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**The Impact of The Presence of Alcohol on Bystander Attitudes
Towards Intervention into Sexual Violence: A Mixed Methods
Approach**

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Submitted in accordance with the requirements for the degree of
Doctor of Philosophy

York St John University

School of Education, Language, and Psychology

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Abstract

Sexual violence has been identified as a prevalent issue for university students, especially in scenarios involving alcohol (Abbey, 2002; Haikalis, Leone, Parrott, & DiLillo, 2018; Revolt Sexual Assault, 2018). This thesis used a triangulation design and mixed methods approach to help address the impact of the presence of alcohol on incidents of sexual violence. The utilisation of this design aimed “to obtain different but complementary data on the same topic” (Morse, 1991, p. 122). The mixed methods design included a systematic review, which aimed to identify the methodological limitations and gaps in the previous research (Creswell & Tashakkori, 2008; Teddlie & Tashakkori, 2003), which led to the design of two quantitative studies, which used a field survey and online survey design, and a qualitative study to address the limitations and gaps uncovered in the review. The three studies were then discussed and interpreted as a collective.

The thesis, as a collective, suggests that the presence of alcohol seems to be most impactful at step two of the Bystander Intervention Model (Latané & Darley, 1970), seemingly making a bystander’s interpretation of an event of sexual violence’s requirement for intervention more likely. It also suggests that a bystander’s alcohol consumption is more impactful than that of the victim or perpetrator when considering the effects alcohol has upon a bystander’s attitudes towards intervention. These findings have practical implications which may assist in the design and delivery of bystander intervention training, which is discussed in detail throughout the thesis.

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Chapter 1: Introduction

1.1 Background

The murder of Sarah Everard thrust male-to-female violence and society's attitudes toward women into the spotlight in early 2021, sparking conversations around aspects of women's safety in society today (Williams, 2021). One significant component of this issue is sexual violence, defined by Rape Crisis England and Wales (2021) as a general term used to describe any unwanted or non-consensual sexual act or activity. The ONS (2018) estimates that 20% of the general female population has been a victim of sexual assault since the age of 16 years old, equating to around 3.4 million women in the UK. Furthermore, in 83% of all sexual offences recorded by the police in 2017, the victim was female (Office of National Statistics, 2018).

The rise of awareness campaigns, such as the #MeToo movement, a movement designed to increase awareness of sexual harassment and assault by men in positions of power. Movements like #MeToo and others aim to provide a voice for and foster empathy for those victimised by sexual crimes, especially in the workplace. The campaign has most famously gained traction in the arts and entertainment industry, most famously, Harvey Weinstein. However, this movement has gone far beyond just one industry, with effects being seen in the military (Alvinus & Holmberg, 2018), on university campuses (Jaffe et al., 2021), and in the law (Tippett, 2018).

A recent study by Atwater and colleagues (2019) found that 77% of men surveyed reported that they would be less likely to engage in sexual harassment due to the increased attention it has received. However, there are growing concerns that the increased awareness may not have the desired consequences, as in that same study, 58% of the same men also reported greater fear of accusations (Atwater et al., 2019). These findings suggest that perhaps those who reported being less likely to offend feel that way, not because they are more empathetic towards women's experiences but because they are fearful that their behaviour may lead to accusations of misconduct. Oesterle et

al., (2018), who interviewed male college students regarding sexual violence and bystander intervention, found support for this idea. They found that the male interviewees cited not only a fear of the victim being sexually assaulted as a motivating factor for intervention but a fear of the perpetrator being accused of rape or sexual assault/violence. A recent study asking US police officers involved in rape cases within the 12 months prior to the study what percentage of cases were false accusations elicited a range of answers from 5%-90%, with a mean of 53% (McMillan, 2018). A similar figure was found in the US armed forces, with 49% of participants stating that they believe that women often lie about being raped to get back at their dates (Berry-Cabán et al., 2020). These studies highlight that whilst men's awareness of the prevalence of sexual violence seems to be increasing, the motivating factors behind any behaviour modification and their understanding of the underlying causes may not mirror this progress.

This attitude that false accusations of rape are common highlights part of the issue presenting itself when trying to combat sexual violence, which are rape myths. These will be discussed in more detail in chapter 7; however, common fallacies and inaccurate beliefs, like this overestimation of false accusations, often contribute to the discouragement of blame being attributed to the perpetrator and instead, proportion some or all of the responsibility onto the victim (Ryan, 2011). Prevalent false accusations can be an effective way for men to rationalise a behaviour they feel they are being too closely associated with or to conceal their sexually problematic attitudes or behaviours (Berkowitz, 2002).

In the UK, a study commissioned by the Home Office (Kelly et al., 2005) and research from the Ministry of Justice (Burton et al., 2012) suggests that false allegations occur in about 3% of rape cases. Comparably, in the United States of America, the FBI (1997) places the percentage of rape cases classified as unfounded at 8%, which Lisak et al. (2010) discuss as being somewhat misleading given that the FBI uses a classification system that groups together false reports and baseless accusations. This means that it is difficult to differentiate between false accusations and accusations that did not

have enough evidence to lead to a charge but have not been proven false. However, there is a lack of clarity in the FBI's definition of 'baseless' and 'unfounded', making an already difficult-to-define set of parameters much more complicated.

A report commissioned by the Crown Prosecution Service in the UK found that in a 17-month period from 2011-12, there were 5,651 prosecutions for rape and only 35 prosecutions for making false accusations of rape (Crown Prosecution Service, 2013). These cases highlighted by the CPS (2013) are not cases that failed to prove a rape occurred, as with the cases labelled as unfounded by the FBI, but they are cases in which an investigation supported by evidence concluded that no rape occurred (IACP, 2005). As discussed above, this number does not account for all false accusations but does account for those accusations that were able to be proven to be false.

Whilst it may be difficult to pin an exact figure on the frequency with which false accusations occur, it seems to be apparent that combined with their portrayal in the media, means that people often believe them to be far more common than they actually are (Kahlor & Morrison, 2007). This is a common theme throughout the research area, as attempting to ascertain the accurate figures for the prevalence of incidences of rape itself can be challenging. According to the British Crime Survey (Chaplin et al., 2011), it is estimated that only 11% of rapes are reported to the police in the UK, with 38% not telling another person. The reluctance of a victim to report their rape to the police is indicative of the difficulties facing a victim attempting to come forward and the arduous process they may endure when reporting, with around 35% of cases being stopped by the victim during prosecution. An emotionally demanding process which has a low chance of resulting in a successful conviction, with a mean conviction rate of around 7%, ranging from 1%-14% across England and Wales (Crown Prosecution Service, 2017; Stern, 2010).

1.2 Sexual Violence in Universities

As discussed, sexual violence is an issue throughout society and the general population. There is, however, a population that it disproportionately affects, female university students. Studies such as Stenning et al. (2013) and Revolt Sexual Assault (2018) provide a glimpse into how widespread the issue of sexual violence may be in British Universities. They found that 68.6% and 70% of female students in their surveys reported having experienced some form of sexual violence whilst at university. One of the most revealing statistics found in either report is that 8% of the female students reported having been raped whilst at University (Revolt Sexual Assault, 2018). When contrasted with the Office of National Statistics' (ONS; 2018) figures and estimates of the prevalence of sexual violence in the 16-24 age range of the general population, these figures suggest that sexual violence seems to be an issue that the student population face at a higher rate than the general population. Even taking into consideration the apparent differences in sample size, the comparison of the two populations is striking. Around 23% of women aged 16-24 in the general population have experienced sexual assault in the past year, compared to 68-70% of female students having experienced sexual violence of some kind. This suggests that this is an issue that universities across the country must deal with (Towl, 2016).

So ubiquitous in university life has sexual violence become, that universities throughout the UK are now seeing Students' Unions handing out free personal alarms for students or including them in freshers' welcome packs (Hughes, 2017). Universities are flooded with posters making students aware that sexual violence is commonplace, advertising their counselling services and reporting systems, or offering self-defence classes to female students to help them protect themselves (Hollander, 2014). All of which attempt to help victims prevent assault themselves or help them deal with the consequences of being assaulted. Whilst this certainly has its place amongst a multifaceted approach to sexual violence prevention, the danger of this becoming prioritised or used as the sole preventative measure is that it places too much of the burden of preventing sexual violence upon the potential victims (Henry & Powell, 2014). Placing the onus for stopping a crime on the victims themselves perpetuates a culture of victim blaming, as if the victim's behaviour is the one that must be changed; it is not illogical to expect some people to see them as a partial cause of the issue (Neame,

2003). This is happening in UK universities; with the handing out of rape alarms and the offering of free services, young women on campuses are being told that they must fend for themselves, or are being signposted with what to do once they have been assaulted. However, in recent years, the focus of the efforts to reduce sexual violence in universities has been somewhat shifted away from the behaviour modification of the victims and towards educating students on what constitutes sexual violence and how they can support one another in preventing it (Banyard et al., 2004; McMahon, 2015). The Intervention Initiative exemplifies this, a Public Health England-commissioned bystander intervention program that aims to combine theories of behavioural change and social psychology (Mott & Fenton, 2014). These programs aim to raise awareness of the prevalence of sexual violence; address concerning attitudes and beliefs, such as rape myths; and increase bystander intervention confidence. When used in combination with an increased awareness for potential victims and efforts to prevent opportunities for perpetrators, this three-pronged approach could be a very effective strategy for reducing sexual violence.

The population of those who perpetrate sexual violence is overwhelmingly male, as 98% of perpetrators in sexual offences reported to the police were reported to have been male in the UK between 2017 and 2020 (Office for National Statistics, 2021). Even though, as previously mentioned, the lack of reporting makes it difficult for police statistics to accurately reflect the true number of sexual offences, this statistic may be the best indicator of offender profile accessible at this time. As a result, it is essential that men are involved in the efforts to prevent sexual violence, which has been apparent in the intervention work done in the 21st century (Fabiano et al., 2003). Fabiano and colleagues (2003) also suggest that male involvement in such intervention programs may be advantageous due to the notion that men are more influential to other men than other genders. As previously mentioned, men can often have an initial defensive reaction to discussions around sexual violence, causing them to refute the validity of its prevalence (Berkowitz, 2002). However, engaging men in a manner that frames them as prosocial allies of victims, who are able to aid in the prevention of sexual violence, rather than as potential perpetrators, may make them more receptive (Banyard et

al, 2004; Katz, 1995). One way in which Universities can attempt to do this is by increasing male students' awareness of bystander intervention.

Bystanders are defined as individuals who witness an incident but are not directly involved in the incident itself (Fenton et al., 2016). Understanding how to make bystanders more active is an essential step in helping to reduce the increased rates of sexual violence seen in UK universities, as bystanders are estimated to be present at around 35% of sexual assaults in the general population (Haikalis et al., 2018; Taylor et al., 2019). Furthermore, Revolt Sexual Assault (2018) also highlighted the most common locations in which students experienced sexual violence, with 47% taking place at a university social event or in a university social space. If almost half of the instances of sexual violence in universities take place in communal areas, focusing on what makes someone a more active bystander is a logical next step in reducing sexual violence in universities.

1.3 Bystander Intervention and Its Theoretical Framework

1.3.1 Latané and Darley's Bystander Intervention Model

The 1964 rape and murder of Kitty Genovese is generally credited as the event that inspired the public and scientific interest in the role of bystander behaviour. Genovese was followed home from work by a man named Winston Moseley, who attacked her as she attempted to enter her apartment building, stabbing her in the back twice. Her screams were heard by neighbours, one of whom shouted at Moseley to leave her alone, causing him to flee the scene. A seriously injured Genovese had managed to make her way to the rear of her apartment building before being unable to access the locked rear entrance. Ten minutes after the first attack, Moseley returned to find a semi-conscious Genovese slumped by the back door, proceeding to stab her repeatedly, rob her, and rape

her over the span of 30 minutes before fleeing again. She was later found by her neighbour (Cook, 2014).

It should be noted that the details of the case are heavily scrutinised and rife with misinformation, as it is understood that at least some of the 38 witnesses did make some indirect attempt to intervene, such as shouting out the window or contacting the local police department, as this murder preceded the creation of the 911 emergency phonenumber (Manning et al., 2007). Moreover, a 2016 article in the New York Times (McFadden, 2016) claims that the majority of the 38 witnesses claim to have seen none or little of the incident nor recognised Genovese's screams as cries for help. Despite the uncertainty of these claims, it is clear that Genovese's murder was the launching point for bystander intervention research.

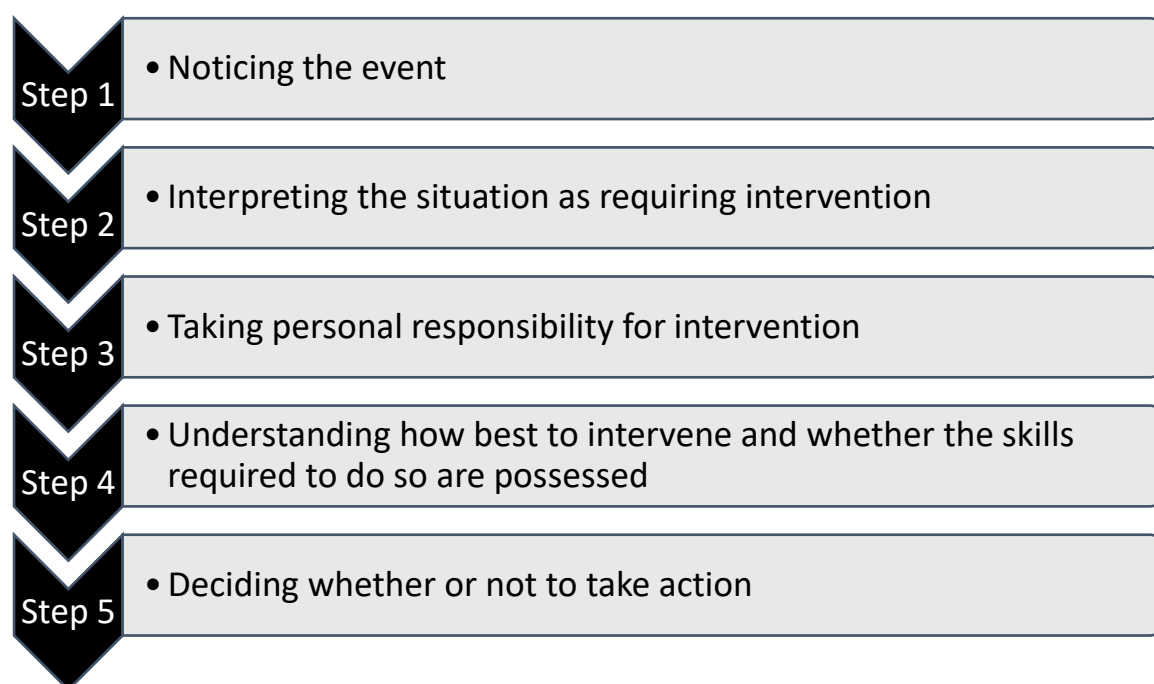
The perceived lack of response by the number of witnesses led Latané and Darley (1968) to investigate what they termed the 'bystander effect'. This effect helps to explain how the presence of multiple bystanders can reduce the likelihood or the speed of intervention. Latané and Darley (1968) first highlighted the effects of the bystander effect in their 1968 study, which saw university students communicating over the intercom in groups of varying sizes, ranging from two people (the participant and the victim), three people (the participant, the victim, and confederate), or six people (the participant, the victim, and four confederate). The students were told that they were part of a focus group discussing the personal issues they faced in university life and that they were communicating over the intercom for the sake of anonymity. Before the focus group began, the participant was made aware that the experimenter would be outside the room, so participants would feel more comfortable discussing sensitive information. That was to remove the experimenter, the authority figure, from the emergency, forcing the participants to decide amongst themselves who would react. The participant was also told that each member of the discussion would get their chance to speak on their issues for an allotted period of time, during which everyone else's microphones would be turned off. During the

participant's turn to speak, the victim confederate would simulate what the authors called "a very nervous seizure similar to epilepsy" (Darley & Latané, 1968, p. 378).

Given that the participants were under the impression that only their microphone was turned on, they had no way of knowing how or if the other focus group members had reacted to the emergency. The authors found that participants that were alone with the victim responded 85% of the time, while those in groups of three and six responded 62% and 31% of the time, respectively. They also found that as group size increased, their speed of response significantly decreased. These findings suggest that even the perception of other bystanders being potentially available for intervention is enough to slow down intervention speed and reduce intervention likelihood.

In an effort to explain why the witnesses of Genovese's murder did not take action and the findings of their own work (Latané & Darley, 1968), Latané and Darley (1970) created 'the bystander intervention model'. This model lays out the process through which all bystanders pass when faced with an emergency. The model contains five steps, the first of which is 'noticing the event'; this requires the participant to have realised something around them is occurring and for them to pay attention to that event. The second step relies on the bystander 'interpreting the situation as requiring intervention'; this means that when they have noticed something is happening, they interpret that event as something necessitating the intervention of a third party. After they have recognised the need for intervention, bystanders will move to the third step, 'taking personal responsibility for intervention', meaning that they see themselves as personally responsible for the intervention. Once they have taken that responsibility, bystanders must formulate a plan for their intervention and decide whether or not they have the requisite abilities to carry out that plan, step four is 'understanding how best to intervene and whether the skills required to do so are possessed'. Finally, if the bystander has formulated a way to intervene that is possible and that they are able to carry out, they must decide whether or not they will actually execute that plan, completing the final step, 'deciding whether or not to take action'. See figure one below for a pictorial representation.

Fig. 1: Latané and Darley's (1970) Bystander Intervention Model.



Since the inception of this model, which identifies the steps a bystander must go through, research has attempted to address any factors that may affect how a bystander progresses through the model. Whilst this thesis addresses how alcohol impacts a bystander's intervention behaviour, numerous factors have been shown to influence a bystander's behaviour. These include both situational factors, i.e. the bystander effect, and personal factors, such as rape myth acceptance.

Situational Factors

Latané and Darley (1970) attempted to use the model to explain how the bystander effect works. These explanations have led to the inception of diffusion of responsibility (Latané & Darley, 1968), audience inhibition (Burn, 2009), and pluralistic ignorance (Banyard, 2008). Latané and Darley

(1970) argued that when an increased number of bystanders are present at an incident, the responsibility to intervene that they highlight in step three of their model becomes diluted amongst the bystanders present. This means that the more bystanders present, the more diluted that responsibility becomes and the less likely each individual is to accept full responsibility for the intervention. This was labelled by Latané and Darley (1970) as diffusion of responsibility. Pluralistic ignorance sees bystanders refuse to intervene, not because they believe that they should not, but because when others around them choose not to intervene, they believe that that must be the right thing to do. This is similar to audience inhibition, which suggests that a bystander may not intervene when others do not, even when they feel as though they should, due to a fear of carrying out the wrong social behaviour (Latané & Darley, 1970). This fear of making an incorrect interpretation and going against the behavioural norms of the group can cause them to behave in a manner contrary to their own beliefs.

These effects are predicated on not only the behaviour of others present but their attitudes and beliefs, too, meaning that the social norms created by the people or environment may impact how a bystander behaves. The prevalence of misogyny and sexism within the group can attribute to this, as men who hold more sexist or misogynistic beliefs are more accepting of sexually violent behaviour against women (Leone et al., 2017). This means that if a bystander is surrounded by a group of peers who harbour these beliefs or attitudes and are, therefore, less likely to intervene, they are more likely to conform to the behaviour displayed around them because of audience inhibition. They believe that they should intervene but are more concerned about defying the social norms of their peer group.

These peer norms are set by the general beliefs of the individuals within them, meaning that members of that peer group must have beliefs that would lead to the group itself having misogynistic peer norms and negativity towards bystander intervention (Rutkowski et al., 1983; Schwartz & Clausen, 1970). These individual attitudes towards sexual violence and bystander intervention are

what were earlier referred to as personal factors. These personal factors can include personality traits, personal experiences, or demographic factors, which can all impact a bystander's intervention behaviour in specific situations.

Personal Factors

Whilst situational factors can have an effect; personal factors can often be as rudimentary as the gender of the bystander. Research suggests that masculine gender norms can impede intervention, with qualitative research in the area often highlighting male gender norms as passive male bystanders' reasoning for not intervening (Carlson, 2008; Leone et al., 2016; Oesterle et al., 2018). These attitudes include higher rape myth acceptance (Rape myths will be explored in more depth in chapter 7) and an increased acceptability of sexually harmful behaviour. These attitudes contribute to male bystanders, with male gender norms struggling to surpass step two of the Latané and Darley (1970) Bystander Intervention Model (Burn, 2009; Labhardt et al., 2017). This is supported by Amar and colleagues (2014), who found that men reported being more likely to intervene in an incident of sexual violence but reported more rape-supportive behaviours than women. This supports the prevalent notion that men are more likely to intervene when they view something as sexually violent or harmful than women. However, men report being more accepting of sexually violent behaviours (Banyard, 2008; Burn, 2009; Eagley & Crowley, 1986). This suggests that men may be less likely to pass through step two of the Bystander Intervention Model (Latané & Darley, 1970), however, if they do, they may be more likely than women to proceed through step three and beyond.

The factors affecting bystander behaviour go far beyond gender, though, with intrapersonal differences between bystanders also affecting how they respond to an emergency. Bystanders who scored higher on measures of extroversion reported a greater intent to intervene in situations of sexual violence (Banyard, 2008), which is supported by research indicating that intervention was less

likely in potential bystanders who reported higher levels of shyness (Karakashian et al., 2006). There is, however, very little consistency across research in specific intrapersonal factors that are consistently associated with an increase or decrease in bystander intervention (Brewster & Tucker, 2016; Levine et al., 2002; Levine & Crowther, 2008). Pro-social tendencies are one intrapersonal factor related to an increased likelihood of bystander intervention in multiple instances, not just sexual violence. Those who report a higher level of pro-social attitudes report an increased likelihood to intervene and report fewer barriers to intervention (Bennett et al., 2013). This follows logic; given that bystander intervention is a pro-social behaviour, it makes sense for those who report/display higher levels of pro-social attitudes to be more likely to intervene. These pro-social attitudes make them more likely to pass through the Bystander Intervention Model (Latané & Darley, 1970) at steps two and three. This is particularly relevant considering the role attitudes play in a human being's behaviour, as explained by Ajzen's (1991) Theory of Planned Behaviour.

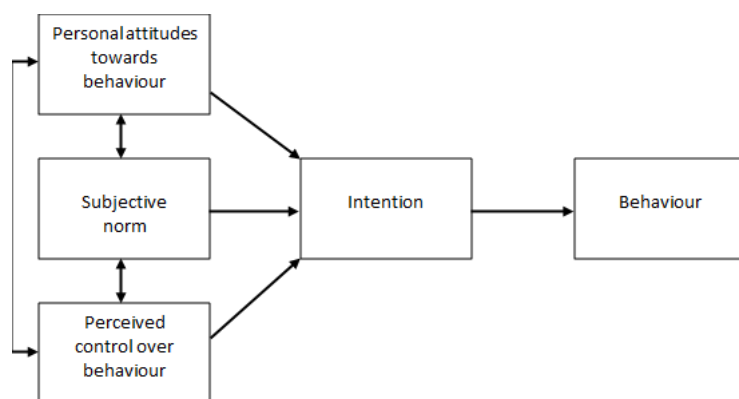
The majority of the research, such as the studies highlighted above, suggest that the most common factors impacting bystander attitudes and behaviour occur in steps two to four. This is why this thesis will focus primarily on addressing those three areas and will endeavour to provide rationale and further explanation for why these steps appear to be the most frequently affected. As previously discussed, these three steps primarily focus on interpretation, responsibility, and self-assessment, all of which are impacted by intentions and perceptions (Burn, 2009; Bennett et al., 2013), which will lead to the utilisation of two theories, which make use of personal and situational factors, respectively, to explain and predict behaviour.

1.3.2 Ajzen's (1991) Theory of Planned Behaviour

The Theory of Planned Behaviour (Ajzen, 1991) builds upon the Reasoned Action Theory (Ajzen & Fishbein, 1980), and suggests that an individual's behaviour is a product of their intentions. A

person's intentions are affected by their personal attitudes towards that behaviour; their subjective norms, their understanding of how those around them will respond; and their perceived control over their performance of that behaviour (See Figure 2). These three factors impact an individual's intentions, determining whether or not they carry out the planned behaviour. This model aims to capture the motivational factors that influence behaviour, suggesting that the more positively each of the three factors of intention are perceived, the higher the intentions and the more likely a behaviour is to be carried out.

Fig. 2: Ajzen's (1991) Theory of Planned Behaviour



There have been a variety of applications of this model, using it to explain dietary choices (Menozzi et al., 2017), consumer behaviour (Hegner et al., 2017), and even why the victims of sexual harassment do not report (Foster & Fullagar, 2018). However, there has been little research into how the Theory of Planned Behaviour (Ajzen, 1991) can explain bystander intervention behaviour, with Banyard and colleagues (2009) suggesting that additional exploration beyond individual factors is necessary for the development of the research area, something that the Theory of Planned Behaviour (Ajzen, 1991) does. This is done by considering the bystander's attitudes towards certain behaviours, their subjective norms, and their perceived control over their own behaviour.

Previous research has demonstrated the Theory of Planned Behaviour's (Ajzen, 1991) ability to predict intention, which can be seen in Armitage and Conner's (2001) review, which uses 161 studies to highlight the Theory of Planned Behaviour's (Ajzen, 1991) predictive power. Given that bystander intervention attitudes and behaviour rely so much upon the bystander's intentions, it is no surprise that Theory of Planned Behaviour (Ajzen, 1991) could be used to effectively explain how a bystander's personal attitudes and subjective norms regarding sexually violent behaviour can heavily influence their perception of the event they are witnessing. Theory of Planned Behaviour's (Ajzen, 1991) application to a bystander intervention context was recently achieved in John et al.'s (2022) study, which found gender differences in intervention attitudes, with women reporting more positive attitudes towards intervention and more pro-intervention norms. The women's positive intentions were also positively predictive of an increased reporting of positive bystander intentions. These findings support the use of Theory of Planned Behaviour (Ajzen, 1991) for predicting bystander intervention behaviour and encourage more research into how varying factors may impact a bystander's intervention intentions.

One factor that can impact a bystander's intentions is the consumption of alcohol, which can decrease a bystander's inhibitions and, in turn, their moral norms and attitudes towards events and behaviours around them (Carlson, 2008; Leone et al., 2016; Oesterle et al., 2018). This change in norms and attitudes could make bystanders more accepting of behaviours that they would not ordinarily condone and, therefore, decrease the likelihood of them interpreting an act of sexual violence as requiring intervention (Anderson & Mathieu, 1996; Brown & Venable, 2007; Carlson, 2008; Leone et al., 2016; Oesterle et al., 2018). This would limit their ability to progress beyond step two of the Bystander Intervention Model (Latané & Darley, 1970).

Therefore, the Theory of Planned Behaviour (Ajzen, 1991) could help explain how the presence of alcohol may impact a bystander's ability to proceed through the Bystander Intervention Model (Latané & Darley, 1970) at steps two, three, and four. These steps will be the primary focus of

the thesis as a whole, making this theory a vital part of the theoretical framework through which this thesis' research should be viewed.

1.3.3 Lerner's (1980) Just World Theory

The Just World Theory (Lerner, 1980) proposes the notion that people perceive the world to be a just place and that, ultimately, it is believed that people are the recipient of outcomes based upon their own decisions and behaviour, i.e. they get what they deserve (Dalbert, 2009). In the context of bystander intervention, it means that bystanders hold less sympathy and compassion for victims that they believe acted in a manner that brought the misfortune on themselves. This could be how the victim was dressed, their demeanour, or, most relevantly to this thesis, their intoxication level (Burn, 2009; Sakali-Uğurlu et al., 2007). This suggests that steps two and three of the bystander intervention model, at which a bystander interprets the event and infers personal responsibility, could be impacted by situational factors, such as the ones proposed above.

There is some overlap with Ajzen's (1991) Theory of Planned Behaviour here, as a bystander's rationalisation for what deems a victim worthy of sexually violent victimisation is entirely subjective to the bystander. This was demonstrated in a vignette study by Johnson and Workman (1994), who found that when participants were presented with a vignette of sexual harassment, those whose victim was dressed more provocatively were more likely to be considered to have provoked the harassment and to have even brought it on themselves. Situational factors, like the clothing of the victim – or, to bring it back to the aim of the thesis, their alcohol consumption – may decrease inhibitions and create a more accepting attitude towards sexually violent behaviour (Anderson & Mathieu, 1996; Brown & Venable, 2007; Carlson, 2008; Leone et al., 2016; Oesterle et al., 2018). This theory becomes more relevant when moving beyond just the alcohol consumption of the bystander and how the alcohol consumption of the victim and perpetrator impacts a bystander's perception of them and their behaviour. This delves more into the realm of victim blaming and how blame may be

attributed in such scenarios, which suggests that bystanders may focus on specific aspects of a victim's characteristics or behaviour to legitimise why they have been victimised. This may be in an effort to create a divide between themselves and the victim to convince themselves that they are also unlikely to be potentially subjected to such sexually violent behaviours (Grubb & Turner, 2012).

This defence mechanism may reduce the likelihood that a bystander will intervene. However, if a bystander's attitudes and norms are strong enough and do not allow for such a shift in perception, and similarities are identified between bystander and victim, the Just World Theory (Lerner, 1980) may explain how an intoxicated bystander may view an intoxicated victim in the same setting as similar enough not to be a justified target of such acts. As a result, there is a possibility that the presence of alcohol may increase the likelihood of a bystander progressing through step two of the Bystander Intervention Model (Latané & Darley, 1970) and becoming more likely to intervene.

1.4 The Current Thesis and Methodology

The current thesis looks to build upon the previous literature and theoretical framework to develop the understanding of how the presence of alcohol impacts a bystander's attitudes towards intervention into sexual violence. In order to do so, this thesis will be comprised of a systematic review, an interview study analysed using thematic analysis, and two survey design studies, one in a natural setting and the other conducted online.

This thesis will take a broadly post-positivist approach in its design, as the emphasis on using a hybrid design lends itself to the subjectivity and individuality of the bystander experience and its reliance on numerous attitudes, experiences, and abilities (Brown & Messman-Moore, 2010; Potter et al., 2016). As a result of such factors, aiming to address this complex area of research would be most appropriately achieved by using a mixed-methods design with a post-positivist approach that is

intended to complement the quantitative elements of positivist research with the depth and additional dimensions of qualitative research (Fischer, 2005; Guba, 1990).

Beyond the post-positivist approach, a convergence model of triangulation design was deemed the most appropriate design to align with the aim of the research and the epistemological approach taken by the researcher (Creswell, 1999). The quantitative and qualitative data collection took place alongside one another with different samples, which were then compared and contrasted once data collection and analysis had taken place for all studies, and the interpretation of the results had begun. The designs of the two quantitative studies and single qualitative study were informed by the key gaps in the literature identified by the systematic review (see chapter 2). These findings suggested that studies measuring alcohol's impact on bystander intervention behaviour were often focused on the bystander's general alcohol use rather than their alcohol consumption at the time of testing; there was little research addressing the role of the perpetrator or victim's alcohol consumption; and that there was a requirement for a repeated measures design study in the area, building on the work of the likes of Ham et al. (2019) and Melkonian et al. (2020). These findings led to the design of the two quantitative studies included in this thesis.

The first of these studies presented in this thesis (see chapter 4) addressed the need for more research addressing bystanders' alcohol consumption rather than their general use by measuring participants' breath alcohol concentration (BrAC) to assess their levels of alcohol consumption. This study also had a repeated measures design, in which participants completed several bystander attitudes measures both when having consumed alcohol and when sober. The second quantitative study also aimed to address the remaining gap in the literature identified in the systematic review, which is that there was little research addressing the role of the perpetrator or victim's alcohol consumption. This was done using a vignette design, which differed only in the levels of intoxication displayed by the perpetrator and victim.

These studies aimed to identify the gaps in the literature and sought to understand how the alcohol consumption of those involved in an incident of sexual violence impacted a bystander's attitudes. The qualitative study is included in this thesis due to its ability to allow the exploration of human social experiences and to capture the nuances and complexities of individuals' perspectives of such experiences (Braun & Clarke, 2006; Smith, 2015). This study aimed to build upon the work of Oesterle et al. (2018) by understanding the experiences of female university students in instances of sexual violence. This study's ability to provide the nuance and depth of personal experience of bystander intervention complemented the quantitative studies' ability to identify specific variables' effect on bystander attitudes.

1.5 Aims and Research Questions

The research conducted in this thesis aimed to explore the effect of the presence of alcohol on the intervention behaviour of bystanders of sexual violence. The research questions for each study were as follows:

RQ 1: How does the presence of alcohol impact a bystander's perception of an incident of sexual violence and its requirement for intervention?

RQ 2: How does the presence of alcohol impact a bystander's perception of the victim in an incident of sexual violence?

Chapter 2: The Effects of Bystander Alcohol Consumption Upon Intervention Behaviour into Violence: A Systematic Review

2.1 Introduction

Bystanders are defined as individuals who witness an emergency (Latané & Darley, 1970). In acts of sexual violence, bystanders are estimated to be present around 35% of the time (Haikalis et al., 2018; Taylor et al., 2019). Research into bystander intervention began with Latané and Darley (1968), who demonstrated how the presence of multiple bystanders seems to impact intervention behaviour. In this study, participants were asked to complete some questionnaires in a small room when, unbeknownst to the participant, smoke began to fill the room through a small vent. Participants were either alone in the room, with two of the participants, or with two confederates, who did not react to the smoke entering the room. The study found that 75% of unaccompanied participants took action and attempted to get help, while those in groups of three saw that drop to 38% and 10% for participants with two confederates. This reduction in intervention behaviour when in groups, as opposed to being alone, became known as 'the bystander effect'.

Latané and Darley (1970) published their 'Bystander Intervention Model', which details the five-step process through which all bystanders pass when witnessing an event. Those five steps are (1) noticing the event; (2) interpreting the situation as requiring intervention; (3) recognising personal responsibility for intervention; (4) understanding how best to intervene and whether the skills required to do so are possessed; (5) deciding whether or not to take action. This model helped to shape the understanding of how varying factors could influence an individual's decision-making process when deciding whether to intervene in an act of violence. Latané & Darley's research (1970) suggests that this model could develop an understanding of the factors that influence bystander behaviour in the context of witnessing a violent act. Contemporary research on bystander intervention has shifted focus to identifying factors that can influence bystander behaviour at the different stages

of the model. Such factors include masculinity (Carlson, 2008), porn use (Foubert & Bridges, 2017), and the misogynistic attitudes of their peers (Leone et al., 2017). One potentially impactful factor that has not received as much attention is alcohol, despite it not being uncommon for incidents of a violent nature to involve alcohol.

According to the Office of National Statistics (2017), in 2014-2016 in England and Wales, alcohol-related violent incidents made up 67% of violent crimes that occurred at the weekend and 68% of those which occurred during the night. Therefore, it may be beneficial to better understanding how alcohol impacts people's bystander behaviour, which can be better understood by incorporating it into Latané and Darley's (1970) model.

2.1.1 Alcohol as a Barrier to Intervention

Given the aforementioned prevalence of alcohol in such violent incidents, Latané and Darley's (1970) bystander intervention model will be used to systematically examine how alcohol may theoretically play a role at each step. This subsection will focus on how the effects of alcohol may reduce the bystander's likelihood of intervention.

Noticing the event. For a bystander to make the decision to intervene, they must first recognise that an incident is happening. At this stage, alcohol consumption on the part of the bystander may prevent them from even noticing that an incident is taking place. According to Julien (2001), the most common effect of the consumption of alcohol is a reversible depression of the central nervous system (CNS). This depression of the CNS can cause impairment of a person's motor, cognitive and intellectual skills, alongside their alertness (Julien, 2001). This sedative effect is due to the increased production of the inhibitory neurotransmitter gamma-Aminobutyric acid (GABA), which alcohol promotes (Hancher et al., 2005). GABA brings with it a large amount of Chloride ions, which block up the receiving synapse, making it more difficult for neurotransmitters to move across the synaptic junction, reducing neuronal excitability throughout the nervous system (Davies, 2003). This

reduced excitability creates a sedative effect, dampening and reducing numerous processes throughout a person's body, including processing ability and attentional capacity (Davies, 2003).

Furthermore, Steele and Josephs' (1990) Alcohol Myopia Theory suggests that alcohol consumption can impair a person's attentional capacities. This results in the consumers being less likely to perceive more subtle social cues, instead focusing on the more salient elements of their surroundings. This limited attentional capacity, therefore, makes it more likely that they will miss something that is not occurring around them overtly (Clifasefi et al., 2006). As a result, if a bystander is under the influence of alcohol, it is increasingly more likely that if a potentially dangerous event occurs around them, it would go unnoticed. Therefore, if a bystander has not noticed the event occurring, they are unable to progress onto the next stage of the model, meaning intervention will not occur.

Interpreting the situation as requiring intervention. If the bystander has completed step one and has noticed an incident occurring, they will progress to the next step of the bystander Intervention Model (Latané & Darley, 1970). At this stage, bystanders interpret the event as something they perceive as inappropriate and/or illegal. However, if a bystander has consumed alcohol, they may be less likely to correctly interpret a perpetrator or victim's expression and identify the incident as being one of an aggressive nature. Borrill and colleagues (1987) studied the ability to recognise facial expressions in 18-28-year-olds who had consumed high amounts of alcohol, low amounts of alcohol or no alcohol. Their research found that those in the high alcohol group made more mistakes when judging other people's facial expressions, with anger being the most inaccurately judged facial expression by the high alcohol group.

Alcohol can also lower inhibitions, resulting in individuals being more accepting of behaviours that they would not ordinarily condone when sober, including carrying out those behaviours themselves or witnessing others performing them (Anderson & Mathieu, 1996; Brown & Venable, 2007). Wilsnack et al. (1984) found that people believed alcohol consumption lowered their sexual

inhibitions and made them more likely to engage in sexual activity. These findings are supported by those of Gordon and Carey (1996), who found that intoxicated men were more likely to desire and encourage unprotected sex. Making behaviours that people would ordinarily find unacceptable more tolerable could lead to an increased possibility of bystanders perceiving events as appropriate that they would typically categorise as requiring intervention.

In their book 'Stress, appraisal, and coping', Lazarus and Folkman (1984) discuss how human beings' cognitive appraisal processes are necessary for their ability to allow the distinction between non-threatening and dangerous stimuli. If the ability to carry out these appraisals is diminished, the individual's decreased ability to categorise something as stressful will impact their ability to respond appropriately. Alcohol reduces the stress response in its consumer; as Sayette's (1993) appraisal distribution model suggests, if alcohol is consumed prior to a stressful event, such as witnessing an act of aggression, then the consumer is less likely to perceive the situation as anxiety-inducing. This suggests that if a bystander has consumed alcohol, there is a decreased likelihood that they would perceive an incident as anxiety or stress-inducing; they would be less likely to recognise this incident as problematic enough to require intervention. Therefore, this could make them less likely to actively intervene in a situation that they would have done had they not been intoxicated.

Taking responsibility for intervening. Once the bystander has noticed the event and identified that event as one that requires intervention, the third step requires the bystander to take personal responsibility for the required intervention. Latané and Darley (1968) posited the notion of 'diffusion of responsibility' to explain why, in some cases, people appeared to do nothing when faced with such a situation. Diffusion of responsibility is the notion that when a group of people witness an event, the pressure to respond is divided amongst the numerous bystanders to such an extent that none of them feel compelled to intervene (Latané & Darley, 1968). Burn (2009) suggests that a bystander's willingness to intervene can be affected by the perceived 'worthiness' of the victim if they deem them worthy of their intervention. Several factors can negatively impact this perceived

'worthiness' of the victim, ranging from the way they are dressed (Whatley, 2005), their relationship with the bystander (Levine et al., 2002) or their levels of intoxication (Burn, 2009). Intoxicated female victims are often viewed more unfavourably than sober female victims, with research suggesting that they can often be attributed more blame than the perpetrators themselves (Abbey, 2002; Burn, 2009; Gunby et al., 2012). As a result, intoxicated victims can be perceived as having a decreased 'worthiness', which could lead to the bystander perceiving them as not worthy of their intervention.

Deciding how to intervene. At this stage, bystanders may choose not to intervene because they cannot think of an effective method, or they may be unconfident in their ability to successfully carry out the intervention (Burn, 2009). Research has demonstrated that intoxication impairs cognitive function, including problem-solving, planning, and response inhibition (Curtin & Fairchild, 2003; Giancola, 2000), meaning that a bystander's ability to formulate a plan of intervention could be somewhat compromised. Research on how alcohol affects problem-solving has addressed the relationship between alcohol consumption and working memory capacity. According to Engle (2002), an individual's working memory capacity plays a crucial role in general intelligence and attentional control. An increase in working memory capacity is suggested to be related to a higher problem-solving ability. Ramadan and McMurrin (2005) found that harmful alcohol consumption, which they defined as more than five units on one occasion, affected the social problem-solving capabilities of male participants in their study. Their results suggested that alcohol impeded working memory function by reducing a person's ability to allocate attention from one thing to another, therefore, making it more difficult for intoxicated bystanders to shift attention to things going on around them and to develop strategies to help (Finn et al., 1999; Grattan-Miscio & Vogel-Sprott, 2005). These findings suggest that alcohol can negatively impact an intoxicated person's working memory capacity and, therefore, negatively impact their problem-solving abilities whilst under the influence of alcohol. If their problem-solving abilities are impacted, they are less likely to be able to devise a strategy for taking action and are, therefore, less likely to take action.

Deciding whether to act. There are two reasonable ways in which alcohol may impact a bystander at this stage. The first being its impact on the bystander's motor skills; for example, alcohol has a negative impact on a driver's ability to control a car safely (Ross, 1994). This is due to the effect alcohol has on a person's physical motor skills (Mitchell, 1985) and psychomotor abilities (Fillmore et al., 2005). This impairment extends beyond complex motor tasks, such as driving a car, to even simple tasks, such as walking in a straight line (Sullivan et al., 1995). As such, it is possible that when intoxicated, a bystander may be unable to carry out the plan they formulated simply because of the effects the alcohol has had upon their motor skills.

The second way in which a bystander's ability to intervene may be impacted is through a combination of the myopic effects of alcohol and audience inhibition (Leone et al., 2018). Audience inhibition is the fear that those around the bystander may interpret their reaction to the event negatively; for example, if a bystander were to intervene, they may be concerned that those around them would think that they were being intrusive or interfering (Carlson, 2008). This is even more likely when those around the bystander hold misogynistic views (Leone et al., 2017). If those surrounding a bystander were to hold such views, alcohol would only exacerbate the effects of such an audience inhibition. The aforementioned myopic effects of alcohol would focus a bystander's attention upon those in their immediate vicinity, making their fixation on the attitudes of their counterparts and their potential negative interpretation of them even more pertinent to the bystander (Leone et al., 2018; Steele & Josephs, 1990).

2.1.2 Alcohol as a Gateway to Intervention

Latané and Darley's (1970) bystander intervention model details the five-step process through which bystanders pass. Most research suggests that alcohol inherently has a negative effect on a bystander's ability to pass through these steps (Leone et al., 2018). However, it is possible to suggest

that perhaps alcohol could provide a more positive path that leads to an increased likelihood of intervention.

Alcohol Myopia Theory (Steele & Josephs, 1990) supports the idea that an intoxicated bystander is less likely to notice an event that could potentially require intervention is actually occurring. However, Sevincer and Oettingen (2009) suggest that this focus on the salient aspects of a person's surroundings may actually shift their goal focusing from the feasibility of these goals to their own desirability to achieve those goals. This shift in focus suggests that intoxicated bystanders could be more likely to intervene, if the incident is obvious to them, as the salient cues around them are more heavily influential. This idea is supported by numerous pieces of research on Alcohol Myopia theory (Steele & Josephs, 1990). Giancola and Corman (2007) found that their intoxicated participants acted more aggressively when provocative cues were salient, compared to intoxicated participants who had distracting cues present around them. Similarly, MacDonald and colleagues (2000) reported that participants who had consumed alcohol were more likely to engage in unprotected sex when encouraging cues were obvious but less willing when deterrent cues were salient. This research suggests that if an incident were overtly presented to a bystander, their shift in goal focusing due to their alcohol consumption could result in them almost skipping steps two, three, and four to five and jumping straight to intervention.

Fischer et al.'s (2011) meta-analysis of 53 papers examining bystander intervention in dangerous and non-dangerous emergencies found that non-emergencies produced a more significant bystander effect than emergency situations. This meta-analysis found that research over the last 50 years suggests that the bystander effect is attenuated by the increased danger or emergency, meaning that when events are perceived as more dangerous, bystanders are more likely to intervene, despite the presence of others. The researchers believed that one of the reasons for these findings was due to the danger of the situation, making the need for intervention more overt, which is more likely to remove the doubt in bystanders' minds. Therefore, making bystanders more likely to pass through

step two on the bystander intervention model (Latané & Darley, 1970) and interpret the event as one requiring intervention, preventing the inhibiting consequences of the bystander effect.

2.1.3 The Current Study

As outlined above, research suggests that alcohol has some form of impact on a bystander's intervention behaviour; however, the conflicting nature of the findings makes it difficult to know precisely what kind of impact it has. This review will systematically analyse previous research papers that have investigated the effect of alcohol consumption on a bystander's intervention behaviour to determine the effect alcohol has on bystander behaviour.

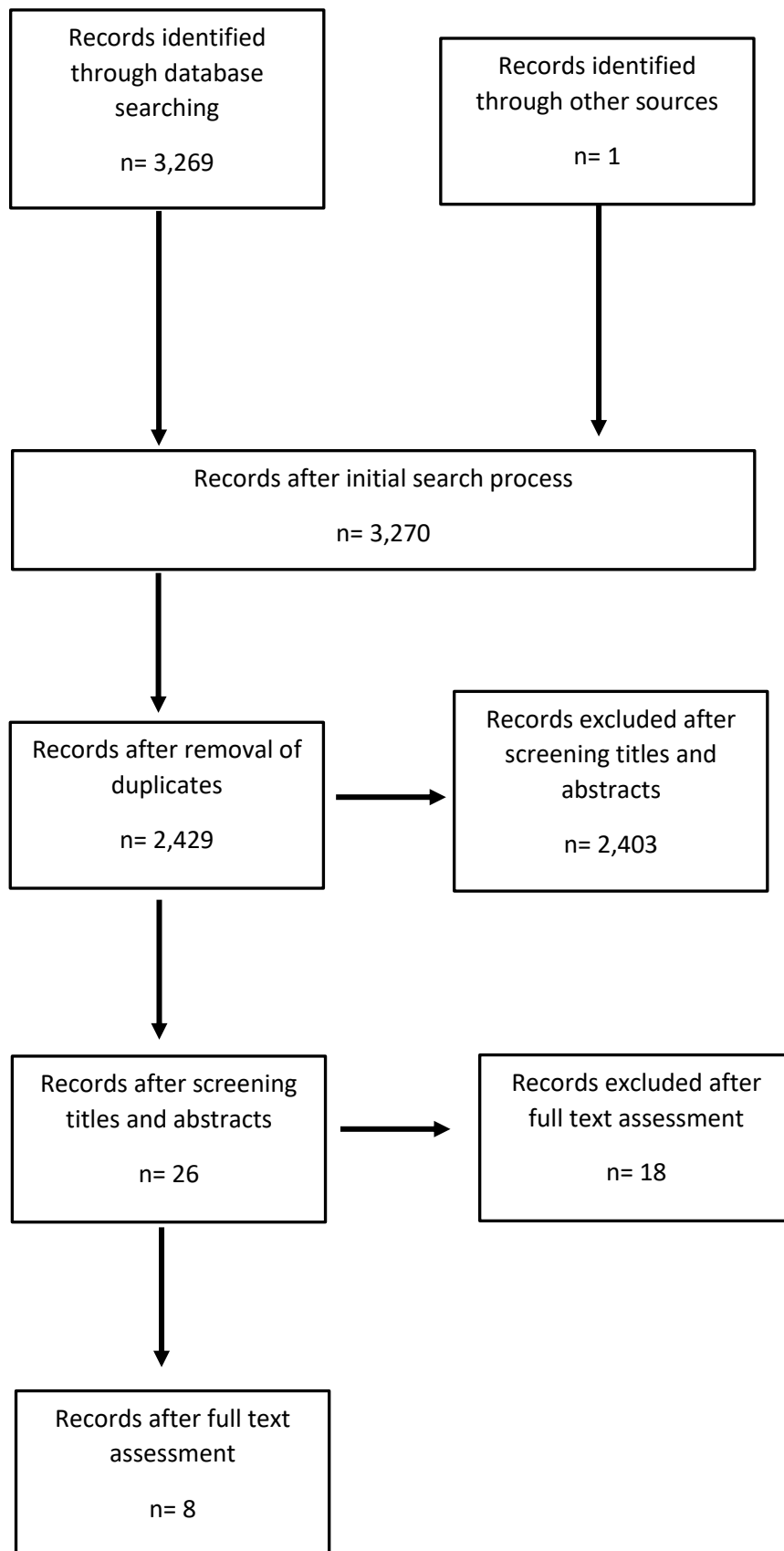
This systematic review aims to build upon the findings of Philpot et al.'s (2020) and Latané and Darley's (1970) research, by reviewing all the current research that explores whether alcohol consumption or usage has any impact upon a bystander's willingness to intervene. This will allow for the entirety of the knowledge base in this area to be collated and to update our understanding of the impact alcohol has on bystander intervention. This will allow bystander intervention training programs, which are becoming increasingly common in institutions in both the UK and USA, to be as up-to-date as possible, imparting the most relevant knowledge in their training. Additionally, this review will help to identify the limitations of the current research and help to guide the direction of future research.

2.2 Method

This review follows the standards of, and was preregistered on, PRISMA (Liberati et al., 2009). The initial search for this review was conducted using the PsychInfo, PsychArticles, Google Scholar, and Web of Science databases. Three sets of search terms were used, one for each of the three variables relevant to the review: alcohol (Alcohol OR Alcoholic OR Alcoholism OR Drinking OR Drunk OR Drunken OR Drunkenness OR Intoxicated OR Intoxication OR Inebriated); bystander (Bystander OR

Onlooker OR Third Party OR Witness OR Helper); and violence (Violence OR Violent OR Victimisation OR Victimised OR Bullying OR Bullied OR Bully OR Aggression OR Aggressive OR Aggressor OR Assault OR Assaulting OR Assaulted OR Attack OR Attacked OR Attacking). The search results are reported below in the PRISMA diagram (Figure 3), with 3,270 records identified in the initial search, which became 2,429 after duplicates were removed. After screening the titles and abstracts, there were 26 eligible articles remaining, with only eight meeting the inclusion criteria after the full-text assessment.

Fig. 3: PRISMA Diagram for Search Results



2.2.1 Inclusion and Exclusion Criteria

For inclusion in this review, articles had to have been pieces of empirical research published in a peer-reviewed journal in English. Studies written in other languages were not included due to this being the only language spoken fluently by the author. No limitations were placed on the publication year of the article; however, there is very little research dating further back than a decade ago, demonstrated by the fact that the oldest article included in this review is from 2015.

All studies had to involve a measure of alcohol consumption or alcohol use and of bystander intervention to be eligible for inclusion. The measures used to obtain this information were either through self-report data detailing how much they had drunk at the time of testing, how much they drank regularly, or a breathalyser. As a result, the samples used in all studies must have been above the age of 18 years old due to the inclusion of alcohol. All eligible studies included a measure of participants' bystander intervention behaviour or their attitudes towards bystander intervention in a situation involving violence. Bystander measures included various surveys, interviews, or an experimental variable.

2.2.2 Reliability of Selection and Inclusion Process

The search strategy outlined above was used to retrieve titles and abstracts of studies. The results from the search strategy were matched against the inclusion criteria based on their titles and abstracts, with those that did not meet the inclusion criteria being removed from inclusion in the review. The full text of all eligible articles was then retrieved for further assessment, including study quality, methodology, and population. Once the full texts of all eligible studies had been analysed against the inclusion and exclusion criteria, they were narrowed down to include only the studies that met the inclusion criteria.

2.2.3 Assessment of the Quality of the Data

The relationship between alcohol use and bystander intervention has been examined in several ways, including laboratory experiments, survey methodologies, and qualitative methodologies. This complicated finding a quality assessment tool, as most are designed with studies using experimental methodologies in mind. Therefore, a version of Munn et al.'s (2014) The Joanna Briggs Institute Prevalence Critical Appraisal Tool (JBIPCAT) was used, as used in Noret et al. (2018).

As outlined by Noret et al. (2018), questions nine and ten in the JBIPCAT (Munn et al., 2014) address subgroup populations, which are not relevant to this review; therefore, those questions were not included in the assessment of this data set. The eight included questions break down as follows, questions 1 to 4 assess the sample population and size, and questions 6 and 7 evaluate the measurement of variables. Finally, questions 5 and 8 assess the analysis used.

Each article was assessed on each criterion and awarded either 1 point if they successfully met the criterion, 0.5 points if they partially met the criterion, or 0 points if they did not successfully meet the criterion. Once a total score for each article was calculated, with a maximum of eight. This is except for the qualitative study included in the analysis (indicated by an asterisk in table 1), which was only able to achieve a maximum score of seven, as its methodology meant that question six was irrelevant. Any score of four or higher (3.5 or higher for the one qualitative study) was indicative of a study with a low risk of methodological bias, and that was eligible for inclusion in the review. A benchmark score of 3.5/7 was selected for the qualitative paper, as this accounts for the same percentage score (50%) as the 4/8 for the quantitative papers included in the analysis. Table 1, in the results section, demonstrates how each article scored against each criterion.

2.2.4 Data Analysis

After the study selection process was concluded, eight articles were analysed qualitatively using narrative analysis to ascertain the relationship between alcohol and bystander intervention in violence. A narrative review was used partly due to the inclusion of studies using qualitative methodologies but mainly because of the lack of a standardised measure for bystander intervention throughout the included studies.

2.3 Results

This review included eight articles, seven of which addressed the role of alcohol on bystander intervention into sexual violence, and one that addressed both physical and sexual violence, including 2,849 participants. There were no studies included that solely examined physical violence. As previously mentioned, each article was quality assessed using the JBIPCAT (Munn et al., 2014), with scores shown below, ranging from six to eight (See Table 1).

Table 1

The Joanna Briggs Institute Prevalence Critical Appraisal Tool (Munn et al., 2014) for the included studies.

Article	1	2	3	4	5	6	7	8	Total
Fleming & Wiersma- Mosley (2015)	1	1	1	1	1	1	1	1	8
Haikalis et al. (2018)	1	1	1	1	1	1	1	1	8
Ham et al. (2019)	1	1	1	1	1	1	1	1	8
Leone & Parrott (2019)	1	1	1	1	1	1	1	1	8
Melkonian et al. (2020)	1	1	1	1	1	1	1	1	8
Oesterle et al. (2018)	0.5	1	0.5	1	1	N/A	1	1	6*

Orchowski									
et al.	1	1	1	0.5	1	1	1	1	7.5
(2016)									
Williams et									
al. (2019)	1	1	1	1	1	1	1	1	8

Note - * - Denotes a study that used a qualitative methodology, to which question six was not relevant.

1 = Was the sample representative of the target population? **2** = Were study participants recruited in an appropriate way? **3** = Was the sample size adequate? **4** = Were the study subjects and setting described in detail? **5** = Was the data analysis conducted with sufficient coverage of the identified sample? **6** = Were objective, standard criteria used for the measurement of the condition? **7** = Was the condition measured reliably? **8** = Was there appropriate statistical analysis?

2.3.1 Sampling and Design Characteristics

As seen above (Table 1), all eight articles were found to meet the criteria of the quality assessment tool used (Munn et al., 2014). The characteristics of the studies included in this review are listed below in Table 2. The articles were published between 2015 and 2020, with sample sizes ranging from 12 to 888. Table 2 details all the relevant data extracted from the eligible studies. The data extracted included: research question(s); measures used; independent variables; dependent variables; sample size/population; participant demographics; design used; analysis used; and findings/conclusions.

Table 2

Characteristics of included studies

Authors	Country	Sample				Measures			Design	Analysis	
		Sample Size (n)	Age	Gender	Ethnicity	Sexual Orientation	Alcohol	Bystander Intervention	Design Used	Data Analysis	Key Findings
Fleming and Wiersma-Mosley (2015)	USA	Study One: 888 Study Two: 637	Study One: 20 years old (SD = 2.30) Study Two: 20.86	Study One: Male – 36% Study Two: Female – 64%	Study One: 90% Caucasian, rest not reported. Study two: 93% European American, rest not reported.	NR	Study One: Self-constructed alcohol use questionnaire Study Two: Self-constructed	Cornell MVP Military Project Bystander Intervention Scale	Online survey design	Hierarchical Regression	Study One: Men who had been drinking reported a significantly lower likelihood of intervention when the perpetrator is

years old Male –
(SD= 30%
3.91) Female
– 70%

alcohol use
questionnaire,
Alcohol
Expectancy
Questionnaire
(Brown et al.,
1987), and
The College
Alcohol
Problem Scale
(Maddock et
al., 2001).

known. This
was
regardless of
the type of
violence;
however, men
are less likely
to intervene
into sexual
violence than
they are
physical
violence.

Study Two:
Females are

											less likely to intervene in both sexual and physical violence when they report higher alcohol expectancies and when the perpetrator was not known.
Haikalis, Leone, Parrott, and DiLillo (2018)	USA	427	22.95 years (SD = 1.73)	Female – 100%	White - 69%, African American - 12%,	Heterosexual - 79%, Homosexual - 1%, and	Asked to indicate whether they (the victim),	18 items from Bystander behaviour Questionnaire	Online survey design	Chi-Square	Victims reported that when bystanders

Hispanic/Latino	Bisexual -	the	(Leone et al.,	were present
- 8%,	19%.	perpetrator,	2017), 8 items	prior to an SA,
Asian/Pacific		or the	from the	they had
Islander - 7%,		bystander had	Bystander	consumed
Other - 2%,		consumed	Behaviour	alcohol 88%
and Native		alcohol prior	Scale – Revised	of the time.
American - 1%		to the assault.	(McMahon et	Victims also
			al., 2014), and	estimated
			5 author	that
			developed	bystanders
			items.	who had the
				opportunity
				to intervene
				were more
				impaired by
				their alcohol

											consumption than those who did not have an opportunity to intervene.
Ham, Wiersma-Mosley, Wolkowicz, Jozkowski, Bridges, and Melkonian (2019)	USA	128	23.27 years old (SD=2.41)	Male – 50% Female – 50%	White - 78%, Black - 3%, Latino/Hispanic - 6%, Asian - 4%, Native American - 1%, Biracial - 3%, and Other - 5%.	NR	Randomly assigned to alcohol (given vodka and soda at 0.82 g/kg for men and 0.68 g/kg for women) or non-alcohol group	semi-structured interview regarding the five steps of Latané and Darley's (1970) Bystander Intervention Model.	Mixed methods – laboratory experiment and semi-structured interview	2x2 between-groups ANOVAs and SEM.	Participants in the control condition recalled the story more accurately (Step 1: notice the event) and reported greater

(provided
with
equivalent
measurement
of soda)

Self-report
measures of
general
drinking
behaviours
(Alcohol Use
Disorders
Identification
Test).

risk/need for
intervention
(Step 2), but
they did not
differ on the
latter three
steps of
bystander
intervention
compared
with alcohol-
condition
participants.
Intoxication
effects were
similar for

men and
women.

Furthermore,
risk/need for
intervention

(Step 2)

partially

mediated the

effect of

alcohol

condition on

personal

responsibility

(Step 3) and

relative

benefits

Leone and Parrott (2019)	USA	74	23.93 years old (SD=2.65)	Male – 100%	White - 50%, Black or African American - 24.3%, Dual Heritage - 12.2%, Asian - 10.8%, and American Indian or Alaska Native - 2.7%.	Heterosexual - 87.8%, and Other - 12.2%.	Randomly selected to a alcohol (0.99 g/kg ethanol and orange juice) or no-alcohol group (equivalent amount of orange juice).	SA intervention is operationalised as whether the participant stops the video and if so, the time taken, in seconds, to do so.	Laboratory experiment	Binary Logistic Regression.	versus costs from intervening (Step 4).
											intoxication decreased the likelihood and speed of intervention among men with higher intentions of helping, when compared to men with lower

Drinking
Patterns
Questionnaire
(National
Institute of
Alcohol Abuse
and
Alcoholism.,
2003).

intentions of
helping.

Alcohol or
non-alcohol
condition.

Melkonian, Ham, Wiersma-Mosley, Jackson, Mobley, Jozkowski, Willis, and Bridges (2020)	USA	327	23.19 years old (SD=2.32)	Male – 55% Female – 45%	White - 50%, Black or African American - 24.3%, Dual Heritage - 12.2%, Asian - 10.8%, and American Indian or Alaska Native - 2.7%.	Heterosexual - 87.8%, and Other - 12.2%.	Breath Alcohol Concentration from breathalyser.	Questionnaires assessing outcomes relating to steps of bystander intervention model (Latané & Darley, 1970), after listening to one of four vignettes.	Field experiment	Between-group ANCOVAs.	Results suggested a significant association of BrAC and ratings of perceived discomfort of the victim, but not the perceived danger.
Oesterle, Orchowksi, Moreno, and	USA	12	20-21 years old (SD=0.90)	Male – 100%	Caucasian - 83.3%, African American -	NR	N/A	N/A	Semi-structured interview	Thematic Analysis	Four Themes: Theme 1: Noticing risk

Berkowitz
(2018)

8.33%, and
Multiracial -
8.33%.

for sexual
violence.

Theme 2:

Labelling
situations as
problematic.

Theme 3:

Taking
responsibility
for helping.

Theme 4:

Taking action
to intervene.

Orchowski, Berkowitz, Boggis, and Oesterle (2016)	USA	242	20.44 years old (SD=1.04)	Male – 100%	Caucasian - 86.4%, African American - 2.1%, Asian - 4.1%, Hawaiian or Pacific Islander - 0.4%, Other - 4.1%, and Declined to Answer - 2.9%.	NR	Participants were asked to indicate how many times in the past 30 days they consumed five or more drinks on one occasion.	Bystander Attitudes Scale (Banyard et al., 2007).	Online survey design	Independent t-tests.	20 of the bystander attitudes reported significant differences between heavy drinkers and non-heavy drinkers. 18/20 saw the heavy drinkers less likely to intervene,
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only 2/20 saw
them more
likely to
intervene.

Heavy
drinkers were
more likely
than men who
did not report
such
behaviour to
report
increased
comfort with
sexism, more
engagement

in coercive
sexual
behaviour,
and greater
perceived
peer approval
for sexual
aggression.

Williams, Rheingold, Shealy, and LaRocque (2019)	USA	114	19.71 years old (SD=1.01)	Male – 92% Female – 8%	White - 83.3%, Hispanic - 2.6%, Asian - 1.8%, African American - 7.9%, Multiracial - 4.4%	NR	Daily Drinking Questionnaire– Revised (DDQ-R; Collins et al., 1984).	Bystander Willingness to Help Scale (BWHS; Banyard et al., 2005).	2 x 3 mixed-model repeated measures analyses.	Online survey design	No statistically significant drinking x time interactions were observed on the IRMA, IRMA subscales, or BWHS. A main effect was found for drinking status such that, across time, heavy drinking students reported engaging in more bystander behaviours than non-heavy drinking students.
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All eligible articles surpassed the required scores for inclusion based on the JBIPCAT (Munn et al., 2014), with the lowest score being six out of seven. All articles, except Oesterle et al. (2018) received a whole point for their representativeness (Criterion 1) and sample size (Criterion 3); this was due to the limited sample size of the study, only interviewing 12 participants. All studies utilised an appropriate recruitment technique (Criterion 2), mainly recruiting from university campuses, therefore, receiving a whole point. Orchowski and colleagues (2015) was the only article to receive half a point for their description of the participants and settings (Criterion 4) due to the lack of detail provided about the environment, in which the participants completed their questionnaires. All included articles successfully met criteria 5 and 8 with their analysis and received a whole point for both criteria. Criterion 6 did not apply to the qualitative study included in the review (Oesterle et al., 2018) and so was not counted towards their quality appraisal; all other articles received a whole point for item six. Finally, all eight articles received a whole point for the reliability of the measures used (Criterion 7).

A variety of methodologies and designs were used in the included articles, with the most common ($n = 4$, 50%) being online survey designs. Each of the other four included articles used different methodologies and designs, including a semi-structured interview; a laboratory experiment; a field experiment; and a mixed methods design consisting of a survey component and a semi-structured interview.

2.3.2 Measurement of Variables

Alcohol consumption was measured differently in all eight of the included studies, all of which are listed in table 2. These included semi-structured interviews, self-report questionnaires, and physical measures. Haikalis et al. (2018) used a semi-structured interview in their study. During which, they asked their participants, who were victims of sexual assault, whether they, their perpetrator, and

any bystanders that were present had consumed alcohol. They were also asked how much they felt the alcohol consumed affected the behaviour of themselves, the perpetrator, or the bystander. Orchowski et al. (2015) also used a similar measure, asking participants if they had consumed five or more alcoholic drinks on one occasion in the past 30 days, using guidance from the National Institute of Alcohol Abuse and Alcoholism (2005) and Grzywacz et al. (2007) to operationalise the terms 'alcoholic beverage' and 'heavy-drinking'.

Fleming and Wiersma-Mosley (2015) used an author-developed questionnaire to measure the frequency and quantity of alcohol consumption for use in both of their studies. This measure was used in conjunction with two other previously developed measures, the Alcohol Expectancy Questionnaire (Brown et al., 1987), a 32-item questionnaire that addressed how alcohol consumption impacted the behaviour of the participants, and the College Alcohol Problem scale (Maddock et al., 2001), a 21-item scale that measured the frequency of issues experienced as a result of excess alcohol consumption.

Leone and Parrott (2019) and Melkonian et al. (2020) were the only studies to use a measure of alcohol consumption at the time of testing, as they used a breathalyser to measure breath alcohol concentration (BrAC) in their field experiment. Leone and Parrott (2019) provided their participants with alcoholic beverages before their participation. After ensuring that all their participants had a blood alcohol concentration of 0.0%, they gave all participants in the alcohol condition two alcoholic drinks of 95% ethanol USP at a dose of 0.99g/kg of body weight. This was a reliable method of providing a BrAC of 0.08-0.12%. Participants in the non-alcohol condition just received two glasses of orange juice, which kept them at a 0.0% BrAC. Melkonian et al. (2020) did not provide participants with alcoholic beverages but they did use a breathalyser to measure the BrAC of the participants that they recruited for their field study. The participants were recruited outside of drinking establishments and reported that they had frequented or planned to frequent a bar that night and consume alcohol. They were breathalysed after their participation in the research to provide a measure of their BrAC.

The remaining four studies used previously developed self-report measures of alcohol use. The Drinking Patterns Questionnaire (National Institute for Alcohol Abuse and Alcoholism, 2003) is a 6-item measure which addresses the participants' alcohol consumption over the previous 12 months, which was used by Leone and Parrott (2019). Ham et al. (2019) used the Alcohol Use Disorders Identification Test (World Health Organization, 2020) to measure general drinking behaviours. Williams et al. (2019) measured their participants' alcohol consumption over the previous 30 days using the Daily Drinking Questionnaire-Revised (Collins et al., 1984). Finally, Oesterle et al. (2018) used the graduated frequency measure (Hilton, 1989) to measure alcohol consumption in heavy-drinking college men, defined as someone who had consumed five or more drinks in one sitting on more than one occasion in the past month.

As with the first variable, this review found that bystander intervention was assessed through a multitude of measures, with no study included in this review using the same measure. Across the eight papers included, the measures used were a mixture of two semi-structured interviews, one experimental measure, and eight self-report measures, two of which was author-developed.

As previously mentioned, Oesterle et al. (2018) used a qualitative methodology, so their participants' experiences of bystander intervention were measured using a semi-structured interview. This included questions like, "what makes it easier to step in?" (Oesterle et al., 2018, p. 1213). Ham et al. (2019) also used a semi-structured interview to measure participants' bystander intervention behaviour in relation to a vignette that described an incident of sexual violence at a party. The interview was based on the five steps of Latané and Darley's (1970) Bystander Intervention Model, with each portion of the interview addressing a specific step, either through interview questions or a Likert scale. Leone and Parrott (2019) were the only authors to use an experimental measure for bystander behaviour, operationalising bystander intervention as whether their participant intervened to stop a sexually explicit video for an uncomfortable female viewer and if so, how long it took them to do so.

The remaining five papers in this review used self-report measures for their bystander intervention variable. Each study uses a different measure. Melkonian et al. (2020) used a vignette of sexual violence and an author-developed Likert scale measure based on Latané and Darley's (1970) Bystander Intervention Model (Latané & Darley, 1970). Fleming and Wiersma-Mosley (2015) used some of the scales included in a piloted bystander measure called the Cornell MVP Military Project Bystander Measure. Haikalis et al. (2018) used a combination of 18 items from the Bystander Behavior Questionnaire (Leone et al., 2018) and 13 from the Bystander Behaviors Scale – Revised (McMahon et al., 2014). Orchowski et al. (2015) used the 51 item Bystander Attitudes Scale (Banyard et al., 2007). Finally, Williams et al. (2019) measured bystander behaviour using a combination of 12 items from the Bystander Willingness to Help Scale (Banyard et al., 2005) and the 26-item Bystander Behavior Scale (Banyard & Moynihan, 2011).

2.3.3 Key Finding 1: Alcohol consumption has an effect on bystander intervention

All eight included papers in this review suggest that alcohol had, or would have, an effect on bystander intervention behaviour. Five of the eight found evidence of a negative effect of alcohol consumption on bystander intervention behaviour (Fleming & Wiersma-Mosley, 2015; Haikalis et al., 2018; Ham, et al., 2019; Leone & Parrott, 2019; Melkonian, et al., 2020), two found evidence of both positive and negative effects (Oesterle et al., 2018; Orchowski et al., 2015), and one found a positive effect (Williams et al., 2019).

Fleming and Wiersma-Mosley (2015) found that men who reported high alcohol consumption also reported being less likely to intervene in physical or sexual violence, but only when the perpetrator was known to them. Haikalis et al. (2018) reported that in 75% of the cases where a bystander was present and had an opportunity to intervene but did not, they had consumed alcohol. Ham et al. (2019) found that participants who had consumed alcohol recalled fewer key elements of

a vignette of sexual violence than those in the control group whilst also reporting a decreased risk for the victim and a reduced need for intervention. Leone and Parrott (2019) found a significant interaction between intent to help and alcohol consumption, suggesting that alcohol reduced the likelihood of intervention in male bystanders with a high intent to help. Melkonian et al. (2020) found that participants with a higher BrAC were less accurate at assessing the intoxication level of characters in a vignette. They also perceived the victim character in the vignette to be less uncomfortable than those with lower BrAC. These five papers all suggest that alcohol has a negative effect on bystander intervention, meaning that alcohol consumption or use makes them less likely to intervene in an instance of violence. This is the case for the majority of papers in this review; however, the findings from two papers do suggest that there could be both a positive and a negative effect.

Oesterle et al. (2018) used a qualitative approach to measure male students' attitudes and experiences with alcohol and bystander intervention. The male students interviewed believed that alcohol did affect their ability to intervene. However, it was suggested that it could be in either direction, with some reporting that they felt as though alcohol made them more likely to intervene and others reporting it making them less likely. Orchowski et al. (2015) found a significant difference in their single-item analysis between heavy drinking and non-heavy drinking groups in 20 of the 51 measures on the Bystander Attitude Scale (Banyard et al., 2007), with 18 of the 20 being in the negative direction, and two in the positive direction. The two statements that were reported as more likely to be carried out by a heavy drinking group were 'if a woman is being shoved or yelled at by a man, I ask her if she needs help' and 'if I saw several strangers dragging a passed out woman up to their room, I would get help and try to intervene'.

The only study that found a positive effect of alcohol on bystander intervention was Williams et al. (2019), who found that from their exclusively male sample, those who reported heavy drinking reported having engaged in bystander intervention behaviour in the month following their completion of The Men's Program (Foubert, 2011) than their non-heavy drinking counterparts. These findings

suggest that bystanders who reported regular heavy drinking were more likely to engage in bystander intervention after completing The Men's Program Field (Foubert, 2011) bystander intervention training program than those who did not.

2.3.4 Key Finding 2: The lack of evidence for a direct effect of alcohol on bystander intervention behaviour

Whilst all eight studies found that alcohol impacted bystander intervention, six of the eight did not report a significant direct effect of alcohol on bystander intervention but included a mediating variable (Fleming & Wiersma-Mosley, 2015; Haikalis et al., 2018; Leone & Parrott, 2019; Oesterle et al., 2018; Orchowski et al., 2015; Williams et al., 2019). For example, Fleming and Wiersma-Mosley (2015) found that alcohol use did not affect scores on the self-report bystander intervention measure when measured directly. However, they found that male participants with high alcohol use were less likely to report intervening when the perpetrator was known to them. Furthermore, Leone and Parrott (2019) found that alcohol consumption did not have a direct effect on the intervention speed or likelihood of the participant. However, they did find that when the Intent to Help Strangers questionnaire (Banyard et al., 2014) was used as a mediator, that men who reported a high intent to help strangers had a decreased likelihood of intervening in sexual aggression when intoxicated. This lack of evidence for a direct effect of alcohol highlights the complexity of the relationship between alcohol and bystander behaviour.

The closest any of the studies came to measuring and reporting a direct relationship between alcohol consumption and bystander intervention behaviour were Ham et al.'s (2019) and Melkonian et al.'s (2020) papers. Both articles suggest that alcohol consumption negatively affects the first two steps of Latané and Darley's (1970) Bystander Intervention Model. Ham et al. (2019) used a laboratory setting to present participants who had consumed either an alcoholic or non-alcoholic beverage with

a vignette describing an incidence of sexual violence. Participants were then assessed using a semi-structured interview modelled on the five steps of Latané and Darley's (1970) Bystander Intervention model. The participants in the alcohol condition were found to be less accurate when asked to recall the details of the vignette (Step One) and reported lower scores on a 1-10 Likert scale for a need for intervention (Step Two). They did not find a significant difference between the experimental and control group for steps 3-5, which addressed personal responsibility for intervention (Step Three), intervention generation and evaluation (Step Four), and their confidence to enact their chosen intervention (Step Five). Melkonian et al. (2020) used a very similar methodology but instead used a field setting, recruiting participants from areas surrounding drinking establishments. Participants were then asked to listen to a vignette before completing a questionnaire, which addressed the steps of Latané and Darley's (1970) Bystander Intervention Model. This measure of bystander intervention was very similar to the semi-structured interview used by Ham et al. (2019) but used more of a questionnaire format, using Likert scales or multiple-choice questions to measure each step. As with Ham et al. (2019), they found that steps one and two of the model (Latané & Darley, 1970) were affected by alcohol, but the remaining steps were not.

2.3.5 Key Finding 3: Measuring general alcohol use rather than a cross-sectional analysis of alcohol consumption.

One of the most noticeable findings in this research area is the amount of research focusing on general alcohol use and drinking behaviour (Fleming & Wiersma-Mosley, 2015; Orchowski et al., 2015; Williams et al., 2019), as opposed to measuring the alcohol use of participants at the moment of testing (Haikalis et al., 2018; Ham et al., 2019; Leone & Parrott, 2019; Melkonian et al., 2020; Oesterle et al., 2018). Three of the eight studies included in this review used measures that focused on participants' drinking behaviour as their primary measurement of alcohol use, such as the Daily

Drinking Questionnaire (Collins et al., 1984) in Williams et al. (2019). In contrast, the remaining five studies used measures that focused on the alcohol consumption of the participants at the moment of testing. These measures include using between groups designs to compare alcohol-consuming and non-alcohol-consuming groups, asking victims to recall whether the bystander present at their sexual assault was intoxicated, or breathalysing participants.

This difference in measurement across the studies is pertinent because it highlights how the research in this area is divided between general alcohol use and the impact alcohol has on bystander behaviour at the moment of testing. This difference displays how little research has been conducted into the direct impact of alcohol consumption and how much more research is needed in this area. Therefore, the conclusions made from this review are less focused on how alcohol consumption impacts bystander intervention and the relationship between general alcohol use and bystander intervention behaviour.

2.4 Discussion

This review examined the effect of alcohol on bystander intervention in a violent incident. Addressing how a potential bystander's intervention behaviour is affected by their use or consumption of alcohol. The review found that the current literature supports the notion that alcohol consumption or use has a negative effect on bystander intervention, making bystanders less likely to intervene in a violent incident. However, the review suggests that there is a lack of evidence for a direct effect, with potential mediating variables being included in the analysis, such as the bystander's relationship to the perpetrator or the participant's score on the Intent to Help Strangers questionnaire (Banyard et al., 2014). Furthermore, there is a lack of consistency surrounding the measures used when assessing alcohol consumption/use and bystander intervention, as there seems to be some

discrepancy between measuring whether alcohol consumption has an effect on their behaviour at the time or whether there is a relationship between high alcohol use and lower intervention likelihood.

2.4.1 Key Finding 1: Alcohol consumption has an effect on bystander intervention

This review supports the seemingly prevailing idea that alcohol has an effect on bystanders' intervention behaviour in incidents of violence, with all eight included studies positing findings indicating such an effect. As previously mentioned, the majority of the studies in this review found a negative effect (five out of eight), which supports the theoretical work already published in this area, such as Leone et al. (2018), who discusses the impact of alcohol on Latané and Darley (1970) and Steele and Josephs' (1990) work. Both Ham et al. (2019) and Melkonian et al. (2020) are examples of this, having addressed Latané and Darley's (1970) Bystander Intervention Model step by step, and found that step one (noticing the event) and step two (interpreting the situation as requiring intervention) were negatively impacted. As discussed in the introduction to this review, the suggestion that alcohol has a negative effect on the likelihood of a bystander intervening is supported by previous research. The consumption of alcohol increases the production of GABA (Hanchar et al., 2005), which decreases the receptivity of neurones, which in turn, reduces a consumer's processing ability and attentional capacity (Davies, 2003). This aids in explaining why alcohol may have a myopic effect on its consumer, making it harder for them to notice the more subtle social cues around them (Steele & Josephs, 1990). This myopic effect can help to explain why Ham et al. (2019) found that participants who had consumed alcohol were significantly less accurate when recalling key elements of a vignette and why Melkonian et al. (2020) found that the BrAC of their participants was significantly associated with a decreased accuracy in recalling the intoxication levels of the characters in the vignette. This reduced ability to recall subtle details as accurately as their sober counterparts may highlight whether and why alcohol consumption may have a negative effect on bystander intervention behaviour.

Both Ham et al. (2019) and Melkonian et al. (2020) also found that their measures of step two of the Bystander Intervention Model (Latané & Darley, 1970) demonstrated how alcohol could have a negative effect on bystander intervention behaviour. Ham et al. (2019) found that participants who had not consumed alcohol reported the victim in the vignette as being at greater risk and requiring intervention than those in the alcohol condition did. Similarly, Melkonian et al. (2020) found that as their participants' BrAC increased, their perception of the victim's discomfort decreased. They did not, however, find any significant difference in perceived danger for the victim or the need to intervene. This change in perception could potentially be explained by alcohol's ability to lower the inhibitions of its consumer; as the consumer's inhibitions are lowered, they begin to have an acceptability for acts that they would typically find unacceptable (Anderson & Mathieu, 1996; Brown & Venable, 2007). Furthermore, Sayette's (1993) Appraisal Distribution Model, which suggests that alcohol can reduce the anxiety produced by observing an aggressive or violent act, could also help explain how alcohol consumption could reduce the likelihood of a bystander perceiving a victim of violence as being less at risk or in less discomfort, as they themselves feel less anxiety regarding the situation they are observing. When combining Sayette's (1993) Appraisal Distribution Model with the above research on decreased inhibitions in alcohol consumers (Anderson & Mathieu, 1996; Brown & Venable, 2007), they could help to explain the negative effects of alcohol consumption on a bystander's ability to interpret a situation of violence as requiring intervention, as found in Ham et al.'s (2019) and Melkonian et al.'s (2020).

Conversely, Williams et al.'s (2019) findings of alcohol having a positive effect on bystander intervention behaviour, along with Oesterle et al.'s (2018) and Orchowski et al.'s (2015) findings providing evidence of both a positive and negative effect, in combination with the lack of research in the area, demonstrates the requirement for further research before a consensus is established. The current research seems to suggest that alcohol has some form of an effect on bystander intervention behaviour but the lack of a clear direction of this effect, coupled with the small amount of research in

this area generally, highlights the need for more research to be conducted to ascertain just how this effect manifests.

2.4.2 Key Finding 2: The lack of evidence for a direct effect of alcohol on bystander intervention behaviour

As outlined above, the findings of the research included in this review suggest that alcohol does have an effect on bystander intervention behaviour. However, in the studies included in this review, only Ham et al. (2019) and Melkonian et al. (2020) addressed and found a direct effect of alcohol on bystander intervention behaviour, the other included studies either did not aim to assess a direct effect or did not find such an effect. Other studies, such as Fleming and Wiersma-Mosley (2015) and Leone and Parrott (2019), both also reported that alcohol had an effect on the bystander intervention behaviour of their participants. However, these studies did not find a significant direct effect of alcohol. Leone and Parrott (2019) used an experimental design to assess the effect of alcohol on bystander intervention, which in this case, was operationalised as whether the participant turned off a sexually explicit video for a confederate that they knew was uncomfortable with such material. They found no significant difference between either beverage condition, which was whether the participants had consumed two alcoholic beverages or non-alcoholic beverages at the beginning of their participation and their intervention behaviour. They did, however, find a significant interaction between the beverage condition and the participants' scores on the intent to help questionnaire (Banyard et al., 2014). The results showed that the participants who scored highly on the intent to help questionnaire in the alcoholic beverage condition were less likely to intervene than the participants in the same condition who reported low scores on the intent to help questionnaire. These findings suggest that men with positive intentions regarding bystander intervention are significantly

less likely to intervene when they have consumed alcohol. However, men who report having low intention to help seem unaffected in their bystander intervention behaviour by alcohol consumption.

None of the studies in the area aimed to address the effect of alcohol on bystander intervention behaviour using a repeated measures design. The number of personal factors that have been demonstrated to impact bystander intervention attitudes, such as masculinity (Carlson, 2008) or porn use (Foubert & Bridges, 2017), suggests that when engaging in research focused on the impact of situational factors, a repeated measures design may be beneficial in helping to limit the effect of such individual differences between the participants. The lack of repeated measures designs could be a factor when considering the lack of evidence for a direct effect.

2.4.3 Key Finding 3: Measuring general alcohol use rather than a cross-sectional measure of alcohol consumption.

When reviewing the research in this area, there is a lack of consistency in how the variable of alcohol use or consumption is measured. The studies included in this review aim to address the relationship between alcohol and bystander intervention behaviour; however, there seems to be no uniformity in how this variable is measured. Of the eight studies included in this review, four measured participants' general alcohol use or drinking behaviour, while the other four measured alcohol consumption at the time of testing. This means that the literature is almost divided into measuring two different relationships, whether a person who drinks more excessively and more frequently is less likely to be an active bystander or whether consuming alcohol makes you less likely to be an active bystander at that time.

For example, in Orchowski et al.'s (2015) paper, it was suggested that the participants who reported being heavy drinkers also reported being more likely than those who were non-heavy

drinkers to be more comfortable with sexism, coercive sexual behaviour and sexual aggression. This could suggest that the difference in reported intervention behaviour between heavy and non-heavy drinkers found in this study may not be caused by the alcohol they consume but by the elements of their personalities that also cause them to drink heavily. Furthermore, Fleming and Wiersma-Mosley (2015) found that male participants reported that they were less likely to intervene when they had consumed alcohol but only if the perpetrator was known to them. This is consistent with Orchowksi et al.'s (2015) findings of heavy-drinking men being more comfortable with sexual aggression, as participants seem to be more willing to allow their friends to engage in acts of sexual violence, even actions they would not allow others to get away with. This is also suggested by Oesterle et al. (2018), who found that heavy-drinking male college students reported that one barrier to intervention when their friend was the perpetrator was their fear of being viewed as a "cock-block" (Oesterle et al., 2018, p. 1217) or getting the way of another male's sexual endeavours. The fact that these participants are more accepting of unacceptable sexual behaviour from their peers aligns with previous research in the area that suggests that exposure to misogynistic and sexist gender norms from one's peers reduces bystander intervention behaviour (Leone et al., 2017). Katz et al. (2000) suggest that both heavy drinking and risky sexual behaviour can be caused by the individual's personality and past experiences. This supports the notion that both reduced prosocial bystander intervention behaviour and heavy drinking may not have a causal relationship but more of a correlational one.

Conversely, the four research papers that address the alcohol consumption at the moment of testing measure how the alcohol consumed by the bystander affects their bystander intervention behaviour, as opposed to whether being a heavy drinker does so. This distinction means that a more causal relationship between alcohol and bystander intervention behaviour can be assessed. For example, Haikalis et al. (2018) asked victims of sexual assaults to report how much they felt that the bystanders present at the time of their assault were affected by the alcohol they had consumed. This was on a scale of 0 (no impairment) to 12 (strong impairment), to which they responded with an average score of 6.74. This suggests that bystanders to sexual assault are at least moderately impaired

by alcohol in the eyes of the victims. This is supported by Ham et al. (2019) and Melkonian et al. (2020), who found evidence to suggest that alcohol consumption does impact a bystander's ability to accurately recall the details of a violent incident and were less likely to perceive the situation as requiring intervention, as risky for the victim (Ham et al., 2019), or uncomfortable for the victim (Melkonian et al., 2020). As mentioned previously, Leone and Parrott (2019) did find that men who reported high intent to help prior to consuming alcohol did then see a decrease in their pro-social bystander intervention behaviour after consuming alcohol.

Whilst the results of the studies that measure general drinking behaviour seem to be mixed, the results of the research that addresses alcohol consumption at the time of testing appear to be more consistent. The evidence from the studies that measured general drinking behaviour found more varying results, with both Orchowski et al. (2015) and Fleming and Wiersma-Mosley (2015) reporting that alcohol has a negative effect on bystander intervention behaviour. Oesterle et al. (2018) reporting that heavy-drinking college men view alcohol as having both a positive and a negative effect. Finally, Williams et al. (2019) found that heavy-drinking men are more likely to engage in bystander intervention after completing bystander intervention training than non-heavy-drinking men. However, all four studies measuring alcohol consumption at the time of testing reported that being intoxicated with alcohol at the time of the incident made them less likely to intervene as bystanders. As a result, the delineation between studies addressing general alcohol use and alcohol consumption at the time of testing needs to be more significant. By creating a clear distinction between the two, the understanding of the effect of alcohol can be more plainly understood.

2.5 Directions for Future Research

This review highlights that alcohol could have an effect on bystander intervention behaviour but also highlights the need for more research to be completed in this area before such conclusions

can be made. One of the key findings suggested that there was a split between studies addressing the effects of alcohol consumption on bystander intervention and the relationship between heavy drinking behaviour and bystander intervention behaviour. However, as there are only four studies addressing this found in this review, it should be noted that very limited conclusions can be made from such a small amount of research. As a result, it is evident that more studies should look to address the effects of alcohol consumption at the time of intervention, especially using an experimental methodology. Further experimental research using vignettes or simulation methodologies will allow for a more rigorous understanding of alcohol's effect on bystander intervention behaviour. This would also allow for more control over the measurement of their alcohol consumption, either by providing them with specific amounts of alcohol, as with Leone and Parrott (2019) or by accurately measuring their alcohol intake at the time of testing via a breathalyser, as with Ham et al. (2019) and Melkonian et al. (2020). This would ensure greater clarity in how intoxicated the participants were at the time of testing and, as a result, would allow for such a variable to be measured more internally validly.

Furthermore, studies using a repeated measures design to account for individual differences would be advantageous to the research area, as they would further assist in removing the extraneous variables of personality traits and past experiences between beverage conditions. Carrying out a study similar to Ham et al. (2019) or Melkonian et al. (2020), but making use of a repeated measures design, which sees participants complete measures related to bystander intervention behaviour whilst under the influence of alcohol but then again whilst sober. This would allow comparisons to be made between the same participant when they were sober and intoxicated, controlling for individual differences.

As previously mentioned, this review only included studies published in the English language and in peer-reviewed journals. This may have meant that studies in other languages were missed as part of the review due to the primary author's monolingualism. Furthermore, the inclusion of only

published papers meant that studies that may not have been published due to publication bias would not have been included in this review.

2.6 Practical Implications

The limited conclusions we can draw from this review suggest that alcohol seems to have a negative effect on the consumers' bystander intervention behaviour. This can help to inform bystander intervention and drinking awareness training programs, as they can incorporate an element of alcohol consumption awareness into their programs. Usually, sessions focus on a bystander's intent to help (Jouriles et al., 2018); however, as Leone et al. (2017) demonstrate, those with higher intent to help are the ones who are more likely to be affected by alcohol. Therefore, the findings of this review suggest that programs should incorporate some awareness of how alcohol negatively affects their likelihood to intervene so that bystanders can be more aware of the effects alcohol may have and are better trained to counteract them. There should primarily be a focus on the first two stages of the Bystander Intervention Model (Latané & Darley, 1970), given that there is the most evidence for a direct effect of alcohol on those steps of the intervention process.

2.7 Conclusion

The research included in this review suggests that alcohol does affect bystander intervention, whether that be alcohol consumption at the time of the incident or generally heavy drinking behaviour. However, this is from a very limited amount of research that is somewhat divided in how it measures the effects of alcohol. The experimental research included in this review (Haikalis et al., 2018; Ham et al., 2019; Leone & Parrott, 2019; Melkonian et al., 2020) that addressed the alcohol

consumption of the bystander at the time of the incident all support the hypothesis of alcohol having a negative effect. However, the non-experimental research, which focuses more on general drinking behaviour, has somewhat more conflicted findings, with studies suggesting alcohol can have a negative effect (Fleming & Wiersma-Mosley, 2015; Orchowski et al., 2016), a positive effect (Williams et al., 2019), or even both (Oesterle et al., 2018).

Given Haikalis et al. (2018) suggests that 88% of the time a bystander is present prior to a sexual assault, they have been consuming alcohol. It is imperative that a better understanding of how alcohol affects bystanders is ascertained, and that more is done to design more effective bystander intervention training programs, including disseminating an understanding of how alcohol could impact potential bystanders. This, in turn, may help to increase bystander intervention and decrease the number of acts of physical and sexual violence.

Chapter 3: Methodology and Ethical Challenges

3.1 Rationale for Mixed Methods Design

The current thesis looks to build upon the previous literature and theoretical framework to develop the understanding of how the presence of alcohol impacts a bystander's attitudes towards intervention in sexual violence. In order to do so, this thesis will be comprised of a systematic review, an interview study analysed using thematic analysis, and two survey-designed studies, one in a natural setting and the other conducted online.

This thesis will take a broadly post-positivist approach in its design, as the emphasis on using a hybrid design lends itself to the subjectivity and individuality of the bystander experience and its reliance on numerous attitudes, experiences, and abilities (Brown & Messman-Moore, 2010; Potter et al., 2016). As a result of such factors, aiming to address this complex area of research would be most appropriately achieved by using a mixed-methods design with a post-positivist approach that is intended to complement the quantitative elements of positivist research with the depth and additional dimensions of qualitative research (Fischer, 2005; Guba, 1990).

Beyond the post-positivist approach, a convergence model of triangulation design was deemed the most appropriate method to align with the aim of the research and the epistemological approach taken by the researcher (Creswell, 1999). The quantitative and qualitative data collection took place alongside one another with different samples, which were then compared and contrasted once data collection and analysis had taken place for both and the interpretation of the results had begun. This approach was taken to allow the researcher to compare the results of studies from three differing methodologies, and to compare and validate the results of each (Creswell, 1999). Especially given the lack of research in this area, it was felt that designing this thesis in a way that the methodologies of the three studies complimented one another's aims and all worked in unison to address varying facets

of the thesis' aim, how does the presence of alcohol impact bystander intervention into sexual violence. That is why one study addresses the impact of the bystander's alcohol consumption, another addresses the impact of the victim/perpetrator's alcohol consumption, and the qualitative study addresses female students' experiences of alcohol's impact on bystander intervention into sexual violence.

The design of the two quantitative and qualitative studies was informed by the key gaps in the literature identified by the systematic review (see chapter 2). These findings suggested that studies measuring alcohol's impact on bystander intervention behaviour were often focused on the bystander's general alcohol use rather than their alcohol consumption at the time of testing; there was little research addressing the role of the perpetrator or victim's alcohol consumption; and that there was a requirement for a repeated measures design study in the area, building on the work of the likes of Ham et al. (2019) and Melkonian et al. (2020). These findings led to the design of the two quantitative studies included in this thesis.

The first of these studies presented in this thesis (see chapter 4) addressed the need for more research addressing bystanders' alcohol consumption rather than their general use by measuring participants' breath alcohol concentration (BrAC) to assess their levels of alcohol consumption. This study also had a repeated measures design, in which participants completed several bystander attitude measures both when having consumed alcohol and when sober. The second quantitative study also aimed to address the remaining gap in the literature identified in the systematic review, which is that there was little research addressing the role of the perpetrator or victim's alcohol consumption. This was done using a vignette design, which differed only in the levels of intoxication displayed by the perpetrator and victim.

These studies aimed to identify the gaps in the literature and sought to understand how the alcohol consumption of those involved in an incident of sexual violence impacted a bystander's attitudes. The qualitative study is included in this thesis due to its ability to allow the exploration of

human social experiences and capture the nuances and complexities of individuals' perspectives of such experiences (Braun & Clarke, 2006; Smith, 2015). This study aimed to build upon the work of Oesterle et al. (2018) by understanding the experiences of female university students in instances of sexual violence. This study's ability to provide the nuance and depth of personal experience of bystander intervention complemented the quantitative studies' ability to identify specific variables' effect on bystander attitudes.

3.2 Ethical Considerations

Whilst all research must be conducted in an ethical manner, it is of additional pertinence in a research area such as this one. Not only is there the sensitive and emotive nature of the topic at hand, but the addition of one study in this thesis involving the involvement of intoxicated participants. As a result, the British Psychological Society's (2021) ethical guidelines were closely followed throughout to ensure all considerations had been adhered to and all participants could be kept as safe as possible throughout all stages of the research. Ethical approval from the York St. John University ethics committee was obtained for all three studies involved in this thesis.

For all of the studies in this thesis, obtaining informed consent from the participants was ensured using a detailed participant information sheet and standard consent form. The participant information sheet provided precise detail regarding the nature of the research, ensuring that all participants were given every opportunity to be aware of the sensitive nature of the research. This was simplified by the lack of deception involved in these studies. Participants were also informed of their right to withdraw throughout the research and the period of time after their completion in which they could withdraw.

The informed consent process, however, was somewhat more complex in the field survey study, given the involvement of participants who had consumed alcohol (Aldridge & Charles, 2008). For this study, the author developed a four-step strategy for collecting informed consent from participants who were eligible to participate, as well as further ensuring they knew what they were doing at the time of participation and what they had done after they had participated. The first step was the use of academic judgement by the researchers. This would give the research team the right to refuse anybody the ability to participate in the study if they believed that that person was too intoxicated to provide informed consent (Bennett, 2000; Deehan & Saville, 2003). If the researchers deemed a participant not to be overtly incapable of participation, the remainder of the eligibility screening could be carried out.

Whilst the previous step relies on overt, motor, and physical abilities, the next step addressed whether a participant's cognitive abilities were functioning at a level that would allow them to be aware of what they were doing. This level used Fisher's (2003) ideas of developing an informed consent process that allowed people who may have cognitive deficiencies to participate in research, rather than rejecting their ability to participate at all. In this study, this would be applied to intoxicated participants, whose cognitive abilities may be diminished to varying extents. Therefore, each participant would have the procedure of the study and what they would be asked to do explained to them in simple English to ensure that they understood what was required of them. They would then be asked to repeat back to the researcher, in as much detail as possible, exactly what the researcher told them and what they would be asked to do for this experiment. If the participant was able to understand what was being asked of them and was able to relay that information back to the researcher coherently, they would be eligible for participation. If they were unable to relay the requisite information back to the researcher, they would be deemed unable to provide informed consent and, therefore, ineligible to participate in the study.

It was at this point that participants would have demonstrated the ability to provide informed consent and would, therefore, be allowed to complete a consent form and participate in the research. However, it may be the case that participants would go on to become more intoxicated throughout the evening and may reach a level of intoxication that hampers their memory to the point that they may have difficulty remembering parts of their evening. This would, therefore, compromise their ability to withdraw from the study should they wish to at a later date. To counteract this, all participants would be asked to provide their email addresses when providing consent so that a follow-up email could be sent to them the following morning after participation. This email would include details regarding the procedure of the study, exactly what they had done to participate, and what would be done with their data, whilst also reminding them of their right to withdraw. They would be able to simply reply to the email with the word 'withdraw', and their data would be removed from the dataset and destroyed. In addition to this email, each participant would also be handed an A8 business card, which would have told them that they participated in research in the students union bar on that date and would provide them with the contact details of the primary researcher to get in touch, should they want more information or to withdraw their data. This card would be small enough so that it can easily fit in a wallet, pocket, or small bag, as it was felt that providing the participants with an A4/A5 piece of paper would likely result in them having nowhere to store it and just disposing of it. Once a clear and effective process for obtaining informed consent was established, the other ethical challenges of the study could be addressed.

Once participants had provided the researchers with informed consent and completed their participation, it was important to maintain the confidentiality of all data gathered, given the sensitive nature of this research. All three of the studies using human participants used unique identification tags or pseudonyms to ensure that each participant's name was not associated with their data. This identification tag would be how each participant would be referred to throughout the lifespan of the study, with all corresponding physical copies of completed consent forms being securely stored in a locked cupboard in the office of the primary researcher. All audio recordings of interviews and online

data were stored on a password-protected computer file. During the transcription phase of the qualitative study, pseudonyms were used, and all potentially identifying details were amended or redacted from the transcript.

Furthermore, the interviewer highlighted that the discussion of any public or uniquely identifiable incidents might risk readers potentially identifying the incident discussed, so complete anonymity and confidentiality could not be guaranteed. However, every effort was made to ensure that the risk of this was as minute as possible. If a potential extract had contained details of uniquely identifiable information, the lead researcher would have brought this to the attention of the other researchers, which would have then been discussed as to whether this section of the analysis was able to be included.

Extra caution had to be taken to protect participants from harm in the qualitative study considering the nature of the interview topic; as this research took place during the COVID-19 pandemic, all interviews took place online using the virtual communications software, Zoom. One of the main concerns when conducting interviews revolving around a topic such as sexual violence is ensuring the participant is protected from harm. The first method used to ensure that participants were as comfortable and safe as possible was by being as transparent as possible with all details of the research. This included sending the participant information sheet, the consent form, and the interview schedule in advance of the interview itself (James & Busher, 2006). This helped to prepare the participants for what they were asked during the interview and, hopefully, eased any anxiety they may have had. However, given the nature of the topics that were discussed in these interviews, there was always the potential for emotional responses being elicited by the participants. If such a response had occurred during the interview, the participant would have been offered the opportunity to terminate the interview. The virtual nature of the interviews may have provided a certain level of comfort, as the interviewer was not in the room with them, and they could always be aware that if they had felt too overwhelmed with the interview, they were able to end the call at any

moment. Regardless of whether the participant exhibited any signs of distress, all participants were signposted to and received the details of relevant support services: the York branch of Samaritans, IDAS, and Survive. These support services, along with the opportunity to withdraw after completion, assist in ensuring that if participants were to become distressed after they had participated, they had options for support and comfort.

Additionally, after completing their interview, they received a debrief email, which recounted what they were asked to do and contained the details of several support organisations. Moreover, all participants were debriefed after the completion of their interview, in which they were reminded of their right to withdraw after the interview. Finally, given the nature of the area of study, it is plausible that the participants could make a disclosure during their interview. As a result, all participants will receive a debrief email upon the conclusion of their participation. The aim of this email was to make them aware that the study covered some potentially sensitive issues and provide them with the details of four local charities/organisations listed above that can provide additional support should they require it. Furthermore, the email also contained the details of the lead researcher, which the participants could use to withdraw from the study during the extended withdrawal period, should they wish to.

Chapter 4: A Repeated Measures Study of Alcohol Consumption's Impact on a Bystander's

Intervention Attitudes

4.1 Introduction

4.1.1 Background

When bystanders are present before or during an act of sexual violence, they are reported to have consumed alcohol 88% of the time. In instances where the victim and/or perpetrator had consumed alcohol, the bystander alcohol consumption figure jumps to 97% (Haikalis et al., 2018). This is indicative of how important the role of alcohol is in a sexual assault scenario. As outlined by Leone et al. (2018), the role of alcohol is often overlooked in the design of bystander training in favour of focusing on personal factors, such as physical stature (Huston et al., 1981; Laner et al., 2001), sexual objectification (Fredrickson & Roberts, 1997), or rape myth acceptance (Grubb & Turner, 2012). As a result, research in this area is limited.

The systematic review included in this thesis highlighted that studies suggest steps two to four on the Bystander Intervention Model (Latané & Darley, 1970) as the most commonly impacted (Fleming & Wiersma-Mosley, 2015; Ham et al., 2019; Leone & Parrott, 2019; Melkonian et al., 2020). Understanding the factors that impact each of these steps is essential to understanding how alcohol affects bystander intervention.

Moral Outrage

A bystander's likelihood of intervention may be impacted at the second step of the Bystander Intervention Model (Latané & Darley, 1970) by a bystander's attitudes towards the behaviour they are witnessing (Burn, 2009). If a bystander views what they see as not violating their moral and ethical norms, they will perceive that behaviour to be acceptable. However, they may become morally outraged if that behaviour violates those norms and values. Moral outrage is the evocation of a negative response to a violation of one's moral and ethical norms and values (Goodenough, 1997). If another person's behaviour or actions violate a person's moral norms, they may be morally outraged and, as a result, may induce a physical, emotional, or verbal response. Research has linked moral outrage to being a motivating factor behind political action (Thomas et al., 2009; Montada & Schneider, 1989) and volunteering (Thomas & McGarty, 2009). There has been no research on moral outrage's effect on bystander intervention.

The effect of moral outrage on bystanders' intervention attitudes and behaviour could be explained using the Just World Theory (Lerner, 1980) and the Theory of Planned Behaviour (Ajzen, The theory of planned behavior, 1991), which are explained in more detail in the introduction to this thesis (see chapter 1.3.2 and 1.3.3). Both the Just World Theory (Lerner, 1980) and the Theory of Planned Behaviour (Ajzen, 1991) rely heavily on the notion that a bystander's behaviour is ultimately heavily influenced by their moral norms and values, which impact their perception of behaviour. If a bystander has moral norms that are accepting of certain sexually violent behaviour, such as groping a person's bum in a nightclub, they may perceive that behaviour as not requiring intervention. Given that previous research (Carlson, 2008; Leone et al., 2016; Oesterle et al., 2018) suggests that alcohol may lower the inhibitions and moral norms of the consumer, it may be the case that it is more likely for the bystander, who has consumed alcohol, to be accepting of such behaviour and not interpret it as requiring intervention. Therefore, it could be anticipated that alcohol consumption by the bystander would decrease the likelihood of a bystander progressing through the Bystander Intervention Model (Latané & Darley, 1970) beyond step two and, therefore, to intervention.

Bystander Self-Efficacy

Self-efficacy is defined as a person's belief in their own ability to achieve a desired goal or outcome (Bandura, 1977). When applied in the context of bystander intervention, the bystander's belief in their own ability to intervene successfully can be instrumental in their intervention behaviour. As previously mentioned in chapter two, Fischer et al.'s (2011) meta-analysis of the bystander effect in dangerous and non-dangerous emergencies found that the bystander effect was lessened when bystanders had an increased perception of their confidence and competence to intervene. This lends support to the notion that an increase in bystander self-efficacy can increase the chances of a bystander intervening in an emergency.

Recent studies, such as Paziienza et al. (2022), found a significant positive relationship between bystander self-efficacy and bystander intention to intervene among American college-aged drinking gamers. This suggests that an increased bystander self-efficacy may increase the likelihood that a bystander will intend to intervene in an incident of sexual violence. Furthermore, other meta-analyses, which have addressed the effectiveness of bystander self-efficacy-centred intervention training programs, have demonstrated how the increased bystander self-efficacy has led to increased intent to intervene in scenarios of sexual violence. This previous literature suggests that there is support for bystander self-efficacy playing a role in understanding bystander intervention in sexual violence.

Given that the previous literature highlighted the importance of bystander self-efficacy in determining whether a bystander intervenes and the limited amount of research addressing the effect of alcohol on self-efficacy, this will be measured in the present study to examine how a bystander's alcohol consumption impact steps three and four of the model (Latané & Darley, 1970). In an attempt to measure how alcohol consumption on the part of the bystander impacts steps three and four of the Bystander Intervention Model (Latané & Darley, 1970), the Bystander Efficacy Scale (Banyard et al., 2007) was used.

4.1.2 Current Study

This study will focus on steps two, three, and four of the Bystander Intervention Model (Latané & Darley, 1970), which were highlighted above, so the aforementioned measure, the Bystander Efficacy Scale (Banyard et al., 2007), Moral Outrage Questionnaire (Jensen & Petersen, 2011), and Sexual Violence Acceptability and Punishment Survey will examine how these steps are impacted. The systematic review also indicated several methodological shortcomings in the research area, so this study will attempt to address those. A cross-sectional and longitudinal analysis of the collected data allowed for a comparison of the impact of alcohol consumption across the sample and over time.

This cross-sectional analysis addresses some of the findings highlighted in the systematic review, as it includes the operationalisation of the variable of alcohol consumption as the breath alcohol concentration (BrAC) at the time of testing, which was lacking in previous literature. This was something that has been seen in research by van Bommel et al. (2016), in which participants in a bar in Amsterdam were assessed on whether their alcohol consumption impacted their likelihood of carrying out and the speed at which they carried out an act of pro-social bystander intervention despite the presence of others. Van Bommel and colleagues (2016) recruited patrons in a bar to be breathalysed and complete questionnaires, during which the researcher would intentionally knock over a jar of breathalyser mouthpieces. The measure of intervention was whether and, if so, how quickly the participants assisted the researcher in picking the mouthpieces up whilst being in the presence of confederates pretending to be fellow participants. The results suggested that alcohol consumption did not impact the likelihood of intervention. However, it did lead to an increase in the speed of intervention in the presence of others.

The current study looked to adapt the design used in van Bommel et al.'s (2016) study from a scenario of pro-social intervention to an incident of sexual violence. Applying the use of a natural experiment would be an ethical challenge, given the nature of the research area, so combining the

use of a natural setting with a survey design would provide an ethical yet empirical measure of how alcohol consumption at the moment of testing impacts bystander attitudes.

The use of repeated measures design and a longitudinal analysis would also build upon the findings of van Bommel et al. (2016), which allow for greater control over the potentially extraneous impact of individual differences and the variability that may cause. Therefore, this study aimed to examine the cross-sectional and longitudinal relationship between alcohol consumption and bystander confidence, moral outrage, and the acceptability and punishment of sexual violence. The following hypotheses will be tested:

H₁: There would be a significant positive correlation between alcohol consumption and bystander confidence.

H₂: There would be a significant negative association between alcohol conditions and moral outrage at sexually violent behaviours.

H₃: There would be a significant negative association between alcohol conditions and punishment for sexually violent behaviours.

4.2 Methods

4.2.1 Participants

Participants (timepoint one, n = 75, timepoint two, n = 28) were recruited for timepoint one from the Students Union bar of a university in the northeast of England through opportunity sampling between the hours of 8 pm and 11 pm. Those who participated in timepoint one were then sent an

email with the link to partake in timepoint two, which was done virtually. See table three below for demographic information.

Table 3

Participant Demographics Summary

	Gender		Sexual Orientation				Age
	Female	Male	Hetero- sexual	Homo- Sexual	Bisexual	Prefer Not to Say	Mean (SD)
Timepoint							
One	39 (52.0%)	36 (48.0%)	63 (84.0%)	3 (4.0%)	8 (10.7%)	1 (1.3%)	20.50 (1.81)
Timepoint							
Two	22 (78.6%)	6 (21.4%)	21 (75.0%)	2 (7.1%)	5 (17.9%)	0 (0.0%)	20.86 (2.01)

4.2.2 Measures

Alcohol consumption: alcohol consumption was measured using Oasser Alcohol Breathalyser Breath Alcohol Tester. This portable tester reports three different measures of alcohol consumption: blood alcohol concentration, breath alcohol concentration, and milligrams of alcohol per litre of blood. The use of such a device is the most accurate and reliable measure available to measure the alcohol consumption and intoxication of the subject, to the extent that it is chosen measure used by the police (Wetherill et al., 2012).

Bystander Self-Efficacy: the Bystander Efficacy Scale (Banyard et al., 2007) was used to measure bystander self-efficacy. Participants are asked to rate their confidence to carry out fourteen

intervention behaviours on a scale of 0-100%. These behaviours included such examples as, *'express my discomfort if someone makes a joke about a woman's body'* or *'do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party'*. Each participant's bystander confidence score was created by finding the mean of their fourteen responses provided; the higher the score, the more confident a participant reported being to intervene in acts of sexual violence. This scale had a Cronbach's Alpha of 0.821, displaying a reliable internal reliability (Taber, 2018).

Sexual Violence Acceptability and Punishment Survey: A measure of participants' attitudes towards the acceptability of and the punishment of sexual violence was developed by the collation of items and questions used in previous literature (Ham et al., 2019; Moschella et al., 2016; Zimmerman et al., 1988). This aimed to assess how participants perceived specific behaviours, addressing step two of Latané and Darley's (1970) Bystander Intervention Model. Measuring the participants' attitudes towards how acceptable and whether the described behaviours warranted punishment for the perpetrator gave the researcher insight into whether they perceived these behaviours to require bystander intervention. This measure consisted of three scenarios, each of which detailed an instance of sexual violence. These vignettes were designed to address varying levels of severity of sexual violence, ranging from what is deemed low severity, in this study, a grab on the bum, and becoming more severe with a spiking vignette and the perpetrator forcing themselves upon the victim in the final vignette. These vignettes were adapted from the vignettes used in Bennett and Banyard's (2016) study. That study used two different version of the vignette, a version where the perpetrator or victim were a friend of the bystander, and one in which they were known to the bystander. This study utilises the version in which the victim and perpetrator are strangers to the bystander, as this best suited the nature of the current study, as it as it was not measuring relationship. It was felt that a lack of a relationship between the parties involved gave the best opportunity to control for relationship as an extraneous variable.

Participants were asked to answer 'yes' or 'no' as to whether they believed that the behaviour of the perpetrator in this scenario was acceptable. If they deemed the behaviour to be unacceptable, they were then asked to select what punishment the perpetrator should receive: no punishment, a caution, community service, or a prison sentence.

Moral Outrage: An adapted version of the Moral Outrage Questionnaire (Jensen & Petersen, 2011) was also included in the study. The measure was adapted for the research area by adding a vignette of a scenario of sexual violence, which was identical to the one used in the Sexual Violence Acceptability and Punishment Survey. Participants were presented with eight statements about each vignette; these include statements such as, 'Jack's behaviour is very serious' and 'as Jack is drunk, this excuses his behaviour'. Participants were then asked to respond on a five-point Likert scale with how much they agreed with that statement (1 = strongly disagree, 5 = strongly agree). Those questions that required it, such as the second example above, were reverse scored, leading to a total score. The higher that score, the higher the level of moral outrage displayed by the participant, meaning that they find the behaviour of the perpetrator more unacceptable. This scale had a Cronbach's Alpha of 0.86, displaying a reliable internal reliability (Taber, 2018), which was in line with previous research.

4.2.3 Procedure

Data was collected at two separate time points. The first data collection time point took place in the University Students' Union, with two researchers approaching potential participants and asking if they were interested in participating in a study that evening. If participants were interested in participating, they were presented with the participant information sheet (see appendix one) and began the informed consent process, which is explained in the ethics chapter (see chapter 2).

Once the participants had been through the rigorous consent process, they were eligible to participate in the first data collection point. Participants were asked to provide an email address to self-report the number of alcoholic beverages they had consumed in the last 12 hours and were breathalysed to obtain their breath and blood alcohol concentration. Participants with a BrAC that exceeded 0.16% were excluded from the analysis due to safety concerns regarding their ability to provide coherent responses to both ethical and experimental questions, which is in line with previous literature (Lyvers et al., 2011; Melkonian et al., 2020). Participants were asked to sign the consent form (see appendix two) and then asked to complete the aforementioned measures, the Bystander Efficacy Scale (Banyard et al., 2007), the Moral Outrage Questionnaire (Jensen & Petersen, 2011), and the Sexual Violence Acceptability and Punishment Survey (see appendices three, four, and five), which were presented in a randomised order to prevent order effects. Once they completed the questionnaires, they were informed of the completion of this stage of the research and debriefed before leaving to resume their evening.

In the days following their participation, participants received a follow-up email from the lead researcher. This email thanked them for their participation in the research, further reminded them of their consent to participate in this research, reminded them of their right to withdraw, and provided them with a link to the Qualtrics webpage for the second data collection point. Participants who wished to continue participating in the research would click on the link, which would present them with the participant information sheet and consent form. At this data collection point, it is required that participants be completely sober; as a result, once they have provided consent, participants were asked whether they had consumed any alcohol that day. Participants who answered 'yes' were presented with a webpage that did not allow them to complete the measures at that time and were asked to return to this stage of the study when they were sober. Participants who had confirmed their sobriety were asked to complete the same three questionnaires that they had completed at the previous time point. Once they had completed the questionnaires, they were presented with a debrief sheet (see appendix six). All participants who completed the measures at timepoint one received a

voucher for the University Students Union as a thank you for their participation; no additional incentive was provided for their participation in timepoint two.

4.2.4 Data Analysis

The original data analysis plan of this study involved just the longitudinal analysis. However, as data collection was stalled due to the global COVID-19 pandemic, the sample size gathered for both timepoints was smaller than expected. As a result, the researchers made the decision also to include a cross-sectional analysis of the data from the initial timepoint, which allowed for an analysis of the full sample, as well as the longitudinal study on the data received from those participants that completed both timepoints. As discussed previously, this study still addresses some of the key findings of the systematic review from this thesis, as it operationalises the alcohol variable, as well as measuring alcohol consumption at the point of testing, as opposed to measuring general alcohol use.

4.3 Results

Table 4 displays the descriptive statistics for each measure in the cross-sectional and longitudinal analysis, including the breath alcohol concentration used in the cross-sectional analysis, as well as the three measures used in both analyses. The descriptive statistics from the longitudinal analysis provide the means and standard deviations for each measure used in the longitudinal analysis across both timepoints. In both the Bystander Efficacy Scale (Banyard et al., 2007) and the Sexual Violence Acceptability and Punishment Survey, there appears to be very little change between the two timepoints, showing no significant differences across conditions in the Wilcoxon Signed-Rank Test conducted. However, all three of the vignettes used with the Moral Outrage Questionnaire (Jensen &

Petersen, 2011) displayed higher average scores in the first timepoint, when participants had consumed alcohol than they did in the second timepoint. Table 5 provides the results of the correlations conducted as part of this analysis, which show that no significant relationships were found between BrAC and any of the three measures included.

Table 4*Descriptive Statistics for Cross-sectional (n=75) and Longitudinal Analysis (n=28)*

	Timepoint 1 – Cross- Sectional Analysis	Timepoint 1 – Longitudinal Analysis	Timepoint 2 – Longitudinal Analysis
	Mean (SD)	Mean (SD)	Mean (SD)
Breath Alcohol Concentration (mg/l)	0.56 (0.45)	0.54 (0.31)	
BES (%)	80.77 (12.32)	81.98 (11.48)	81.40 (12.12)
MOQ – Bum Grab	3.78 (0.55)	3.61 (0.49)	3.52 (0.54)
MOQ – Spiking	4.64 (0.37)	4.67 (0.39)	4.44 (0.51)
MOQ – Forced Upon	4.34 (0.56)	4.69 (0.39)	4.47 (0.47)

SVPS – Bum Grab	2.15 (0.67)	2.07 (0.62)	2.00 (0.48)
SVPS – Spiking	3.79 (0.53)	3.81 (0.48)	3.70 (0.48)
SVPS – Forced Upon	3.44 (0.79)	3.59 (0.69)	3.67 (0.62)

Table 5*Pearson's Correlation Between BrAC and Measures (n=75)*

Measure	Breath Alcohol Concentration (mg/l)
BES (%)	-.14
MOQ – Bum Grab	-.14
MOQ – Spiking	.11
MOQ – Forced Upon	.04
SVPS – Bum Grab	-.13

SVPS – Spiking

.01

SVPS – Forced Upon

.14

4.3.1 Bystander Confidence

A Pearson's Correlation was used to measure the relationship between BrAC and bystander confidence in intervention. It was found that there was no statistically significant correlation between the participants' BrAC and their scores on the Bystander Efficacy Scale (Banyard et al., 2007) ($r = -.14$, $n = 75$, $p = .240$).

To measure the longitudinal relationship between alcohol consumption and bystander confidence in intervention, a Wilcoxon Signed-Rank Test was used. It was found that there was no statistically significant difference in scores on the Bystander Efficacy Scale (Banyard et al., 2007) when comparing the intoxicated and sober conditions ($Z = -1.13$, $p = .260$).

4.3.2 Moral Outrage

Three Pearson's Correlations were used to measure the relationship between BrAC and the bystanders' moral outrage at sexually violent behaviours. It was found that there were no statistically significant correlations between the participants' BrAC and their scores on Jensen and Petersen's (2011) Moral Outrage Questionnaire across the three vignettes, the bum grab ($r = -.14$, $n = 75$, $p = 0.250$), spiking ($r = .11$, $n = 75$, $p = 0.925$), and forcing upon ($r = .39$, $n = 75$, $p = 0.737$).

To measure the longitudinal relationship between alcohol consumption and moral outrage at sexually violent behaviour, Jensen and Petersen's (2011) Moral Outrage Questionnaire was used against three vignettes, each describing a different type of sexually violent behaviour. A Wilcoxon Signed-Rank Test was used to compare the results of the participants' scores on the Moral Outrage Questionnaire (Jensen & Petersen, 2011) for each vignette when sober and when intoxicated. It was found that there was a statistically significant difference in scores on the Moral Outrage Questionnaire

(Jensen & Petersen, 2011) when comparing the intoxicated and sober conditions across all three vignettes, the bum grab ($Z = -4.14, p = <.001$), spiking ($Z = -4.14, p = <.001$), and forcing upon ($Z = -4.14, p = <.001$). These significant results were all found to have an effect size of 0.78, 0.69, and 0.71, respectively, all of which are large effect sizes.

4.3.3 Sexual Violence Acceptability and Punishment Survey

To measure the relationship between BrAC and bystander punishment for three sexually violent behaviours, three Pearson's correlations were used. It was found that there were no statistically significant correlations between the participants' BrAC and their scores on the Sexual Violence Acceptability and Punishment Survey across the three vignettes, the bum grab ($r = -.13, n = 75, p = 0.273$), spiking ($r = .01, n = 75, p = 0.972$), and forcing upon ($r = .14, n = 75, p = 0.245$).

To measure the longitudinal relationship between alcohol consumption and bystander punishment for sexually violent offenders, a Wilcoxon Signed-Rank Test was used. It was found that there was no statistically significant difference in scores on the author-developed questions on punishment in the Sexual Violence Acceptability and Punishment Survey used when comparing the intoxicated and sober conditions, the bum grab ($Z = -0.63, p = 0.527$), spiking ($Z = -1.34, p = 0.180$), and forcing upon ($Z = -0.55, p = 0.581$).

4.4 Discussion

The aim of this study was to address how alcohol consumption by a bystander impacts their intervention attitudes using a cross-sectional between-participants correlational design and a repeated measures longitudinal design. There was a specific focus on steps two to four of the Bystander Intervention Model (Latané & Darley, 1970), with both the Moral Outrage Questionnaire

(Jensen & Petersen, 2011) and Sexual Violence Acceptability and Punishment Survey addressing step two and the Bystander Efficacy Scale (Banyard et al., 2007) focusing on steps three and four. It was found that there were no statistically significant correlations between BrAC and any of the three measures used in the cross-sectional analysis. In the longitudinal analysis, there was no significant difference between the alcohol conditions on participants' scores on the Bystander Efficacy Scale (Banyard et al., 2007) and the Sexual Violence Acceptability and Punishment Survey. However, the longitudinal analysis did find a significant difference between the alcohol conditions on the participants' scores on the Moral Outrage Questionnaire (Jensen & Petersen, 2011), with bystanders reporting more moral outrage when they had consumed alcohol. This means that all results are inconsistent with the hypotheses suggested, and alcohol consumption may have a positive effect on a bystander's ability to progress through step two of the Bystander Intervention Model (Latané & Darley, 1970).

When looking to explain the unexpected finding of alcohol's positive effect on bystander attitudes, it may be best explained using the Just-World Theory (Lerner, 1980) and the Theory of Planned Behaviour (Ajzen, 1991), which are explained in more detail in the thesis introduction (see chapter 1.3.2 and 1.3.3). In previous literature, it was suggested that bystanders might look at sexually violent behaviour less unfavourably, due to their reduced inhibitions and moral norms, on account of their alcohol consumption. This, however, may overlook the fact that in instances of sexual violence occurring in the establishments such as the one in which data was collected for this study, a student's union bar. If the bystander is also intoxicated, the just world theory suggests that they may be less likely to perceive the victim, someone who is in the same environment they are, as a just victim. If the bystander is willing to be in an environment such as a bar consuming alcohol in a public setting, it makes sense that they may be less likely to find this behaviour worthy of being the victim of sexual violence.

Therefore, the findings of this study suggest that the bystander's alcohol consumption may have a positive impact at step two of the Bystander Intervention Model (Latané & Darley, 1970), as consuming alcohol in an environment where alcohol is present may result in the consumer being less accepting of sexually violent behaviours, which may befall them or others in the same environment. This increased likelihood of perceiving sexually violent behaviours as morally outrageous suggests that bystanders would be more likely to interpret the behaviours as requiring intervention and proceed through the model (Latané & Darley, 1970).

This may oppose the findings of recent similar research, such as that conducted by Ham et al. (2019) and Melkonian et al. (2020), which assess the effects of alcohol consumption in a similar fashion. Both Ham et al. (2019) and Melkonian et al. (2020) found that sober participants in their study reported a greater need for intervention and assessed more risk sober than did the ones who had consumed alcohol. The discrepancy in findings between these two studies and the current study may be down to the use of a repeated measures design in the present study, which allowed for more control over individual differences. Furthermore, the current study uses an environment which better approximates one in which bystanders may experience an opportunity to intervene, taking place inside a bar. In comparison, Ham et al. (2019) and Melkonian et al. (2020) take place in a laboratory setting and a downtown setting outside drinking establishments, respectively.

However, there was no evidence provided by this study that alcohol consumption by the bystander had any significant effect on bystander self-efficacy. This suggests that the bystander's alcohol consumption does not impact steps three and four of the Bystander Intervention Model (Latané & Darley, 1970) in this way. This is supported by the similar recent studies discussed in the previous paragraph, which also found that alcohol consumption had little effect on bystander attitudes at steps three and four of the Bystander Intervention Model (Latané & Darley, 1970). Therefore, this study provides further support to the previous literature and builds upon the understanding that alcohol consumption on the part of the bystander seems to be impactful to their

ability to pass through step two of the Bystander Intervention Model (Latané & Darley, 1970), but does not impact steps three and four.

4.4.1 Evaluation and Directions for Future Research

This study is an excellent example of the utilisation of a repeated measures design, which allowed the researcher to measure intervention attitudes in a participant in both an intoxicated and sober state. This provides a more internally valid and accurate measure of alcohol's effect on the participant's intervention attitudes by controlling for extraneous personality factors that may impede the findings of a within-subjects design study. Due to both the COVID-19 pandemic's limitations on data collection and the novel nature of this study, this was treated as a pilot study. As a result, one of the key recommendations for future research would be to replicate this study with a larger sample size. This is especially pertinent given the intriguing finding of the participants displaying higher moral outrage when intoxicated. It is recommended to replicate this study as a way of assessing the validity and reliability of this finding.

The novelty of the design of this study should, however, be viewed as a strength of the research as this study builds upon the findings of the systematic review, which identified the methodological gaps in the research area. The repeated measures design, the use of alcohol consumption at the time of testing as the measurement of the alcohol variable, and the natural setting used for data collection all address the limitations of the previous literature. Furthermore, the informed consent process designed for this research allowed for this to be the first study to engage with participants who had consumed alcohol regarding sexual violence in a natural setting. Making the ability to gain informed consent from participants such a priority provides an effective blueprint for future ethical empirical research in this area.

Aside from the sample size, the study is limited in its external validity, given the use of self-report survey methodology, which is subject to demand characteristics and social desirability bias. Given the sensitive and emotive nature of the topic of sexual violence and bystander intervention, it is plausible that participants may feel compelled to provide a more socially acceptable response as opposed to an honest one. However, considering the ethically challenging nature of carrying out studies with more experimental designs in this area, as discussed in the ethics chapter of this thesis (see chapter 3), researchers may want to consider alternative ways to ethically examine more bystander intervention behaviour using more appropriate yet realistic designs and settings. This is where suggestions, such as that from Ham et al. (2019), of using more natural experiments with lower-risk sexually violent behaviours. Studies such as this one, which uses more socially acceptable sexually violent behaviours, may be a more fruitful method for providing more externally valid means of measuring bystander intervention behaviour in a natural environment. This is further supported by the findings of more recent research that moves away from self-report methodologies, such as Philpot et al. (2020), who highlight that active intervention behaviour occurred around 91% of the time in violent incidents outside of bars, restaurants, and pubs in the early hours of the morning. It would, therefore, be useful to expand upon the findings of the present study and replicate it with a larger and broader sample, given that this could help explain why the participants in the situations seen in Philpot et al.'s (2020) research behaved the way they did.

4.4.2 Practical Implications

The present study's findings suggest that alcohol may be impactful at the second step of the Bystander Intervention Model (Latané & Darley, 1970). If alcohol increases the moral outrage displayed by bystanders, it suggests that this event has defied their social norms and, therefore, increases the likelihood that they will interpret an event as requiring intervention. The bystanders may feel more morally outraged by the character in the vignette being a victim of sexual violence

because they find themselves in a similar setting to the character. When combined with the Theory of Planned Behaviour (Ajzen, 1991) and Just World Theory (Lerner, 1980), it supports the idea that the bystander's perception of the victim as being in a similar position to themselves is a key element of how to promote active bystander intervention. If the bystander understands that they may be in a similar setting/circumstance to that of the victim, they are more likely to perceive the sexually violent behaviour as being in violation of their social norms and, therefore, morally outrageous. This connection between the character of the victim and the participant could suggest a good direction for bystander intervention training programs and sexual violence reduction campaigns.

Given that we know that most bystander opportunities occur in an environment where alcohol is available (Haikalis et al., 2018), it is important that this is included as a key element in the training programs designed. These findings suggest that bystander training programs should focus on establishing social norms that discourage sexually violent behaviour, as these norms seem to be exacerbated when alcohol is consumed. However, as discussed above, given the results of this study and the contextual support of Philpot et al. (2020), more research should be conducted to establish how exactly alcohol affects our intervention attitudes.

4.4.3 Conclusions

Whilst this is only a small pilot study, it did find that bystanders were more morally outraged by all three sexually violent incidents described in the vignettes when they had consumed alcohol than when they were sober. This suggests that the intoxication level of the bystander may impact how they perceive sexually violent behaviours and the victims themselves. Alcohol, however, did not impact their confidence to intervene or their choice of punishment for any of the three behaviours described in the vignettes. This may aid the design of bystander training programs and sexual violence reduction campaigns, as the findings may suggest that when bystanders are able to relate to the victim, they may be more likely to interpret the situation as intervention appropriate.

Chapter 5: Exploring How Victim and Perpetrator Alcohol Consumption Impacts Victim Blaming and Risk Assessment in Bystanders of an Incident of Sexual Violence.

5.1 Introduction

5.1.1 Background

Steps two and three of the Bystander Intervention Model (Latané & Darley, 1970) see the bystander interpret the situation and take responsibility for intervention in the situation, both of which require the bystander to assess not only the situation, but the people involved. Starting with step two, a key element of this step is the bystander's interpretation of the situation as requiring intervention, which means that they must assess the victim as being at risk of sexual violence. This can be notoriously difficult to identify when it comes to instances of sexual violence, as the behaviours witnessed in a public setting are often pre-assault behaviours – such as inappropriate sexual comments or touching – which are far more ambiguous than explicit acts of sexual violence, such as rape (Burn, 2009; Stout & McPhail, 1998). Evidence may suggest that increased danger makes bystanders more likely to intervene and reduces the bystander effect (Fischer et al., 2011; Harari et al., 1985); however, the ambiguous nature of those sexually violent behaviours witnessed by bystanders may negate this effect (Burn, 2009). A bystander's interpretation of such potentially ambiguous events can also be impacted by their own attitudes towards the type of event occurring. For example, in instances of sexual violence, bystanders who hold more pro-sexual violence attitudes and are more accepting of rape myths are less likely to interpret an instance as requiring intervention (McMahon, 2010). There are two critical aspects of victim blaming, rape myth acceptance and the attribution of blame, both of which will be discussed in this chapter.

5.1.2 Rape Myth Acceptance and Victim Worthiness

The acceptance of rape myths within instances of sexual violence is not only a factor in how a bystander interprets the situation, as a whole, but can also impact a bystander's perception of the people involved. Rape myths are incorrect beliefs and attitudes regarding rape and sexual violence that help justify the behaviour and distort or remove blame from the perpetrator (Lonsway & Fitzgerald, 1994). These include factors like a victim's attire, the establishment the event occurs in, or the victim's intoxication levels (Hayes et al., 2013). Rape myth acceptance is the measure of how much an individual subscribes to those beliefs or attitudes. Individuals who have a higher level of rape myth acceptance are more likely to attribute blame to the victims of an assault and therefore, less likely to intervene in such an incident to help prevent that person been assaulted (Banyard, 2008; Banyard & Moynihan, 2011; Burn, 2009). A study by McMahon (2010) addressed the relationship between participants' scores on the Illinois Rape Myth Acceptance Scale (IRMAS; Lonsway & Fitzgerald, 1994; McMahon & Farmer, 2011) and the Bystander Attitudes Scale (Banyard et al., 2007), finding that a higher acceptance of rape myths was negatively associated with a bystander's willingness to intervene. This is supported by the findings of Leone and colleagues' (2021) study, whose research suggests that while more empathetic individuals may be more likely to report greater intentions to intervene, that effect is only present in individuals with low rape myth acceptance. There was no relationship found between empathy and bystander intentions among men with high rape myth acceptance. This suggests that male bystanders with high rape myth acceptance may be inhibited from intervention because they are less likely to pass through step two of the Bystander Intervention Model (Latané & Darley, 1970).

The reason they are less likely to pass through these steps could be explained using a theory outlined in the introductory chapter of this thesis, Ajzen's (1991) Theory of Planned Behaviour (see chapter 1.3.2). This theory suggests that an individual's behaviour is a product of their intentions, which are influenced by three factors: their personal attitudes towards the behaviour, their subjective norms, and their perceived control over their ability to perform that behaviour. When explaining how rape myth acceptance may impact a bystander's ability to intervene, using the example of a victim's

alcohol consumption helps illuminate the role that rape myth acceptance can play. As discussed in the research above (Banyard, 2008; Banyard & Moynihan, 2011; Burn, 2009; Leone et al., 2021; McMahon, 2010), men who are more accepting of rape myths, such as women who are intoxicated must bear some of the blame for their victimisation, are less likely to intervene. Their acceptance of rape myths may result in a bystander perceiving a victim as unworthy of intervention because they are behaving in a way that may attract victimisation, as previous research has suggested that female victims of sexual violence who have consumed alcohol are viewed as less worthy of intervention than sober female victims (Abbey, 2002; Gunby et al., 2012).

The notion of victim worthiness relates closely to rape myth acceptance, as it sees the bystander assess the victim's worthiness of their intervention (Burn, 2009). Assessing a victim's worthiness of intervention is a factor that impacts the third step of the Bystander Intervention Model (Latané & Darley, 1970), as bystanders are deciding whether or not to assume personal responsibility for intervention. The Just World Hypothesis (Lerner, 1980) can also help to explain how the presence of alcohol may impact a bystander's perceived worthiness of the victim. It highlights a person's belief that the world is just and, as a result, bad outcomes often fall upon bad people. This notion that people get what they deserve may be a defensive strategy that helps to avoid the chaos of anything could happen to anyone and that the world is capricious and beyond control (Hayes et al., 2013). Research by Burn (2009) used a survey methodology to assess how bystander intervention attitudes were impacted at each step of the Bystander Intervention Model (Latané & Darley, 1970). They used a survey methodology to assess how a victim's behaviour impacted their participants' perception of their responsibility for their victimisation. They found that participants reported having lower intentions to intervene when victims behaved in a way that aligned with common rape myths, such as provocative attire, provocative behaviour, and intoxication. This supports the notion that a high rape myth acceptance may lead to a decreased perceived victim worthiness, which may, in turn, inhibit the likelihood that a bystander will intervene.

This research goes beyond just bystander intervention, with studies like Krahe et al., (2008), who researched how law students evaluated guilty verdicts in rape trials based on their rape myth acceptance. They found that law students with higher rape myth acceptance were more likely to find the defendant not guilty than those with lower rape myth acceptance. Furthermore, the perpetuation of rape myths and their effect on victim blaming can be seen throughout the media coverage of high-profile sexual assault and rape cases. Studies examining the media coverage surrounding sexual assault charges against Kobe Bryant found that 41% of the printed coverage perpetuated at least one rape myth in their articles. When participants read one of these articles, they were more likely to believe in Bryant's innocence and accuse his victims of false accusations (Franiuk et al., 2008).

As research suggests, a bystander who is high in rape myth acceptance may be less likely to progress through the second and third steps of the Bystander intervention Model (Latané & Darley, 1970). However, more recent research from Beshers and DiVita (2021) has suggested that society may be slowly shifting away from a culture of victim blaming. They found that rape myth acceptance in university students had declined between 2010 and 2017. The current literature, however, has not addressed how the alcohol consumption of the perpetrator of sexual violence affects victim blaming or interacts with the effects of the alcohol consumption of the victim.

5.1.4 Current Study

As previously mentioned, intoxicated female victims are often viewed more unfavourably than sober female victims, with research suggesting that they can often be attributed more blame than the perpetrators themselves (Abbey, 2002; Burn, 2009; Gunby et al., 2012). As a result, intoxicated victims can be perceived as having a decreased worthiness, which could lead to the bystander perceiving them as not worthy of their intervention. Therefore, the current study will look to build upon the previous literature and the earlier qualitative study in this thesis by empirically examining how the victim and

perpetrator's alcohol consumption impacts a bystander's ability to progress through steps two and three of the Bystander Intervention Model (Latané & Darley, 1970).

The aim of this study was to use an online survey vignette design to examine whether a victim and/or perpetrator's alcohol consumption impacts participants' responses to questionnaires around victim blaming, risk assessment, and intervention behaviour when presented with one of four vignettes, each differing in the intoxication dynamic between the victim and perpetrator. The following hypotheses will be tested:

H₁ – Participants who were presented with vignettes in which the victim was intoxicated would display higher levels of victim blaming and lower levels of moral outrage than those who had been presented with vignettes in which the victim was sober.

H₂ - Participants who were presented with vignettes in which the victim was sober and the perpetrator was intoxicated would display higher levels of moral outrage than in the other conditions.

H₃ - Participants who were presented with vignettes in which the perpetrator was intoxicated would report higher levels of risk for intervention than other the conditions.

H₄ - Participants who were presented with vignettes in which the victim was sober and the perpetrator was intoxicated would display higher levels of moral outrage than other conditions.

5.2 Methods

5.2.1 Participants

A cross-sectional survey of British University students (N=327) was conducted. Participants were 51.4% male (N=168), 47.7% female (N=56), 0.3% non-binary (N=1), and two students stated they preferred not to state their sex (0.6%). Participants' sexual orientation included 307 heterosexual participants (93.9%), seven homosexual participants (2.1%), seven bisexual participants (2.1%), one

asexual participant (0.3%), two pansexual participants (0.6%), two students preferred not to declare their sexual orientation (0.6%), and one student selected other, identifying as queer in the text entry field below (0.3%). Participants were recruited using the online survey recruitment software, Prolific. They were provided with financial compensation for their participation, which was based on Prolific's living wage and the average time taken to complete the study.

5.2.2 Materials

Rape Myth Acceptance To measure participants' rape myth acceptance, the IRMAS (Lonsway & Fitzgerald, 1994; McMahon & Farmer, 2011) was used. Participants were asked to report how much they agreed with 22 statements using a five-point Likert scale. For ease of interpretation, the scale's scoring was reversed so that a higher score indicated higher rape myth acceptance for each statement, i.e., 1 = strongly disagree and 5 = strongly agree. The IRMAS contains within it four subscales. The first six statements make up the 'She Asked For It' subscale; statements seven to twelve are included in the '*He Didn't Mean To*' subscale; the 'Not Really Rape' subscale includes statements 13 to 17; and finally, the 'She Lied' subscale is made up of statements 18 to 22. Each participant's overall rape myth acceptance score was created by finding the mean of the 22 responses provided, and the same was done for each subscale. Each participant's score ranges from one to five; the higher the score, the higher participant's acceptance of rape myths. This overall scale had a Cronbach's Alpha of 0.930, displaying excellent internal reliability. Each subscale's Cronbach's Alpha was as follows: 'She Asked For It' subscale, $\alpha = 0.82$; '*He Didn't Mean To*' subscale, $\alpha = 0.76$; 'Not Really Rape' subscale, $\alpha = 0.86$; and 'She Lied' subscale, $\alpha = 0.90$.

Bystander Confidence To measure participants' confidence to intervene as a bystander in sexual violence, the Bystander Efficacy Scale (Banyard et al., 2007) was used. This entailed asking participants to rate their confidence in carrying out fourteen intervention behaviours on a scale of 0-

100%. These behaviours included such examples as, 'express my discomfort if someone makes a joke about a woman's body' or 'do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party'. Each participant's bystander confidence score was created by finding the mean of their fourteen scores provided; the higher the score, the more confident a participant reported being to intervene in acts of sexual violence. This scale had a Cronbach's Alpha of 0.900, displaying excellent internal reliability.

Vignettes Participants were provided with a vignette of an incident of sexual violence. There are four possible vignettes, which were presented at random. The vignettes described an act of sexual violence, specifically a man's unsolicited grope of a woman's bum. The four vignettes described the same incident but differed only in the intoxication of the victim and perpetrator. In one of the vignettes, the perpetrator was drunk, and the victim was sober; in another, the perpetrator was sober, and the victim was drunk; in the third, they were both drunk; and in the final one, they were both sober. As previously mentioned, these vignettes were designed with inspiration from previous literature in the area, being an adapted version of the vignettes used in Bennett and Banyard's (2016) study. That study used two different version of the vignette, a version where the perpetrator or victim were a friend of the bystander, and one in which they were known to the bystander. This study utilises the version in which the victim and perpetrator are strangers to the bystander, as this best suited the nature of the current study, as it as it was not measuring relationship. It was felt that a lack of a relationship between the parties involved gave the best opportunity to control for relationship as an extraneous variable.

Post-Vignette Survey After participants had read the vignette; they were presented with an author-constructed questionnaire, which addressed three factors: victim blaming; intervention risk assessment; and bystander intervention behaviour. The measure asks them to consider the vignette they have just read, after which they are presented with twelve statements, which were answered on a five-point Likert scale ranging from strongly disagree to strongly agree. Participants' intervention

behaviour was measured using one statement, 'the situation requires someone to intervene'. Attribution of blame was measured using four statements, for example, 'Chloe is completely responsible for the incident'. The risk assessment element of the survey was split into two sections, three statements that address the assessed risk to the victim and four that address the assessed risk to the bystander. The statements included in this questionnaire were taken from Ham *et al.* (2019), Melkonian *et al.* (2020), Burn (2009), Castello *et al.* (2006), Stormo *et al.* (1997), and Whately (2005).

Moral Outrage To measure the extent of moral outrage participants felt as bystanders, an adapted version of the moral outrage questionnaire (Jensen & Petersen, 2011) was used. Participants were reminded of their assigned vignette (as seen above) and were presented with eight statements about each vignette; these include statements such as, 'Jack's behaviour is very serious' and 'as Jack is drunk, this excuses his behaviour'. Participants were then asked to respond on a five-point Likert scale how much they agreed with that statement (1 = strongly disagree, 5 = strongly agree). Those questions that required it, such as the second example above, were reverse scored, leading to a total score. The higher that score, the higher the level of moral outrage displayed by the participant, meaning that they find the behaviour of the perpetrator more unacceptable. This scale had a Cronbach's Alpha of 0.78, indicating good internal reliability, which is in line with previous literature.

Alcohol Consumption Participants were also asked whether they had consumed any alcohol within the twelve hours before their participation. If so, they were asked to provide the details of their consumption. They were then asked whether they believed their behaviour in response to the previous questions was changed by their alcohol consumption using a binary yes/no option. If the participant responded yes, they were asked to select, using Latané and Darley's (1970) Bystander Intervention Model, which elements of their behaviour they believe were impacted by their alcohol consumption. Finally, they were provided with a text entry box to describe why they felt their behaviour was impacted in this way.

5.2.3 Procedure

After reading the participant information sheet (see appendix seven) and providing informed consent (see appendix eight) and demographic information, participants were asked to complete the IRMAS (Lonsway, & Fitzgerald, 1994; McMahon & Farmer, 2011) and the Bystander Efficacy Scale (Banyard et al., 2007) (see appendices nine and three). After which, they were presented with one of four possible vignettes (see appendix ten). After they had read the vignette, participants were presented with an author-constructed post-vignette survey, which addressed blame attribution, intervention risk assessment, and bystander intervention behaviour (see appendix eleven). They were then asked to complete an adapted version of Jensen and Petersen's (2011) Moral Outrage Questionnaire, which was adapted to the vignette presented to the participant.

Participants were also asked whether they had consumed any alcohol within the twelve hours prior to their participation, and if so, they were asked to provide the details of their consumption. They were then asked whether they believed their behaviour in response to the previous questions was changed by their alcohol consumption using a binary yes/no option. If the participant responded yes, they were asked to select, using Latané and Darley's (1970) Bystander Intervention Model, which elements of their behaviour they believe were impacted by their alcohol consumption. To answer this, they were presented with each of the five steps of the model (Latané & Darley, 1970) and were asked to answer yes/no as to whether they believed that their behaviour at this step behaviour was impacted. Finally, they were provided with a text entry box to describe why they felt their behaviour was impacted in this way. Once participants were debriefed, this signified the end of their participation in the research (see appendix twelve for debrief sheet).

5.2.4 Data Analysis

The data analysis plan for this study was to conduct a series of ANCOVAs with both the participants' Bystander Efficacy Scale (Banyard et al., 2007) and IRMAS (Lonsway & Fitzgerald, 1994; McMahon & Farmer, 2011) scores acting as covariates. These were chosen as covariates to isolate the effects of alcohol consumption on the measures used. By controlling for the Bystander Efficacy Scale score, the researchers were able to ensure that the bystander confidence of the participants included was not impacting their scores on the measures used for the dependent variables. Bystander confidence was important to control for because of its impact on step three of the Bystander Intervention Model (Latané & Darley, 1970), which this study was predominantly examining.

Similarly, with the use of IRMAS (Lonsway & Fitzgerald, 1994; McMahon & Farmer, 2011), the researchers wanted to control for rape myth acceptance, as if one vignette condition contained participants with significantly higher rape myth acceptance, they would likely score significantly differently to other conditions based on that factor alone. As a result, the researchers wanted to control for such potentially impactful and extraneous individual differences.

The analysis would see the participants' scores on the post-vignette survey and Moral Outrage Questionnaire (Jensen & Petersen, 2011) compared between each vignette condition to ascertain if the alcohol consumption of the victim and perpetrator impacted the bystander's moral outrage, blame attribution, risk assessment for the victim and bystander, and perception of the requirement for intervention.

5.3 Results

Table 6 provides a breakdown of the descriptive statistics for each of the measures across each vignette condition. The table displays the similarity in scores on all measures across the four conditions. This is supported by the lack of significant differences found in the analysis. The Moral Outrage Questionnaire (Jensen & Petersen, 2011) scores are very similar to the ones recorded in the

previous study (see chapter 4). However, the Bystander Efficacy Scale (Banyard et al., 2007) scores do seem to be between 6-9% lower than seen the prior study.

Table 6:*Descriptive statistics for measures used in chapter five*

	BES	IRMAS	MOQ	Blame Attribution	Victim Risk	Bystander Risk	Requires Intervention
Vignette 1	76.22 (17.71)	1.80 (0.62)	3.82 (0.49)	4.57 (0.48)	4.17 (0.52)	3.78 (0.78)	3.84 (0.80)
Vignette 2	76.16 (16.70)	1.82 (0.67)	3.56 (0.88)	4.54 (0.64)	4.09 (0.54)	3.70 (0.80)	3.98 (0.77)
Vignette 3	75.46 (15.77)	1.85 (0.59)	3.60 (0.83)	4.41 (0.69)	4.12 (0.56)	3.65 (0.71)	3.83 (0.78)
Vignette 4	73.10 (15.29)	2.01 (0.72)	3.52 (0.84)	4.49 (0.64)	4.13 (0.53)	3.70 (0.67)	3.81 (0.77)

Note - Vignette 1 – intoxicated perpetrator and sober victim; vignette 2 – sober perpetrator and intoxicated victim; vignette 3 – intoxicated perpetrator and intoxicated victim; and vignette 4 – sober perpetrator and sober victim. BES = Bystander Efficacy Scale (Banyard et al., 2007), IRMAS = Illinois Rape Myth Acceptance Scale (Lonsway & Fitzgerald, 1994; McMahon & Farmer, 2011), MOQ = Moral Outrage Questionnaire (Jensen & Petersen, 2011). n=327. Data displayed outside of brackets in the mean score each measure in each vignette condition, and the data inside the brackets represents the standard deviation.

5.3.1 Analysis

Five one-way ANCOVAs were conducted to compare the impact of victim and perpetrator intoxication on bystander moral outrage, blame attribution, assessment of risk to the victim,

assessment of risk to the bystander, and perception of the requirement for intervention. The analysis also controlled for bystander efficacy and rape myth acceptance. The data met the assumptions to carry out the ANCOVAs, which were subsequently undertaken. There was no significant difference in bystander moral outrage [$F(3,319)=2.23$, $p=0.084$], blame attribution [$F(3,319)=1.56$, $p=0.200$], assessment of risk to the victim [$F(3,320)=0.53$, $p=0.661$], assessment of risk to the bystander [$F(3,319)=0.43$, $p=0.731$], and perception of requirement for intervention [$F(3,319)=0.73$, $p=0.537$] between the vignette conditions. Only 17 of the 327 participants reported having consumed alcohol leading up to their participation in the study, which provided too large a discrepancy between group sizes for analysis.

5.4 Discussion

The aim of the study was to examine whether a victim and perpetrator's alcohol consumption impacted bystanders' moral outrage, attribution of blame, assessment of risk to the bystander or victim, and their perception of the requirement for intervention. The findings of this study suggest that the alcohol consumption of the perpetrator and victim of sexual violence does not affect the measures outlined above.

The two measures that address step two of the Bystander Intervention Model (Latané & Darley, 1970) were the Moral Outrage Questionnaire (Jensen & Petersen, 2011) and the perception of the requirement for intervention measure on the post-vignette survey. These measures were both found to be unaffected by vignette condition, which suggests that the alcohol consumption of the victim and perpetrator does not significantly affect a bystander's moral outrage or their perception of whether an incident of sexual violence requires intervention. This suggests that the change in alcohol consumption does not impact a bystander's ability to progress through step two of the Bystander Intervention Model (Latané & Darley, 1970), either positively or negatively. Therefore, the findings of

this study do not support the use of the Theory of Planned Behaviour (1991) to explain how the alcohol consumption of the victim and perpetrator impacts step two of the Bystander Intervention Model (Latané & Darley, 1970).

The remaining measures, the attribution of blame and assessment of risk to both the bystander and the victim, were also found to be unaffected by the change in the victim and perpetrator's alcohol consumption. These measures examined the third step of the Bystander Intervention Model (Latané & Darley, 1970), and all suggest that the victim and perpetrator's alcohol consumption does not significantly affect how a bystander attributes blame in an incident of sexual violence or how they assess the risk to themselves or the victim. An explanation for the findings at step three could come from the Just World Theory (Lerner, 1980). These theories suggest that an individual's personal attitudes towards certain behaviours can impact their intentions and how much they relate to the victim, therefore, affecting their likelihood of intervention. Previous literature had suggested that male perpetrators of sexual violence, whose victims were female and had consumed alcohol, were attributed less blame than those with sober victims (Cameron & Stritzke, 2003; Stormo et al., 1997). These theories can, however, explain how the attitudes of the bystander can have either a positive or a negative impact. If a bystander's own attitudes were lower in rape myth acceptance than the population average, meaning that they viewed the drinking behaviour of the victim less negatively and more relatable, it may be likely that they were unaffected by the intoxication of the victim and perpetrator.

This may be the case in the present study, as the mean score on the IRMAS (Lonsway & Fitzgerald, 1994; McMahon & Farmer, 2011) was 1.87, a low score compared to other research in the area. A study by Beshers and DiVita (2021) compared rape myth acceptance in undergraduate students, the same population as this study, between 2010 and 2017. They found that students' rape myth acceptance scores dropped from 2.42 to 2.05 in 2010 and 2017, respectively. Similarly, high levels have been found in other studies using the IRMAS (Lonsway & Fitzgerald, 1994; McMahon &

Farmer, 2011), such as Bannon et al. (2013) finding a mean IRMAS score of 2.10 in their participants, and Powers et al. (2015) finding a mean score of 2.73 in their research.

As the participants reported low rape myth acceptance, it may be possible that the independent variable used in this present study, the intoxication of the victim and perpetrator characters in the vignette displayed to the participant, was less impactful because of that lower rape myth acceptance. Meaning that whilst previous research may suggest that alcohol may decrease bystander intervention behaviour (see systematic review, chapter 2), if the bystander has a low-level rape myth acceptance, this may limit the effects of the alcohol on their victim blaming and risk assessment of sexually violent.

5.4.1 Evaluation and Directions for Future Research

The use of self-report survey methodology is always subject to demand characteristics and social desirability bias, and a vignette design may not produce the most externally valid results (Evans et al., 2015). Although vignette studies provide a medium for the inclusion of a more stimulating methodology, they are still not fully able to create an immersive and realistic essence of something as emotive as an act of sexual violence. As a result, participants may not be as invested and attached to the characters and scenarios as they would be in more immersive or realistic recreations or genuine events (Fatemeh et al., 2019).

However, taking into account the ethically challenging nature of the research area, this design was used to allow for the preliminary research to take place to potentially influence the direction of more experimental future research. As previously mentioned in the ethics chapter of this thesis (see chapter 3), future research should utilise designs with more external validity than vignettes, such as virtual reality. The utilisation of virtual reality would allow for a more immersive experience than a vignette design (Verhoef et al., 2021). A design like this was used in recent research to observe participants' bystander behaviour in an incident of sudden cardiac arrest (Buckler et al., 2019). The

adaptation of such a design to bystander intervention into sexual violence may effectively overcome the validity concerns of self-report vignette designs whilst tackling some of the ethical challenges in the ethics chapter of this thesis (see chapter 3). As opposed to adapting the design of van Bommell et al.'s (2016) simulation design, adapting the work of Buckler et al. (2019) to instances of sexual violence rather than medical emergencies may be the next ethical yet empirical step in this research area.

5.4.2 Practical Implications

The findings of the present study indicate that the alcohol consumption of the victim and perpetrator may not have an effect on a bystander's victim blaming and risk assessment of situations of sexual violence. When combined with the findings of the previous study, they may suggest that the alcohol consumption of the bystander may be more impactful on a bystander's intervention attitudes than the alcohol consumption of the victim or perpetrator. As previously mentioned, this requires further research; however, understanding that the bystander's intoxication plays a more prominent role than that of the victim's and perpetrator's intoxication could assist in designing bystander intervention training programs and sexual violence reduction campaigns. Placing greater emphasis on educating potential bystanders as to the impact their own alcohol consumption has upon their intervention behaviour may help to increase their awareness and, therefore, their intervention attitudes. Given that the low scores on the IRMAS (Lonsway & Fitzgerald, 1994; McMahon & Farmer, 2011) found in this study, it may suggest that the reductions seen from 2010 to 2017 in Beshar and DiVita's (2021) work may be continuing beyond 2017, as this study saw yet further reductions in rape myth acceptance in undergraduate students in 2021. Given that the current sexual violence reduction programs in universities seem to be reducing rape myth acceptance combining this with the findings of this and the previous study suggests that this focus on reducing rape myth acceptance and educating potential bystanders on the effects of alcohol may be an effective method for promoting positive bystander attitudes and behaviour.

5.4.3 Conclusions

This study found that the moral outrage, blame attribution, risk assessment, and perceptions of the requirement for the intervention of bystanders in an incident of sexual violence were not affected by the alcohol consumption of the victim or perpetrator in vignettes read. This suggests that the intoxication level of the victim and perpetrator impacts how they attribute blame within an incident of sexual violence or assess the risk to themselves and the victim. The study did control for rape myth acceptance and bystander efficacy, finding very low rape myth acceptance within the sample, which may help to explain why the participants' victim blaming was unaffected by the alcohol. If the participants were low in rape myth acceptance, it makes sense that they would not view an intoxicated victim less favourably than a sober one. More research should be done in this area, including testing a sample with higher rape myth acceptance than the one in this study. Having a greater understanding of the impact of both a bystander's own alcohol consumption and the intoxication of the victim and perpetrator may support the design of bystander training programs and campaigns.

Chapter 6: A Thematic Analysis of Female Students' Experiences of Sexual Violence at UK Universities

6.1 Introduction

6.1.1 Background

As mentioned in the introduction to this thesis, sexual violence rates in UK universities are far higher than in the general population. Revolt Sexual Assault's (2018) survey that spanned over 4,500 across 153 higher education institutions in the UK found that 70% of female students reported having experienced some form of sexual violence whilst at university. Similar statistics can also be found around the world, with female students in the US being three times more likely to experience sexual violence than female non-students the same age (Bureau of Justice Statistics, 2014).

Previous qualitative research has looked to address the experiences of male university students and their attitudes towards sexual violence and bystander intervention, such as Oesterle et al. (2018). This study examined how male college students who drank heavily conceptualised bystander intervention into sexual violence. The participants interviewed in this study mainly focused on the positive effects alcohol can have on bystander intervention, citing a variety of reasons for such effects. The male students discussed alcohol providing 'liquid courage', the notion that the consumption of alcohol provides the bystander with lower inhibitions and an increased confidence when it comes to intervening (Leone et al., 2018; Sayette, 1993). This increased confidence was reported to positively impact their likelihood to intervene in conjunction with hypermasculine social norms, which made participants feel as though they must "swoop in" and "save" female victims (Oesterle et al., 2018, p. 1224). These findings highlight how male bystanders' intervention behaviour may be impacted by their consumption of alcohol at the fourth step of Latané and Darley's (1970) bystander intervention model. This step sees bystanders formulating a plan for intervention and assessing whether they have the ability to carry out that plan, which participants in this study (Oesterle et al., 2018) highlighted as

a point in which alcohol provides an increased self-confidence. This increased self-confidence leads to an inflated confidence in a bystander's abilities to carry out a plan, which may lead to an increased likelihood that they will devise a plan they are confident they can execute, which in turn, may lead to an increased likelihood of intervention (Burn, 2009).

Among the findings discussed was a male desire to protect not only the female victims of sexual violence but their male friends from committing any sexual offences. Despite being rare and often overestimated by men (Kahlor & Morrison, 2007; Lisak et al., 2010), this is a factor cited by men as a reason to prevent their male companions from perpetrating acts of sexual violence (McMahon & Farmer, 2009). Participants believed that their male friends may only be acting in such a way because of the effects of the alcohol they have consumed; therefore, they wished to prevent their friends from behaving in a way that may result in someone "crying rape" against them (Oesterle et al., 2018, p. 1216). This desire to intervene or change their own/their peers' sexually problematic behaviour is something that was also seen in a piece of research discussed in the introduction to this thesis (see chapter 1), as in the wake of the #MeToo movement, men reported being less likely to engage in sexual harassment, whilst also reporting an increased fear of being falsely accused of such behaviour (Atwater et al., 2019). The author suggests that those men who are less likely to offend may largely be doing so because they wish to protect themselves, not the women who may be experiencing sexual violence. Alcohol affecting the behaviour of men in this way may actually lead to an increase in bystander intervention into sexual violence, as more male bystanders may be willing to intervene because of a desire to protect their own friends from getting into trouble.

This idea of men being more likely to intervene when a drunken friend is the perpetrator because they wish to protect them, rather than protecting the victim, could be seen as a reverse form of audience inhibition, especially when combined with alcohol myopia theory (Steele & Josephs, 1990). Audience inhibition is the notion that bystanders may be willing to intervene because of a fear of the people around them viewing them negatively because they intervened in the situation (Latané

& Darley, 1970). If men are more aware and concerned about protecting each other from being accused of being sexually violent, coupled with their own alcohol intake, which may narrow their attentional capacity (Steele & Josephs, 1990), this may create a focus on protecting their peer group, regardless of the norms or attitudes of the others in the environment. This may lead to the myopic focus on protecting one's peers, which actually promotes bystander intervention into sexual violence.

Whilst the male participants in the Oesterle et al. (2018) study focused on how alcohol has a largely positive effect on bystander intervention, a recent qualitative review from Robinson and colleagues (2022) found that the recurring 'the impact of alcohol' cited both the positive and negative effects of the substance. Their review included ten articles, including Oesterle et al. (2018), with a cumulative sample size of 523 participants and a mix of genders. They, too, discussed the notion of alcohol providing the bystander with more courage as a reason for alcohol's positive effects on bystander intervention, as well as noting that seeing a noticeably drunk victim would make them more likely to intervene. This increased vulnerability is mentioned as a reason a bystander is more likely to intervene, which was discussed in more detail in a previous chapter (see chapter 1).

Participants in the Robinson et al. (2022) study also discussed how alcohol can have a negative effect on a consumer's bystander intervention behaviour. Participants believed that this effect was largely due to alcohol's ability to diminish inhibitions and increase risky behaviour among consumers. This made it more difficult for them to identify whether behaviour that would ordinarily be inappropriate was acceptable in such an environment. This confusion made it more challenging for bystanders to accurately assess the requirement for intervention. These participants reported a clear negative effect of alcohol during the second stage of the Latané and Darley (1970) Bystander Intervention Model.

However, there is a lack of detail on how female bystanders will be impacted, for which there appears to be a dearth of research addressing this interaction. The present study attempts to build off

of Oesterle et al.'s (2018) work and address female university students' experiences of sexual violence, bystander intervention, and how the presence of alcohol impacted those experiences.

6.1.2 Current Study

As previously mentioned in this thesis, this research area has a wealth of quantitative research utilising a survey methodology; however, given the very human impact of the type of interaction being investigated in this study, being able to provide participants with an opportunity to describe and explain their own experiences more deeply and with more nuance than would be provided in a survey study (Tashakkori & Creswell, 2007; Wisdom & Creswell, 2013). This is especially pertinent given the complexities of both the Latané and Darley's (1970) Bystander Intervention Model and the behaviour and attitudes being measured in the previous studies; by using a qualitative approach, there is more opportunity to provide some explanation beyond what was ascertained in the quantitative studies (see chapters 4 and 5).

Given the convergence triangulation design of this thesis, this study was able to provide more depth, as well as helping the male researcher to understand better the viewpoints and experiences of female university students in such settings (Davidov et al., 2020; O'Cathain et al., 2010). This increased clarity and understanding will not only aid the researcher in their interpretations and inferences of the quantitative studies but will also help to create more transparency in how the studies in this thesis interact and in which direction to take future research (Creswell & Tashakkori, 2008).

6.2 Methods

6.2.1 Participants, Recruitment, and Exclusion Criteria

Between August 2020 and March 2021, thirteen semi-structured interviews were conducted with English-speaking female UK university students. Participants were between approximately 19 and 28 years old, with a mean age of 22.7 years old ($SD = 2.5$). Eight identified as British, three identified as Portuguese, one identified as French, and one identified as Spanish. Ten of the thirteen participants (76.9%) identified as Caucasian, and three as Hispanic (23.1%).

Participants were recruited through Prolific, an online participant recruitment website. Participants were paid £7.50 through their Prolific account for their participation in the research and as compensation for their time. As data collection took place during the COVID-19 pandemic, all interviews were conducted using the online communication platform, Zoom. Participants had to have attended or had graduated in the last five years from university in the UK, as well as identifying as female. Prolific filters were used to recruit participants who met this criteria, meaning that only those whose Prolific profile contained the correct demographic information were recruited. The lead researcher also checked via email that all participants met the inclusion criteria before the interview took place.

Twenty-one participants expressed interest in participating in the study. However, four women declined to participate after reading the participant information sheet and interview schedule; two women completed the consent process and became unresponsive to communications; and finally, two women could not attend their scheduled interview time and were unable to rearrange. This led to thirteen participants completing the process and being interviewed.

6.2.2 Procedure

Following online recruitment, participants who demonstrated interest in participation were emailed a link to complete an online copy of the participant information sheet and consent form (see appendices 13 and 14). Given the nature of the research area and the questions asked during the interview, the researchers decided to send the interview schedule to potential participants prior to their participation to ensure that they had a complete understanding of what would be discussed. Once they had been given access to the relevant materials and had indicated their comfort with the content by completing the consent process, participants were provided with a link to the online interview booking system so that they could select a date and time for their interview.

Each interview was semi-structured, meaning that while there was an interview schedule, the opportunity to explore potentially interesting deviations from the schedule was available. The interviews lasted between approximately 30 and 45 minutes and explored the participants' experiences of sexual violence, bystander intervention into sexual violence, and how they felt alcohol impacted their experiences. See appendix fifteen for the full interview schedule.

Once the interview had been completed, the participants were debriefed verbally, including being signposted to the relevant support organisations, should any of the topics covered have caused distress. As not all the participants in this study currently resided in the UK, organisations with virtual options or multiple locations were intentionally selected. They were also reminded of their right to withdraw from the research up until 35 days after their completion of the interview. This extended withdrawal period was included at the recommendation of the ethics committee, due to the sensitive and potentially difficult topics discussed during the interview. At the conclusion of the debrief, the participants' physical involvement in the research was complete, and they were thanked for their involvement and informed that they had completed their participation. Following the conclusion of the virtual interview, the participant received a debrief email, which included the details of relevant support organisations and reminded the participant of their right to withdraw and the withdrawal process (see appendix 16).

6.2.3 Analytical procedure

Each interview was audio recorded using the recording software on Zoom and subsequently transcribed by the lead researcher. The data was cleaned by the removal of all potentially identifiable information, including individuals' names being replaced with pseudonyms and names of locations anonymised. This thesis takes a broadly post-positivist approach, which promotes the use of qualitative research to support the interpretation of quantitative research (Boyatzis, 1998). Thematic analysis was selected as the most appropriate analysis for this study, as the aim was to examine individuals' experiences and identify commonalities among the data (Braun & Clarke, 2006).

For analysis, the researchers used Braun and Clarke's (2006) Thematic Analysis paper as a guide, including following the six-step process outlined in their paper. This process began with familiarisation with the data, which was done through transcription and re-reading of the dataset. After the transcription process was complete, the generation of initial codes commenced, which saw sentences or paragraphs condensed into short phrases or a few lines. NVivo software was used to assist with the analysis and organisation of the initial codes. To begin the third step of 'searching for themes', codes were then grouped based on their similarities, which were most commonly associated with the five steps of Latané and Darley's (1970) Bystander Intervention Model. As a result of the reliance on the Latané and Darley (1970) model and the aim of the research, this analysis took a theoretically driven approach, allowing for the researchers to merge the experiences of the participants in this study with the theoretical framework and the previous studies conducted in this thesis. As Braun and Clarke (2006) emphasised, conducting a thematic analysis is a reflexive process that requires continuous and consistent reflection upon the author's interpretation of the codes, themes, and procedure.

At this point, four themes were found and reviewed for internal and external homogeneity, ensuring that they coalesce together yet still have overt and distinct differences (Patton, 1990), which concluded the fourth step of 'reviewing themes'. Each theme highlighted a recurring and significant element of the dataset, connecting the experiences of multiple participants (Braun & Clarke, 2019).

Once they had been clearly defined and named, the final step in Braun and Clarke's (2006) process was 'producing the report'.

6.3 Findings

Based on the answers provided in the interviews, four themes emerged from the data, highlighting how alcohol impacted a female university student's experiences of bystander intervention into sexual violence. These themes were: decreased awareness of surroundings, difficulties interpreting the situation; liquid courage; and increased impulsivity when intoxicated. These themes will be discussed in the context of Latané and Darley's (1970) Bystander Intervention Model.

6.3.1 Theme One: Decreased awareness of surroundings

During her interview, Evie mentioned how she felt that alcohol made her more confident and likely to intervene; however, this was with the caveat that only if she noticed the event. She discussed how she felt that alcohol affected her ability to notice an event, such as sexual violence, was occurring around her, she spoke about how she felt that it impeded her ability to do so.

Extract 1

EVIE: Probably less likely to notice if I'm honest and I'll probably be a lot more likely to know if it's if it was obviously happening to someone you or someone I was with ... I do think that you'd be a bit less likely to notice because I feel like when you're we've had a drink. We just don't tend to

notice a lot that's going on ... You're just kind of in your own bubble a lot of the time you've had you've had a drink.

In this extract, Evie mentions how she thinks she is “probably less likely to notice” something happening around her when she has “had a drink” because she acts like she is in her “own bubble”. This effect of alcohol is not something that Evie feels in isolation, as she is supported by other participants from this study as well as Steele and Josephs’ (Steele & Josephs, 1990) Alcohol Myopia Theory. The science behind this is explained in more depth in the systematic review chapter of this thesis (see chapter 2). The theory posits that alcohol consumption can impair a person’s attentional capacities, suggesting that consumers are less likely to identify more subtle social cues, instead focusing on the more salient elements of their surroundings. Therefore, this myopic effect makes it more likely that they will miss something that is not occurring around them overtly (Clifasefi et al., 2006). As a result, if a bystander has consumed alcohol, it may make them less likely to notice events occurring not in their direct vicinity. Consequently, if a bystander has not noticed the event occurring, they are unable to proceed through beyond the first stage of the model, making intervention an unlikely action. The idea of alcohol inhibiting a bystander’s ability to notice something beyond their immediate surroundings was echoed by Heidi, who lays out the effects of Alcohol Myopia Theory (Steele & Josephs, 1990) very well from her own experiences.

Extract 2

HEIDI: You see, I would have thought yes because when you’ve had a bit of alcohol you don't notice sort of what's going on around you but going back to the situation where I used it as an example, obviously straight away that I did notice something is happening. So I have to probably say no I don't think alcohol does actually impact that you notice something is happening [INT: right] but maybe just because it was to a friend, I was more aware of that. [INT: okay] If you told me there

was someone else in the you know club or whatever that something was happening maybe I wouldn't have noticed that.

In this extract, it is evident that Heidi is not entirely certain how alcohol impacts her ability to identify the occurrence of an incident of sexual violence. She talks about how alcohol reduces your ability to “notice sort of what is going on around you”. However, in the example she provides earlier in the interview of her intervening to help her friend being harassed by an unknown male, Heidi states that she did notice the event “straight away” despite having consumed alcohol. This led to her believing that it did not “actually impact” her ability to “notice something”. She then goes on to explain how she does feel that this was a result of the event happening to a friend who was with her, and that had this event involved “someone else in the you know club ... maybe I wouldn't have noticed that.” This thought process from Heidi perfectly explains how Alcohol Myopia Theory (Steele & Josephs, 1990) presents in such a scenario and serves as connective tissue between this and the previous themes presented. The alcohol did not impact her ability to notice her friend being a victim of sexual violence because of the proximity and salience of the cues. However, had this occurred in the more distant background or more subtly, Heidi believed that the alcohol would have reduced her ability to pick up on such an incident. This sentiment was also articulated by both Cassy and Amy, whom themselves found that they were less able to focus on less salient elements of their surroundings.

Extract 3

CASSY: I think when you drink you just focus on yourself so I think the ability to sort of have that observe witness what's going on around you I think does diminish personally when you drink.

Extract 4

AMY: Alcohol just kinda makes you merry and makes you less aware of your surroundings so I think it takes more when you're drunk sometimes to notice things.

Cassy's and Amy's intoxication experiences echo that of Heidi and Evie, as they all agree on the myopic effects alcohol has on their ability to focus on their surroundings. Similarly to how Evie spoke about feeling like she was in her "own bubble a lot of the time" when she was intoxicated, Cassy spoke about how she felt that alcohol made her focus on herself and paid less attention to "observe witness what's going on around" her. In their interviews, Heidi and Amy both mentioned how alcohol "makes you merry and makes you less aware of your surroundings", even saying that it "takes more when you're drunk sometimes to notice things." This additional effort required to be able to pay attention to the more subtle elements of a bystander's environment is a key element of Alcohol Myopia Theory (Steele & Josephs, 1990) and provides further support for the negative effects of alcohol at step one of the Bystander Intervention Model (Latané & Darley, 1970).

6.3.2 Theme Two: Alcohol Leads to Difficulties Interpreting the Event

Throughout the interviews conducted for this study, participants frequently mentioned how they felt that, in their own experiences, that alcohol had made bystanders less likely to intervene because it impacted their interpretation of the situation they were seeing. This was highlighted by Sarah, who used an example of when she was a victim of sexual violence, and none of her friends nearby intervened.

Extract 5

SARAH: When that guy was pushing me into the sofa I think a lot of people kind of thought he was making his move erm but they didn't actually see that I was not comfortable they didn't see that I was trying to get away so yeah I think they were kind of just looking there like oh yeah it's all fine and I don't physically look distressed because they couldn't see my face they couldn't see that I was trying to push him off me for example if I was like pushing his chest away it could just look like I was holding his chest and I was accepting him kissing me for example and yeah so I do, I do think so it kind of maybe distorts what you're actually seeing.

As Sarah recounts the story of a male forcing himself upon her on a sofa at a house party, she explains why her friends did not try to help her by using their intoxication as a catalyst for their misinterpretation of the event. She says that she believes that alcohol “maybe distorts what you’re actually seeing.” This distortion when interpreting the event occurs during step two of the Bystander Intervention Model (Latané & Darley, 1970), at which bystanders must interpret the event as requiring intervention or not. Sarah’s example here supports the notion that at step two, bystanders may be less likely to successfully pass through this step of the model because their ability to interpret of the event correctly is hindered by their alcohol consumption. This can be explained by alcohol’s effects on a consumer’s inhibitions, which can be significantly decreased, as demonstrated in previous research, which has shown intoxicated individuals to be more likely to condone behaviours, such as one-night stands, unprotected sex, or drug use (Anderson & Mathieu, 1996; Brown & Venable, 2007; Gordon & Carey, 1996; Wilsnack et al., 1984). By making the consumer more tolerant of behaviour that they would not typically condone, alcohol may increase the likelihood of a bystander interpreting an incident of sexual violence as more acceptable and, therefore, not requiring intervention. This would then result in the bystander not progressing through the Bystander Intervention Model (Latané & Darley, 1970) and, as a result, not intervening in the event. This was further supported by both Cassy

and Joy in their interviews, in which they discuss how they feel their ability to interpret events is impacted while under the influence of alcohol.

Extract 6

CASSY: I do think when you do drink alcohol you're sort of inhibitions your ideas towards things just totally I don't know just drift a bit there and I think you don't see this as serious or you just get more relaxed about it.

Extract 7

JOY: If there are an act of sexual violence maybe when if you are drunk you just think that 'oh that girl is with your with her boyfriend' and I know it's something normal but maybe no maybe that boy is not her boyfriend.

Cassy highlights how she feels when she has consumed alcohol that it does impact her inhibitions "drift a bit", and when she is interpreting events occurring around her, she may be "more relaxed about it" and not take it as seriously as she would if she were sober. Joy also mentions how her interpretation of events may skew more positive. She talks about how when she has consumed alcohol, she may interpret situations as "something normal" when maybe it is not and may require deeper examination. They both suggest that alcohol makes them less likely to look as deeply into a situation like this and often makes them more likely to interpret the situation as less serious because their inhibitions are reduced.

Extract 8

AMY: There's always that "she was drunk how do you know she didn't say yes?" [INT: Yeah] And so it's very when alcohol is involved it's very blurry simply because there's other factors involved

Beyond just the alcohol consumption of the bystander, participants cited the alcohol consumption of the victim and perpetrator. In the extract above, Amy discussed how when the victim is intoxicated, it can create difficulties surrounding interpreting the interaction between the perpetrator and victim, as "when alcohol is involved, it's very blurry." This extract touches upon two ways in which victim alcohol consumption can impact a bystander's intervention behaviour. The first of which sees them struggle to choose to intervene because of the difficulties inferring the ambiguous dynamic between the two parties involved (Burn, 2009). The second effect may be that the victim's intoxication may be negatively perceived by the bystander, making them appear less worthy of intervention (Abbey, 2002; Burn, 2009). This is a typical rape myth that looks to attribute at least some of the blame for the sexual violence on the intoxicated victim, as the bystander may believe that the victim has knowingly placed themselves in a risky position by being intoxicated in such a setting (Gunby et al., 2012). These rape myths can often lead to bystanders attributing less blame to the perpetrator and more to the victim. It is not just the victim's alcohol consumption; however, that can impact a bystander's perception of an incident of sexual violence, the perpetrator's alcohol consumption may also contribute to the bystander's assessment of the victim's worthiness of intervention (Koepke et al., 2014; Maurer & Robinson, 2008; Pollard, 1992). As Heidi highlighted in her interview, the alcohol consumption of the perpetrator can also be a big factor in how or whether a bystander intervenes.

Extract 9

HEIDI: Some people just get a bit aggressive but they're not actually you know like a big guy or whatever and you're like OK calm down mate come on move out the way whereas some

people can get like really aggressive on some kind of drinks if they like that then I wouldn't go anywhere near them.

Further to what Amy said about alcohol consumption making it more difficult to infer the nuances of a victim's behaviour, Heidi pointed out how alcohol can make a perpetrator's intentions overt. Intoxicated perpetrators "can get like really aggressive on some kind of drinks", and as a result, Heidi spoke about how this would discourage her from intervening. This fear of being at risk of the perpetrator responding physically to the bystander's intervention attempt and attempting to assault the bystander is a potential barrier to intervention (Banyard, 2008; Burn, 2009). Heidi mentioned in her interview that in her experiences, alcohol consumption can make some people "really aggressive", which may increase the likelihood of the perpetrator's alcohol consumption being a barrier to intervention at step three of the Bystander Intervention model (Latané & Darley, 1970). At this stage, the bystander would have noticed the event and interpreted it as requiring intervention and would be in the process of assuming personal responsibility. However, if they deem themselves to be too much at risk of retaliation and unable to provide assistance, they may be unable to proceed beyond this step.

6.3.3 Theme Three: Liquid Courage

Alcohol was often seen as a facilitator of intervention for participants in this study, as they cited alcohol's ability to provide increased confidence and reduced concern regarding the risks of intervention. This is evident in the extracts below from an interview with Amy, who discussed how her experiences of consuming alcohol impacted her confidence as a bystander.

Extract 10

AMY: Alcohol does give you a bit of Dutch courage and so [INT: Yeah] It can actually help

Extract 11

AMY: I think alcohol definitely makes you more ballsy. [INT: Alright okay] see not to not sound very nice I think it's just as I said I don't think I would have intervened I'd hoped I would intervene I don't think without alcohol I would have intervened the way I did.

Amy mentioned on two separate occasions during her interview how alcohol made her more confident as a bystander, even going as far as saying that it affects the way she would intervene. Amy's example demonstrates that if a bystander were to witness an incident of sexual violence after they had begun drinking alcohol, the anxiogenic cues - i.e. the fear of reprisal from the perpetrator- should they intervene – would be dulled by the effects of the alcohol. This is what is being referred to when Amy discusses how alcohol makes her “more ballsy” or gives her “Dutch courage”. This was further supported by both Holly and Tracy, who, like Amy, felt that alcohol provided them with an increased confidence to intervene in scenarios they would ordinarily not.

Extract 12

HOLLY: I was just walking around during my day not had a drink I don't I think I'd be a lot less likely to intervene I'm quite a shy person not very confrontational and I wouldn't really know what to do I think I'd always be hoping someone else would step in but after a couple more drinks I'm definitely a lot more confident in you know voicing things. I don't think I've ever told someone

off for being inappropriate, but after a couple of drinks if I see someone being inappropriate, I'm not afraid to tell him that.

Extract 13

TRACY: I do think the alcohol probably did make me more confident and more willing to be like no like back off out of the way. Because I I'm actually quite a shy person not shy person but. I don't like confrontation. Not that I necessarily see this is confrontation, but. I try and avoid like getting myself into situations. That would involve arguing or shouting or something.

INT: OK, and do you feel like the fact you consumed alcohol made you more likely to intervene?

TRACY: Yeah, like like reflecting back on it. Yeah, probably.

Holly highlights how she is “a shy person not very confrontational” and that she has never told in her life, “told someone off for being inappropriate”. This helps to emphasise the effect alcohol has upon her confidence to intervene in scenarios where she feels something inappropriate has occurred, as she goes on to say that if she notices someone being inappropriate, she is “not afraid to tell them that.” This provides support for the idea that alcohol can have a positive impact at steps three and four of the Bystander Intervention Model (Latané & Darley, 1970), the steps in which bystanders assess their personal responsibility for intervention, formulate a plan for intervention, and assess their own abilities to carry out that plan. As participants are provided with an alcohol-induced sense of self-confidence, they may be more likely to assume responsibility and be more confident in their abilities to carry out any intervention plan they devise, allowing them to move through the model with more confidence than they would sober. This notion was also supported by numerous other participants, such as Tracy, who made a similar effort to Holly to underline her lack of desire to engage in

confrontation and how alcohol allowed her to circumvent that shyness to intervene in a scenario to help her friend. This idea of liquid courage is echoed in the extract below from Evie.

Extract 14

EVIE: A few drinks would give me more confidence to do something to and probably more more confidence to if if I was able to notice someone I didn't know in that situation. Again that depends if I've actually noticed or not but if I had and I'd had a few drinks yeah I think that the drink I know it sounds bizarre, but I think the drink does give me more confidence.

This extract from Evie's interview furthers the comments made by Holly and Tracy, as she highlights how her experiences of being intoxicated when witnessing an incident of sexual violence suggest that she would be a more confident bystander. This is met with a caveat, however, as Evie states that the positive effect alcohol may have on her intervention behaviour is dependent on whether or not she notices the event in the first place. This segues nicely into the next theme uncovered in this analysis.

6.3.4 Theme Four: Increased Impulsivity When Intoxicated

The women interviewed in this study frequently spoke about how alcohol consumption on their part made them more likely to intervene due to an increase in impulsivity. The influence of alcohol was repeatedly suggested as a cause of impulsive behaviour, as Joy suggests in her interview when asked about formulating a plan during step four of the Bystander intervention Model (Latané & Darley, 1970).

Extract 15

JOY: Well ,in my case I think that when I when I drink alcohol I am more impulsive. I think that is an effect of alcohol but I don't know maybe it's not [laughs] but I think that impulses you to do some something so quickly without thinking about that something so quickly without thinking about it.

Joy's comments here are supported by research discussed in the introductory chapter to this thesis, which discussed how alcohol impacts the inhibitory control consumers possess (Curtin & Fairchild, 2003; Giancola, 2000). This reduced inhibition and increased impulsivity are caused by alcohol's ability to increase a consumer's norepinephrine levels, which is responsible for arousal, leading to a heightened state of excitement and a desire to focus on desires rather than the attainability of those desires (Giancola & Zeichner, 1997; Volkow et al., 1990). This also supports the notion posited by Sevincer and Oettingen (2009), who suggested that the consumption of alcohol may actually shift a consumer's goal focusing from the feasibility of these goals to their own desirability to achieve those goals. This shift in focus suggests that intoxicated bystanders could be more likely to intervene. This is supported by the participants' experiences in this study, not only by Joy but also by other participants, such as Sarah's response to how alcohol impacts her ability to formulate a plan.

Extract 16

SARAH: You're kind of just following your first instincts more likely. Well, that's what's happened to to me anyway so yeah I do yeah I do think they kind of just will rather just act maybe.

This effect of impulsivity on bystanders primarily pertains to the fourth step of the Bystander Intervention Model (Latané & Darley, 1970), which outlines the bystander's ability to formulate a plan

and assess their abilities to carry out that plan. Participants highlighted their lack of desire to complete this step of the model when intoxicated, as they believed that they relied largely on instincts as opposed to planning. There was, however, an interesting point made by two of the participants, who both made mention of having pre-prepared plans for what to do in scenarios of harassment from men in a nightclub. Both Heidi and Cassy discussed having intervention plans prepared within their friendship groups to deter any unwanted male attention. This included pretending to be one another's girlfriend to use their feigned homosexuality as a way of discouraging the perpetrator.

Extract 17

HEIDI: You accept that that's going to happen which is why girls go out and they already have their like you know lesbian partners that if anything goes wrong you know who to call upon to come and grab you out [INT: yeah] of the situation. You've got to have that plan before you go out.

Extract 18

CASSY: You always say I'm we're in a relationship yeah, I'll say I'm a lesbian I kid you not that is literally what you have to say it then if you are, then I alright go and kiss then.

These extracts highlight that the prevalence of sexual violence or harassment on a night out is such that women are going out with ready-made intervention plans to protect themselves and their peers. This could also suggest that due to this prevalence, step four of the Bystander Intervention Model (Latané & Darley, 1970) may actually begin prior to the event even taking place. However, in combination with the impulsive effects of alcohol mentioned earlier, this may suggest that intoxicated female bystanders may progress through step four so quickly or even not at all. This could suggest that the positioning of step four in the model may need to be reconsidered, given the preparation

female bystanders may be doing. This finding is supported by recent similar research from Bovill et al., who found that women undertake 'direct safety work', which involves deliberate actions that reduce their likelihood of being victimised or increasing their chances of being safer should an incident of sexual violence arise. This includes measures such as bringing along a male friend to deter male perpetrators or to protect them if physical confrontation is required.

6.4 Discussion

The present study draws from the content of thirteen interviews conducted with female university students or graduates from higher education institutions across the United Kingdom. The results of the analysis of those interviews help to advance the understanding of female students' experiences of how alcohol impacts bystander intervention into sexual violence. While some studies have used a qualitative design to address bystander intervention more broadly (Oesterle et al., 2018; Powers et al., 2015; Pugh et al., 2016; Robinson et al., 2022), there has been little qualitative research addressing how alcohol impacts bystander intervention into sexual violence. To the best of the author's knowledge, the present study is the first piece of qualitative research to address the experiences of female bystanders in this area.

Overall, the findings from this thematic analysis suggest that the female students and graduate students interviewed believe that alcohol does have an impact on the intervention behaviour of bystanders. The analysis found recurring discussions around both the positive and negative effects of alcohol, highlighting specific effects at steps one, two, three, and four of the Bystander Intervention Model (Latané & Darley, 1970). This discussion will work through the effects in the order of the steps presented in the model.

The first theme highlighted in the analysis of this study, decreased awareness of surroundings, saw participants frequently suggest that in their experiences, alcohol had a negative impact on their

abilities to notice the more subtle sexually violent cues around them. The real-world examples provided by the participants provided support for Alcohol Myopia Theory (Steele & Josephs, 1990), as they gave detail on how they felt that alcohol consumption made bystanders less aware of their surroundings and less observant of the elements of their surroundings not in their immediate vicinity. These examples argue that alcohol may have a negative impact on a bystander's intervention behaviour, as if it prevents a bystander from passing step one, its potentially positive effects later in the model are superfluous. By inhibiting a bystander's ability to notice anything happen, alcohol makes it harder for them to be able to proceed to step two of the model, at which the participants of this study also pointed out how alcohol can make intervention more difficult.

The second step of the Bystander Intervention Model (Latané & Darley, 1970) requires the bystander to interpret the event they noticed in step one. They must interpret the event as either one requiring intervention or not. This can be reliant on their own personal moral norms and inhibitions, as the bystander must appraise the event as something inappropriate or illegal (Carlson, 2008; Leone et al., 2016; Oesterle et al., 2018). The second theme presented in this study saw participants discuss their own experiences of how alcohol consumption impacted bystanders' ability to progress beyond step two because of reduced inhibitions. Providing support for the literature that suggests that alcohol decreases inhibitions, specifically sexual inhibitions (Gordon & Carey, 1996; Wilsnack et al., 1984), as multiple participants mentioned how in their experiences, alcohol distorted their perception of situations and glazed their judgements.

Furthermore, it was also discussed by participants how the alcohol consumption on the part of the victim may impact a bystander's perception of them and the situation. The bystander's perception of a victim and perpetrator dynamic can become more ambiguous, as well as the perceived worthiness of the victim being affected (Abbey, 2002; Burn, 2009). This impact on a bystander's ability to interpret the event could make their intervention less likely.

If an intoxicated bystander were to progress through the model beyond the second step, the participants' experiences in this study suggest that alcohol could actually have either a positive or negative effect on their intervention behaviour at steps three and four. Both an increased sense of self-confidence and impulsivity increases the bystanders' likelihood of continuing through steps three and four to intervention. A bystander could be discouraged from intervening if the perpetrator of the sexual violence has consumed alcohol due to a fear of being at risk of retaliation should they intervene (Banyard, 2008; Burn, 2009). This fear of retaliation may lead a bystander who has interpreted an event as intervention worthy to being unable to pass through steps three and four, as they feel their inability to protect themselves does not allow them to take personal responsibility for intervention, nor could they carry out their formulated plan.

However, often referred to as 'liquid courage' or 'Dutch courage', alcohol is known to provide consumers with an increased sense of self-confidence (Tiplady et al., 2004; Wilde et al., 1989). Participants in this study often cited an increased confidence in their own abilities, increased enough that several of them felt that, in their own experiences, the alcohol they had consumed gave them enough confidence to intervene in situations that they believed that they would not have, had they been sober.

The increased likelihood of intervention was also evident in step four, not only because of an increased confidence but also an increased sense of impulsivity. Participants consistently raised this as a positive effect of alcohol, as they believed that alcohol afforded them less opportunity to overthink and thoroughly assess situations. It was even suggested that this could lead to them almost skipping step four entirely and proceeding straight to carrying out an intervention strategy with little or no thought. This means that at steps three and four, when they must decide whether to assume personal responsibility for intervention and formulate a plan and assess whether they have the abilities required to carry out that plan, respectively, this increased confidence may actually make them more likely to become an active bystander and intervene. Alternatively, multiple participants

revealed that females often actually have pre-planned intervention plans prepared should they or one of their friends be victims of sexual violence. The most common example cited was the use of a fictitious homosexual relationship with a friend to discourage the male perpetrator from pursuing the victim any further. This notion of a prepared intervention plan could provide an alternative explanation for why women often feel as though they act so impulsively or instinctively in these scenarios. It is well documented that women experience sexual violence at an alarming rate, especially female university students (Revolt Sexual Assault, 2018). The fact that this is so prevalent in this population may explain why women feel compelled to prepare for such events before they occur. This preparation may help to expedite the process of step four in the Bystander Intervention Model (Latané & Darley, 1970) for female bystanders.

The findings of this study lend support to the idea that if an intoxicated bystander can make it through the first two steps of the Bystander Intervention Model (Latané & Darley, 1970), alcohol may actually make them more likely to intervene. As a result, this could help to explain why studies like Philpot et al. (2020) found bystander intervention to be very common in situations where alcohol may be present. If bystanders make it through steps one and two by noticing the event and interpreting it as requiring intervention, then it seems as though alcohol may make intervention more likely than if they were sober.

6.4.1 Limitations and Directions for Future Research

It is important to acknowledge the limitations present in this research. Firstly, this study was limited by a small sample size of female students and graduates who had attended European universities. Given that the study aimed to focus on European universities, the homogeneity of the sample is not an issue; however, including a larger sample size could be beneficial to assess the generalizability of the findings in conjunction with the other studies in this thesis.

Furthermore, all interviews were conducted by a male interviewer and given the nature of the conversations happening during the interviews, this may have been an issue regarding the dynamic between the interviewer and interviewees. The option of having a female interviewer was offered to each participant; however, none requested this change to be made. Nevertheless, reflexivity is a vital component of qualitative research, and careful consideration was given when both carrying out the interviews and analysing the data to consider the impact of gender dynamics. Findings from previous literature in the area suggested that one of the most researched aspects of this research area is referred to as 'side-lining', the use of inappropriate features of masculinity that may restrict open dialogue in women (Broom et al., 2009; Padfield & Procter, 1996). This extends to behaviours such as arrogance, abruptness, or emanating the appearance of not listening to the female interviewee. These stereotypically masculine behaviours were particularly pertinent given the nature of this study's research area. As a result, the male interviewer made a conscious effort to ensure that these behaviours were displayed as infrequently as possible throughout the interviews, as well as carrying out numerous practice interviews with an emphasis on reducing these behaviours to a minimum. One of the main elements that helped protect this study from the effects of those features of masculinity was to clearly explain the male researcher's reasons for conducting this research. By overtly displaying an understanding of sexual violence as an issue for women and demonstrating a desire to assist in addressing that issue, the interviewee should be less concerned about the possibility of side-lining.

In regard to future research, this study was designed to be used in combination with the systematic review (see chapter 2) and the two quantitative studies designed for this thesis (see chapters 4 and 5). The holistic approach of this thesis was to address the effects of the presence of alcohol using a mixed methods approach, with this qualitative study aiming to add depth and capture the nuance beyond the examination of the key variables seen in the quantitative research. However, this study could be built upon by further research into the specific effects of alcohol on bystander intervention into sexual violence at each step of Latané and Darley's (1970) Bystander Intervention Model. The participants in this study presented examples from their own experiences as to how

alcohol's impact at each step of the Bystander Intervention Model (Latané & Darley, 1970) varied—demonstrating their experiences of how alcohol may have a negative impact at one step and a positive impact at another. Expanding the understanding behind why this is the case and which other factors impact this effect may be an important step in understanding just how alcohol impacts bystander intervention behaviour into sexual violence.

6.4.2 Conclusions

In summary, this study presents findings that suggest that female students, who studied in the European universities, believed, from their own experiences, that alcohol impacted the intervention behaviour of bystanders in the first four steps of the Bystander Intervention Model (Latané & Darley, 1970). These effects were largely negative at steps one and two, making it more difficult for the intoxicated bystander to notice more subtle events and impairing their inhibitions to the degree that it made them less likely to intervene. At steps three and four, the interviewees reported feeling as though alcohol could make bystanders more confident and impulsive enough to increase the likelihood of intervention. However, there was also a suggestion from the participants that alcohol consumption on the part of the victim or perpetrator could also have a negative impact at steps three and four of the Bystander Intervention Model (Latané & Darley, 1970), potentially due to a decreased victim worthiness or fear of retaliation, respectively.

Chapter 7: General Discussion

7.1 Introduction

This thesis aimed to address the impact of the presence of alcohol on bystander intervention behaviour in a case of sexual violence. The previous literature seemed to suggest that alcohol had a negative effect on such behaviour; however, the methodological limitations combined with more recent research cast some doubt into the area. To attempt to provide some clarity, this thesis used a mixed methods approach to address some of the methodological issues befalling the research area, including a systematic review (see chapter 2), a repeated measures field survey study (see chapter 4), an online survey study (see chapter 5), and a thematic analysis (see chapter 6). This chapter collates the findings from across the four studies and presents them in the context of the two research questions outlined in the introductory chapter (see chapter 1). This chapter will also evaluate the thesis itself, as well as the implications upon future research and more practical aspects of the area, such as bystander intervention training programs and safety policies in the night-time economy.

7.2 Summary of Methodology and Findings

The systematic review was conducted to allow the author to gain insight into the wider research area as a whole and to produce a review that collated the present research available. This collation of the existing research provided an opportunity to identify and evaluate the current state of the research area, which in turn, creates an opportunity to recognise the gaps in said area (Gopalakrishnan & Ganeshkumar, 2013). This review aided the design of the subsequent studies in an effort to address the gaps identified.

This review elicited three key findings for future research that helped to shape the design of the studies in this thesis (see chapter 2.5). These being: (a) alcohol consumption from the bystander has an effect on bystander intervention; (b) the lack of evidence for a direct effect of alcohol on bystander intervention behaviour; and (c) measuring general alcohol use rather than a cross-sectional measure of alcohol consumption. These findings led to three recommendations for future research. Firstly, to address the first key finding, one of the quantitative studies in this thesis would examine the effects of alcohol consumption from the victim and perpetrator, which had received little attention in the bystander intervention into sexual violence literature. As most literature addressed the alcohol consumption of the bystander, this would allow for a more complete understanding of how the presence of alcohol impacted a bystander's intervention attitudes. The qualitative study also provided personal accounts of female university students and how alcohol consumption impacted the bystanders' behaviour in their experiences. The second key finding would be addressed by one of the quantitative studies using a repeated measures design, which would help to control for some of the potentially extraneous personal factors that may impact the examination of whether alcohol has a direct effect on bystander attitudes. Finally, the third key finding would be addressed by both quantitative studies examining how the alcohol consumption of the bystander, victim, or perpetrator at the moment of testing impacted the bystander's intervention attitudes rather than their general alcohol use.

As outlined in the Methodology and Ethical Challenges chapter of this thesis (see chapter 3), this thesis used a convergence model of triangulation to address whether the presence of alcohol impacts a bystander's intervention attitudes. This was done by two quantitative studies, one of which addressed the role of the bystander's alcohol consumption and the other examining the role of the alcohol consumption of the victim and perpetrator. These studies were then both supported by the depth and nuance added from the inclusion of the qualitative study, which thematically analysed female students' experiences of alcohol's impact on bystander intervention into sexual violence. This study addressed the role of the bystander's, victim's, and perpetrator's alcohol consumption.

The first of the quantitative studies (see chapter 4) included in this thesis addressed how alcohol consumption by a bystander impacts their intervention attitudes using a cross-sectional between-participants correlational design and a repeated measures longitudinal design. The study used a field survey design, having participants complete the Bystander Efficacy Scale (Banyard et al., 2007), Moral Outrage Questionnaire (Jensen & Petersen, 2011), and the Sexual Violence Acceptability and Punishment Survey in a student's union bar, after being breathalysed to measure their level of intoxication. Given the repeated measures design, they were then asked at a later date to complete those same questionnaires whilst sober. No statistically significant correlations were found between BrAC and any of the three measures used in the cross-sectional analysis. Additionally, there was no significant difference between the alcohol conditions on participants' scores on the Bystander Efficacy Scale (Banyard et al., 2007) or the Sexual Violence Acceptability and Punishment Survey in the longitudinal analysis. However, a significant difference was found between the alcohol conditions and the participants' scores on the Moral Outrage Questionnaire (Jensen & Petersen, 2011), which had higher moral outrage reported when bystanders had consumed alcohol compared to when they were sober. This suggested that alcohol consumption may cause bystanders to be more morally outraged by sexual violence and positively affect their ability to progress through step two of the Bystander Intervention Model (Latané & Darley, 1970).

The second quantitative study (see chapter 5) included in this thesis addressed whether a victim and perpetrator's alcohol consumption impacted bystanders' intervention attitudes. This study used a vignette design, which saw participants read a vignette of a sexually violent incident before completing the Moral Outrage Questionnaire (Jensen & Petersen, 2011) and measures aimed at addressing their perception of the requirement for intervention, their attribution of blame, or their assessment of risk to both the victim or themselves, which included questions taken from Ham *et al.* (2019), Melkonian *et al.* (2020), Burn (2009), Castello et al. (2006), Stormo et al. (1997), and Whately (2005). There were four versions of the vignette used throughout the study, one which included an intoxicated victim and a sober perpetrator, another a sober victim and intoxicated perpetrator,

another an intoxicated victim and an intoxicated perpetrator, and finally, a sober victim and a sober perpetrator. The study did not find significant differences between the vignette conditions for any of the measures mentioned above, which suggested that the alcohol consumption of the perpetrator and victim of sexual violence may not affect the bystander intervention attitudes measured.

In order to best capture the experiences of female students, especially in such a highly emotive area, the qualitative study (see chapter 6) used a phenomenological approach would be most appropriate to provide such insights (Harper & Thompson, 2011; Smith et al., 2009). The study looked to further Oesterle et al.'s (2018) qualitative piece by interviewing female university students and thematically analysing how, in their experiences, alcohol impacted bystander intervention behaviour. The use of semi-structured interviews allowed for deeper and richer data than would be provided by a survey design. This allowed the researcher to place the previous studies in this thesis in the context of real-world experiences. Four key themes were uncovered throughout the interviews conducted, which highlighted the consistent impact experienced by the women at steps one, two, three, and four of the Bystander Intervention Model (Latané & Darley, 1970). These effects of alcohol were suggested to have a negative impact on intervention behaviour at steps one and two, making intervention less likely. However, at steps three and four, the interviewees reported experiencing both positive and negative effects of alcohol, suggesting that alcohol made bystanders more confident and impulsive, which increased the likelihood of intervention. However, they also felt that alcohol could decrease the bystander's perception of the victim's worthiness of intervention, as well as an increased fear of retaliation from an intoxicated perpetrator.

As a collective, this thesis suggests that there needs to be greater focus on a more holistic approach to the effects of alcohol on bystander attitudes and behaviour. This involves expanding the amount of research addressing both the role of the alcohol consumption of the bystander and the alcohol consumption of the perpetrator and victim. This thesis suggests that the alcohol consumption of the bystander themselves has more impact than the alcohol consumption of the victim or

perpetrator. This was displayed by the findings of the longitudinal analysis of the first quantitative study, which found that participants reported significantly more moral outrage at incidents of sexual violence when they had consumed alcohol compared to when they were sober. This suggested that alcohol may have a positive effect on a bystander's ability to progress through the second step of the Bystander Intervention Model (Latané & Darley, 1970). This was contrary to the findings of previous literature but also the qualitative study, in which participants' discussion of bystanders' interpretation of instances of sexual violence led to the theme of 'alcohol leads to difficulties interpreting the event'. Given the novel nature of the repeated measures design of the first quantitative study, coupled with the small sample size, it is suggested that this study is replicated to ascertain the reliability of these contradictory results.

The remaining measures of the first quantitative study and all measures in the second quantitative study addressing the role of the victim's and perpetrator's alcohol consumption did not find any significant effects. This, again, opposed the findings of the qualitative study, which saw the participants highlight their experiences of the potentially negative effects of alcohol during the first two steps of the Bystander Intervention Model (Latané & Darley, 1970) and the potentially positive effects of alcohol during the third and fourth steps. The following sections of this chapter will address how the findings of this thesis' studies address each research question outlined in the introductory chapter (see chapter 1), using the three theories outlined in the introductory chapter to explain their answers.

7.2.1 How does the presence of alcohol impact a bystander's perception of an incident of sexual violence and its requirement for intervention?

The answer to this research question focuses on step two of the Latané and Darley (1970) Bystander Intervention Model. The interviewees included in the qualitative study suggested that, in

their experience, alcohol had a negative effect on bystanders by decreasing the inhibitions of its consumers. However, when this was tested quantitatively in chapter four, it was found that participants reported a higher moral outrage when they consumed alcohol than when they were sober. This contradicts the findings of the qualitative study; however, both this contradiction and the positive effect seen in the chapter four study could be explained in the context of the Theory of Planned Behaviour (Ajzen, 1991). This theory can help to explain how and why people may have very different interpretations of the same event when they have consumed alcohol.

The qualitative study found that participants felt that, in their experiences, alcohol had negatively impacted the inhibitions of bystanders, making them less likely to intervene. The first quantitative study in this thesis also suggested that alcohol impacts step two of the Bystander Intervention Model (Latané & Darley, 1970), just in the opposing direction. These findings contradict the findings of recent similar research, such as that conducted by Ham et al. (2019) and Melkonian et al. (2020). This study found that when bystanders consumed alcohol, they scored higher in moral outrage than when sober. The Theory of Planned Behaviour (Ajzen, 1991) suggests that a person's behaviour is influenced by their intentions, which are, in turn, influenced by their attitudes, subjective norms, and perceived control. If we take the notion that alcohol inhibits a consumer's inhibitions and add it into Ajzen's (1991) theory, it may suggest that it may have the effect of accentuating the consumer's attitudes and norms, and when their inhibitions are suppressed, they may be more likely to influence their intentions and, therefore, their behaviour. If a bystander has positive attitudes towards intervention and their social norms are anti-sexual violence, they may be more likely to act, and in combination with the effects of their inhibitions from their alcohol consumption, they may be more likely to intervene. Whereas, if a bystander has negative attitudes towards intervention and pro-sexual violence norms, their alcohol-inspired decreased inhibitions may see their typically repressed attitudes and norms be given more free reign resulting in a reduced likelihood that they will interpret the event as requiring intervention.

It should also be noted that the second quantitative study (see chapter 5) found that alcohol consumption on the part of the victim and perpetrator did not impact step two of the model. So this thesis suggests that the presence of alcohol affects bystanders' perception of acts of sexual violence, as their own consumption may positively impact their ability to pass through step two of the Bystander Intervention Model (Latané & Darley, 1970). However, interview participants did suggest that, in their experiences, alcohol consumption negatively affected bystanders' perception of acts of sexual violence, as they were more likely to perceive them as acceptable. This aligns with one of the findings of the systematic review discussed earlier in this thesis. The notion that self-report data and within-group designs may have led to a perception that alcohol negatively affects bystander intervention behaviour. However, more experimental or repeated measures designed research, such as the first quantitative study in this thesis, seem to suggest that alcohol may be capable of producing more positive effects than first assumed.

7.2.2 How does the presence of alcohol impact a bystander's perception of the victim in an incident of sexual violence?

This research question focuses largely on step three of the Bystander Intervention Model (Latané & Darley, 1970). At this point in the model, the bystander has noticed the event and interpreted it as requiring intervention; however, these steps see the bystander assess whether they will take personal responsibility for the intervention. This is the part of the model where a bystander will make decisions regarding the risk involved for them and whether they are willing to take on those personal risks to intervene. This third step is most commonly associated with victim worthiness (Burn, 2009; Leone, Haikalis, Parrott, & DiLillo, 2018) and bystander confidence (Bennett et al., 2013; Leone & Parrott, 2019).

The repeated measures study used the Bystander Efficacy Scale (Banyard et al., 2007) to measure how bystanders' confidence to intervene in different scenarios fluctuated between being

sober and intoxicated. This study found no significant difference between the two conditions, suggesting that a bystander's alcohol consumption does not impact their confidence to intervene in a variety of sexually violent events. This, therefore, suggests that alcohol did not have an impact on the third step of the Bystander Intervention Model (Latané & Darley, 1970).

The online survey study used measures to assess both the perceived victim worthiness and the assessment of risk during intervention. This study used questions taken from previous literature (Burn, 2009; Castello et al., 2006; Ham et al., 2019; Melkonian et al., 2020; Stormo et al., 1997; Whatley, 2005) to assess how the varying intoxication dynamics between the victim and perpetrator impacted the bystander's perception of victim worthiness and their assessment of risk to themselves and the victim. The IRMAS (Lonsway & Fitzgerald, 1994; McMahon & Farmer, 2011) was used to measure participants' rape myth acceptance. Previous literature does suggest that perpetrators whose victim is an intoxicated female receive less blame than male perpetrators with a sober female victim (Cameron & Stritzke, 2003; Stormo et al., 1997). This study aimed to address that by controlling for rape myth acceptance as participants assessed the attribution of blame in an event of sexual violence with varying intoxication dynamics. The study found that the participants' perception of the victim's worthiness and their risk assessment was unaffected by the changes in intoxication between the victim and perpetrator. This furthered the findings from the previous study that alcohol does not seem to impact the third step of the Bystander Intervention Model (Latané & Darley, 1970), regardless of whether it is through victim worthiness or bystander confidence.

The impact alcohol has on bystander confidence at the third step of the Bystander Intervention Model (Latané & Darley, 1970) was highlighted in the qualitative study, which saw participants suggest that alcohol consumption on the part of the bystander, perpetrator, or victim could impact bystander intervention behaviour in different ways. A number of participants spoke about how alcohol's liquid courage effect may make bystanders more confident to intervene in situations they ordinarily would not if they were sober. However, there was little mention of bystanders' perception of victim

worthiness being impacted by alcohol consumption, although some participants suggested that there may be a negative effect on bystanders' intervention behaviour due to rape myth acceptance surrounding intoxicated victims and the potential aggressive effects of alcohol on perpetrator behaviour. This, however, was not discussed enough among participants to warrant being labelled a recurring theme. The discrepancy between the quantitative and qualitative study here suggests that it may be advisable to conduct more research in what is a somewhat under-researched area to ascertain why there seems to be such variance between the quantitative measuring of such phenomena and the recollection of personal experiences in the same arena.

This may, however, be explained by the Just World Theory (Lerner, 1980), which purports that people believe in a just world. In the context of a bystander, this suggests that when people act in violation of a bystander's moral norms, they will view the consequences of that person's actions as justified because they broke the bystander's moral expectations. If a bystander has low rape myth acceptance, such as the participants in the online survey study, and views being intoxicated as an acceptable behaviour, if a victim of sexual violence is intoxicated, they will be less likely to attribute a different amount of blame upon them than they would a sober victim. Further exploration may be required when looking at the effects of victim and perpetrator alcohol consumption on perceived victim worthiness in bystanders with high or mixed rape myth acceptance.

7.3 Evaluation and Directions for Future Research

The key findings of the systematic review conducted as part of this thesis were based around the designs used in previous literature, finding that most studies relied upon using a within-subjects design to collect self-report data on how bystander intervention attitudes or behaviour was impacted by general alcohol use. This thesis aimed to focus on alcohol consumption at the time of testing, as well as conducting a study that helped to expand on the findings of the self-report data in the area

with the use of a repeated measures design and a natural setting. Even though the global COVID-19 pandemic produced circumstances that did not allow this thesis to address those criteria completely, there were still elements that were able to be addressed. However, due to these circumstances, it is recommended that the work conducted here is built upon in future research, with the aim of expanding the understanding of how the presence of alcohol impacts bystander intervention attitudes and behaviour.

As has been stated throughout this thesis, one of the most challenging aspects of designing and conducting research in this area is the juxtaposition of developing studies that progress the research area yet do not overstep ethical requirements. Vignette designs have been commonly used in this area and within this thesis itself. The use of vignettes allows researchers to safely balance an ethical design with a methodology that allows for insight into a sensitive topic without bringing participants directly into contact with potentially traumatic scenarios (Gourlay et al., 2014). However, this design is limited in its ecological validity and ability to truly reflect the scenario a bystander would experience when faced with the possibility of intervention. The process of deciding if and how to intervene sees far more factors and variables present than can be presented in a vignette, making their somewhat reductionist approach lacking in ecological validity compared to other methodologies (Hughes, 1998; McMahon et al., 2014).

Studies using a simulated or experimental design, such as van Bommel et al. (2016) or Leone and Parrott (2019), which utilise a more natural environment, increase the ecological validity of the research by focusing more on bystander behaviour, as opposed to attitudes towards intervention. These studies can measure bystander behaviour ethically by using a dependent variable that reduces the risk of harm to the participants and researchers whilst also minimising the amount of deception utilised. van Bommel et al. (2016) measured bystander behaviour by seeing if and how quickly participants helped the researcher to pick up some fallen objects. Whereas Leone and Parrott (2019) measured whether and how quickly participants turned off an inappropriate video in a waiting room

for an uncomfortable woman. These bystander behaviours do a good job of providing an ethically designed insight into actual bystander behaviour in low-level scenarios. However, considering the complexity and riskier nature of intervention in something as emotive as an act of sexual violence, measuring bystander behaviour in these scenarios may yield differing results.

Studies, such as one by Harari and colleagues (1985), have attempted to address this issue and utilise an experimental design in a natural setting, addressing bystander behaviour in high-risk sexually violent scenarios. This study used actors to simulate stranger rape on a lone woman and then measured the response of male passers-by. However, the rigour of modern ethical processes would likely not allow a study of this design to be conducted in today's research landscape (Slater et al., 2013). However, an avenue through which this could be developed would be to build upon the research of Labhardt (2019), which used an immersive reality studio to host a simulated party. Actors were involved in the party and simulated the build-up to an act of sexual violence before the actor playing the victim would leave the room with the actor playing the perpetrator following her out. The researchers then allowed one minute to measure the response of the participants, of which two of the 13 participants did, before ending that section of the research and asking the remaining participants to fill out a series of questionnaires.

Whilst this study did not measure alcohol, its methodology and use of immersive reality provides a very interesting platform for the following stages of research in this area. Being able to replace the written vignette approach used in this thesis with virtual reality would potentially add more realism and immersion to the vignette design, which would promote more external validity in the research area. For example, Verhoef et al. (2022) found that children in their study of aggressive social information processing study reported an interactive virtual reality vignette was more immersive and emotionally engaging than the written vignette approach. If this were to translate to the current research area, the increased immersion and emotional engagement would go a long way to helping to find a compromise in the balancing act between empiricism and ethical research.

This use of virtual reality would also build upon the work of Philpot et al. (2020). This research used CCTV footage of physical altercations from the UK, Amsterdam, and South Africa to observe bystander behaviours. Their research found that at least one bystander intervened in 90.9% of all videos, and the average number of intervening bystanders was 3.76 per incident. Given that the CCTV cameras used in this study were located in “inner entertainment areas and central business districts of the cities” (Philpot et al., 2020, p. 3), this could suggest that alcohol may play a role in explaining such high intervention rates. As the authors suggest in their paper (Philpot et al., 2020), it may not be possible to ascertain whether participants had consumed alcohol, but given the location and time of day, it does seem possible. If the bystanders had consumed alcohol, this may be a factor that contributed to the bystanders in the clips used in this study having such a high rate of intervention.

Given that the findings from Philpot et al. (2020) could suggest alcohol consumption may have a positive effect on intervention, which is supported by the findings of this thesis, which suggests that the alcohol consumption of the bystander may positively impact their bystander attitudes at step two of the Bystander Intervention Model (Latané & Darley, 1970). This suggestion but the research’s lack of ability to isolate alcohol has a factor due to the methodology of a retrospective CCTV observation also supports the use of virtual reality as the next step in this research area’s growth. This will allow Philpott et al.’s (2020) suggestion of alcohol being a potential factor in their unexpected increase in active bystander intervention behaviour in their study, which is supported by the chapter four study in this thesis, to be further explored and built upon.

Additionally, the use of a mixed methods approach with a convergence model of triangulation in this thesis allowed the researcher to combine multiple forms of analysis to produce complimentary data (Creswell, 1999). This thesis aimed to incorporate the use of a systematic review to inform the development and design of the two quantitative studies and a qualitative study. This framework was chosen as a result of the size of the research area and, as outlined in the systematic review (see chapter 2), the lack of consistent measures for quantitative analysis in previous literature. This

approach allowed for the strengths of each methodology to be used in tandem and more flexibility in the design of each phase to ensure that the three studies following the systematic review were developed and designed on solid foundations.

7.4 Practical Implications

This thesis has practical implications that largely impact the proliferation of bystander training seen in higher education establishments worldwide (Banyard et al., 2009; Berkowitz, 2002; Katz, 1995). This emphasis on bystander intervention training and its popularity has helped to bring attention to an effective sexual violence prevention tactic that has helped to shift norms to a more pro-intervention perspective (Banyard et al., 2004). However, given such popularity, it is vital that this form of training is kept as up-to-date as possible in order to make it as effective as possible.

The findings of this research suggest that future intervention training may wish to incorporate the notion that alcohol may positively impact a bystander's interpretation of whether an incident of sexual violence may require bystander intervention. By adding this information to the current aims of the training program, such as reducing rape myth acceptance, bystander training may be more likely to create positive attitudes towards intervening and create pro-intervention norms (Burn, 2009; Carlson, 2008; Labhardt et al., 2017; Leone et al., 2016; Oesterle et al., 2018; Rutkowski et al., 1983; Schwartz & Clausen, 1970). Both of which can help to positively influence a bystander's intentions when it comes to bystander intervention, which, according to the Theory of Planned Behaviour (Ajzen, 1991), will, in turn, positively affect the intervention behaviour of a bystander. Establishing such norms and making participants more aware of the effects of alcohol could help to increase the likelihood that bystanders would interpret intervention-worthy event, such as acts of sexual violence, as requiring intervention.

7.5 Conclusions

This thesis used a mixed methods approach with a convergence model of triangulation to examine how the presence of alcohol impacts a bystander's intervention attitudes. A systematic review was used to establish the overall shape of the research area and identify the methodological shortcomings of the area, which suggested that future research should make more use of repeated measures designs when assessing the impact of a bystander's alcohol consumption, as well focusing on alcohol consumption at the time of testing, instead of general alcohol use to establish more evidence of a direct effect of alcohol on bystander attitudes.

This thesis found mixed results across the board for the effects of alcohol and its contrast to students' experiences of bystander intervention. This is because the quantitative studies included in this thesis found that a bystander's alcohol consumption had a positive effect on their ability to proceed through step two of the Bystander Intervention Model (Latané & Darley, 1970). However, a victim or perpetrator's alcohol consumption did not have any significant effect on a bystander intervention behaviour at any step measured. This was contrary to the findings of the qualitative study, which saw female university students outline alcohol as having a negative effect on their bystanders at steps one and two of the Bystander Intervention Model (Latané & Darley, 1970), and experience of both a positive and a negative effect at steps three and four. Overall, this thesis suggests that alcohol's presence in an incident of sexual violence may have an effect on a bystander's behaviour.

As a result, it is suggested that the area requires more experimental or observational research and replication to help clarify how the effects of alcohol manifest themselves. This thesis also provides clear suggestions for the future directions of bystander intervention training in regard to sexual violence. A focus on the potential of alcohol consumption to increase the likelihood of intervention in low rape myth acceptance individuals across institutions and campuses could aid in encouraging the

progression of bystanders through steps two and three of the Bystander Intervention Model (Latané & Darley, 1970). It could increase the likelihood of active bystanders intervening in events of sexual violence.

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Appendices

Appendix 1: Participant information sheet for chapter four

Title of study: A Repeated Measures Study of Alcohol Consumption's Impact on a Bystander's Intervention Attitudes

Introduction

*This research is being conducted by Jonny Dudley, PhD candidate in Psychology at York St. John University. Ethical approval for this research was given by York St. John University Research Ethics Committee on ***date****

If you have any questions in relation to this research full contact details are below:

Jonny Dudley

School of Psychology and Social Sciences

York St John University

Lord Mayor's Walk

York

YO31 7EX

***Email:** j.dudley2@yorks.ac.uk*

***Tel:** 01904876164*

What is the purpose of this investigation?

This study aims to assess the effect of alcohol consumption on a bystander's intervention attitudes, primarily self-efficacy and moral outrage.

Do you have to take part?

No, it is your choice.

If you decide to take part in the study, you will be asked to sign a consent form.

You are free to change your mind at any time; you will not need to give a reason.

What will you do in the project?

Taking part will involve being breathalysed and completing three questionnaires with a researcher. This process will then be completed again at a later date. There are no wrong or right answers, just answer honestly.

It should take between 15 and 20 minutes total.

Upon completion, the data will be anonymised, inputted into analysis software and analysed.

Why have you been invited to take part?

You have consumed varying amounts of alcohol and could assist in the research.

What are the potential risks to you in taking part?

All the information collected will be treated as confidential and will only be disclosed to other agencies with your consent, except where required by law or where you or another person is at risk. The data will be anonymised and cleaned for identifying markers.

Only the research team will be able to see the study information.

You will not be named in any report.

You do not have to answer any questions that you feel uncomfortable with.

You are free to change your mind at any time during the interview; you will not need to give a reason. If you wish to withdraw from the study after the interview please contact Jonny Dudley (details above), you do not need to give a reason. You can withdraw your data from the study 28 days after the interview has taken place.

What happens to the information in the project?

With your consent, the completed questionnaires will be inputted into SPSS and analysed to compare the differences between different levels of alcohol consumption.

All information you give will be treated in confidence. All responses will be anonymised.

Data will be stored on password protected computer.

A summary report of the key findings of this research will be produced as well as academic publications from the research findings. If you request a copy of the study results, we will send them to the address you provide.

What happens next?

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

If you are happy to take part in the research project, please sign and date the consent form.

If you would like to receive a copy of the final report/article dissemination of this project, please fill in your contact details/email address or contact Jonny Dudley

If you have any questions/concerns, during or after the investigation, or wish to contact an independent person to whom any questions may be directed, or further information may be sought from, please contact:

Nathalie Noret

Chair of the Cross-Schools University Research Ethics Committee
n.noret@yorksj.ac.uk

Appendix 2: Consent form for chapter four

Consent Form

Title of study: A Repeated Measures Study of Alcohol Consumption's Impact on a Bystander's Intervention Attitudes

Name of researchers: Jonny Dudley, Dr Melanie Douglass, Dr Anna Macklin, and Nathalie Noret

Please read and complete this form carefully. If you are willing to participate in this study, ring the appropriate responses and sign and date the declaration at the end. If you do not understand anything and would like more information, please ask.

- I have had the research satisfactorily explained to me in verbal and / or written form by the researcher. **YES / NO**
- I understand that the research will involve: completion of three questionnaires lasting approx. 15 minutes. **YES / NO**
- I understand that I do not have to take part in this study. If I choose to take part I may withdraw from this study at any time without having to give an explanation. I can withdraw my data from this study by contacting Jonny Dudley j.dudley2@yorksj.ac.uk within 28 days of the interview taking place. **YES / NO**
- I understand that all information about me will be treated in strict confidence and that I will not be named in any written work arising from this study. All responses I give will be anonymised for all research outputs. **YES / NO**
- I understand that any audiotape material of me will be used solely for research purposes and will be destroyed on completion of your research. **YES / NO**

- I consent to being a participant in the project **YES / NO**

Print Name:	
Signature of Participant:	
Date:	

Appendix 3: Bystander Efficacy Scale (Banyard et al., 2007) used in chapters four and five

Self – Efficacy Scale

Please read each of the following behaviours. Please indicate in the space provided how confident you are that you could do them. Rate your degree of confidence by recording a percentage from 0% to 100% using the scale given below:

(Can't do) 0 – 10 – 20 – 30 – 40 – 50 – 60 – 70 – 80 – 90 – 100 (Very certain can do)

1. Express my discomfort if someone makes a joke about a woman's body. _____%
2. Express my discomfort if someone says that rape victims are to blame for being raped. _____%
3. Call for help (i.e. call 911) if I hear someone in my dorm yelling "help." _____%
4. Talk to a friend who I suspect is in an abusive relationship. _____%
5. Get help and resources for a friend who tells me they have been raped. _____%
6. Able to ask a stranger who looks very upset at a party if they are ok or need help. _____%
7. Ask a friend if they need to be walked home from a party. _____%
8. Ask a stranger if they need to be walked home from a party. _____%
9. Speak up in class if a professor is providing misinformation about sexual assault. _____%
10. Criticize a friend who tells me that they had sex with someone who was passed out or who didn't give consent. _____%
11. Do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party. _____%

12. Do something if I see a woman surrounded by a group of men at a party who looks very uncomfortable. _____%

13. Get help if I hear of an abusive relationship in my dorm or apartment _____%

14. Tell an RA or other campus authority about information I have that might help in a sexual assault case even if pressured by my peers to stay silent. _____%

Appendix 4: Moral Outrage Questionnaire (Jensen & Petersen, 2011) used in chapters four and five

Moral Outrage Questionnaire

Please answer the following 8 questions in regard to each scenario presented. The responses are on a five-point scale (1 = strongly disagree, 5 = strongly agree). Please tick the box on the left of your answer and answer honestly.

A drunk woman grabs a drunk man's bum in a nightclub, he appears very uncomfortable with this. The pair are complete strangers.

1. This behaviour is very serious.
 - 1 – Strongly disagree
 - 2 – Disagree
 - 3 – Neither agree nor disagree
 - 4 – Agree
 - 5 – Strongly Agree

2. The perpetrator clearly has no respect for other people.
 - 1 – Strongly disagree
 - 2 – Disagree
 - 3 – Neither agree nor disagree
 - 4 – Agree
 - 5 – Strongly Agree

3. This behaviour isn't really that bad.
 - 1 – Strongly disagree
 - 2 – Disagree
 - 3 – Neither agree nor disagree
 - 4 – Agree
 - 5 – Strongly Agree

4. I think everyone would be furious with this behaviour.
 - 1 – Strongly disagree
 - 2 – Disagree
 - 3 – Neither agree nor disagree
 - 4 – Agree
 - 5 – Strongly Agree

5. This kind of behaviour should result in a prison sentence.
 - 1 – Strongly disagree
 - 2 – Disagree

- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

6. I don't think that this statement would bother most people.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

7. If the police only gave him a caution, that would be a fair punishment.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

8. If they were drunk, this excuses their behaviour.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

From across the bar, you see a man slip what looks like a tablet into a woman's drink. Later on, you see the pair leaving together, but the woman appears to be very intoxicated.

9. This behaviour is very serious.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

10. The perpetrator clearly has no respect for other people.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

11. This behaviour isn't really that bad.

- 1 – Strongly disagree
- 2 – Disagree

- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

12. I think everyone would be furious with this behaviour.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

13. This kind of behaviour should result in a prison sentence.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

14. I don't think that this statement would bother most people.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

15. If the police only gave him a caution, that would be a fair punishment.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

16. If they were drunk, this excuses their behaviour.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

It is late at night. A woman walks up to a stranger on the street, from behind, and grabs them, attempting to pull them into a dark alley.

17. This behaviour is very serious.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree

- 4 – Agree
- 5 – Strongly Agree

18. The perpetrator clearly has no respect for other people.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

19. This behaviour isn't really that bad.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

20. I think everyone would be furious with this behaviour.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

21. This kind of behaviour should result in a prison sentence.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

22. I don't think that this statement would bother most people.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

23. If the police only gave him a caution, that would be a fair punishment.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

24. If they were drunk, this excuses their behaviour.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree
- 5 – Strongly Agree

Appendix 5: Sexual Violence Acceptability and Punishment Survey used in chapter four

Sexual Violence Acceptability and Punishment Questionnaire

You witness the following scenarios, please answer each question by ticking the box to the left of your answer. Please answer honestly.

- 1. A drunk man grabs a drunk woman's bum in a nightclub, she appears very uncomfortable with this. The pair are complete strangers.**

Is this acceptable?

Yes No

What punishment should the perpetrator receive in this situation?

- No Punishment
- Caution
- Community Service
- Short Prison Sentence (0-2 years)
- Medium Prison Sentence (2-5 years)
- Long Prison Sentence (5+ years)

- 2. From across the bar, you see a woman slip what looks like a tablet into a man's drink. Later on, you see the pair leaving together, but the man appears to be very intoxicated.**

Is this acceptable?

Yes No

What punishment should the perpetrator receive in this situation?

- No Punishment
- Caution
- Community Service
- Short Prison Sentence (0-2 years)
- Medium Prison Sentence (2-5 years)
- Long Prison Sentence (5+ years)

- 3. It is late at night. A man walks up to a stranger on the street, from behind, and grabs them, attempting to pull them into a dark alley.**

Is this acceptable?

Yes

No

What punishment should the perpetrator receive in this situation?

- No Punishment
- Caution
- Community Service
- Short Prison Sentence (0-2 years)
- Medium Prison Sentence (2-5 years)
- Long Prison Sentence (5+ years)

Appendix 6: Debrief Sheet used in chapter four

Participant Debrief Sheet

Title of study: A Repeated Measures Study of Alcohol Consumption's Impact on a Bystander's Intervention Attitudes

This concludes your participation in the research. Thank you very much for taking the time to complete this study.

Please feel free to contact the lead researcher, Jonny Dudley (j.dudley2@yorks.ac.uk), if you have any questions regarding the research, your participation, or how your data will be handled.

If you decide that you could like to withdraw your data from the research, please feel free to do so within 28 days of your participation beginning. If you wish to withdraw, please email the word 'withdraw' to j.dudley2@yorks.ac.uk.

If your participation in this research has caused you any discomfort, and you would like to contact somebody who can provide you with the support you require, please contact one of the following charities below.

Samaritans - York Branch (<https://www.samaritans.org/branches/york/>): 01904 655888

IDAS (www.idas.org.uk): 03000 110 110

Survive (www.survive-northyorks.org.uk): 01904 642830

YSJ Report and Support (<https://reportandsupport.yorks.ac.uk/>)

Thank you again for your participation.

Appendix 7: Participant information sheet for chapter five

Title of study: Exploring How Victim and Perpetrator Alcohol Consumption Impacts Victim Blaming and Risk Assessment in Bystanders of an Incident of Sexual Violence.

Introduction

This research is being conducted by Jonny Dudley, PhD candidate in Psychology at York St. John University. Ethical approval for this research was given by York St. John University Research Ethics Committee on xx/xx/2020.

If you have any questions in relation to this research full contact details are below:

Jonny Dudley

School of Education, Linguistics, & Psychology

York St John University

Lord Mayor's Walk

York

YO31 7EX

Email: j.dudley2@yorks.ac.uk

Tel: 01904876164

What is the purpose of this investigation?

This study aims to assess the impact of alcohol intoxication by the victim and perpetrator upon a bystander's willingness to intervene in an incidence of sexual violence.

Do you have to take part?

No, it is your choice.

If you decide to take part in the study, you will be asked to complete a consent form.

You are free to change your mind at any time; you will not need to give a reason.

What will you do in the project?

Taking part will involve completing two short questionnaires, reading a short vignette, which will describe an act of sexual violence, then completing three more short questionnaires. None of the questionnaires have any right or wrong answers, you just need to answer honestly.

It should take around 15 minutes.

As this study does include a description of an act of sexual violence, which some participants may find uncomfortable, you can stop your participation in the study at any time. If you do so, there are some organizations listed in the debrief, which may be useful to provide support.

Upon completion, the data will be anonymised, inputted into analysis software, and analysed.

Why have you been invited to take part?

We would like to collect data from as wide ranging a sample as possible. This will help us to better understand how situational factors impact bystander behaviour.

What are the potential risks to you in taking part?

All the information collected will be treated as confidential and will only be disclosed to other agencies with your consent, except where required by law or where you or another person is at risk.

The data will be anonymised and cleaned for identifying markers.

Only the research team will be able to see the study information.

You will not be named in any report.

You do not have to answer any questions that you feel uncomfortable with.

You are free to change your mind at any time during the study; you will not need to give a reason. If you wish to withdraw from the study after participation, please contact Jonny Dudley (j.dudley2@yorks.ac.uk), again, you do not need to give a reason. If you do complete the study, you can withdraw your data from the study 28 days after participation.

What happens to the information in the project?

With your consent, the completed questionnaires will be inputted into SPSS and analysed to compare the differences between the answers provided by participants.

All information you give will be treated in confidence. All responses will be anonymised.

Data will be stored in a password-protected file on a password-protected computer.

A summary report of the key findings of this research will be produced as well as academic publications from the research findings. If you request a copy of the study results, we will send them to the address you provide.

What happens next?

Thank you for reading this information – if you are unsure about anything that is written here, please email the researcher to ask any questions at j.dudley2@yorks.ac.uk.

If you are happy to take part in the research project, please complete the consent form.

If you would like to receive a copy of the final report/article dissemination of this project, please contact Jonny Dudley at the details above.

If you have any questions/concerns, during or after your participation, or wish to contact an independent person to whom any questions may be directed, or further information may be sought from, please contact:

Scott Cole

Chair of the Cross-Schools University Research Ethics Committee

s.cole1@yorksj.ac.uk

Appendix 8: Consent form for chapter five

Consent Form

Please read and complete this form carefully and answer the questions below honestly. If you are willing to participate in this study, please answer the questions below, and then click on the arrow underneath.

	Yes	No
I have had the research satisfactorily explained to me in written form by the researcher.	<input type="radio"/>	<input type="radio"/>
I understand that the research will involve: reading a vignette and the completion of 5 very short questionnaires, lasting approx. 15 minutes.	<input type="radio"/>	<input type="radio"/>
I understand that I do not have to take part in this study. If I choose to take part I may withdraw from this study at any time without having to give an explanation. I can withdraw my data from this study by contacting Jonny Dudley (j.dudley2@yorks.ac.uk) within 28 days of the interview taking place.	<input type="radio"/>	<input type="radio"/>
I understand that all information about me will be treated in strict confidence, and that I will not be named in any written work arising from this study. All responses I give will be anonymised for all research outputs.	<input type="radio"/>	<input type="radio"/>
I consent to being a participant in the project	<input type="radio"/>	<input type="radio"/>

Appendix 9: Illinois Rape Myth Acceptance Scale (Lonsway & Fitzgerald, 1999; McMahon & Farmer, 2011) used in chapter five

Illinois Rape Myth Acceptance Scale (Payne, Lonsway, & Fitzgerald, 1999; McMahon & Farmer, 2011)

Please read each of the following statements. Please use the options to the right of the statement to indicate how much you agree or disagree with each statement.

Your agreement is on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree).

Please answer as honestly as you can.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When girls go to parties wearing slutty clothes, they are asking for trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl acts like a slut, eventually she is going to get into trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When girls get raped, it's often because the way they said "no" was unclear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When guys rape, it is usually because of their strong desire for sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rape happens when a guy's sex drive goes out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If a guy is drunk, he might rape someone unintentionally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It shouldn't be considered rape if a guy is drunk and didn't realise what he was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If both people are drunk, it can't be rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl doesn't physically resist sex, even if protesting verbally, it can't be considered rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl doesn't physically fight back, you can't really say it was rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A rape probably doesn't happen if a girl doesn't have any bruises or marks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If the accused "rapist" doesn't have a weapon, you really can't call it rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl doesn't say "no" she can't claim rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of times, girls who say they were raped agreed to have sex and then regret it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rape accusations are often used as a way of getting back at guys.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of times, girls who say they were raped often led the guy on and then had regrets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of times, girls who claim they were raped have emotional problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Girls who are caught cheating on their boyfriends sometimes claim it was rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 10: Vignettes used in chapter five

Vignette 1

You are on a night out with a group of friends. You enter a nightclub and head to the bar without your friends to grab yourself a drink. After you have ordered and are waiting for your drink, you notice a man, Jack, who is visibly intoxicated, walk over to a woman, Chloe, who appears to be sober and standing alone, looking for someone. The two are complete strangers. You see that Jack is talking to Chloe, but that she seems visibly disinterested in what he has to say. You then witness Jack put his hand up the back of Chloe's dress and grab her bum, Chloe is visibly uncomfortable with this and attempts to walk away. Jack follows after her, looking angry and unimpressed.

Vignette 2

You are on a night out with a group of friends. You enter a nightclub and head to the bar without your friends to grab yourself a drink. After you have ordered and are waiting for your drink, you notice a man, Jack, who appears sober, walk over to a woman, Chloe, who appears to be intoxicated and standing alone, looking for someone. The two are complete strangers. You see that Jack is talking to Chloe, but that she seems visibly disinterested in what he has to say. You then witness Jack put his hand up the back of Chloe's dress and grab her bum, Chloe is visibly uncomfortable with this and attempts to walk away. Jack follows after her, looking angry and unimpressed.

Vignette 3

You are on a night out with a group of friends. You enter a nightclub and head to the bar without your friends to grab yourself a drink. After you have ordered and are waiting for your drink, you notice a man, Jack, walk over to a woman, Chloe, standing alone, looking for someone, they both appear to be intoxicated. The two are complete strangers. You see that Jack is talking to Chloe, but that she seems visibly disinterested in what he has to say. You then witness Jack put his hand up the back of Chloe's dress and grab her bum, Chloe is visibly uncomfortable with this and attempts to walk away. Jack follows after her, looking angry and unimpressed.

Vignette 4

You are on a night out with a group of friends. You enter a nightclub and head to the bar without your friends to grab yourself a drink. After you have ordered and are waiting for your drink, you notice a man, Jack, walk over to a woman, Chloe, standing alone, looking for someone, they both appear to be sober. The two are complete strangers. You see that Jack is talking to Chloe, but that she seems visibly disinterested in what he has to say. You then witness Jack put his hand up the back of Chloe's dress and grab her bum, Chloe is visibly uncomfortable with this and attempts to walk away. Jack follows after her, looking angry and unimpressed.

Appendix 11: Post-Vignette Survey used in chapter five

Please answer the following 12 questions in regard to the situation described on the previous page. The responses are on a five-point scale, ranging from strongly disagree on the left, to strongly agree on the right.

Please select the answer you deem most appropriate. There is no right or wrong answer, just answer honestly.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Jack is completely responsible for the incident.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chloe is completely responsible for the incident.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chloe brought the incident upon herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jack is not to blame for his actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chloe was in a dangerous situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chloe was in an uncomfortable situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The situation requires someone to intervene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I witnessed this incident, I would feel confident verbally intervening. i.e shouting for Jack to stop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I witnessed this incident, I would feel confident physically intervening. i.e physically separating Jack and Chloe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were to intervene, I would be putting myself in danger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were to intervene, the presence of alcohol increases the risk of danger for Chloe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were to intervene, the presence of alcohol increases the risk of danger for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 12: Debrief Sheet used in chapter five

Participant Debrief Sheet

Title of study: Exploring How Victim and Perpetrator Alcohol Consumption Impacts Victim Blaming and Risk Assessment in Bystanders of an Incident of Sexual Violence.

This concludes your participation in the research. Thank you very much for taking the time to complete this study.

Please feel free to contact the lead researcher, Jonny Dudley (j.dudley2@yorks.ac.uk), if you have any questions regarding the research, your participation, or how your data will be handled.

If you decide that you could like to withdraw your data from the research, please feel free to do so within 28 days of your participation beginning. If you wish to withdraw, please email the word 'withdraw' to **j.dudley2@yorks.ac.uk**.

If your participation in this research has caused you any discomfort, and you would like to contact somebody who can provide you with the support you require, please contact one of the following charities below.

Samaritans - York Branch (<https://www.samaritans.org/branches/york/>): 01904 655888

IDAS (www.idas.org.uk): 03000 110 110

Survive (www.survive-northyorks.org.uk): 01904 642830

YSJ Report and Support (<https://reportandsupport.yorks.ac.uk/>)

Thank you again for your participation.

Appendix 13: Participant information sheet for chapter six

Title of study: A Thematic Analysis of Female Students' Experiences of Sexual Violence at UK Universities

Introduction

*This research is being conducted by Jonny Dudley, PhD Student in Psychology at York St. John University, under the supervision of Dr Melanie Douglass (lead supervisor), Dr Anna Macklin, and Nathalie Noret. Ethical approval for this research was given by York St. John University Research Ethics Committee on *date**

If you have any questions in relation to this research full contact details are below:

Jonny Dudley

School of Psychology and Social Sciences

York St John University

Lord Mayor's Walk

York

YO31 7EX

Email: j.dudley2@yorks.ac.uk

Tel: 01904876164

Dr. Melanie Douglass

School of Psychology and Social Sciences

York St John University

Lord Mayor's Walk

York

YO31 7EX

Email: m.douglass@yorks.ac.uk

Tel: 01904876677

What is the purpose of this investigation?

This study aims to explore female students' experiences of sexual violence, bystander intervention into sexual violence, and the effect of alcohol upon bystander intervention into sexual violence.

Do you have to take part?

No, it is your choice.

If you decide to take part in the study, you will be asked to sign a consent form.

You are free to change your mind at any time; you will not need to give a reason.

What will you do in the project?

Taking part will involve being interviewed by a researcher regarding your understanding, attitudes towards, and experiences of bystander intervention into sexual violence. There are no wrong or right answers, you would just be required to answer honestly.

It should take between 20 and 30 minutes.

Upon completion, the data will be anonymised, pseudoanonymised, and analysed.

Why have you been invited to take part?

We are interested in exploring the experiences of female University students, which you are.

What are the potential risks to you in taking part?

All the information collected will be treated as confidential and will only be disclosed to other agencies with your consent, except where required by law or where you or another person is at risk. The data will be anonymised and cleaned for identifying markers.

Only the research team will be able to see the study information.

You will not be named in any report.

You do not have to answer any questions that you feel uncomfortable with.

You are free to change your mind at any time during the interview; you will not need to give a reason. If you wish to withdraw from the study after the interview please contact Jonny Dudley (details above), you do not need to give a reason. You can withdraw your data from the study 35 days after the interview has taken place.

What happens to the information in the project?

With your consent, the interview will be transcribed and analysed to compare the experiences of a number of students.

All information you give will be treated in confidence. All responses will be anonymised.

Data will be stored on password protected computer.

A summary report of the key findings of this research will be produced, as well as academic publications from the research findings. All potentially identifiable information will be removed for all participants, in an effort to keep all information provided confidential and anonymous.

If you request a copy of the study results, we will send them to the address you provide.

What happens next?

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

If you are happy to take part in the research project, please sign and date the consent form.

If you would like to receive a copy of the final report/article dissemination of this project, please fill in your contact details/email address or contact Jonny Dudley (j.dudley2@yorksj.ac.uk)

If you have any questions/concerns, during or after the investigation, or wish to contact an independent person to whom any questions may be directed, or further information may be sought from, please contact:

Caroline Leeson
Chair of the Cross-Schools University Research Ethics Committee
c.leeson@yorksj.ac.uk

Appendix 14: Consent form for chapter six

Consent Form

Title of study: Exploring Students' Experiences of the Effect of Alcohol on Bystander Intervention into Sexual Violence.

Name of researchers: Jonny Dudley, Dr Melanie Douglass, Dr Anna Macklin, and Nathalie Noret

Please read and complete this form carefully. If you are willing to participate in this study, ring the appropriate responses and sign and date the declaration at the end. If you do not understand anything and would like more information, please ask.

- I have had the research satisfactorily explained to me in verbal and written form by the researcher. **YES / NO**
- I understand that the research will involve: completion of one interview, lasting approx. 30 minutes. **YES / NO**
- I understand that I do not have to take part in this study. If I choose to take part, I may withdraw from this study at any time without having to give an explanation. I can withdraw my data from this study by contacting Jonny Dudley j.dudley2@yorksj.ac.uk within 35 days of the interview taking place. **YES / NO**
- I understand that all information about me will be treated in strict confidence and that I will not be named in any written work arising from this study. All responses I give will be anonymised for all research outputs. **YES / NO**
- I understand that any audiotape material of me will be used solely for research purposes and will be destroyed on completion of your research. **YES / NO**
- I am in a location, in which I feel comfortable participating in this interview. **YES / NO**
- I consent to being a participant in the project **YES / NO**

Print Name:	
Signature of Participant:	
Date:	

Appendix 15: Interview schedule for chapter six

Interview Schedule

1. What would you define as 'sexual violence'?
2. What kind of acts do you believe should be classed as sexual violence?
 - a. Are there any acts that you believe to be difficult to define as either sexual violence or not?
3. Do you think people, in general, would intervene in sexual violence?
4. Have you ever intervened in what you believed to be an act of sexual violence?
 - a. How did you intervene?
 - b. Why did you intervene?
 - c. What factors affected your decision to intervene?
5. Do you think people are more or less likely to intervene into sexual violence than physical violence?
6. Do you think you would be more or less likely to intervene into sexual violence than physical violence?
7. What do you think factors do you think impact bystanders' intervention behaviour?
8. When you saw/experienced bystander intervention into sexual violence, had the bystander consumed alcohol?
9. Do you think alcohol consumption did/would impact a bystander's intervention behaviour?
10. How do you think this alcohol consumption may have affected their behaviour?
11. Show the participant a pictorial representation of Latane & Darley's (1970) Five-Step Bystander intervention model, and briefly explain what each step represents.
 - a. In your experience, do you believe alcohol affects a bystander's ability to notice that an event, such as sexual violence, is occurring?
 - i. Why do you believe that?
 - b. In your experience, do you believe that alcohol affects a bystander's ability to appropriately interpret an event, such as sexual violence?
 - i. Why do you believe that?

- c. In your experience, does alcohol impact a person's ability to take responsibility for their actions?
 - i. Why do you believe that?
 - d. In your experience, do you believe alcohol affects a bystander's ability to formulate an intervention plan?
 - i. Why do you believe that?
 - e. In your experience, do you believe alcohol affects a bystander's ability to actually intervene in an instance of sexual violence?
 - i. Why do you believe that?
12. Thank you very much for your time, this is the end of the interview. Is there anything that we haven't covered that you would like to discuss, or anything that we have talked about that you would like to expand upon?

Appendix 16: Debrief Sheet used in chapter six

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1841

**YORK
ST JOHN
UNIVERSITY**

Participant Debrief Sheet

Title of study: A Thematic Analysis of Female Students' Experiences of Sexual Violence at UK Universities

York St John University
Lord Mayor's Walk
York YO31 7EX

+44(0)1904 624 624
www.yorksja.ac.uk

This concludes your participation in the research. Thank you very much for taking the time to complete this study.

Please feel free to contact the lead researcher, Jonny Dudley (j.dudley2@yorksja.ac.uk), if you have any questions regarding the research, your participation, or how your data will be handled.

If you decide that you could like to withdraw your data from the research, please feel free to do so within 35 days of your participation beginning. If you wish to withdraw, please email the word 'withdraw' to j.dudley2@yorksja.ac.uk.

If your participation in this research has caused you any discomfort, and you would like to contact somebody who can provide you with the support you require, please contact one of the following charities below.

Samaritans - York Branch (<https://www.samaritans.org/branches/york/>): 01904 655888

IDAS (www.idas.org.uk): 03000 110 110

Survive (www.survive-northyorks.org.uk): 01904 642830

YSJ Report and Support (<https://reportandsupport.yorksja.ac.uk/>)

Thank you again for your participation