items which assess bystander intervention in response to a vignette describing a non-consequential encounter between two individuals. Three items tap into an individual's likelihood of intervening *before* sexual assault perpetration (e.g., telling the other men in the group that the girl is probably too drunk to consent to sex) and five items tap into an individual's likelihood of intervening *during* sexual assault perpetration (e.g., 'call the police to ensure the woman's safety'). Each item is answered on a 7-point Likert scale from 1 = *not at all likely to intervene* to 7 = *very likely to intervene*.

An exploratory factor analyses (EFA) was conducted on responses to the items on the bystander intervention index in an attempt to test whether the items measured overall male willingness to intervene. In the current study, a total of 8 items were included on this scale, which resulted in a one factor solution that explained 47.93% of the amount of variance. For the original solution, the Kaiser-Meyer-Olkin measure verified the sampling adequacy for the analysis, KMO = .80. Bartlett's Test of Sphericity, $\chi^2(28) = 616.82, p < .001$, suggested that the correlations between items were sufficiently large for EFA, and according to the communalities table, all extraction points for each item were above .4. Step one of the EFA produced a two factor solution with Factor 1 with an eigenvalue of 3.834 and Factor 2 with an eigenvalue of 1.134 which explained 62.11% of the amount of variance. Next, an online Parallel Analysis (PA) tool was used (Patil et al., 2008) to confirm the two factor solution and reduce the likelihood of over/under extraction. The online tool used the eigenvalues produced from the principal components analysis (PCA) in SPSS prior to rotation and compared them with eigenvalues from a matrix of random values of the same dimensionality. According to Parallel Analysis, factors are retained if the eigenvalue from the PCA data is

greater than the mean eigenvalue of the Parallel analysis (Horn, 1965; Cota et al., 1993; Turner, 1998). Based on this criteria, this study retained factor 1 (PCA eigenvalue 3.834 > PA eigenvalue 1.318), but not factor 2 (PCA eigenvalue 1.134 < PA eigenvalue 1.198). Results from the components matrix can be seen in Table 1 below and indicated that item loadings on the retained component ranged from .547 to .867. An average of the 8-items on the BII (M = 5.22, SD = 1.16) was the dependent measure in the current study. This composite demonstrated high internal consistency (Cronbach's $\alpha = .84$) and was normally distributed as both skewness (-.52) and kurtosis (-.36) values were between -1 and +1.

Table 1. Factor loadings from the exploratory factor analysis of the bystander intervention index

Item	Factor 1
BII-1	.547
BII-2	.574
BII-3	.771
BII-4	.662
BII-5	.594
BII-6	.867
BII-7	.795
BII-8	.659

CHAPTER 3

RESULTS

Prior to the main analysis, data were screened for missing values, univariate outliers, violations of assumptions, and all predictor variables were mean centered to reduce multicollinearity. A total of 37 cases were deleted due to missing data created when participants agreed to the informed consent but did not complete any of the rest of the measures in the study. No univariate outliers were detected. A review of skewness and kurtosis statistics, as well as histograms, indicated that none of the predictor variables violated assumptions of normality. An evaluation of tolerance and VIF statistics and Pearson correlations indicated that multicollinearity was not a concern. A visual inspection of scatterplots between each pair of variables indicated that all relationships between major variables were linear.

An a priori power analysis using G*Power (Faul, Erdfelder, Buchner, & Lang, 2009) determined that a sample size of at least 160 participants was needed to detect a medium effect, $f^2 = 0.15$ for a multiple regression analysis at the $\alpha = .05$ level for a total of 8 predictors (RMA, Condition (two conditions), I-position, I-position by condition, RMA by Condition, RMA by I-position, and I-position by Condition by RMA (3-way interaction)). However, because interaction effects are notoriously difficult to detect for medium to small effects, a sample size of over 250 was the goal. As a result of missing data and the completion of the data cleaning, the sample was $n=184$, smaller than the goal of over 250. This limitation was considered as the results of this study were analyzed and interpreted.

Plan of Analysis

A regression was conducted to evaluate the interactive effects of rape myth acceptance, I-position, and social norms on bystander intervention. Bivariate correlations were also examined to answer the research question. For the purposes of analyzing the results, condition was contrast coded with social norms rejected (SNR) coded as 1, while social norms salient (SNS) was coded as -1. The continuous scores for I-position and RMA were used. Recall that the scores for the IRMA-SF-R, which measured RMA, were reverse scored so that higher overall scores indicated higher endorsement of rape myths. This was done to help with the interpretability of the results. Prior to main analyses I also conducted bivariate correlations between the main dependent measure (bystander intervention) and all continuous and categorical demographic variables: age, year in school, number of bystander intervention programs attended, confidence in one's ability to prevent a sexual assault, race/ethnicity, sexual orientation, relationship status, whether participants drink alcohol, are a part of a fraternity or athletic team, and have previous experience with actually intervening to prevent a sexual assault. I conducted these correlations to examine whether any other variables needed to be included in the main regression analysis.

Before assessing the hypotheses by interpreting specific regression coefficients, the F test for each stage of the regression model was examined for significance at the $p < .05$ level. In block 1, the effects of rape myth acceptance, I-position, and social norms condition were all entered. This step tested the research question and hypotheses 1a and 1b. The two-way interactions, between I-position and condition type, RMA and condition type, and I-position and RMA, were entered into the second block. Finally, the three-way interaction was entered

into the third block and tested the proposed three-way interactions in hypotheses 2a and 2b. Betas were also examined and significant interactions were graphed.

Main Analysis

Results for the bivariate correlations between the main dependent measure (bystander intervention) and all continuous and categorical demographic variables indicated that with the exception of age, none were significantly associated with bystander intervention, older participants were less likely to intervene, $r = -.16, p = .03$. Because no variable other than age (which was of limited theoretical interest) correlated with bystander intervention, covariates were not used in the main regression analysis.

Research Question: Rape myth acceptance and I-position. Although differentiation of self is linked to prosocial attitudes and behaviors, its association with rape myth acceptance has never been tested. The bivariate correlation in Table 2 shows that RMA and I-position were not significantly correlated; $r = -.059, p = .425$.

Table 2. Bivariate correlations among RMA, I-position, and Bystander Intervention.

	1	2	3
RMA	1.00	-.059	-.401**
I-Position	-.059	1.00	.007
BII	-.401**	.007	1.00
<i>M</i>	37.94	4.29	5.22
<i>SD</i>	12.66	.93	1.16

Note. RMA = Rape Myth Acceptance. BII – Bystander Intervention Index

** Correlation is significant at the 0.01 level (2-tailed).

Overall regression model results. Before assessing the hypotheses by interpreting specific regression coefficients, the *F* test for each stage of the regression model was examined for

significance. Results of the multiple regression analysis can be found in Table 3. In block 1, the effects of rape myth acceptance, I-position, and social norms condition were all entered. Overall, this block was statistically significant, $R^2 = .18$, $F(3,180) = 13.15$, $p < .001$. Along with the research question above this block was used to test hypotheses 1a and 1b with significant main effects appearing in Table 3. In block 2, all possible two-way interactions among these variables were entered. Overall, this block in the model was not statistically significant, $\Delta R^2 = .01$, $\Delta F(3, 177) = .970$, $p = .41$. Finally, in block 3, the three-way interaction was entered. Overall, this block in the model was statistically significant, $\Delta R^2 = .03$, $\Delta F(1, 176) = 6.54$, $p = .01$. This block was used to test both hypotheses 2a and 2b, with the significant three-way interaction appearing in Table 3.

Hypothesis 1a: Rape myth acceptance and bystander intervention. Block 1 examined the effects of rape myth acceptance I-position, and social norms condition on bystander intervention scores. Hypothesis 1a stated that there would be a main effect of rape myth acceptance on bystander intervention such that those higher in rape myth acceptance would report being less likely to intervene in comparison to those with lower rape myth acceptance. In support of hypothesis 1a, rape myth acceptance significantly predicted bystander intervention such that those higher (versus lower) in rape myth acceptance reported being less likely to intervene; $\beta = -.42$, $t(180) = -6.12$, $p < .001$.

Hypothesis 1b: Condition and bystander intervention. Block 1 also examined the main effect of social norms condition on bystander intervention. Hypothesis 1b stated that there would be a main effect of social norms condition on bystander intervention such that participants in the social norms salient condition would be less likely to report bystander intervention than those in the social norms rejected condition. In support of hypothesis 1b,

there was a main effect of social norms such that those participants in the social norms salient condition reported being less likely to intervene as compared to participants in the social norms rejected condition, $\beta = .14$, $t(180) = 2.09$, $p = .04$.

Table 3. Hierarchical regression model predicting bystander intervention as a function of RMA, Condition and I-Position.

Block	Variable	<i>b</i>	β	<i>t</i>
1	Condition	.37	.14	2.09*
	RMA	-.09	-.42	-6.12**
	I-Position	.10	.04	.52
2	Condition	.36	.14	2.03*
	RMA	-.09	-.43	-6.29**
	I-Position	.19	.07	.95
	Condition \times RMA	-.02	-.01	-1.41
	Condition \times I-position	.34	.12	1.72
	RMA \times I-position	.01	.06	.93
3	Condition	.33	.13	1.87
	RMA	-.09	-.43	-6.39**
	I-Position	.21	.07	1.10
	Condition \times RMA	-.02	-.09	-1.38
	Condition \times I-position	.35	.12	1.80
	RMA \times I-position	.02	.11	1.54
	Condition \times RMA \times I-position	.04	.16	2.30**

Note: RMA = Rape Myth Acceptance; Condition = Social Norm Salient or Social Norms Rejected.

* $p < .05$; ** $p < .01$.

Hypotheses 2a and 2b. Recall that the three-way interaction was entered in block 3 to test hypotheses 2a and 2b. In block 3, the three-way interaction of condition, RMA and IP was statistically significant, $\beta = .16$, $F(7, 176) = 2.30$, $p = .02$. In order to evaluate hypothesis 2 (both parts a and b), I conducted a follow-up analysis of the significant three-way interaction by evaluating the association between I-position and reported likelihood of intervening at 1 standard deviation above and below the mean score on RMA and as a function of social norms condition. The plots are shown in Figure 2. Simple slopes tests were used to evaluate the effects of I-position on reported bystander intervention as a function of RMA and social

norms. Hypothesis 2a focused on the association of I-position and reported bystander intervention at various levels of RMA when participants were in the social norms rejected condition whereas Hypothesis 2b focused on the association of I-position and reported bystander intervention at various levels of RMA when participants were in the social norms salient condition.

Hypothesis 2a predicted the relationship between I-position and reported bystander intervention would be weak for those individuals with lower RMA in the social norms rejected condition. Specifically, when participants lower in rape myth acceptance and primed with rape myths as being rejected, those lower and higher in I-position should not differ significantly in their likelihood of intervening. This hypothesis was evaluated by examining the simple slope of I-position on reported bystander intervention among lower RMA individuals in the social norms rejected condition. As seen in Figure 2, Slope #3, results were consistent with my hypothesis. There was no significant association between I-position and reported bystander intervention for individuals with lower RMA when social norms were rejected $t(182) = -0.43, p = .67$.

Hypothesis 2a also predicted that when participants higher in RMA are primed with rape myths being rejected, then those lower in I-position should report being more likely to intervene than those higher in I-position. This hypothesis was evaluated by examining the simple slope of I-position on bystander intervention among higher RMA individuals in the social norms rejected condition. As seen in Figure 2, Slope #1, I observed a pattern opposite to what was predicted. When social norms were rejected, higher RMA individuals higher in I-position reported being *more* likely to intervene than those lower in I position; $t(182) = 2.94, p = .004$. Next a slope difference test was conducted to compare the slopes for I-

position on reported bystander intervention among lower RMA (Slope #3) and higher RMA (Slope #1) individuals in the social norms rejected condition. The slope difference test revealed that these two slopes were significantly different from one another; $t(182) = 2.59$, $p = .01$.

Hypothesis 2b predicted that there would be a relationship between I-position and reported bystander intervention for those with lower RMA in the social norms salient condition. Specifically, when participants lower in rape myth acceptance and primed with social norms as salient, those lower in I-position will report being less likely to intervene than those with higher I-position. This hypothesis was evaluated by examining the simple slope of I-position on reported bystander intervention among lower RMA individuals in the social norms salient condition. As seen in Figure 2, Slope #4, this prediction was not supported. When social norms were salient, lower RMA individuals did not differ significantly in their reported likelihood of intervening based on their level of I-position, $t(182) = 0.03$, $p = .98$.

Hypothesis 2b also predicted that when participants higher in RMA were primed with rape myths being salient, those lower and higher in I-position should not vary significantly in their reported likelihood of intervening. This hypothesis was evaluated by examining the simple slope of I-position on reported bystander intervention among higher RMA individuals in the social norms salient condition. As seen in Figure 2, Slope #2, results were consistent with predictions. When social norms were salient, higher RMA individuals with varying levels of I-Position did not differ significantly in their reported likelihood of intervening, $t(182) = -0.86$, $p = .39$. Next a slope difference test was conducted to compare the slopes for I-position on reported bystander intervention among lower RMA (Slope #4) and higher RMA (Slope #2) individuals in the social norms salient condition. The slope difference test

revealed that these two slopes were not significantly different from one another, $t(182) = -.77, p = .45$.

Overall the results indicated that in the social norms rejected condition, among individuals with higher RMA, I-position was positively associated with reported intervention, meaning the higher an individual's I-position, the more likely they were to report intervening. On the other hand, in the social norms salient condition, I-position was negatively or not associated with reported intervention among individuals with higher RMA. Inspection of the graph indicates that the relationship between I-position and reported bystander intervention appeared to reverse among individuals with higher RMA depending on the condition they were in. A slope difference test was conducted to compare the slopes for I-position on reported bystander intervention among higher RMA individuals in the social norms rejected condition (Slope #1) versus the social norms salient condition (Slope #2). The slope difference test revealed that these two slopes were significantly different from one another $t(182) = 2.7, p = .01$.

In the social norms rejected condition, the relationship between I-position and reported bystander intervention among individuals with lower RMA appeared to be neutral or in the negative direction, meaning the higher an individual's I-position, the less likely they were to report their likelihood of intervening (Plot #3). In social norms salient condition, the relationship between I-position and reported bystander intervention appeared to be neutral or positive for those with lower RMA (Plot #4). A slope difference test was conducted to compare the slopes for I-position on report bystander intervention among lower RMA individuals in the social norms rejected condition (Slope #3) versus the social norms salient

condition (Slope #4). The slope difference test revealed that these two slopes were not significantly different from one another $t(182) = -.92, p = .36$.

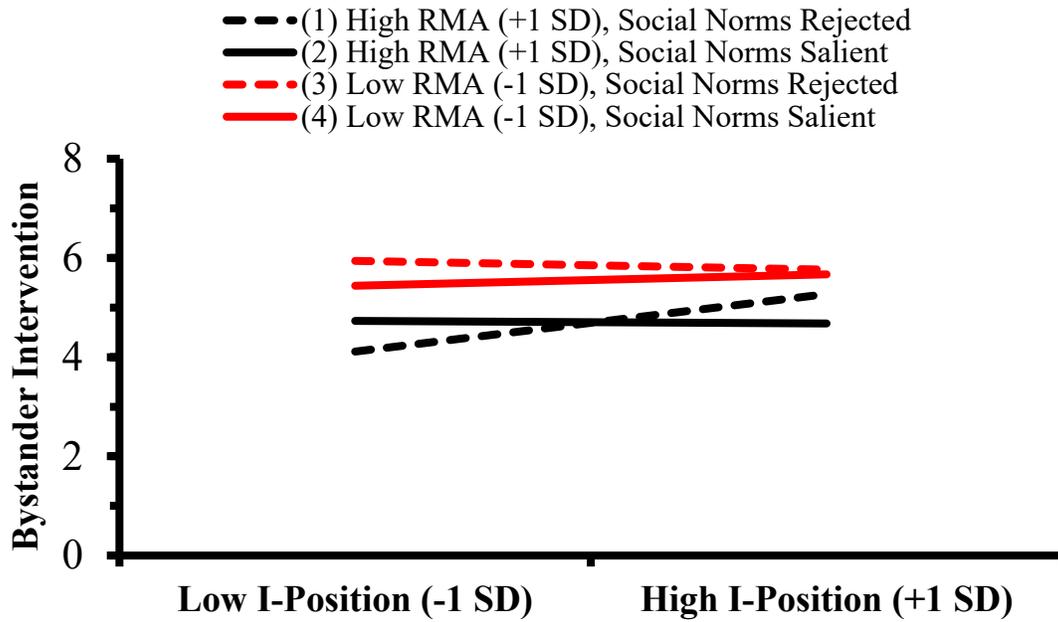


Figure 2. Interactive effects of I-Position, RMA, and Social Norms on Bystander Intervention.

CHAPTER 4

DISCUSSION

The present study intended to extend the current research on reported bystander intervention amongst cisgender college men. The primary objective was to further our understanding of social norms theory by examining whether I-position could help us to better understand men who are not as susceptible to behaving in ways inconsistent with their true beliefs because of pressure from other male peers; men who Berkowitz (2010) termed “deviants” in the social norms literature. I used Bowen Family Systems Theory as a framework, because I expected that men’s levels of I-position would determine whether their reported bystander intervention behavior would be better predicted by their personal beliefs regarding rape or their perceptions of peer attitudes and behaviors. The results of this study partially supported the hypotheses derived from theory and previous research.

First, research question one examined the potential link between I-position and rape myth acceptance (RMA). Although previous research linked overall differentiation of self to prosocial attitudes, behaviors, and effective problem solving (Skowron & Pratt, 2005; Knauth, Skowron, & Escobar, 2016), it had not explicitly examined the relationships between rape myth acceptance and overall differentiation of self and any of its four dimensions: emotional reactivity, emotional cutoff, fusion with others, and I-position. Results of the current study showed that I-position and rape myth acceptance were not related.

A potential explanation for this result (or trend) is that previous studies have only used overall differentiation of self to examine its relationship to various prosocial attitudes. Recall that I-position is defined as the ability of a person to adhere to one’s own convictions when pressured to do otherwise, while low levels of I-position are associated with high

stress, high social anxiety, and a strong desire to fit in with others (Skowron, et al., 2004; Peleg, 2002). On its own it did not appear that I-position would link with rape myth acceptance since remaining devoted to one's own convictions while pressured to do otherwise, is not necessarily something that would be associated with prosocial attitudes such as intervening to prevent sexual assault. After the main analysis was completed, I computed the correlation between overall differentiation of self scores and rape myth acceptance as an exploratory analysis to see how this would affect the results. Results indicated no significant association between total differentiation of self scores and rape myth acceptance, $r = .029$, $p = .350$. This finding indicated that neither I-position nor differentiation of self was significantly linked to rape myth acceptance, despite previous research indicating that differentiation of self was positively associated with prosocial attitudes. My results therefore suggest that I-position and overall differentiation of self do not significantly relate to bystander intervention, unless they are part of an interaction involving other constructs such as rape myth acceptance and social norms. Even so, because of the nature of RMA it could be important for future researchers to also explore other components of differentiation of self and its potential relationship with RMA. For instance, since RMA has been shown to be historically linked to justifications of male sexual aggression as well as actual perpetration of sexual violence, subconstructs of differentiation such as emotional reactivity for example (the degree to which a person experiences hypersensitivity to environmental stimuli and reacts emotionally) could also be important when examining the bystander intervention behaviors of men, especially when using vignettes which are designed to elicit comparable levels of emotion and anxiety for participants as if they were in a real life setting. Furthermore, recall that Skowron & Platt (2005) concluded that the committing and endorsing violence had a

direct link to one's inability to manage anxiety, a hallmark of someone with low differentiation of self. Because my study did not focus on both the intrapsychic and interpersonal aspects of differentiation of self, vital information about differentiation of self's potential link with RMA may have been missing. Future studies should continue to examine the relationship between RMA and both aspects of differentiation of self.

Hypotheses 1a and 1b examined constructs whose relationships to reported bystander intervention have been well-established in the bystander intervention literature. Consistent with previous research (McMahon, 2015; Suarez & Gadalla, 2010; McMahon, 2010; Burn, 2009; Banyard, 2008), results for hypothesis 1a were supported and found that individuals with higher rape myth acceptance reported being less likely to intervene to prevent sexual violence than those with lower rape myth acceptance. Similarly, results for hypothesis 1b, which examined how social norms affect reported bystander intervention, were also supported. These results concluded that participants primed with salient social norms were less likely to report intervening than those primed with rejected social norms. This result was also consistent with previous research, which demonstrated that perceived peer attitudes regarding sexual violence and bystander intervention made a significant contribution to an individual's willingness to intervene (Brown & Messman-Moore, 2010; Stein, 2007; Fabiano et al., 2003). Results from hypotheses 1a and 1b were not surprising and continue to provide strong evidence of how rape myth acceptance and social norms relate to reported bystander intervention.

Hypothesis 2a predicted that the relationship between I-position and reported bystander intervention would be weak for those individuals with lower RMA in the social norms rejected condition. Specifically, when participants lower in rape myth acceptance are

primed with social norms being rejected, those lower and higher in I-position would not vary significantly in their reported likelihood of intervening, because the social pressure is to intervene in the rejected condition. Consistent with predictions, no significant association existed between I-position and reported bystander intervention for individuals with lower RMA when social norms were rejected. In fact, these individuals appeared to be the most likely to report a willingness to intervene in the situation presented in the vignette. This result makes sense considering that those with higher I-position are able to maintain integrity between their convictions and personal attitudes. These individuals also have lower rape myth acceptance, so they are likely to intervene to prevent sexual assault. Those with lower I-position are influenced by social norms. When placed in social situations where problematic social norms are openly rejected by other men, those with lower I-position with lower rape myth acceptance will likely report intervening at a similar rate to those with higher I-position since the social pressure to intervene exists.

Hypothesis 2a also predicted that when participants higher in RMA are put into a situation where rape myths are rejected, then those lower in I-position would report being more likely to intervene than those higher in I-position. This part of hypothesis 2a was *not* supported as I observed an opposite pattern to what was expected. Higher RMA individuals higher in I-position reported being *more* likely to intervene than individuals with lower I-position when social norms were rejected. It seems difficult to explain this result as it is contrary to the theoretical predictions I deduced about how I-position would influence the relationship between rape myth acceptance and social norms on reported bystander intervention.

One potential explanation may involve various aspects of masculinity. Literature on the influence of masculinity on bystander intervention shows that when it comes to sexual violence prevention, men can perceive intervening as something that compromises their masculinity due to problematic social norms (Carlson, 2008). In a situation where men feel social pressure to appear “tough,” desires to appear masculine may lead to men perceiving a significant social cost to intervention, thereby discouraging intervention out of fear of being judged as not masculine. However, in a situation where the “masculine norm” has been established as openly supportive of intervention, such as what was portrayed in the social norms rejected condition, there may be more social risk for men who do not endorse pro-intervention behaviors and attitudes. Using this framework of decision-making, the literature suggests that men’s decisions on how and whether or not to take action includes weighing the perceived social benefits and negative consequences of intervention (Banyard, 2008; Latané & Darley, 1970). This decision-making process has previously shown that greater perceived social benefits are positively associated with a greater likelihood of intervention for sexual assault (Banyard & Moynihan, 2011).

In the social norms rejected condition, it could be that since the men seem to be construing behaving consistently with the typical social norms in the situation (i.e., to not intervene) as problematic, as evidenced by them telling the man that his behavior toward the woman is not acceptable, the social cost of *not* intervening could be potentially large. For those men with high RMA when surrounded by other men expressing pro-bystander intervention attitudes, also expressing a desire to intervene is potentially a way to exercise masculinity since those with high RMA have been shown to perceive themselves as being very masculine (Bunting & Reeves, 1983; Good et al., 1995; Thompson & Cracco, 2008).

The literature shows that men who already perceive themselves as “very masculine” may find intervening less difficult, because positive bystander behaviors while in the presence of other men, is consistent with the traditional notion of male power and identity (Casey & Ohler, 2012). Furthermore, high I-position may help men be more secure and confident in their decision to intervene in sexual assault situations. This is evidenced by those with high I-position typically experiencing lower levels of social anxiety and greater ability to express themselves more openly, as compared to those with low I-position.

Other constructs, such as sexism and sexist attitudes also add an additional layer to the relationship between masculinity and bystander intervention. For instance, previous research has found a significant relationship between higher rape myth acceptance and high levels of ambivalent sexism, a combination of benevolent and hostile sexism (Stoll, Lilley, & Pinter, 2017). Hostile sexism refers to the tendency to dominate/control women (as if they were children) and also stresses that there are overt differences between men and women in which men are favored and/or stronger. Similarly, benevolent sexism refers to recognizing women as wholesome creatures who should be supported and protected (like children) through paternalistic protectiveness since they are perceived as being weaker, albeit purer, creatures in comparison to men (Glick & Fiske, 1996, 2001). Because these forms of sexism involve men feeling the need to protect women while achieving a sense of dominance over them, perhaps those with higher RMA reported intervening because it appeared like a heroic action that would reinforce their power over women in this circumstance. This would also be consistent with the masculinity literature where performing a heroic task is one way to demonstrate masculinity to others. Additionally, for these men, saving a woman from an assault would also be another way to exercise their strength and perceived dominance over

weaker women since these women needed their help. This perceived need for rescuing further reinforces their sexist attitudes.

In further examination of these relationships, men with lower I-position and higher RMA may perceive intervention as the expected norm given that the men around them are indicating pro bystander intervention attitudes; however having lower I-position may cause an internal conflict and anxiety for a man with higher rape myth acceptance. These men would be unsure how to manage their internal anxiety about taking actions which are inconsistent with their personal attitudes, as well as inconsistent with how these participants may have thought men in general think and behave. Recall that Boutler (1998) explored how men tend to believe that other men endorse rape myths more frequently than the reported reality. If this is the case, witnessing a group of men reject rape myths could certainly lead to men with high rape myth acceptance experiencing a level of dissonance. These men may also not intervene out of uncertainty and lack of confidence in their ability to fully process the situation, given their lower levels of I-position. The internal anxiety these men experience may prevent them from taking any action or potentially cause them to have a more delayed response than their higher I-position counterparts.

Future research should consider a continued examination of various forms of sexism and its association with both masculinity and I-position to explore alternative perspectives. It could also be that those with higher I-position and higher RMA also experience a level of security and confidence in their ability to exercise their masculinity performatively while those with lower I-position may have a similar desire to perform their masculinity but lack the security and confidence for proper execution. Furthermore, they may simply lack the

ability to manage the internal anxiety that could arise during an intervention, depending on the circumstances.

Overall, Hypothesis 2b predicted that there would be a relationship between I-position and reported bystander intervention for those with lower RMA in the social norms salient condition. Specifically, when participants lower in rape myth acceptance and primed with salient social norms, those lower in I-position will report being less likely to intervene than those with higher I-position. Contrary to predictions, when social norms were salient, lower RMA individuals did not differ significantly in their reported likelihood of intervening based on their level of I-position. A potential reason for this is that having lower RMA regardless of level of I-position is simply a strong buffer against succumbing to pressures of a crowd when the behaviors glaringly contradict your own personal values. When examining Figure 2, you can see that those with lower rape myth acceptance reported higher levels of reported intervention when social norms were salient. Potentially there may have been an effect regarding how overt the sexism was in the salient condition that triggered similar intervention behaviors for lower and higher I-position individuals.

It is important to note that social norms pertain to false perceptions men have regarding the attitudes of their male peers and are not necessarily learned through overt statements and actions such as those depicted in the salient condition. For instance Noelle-Neurmann (1974) discussed how individuals will often look to their social environment for a dominant opinion and trends regarding various issues to inform their own behaviors and opinions. According to Noelle-Neurmann, the media is one institution that plays a strong role in influencing public opinion. It could be argued that media has heavily influenced these false perceptions that males hold regarding the beliefs of their peers as opposed to men directly witnessing openly

misogynistic and sexist behaviors that are practiced, in real time, by their peers. A comprehensive review of media content conducted by Ward (2016) examined the sexualization of women in the media across 20 years and its impact on the perceptions people have toward women. Ward found a significant amount of evidence of the influence that negative depictions of women have on the sexist attitudes and perceptions of adolescents and undergraduates. Perhaps future research could examine how these false beliefs associated with social norms come to exist for individuals. There could be evidence that witnessing a blatant and obvious form of misogyny in real time could have a call-to-action effect for those with lower RMA, especially if they are used to experiencing a more indirect depiction of sexist behaviors such as those portrayed in the media.

Hypothesis 2b also predicted that when participants higher in RMA are primed with rape myths as salient, then those lower in I-position would report being as likely to intervene as those higher in I-position. Consistent with predictions, when social norms were salient, higher RMA individuals with varying levels of I-position did not differ significantly in their reported likelihood of intervening. This result makes sense considering that men with lower I-position would be expected to be heavily influenced by social pressures. In the case of the social norms salient condition, the social norms present already confirm the attitudes held by men with higher rape myth acceptance. In combination with lower I-position these individuals would have lower levels of reported bystander intervention. Similarly, those men with higher I-position and higher RMA would also have their attitudes confirmed in the social norms salient condition, also leading to similar low levels of reported intervention. Indeed, the overall reported intervention of those with higher and lower I-position were relatively low in the social norms salient condition.

Overall, my hypotheses for this study were partially supported in that hypotheses 1a and 1b were fully supported while only parts of hypotheses 2a and 2b were supported. The results help contribute to literature on bystander intervention and cisgender college men, a population which is very important to study when it comes to bystander intervention and sexual assault. Despite these contributions to the literature this study had limitations that should also be addressed.

One limitation may have to do with the vignette study structure and its potential effect on I-position. It is possible that the vignette design of the study suppressed the emotional impact and situational stress involved with having to make a decision about intervention because the participants were not actually at the party, as described in the vignette. This is a potential issue when it comes to examining I-position because I-position involves making decisions based on your ability to manage the anxiety and pressure you may be feeling from others in a given situation. Since participants were only reading about being at a party as opposed to actually being in a party situation, the anxiety and pressure associated with I-position may not be fully present. Future research should consider creating a design for the study that can potentially tap into the emotional impact and anxiety of a situation to get a better understanding of I-position in these types of situations.

Another limitation of this study was the nature of the sample used. Because the sample of cisgender college men was largely White/Caucasian, heterosexual, and toward the end of their college education, the findings of this study may not fully reflect the target college population. Future studies should focus on getting a more representative sample of college men of different races, ethnicities, and sexual orientations. Ultimately this study was designed to explore the reactions of cisgender college men, but even among college students,

various demographic differences likely affect men's reactions to rape myths, sexism, and peer attitudes (Schwartz & DeKeseredy, 1997). Obtaining a more diverse sample within the group would be important for having a more complete understanding of how rape myths, social norms, and I-position affect bystander intervention. Furthermore, this study was designed to examine undergraduate, cisgender men; however 61% of the current sample was made up of Juniors, Seniors, and Senior 5th year+ with a total sample average age of 22.24. Year in school and age are both important factors for future researchers to examine considering how individual development might be affected based purely on age and time in college. The longer an individual is in college, the more likely they are to be exposed to bystander intervention programming for example which may also influence attitudes and behaviors related to violence prevention. Future studies should clearly define what their definition of undergraduate is and if age and 5th year+ status might influence their target audience. The current sample for instance, included 23% of participants who were 23 years of age or older. Because this study did not account for non-traditional college students within the sample, the results may not fully reflect the typical undergraduate population that was intended. Future studies should consider targeting only traditional aged college students to account for some of the influences that older age and 5th+ year status in school might have on an individual.

Additionally, although several statistically significant relationships were found in the analyses, power was a potential issue in detecting the true relationship among the variables of interest. The goal of having at least 250 participants to help minimize power concerns was not met, potentially compromising the detection of small to medium interaction effects. It is also important to note that the Bystander Intervention Index used in this study was created

for the purposes of this study alone, and thus is not fully psychometrically validated.

Although some previous studies conducted by researchers have included valid measures of bystander intervention, I did not use them because I wanted to create items that more appropriately fit the specific scenario depicted in the vignettes. Future work should continue to examine the construct of bystander intervention against sexual assault, particularly its association with social norms, RMA, and I-position using valid and reliable instruments.

Furthermore, because of the scale issues mentioned previously it is possible that using a unidimensional scale to measure bystander intervention should be reexamined. Recall that step one in the original EFA conducted in SPSS produced a two factor solution, but I decided against this because of the Parallel Analysis tool I used. Despite my findings, it is still entirely possible that there are multiple dimensions to bystander intervention that this study did not fully capture. For instance, perhaps the bystander intervention scale should include more items related to both direct and indirect methods of intervention. Some studies have shown that men may be more likely to indirectly intervene by notifying a third party that there is a potential assault occurring as opposed to directly intervening especially when in the presence of other men. An explanation for this behavior is that men are not only attempting to avoid confrontation, but also because being perceived as a man who interferes with another man's attempt at engaging in sex may call into question that man's level of masculinity (Shotland & Stebbins, 1980; Carlson, 2008). Perhaps measuring direct versus indirect methods of intervention could convey a more complete picture of how cisgender men engage in bystander intervention behaviors, especially if men feel that intervention may lead to conflict or call into question their masculinity.

Furthermore, it would be important to capture how intervention looks different for men based on an escalation of bystander approaches as well as the level of involvement each bystander behavior entails. For instance, perhaps men experience a bystander approach such as calling the police much differently than they would asking for help from a friend. Additionally, items on the scale also asked for participants to report their bystander behaviors at different points throughout the scenario (i.e. intervention before an assault as well as after an assault is presumably occurring). Future research related to the development of a bystander intervention scale should continue to try to capture bystander behaviors at different points during an assault as well as methods of intervention that vary in escalation. Lastly, an aspect of bystander intervention that future studies should continue to examine is related to bystander efficacy which is comprised of a person's confidence to perform an intervention before or during an incident related to violence. Bystander efficacy has been shown to affect the behaviors and even attitudes of a bystander, as well as significantly increase their willingness to intervene (Banyard, Moynihan & Plante, 2007; Banyard, Eckstein & Moynihan, 2009).

Lastly, this study did not measure knowledge or understanding of the #metoo movement. This is an important limitation to note because data collection for this study occurred during October through December of 2017, the apex of the #metoo movement. Perhaps reactions and influence of #metoo would have been important to examine given the target sample and how it may have affected responses on the IRMA-SF-R and BII in particular. Now that #metoo has been imbedded into our mainstream culture, it will be important for future researchers to address how this movement might be influencing responses of participants in bystander intervention and violence prevention studies.

The present study supports the notion that rape myth acceptance and social norms are important when discussing reasons for bystander intervention amongst cisgender college men. The exact relationships among I-position, rape myth acceptance, social norms, and how they all influence bystander intervention remain unclear. This study does have potential implications for counseling practice, Bowen Family Systems Theory, and bystander intervention on college campuses in general. For one, it does point to the need for bystander intervention programs and workshops to continue to examine not only characteristics of men who intervene to prevent sexual assault, but also their motivations for doing so. The inclusion of I-position in this study provided further information for how those with especially high levels of RMA may react when faced with situations where the established norm amongst men is intervention as opposed to non-intervention. This result is important in that I-position and differentiation of self as a whole, may provide us a new avenue for understanding more about the relationships of social norms and rape myth acceptance as it pertains to bystander intervention.

Continued examination of differentiation of self and I-position and their relationship to constructs with already established connections to bystander intervention would provide Bowen's Family System researchers the opportunity to expand BFST to a vitally important field of research such as the relationship between masculinity and sexual assault prevention. For instance, in the #metoo era it is increasingly vital to better understand how masculine attitudes toward sexual violence shape behaviors, especially while in the presence of other men. BFST directly addresses how families and social groups affect how people think, feel, and behave, as well as how susceptible individuals are to the pressure to conform to one's social circle. Given the results of this study, BFST researchers can use Bowen's concepts to

more understand why individuals make the decisions they do when it comes to bystander intervention. Since perceptions of peer attitudes regarding sexual violence is important for male bystander decisions, BFST provides us with numerous possibilities for understanding the anxiety and pressure someone feels when making decisions that will potentially lead to being ostracized by peers for not following stringent masculine norms. Thus this study provides a new way for BFST to expand its field of scope through providing vital information to those dedicated to ending rape culture on college campuses. This study may also encourage BFST researchers to find new ways that I-position and differentiation of self can help further the understanding of prosocial attitudes, decision making, peer attitudes, and social pressure.

This study also has potential implications for new ways of discussing bystander intervention and masculinity in programs and workshops on college campuses as well as helping to better examine the psychology of masculinity and its relationship to sexual violence and intervention. For instance, this study can potentially help with using BFST to find new ways to engage men through peer education and social norms correcting. This study points to the importance of having men correct the false perceptions that men have of each other when it comes to views about women and sexual assault. Identifying how one could potentially utilize men with high levels of differentiation and low rape myth acceptance to be leaders in this education could be a worthwhile step in the continued efforts to refine bystander intervention programs with college-aged men. For instance, consider the result in this study that when participants higher in RMA were surrounded by men who rejected the social norms, those higher in I-position reported being more likely to intervene than those lower in I-position. Because of the potential impact that masculinity played in this result it

could be important to focus on men voicing and openly displaying prosocial attitudes in front of those with potentially high rape myths who have the desire to perform their masculinity in front of others. This result shows us that perhaps doing so could change the behaviors of men who would be otherwise predicted to not intervene.

Helping those with low rape myths gain the confidence and ability to show other men with high rape myths that intervention is the expected norm could help tremendously when it comes to bystander intervention. A potential way that clinicians can accomplish this from a Bowenian clinical perspective, would involve BFST clinicians attempting to encourage differentiation for men in relation to their male peer groups. By having more men combat these perceptions, reduction in overall sexual assault incidences is possible. It should be noted here that this study focused on bystander intervention behaviors, however did not fully address how rape supportive beliefs and attitudes can be challenged and changed. So while this study helps us potentially change specific behaviors of those with high rape myth acceptance, future programming should combine this information with ways of challenging the rape myth attitudes that reinforce rape culture. Finally, this study points to the continued importance of having cisgender men explore their masculinity and address purely performative and toxic forms of masculinity which may contribute to sexual violence, rape myth acceptance, and sexist attitudes.

Appendix A

Demographic Form

Please respond to the following items:

1. Age _____ (Fill in blank)
2. Race/Ethnicity:
 - (a) Caucasian/European American
 - (b) Black/African American
 - (c) American Indian/Alaskan Native
 - (d) Asian American/Asian/Pacific Islander/Native Hawaiian
 - (e) Latino(a)/Hispanic/Chicano
 - (f) Middle Eastern
 - (g) International/Non-US Citizen
 - (h) Biracial/Multiracial
 - (j) Other: _____
3. Sexual Orientation Identification:
 - (a) Heterosexual
 - (b) Gay
 - (c) Bisexual
 - (d) Queer
 - (e) Other: _____
4. As an undergraduate, what year of school are you in?
 - (a) First year
 - (b) Sophomore
 - (c) Junior
 - (d) Senior
 - (e) Senior 5th year +
5. Relationship Status
 - (a) Single
 - (b) In a Relationship
 - (c) Engaged
 - (d) Married
 - (e) Civil Union
 - (f) Separated
 - (g) Divorced
 - (h) Widowed

6. Do you drink alcohol?

- (a) Yes
- (b) No

7. Are you a member of a fraternity?

- (a) Yes
- (b) No

8. Are you a member of an athletic team?

- (a) Yes
- (b) No

9. Have you intervened to prevent a sexual assault from occurring in the past?

- (a) Yes
- (b) No

10. How confident are you in your ability to prevent a sexual assault from occurring?

- (a) Not at all Confident
- (b) Slightly Confident
- (c) Moderately Confident
- (d) Very Confident

11. How many sexual assault bystander intervention programs have you participated in?

- (a) None
- (b) 1
- (c) 2-3
- (d) More than 3

Appendix B

Differentiation of Self Inventory-Short Form

These are questions concerning your thoughts and feelings about yourself and relationships with others. Please read each statement carefully and decide how much the statement is generally true of you on a 1 (not at all) to 6 (very) scale. If you believe that an item does not pertain to you (e.g., you are not currently married or in a committed relationship, or one or both of your parents are deceased), please answer the item according to your best guess about what your thoughts and feelings would be in that situation. Be sure to answer every item and try to be as honest and accurate as possible in your responses.

		Not at all characteristic of me						Very characteristic of me
1.	I tend to remain pretty calm even under stress.	1	2	3	4	5	6	IP1
2.	I usually need a lot of encouragement from others when starting a big job or task.	1	2	3	4	5	6	FO1
3.	No matter what happens in my life, I know that I'll never lose my sense of who I am.	1	2	3	4	5	6	IP2
4.	I tend to distance myself when people get too close to me.	1	2	3	4	5	6	EC1
5.	When my spouse/partner criticizes me, it bothers me for days.	1	2	3	4	5	6	FO2
6.	At times my feelings get the best of me and I have trouble thinking clearly.	1	2	3	4	5	6	ER1
7.	I'm often uncomfortable when people get too close to me.	1	2	3	4	5	6	EC2
8.	I feel a need for approval from virtually everyone in my life.	1	2	3	4	5	6	FO3
9.	At times, I feel as if I'm riding an emotional roller-coaster.	1	2	3	4	5	6	ER2
10.	There's no point in getting upset about things I cannot change.	1	2	3	4	5	6	IP3
11.	I'm overly sensitive to criticism.	1	2	3	4	5	6	ER3
12.	I'm fairly self-accepting.	1	2	3	4	5	6	IP4
13.	I often agree with others just to appease them.	1	2	3	4	5	6	FO4
14.	If I have had an argument with My spouse/partner, I tend to think about it all day.	1	2	3	4	5	6	ER4
15.	When one of my relationships becomes very intense, I feel the urge to run away from it.	1	2	3	4	5	6	EC3
16.	If someone is upset with me, I can't seem to let it go easily.	1	2	3	4	5	6	ER5
17.	I often feel unsure when others are not around to help me make a decision.	1	2	3	4	5	6	FO5
18.	I'm very sensitive to being hurt by others.	1	2	3	4	5	6	ER6
19.	My self-esteem really depends on how others think of me.	1	2	3	4	5	6	IP5
20.	I tend to feel pretty stable under stress.	1	2	3	4	5	6	IP6

Appendix C

Updated Illinois Rape Myth Acceptance Scale (IRMA)

Strongly Agree

Strongly Disagree

	1	2	3	4	5
Subscale 1: She asked for it					
1. If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of control.					
2. When girls go to parties wearing slutty clothes, they are asking for trouble.					
3. If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.					
4. If a girl acts like a slut, eventually she is going to get into trouble.					
Subscale 2: He didn't mean to					
5. When guys rape, it is usually because of their strong desire for sex.					
6. Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away.					
7. Rape happens when a guy's sex drive goes out of control.					
Subscale 3: He didn't mean to (intoxication)					
8. If a guy is drunk, he might rape someone unintentionally.					
9. It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing.					
10. If both people are drunk, it can't be rape.					
Subscale 4: It wasn't really rape					

11. If a girl doesn't physically resist sex—even if protesting verbally—it can't be considered rape.					
12. If a girl doesn't physically fight back, you can't really say it was rape.					
13. If the accused "rapist" doesn't have a weapon, you really can't call it rape.					
14. If a girl doesn't say "no" she can't claim rape.					
Subscale 5: She lied					
15. A lot of times, girls who say they were raped agreed to have sex and then regret it.					
16. Rape accusations are often used as a way of getting back at guys.					
17. A lot of times, girls who say they were raped often led the guy on and then had regrets.					
18. A lot of times, girls who claim they were raped have emotional problems.					
19. Girls who are caught cheating on their boyfriends sometimes claim it was rape.					

- Scoring: Scores range from 1 (strongly agree) to 5 (strongly disagree).
 - Scores may be totaled for a cumulative score.
 - Higher scores indicate greater rejection of rape myths.
- (Payne, Lonsway, & Fitzgerald, 1999; McMahon & Farmer, 2011)

Appendix D

Self-Measure – Bystander Intervention

Not at all likely

Very Likely

In the scenario you were presented with, BEFORE the man and women enter the room how likely would you be to....	1	2	3	4	5	6	7
1. tell the other men in the group that you disagree with the man's statements about the woman after he walks away?							
2. tell the other men in the group that the woman is probably too drunk to consent to sex?							
3. walk over to the man and woman while they are talking to check to see if she needs help?							
In the scenario you were presented with, AFTER the man and women enter the room how likely would you be to....							
4. try and find the girl's friends to help her?							
5. find the host of the party to tell them what you just witnessed?							
6. knock on the bedroom door to check on the girl?							
7. open the door if it is unlocked and enter the room to check on the girl?							
8. call the police to ensure the woman's safety?							

Appendix E

Social Norms Rejected

Imagine you are at a weekend house party and encounter a group of four other guys that you recognize from a class you are in. You don't know them very well, but since you are familiar with them you start hanging out with them at the party. You are having a good time at the party with them talking and listening to music. After hanging out for a few hours together, one of the men in the group begins commenting on a woman who appears intoxicated that walks by at the party. The woman's eyes are blood shot and she is having some difficulty walking. The man comments on how short the woman's skirt is and how hot her body looks. He begins laughing and states that "she is just asking for sex tonight" based on how "she looks and how drunk she is." The woman shoots him a mean look as if she knows he's been talking about her and starts walking away. The guy turns to the group you are with and says loudly that "she knows she likes it" and asks "what does she expect to happen when she dresses and acts like a drunk hoe? All of the men in the group tell the man that it's not cool to talk about the girl in that way and that he should stop. The man frowns, but then says he bets he can get her into bed that night. He turns around and walks over to the girl who is at the other end of the house. When he reaches the girl you notice he begins to say something to her. It's clear from your view that the girl still appears intoxicated and she isn't able to stand up that well. After a few minutes you see the man put his arm around the girl's shoulder and lead her into a nearby bedroom. He then closes the door behind them.

Appendix F

Social Norms Salient Condition

Imagine you are at a weekend house party and encounter a group of four other guys that you recognize from a class you are in. You don't know them very well, but since you are familiar with them you start hanging out with them at the party. You are having a good time at the party with them talking and listening to music. After hanging out for a few hours together, one of the men in the group begins commenting on a woman who appears intoxicated that walks by at the party. The woman's eyes are blood shot and she is having some difficulty walking. The man comments on how short the woman's skirt is and how hot her body looks. He begins laughing and states that "she is just asking for sex tonight" based on how "she looks and how drunk she is." The woman shoots him a mean look as if she knows he's been talking about her and starts walking away. The guy turns to the group you are with and says loudly that "she knows she likes it" and asks "what does she expect to happen when she dresses and acts like a drunk hoe? The rest of the other guys in the group begin laughing loudly while nodding in agreement. While laughing, the man says he bets he can get her into bed that night. He turns around and walks over to the girl who is at the other end of the house. When he reaches the girl you notice he begins to say something to her. It's clear from your view that the girl still appears intoxicated and she isn't able to stand up that well. After about a minute of talking you see the man put his arm around the girl's shoulder and lead her into a nearby bedroom. He then closes the door behind them.

Appendix G

Informed Consent (Via Email)

Dear participant,

My name is Saed D. Hill, and I am a Counseling Psychology doctoral student at the University of Missouri-Kansas City. You are invited to participate in my research study examining male attitudes about sexual assault and personality traits. This study has been approved by the UMKC's Institutional Review Board.

If you are at least 18 years old, an undergraduate, and self-identify as a cisgender male (meaning your birth certificate reads that you are a male and you identify yourself as a man), you will be asked to complete questionnaires, which should take approximately 30-45 minutes. You will not be required to provide any identifying information at any point during the study to ensure your responses are completely confidential. There is minimal risk in participating in this study and you are free to withdraw your participation at any time. There are no direct benefits to participating in this study, however, the information acquired from this study will help to extend knowledge regarding factors that contribute to sexual assault prevention.

If you complete this survey, you will be eligible to enter your information to receive one of three \$20 gift certificates to Amazon.com. A link will take you to a separate page where you can enter your contact information. Your contact information will not be connected to the responses you provided for the study.

If you have any questions about this study, you can email me at: saed.d.hill@mail.umkc.edu or contact Dr. Nancy Murdock at murdockn@umkc.edu. You should contact the University of Missouri-Kansas City Institutional Review Board (IRB) at 816-235-5927 or umkcirb@umkc.edu if you have any questions, concerns, or complaints about your rights as a research participant. Should you experience any emotional or psychological discomfort due to the nature of this study please contact the UMKC Counseling Center at 816-235-1635 or chtc@umkc.edu.

If you are interested in participating, please click on the link below and follow the directions on the first page.

Clicking below indicates that I have read the description of the study, and I agree to participate.

I Agree I Do Not Agree

Thank you so much for your help!

Sincerely,

Principal Investigator:
Saed D. Hill, M.A.
Counseling Psychology Doctoral Candidate
University of Missouri-Kansas City
saed.d.hill@mail.umkc.edu

Dissertation Chair:
Nancy Murdock, Ph.D.
Professor
University of Missouri-Kansas City
murdockn@umkc.edu

Appendix H

Informed Consent (Via Psych Pool)

Dear participant,

My name is Saed D. Hill, and I am a Counseling Psychology doctoral student at the University of Missouri-Kansas City. You are invited to participate in my research study examining male attitudes about sexual assault and personality traits. This study has been approved by the UMKC's Institutional Review Board.

If you are at least 18 years old, an undergraduate, and self-identify as a cisgender male (meaning your birth certificate reads that you are a male and you identify yourself as a man), you will be asked to complete questionnaires, which should take approximately 30-45 minutes. You will not be required to provide any identifying information at any point during the study to ensure your responses are completely confidential. There is minimal risk in participating in this study and you are free to withdraw your participation at any time. There are no direct benefits to participating in this study, however, the information acquired from this study will help to extend knowledge regarding factors that contribute to sexual assault prevention.

Students whose psychology course instructors offer extra credit for research participation will be eligible for extra credit after completing this survey. If you have any questions regarding your extra credit please contact your psychology instructor or the Psych Pool Administrator at umkcpsychpool@umkc.edu.

If you have any questions about this study, you can email me at: saed.d.hill@mail.umkc.edu or contact Dr. Nancy Murdock at murdockn@umkc.edu. You should contact the University of Missouri-Kansas City Institutional Review Board (IRB) at 816-235-5927 or umkcirb@umkc.edu if you have any questions, concerns, or complaints about your rights as a research participant. Should you experience any emotional or psychological discomfort due to the nature of this study please contact the UMKC Counseling Center at 816-235-1635 or chtc@umkc.edu.

If you are interested in participating, please click on the link below and follow the directions on the first page.

Clicking below indicates that I have read the description of the study, and I agree to participate.

I Agree I Do Not Agree

Thank you so much for your help!

Sincerely,

Principal Investigator:
Saed D. Hill, M.A.
Counseling Psychology Doctoral Candidate
University of Missouri-Kansas City
saed.d.hill@mail.umkc.edu

Dissertation Chair:
Nancy Murdock, Ph.D.
Professor
University of Missouri-Kansas City
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Appendix I

Incentive Form

(This page will appear when participants have completed the survey via email)

Reward Page

Thank you so much for your participation! You are now eligible to receive a \$20 gift certificate for Amazon.com. If you are interested in entering the raffle, click on the link below which will direct you to a separate page where you can enter your contact information. Winners will be notified via email after being randomly drawn. The gift certificate will then be mailed to the participant.

Your contact information will not be connected to the responses you provided for the study. The record of your contact information will be destroyed once the winner is chosen and the gift certificate is sent.

Thank you so much!

<Link to separate survey >

Appendix J

Recruitment Email

Greetings,

My name is Saed D. Hill, and I am a Counseling Psychology Doctoral Candidate at the University of Missouri-Kansas City (UMKC). I am currently conducting a study for my dissertation, under the supervision of Dr. Nancy Murdock, professor in the Counseling and Educational Psychology Department at UMKC. The study examines male attitudes about sexual assault and personality traits. The study protocol has been approved by the UMKC Institutional Review Board (IRB).

To participate, you must be at least 18 years old and currently a college/university undergraduate student. In addition, you must self-identify as a cisgender male (meaning your birth certificate reads that you are a male and you identify yourself as a man).

If you are qualified, I hope you will consider helping me by completing this brief online survey.

Participation involves responding to items in an online survey, reading and imagining yourself in a vignette, and responding to a few more items about the vignette. Information will be obtained anonymously. The study should take approximately 30-45 minutes to complete and as compensation, each participant will be eligible to win one of three \$20 gift certificates to Amazon.com. Upon completion of the research survey, you will be offered the opportunity to leave your name and email address in a separate web-based survey in order to add your names to a drawing for the gift certificates. Be aware that the odds of being selected as one of the winners of the drawing will depend on the amount of participants who participate in this study.

Participants can learn more about the study by viewing the informed consent provided in the first page of the online survey. For anyone interested in participating, you can access the survey by clicking on the link below:

https://umkc.co1.qualtrics.com/jfe/form/SV_3OvGBqmwRs3ZMUJ

If you have any questions or concerns, please do not hesitate to contact me by email (Saed.d.hill@mail.umkc.edu) or my supervisor at murdockn@umkc.edu. Thank you very much for your time and consideration.

--

Saed D. Hill, M.A.
Counseling Psychology Doctoral Candidate
University of Missouri-Kansas City

REFERENCES

- Allen, J. P., Hauser, S. T., Eickholt, C., Bell, K. L., & O'Connor, T. G. (1994). Autonomy and relatedness in family interactions as predictors of expressions of negative adolescent affect. *Child Development, 65*, 179-194.
- Allen, J., Mohatt, G. W., Hazel, K. L., Rasmus, M., Thomas, L. R., & Lindley, S. (2006). The tools to understand: Community as co-researcher on culture-specific protective factors for Alaska Natives. *Journal of Prevention and Intervention in the Community, 32*, 41–59.
- Allen, J.P., Porter, M.R., & McFarland, F.C. (2006). Leaders and followers in adolescent close friendships: Susceptibility to peer influence as a predictor of risky behavior, friendship instability, and depression. *Development and Psychopathology, 18*, 155–172
- Almond, T., & Freeman, H. (2012). Predicting adolescent self differentiation from relationships with parents and romantic partners. *International Journal of Adolescence and Youth, 15*(1) 121-143.
- American College Health Association. (April, 2007). *Position statement on preventing sexual violence on college and university campuses*. Retrieved May 10, 2009, from http://www.acha.org/info_resources/ACHA_SexualViolence_Statement07.pdf
- Anderson, I., & Doherty, K. (2008). *Accounting for rape: Psychology, feminism, and discourse analysis in the study of sexual violence*. New York, NY: Routledge.
- Anderson, L. A., & Whiston, S. C. (2005). Sexual assault education programs: A meta-analytic examination of their effectiveness. *Psychology of Women Quarterly, 29*, 374-388.
- Baker, T.L. (1994). *Doing social research*. (2nd Edn.). New York: McGraw-Hill Inc.

- Banyard, V. L. (2008). Measurement and correlates of pro-social bystander behavior: The case of interpersonal violence. *Violence and Victims, 23*, 83–97.
- Banyard, V. L., Eckstein, R. P., & Moynihan, M. M. (2010). Sexual violence prevention the role of stages of change. *Journal of Interpersonal Violence, 25*(1), 111-135.
- 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.
- Banyard, V. L., Moynihan, M. M., & Plante, E. G. (2007). Sexual violence prevention through education: An experimental evaluation. *Journal of Community Psychology, 35*(4), 463- 481.
- Banyard, V.L., Plante, E.G., Cohn, E.S., Moorhead, C., Ward, S., & Walsh, W. (2005). Revisiting unwanted sexual experiences on campus: A twelve-year follow-up. *Violence Against Women, 11*, 426–446.
- 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*, 476-496.
- Berkowitz, A. (2002). Fostering men’s responsibility for preventing sexual assault. In P. A. Schewe (Ed.), *Preventing violence in relationships: Interventions across the lifespan* (pp. 163-196). Washington, DC: American Psychological Association.
- Berkowitz, A. D. (2003). Applications of social norms theory to other health and social justice issues. In W. Perkins (Ed.), *The social norms approach to preventing school and college age substance abuse: A handbook for educators, counselors, and clinicians* (pp. 259-279). San Francisco, CA: Jossey-Bass.

- Berkowitz, A. (2009). *Response ability: Complete guide on bystander behavior*. Chicago, IL: Beck and Company.
- Berkowitz, A. D. (2010). Fostering healthy norms to prevent violence and abuse: The social norms approach. In K. L. Kaufman (Ed.), *The prevention of sexual violence: A practitioner's sourcebook* (pp. 147-171). Holyoke, MA: NEARI Press.
- Berkowitz, A. D. (2011). Using how college men feel about being men and “doing the right thing” to promote men’s development. In J. A. Laker & T. Davis (Eds.), *Masculinities in higher education: Theoretical and practical considerations* (Chapter 10, pp. 161-176). New York, NY: Routledge.
- Bickman, L., & Helwig, H. (1979). Bystander reporting of a crime: The impact of incentives. *Criminology*, 17, 283-300.
- Bohner, G., Jarvis, C. I., Eyssel, F., & Siebler, F. (2005). The causal impact of rape myth acceptance on men’s rape proclivity: Comparing sexually coercive and noncoercive men. *European Journal of Social Psychology*, 35, 819–828.
- Borges, A. M., Banyard, V. L., & Moynihan, M. M. (2008). Clarifying consent: Primary prevention of sexual assault on campus. *Journal of Prevention & Intervention in the Community*, 36(1), 75-88.
- Boulter, C. (1998). *Effects of an acquaintance rape prevention program on male college students' endorsements of rape myth beliefs and sexually coercive behaviors*. Unpublished doctoral dissertation, Washington State University.
- Bowen, M. (1976). Theory and practice of psychotherapy. In P.J. Guerin, Jr. (Ed.), *Family therapy: Theory and practice* (pp. 42-92). New York: Gardner.
- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.

- Brinkman, B.G., Isacco, A., & Rosén, L. (2015). College men's experiences of gender prejudice. *Journal of Men's Studies, 24*(3), 1-4.
- Brown, A., & Messman-Moore, T. L. (2010). Personal and perceived peer attitudes supporting sexual aggression as predictors of male college students' willingness to intervene against sexual aggression. *Journal of Interpersonal Violence, 25*, 503–518.
- Bunting, A. B., & Reeves, J.B. (1983). Perceived male sex orientation and beliefs about rape. *Deviant Behavior 4*(3-4), 281-295.
- Burn, S. (2009). A situational model of sexual assault prevention through bystander intervention. *Sex Roles, 60*, 779–792.
- Burt, M. R. (1980). Cultural myths and support for rape. *Journal of Personality and Social Psychology, 38*, 217-230.
- Carlson, M. (2008). I'd rather go along and be considered a man: Masculinity and bystander intervention. *Journal of Men's Studies, 16*(1), 3–17.
- Cota, A. A., Longman, R.S., Holden, R., Fekken, G. C., & Xinaris, S. (1993). Interpolating 95th percentile eigenvalues from random data: An empirical example. *Educational and Psychological Measurement, 53*(3), 585–596.
- Daly, K., & Bouhours, B. (2010). Rape and attrition in the legal process: A comparative analysis of five countries. *Crime & Justice, 39*(1), 565-650.
- DeMatteo, D., Galloway, M., Arnold, S., & Patel, P. (2015). Sexual assault on college campuses: A 50-state survey of criminal sexual assault statutes and their relevance to campus sexual assault. *Psychology, Public Policy, & Law, 21*(3), 227-238.
- Differentiation of self. (2015, June 2). Retrieved from <http://www.thebowencenter.org/theory/eight-concepts/differentiation-of-self/>

- Drake, J.R., Murdock, N.L., Marszalek, J.M., & Barber, C.E. (2015). Differentiation of self inventory – Short form: Development and preliminary validation. *Contemporary Family Therapy, 37*(2), 101-112.
- Eisler, R. M., & Skidmore, J. R. (1987). Masculine gender role stress: Scale development and component factors in the appraisal of stressful situations. *Behavior Modification, 11*, 123–136.
- Fabiano, P. M., Perkins, H. W., Berkowitz, A., Linkenbach, J., & Stark, C. (2003). Engaging men as social justice allies in ending violence against women: Evidence for a social norms approach. *Journal of American College Health, 52*, 105-112.
- Farmer, S., & Lawrence, G. (2011). An updated measure for assessing subtle rape myths. *Social Work Research, 35*(2), 71-81.
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A.G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analysis. *Behavior Research Methods, 41*(4), 12.
- Feld, S. L., & Robinson, D. T. (1998). Secondary bystander effects on intimate violence: When norms of restraint reduce deterrence. *Journal of Social and Personal Relationships, 15*, 277-285.
- Fischer, P., Greitemeyer, T., Pollozek, F., & Frey, D. (2006). The unresponsive bystander: Are bystanders more responsive in dangerous emergencies? *European Journal of Social Psychology, 36*, 267–278.
- 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.

- Foubert, J. D., & Cowell, E. A. (2004). Perceptions of a rape prevention program by fraternity men and male student athletes: Powerful effects and implications for changing behavior. *NASPA Journal*, 42(1), 1-20.
- Foubert, J. D., & LaVoy, S. L. (2000). A qualitative assessment of “The Men’s Program”: The impact of a rape prevention program on fraternity men. *NASPA Journal*, 38, 18-30.
- 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.
- Foubert, J. D., & Perry, B. C. (2007). Creating lasting attitude and behavior change in fraternity members and male student athletes: The qualitative impact of an empathy based rape prevention program. *Violence Against Women*, 13(1), 70-86.
- Galesic, M., & Bosnjak, M. (2009). Effects of questionnaire length on participation and indicators of response quality in a web survey. *Public Opinion Quarterly*, 73, 349–360.
- Gidycz, C. A., Orchowski, L. A., & 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.
- Glick, P., & Fiske, S. T. (1996). The ambivalent sexism inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology*, 70, 491–512.
- Glick, P., & Fiske, S. T. (2001). An ambivalent alliance: Hostile and benevolent sexism as complementary justifications for gender inequality. *American Psychologist*, 56, 109–118.

- Good, G.E., Heppner, M.J., Hillenbrand-Gunn, T., & Wang, L. (1995). Sexual and psychological violence: An exploratory study of predictors in college men. *The Journal of Men's Studies* 4(1), 59-71.
- Guerin, P.J., & Guerin, K. (2002). Bowenian family therapy. In J. Carlson & D. Kjos (Eds.), *Theories and strategies of family therapy* (pp. 126-157). Boston: Allyn & Bacon.
- Gushue, G.V., Mejia-Smith, B.X., Fisher, L. D., Cogger, A., Gonzalez-Matthews, M., Lee, Y., Mancusi, L., McCullough, R., Connell, M.T., Weng, W.C., Cheng, M., & Johnson, V. (2013). Differentiation of Self and racial identity. *Counseling Psychology Quarterly*, 26(3-4), 343-361.
- Haber, J. (2003). The Haber level of differentiation of self scale. In L. Strickland & C. Dilorio (Eds.), *The measurement of nursing outcomes* (2nd ed., pp. 320–331). New York: Springer.
- Hall, G. C., DeGarmo, D. S., Eap, S., Teten, A. L., & Sue, S. (2006). Initiation, desistance, and persistence of men's sexual coercion. *Journal of Consulting and Clinical Psychology*, 74, 732–742.
- Hall, G. C., & Hirschman, R. (1994). The relationship between men's sexual aggression inside and outside the laboratory. *Journal of Consulting and Clinical Psychology*, 62, 375–380.
- Hinck, S. S., & Thomas, R.W. (1999). Rape myth acceptance in college students: How far have we come? *Sex Roles*, 40, 815-832.
- Horn, J. L. (1965), A rationale and test for the number of factors in factor analysis. *Psychometrika*, 30, 179-85.

- Hughes, R. (1998). Considering the vignette technique and its application to a study of drug injecting and HIV risk and safer behavior. *Sociology of Health and Illness*, 20, 381-400.
- Jenkins, S. M., Buboltz, W. C., Schwartz, J. P., & Johnson, P. (2005). Differentiation of self and psychosocial development. *Contemporary Family Therapy*, 27, 251–261.
- Karjane, H. M., Fischer, B. S., & Cullen, F. T. (2005). *Sexual assault on campus: What colleges and universities are doing about it* (Research Report NCJ 205521). Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute for Justice.
- Katz, J. (1995). Reconstructing masculinity in the locker room: Mentors in violence prevention. *Harvard Educational Review*, 65, 163–174.
- Kerr, M.E., & Bowen, M. (1988). *Family Evaluation*. New York: Norton.
- Kilmartin, C. T., Conway, A., Friedberg, A., McQuoid, T., & Tschan, T. (1999, April). *Social conformity and sexism in all-male peer groups*. Paper presented at the annual meeting of the Virginia Psychological Association, Virginia Beach, VA.
- Knauth, D.G., Skowron, E.A., & Escobar, M. (2006). Effect of differentiation of self on adolescent risk behavior: Test of the theoretical model. *Nursing Research*, 55(5), 336-345.
- Koelsch, L. E., Brown, A. L., & Boisen, L. (2012). Bystander perceptions: Implications of university sexual assault prevention programs. *Violence and Victims*, 27(4), 563–579.
- Koss, M. P., Gidycz, C. A., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology*, 55(2), 162-170.

- Krebs, C.P., Lindquist, C.H., Warner, T.D., Fisher, B.S., & Martin, S.L. (2009). College women's experiences with physically forced, alcohol-or other drug-enabled, and drug-facilitated sexual assault before and since entering college. *Journal of American College Health, 57*(6), 639-647.
- Laner, M. R., Benin, M. H., & Ventrone, N. A. (2001). Bystander attitudes towards victims of violence: Who's worth helping? *Deviant Behavior, 22*, 23-42.
- Langhinrichsen-Rohling, J., Foubert, J. D., Brasfield, H., Hill, B., & Shelley-Tremblay, S. (2011). The Men's Program: Does it impact college men's bystander efficacy and willingness to intervene? *Violence Against Women, 17*(6), 743-759.
- Latane, B., & Darley, J. M. (1970). *The unresponsive bystander: Why doesn't he help?* New York, NY: Appleton-Century-Crofts.
- Leone, R.M., Parrott, D.J., & Swartout, K.M. (2016). When is it "manly" to intervene?: Examining the effects of a misogynistic peer norm on bystander intervention for sexual aggression. *Psychology of Violence*. Advance online publication. <http://dx.doi.org/10.1037/vio0000055>.
- Leone, R.M., Parrott, D.J., Swartout, K.M., & Tharp, A.T. (2016). Masculinity and bystander attitudes: Moderating effects of masculine gender role stress. *Psychology of Violence, 8*, 82-90.
- Licht, C., & Chabot, D. (2006). The Chabot emotional differentiation scale: A theoretically and psychometrically sound instrument for measuring Bowen's intrapsychic aspect of differentiation. *Journal of Marital and Family Therapy, 32*(2), 167-180.
- Lonsway, K. A., & Fitzgerald, L. F. (1994). Rape myths: In review. *Psychology of Women Quarterly, 68*, 133-164.

- Lynch, J., Mowrey, R., Nesbitt, G., & O'Neil, D. (2004). Risky business: Misperceived norms of sexual behavior among college students. *NASPA Journal*, 42(1), 21-35.
- Mabry, A., & Turner, M.M. (2016). Do sexual assault bystander interventions change men's intentions? Applying the theory of normative social behavior to predicting bystander outcomes. *Journal of Health Communication: International Perspectives*, 21(3), 276-292.
- Malamuth, N. M., Linz, D., Heavey, C. L., Barnes, G., & Acker, M. (1995). Using the confluence model of sexual aggression to predict men's conflict with women: A 10-year follow-up study. *Journal of Personality and Social Psychology*, 69(2), 353-369.
- McMahon, S. (2005). *Student-athletes, sexual assault supportive culture, and social change* (Unpublished doctoral dissertation). New Brunswick, NJ: Rutgers University.
- McMahon, S. (2010). Rape myth beliefs and bystander attitudes among incoming college students. *Journal of American College Health*, 59, 3-11.
- McMahon, S. (2015). Participation in high school sports and bystander intentions, efficacy to intervene, and rape myth beliefs. *Journal of Interpersonal Violence*, 30(17), 2980-2998.
- McMahon, S., & Farmer, G. L. (2011). An updated measure of subtle rape myths. *Social Work Research*, 35(2), 71-80.
- McMahon, S., Peterson, N.A., Winter, S.C., Palmer, J.E., Postmus, J.L., & Koenick, R. A. (2015). Predicting bystander behavior to prevent sexual assault on college campuses: The role of self-efficacy and intent. *American Journal of Community Psychology*, 56(1), 46-56.

- Milner, J. S. (1986). *The Child Abuse Potential Inventory manual* (2nd ed.). DeKalb, IL: Psytec.
- Moore, T.M., Stuart, G.L., McNulty, J.K., Addis, M.E., Cordova, J.V., & Temple, J.R. (2010). Domains of masculine gender roles stress and intimate partner violence in a clinical sample of violent men. *Psychology of Violence, 1*, 68-75.
- Murphy-Austin, M.J., Dardis, C.M., Wilson, M.S., Gidycz, C.A., & Berkowitz, A.D. (2015). Predictors of sexual assault-specific prosocial bystander behavior and intentions: A prospective analysis. *Violence Against Women, 22*(1). 83-97.
- Neville, H. A., & Heppner, M. J. (2002). Prevention and treatment of violence against women: An examination of sexual assault. In C. L. Juntunen & D. Atkinson (Eds.), *Counseling across the lifespan: Prevention and treatment* (pp. 261- 277). Thousand Oaks, CA: Sage.
- Nicksa, S.C. (2013). The impact of gender, anonymity, and relationship with the offender. *Journal of Interpersonal Violence, 29*(2), 217-236.
- Noelle-Neumann, E. (1974). The spiral of silence: A theory of public opinion. *Journal of Communication, 24*(2), 43-51.
- Palmer, B. (2011, February 17). What’s the difference between “rape” and “sexual assault”? Parsing reports of what happened in Tahrir Square. *Slate Magazine*. Retrieved from <http://www.slate.com>
- Parrott, D. J., Tharp, A. T., Swartout, K. M., Miller, C. A., Hall, G. C., & George, W. H. (2012). Validity for an integrated laboratory analogue of sexual aggression and bystander intervention. *Aggressive Behavior, 38*, 309–321.

- Patil, V.H., Singh, S.N., Mishra, S., & Donavan, D.T. (2008). Efficient theory, development and factor retention criteria: Abandon the 'eigenvalue greater than one' criterion. *Journal of Business Research*, 61, 162-170.
- 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(1), 28-68.
- Peleg, O. (2002). Bowen theory: A study of differentiation of self, social anxiety, and physiological symptoms. *Contemporary Family Therapy*, 24(2), 355-369.
- Peleg, O. (2004). Differentiation and test anxiety in adolescents. *Journal of Adolescence*, 27, 645–662.
- Peleg, O., Halaby, E., & Whaby, E. (2006). The relationship of maternal separation anxiety and differentiation of self to children's separation anxiety and adjustment to kindergarten: A study in Druze families. *Journal of Anxiety Disorder*, 23, 973–995.
- Pinzone-Glover, H.A., Gidycz, C.A., & Jacobs, C.D. (1998). An acquaintance rape prevention program: Effects on attitudes toward women, rape-related attitudes, and perceptions of rape scenarios. *Psychology of Women Quarterly*, 22(4), 605-621.
- Sabatelli, R. M., & Mazor, A. (1985). Differentiation, individuation, and identity formation: the integration of family system and individual development perspectives. *Adolescence*, 20, 619–633.
- Schwartz, M. D. (2000). Methodological issues in the use of survey data for measuring and characterizing violence against women. *Violence Against Women*, 6, 815-838.
- Schwartz, M. D., & DeKeseredy, W. S. (1997). *Sexual assault on the college campus: The role of male peer support*. Thousand Oaks, CA: Sage Publications.

- Shotland, R. L., & Stebbins, C. A. (1980). Bystander response to rape: Can a victim attract help? *Journal of Applied Social Psychology, 10*(6), 510–527.
- Skowron, E.A., & Friedlander, M.L. (1992). *The differentiation of self inventory: Development and initial validation*. Paper presented at the annual meeting of the American Psychological Association. Washington, DC. August 14-18.
- Skowron, E.A., & Friedlander, M.L. (1998). The differentiation of self inventory: Development and initial validation. *Journal of Counseling Psychology, 45*, 235-246.
- Skowron, E. A., Holmes, S. E., & Sabatelli, R. M. (2003). Deconstructing differentiation: Self-regulation, interdependent relating, and well-being in adulthood. *Contemporary Family Therapy, 25*, 111–129.
- Skowron, E.A., & Platt, L.F. (2005). Differentiation of self and child abuse potential in young adulthood. *The Family Journal: Counseling and Therapy for Couples and Families, 13*(3), 281-290.
- Skowron, E. A., Wester, S. R., & Azen, R. (2004). Differentiation of self mediates college stress and adjustment. *Journal of Counseling and Development, 82*, 69–78.
- Stein, J. L. (2007). Peer educators and close friends as predictors of male college students' willingness to prevent rape. *Journal of College Student Development, 48*, 75-89.
- Steinberg, L., & Monahan, K. C. (2007). Age differences in resistance to peer influence. *Developmental Psychology, 43*, 1531–1543.
- Stoll, L.C., Lilley, T.G., & Pinter, K. (2017). Gender-Blind sexism and rape myth acceptance. *Violence Against Women, 23*(1), 28-45.
- Suarez, E., & Gadalla, T. M. (2010). Stop blaming the victim: A meta-analysis on rape myths. *Journal of Interpersonal Violence, 25*, 2010-2035.

- Thompson, E.H., & Cracco, E.J. (2008). Sexual aggression in bars: What college men can normalize. *The Journal of Men's Studies* 16(1), 82-96.
- Turner, N.E. (1998). The effect of common variance and structure pattern on random data eigenvalues: Implications for the accuracy of parallel analysis. *Educational and Psychological Measurement*, 58(4), 541–568.
- Vandiver, D. M., & Dupalo, J. R. (2013). Factors that affect college students' perceptions of rape: What is the role of gender and other situational factors? *International Journal of Offender Therapy and Comparative Criminology*, 57(5), 592–612.
- Ward, K. J. (2001). *2000-2001 evaluation report*. Boston, MA: Center for the Study of Sport in Society, Northeastern University.
- Ward, L.M. (2016). Media and sexualization: State of empirical research, 1995-2015. *The Journal of Sex Research*, 53(4-5), 560-577.
- Weinstein, N.D. (1980). Unrealistic optimism about future life events. *Journal of Personality and Social Psychology*, 39(5). 806-820.
- Weissberg, R. P., & Bell, D. N. (1997). A meta-analytic review of primary prevention programs for children and adolescents. *American Journal of Community Psychology*, 25(2), 207-214.
- White House Task Force to Protect Students From Sexual Assault (U.S.). (2014). *Not alone: The first report of the White House Task Force to Protect Students From Sexual Assault*. Retrieved from <https://www.justice.gov/archives/ovw/page/file/905942/download>
- Yang, Z., Schaninger, C. M., & Laroche, M. (2013). Demarketing teen tobacco and alcohol use: Negative peer influence and longitudinal roles of parenting and self-esteem. *Journal of Business Research*, 66(4), 559–567.

Yanovitzky, I. (2006). Sensation seeking and alcohol use by college students: Examining multiple pathways of effects. *Journal of Health Communication, 11*(3), 269-280.

Yung, C. (2015). Concealing campus sexual assault: An empirical examination. *Psychology, Public Polic, and Law, 21*(1), 1-9.

VITA

Saed D. Hill was born in Pune, India and raised in Queens, New York. He split his high school education between Woodstock High School in Woodstock, Georgia and Olathe North High School in Olathe, Kansas, from which he graduated in 2005. Mr. Hill then obtained his Bachelor of Arts degree in Psychology from Truman State University in Kirksville, Missouri in 2009. Shortly after graduation, Mr. Hill moved to Kansas City where he completed his Master of Arts degree in Counseling and Guidance from the University of Missouri-Kansas City (UMKC) in 2013 while part of the UMKC Counseling Psychology Ph.D. program. For his master's degree Saed focused his academic work on couple's and family therapy as well as studying political argumentation as a means of enhancing the communication between clinicians and their clients. During this time Mr. Hill also accepted a staff position at Planned Parenthood Great Plains in Overland Park, Kansas as the Senior Education and Outreach Coordinator where he specialized in providing comprehensive sex education to children, adolescence, and adults until the summer of 2017. While part of the Counseling Psychology Ph.D. program Saed also completed numerous training experiences working with college students and went on to complete his pre-doctoral internship at The University of North Carolina at Chapel Hill.

After internship, Mr. Hill moved to Chicago, Illinois to accept a staff position at Northwestern University (NU) as the new Assistant Director of Prevention and Men's/Masculine Engagement in NU's Center for Awareness, Response, and Education (CARE). During this time Mr. Hill plans on obtaining licensure while also continuing to serve college students through advocacy, clinical work, research, and supervision. Mr. Hill is a member of the American Psychological Association.