

Seton Hall University

eRepository @ Seton Hall

Seton Hall University DNP Final Projects

Seton Hall University Dissertations and Theses

Fall 12-22-2015

Initiating a Bystander Awareness Program at a State University

Kristine B. Sparks

kristine.schwartzkopf@student.shu.edu

Follow this and additional works at: <https://scholarship.shu.edu/final-projects>



Part of the [Education Commons](#), and the [Nursing Commons](#)

Recommended Citation

Sparks, Kristine B., "Initiating a Bystander Awareness Program at a State University" (2015). *Seton Hall University DNP Final Projects*. 6.

<https://scholarship.shu.edu/final-projects/6>

INITIATING A BYSTANDER AWARENESS PROGRAM AT A STATE UNIVERSITY

BY

Kristine B. Sparks

DNP Scholarly Project Committee

Dr. Mary Ellen Roberts, Chair

Dr. Maureen Byrnes

Nicole Rodriguez

Submitted in partial fulfillment of the
Requirements for the degree of Doctor of Nursing Practice

Seton Hall University

2015

@Copyright by
Kristine B. Sparks
All rights reserved

INITIATING A BYSTANDER AWARENESS PROGRAM AT A STATE UNIVERSITY

BY

KRISTINE B. SPARKS

DNP Scholarly Project Committee:

Dr. Mary Ellen Roberts, Chair

Dr. Maureen Byrnes

Nicole Rodriguez

Approved by the DNP Scholarly Project Committee:



Dr. Mary Ellen Roberts

Date: 9/16/15



Dr. Maureen Byrnes

Date: 9/16/15



Nicole Rodriguez Managing Assistant Director
Office of Community Standards & Student Conduct
Kean University

Date: 9/16/15

Submitted in partial fulfillment of the
Requirements for the degree of Doctor of Nursing Practice

Seton Hall University

2015

ACKNOWLEDGEMENTS

I would never have been able to finish this project without the guidance of my committee members, help from friends, and support from my family and husband.

I would like to express my deepest gratitude to my advisor, Dr. Mary Ellen Roberts, for her excellent guidance, wisdom and patience. She provided me with leadership and advice that allowed me to complete this project. I would like to thank Nicole Rodriguez, my mentor, committee member and practice site point of contact.

A very special thank you to all the members of Health Services for supporting the implementation of this program. Thank you to my director, Lori Purwin, who welcomed my ideas and supported me. Thank you to the Center for Leadership media specialists who provided technical support and created an outstanding video.

I would like to thank Joseph Sarno, who as a good friend, was always willing to help and give his best suggestions. Without him all of my papers would have grammar errors. Many thanks to Wendiann Sethi who helped me make sense of my statistics. My project would not be comprehensible without their help.

I would also like to thank my parents. They were always supporting me and encouraging me with their best wishes. I especially appreciate them watching their granddaughter which allowed me time to work on this project.

Finally, I would like to thank my husband Nicholas Sparks. He was always there encouraging me and stood by me through the good times and bad.

DEDICATION I dedicate this work to my husband Nicholas Sparks and my mother Estrella Bayot. I am most grateful to you both for the precious gift of unconditional love that you both have given me.

Table of Contents

Acknowledgments.....	pg 4
Dedication.....	pg 4
Abstract.....	pg 6
Background.....	pg 6
Theoretical Framework.....	pg 10
Literature Review.....	pg 10
Methodology.....	pg 15
Results.....	pg 18
Discussion.....	pg 23
Strengths.....	pg 23
Weaknesses.....	pg 24
Conclusion.....	pg 24
Reference.....	pg 26
Appendix A (Pre intervention Survey).....	pg 28
Appendix B (Post intervention Survey).....	pg 31
Appendix C (Results of overall evaluation of the program).....	pg 33

Initiating a Bystander Awareness Program at a State University

Abstract

Crime in schools, colleges and universities is a troublesome social problem. It affects not only those involved in the criminal incident, but it also inhibits societal growth and stability. To address this issue, the Campus Sexual Violence Elimination Act (SaVE Act) of 2013 requires that colleges participating in federal student aid programs must provide “primary prevention and awareness programs” for new students and employees, as well as ongoing crime prevention and awareness campaigns. Implementation was mandated to be started by October 1, 2014. Most prevention programs teach students how to avoid situations, abusive behaviors and potential attacks. This project initiates a bystander awareness program at a local state university, teaching students how to be effective bystanders. The objectives of this project was to increase knowledge about bystander awareness on a university campus and help students realize that a negative outcome can be avoided; help students realize it is their responsibility to intervene when they notice a problem situation; raise students’ awareness of helping behaviors and provide skills to effectively intervene; and increase students’ motivation and confidence when responding to problems or concerns.

Background

The Campus SaVE Act of 2013 dates back to the Clery Act. Which is named after Jeanne Clery. She was a 19 year old female Lehigh University student who in 1986 was found dead in her dorm, murdered by fellow student Josoph Henry. She had been raped, sodomized, beaten, bitten, strangled with a metal coil and mutilated with a broken bottle during the attack. Her death ignited a cause within her parents. Her parents stat that if they had known that Lehigh had

been the site of 38 recent violent offenses including rape, robbery and assault, they would not have allowed their only daughter to go to school there. They campaigned for a federal bill requiring the disclosure of campus crime information, and the federal law is known as the Clery Act (<http://www.cleryact.info>). It was first enacted in 1990. It has been amended over the last two decades to keep up with changes in campus safety with the most recent update in 2013 known as the Campus SaVE Act of 2013 (campussaveact.org).

Seventeen percent of college students state they have been a victim of violence or harassment. Between 20% and 25% of women will experience a completed and/or attempted rape during their college career (Katz, Moore, 2013). College freshmen and sophomore women appear to be at greater risk of being victims of sexual assault than are upperclassmen. Eighty-four percent of the women who reported sexually coercive experiences had experienced the incident during their first four semesters on campus. At least 50% of college student sexual assaults are associated with alcohol use. Fraternity men have been identified as being more likely to perpetrate sexual assault or sexual aggression than nonfraternity men.

The state university where implementation for this project took place, is no exception to crime. According to the university's 2013's Annual Campus Security and Fire Safety Report there were six forcible sex offenses in the campus residence hall systems and one non forcible sex offense on campus. There were nine arrests for liquor law violations on campus, one on public property and nine on campus in the residence hall system. On campus there were 38 arrests for drug related violations, 16 on public property and three on campus in the residence hall system. There were three arrests for weapons possessions in a non-campus building, one weapons possessions on public property. Eighty-eight people were referred for campus disciplinary action for liquor law violations on campus. Eighty four people were referred for

campus disciplinary action for liquor law violations on campus in residence hall system. Forty-four people were referred for campus disciplinary action drug related violations on campus, seven were referred for campus disciplinary action drug related violations on public property and 36 people were referred for campus disciplinary action drug related violations in the residence hall system.

The U.S. Department of Education enforced the Campus SaVE Act in March 2013 and asked that institutions implement it no later than October 1, 2014. The Campus SaVE Act broadens the previous requirement to mandate reporting of sexual violence to include domestic violence, dating violence and stalking as well. The Campus SaVE act also requires that colleges must provide “primary prevention and awareness programs” for new students and employees, as well as ongoing prevention and awareness campaigns. Because of this requirement, a bystander awareness program was initiated. Members of residence life staff, Greek organizations and Center for Leadership (CLS) (student leaders from the various university student groups: fraternities, student government, honor societies, and specialist-interest organizations) participated in the Step UP program to encourage people to intervene when witnessing situations that may escalate to acts of violence. Participants (N=152) completed pre intervention surveys and participants (N=152) completed surveys after the program.

The program Step UP was chosen because it is a proven research and evidence based program. It is also the winner of the National Association of Student Personnel Administrators (NASPA) Gold Award. It is currently being used by 395 colleges and universities, including Harvard, Princeton, Columbia, Cornell and Georgetown. It is based on the belief that all crimes could be prevented (Bell, 2008). Majority of crimes have witnesses or bystanders that do not intervene. This program allows participants to understand why people do not intervene. This

understanding later helps participants break free from this bystander effect (Bell, 2008). The aim of the program is to increase knowledge about bystander awareness at this university campus; raise students' awareness of helping behaviors; increase students' motivation to help and to take action when faced with situations; and to develop students' skills and confidence when responding to problems or concerns. This project incorporates the requirements of the Campus SaVE Act, making it an important initiative promoting crime prevention leading to decrease in crime on campus.

Significance for nursing. An important component of successful primary prevention of sexual violence is its recognition as a public health issue that involves both men and women. Healthy People 2020 has recognized violence as a public health issue. Healthy People 2020 objectives are developed by the U.S. Department of Health and Human Services and other federal agencies that place emphasis on certain goals for Americans to take so that the United States can achieve better health by the year 2020. One of their objectives is to prevent unintentional injuries and violence, and reduce their consequences. Healthy People 2020 states there is a need to better understand the trends, causes, and prevention strategies related to: Bullying, dating violence, and sexual violence among youth. Nurses are routinely involved in caring for victims after violence or assaults occur, but Step UP is an approach that nurses can use to prevent violence before it happens. In the particular setting of the University by reaching out to the campus community and teaching students and staff about bystander awareness, violence can be prevented and visits to health services decreased.

Theoretical Framework

Understanding how people change is the first step in changing an individual's behavior. The trans-theoretical model for change was used when initiating Step UP the bystander intervention program. The original model was developed in the early 1980s by James O Prachaska of University of Rhode Island and colleagues (Velicer, et al, 2000). The model is based on analysis and use of different psychotherapy theories, hence the name trans-theoretical. It explains five stages of change that individuals go through as they transform. The first stage is pre-contemplation. Here people have no intention of taking action. In this stage they are unaware or uninformed of the consequences of their behavior. Next is the contemplation stage. In this phase individuals weigh the pros and cons of making change. The third stage is preparation. This is when the person is planning on making steps toward the fourth stage which is the action stage. The individuals now make an effort to modify their behavior. The final stage is maintenance. In this stage individuals work to prevent relapse (Velicer, et al, 2000).

Literature Review

A sufficient amount of research analyzing violence on university campuses has been completed. The investigation concluded that university students are high risk for alcohol abuse and violence. In addition, several existing sexual assault programs and their effectiveness were also examined. The analysis supports that a bystander awareness approach is effective in motivating students to engage in potential problem situations.

Definitions. The CDC defines sexual violence as a sexual act committed against someone without that person's freely given consent.

According to the United States Department of Justice domestic violence 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. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

Sexual assault is any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual assault are sexual activities as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape (US Department of Justice).

Dating violence is committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim (US Department of Justice). The existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

Stalking is a pattern of repeated and unwanted attention, harassment, contact, or any other course of conduct directed at a specific person that would cause a reasonable person to feel fear (US Department of Justice).

Statistics. In 41% of all violent crimes on college campuses, the offender was under the influence of drugs and/or alcohol (Carr, 2005). Alcohol and other drugs were implicated in approximately 55-75% of sexual assaults on campuses (Carr, 2005). The American College Health Association National College Health Assessment (ACHA-NCHA) conducted in the fall of 2013 reveals that 47.3 (48.7% females and 45.2% males) students reported using alcohol in the last 1-9 days. The same survey in Spring 2014 showed an increase to 50.8% (52.9% females and 47.5% males) students reported using alcohol in the last 1-9 days. Thirty six and a half percent (36.6% females and 36.5% males) of college students who drank reported they did something that they later regretted in the last 12 months when drinking alcohol. According to the National Crime Victimization Survey (NCVS) from 2007-2013, 4.7 per 1,000 females ages 18-24 were victims of rape or sexual assault (Bureau of Justice Statistics (BJS) n.d.). The ACHA-NCHA of Spring 2014 reveals 7.0% of students (8.9% female and 3.3% male) reported within the last 12 months they were sexually touched without their consent. This was an increase from the ACHA-NCHA of Fall of 2013 which was 5.9% of students (7.4% female and 2.9% male) reported within the last 12 months they were sexually touched without their consent.

Although reported crime statistics are high, majority of crimes do not get reported. If they do not get reported they essentially did not happen. Campus crime statistics have been found to be unreliable due to underreporting among victims, with only 25% of campus crimes reported (Carr, 2005). More specifically according to the National Crime Victimization Survey (NCVS) for the period of 2007-2013, 80% of students who were raped and or sexually assaulted would go unreported to police. The same survey showed that 12% of student victims felt the incident was not important enough to report. Twenty six percent of student victims believed the

incident was a personal matter, and 1 in 5 had fear of reprisal (Bureau of Justice Statistics (BJS) n.d.).

The barriers to reporting rape and sexual assault for women that were found to be most important to victims were: shame, guilt, embarrassment, not wanting friends and family to know; concerns about confidentiality; fear of not being believed (Sable, Danis, Mauzy, Gallagher 2006). Other obstacles include fear of retaliation by perpetrator, financial dependence on perpetrator, perpetrator not allowing victim to obtain help, not wanting family member or friend to be prosecuted, lack of resources to obtain help, such as transportation, childcare, money, insurance, cultural or language barriers to obtaining help students (Sable, Danis, Mauzy, Gallagher 2006).

Many times bystanders are present before an assault takes place and can intervene and prevent an act of violence from happening. Bystander prevention and intervention programs take a different approach and view all participants as potential witnesses (Moynihan, 2010). This is very different from the traditional approach that men are the potential perpetrators and women the victims. Evaluation of these traditional sexual assault prevention initiatives has failed to show any positive impact (Anderson, 2005). Researchers have noted that approaching men as allies such as bystanders rather than as perpetrators is more productive way of educating them about sexual and intimate partner violence. Interventions that incorporate bystander intervention training have proven more successful (Anderson, 2005).

The best known model of bystander intervention was created in 1970 Latane and Darley called the situational model (Burn, 2009). It is very similar to Step UP. It supports that intervening is complex. Bystanders must first notice the event, interpret it as an emergency, take

responsibility for acting, decide how to act and choose to act (Burn, 2009). Becky Bell's Step UP's five steps are: notice the event; interpret the event as a problem; assume personal responsibility; know how to help and implement the help.

In 2012 a qualitative study was performed to explore how college students conceptualize and understand risky sexual behavior and bystander intervention in the college party environment (Koelsch, Brown, Boisen, 2012). Four male and four female focus groups were recruited via flyers in college papers. Five themes were identified: intervention, responsibility, visibility of sexual behavior, precautions and protection, negative aspects of sexual behavior. The study shows that college students who were interviewed recognize the danger of sexual assault and most were willing to do something to help prevent it. The study supports bystander education.

A study in a midsize Northeast New England public university gave a 90 minute program called "Bringing in the Bystander". Participants were student leaders and had visible roles in the campus community. They were given pre and post tests. The results indicate that even among existing leaders, the program was effective. Results show that the message of bystander framework was well received. It appears that students took well to the message that all community members have role to play in ending sexual violence (Baynard, 2009).

The University of Virginia uses the Step UP program and an evaluation of the program was performed in 2011. The same five point questionnaire was given before and after the program and it was used to compare results. The results show an increase in agreement with all five statements when comparing pre and post test. Statements include: If someone intervenes in a problem situation, usually a negative outcome can be avoided; It is my responsibility to

intervene when I notice a problem situation; Most University of Virginia students believe it is their responsibility to intervene when they notice a problem situation; I have the skills to effectively intervene with my peers in problem situations; I feel confident I could effectively intervene with my peers in problem situations (Vickers-Long, 2012). These results indicate that the Step UP program is effective.

Jennifer Katz and Jessica Moore performed a meta-analysis that evaluated data from 12 studies that used in-person bystander education training (2013). Results show moderate effects of bystander education on both bystander efficacy and intentions to help others at risk. Self-reported bystander helping behaviors increased. Their results provide support for the effectiveness of in-person bystander education training.

Methodology

Initial planning for the implementation of a bystander awareness program at began Spring 2014 when the Vice President of Student Affairs requested that Student Conduct initiate a prevention program that would fulfill the Campus SaVE act requirement. The implementation team is composed of the Managing Assistant Director of the Office of Community Standards & Student Conduct, this author who is a full time provider in Health Services, Peer Educators and a Graduate Assistant. The Managing Assistant Director of the Office of Community Standards & Student Conduct is also the practice site point of contact serving on Scholarly Project Committee. She is presently running the office of student conduct and is well versed with the Campus SaVE Act, title IV and their requirements.

The program is safe. This initiative is consistent with evidenced based guidelines. The program is efficient and timely; for example, presentations were requested by departments

during times that were convenient for them and each presentation was adjusted to fit the needs and time of each group.

Implementation. Presentations began with a pre-intervention survey. The presentation was given via power point and videos within the program with opportunities for the participants to share stories and ask questions. Immediately following the questions and answers portion a post intervention survey was given. The post intervention survey has a section where students may give suggestions and their feedback to the presenters. Adjustments were made to the presentation based on audience feedback.

Phases of implementation. The program consisted of four phases: needs assessment, obtaining support from stakeholders process, initial implementation steps, ongoing implementation process, and project evaluation process.

Needs assessment and obtaining support from stakeholders. The need for a bystander awareness program is a requirement of the Campus SaVE act of 2013. It states that colleges must provide “primary prevention and awareness programs” for new students and employees, as well as ongoing crime prevention and awareness campaigns. Prior to the implementation of Step UP this University did not have a crime prevention program.

Initial implementation steps. Initial planning for the implementation of a bystander awareness program at the University began Spring 2014 when the Vice President of Student Affairs requested that Student Conduct initiate a prevention program that would fulfill the Campus SaVE act requirement. The office of Health Services paid for the initiator, two peer educators and a graduate assistant to become trained facilitators in June 2014. The facilitators were trained by the creator of Step UP Becky Bell from Arizona State University via a three hour

webinar. After being trained, the initiator created a presentation unique to the needs of the university where this project is taking place. The initiator, peer educators and graduate assistant rehearsed the presentation several times. The implementation team trained new resident assistants during mandatory training on August 2014. This was the first training presentation and considered a pilot. Results that are shown do not include this first presentation. It began with a pre-intervention survey but did not include any demographic information which was later decided to be something that should be included. The presentation was given via PowerPoint and videos within the program with opportunities for the participants to share stories and ask questions. Immediately following the questions and answers portion a post intervention survey was given. The post intervention survey has a section where students may give suggestions and their feedback to the presenters. The second presentation was given to Greek members and now included demographic questions with its pre-intervention survey. The third, sixth and seventh presentations were given to the center for leadership and service (CLS). The fourth and fifth presentations were to residential student services. All training and data collection were completed by June 2015.

Project evaluation. The investigator evaluated success of the program by comparing results of the pre intervention survey and the post intervention survey. The surveys used for the program were taken from the University of Virginia's evaluation of the Step UP program. There is no proof of validity or reliability of the surveys. Demographics include: gender, age, affiliation, groups or organizations and residence.

The purpose of the surveys was to see what types of violence participants have witnessed and how they think someone would intervene when a given situation occurred. Next it asked the participants' opinion regarding intervening using a Likert scale of agreement. This part of the

survey had five statements that were asked before and after the intervention to allow for comparison (See Table 3). Lastly the post intervention asked participants to evaluate the training and even allowed for open comments. Since this was not a research project and the surveys were anonymous, approval from the International Review Board was not necessary.

Results

The program was conducted at a local university. There are 15,939 students at the University which includes both undergraduate and graduate. The participants of this project were part of residential life, a Greek organization or CLS. The program was given seven times. The first presentation was given to new resident assistants on August 2014. This presentation was considered a pilot and data from that presentation is not included. The final presentation was given June, 2015. All participants were given pre intervention and post intervention surveys. If an attendee did not submit a survey it was simply not accounted for.

All participants attended or work at the university between 18 and 24 years old (Table 1). Majority of participants were 20 and 21 years old. Majority were women. Most were juniors, seniors or staff members. A vast majority of participants selected being part of some other student club or organization. More than half live in the residence halls with the remainder living in a house apartment or with family.

Table 1: Demographics for participants of the Step Up program

	N	Percent
Gender		
Male	43	28.29
Female	107	70.39
Transgender	1	0.66
Blank	1	0.66
Age (years)		
18	14	9.21
19	21	13.82
20	51	33.55
21	42	27.63
22	16	10.53
23	7	4.61
24	1	0.66
Affiliation (All that apply)		
Freshman	14	6.73
Sophomore	41	19.71
Junior	48	23.08
Senior	43	20.67
Faculty	1	0.48
Staff	55	26.44
Administrator	0	0
Graduate/ Professional Student	6	2.88
Groups or Organizations (All that apply)		
Social Fraternity/ sorority	63	24.14
Sports Club	6	2.30
Intercollegiate Sports	6	2.30
Student Government	9	3.45
Residence Life Staff	57	21.84
Other student club/org.	120	45.98
Residence		
House/Apt./Etc.	35	22.88
Residence hall	88	57.52
Frat./ Sorority house	0	0
With family	30	19.61
	N	Percent

Table 2: Situations observed by the participants and how often someone intervenes

Situations	How often observed		When does someone intervene (percent)				
	N	Percent	Never	Rarely	Sometimes	Frequently	Almost always
Drinking too much	122	29.12	3.9	19.7	38.8	32.9	4.6
Bullying/Emotional/Verbal Abuse	98	23.39	3.2	35.7	44.2	15.6	1.3
Hate Crimes/Discrimination	46	10.98	10.6	29.1	35.8	18.5	6.0
Hazing	35	8.35	17.9	40.4	29.1	11.9	0.7
Being taken advantage of sexually	21	5.01	13.4	28.2	38.9	14.1	5.4
Physical endangerment/Assault/Abuse	47	11.22	8.6	23.2	35.1	24.5	8.6
Stalking	35	8.35	22.7	38.0	22.7	13.3	3.3

Note: Participants that observed "None of the above" : N = 15, 3.57%

The situation observed most by participants was drinking too much followed by bullying emotional or verbal abuse. The situation observed least was being taken advantage of sexually.

Table 3 ALT Questions about intervention before and after the program (percent)

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
If someone intervenes ...	Before	2.7	14.7	16.7	45.3	20.7
	After	5.4	8.8	11.6	34.7	39.5
It is my responsibility ...	Before	1.3	8.7	16.0	58.7	15.3
	After	0	2.7	6.8	48.6	41.8
Most Kean students ...	Before	8.1	36.2	38.9	14.8	2.0
	After	4.1	19.9	39.0	29.5	7.5
I have the skills ...	Before	1.3	4.7	20.7	55.3	18.0
	After	0	0.7	11.6	46.6	41.1
I feel confident ...	Before	0.7	4.7	19.3	53.3	22.0
	After	0	0.7	9.0	48.3	42.1

1. Objective: Increase knowledge about bystander awareness on a university campus and help students realize that a negative outcome can be avoided

Result: Before the program 20.7 percent of participants strongly agreed if someone intervenes in a problem situation, usually a negative outcome can be avoided. After the program this increased to 39.5 percent.

2. Objective: Help students realize it is their responsibility to intervene when they notice a problem situation.

Result: Before the program only 15.3 percent of participants strongly felt it was their responsibility to intervene when they noticed a problem situation. After the program it increased to 41.8 percent.

3. Objective: Develop students' skills and confidence when responding to problem situations.

Result: Before the program 18.0 percent of participants strongly felt they had the skills to effectively intervene with peers in problem situations. After the program this increased to 41.1 percent. Before the program 22.0 percent felt confident they could effectively intervene with peers in problem situations. After the program this increased to 42.1 percent.

The Chi Square Test of Independence was used to analyze if there was a relationship between the rating of the statements asked about intervention and before/after the program. This test was appropriate since the data was categorical and was collected as an aggregate of all of the groups to which the program was presented. All of the statements were significantly dependent of the time in which the participants were asked (see summary table below). We can see from Table 4 that the ratings increased generally from before to after the program.

Table 4: Summary of Chi Square Test of Independence between the intervention statement and before and after the program.

	Chi Square	df	p
If someone intervenes ...	15.76	4	0.0034
It is my responsibility ...	31.49	4	< 0.0001
Most Kean students ...	20.87	4	0.0003
I have the skills ...	24.54	4	<0.0001
I feel confident ...	22.67	4	<0.0001

Ongoing implementation process and sustainability. A prevention program is required by the Campus SaVE act. Since it is mandatory the program must be ongoing. It must constantly be on students' minds to be successful. Students will not come to Step UP; the program must come to them. To succeed in staying in students' thoughts in Spring 2015 a video was created to market Step Up. The video now plays on all plasma screens at the university. The

video is also on YouTube, Twitter, Facebook and it is on Student Conduct and Health Services' Websites. In addition Gourmet dining is allowing the program to advertise on napkin holders in the university cafeteria. The only delay regarding marketing is getting a flier approved by the Vice President of Student Affairs. Presently the Offices of Student Conduct and Health Services are working on a Kean University Step UP website that will have resources and contacts to request for Step UP presentations.

To ensure the continuous success of Step UP is to make attendance for this program mandatory for all incoming freshman. It should be on the agenda for freshman orientation and also for parent orientation. Another suggestion is that a follow up survey two months after the program, measuring if participants actually used the new learned skills would be useful to measure effectiveness.

Strengths

A significant strength of this project was the strong direction of the Vice President of Student Affairs. When the Campus SaVE act was placed she immediately wanted to comply and initiate a bystander awareness program at the University. Her willingness and support of Step UP caused for very little resistance and this implementation project was strong and successful.

The role of the project coordinator as staff Nurse Practitioner in the clinic had advantages. As a member of the university staff, the author had a deep understanding and familiarity with the mission and operations of the university. This relationship strengthened the buy in of many students who knew the author as a provider. As a figure on campus that students can come and talk to, often after the program students came up to the presenter and shared stories or disclosed an incident that happened to them.

Weaknesses

A major weakness was that the program was not mandatory for all to attend. Therefore it was not given to everyone on campus. The program was given to staff of residence life, Greek organizations and CLS. Participants were selected because it was required as their job or membership. An outreach was in place for all organizations but often calls were not returned or presentations were cancelled and never rescheduled.

Another setback was that some of the clubs that requested the program gave a limited amount of time for the presentation. They claimed they only had thirty minutes to give to the program, when a comprehensible presentation would take at least an hour. This time constraint required some information to be cut and an abridged version of the program was given.

In addition, although the results of the survey show that the program was successful in demonstrating that participants have good intentions in the future, it does not demonstrate whether or not students actually modify their behavior.

Conclusion

The objectives of this project were achieved as demonstrated by the surveys. The open ended questions also had a common theme of self-reported increase in awareness and knowledge about being motivated to intervene.

This Bystander Awareness Program Step UP provides an important service to the community of the university by aiding with crime prevention. This program fulfills the requirements of the Campus SaVE act; it effectively incorporates an evidenced based clinical guideline. The data collected suggests that the program was successful at increasing

knowledge about bystander awareness; it helped students realize that a negative outcome can be avoided; it made students realize it is their responsibility to intervene when they notice a problem situation. Lastly it raised students' awareness of helping behaviors and provides skills to effectively intervene. Because of this program students' who participated have an increase in motivation and confidence when responding to problems or concerns. This program needs to continue in order to see continued change in students of the university and to fulfill the Campus SaVE Act.

References

- American College Health Association (2014). National College Health Assessment Spring 2014 Reference group Executive Summary. Retrieved from http://www.achancha.org/docs/ACHANCHAII_ReferenceGroup_ExecutiveSummary_Spring2014.pdf.
- American College Health Association (2013). National College Health Assessment Fall 2013 Reference group Executive Summary. Retrieved from http://www.achancha.org/docs/ACHA-NCHA-II_ReferenceGroup_ExecutiveSummary_Spring2013.pdf
- Anderson, L. A., Whiston, S. C., (2005). Sexual assault education programs: a meta-analytic examination of their effectiveness. *Psychology of Women Quarterly*, 29, 374-388.
- Banyard, V., Moynihan, M., Crossman, M. (2009). Reducing sexual violence on campus: The role of student leaders as empowered bystanders. *Journal of College Student Development*, 50 (4), 446-457
- Bell, B. (2008). *Step UP: A prosocial behavior/bystander intervention program for students*. Unpublished manuscript, C.A.T.S. Life Skill Program, University of Arizona, Phoenix, Arizona.
- Bureau of Justice Statistics (BJS). (n.d.). Retrieved August 6, 2015, from <http://www.bjs.gov/index.cfm?ty=dcdetail&iid=245>
- Burn, S. (2009). A situational model of sexual assault prevention through bystander intervention. *Sex Roles*, 60, 779-792.
- Carr, J.L. (2005). American College Health Association campus violence white paper. *Journal of American College Health*, 55(5), 304-319.

Center for Disease Control (2015) Retrieved August 7, 2015 from

<http://www.cdc.gov/violenceprevention/sexualviolence/definitions.html>

Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human

Services, Office of Disease Prevention and Health Promotion. Retrieved August 1, 2015

from <http://www.healthypeople.gov/2020/topicsobjectives2020/default>.

Katz, J., Moore, J. (2013). Bystander Education Training for Campus Sexual Assault Prevention:

An Initial Meta-Analysis. *Violence and Victims*, 28 (6), 1054-67.

Koelsch, L., Brown, A., Leah, B. (2012). Bystander Perceptions: Implications for University

Sexual Assault Prevention Programs. *Violence and Victims*, 27 (4), 563-579.

Moynihan, M. M., Banyard, V.L., Arnold, J.S., Eckstein, R. P., & Stapleton, J.G. (2010)

Engaging intercollegiate athletes in preventing and intervening in sexual and intimate partner violence. *Journal of American College Health*, 59 (3), 197-204

Sable, M. R., Danis F., Mauzy, D., Gallagher, S. K. (2006). Barriers to reporting sexual assault

for women and men: perspectives of college students. *Journal of American College Health*, 55 (3), 157-162

U.S.Department of Justice (2014). Rape and sexual assault victimization among college age females, 1995-2013. Retrieved from

<http://www.bjs.gov/content/pub/pdf/rsavcaf9513.pdf>.

Velicer, W.F., Prochaska, J.O., Fava, J.S., Rossi, J.S., Redding, C.A., Laforge, R.G., Robbins

(2000). Using the Transtheoretical model for population-based approaches to health promotion and disease prevention. *Homeostasis in Health and Disease*, 40, 1-30.

Vickers-Long, J.B., (2012). *University of Virginia's Step UP! Program: An Evaluation*.

University of Virginia Charlottesville, VA.

APPENDIX A: PRE-INTERVENTION SURVEY

Pre-Intervention Survey

Date _____

Please do NOT write your name on this paper.

1. Please circle your gender identification.

Male Female Transgender

2. Please write your age: _____

3. Please circle your affiliation with Kean University. (Circle all that apply)

Freshman	Faculty
Sophomore	Staff
Junior	Administrator
Senior	Graduate/Professional Student

4. Which of the following do you participate in (Check all that apply)

Social fraternity/sorority	Intercollegiate sports	Residence life staff
Sports club	Student government	Other student club/org.
Other (please specify) _____		

5. Current place or residence

House/Apt./Etc. With Family	Residence Hall	Frat/Sorority House
--------------------------------	----------------	---------------------

6. I have witnessed a situation, at least once, where someone's health and safety were in danger.

Check all that apply

_____ Drinking too much
 _____ Bullying/Emotional/Verbal Abuse

- _____ Hate Crimes/Discrimination
- _____ Hazing
- _____ Being taken advantage of sexually
- _____ Physical endangerment/Assault/Abuse
- _____ Stalking
- _____ None of the above

7. In general , how often do you think SOMEONE ACTUALLY DOES SOMETHING to intervene when the following occur (check one column for each type of violence)

	Never	Rarely	Sometimes	Frequently	Almost always
Drinking too much					
Bullying/Emotional/Verbal Abuse					
Hate Crimes/Discrimination					
Hazing					
Being taken advantage of sexually					
Physical endangerment/Assault/Abuse					
Stalking					

Check the box which best corresponds to your opinion

	Strongly Disagree	Disagree	I am not sure	Agree	Strongly Agree
If someone intervenes in a problem situation, usually a negative outcome can be avoided.					
It is my responsibility to intervene when I notice a problem situation.					
Most Kean students believe it is their responsibility to intervene when they notice a problem situation.					

I have the skills to effectively intervene with my peers in problem situations.					
I feel confident I could effectively intervene with my peers in problem situations.					

APPENDIX B: POST-INTERVENTION SURVEY

Post-Intervention Survey

Date

Please do NOT write your name on this paper.

1. After participating in Bystander Awareness please rate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
If someone intervenes in a problem situation, usually a negative outcome can be avoided.					
It is my responsibility to intervene when I notice a problem situation.					
Most Kean students believe it is their responsibility to intervene when they notice a problem situation.					
I have the skills to effectively intervene with my peers in problem situations.					
I feel confident I could effectively intervene with my peers in problem situations.					

2. Please evaluate the Step Up! Training

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall, I was satisfied with this program.					
I am more aware of potential problem situations.					
I am more likely to investigate ambiguous situations.					
I am more willing to assume personal responsibility to help in problem situations.					

I am more likely to consider another person's perspective/point of view					
I am more likely to intervene in a problem situation					
I learned new strategies/ways to help in emergencies and non-emergencies					

3. The BEST thing about STEP UP! training was:

4. How could the Step Up! training be improved:

5. Please list additional comments or questions:

APPENDIX C: OVERALL EVALUATION OF THE PROGRAM

	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	N	Percent	N	Percent	N	Percent	N	Percent	N	Percent
Overall, I was satisfied with this program.	1	0.7	2	1.4	4	2.7	56	37.8	85	57.4
I am more aware of potential problem situations.	2	1.4	0	0.0	6	4.1	69	46.6	71	48.0
I am more likely to investigate ambiguous situations.	2	1.4	3	2.0	13	8.8	64	43.2	66	44.6
I am more willing to assume personal responsibility to help in problem situations.	3	2.0	0	0.0	9	6.1	69	46.6	67	45.3
I am more likely to consider another person's perspective/point of view	3	2.0	0	0.0	8	5.4	67	45.3	70	47.3
I am more likely to intervene in a problem situation	1	0.7	0	0.0	10	7.1	65	46.4	64	45.7
I learned new strategies/ways to help in emergencies and non-emergencies	2	1.4	1	0.7	3	2.1	55	39.0	80	56.7