

BYSTANDER INTERVENTION AND SAME-SEX INTIMATE PARTNER VIOLENCE:
COLLEGE STUDENTS' DECISIONS TO INTERVENE

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DEDICATION

I cannot express enough gratitude to my family. This dissertation would have not been possible without your support. Without your unconditional and unwavering love, encouragement, and support, the last 10 years of education would not have happened. First and foremost, I dedicate this dissertation to my parents, Kwan Hyo and Dong Soon Jin. Twenty years ago, you gave up the comfort of living in a country you were born in to give your children a better chance for a brighter and successful future. You came to America with only \$3,000 in your pockets and struggled to live in a new country without any prior knowledge or understanding of the English language or of American culture. Your mental and physical struggles, and your sacrifices for us have not gone unnoticed—I know that working in the staggering triple-digit temperature in Arizona has resulted in weakened visions, loss of fingerprints, and constant joint aches. As we jokingly said, your retirement will start when I graduate with my doctorate—I am excited for you both to retire and finally do the things you have postponed doing because of your dedication to your children. Your trials and tribulations over the past two decades inspire me to be a better daughter, friend, mentor, scholar, and person. I am excited for this family's future because I think it can only get better from here and on. Thank you for always supporting my dream. I love you very much, more than words can ever say.

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ABSTRACT

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The bystander intervention approach has gained popularity on American university campuses with its promising effects of engaging college students in identifying and safely intervening in risky situations, such as intimate partner violence (IPV). Despite advances in the bystander intervention literature, there is a dearth of research examining intervention behaviors in same-sex IPV scenarios. Indeed, victimization experiences among sexual minorities have been historically overlooked in criminal justice and victim service organizations. The present study addresses this shortcoming in the bystander literature by using survey questionnaire responses from a convenience sample of 570 undergraduate students enrolled at a mid-sized public university in the southern United States. The current study examined the role of ambivalent sexism, IPV myth adherence, prior IPV victimization, homophobia, personality extroversion, and bystander efficacy on student intentions to directly and indirectly intervene in an IPV scenario, in which the sexual orientations of the victim and perpetrator are manipulated, while controlling for IPV vignette conditions.

KEY WORDS: Same-sex intimate partner violence, Sexual minorities, Bystander intervention, Perceiver characteristics

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CHAPTER I

INTRODUCTION

Intimate partner violence (IPV) is a pervasive social problem that affects millions of women and men each year (Edleson, 1999; Miller & Wellford, 1997; Tjaden & Thoennes, 2000; Tjaden, Thoennes, & Allison, 1999). IPV is defined as a pattern of coercive behaviors—such as threats of or actual physical, sexual, or psychological harm—an individual inflicts on a current or former partner to control or to intimidate (Ashcraft, 2000; Saltzman, Fanslow, McMahon, & Shelly, 2002; Walker, 1977). Until the introduction of the term IPV, “wife battering” and domestic violence (DV) were used when discussing violence against women (Nicolaidis & Paranjape, 2009). Wife battering was broadly defined as the “act carried out with the intention of, or perceived as having the intention of, physically hurting another person” (Gelles & Straus, 1979, p. 554). The Department of Justice (2016) defines domestic violence (DV) as “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. DV can be physical, sexual, emotional, economic, or psychological actions, or threats of actions, that influence another person.”

The Centers for Disease Control and Prevention (Breiding, Basile, Smith, Black, & Mahendra, 2014) recommends using the term IPV because it broadens the definition of wife battering and DV to include more than physical violence, such as sexual and psychological violence, and to illustrate that violence is not limited to married, heterosexual, and current couples. Per the CDC recommendation, this dissertation uses the term IPV. CDC also reported that, according to the 2010 National Intimate Partner and Sexual Violence Survey (NISVS), approximately 10% of women and 3% of men

have experienced sexual violence, 24% of women and 14% of men experienced physical violence, 48% of women and 49% of men experienced psychological aggression, and approximately 11% of women and 2% of men have experienced stalking by an intimate partner at some point in their lifetime. While women experienced significantly higher sexual violence, physical violence, psychological aggression, and stalking, compared to men, the latter reported a significantly higher prevalence of experiencing psychological aggression by a partner than women (Breiding et al., 2014).

IPV has been considered a private matter and, historically, men have had the right to discipline their partners using violence, because women had limited legal rights and, upon marriage, they became their husbands' responsibility (Lutze & Symons, 2003; Pleck, 1987). Scholars have posited that minimization and justification of use of violence in intimate relationships were due to patriarchal society fostering gender-related cultural norms, roles, and myths that favor societal, political, and economic advantages for men (Dicker, 2008; Koss, Goodman, Browne, Fitzgerald, Keita, & Russo, 1994; Lorber, 1998). As a result, men receive higher social standing, privilege, power, and entitlement, compared to women, and maintain these sociocultural advantages through the use of violence, even in intimate relationships (Dicker, 2008; Koss et al., 1994; Lorber, 1998). Furthermore, the Domestic Violence Movement claimed that violence against women was the result of a patriarchal society that placed emphasis on traditional gender roles and sexist attitudes (Bograd, 1988; Caparo, 2004; Kurz, 1996; Lorber, 1998; Messerschmidt, 2004; Murray & Mobley, 2009), which in turn placed higher value on hypermasculinity and male dominance and control (Johnson, Kuck, & Schander, 1997; Kilmartin, 2000). Indeed, masculine traits and characteristics are assigned higher value, compared to

feminine characteristics, such as “nurturing” and “warm”; therefore, there is a sociocultural expectation for men to demonstrate hypermasculine traits and dominant behaviors, which further reinforces male privilege and entitlement and female subordination (Kilmartin, 2000; Koss et al., 1994; Lorber, 1998). Thus, acceptance of these stringent gender roles and beliefs minimizes the seriousness of violence against women and endorses violent-tolerant attitudes by normalizing male dominant behaviors in intimate relationships (Dicker, 2008; Freedman, 2002; Johnson et al., 1997; Koss et al., 1994; Lorber, 1998; Schram & Koons-Witt, 2004).

For decades, IPV was considered primarily a heterosexual woman’s problem, but scholars and feminist advocates have more recently highlighted the need to deviate from this conceptualization to include victimization experiences among sexual minorities (e.g., Lesbian, Gay, Bisexual, Transgender, and Queer [LGBTQ]) communities (Hamby, 2009; Henning & Renauer, 2005; Poorman, Seelau, & Seelau, 2003). Indeed, IPV among marginalized communities has received little attention (Herek, 2004; Tjaden & Thoennes, 2000; Tjaden, Thoennes, & Allison, 1999; Walters, Chen, & Breiding, 2013), which is problematic as existing studies have indicated that the prevalence estimates of same-sex IPV are equal to or higher than estimates of heterosexual IPV (Cruz & Firestone, 1998; Merrill & Wolfe, 2000; Messinger, 2011; Tjaden & Thoennes, 2000; Tjaden et al., 1999; Walters et al., 2013). For example, using a sample of 14,182 heterosexual and sexual minority individuals in the National Violence Against Women Survey, Messinger (2011) found that sexual minority victims experienced greater physical, psychological, and sexual IPV victimization, compared to their heterosexual counterparts. Additionally, Messinger (2011) noted that sexual minority women were most likely to be victims of

sexual IPV, followed by heterosexual women, sexual minority men, and heterosexual men. Bisexual individuals were at increased risk of IPV victimization, compared to other groups (Messinger, 2011). Specifically, bisexual women were more likely to be victimized than bisexual men (Messinger, 2011). Likewise, a recent analysis of the NISVS demonstrated that approximately 44% of lesbian women and 61% of bisexual women reported lifetime experiences of sexual assault, physical violence, and stalking by an intimate partner, as compared to 35% of heterosexual women (Walters et al., 2013). These estimates of same-sex IPV underscore the need to empirically examine violence among LGBTQ communities to comprehend the dynamics of same-sex relationships and challenges faced by sexual minority victims (Edwards, Sylaska, & Neal, 2015; Messinger, 2011). Existing studies have also demonstrated that while the dynamics of same-sex IPV are similar to heterosexual IPV, unique factors associated with victim and perpetrator's sexual orientation have been found to contribute to violence and deter victims from seeking resources. If anything, the unique characteristics of same-sex IPV make this population more important to study.

In response, scholars have shown that bystanders can prevent or stop IPV, directly or indirectly, and help victims after their victimization, particularly because victims are likely unable to, or are reluctant to seek help. They have recommended ways in which bystanders in particular might overcome their adherence to violent-tolerant norms and the traditional belief that IPV is a private matter, that should not be interfered by an outside party (Lutze & Symons, 2003; Pleck, 1987). Bystanders are defined as onlookers and witnesses of crime or violence (Banyard, Moynihan, & Plante, 2007; Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2010; Potter, Fountain, & Stapleton, 2012).

Currently, noteworthy gaps exist in both IPV and bystander intervention research, particularly the lack of examination of the effects of perceiver adherence to violence-tolerant attitudes on their intentions to directly or indirectly intervene in heterosexual and same-sex IPV situations. Prior studies have illustrated that individuals who adhere to violence-supportive norms will report decreased willingness to help IPV victims, because these individuals minimize the seriousness of IPV and blame the victims of the violence for their failure to conform to socially prescribed gender roles (Koss et al., 1994; Poorman, et al., 2003). Indeed, Loewenstein and Small (2007) have indicated that when victims are perceived as culpable, help is less forthcoming. Thus, bystanders are more likely to report lower levels of intentions to directly or indirectly intervene in same-sex IPV because they perceive sexual minority victims as more culpable, compared to their heterosexual counterparts. The remainder of this chapter reviews the similarities and differences in the dynamics of heterosexual and same-sex IPV, which further highlight the continued need to promote bystander intentions to intervene and help IPV victims.

Dynamics of Heterosexual and Same-Sex IPV

A growing body of research on same-sex IPV has noted the extent to which the dynamics of same-sex IPV were similar to those in heterosexual relationships (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011; Edwards et al., 2015; Farley, 1996). At the core, both heterosexual and same-sex IPV share similar patterns of abuse, such as the misuse of power and control (Bartholomew, Regan, White, & Oram, 2007; Burke & Owen, 2006; McClennen, Summers, & Vaughan, 2002; Peterman & Dixon, 2003; Potoczniak, Murot, Crosbie-Burnett, & Potoczniak, 2003), and increased frequency and severity of the abuse, over the course of the relationship (Walker, 1977). In both

heterosexual and same-sex IPV, perpetrators exploit their partners' weaknesses to maintain dominance, power, and control over them financially, socially, and psychologically (Burke & Owen, 2006; De Vidas, 1999; Peterman & Dixon, 2003; Poorman & Seelau, 2001).

Walker's (1977) Cycle of Violence model has described three stages occurring in an abusive relationship, which vary in frequency and magnitude of psychological and physical abuse. This model can be applied to both heterosexual and same-sex IPV. The first stage, described as the *tension building stage*, varies in duration but involves a decrease in verbal communication and an increase in arguments, withdrawal, and psychological tension (Walker, 1977). The severity of violence increases in the *acute battering stage*, the second stage, where the victim suffers from serious physical injury, such as broken bones, cuts, and bruises (Walker, 1977). Finally, in the third stage, or *the honeymoon phase*, the perpetrator will apologize to the victim and promises never to hurt him or her again (Walker, 1977). Peterman and Dixon (2003) were among the first to assess and compare patterns of violence in same-sex and heterosexual IPV using the Cycle of Violence model. In their review, Peterman and Dixon (2003) found that victims of same-sex IPV reported experiencing patterns of abuse similar to their heterosexual counterparts. Specifically, and consistent with the stages described in Walker's Cycle of Violence model, the frequency and the severity of abuse increased over time in same-sex IPV (Peterman & Dixon, 2003). These findings further supported the argument that the fundamental dynamics of IPV remain the same, regardless of the sexual orientation of the victim and perpetrator. In both heterosexual and same-sex IPV, violence frequently started with emotional abuse and progressed to physical and sexual abuse (Margolies &

Leeder, 1995; Merrill, 1998; Merrill & Wolfe, 2000; Murray & Mobley, 2009; Renzetti, 1996).

Patterns of abuse described in Walker's Cycle of Violence are similar to the tenets of Johnson (1995, 2006) and Stark's (2006, 2007) conceptualizations of intimate terrorism and coercive control—although further empirical examinations of Johnson and Stark's theories in same-sex IPV are warranted (Baker, Buick, Kim, Moniz, & Nava, 2013). Johnson's theory of IPV (2006, 2007) focuses on four types of IPV: (1) intimate terrorism, (2) violent resistance, (3) situational couple violence, and (4) mutual violent control, based on the severity of control and violence displayed by both victim and perpetrator. Johnson's (2007, p. 1004) typology illustrates that IPV is not a "unitary phenomenon" involving heterosexual relationships, in which the abusers are men and the victims are female. In other words, Johnson's (2006) conceptualization of IPV indicates a gender symmetry in which both women and men, regardless of their sexual orientation, can be perpetrators of IPV. For example, intimate terrorism describes a relationship in which perpetrator exerts dominance over the victim using a wide range of power and control tactics. Conversely, violent resistance describes violent relationships in which both victim and perpetrator are violent; however, the perpetrator's motive in using violence is to establish power. Situational couple violence is rooted in the situation or conflict that escalates to violence, causing the perpetrator to use violence, but not in attempting to establish power and control through the continuous use of violence. Finally, mutual violent control describes a volatile relationship where both individuals in the relationship use violence to gain and maintain dominance and power over the other (Johnson, 2006).

Stark (2006, p. 1021) indicated that Johnson's intimate terrorism is "identical to coercive control" and described IPV using the analogy to other capture crimes (e.g., kidnapping and prisoners of war) to illustrate that the perpetrators establish and maintain power and control by deploying coercive tactics, such as "violence, intimidation, isolation, and control," to increase victims' vulnerability and eliminate their abilities to make decisions. In addition, Stark (2007) explained that coercive control is linked to psychological abuse in which IPV victims become entrapped in the abusive relationship. Moreover, abusers enforce sex-role stereotypes on their victims' lives by restricting their freedom to domestic duties (e.g., cleaning, cooking, and caring for children) and increasing their isolation from a support system by prohibiting them from seeking employment, or by taking their paychecks. The psychological coercion in exploiting these victims entraps them in the abusive relationships and increases their dependence on their abusers, because these victims believe there is no alternative available to them (Stark, 2007).

Differences Between Heterosexual and Same-Sex IPV

Aside from similarities between heterosexual and same-sex IPV, Peterman and Dixon (2003) also posited differences, such as a fear of sexual orientation outing, minority stress and stigma consciousness, and internalized homophobia. These unique stressors shape the dynamic of same-sex intimate relationships by decreasing intimacy and contributing to the violence when perpetrators struggle to conform to the demands of heterosexual society or release this tension through their own use of violence (Carvalho et al., 2011; Edwards et al., 2015; Meyer, 2003). For example, same-sex IPV abusers maintain power and control over their victims by threatening to out the victim's sexual

orientation (Carvalho et al., 2011; Edwards et al., 2015; Messinger, 2011; Peterman & Dixon, 2003). These unique characteristics of same-sex IPV also create additional barriers to help-seeking among sexual minority victims (Carvalho et al., 2011; Edwards et al., 2015; Messinger, 2011).

Fear of Outing

One of the main differences between heterosexual and same-sex IPV is that the sexual orientation of the victim becomes an additional tool the perpetrator uses to control and manipulate victims (Burke & Owen, 2006; De Vidas, 1999; Peterman & Dixon, 2003). Threatening to reveal or out the victim's sexual orientation to their families, friends, employer, community, or church is a control tactic abusers use to decrease victim autonomy and independence (Balsam, 2001; Chung, 1995; Island & Letellier, 1991; Peterman & Dixon, 2003; Renzetti, 1992; Telesco, 2003). Differences in the magnitude of fear of outing have appeared among sexual minority IPV victims (Messinger, 2011; Peterman & Dixon, 2003). Peterman and Dixon (2003), for example, found that bisexual individuals faced greater challenges in hiding their sexual orientation, compared to other sexual minorities, because they feared exposing their sexual identities to more than one sexual orientation community (e.g., heterosexual and lesbian or gay).

Existing research has also indicated that sexual minority victims may go to great lengths to avoid outing their sexual orientation because they fear experiencing discrimination (Carvalho et al., 2011; Edwards et al., 2015; Herek, 2009; Meyer, 2003; Pinel, 1999). Herek (2009), for example, reported that in a national probability sample of 662 gay men, lesbian women, and bisexual adults, sexual minorities experienced a range of discrimination, such as criminal victimization (20%), verbal abuse (50%), and housing

or employment discrimination (10%). Among sexual minorities, gay men reported experiencing more stigma, discrimination, and victimization, compared to lesbian women and bisexual adults (Herek, 2009). In addition, sexual minority IPV victims are reluctant to seek resources, due to the fear of experiencing adverse responses (e.g., blame) from formal service providers (Edwards et al., 2015; Parry & O'Neal, 2015). Existing studies have consistently demonstrated that both formal and informal social supports attributed greater blame to sexual minority victims, and reported same-sex IPV incidents as less serious (e.g., less violent and less in need of police intervention) than heterosexual IPV incidents (Brown & Groscup, 2009; Cormier & Woodworth, 2008; Harris & Cook, 1994; Wise & Browman, 1997). Female victims in heterosexual IPV scenarios were perceived by criminal justice actors (Cormier & Woodworth, 2008), college students (Brown & Groscup, 2009; Harris & Cook, 1994), and community members (Taylor & Sorenson, 2005) as more vulnerable, needing more protection, and less worthy of blame than victims in same-sex IPV conditions.

For example, Wise and Bowman (1997) found that 71 beginning counselors and therapists perceived heterosexual IPV as more violent than IPV involving lesbian women and gay men couples. These practitioners indicated that they were more likely to recommend charging male perpetrators than to recommend charging their female counterparts (Wise & Bowman, 1997). Similarly, a sample of 3,679 community members in Taylor and Sorenson's (2005) study were provided with vignettes describing a domestically violent relationship in which the sex and race of the victim and perpetrator were manipulated. Taylor and Sorenson (2005) found that community members assigned the least responsibility to the heterosexual female victim, compared to male heterosexual

and same-sex IPV victims, and were more likely to believe that lesbian victims should have done something about the abuse.

Minority Stress, Stigma Consciousness, and Internalized Homophobia

Same-sex IPV differs from heterosexual IPV in that the fear and challenges of hiding same-sex sexual orientation within a heterosexual society manifest as three unique stressors, contributing to the use of violence in same-sex relationships and to discourage help-seeking behaviors: minority stress, stigma consciousness, and internalized homophobia (Carvalho et al., 2011; Edwards et al., 2015; Meyer, 2003). Minority stress is caused by both internalized and externalized stressors—internalized stressors are caused by perceived discrimination and homophobia, while externalized stressors include actual experiences of discrimination and harassment (Carvalho et al., 2011; Edwards et al., 2015; Meyer, 2003). Minority stress contributes to sexual minority victims' reluctance to seek social and legal resources because of increased fear of experiencing adverse attitudes from service providers, such as stereotypes, prejudices, and blame, once they reveal their sexual orientation (Carvalho et al., 2011; Edwards et al., 2015; Meyer, 2003).

Stigma consciousness is the sexual minority victim's expectation to be stereotyped and discriminated against for being a member of a marginalized group (Pinel, 1999). Using a sample of 581 gay men and lesbian women, Carvalho and colleagues (2011) found that those who reported prior IPV victimization and perpetration held higher rates of stigma consciousness, compared to those who never experienced IPV. Individuals who rated high in stigma consciousness actively avoided situations that

increased the likelihood of receiving discriminatory responses and were more reluctant to disclose or seek help (Carvalho et al., 2011).

Internalized homophobia has been found to decrease the quality of intimate relationships (Carvalho et al., 2011; Edwards et al., 2015; Herek, 2009; Meyer, 2003; Pinel, 1999). Scholars have defined internalized homophobia as a stressor experienced by both same-sex IPV victims and perpetrators as a result of internalizing society's negative perceptions, thoughts, and messages regarding sexual minority orientation (Carvalho et al., 2011; Edwards et al., 2015; Herek, 2009; Meyer, 2003; Pinel, 1999). Although internalized homophobia can be found among both victims and perpetrators, they process this stressor differently (Carvalho et al., 2011; Edwards et al., 2015; Herek, 2009; Meyer, 2003; Pinel, 1999). For example, perpetrators of same-sex IPV release the tension and stress accumulated from internalized homophobia to their partner through the use of violence (Alexander, 2002; Potoczniak et al., 2003; Waldner-Haugrud, Gratch & Magruder, 1997). Byrne (1996) found that internalized homophobia manifested as self-hate and low self-esteem among gay men who abused their partners. Additionally, perpetrators projected their self-hate, low self-esteem, and negative self-concept onto their partners, believing that their victims deserved the abuse because they also failed to conform to heterosexual society (Balsam, 2001). Tigert (2001) asserted that shame associated with being in an abusive same-sex intimate relationship elicited violent reactions, including attacks on the self and other individuals, particularly an intimate partner. Moreover, internalized homophobia was a barrier to seeking help or disclosing among same-sex IPV victims, leading to increased social isolation from family and friends, increased fear of outing of sexual orientation, and increased fear of receiving

discriminatory attitudes from victim service providers (Balsam, 2001; Banks & Fedewa, 2012; Browning, 1995; Murray & Mobley, 2007). Finally, internalized homophobia and discrimination were associated with poor relationship quality and increased IPV perpetration and victimization (Balsam & Szymanski, 2005). For example, a sample of 272 lesbian and bisexual women who experienced IPV indicated that the quality of their intimate relationships mediated the relationships between internalized homophobia and recent IPV experiences (Balsam & Szymanski, 2005).

Collectively, these points demonstrate that onlookers or bystanders' willingness to help is crucial for both heterosexual and same-sex IPV victims who are unable themselves to disclose or seek help. In addition, IPV prevention and response policies should be tailored to target individuals who conform to violence-tolerant norms and use control tactics to entrap their partners because these individuals are less likely to intervene, directly or indirectly, for IPV victims as bystanders. Moreover, bystanders' willingness to intervene in IPV situations may be influenced by victim's sexual orientation or by bystanders' homophobic attitudes, which further highlights the need to examine victimization experiences among marginalized communities and to increase bystander willingness help these victims.

Bystander Intervention

Scholars have highlighted the need to promote bystanders' willingness to intervene in heterosexual and same-sex IPV situations to ensure that the victims receive the help they need. For more than five decades, social psychologists and victimologists have reported that bystanders can reduce, prevent, or stop entirely IPV, and can also aid victims before, during, and after the violence (Banyard et al., 2007; Moynihan et al.,

2010; Potter et al., 2012). The important role of bystanders in preventing or stopping violence has been reiterated in prior studies, which have found that bystanders were present in approximately 30% of gendered violence incidences (Hart & Miethe, 2008; Planty, 2002). Scholars have identified the unique potentials bystanders possess to prevent, stop, and reduce IPV from occurring or escalating (Berkowitz, 2002; DeKeseredy, Schwartz, & Alvi, 2000; Foubert, 2000; Foubert & Marriott, 1997; Katz, 1994; Slaby & Stringham, 1994; Storer, Casey & Heirenkohl, 2015). Much of the early bystander intervention research has been influenced, if not precipitated, by the circumstances surrounding Kitty Genovese's rape and murder in 1964 (Darley & Latane, 1968; Latane & Darley, 1970). Genovese was walking home from her car to her apartment after finishing her shift at work when she was followed by Winston Moseley, who attacked Genovese with a knife and stabbed, raped, and killed her (Darley & Latane, 1968; Latane & Darley, 1970). Police investigation revealed that 38 witnesses either heard or saw Genovese being attacked, but no one directly or indirectly intervened to help her (Latane & Darley, 1970). Direct intervention entails bystanders taking action to become involved in the incidents to help victims while indirect intervention includes notifying authorities who could help the victim involved in the situation (Latane & Darley, 1970), such as a domestically violent situation.

The shocking news that people had failed to help someone who clearly needed their help marked the beginning of the bystander intervention research by two social psychologists, Darley and Latane (1968), by primarily focusing on situational characteristics (Clark & Word, 1972, 1974; Cramer, McMaster, Bartell, & Dragna, 1988; Latane & Darley, 1968, 1970; Shotland & Heinold, 1985) that promoted or hindered

bystander behaviors. Specifically, early bystander intervention research conducted a series of empirical studies that exposed their participants to emergencies to assess the effects of situational characteristics on participant willingness to help individuals directly or indirectly (e.g., contacting the appropriate authorities; Clark & Word, 1972, 1974; Cramer et al., 1988; Latane & Darley, 1968, 1970; Shotland & Heinold, 1985). Scholars reported that an increase in the seriousness and direness of situations increased direct and indirect intervention (Darley & Latane, 1968; Latane & Darley, 1968, 1970; Latane & Nida, 1981), and that participant likelihood of intervening, directly and indirectly, decreased when other bystanders or third-party members were present (Darley & Latane, 1968; Latane & Darley, 1968, 1970; Latane & Nida, 1981). In addition to the urgency of the situations, scholars have posited that bystander attitudes influence their intentions to aid victims (Banyard, 2008; Potter et al., 2012). For example, adverse attitudes such as sexism and adherence to misconceptions of IPV have been found to decrease bystander intentions to intervene (Bryant & Spencer, 2003; West & Wandrei, 2002; Worden & Carlson, 2005). By contrast, scholars have argued that regardless of the adverse attitudes reported by bystanders, the decision to intervene has prevailed when the seriousness and direness of the situation is clear (Darley & Latane, 1968; Latane & Darley, 1968, 1970; Latane & Nida, 1981). Therefore, considering that decisions to intervene are influenced by both situational and bystander characteristics, it is important to examine different bystander strategies (i.e. direct and indirect) when examining intentions to intervene (Niksa, 2014).

Despite advances in the IPV and bystander intervention literatures and the frequency of same-sex IPV, little research has yet assessed bystander behaviors in same-

sex IPV scenarios. Specifically, there is a need to examine the effects of perceiver characteristics on intentions to directly and indirectly intervene in heterosexual and same-sex IPV scenarios. The greater legal and social challenges sexual minority IPV victims experience as a result of their sexual orientation, despite the similarities in the dynamics, causes, patterns of abuse, and outcomes to heterosexual IPV, highlight the need to increase willingness to help these marginalized victims. These shortcomings frame the purpose and the research questions of the current study.

Purpose of the Study

The current dissertation addressed the lack of empirical examination of bystander intentions to intervene in hypothetical heterosexual and same-sex IPV situations. First, the study examined differences in intentions to directly intervene (i.e., bystanders interjecting themselves into the situation to help IPV victims, stop the perpetrator, or attempt to deescalate the situation) or indirectly intervene (i.e., bystanders notifying authorities such as university police or 911), across different types of intimate relationships: (1) a male abuser and female victim; (2) a female abuser and male victim; (3) a lesbian couple; or (4) a gay couple. Second, the study assessed the perceivers intentions to directly and indirectly intervene, by accounting for characteristics that might inhibit them from intervening, including sexist attitudes, adherence to IPV myths, prior IPV victimization experience, homophobia, personality extroversion, and bystander efficacy, while controlling for IPV vignette conditions. Finally, this study examined the moderating effects of such perceiver characteristics and IPV vignette conditions on intentions to directly or indirectly intervene.

Summary

The IPV literature has recently expanded to examine victimization within sexual minority populations, thus to understand the dynamics surrounding same-sex IPV, and to provide effective victim and social services for these victims. While both perpetrators in heterosexual and same-sex IPV exploit their victims' weaknesses—to maintain dominance and control over them physically, financially, and socially—sexual minority IPV victims face greater legal challenges, stressors, and barriers to resources linked to their sexual orientation. To understand and help heterosexual and same-sex IPV victims, scholars have highlighted the importance of targeting perceivers' adverse attributions toward heterosexual gendered violence, including sexual assault and IPV, and educating perceivers on different types of intervention (directly or indirectly) to elicit some type of response to help victims, rather than no action. Currently, there is a need to assess bystander intentions to intervene in same-sex IPV situations and the effects of bystander characteristics on intentions to directly or indirectly intervene. The present dissertation addresses this significant gap in research using self-report surveys of 570 participants, collected using pencil-and-paper surveys from college students enrolled at a mid-sized public university in the southern United States.

CHAPTER II

FEMINIST THEORY AND BYSTANDER INTERVENTION IN HETEROSEXUAL AND SAME-SEX IPV

Introduction

The previous chapter illustrated that heterosexual and same-sex IPV are a prevalent social problem, rooted and caused by violence-tolerant norms, attitudes, and beliefs that reproduce gender inequality, female subordination, and male dominance and privilege. Chapter II examines how violence-supportive norms, in turn, influence individual perceptions of IPV and bystander behaviors, such as willingness to directly or indirectly help IPV victims using the five psychological steps of Darley and Latane's (1986) classic bystander paradigm. In addition, this chapter reviews the effects of relevant bystander characteristics and violence-tolerant attitudes on helping behaviors in heterosexual and same-sex IPV. Finally, the chapter assesses bystander interventions in same-sex IPV by reviewing culpability attributions directed toward sexual minority IPV victims, which in turn, decrease bystanders' perceptions of the victim's "worth" in receiving help.

Decisions to Intervene: Violence-Tolerant Attitudes and the

Classic Bystander Paradigm

Feminist theorists have posited IPV as a consequence of gender inequality in a society that favors societal, political, and economic advantages for men by reinforcing traditional gender roles, sexist attitudes toward, and stereotypes or myths regarding women (Dicker, 2008; Freedman, 2002; Johnson et al., 1997; Lorber, 1998; Ozak & Otis, 2016). As a result of such advantages, men have received higher levels of social standing,

privilege, power, and entitlement than women, and at times maintain these sociocultural advantages through the use of violence even in intimate relationships (Dicker, 2008; Koss et al., 1994; Lorber, 1998). The norms, beliefs, and attitudes that support male privilege and female subordination also create the profile of an IPV victim, which is used to assess and blame victims for their failure to fit socially prescribed gender roles and status, and, consequently, confines them to a subordinate social status (Hamby, 2009; Henning & Renauer, 2005; Johnson et al., 1997; Lorber, 1998; Poorman et al., 2003). In addition, accepting these violence-supportive norms and attitudes influences an individual bystander's decision-making process in deciding whether or not to help victims. Darley and Latane (1968; Latane & Darley, 1968, 1970) proposed five psychological processes an individual bystander must experience in order to make the final decision to help someone, regardless of the nature of the violence (e.g., gendered violence or catastrophe). At each stage, bystanders experience challenges that can inhibit their intentions to help and many of these challenges correlate to victim blame (e.g., adherence to traditional gender roles and IPV myth acceptance).

Step 1: Notice the Event. In the first step, bystanders must notice the event (Darley & Latane, 1968; Latane & Darley, 1968, 1970). Existing studies have posited that IPV situations may go unnoticed as a result of *self-focus* or *sensory distractions* (Banyard et al., 2004; Burns, 2009). For example, bystanders who are distracted by loud noise at a party, or by intoxication or substance use, may fail to notice a person in need of their help (Burns, 2009; Darley & Latane, 1968; Latane & Darley, 1968, 1970). In addition, individuals who are unfamiliar of IPV, who report increased adherence to traditional gender roles, and who minimize the use of verbal and psychological aggression in

intimate relationships to establish power and control, are less likely to notice individuals involved in domestic violent relationships (Dicker, 2008; Doll, Saul, & Elder, 2007; Freedman, 2002; Hamby, 2009; Henning & Renauer, 2005; Johnson et al., 1997; Poorman et al., 2003; Whitaker, Rosenbluth, Valle, & Sanchez, 2004).

Step 2: Identify the Situation as Intervention-Appropriate. In the second step, bystanders must identify the situation as intervention-appropriate (Darley & Latane, 1968; Latane & Darley, 1968, 1970). Similar to the effects discussed in the first step, individuals who justify the use of violence in intimate relationships may not perceive IPV incidents as intervention-worthy (Doll et al., 2007; Whitaker et al., 2004). For example, Shotland and Straw (1976) have indicated that when participants perceived the violent situation as between a couple romantically involved, they reported increased reluctance to intervene because disagreements between couples are normal and expected. Furthermore, when participants perceived the violence to be between a married couple, they reported increased reluctance to intervene because they believed it was “a lover’s quarrel” (Shotland & Straw, 1976). This perception is underscored, historically, by the idea that IPV was considered a private matter with men’s legal right to control and discipline women in intimate relationships (Lorber, 1998; Lutze & Symons, 2003, p. 321; Pleck, 1987; Shotland & Shaw, 1976). Studies have also found that increased ambiguity of the situation (Clark & Word, 1972, 1974; Darley & Latane, 1968; Latane & Darley, 1968, 1970), and uncertainty regarding the relationship between victim and perpetrator, decreased willingness to help (Darley & Latane, 1968; Latane & Darley, 1968, 1970; Shotland & Straw, 1976). In the context of same-sex IPV, bystanders who lack knowledge of, or do not support same-sex relationships, may fail to notice a same-sex

couple in an argument because they may interpret the incident as involving two friends rather than two individuals in a domestic partnership. These bystanders will also fail to identify same-sex IPV as intervention-appropriate.

Step 3: Take Responsibility to Intervene. In the third step, bystanders must take responsibility to intervene. While a situation may be noticed and identified as intervention-appropriate, bystanders will not actually intervene unless they feel it is their responsibility to do so (Darley & Latane, 1968; Latane & Darley, 1968, 1970). Bystanders' decisions to take responsibility upon themselves to help victims are influenced by the "worthiness" of victims. Furthermore, existing studies have demonstrated that the perceived worthiness of the victim may be correlated with increased victim blame (Cassidy & Hurrell, 1995; Loewenstein & Small, 2007; Norris & Cubbins, 1992; Schult & Schneider, 1991; Whatley, 2005; Workman & Freeburn, 1999). Blaming victims keeps women in their subordinate status and reinforces traditional gender roles, sexist attitudes, and IPV myths in the community (Dicker, 2008; Koss et al., 1994; Lorber, 1998; Schram & Koons-Witt, 2004), which, in turn, influence bystanders' decisions to take responsibility to help IPV victims. For example, increased acceptance of IPV myths, such as "women provoke men by nagging," "women do not fulfill household 'duties,'" and "women refused sex," can lead to the increased justification of use of violence against women and increased victim blame (Koss et al., 1994, p. 8), resulting in decreased responsibility to intervene. Therefore, it is reasonable to expect bystanders to be less likely to help sexual minority IPV victims, because these marginalized victims are perceived as more culpable compared to their heterosexual counterparts (Brown & Groscup, 2009; Harrison & Abrishami, 2004; Poorman et al., 2003).

The bystander intervention in same-sex IPV will be assessed in the last section of this chapter, by reviewing studies that have examined blame directed toward sexual minority victims because culpable victims are considered unworthy and undeserving of receiving help. In same-sex IPV, bystanders will be reluctant to take responsibility for helping, thus resulting in lower levels of intentions to directly or indirectly intervene. Early studies have also reported that willingness to directly and indirectly intervene decreased as the number of bystanders increased, because the responsibility to help was “diffused” (Latane & Darley, 1970, Rutkowski, Gruder, & Romer, 1983). This diffusion of responsibility explains why none of the 38 witnesses in Genovese’s case either directly or indirectly intervened to help her (Latane & Darley, 1970). Moreover, when victims are considered members of the same social group as bystanders, bystander responsibility increased, which in turn increased willingness to help (Gottlieb & Carver, 1980; Howard & Crano, 1974; Levine, Prosser, Evans, & Reicher, 2002; Schwartz & Gottlieb, 1976, 1980). In the context of same-sex relationships, bystander intervention among heterosexual individuals would decrease, as they are more likely to perceive sexual minorities to be “outside” their social groups.

Step 4: Decide on How to Help. In the fourth step, bystanders must decide how they will help the victim or stop the perpetrator (Latane & Darley, 1970). These decisions depend on the bystander’s prior knowledge of, or skills in, appropriate intervention methods—bystanders with *skills deficits* exhibit increased uncertainty and fear of intervening in risky and dangerous situations (Cramer, McMaster, Bartell, & Dragna, 1988; Sheleff & Shichor, 1980; Shotland & Heinold, 1985). Through a feminist lens, the relationship between skills deficits and decreased intentions to intervene can be explained

by considering that bystander violence-tolerant attitudes can decrease their perceived need or desire to acquire intervention strategies with which to help victims. Moreover, bystanders with a lack of knowledge on intervention strategies (either directly or indirectly) may place both themselves and the victims at increased risk (Cramer et al., 1988; Shotland & Heinold, 1985). Using a sample of 389 college students, Banyard (2008), for example, reported that students with prior knowledge regarding sexual violence indicated an increased willingness to intervene, suggesting that these students were better able to identify the situation as intervention-appropriate and recognize that the victim needed their help. By contrast, bystanders may be even more reluctant to intervene in same-sex IPV if they lack knowledge and appropriate skillsets to intervene in same-sex relationships.

Step 5: Direct and Indirect Intervention. Finally, in the fifth step, bystanders must act to intervene either directly or indirectly by notifying someone. Direct intervention entails bystanders interjecting themselves into the incidents to help deescalate the situation by helping the victim seek safety or stopping the perpetrator (McMahon & Banyard, 2011). On the contrary, indirect intervention includes bystanders taking actions to report their suspicion of IPV incidents and potential perpetrators to the police, residential advisors, and other mandatory reporters (McMahon & Banyard, 2011). This final decision to intervene may be inhibited by the presence of others and by the fear of going against social norms, especially norms that disapprove of intervention (Gottlieb & Carver, 1980; Howard & Crano, 1974; Latane & Darley, 1970; Levine et al., 2002).

Feminist theorists have explained that members of privileged social groups use violence to maintain their superior status (Koss et al., 1994; Lorber, 1998; Schram &

Koons-Witt, 2004), and will be reluctant to partake or support any changes that can result in the loss of their entitled and superior status. Therefore, social groups that disapprove of intervention behaviors would deter bystanders from helping victims because of an increased fear of receiving negative judgments from social group members (Banyard et al., 2004; Banyard et al., 2009; Banyard et al., 2007; Berkowitz, 2002; Latane & Darley, 1970). Intervention may thus result in loss of acceptance and social support from peers and organizations (Burns, 2009; Latane & Darley, 1970). Prior studies have further demonstrated that bystanders are more willing to help victims from a social group they can relate to (e.g., in-group) than help victims they cannot relate to (e.g., out-group; Banyard et al., 2004; Banyard et al., 2007; Banyard et al., 2009; Berkowitz, 2002). Therefore, heterosexual individuals may be reluctant to intervene in same-sex IPV situations as a result of their decreased perceived similarity to sexual minority victims and different social group memberships. This reluctance is particularly applicable to same-sex IPV among social groups (e.g., college students) that highly value group membership and support beliefs and attitudes including sexism, IPV myths, and homophobia. Thus, college students may be particularly reluctant to intervene in sexual minority IPV (either directly or indirectly) because of a fear of violating the norms bestowed upon them as members of a privileged group. One strategy to address bystanders' reluctance to become involved because of fear of violating social norms is through education programs that inform participants of different types of intervention strategies (direct and indirect) to maintain their anonymity, while still taking responsibility to help IPV victims, regardless of sexual orientation of the victim.

Heterosexual and Same-Sex IPV: Bystander Characteristics and IPV-Tolerant Attitudes on Helping Behaviors

Feminist advocates and scholars, such as Koss and colleagues (1994), have indicated that in order for policies and programs to effectively address IPV, they must target individual violence-tolerant attitudes and beliefs that reinforce gender inequality and male power and control. One way to achieve this is by educating individuals on the consequences of sexism, IPV myth endorsement, and prejudicial attitudes in normalizing male dominance and control in relationships. Indeed, this approach has reported positive outcomes in addressing IPV and influenced victimologists in using the same approach to address, prevent, and stop IPV among college campuses (Banyard et al., 2004; Banyard et al., 2007; Banyard et al., 2009; Berkowitz, 2002; Bond, 1995; Dalton, 2001; DeKeseredy, Schwartz, & Alvi, 2000; Foubert, 2000; Foubert & Marriott, 1997; Katz, 1994; Lonsway & Kothari, 2000; Slaby & Stringham, 1994). Furthermore, incorporating bystander literature in heterosexual IPV research has been helpful in identifying correlates that hinder or enhance willingness to help IPV victims, such as sexism, IPV myth acceptance, prior IPV victimization experiences, homophobia, personality extroversion, and bystander efficacy (Banyard et al., 2004; Banyard et al., 2007; Banyard et al., 2009; Berkowitz, 2002; Bond, 1995; Dalton, 2001; DeKeseredy et al., 2000; Foubert, 2000; Foubert & Marriott, 1997; Katz, 1994; Lonsway & Kothari, 2000; Slaby & Stringham, 1994; Ullman, 1999; Zimmerman, 1995).

Sexism

Feminist scholars have posited that patriarchal society and violence-supportive attitudes, including sexism, act as significant barriers to helping behavior (Flood, 2011;

Rich, 2010). Sexist attitudes are shaped by traditional gender roles, and everyday actions and language (e.g., derogatory remarks when describing women and their bodies) that reproduce gender inequality, tolerance for IPV, and reluctance to become involved in efforts to address violence against women (Flood, 2011; Rich, 2010). Eagley and Crowley's (1986) meta-analysis examined the effects of sexism and helping behavior and found that bystander behaviors were influenced by sexist attitudes toward women, generally shaped by traditional gender roles (e.g., women as submissive, weak, and in need of protection) prescribed in patriarchal society (Johnson et al., 1997; Valor-Segura, Exposito, & Moya, 2011).

Consistent with the feminist theoretical framework, West and Wandrei (2002) also reported that bystanders who tolerated the use of violence were less willing to help someone in an IPV situation. Subsequently, using a sample of 156 male undergraduate students, Stein (2007, p. 80) found that bystander behavior increased as the discomfort with "sexist behaviors and objectifying language expressed by other men" increased. In addition, empirical evaluations of current bystander education programs have demonstrated that perceiver sexist attitude is an important correlate of bystander behavior. Indeed, studies have reported that after completing bystander education programs that target participant adherence to sexism, willingness to intervene increased among participants (Banyard et al., 2007; Banyard, 2008; Coker, Cook-Craig, Williams, Fisher, Clear, Garcia, & Hegge, 2011; Moynihan et al., 2010; Storer et al., 2015). As a result, existing bystander education program curricula include discussions on the effects of sexist attitudes on perceptions of IPV and prosocial bystander behaviors (Ahrens, Rich, & Ullman, 2011; Banyard et al., 2007; Banyard et al., 2009; Coker et al. 2011;

Foubert, Langhinrichsen-Rohling, Brasfield, & Hill, 2010; Gidycz, Orchowski, & Berkowitz, 2011; Langhinrichsen-Rohlin & Capaldi, 2012; Moynihan & Banyard, 2008; Moynihan, et al., 2010; Moynihan et al., 2011).

Moreover, program administrators inform participants on the positive correlations between increased sexism and increased hostility toward women, endorsement of myths or stereotypes, sexual aggression, and victim blame (Ahrens, Rich, & Ullman, 2011; Banyard et al., 2007; Banyard et al., 2009; Barone, Wolgemuth, & Linder, 2007; Coker et al. 2011; Foubert et al., 2010; Gidycz et al., 2011; Langhinrichsen-Rohlin & Capaldi, 2012; Moynihan & Banyard, 2008; Moynihan, et al., 2010; Moynihan et al., 2011; Strang & Peterson, 2013). Further, evaluations of college-based bystander intervention programs have demonstrated that targeting sexist attitudes among participants increased their willingness to help victims after the completion of programs (Banyard et al., 2007; Banyard, 2008; Coker et al., 2011; Moynihan et al., 2010; Storer et al., 2015). Storer et al.'s (2015) evaluation of the effectiveness of a range of bystander programs highlighted that even a brief exposure to bystander education programs has decreased sexist attitudes among participants and increased bystander intervention, supporting feminist theorists and scholars who have advocated for targeting attitudes that tolerated violence against women at the individual-level (Koss et al., 1994).

Much of the research on the effects of sexism on helping behaviors has been examined in the context of sexual violence. Therefore, examination of perceiver sexist attitudes and intentions to directly and indirectly intervene, in both heterosexual and same-sex IPV scenarios is needed. In addition, it is expected that bystanders with increased sexist attitudes will be associated with lower levels of intentions to intervene in

IPV situations, but that their willingness to help may decrease even more in same-sex IPV scenarios, as these couples are commonly perceived as violating the stereotypical profile of heterosexual IPV.

Adherence to IPV Myths

While perceiver adherence to IPV myths has received little attention in bystander research, feminist theory sheds light on how increased IPV myth acceptance can decrease direct and indirect intervention in both heterosexual and same-sex IPV scenarios by understanding its effects on victim culpability. Feminists have indicated that blaming victims justifies the use of violence, which is also a tactic to keep women in their subordinate status (Belknap, 2007; Dicker, 2008; Koss et al., 1994). Adherence to IPV myths, such as “IPV is really just normal reaction to day-to-day stress and frustration,” “women who are abused secretly want it,” and “some violence is caused by the way women treat men” (Nabors, Dietz, & Jasinski, 2006, p. 785), minimizes and normalizes the use of violence against an intimate partner, increases victim blame, and decreases helping behavior (Bryant & Spencer, 2003; Chabot, Tracy, Manning, & Poisson, 2009; West & Wandrei, 2002; Worden & Carlson, 2005). Feminist theory and other studies have consistently demonstrated that individuals with increased IPV myth acceptance found victims to be more culpable and also reported decreased bystander intervention (Batson, 1998; Brickman, Rabinowitz, Karuza, Coates, Cohn, & Kidder, 1982; Bryant & Spencer, 2003; Chabot et al., 2009; Nabors et al., 2006; West & Wandrei, 2002; Worden & Carlson, 2005). West and Wandrei (2002), for example, tested a model, in which victim blame mediated the relationship between perceiver characteristics (e.g., gender, attitudes toward IPV and perceived victim provocation) and bystander intervention, using

a sample of 157 undergraduate students. Students were presented with a video that depicted IPV to increase emotional responses. Results indicated that increased perceived victim provocation and increased IPV-condoning attitudes, such as “It is acceptable for a man to slap his girlfriend because (a) she won’t listen to reason, (b) he came home drunk, or (c) she insulted him in public,” resulted in increased victim blame. Subsequently, increased victim blame resulted in decreased helpful intervention (West & Wandrei, 2002). Chabot and colleagues (2009) also indicated that when students adhered to and applied traditional gender roles and IPV myths to IPV cases, their perceptions of who needed help changed: willingness to help decreased when the victim was perceived as culpable.

Collectively, these results demonstrate that adherence to violence-condoning attitudes among perceivers increased adverse attributions, such as blame toward IPV victims, which in turn may decrease intentions to help, regardless of the type of intervention strategies. As a result, same-sex IPV victims are less likely to receive direct or indirect help from bystanders, compared to their heterosexual counterparts, because sexual minorities have been found to receive more blame than heterosexuals (Poorman et al., 2003).

Prior Victimization Experience.

Bystanders with prior victimization experiences, such as past child abuse and IPV victimization, have been found to be more willing to intervene because similar life experiences can increase awareness and knowledge regarding IPV. Consequently, increased similarity to the IPV victim can increase bystander abilities to identify a domestically violent situation, label the incident as intervention-appropriate, accept

responsibility to help, and take action to intervene (Christy & Voigt, 1994; Hoefnagels & Zwikker, 2001; Laner, Benin, & Ventrone, 2001; Nabi & Horner, 2001). Furthermore, Shaver (1970) introduced the defensive attribution theory and suggested that perceivers blamed individuals involved in traumatic situations less because of an increased situational relevance and increased perceived similarity to, and empathy for, them. Defensive attribution theory (Shaver, 1970) has been used to explain culpability attributed toward IPV victims; studies have found that perceivers blamed victims less when they either were able to relate to the situation the victim was described to be in, believed they were similar to the victim, or had increased empathy for IPV victims (Barnett, Feierstein, Jaet, Saunders, Quackenbush, & Sinisi, 1992; Barnett, Tetreault, & Masbad, 1987; Locke and Richman, 1999; Rhatigan, Stewart, & Moore, 2011; Stein & Miller, 2012; Sylaska & Walters, 2014). Indeed, prior studies have also found that previous IPV victimization experience increased bystander intentions to help, because of an increased knowledge of IPV and what would be helpful (Borkman, 1976), and increased feelings of empathy toward victims in similar situations (Batson, Batson, Slingsby, Harrell, Peekna, & Todd, 1991; Beeble, Post, Bybee, & Sullivan, 2008; Ching & Burke, 1999).

Using a sample of 269 self-reported witnesses of child abuse, Christy and Voigt (1994) found that participants with a history of child abuse were more willing to intervene to help abused children. In addition, Nabi and Horner (2001) reported that, of 1,850 respondents in their study, women with prior IPV victimization experience were more likely to take both direct and indirect intervention actions in response to an IPV situation, compared to women who only knew a victim of IPV. Specifically, abused

women were more likely than their non-IPV experienced counterparts to talk to the victim, talk with the abuser about his behavior, talk with others about what to do, seek help from IPV programs, and call 911 (Nabi & Horner, 2001). Consistent with findings reported by Nabi and Horner (2001), Laner and colleagues (2001) also found that prior experiences or exposure to violence were significant predictors of bystander intervention. Similarly, using a national sample of 12,039 individuals, Beeble and colleagues (2008) reported that participants with prior IPV victimization and childhood exposure to IPV were significantly more likely to help IPV victims than their counterparts without prior IPV experience or exposure. Furthermore, individuals with childhood exposure to IPV and prior IPV victimization were significantly more likely to help IPV victims (Beeble et al., 2008). Overall, similar life experience, such as prior IPV victimization, can increase perceived similarity and empathy for IPV victims, and result in higher levels of intentions to directly and indirectly intervene to help IPV victims, regardless of their sexual orientation.

Homophobia

In assessing intentions to help in same-sex IPV scenarios, bystander homophobia is an important characteristic to examine because increased homophobia can decrease perceptions of worthiness among sexual minority victims, which in turn can decrease bystander willingness to directly and indirectly help. Homophobia is defined as experiencing adverse feelings, attitudes, and thoughts toward homosexuality and LGB individuals (Weinberg, 1972; Wright Jr., Adams, & Bernat, 1999). Prior studies have reported that individuals with a lack of knowledge of and exposure to sexual minority populations were more likely to report increased homophobia (D'Augelli & Rose, 1990;

Eliason & Raheim, 1996; Herek & Glunt, 1993; Marsiglio, 1993). According to the tenets of the feminist theory, it is expected that bystander homophobia is correlated with decreased worthiness of victims and, thus, help would be less forthcoming in same-sex IPV. Existing studies have corroborated this assumption, finding that when formal and informal social supports applied heterosexual IPV stereotypes and prejudicial attitudes, including homophobia to IPV scenarios, both groups perceived sexual minority IPV incidents as less serious, compared to heterosexual IPV incidents (Poorman et al., 2003; Rhatigan et al., 2011).

For example, using a sample of 140 psychology students, Brown and Groscup (2009, p. 162) found that, as a form of social discrimination, homophobia was associated with negative stereotypes about gays and lesbians, such as “gay and lesbian relationships are less serious than straight relationships” and gays and lesbians are “more promiscuous,” “more materialistic,” “more dramatic,” and “less religious” than heterosexual individuals. Moreover, heterosexual IPV stereotypes that supported homophobic attitudes were correlated with increased victim blame (Cormier & Woodworth, 2008; Harris & Cook, 1994; Harrison & Abrishami, 2004; Johnson, 2000; Stein & Miller, 2012; Wasarhaley et al., 2015).

Personality Extroversion

The effects of personality characteristics on helping behavior have received limited attention; much of the bystander research has focused instead on the influence of situational characteristics on helping behaviors (Carson, 1989; Mischel, 1988; Organ, 1994; Pervin, 1985). Kahn (1984, p. 217) has further argued that personality characteristics may have little or no relevance to bystander behavior and that using

personality to predict helping behavior may be “futile.” Regardless, social psychologists posited that personality extroversion (Banyard, 2008; King, George, & Hebl, 2005), or individuals high in extroversion, were more likely to help others because they are outgoing, active, sociable, assertive, energetic, and enthusiastic (Banyard, 2008; Hogan & Holland, 2003; King et al., 2005; McCrae & John, 1992). Studies have shown that extroverts take initiative, volunteer, and take action more than their introverted counterparts (Banyard, 2008; Hogan & Holland, 2003; King et al., 2005; McCrae & John, 1992; Schultz & Schultz, 1994). Research has also shown that extroverted individuals were more outgoing and had stronger personal initiative and concern for others (Hogan & Holland, 2003; King et al., 2005; Schultz & Schultz, 1994). Huston and colleagues (1981) explained that active types, as bystanders, were more likely to have had prior training in emergency intervention and were more aware of their own physical strength, which increased their confidence and willingness to help. Furthermore, individuals may vary in the intervention strategy they choose, based of their personality. For example, extroverted individuals, compared to their introverted counterparts, are more likely to directly and indirectly help IPV victims even if those victims fail to fit the stereotypical profile of a “true” IPV victim. In addition, introverted individuals may be more comfortable helping the victims indirectly by notifying authorities.

Bystander Efficacy

Bystander efficacy is broadly defined as the participant belief that violence can be prevented and that he or she can take part in this prevention method (Banyard et al., 2005; Banyard, 2007; Foubert et al., 2010; Langhinrichsen-Rohlin, Foubert, Hill, & Shelley-Tremblay, 2011; Shotland & Huston, 1979). Scholars have posited that

participants who have strongly believed they can participate in preventing violence and help victims were more likely to report intentions to intervention (Banyard et al., 2005; Banyard, 2007; Foubert et al., 2010; Langhinrichsen-Rohlin et al., 2011; Shotland & Huston, 1979). In a series of four studies, which presented undergraduates with 96 situations, Shotland and Huston (1979) examined factors, such as threat of harm, harm increasing with time, bystander efficacy, and need of outside help, on either bystander perception of the situation as an emergency or their decisions to help. Shotland and Huston (1989) found that across four studies, students perceived the situation as an emergency when there was a threat of harm, harm increased over time, they perceived something could be done to help, and when the situation was identified as intervention-appropriate. Subsequent studies have reported that higher levels of bystander efficacy were correlated with an increase in bystander behaviors in IPV situations (Banyard et al., 2007; Banyard et al., 2007; Miller et al., 2011; Storer et al., 2015). Therefore, individuals who report higher levels of bystander efficacy may be more willing to help victims, regardless of their sexual orientation and types of intervention strategies, compared to their counterparts with lower levels of bystander efficacy.

Bystander Intervention and Same-Sex IPV: Understanding Bystander Behaviors by

Examining Victim Culpability Directed Toward Sexual Minority Victims

Existing research has illustrated that violence-supportive norms and attitudes, such as sexism, traditional gender norms, and IPV myths at the community-level, influence individual perceptions and attitudes toward IPV, which in turn will shape their decisions to help IPV victims as bystanders. These adverse attitudes are correlated with increased victim blame and, as a result, of bystanders' perceptions of decreased victims'

worthiness to receive their help (Batson, 1998; Brickman et al., 1982). Collectively, these findings provide insights, which address the current limitations in the IPV and bystander research, by focusing on bystander intervention in same-sex IPV scenarios and examining victim culpability attributed toward sexual minorities.

As discussed in the previous chapter, victimization experiences among sexual minority populations, in particular, have historically been overlooked in theoretical and empirical research, and in public policies because violence against heterosexual women was considered a more significant concern (Belknap, 2007; Dicker, 2008). As a result, victimization experiences among heterosexual women are considered more serious and more in need of institutional attention than abuse against sexual minorities (Belknap, 2007). Consequently, same-sex IPV incidents and victims have been more vulnerable to adverse attitudes of both formal and informal social supports than their heterosexual counterparts. Specifically, when same-sex IPV incidents and victims fail to fit the stereotypical profile of heterosexual IPV, they have received increased adverse attributions of blame, disbelief, and culpability (Harrison & Abrishami, 2004; Poorman et al., 2003; Rhatigan et al., 2011; Russell, Ragatz, & Kraus, 2012; Seelau & Seelau, 2005; Seelau et al., 2003; Stein & Miller, 2012; Turell & Cornell-Swanson, 2006; Wasarhaley, Lynch, Golding, & Renzetti, 2015).

Studies have reported that individual-level characteristics, such as adherence to traditional gender roles (Herek, 1988), IPV myth acceptance, and homophobic attitudes have increased culpability attributions directed toward same-sex IPV victims (Brown & Groscup, 2009; Cormier & Woodworth, 2008; Franklin & Jin, 2015; May; Harris & Cook, 1994; Johnson, 2000; Rhatigan et al., 2011; Sylaska & Walters, 2014; Wasarhaley

et al., 2015). Specifically, adherence to homophobic attitudes has resulted in decreased empathy for and increased culpability attributions directed toward same-sex victims (Rhatigan et al., 2011; Sylaska & Walters, 2014). Moreover, scholars have posited that increased culpability attributions may inhibit helping behaviors because culpable victims are perceived as less deserving of help (Batson, 1998; Brickman et al., 1982; Loewenstein & Small, 2007). Indeed, prior studies have found that same-sex victims were perceived as less in need of help compared to incidents involving heterosexual couples (Brown & Groscup, 2009; Cormier & Woodworth, 2008; Hamby & Jackson, 2010; Harris & Cook, 1994; Johnson, 2000; Poorman et al., 2003; Seelau & Seelau, 2005; Sylaska & Watters, 2014; Taylor & Sorenson, 2005; Wasarhaley et al., 2015; Wise & Bowman, 1997).

Harris and Cook (1994) were among the first to examine same-sex IPV, by presenting 372 students from a large public university in the Midwestern United States with heterosexual and same-sex IPV vignettes: a husband battering his wife, a wife battering her husband, and a gay man battering his partner. They found that participants perceived the incident involving a male perpetrator and female victim as more serious than the other two incidents (Harris & Cook, 1994). Participants indicated that the abusive husband was more responsible, more deserving of punishment (and believed he had committed a similar abuse in the past) than the abusive wife or gay man (Harris & Cook, 1994).

Recognizing the lack of comparable IPV conditions involving a lesbian couple in Harris and Cook's (1994) study, Seelau and colleagues (2003) presented four IPV vignette scenarios—manipulating the sex of victim and perpetrator—to a sample of 252

undergraduate students to examine differences in culpability attributions across four IPV conditions. The two-page vignette described domestically violent relationships between romantically involved couples who were having a heated argument, which escalated to the perpetrator grabbing, pushing, and hitting the victim (Seelau et al., 2003). Consistent with Harris and Cook (1994), Seelau et al. (2003) found that participants had more empathy for female victims, and perceived IPV against female victims as more serious than IPV against men. Furthermore, female perpetrators were rated as more culpable than their male counterparts (Seelau et al., 2003). The authors explained that adherence to traditional gender role stereotypes hindered participants from perceiving a man as IPV victim and a woman as perpetrator in a violent domestic relationship (Seelau et al., 2003). Participants perceived the victim as more responsible when the perpetrator was a woman because she has violated the gender role stereotype that women are not expected to act aggressively (Seelau et al., 2003). In the same-sex female IPV scenario, participants assumed that the victim must have provoked the abuser to force the woman to break with traditional gender roles (Seelau et al., 2003).

Collectively, these studies have demonstrated that predictors of victim blame, explained by feminist theory, decreased the seriousness and frequency of both heterosexual and same-sex IPV. Feminist theorists have further suggested that when perceivers' adverse attitudes increased victim blame, willingness to help victims as bystanders decreased (Banyard et al., 2004; Banyard et al., 2007; Banyard et al., 2009; Berkowitz, 2002). Indeed, both college students and formal system respondents (e.g., criminal justice actors and victim service providers) perceived same-sex IPV victims as more culpable, compared to their heterosexual counterparts, and believed same-sex IPV

incidents were less in need of criminal justice intervention, compared to heterosexual IPV incidents. In response, Koss and colleagues (1994) have highlighted the need for IPV and bystander research and policies to target and change individual-level correlates that cultivate a violence-tolerant society, such as traditional gender norms, sexism, IPV myth acceptance, and prejudicial attitudes, including homophobia.

Purpose of the Study and Research Questions

To date, perceivers' decisions to directly or indirectly intervene in heterosexual and same-sex IPV have not been examined. This limitation framed the eight research questions of this dissertation by examining whether intentions to direct and indirect intervene were influenced by the dynamics of intimate relationships and perceiver characteristics. First, this study examined differences in intentions to directly or indirectly intervene in different types of intimate relationships: (a) a male abuser and female victim, (b) a female abuser and male victim, (c) a lesbian couple, or (d) a gay couple. Second, this study assessed intentions to directly or indirectly intervene in heterosexual and same-sex IPV scenarios, accounting for perceiver characteristics, such as sexist attitudes, adherence to IPV myths, prior IPV victimization experience, homophobia, personality extroversion, and bystander efficacy, while controlling for IPV vignette conditions. Third, the study examined the moderating effects of bystander characteristics and IPV vignette conditions on intentions to directly and indirectly intervene.

Specifically, this study attempted to answer the following research questions:

Research Question 1

Do types of bystander intentions to directly and indirectly intervene vary across different types of intimate relationships?

Research Question 2

Does *perceiver's adherence to sexism* influence intentions to directly and indirectly intervene?

Research Question 3

Does *perceiver's adherence to IPV myths* influence intentions to directly and indirectly intervene?

Research Question 4

Does *perceiver's prior IPV victimization experience* influence intentions to directly and indirectly intervene?

Research Question 5

Does *perceiver's homophobia* influence intentions to directly and indirectly intervene?

Research Question 6

Does *perceiver's personality extroversion* influence intentions to directly and indirectly intervene?

Research Question 7

Does *perceiver's bystander efficacy* influence intentions to directly and indirectly intervene?

Research Question 8

Is there a moderating effect between perceiver characteristics and IPV Vignette conditions on intentions to directly and indirectly intervene?

Summary

Violence among sexual minority communities has been overlooked in both gendered violence and bystander literatures. Feminists have indicated that men use violence to maintain their privilege status and that blaming victims for the abuse has been another way to accomplish this. In addition, an individual's adherence to violence-tolerant attitudes influences his or her decision-making process, often resulting in decreased intentions to intervene in IPV situations. Given that help is less forthcoming for IPV victims perceived as unworthy or culpable, it is expected that bystanders will be even more unwilling to intervene on behalf of sexual minority victims. Indeed, studies have consistently demonstrated that sexual minority IPV victims are perceived as more culpable because they have "failed" to adhere to the traditional gender norms and because their experiences do not meet the stereotypical heterosexual IPV profile.

CHAPTER III

METHODOLOGY

The current study used survey questionnaire responses from a convenience sample of 570 undergraduate students, enrolled at a mid-sized public university in the southern United States, to test the eight research questions outlined in Chapter II. First, the study assessed perceiver intentions to directly and indirectly intervene as bystanders in different types of intimate relationships—(a) a male abuser and female victim, (b) a female abuser and male victim, (c) a lesbian couple, or (d) a gay couple). Next, the researcher examined perceiver intentions to directly and indirectly intervene in heterosexual and same-sex IPV scenarios, accounting for individual characteristics, including (1) sexist attitudes, (2) adherence to IPV myths, (3) prior IPV victimization experience, (4) homophobic attitudes, (5) personality extroversion, and (6) bystander efficacy—while controlling for IPV conditions. Finally, the study assessed moderating effects of perceiver characteristics and IPV vignette conditions on intentions to directly and indirectly intervene. This chapter describes the data collection strategy, including the (1) data collection procedure, (2) missing data, (3) sample, and (4) variables used in the analyses. The research questions and hypotheses are presented according to the theoretical framework and the empirical literature reviewed in Chapters I and II.

Data Collection Procedure

After obtaining approval from the Institutional Review Board, the researcher contacted instructors who offered the following undergraduate criminal justice courses during the Fall 2016 semester about data collection opportunities during their classes: *Introduction to Criminal Justice, Criminology, Victimology, Research Methods*, and

Juvenile Delinquency (see Table 1). Instructors were informed that the data collection would require one class period, and the researcher would be using pen- or pencil-and-paper surveys. After obtaining instructors' approvals, the researcher attended their classes to solicit participation.

Table 1

Fall 2016 Undergraduate Criminal Justice Courses Contacted for Data Collection

Course Number	Course Title	Total Possible Student Enrollment ^a
2361	Introduction to Criminal Justice	200
2362	Criminology	200
3350	Victimology	50
3378	Research Methods	200
3396	Juvenile Delinquency	100
3396	Juvenile Delinquency	50

Note. ^aTotal possible student enrollment exceeds 644 because students may not have been in class during scheduled data-collection, decided not to participate, or had already completed the survey in another class.

At the beginning of class, students were informed that their participation was voluntary and that an alternative assignment option was available if they declined to participate. Students were assured that their status in the class and at the university would not change if they chose not to participate, and that their responses were anonymous. In addition, extra credit was offered for their participation in the survey, or for the completion of the alternative assignment. Students were informed that completing the 21-page survey questionnaire would take approximately the entire class time (i.e., 80 minutes). Before providing further instructions and distributing envelopes containing informed consent documents and surveys, students were sex-segregated and asked to sit

apart from one another to provide further privacy.¹ After reseating the participants, researchers disseminated opaque envelopes containing two copies of the informed consent documents and the 21-page survey questionnaire. One of the informed consent documents they signed, dated, and returned to the researcher; a second copy of the informed consent was provided for students' records. Contact information for the counseling resources available on campus and in the community was also provided.

Students were randomly assigned to read and respond to one of four vignettes modified from the existing literature (Banyard et al., 2005), describing a couple having a discussion that becomes increasingly hostile. Surveys instructed participants to read the scenario as if they were observing the scene with no other person around and as if they were not friends with either person described in the scenario. The couple's sexual orientation was manipulated, resulting in four vignettes that described (a) male perpetrator and female victim; (b) female perpetrator and male victim; (c) a same-sex male couple; and (d) a same-sex female couple—all of these couples involved in a violent domestic relationship (see Appendix A). The survey questionnaire also asked students for their demographic information, personal experiences, and views regarding interpersonal relationships, such as perspectives about sexuality and perceptions of appropriate behaviors for women and men. Student IPV victimization and perpetration experiences, adverse childhood experiences, physical and mental health, sexual behaviors, and sexual victimization experiences were also captured by the survey.

¹ Prior studies examining victimization experiences among college students have highlighted the continued need to provide privacy to respondents while they disclose their demographics and abuse (Hulsey, 2008; Mahoney, 1980). In addition, increasing privacy during survey participation is particularly important among sexual minorities because students who have not outed their sexual orientation, or who struggle with their sexual identities, may feel more comfortable disclosing their experiences while seated among respondents of same sex (Ettinghoff, 2013).

Missing Data

Several steps were taken to address missing data. First, Hertel's (1976) threshold indicated that variables should have no more than 15% missing data. In the current data, no variable had more than 10% missing, satisfying the Hertel's (1976) threshold. Second, Little's Missing Completely at Random (MCAR) test was conducted to assess whether a multiple imputation (MI) approach was appropriate to address missing data in the present data. Little's MCAR test for the current data was significant ($\chi^2 (10262) = 11638.65, p = .000$), indicating that multiple imputation (MI) was an appropriate strategy to address missing data in the present data, because listwise deletion will substantially decrease sample size and introduce bias (Allison, 2002; Garson, 2015).² MI is considered the prevailing method of estimating missing values and, as Van Buuren (2012, p. 16) stated, "multiple imputation is almost universally accepted, and in fact acts as the benchmark against which newer methods are being compared." MI uses existing values of other variables to estimate multiple predicted values, which are substituted for the missing values (Allison, 2002; Enders, 2010; Garson, 2015; Rubin, 1996). Scholars have indicated that imputation of dependent variables is appropriate (Landerman, Land & Pieper, 1997; Little & Rubin, 2002) and "is essential for getting unbiased estimates of the regression coefficients" (Allison, 2002, p. 52). The MI process produces five copies of completed datasets and each dataset contains different imputation estimate for the missing values (Garson, 2015; Rubin, 1996). Regression models were estimated using

² Little's MCAR test indicated that there were significant patterns to the missing data. Responses from the original and imputed data were analyzed to detect systematic pattern of missingness. Results indicated that the most common patterns were missing sexism ($t = 3.71, p < .01$) and homophobia variables ($t = 1.12, p < .05$). The items measuring sexism and homophobia were most likely missing due to survey design—these items appeared toward the end of the survey and in one section comprised of six-pages and thus, students were more likely to skip this particular section containing items capturing sexism and homophobia.

each imputed dataset and interpreted following the Rubin's (1996) recommendation by "combin[ing] the parameter estimates and standard errors into a single pooled estimate" (Brady, 2016, p. 7). The administration of the survey yielded 644 responses; however, 74 cases were removed prior to MI because these respondents failed to complete majority of the survey or had missing responses on demographic variables of interests to prevent error in predicting values for the missing values, especially when there were no existing values of other variables to be used to produce imputed estimate for the missing values. The final sample used responses from 570 undergraduates.³

Sample

Table 2 below provides the sample characteristics. The sample descriptive statistics for age, gender, and race were consistent with the demographics of Sam Houston State University (SHSU) undergraduate student populations enrolled in Fall 2015. According to the most recent reports by the National Center for Education Statistics (NCES, 2015), at SHSU 84% of the undergraduate student population was 24 years old or younger, there were more female students ($n = 10,640$; 61.2%) than male ($n = 6,761$; 38.8%), and a majority of the students were Caucasian ($n = 9,223$; 53.0%), followed by Latino/a ($n = 3,480$; 20.0%) and African American ($n = 3,306$; 19.0%). The average age of students in the sample was approximately 20 years ($SD = 2.59$). Moreover, approximately 41% of the sample was male ($n = 235$) and 58.8% female ($n = 335$). With regard to race, 37% were White ($n = 211$), 14.2% African American ($n = 81$), 36.5% Latino/a ($n = 208$), 1.6% Asian American or Pacific Islander ($n = 9$), 0.7% Native American or Alaskan Native ($n = 4$), and 10.0% identified themselves as Other ($n = 57$).

³ This is a conservative estimate of a response rate of 88.51%.

Approximately 91% of the sample was heterosexual ($n = 518$) and 52 individuals were sexual minorities (9.1%). Sixty percent ($n = 343$) of the students were not in an exclusive dating relationship.

The sample characteristics, based on year in school, were inconsistent with the SHSU undergraduate population enrolled in Fall 2015. According to the NCES (2015), there were more seniors ($n = 5,338$; 30.7%) compared to juniors ($n = 4,482$; 25.8%), freshmen, ($n = 3,846$; 22.1%), and sophomores ($n = 3,735$; 21.5%) in Fall 2015 (see Table 2). On the contrary, two-thirds of the participants in the sample were freshmen and juniors. Specifically, first-year students represented 31.2% of the sample ($n = 178$), sophomores accounted for approximately 18% ($n = 100$), juniors were 35.4% ($n = 202$), and seniors represented 15.9% of the sample ($n = 90$).

Table 2

Descriptive Statistics of the Full Sample and the Undergraduate Student Population in Fall 2015

Variables	Full Sample				Undergraduate Student Population	
	<i>n</i>	%	<i>M</i> (<i>SD</i>)	Range	<i>n</i>	%
Participant Age	570	--	20.11 (2.59)	17 – 47	--	--
24 and Under	438	76.84%	--	--	14,617	84.0%
25 and Over	132	23.16%	--	--	2,784	16.0%
Participant Gender						
Male	235	41.2%	--	--	6,761	38.8%
Female	335	58.8%	--	--	10,640	61.2%
Participant Race						
White	211	37.0%	--	--	9,223	53.0%
African American	81	14.2%	--	--	3,306	19.0%
Latino/a	208	36.5%	--	--	3,480	20.0%
Asian American/ Pacific Islander	9	1.6%	--	--	174	1.0%
Native American/ Alaskan Native	4	0.7%	--	--	174	1.0%
Other	57	10.0%	--	--	1,044	6.0%
Sexual Orientation						
Heterosexual	518	90.9%	--	--	--	--
Sexual Minority	52	9.1%	--	--	--	--
Exclusive Dating Relationship						
No	343	60.2%	--	--	--	--
Yes	227	39.8%	--	--	--	--
Year in College						
Freshman	178	31.2%	--	--	3,846	22.1%
Sophomore	100	17.5%	--	--	3,735	21.5%
Junior	202	35.4%	--	--	4,482	25.8%
Senior	90	15.9%	--	--	5,338	30.7%

Measures

Both dependent and independent variables in this dissertation were created using multi-item scales from existing literature. Prior to creating the scales, the researcher cleaned and screened the data. First, descriptive statistics were estimated for each of the items corresponding to each scale. Next, exploratory factor analyses using principle components analysis were conducted to examine the loading for each item; items with loadings lower than 0.4 were removed (Kline, 2012). Using only the items with loadings 0.4 or higher, Cronbach's alpha was estimated to ensure that estimates fell within the acceptable range (0.7 or higher; Bernstein & Nunnally, 1994). Responses on these items were then summed to create the scales (DeVellis, 2003). Finally, descriptive statistics were estimated for each scale. The following subsections describe the variables included in the analyses.

Dependent Variables

The dependent variables in the present dissertation were *intentions to directly intervene* and *intentions to indirectly intervene*. After reading the vignette, the likelihood that participants would engage in intervention was captured by eleven response items (Banyard et al., 2005). All responses were captured on a 6-point Likert scale, ranging from "extremely unlikely" (coded 1) to "extremely likely" (coded 6); however, the following items were reverse coded: "Do nothing, it is none of my business." and "It's not safe for me to do anything." Exploratory factor analysis indicated two underlying constructs based on the types of intervention resulting in two dependent variables of interest in the current study: intentions to directly intervene and intentions to indirectly intervene. The following two items were excluded from the analyses because they conceptually lacked

direction-focused intervention and reported low factor loadings: “Do nothing, it is none of my business” and “It’s not safe for me to do anything.”

Intentions to directly intervene. Six items captured perceivers’ intentions to directly intervene in the hypothetical scenario by either helping the victim or stopping the perpetrator. Exploratory factor analysis presented loadings that ranged from 0.41 to 0.83 (see Table 3). Responses to the six items were summed to create a scale ranging from six to 36, with higher numbers representing increased intentions to directly intervene ($M = 22.10$, $SD = 6.30$; $\alpha = 0.79$).

Table 3

Factor Loadings for Intentions to Directly Intervene

	α	Loading	Mean	SD
Intentions to Directly Intervene	0.79		22.10	6.30
Talk to [victim] about how [he/she] is feeling, offer support, and express willingness to help.		0.79		
Talk to [victim] about resources that might help, likely the local crisis or counseling center.		0.71		
Try to find some of [victim’s] friends to help [him/her] or talk to [him/her].		0.83		
Talk to [offender’s] friends to get them to stop [him/her].		0.78		
Get a group or my friends to contain [victim] while I get [perpetrator] away from [him/her].		0.72		
Confront the offender by myself to get him/her to stop.		0.41		

Note. Items are from Banyard et al., (2005) and were originally published by the National Institute of Justice (NIJ), U.S. Department of Justice—all NIJ materials are in the Public Domain (see Appendix B).

Intentions to indirectly intervene. Three items captured perceivers' intentions to indirectly intervene in the hypothetical scenario by reporting the incident and placing responsibility to help on someone else. Exploratory factor analysis presented loadings that ranged from 0.83 to 0.89 (see Table 4). Responses on three items were summed to create a scale ranging from three to 18, with higher numbers representing increased intentions to indirectly intervene ($M = 11.18$, $SD = 4.24$; $\alpha = 0.85$).

Table 4

Factor Loadings for Intentions to Indirectly Intervene

	α	Loading	Mean	SD
Intentions to Indirectly Intervene	0.85		11.18	4.24
Call a resident assistant, counselor, friend, coach or someone I know and ask for assistance.		0.89		
Report the incident to someone like a residence hall director or other university staff.		0.92		
Call the University Police or 911.		0.83		

Note. Items are from Banyard et al., (2005) and were originally published by the National Institute of Justice (NIJ), U.S. Department of Justice. All NIJ materials are in the Public Domain (see Appendix B).

Independent Variables

The current study included six independent variables: sexism, adherence to IPV myths, prior lifetime IPV victimization, homophobia, personality extroversion, and bystander efficacy. Table 5 presents the descriptive statistics of all independent variables used in the analyses.

Table 5

Descriptive Statistics of Independent Variables

Variables	<i>n</i>	%	<i>M</i>	<i>SD</i>	Range	<i>n of items</i>	α
Sexism	570	--	35.86	13.54	0 – 70	15	0.87
IPV Myth	570	--	9.92	4.59	0 – 25	5	0.67
Homophobia	570	--	24.89	21.26	0 – 108	23	0.95
Prior Lifetime IPV			0.91	1.70	0 – 7	7	0.86 ^a
No	392	68.8%					
Yes	178	31.2%					
Personality Extroversion	570	--	22.55	7.58	0 – 40	8	0.85
Bystander Efficacy	570	--	36.75	6.07	0 – 45	9	0.90

Note. ^aConsistent with prior studies, alpha value of the Revised-Conflict Tactics Scale is presented.

Sexism. Sixteen items from Glick and Fiske's (1996, p. 512) Ambivalent Sexism Inventory (ASI) were used to measure participant attitudes toward men, women, and intimate relationships—six items were removed due to low factor loadings. Items were captured on a 6-point Likert scale, from “strongly disagree” (coded 0) to “strongly agree” (coded 5), and were reverse coded when appropriate. Exploratory factor analysis produced loadings that ranged from 0.42 to 0.76 (see Table 6). Sixteen items were summed to create a scale ranging from 0 to 70, with higher numbers representing increased adherence to sexism ($M = 35.86$, $SD = 13.54$; $\alpha = 0.87$).

Table 6

Factor Loadings for Sexism

	α	Loading	Mean	SD
Sexism	0.87		35.86	13.54
No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.		0.49		
Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for "equality."		0.42		
Most women interpret innocent remarks or acts as being sexist.		0.59		
Women are too easily offended.		0.73		
Feminists are not seeking for women to have more power than men.		0.52		
Women should be cherished and protected by men.		0.45		
Most women fail to appreciate fully all that men do for them.		0.69		
Women seek to gain power by getting control over men.		0.76		
Every man ought to have a woman who he adores.		0.62		
Women exaggerate problems they have at work.		0.75		
Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.		0.70		
When women lose to men in a fair competition, they typically complain about being discriminated against.		0.71		
A good woman should be set on a pedestal by her man.		0.50		
Men should be willing to sacrifice their own well-being in order to provide financially for the women in their lives.		0.56		
Feminists are making entirely reasonable demands of men.		0.42		
Women, as compared to men, tend to have a more refined sense of culture and good taste.		0.42		

Note. Items are from Glick and Fiske (1996, p. 512) and permission was obtained from the source to reprint (see Appendix B).

Adherence to IPV myths. Prior studies have demonstrated that increased adherence to IPV myths has produced increased victim blaming (Nabors, Dietz, & Jasinski, 2006, p. 785), which in turn can decrease intentions to intervene. Five items from Nabors et al. (2006) captured participant endorsement of misconceptions and myth-based causes of IPV, including, “A lot of what is called domestic violence is really just a normal reaction to day-to-day stress and frustration” and “Some violence is caused by women starting physical fights.” The five items were measured on a 5-point Likert scale, from “strongly disagree” (coded 0) to “strongly agree” (coded 5). Exploratory factor analysis produced factor loadings that ranged from 0.56 to 0.75 (see Table 7). These five items were summed to create a scale from 0 to 25, with higher numbers indicating stronger endorsement of causes of IPV ($M = 9.90$, $SD = 4.59$, $\alpha = 0.67$).

Table 7

Factor Loadings for Adherence to IPV Myths

	α	Loading	Mean	SD
Adherence to IPV Myths	0.67		9.90	4.59
A lot of what is called domestic violence is really just a normal reaction to day-to-day stress and frustration.		0.65		
Some violence is caused by women starting physical fights.		0.56		
Some women who are abused secretly want to be treated that way.		0.75		
Most women could find a way to get out of an abusive relationship if they really wanted to.		0.61		
Some violence is caused by the way women treat men.		0.73		

Note. Items are from Nabors et al. (2006, p. 785), and Worden and Carlson (2005); permissions were obtained from both sources to reprint (see Appendix B).

Prior lifetime IPV victimization experience. Studies have found that bystanders with prior victimization experiences reported increased willingness to help victims (Christy & Voigt, 1994; Nabi & Horner, 2001); therefore, this study also queried if prior lifetime IPV experiences increased participant intentions to help IPV victims. Seven items from the Revised-Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996, p. 308) measured participant lifetime IPV victimization. Participants were asked if an intimate partner had ever abused them by throwing an object, pushing or grabbing, or leaving bruises or marks on them. Responses were captured dichotomously so that affirmative responses to any of the seven items were coded 1 ($n = 207.4$; 32.2%) and negative responses to all of the items were coded 0 ($n = 436.6$; 67.8%; see Table 8).

The proportion of students reporting IPV experiences in the current sample was within the range of prevalence estimates reported by existing studies using convenience samples of college students (e.g., 10% to 50%; Forke Myers, Catallozzi, & Schwarz, 2008; Kaukinen, Gover, & Hartman, 2012; Smith, White, & Holland, 2003). For example, a longitudinal study using a sample of 1,559 college women reported that 19% to 27% of respondents experienced physical IPV (Forke et al., 2008). In addition, using a sample of 910 college students from three urban universities, Smith and colleagues (2003) found that 44% of the sample self-reported IPV victimization.

Table 8

Prior Lifetime IPV Victimization Experience

	n	%	α	Loading	Mean	SD
Prior Lifetime IPV			0.86 ^a		0.91	1.70
No	392	67.8%		--		
Yes	178	32.2%		--		
In your lifetime, has an intimate partner ever:						
Thrown something	--	--		0.77		
Push[ed], grab[bed], or shove[d]	--	--		0.73		
Pull[ed] hair	--	--		0.74		
Slap or hit	--	--		0.79		
Hit using some object	--	--		0.79		
Punished using a belt, board, cord, or other hard objects	--	--		0.62		
Hit so hard that it left bruises or marks	--	--		0.75		

Note. Items are from Straus et al. (1996, p. 308) and permission was obtained from the source to reprint (see Appendix B). ^aConsistent with prior studies, alpha value of the Revised-Conflict Tactics Scale is presented.

Homophobia. Increased homophobia among informal and formal social supports has been found to increase same-sex IPV victim culpability and an increased reluctance to seek support resources (Calton et al., 2015; Parry & O’Neal, 2015). Furthermore, culpable victims are less likely to receive help for two reasons: first, they are considered unworthy of receiving help (Calton et al., 2015; Parry & O’Neal, 2015), and second, same-sex IPV victims are less likely to receive help specifically from bystanders because they are less likely to fit the stereotype of a “true” IPV victim. Thus, a modified homophobia scale (Wright Jr., Adams, & Bernat, 1999, p. 344), comprised of 23 items,

was used to measure participant adverse thoughts, feelings, and behaviors with regard to homosexuality—two items were removed due to low factor loadings. Items included “Gay people make me nervous” and “Gay people deserve what they get.” Responses were captured on a 6-point Likert scale, from “strongly disagree” (coded 0) to “strongly agree” (coded 5); however, nine items were reverse coded (see Table 9). Exploratory factor analysis produced loadings that ranged from 0.56 to 0.80 (see Table 9). Twenty-three items were summed to create a scale ranging from 0 to 115, with higher numbers representing increased homophobia ($M = 24.89$, $SD = 21.26$; $\alpha = 0.95$).

Table 9

Factor Loadings for Homophobia

	α	Loading	Mean	SD
Homophobia	0.95		24.89	21.26
Gay people make me nervous.		0.72		
Gay people deserve what they get.		0.67		
Homosexuality is acceptable to me.*		0.73		
If I discovered a friend was gay I would end the friendship.		0.74		
I think homosexual people should not work with children.		0.77		
I make offensive or rude remarks about gay people.		0.62		
I enjoy the company of gay people.*		0.74		
Civil union between homosexual individuals is acceptable.*		0.58		
I make offensive remarks like “faggot” or “queer” to people I suspect are gay.		0.56		
It does not matter to me whether my friends are gay or straight.*		0.77		
It would not upset me if I learned that a close friend was homosexual.*		0.70		
Homosexuality is immoral.		0.73		
I tease and make jokes about gay people.		0.56		
I feel that you cannot trust a person who is homosexual.		0.77		
I fear a homosexual person will make sexual advances toward me.		0.66		
Organizations which promote gay rights are necessary.*		0.68		
I would feel comfortable having a gay roommate.*		0.70		
I would hit a homosexual for coming on to me.		0.68		
Homosexual behavior should not be against the law.*		0.67		
I avoid gay individuals.		0.80		
It does not bother me to see two homosexual people together in public “displaying” affection.*		0.67		
When I see a gay person, I think “what a waste.”		0.73		
I have rocky relationships with people I suspect are gay.		0.72		

Note. Items are from Wright Jr. et al. (1999, p. 344) and permission was obtained from the source to reprint (see Appendix B). *Item was reverse coded.

Personality extroversion. Prior studies have indicated that a prosocial personality in bystanders increases the likelihood of their offering assistance (Banyard, 2008; King et al., 2005). Eight items assessed the degree to which participants described their personality as extroverted (e.g., “talkative,” “full of energy,” and “outgoing or sociable”; John & Srivastava, 1999). Responses were captured on a 6-point Likert scale, from “strongly disagree” (coded 0) to “strongly agree” (coded 5). Exploratory factor analysis produced loadings that ranged from 0.44 to 0.83. Eight items were summed to create a scale ranging from 0 to 40, with higher numbers representing higher levels of extroversion ($M = 22.50$, $SD = 7.58$; $\alpha = 0.85$).

Bystander efficacy. Studies have also indicated that increased bystander efficacy was associated with increased willingness to intervene (Banyard, 2008; Banyard et al., 2005; Banyard et al. 2007). Nine items were used in the current study to assess participant beliefs about the usefulness of violence prevention (Slaby, Wilson-Brewer, & DeVos, 1994). Responses were captured on a 6-point Likert scale, from “strongly disagree” (coded 0) to “strongly agree” (coded 5). Exploratory factor analysis produced loadings that ranged from 0.55 to 0.83. Nine items were summed to create a scale ranging from 0 to 45, with higher numbers representing increased belief that violence prevention can indeed prevent or stop violence before it starts ($M = 36.75$, $SD = 6.07$; $\alpha = 0.90$).

Control Variables

The study also included eleven variables commonly cited in the bystander intervention and IPV literatures as controls in the current study: age, sex, race, year in college, sexual orientation, exclusive dating relationship, social desirability, and four IPV vignette conditions.

Age. The study included age as a control variable because scholars have found that prosocial bystander behaviors decreased as the age of the bystanders increased (Endresen & Olweus, 2001; Rogers & Tisak, 1996; Stevens, Van Oost, & de Bourdeaudhuij, 2000; Tisak & Tisak, 1996). In addition, the wide range of age in this sample (from 17 to 50 years) suggests that intentions to intervene may vary depending on the age of the participants, thus an important variable to control for. Age was a continuous variable measured in years ($M = 20.13$, $SD = 2.90$).

Sex. The study included the sex of the participants as a control variable because existing studies have demonstrated that female bystanders were more likely to intervene than their male counterparts (Banyard, 2008; Burn 2009; Eagley & Crowley, 1986; West & Wandrei, 2002). Sex was a dichotomous variable, where “male” was coded 0 ($n = 267$; 41.5%) and “female” was coded 1 ($n = 376$; 58.5%).

Race. Few studies examining the influence of bystander race on intentions to intervene have reported mixed findings (Brown, Banyard, & Moynihan, 2014; Christy & Voigt, 1994; Frye, 2007; Laditka & Laditka, 2001). For example, Christy and Voigt (1994) and Frye (2007) indicated that no significant relationship appeared between participant sex and bystander intervention. On the contrary, using a sample of 232 college students, Brown and colleagues (2014) found that black students were more likely to intervene than their white counterparts. The race of the participants in the current study was controlled and captured as “white” (coded 0; $n = 229$; 36.4%) and “people of color” (coded 1; $n = 400$; 63.6%).

Year in college. Similar to an increase in bystander age, an increase in year in college may influence bystander intentions to intervene; students are more likely to be

exposed to programs, trainings, and events that discuss IPV as they continue their education. Year in college was measured where “freshman” was coded 1 ($n = 200$; 31.2%), “sophomore” coded 2 ($n = 119$; 18.5%), “junior” coded 3 ($n = 226$; 35.2%), and “senior” coded 4 ($n = 97$; 15.1%). Next, each category was dummy coded for analyses (yes = 1; no = 0).

Sexual orientation. Defensive attribution theory explains that increased perceived similarity to victims also increased victim empathy (Rhatigan et al., 2011; Stein & Miller, 2012; Sylaska & Walters, 2014), which in turn can increase intentions to intervene. Therefore, the present research controlled for the sexual orientation of the participants. Sexual orientation was a dichotomous variable where “heterosexual” was coded 0 ($n = 549$; 92.4%) and “sexual minority” was coded 1 ($n = 45$; 7.6%).

Exclusive dating relationship. Exclusive dating relationship status of participants was included as a control variable; individuals in an exclusive relationship may be more willing to intervene and help than their non-exclusive dating counterparts because of increased situational relevance and increased perceived similarity to the victim described in the IPV vignette. Exclusive dating relationship was a dichotomous variable, capturing whether or not participants were currently in an exclusive dating relationship. Responses were coded where “yes” was coded 1 ($n = 389$; 60.4%) and “no” as 0 ($n = 244$; 39.6%).

Social desirability. Scholars have indicated that biases resulting from social desirability were “a major threat to the validity of research findings regarding IPV” (Burke & Follingstad, 1999; Murray & Mobley, 2009, p. 365); participants may be reluctant to provide their honest responses and disclose their victimization and

perpetration experiences because of the fear that their answers reflect them negatively. Therefore, the study used a modified social desirability scale from the Marlowe-Crowne Social Desirability Scale-Short Version-Form X1 (Crowne & Marlowe, 1960) to measure the degree to which participants presented themselves in a socially appropriate and favorable manner. While the original Marlowe-Crowne Social Desirability Scale is comprised of 33-items, internal consistency of the shorter version has been found to be a good alternative and an improvement to the original instrument (Fischer & Fick, 1993). Responses on five items were captured dichotomously. Responses indicating “true” on the item “I never intensely disliked anyone” were coded 1 and responses of “false” were coded 0. Responses indicating “false” on the following items were reversed coded: “There have been times when I feel like rebelling against people in authority even though I knew they were right,” “There have been times when I was quite jealous of the good fortunes of others,” “I am sometimes irritated by people who ask favors of me,” and “I sometimes feel resentful when I don’t get my way.” Exploratory factor analysis produced loadings that ranged from 0.42 to 0.74 (see Table 10).

Five items were summed to create a scale ranging from 0 to 5, with higher numbers representing greater desire to present themselves in a socially appropriate manner ($M = 1.90$, $SD = 1.42$; $\alpha = 0.55$). The alpha coefficient for the Social Desirability scale is low, indicating low internal consistency among the scale items (Field, 2009); however, when Strahan and Gerbasi (1972) tested the items in the Marlowe-Crowne Social Desirability Scale-Short Version-Form XI, the average alpha coefficient was 0.62 (range of 0.59 and 0.70). Strahan and Gerbasi (1972) also indicated that while the validity and reliability scores are lower for this scale, compared to the original 33-item Marlowe-

Crowne Social Desirability scale, a shorter version is appropriate to use when administrators are concerned with the length of their surveys.

Table 10

Factor Loadings for Social Desirability

	α	Loading	Mean	SD
Social Desirability	0.55		1.90	1.42
I have never intensely disliked anyone.		0.42		
There have been times when I felt like rebelling against people in authority even though I knew they were right. *		0.52		
There have been times when I was jealous of the good fortune of others. *		0.65		
I am sometimes irritated by people who ask favors of me. *		0.62		
I sometimes feel resentful when I don't get my way. *		0.74		

Note. Items are from Crowne and Marlowe (1960, p. 351) and are available in the Public Domain (see Appendix B).

IPV vignette conditions. The manipulation of the couples' sexual orientation in the vignettes resulted in four different IPV conditions and each IPV condition was dummy coded (yes = 1; no = 0). Table 11 provides descriptive statistics on IPV vignette conditions and shows the following: 158 students were randomly assigned to read the heterosexual-female victim IPV scenario, 166 students were assigned to heterosexual-male-victim IPV condition, 152 students read the same-sex-male IPV scenario, and 168 students were randomly assigned to read the same-sex-female IPV scenario.

Table 11

Descriptive on IPV Vignette Conditions

IPV Conditions	n	%
Heterosexual Female Victim IPV		
No	486	75.5
Yes	158	24.5
Heterosexual Male Victim IPV		
No	478	74.2
Yes	166	25.8
Same-Sex Male IPV		
No	492	76.4
Yes	152	23.6
Same-Sex Female IPV		
No	476	73.9
Yes	168	26.1

Note. Modified vignettes are from Banyard et al., (2005) and was originally published by the National Institute of Justice (NIJ), U.S. Department of Justice—all NIJ materials are in the Public Domain (see Appendix B).

Research Questions and Hypotheses

Research Question 1

Do types of bystander intentions to intervene vary across different types of intimate relationships?

Hypothesis 1A. Intentions to directly intervene will be higher in the heterosexual female IPV victim vignette condition than in those conditions where victims are heterosexual male, sexual minority male, or sexual minority female.

Hypothesis 1B: Intentions to indirectly intervene will be higher in the heterosexual female IPV victim vignette condition than in those conditions where victims are heterosexual male, sexual minority male, or sexual minority female.

Research Question 2

Does *perceiver's adherence to sexism* influence intentions to directly and indirectly intervene?

Hypothesis 2A: Increased adherence to sexism will predict lower levels of intentions to directly intervene.

Hypothesis 2B: Increased adherence to sexism will predict lower levels of intentions to indirectly intervene.

Research Question 3

Does *perceiver's adherence to IPV myths* influence intentions to directly and indirectly intervene?

Hypothesis 3A: Increased IPV myth acceptance will predict lower levels of intentions to directly intervene.

Hypothesis 3B: Increased IPV myth acceptance will predict lower levels of intentions to indirectly intervene.

Research Question 4

Does *perceiver's prior IPV victimization experience* influence intentions to directly and indirectly intervene?

Hypothesis 4A: Perceivers with prior IPV victimization history will be associated with higher levels of intentions to directly intervene than their counterparts without prior victimization experiences.

Hypothesis 4B: Perceivers with prior IPV victimization history will be associated with higher levels of intentions to indirectly intervene than their counterparts without prior victimization experiences.

Research Question 5

Does *perceiver's homophobia* influence intentions to directly and indirectly intervene?

Hypothesis 5A: Increased adherence to homophobia will predict lower levels of intentions to directly intervene.

Hypothesis 5B: Increased adherence to homophobia will predict lower levels of intentions to indirectly intervene.

Research Question 6

Does *perceiver's personality extroversion* influence intentions to directly and indirectly intervene?

Hypothesis 6A: Increased personality extroversion will predict higher levels of intentions to directly intervene.

Hypothesis 6B: Increased personality extroversion will predict higher levels of intentions to indirectly intervene.

Research Question 7

Does *perceiver's bystander efficacy* influence intentions to directly and indirectly intervene?

Hypothesis 7A: Increased adherence to bystander efficacy will predict higher levels of intentions to directly intervene.

Hypothesis 7B: Increased adherence to bystander efficacy will predict higher levels of intentions to indirectly intervene.

Research Question 8

Is there a moderating effect between perceiver characteristics and IPV Vignette conditions on intentions to directly and indirectly intervene?

Hypothesis 8A: Predictions of intentions to directly intervene from perceiver characteristics will differ across the IPV vignette conditions.

Hypothesis 8B: Predictions of intentions to indirectly intervene from perceiver characteristics will differ across the IPV vignette conditions.

CHAPTER IV

RESULTS

Analytic Strategy

To predict bystander intentions to directly or indirectly intervene, SPSS, version 22 was used in this study to analyze the data, accounting for perceiver characteristics and IPV vignette conditions. Prior to conducting any analyses, data was cleaned and screened. Data were screened for skewness and kurtosis and estimates fell within the acceptable range and did not exceed recommended cutoff values of 3.0 and 8.0, respectively (Kline, 2011). Multicollinearity diagnostics, including tolerances and variance inflation factors, were evaluated and were within the acceptable range (greater than 0.2 and less than 4.0, respectively; Belsley, Kuh, & Welsch, 1980).⁴ Multicollinearity was addressed, if needed, by mean-centering the scale of interest and then using the newly computed mean-centered scales in the multivariate analyses.

The analyses proceeded in four stages. First, to answer the first research question, analysis of variance (ANOVA) was used to assess the differences in bystander intentions to directly or indirectly intervene across the four IPV conditions. Second, bivariate correlation and independent samples *t*-test were estimated to determine bivariate relations between independent and dependent variables. Third, due to the interval nature of the two dependent variables, multivariate ordinary least squares (OLS) regressions models were estimated to examine the main effects of perceiver characteristics on both intentions, to directly or to indirectly intervene, controlling for age, sex, race, sexual orientation, year in college, exclusive dating relationship, social desirability, and IPV vignette conditions

⁴ Multicollinearity was not an issue when age and year in college variables were in the same MOLS regression model.

(Research Questions 2 through 7). The intentions to directly intervene scale was normally distributed. Likewise, the intentions to indirectly intervene scale was normally distributed. Finally, multiplicative interaction variables were computed for the continuous independent variables, and the four IPV conditions, to assess the moderating effects between perceiver characteristics and vignette conditions on bystander intentions to directly or indirectly intervene, net of control (Research Question 8). To account for multicollinearity, each continuous independent variable was mean-centered in moderation analyses. Mean-centered independent variables were multiplied by each dichotomized IPV vignette condition variable, resulting in four multiplicative interaction variables per independent variable. A set of interaction variables for each continuous independent variable was included in the MOLS, after estimating the main effects of intentions to directly and indirectly intervene, respectively—the reference category was the interaction variable involving heterosexual female IPV victims.

Research Question 1

One-way analysis of variance (ANOVA) was conducted to examine whether mean of intentions to directly intervene varied across different types of intimate relationships. Table 12 presents the results from one-way ANOVA and indicates that perceiver intentions to directly intervene were significantly different across different types of intimate relationships ($F(3,566) = 6.51, p = .000$). The Tukey Post Hoc Test indicated that intentions to directly intervene were significantly higher when the vignette described the victim as heterosexual female ($M = 23.90, SD = 5.99$), compared to when it was described as heterosexual male ($M = 20.86, SD = 6.37$) or a sexual minority male ($M = 21.42, SD = 6.66$). While the mean of intentions to directly intervene was higher when

the victim was heterosexual female ($M = 23.90$, $SD = 5.99$), compared to sexual minority female ($M = 22.24$, $SD = 5.84$), this relationship was not significant (see Table 12). There was no significant difference in mean of intentions to directly intervene across same-sex IPV conditions (see Table 12).

Table 12

Results of One-Way ANOVA Examining Intentions to Directly Intervene Across IPV Vignette Conditions

IPV Vignette Conditions	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Heterosexual Female Victim	23.90	5.99	6.51 (3, 566)	.000
Heterosexual Male Victim	20.86	6.37		
Same-Sex Male Victim	21.42	6.66		
Same-Sex Female Victim	22.24	5.84		

Note. * $p < .05$. ** $p < .01$.

One-way ANOVA was conducted to examine mean of intentions to indirectly intervene across different types of intimate relationships. Table 13 presents the results from one-way ANOVA and bystander intentions to indirectly intervene were significantly different across different types of intimate relationships ($F(3,566) = 14.69$, $p = .000$). The Tukey Post Hoc Test indicated that mean of intentions to indirectly intervene were significantly higher when the vignette described the victim as heterosexual female ($M = 13.00$, $SD = 3.58$) compared to when it was described as heterosexual male ($M = 9.89$, $SD = 4.21$), sexual minority male ($M = 11.02$, $SD = 4.32$), or sexual minority female ($M = 10.86$, $SD = 4.22$; see Table 13). There was no significant

difference in mean of intentions to indirectly intervene across same-sex IPV conditions (see Table 13).

Table 13

Results of One-Way ANOVA Examining Intentions to Indirectly Intervene Across IPV Vignette Conditions

IPV Vignette Conditions	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Heterosexual Female Victim	13.00	3.58	14.69 (3, 566)	.000
Heterosexual Male Victim	9.89	4.21		
Same-Sex Male Victim	11.02	4.32		
Same-Sex Female Victim	10.86	4.22		

Note. * $p < .05$. ** $p < .01$.

Research Questions 2 to 7: Main Effects of Perceiver Characteristics on Intentions to Directly and Indirectly Intervene

Before estimating multivariate OLS regression models to answer Research Questions 2 to 7, bivariate correlation and independent samples t-test were estimated to assess bivariate relations between independent variables and two outcomes of interest (i.e., the intentions to directly or indirectly intervene).

Bivariate Analyses

Results from bivariate correlation matrix indicated that homophobia, personality extroversion, and bystander efficacy were significantly correlated with intentions to directly intervene (see Table 14). Specifically, increased homophobia was significantly correlated with decreased willingness to directly intervene ($r = -0.14, p < .01$). Increased personality extroversion was significantly correlated with increased intentions to directly

intervene ($r = 0.07, p < .05$). Similarly, increased bystander efficacy was significantly correlated with increased intentions to directly intervene ($r = 0.25, p < .01$; see Table 14).

Bystander intention to indirectly intervene was significantly correlated with sexism, IPV myths, homophobia, and bystander efficacy. Increased adverse attitudes, such as sexism ($r = -0.10, p < .05$), IPV myths acceptance ($r = -0.09, p < .05$), and homophobia ($r = -0.16, p < .01$), were significantly correlated with decreased intentions to indirectly intervention (see Table 15). By contrast, increased bystander efficacy was significantly correlated with increased willingness to indirectly intervene ($r = 0.21, p < .01$) (see Table 15). Results from the independent samples t-test indicated that intentions to directly ($t(568) = 0.52, p = .31$) and indirectly ($t(568) = 1.28, p = .10$) intervene did not significantly differ based on prior IPV victimization experiences (see Table 16).

Results from the correlation matrix in Tables 14 and 15 also indicated that the bivariate relationships between the five independent variables (sexism, IPV myth acceptance, homophobia, personality extroversion, and bystander efficacy) were in theoretically expected directions. Regardless of the types of intervention, increased sexism was significantly correlated with increased IPV myth acceptance, homophobia, and personality extroversion. Increased sexism was significantly correlated with decreased bystander efficacy (see Tables 14 and 15). Increased IPV myth acceptance was significantly correlated with increased homophobia and personality extroversion for both outcomes of interest. Finally, increased homophobia was significantly correlated with increased personality extroversion and decreased bystander efficacy (see Tables 14 and 15).

Table 14

Bivariate Correlation Between Independent Variables and Intentions to Directly Intervene

Variables	1	2	3	4	5	6
1. Intentions to Directly Intervene	--	-0.05	-0.05	-0.14**	0.07*	0.25**
2. Sexism		--	0.42**	0.51**	0.13**	-0.09*
3. IPV Myth			--	0.35**	0.11*	-0.03
4. Homophobia				--	0.11**	-0.18**
5. Personality Extroversion					--	0.07
6. Bystander Efficacy						--

Note. * $p < .05$, one-tailed. ** $p < .01$, one-tailed.

Table 15

Bivariate Correlation Between Independent Variables and Intentions to Indirectly Intervene

Variables	1	2	3	4	5	6
1. Intentions to Indirectly Intervene	--	-0.10*	-0.09*	-0.16**	-0.01	0.21**
2. Sexism		--	0.42**	0.51**	0.13*	-0.09*
3. IPV Myth			--	0.35**	0.11*	-0.09
4. Homophobia				--	0.11**	-0.18**
5. Personality Extroversion					--	0.07
6. Bystander Efficacy						--

Note. * $p < 0.05$, one-tailed. ** $p < 0.01$, one-tailed.

Table 16

Mean Differences on Intentions to Directly and Indirectly Intervene by Prior IPV Victimization Experiences

	No Prior IPV Victimization			Prior IPV Victimization			<i>t</i>	<i>df</i>	<i>p</i>
	N	Mean	SD	N	Mean	SD			
Intentions to Directly Intervene	392	22.19	6.25	178	21.90	6.44	0.52	568	0.31
Intentions to Indirectly Intervene	392	11.33	1.16	178	10.84	4.40	1.28	568	0.10

Note. * $p < 0.05$. ** $p < 0.01$.

Multivariate Analyses

Multivariate OLS regression models were estimated to examine the main effects of perceiver characteristics on intentions to directly and indirectly intervene. Table 17 presents the results of multivariate regression models that estimated the main effects of perceiver adherence to sexism, IPV myth acceptance, prior IPV victimization experiences, adherence to homophobia, personality extroversion, and bystander efficacy on intentions to directly (Model 1) and indirectly (Model 2) intervene, after controlling for age, sex, race, sexual orientation, year in college, exclusive dating status, social desirability, and IPV vignette conditions

Intentions to directly intervene. The first model in Table 17, which estimated the main effects of perceiver characteristics on intentions to directly intervene, was significant ($p < .01$) and the adjusted R-squared was 0.13, indicating that this model accounted for approximately 13% of variance in the intentions to directly intervene scale. In Model 1, homophobia, personality extroversion, and bystander efficacy were significant predictors of intentions to directly intervene. Controlling for age, sex, race, sexual orientation, year in college, exclusive dating status, social desirability, and IPV vignette conditions, perceivers with higher levels of homophobia ($b = -0.03, p < .05$) were associated with significantly lower levels of intentions to directly intervene than their less homophobic counterparts. By contrast, increased personality extroversion was associated with significantly higher levels of intentions to directly intervene ($b = 0.06, p < .05$). Similarly, increased bystander efficacy ($b = 0.23, p < .01$) was associated with significantly higher levels of intentions to directly intervene, net of control (see Model 1, Table 17).

The control variables of sex, year in college, and IPV conditions were associated with significantly lower levels of intentions to directly intervene (see Model 1, Table 17). Specifically, being female ($b = -1.12, p < .05$), sophomore ($b = -1.62, p < .05$), and a senior in college ($b = -3.16, p < .01$) were associated with significantly lower levels of intentions to directly intervene, compared to their male and freshman counterparts. In addition, participants reported significantly lower levels of intentions to directly intervene when they read the vignette scenarios describing heterosexual male victim ($b = -3.35, p < .01$), sexual minority male victim ($b = -2.64, p < .01$), and sexual minority female victim ($b = -2.11, p < .01$), compared to heterosexual female IPV victim condition. By contrast, increased social desirability was associated with significantly higher levels of intentions to directly intervention ($b = 0.42, p < .05$; see Model 1, Table 17).

Intentions to indirectly intervene. The second model in Table 17, which estimated the main effects of perceiver characteristics on intentions to indirectly intervene, was significant ($p < .01$) and the adjusted R-squared was 0.17, indicating that this model accounted for approximately 17% of variance in the intentions to indirectly intervene scale. In Model 2, prior IPV victimization experiences and bystander efficacy were significant predictors of intentions to indirectly intervene (see Table 19).

Controlling for age, sex, race, sexual orientation, year in college, exclusive dating status, social desirability, and IPV vignette conditions, individuals with prior IPV victimization experiences were associated with significantly lower levels of intentions to indirectly intervene than their counterparts without prior IPV victimization experiences ($b = -0.61, p < .05$). By contrast, higher levels of bystander efficacy ($b = 0.12, p < .01$) were

associated with significantly higher levels of intentions to indirectly intervene (see Model 2, Table 17).

In addition, control variables such as sex and social desirability were significantly associated with higher levels of intentions to indirectly intervene (see Model 2, Table 17). Being female ($b = 1.71, p < .01$), and individuals with higher levels of social desirability ($b = 0.35, p < .01$), were associated with significantly higher levels of intentions to indirectly intervene, compared to their counterparts. Being a junior ($b = -0.86, p < .05$) or a senior ($b = -1.23, p < .05$) in college, compared to a freshman, was associated with significantly lower levels of intentions to indirectly intervene, respectively. Finally, participants reported significantly lower levels of intentions to indirectly intervene when they read the vignette scenarios describing a heterosexual male IPV victim ($b = -3.20, p < .01$), a sexual minority male victim ($b = -1.95, p < .01$), or a sexual minority female victim ($b = -2.48, p < .01$), compared to the IPV scenario involving a heterosexual female IPV victim (see Model 2, Table 17).

Table 17

Main Effects of Perceiver Characteristics on Intentions to Directly and Indirectly Intervene (N=570)

Variables	<i>Model 1</i>			<i>Model 2</i>		
	<i>Intentions to Directly Intervene</i>			<i>Intentions to Indirectly Intervene</i>		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	β
Age	0.11	0.12	0.05	0.08	0.08	0.05
Female	-1.12*	0.54	-0.09	1.71**	0.35	0.20
People of Color	-0.26	0.52	-0.02	-0.12	0.34	-0.01
Sexual Minority	1.19	0.90	0.05	0.68	0.59	0.05
Sophomore ^a	-1.62*	0.79	-0.10	-0.54	0.51	-0.05
Junior ^a	-0.91	0.69	-0.07	-0.86*	0.45	-0.10
Senior ^a	-3.16**	0.90	-0.18	-1.23*	0.59	-0.11
Exclusive Dating Relationship	0.02	0.52	0.001	0.04	0.34	0.004
Social Desirability	0.42*	0.18	0.09	0.35**	0.12	0.12
Heterosexual Male IPV Vignette ^b	-3.35**	0.70	-0.23	-3.20**	0.46	-0.33
Same-Sex Male IPV Vignette ^b	-2.64**	0.72	-0.18	-1.95**	0.47	-0.20
Same-Sex Female IPV Vignette ^b	-2.11**	0.72	-0.15	-2.48**	0.47	-0.26
Sexism	0.01	0.02	0.02	0.003	0.01	0.01
IPV Myths	-0.06	0.06	-0.04	-0.03	0.04	-0.04
Prior IPV Victimization Experiences	-0.23	0.56	-0.02	-0.61*	0.37	-0.07
Homophobia	-0.03*	0.02	-0.11	-0.01	0.01	-0.05
Personality Extroversion	0.06*	0.03	0.07	-0.004	0.02	-0.01
Bystander Efficacy	0.23**	0.04	0.22	0.12**	0.03	0.17
Constant	14.27**	2.91	--	6.72**	1.90	--
Model <i>F</i>		5.51**			7.52**	
Adjusted <i>R</i> ²		0.13			0.17	

Note. * $p < 0.05$. ** $p < 0.01$. ^aReference category is Freshman. ^bSex indicated in the vignette condition represents sex of the victim and the reference category is Heterosexual Male Perpetrator-Female Victim IPV Vignette.

Research Question 8: Moderating Effects of Perceiver Characteristics on IPV

Vignette Conditions on Intentions to Directly and Indirectly Intervene

Tables 18 to 22 present the results of multivariate regression models that estimated the moderating effects of perceiver characteristic-IPV condition interactions on intentions to directly (Model 1) and indirectly (Model 2) intervene, after controlling for age, sex, race, sexual orientation, year in college, exclusive dating status, social desirability, IPV vignette conditions, and perceiver characteristics.

Intentions to Directly Intervene

MOLS models indicated that sexism, homophobia, and personality extroversion had significant moderating influences on intentions to directly intervene. The first model in Table 18, which estimated the moderating effects of perceiver sexism and IPV vignette conditions on bystander intentions to directly intervene, was significant ($p < .01$) and the adjusted R-squared was 0.13, indicating that this model accounted for approximately 13% of variance in the intentions to directly intervene scale. Model 1 in Table 18 indicated that the effect of sexism was significantly reduced in the same-sex male IPV condition ($b = -0.09$, $p < .05$) and same-sex female IPV condition ($b = -0.12$, $p < .05$), after controlling for age, sex, race, sexual orientation, year in college, exclusive dating status, social desirability, IPV vignette conditions, and independent variables. Finally, coefficients were not significant for the interaction between sexism and heterosexual male IPV condition ($b = -0.06$; see Table 18, Model 1).

The first model in Table 20, which estimated the moderating effects of perceiver homophobia and IPV vignette conditions on intentions to directly intervene, was significant ($p < .01$) and the adjusted R-squared was 0.13, indicating that this model

accounted for approximately 13% of variance in the intentions to directly intervene scale. The effect of homophobia was significantly reduced in the same-sex male IPV condition ($b = -0.06, p < .05$) and the same-sex female IPV condition ($b = -0.06, p < .05$), after controlling for age, sex, race, sexual orientation, year in college, exclusive dating status, social desirability, IPV vignette conditions, and independent variables. Finally, coefficients were not significant for the interaction between homophobia and the heterosexual male IPV condition ($b = -0.01$; see Table 20, Model 1).

The first model in Table 21, which estimated the moderating effects of perceiver personality extroversion and IPV vignette conditions on intentions to directly intervene, was significant ($p < .01$) and the adjusted R-squared was 0.13, indicating that this model accounted for approximately 13% of variance in the intentions to directly intervene scale. The effect of extroversion was significantly reduced in the heterosexual male IPV condition ($b = -0.21, p < .05$) and same-sex male IPV condition ($b = -0.18, p < .05$). Coefficients were not significant for the interaction between personality extroversion and same-sex female IPV condition ($b = -0.12$; see Table 21, Model 1).

By contrast, perceiver adherence to IPV myths and bystander efficacy did not have significant moderating influences on intentions to directly intervene. Coefficients were not significant for the interaction between IPV myths and heterosexual male IPV condition ($b = -0.08$), same-sex male IPV condition ($b = -0.06$), and same-sex female IPV condition ($b = -0.17$; see Table 19, Model 1). Finally, coefficients were not significant for the interaction between bystander efficacy and heterosexual male IPV condition ($b = 0.10$), same-sex male IPV condition ($b = 0.09$), and same-sex female IPV condition ($b = 0.11$; see Table 22, Model 1).

Intentions to Indirectly Intervene

MOLS models indicated that only the personality extroversion-IPV vignette condition interactions had significant influences on intentions to indirectly intervene. The second model in Table 21, which estimated the moderating effects of perceiver personality extroversion and IPV vignette conditions on willingness to indirectly intervene, was significant ($p < .01$) and the adjusted R-squared was 0.18, indicating that this model accounted for approximately 18% of variance in the intentions to indirectly intervene scale. The effect of perceiver personality extroversion was significantly reduced in heterosexual male IPV victim vignette condition ($b = -0.13, p < .05$) and same-sex male IPV vignette condition ($b = -0.12, p < .05$; see Table 21, Model 2). Finally, coefficient was not significant for the interaction between personality extroversion and same-sex female IPV condition ($b = -0.04$).

By contrast, perceiver adherence to sexism, IPV myths, homophobia, and bystander efficacy did not have significant moderating influences on intentions to indirectly intervene, net of control. Coefficients were not significant for the interaction between sexism and heterosexual male IPV condition ($b = -0.01$), same-sex male IPV condition ($b = 0.01$), and same-sex female IPV condition ($b = -0.03$; see Table 18, Model 2). Similarly, coefficients were not significant for the interaction between IPV myths and heterosexual male IPV condition ($b = -0.04$), same-sex male IPV condition ($b = -0.06$), and same-sex female IPV condition ($b = -0.01$; see Table 19, Model 2). Furthermore, coefficients were not significant for the interaction between homophobia and heterosexual male IPV condition ($b = -0.004$), same-sex male IPV condition ($b = -0.01$), and same-sex female IPV condition ($b = 0.01$; see Table 20, Model 2). Finally,

coefficients were not significant for the interaction between bystander efficacy and heterosexual male IPV condition ($b = -0.06$), same-sex male IPV condition ($b = 0.12$), and same-sex female IPV condition ($b = 0.03$; see Table 22, Model 2).

Table 18

Moderating Effects of Sexism and IPV Vignette Conditions on Intentions to Directly and Indirectly Intervene (N=570)

Variables	<i>Model 1</i> <i>Intentions to Directly Intervene</i>			<i>Model 2</i> <i>Intentions to Indirectly Intervene</i>		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	β
Age	0.11	0.12	0.04	0.08	0.08	0.05
Female	-1.15*	0.54	-0.09	1.71**	0.35	0.20
People of Color	-0.23	0.52	-0.02	-0.13	0.34	-0.01
Sexual Minority	1.27	0.90	0.06	0.73	0.59	0.05
Sophomore ^a	-1.68*	0.79	-0.10	-0.54	0.52	-0.05
Junior ^a	-0.88	0.69	-0.07	-0.84*	0.45	-0.10
Senior ^a	-3.26**	0.90	-0.19	-1.25*	0.59	-0.11
Exclusive Dating Relationship	0.09	0.52	0.01	0.06	0.34	0.01
Social Desirability	0.41*	0.18	0.09	0.36**	0.12	0.12
Heterosexual Male IPV Vignette ^b	-3.17**	0.72	-0.22	-3.18**	0.47	-0.33
Same-Sex Male IPV Vignette ^b	-2.36**	0.74	-0.16	-2.00**	0.48	-0.20
Same-Sex Female IPV Vignette ^b	-1.92**	0.72	-0.13	-2.48**	0.47	-0.26
Sexism	0.08*	0.04	0.18	0.01	0.03	0.03
IPV Myths	-0.05	0.06	-0.03	-0.04	0.04	-0.04
Prior IPV Victimization Experiences	-0.24	0.56	-0.02	-0.63*	0.37	-0.07
Homophobia	-0.04*	0.02	-0.12	-0.01	0.01	-0.05
Personality Extroversion	0.05	0.03	0.06	0.004	0.02	-0.01
Bystander Efficacy	0.23**	0.04	0.22	0.12**	0.03	0.17
Sexism ^c x Heterosexual Male IPV Vignette ^b	-0.06	0.05	-0.07	-0.01	0.03	-0.01

Variables	<i>Model 1</i> <i>Intentions to Directly Intervene</i>			<i>Model 2</i> <i>Intentions to Indirectly Intervene</i>		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	β
Sexism ^c x Same-Sex Male IPV Vignette ^b	-0.09*	0.05	-0.10	0.01	0.03	0.02
Sexism ^c x Same-Sex Female IPV Vignette ^b	-0.12*	0.05	-0.15	-0.03	0.03	-0.04
Constant	11.66**	3.10	--	6.47**	2.03	--
Model <i>F</i>		5.08**			6.49**	
Adjusted <i>R</i> ²		0.13			0.17	

Note. * $p < 0.05$. ** $p < 0.01$. ^aReference category is Freshman. ^bSex indicated in the vignette condition represents sex of the victim and the reference category is Heterosexual Male Perpetrator-Female Victim IPV Vignette. ^cVariable was mean-centered.

Table 19

Moderating Effects of IPV Myths and IPV Vignette Conditions on Intentions to Directly and Indirectly Intervene (N=570)

Variables	<i>Model 1</i>			<i>Model 2</i>		
	<i>Intentions to Directly Intervene</i>			<i>Intentions to Indirectly Intervene</i>		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	β
Age	0.11	0.12	0.05	0.08	0.08	0.05
Female	-1.12*	0.55	-0.09	1.70**	0.36	0.20
People of Color	-0.26	0.53	-0.02	-0.13	0.34	-0.01
Sexual Minority	1.24	0.90	0.06	0.69	0.59	0.05
Sophomore ^a	-1.63*	0.79	-0.10	-0.55	0.52	-0.05
Junior ^a	-0.92	0.69	-0.07	-0.86*	0.45	-0.10
Senior ^a	-3.22**	0.90	-0.19	-1.23*	0.59	-0.11
Exclusive Dating Relationship	0.02	0.52	0.002	0.03	0.34	0.004
Social Desirability	0.41*	0.18	0.09	0.35**	0.12	0.12
Heterosexual Male IPV Vignette ^b	-3.31**	0.70	-0.23	-3.18**	0.46	-0.33
Same-Sex Male IPV Vignette ^b	-2.60**	0.73	-0.17	-1.94**	0.47	-0.19
Same-Sex Female IPV Vignette ^b	-2.13**	0.72	-0.15	-2.45**	0.47	-0.25
Sexism	0.01	0.02	0.02	0.003	0.01	0.01
IPV Myths	0.03	0.12	0.02	-0.01	0.08	-0.01
Prior IPV Victimization Experiences	-0.24	0.56	-0.02	-0.59*	0.37	-0.06
Homophobia	-0.03*	0.02	-0.12	-0.01	0.01	-0.05
Personality Extroversion	0.06*	0.03	0.07	-0.01	0.02	-0.01
Bystander Efficacy	0.23**	0.04	0.22	0.12**	0.03	0.17
IPV Myths ^c x Heterosexual Male IPV Vignette ^b	-0.08	0.16	-0.03	-0.04	0.10	-0.02

Variables	<i>Model 1</i> <i>Intentions to Directly Intervene</i>			<i>Model 2</i> <i>Intentions to Indirectly Intervene</i>		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	β
IPV Myths ^c x Same-Sex Male IPV Vignette ^b	-0.06	0.16	-0.02	-0.06	0.10	-0.03
IPV Myths ^c x Same-Sex Female IPV Vignette ^b	-0.17	0.16	-0.06	-0.01	0.10	-0.004
Constant	13.34**	3.10	--	6.47**	2.03	--
Model <i>F</i>		4.77**			6.44**	
Adjusted <i>R</i> ²		0.12			0.17	

Note. * $p < 0.05$. ** $p < 0.01$. ^aReference category is Freshman. ^bSex indicated in the vignette condition represents sex of the victim and the reference category is Heterosexual Male Perpetrator-Female Victim IPV Vignette. ^cVariable was mean-centered.

Table 20

Moderating Effects of Homophobia and IPV Vignette Conditions on Intentions to Directly and Indirectly Intervene (N=570)

Variables	<i>Model 1</i>			<i>Model 2</i>		
	<i>Intentions to Directly Intervene</i>			<i>Intentions to Indirectly Intervene</i>		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	β
Age	0.12	0.12	0.05	0.08	0.08	0.05
Female	-1.10*	0.54	-0.09	1.70**	0.36	0.20
People of Color	-0.23	0.53	-0.02	-0.12	0.34	-0.01
Sexual Minority	1.17	0.90	0.05	0.69	0.59	0.05
Sophomore ^a	-1.68*	0.79	-0.10	-0.57	0.52	-0.05
Junior ^a	-0.93	0.69	-0.07	-0.86*	0.45	-0.10
Senior ^a	-3.26**	0.90	-0.19	-1.22*	0.59	-0.11
Exclusive Dating Relationship	0.06	0.52	0.004	0.04	0.34	0.004
Social Desirability	0.41*	0.18	0.09	0.35**	0.12	0.12
Heterosexual Male IPV Vignette ^b	-3.34**	0.70	-0.23	-3.19**	0.46	-0.33
Same-Sex Male IPV Vignette ^b	-2.63**	0.72	-0.18	-1.94**	0.47	-0.19
Same-Sex Female IPV Vignette ^b	-2.17**	0.72	-0.15	-2.45**	0.47	-0.25
Sexism	0.01	0.02	0.02	0.002	0.01	0.01
IPV Myths	-0.05	0.06	-0.03	-0.03	0.04	-0.03
Prior IPV Victimization Experiences	-0.19	0.56	-0.01	-0.59*	0.37	-0.06
Homophobia	-0.001	0.03	-0.004	-0.01	0.02	-0.04
Personality Extroversion	0.06*	0.03	0.07	-0.01	0.02	-0.01
Bystander Efficacy	0.22**	0.04	0.21	0.12**	0.03	0.17
Homophobia ^c x Heterosexual Male IPV Vignette ^b	-0.01	0.03	-0.03	-0.004	0.02	-0.01

Variables	<i>Model 1</i> <i>Intentions to Directly Intervene</i>			<i>Model 2</i> <i>Intentions to Indirectly Intervene</i>		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	β
Homophobia ^c x Same-Sex Male IPV Vignette ^b	-0.06*	0.03	-0.11	-0.01	0.02	-0.03
Homophobia ^c x Same-Sex Female IPV Vignette ^b	-0.06*	0.04	-0.10	0.01	0.02	0.02
Constant	13.47**	2.94	--	6.72**	1.93	--
Model <i>F</i>		4.99**			6.47**	
Adjusted <i>R</i> ²		0.13			0.17	

Note. * $p < 0.05$. ** $p < 0.01$. ^aReference category is Freshman. ^bSex indicated in the vignette condition represents sex of the victim and the reference category is Heterosexual Male Perpetrator-Female Victim IPV Vignette. ^cVariable was mean-centered.

Table 21

Moderating Effects of Personality Extroversion and IPV Vignette Conditions on Intentions to Directly and Indirectly Intervene (N=570)

Variables	<i>Model 1</i>			<i>Model 2</i>		
	<i>Intentions to Directly Intervene</i>			<i>Intentions to Indirectly Intervene</i>		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	β
Age	0.09	0.12	0.04	0.07	0.08	0.04
Female	-1.22*	0.55	-0.10	1.63**	0.35	0.19
People of Color	-0.29	0.52	-0.02	-0.16	0.34	-0.02
Sexual Minority	1.11	0.90	0.05	0.61	0.59	0.04
Sophomore ^a	-1.57*	0.79	-0.09	-0.51	0.51	-0.05
Junior ^a	-0.82	0.69	-0.06	-0.80*	0.45	-0.09
Senior ^a	-2.97**	0.90	-0.17	-1.09	0.59	-0.09
Exclusive Dating Relationship	0.08	0.52	0.01	0.06	0.34	0.01
Social Desirability	0.42**	0.18	0.10	0.35**	0.12	0.12
Heterosexual Male IPV Vignette ^b	-3.40**	0.70	-0.24	-3.22**	0.46	-0.33
Same-Sex Male IPV Vignette ^b	-2.64**	0.72	-0.18	-1.95**	0.47	-0.19
Same-Sex Female IPV Vignette ^b	-2.16**	0.72	-0.15	-2.52**	0.47	-0.26
Sexism	0.01	0.02	0.01	0.01	0.01	0.001
IPV Myths	-0.05	0.06	-0.03	-0.03	0.04	-0.03
Prior IPV Victimization Experiences	-0.30	0.56	-0.02	-0.64*	0.37	-0.07
Homophobia	-0.04*	0.02	-0.12	-0.01	0.01	-0.06
Personality Extroversion	0.19**	0.07	0.23	0.07	0.05	0.13

Variables	Model 1 <i>Intentions to Directly Intervene</i>			Model 2 <i>Intentions to Indirectly Intervene</i>		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	β
Bystander Efficacy	0.23**	0.04	0.22	0.12**	0.03	0.17
Personality Extroversion ^c x Heterosexual Male IPV Vignette ^b	-0.21*	0.09	-0.13	-0.13*	0.06	-0.12
Personality Extroversion ^c x Same-Sex Male IPV Vignette ^b	-0.18*	0.09	-0.11	-0.12*	0.06	-0.11
Personality Extroversion ^c x Same-Sex Female IPV Vignette ^b	-0.12	0.10	-0.07	-0.04	0.06	-0.03
Constant	11.76**	3.14	--	5.37*	2.05	--
Model <i>F</i>		5.03**			6.77*	
Adjusted <i>R</i> ²		0.13			0.18	

Note. * $p < 0.05$. ** $p < 0.01$. ^aReference category is Freshman. ^bSex indicated in the vignette condition represents sex of the victim and the reference category is Heterosexual Male Perpetrator-Female Victim IPV Vignette. ^cVariable was mean-centered.

Table 22

Moderating Effects of Bystander Efficacy and IPV Vignette Conditions on Intentions to Directly and Indirectly Intervene (N=570)

Variables	<i>Model 1</i>			<i>Model 2</i>		
	<i>Intentions to Directly Intervene</i>			<i>Intentions to Indirectly Intervene</i>		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	β
Age	0.11	0.12	0.04	0.09	0.08	0.06
Female	-1.08*	0.55	-0.08	1.71**	0.35	0.20
People of Color	-0.27	0.53	-0.02	-0.13	0.34	-0.02
Sexual Minority	1.15	0.90	0.05	0.68	0.59	0.05
Sophomore ^a	-1.59*	0.79	-0.10	-0.56	0.51	-0.05
Junior ^a	-0.90	0.69	-0.07	-0.92*	0.45	-0.10
Senior ^a	-3.10**	0.90	-0.18	-1.21*	0.59	-0.10
Exclusive Dating Relationship	0.02	0.52	0.001	0.03	0.34	0.003
Social Desirability	0.40*	0.18	0.09	0.34**	0.12	0.11
Heterosexual Male IPV Vignette ^b	-3.33**	0.70	-0.23	-3.15**	0.46	-0.33
Same-Sex Male IPV Vignette ^b	-2.61**	0.72	-0.18	-1.92**	0.47	-0.19
Same-Sex Female IPV Vignette ^b	-2.09**	0.72	-0.14	-2.47**	0.47	-0.25
Sexism	0.01	0.02	0.02	0.001	0.01	0.004
IPV Myths	-0.06	0.06	-0.04	-0.03	0.04	-0.03
Prior IPV Victimization Experiences	-0.25	0.56	-0.02	-0.59*	0.37	-0.07
Homophobia	-0.03*	0.02	-0.11	-0.01	0.01	-0.05
Personality Extroversion	0.06*	0.03	0.07	-0.001	0.02	-0.002
Bystander Efficacy	0.16*	0.08	0.15	0.09*	0.05	0.13
Bystander Efficacy ^c x Heterosexual Male IPV Vignette ^b	0.10	0.12	0.04	-0.06	0.08	-0.04

Variables	<i>Model 1</i> <i>Intentions to Directly Intervene</i>			<i>Model 2</i> <i>Intentions to Indirectly Intervene</i>		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	β
Bystander Efficacy ^c x Same-Sex Male IPV Vignette ^b	0.09	0.11	0.05	0.12	0.07	0.09
Bystander Efficacy ^c x Same-Sex Female IPV Vignette ^b	0.11	0.12	0.05	0.03	0.08	0.02
Constant	16.77**	3.72	--	7.37**	2.42	--
Model <i>F</i>		4.77**			6.75**	
Adjusted <i>R</i> ²		0.12			0.18	

Note. * $p < 0.05$. ** $p < 0.01$. ^aReference category is Freshman. ^bSex indicated in the vignette condition represents sex of the victim and the reference category is Heterosexual Male Perpetrator-Female Victim IPV Vignette. ^cVariable was mean-centered.

CHAPTER V

DISCUSSION

Summary of the Research

Victimization experiences among sexual minority populations have been overlooked until recently (Merrill & Wolfe, 2000; Messinger, 2011; Tjaden & Thoennes, 2000; Tjaden et al., 1999; Walters et al., 2013) because IPV was considered a heterosexual women's problem (Dicker, 2008; Freedman, 2002; Koss et al., 1994; Lorber, 1998). Feminist theorists have illustrated that IPV was rooted in and caused by violence-tolerant norms and attitudes that justified and reinforced male privilege and female subordination through the use of violence (Dicker, 2008; Freedman, 2002; Johnson et al., 1997; Lorber, 1998; Ozak & Otis, 2016). Furthermore, IPV literature has demonstrated that, regardless of the sexual orientation of either victim or perpetrator, unequal power and control dynamics of relationships continue to proliferate where perpetrators establish and maintain their dominance through the use of various control tactics and violence (Dicker, 2008; Freedman, 2002; Johnson et al., 1997; Koss et al., 1994; Lorber, 1998; Ozak & Otis, 2016; Peterman & Dixon, 2003; Schram & Koons-Witt, 2004). As a result, both heterosexual and same-sex IPV victims become entrapped in distressful and violent relationships, losing their autonomy and becoming isolated from their social supports, and thus, they are unlikely or unable to seek help (Johnson, 1995, 2006; Peterman & Dixon, 2003; Stark, 2006, 2007). Increased adherence to violent-tolerant norms, such as stringent traditional gender roles, sexism, and IPV myths, also influences the perceptions of those in formal and informal social support systems, and

their decisions to help IPV victims (Brown & Groscup, 2009; Cormier & Woodworth, 2008; Harris & Cook, 1994; Taylor & Sorenson, 2005; Wise & Browman, 1997).

Research has also demonstrated that the unique differences between heterosexual and same-sex IPV, as a result of victim and perpetrator's sexual orientation (such as fear of outing, minority stress and stigma consciousness, and internalized homophobia), further emphasize the continued need to examine victimization experiences among marginalized populations, and to identify effective IPV prevention and response strategies. Indeed, sexual minorities experience greater legal and social challenges, compared to their heterosexual counterparts, because formal service providers and college students who adhere to traditional gender roles, sexism, IPV myths, and homophobia have dismissed the seriousness of same-sex IPV and discredit or blame sexual minority victims (Harrison & Abrishami, 2004; Poorman et al., 2003; Rhatigan et al., 2011; Russell et al., 2012; Seelau & Seelau, 2005; Seelau et al., 2003; Stein & Miller, 2012; Turell & Cornell-Swanson, 2006; Wasarhaley et al., 2015).

Prior studies have suggested that sexual minority IPV victims are less likely to receive help from either formal and informal social supports, because marginalized victims are perceived as more culpable (e.g., "victim [is] responsible," "victim was abusive," and "victim is lying") than their heterosexual counterparts, and thus, sexual minority IPV victims as unworthy and undeserving of receiving help (Brown & Groscup, 2009, p. 91; Cormier & Woodworth, 2008; Harris & Cook, 1994; Taylor & Sorenson, 2005; Wise & Browman, 1997). Thus, bystander intervention is key to reducing incidents of heterosexual and same-sex IPV, but problems arise when bystanders are unaware of

how to intervene, or of available resources. These problems prevent bystanders from either directly or indirectly intervening.

Furthermore, bystanders unaware of IPV victim services may have difficulty referring victims to appropriate resources. This situation is particularly challenging for sexual minority IPV victims because currently very few tailored resources are available to them. Sexual minority victims have also reported experiencing increased prejudicial and discriminatory responses among service providers, resulting in their increased fear and decreased willingness to disclose and seek help (Burke et al., 2002; Eaton, Kaufman, Fuhrel, Cain, Pope, & Kalichman, 2008; Edwards et al., 2015; Irwin, 2008; Giorgio, 2002; Oswald, Fonseca, & Hardesty, 2010; Parry & O'Neal, 2015; St. Pierre & Senn, 2010; Turell & Hermann, 2008; Walters, 2011). Overall, existing research has suggested that bystander knowledge of services may influence intentions to intervene in heterosexual and same-sex IPV. The current study did not examine knowledge of services, but future studies should assess the effects of familiarity with social or victim services on bystander behaviors.

Summary and Discussion of the Results

Several noteworthy results emerged in the present study that warrant further discussion. First, results from ANOVA indicated that participants take the dynamics of the relationship into consideration as they are making a decision whether or not to intervene. These findings support both Hypotheses 1A and 1B. Specifically, participants reported significantly higher levels of intentions to directly and indirectly intervene, respectively, when the IPV scenario involved a heterosexual female victim than when it involved a heterosexual male victim, sexual minority male, or sexual minority female

victims. These findings align with the tenets of feminist theory and demonstrate that participants may still consider IPV a heterosexual woman's problem (Dicker, 2008; Freedman, 2002; Koss et al., 1994; Lorber, 1998), suggesting that an IPV incident involving a heterosexual female victim is perceived as more intervention-appropriate than when the victim is a heterosexual male or sexual minority. Indeed, results from ANOVA demonstrate that heterosexual male and sexual minority victims, who violate traditional gender norms or otherwise fail to fit the profile of an IPV victim, are more likely to be perceived as unworthy of receiving direct or indirect help (Brown & Groscup, 2009; Cormier & Woodworth, 2008; Franklin & Jin, 2015, May; Harris & Cook, 1994; Johnson, 2000; Poorman et al., 2003; Rhatigan et al., 2011; Sylaska & Walters, 2014; Wasarhaley, et al., 2015).

Second, Research Questions 2 to 7 were answered by estimating multivariate OLS regression models and results indicated that prior IPV victimization experiences, homophobia, personality extroversion, and bystander efficacy as having significant relationships with outcomes of interests. Specifically, results indicated (1) prior IPV victimization experiences as a significant predictor of intentions to indirectly intervene, (2) homophobia as a significant predictor of intentions to directly intervene, (3) perceiver extroversion as a significant predictor of intentions to directly intervene, and (4) bystander efficacy as a significant predictor of both intentions to directly and indirectly intervene. Increased sexism and adherence to IPV myths were not significant predictors of intentions to directly and indirectly intervene—these finding refuted Hypotheses 2A, 2B, 3A, and 3B.

Consistent with existing intervention literature (Christy & Voigt, 1994; Laner et al., 2001; Nabi & Horner, 2001), similarity in life experiences—such as prior IPV victimization experiences—significantly influenced intentions to indirectly intervene. This finding supports Hypothesis 4B. Prior IPV victimization experience did not, however, significantly influence bystander intentions to directly intervene; therefore, Hypothesis 4A was refuted. Individuals with prior victimization experiences may have been more willing to report IPV incidents to authorities than their counterparts because, perhaps, they had more knowledge of IPV or were more familiar with which victim-centered resources to contact (Borkman, 1976; Nabi & Horner, 2001).

The study's findings indicated that increased homophobia was associated with significantly lower levels of intentions to directly intervene; however, adherence to homophobia did not significantly influence intentions to indirectly intervene. Thus, Hypothesis 5A was supported, but not Hypothesis 5B. Prior studies have demonstrated that individuals who adhere to homophobia are more likely to perceive same-sex IPV incidents as less serious, less likely to get worse over time, and less in need of criminal justice interventions (Brown & Groscup, 2009; Cormier & Woodworth, 2008; Harris & Cook, 1994; Wise & Browman, 1997). Therefore, consistent with prior research, the study showed that help would be less forthcoming when the victim was not a heterosexual woman and suggests that adherence to homophobia may influence perceivers' decision-making process because those who reported increased homophobia indicated lower levels of intentions to directly intervene.

In addition, perceiver extroversion was associated with significantly higher levels of intentions to directly intervene, which supported Hypothesis 6A; however, increased

extroversion did not significantly influence intentions to indirectly intervene—thus refuting Hypothesis 6B. Increased personality extroversion was associated with higher levels of intentions to directly intervene, perhaps because extroverted individuals are more outgoing, assertive, and likely to take initiative than their introverted counterparts (Banyard, 2008; Hogan & Holland, 2003; King et al., 2005; McCrae & John, 1992). Thus, the findings suggest that extroverted perceivers are more likely to express greater willingness to directly intervene than to notify an external source (indirectly intervene) to address the situation than their introverted counterparts. While the relationship was not significant, increased extroversion was associated with lower levels of intentions to indirectly intervene, further suggesting that extroverted individuals are more likely to take responsibility or actions to directly help IPV victims, or to stop the perpetrator, than to notify authorities.

Results from bivariate and multivariate analyses demonstrated that increased bystander efficacy was significantly associated with intentions to directly and indirectly intervene—thus supporting both Hypothesis 7A and Hypothesis 7B. Consistent with prior studies, individuals who reported increased bystander efficacy had higher levels of intentions to intervene—regardless of the intervention strategies—than their counterparts with lower levels of bystander efficacy (Banyard et al., 2005; Banyard, 2007; Foubert et al., 2010; Langhinrichsen-Rohlin et al., 2011). In other words, regardless of the dynamics of the intimate relationships, individuals who strongly believed they could partake, and make changes, in prevention efforts were more willing to help IPV victims—either directly or indirectly—by seeking help from external sources. Thus, existing prevention education programs and trainings should tailor their curricula to instill or promote

participant beliefs that violence can be prevented and that they can take part in this prevention effort (Banyard et al., 2005; Banyard, 2007; Foubert et al., 2010; Langhinrichsen-Rohlin et al., 2011; Shotland & Huston, 1979). Taken in their entirety, these significant findings suggest that prior IPV victimization experiences, homophobia, personality extroversion, and bystander efficacy are important factors in predicting bystander intentions to intervene in heterosexual and same-sex IPV scenarios.

Finally, this study examined the moderating effects of perceiver characteristics and IPV vignette conditions on intentions to directly and indirectly intervene, respectively (Research Question 8), by estimating multivariate OLS regression models, including perceiver characteristic-IPV vignette condition multiplicative interaction variables. Results indicated that sexism, homophobia, and personality extroversion had significant moderating effects on intentions to directly intervene. Specifically, the effect of sexism was significantly reduced in the same-sex male IPV condition and same-sex female IPV condition. In other words, as perceiver sexism increased, bystander intentions to directly intervene significantly decreased in same-sex male and same-sex female IPV conditions, compared to the heterosexual female IPV condition. Similarly, as perceiver homophobia increased, intentions to directly intervene significantly decreased in the same-sex male IPV condition and the same-sex female IPV condition, compared to the heterosexual female IPV condition. In addition, as personality extroversion increased, intentions to directly intervene significantly decreased in the heterosexual male IPV condition and the same-sex male IPV condition, compared to the heterosexual female IPV condition. Finally, only personality extroversion had significant moderating effects on intentions to indirectly intervene. The effect of perceiver personality extroversion

significantly decreased in the heterosexual male IPV victim vignette condition and the same-sex male IPV vignette condition, compared to the heterosexual female IPV victim condition.

Collectively, these findings demonstrate that IPV continues to be conceptualized as a heterosexual woman's problem (Dicker, 2008; Freedman, 2002; Koss et al., 1994; Lorber, 1998). Specifically, when IPV incidents and the dynamics of perpetrator-victim relationships fail to fit the stereotypical profile of IPV (e.g., a heterosexual male perpetrator and a heterosexual female victim), the effects of sexism, homophobia, and extroversion are further reduced. Furthermore, these results indicate that society continues to disapprove of victims and relationships when these fail to fit traditional gender roles (Messinger, 2017; Pattavina et al., 2007). For example, studies have reported discrepancies in responses among formal system providers (e.g., police and social service) in heterosexual male victim IPV and same-sex IPV incidents, because these victims violate traditional gender roles and adhere to misconceptions of IPV, such as "men cannot be abused" (Brown, 2004; Cormier & Woodworth, 2008; Messinger, 2017; Pattavina et al., 2007). Both formal and informal social supports (e.g., college students and community members) perceived sexual minority victims as more culpable than their heterosexual counterparts (Brown & Groscup, 2009; Cormier & Woodworth, 2008; Harris & Cook, 1994; Poorman et al., 2003; Wise & Browman, 1997).

The control variables—sex, year in college, social desirability, and IPV vignette conditions—had significant association to two outcomes of interest. Female perceivers were associated with significantly lower levels of intentions to directly intervene and significantly higher levels of intentions to indirectly intervene compared to their male

counterparts (see Table 17). Consistent with prior studies that have indicated that the method of intervention varied by the sex of the bystander (Banyard, 2008; Eagley & Crowley, 1986; West & Wandrei, 2002), the present study found that the results of effects for females were in different directions across the two outcomes. Scholars have attributed sex differences in bystander behaviors to endorsements of traditional gender role ideologies and hypermasculinity norms, which in turn enforce their intervention strategies. Direct intervention entails an increase in physical and psychological risks for bystanders (Eagley & Crowley, 1986; Piliavin, Piliavin, & Rodin, 1975), and these behaviors align with masculine behaviors, such as taking action and displaying dominance and control (Hamby, 2009; Martin, 1976; Johnson et al., 1997). Conversely, because society generally characterizes women as submissive, weak, and in need of protection (Bethke & DeJoy, 1993; Bartlett & DeSteno, 2006; Chabot et al., 2009; Johnson et al., 1997; Stewart & Maddren, 1997; Valor-Segura, Exposito, & Moya, 2011), female bystander intervention strategies mirror these stereotypes, selecting indirect intervention strategies rather than direct intervention (Eagley & Crowley, 1986; West & Wandrei, 2002). In addition, the fear of becoming physically injured can deter females from becoming directly involved in an IPV situation (Doll et al., 2007). For example, if an incident involved two men (i.e., a same-sex male couple) who could physically overpower female bystanders, then these bystanders were more likely to help the victim indirectly—for example, notifying authorities by calling 911.

Significant effects of participant education level on intentions to either directly or indirectly intervene warrant further discussion. Being a sophomore or a senior in college were associated with significantly lower levels of intentions to directly intervene,

compared to their freshman counterparts. Being a senior in college was also associated with significantly lower levels of intentions to indirectly intervene. These findings suggest that because upper-class students have stronger relationships with their peers, and with the college community, than do their lower-class standing counterparts, they are more likely to have adapted and accepted informal social norms, especially those that censure helping IPV victims. Additionally, students with increased tenure in college may be more cognizant of the cost of intervention (e.g., loss of social status or negative evaluation by peers) than of rewards (e.g., social recognition; Banyard, 2011; Burn, 2009; Berkowitz 2002; Piliavin et al., 1975), and thus are less likely to help IPV victims. Indeed, fear of receiving disapproval from peers is a barrier to intervention (Burn, 2009; Berkowitz, 2009). The inverse relationship between year in college and likelihood of intervention further highlights the need for bystander intervention programs, including booster (i.e., follow-up) sessions for upper-classmen.

Consistent with prior research, individuals with an increased desire to portray themselves in a socially appropriate and favorable manner (Burke & Follingstad, 1999; Murray & Mobley, 2009) were associated with significantly higher levels of intentions to directly and indirectly intervene. Finally, intentions to directly and indirectly intervene were in the theoretically expected directions and were significantly lower in the heterosexual male IPV condition, same-sex male IPV condition, and same-sex female IPV condition, compared to the heterosexual female IPV condition. These findings suggest that IPV continues to be perceived as a heterosexual woman's problem; thus, help is more forthcoming for heterosexual female victims than for heterosexual men and sexual minorities.

Finally, the control variables—age, race, sexual orientation, and exclusive dating status of participants—did not have significant relationships with intentions to directly and indirectly intervene. Despite these findings, the nonsignificant effects of sexual minority status across the models warrant further discussion, particularly because sexual minorities reported higher levels of intentions to directly and indirectly intervene compared to their heterosexual counterparts. This finding can be explained using the tenets of defensive attribution theory (Shaver, 1970), which suggest that sexual minority participants have indicated increased intentions to directly and indirectly intervene, more than their heterosexual counterparts, perhaps because of increased similarities to and empathy for victims (Rhatigan et al., 2011; Stein & Miller, 2012; Sylaska & Walters, 2014). In addition, intentions to directly and indirectly intervene may be higher among sexual minorities than their heterosexual counterparts because sexual minorities have an increased awareness of same-sex IPV and, thus, are more able to notice the same-sex IPV incident, assign the incident as intervention-appropriate, take responsibility to intervene, know how to help the victim directly or indirectly, and intervene.

Policy Implications

Empirical and theoretical research on bystander effects has been crucial in reshaping and implementing gendered violence prevention programs (Banyard et al., 2004; Storer et al., 2015), and the present findings highlight the continued need for education and training policies that prevent and respond to heterosexual and same-sex IPV. Specifically, there remains a need for existing bystander education programs to include a discussion on different types of intimate relationships that may help raise awareness of same-sex IPV. Indeed, results from the current study have indicated that

both intentions to directly and indirectly intervene were significantly higher when the victim was a heterosexual female than in other victim-perpetrator dyads conditions. These findings suggest that IPV involving heterosexual female victims may be perceived as more serious—more intervention-worthy—due to victim failure to fit the heterosexual IPV profile, perceiver lack of knowledge of same-sex relationships, and perceiver adherence to violence-tolerant norms. These findings also suggest that including discussions on the dynamics of same-sex relationships to current bystander program curricula improve perceiver awareness of same-sex relationships and identification of same-sex IPV incidents.

In addition, bystander intervention programs can also target prejudicial and discriminatory attitudes toward sexual minorities. This strategy is particularly important for addressing homophobic attitudes among bystanders: the present study found that increased homophobia was significantly associated with lower levels of intentions to directly intervene. Furthermore, prior studies have found that a lack of knowledge or exposure to sexual minorities was associated with increased homophobia (Eliason & Raheim, 1996; Herek & Glunt, 1993). Therefore, discussions of same-sex IPV and homophobia may (1) result in increased awareness of same-sex IPV, (2) increased identification of domestically violent relationships involving same-sex individuals as intervention-appropriate, and (3) increased knowledge of the effects of adverse attitudes, such as homophobia on victims' help-seeking behaviors post-assault. The following sections discuss the tenets of bystander education programs and effective strategies employed by these programs that can be extended by including discussions on same-sex IPV.

Bystander Education Programs

Bystander education programs, particularly on college campuses, have been effective in preventing and responding to IPV (Ahrens, Rich, & Ullman 2011; Banyard et al., 2009; Banyard et al., 2007; Barone et al., 2007; Coker et al., 2011; Foubert et al., 2010; Gidycz et al., 2011; Moynihan & Banyard, 2008; Moynihan, Banyard, Arnold, Eckstein, & Stapelton, 2010; Moynihan et al., 2011). Studies have underscored the prevalence of IPV in institutions of higher education, emphasizing that college students were at higher risk (Black et al., 2011; Fisher et al., 2000; Krebs, Lindquist, Warner, Fisher, & Martin, 2007; Pina, Gannon, & Saunders 2009; Shorey, Stuart, & Cornelisu, 2011; Tjaden & Thoennes, 2000; Truman & Rand, 2010), and underscoring the need for bystander education programs because bystanders are more likely to be present before, during, or after incidents of IPV to aid IPV victims on college campuses (Hart & Miethe, 2008; McMahon & Banyard, 2011; Planty, 2002).

Furthermore, the Campus Sexual Violence Elimination (SaVE) Act (2013), created in response to violence on college campuses and to hold university administrators and leaders accountable for providing a safe environment in which students might complete their education, required bystander education programs on college campuses nationwide (Violence Against Women Reauthorization Act [VAWRA], 2013). Currently, a wide range of effective bystander intervention programs exist, such as the *Green Dot Active Bystander Program* (Coker, Cook-Craig, Williams, Fisher, Clear, Garcia, & Hegge, 2011; Coker, Fisher, Bush, Swan, Williams, Clear, & DeGue, 2014), *Bringing in the Bystander* (Banyard et al., 2009; Banyard et al., 2007; Moynihan & Banyard, 2008; Moynihan, Banyard, Arnold, Eckstein, & Stapelton, 2010; Moynihan et al., 2011),

InterACT Sexual Assault Prevention Programs (Ahrens et al., 2011), and *Men's and Women's Programs* (Barone et al., 2007; Foubert et al., 2010; Gidycz et al., 2011), which universities leaders can duplicate or modify to address the needs of their student populations.

Evaluations of such programs have consistently demonstrated that even brief participation in bystander programs increased bystander intentions and actual behavior (Storer et al., 2015). To illustrate, the *Green Dot Active Bystander Program* is a case in point. Primarily tailored for first-year college students, regardless of sex (Storer et al., 2015), the Green Dot program consists of two phases. Phase 1 focuses on educating students on the prevalence and causes of sexual assault and dating violence, along with intervention-appropriate skillsets. Participants are shown three ways they can intervene: directly, by delegating, or by distracting (Edwards, 2009). In direct intervention, bystanders personally interrupt or intervene in a situation. In delegate intervention, similar to indirect intervention, bystanders seek others to help prevent or stop an escalating situation. In distraction intervention, bystanders cause a distraction to take the perpetrator's attention away from the victim, allowing the victim to safely escape.

Phase 2 of the program divides the participants into smaller groups for a six-hour session on Students Educating and Empowering to Develop Safety (SEEDS) training. SEEDS training uses small-group discussions to increase participants' abilities in identifying escalating situations or victims in need of help, and in promoting bystander action. Participants who observed the Green Dot presentation and completed the SEEDS training reported significantly higher positive behavioral changes than those who did not receive intervention sessions (Edwards, 2009). Specifically, students who received the

SEEDS program reported lower endorsement of rape myths than their non-SEEDS recipients. Consistent with the assessments of the Green Dot programs, evaluations of Bringing in the Bystander have demonstrated that both a brief exposure to bystander intervention program (Phase 1) and intensive training (Phase 2) increased active bystander behavior and decreased endorsement of rape myths, compared to no exposure to prevention trainings (Edwards, 2009; Storer et al. 2015).

The success of bystander education programs has been attributed to the use of a broader community approach—targeting both men and women—to raise awareness of IPV and discussing the effects of violent-tolerant norms on intervention behaviors (Banyard, 2015; Banyard et al., 2004; Bond, 1995; Coker et al., 2016; McMahon & Banyard, 2011). Bystander education programs encourage everyone, regardless of sex, to make a commitment to intervene in IPV situations (Banyard, 2015; Banyard et al., 2004; Bond, 1995; McMahon & Banyard, 2011). The bystander programs deviate from sex-specific prevention programs, for example, programs tailored for women to educate them on identifying IPV risk factors and to help develop strategies that decrease the likelihood of future victimization (Banyard, 2015; Banyard et al., 2004; McMahon & Banyard, 2011). By focusing on wider community audiences, bystander education also creates new social and community norms that disapprove of the use of violence in intimate relationships, decrease victim-blaming attitudes, and that foster a sense of responsibility to help victims (Banyard, 2015; Banyard et al., 2004; Bond, 1995; McMahon & Banyard, 2011).

Thus, existing bystander education programs that include a discussion on different types of intimate relationships may help raise awareness of same-sex IPV, and target

prejudicial and discriminatory attitudes toward sexual minorities. Moreover, awareness of same-sex IPV increases bystander ability to identify and accurately interpret a domestically violent relationship involving same-sex individuals as intervention-appropriate, a far cry from dismissing the two as “friends” in an argument.

Anti-Discriminatory Trainings: Homophobia, Systematic Screening Process, and Gender Neutral Language

Along with discussions on same-sex IPV in the current bystander program curricula, the present study signaled the need for anti-discriminatory trainings; increased homophobia was significantly associated with lower levels of intentions to intervene. Prior studies have found increased homophobia as a result of lack of knowledge of the dynamics and causes of same-sex IPV, adherence to traditional gender roles, and lack of exposure to sexual minorities or sexual minority peers (Eliason & Raheim, 1996; Herek & Glunt, 1993). Such findings suggest that discussions of same-sex IPV and homophobia can improve knowledge of same-sex relationships and increase intentions to intervene during and post-assault. Furthermore, anti-discriminatory trainings may be particularly beneficial for students who aspire to work in the law enforcement or victim services as they are likely to interact with both heterosexual and same-sex IPV victims post-graduation. Indeed, prior studies have reported that police are less likely to take IPV incidents seriously when these incidents fail to fit the stereotypical profile of male-against-female violence (Connolly et al., 2000; Renzetti, 1989). IPV myths rooted in traditional gender role stereotypes, such as “women cannot be abusers” and “men cannot be abused,” influenced police perceptions of IPV incidents, resulting in decreased perceived seriousness of IPV and decreased willingness to make legal interventions

(Brown, 2004; Island & Letellier, 1991; Letellier, 1996; Renzetti, 1992). In addition, prejudicial attitudes among police, such as homophobia, can decrease their perceptions of IPV incidents and victims by minimizing the seriousness of the incidents and discrediting victims (Messinger, 2017; Rose 2003).

Using 2,935 IPV incidents reports from Edmonton Police Service, Brown (2004) found that police were significantly less likely to charge female IPV perpetrators, or to take them into custody, compared to their male counterparts. Similarly, when 62 Royal Canadian Mounted Police (RCMP) officers were presented with a mock police report describing an IPV incident, where the study manipulated the sex of the victim and perpetrator (e.g., male perpetrator-female victim, female-perpetrator-male victim, same-sex male couple, and same-sex female couple), the likelihood of “calling the police,” “belief that the perpetrator should be convicted of assault,” and “perpetrator will actually be convicted” were significantly higher when vignettes described a man assaulting his wife than when they indicated other victim-perpetrator dyads (Cormier & Woodworth, 2008). Collectively, scholars have highlighted the continued need for sexual minority-inclusive trainings and legislative policies for police, to raise their awareness of same-sex IPV and to target their discriminatory responses to sexual minority victims; these trainings and policies might in turn diminish dismissing and minimizing victimization experiences of sexual minority victims.

Anti-discriminatory trainings would also benefit students who aspire to work in social services, by including discussions on barriers to help-seeking experienced among sexual minority victims, such as fear of outing their sexual orientation, discriminatory responses, and the lack of tailored resources (Gallopín & Leigh, 2009; Messinger, 2017;

Oswald et al., 2010; Tigert, 2001). For example, using a sample of 54 victim service providers in Los Angeles, Ford et al. (2013) found that approximately 91% of respondents had worked with sexual minority clients in the past 12 months; however, only 17% of respondents were required to complete trainings to serve marginalized victims. Approximately 42% of the service providers indicated that their agencies offered trainings on same-sex IPV, but only on a voluntary basis (Ford et al., 2013). In addition, studies have illustrated that service providers who lacked knowledge of, or adhered to prejudicial stereotypes and misconceptions of IPV (Duke & Davidson, 2009; Ford et al., 2013), questioned the legitimacy and seriousness of same-sex IPV (Brown, 2008; Helfrich & Simpson, 2006). Moreover, mental-health service providers who lacked knowledge of same-sex IPV, and those who adhered to homophobic attitudes, were dismissive of victim's sexual orientation, and disbelieved or minimized the seriousness of their victimization, believing that the victim was confused about his or her sexuality (Gallopín & Leigh, 2009; Oswald et al., 2010; Tigert, 2001).

Components of anti-discriminatory trainings can include discussions on the need to implement policies for conducting systematic screening procedures, using gender-neutral language to enhance identification of same-sex IPV incidents, distinguishing perpetrators from victims, and providing or recommending appropriate resources. Prior studies have noted that service providers who assume the sex of the abuser thus signal to sexual minority victims that they may need to hide their sexual orientation for fear that service providers are unaware of same-sex IPV or are homophobic (Alhusen, Lucea, & Glass, 2010; Ford et al., 2013; Simpson & Helfrich, 2007; St. Pierre & Senn, 2010). Thus, other studies have recommended that resource providers ask for the sexual

orientation of the client during in-take and that they use gender-inclusive language, such as “perpetrator” or “abuser,” when interacting with victims from marginalized populations (Messinger, 2017; Ristock, 2003; Senseman, 2002).

In addition, service providers should conduct IPV screening with the client in privacy to detect same-sex IPV victims, especially if they are accompanied by someone who may be the perpetrator (Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006; Senseman, 2002). Indeed, formal victim resource providers who lacked awareness of same-sex relationships believed that the person who had accompanied the victim was a friend, rather than an abuser, and asked questions that placed victims at increased risk of retaliation by the perpetrator (Fern, 1998; Quinn, 2011). Screening procedures are particularly necessary among shelters, safe houses, and organizations that provide safety and protection to IPV victims, because these “spaces are typically gender-specific” (Ford et al., 2013, p. 842). In many cases, the same-sex partner may disguise him- or herself as an IPV victim to gain access to these safe spaces, thereby continuing to control their victims (Bornstein et al., 2006).

Screenings can also help identify same-sex IPV victim needs and develop appropriate treatment or referral plans. Hancock, McAuliffe, and Levingston (2014) interviewed 10 counselors and found that mental health providers believed that the sexual orientation of patients should not influence their treatment plans, and that these counselors believed they had received enough training on IPV to competently treat sexual minority IPV victims. This finding is problematic as existing studies have demonstrated that sexual minority IPV victims have unique needs that heterosexual-focused IPV resources are unable to adequately address, and that, if available, sexual minority victims

should be referred to LGBTQ-tailored resources (Carvalho et al., 2011; Edwards et al., 2015; Messinger, 2011; Parry & O’Neal, 2015).

Collectively, these studies suggest that discriminatory responses from formal social supports force sexual minority victims to hide their sexual orientation to protect themselves from bias and because they feel unwelcome yet desperately need such resources. Moreover, these kinds of response incidents have resulted in decreased help-seeking behaviors in the future (see also Hines & Douglas, 2011; Parry & O’Neal, 2015). In response to such findings, scholars have recommended that formal service providers display or advertise LGBTQ-tailored resources and confidentiality policies—in their offices or through social media—to counter victim fear of secondary victimization (e.g., disbelief, prejudice, and stigma; Cruz & Firestone, 1998; D’Augelli & Grossman, 2001; Renzetti, 1996; Simmons et al., 2011). Displaying LGBTQ-focused symbols or policies has been found to foster a welcoming environment for sexual minority victims that increases future help-seeking behaviors (Dietz, 2002).

Intervention Skills: Increasing Bystander Efficacy and Intentions to Intervene

Finally, the current study suggests that the range of intervention skills acquired through bystander education programs increases participants’ willingness to help both heterosexual and same-sex IPV victims, even among introverts and those with prior IPV victimization histories who may not feel comfortable directly intervening. Indeed, existing studies have demonstrated that increased awareness of IPV and intervention strategies attained from bystander education programs can produce positive change in willingness to help potential victims of IPV (Banyard, 2015; Banyard et al., 2004; Bond, 1995; McMahon & Banyard, 2011). Relevant to same-sex IPV, scholars have

recommended that bystander programs include components on IPV among marginalized populations (Potter et al., 2012), those aiding bystanders in developing future intervention strategies to increase their confidence in intervening, which in turn, might increase their sense of responsibility to help sexual minority victims. Skills acquired from bystander education programs allow individuals to quickly recognize an IPV event as an emergency and to help the victim (Banyard, 2015; Banyard et al., 2004; Bond, 1995; McMahon & Banyard, 2011; Storer et al., 2015). Program administrators might also aid participants in developing direct intervention strategies they are comfortable implementing for helping victims escape a dangerous situation or for stopping a perpetrator—without causing any harm to themselves or others (Banyard et al., 2004; Brown & Messman-Moore, 2010).

Empirical evaluations of various bystander programs have also demonstrated that completion of bystander programs has resulted in positive outcomes, such as increased knowledge of intervention skills, increased empathy for IPV victims, and increased willingness to help IPV victims (Banyard et al., 2007; Banyard et al., 2009; Moynihan & Banyard, 2008; Moynihan et al., 2010; Moynihan et al., 2011; Storer et al., 2015). For example, participants of *Bringing in the Bystander* are exposed to scenarios and asked how they would intervene. This practice allows them to learn intervention-appropriate skills and to create a bystander plan they feel comfortable using if a similar situation should occur in their presence (Banyard et al., 2007; Banyard et al., 2009; Moynihan & Banyard, 2008; Moynihan et al., 2010; Moynihan et al., 2011; Storer et al., 2015). Evaluations of the effectiveness of *Bringing in the Bystander*, using both longitudinal (after two to 12 months of program completion) and cross-sectional designs (self-reported surveys), have reported positive results in increasing participants' intentions and

attitudes toward being an active bystander (Banyard et al., 2009; Banyard et al., 2007; Moynihan & Banyard, 2008; Moynihan et al., 2010; Moynihan et al., 2011; Storer et al., 2015).

Similar to *Bringing in the Bystander*, participants of the *InterACT Sexual Assault Prevention Program* are also exposed to unscripted scenarios, performed by trained actors and educators, and presenters also discuss and facilitate the development of bystander intervention skills that can be used in de-escalating sexual assault and IPV situations (Ahrens et al., 2011; Storer et al., 2015). Collectively, evaluations of the *Bringing in the Bystander* and *InterACT Sexual Assault Prevention* programs have indicated that bystanders are more likely to intervene because they were informed of appropriate and safe intervention-strategies (Storer et al., 2015).

To promote indirect intervention, program facilitators can educate participants about formal criminal justice and victim resources where they can report IPV incidents or refer IPV victims. Furthermore, discussions of victim service resources can encourage participants' own help-seeking behavior. Again, while existing resources for heterosexual IPV victims have grown in number, there remain limited tailored resources for same-sex IPV victims. Much of the existing IPV resources fail to address the unique needs of sexual minorities (e.g., the threat of outing by the perpetrator or internalized homophobia); these constitute significant barriers to help-seeking among marginalized victims (Balsam & Szymanski, 2005; Jablow, 2000; Potoczniak et al., 2003). Sexual minority-specific shelters and safe housing are sorely needed at this time (Hines & Douglas, 2011; Messinger, 2017; Parry & O'Neal, 2015). For example, shelters for male IPV victims were unavailable in Texas until 2016 (The Family Place, 2016). The

legalization of same-sex marriages symbolized an increase in acceptance of non-heterosexual relationships, and an increased number of men seeking shelters led The Family Place, in Dallas, Texas, to open the first shelter for male IPV victims. Studies showed that sexual minority clients who perceived heterosexual IPV-focused resources and treatments as unhelpful also believed that providers were poorly trained or were incompetent to assist same-sex IPV victims; thus, these clients were unlikely to seek help in the future (Merrill & Wolfe, 2000; Patzel, 2006). Overall, these findings highlight the continued need for service providers to receive trainings on the dynamics, causes, and outcomes of same-sex IPV, thereby recognizing and taking seriously violence involving sexual minorities, improving detection of sexual minority victims to enhance their safety, and referring these victims to appropriate resources in aiding their post-trauma recovery.

Finally, scholars have also recommended displaying or advertising LGBTQ-tailored resources and confidentiality policies—in their offices or through social media—to counter victim fear of secondary victimization (e.g., disbelief, prejudice, and stigma; Cruz & Firestone, 1998; D’Augelli & Grossman, 2001; Renzetti, 1996; Simmons et al., 2011). Presenting nondiscrimination policies and LGBTQ symbols on websites and intake forms will increase awareness of available resources (Messinger, 2016; Simmons et al., 2011). In addition, displaying LGBTQ-focused symbols or policies fosters a welcoming environment for sexual minority victims that can increase future help-seeking behaviors (Dietz, 2002).

In sum, same-sex IPV research has demonstrated the need for educational trainings for formal service providers to raise awareness of the dynamic, causes, and outcomes of same-sex IPV, and the effects of violence-tolerant and discriminatory

responses on help-seeking behaviors among marginalized populations. These educational trainings can counter IPV-related and homophobic stereotypes among criminal justice and social service professionals, and promote respect and empathy toward both heterosexual and sexual minority victims. Furthermore, implementing systematic screening procedures can aid victim advocacy and organizational staffs in identifying and distinguishing same-sex IPV victims and in enhancing their protection. Finally, sexual minority-tailored resources are warranted for addressing the unique needs of same-sex IPV victims and for promoting future help-seeking behaviors for a positive recovery process. It is worth restating that formal social supports may benefit from trainings on same-sex IPV because research suggests that individuals working in these organizations may be bystanders themselves, or act sometimes as disclosees and respondents of incident reports by bystanders. Thus, educational trainings on same-sex IPV can aid legal, medical, and mental service professionals as they interact with bystanders who report IPV and, in turn, positive experiences with formal social supports can enhance future helping behaviors, both direct and indirect, among bystanders.

Limitations of the Study

The current study is not without limitations, among them the use of a cross-sectional design, which prevented the researcher from implying causation. Second, the generalizability of the present findings must be taken with caution because the purposive sampling strategy used in this study targeted students enrolled in criminal justice courses. While the current sample was representative of the university demographic as a whole, students in different disciplines may report different attitudes toward heterosexual and same-sex IPV.

Third, threats to internal validity, such as maturation, must be taken into consideration (Singleton & Straits, 2010). Maturation is defined as “any psychological or physical changes taking place within subjects that occur with the passing of time” (Singleton & Straits, 2010, p. 231). In addition, maturation is likely to occur in long (one or two hours) experiments or when participants become hungry or tired (Singleton & Straits, 2010). Therefore, maturation is a limitation in the present study, considering that the administered survey was 21 pages long and took approximately 80 minutes to complete.

The fourth limitation of the study was the low reliability of measures included in the analyses. Reliability of measures is assessed by examining its Cronbach’s alpha coefficient, which demonstrates the internal consistency of the items (Field, 2009). The acceptable range of Cronbach’s alpha is 0.7 or higher (Bernstein & Nunnally, 1994); however, the alpha values of IPV myth acceptance scale and social desirability scales used in the analyses were 0.67 and 0.55, respectively. These low alpha values may have been due to the low number of items per scale used to capture the constructs of interest (DeVellis, 2003)—each respective scale had five items. Despite the low alpha coefficients of the IPV myth acceptance and social desirability measures used in the current study, these fell within the range of alpha values reported by prior studies (Nabors et al., 2006; Strahan & Gerbasi, 1972). Moreover, scholars have argued that a shorter version of the same measures (e.g., Marlowe-Crowne Social Desirability Scale-Short Version) would be appropriate to use when researchers are concerned with the length of their surveys.

Fifth, the study results showed low adjusted R-square in the MOLS regression models, accounting for variance in the two outcomes of interests. Low adjusted R-square suggests that some variables are currently missing in the models that could improve explaining the variance in the two dependent variables. For example, perceiver prevention program experiences as a correlate can help explain perceivers' intentions to directly and indirectly intervene in different types of IPV scenarios. Prior intervention experiences among perceivers, another variable of importance currently missing, might also help address the low variance of the two outcomes of interests.

Sixth, the study design used a hypothetical scenario to predict future behaviors. Despite this shortcoming, scholars have suggested that using hypothetical vignettes allows researchers to avoid inflicting trauma to both actors and participants during a staged scenario (Bickman & Helwig, 1979; Fold & Robinson, 1998; Nicksa, 2014). Feld and Robinson (1998) also support the use of hypothetical vignettes, positing that hypothetical scenarios "do assume that variation in subjects' reports in response to variation in the experimental conditions reveals general tendencies of how their behavior would vary in response to similar variations in real situations" (p. 280).

Directions for Future Research

Despite these limitations, the findings of the present study highlighted several avenues for future research. First, future research should continue to measure different bystander intervention strategies in heterosexual and same-sex IPV situations, rather than assessing whether bystanders decide to intervene or not. Conceptualizing bystander intentions using direct and indirect intervention strategies will provide further insights into key perceiver (e.g., formal or informal social supports) and situational characteristics

that influence bystander decisions to intervene in heterosexual and same-sex IPV situations. For example, future studies should examine perceiver characteristics and attitudes that influence bystander willingness to indirectly intervene intervention in heterosexual and same-sex IPV, thus to assess which formal service providers bystanders are more likely to contact (e.g., police, resident assistant, counselor, or friends). Studies have demonstrated that bystanders are reluctant to directly intervene because of an increased fear of escalating the IPV situation, increased physical threat and injury to victim and themselves, or increased fear of experiencing psychological trauma afterwards. By identifying these service organizations, additional anti-discriminatory trainings and tailored resources can be implemented for them to better serve their clients.

Second, participants in the present study were instructed to read the IPV vignettes, with the stipulation that “no one is around,” and to consider the victim or the perpetrator described as unknown to them, thus controlling for the diffusion effect illustrated by prior studies. Future research, then, should examine whether familiarity with the victim or perpetrator, described in the IPV scenario, influences different types of bystander intervention. Indeed, existing studies have demonstrated that respondents are more willing to help when they have a “close” relationship with the victim, such as when the victim is part of the family or a friend (Bennett & Banyard, 2016; Coons & Guy, 2009; Graziano, Hibashi, Sheese, & Tobin, 2007; Kuramoto, Morimoto, Kubota, Maeda, Seki, & Takada, & Hiraide, 2008; Palmer, Nicksa, & McMahon, 2016). For example, using a sample of 378 female and 210 male undergraduate students, Burn (2009) found that, regardless of the sex of the participants, knowing the victim or the perpetrator increased willingness to intervene. Branch, Richards, and Dretsch (2013) reported that 87% of their

respondents would stop IPV perpetration if they knew the victim and 84% indicated willingness to intervene if they knew the perpetrator. Specifically, men reported increased intention to act if the perpetrator was their friend (Branch et al., 2013). Currently, there is a need to assess whether familiarity with those described in heterosexual and same-sex IPV scenario influences bystander intervention.

Third, future research should target and sample sexual minorities to understand victimization experiences among sexual minority populations and to assess their willingness to help same-sex IPV victims—approximately 9% of the participants in the current study self-reported that they were sexual minorities. In accordance with the tenets of the defensive attribution theory, intentions to intervene may change depending on the sexual orientation of the perceiver and couples. Scholars have posited that bystanders self-categorize themselves into either the same group (in-group) or different group (out-group) as the person who needs help, based on perceived similarity, closeness, and perceived responsibility to help (Lee, Campbell, & Miller, 1991; Levine, Cassidy, Brazier, & Reicher, 2002; Levine, Prosser, Evans, & Reicher, 2005; Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). For example, using a sample of 151 undergraduate students, Katz, Pazienza, Olin, and Rich (2014) found that participants were more likely to help victims who were in the “same group.” In other words, students reported increased willingness to help someone they consider a friend rather than a stranger. Therefore, sexual minorities would report increased willingness to directly and indirectly intervene in same-sex IPV incidents, compared to their heterosexual counterparts. To the contrary, sexual minorities might instead be reluctant to become involved, because of an

increased fear of bringing attention to themselves and the risk of experiencing discrimination and prejudices. Future studies should explore these variables further.

Conclusion

In conclusion, the present study was among the first to examine different bystander intervention strategies in heterosexual and same-sex IPV scenarios, accounting for the perceiver characteristics such as age, sex, race, year in college, sexual orientation, and exclusive dating relationship. The study also identified participant adherence to violence-tolerant attitudes, including sexism, IPV myth adherence, prior IPV victimization, homophobia, personality extroversion, and bystander efficacy, using survey questionnaire responses from a convenience sample of 570 undergraduate students. The results indicated that both intentions to directly and indirectly intervene increased when the victim was a heterosexual woman, compared to a heterosexual man, gay man, or a lesbian woman. In addition, increased homophobia was significantly associated with lower levels of intentions to directly intervene. Conversely, increased bystander efficacy was significantly associated with higher levels of intentions to directly and indirectly intervene. Perceiver adherence to sexism and IPV myths did not have significant relationships with the two outcomes of interest. Moderating effects were also identified: only sexism had significant moderating effects on intentions to directly intervene; and only personality extroversion had significant moderating effects on both outcomes of interest.

These results highlight the need for anti-discriminatory and same-sex IPV-focused education and training policies for both formal and informal social supports. Consistent with prior research, this study's findings also call for modifying existing

bystander education programs to discuss different types of intimate relationships, which would promote identification of and willingness to take responsibility for helping same-sex IPV victims. Finally, sexual minority-tailored resources are warranted to enhance help-seeking behaviors among victims in marginalized populations.

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APPENDIX A

Heterosexual IPV Vignette Scenario^a

A [man/woman] named [**MIKE/BRIANA**] and a [woman/man] named [**BRIANA/MIKE**] are in an intimate relationship and are hanging around the Lowman Student Center. There is no one around and you are not friends with either person. As you walk by, you notice the two of them having a heated discussion. They are getting increasingly angry. As the argument becomes more intense, you watch [Mike/Briana] suddenly shove [Briana/Mike] and slap [her/him] in the face. Afterward, [Briana/Mike] is obviously upset. [She/He] looks fearful and starts to cry.

Same-Sex IPV Vignette Scenario ^a

A [man/woman] named [**JOHN/JENNIFER**] and a [man/woman] named [**MIKE/BRIANA**] are in an intimate relationship and are hanging around the Lowman Student Center. There is no one around and you are not friends with either person. As you walk by, you notice the two of them having a heated discussion. They are getting increasingly angry. As the argument becomes more intense, you watch [John/Jennifer] suddenly shove [Mike/Briana] and slap [him/her] in the face. Afterward, [Mike/Briana] is obviously upset. [He/She] looks fearful and starts to cry.

Note. ^aModified vignettes are from Banyard et al., (2005) and was originally published by the National Institute of Justice (NIJ), U.S. Department of Justice—all NIJ materials are in the Public Domain (see Appendix B).

APPENDIX B

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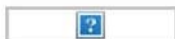
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On 2/16/17 10:13 AM, Hae Jin wrote:

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I was wondering if the following research project that was federally funded by the Department of Justice through a grant is available in the public domain:
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Thank you,
 Hae Rim Jin

Hae Rim Jin, M.A.

From: [Peter S. Glick](#)
To: [Jin, Hae](#)
Subject: Re: Requesting Permission to Use Ambivalent Sexism Inventory for Dissertation
Date: Thursday, February 16, 2017 10:01:02 AM

Yes, please feel free to use the ASI scales for your current and future research. The scale remains the same as it was in the paper you cited.

Peter Glick

Sent from my iPhone

On Feb 16, 2017, at 9:05 AM, Jin, Hae <hrj003@SHSU.EDU> wrote:

Hello Dr. Glick,

My name is Hae Rim Jin and I am a doctoral candidate at Sam Houston State University (SHSU). I am in the process of completing my dissertation, which examines bystander intentions to intervene in same-sex IPV scenarios. One of the scales I would like to use is the Ambivalent Sexism Inventory (ASI) as they appear in the following article

(Appendix):

Glick, P., & Fiske, S. T. (1996). The ambivalent sexism inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology*, 70(3), 491-512.

May I request your permission to use the items as they appear on Appendix and modify as needed (depending on the validity and reliability scores)? SHSU will not allow me to use this scale in my dissertation without the author's permission.

Thank you for your time and I look forward to your response.

Sincerely,
Hae Rim Jin

Hae Rim Jin, M.A.
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<i>Dissertation</i> : Bystander intervention and same-sex intimate partner violence: College students' decisions to intervene
Chair: Cortney A. Franklin, Ph.D.
Expected Completion: August 2017 |
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Chair: Louis B. Schlesinger, Ph.D. |
| 2006 – 2010 | B.S. , Criminal Justice (Summa Cum Laude)
B.S. , Psychology
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Arizona State University
<i>Thesis</i> : Sex workers as victims in courts
Chair: Dawn McQuiston, Ph.D. |

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| 2013 – 2014 | Doctoral Teaching Assistant, Department of Criminal Justice and Criminology, SHSU |
| 2013 | Adjunct Instructor, Department of Social and Behavioral Sciences, Scottsdale Community College |

PEER REVIEWED PUBLICATIONS

- Franklin, C. A., **Jin, H. R.**, Ashworth, L., & Viada, J. H. (2016). Sexual assault resource availability on Texas higher education campuses: A website content analysis. *Women and Criminal Justice*, 1-27. doi: 10.1080/08974454.2015.1128377

Franklin, C. A., Menaker, T. A., & **Jin, H. R.** (*Forthcoming*). University and community services: Familiarity with sexual assault resources among college students. Revise and resubmit at *Journal of School Violence*.

MANUSCRIPTS IN PROGRESS

Jin, H. R., & Franklin, C. A. Culpability attributions toward victims of intimate partner violence in same-sex relationships.

Jin, H. R. Bystander intervention and same-sex intimate partner violence: College students' decisions to intervene. To be submitted to *Journal of Interpersonal Violence*, 2017.

BOOK CHAPTERS

Bouffard, L. A., & **Jin, H. R.** (*Forthcoming*). Chapter 26: Religion and the military. *Oxford Handbook on Development and Life-Course Criminology*.

TECHNICAL REPORTS

Bouffard, L. A., **Jin, H.**, & Simmons, S. B. (2015). *Evaluation of the PTSD/substance abuse program in Bell County, Texas: Final report*. Crime Victims' Institute, Sam Houston State University. Submitted to Bell County (TX) Community Supervision and Corrections Division.

Franklin, C. A. & **Jin, H. R.** (*Forthcoming*). *Blame, empathy, and homophobia directed toward same-sex intimate partner violence survivors*. Crime Victims' Institute, Sam Houston State University.

Jin, H. R., & Franklin, C. A. (2016). *Intimate partner violence among sexual minority populations*. Crime Victims' Institute, Sam Houston State University.

Jin, H. R., & Franklin, C. A. (*Forthcoming*). *Prevention and response to sexual assault: Bystander intervention*. Crime Victims' Institute. Sam Houston State University.

RESEARCH PRESENTATIONS

2017 **Jin, H. R.** Bystander intervention and same-sex intimate partner violence: College students' decision to intervene. Paper presented at the 2017 annual meeting of the Academy of Criminal Justice Sciences, Kansas City, Missouri.

2016 **Jin, H. R.** (November, 2016). Effects of adverse childhood experiences on adult outcomes among heterosexual and sexual minority populations. Paper presented at the annual meeting of the American Society of Criminology, New Orleans, Louisiana.

- 2016 **Jin, H. R.**, & Franklin, C. A. (March, 2016). Effects of empathy, perceived similarities, and past intimate partner violence experiences on victim culpability and blameworthiness in same-sex IPV. Paper presented at the annual meeting of the Academy of Criminal Justice Sciences, Denver, Colorado.
- 2016 **Jin, H. R.**, & Franklin, C. A. (April, 2016). Lesbian, gay, bisexual, transgender (LGBT) populations and domestic violence: The effects of homophobia, ambivalent sexism, and self-control on victim and perpetrator culpability. Paper presented at Sam Houston State University Graduate Research Exchange Conference, Huntsville, Texas.
- 2015 **Jin, H. R.**, & Franklin, C. A. (November, 2015). Lesbian, gay, bisexual, transgender (LGBT) populations and domestic violence: The effects of homophobia, ambivalent sexism, and self-control on victim and perpetrator culpability. Paper presented at the annual meeting of the American Society of Criminology, Washington, D.C.
- 2015 **Jin, H. R.**, & Hoover, L.T. (March, 2015). Variation in homicide characteristics in Houston “super-neighborhoods.” Paper presented at the annual meeting of the Academy of Criminal Justice Sciences, Orlando, Florida.
- 2015 **Jin, H. R.**, & Hoover, L.T. (March, 2015). Variation in homicide characteristics in Houston “super-neighborhoods”. Paper presented at Sam Houston State University Graduate Research Exchange Conference, Huntsville, Texas.
- 2014 **Jin, H. R.**, & Schlesinger, L. (March, 2014). Extraordinary Crimes and Military Experience: An Exploratory Study. Paper presented at the annual meeting of the Academy of Criminal Justice Sciences, Philadelphia, Pennsylvania.
- 2014 **Jin, H. R.**, & Schlesinger, L. (March, 2014) Extraordinary Crimes and Military Experience: An Exploratory Study. Paper presented at Sam Houston State University Graduate Research Exchange Conference, Huntsville, Texas.
- 2012 **Jin, H. R.**, Weisz, E., Kuo, L., Litt, S., & Runco, M. (May, 2012). How was the case solved?: Cleared by arrest and/or exceptional means. Poster presented at the annual meeting of the John Jay College’s Master Student Research Conference, New York, New York.
- 2011 Vredeveltdt, A., Penrod, S.D., **Jin, H.R.**, Cortez, V.A. , Bennett-Roach, A. , Kearns, E. , & Howe, J. (June, 2011). Gender and race effects involved in the effect of eye-closure on eyewitness memory for live altercation. Poster presented at the annual meeting of the Society for Applied Research in Memory and Cognition, New York, United States.
- 2011 Vredeveltdt, A., Penrod, S.D., **Jin, H.R.**, Cortez, V.A. , Bennett-Roach, A. , Kearns, E. , & Howe, J. (July, 2011). Closing the eyes helps witnesses to

remember a live altercation. Paper presented at the annual meeting of the International Conference on Memory, York, United Kingdom.

- 2010 McQuiston-Surrett, D, & **Jin, H.** (March, 2010). Sex Workers as Victims in Court. Poster presented at the annual meeting of the American Psychology-Law Society, Vancouver, BC, Canada.
- 2009 Papp, K., McQuiston-Surrett, D., & **Jin, H.** (March, 2009). Assessing the persuasiveness of DNA evidence in the courtroom. Poster presented at the annual meeting of the American Psychology-Law Society, San Antonio, Texas.
- 2008 **Jin, H.**, Jenkins, A., Vandergriff, A., & McQuiston-Surrett, D., (April, 2008). How does perceptual fluency affect eyewitness confidence? Poster presented at the Arizona State University, Student Research and Creative Project Expo, Glendale, Arizona.

Invited Talks

- 2015 **Jin, H. R.** Secrets of Institutional Review Board (IRB). Presented at the Department of Criminal Justice and Criminology Graduate Student Organization Meeting, Huntsville, Texas.
- 2015 **Jin, H. R.** Community-Oriented and Hot Spot Policing. Presented at the Korean National Police Academy, South Korea.

RESEARCH INTERESTS

Criminal Justice Responses to Victims
 Gender and Crime
 Help-seeking Behavior
 Intimate Partner Violence
 Violence Against Women

RESEARCH EXPERIENCE

Doctoral Research Assistant

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|----------------|---|
| 2013 – Present | Dr. Cortney A. Franklin, Sam Houston State University, Huntsville, TX. |
| 2014 – 2015 | Dr. Leana Bouffard, Crime Victims' Institute, Sam Houston State University, Huntsville, TX. |

Senior Research Assistant, Legal Psychology Laboratory

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| 2008 – 2012 | Dr. Dawn McQuiston, Arizona State University, Glendale, AZ. |
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Graduate Research Assistant
2011 – 2012

Dr. Louis B. Schlesinger, John Jay College of Criminal Justice and Federal Bureau of Investigation's Behavioral Science Unit Collaborate Research Project, New York, NY.

2011 –2012

Dr. Gwendolyn L. Gerber, John Jay College of Criminal Justice, New York, NY.

Junior Cognitive Scientist Intern
June – July 2011

Dr. Laura Zimmerman, Cognitive Solutions Division, Applied Research Associates, Inc. and United States Army Human Intelligence Unit, Washington D.C.

Research Assistant, Police Interrogation and Confession
2010 – 2011

Dr. Saul Kassin, John Jay College of Criminal Justice, New York, NY.

Research Assistant, Jury and Eyewitness Research
August – December 2010

Dr. Steven Penrod, John Jay College of Criminal Justice, New York, NY.

Research Assistant, Emotion and Psychophysiology Laboratory
January – December 2009

Dr. Nicole Roberts and Dr. Mary Burleson, Arizona State University, Glendale, AZ.

GRANT EXPERIENCE

2013

Research Assistant, *Jurors Judgments About Forensic Identification Evidence* (PI: Dawn McQuiston, Co-PIs: Jonathan Koehler, Michael Saks). National Institute of Justice. \$496,450.

TEACHING INTERESTS

Core Curriculum

Introduction to Criminal Justice
Criminology
Research Methods

Special Topics

Gender and Crime
Victimology
Law and Society

TEACHING EXPERIENCE

Sam Houston State University

Independent Sections

Fall 2015	Introduction to Criminal Justice System (CRIJ 2361.04)
Spring 2016	Gender and Crime (CRIJ 3340.01)
Fall 2016	Victimology (CRIJ 3350.02)
Spring 2017	Law and Society (CRIJ 4430.02)

Online Teaching Assistantships

Spring 2014	Criminology (CRIJ 2362.04)
Fall 2013	Research Methods & Quantitative Analysis (CRIJ 6334.01)

Scottsdale Community College

Independent Sections

Fall 2012	Introduction to Statistics in Psychology (PSY 230)
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Arizona State University

Student Tutor

2009 – 2010	Courses: Psychology, Criminal Justice, and Statistics
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TEACHING AND PROFESSIONAL DEVELOPMENT

Teaching Workshops

2016	Herding Kats – Effective Classroom Management for TAs, SHSU
2016	What is Critical Thinking and How Can We Teach It?, College of Criminal Justice, SHSU
2015	Individual Diagnostic Education Assessment (IDEA) Workshop, College of Criminal Justice, SHSU
2015	Online Faculty Course Development: Blackboard Certification, SHSU

Teaching Conferences

2015, 2016	Sam Houston State University Teaching & Learning Conference
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Professional Development Workshops

2016	Applied Research, College of Criminal Justice, SHSU
2016	Dealing with Missing Data, College of Criminal Justice, SHSU
2016	How to Publish in Peer-Reviewed Journals, SHSU
2015	Grant Writing, College of Criminal Justice, SHSU
2015	Working with STATA, SHSU
2015	How to Work with Faculty, SHSU
2015	Understanding Tenure-Track Positions, SHSU
2014	Jobs Beyond Academia, SHSU
2014	Statistics Refresher, SHSU
2014	Tips on Conference, SHSU

2014	Understanding Graduate School, SHSU
2014	Qualitative Research Methods, SHSU
2013	Funding Your Research, SHSU
2013	Understanding Biosocial Research, SHSU
2013	ACE your course: Building in Academic Community Engagement, SHSU

ACTIVITIES AND SERVICE

Department Service

2015	Department of Criminal Justice and Criminology, SHSU, <i>Academic Peer Mentor</i>
2014 – 2015	Department of Criminal Justice and Criminology, SHSU, <i>Student Representative Faculty Search Committee</i>
2011 – 2012	Master Student Research Group (MSRG), John Jay College of Criminal Justice, <i>Professional Development and Peer Advisor</i>
2011	Cheryl Williams Award, John Jay College of Criminal Justice, <i>Award Selection Committee Member</i>

Professional Service

2016 – Present	Journal of School Violence, <i>Reviewer</i>
2016	Division of Victimology, ASC, <i>Exhibitor</i>
2014 – Present	Victimology Practice and Policy Committee, ACJS, <i>Committee Member</i>
2016	Conference on Crimes Against Women, Dallas, Texas, <i>Exhibitor</i>
2015	Crime Victims' Institute, SHSU, <i>Voices Series Lecture Coordinator</i>
2015	Graduate Student Organization, College of Criminal Justice, SHSU, <i>Conference Scholarship Committee Member; Teaching and Research Committee Member</i>
2011 – 2012	Psi Chi, John Jay College of Criminal Justice, <i>Vice-President</i>

AWARDS, SCHOLARSHIPS, & FELLOWSHIPS

2016	Ellis Gibbs Scholarship, SHSU (\$2,000.00)
2016	Criminal Justice Doctoral Student Summer Research Fellowship, SHSU (\$6,000.00) Project title: Assessing victim culpability in same-sex intimate partner violence: The effects of homophobia, perceived similarity, empathy, and past intimate partner violence experience. Submitted to <i>Justice Quarterly</i> , July 2016.
2016	Excellence in Writing Award, SHSU
2015	Criminal Justice Doctoral Student Summer Research Fellowship, SHSU, (\$6,000.00) Project title: Culpability attributions toward victims of intimate partner violence in same-sex relationships. Submitted to <i>Journal of Interpersonal Violence</i> , July 2016.
2014	Criminal Justice Doctoral Student Summer Research Fellowship,

	SHSU (\$6,000.00) Project title: Sexual assault resource availability on Texas higher education campuses: A website content analysis. Published in <i>Women and Criminal Justice</i> .
2011	Certificate of Research in Violent Behavior, Federal Bureau of Investigation, Behavioral Science Unit, U.S. Department of Justice
2010 – 2012	Dean's List, John Jay College of Criminal Justice
2010	2 nd Place – Student Research and Creative Projects Expo, New College of Interdisciplinary Arts and Sciences, Arizona State University
2007 – 2010	Dean's List, Arizona State University
2006 – 2010	Asian American Community Scholarship, Arizona State University
2006 – 2010	Gold Scholarship, Arizona State University
2006 – 2008	Student Support Services Program Scholarship, Arizona State University

CRIMINAL JUSTICE FIELD EXPERIENCE

2011	Intern, Cognitive Solutions Division, Applied Research Associates, Inc., Washington D.C.
2008 – 2010	Intern, Glendale Police Department, Special Investigations Unit, Drug Enforcement Administration (DEA), Glendale, AZ
2007 – 2009	Survey Interviewer, Center for Violence and Community Safety, Arizona State University, Phoenix, AZ
2008 – 2009	Volunteer Community Justice Panel, Maricopa County Juvenile Probation Department, Juvenile Court Center, Phoenix, AZ

EXPERIENCE USING PSYCHOLOGICAL ASSESSMENTS

Competency to Stand Trial: MacArthur Criminal Assessment Tool-CA (MacCAT-CA)
 Sexual Violence Risk Assessment: Sexual Violent Risk-20/Static-99R
 Violence Risk Assessment: Historical Clinical Risk-20 (HCR-20)
 Violence Risk Assessment: Structured Assessment Violence Risk in Youth (SAVRY)
 Waiver of Miranda Rights: Miranda Instruments
 Wechsler Adult Intelligence Scale- Fourth Edition (WAIS-IV)
 Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV)

PROFESSIONAL MEMBERSHIPS & AFFILIATIONS

2013 – Present	Academy of Criminal Justice Society – Victimology Section
2013 – Present	American Society of Criminology – Victimology Section
2008 – 2012	American Psychology-Law Society
2011 – 2012	American Psychological Association (Division 19)
2011 – 2012	Psi Chi, The International Honor Society in Psychology
2011 – 2012	Psi Chi, John Jay College Chapter
2011 – 2012	Society for Applied Research in Memory and Cognition
2008 – 2012	Western Psychological Association