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# The Chivalrous Bystander: The Role of Gender-Based Beliefs and Empathy on Bystander Behavior and Perceived Barriers to Intervention

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## Abstract

Despite substantial evidence demonstrating a relation between gender-based beliefs and violence against women, there has been little research examining whether sexist attitudes are related to prosocial bystander

behavior. Understanding psychosocial influences on bystanders' behavior could inform bystander training programs on college campuses, and so the current study examined the unique and joint effects of three gender-based attitudes (rape myth acceptance, hostile sexism, and benevolent sexism) and empathy in predicting bystander behavior and perceived barriers to intervention in situations that undergraduates ( $N = 500$ ; 70% female;  $M_{age} = 18.86$  years) had experienced in the prior year. Benevolent sexism was the only gender-based attitude consistently associated with bystander behavior and perceived barriers. After accounting for participant empathy, benevolent sexism uniquely predicted less intervention in post-assault situations, greater perceived barriers in pre- and post-assault situations, and greater Failure to Perceive Responsibility and Skill Deficit barriers across situations. Associations between gender-based attitudes and bystander behavior also differed for men and women, with rape myth acceptance predicting greater Failure to Perceive Responsibility barriers and benevolent sexism predicting greater Skill Deficit barriers for women but not men. These results suggest that existing bystander education programs can be improved by explicitly addressing benevolent sexist beliefs and promoting empathy for victims of assault.

## Keywords

intervention, sexual assault, prevention, dating violence, domestic violence

The bystander intervention model is a promising approach for the prevention of physical and sexual violence (Jouriles et al., 2018; Katz & Moore, 2013; Kettrey & Marx, 2018; Storer et al., 2016). Training programs based on this model have been widely implemented on college campuses in the United States, often as the preferred initiative for preventing sexual assault (Orchowski et al., 2018; White House Task Force, 2014). In its original conceptualization, the bystander intervention model articulated interpersonal violence as a community issue, in which prevention requires changes in social norms that support the use of violence (Banyard et al., 2005). The norms that have received the most attention in relation to interpersonal violence are gender-based; this work shows that those who support traditional gender roles (i.e., belief that men and women should adhere to prescribed social roles that align with their respective gender identities) are more accepting of violence against women (e.g., Hilton et al., 2003; Murnen et al., 2002; Suarez & Gadalla, 2010).

Gender-based norms have been theorized to manifest in myths about rape and victims of rape (Burt, 1980; Lonsway & Fitzgerald, 1994), such as the belief that female victims are to blame for being raped because of their dress or behavior, and that male victims are to blame for not escaping from their perpetrator. Rape myth acceptance consistently predicts perpetration of violence against women (for a review, see Yapp & Quayle, 2018) but it also may affect individuals' willingness to intervene in situations that present the risk of sexual assault by increasing victim blaming and/or diminishing their assessment of victim worth (Burn, 2009). For example, bystanders who believe that women "ask for rape" (Burn, 2009; Lonsway & Fitzgerald, 1994) by the clothes they wear may be less likely to intervene because they judge the potential victim to be responsible for being assaulted and unworthy of protection. Indeed, initial studies support this possibility, showing that greater endorsement of rape myths is associated with lower intention to intervene in hypothetical situations (Bannon et al., 2013; McMahon, 2010).

Despite substantial evidence demonstrating a relation between gender-based norms and violence against women, the potential for other forms of sexist beliefs to influence bystander intervention rarely has been investigated. Consequently, the purpose of this study was to examine the relations of different types of gender-based beliefs with (a) college students' bystander intervention behaviors in situations that they have personally experienced and (b) the reasons that they report for not responding in situations that presented risk for sexual or physical assault (i.e., barriers to intervention). We also examined how empathy may affect associations

between gender-based attitudes and prosocial bystander behavior and whether these associations varied in situations occurring before, during, or after an assault.

## The Bystander Intervention Model

Latanè and Darley's (1969, 1970) situational model for bystander intervention articulates five steps for prosocial responding: bystanders must notice the situation, perceive the risk to potential victims, take responsibility to intervene, decide to act, and then act. Burn (2009) applied this model to sexual violence and provided a more nuanced perspective of bystander behavior as it relates to gender-based violence. She also identified barriers that bystanders face at each step that can inhibit intervention. In addition to Darley and Latanè's (1968) description of diffusion of responsibility, where bystanders fail to intervene in the presence of others who ostensibly could also intervene, Burn (2009) theorized that bystanders evaluate the worth of a potential or actual victim on the basis of various characteristics, such as how they dress and their consumption of alcohol. Recent studies documenting sex differences in perceived barriers to intervening suggest that gender-related attitudes may influence bystander behavior. Hoxmeier et al. (2017) found that students' perception that intervening was "none of my business" was commonly reported as a barrier to intervening, particularly by men. Yule and Grych (2017) similarly found that not feeling responsible for intervening was the most common barrier reported by men who had encountered high-risk situations and chosen not to act; in contrast, not knowing what to do was endorsed equally by men and women (also see Bennett et al., 2014).

## Gender-Based Beliefs and Bystander Intervention

Although traditionally viewed as antipathy toward women, sexism encompasses less blatant, yet just as harmful attitudes and stereotypical beliefs about women. The construct of ambivalent sexism incorporates both hostile and benevolent forms of sexist beliefs (Glick & Fiske, 1996). Hostile sexism involves overtly derogatory beliefs about women, whereas benevolent sexism is more subtle and may appear to reflect positive views of women as innocent and virtuous; however, benevolent sexism still undermines women's strength and autonomy because it views women as dependent on and in need of men to protect them (Glick & Fiske, 1996). Benevolent and hostile sexism both are rooted in a position of male dominance and tend to be positively correlated (e.g., Glick et al., 2004; Glick & Fiske, 1996), and both have been shown to predict the acceptance of rape myths (e.g., Canto et al., 2014; Rollero & Tartaglia, 2018). However, whereas hostile sexist attitudes are likely to predict lower motivation to prevent sexual assault against women, benevolent sexism might be expected to promote a chivalrous desire to protect women from harm and thus higher levels of bystander intervention. The few studies that examined hostile and benevolent sexism in relation to bystander behavior found that both were related to lower willingness to intervene (Cinquegrana et al., 2018; Gracia et al., 2018; Katz et al., 2018). However, these studies assessed participants' intentions to intervene in hypothetical scenarios describing a sexual assault, and it cannot be assumed that behavioral intentions correspond to actual behavior in situations that present risk to both the potential victim and the bystander.

Gender-based attitudes also may predict the kinds of barriers that individuals perceive to intervening; that is, reasons for not intervening when presented with an opportunity to do so. In particular, rape myth acceptance, hostile sexism, and benevolent sexism may influence bystanders' sense of responsibility for intervening on behalf of potential victims. Although the desire to protect or help women that characterizes benevolent sexism might be expected to lead to greater perceived responsibility to intervene when women are threatened, it may be contingent on judgments about the potential victim. Benevolent sexism involves the idealization of women as pure and virtuous, but not all women are perceived that way. Glick and Fiske (1996) argued that "sexy women . . . arouse conflicting feelings among sexist men, who find them sexually attractive but potentially dangerous as 'temptresses' who can use their allure to dominate men" (p. 494). Thus, there is a moral element to benevolent sexism that suggests that women who meet particular expectations or standards should be cherished and

protected, but those who do not are not deserving of such treatment. This may include women who are perceived as dressing in provocative ways or drinking heavily. Individuals high in benevolent sexism thus may be less likely to help women if they are viewed as not meeting a particular moral standard and more likely to blame them for being assaulted.

## Empathy and Bystander Intervention

Gender differences in bystander behavior may have sources other than sexist beliefs. An important motivator of prosocial helping is empathy (Batson, 2009; Batson et al., 1981; Cialdini et al., 1997). Empathy is increased when individuals can identify with, or relate to, the person in need of help (Dovidio et al., 1991; Levine et al., 2005). Because women face higher risk for sexual and physical violence victimization than men (Archer, 2000; Edwards et al., 2015), they may feel greater empathy toward others in similar risk situations (Burn, 2009; Woods et al., 2016) and thus be more willing to intervene as a bystander (Abbott & Cameron, 2014; Dovidio et al., 1991; Hortensius & de Gelder, 2018). Although Burn (2009) and Woods et al. (2016) theorized that heightened bystander intervention tendencies among women reflect empathetic concerns, they did not include measures of empathy in these studies. In the present study, we examined the unique and additive effects of sexist attitudes and empathy in predicting bystander intervention and perceived barriers. We also considered whether associations between sexist attitudes and prosocial bystander intervention tendencies were similar for men and women.

## The Spectrum of Sexual and Interpersonal Violence-Related Risk Situations

Most studies of bystander intervention do not distinguish among different types of situations that may call for bystander action, but these situations may have an important influence on bystander behavior. McMahan and Banyard (2012) organized bystander intervention opportunities according to their temporal relationship to sexual or physical assaults: “Pre-assault” situations can occur well before (e.g., hearing catcalls) or shortly prior to an assault (e.g., seeing someone lead an intoxicated person to their room); “mid-assault” situations involve witnessing a physical and/or sexual assault; “post-assault” situations occur at some point after an assault and include situations such as learning that a friend has been assaulted and providing authorities with information regarding a possible assault. These situations differ both in their risk to potential victims and their potential risk to bystanders (Hilton et al., 2003; Moschella & Banyard, 2018). Although the threat of harm in mid-assault situations is more readily identifiable, pre- and post-assault situations exist on the same continuum of sexual violence (Kelly, 1987; Stout, 1991) and represent important, lower-risk opportunities for helping victims or potential victims. Bystanders’ behavior in these situations could be influenced by their attitudes about gender, but few studies have distinguished among these stages, and thus, it is unclear whether sexist attitudes have a stronger impact in some types of situations than others.

## The Current Study

The situational model for bystander intervention provides a foundation for understanding when bystanders act to interrupt a sexual assault, but the gender differences found in the literature demonstrate a need to understand broader attitudinal variables that may influence both prosocial responses and barriers to intervention. The promise of bystander intervention for preventing sexual and physical assault is predicated on addressing the norms that allow for the persistence of violence; however, investigations of the relationship between sexist attitudes and bystander intervention behavior are limited, and no studies have examined the relation between gender-based beliefs and perceived barriers to intervention. Therefore, to contribute to understanding psychosocial influences on bystanders’ prosocial intervention behavior, this study examined the relationships among three types of gender-based attitudes (rape myth acceptance, hostile, and benevolent

sexism), empathy, and college students' intervention behaviors and perceived barriers to intervention in situations that they had encountered. The following hypotheses were tested:

Hypothesis 1: Rape myth acceptance, hostile sexism, and benevolent sexism will be inversely associated with reports of bystander intervention across the three phases of sexual/physical assault (i.e., pre-, mid-, post-assault situations). We did not predict whether there would be differences among the three phases due to limited research on factors that predict intervention at different points along the continuum of violence.

Hypothesis 2: For students who did not take action in situations that presented the risk of sexual/physical assault, gender-based attitudes (i.e., rape myth acceptance, hostile, and benevolent sexism) will be associated with perceived barriers across the three phases of sexual/physical assault.

Hypothesis 3: Empathy will uniquely predict greater intervention behavior and fewer barriers to intervention across the three phases of physical/sexual assault (i.e., pre-, mid-, post-assault situations).

Hypothesis 4: Gender-based attitudes will uniquely predict intervention behavior (negatively) and perceived barriers (positively) after accounting for empathy.

Hypothesis 5: The sex of participants will moderate the association between gender-based beliefs and bystander behavior (i.e., intervention and perceived barriers). Gender-based beliefs will predict fewer intervention behaviors and more perceived barriers for male participants.

## Method

Participants were recruited through the Department of Psychology's participant pool at a medium-sized university in the Midwestern United States and received course credit. The participants ( $N = 500$ ) ranged in age from 18 to 21 ( $M = 18.86$ ) years, and the majority were female (70%) and identified their ethnicity as White (72%), with smaller numbers identifying as Hispanic or Latinx (10%), Asian (9%), Multiracial (5%), Black or African American (3%), and either as Native Hawaiian or Native American (1%). Most participants were first years (62%), with fewer sophomore (23%), junior (10%), and senior (5%) students.

## Procedure

The university's Institutional Review Board approved all procedures. The study was administered online using Qualtrics survey software. Participants were told that the study investigates how undergraduates perceive and respond in situations experienced while in college, including peer pressure, threatening or aggressive behavior in relationships, and interactions with friends, and their thoughts and feelings about topics such as sexual assault. After electronically signing the informed consent form, participants were directed to a series of self-report measures (described below).

## Measures

### *Bystander intervention and barriers*

Participants completed the *Bystander Situation Questionnaire* (Yule & Grych, 2017), which was developed to assess situations experienced by college students that present the threat or occurrence of sexual or physical assault. The 10 situations represent a range of interactions that could precede, occur during, or follow a sexual or physical assault. Following McMahon and Banyard's (2012) framework, the five pre-, two mid-, and three post-assault situations were examined separately. The pre-assault situations include the following: heard someone make sexist, racist, or homophobic jokes, or catcalls; saw an intoxicated person who appeared to be left alone at a party, going home alone, or passed out at a party; saw a woman at a party or bar looking very uncomfortable with a man or group of men around her; saw an intoxicated person being led away by someone

with questionable intentions; and saw a drink get roofied or someone appear to be trying to get another person drunk. Mid-assault situations include the following: saw someone acting in a harassing or sexually aggressive manner toward someone else; and saw someone act aggressively (i.e., shoving, yelling, controlling) toward a person they were dating or involved with. The post-assault situations include the following: saw someone with unexplained bruises that may be signs of an abusive relationship; heard someone imply or say, “she was asking for it” in reference to a person who had been sexually assaulted; and learned or suspected that a friend was sexually assaulted.

Participants reported whether or not they had encountered each situation within the past 12 months by checking “yes” or “no.” If they chose “yes,” the next screen asked how many times they had experienced each situation. If participants had been in a situation more than once, they were asked to answer the questions that followed in relation to their most recent experience. They then were asked to indicate whether they had intervened or not. If they had not intervened, they were asked why they chose not to and presented with a list of reasons (i.e., barriers) for not responding (participants could choose more than one barrier). The barriers (i.e., Failure to Perceive Risk, Failure to Perceive Responsibility, Skill Deficit, and Audience Inhibition) reflect the steps in Burn’s (2009) model and were worded to fit each situation (Yule & Grych, 2017). Example barrier items include the following: “I didn’t think anything needed to be done” (Failure to Perceive Risk), “I thought someone else would do something” (Failure to Perceive Responsibility), “I didn’t know what to do” (Skill Deficit), and “I was afraid that other people would make fun or criticize me if I did something” (Audience Inhibition). Participants received a score of 1 if they indicated that they intervened in a particular situation, and a 0 if they did not. Intervention scores for each phase of assault were created by summing the number of times participants reported intervening in pre-, mid-, and post-assault situations, respectively. The four barrier variables (Risk, Responsibility, Skill, and Audience) were created by summing the number of times that participants who failed to intervene in particular situations identified each barrier as a reason they did not intervene. Pre-, mid-, and post-assault barrier scores were created by summing the number of barriers reported in each phase of assault. Because there were multiple events within each type of situation, participants could receive nonzero scores for both intervening and barriers to intervention for a particular type of situation.

### *Rape myth acceptance*

Participants completed 19 items from the Illinois Rape Myth Acceptance Scale–Short Form (*IRMA-SF*; Payne et al., 1999) to indicate their level of acceptance of common myths about sexual assault. Example items include the following: “A woman who is raped while she is drunk is at least somewhat responsible” and “Usually, only women who dress sexy are raped.” Respondents rated their level of agreement with each statement on a 5-point scale (1 = *strongly disagree*, 5 = *strongly agree*). Item responses were summed to provide an index of rape myth acceptance, with higher scores indicating greater endorsement or acceptance. The internal consistency in the current sample was  $\alpha = .92$ .

### *Sexist attitudes*

Participants completed the Ambivalent Sexism Inventory (*ASI*; Glick & Fiske, 1996) to measure sexist beliefs and attitudes. The *ASI* is a 22-item measure that assesses endorsement of sexist attitudes. It consists of two subscales of sexism, hostile and benevolent, that are assessed separately. Hostile Sexism subscale includes items such as the following: “Most women fail to appreciate fully all that men do for them” and “Women seek to gain power by getting control over men.” Example items of benevolent sexism include the following: “Women should be cherished and protected by men” and “Every man ought to have a woman whom he adores.” Respondents rated their level of agreement with each statement on a 5-point scale (1 = *strongly disagree*, 5 = *strongly agree*). Item responses were summed for each subscale to provide separate indexes of hostile and benevolent sexist attitudes, with higher scores indicating greater agreement with the sexist statements. In the current sample, the

internal consistency values were  $\alpha = .88$  for Hostile Sexism subscale,  $\alpha = .77$  for Benevolent Sexism subscale, and  $\alpha = .88$  for the full scale.

### Empathy

Participants completed the Toronto Empathy Questionnaire (TEQ; Spreng et al., 2009) to measure general feelings of empathy. The TEQ includes 16 items that assess a broad range of empathic responses, including affective and cognitive aspects of empathy. Example items include the following: “It upsets me to see someone being treated disrespectfully” and “I get a strong urge to help when I see someone who is upset.” Respondents rated each item using a 5-point scale (0 = *never*, 4 = *always*). Item responses were summed to provide an index of empathic concern. The internal consistency in the current sample was  $\alpha = .82$ .

## Results

Nearly all of the participants ( $n = 487$ ; 97%) reported witnessing at least one situation presenting the risk of a physical or sexual assault in the prior year. The most commonly reported situations occurred in the “pre-assault” phase: 95% of the sample ( $n = 475$ ) encountered at least one of these five situations, and 68% of these 475 participants ( $n = 325$ ) reported intervening at least once. Many fewer participants ( $n = 107$ ; 21%) witnessed one of the two mid-assault situations, and most of these 107 participants reported intervening at least once in this type of situation ( $n = 77$ ; 72%). Finally, 31% ( $n = 153$ ) of the sample experienced at least one of the three post-assault situations, with almost all ( $n = 145$ ; 95%) intervening at least once.

Across pre-, mid-, and post-assault situations, nearly half of the participants ( $n = 239$ ; 49%) indicated that they did not intervene in at least one situation they had encountered. Failure to intervene was most commonly reported for the pre-assault situations ( $n = 224$ ; 47%) followed by mid- ( $n = 30$ ; 28%) and post-assault ( $n = 10$ ; 7%) situations. Slightly more than half of the 239 participants who did not intervene ( $n = 124$ ; 52%) reported a single barrier to intervening, and almost half ( $n = 109$ ; 46%) identified more than one barrier ( $M = 1.98$ ,  $n = 239$ ); only six participants did not describe a barrier and thus were excluded from the following analyses.

Due to insufficient power to analyze each type of barrier within each type of situation, we examined barrier type collapsed across the three phases of assault (i.e., total reports of Risk, Responsibility, Skill, and Audience barriers) and the number of barriers reported in each phase of assault (i.e., pre-, mid-, post-assault). Pre- ( $M = 1.87$ ,  $n = 224$ ) and mid-assault ( $M = 1.78$ ,  $n = 30$ ) situations were generally perceived as presenting more barriers than post-assault situations ( $M = 1.14$ ,  $n = 10$ ). As shown in Table 1, not knowing what to do or how to intervene (Skill Deficit) and not feeling responsible for doing something (Failure to Perceive Responsibility) were the two most common barriers reported by participants, with failure to identify the situation as potentially risky (Failure to Perceive Risk) and concern about how others would respond (Audience Inhibition) less frequently reported.

**Table 1.** Participant Frequencies of Barriers to Intervention for Each Phase of Assault.

	Failure to Perceive Risk n (%)	Failure to Perceive Responsibility n (%)	Skill Deficit n (%)	Audience Inhibition n (%)
Phase of Assault				
Pre-assault barriers (n = 217)	52 (23)	121 (54)	126 (56)	38 (17)
Mid-assault barriers (n = 27)	5 (19)	17 (63)	14 (52)	2 (7)
Post-assault barriers (n = 7)	1 (11)	3 (33)	3 (33)	1 (11)
Total across phases <sup>a</sup> (n = 233)	57 (24)	134 (58)	136 (58)	40 (17)



*Note.* Percentages are based on the total number of participants that reported no action at least once for each respective situation type. Barriers across situations do not sum to 100 because participants could choose more than one barrier for each situation.

<sup>a</sup>Frequencies reported represent all students who reported a barrier to intervention, not the sum of each respective column as some participants reported the same type of barrier for multiple situations.

We conducted a multivariate analysis of variance (MANOVA) to assess differences between female and male participants' responses on the study variables, which indicated a significant main effect of sex,  $F(13, 486) = 13.05, p = .001$ , Wilks's  $\lambda = .74$ . Post hoc tests using independent  $t$  tests were performed. Results indicated that female participants were more likely to intervene in post-assault situations,  $t(151) = -3.17, p = .002$ ; to express greater empathic concern toward others,  $t(498) = -8.71, p = .001$ ; and to endorse fewer hostile sexist,  $t(498) = 6.99, p = .002$ , benevolent sexist,  $t(498) = 5.62, p = .001$ , and rape myth acceptance,  $t(498) = 8.22, p = .001$ , beliefs than male participants.

We conducted correlational analyses to assess whether sexist attitudes (i.e., rape myth acceptance, hostile, and benevolent sexism) and empathy were associated with reports of bystander intervention at different phases of a sexual/physical assault and perceived barriers to intervening (see Table 2). Results indicated that lower acceptance of rape myths and greater empathy were associated with greater intervention during pre- and post-assault situations, and benevolent sexism was correlated with lower intervention in post-assault situations. Sexist attitudes and empathy were not associated with intervention in mid-assault situations. Some of the barriers to intervention also were correlated with sexist attitudes and/or empathy: failing to perceive situations as risky was associated with greater acceptance of rape myths and lower empathy, and failing to take responsibility for intervening was associated with higher benevolent sexism. Skill Deficit and Audience Inhibition were not correlated with attitudes or empathy.

**Table 2.** Correlations and Descriptive Statistics for Study Variables.

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Pre-assault intervention	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Mid-assault intervention	.20*	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Post-assault intervention	.31***	.45**	—	—	—	—	—	—	—	—	—	—	—	—
4. Pre-assault barriers	-.05	-.06	-.10	—	—	—	—	—	—	—	—	—	—	—
5. Mid-assault barriers	-.33	-.11	-.40	.65*	—	—	—	—	—	—	—	—	—	—
6. Post-assault barriers	.76*	.01	-.17	.41	.01	—	—	—	—	—	—	—	—	—
7. Failure to perceive risk	-.12	-.01	-.53 <sup>†</sup>	.26	.01	.01	—	—	—	—	—	—	—	—
8. Failure to perceive responsibility	-.12	-.19	-.15	.80***	.70**	-.50	.29	—	—	—	—	—	—	—
9. Skill deficit	-.10	-.40*	-.20	.51***	.35	1.00*	.36	.70**	—	—	—	—	—	—
10. Audience inhibition	-.15	-.37	-.02	-.04	-.13	.01	.01	.13	-.09	—	—	—	—	—
11. Hostile sexism	-.02	.03	-.10	.05	-.06	.11	.02	.06	-.01	-.07	—	—	—	—
12. Benevolent sexism	-.01	-.05	-.19*	.16	.42*	-.07	.13	.25**	.16 <sup>†</sup>	.09	.53***	—	—	—
13. Rape myth acceptance	-.10*	.02	-.25**	.11	.19	-.28	.28*	.14	.06	-.10	.52***	.35***	—	—
14. Empathy	.14**	.14	.24**	-.07	-.01	.01	-.37**	-.16 <sup>†</sup>	-.13	.04	-.34***	-.10*	-.39***	—
<i>N</i>	475	107	153	217	27	7	57	134	136	40	500	500	500	500
<i>M</i>	1.14	0.84	1.20	1.87	1.78	1.14	1.04	1.57	1.12	1.03	26.58	29.65	27.31	49.56
<i>SD</i>	1.08	0.62	0.58	1.39	1.40	0.38	0.19	0.98	0.42	0.16	7.56	6.32	8.72	6.84
Range	0–5	0–2	0–3	1–9	1–6	1–2	1–2	1–7	1–4	1–2	10–49	3–48	19–66	21–63

Note. All variables were scored continuously, with the range of scores reported in the “Range” row of the table. The “intervention” variables (1–3) reflect the total number of times participants reported intervening in each type of situation. The “barrier” variables (4–6) reflect the total number of barriers participants reported in each situation. Failure to Perceive Risk, Failure to Perceive Responsibility, Skill Deficit, and Audience Inhibition represent the number of times each barrier was reported across situations.

† $p < .10$ . \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

We then conducted multiple linear regression analyses to test whether gender-based attitudes uniquely predicted intervention behavior or perceived barriers after accounting for empathy. A check of normality, multicollinearity, and linearity indicated that no assumptions were violated. As Table 3 shows, empathy uniquely predicted intervention at each assault stage; individuals higher in empathy were more likely to respond in pre-assault ( $\beta = .13, p = .01$ ), mid-assault ( $\beta = .24, p = .04$ ), and post-assault ( $\beta = .20, p = .03$ ) situations. Benevolent sexism was the only unique predictor among the gender-based attitudes in these analyses. It uniquely predicted less intervention in post-assault situations ( $\beta = -.20, p = .04$ ), greater barriers in pre-assault ( $\beta = .18, p = .03$ ) and post-assault ( $\beta = .60, p = .03$ ) situations, and greater Failure to Perceive Responsibility ( $\beta = .28, p = .01$ ) and Skill Deficit ( $\beta = .27, p = .01$ ) barriers across situations.

**Table 3.** Multiple Linear Regression Analyses Accounting for Empathy in the Prediction of Intervention and Perceived Barriers.

	Pre-assault Intervention	Mid-Assault Intervention	Post-assault Intervention	Pre-assault Barriers	Mid-Assault Barriers	Post-assault Barriers	Failure to Perceive Risk	Failure to Perceive Responsibility	Skill Deficit	Audience Inhibition
	( <i>n</i> = 475)	( <i>n</i> = 107)	( <i>n</i> = 153)	( <i>n</i> = 217)	( <i>n</i> = 27)	( <i>n</i> = 7)	( <i>n</i> = 57)	( <i>n</i> = 134)	( <i>n</i> = 136)	( <i>n</i> = 40)
Variable	$\beta$	$\beta$	$\beta$	$\beta$	$\beta$	$\beta$	$\beta$	$\beta$	$\beta$	$\beta$
Empathy	.13*	.24*	.20*	.04	.15	.58	.32*	.13	.16 <sup>†</sup>	.01
Hostile sexism	.07	.10	.18 <sup>†</sup>	.12	.36	.73	.17	.15	.22 <sup>†</sup>	.13
Benevolent sexism	.01	.16	.20*	.18*	.60*	.48	.06	.28**	.27*	.20
Rape myth acceptance	.08	.15	.17 <sup>†</sup>	.09	.03	.94	.22	.07	.03	.11
<i>R</i> <sup>2</sup>	.02	.05	.11	.04	.28	.37	.19	.09	.07	.04
<i>F</i> for change in <i>R</i> <sup>2</sup>	2.77*	1.27	4.50**	1.97	2.10	0.29	2.95*	3.19*	2.28 <sup>†</sup>	0.35

Note. All variables were scored continuously (for score range, see Table 2).

<sup>†</sup>*p* < .10. \**p* < .05. \*\**p* < .01. \*\*\**p* < .001.

Finally, we tested whether the sex of participants moderated the association between gender-based attitudes (rape myth acceptance, hostile, and benevolent sexism) and bystander behavior (intervention and perceived barriers) following Aiken and West's (1991) guidelines. To preserve power, separate hierarchical linear regression analyses were conducted for the three types of gender-based attitudes, and each interaction term was separately regressed on bystander intervention and number of perceived barriers for the three phases of assault, as well as the four types of barriers across situations. Gender-based attitudes and participant sex, respectively, were entered in the first two steps of the regression equation, with the interaction term (Gender-Based Attitude  $\times$  Participant Sex) entered in the third step. Significant interaction effects were probed by conducting simple linear regression analyses separately for female and male participants.

As shown in Table 4, results indicated a main effect of rape myth acceptance and a significant interaction of rape myth acceptance and participant sex ( $\beta = .33, p = .001$ ) in the prediction of Failure to Perceive Responsibility. Simple slope analyses indicated that higher levels of rape myth acceptance predicted Failure to Perceive Responsibility barriers for female ( $\beta = .35, p = .001$ ) participants, but not for male ( $\beta = -.18, p = .22$ ) participants (see Figure 1). Results also indicated a significant interaction of participant sex and benevolent sexism ( $\beta = .22, p = .02$ ) in the prediction of Skill Deficit barriers (see Table 5). Simple slope analyses indicated that higher levels of benevolent sexism predicted Skill Deficit barriers for female ( $\beta = .25, p = .003$ ) participants, but not for male ( $\beta = -.31, p = .12$ ) participants (see Figure 2). No direct or interaction effects were found for hostile sexism or for the prediction of Failure to Perceive Risk, Audience Inhibition, intervention behavior, or perceived barriers in pre-, mid-, or post-assault situations.

**Table 4.** Testing the Moderation of Participant Sex and Rape Myth Acceptance in Predicting Bystander Behavior.

	Failure to Perceive Responsibility ( $n = 134$ )		
Variable	M1	M2	M3
Rape myth acceptance	.14	.17	.31**
Participant sex <sup>a</sup>		.09	.03
Rape Myth Acceptance $\times$ Participant Sex			.33**
$R^2$	.01	.03	.11
$F$ for change in $R^2$	0.11	1.77	5.12**

Note. Rape myth acceptance was scored continuously with scores ranging from 19 to 66. Failure to perceive responsibility was scored continuously, with scores ranging from 1 to 7. Data are standardized betas. M = model.

<sup>a</sup>Participant sex: 0 = male, 1 = female.

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

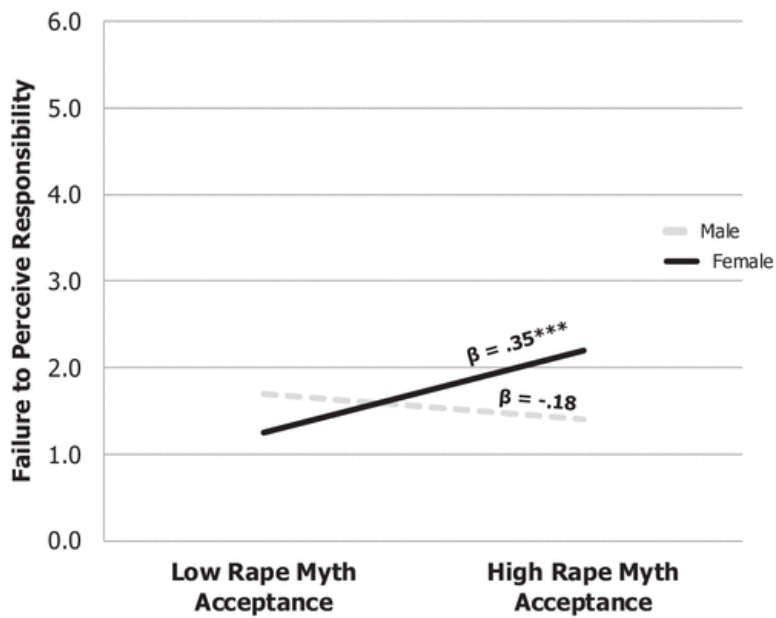


Figure 1. Interaction of rape myth acceptance and participant sex in predicting failure to perceive responsibility barriers.

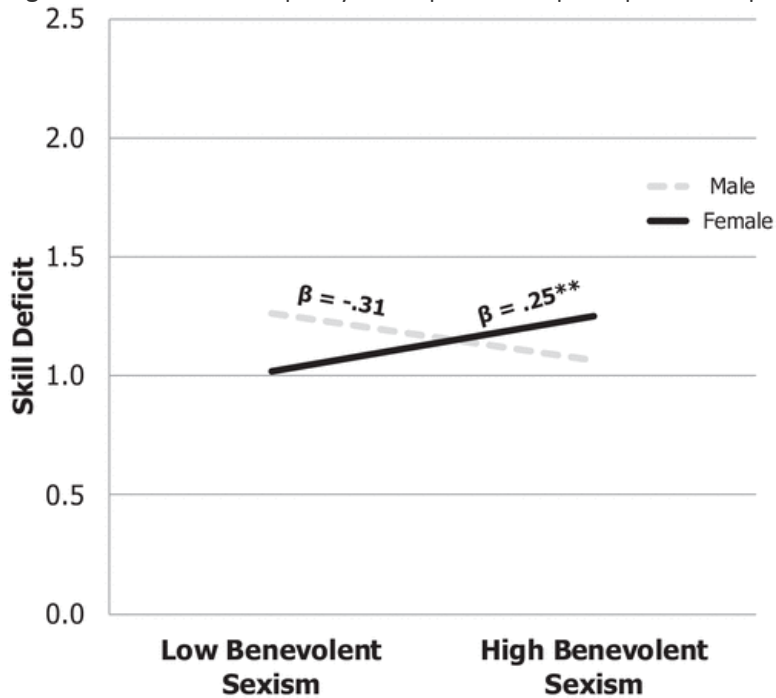


Figure 2. Interaction of benevolent sexism and participant sex in predicting skill deficit barriers.

Table 5. Testing the Moderation of Participant Sex and Benevolent Sexism in Predicting Bystander Behavior.

	Skill Deficit ( <i>n</i> = 136)		
Variable	M1	M2	M3
Benevolent sexism	.16 <sup>†</sup>	.17 <sup>†</sup>	.12
Participant sex <sup>a</sup>		.06	-.04
Benevolent Sexism × Participant Sex			.22*
<i>R</i> <sup>2</sup>	.01	.03	.07
<i>F</i> for change in <i>R</i> <sup>2</sup>	0.01	1.89	3.15*

Note. Benevolent sexism was scored continuously, with scores ranging from 3 to 48. Skill deficit was scored continuously, with scores ranging from 1 to 4. Data are standardized betas. M = model.

<sup>a</sup>Participant sex: 0 = male, 1 = female.

†p < .10. \*p < .05. \*\*p < .01. \*\*\*p < .001.

## Discussion

The present study explored how multiple forms of gender-based beliefs relate to bystander intervention in college students and augment existing research by being the first to examine relations between sexist attitudes and perceived barriers to intervention and to assess these associations in situations that students actually experienced rather than in hypothetical scenarios (e.g., Katz et al., 2018; McMahon, 2010). In support of our first two hypotheses, the findings indicate that gender-based attitudes and empathy are related to how college students respond when witnessing situations that present a risk for physical and sexual assault and to the reasons they provide for not intervening. There were gender differences on the mean levels of several variables—women were more likely to intervene in post-assault situations, endorse fewer sexist attitudes, and have greater empathy—but the associations among these variables and both bystander intervention and perceived barriers to intervention generally were similar.

The most consistent predictor among the gender-based attitudes measured is the most subtle: benevolent sexism. Although individuals who view women as virtuous and in need of protection might be expected to be more likely to help them, participants higher in benevolent sexism were *less* likely to intervene in post-assault situations, reported more barriers to intervening in pre- and mid-assault situations, and were more likely to report not intervening because it was not their responsibility to do so. These associations held after accounting for individual differences in empathy (Hypothesis 4). Although causal inferences cannot be drawn from these cross-sectional data, the findings suggest that men and women who hold benevolent sexist beliefs are less willing to intervene when women are at risk for assault or to help them after they have been assaulted. One possible explanation for this finding is that individuals high in benevolent sexism may not perceive all women as equally deserving of protection. For example, women who are drinking or considered to be acting “provocatively” at a party may not meet a particular moral standard associated with sexist stereotypes; bystanders high in benevolent sexism therefore may believe it is not their responsibility to help a woman who is at risk for assault in that situation. This is consistent with previous findings that individuals high in benevolent sexism hold victims more responsible for their victimization (e.g., Abrams, Viki, et al., 2003; Yamawaki, 2007). Individuals high in benevolent sexism also have been found to minimize the seriousness of a sexual assault (e.g., Yamawaki, Ostenson, et al., 2009), and therefore may not believe immediate intervention is necessary. Investigating how potential bystanders perceive potential victims of assault could shed light on these possibilities.

Women, but not men, who endorsed higher levels of benevolent sexism also were more likely to state that they did not intervene due to a perceived lack of competence, and thus our fifth hypothesis regarding gender-based beliefs predicting fewer intervention behaviors and more perceived barriers for male participants was not supported. Women who endorse traditional gender roles may believe that they lack the knowledge or skills to intervene effectively or that it is men’s responsibility to intervene as part of their “duty” to protect women. Situations that present the risk of physical and sexual assault also generally present a power differential for female bystanders, in which intervention would require challenging the power and privilege held by men, who are often the perpetrators of assault. Witnessing situations in which men victimize women also may threaten female bystanders’ traditional gender role beliefs that men should protect women, which, in turn, may elicit responses that reinforce beliefs that society is fair, such as failing to help a victim believed to be at blame for

assault. Results thus suggest that women conditioned to rely on men for their own and others' protection face greater barriers when deciding to help a victim of sexual or physical assault.

Rape myth acceptance has been linked to bystander intentions in prior research (Bannon et al., 2013; McMahon, 2010), and we found that it was correlated with lower rates of intervention in pre- and post-assault situations and failure to perceive risk as a barrier for intervening (Hypothesis 1). Female bystanders reporting greater acceptance of rape myths also were more likely to report not feeling responsible for intervening in situations that they had witnessed. However, after accounting for participants' general level of empathy, rape myth acceptance was no longer related to bystander intervention or barriers to intervention. Individuals who endorse rape myths are proposed to have a higher threshold for identifying a situation of potential sexual victimization as risky or dangerous (e.g., Yeater et al., 2010), but the present findings suggest that when students personally encounter a situation that presents the risk of physical or sexual assault to another student, their degree of empathic concern is a stronger predictor of their ability to recognize the danger present in the situation and to intervene than is the extent to which they hold rape myths.

This study thus highlights the role that empathy may play in bystander intervention (Hypothesis 3). We found that individuals reporting higher levels of empathy were more likely to intervene at each assault stage and were less likely to indicate that failing to recognize the riskiness of the situation was a barrier to intervening. Being able to identify with or understand the vulnerability of others may motivate bystanders to help individuals who are at risk for or have been the victims of sexual or physical assault, and may help them recognize when such risk is salient. Very few bystander programs target empathy as the primary mechanism for increasing students' willingness to intervene (e.g., Foubert & Newberry, 2006; Stewart, 2014), but these results suggest that fostering empathy may be an effective way to increase responsive bystander behavior. Social norms-focused bystander programs (e.g., Cook-Craig et al., 2014; Gidycz et al., 2011) often incorporate opportunities for active participation (e.g., skills practice, role-playing), which could be tailored to build participant empathy by incorporating group discussions on the effects of gender-based violence with a group moderator who reflects on others' experiences as a way to model perspective taking skills.

Hostile sexism was not found to be associated with bystander intervention or barriers to intervention, which is contrary to our hypotheses and prior research suggesting that bystanders with greater hostile sexist attitudes are less willing to intervene in situations that present a risk for assault (Gracia et al., 2018; Katz et al., 2018). One reason for the discrepancy between the findings regarding hostile and benevolent sexism may be methodological. The items on the Hostile Sexism subscale include overtly negative and patronizing views of women (e.g., "Women are too easily offended"), and social desirability biases may prevent individuals who actually agree with them from endorsing them. Although a similar bias could affect scores on the Benevolent Sexism scale, college students may be more willing to endorse items on this scale because the items reflect seemingly positive views of women.

The data also provide some support for the value of distinguishing between pre-, mid-, and post-assault situations. In some analyses, associations between gender-based attitudes and either intervention behavior or perceived barriers were consistent across phases. For example, the barriers to responding (not feeling responsible for doing something, not knowing what to do) were similar across the three phases, and higher levels of empathy predicted greater intervention across phases. In other analyses, different patterns of findings emerged. For example, benevolent sexism was associated with lower intervention in post-assault but not pre- or mid-assault situations, and the rates of exposure to and intervention in various phases differed. Further exploration of whether particular predictors are more potent at some stages than others is warranted, but it will be important to provide a range of situations within each phase so that they are equally well represented. In particular, the pre-assault phase, which presents what McMahon and Banyard (2012) labeled "primary prevention" opportunities for bystander intervention, includes a wide variety of situations that range from fairly



proximal to a potential assault (e.g., seeing someone take a drunk person to their room) to quite distal (e.g., making sexist jokes), and it is possible that students respond differently when risk is more or less imminent. We included representative examples of each situation in this study, but did not assess all of the types of situations that can occur at different phases.

## Limitations and Future Directions

The limitations to the study should be considered when interpreting the results. First, the sample was predominantly White, and the findings may not generalize to a more racially and ethnically diverse student population. Second, the study relied on self-report data and on participants' willingness to report whether and how they responded in a risky situation. Some students might be reluctant to acknowledge that they failed to respond in a risky situation or to endorse barriers to intervention. Underreporting may have reduced the magnitude of the associations among the variables; however, research on bystander intervention has relied on self-report measures (for a review, see Labhardt, Holdsworth, et al., 2017), and there is evidence supporting their reliability and validity (e.g., Banyard, Moynihan, et al., 2014; Yule & Grych, 2017). Third, the measure of bystander behavior used in the study assessed only a subset of the types of situations that can occur at each phase of assault, and respondents did not describe their individual experiences. Thus, it is not clear how similar or different particular types of situations were across participants. To the extent that the situations students encountered varied within phase, the study would provide a less sensitive test of whether bystander behavior or barriers differed across pre-, mid-, and post-assault situations. Future research can address this limitation by asking participants to provide a detailed description of their experiences.

The prevention of physical and sexual assault necessitates changing community social norms that support the use of violence (e.g., Banyard et al., 2005; Murnen et al., 2002). Although a majority of bystander training programs integrate content on the relation between traditional gender role beliefs and the perpetration of gender-based violence, the primary focus of these programs is to reduce the acceptance of rape myths (Storer et al., 2016). The present findings suggest that addressing the role of more subtle sexist beliefs like benevolent sexism could increase their impact, and studying other types of attitudes may provide a more comprehensive account of individual beliefs that predict bystander behavior. In particular, because sexist beliefs co-vary with attitudes about other social identities (e.g., Aosved & Long, 2006), future research would benefit from exploring the intersectionality of sexism, racism, and classism, particularly in situations where a bystander and potential victim are not of the same gender, class, and/or racial identity. Furthermore, it would be worthwhile to investigate how these attitudes may be related to empathy toward victims. For example, sexist or racist attitudes may reduce bystanders' empathy toward potential victims, which in turn may directly affect their behavior.

In addition to investigating other attitudes that might influence bystander behavior, it is important to examine how contextual factors affect intervention. For example, campus norms about sexual coercion, consent, and students' responsibility to protect their fellow students may shape the extent to which bystanders are willing to intervene in risky situations. Similarly, perceptions of the university's commitment to preventing sexual assault and supporting victims have been shown to moderate the effects of bystander training programs on intervention behavior (Jouriles et al., 2016), and may serve to encourage or discourage responsive bystander behavior.

Current bystander education programs also tend to focus on intervening in situations where the risk of assault is imminent. While pre-assault situations may not signify imminent risk to victims, they also present less risk for bystanders and represent an important opportunity for prosocial bystander behavior. Confronting sexist attitudes that perpetuate violence against women in these situations is a form of primary prevention that may

reduce assault by changing norms about what behavior is and is not acceptable on campus (Banyard et al., 2005).

In conclusion, this study presents new insights on links between gender-based attitudes and empathy with bystander behavior in situations students directly experienced. In particular, it suggests that subtle forms of sexism such as benevolent sexism may play a significant role in whether college students intervene to protect others from sexual or physical assault, and underscore the potential importance of empathy for understanding when students intervene or fail to intervene. These findings highlight the need for bystander education programs to explicitly address gender-based attitudes and to incorporate training specifically aimed at promoting empathy for victims of assault. More generally, they suggest that heightening students' awareness of and concern for gender inequality may promote more prosocial behaviors and reduce barriers to intervention in situations presenting the risk of physical and sexual assault.

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