
NATIONAL COLLEGE STUDENT BYSTANDER INTERVENTION SURVEY

NCSBIS DATA SUMMARY REPORT
NATIONAL AGGREGATE REPORT
PREPARED JULY 2020



INTRODUCTION

Issues of bias and exclusion, sexual violence, alcohol and other drug misuse, and hazing put students at risk for serious emotional and psychological harm, poor academic performance and attrition, physical injury, and sometimes death. When these issues take place, we know student bystanders are more likely to be present than are campus authorities, administrators, parents, coaches, etc. These student bystanders (witnesses) are in a position of being a type of “first responder” that can act to prevent or reduce harm to their fellow students by confronting problem behaviors and practices, providing direct aid, support, protection, and referrals to resources.

Unfortunately, many students succumb to “bystander apathy” and neglect to intervene or help. In most cases, this is not because the students are selfish and uncaring, it is because of the social and environmental barriers complicating their decision to act. Some of these barriers to bystander intervention include: a lack of awareness to notice the situation, a lack of knowledge to identify it as intervention-worthy, failing to take intervention responsibility, a lack of skills needed to offer help, and/or failing to act because they perceive the costs of intervention to be too great.

The WITH US Center for Bystander Intervention at Cal Poly was established to investigate these barriers further and center bystander intervention as an essential practice in preventing harm and improving the health and safety of college student communities. The tragic death of first-year Cal Poly student Carson Starkey in 2008, and the persistent trend of preventable harm and death among student populations across the U.S., were the impetus for the Center and its mission.

The Center is led by a team of expert social psychology and public health faculty researchers, multidisciplinary prevention practitioners, and experienced student affairs administrators, dedicated to combating bystander apathy and empowering communities of proactive bystanders (Upstanders). Through this study and other initiatives, WITH US is committed to providing colleges and universities with current research and evidence-based strategies to mitigate situations where bystander intervention and peer accountability could reduce student harms and save lives.

We are grateful to the institutions that took part in this important study. With data-informed practice, we can all work toward empowering students with the confidence and skills to be effective and proactive bystanders in their communities. We hope you find this report useful in doing just that. If you have questions about the report or would like to discuss its implications further, please do not hesitate to contact our team directly at withus@calpoly.edu.

In Community,
The WITH US Team



ABOUT THE NSCBIS

The **National College Student Bystander Intervention Study (NCSBIS)** was designed to expand the application of bystander intervention theory and research to prevent and reduce harm and lives lost to sexual assault, sexual harassment, intimate partner violence, unhealthy alcohol use, the misuse of non-prescription and prescription drugs, bias and exclusion, and hazing among college student populations. The study will provide a more comprehensive understanding of the motivators and barriers to college student bystander intervention in addressing each of these social issues.

The data gathered from this study is needed to assess and guide the development of effective bystander programs and communications so we can increase student bystander intervention-supportive attitudes, intentions, skills, and behaviors to the benefit of individual, group, organizational, and community health. Over time, the NCSBIS will provide a national benchmark on college student bystander intervention behavior and will inform guidance on improving the bystander climate on college campuses.

SAMPLING:

1,901 U.S. 4-year colleges and universities were invited to participate in this year's study, with 13 institutions representing 6 states opting to participate. Each participating campus provided email addresses for a random sample of 5,000 currently enrolled undergraduate students (or a census if the campus was under 5,000 students). The sample was then randomly assigned to participate in two versions of the survey.

DATA COLLECTION:

Student participants were invited via email to participate in the survey via a unique link sent through Cal Poly's Campus Labs Baseline survey system. Participants were reminded to complete the online survey during a 3-4-week period.

INCENTIVES & CONFIDENTIALITY:

To boost response rates, participants were invited to enter a raffle to win an Amazon gift card. Participants completed consent forms and were informed that their responses to the survey would remain anonymous.

INSTITUTIONAL REVIEW BOARD:

This study was reviewed and approved by Cal Poly's Institutional Review Board (IRB). If you have questions about how the study was conducted, you may contact Dr. Michael Black, Chair of the Cal Poly IRB at mblack@calpoly.edu.

PRINCIPAL INVESTIGATORS:

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Dr. Kevin Grant, Director of Student Affairs Assessment and Research, Cal Poly
Dr. Christine Hackman, Assistant Professor Department of Public Health, Cal Poly

ABOUT THIS REPORT

This report provides a snapshot of the bystander attitudes, behaviors, situations witnessed by students surveyed over the past academic year, and the barriers that held them back from helping. This data is intended to help identify the unique barriers and motivators to bystander intervention to inform prevention priorities, awareness campaigns, and education programs.

REPORT SECTIONS/IMPLICATIONS FOR PRACTICE

SITUATIONS WITNESSED – Types of behaviors witnessed by students by topic area.

- Implications for Practice: Many campus climate surveys ask students to share their personal experiences with certain issues and if they personally have engaged in a certain behaviors. The NCSBIS ask what students have witnessed firsthand or know about it because someone involved told them, which can help triangulate other data sources about the prevalence of these issues on campus.

BYSTANDER ATTITUDES – Student perceptions about these issues on their campus.

- Implications for Practice: Research suggests that students are more motivated to engage in socially desirable behavior when they believe it is a norm among their peers. One common barrier to student bystander intervention is the belief that their peers may not approve. Social norm campaigns use normative student data to promote bystander intervention. You may consider using data from these items to inform social norm marketing and communication campaigns using statements such as; "Over 90% of college students agree that students should intervene when..."

BYSTANDER BEHAVIORS – What actions students took to intervene/respond.

- Implications for Practice: Some bystander intervention behaviors take the form of supporting and caring for victims and looking after at-risk peers to reduce their risk of harm, others involve confronting the perpetrator and holding them accountable. The data from these items can be helpful to understand how student witnesses are currently responding and adjusting programs to foster more desirable bystander behaviors.

BYSTANDER APATHY & BYSTANDER BARRIERS – Events where students witnessed an issue but did not take action & the 5 barriers that may have held them back.

- Implications for Practice: See barrier section for suggestions for how this data can be useful in determining prevention priorities and developing education initiatives.

REPORT ACKNOWLEDGEMENTS

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DATA VISUALIZATION & REPORT DESIGN – Dr. Billie-Jo Grant

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UNDER THE ADMINISTRATION OF – Dr. Kathleen McMahon and Dr. Keith Humphrey



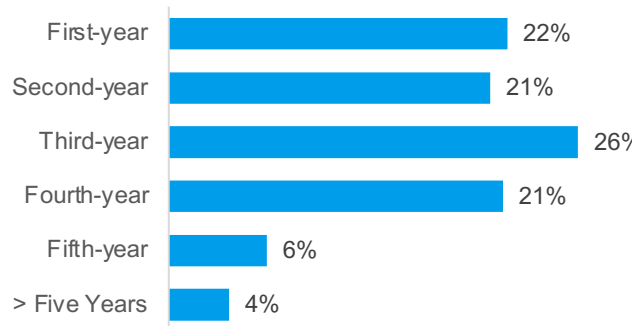
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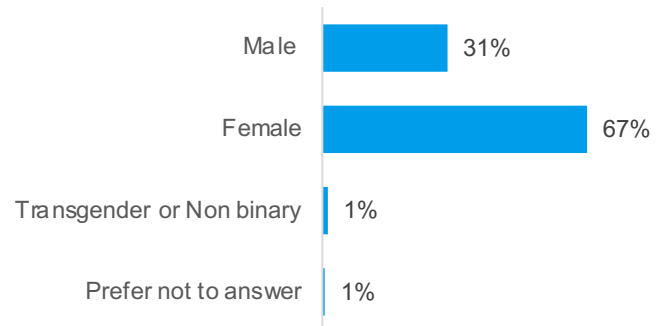
DEMOGRAPHICS

n=8591

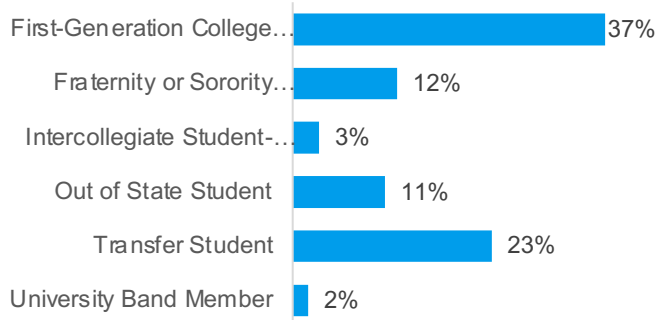
YEAR IN COLLEGE



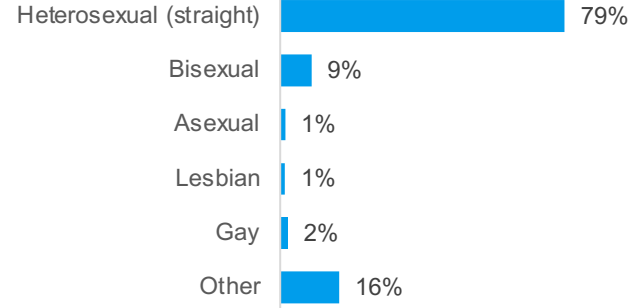
GENDER IDENTITY*



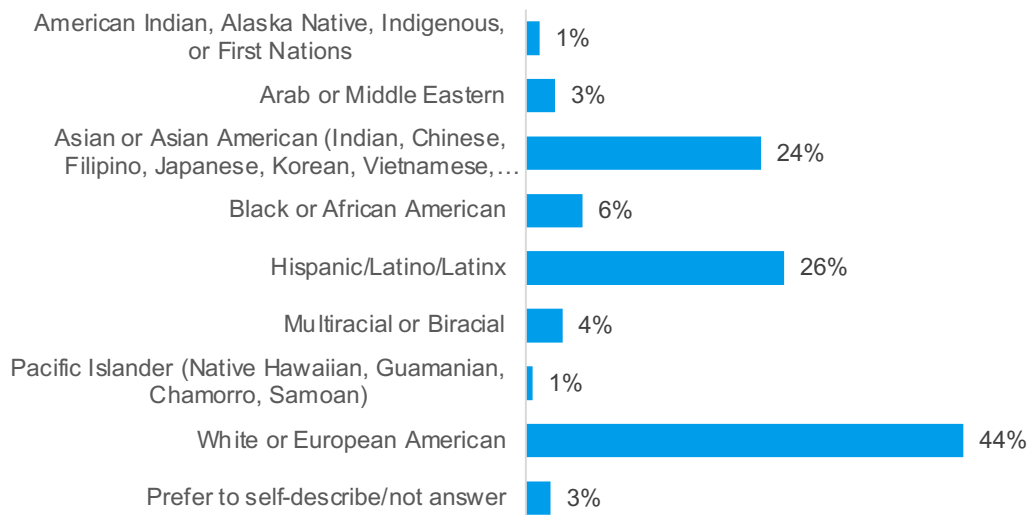
CAMPUS AFFILIATION/IDENTITY*



SEXUAL ORIENTATION*



RACE/ETHNIC IDENTITY*



RESPONSE RATE

8591 Responded (n) / 65,000 Invited / 13.2%

*Participants were able to select all that apply

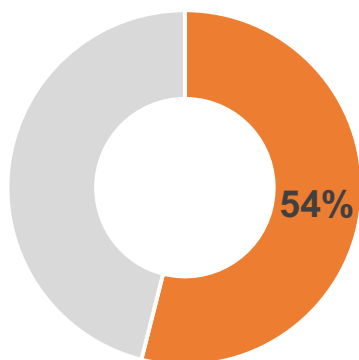
BIAS, EXCLUSION, DISCRIMINATION

College students may experience bias, exclusion, and/or discrimination based on their ethnicity, race, nationality, religion, language, sexual orientation, gender identity, and/or disability. Such bias, exclusion, and discrimination includes: Comments and actions that suggest people from their group do not belong, are unwelcome, or are not expected to succeed; Party themes, jokes, and comments reflecting offensive group stereotypes; Blatant physical, spoken, or written acts of abuse, discrimination, harassment, retaliation, and/or intimidation directed at someone or their group.

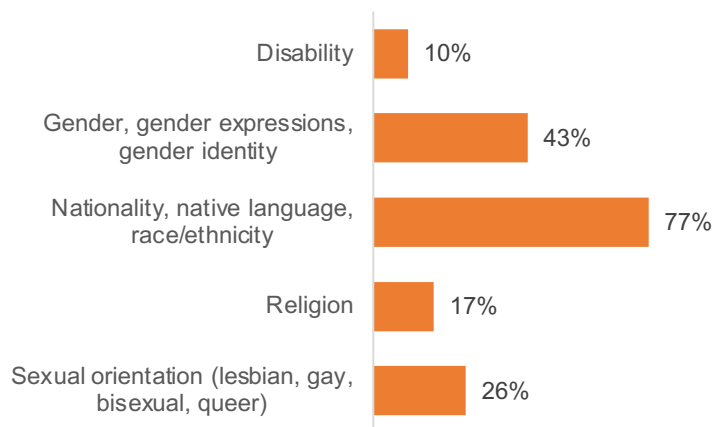
Witness defined: observed firsthand or know about because someone directly involved told you about it.

SUMMARY OF ISSUES WITNESSED

Percentage of students that witnessed acts of bias, exclusion, or discrimination this academic year (n=3937)



Of the acts you witnessed, what identities or groups were targeted (n=2124)?



What acts of bias, exclusion, and discrimination did you witness (n=2124)?

Aggregate

78%	Jokes or comments reflecting group stereotypes
43%	Teasing someone in a way that reflects stereotypes of their group
55%	Making stereotyped assumptions about a person based on their group membership
15%	Excluding someone from a social group activity because of their group membership
7%	Excluding someone from an academic group activity because of their group membership
20%	Comments suggesting that because of their group membership, a person/group is expected to perform poorly
17%	A student party with a theme and/or costumes based on group stereotypes
9%	Telling/yelling at someone they're unwelcome/do not belong/should go home because of their group membership
11%	Non-playfully calling someone names considered offensive to their group
14%	Displaying items/signs with language or symbols offensive to a group (example: racial slurs or swastikas)
8%	Defacement or vandalizing property with language or symbols targeting specific groups (example: racial slurs or swastikas)
2%	Violence against persons because of their membership in a specific group
5%	Intimidation or threats of violence against persons because of their membership in a specific group
5%	Other (please specify)

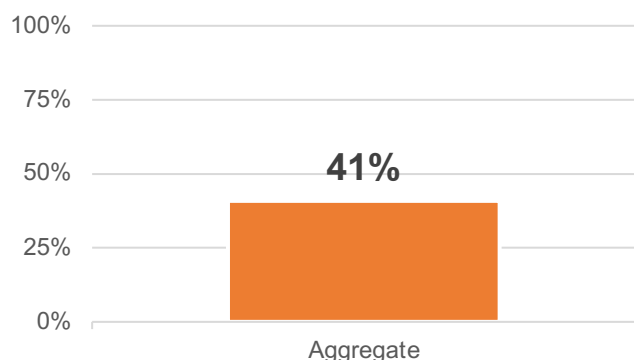
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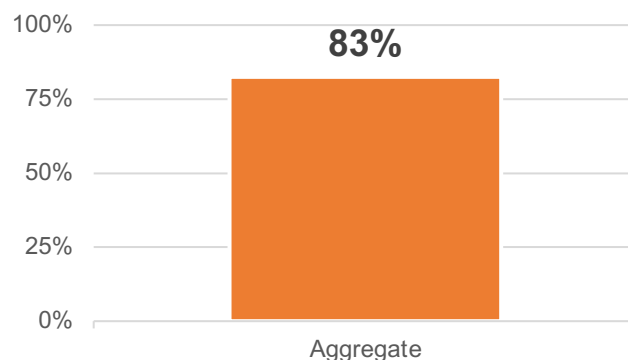
Witness defined: observed firsthand or know about because someone directly involved told you about it.

BYSTANDER ATTITUDES

I believe bias, exclusion, and discrimination are a problem at my college/university (n=3937).



I believe students should say or do something when fellow students are targets of bias, exclusion, or discrimination (n=3937).



BYSTANDER BEHAVIORS

When you witnessed bias, exclusion, and discrimination, what did you do (n=2124)?

Aggregate

22%	Moved closer to the victim to communicate my support
16%	Engaged the targeted person in conversation to disrupt the offensive situation
20%	Asked/told the offender(s) stop/back off
13%	Distracted the offender(s) to derail the situation
36%	Expressed disapproval verbally (ex, told the offender that what they were doing was wrong)
40%	Expressed disapproval nonverbally (facial expression, hand gesture, body language)
2%	Held, pushed, or pulled the offender away from the target
8%	Confronted the offender(s) later
6%	Informed an authority (resident advisor, parent, police, coach, etc.) so they could do something
8%	Helped the targeted person move to a safer place
4%	Mobilized other witnesses so we could intervene as a group
24%	Supported/comforted/cared for the victim afterwards.
8%	Helped the victim access relevant services/resources
7%	Other response (Please specify)

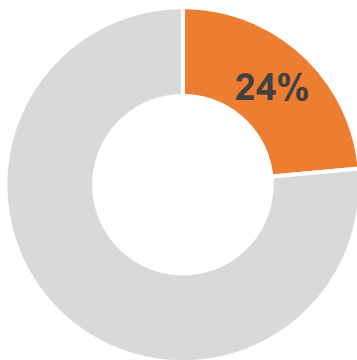
SEXUAL ASSAULT

Sexual assault is sexual contact or sexual behavior that occurs without explicit consent of the victim or occurs when a person's ability to provide consent is negated by alcohol or drugs. This section focuses on types of sexual assault such as: Fondling or unwanted sexual touching; Forcing a victim to perform sexual acts such as oral sex or penetrating the offender's body; Penetration of the victim's body (rape) and attempted rape.

Witness defined: observed firsthand or know about because someone directly involved told you about it.

SUMMARY OF ISSUES WITNESSED

**Percentage of students that witnessed acts of sexual assault this academic year
(n=3271)**



What acts of sexual assault did you witness (n=770)?

Aggregate	
60%	Fondling (touching a person's private body parts) or sexual touching without explicit consent
53%	Fondling or sexual touching when consent was comprised/not given due to intoxication
15%	Forcing someone to perform sexual acts such as oral sex or penetrating the offender's body
18%	Having someone perform sexual acts such as oral sex or penetrating the offender's body when consent was compromised/not given due to intoxication
17%	Rape (Penetrating a person's body without their explicit consent)
21%	Rape (Penetrating a person's body when consent was compromised/not given due to intoxication)
13%	Attempted rape (attempting to penetrate a person's body without their explicit consent)
15%	Attempted rape (attempting to penetrate a person's body when consent was compromised/not given due to intoxication)
28%	Other sexual contact with a person unable to provide consent because of intoxication
26%	Giving someone drugs or alcohol in order to engage in sexual activity with them
43%	Taking advantage of someone's intoxicated state to engage with sexual activity with them
7%	Other

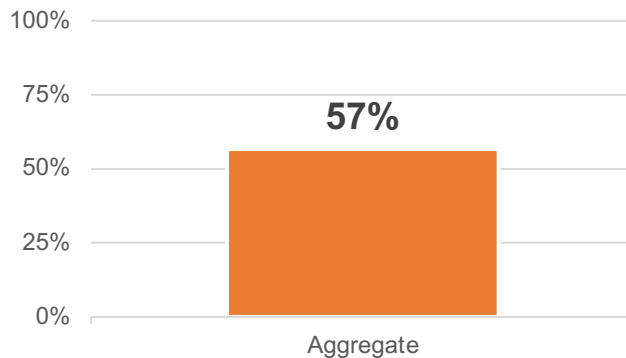
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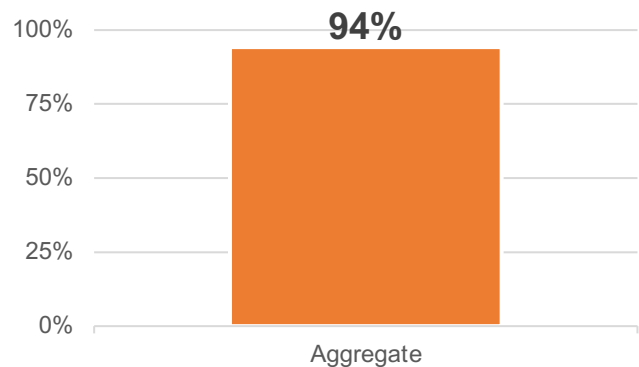
Witness defined: observed firsthand or know about because someone directly involved told you about it.

BYSTANDER ATTITUDES

I believe sexual assault is a problem at my college/university (n=3271).



I believe students should say or do something when fellow students are sexually assaulted (n=3271).



BYSTANDER BEHAVIORS

When you witnessed sexual assault, what did you do (n=770)?

Aggregate	
26%	Asked/told the offender(s) to stop/back off.
16%	Distracted the offender(s) to derail the situation
28%	Expressed disapproval verbally (for example, told the offender(s) what they were doing was uncool or wrong).
28%	Expressed disapproval nonverbally (facial expression, hand gesture, body language).
15%	Held, pushed, or pulled the offender(s) away from the victim.
11%	Confronted the offender(s) later.
12%	Told an authority (parent, resident advisor, police, coach, etc.) so they could do something.
37%	Helped the victim move to a safer place.
12%	Mobilized other witnesses so we could intervene as a group.
51%	Supported/comforted/cared for the victim after it happened.
29%	Helped the victim access relevant services/resources.
12%	Other

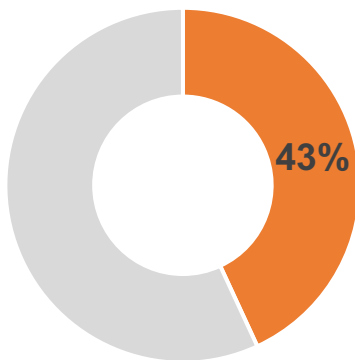
SEXUAL HARRASSMENT

Sexual harassment occurs when people are targets of unwanted sexual comments, gestures, or actions. Examples of sexual harassment include: Making suggestive or positive and negative comments about a person's body; Following and staring; Catcalling and sexual gestures/noises; Pranks of a sexual nature; Unsolicited, unwelcome, and unreciprocated sexual advances and touching; Harassment committed through electronic means (ex: sending via text or email unwelcome sexual content/images/requests); and Requiring sexual contact or sexual favors to get rewards or benefits.

Witness defined: observed firsthand or know about because someone directly involved told you about it.

SUMMARY OF ISSUES WITNESSED

Percentage of students that witnessed acts of sexual harassment this academic year (n=3199)



What acts of sexual harassment did you witness (n=1379)?

Aggregate	
45%	Unsolicited and unreciprocated positive or negative comments made to a person about their sex life
48%	Unsolicited and unreciprocated positive or negative comments of a sexual nature made to a person about their body
25%	Stalking (a persistent pattern of unwanted contact that makes someone feel afraid or harassed, such as following, tracking a person's movements, unwanted emails, calls, texts, or social media messages)
57%	Catcalling (comments or noises of a sexual nature made to a person as they go by)
62%	Staring
60%	Looking at someone "up and down" or other obvious visual inspection of a person's body
9%	Blocking someone's way so they're threatened with unwanted sexual contact to get by
10%	Pranks of a sexual nature
24%	Unsolicited and unreciprocated sexual advances
22%	Unsolicited and unreciprocated touching
29%	Sending someone unsolicited sexual content/images/requests via text, email, social media, dating apps, or other electronic harassment
3%	Requiring sexual contact or sexual favors to get rewards or benefits like a job, favorable work conditions, or a good evaluation or grade

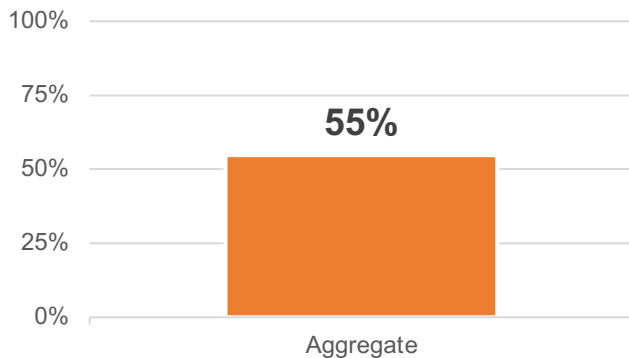
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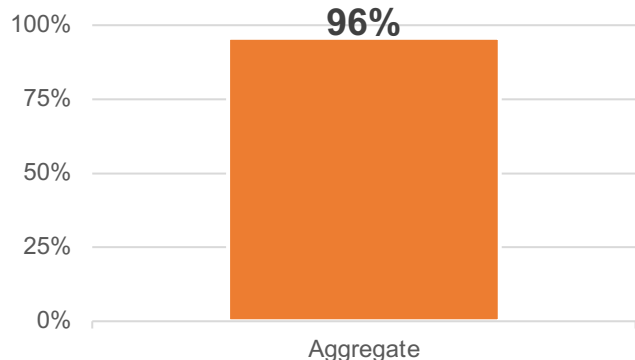
Witness defined: observed firsthand or know about because someone directly involved told you about it.

BYSTANDER ATTITUDES

I believe sexual harassment is a problem at my college/university (n=3199).



I believe students should say or do something when fellow students are sexually harassed (n=3199).



BYSTANDER BEHAVIORS

When you witnessed sexual harassment, what did you do (n=1379)?

Aggregate	
32%	Moved closer to the victim to communicate my support.
15%	Engaged the harassed person in conversation to disrupt the harassment.
23%	Asked/told the offender(s) to stop/back off.
12%	Distracted the offender(s) to derail the situation.
28%	Expressed disapproval verbally (for example, told the harasser(s) that what they were doing was uncool or wrong).
41%	Expressed disapproval nonverbally (facial expression, hand gesture, body language).
6%	Confronted the offender(s) later.
8%	Told an authority (parent, resident advisor, Dean of Students, Police, coach, etc.) so they could do something.
26%	Helped the harassed person move to a safer place.
9%	Mobilized other witnesses so we could intervene as a group.
39%	Supported/comforted/cared for harassed person after it happened.
14%	Helped the harassed person access relevant services/resources.
6%	Other response.

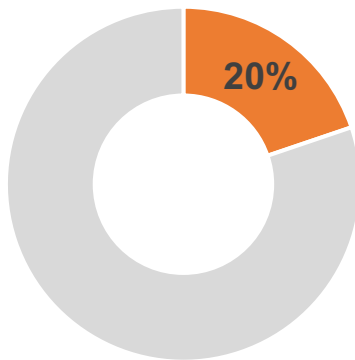
INTIMATE PARTNER VIOLENCE

Intimate Partner Violence (IPV) is violence that occurs in the context of an intimate (close) relationship (romantic, family, or friend). IPV includes: Physical violence (hitting, slapping, beating, burning, etc.); Sexual violence (rape or being forced to engage in undesired sexual acts); Emotional abuse (insults, intimidation, threats, controlling behavior, etc.); Property destruction as means of coercion, control, revenge, or punishment; Monitoring a person's whereabouts; Limiting a person's ability to see family and friends; Stalking; and Cyber-violence (harassment and violence committed through electronic means).

Witness defined: observed firsthand or know about because someone directly involved told you about it.

SUMMARY OF ISSUES WITNESSED

Percentage of students that witnessed acts of intimate partner violence this academic year (n=3106)



What acts of intimate partner violence did you witness (n=615)?

Aggregate	
22%	Physical violence (for example, hitting, slapping, beating, burning)
15%	Sexual violence (rape or being forced to engage in undesired sexual acts)
72%	Emotional abuse (humiliation, insults, intimidation, threats)
17%	Destruction of property as means of coercion, control, revenge, or punishment
70%	Controlling behaviors (for example, monitoring a person's whereabouts and limiting a person's ability to see family and friends)
27%	Stalking (a persistent pattern of unwanted contact that makes someone feel afraid or harassed, such as following, tracking a person's movements, unwanted emails, calls, texts or social media messages)
24%	Cyber-violence (online/electronic violence including harassment, threats, stalking; posting or distributing sexually graphic images or videos of a person without their permission, trolling, hacking, spamming, etc.)
1%	Other (please specify)

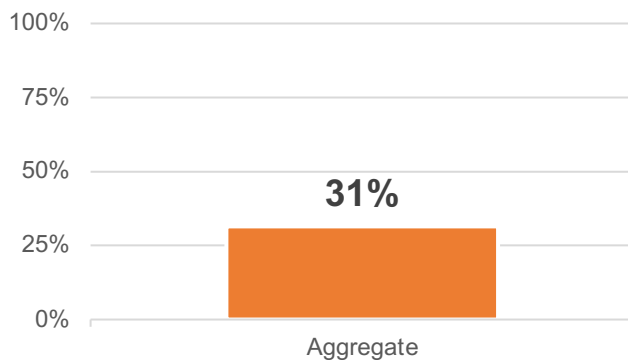
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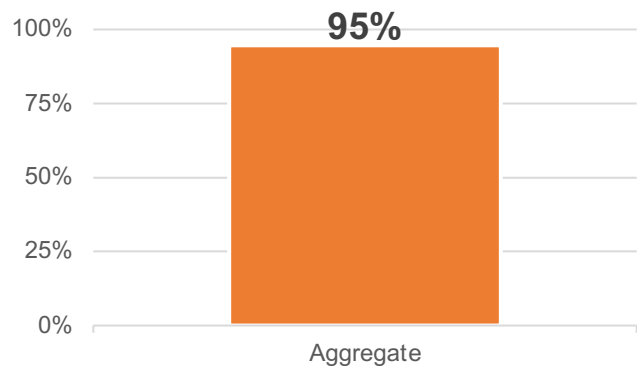
Witness defined: observed firsthand or know about because someone directly involved told you about it.

BYSTANDER ATTITUDES

I believe intimate partner violence is a problem at my college/university (n=3106).



I believe students should say or do something when fellow students experience intimate partner violence (n=3106).



BYSTANDER BEHAVIORS

When you witnessed intimate partner violence, what did you do (n=615)?

Aggregate	
33%	Moved closer to the victim to communicate my support.
18%	Asked/told the offender stop/back off.
12%	Distracted the offender(s) to derail the situation.
36%	Expressed disapproval verbally (for example, told the offender(s) that what they were doing was uncool or wrong).
30%	Expressed disapproval nonverbally (facial expression, hand gesture, body language).
6%	Held, pushed, or pulled the offender away from the victim.
11%	Confronted the offender(s) later.
9%	Informed an authority (resident advisor, parent, Dean of Students, parent, police, coach, etc.) so they could do something.
23%	Helped the victim move to a safer place.
11%	Mobilized other witnesses so we could intervene as a group.
58%	Supported/comforted/cared for the victim afterwards.
27%	Helped the victim access relevant services/resources.
7%	Other response

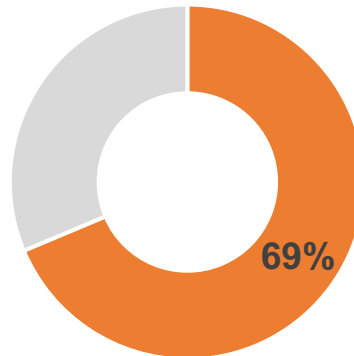
UNHEALTHY ALCOHOL USE

Alcohol use is unhealthy when it leads people to: Drive under the influence; Have unsafe or unintended sex; Get into arguments and fights; Injure themselves or others or increases risk of such injuries; Damage property. It is also considered unhealthy when alcohol use: Increases sexual assault risk; Leads to poor academic, athletic, or work performance; Leads to health, relationship, financial, or legal problems; Binge drinking (4-5 or more alcoholic drinks in a 2-hour period); and Drinking so much that you pass out or later do not remember what happened while you were intoxicated.

Witness defined: observed firsthand or know about because someone directly involved told you about it.

SUMMARY OF ISSUES WITNESSED

Percentage of students that witnessed unhealthy alcohol use this academic year (n=4063)



What acts of unhealthy alcohol use/misuse did you witness (n=2790)?

Aggregate

71%	Binge drinking (4-5 or more alcoholic drinks in a 2-hour period)
68%	Drinking games where one or more persons drink 4-5 or more drinks in a 2-hour period
25%	Drinking as part of a group initiation
55%	Using other drugs along with alcohol
24%	Driving under the influence of alcohol
25%	Unprotected sex arising from alcohol use (for example, not using a condom)
24%	Unintended/unplanned sex arising from alcohol use
23%	Sexual harassment (unwanted sexual attention such as sexually charged comments, touching, texting of sexual images, etc.) arising from alcohol intoxication
12%	Sexual assault (sexual touching without the other person's explicit consent, forced sex acts, rape, attempted rape) arising from alcohol use
38%	Fights or arguments arising from alcohol use
25%	Property damage committed by intoxicated persons
27%	Physical risk-taking by intoxicated persons
38%	Academic consequences arising from alcohol use (missed class, poor academic performance)
35%	Passing out from alcohol use (loss of consciousness)
69%	Underage drinking
52%	Blackouts (the person could not remember what they did when they were intoxicated)
9%	Serious injury arising from alcohol use
15%	A hospital or health center visit due to alcohol poisoning
66%	Vomiting from alcohol use
16%	Sickness due to withdrawal/coming off of alcohol
15%	A student that had difficulties reducing/stopping their habitual alcohol use
1%	Other (please specify)

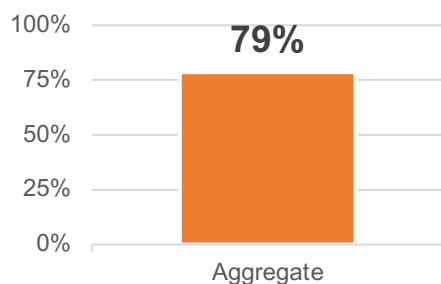
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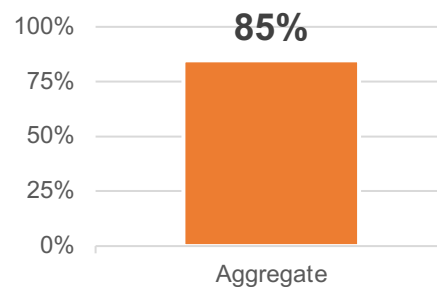
Witness defined: observed firsthand or know about because someone directly involved told you about it.

BYSTANDER ATTITUDES

I believe unhealthy alcohol use is a problem at my college/university (n=4063).



I believe students should say or do something when fellow students engage in unhealthy alcohol use (n=4063).



BYSTANDER BEHAVIORS

When you witnessed unhealthy alcohol use, what did you do (n=2790)?

Aggregate	
56%	Periodically checked on a "passed out" or vomiting student to make sure they were okay
64%	Stayed with an intoxicated student to make sure they were okay
13%	Used the "Bacchus maneuver" so an intoxicated student wouldn't choke on their vomit
7%	Put a backpack on an intoxicated student so they couldn't roll over and choke on their vomit
60%	Helped them get home safely
42%	Took care of a student sick from alcohol use
14%	Prevented them from having sex because they were in no condition to provide consent
4%	Prevented them from sexually assaulting someone
10%	Stopped them from damaging property
16%	Stopped them from getting into a fight
21%	Stopped them from doing something physically risky
35%	Prevented them from driving
35%	Expressed my disapproval or concern nonverbally (facial expression, body language)
37%	At the time, I expressed my disapproval or concern verbally
32%	Intervened to keep them from using more drugs or alcohol
20%	Enlisted the support of other peers to keep them from harming themselves or others
4%	Acted to get them medical attention because I thought they had alcohol poisoning
2%	Acted to get them medical attention because they were injured while drunk
4%	Told an authority (parent, resident advisor, police, coach, etc.) so they could do something
20%	Later talked to the person about my concerns regarding their alcohol use
4%	Helped them access relevant services/resources for possible addiction or dependence
3%	Other response

NON-PRESCRIPTION DRUG USE

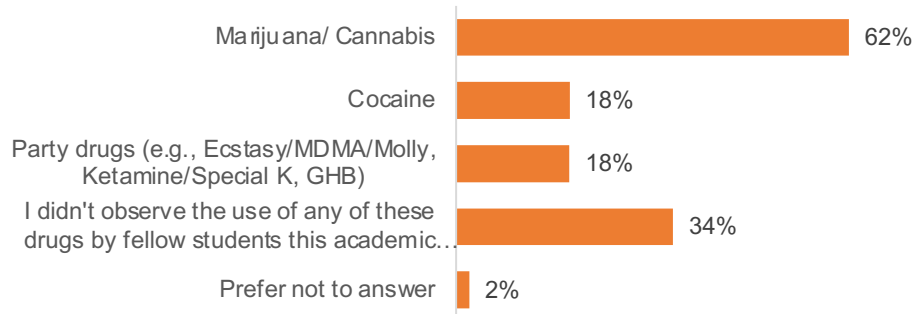
This section focuses on student observations of the use of non-prescription drugs: cocaine, "party drugs" (such as MDMA, Molly, Ecstasy, Special K), and marijuana/cannabis by students at your college.

Witness defined: observed firsthand or know about because someone directly involved told you about it.

SUMMARY OF ISSUES WITNESSED

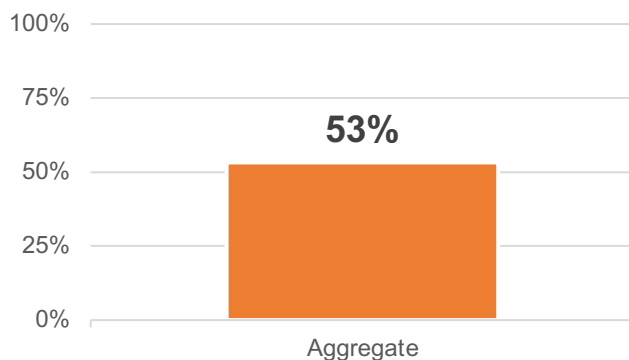
Percentage of students that witnessed peers engage in non-prescription drug use

(n=3318)

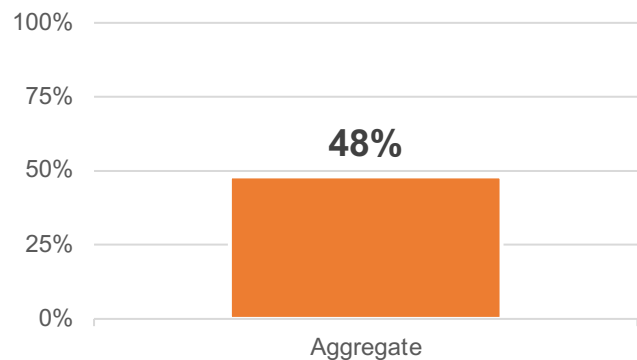


BYSTANDER ATTITUDES

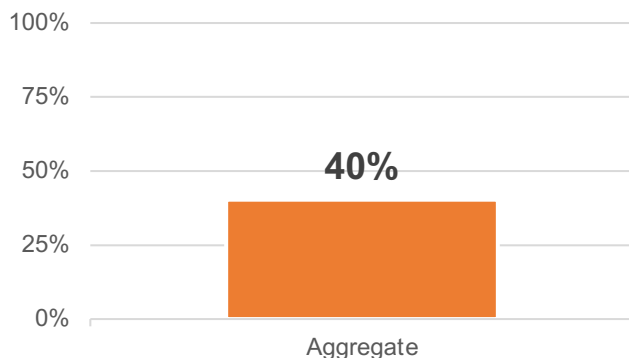
I believe students should say or do something when fellow students engage in non-prescription drug use (n=3318).



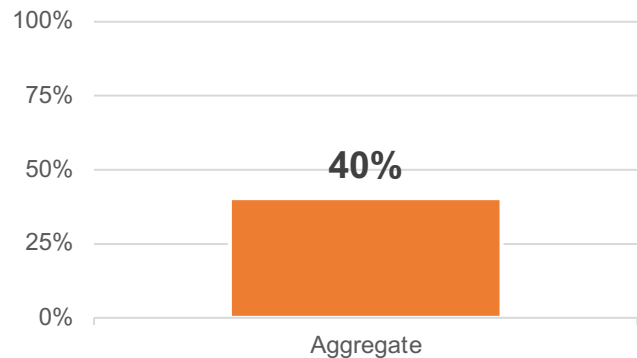
I believe marijuana/cannabis use is a problem at my college/university (n=3318).



I believe cocaine use is a problem at my college/university (n=3318).



I believe use of "party drugs" is a problem at my college/university (n=3318).



NON-PRESCRIPTION DRUG USE

This section focuses on student observations of the use of non-prescription drugs: cocaine, "party drugs" (such as MDMA, Molly, Ecstasy, Special K), and marijuana/cannabis by students at your college.

Witness defined: observed firsthand or know about because someone directly involved told you about it.

SUMMARY OF ISSUES WITNESSED

When you witnessed marijuana/cannabis use, what else did you observe (n=2048)?

Aggregate	
70%	Combining marijuana/cannabis with alcohol or other drugs
37%	Driving while under the influence of marijuana/cannabis
9%	Unprotected sex related to the marijuana/cannabis use (e.g., not using a condom)
6%	Unintended/unplanned sex related to marijuana/cannabis use
4%	Giving someone marijuana/cannabis to engage in sexual activity with them
1%	Sexual harassment related to marijuana/cannabis use
5%	Arguments and fights by people under the influence of marijuana/cannabis
26%	Academic consequences arising from marijuana/cannabis use (missed class, poor academic performance)
7%	Blackouts (the person could not remember what they did when they were high)
1%	Serious injury arising from the use of marijuana/cannabis
2%	A health center or hospital visit due to the use of marijuana/cannabis
20%	A student that had difficulties reducing/stopping their habitual marijuana/cannabis use
1%	Other
19%	I did not observe any of these things

When you witnessed cocaine use, what else did you observe (n=592)?

Aggregate	
78%	Combining cocaine with alcohol or other drugs
16%	Driving while under the influence of cocaine
14%	Unprotected sex related to cocaine use (e.g., not using a condom)
11%	Unintended/unplanned sex related to cocaine use
8%	Giving someone cocaine to engage in sexual activity with them
5%	Sexual harassment related to cocaine use
24%	Arguments and fights by people under the influence of cocaine
16%	Academic consequences (missed class, poor academic performance)
18%	Blackouts (the person could not remember what they did)
4%	Serious injury arising from the cocaine use
4%	Cocaine overdose
3%	A health center or hospital visit due to the use of cocaine
26%	Side effects from cocaine use
16%	Difficulties withdrawing/coming off of cocaine
19%	A student that had difficulties reducing/stopping their habitual use of cocaine
2%	Other
10%	I did not observe any of these things

NON-PRESCRIPTION DRUG USE

This section focuses on student observations of the use of non-prescription drugs: cocaine, "party drugs" (such as MDMA, Molly, Ecstasy, Special K), and marijuana/cannabis by students at your college.

Witness defined: observed firsthand or know about because someone directly involved told you about it.

SUMMARY OF ISSUES WITNESSED

When you witnessed the use of 'party drugs', what else did you observe (n=591)?

Aggregate	
70%	Combining party drugs with alcohol or other drugs
17%	Driving while under the influence of party drugs
17%	Unprotected sex related to party drug use (e.g., not using a condom)
14%	Unintended/unplanned sex related to party drug use
8%	Giving someone party drugs to engage in sexual activity with them
8%	Sexual harassment related to party drug use
9%	Arguments and fights by people under the influence of party drugs
16%	Academic consequences (missed class, poor academic performance)
21%	Blackouts (the person could not remember what they did when they were intoxicated)
5%	Serious injury arising from the party drug use
8%	Hypothermia/heatstroke/dehydration from party drug use
3%	A health center or hospital visit due party drug use
29%	Side effects from party drug use
16%	Difficulties from withdrawal/coming off party drugs
10%	A student that had difficulties reducing/stopping their habitual party drug use
2%	Other
14%	I did not observe any of these things

BYSTANDER BEHAVIORS

When you witnessed marijuana/cannabis use, what did you do (n=2048)?

Aggregate	
41%	Periodically checked on a high student to make sure they were okay
32%	Stayed with high student to make sure they were okay
3%	Prevented them from having sex because they were in no condition to provide consent
1%	Prevented them from sexually assaulting someone
3%	Stopped them from damaging property
2%	Stopped them from getting into a fight
7%	Stopped them from doing something physically risky
16%	Prevented them from driving
16%	Expressed my disapproval or concern nonverbally (facial expression, body language)
14%	At the time, expressed my disapproval or concern verbally
12%	Intervened to keep them from using more drugs or alcohol
5%	Enlisted the support of other peers to keep them from harming themselves or others
1%	Acted to get them medical attention because they had a bad reaction
1%	Acted to get them medical attention because they were injured while high
2%	Told an authority (parent, resident advisor, police, coach, etc.) so they could do something
12%	Later talked to the person about my concerns regarding their marijuana/cannabis use
2%	Helped them access relevant services/resources for possible addiction or dependence
6%	Other response

NON-PRESCRIPTION DRUG USE

This section focuses on student observations of the use of non-prescription drugs: cocaine, "party drugs" (such as MDMA, Molly, Ecstasy, Special K), and marijuana/cannabis by students at your college.

Witness defined: observed firsthand or know about because someone directly involved told you about it.

BYSTANDER BEHAVIORS

When you witnessed cocaine use, what did you do (n=592)?

Aggregate	
31%	Periodically checked on them to make sure they were okay
19%	Stayed with them to make sure they were okay
4%	Prevented them from having sex because they were in no condition to provide consent
3%	Prevented them from sexually assaulting someone
6%	Stopped them from damaging property
9%	Stopped them from getting into a fight
11%	Stopped them from doing something physically risky
10%	Prevented them from driving
19%	Expressed my disapproval or concern nonverbally (facial expression, body language)
16%	At the time, expressed my disapproval or concern verbally
9%	Intervened to keep them from using more cocaine
6%	Enlisted the support of other peers to keep them from harming themselves or others
1%	Acted to get them medical attention because they had a bad reaction
1%	Acted to get them medical attention because they were injured while under the influence
2%	Told an authority (parent, resident advisor, police, etc.) so they could do something
14%	Later talked to them about my concerns regarding their cocaine use
3%	Helped them access relevant services/resources for help with addiction or dependence
6%	Other response

When you witnessed the use of 'party drugs', what did you do (n=591)?

Aggregate	
46%	Periodically checked on them to make sure they were okay
34%	Stayed with them to make sure they were okay
7%	Prevented them from having sex because they were in no condition to provide consent
4%	Prevented them from sexually assaulting someone
5%	Stopped them from damaging property
6%	Stopped them from getting into a fight
11%	Stopped them from doing something physically risky
13%	Prevented them from driving
14%	Expressed my disapproval or concern nonverbally (facial expression, body language)
12%	At the time, expressed my disapproval or concern verbally
13%	Intervened to keep them from using more drugs or alcohol
9%	Enlisted the support of other peers to keep them from harming themselves or others
1%	Acted to get them medical attention because of drug side effects
1%	Acted to get them medical attention because they were injured while under the influence
2%	Told an authority (parent, resident advisor, police, coach, etc.) so they could do something
16%	Later talked to the person about my concerns regarding their drug use
5%	Helped them access relevant services/resources for possible addiction or dependence
4%	Other response

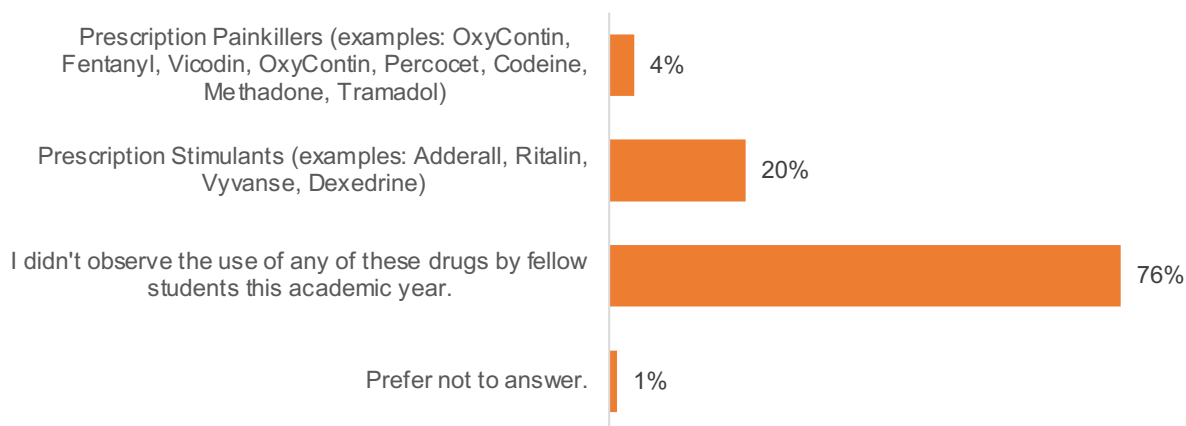
MISUSE OF PRESCRIPTION DRUGS

This section focuses on student observations of the misuse of prescription painkillers and stimulants by students at your college. The misuse of prescription pain killers and stimulants means using these drugs in ways not intended by a prescribing doctor, including use by a person they were not prescribed to.

Witness defined: observed firsthand or know about because someone directly involved told you about it.

SUMMARY OF ISSUES WITNESSED

Percentage of students that witnessed peers engage in non-prescription drug use (n=2971)



When you witnessed prescription painkiller misuse, what else did you observe (n=93)?

Aggregate	
23%	Misuse of prescription painkillers by an athlete so they could play/practice while injured
52%	Combining prescription painkillers with alcohol or other drugs
24%	Driving while under the influence of prescription painkillers
10%	Unprotected sex related to the prescription painkiller use (e.g., not using a condom)
7%	Unintended/unplanned sex related to prescription painkiller use
5%	Giving someone prescription painkillers to engage in sexual activity with them
16%	Stealing related to prescription painkiller use
15%	Arguments and fights by people under the influence of prescription painkillers
9%	Property damage committed by people under the influence of prescription painkillers
16%	Academic consequences (missed class, poor academic performance)
19%	Blackouts (the person could not remember what they did when they were high)
16%	Passing out (loss of consciousness) from prescription painkiller use
6%	Serious injury arising from the use prescription painkillers
10%	Overdose due to the misuse of prescription painkillers
8%	A health center or hospital visit due to the misuse of prescription painkillers
14%	A student that had difficulties reducing/stopping their habitual use of prescription painkillers.
6%	Use of heroin when prescription painkillers were unavailable or too expensive.
10%	Sickness from prescription painkillers
11%	Sickness due to withdrawal/coming off of prescription painkillers
2%	Other
13%	I did not observe any of these things

MISUSE OF PRESCRIPTION DRUGS

This section focuses on student observations of the misuse of prescription painkillers and stimulants by students at your college. The misuse of prescription pain killers and stimulants means using these drugs in ways not intended by a prescribing doctor, including use by a person they were not prescribed to.

Witness defined: observed firsthand or know about because someone directly involved told you about it.

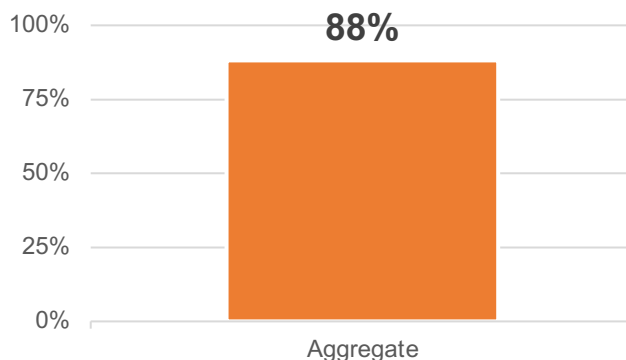
SUMMARY OF ISSUES WITNESSED

When you witnessed prescription stimulant misuse, what else did you observe (n=586)?

Aggregate	
92%	Use of prescription stimulants as a "study" drug (increase focus to study)
42%	Use of prescription stimulants as a substitute for sleep
7%	Use of prescription stimulants to boost athletic performance
35%	Combining prescription stimulants with alcohol or other drugs
14%	Driving while under the influence of prescription stimulants
3%	Unprotected sex related to prescription stimulant use (e.g., not using a condom)
2%	Unintended/unplanned sex related to prescription stimulant use
2%	Giving someone prescription stimulants to engage in sexual activity with them
1%	Sexual harassment related to prescription stimulant use
4%	Arguments and fights by people under the influence of prescription stimulants
1%	Property damage committed by people under the influence of non-prescription drugs
10%	Academic consequences from stimulant use (missed class, poor academic performance)
4%	Blackouts (the person could not remember what they did when they were under the influence)
1%	Serious injury arising from the prescription stimulant use
1%	Prescription stimulant overdose
1%	A health center or hospital visit due to the use of prescription stimulants
17%	Side effects from prescription stimulant use
11%	Difficulties withdrawing/coming off of prescription stimulants
12%	A student that had difficulties reducing/stopping their habitual use of prescription stimulants.
0%	Other
2%	I did not observe any of these things

BYSTANDER ATTITUDES

I believe students should say or do something when fellow students are misusing prescription drugs (n=2971).



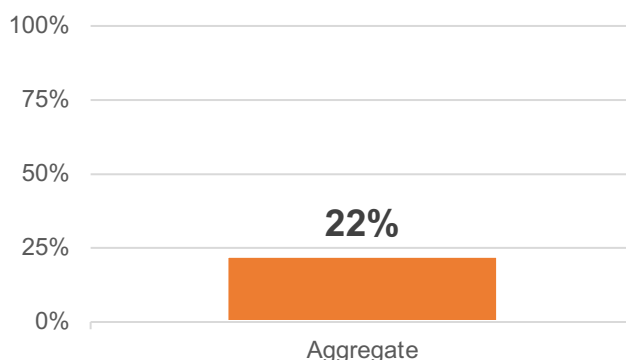
MISUSE OF PRESCRIPTION DRUGS

This section focuses on student observations of the misuse of prescription painkillers and stimulants by students at your college. The misuse of prescription pain killers and stimulants means using these drugs in ways not intended by a prescribing doctor, including use by a person they were not prescribed to.

Witness defined: observed firsthand or know about because someone directly involved told you about it.

BYSTANDER ATTITUDES

I believe the misuse of prescription painkillers is a problem at my college/university (n=2971).



BYSTANDER BEHAVIORS

When you witnessed prescription painkillers misuse, what did you do (n=93)?

Aggregate	
39%	Periodically checked on them to make sure they were okay
25%	Stayed with them to make sure they were okay
14%	Prevented them from having sex because they were in no condition to provide consent
8%	Prevented them from sexually assaulting someone
8%	Stopped them from damaging property
6%	Stopped them from getting into a fight
12%	Stopped them from doing something physically risky
13%	Prevented them from driving
23%	Expressed my disapproval or concern nonverbally (facial expression, body language)
22%	At the time, expressed my disapproval or concern verbally
11%	Intervened to keep them from using more drugs
9%	Enlisted the support of other peers to keep them from harming themselves or others
5%	Acted to get them medical attention because they had a bad reaction
3%	Acted to get them medical attention because they were injured while high
2%	I administered Naloxone (Narcan, Evzio) to reverse an overdose
5%	Told an authority (resident advisor, administrator, police, etc.) so they could do something
21%	Later talked to the person about my concerns regarding their prescription painkiller use
5%	Helped them access services/resources for possible addiction/dependence
5%	Other response

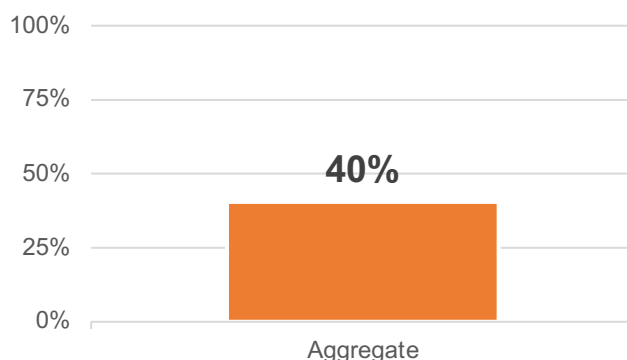
MISUSE OF PRESCRIPTION DRUGS

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Witness defined: observed firsthand or know about because someone directly involved told you about it.

BYSTANDER ATTITUDES

I believe the misuse of prescription stimulants is a problem at my college/university (n=2971).



BYSTANDER BEHAVIORS

When you witnessed prescription stimulant misuse, what did you do (n=586)?

Aggregate	
35%	Periodically checked on them to make sure they were okay
13%	Stayed with them to make sure they were okay
2%	Prevented them from having sex because they were in no condition to provide consent
1%	Prevented them from sexually assaulting someone
1%	Stopped them from damaging property
2%	Stopped them from getting into a fight
4%	Stopped them from doing something physically risky
5%	Prevented them from driving
21%	Expressed my disapproval or concern nonverbally (facial expression, body language)
21%	At the time, expressed my disapproval or concern verbally
7%	Intervened to keep them from using more prescription stimulants
3%	Enlisted the support of other peers to keep them from harming themselves or others
1%	Acted to get them medical attention because they had a bad reaction from the stimulants
0%	Acted to get them medical attention because they were injured while under the influence
1%	Told an authority (parent, resident advisor, administrator, police, etc.) so they could do something
21%	Later talked to them about my concerns regarding their use of prescription stimulants
0%	Helped them access services/resources so they could get help for possible addiction/dependence
5%	Other response

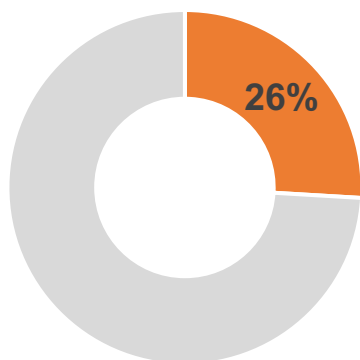
HAZING

Hazing among student clubs, teams, and other organizations occurs when members are expected to show their commitment by being subjected to embarrassing, abusive, exploitative, and/or dangerous activities. Regardless of whether a student willingly chooses to participate, these activities are known as hazing. Examples include: Drinking rituals; Being humiliated, yelled at or cursed at by other members; Exploitative activities such as personal servitude; Singing/chanting or wearing embarrassing clothing in a public situation; Enduring harsh weather conditions; Sleep deprivation; Only being allowed to associate with certain people; and Physical abuse including being beaten, tied up, or sexually violated.

Witness defined: observed firsthand or know about because someone directly involved told you about it.

SUMMARY OF ISSUES WITNESSED

Percentage of students that witnessed acts of hazing this academic year (n=3041)



Of the hazing you witnessed, within what type of organization did it occur (n=789)?

Aggregate	
11%	Club athletics
7%	Varsity/intercollegiate athletics
4%	Intramural or recreation team
33%	Sorority
84%	Fraternity
7%	Cultural club
6%	Service organization
4%	Band/performing arts group
1%	Student government or other student leadership organization
2%	ROTC/military organization
1%	Faith-based organization
1%	New student orientation group
4%	Other

What acts of hazing did you witness (n=789)?

Aggregate	
71%	Drinking rituals
46%	Being criticized, humiliated, yelled at or cursed at by other members
45%	Acting as a personal servant to other members
36%	Embarrassing singing or chanting in a public situation
46%	Being deprived of sleep
34%	Wearing embarrassing clothing
12%	Enduring harsh weather conditions without appropriate clothing
26%	Only being allowed to associate with certain people
26%	Feats of physical endurance/physical hardship
6%	Being beaten
4%	Being tied up
5%	Sexual harassment or sexual assault
4%	Other hazing activity

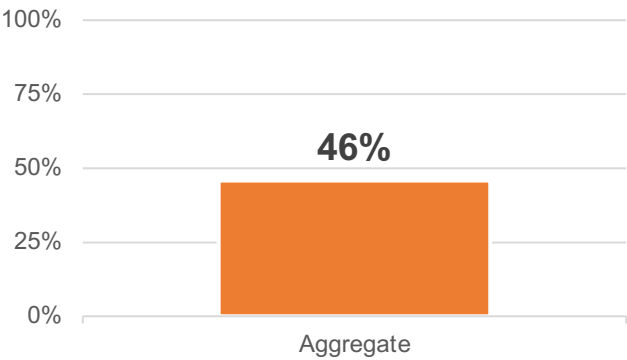
HAZING

Hazing among student clubs, teams, and other organizations occurs when members are expected to show their commitment by being subjected to embarrassing, abusive, exploitative, and/or dangerous activities. Regardless of whether a student willingly chooses to participate, these activities are known as hazing. Examples include: Drinking rituals; Being humiliated, yelled at or cursed at by other members; Exploitative activities such as personal servitude; Singing/chanting or wearing embarrassing clothing in a public situation; Enduring harsh weather conditions; Sleep deprivation; Only being allowed to associate with certain people; and Physical abuse including being beaten, tied up, or sexually violated.

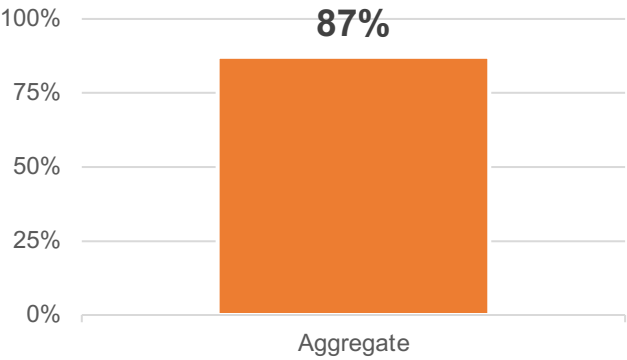
Witness defined: observed firsthand or know about because someone directly involved told you about it.

BYSTANDER ATTITUDES

I believe hazing is a problem at my college/university (n=3041).



I believe students should say or do something when fellow students are being hazed (n=3041).



BYSTANDER BEHAVIORS

When you witnessed hazing, what did you do (n=789)?

Aggregate	
21%	Non-verbally communicated my support to the hazed person/people
7%	Asked/told the hazer(s) to stop/back off
3%	Distracted the hazer(s) to derail the situation
26%	Expressed disapproval verbally
26%	Expressed disapproval nonverbally (facial expression, hand gesture, body language)
18%	Encouraged the hazed person/people to refuse to participate
6%	Confronted the hazer(s) later
3%	Informed an authority (resident advisor, Dean of Students, parent, advisor, police, coach, etc.)
4%	Covertly let the hazed people avoid all or part of the hazing activity
2%	Mobilized other witnesses so we could intervene as a group
22%	Supported/comforted/cared for the person/people that were hazed
6%	Helped the hazed person/people access relevant services/resources
8%	Other response

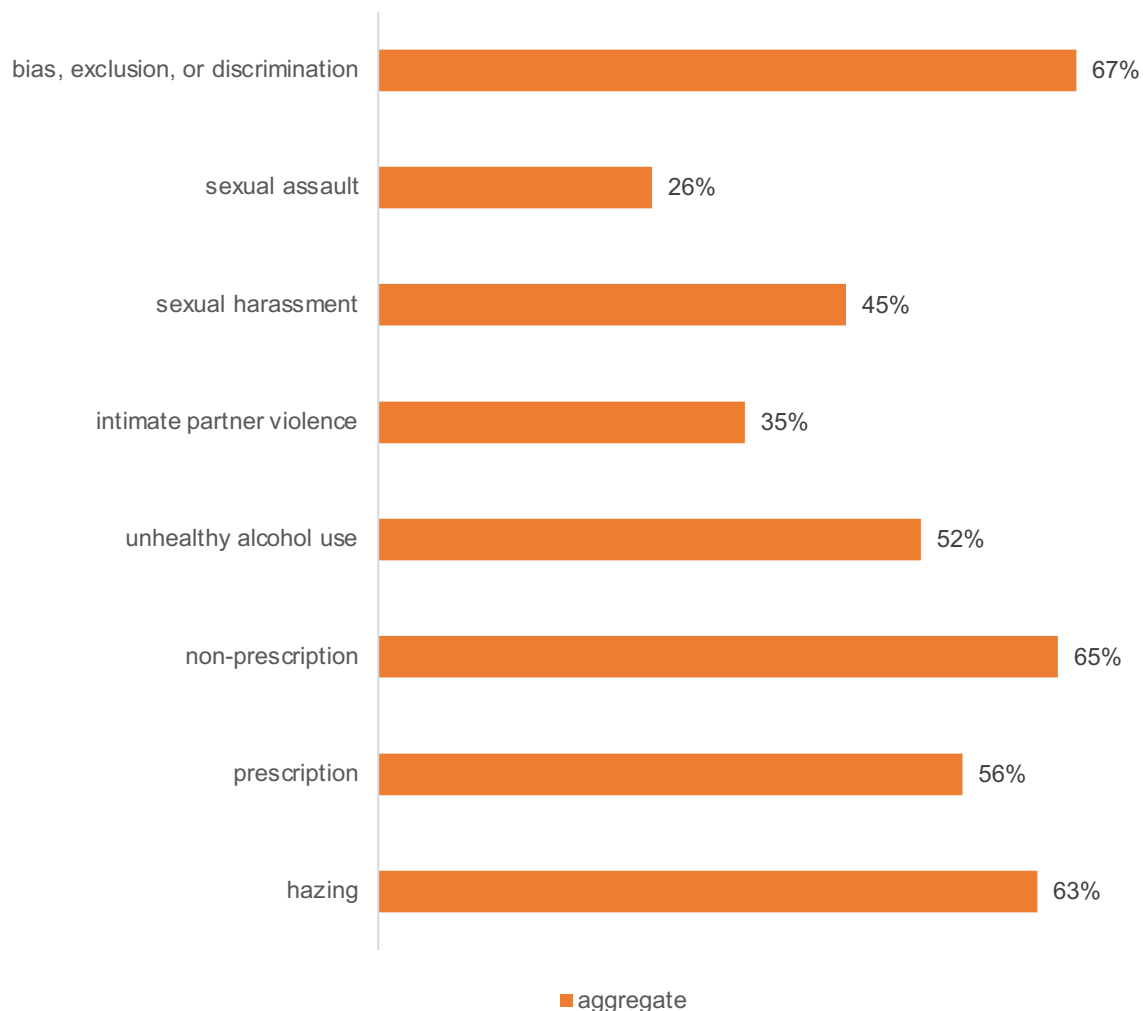
BARRIERS TO BYSTANDER INTERVENTION

Even “good” people exhibit bystander apathy. According to Latané and Darley’s situational model of helping, this is because the bystander intervention process is influenced by a variety of social-psychological and situational factors. These factors may vary depending on the type of issue witnessed, which highlights the importance of understanding the barriers associated with each type of issue.

According to the situational model of helping; bystanders must first (1) notice the event, (2) identify it as worthy of intervention, (3) take responsibility for intervention, (4) decide how to help, and finally, (5) act to intervene. Situational barriers at any of these steps may halt the bystander intervention process.

BYSTANDER APATHY

Percentage of students that reported “I didn’t say or do anything” when they observed:



IMPLICATIONS FOR PRACTICE

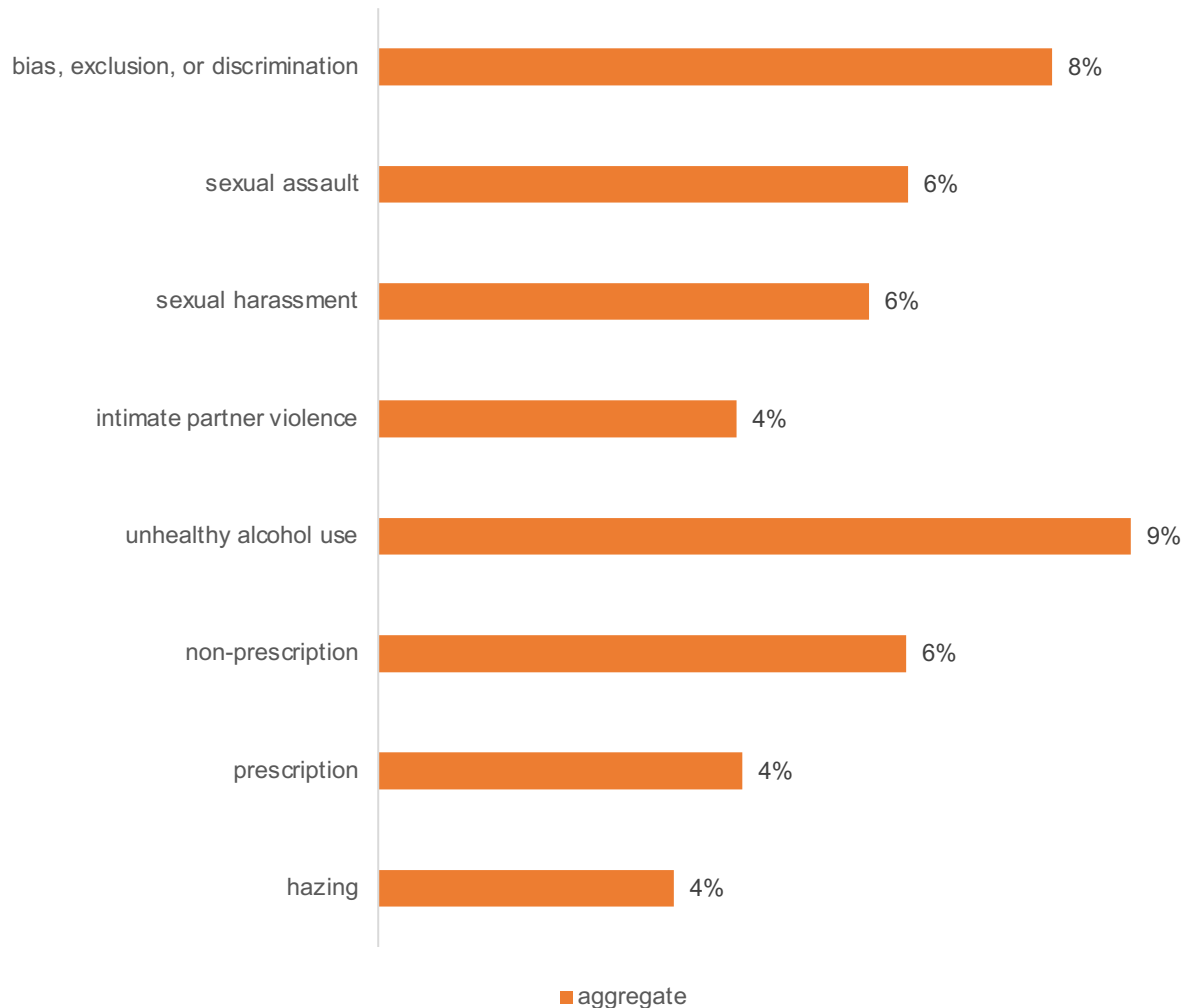
Note the variance by issue. Consider why bystander apathy for some issues may be higher than others. The barriers described throughout this section will provide further insight to where students are having challenges in overcoming bystander apathy, which can help inform targeted prevention priorities and education strategies.

BARRIERS TO BYSTANDER INTERVENTION

(1) Failure to Notice Situation: When bystanders are otherwise occupied due to self-focus, sensory or social distractions or responsibilities, a Failure to Notice barrier stalls the bystander intervention process. If a student is busy or distracted, they may fail to notice that someone may need assistance.

BYSTANDER BARRIER: Failure to Notice Situation

Percentage of students that reported a “Failure to Notice” barrier as a reason they did not intervene:



IMPLICATIONS FOR PRACTICE

If a bystander does not notice, they do not help. Educating students about common high-risk situations, and their potential harms, may increase the likelihood they will be on the lookout for these potentially harmful situations and notice them. Educators must put these issues on their “radar.”

Reducing this barrier could include campaigns about the barrier, training students to be alert for it, and promoting the idea that party hosts or community leaders should assume this as part of their role.

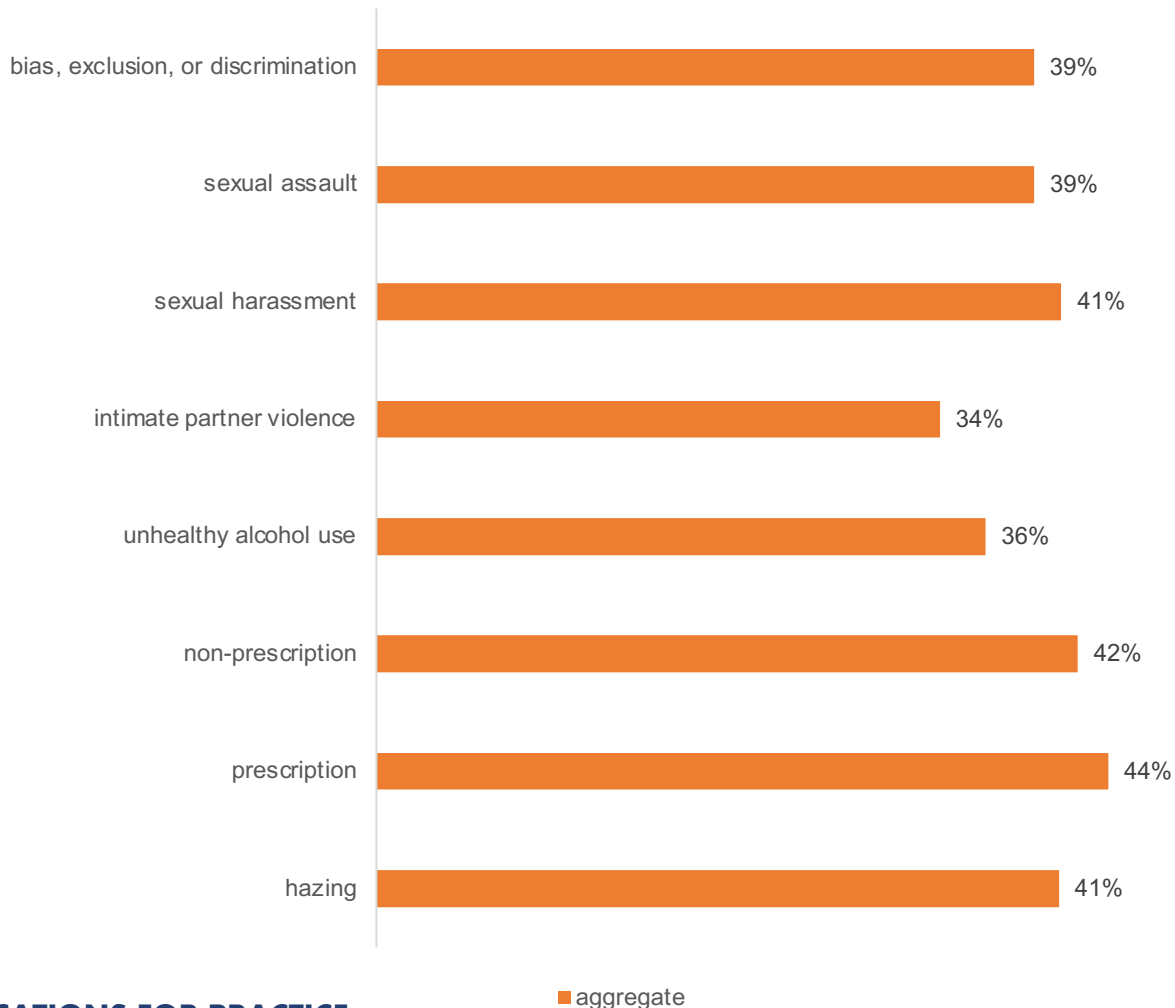
Shifting community norms to emphasize “looking out for others” and being active and alert (not passive and unaware) in social environments may address this essential first step in the bystander intervention process.

BARRIERS TO BYSTANDER INTERVENTION

(2) Failure to Diagnose Situation: Due to a lack of knowledge or an ambiguous situation, bystanders may not define a situation as high-risk, or does not recognize another student is at-risk of harm/is being harmed. If the bystander is unaware of the negative impacts of the situation on their peer(s), they will not diagnose it as requiring intervention and will be unmotivated to act.

BYSTANDER BARRIER: Failure to Diagnose the Situation as Intervention Worthy

Percentage of students that reported a “Failure to Diagnose” barrier as a reason they did not intervene:



IMPLICATIONS FOR PRACTICE

When a bystander fails to recognize that another person needs assistance, they are unlikely to intervene. For each topic of concern, educators must identify key diagnostic features, including warning signs that can prepare bystanders to intervene early, to increase students' diagnostic abilities in the moment (e.g., teach them the signs of alcohol poisoning, “red flags” of a sexual predator, etc.).

Institutions must have clear and widely understood definitions of these issues, as well as education about the negative impacts on individuals and communities to promote empathy.

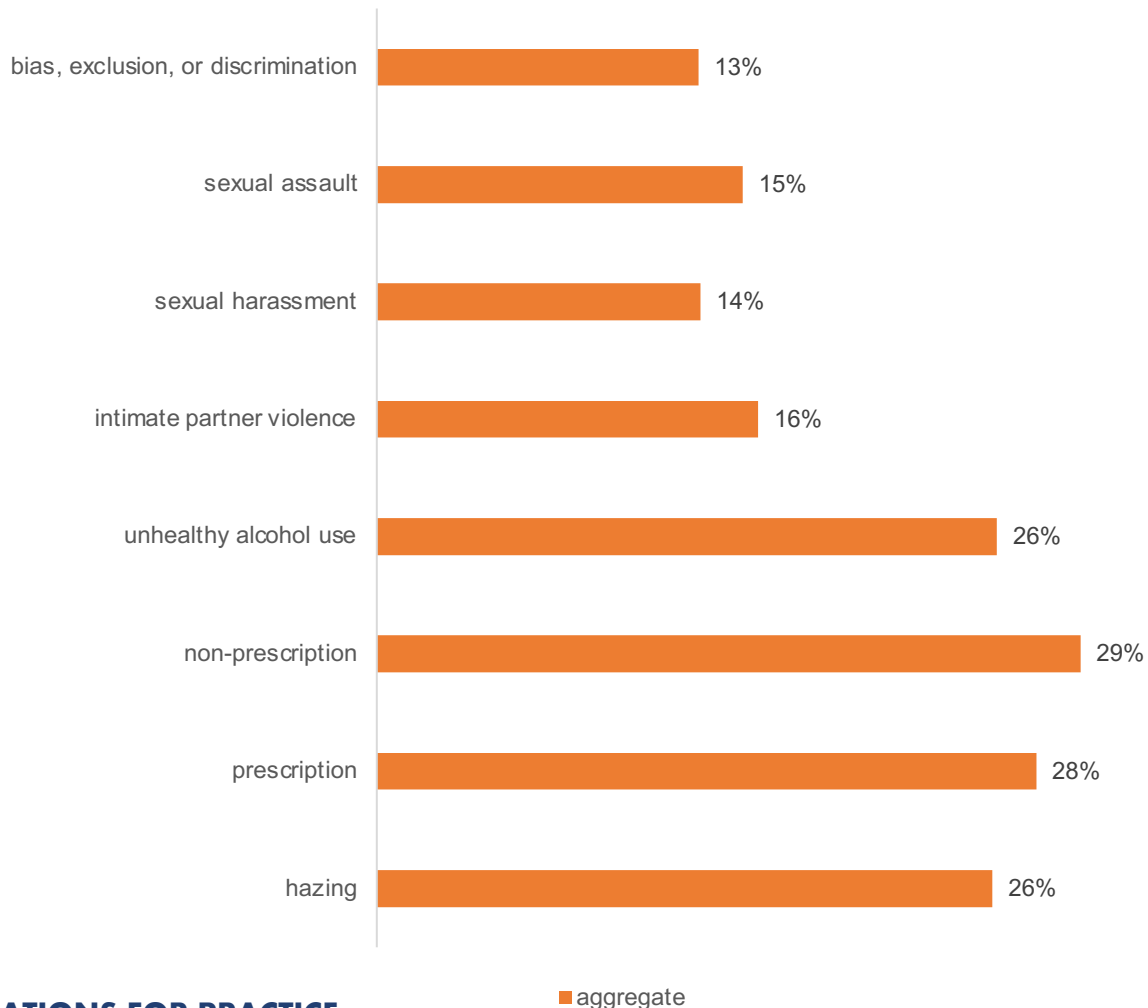
When the bystanders are uncertain, they often look to other bystanders for guidance, and follow their lead. But if those bystanders are not acting due to their own uncertainty, no one acts. Latané and Darley called this pluralistic ignorance, and programs should alert students to this phenomenon and how to combat it.

BARRIERS TO BYSTANDER INTERVENTION

(3) Failure to Take Responsibility: In a large group, a bystander assumes someone else will act, or has acted, and feels less responsible (diffusion of responsibility). Many bystanders believe responsibility lies with others, such as the party host, senior group members, or the victim's or perpetrator's friends. Other bystanders may not take responsibility because they lack empathy for the victim.

BYSTANDER BARRIER: Failure to Take Intervention Responsibility

Percentage of students that reported a "Failure to Take Responsibility" barrier as a reason they did not intervene:



IMPLICATIONS FOR PRACTICE

If a bystander does not think it is their "job" to intervene, and/or does not have empathy for the victim, they will not take intervention responsibility. To increase empathy, educators must identify victim-blaming beliefs and myths relevant to each issue and determine how to effectively counter them.

Foster norms where bystander intervention is an extension and responsibility of being a good friend, event host, campus community member, and leader.

Educators must elevate awareness of the diffusion of responsibility phenomenon and promote community pledges that promote care and responsibility for other community members.

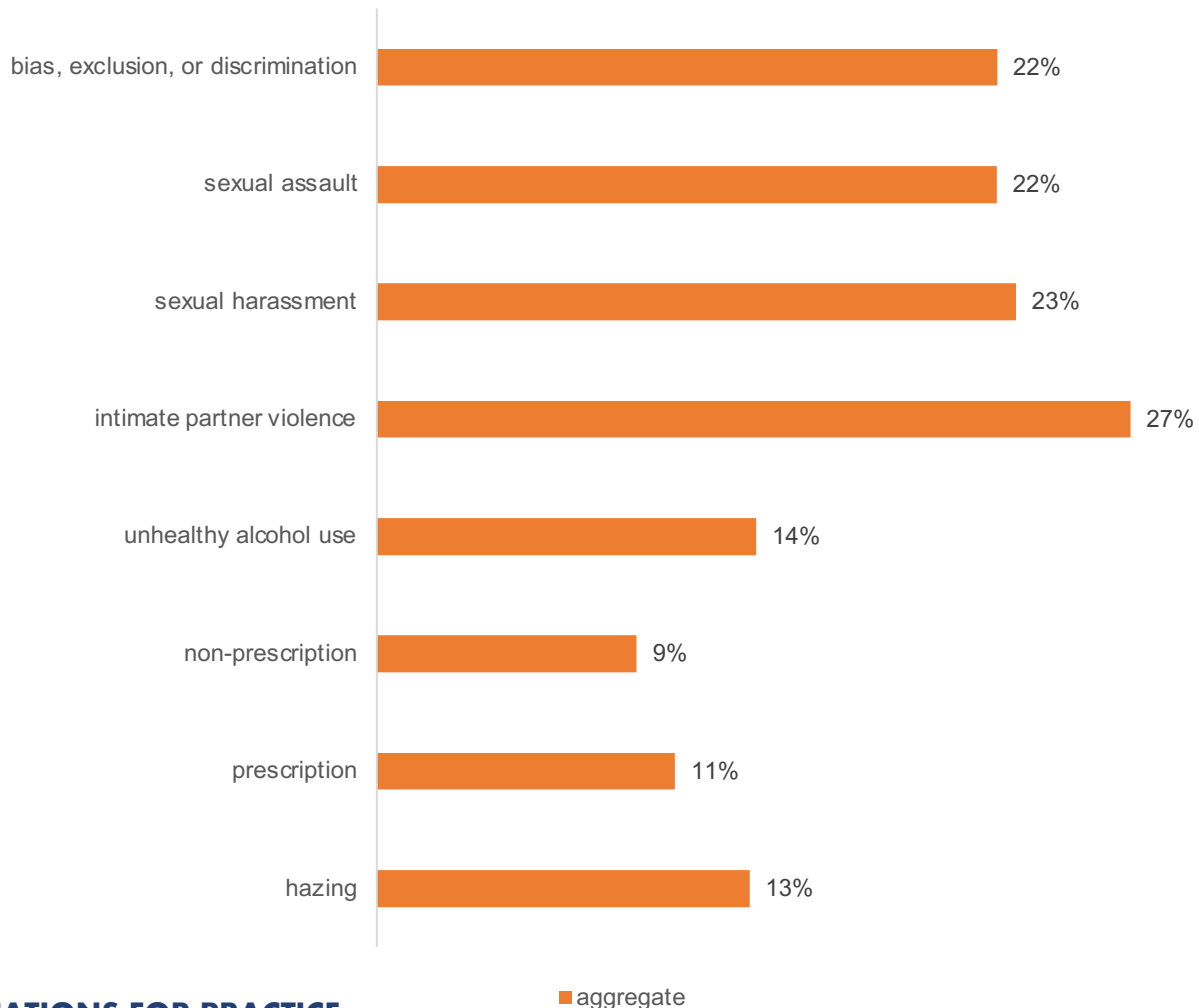
Link important group identities/group values to proactive bystander intervention (Upstander) behavior so students embrace acting on belief of others as their responsibility. Connect taking intervention responsibility to prosocial community-wide values and standards of behavior.

BARRIERS TO BYSTANDER INTERVENTION

(4) Lack of Skills: Bystanders may not know what to do or say to effectively intervene, even if they have identified the situation as intervention-worthy and are considering action. Skill deficits reveal the need for intentional training and practice beyond just raising awareness about the problem.

BYSTANDER BARRIER: Lack of Skills

Percentage of students that reported a “Lack of Skills” barrier as a reason they did not intervene:



IMPLICATIONS FOR PRACTICE

A lack of intervention skills, or lack of confidence in intervention skills (bystander efficacy), can prevent a bystander from intervening. Educators must identify the desired bystander intervention behaviors for each issue. Seek out student input on intervention behaviors that are realistic, acceptable, and “do-able” from their perspective.

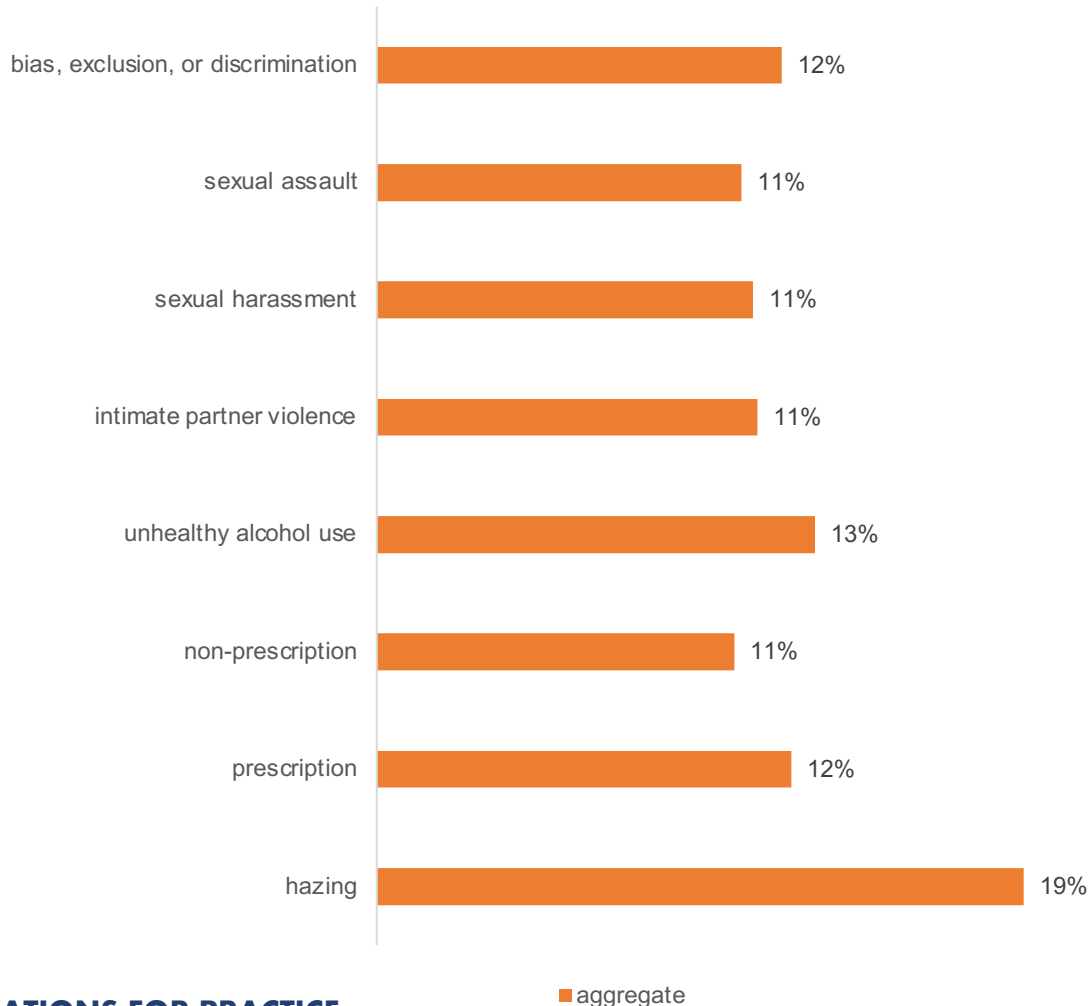
More evidence is needed to inform effective ways of teaching culturally competent general, and issue specific, bystander intervention skills. Practitioners should work to develop and test skills trainings designed to increase knowledge about intervention strategies, improve abilities to effectively intervene, and foster overall bystander efficacy (confidence in their knowledge and ability to help).

BARRIERS TO BYSTANDER INTERVENTION

(5) Audience Inhibition & Intervention Costs: Bystanders worry about what others will think about them and they weigh the potential ‘costs’ associated with offering help. These real or perceived costs inhibit the final step of the situational model of helping: taking action. Group norms may support inaction. Potential costs such as trouble with authorities, criticism, fear of losing friends or harming relationships, embarrassing self or others, retaliation, etc., may inhibit action.

BYSTANDER BARRIER: Audience Inhibition & Intervention Costs

Percentage of students that reported a “Audience Inhibition & Intervention Costs” barrier as a reason they did not intervene:



IMPLICATIONS FOR PRACTICE

If the bystander perceives the costs of action to outweigh the benefits of action, they will not act. Educators must identify intervention-sapping norms for each topic and within relevant subgroups.

Promoting bystander intervention behavior as a core aspect of friendship and other group/community norms, values, and identities may shift the real/perceived judgement associated with speaking up.

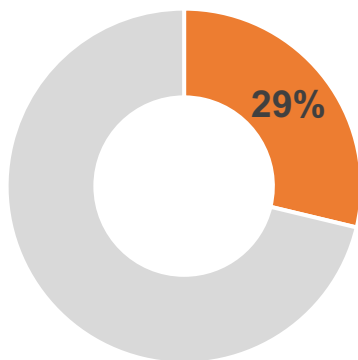
Reframe beliefs around intervening to prevent harmful group actions as essential to protecting the group’s reputation. Communicate that peer accountability and bystander intervention should be the emphasis of how they define loyalty to their organization and its members.

Programs and campaigns should promote norms supportive of intervention campus-wide and within community subgroups and populations. Strategies should also focus on strengthening prosocial attitudes and values that will lead to action even in the face of intervention costs.

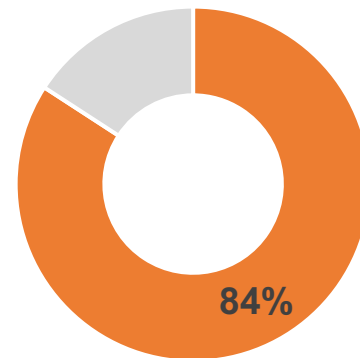
MEDICAL AMNESTY POLICY

Student bystanders may hesitate to get medical help for alcohol and drug related emergencies because of potential disciplinary consequences for themselves, the person in need of assistance, or the organization hosting the event where the situation occurs. This means that medical attention can be delayed, resulting in students becoming more seriously ill or even dying. Because of this, many universities have medical amnesty policies to encourage student bystanders to seek emergency care for their peers. Medical Amnesty Policies protect students (and sometimes student organizations) from formal university disciplinary action when they seek help for an alcohol/drug-related medical emergency.

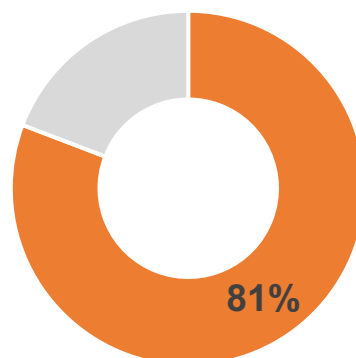
Percentage of students aware if their University has a Medical Amnesty Policy (MAP) (n=1029):



Percentage of students that reported their University's MAP makes them more willing to call for help if a peer needed emergency medical care due to alcohol or drug use (n=979):



Percentage of students that reported they would be more willing to call for help if their University had a MAP (n=2631):



IMPLICATIONS FOR PRACTICE

Medical Amnesty Policies and state laws are intended to remove the real or perceived intervention costs associated with calling for help. Removing this fear of consequence puts the focus on what should be the highest priority: saving a student's life. These data may assist with advocating for implementation of a MAP if one does not exist on your campus. You can find a [resource on developing a compressive MAP here](#).



FOR MORE INFORMATION CONTACT:

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