

# Cornered at a Bar: How Victim Clothing, Alcohol Intake, and Relationship With Bystander Impact Intention to Help

Violence Against Women

1–28

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DOI: 10.1177/1077801218809948

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## Abstract

While a negative relationship between rape myth acceptance (RMA) and bystander behavior is established, the specific myths associated with bystander behavior are not well understood. In Study 1, we presented 260 participants with vignettes manipulating clothing and alcohol intake of a woman victim to see how it affected intention to help. In Study 2, we presented 247 participants with similar vignettes, manipulating alcohol intake and relationship with the bystander. Contrary to previous research on RMA, participants were significantly more willing to intervene if the woman was intoxicated. Intervention also depended upon the participants' relationship to the woman: stranger or acquaintance.

## Keywords

bystander behavior, empathetic concern, intoxication, rape myth acceptance, sexual assault

Recently published data from the U.S. Bureau of Justice Statistics found that one in four women in their senior year reported experiencing unwanted or nonconsensual sexual contact during their time in college (Krebs et al., 2016). Bystander intervention trainings have become a popular tool to reduce these instances of unwanted or

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nonconsensual sexual contact (Banyard, Moynihan, & Plante, 2007; Banyard, Plante, & Moynihan, 2004; Burn, 2009). Although researchers have demonstrated a link between rape myth acceptance and bystander behavior (e.g., Banyard et al., 2007), there is a need for more research to understand which myths specifically contribute to the decision to engage or not engage in bystander behavior during the prelude to sexual assault. Thus, the purpose of the first study is to address these limitations by utilizing an experimental research design to manipulate two common rape myths, victim blaming for alcohol intake and provocative dress, to determine if there are differences in participants' self-reported willingness to help the victim. We build upon the results of our first study by manipulating the relationship between the bystander and the victim in the second study to determine how relational closeness (i.e., friend, acquaintance, or stranger) influences the relationship between victim blaming for alcohol intake and willingness to help the victim.

## **Empowering Bystanders to Prevent Sexual Assault**

The first researchers to introduce the concept of bystander behavior were Latané and Darley (1970) when they suggested a five-step process for general bystander intervention. The bystander must (a) notice the situation, (b) identify the situation as being appropriate for an intervention, (c) take responsibility for intervening to prevent potential negative outcomes, (d) decide *how* they want to intervene, and (e) take actions to follow through with their intervention plan. Recently, the concept of being a "bystander" has evolved to include two types of bystanders: passive and active (Banyard et al., 2007). An active or empowered bystander intervenes to prevent a sexual assault (Banyard et al., 2004). Alternately, a passive bystander, or onlooker, allows the situation to occur without acting on Latané and Darley's (1970) fifth step: actually intervening.

Although empowered bystanders can intervene in a number of ways, the three pre-assault methods present in the literature include distract, delegate, and direct (Coker et al., 2015). Being direct involves confronting the victim or the perpetrator (e.g., asking the victim if they are okay, telling the perpetrator that what they are doing is wrong). When the situation does not allow for direct intervention due to safety concerns or discomfort, bystanders can use the delegate or distract methods. Delegating the intervention to someone else reduces those concerns (e.g., having someone else confront the people in the situation), as does distracting or indirectly causing a break in the situation (e.g., accidentally spilling your drink on someone in the situation). As researchers in the field are moving toward predicting who will intervene in various presexual assault situations, we incorporate these three methods as potential bystander methods that people may choose to employ.

Arguably, one of the most difficult tasks of effective long-term bystander intervention training is helping individuals successfully combat the rape myths that contribute to preventing individuals from engaging in bystander behavior. Rape myths are widespread, "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (Burt, 1980, p. 217). Multiple researchers have posited that these myths contribute to the creation of a hostile environment surrounding rape victims by simultaneously blaming

them for their own victimization while providing justification for men's sexual violence and aggression against women (Burt, 1980; Lonsway & Fitzgerald, 1994; Payne, Lonsway, & Fitzgerald, 1999). Importantly, placing the blame, or responsibility, on the victim may tell both the perpetrator and bystanders that the victim is the one who should have prevented the assault from ever happening. These rape myths may serve to absolve bystanders from taking responsibility to intervene, Step 3 of Latané and Darley's (1970) process, possibly by interpreting the situation as being inappropriate for intervention (e.g., he or she "asked" to be in this situation because he or she got so drunk), Step 2.

Current conceptualizations of rape myth acceptance vary depending on the measure. However, across multiple measures of rape myth acceptance, factors can be categorized into two overarching categories: *antecedents* and *reactions* to sexual assault. Factors in the antecedent category, the focus of the present study, are beliefs that precede a sexual assault and generally state that sexual assault would not occur if victims did not "ask for it" and if they took the appropriate precautions to prevent it in the first place (Briere, Malamuth, & Check, 1985; Edwards, Turchik, Dardis, Reynolds, & Gidycz, 2011; Payne et al., 1999). Factors in the reactions category are beliefs that follow a sexual assault and largely work to, as described by Hall, Howard, and Boezio (1986), (a) deny the reality that an assault took place (e.g., it was not rape, she lied), (b) excuse the perpetrator's actions (e.g., he did not mean it, the victim is to blame), and (c) deny the severity of the assault (e.g., other crimes are more serious; Briere et al., 1985; Edwards et al., 2011; Hall et al., 1986; Payne et al., 1999).

Researchers have associated rape myth acceptance with lower levels of helping attitudes, helping behavior, bystander efficacy, decisional balance (Banyard & Moynihan, 2011; Banyard et al., 2007), and even labeling an experience as rape (Peterson & Muehlenhard, 2004). Banyard and Moynihan (2011) also linked rape myth acceptance to reduced feelings of responsibility and recognized its importance for predicting helping behaviors. Because bystander interventions are designed to involve bystanders to prevent a sexual assault from ever happening, the current study focuses solely on antecedent rape myths. To isolate what antecedent myths may be contributing to a bystander's willingness to help prevent a sexual assault from occurring, the first study utilized two prevalent antecedent rape myths: a woman is "asking for it" (a) if she is sexually assaulted when she is drunk or (b) if she is wearing provocative clothing.

### *The Impact of Clothing Choice on Bystander Behavior*

Perceptions of a victim's clothing choice influencing opinions on the victim's fault for the sexual assault are well documented in the literature; people commonly perceive women dressed provocatively to have indirectly asked for, and thus caused and are responsible for, their own sexual assault (e.g., Cahoon & Edmonds, 1989; Cassidy & Hurrell, 1995; Cowan & Quinton, 1997; Lonsway & Fitzgerald, 1994; Maurer & Robinson, 2008; Whatley, 2005; Workman & Orr, 1996). Peterson and Muehlenhard (2004) even found that victims will often not believe they were raped because they perceive their own attire to be "provocative," and thus asking for sexual attention. In

essence, victim blaming is occurring as people are accusing the victim of causing the rape by their actions (i.e., wearing a provocative outfit) rather than accusing the rapist for behaving in an inappropriate manner (e.g., Lonsway & Fitzgerald, 1994). Many people believe that the clothing choice of a woman indicates her sexual availability and acts as *preconsent* to sexual intercourse (Payne et al., 1999), insinuating that someone who was dressed provocatively and sexually assaulted wanted that sexual interaction (Cassidy & Hurrell, 1995). Some convicted rapists even blamed the clothes the victim was wearing for the sexual assault they committed on the victim (Scully & Marolla, 1984).

Thus, it is plausible that someone who believes a woman is “asking” for sexual attention based on her revealing outfit will be less likely to help her in a situation recognized as leading up to a sexual assault. According to Latané and Darley (1970), the situation is recognized as dangerous, but Step 2 is where bystander behavior is thwarted. As such, it may be less likely that a *bystander* will intervene (Step 5) for a woman who is dressed provocatively than a woman who is not dressed provocatively, an issue which is not addressed in the literature.

### *The Impact of Alcohol Intake on Bystander Behavior*

It is also well documented in the literature that survivors of sexual assault are blamed for the assault if they had consumed alcohol or another drug prior to their assault (e.g., Cowan & Quinton, 1997; Grubb & Turner, 2012; Horvath & Brown, 2006, 2007; Scronce & Corcoran, 1995; Sims, Noel, & Maisto, 2007; Ullman, Karabatsos, & Koss, 1999). Similar to perceptions of women who wear provocative clothing, people assume that women who drink alcohol are demonstrating sexual intent, and thus should be held responsible for any sexually related outcome (e.g., Zawacki, Abbey, Buck, McAuslan, & Clinton-Sherrod, 2003). Women sometimes hold these perceptions about themselves as protective mechanisms so as not to consciously label themselves as rape victims (Peterson & Muehlenhard, 2004). This belief places the blame on the victim, due to her drinking behavior, rather than the perpetrator for taking advantage of her (Scronce & Corcoran, 1995). Krebs and colleagues (2016) found that 63% of victims indicated they had consumed alcohol or another drug prior to their assault; furthermore, victims reported that over half of their offenders were also under the influence of drugs or alcohol. However, although rape myths suggest that women are to blame for their assault if they consumed drugs or alcohol, the opposite is true of the offenders. Seto and Barbaree (1997) suggest that perpetrators use alcohol to excuse socially unacceptable behaviors, such as sexual assault, absolving themselves of fault. Thus, a bystander may be *less* likely to intervene on behalf of a woman who has consumed alcohol than a woman who has not consumed alcohol.

## **Study 1: Clothing and Alcohol, a Combination of Rape Myths**

Essentially, the purpose of Study 1 focuses on the antecedents of rape myth acceptance, through biases surrounding victim clothing choice and alcohol intake, and their impact on subsequent willingness to engage in bystander behavior. The current project

adds to the literature by investigating the state factors that influence bystander activism in a non-college setting. As demonstrated above, it is anticipated that both alcohol and clothing will separately impact bystander behavior:

**Hypothesis 1:** A bystander is significantly less likely to intervene for a woman who is dressed provocatively than for a woman who is not dressed provocatively.

**Hypothesis 2:** A bystander is significantly less likely to intervene for a woman who is intoxicated than for a woman who is not intoxicated.

In reality, though, one does not *just* notice someone's outfit, or *just* notice the amount of alcohol someone has consumed. Often, these two states are perceived together rather than separately, and thus can mutually influence one another. In keeping with the literature, we expect that the interaction between alcohol intake and clothing will predict bystander behavior, such that participants will be *less* likely to intervene as a bystander on behalf of the woman who is intoxicated and dressed provocatively.

**Hypothesis 3:** There will be an interaction between clothing type and alcohol intake on bystander behavior such that people will be least likely to intervene for a woman who is dressed provocatively *and* intoxicated.

As conducting research on bystander behavior in situations leading to sexual assault can result in "practical and ethical difficulties" (Bennett, Banyard, & Edwards, 2017, p. 32), we developed vignettes describing various situations that someone may encounter. In an effort to generalize to a context outside of a college campus, as approximately two thirds of students reported sexual assaults take place off-campus (Fisher, Cullen, & Turner, 2000), the vignettes describe a scene inside a sports bar.

Designing the levels of alcohol intake and clothing provided some challenges. Because laws in different states do not agree on what signifies "consent" when a person is drunk but not "blacked out," we purposefully chose to have the woman in our vignette appear sober or blatantly drunk (i.e., unable to sit upright, drowsy). When considering the clothing design aspect, we created three conditions: provocative, conservative, and control ("dressed in her team's colors").

## Method

**Participants.** A total of 284 undergraduate psychology students 18-51 years old ( $M = 21.81$ ,  $SD = 5.88$ ) from a large, Great Lakes state university in an urban setting participated in this study. Participants who did not complete the outcome measure or pass the manipulation checks were excluded ( $n = 24$ ), for a remaining total of 260 participants. The sample was predominantly female (78.8%), White (77.6%), and heterosexual (89.2%). Only 14.2% of participants had previously attended rape prevention programming; however, 59.8% knew someone who was raped or sexually assaulted, and 17.1% reported experiencing rape or sexual assault personally. Sample characteristics are reported in Table 1 below. Please see Appendix A for participant demographics reported by scenario.

**Table 1.** Sample Demographic Characteristics.

Variable	Study 1	Study 2
	Frequency (%)	Frequency (%)
Sex		
Female	205 (78.8)	180 (73.2)
Male	55 (21.2)	65 (26.4)
Sexual orientation		
Heterosexual	232 (89.2)	232 (94.3)
Homosexual	14 (5.4)	8 (3.3)
Bisexual	11 (4.2)	5 (2.0)
Other	3 (1.2)	1 (0.4)
Race		
White	201 (77.6)	196 (79.7)
Black	30 (11.6)	23 (9.3)
Hispanic/Latino	9 (3.5)	4 (1.6)
Multiracial	8 (3.1)	5 (2.0)
Asian/Pacific Islander	7 (2.7)	8 (3.3)
Other	4 (1.6)	9 (3.6)
Class standing		
Freshman	85 (32.9)	142 (58.0)
Sophomore	40 (15.5)	33 (13.5)
Junior	68 (26.4)	31 (12.7)
Senior	62 (24.0)	33 (13.5)
Other	3 (1.2)	6 (2.4)
Household income		
Less than US\$10,000	43 (16.6)	37 (15.2)
US\$10,000-US\$19,999	32 (12.4)	25 (10.3)
US\$20,000-US\$29,999	22 (8.5)	18 (7.4)
US\$30,000-US\$39,999	21 (8.1)	14 (5.8)
US\$40,000-US\$49,999	34 (13.1)	21 (8.6)
US\$50,000-US\$74,999	37 (14.3)	48 (19.8)
More than US\$75,000	70 (27.0)	80 (32.9)

*Procedure.* Participants completed the study via an online survey website, Qualtrics. All participants gave informed consent and received course credit as an incentive to participating in this study. After completing a demographic questionnaire, participants were asked to read one of six randomly assigned scenarios. Next, participants responded to a 20-item survey indicating how likely they would be to engage in three bystander behavior methods: direct intervention behavior, delegating behavior, and distracting behavior. Participants then responded to questions regarding rape myth acceptance, intention to help, and bystander self-efficacy.

## Measures

**Rape myth acceptance.** The Illinois Rape Myth Acceptance Scale–Short (IRMA) form was created to assess participant belief in common rape myths (Payne et al., 1999). Participants completed the 20-item questionnaire by rating how much they agreed with each item on a 5-point Likert-type scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*). Higher scores indicated higher rape myth acceptance. Past studies have yielded reliable Cronbach's alphas of .84 (Miller, Amacker, & King, 2011) and .93 (Payne et al., 1999). The current study obtained a Cronbach's alpha of .89.

**Intention to help.** The Bystander Intention to Help Scale was created to measure the likeliness of an individual assisting a victim of sexual assault (Banyard, Plante, & Moynihan, 2005). Participants completed the 51-item measure, rating how likely they would use the given behaviors on a 5-point Likert-type scale ranging from 0 (*not at all likely*) to 4 (*extremely likely*), with higher scores indicating higher levels of willingness to help. The original study conducted by Banyard and colleagues (2005) obtained a Cronbach's alpha of .94. The current study also obtained a Cronbach's alpha of .94.

**Bystander self-efficacy.** The Bystander Efficacy Scale was created to assess an individual's level of confidence in their ability to intervene to prevent sexual assault (Banyard, 2008). Participants completed the 18-item measure by rating how confident they would feel engaging in a particular behavior on a scale of 0 (*can't do*) to 100 (*very certain*), with higher scores indicating higher confidence. Previous research has obtained reliable Cronbach's alpha levels of .92 and .93 (Banyard & Moynihan, 2011; Banyard, Moynihan, Cares, & Warner, 2014). The current study obtained a Cronbach's alpha of .93.

**Vignettes.** The vignettes created for the purpose of this study manipulated the description of the clothing worn by the woman (three levels: conservative, control, and provocative) and the description of her alcohol intake (two levels: sober and drunk). A sample vignette, with the conservative clothing and high intoxication manipulations, is illustrated below. All vignettes used in the study appear in Appendix B:

You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a woman dressed comfortably in a sweatshirt and loose fitting jeans, sporting her team's colors. She is sitting at the bar by herself and appears to have had several drinks throughout the night, as evidenced by the difficulty she seems to be having sitting upright on the bar stool, looking drowsy, and spilling her drink on her lap as you watch. The woman she was sitting with previously must have left earlier in the game. There is a man blatantly hitting on her. At first, you think it's harmless but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.



**Behavioral interventions.** For the purposes of the current study, researchers created a 20-item survey where participants indicated how likely they would be to engage in various behaviors on a 4-point Likert-type scale from 0 (*not likely at all*) to 3 (*very likely*) if they witnessed the event presented in their randomly assigned vignette. Items included direct, delegating, and distracting bystander intervention methods. A sample distract item includes “I would try to distract the man by ‘accidentally’ running into him.” A sample delegate item includes “I would ask the bartender if they could check on the woman and make sure she is okay.” A sample direct item includes “I would approach the woman and ask her if she was okay.” Higher scores on this scale indicate a higher likelihood of engaging in bystander behavior. The Cronbach’s alpha for the total scale was .89.

**Manipulation check.** After completing the behavioral intentions questionnaire, participants were asked if they could correctly identify both (a) how the woman in the scenario was dressed and (b) her level of intoxication.

## Results

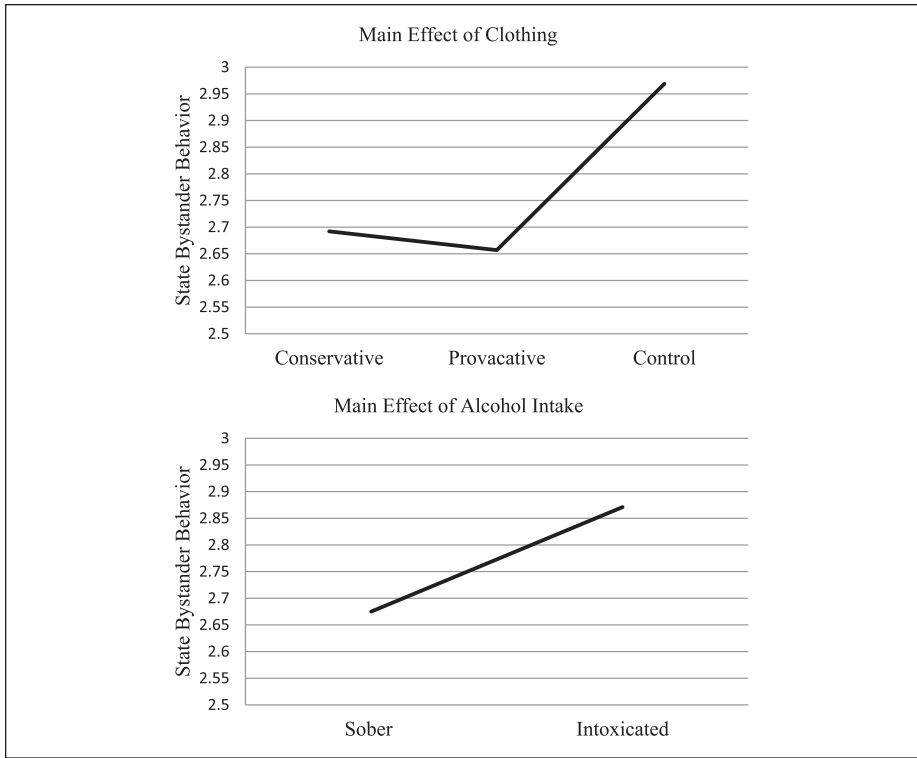
Our state measure of bystander willingness to help is highly correlated with other commonly utilized trait measures in the bystander literature. The state measure is significantly and negatively correlated with the IRMA ( $r = -.12, p < .05$ ), significantly and positively correlated with the Bystander Efficacy Scale ( $r = .26, p < .01$ ), and significantly and positively correlated with the Intent to Help Scale ( $r = .40, p < .01$ ).

A two-way analysis of variance (ANOVA) was conducted to examine the effects of clothing type and alcohol intake on likelihood of engaging in bystander behavior. There was no statistically significant interaction between clothing type and alcohol intake for the state measure of bystander behavior (Hypothesis 3),  $F(2, 254) = 2.161, p = ns, \eta_p^2 = .017$ . However, there was a significant main effect for clothing type (Hypothesis 1),  $F(2, 254) = 6.330, p < .01, \eta_p^2 = .047$ , with a mean bystander behavior score of 2.967, 95% confidence interval (CI) = [2.836, 3.098] for the control clothing type (i.e., no specific clothing mentioned), significantly higher than both the conservative clothing ( $M = 2.696, 95\% \text{ CI} = [2.563, 2.828]$ ) and provocative clothing scenarios ( $M = 2.657, 95\% \text{ CI} = [2.522, 2.792]$ ),  $p < .01$ . In addition, there was a significant main effect for alcohol intake (Hypothesis 2),  $F(1, 254) = 6.363, p < .05, \eta_p^2 = .024$ , with a mean bystander behavior score of 2.871, 95% CI = [2.762, 2.981], for the high alcohol intake scenario, significantly higher than sober scenario, 2.675, 95% CI = [2.567, 2.783],  $p < .05$ . The main effects are illustrated in Figure 1.

## Study 2

The purpose of the second study is to address the limitations within, and to build upon, the first study. As mentioned in the discussion for Study 1, although there was a significant effect for bystander behavior when clothing choice was not mentioned in the scenario, this is a finding that is unlikely to translate into a real-world setting where it





**Figure 1.** Study 1: Illustration of the main effects on state bystander behavior.  
*Note.* Mean values of state bystander behavior for each clothing condition (i.e., conservative, provocative, control) and each alcohol intake condition (i.e., sober, intoxicated).

is not possible to see an individual’s level of intoxication and not see their clothing choice. Thus, Study 2 excluded clothing descriptors and focused on an additional antecedent variable of interest in this study in conjunction with level of intoxication: type of relationship with the woman in the scenario (i.e., stranger, acquaintance, friend).

Researchers have suggested that reported intention to engage in bystander behavior may vary depending on the relationship between the bystander and the potential victim (e.g., Katz, Paziienza, Olin, & Rich, 2015). Descriptions of social identity theory (Tajfel & Turner, 1979), social categorization theory (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987), and homophilic selection (Byrne, 1971) all emphasize that people value their ingroup members more than their outgroup members. Specifically related to sexual assault, several researchers have found that people were more likely to help victims that they considered to be friends, or ingroup members (Bennett & Banyard, 2016; Katz et al., 2015; Levine, Cassidy, Brazier, & Reicher, 2002; Moynihan et al., 2015). Katz and colleagues (2015) noted that bystander gender did not influence willingness to help, and that bystanders who indicated a friendship with the victim

“intended to offer more help, felt more pressure to help, and felt more empathetic concern for friends than strangers at risk” (p. 2785). Bennett and Banyard (2016) also found that people who see their friends in presexual assault scenarios perceive the situation as more problematic than if they see a stranger in the same situation. As such, participants in their study were more likely to help their friends by intervening because they perceived the situation as more problematic.

Furthermore, in a recently published study by Bennett and colleagues (2017), the researchers found that the relationship one has with the victim and/or the perpetrator can significantly impact that person’s decision to intervene. The closer the relationship one had with the victim, the more likely the participant was to indicate they would help in the situation (but not help the perpetrator). In contrast, those who were presented with a vignette which outlined a close relationship with the perpetrator had fewer intentions to help the victim but were more likely to intervene on behalf of the perpetrator.

Our goal in Study 2 is to expand upon that relationship definition. For instance, not everyone we associate with is categorized into “friend” and “stranger” groups. Rather, there are people with whom we interact on a non-regular basis who are not close enough to be considered “friends,” but not distant enough to be considered a stranger. Study 2 is adding to previous literature in bystander intervention (e.g., Bennett & Banyard, 2016; Bennett et al., 2017; Katz et al., 2015; Levine et al., 2002) by incorporating a third friendship differentiation to add a level between friend and stranger: acquaintance.

Researchers studying college students using a three-type differentiation scale (self, best friend, and “typical other”) indicated that freshmen women perceive a “typical other” woman student as having significantly more sex/sexual activity than her best friend and herself (Zelin, Erchull, & Houston, 2015). Thus, in the context of bystander behavior, a woman who sees a friend or acquaintance in a pre-assault situation may think, “I wouldn’t want this to happen to me, and my best friend probably wouldn’t either, so I should intervene.” Alternatively, if the person is a stranger, she may think, “Other women have more sex than I do, so this is probably normal for her.” As such, presenting a scenario which more realistically captures the difference in relationship strength (e.g., close friend, acquaintance, stranger) will add to our collective understanding of how the relationship between the bystander and the potential victim impacts willingness to help, with the expectation that acquaintances are somewhere between a best friend and a stranger with regard to sexual history.

However, we cannot forget about the factor of victim intoxication, as researchers have demonstrated that alcohol intake predicts bystander behavior (e.g., Sims et al., 2007). Nor can we ignore that the effects of relationship status and alcohol intake together may contribute to bystander behavior. Although previous researchers (e.g., Bennett & Banyard, 2016; Bennett et al., 2017) have focused on intoxication and the level of severity, they have not considered the possibility that these events can occur when the victim is not intoxicated. Thus, Study 2 adds to the previous literature of bystander behavior based on the bystander’s relationship to the victim and the victim’s alcohol intake by recognizing that people can be placed in presexual assault situations when they have not consumed alcohol to the point of intoxication.

## *Empathetic Concern*

It is posited that bystanders with increased empathetic concern for the victim may be more willing to engage in behavior to help the victim (Batson, Eklund, Chermok, Hoyt, & Ortiz, 2007; Burn, 2009). Katz and colleagues (2015) found that relationship with the victim was significantly related to empathetic concern such that participants reported significantly higher rates of empathetic concern for friends than for strangers. The authors did not find a significant group difference between a friend and a stranger on reported levels of victim blaming. To build upon these findings, we will test if levels of both empathetic concern and victim blaming are impacted by alcohol intake and three levels of relationship status (friend, acquaintance, and stranger).

## **Alcohol and Relationship With Victim**

Building on our findings from Study 1, as well as the extant literature, the goal of Study 2 is to explore the interaction of relationship status (stranger, acquaintance, friend) and alcohol intake (drunk, sober) on three main outcomes: (a) bystander behavior, (b) empathetic concern, and (c) victim blaming.

**Hypothesis 1:** (a) Bystander behavior and (b) empathetic concern will be highest for participants in the friend condition, followed by the acquaintance and stranger conditions, and (c) victim blaming will be lowest for participants in the friend condition, followed by the acquaintance and stranger conditions.

Based on Study 1 results, we anticipate that relationship status will interact with alcohol intake on empathetic concern and bystander behavior such that participants will report more empathetic concern and willingness to help friends who are drunk. Alternately, we predict that victim blaming will be highest for participants in the stranger and drunk conditions.

**Hypothesis 2:** Relationship status and alcohol intake will interact to predict empathetic concern, bystander behavior, and victim blaming.

## *Method*

**Participants.** A total of 258 undergraduate psychology students 18-46 years old ( $M = 20$ ,  $SD = 3.20$ ) from the same university described in Study 1 participated in this study. Eleven participant cases were deleted due to incomplete data or manipulation check failures, resulting in 247 total participants. Similar to Study 1, the sample was predominantly female (73.2%), White (79.7%), and heterosexual (94.3%). During the course of Study 1, rape prevention training was only available to students online. Between Studies 1 and 2, an in-person training emphasizing bystander intervention and rape culture critical consciousness was added to the freshman seminars,

and students in introductory psychology courses received extra credit for attending presentations when offered school-wide. Reflecting recent policy changes at the university level between the first and second study, 39.0% of participants had previously attended rape prevention programming; however, 60.6% knew someone who was raped or sexually assaulted, and 15.4% reported experiencing rape or sexual assault personally. Sample characteristics are reported in Table 1. Please see Appendix C for participant demographics reported by scenario.

**Procedure.** The procedure for Study 2 is the same as Study 1.

### Measures

**Vignettes.** The vignettes from Study 1 were adapted to manipulate the description of the relationship status between the participant and the woman (three levels: stranger, acquaintance, and friend) and the description of her alcohol intake (two levels: sober and drunk). Vignettes used in Study 2 are located in Appendix D.

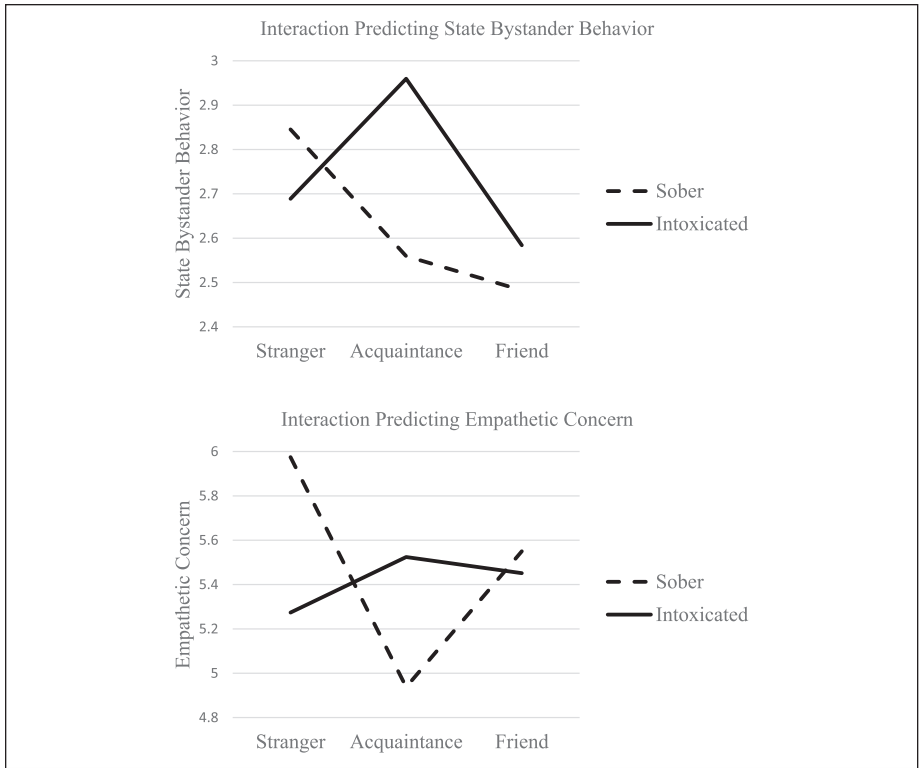
**Behavioral interventions.** The same 20-item state measure of bystander intervention methods was utilized with minor adjustments to item wording to reflect the relationship status in the participant's given scenario. The Cronbach's alpha for the total scale was .71.

**Empathetic concern.** Empathetic concern was measured using two items (Katz et al., 2015). Participants rated their level of agreement on a 7-point Likert-type scale (1 = *strongly disagree* to 7 = *strongly agree*). Past research has demonstrated a reliable Cronbach's alpha of .84 (Katz et al., 2015). The current study obtained a Cronbach's alpha of .82.

**Victim blame.** Participant level of victim blaming was measured using two items (Katz et al., 2015). Participants were asked to assign a percentage of responsibility to both the potential victim and the potential perpetrator, from 0-100%. The percentage given to the potential victim was utilized as the victim blame outcome.

### Results

A two-way ANOVA was conducted to examine the effects of relationship status and alcohol intake on likelihood of engaging in bystander behavior. Although the omnibus test revealed there was a significant main effect for relationship status,  $F(2, 246) = 3.590, p < .05, \eta^2 = .029$ , post hoc comparisons approached, but did not reach, levels of significance. Participants in the friend condition trended toward reporting lower levels of willingness to help ( $M = 2.534, SD = 0.497$ ) compared with both the acquaintance condition ( $M = 2.765, SD = 0.693, p = .054, 95\% CI = [-0.4643, 0.0033]$ ) and the stranger condition ( $M = 2.766, SD = 0.711, p = .051, 95\% CI = [-0.4652, 0.0010]$ ). Furthermore, there was no main effect for alcohol intake,  $F(1, 246) = 2.032, p = ns$ .



**Figure 2.** Study 2: Illustration of the interaction of relationship status and alcohol intake. *Note.* The top interaction shows mean values of state bystander behavior for each relationship condition (i.e., stranger, acquaintance, friend) by alcohol intake condition (i.e., sober, intoxicated). The bottom interaction shows mean values of empathetic concern for each relationship condition (i.e., stranger, acquaintance, friend) by alcohol intake condition (i.e., sober, intoxicated).

There was a significant interaction between alcohol intake and relationship status on bystander behavior,  $F(2, 246) = 3.996, p < .05, \eta^2 = .032$ . Participants reported significantly higher bystander behavior in the stranger ( $M = 2.8453, SD = 0.4190$ ) compared with the friend ( $M = 2.4826, SD = 0.5519$ ) condition, 95% CI = [0.024, 0.702],  $p < .05$ , in the low alcohol condition. Within the high alcohol condition, participants reported higher bystander behavior in the acquaintance condition ( $M = 2.9597, SD = 0.7051$ ) compared with the friend condition ( $M = 2.5841, SD = 0.4382$ ), 95% CI = [0.041, 0.711],  $p < .05$ . The significant interaction was also driven by the significant difference between the acquaintance conditions, with participants in the low alcohol condition ( $M = 2.5595, SD = 0.6244$ ) reporting significantly lower levels of bystander behavior compared with the high alcohol condition ( $M = 2.9597, SD = 0.7051$ ), 95% CI = [0.125, 0.676],  $p < .01$ . The interaction is illustrated in Figure 2.

**Table 2.** Analyses of Variance.

	DV: State bystander behavior				DV: Victim blaming				DV: Victim empathy		
	<i>df</i>	<i>F</i>	$\eta^2$		<i>df</i>	<i>F</i>	$\eta^2$		<i>df</i>	<i>F</i>	$\eta^2$
Corrected model	5	3.449**	.067	5	2.059	.041		5	2.559*	.051	
Intercept	1	4,433.18***	.949	1	1,458.567***	.860		1	3,953.662***	.943	
Alcohol level	1	2.032	.008	1	5.887*	.024		1	0.168	.001	
Relationship status	2	3.590*	.029	2	1.363	.011		2	1.795	.015	
Interaction	2, 246	3.996*	.032	2, 244	0.868	.007		2, 244	4.612*	.037	

Note. DV = dependent variable.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

Due to the intercorrelations between empathetic concern and victim blaming, a multivariate analysis of variance (MANOVA) was conducted to examine the effects of relationship status and alcohol intake on these outcome variables. Omnibus tests are reported in Table 2. There were no main effects for either relationship status or alcohol intake in the model predicting level of empathy. There was a significant interaction between alcohol intake and relationship status on empathy,  $F(2, 244) = 4.612$ ,  $p < .05$ ,  $\eta^2 = .037$ . Within the low alcohol condition, participants reported significantly higher levels of empathetic concern in the stranger condition ( $M = 5.9750$ ,  $SD = 1.1927$ ) compared with the acquaintance condition ( $M = 4.9375$ ,  $SD = 1.6494$ ), 95% CI = [0.307, 1.768],  $p < .01$ . The significant interaction is driven by the significant differences between the stranger conditions, with participants in the low alcohol condition ( $M = 5.9750$ ,  $SD = 1.1927$ ) reporting significantly higher levels of empathetic concern compared with the high alcohol condition ( $M = 5.2738$ ,  $SD = 1.2745$ ), 95% CI = [0.112, 1.291],  $p < .05$ . The difference between the acquaintance conditions approached significance (95% CI = [-0.006, 1.180],  $p = .052$ ), with participants in the low alcohol condition reporting lower levels of empathetic concern ( $M = 4.9375$ ,  $SD = 1.6494$ ) than participants in the high alcohol condition ( $M = 5.5244$ ,  $SD = 1.0365$ ). The omnibus test for the model predicting victim blaming was not significant. However, there was a main effect for alcohol intake,  $F(1, 244) = 5.887$ ,  $p < .05$ , such that participants in the low alcohol intake condition reported higher levels of blame for the man in the scenario ( $M = 75.95$ ,  $SD = 29.53$ ) compared with participants in the high alcohol intake condition ( $M = 66.87$ ,  $SD = 28.94$ ). There was no main effect for relationship status.

## Discussion

Overall, our proposed interaction in Study 1 between a victim's alcohol intake and clothing did not significantly predict participants' likelihood of engaging in proactive bystander behavior (Hypothesis 3). However, we did find significant main effects in Study 1 for both independent variables predicting participant willingness to engage in

bystander behavior: clothing (Hypothesis 1) and alcohol intake (Hypothesis 2). Researchers have found that survivors are often blamed for their assault, and sometimes blame themselves for the assault, if they had consumed alcohol prior to being assaulted (e.g., Horvath & Brown, 2006, 2007; Peterson & Muehlenhard, 2004), due to the perception that drinking alcohol implies sexual consent (e.g., Zawacki et al., 2003). As such, if people perceive that a woman drinking alcohol has already indicated sexual consent, they may not perceive the situation as appropriate for intervention (Step 2, Latané & Darley, 1970); therefore, they may refrain from taking responsibility to intervene (Step 3), because they perceive the woman to be responsible for her current position. However, participants in Study 1 indicated that the *opposite* was true; participants were significantly *more likely* to help a woman who was intoxicated than a woman who was sober.

Even though the Study 1 scenario clearly indicated that the woman was uncomfortable, participants may have perceived the sober woman to be in control of her current situation and therefore did not perceive the situation as threatening or thought she should be able to handle it herself. This reasoning supports the idea that women who do not say “no” or rebuff unwanted sexual attention in a particular way must, in fact, want the attention and have, in essence, provided consent (Osman, 2003). It may also indicate that benevolent sexism was at work. Reading about an intoxicated woman may have triggered the inclination to engage in benevolent, protective behaviors.

Contrary to our initial predictions, the outfit description of the woman in the Study 1 scenarios only impacted participants’ likelihood of intervening if the outfit was not described. We anticipated that participants who read about a provocatively dressed woman would be more likely to assume her outfit indicated consent for sexual behavior with another person (e.g., Lonsway & Fitzgerald, 1994; Maurer & Robinson, 2008), and as such, bystanders would be less likely to intervene. Furthermore, we anticipated that a woman who was conservatively dressed would be most helped as she would not be providing preconsent based on her outfit. Although our results for participant willingness to help a woman provocatively dressed echoed the results of previous research, there was *no significant difference* between the likelihood to help a woman dressed provocatively and a woman dressed conservatively. Participants were significantly less likely to want to intervene for a woman dressed conservatively or provocatively than for a woman whose attire was undescribed. Thus, in this particular study, there was not a “right” way for the woman to dress to elicit or deserve bystander intervention.

Finding that participants were more likely to help a woman if her attire was undescribed than if it was described provides an interesting caveat in the literature. It could be that bystanders generally perceive themselves as “good people” (trait measures) who will intervene to help others when they can. However, as soon as more information is provided about the situation, biases (e.g., rape myth acceptance) may prevent action from being taken.

As predicted, participants in Study 2 differed in their likelihood to become an empowered bystander based on the interaction of both alcohol intake and the relational closeness of the woman in question (Hypothesis 2). Similar to Study 1, and in contrast



to previous rape myth acceptance research focused on intoxication (e.g., Horvath & Brown, 2006, 2007), participants indicated the strongest likelihood of helping a woman at a bar if she was intoxicated and an acquaintance. It could be that the participants were more likely to feel bad for the drunk acquaintance because they took an approach of “well, that could be me.” In contrast, the lower likelihood of helping a sober acquaintance could be a result of feeling that if she is sober then she is in control of her actions, and thus consenting to the man’s behavior. Furthermore, we found that within the sober condition, participants were significantly more likely to help a stranger than a friend. These findings contrast with both our hypotheses and previous literature (e.g., Katz et al., 2015; Levine et al., 2002; Moynihan et al., 2015), which suggest that participants would be *most* likely to help their friends who are victims than strangers.

A positive outlook would suggest that bystander and other sexual assault programming supporting the notion of talking with one’s friends about their intentions prior to going out (e.g., “Bringing in the Bystander”; Banyard et al., 2004) is impacting this result. Essentially, participants may assume they would know if their friend wanted to be in this situation and are less likely to intervene. A study by Moynihan and colleagues (2015) supports this notion, as they found that bystander interventions for friends did not decrease, but behaviors for strangers were significantly lower 1 year post bystander intervention training. Alternatively, participants could assume that they would never allow their friend to enter into this circumstance, and as such indicated that they would not help because the situation is unlikely. For instance, according to the homophilic selection theory (Byrne, 1971), people choose friends who are similar to themselves. Thus, if the participant could never see themselves in this situation, they may also assume that their close friends would not be in this situation either.

In the Study 2 model predicting empathetic concern (Hypothesis 2) for the victim in the vignette, we found that in the sober condition, participants reported higher levels of empathetic concern for strangers compared with acquaintances. Interestingly, participants reported higher levels of empathy for sober strangers compared with intoxicated strangers. The differences in the acquaintance condition did not reach significance, but showed a trend in the opposite direction of the stranger condition such that participants reported lower levels of empathy for the woman in the sober condition and higher levels of empathy for the woman in the intoxicated condition. These findings stand in contrast to the findings of Katz and colleagues (2015), as they discovered higher levels of empathy for the friend, versus the stranger, in their study’s vignettes. However, similar to their study, we found no differences in reported levels of perceived victim blame between the different levels of relationship status. Although we did find higher levels of blame assigned to the man in the scenario for participants in the sober versus the drunk conditions, suggesting that while previous researchers have discussed how perpetrators use alcohol to excuse sexual assault, bystanders may engage in the same behavior (Seto & Barbaree, 1997).

Although multiple researchers have found that sexual assault survivors who consumed alcohol or used drugs are often blamed for their assault, because their use may have been thought to indicate sexual intent (e.g., Grubb & Turner, 2012; Horvath &

Brown, 2006, 2007; Suarez & Gadalla, 2010), our experimental study found no differences on perceived victim blame across the alcohol intake and relationship status conditions. Furthermore, contrary to previous findings, participants were *more* willing to engage in bystander behavior when the woman was intoxicated and an acquaintance, rather than a friend, as well as when she was sober and a stranger, rather than a friend. Such a finding denotes an important, contrasting element to consider in the general bystander literature: We found evidence in both Study 1 and Study 2 to demonstrate that participants were more willing to help someone who is intoxicated and in an unsettling situation, even though the literature on rape myths and victim blaming suggest they would *also* more likely blame that person after the fact if a sexual assault occurred.

In addition, participants in our study were not more likely to empathize with a friend versus a stranger or an acquaintance. This is an important finding that contrasts with previous research by Katz and colleagues (2015) as they found that participants demonstrated higher levels of empathy for friends versus strangers. Although it is suggested that individuals are more willing to help friends, those they empathize with, and those they believe are not at fault for their assault, this was not the case in this study. It may demonstrate the helpfulness of bystander programming working to increase empathy in strangers, and point to a need to increase empathy for friends and acquaintances. Sexual assault and harassment often carry the face of an anonymous stranger in news coverage and bystander empathy activities, asking individuals to consider that their friends and acquaintances may also be affected is an important next step.

## Limitations and Future Directions

Although we expanded upon the literature by offering an experimental investigation on anticipated bystander behavior based on rape myth acceptance, closeness of the person in question, bystander empathy, and victim blaming, a limitation of the present study is that it is a lab study rather than a field study. As we know that people may behave differently when actually placed in a situation rather than imagining a situation (e.g., Milgram, 1963), the present study does not have strong external validity but does provide an ethical way to measure these variables (e.g., Bennett & Banyard, 2016; Bennett et al., 2017).

It is also important to point out that personal descriptors impact a person's rape myth acceptance. Four personal descriptors that we measured in our study, but chose not to conduct analyses on, include gender of the bystander, education (measured in some studies as socioeconomic status), race/ethnicity, and age (see Suarez & Gadalla, 2010, for a review). With regard to gender, men are significantly more likely to hold rape myth acceptance attitudes than women (e.g., Anderson, Cooper, & Okamura, 1997; Aosved & Long, 2006; Katz et al., 2015; Suarez & Gadalla, 2010). However, as our sample was predominately women, the statistical analyses required to validate these previous findings would be inappropriate. Although Katz and colleagues (2015) found that gender did not impact participants' willingness to help, research is still

needed to fully understand gender's role on willingness to help as we know that rape myths can have a devastating impact on women (e.g., Moor, 2007). Furthermore, we also know that men's choice to intervene against sexual violence is a multifaceted construct, as they have difficulty identifying situations of high-risk and, if the situation is identified, struggle with knowing how to de-escalate the situation (e.g., Burn, 2009; Casey & Ohler, 2012). Men in a 2012 qualitative study reported not intervening as a bystander because it goes against the norms of masculinity and peer group codes, with some men mentioning they decided not to intervene for fear of being labeled as a "cock block" (Casey & Ohler, 2012, p. 75). Thus, because of the stronger norms men face in comparison with women to *not* intervene, it is imperative to conduct further research on gender differences in bystander action.

Rape myth acceptance is also significantly higher for those with lower levels of education (Anderson et al., 1997; Suarez & Gadalla, 2010), but as our sample included only college students, it would be inappropriate to conduct statistical analyses for a sample of similarly educated participants. Whites are significantly less likely to hold rape myth acceptance attitudes than non-Whites (Anderson et al., 1997; Suarez & Gadalla, 2010), and the older people become the more they support rape myth acceptance attitudes (Anderson et al., 1997). As with gender, it would be inappropriate to conduct statistical analyses based on race/ethnicity and age in the present study as our sample sizes were not conducive to such analyses. Age of participants in the study also suffered from range restriction, which invites caution when investigating the impact of age on rape myth acceptance attitudes (Anderson et al., 1997).

Furthermore, previous researchers have found that a wide array of sociocultural factors can influence acceptance of rape myth attitudes. These sociocultural factors also often demonstrate significant differences between men and women, but were not measured in the present study: sexism (Aosved & Long, 2006), racism (Aosved & Long, 2006; Suarez & Gadalla, 2010), racial identity (Suarez & Gadalla, 2010), classism (Aosved & Long, 2006; Suarez & Gadalla, 2010), religious intolerance (Aosved & Long, 2006; Suarez & Gadalla, 2010), ageism (Aosved & Long, 2006), and homophobia (Aosved & Long, 2006). Future researchers studying bystander intervention and rape myth acceptance should utilize these variables when designing vignettes (e.g., varying race of victim/assaulter and measuring racist attitudes of bystander) and questionnaires. In addition, another factor to keep in mind for future studies is that unlike both the Bennett and Banyard (2016) and Bennett and colleagues (2017) studies, we did not differentiate between the likelihood of bystander intervention toward the victim versus the perpetrator.

It is important to note there are significant differences between the vignettes used in this study and the one used by Katz and colleagues (2015). Although both vignettes depict behaviors that are precursors to sexual assault, our vignettes stop short of having the potential perpetrator leading the woman in the scenario out of the bar, although he is clearly trying to get her to leave with him. For that reason, participants may have not considered the situation to be severe enough to warrant intervention for their friends or acquaintances, perhaps believing the man would not ultimately be successful in getting their friend/acquaintance to leave the bar with them. The addition of a

qualitative component following participant completion of the experimental portion of the study could have provided insight into participant rationale for their decision to intervene in their given scenario.

Future research should also consider adding the relationship of the victim to the bystander in bystander intervention programming and how to provide rape myth and intervention information that will be remembered long term. For instance, adding in myths and facts about what “others” want and what “friends” want with regard to sexual intimacy may be beneficial. In addition, emphasizing the need for discussions with friends *prior to* going out about levels of anticipated sexual activity and “checking in” could substantially heighten empowered bystander behavior among friends. Unfortunately, even with this additional information, the promise of these bystander interventions occurring long term are tenuous.

For example, Banyard and colleagues (2007) conducted long-term follow-up studies on participants in bystander interventions of differing intensity (one 90-min session vs. three 90-min sessions); participants in the three 90-min session (treatment) groups had significantly lower levels of rape myth acceptance on posttest measures of the Illinois Rape Myth Inventory when completed immediately following the intervention programs and 2 months postintervention. Notably, the treatment groups received a booster session at 2 months postintervention, which may have contributed to the continued differences found at that time point. Unfortunately, measures at 4 and 12 months postintervention were no longer significantly different from preintervention levels. Thus, not only is it important to include additional rape myth information in bystander programming, but it is also imperative to develop a program that has a long-lasting behavioral impact.

Part of the issue with only implementing bystander intervention training to prevent sexual assault is that it only offers a temporary fix rather than adjusting the overarching societal factors that influence such behaviors in the first place (e.g., masculinity norms, Casey & Ohler, 2012). Integrating critical consciousness training into sexual assault bystander training is imperative so we can begin to change the culture such that future bystander trainings will no longer be necessary. Friere (1974) discusses the power of raising students’ critical consciousness through dialogue, analysis, reflection, research, and action. The goal is to guide students in a critical examination of the societal injustices inherent in the culture surrounding sexual assault to encourage a critical response (e.g., bystander action). Bystander training with a critical consciousness component goes beyond debunking myths and teaching students methods they can use to intervene to giving students the tools to recognize, critique, and act on societal injustice surrounding rape culture. Research is needed to determine the efficacy of including such a component in bystander education and training.

## Conclusion

Ultimately, people’s intentions to behave as active bystanders (Banyard et al., 2007) depend on how drunk they perceive the victim, how relationally close they

are to the victim, and how much empathy they have for the victim. Debunking rape myths is essential to the bystander model because it allows for bystanders to identify the situation as appropriate for intervention (Step 2, Latané & Darley, 1970) and increases the likelihood that bystanders will take preventive action (Step 5), a finding that was represented in the present study such that bystanders were more likely to help an intoxicated, rather than a sober, victim. Our study also notes that more research is needed to determine the driving variables (e.g., empathy, intoxication, relationship to victim), so we can tailor bystander intervention programming more effectively. Empowering the bystander to engage in active, preventive measures is crucial for the dissipation of rape culture and to stop many instances of sexual assault.

## Appendix A

Study 1: Demographics by Vignette.

	Vignette 1 Low alcohol, conservative	Vignette 2 Low alcohol, clothing control	Vignette 3 Low alcohol, provocative	Vignette 4 High alcohol, conservative	Vignette 5 High alcohol, clothing control	Vignette 6 High alcohol, provocative
Age	<i>M</i> = 24.62, <i>SD</i> = 9.121	<i>M</i> = 21.77, <i>SD</i> = 5.989	<i>M</i> = 20.15, <i>SD</i> = 1.800	<i>M</i> = 20.78, <i>SD</i> = 3.409	<i>M</i> = 21.71, <i>SD</i> = 5.565	<i>M</i> = 21.91, <i>SD</i> = 6.075
Sex						
Female	33 (73.3%)	32 (72.7%)	38 (88.4%)	37 (88.1%)	37 (82.2%)	28 (68.3%)
Male	12 (26.7%)	12 (27.3%)	5 (11.6%)	5 (11.9%)	8 (17.8%)	13 (31.7%)
Sexual orientation						
Straight	41 (91.1%)	39 (88.6%)	41 (95.3%)	35 (83.3%)	39 (86.7%)	37 (90.2%)
Gay	2 (4.4%)	1 (2.3%)	1 (2.3%)	3 (7.1%)	4 (8.9%)	3 (7.3%)
Bisexual	1 (2.2%)	3 (6.8%)	0 (0.0%)	4 (9.5%)	2 (4.4%)	1 (2.4%)
Other	1 (2.2%)	1 (2.3%)	1 (2.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Race						
White	39 (88.6%)	31 (70.5%)	33 (76.7%)	35 (83.3%)	35 (77.8%)	28 (68.3%)
Black	4 (9.1%)	8 (18.2%)	4 (9.3%)	4 (9.5%)	4 (8.9%)	6 (14.6%)
Hispanic/Latino	1 (2.3%)	1 (2.3%)	1 (2.3%)	0 (0.0%)	4 (8.9%)	2 (4.9%)
Multiracial	0 (0.0%)	3 (6.8%)	2 (4.7%)	2 (4.8%)	1 (2.2%)	0 (0.0%)
Asian/Pacific Islander	0 (0.0%)	1 (2.3%)	1 (2.3%)	0 (0.0%)	1 (2.2%)	4 (9.8%)
Other	0 (0.0%)	0 (0.0%)	2 (4.7%)	1 (2.4%)	0 (0.0%)	1 (2.4%)
Household income						
Less than US\$10,000	6 (13.3%)	7 (15.9%)	6 (14.0%)	11 (26.2%)	6 (13.3%)	7 (17.5%)
US\$10,000-US\$19,999	9 (20.0%)	3 (6.8%)	6 (14.0%)	3 (7.1%)	6 (13.3%)	5 (12.5%)
US\$20,000-US\$29,999	5 (11.1%)	4 (9.1%)	4 (9.3%)	2 (4.8%)	2 (4.4%)	5 (12.5%)
US\$30,000-US\$39,999	3 (6.7%)	4 (9.1%)	2 (4.7%)	4 (9.5%)	5 (11.1%)	3 (7.5%)
US\$40,000-US\$49,999	5 (11.1%)	7 (15.9%)	5 (11.6%)	4 (9.5%)	8 (17.8%)	5 (12.5%)
US\$50,000-US\$74,999	5 (11.1%)	7 (15.9%)	6 (14.0%)	8 (19.0%)	4 (8.9%)	7 (17.5%)
More than \$75,000	12 (26.7%)	12 (27.3%)	14 (32.6%)	10 (23.8%)	14 (31.1%)	8 (20.0%)

## Appendix B

### Study I Vignettes

*Scenario 1: Low alcohol intake, provocative outfit.* You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a woman dressed provocatively in a jean mini skirt and a cropped, low cut jersey sporting her team's colors. She is sitting at the bar by herself and does not appear to have had much, if anything, to drink. The women she was sitting with previously must have left earlier in the game. There is a man blatantly hitting on her. At first, you think it's harmless but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.

*Scenario 2: Low alcohol intake, no outfit information.* You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a woman dressed in her team's colors. She is sitting at the bar by herself and does not appear to have had much, if anything, to drink. The women she was sitting with previously must have left earlier in the game. There is a man blatantly hitting on her. At first, you think it's harmless but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.

*Scenario 3: Low alcohol intake, conservative outfit.* You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a woman dressed comfortably in a sweatshirt and loose fitting jeans, sporting her team's colors. She is sitting at the bar by herself and does not appear to have had much, if anything, to drink. The women she was sitting with previously must have left earlier in the game. There is a man blatantly hitting on her. At first, you think it's harmless but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.

*Scenario 4: High alcohol intake, provocative outfit.* You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a woman dressed provocatively in a jean mini skirt and a cropped, low cut jersey sporting her team's colors. She is sitting at the bar by herself and appears to have had several drinks throughout the night, as evidenced by the difficulty she seems to be having sitting upright on the bar stool, looking drowsy, and spilling her drink on her lap as you

watch. The woman she was sitting with previously must have left earlier in the game. There is a man blatantly hitting on her. At first, you think it's harmless but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.

**Scenario 5: High alcohol intake, no outfit information.** You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a woman dressed in her team's colors. She is sitting at the bar by herself and appears to have had several drinks throughout the night, as evidenced by the difficulty she seems to be having sitting upright on the bar stool, looking drowsy, and spilling her drink on her lap as you watch. The woman she was sitting with previously must have left earlier in the game. There is a man blatantly hitting on her. At first, you think it's harmless but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.

**Scenario 6: High alcohol intake, conservative outfit.** You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a woman dressed comfortably in a sweatshirt and loose fitting jeans, sporting her team's colors. She is sitting at the bar by herself and appears to have had several drinks throughout the night, as evidenced by the difficulty she seems to be having sitting upright on the bar stool, looking drowsy, and spilling her drink on her lap as you watch. The woman she was sitting with previously must have left earlier in the game. There is a man blatantly hitting on her. At first, you think it's harmless but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.

## Appendix C

Study 2: Demographics by Vignette.

	Vignette 1 Low alcohol, stranger	Vignette 2 Low alcohol, acquaintance	Vignette 3 Low alcohol, friend	Vignette 4 High alcohol, stranger	Vignette 5 High alcohol, acquaintance	Vignette 6 High alcohol, friend
Age	M = 19.73, SD = 1.988	M = 19.76, SD = 1.673	M = 21.23, SD = 4.979	M = 19.05, SD = 0.999	M = 20.38, SD = 3.844	M = 19.88, SD = 3.494
Sex						
Female	31 (75.6%)	29 (72.5%)	31 (77.5%)	28 (66.7%)	35 (83.3%)	26 (63.4%)
Male	10 (24.4%)	11 (27.5%)	9 (22.5%)	13 (31.0%)	7 (16.7%)	15 (36.6%)

(continued)



Appendix C. (continued)

	Vignette 1 Low alcohol, stranger	Vignette 2 Low alcohol, acquaintance	Vignette 3 Low alcohol, friend	Vignette 4 High alcohol, stranger	Vignette 5 High alcohol, acquaintance	Vignette 6 High alcohol, friend
Sexual orientation						
Straight	37 (90.2%)	37 (92.5%)	39 (97.5%)	40 (95.2%)	40 (95.2%)	39 (95.1%)
Gay	2 (4.9%)	1 (2.5%)	0 (0.0%)	2 (4.8%)	2 (4.8%)	1 (2.4%)
Bisexual	1 (2.4%)	2 (5.0%)	1 (2.5%)	0 (0.0%)	0 (0.0%)	1 (2.4%)
Other	1 (2.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Race						
White	33 (80.5%)	30 (75.0%)	32 (80.0%)	34 (81.0%)	35 (83.3%)	32 (78.0%)
Black	3 (7.3%)	6 (15.0%)	3 (7.5%)	3 (7.1%)	4 (9.5%)	4 (9.8%)
Hispanic/Latino	2 (4.9%)	0 (0.0%)	2 (5.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Multiracial	1 (2.4%)	1 (2.5%)	0 (0.0%)	2 (4.8%)	1 (2.4%)	0 (0.0%)
Asian/Pacific Islander	1 (2.4%)	0 (0.0%)	2 (5.0%)	1 (2.4%)	2 (4.8%)	2 (4.9%)
Other	1 (2.4%)	2 (5.0%)	1 (2.5%)	2 (4.8%)	0 (0.0%)	3 (7.3%)
Household income						
Less than US\$10,000	8 (19.5%)	5 (12.8%)	6 (15.0%)	8 (19.5%)	4 (9.5%)	6 (15.0%)
US\$10,000-US\$19,999	4 (9.8%)	3 (7.7%)	5 (12.5%)	4 (9.8%)	5 (11.9%)	4 (10.0%)
US\$20,000-US\$29,999	3 (7.3%)	5 (12.8%)	2 (5.0%)	1 (2.4%)	4 (9.5%)	3 (7.5%)
US\$30,000-US\$39,999	1 (2.4%)	3 (7.7%)	5 (12.5%)	2 (4.9%)	1 (2.4%)	2 (5.0%)
US\$40,000-US\$49,999	6 (14.6%)	4 (13.3%)	1 (2.5%)	2 (4.9%)	2 (4.8%)	6 (15.0%)
US\$50,000-US\$74,999	6 (14.6%)	9 (23.1%)	11 (27.5%)	7 (17.1%)	10 (23.8%)	5 (2.5%)
More than US\$75,000	13 (31.7%)	10 (26.6%)	10 (25.0%)	17 (41.5%)	16 (38.1%)	14 (35.0%)

Appendix D

Study 2 Vignettes

*Scenario 1: Low alcohol intake, stranger.* You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a woman sitting at the bar by herself. She does not appear to have had much, if anything, to drink. There is a man blatantly hitting on her. At first you think it's harmless, but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.

*Scenario 2: Low alcohol intake, acquaintance.* You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a woman with whom you are acquainted sitting at the bar by herself. She does not appear to have had much, if anything, to drink. There is a man blatantly hitting on her. At first you think it's harmless, but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.

*Scenario 3: Low alcohol intake, friend.* You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a close friend of yours sitting at the bar by herself. She has not had much, if anything, to drink. There is a man blatantly hitting on her. At first you think it's harmless, but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.

*Scenario 4: High alcohol intake, stranger.* You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a woman sitting at the bar by herself. She appears to have had several drinks throughout the night, as evidenced by the difficulty she seems to be having sitting upright on the bar stool, looking drowsy, and spilling her drink on her lap as you watch. There is a man blatantly hitting on her. At first you think it's harmless, but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.

*Scenario 5: High alcohol intake, acquaintance.* You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a woman with whom you are acquainted sitting at the bar by herself. She appears to have had several drinks throughout the night, as evidenced by the difficulty she seems to be having sitting upright on the bar stool, looking drowsy, and spilling her drink on her lap as you watch. There is a man blatantly hitting on her. At first you think it's harmless, but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.

*Scenario 6: High alcohol intake, friend.* You are at a local sports bar late one evening watching your favorite team play. It's a close game and the bar is fairly crowded with people waiting to see if their team comes out on top. You notice a close friend of yours sitting at the bar by herself. She had had several drinks throughout the night, and seems to be having sitting upright on the bar stool, looks drowsy, and is spilling her drink on her lap as you watch. There is a man blatantly hitting on her. At first you think it's harmless, but notice that she seems uncomfortable. He is leaning over her, touching her leg, and nodding toward the exit of the bar. She is looking around, leaning back away from him, and tried removing his hand from her leg—but he is continuing his advances.

## Declaration of Conflicting Interests

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

## Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The authors would like to acknowledge that this research was supported by Defined Lines, a student organization at the University of Akron dedicated to ending sexual assault and changing the culture surrounding sexual assault on campus.

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