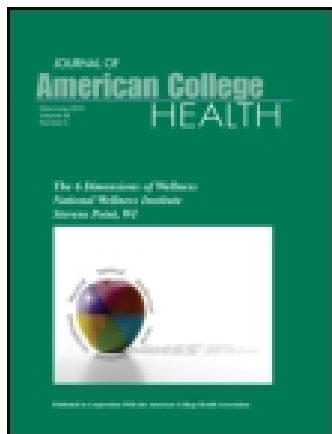


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### Engaging Intercollegiate Athletes in Preventing and Intervening in Sexual and Intimate Partner Violence

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# Engaging Intercollegiate Athletes in Preventing and Intervening in Sexual and Intimate Partner Violence

Mary M. Moynihan, PhD; Victoria L. Banyard, PhD; Julie S. Arnold, BA;  
Robert P. Eckstein, MS; Jane G. Stapleton, MA

**Abstract. Objective:** The object of this exploratory evaluation was to evaluate the “Bringing in the Bystander” sexual and intimate partner violence prevention program with a new sample of intercollegiate athletes. **Participants and Methods:** Fifty-three male and female athletes participated in the program (experimental group), and 86 were in the control group. All completed pretest, posttest, and 2-month follow-up surveys, including assessment of rape myth acceptance, intent to engage in bystander behaviors, bystander confidence, and bystander behaviors. **Results:** The program worked overall and for both women and men, improved bystander confidence and intent to engage in bystander behaviors, and did not create significant backlash effects (ie, worsening of attitudes as a result of program). **Conclusions:** The program fits with the intent of the National Collegiate Athletic Association CHAMPS/Life Skills program regarding its focus on the overall development of student-athletes and demonstrates the promising bystander approach compatible with the 2007 American College Health Association toolkit, *Shifting the Paradigm: Primary Prevention of Sexual Violence*.

**Keywords:** bystander approach, intercollegiate athletes, rape prevention, sexual violence

Incidence studies of sexual assault on college campuses show overwhelming agreement that college campuses are high-risk communities.<sup>1,2</sup> Even so, few colleges and universities have prevention curricula with a focus on sexual violence.<sup>3</sup> To encourage research and program develop-

ment in this field, the American College Health Association (ACHA) published *Shifting the Paradigm*,<sup>4</sup> a toolkit to help users prevent sexual violence on campus. Authors of the toolkit stress the importance of eliminating sexual violence as an ultimate goal for healthy campuses.<sup>4</sup> Among the ACHA’s recommendations is the need for college communities to develop programs on bystander intervention techniques.<sup>4(p6)</sup> Evaluation of these efforts is also needed. In this exploratory study, using data not previously analyzed from a newly recruited sample of male and female intercollegiate athletes, we attempt to build on promising results from earlier evaluations of other campus groups of the Bringing in the Bystander program.<sup>5-8</sup>

## Highly Visible Campus Communities

### Leadership Potential

In addition to the need for campus community-wide education called for in the ACHA toolkit, subcommunities within an institution, such as intercollegiate athletes, can be approached as a key focus of prevention efforts. The often visible and high-status position of athletes in the community may enable them to serve as role models who encourage other students to engage in prevention efforts.<sup>7,9-11</sup> For example, selection of facilitators for the Mentors in Violence Prevention (MVP) program was originally based on the recognition of athletes as role models and leaders.<sup>12</sup> Examples of other groups of influential leaders on campus may include student government members and residence hall assistants.<sup>6</sup> Prevention research results suggest the role of such peer leaders to be key in changing social norms and community behavior.<sup>13</sup>

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## At-Risk Groups

A number of researchers have analyzed the relationship between athletic teams and risk for sexual assault perpetration, highlighting athletes as an important focus for prevention efforts.<sup>14-18</sup> Forbes et al<sup>16</sup> found that college men who participated in aggressive high school sports were more likely to display greater acceptance of rape myths and greater use of sexual coercion with dating partners compared to other men. Forbes and his colleagues also noted that college men who participated in aggressive high school sports were more likely to cause greater physical injury to dating partners compared to men who had not participated in those sports.

Knowledge about intercollegiate athletes as a group is hindered when researchers report findings about fraternities and male athletic teams together, making it difficult to understand the risk posed by either group individually. For example, Boeringer<sup>15</sup> found a higher association between rape-supportive attitudes held by fraternity men and intercollegiate male athletes, and Crosset et al<sup>18</sup> noted a greater tendency toward and incidences of sexual aggression on campus committed by fraternity men and intercollegiate male athletes, compared to their nonfraternity or nonathletic team peers. Other researchers (eg, Smith and Stewart<sup>19</sup>) have not found this association. More research on intercollegiate athletes, separate from members of campus Greek communities, is needed to understand better the reasons for these mixed results, as further study may inform prevention efforts within these communities.<sup>15,20-24</sup> In addition, more research is needed on female intercollegiate athletes regarding their attitudes or experiences relating to sexual and intimate partner violence. Compared to their male counterparts, female intercollegiate athletes are very underresearched group, especially regarding about how prevention programming affects their attitudes or behaviors about sexual and intimate partner violence.

Researchers who have included female intercollegiate athletes in their evaluation of how programming works with women athletes include Holcomb et al,<sup>9</sup> Moynihan and Banyard,<sup>7</sup> and O'Brien.<sup>25</sup> These researchers highlight the potentially positive impact that prevention programs can have for this group of athletes. Such studies are far fewer in number than studies of male athletes. Female athletes warrant further study to determine their knowledge, attitudes, and experiences regarding of sexual and intimate partner violence and to evaluate their participation in sexual and intimate partner violence prevention programs.

## Current Limits of Rape Prevention Programs

Recent reviews of rape prevention programs reveal mixed results especially with regard to the persistence of effects over time. For example, Anderson and Whiston<sup>26</sup> found that groups who participated in prevention programming showed decreased rape myth acceptance, increased rape knowledge, and decreased behavioral intent to commit sexual assault and incidence of sexual violence, compared to groups who did not receive prevention programs. However, Anderson and

Whiston did not find a significant effect for programs on either empathy for rape survivors or behaviors that indicate heightened awareness of rape among participants. Moreover, many prevention programs are not evaluated or do not investigate behavioral outcomes, and thus their effectiveness is unclear.

## The Bystander Approach

One innovation, aimed at overcoming previous limitations of rape prevention programs and grounded in theories and empirical studies of the causes of sexual violence, is the use of a bystander approach to the widespread need for sexual violence prevention across campuses and other communities.<sup>5,6,12,22,25,27,28</sup> The bystander approach packages prevention messages in a way that may promote deeper processing and greater use by participants. Bystander prevention and intervention programs approach all participants as potential witnesses to violence rather than approaching men as potential perpetrators or women as potential victims.

The bystander framework is based on a approach that invites community members to become involved and use the bystander model to decrease sexual and intimate violence within their community.<sup>5</sup> The role promotes bystander utilization of skills to prevent incidents that are harmful to others, speak out against rape myths, be supportive of survivors, and intervene in incidences of sexual and intimate partner violence. Researchers have noted that approaching men as allies rather than as perpetrators is a more productive way of educating them about sexual and intimate partner violence.<sup>29</sup> The framework also fits with research showing that an important causal factor in sexual and intimate partner violence, particularly violence against women on campus, is peer/social norms that implicitly and explicitly support coercion in relationships.<sup>30,31</sup> Active, helpful bystanders can instead be trained to counter such social norms<sup>28</sup> with strategies such as challenging rape myths when they are expressed, refusing to help create the context for using alcohol as a weapon to facilitate assault, or to remain silent about predatory behaviors.

Katz introduced the bystander framework over 15 years ago in the MVP program to empower both men and women within high school and colleges to be effective bystanders and to develop more proactive and preventive responses to aggressive behaviors as well as to be supportive of their peers.<sup>13</sup> The Men's Program is another example of a bystander-like intervention.<sup>22</sup> Both the MVP program and the Men's Program have shown positive impact on attitudes.<sup>22,32</sup> In addition, Foubert, Newberry, and Tatum<sup>33</sup> found participants in the Men's Program reported that they were less likely to commit sexual violence than men who did not receive the program. Researchers have not studied to the same extent the utility of a bystander approach in programs designed for all female participants.

Another bystander-focused program, the Bringing in the Bystander prevention program,<sup>5</sup> utilizes a multilevel ecological approach for the prevention of sexual and intimate partner violence. (See Casey and Lindhorst<sup>34</sup> for a comprehensive

review of community sexual violence prevention programming.) The Bringing in the Bystander program informs and educates individuals about sexual and intimate partner violence and empowers them to safely intervene before, during, and after incidences of sexual or intimate violence through direct skill building and practice.<sup>5</sup> Individuals who complete and act upon the information from the bystander program will be able to send a message to others about making a difference in other people's lives. Previous research with a general student population showed that exposure to the program was associated with decreased rape myth acceptance, increased confidence in helping, increased likelihood to help, and an increase in actual helpful bystander behaviors.<sup>5</sup> Although a bystander framework for prevention has gained attention in the field, studies of its effectiveness and evaluation of specific programs using the framework are still few in number.

### Foundations of the Bystander Framework: Lessons From Social Psychology

Bystander-focused programs share common grounding in social psychological research on what makes a third party more likely to engage in behaviors to try to help. (See Banyard<sup>35</sup> for a detailed review of this research.) For example, in a study of bystanders' attitudes toward providing help in instances of sexual and intimate partner violence and bystanders' actual behaviors, Banyard<sup>35</sup> found that greater likelihood to help as a prosocial bystander was related to increased expressed bystander efficacy (how confident a person is that he or she can do a series of empowered bystander behaviors), greater perceived benefits to intervening, greater knowledge of sexual and intimate partner violence facts, and a greater sense of community in general. Likewise, she found a similar pattern of effects for variables related to actual bystander behavior, which was best predicted by greater knowledge of sexual and intimate partner violence and more favorable attitudes toward being willing to help.<sup>35</sup> The Bringing in the Bystander program incorporates activities addressing all of her findings.

### The Current Study

The current study aimed to investigate the effectiveness of a 4.5-hour, 1-session version of the Bringing in the Bystander program separately with male and female intercollegiate athletes in comparison to control groups composed of their teammates. We hypothesized that, compared to athletes in the control group who did not receive the program, athletes in the Bringing in the Bystander program would show decreased acceptance of rape myths, increased bystander confidence (bystander efficacy), increased intention to engage in bystander behaviors, and increased engagement in actual bystander behaviors.

In addition, we sought to determine if the program had unintended but significant "backlash" effects leading some program participants to worsen their attitudes or behaviors after participation in the program. In this study, we compared these backlash effects for program and control group

participants with respect to rape myth acceptance, bystander efficacy, intention to engage in bystander behaviors, and engagement in actual bystander behaviors. That is, we wanted to take a closer look at the *intensity of change* seen among participants, in both positive and negative directions. We wanted to learn the proportion of participants who showed not just any change, but a large change in terms of improved attitudes, bystander efficacy, behavioral intentions, and engagement in bystander behaviors. We also wanted to know what proportion of each group (program and control) showed a "backlash" effect (scores worsen over time).

## METHODS

### Procedure

We recruited participants with full cooperation of the Department of Athletics and help from several coaches. We conducted all aspects of the research in compliance with the university's institutional review board for the protection of human subjects in research. We collected the data in the Spring semester of 2008.

### Participants

Members of 7 off-season intercollegiate athletic teams (4 women's and 3 men's teams) at a midsize public university in the Northeast served as participants in the research. Athletes were randomly assigned to either a program (experimental) group or no program (control) group, with the exception that we assigned a slightly larger number of first and second year students to the experimental group. We did this at the request of coaches who wished to have more athletes participate in the program who would be on the teams longer to model the benefits of the program to future team members.

One hundred thirty-nine (60 women, 79 men) athletes filled out pretest surveys. Fifty-three athletes (25 women, 28 men) participated in the program and 86 athletes (35 women, 51 men) composed the control group. Of these, 49% were first year students, 22% sophomores, 22% juniors, and 8% seniors. Participant took the pretest 3 weeks prior to the program, filled out the posttest about a week after the program, and completed the follow-up survey 2 months after filling out the pretest.

Analyses of pretest data showed that participants were predominately from the College of Liberal Arts (42%), and their average age was 19.4 years (standard deviation = 1.30). Twenty-eight percent of the participants reported that they had taken courses that discussed sexual assault, and 45% said that they had attended a program sponsored by the campus crisis center. We did not include questions about race or ethnicity on the survey given the potential inability to insure confidentiality, because only a very few teams involved in the study had sizable representation of students of color. Analysis revealed no significant difference between the control and program groups on gender. However, the control group was significantly older ( $M = 19.57$  versus  $M = 19.08$  for the program group), and the program group had significantly more first and second year students in it. Given that age and

year were highly correlated variables, we controlled only for year in analyses of program effects.

As to retention and attrition, of the 139 athletes who filled out the pretest, 92% (50 program and 78 control group participants) returned to take the posttest. Of the 128 posttest takers (46 program and 70 control group participants), 91% (or 83% of pretest takers) returned to fill out the 2-month follow-up surveys. As the result of the retention/attrition rate, the number of participants whose data could be used in the analyses of the 3 attitudinal variables across the 3 data collection times was 98 (36 program and 62 control group participants) or 68% of the original pretest takers. The number of participants whose data were usable on the bystander behavior measures was 93 (35 program and 58 control group participants) or 67% of the original pretest takers. The final retention rate is similar to one reported by Foubert.<sup>36</sup> Thus depending on the analyses (eg, repeated measures multiple analysis of variance used over the 3 times that we administered surveys) we conducted or scales included in the analyses, very small variations in numbers of participants appear in the analyses. Moreover, because of the additional attrition rate from posttest to the 2-month follow-up, results reported comparing pretest to posttest differences are based on a larger number of participants than analyses across all 3 points. Given the small sample size for the study, we made the decision to use these varied sample sizes to retain data from as many participants as possible in each stage of analysis.

## Measures

### Illinois Rape Myth Acceptance Scale—Short Version<sup>37</sup>

This is a 17-item set of statements to assess the participant's acceptance of rape myths. Participants respond to these statements by indicating their level of agreement to the statement on a 5-point Likert scale (1 = not at all agree, 5 = very much agree). For example, "If the rapist doesn't have a weapon, you really can't call it rape." Higher scores indicate a greater acceptance of rape myths. The Cronbach's alpha for the sample in this study was .810.

The following 3 measures used by the authors of the current article have been piloted and researched previously with separate and different samples to establish validity as well as reliability.<sup>35</sup>

### Bystander Efficacy Scale<sup>35</sup>

This scale includes 18 statements that assess the participant's confidence in performing bystander behaviors. Participants rate their confidence to perform the behaviors on a scale from 0 (can't do) to 100 (very certain that they can do). For example, "Ask a friend if they need to be walked home from a party." The mean across all 18 items becomes the total score used. The Cronbach's alpha on this scale for this sample was .90. Previous research with different samples of participants has established the validity of this measure.<sup>35</sup>

### Bystander Intention to Help Scale—Short Form<sup>35</sup>

This scale includes 12 items assessing participants' likelihood to engage in certain bystander behaviors. Participant rate their likelihood to perform the behaviors using a 5-point Likert scale (1 = no at all likely, 5 = extremely likely). For example, "Think through the pros and cons of different ways I might help if I see an instance of sexual violence." Higher scores indicate that participants would be more likely to perform the behavior listed. The Cronbach's alpha on this scale for this sample was .84. Previous research with different samples of participants has established the validity of this measure.<sup>35</sup>

### Bystander Behavior Scale<sup>35</sup>

This scale contains 26 items, including the same list of behaviors as in the Bystander Intention to Help scale as well as other additional items. Participants answered "yes" or "no" to indicate behaviors they had actually carried out in the last 2 months. The Cronbach's alpha on this scale for this sample was .87. Previous research with different samples of participants has established the validity of this measure.<sup>35</sup>

### Backlash

In addition, we calculated whether an individual's score on each of the 4 measures changed over time (from pretest to posttest for attitudinal measures and from pretest to 2-month follow-up on actual behaviors) by at least 1 standard deviation (*SD*). A change of 1 *SD* moves an individual's score exactly one-fourth of the distance between the minimum and maximum scores obtained in the study—clearly a sizable difference. Therefore it is a useful statistic for analyzing the degree of change in scores that is seen from one time to another (eg, before and after program participation). It is also helpful for comparing how many scores improved or worsened as a result of the program. We computed a categorical variable for each participant to indicate whether his or her posttest score on each outcome measure increased by 1 *SD* (ie, improved significantly), decreased by 1 *SD* (ie, exhibited a significant "backlash" effect) or essentially stayed the same (ie, remained within 1 *SD* of their pretest score). As shorthand, scores will be described as having improved or gotten worse if the degree of change exceeded this cutoff of 1 *SD*. This is a technique used by researchers assessing programs with a new eye to specifically check that the program does not have unintended, but significant "backlash" effects leading some program participants to worsen their attitudes or behaviors following participation in a program.<sup>8,38</sup>

### Postprogram Bystander Behavior Questions<sup>35</sup>

Program participants were asked at the 2-month follow-up if they had had an opportunity to use the personal bystander plan that they had created as part of the program.

### Program

Two professional educators, a man and woman, with experience presenting the program, cofacilitated the Bringing

in the Bystander program to single-sex groups of athletes. To accommodate the athletes' schedules, the facilitators presented the 4.5-hour version of the program in a 1-day session on a weekend day (with breaks for lunch and snacks). The program consisted of 3 sections: (1) introducing the bystander model, (2) applying bystander concepts to sexual and intimate partner violence, and (3) developing skills as a bystander. For a description of the program, see Banyard et al.<sup>5</sup> There are clearly limits of a 1-time program. However, recent research results indicate that 1-time programs with a bystander focus may have positive impacts on attitudes and behaviors.<sup>5,33</sup> Further, the practical reality on campuses is that many prevention programs are only offered in this format. Thus, further research seemed warranted.

## RESULTS

As our primary method of data analysis, we conducted a repeated-measures multivariate analysis of variance to compare scores across 3 outcomes measuring attitude changes (excludes actual bystander behaviors which were only assessed at pretest and the 2-month follow-up) for 3 times: pretest, posttest, and follow-up, for all the participants. In the first analysis of attitude change we found an overall significant main effect for time ( $F_{6,87} = 4.82$ ,  $p < .001$ , Wilks'  $\lambda = .751$ , partial  $\eta^2 = .25$ ), for sex ( $F_{3,90} = 7.72$ ,  $p < .001$ , Wilks'  $\lambda = .795$ , partial  $\eta^2 = .21$ ), and for group ( $F_{3,90} = 2.71$ , Wilks'  $\lambda = .791$ ,  $p < .05$ , partial  $\eta^2 = .08$ ), but no main effect for year. There was a significant time-by-group interaction ( $F_{6,87} = 3.02$ ,  $P < .01$ , Wilks'  $\lambda = .828$ , partial  $\eta^2 = .172$ ), and time-by-sex interaction ( $F_{6,87} = 3.16$ ,  $p < .007$ , Wilks'  $\lambda = .821$ , partial  $\eta^2 = .179$ ), but no significant time-by-year, time-by-group-by-sex, or time-by-group-by-year interactions. This means that there were significant differences in how scores on outcomes changed for the program compared to the control group and that the program worked for both men and women. There were no differences in how the program worked by year in school.

Table 1 displays the means and standard deviations for outcome measures by group and times. Univariate analyses supported some of the individual hypotheses but not others. That is, there was a significant difference in the 2 groups across the 3 times for bystander efficacy ( $F_{2,95} = 10.08$ ,  $p < .001$ , partial  $\eta^2 = .10$ ), intent ( $F_{2,95} = 5.47$ ,  $p < .001$ , partial  $\eta^2 = .06$ ), but not for rape myth acceptance, although there was a trend in the right direction on that variable for the program group. Program participants showed greater bystander confidence and indicated that they would be more likely to step in to help someone than did participants in the control group. Finally, there was no significant difference from pretest to follow-up survey regarding increases in actual bystander behaviors, although the change showed a trend in the predicted direction.

We also analyzed the data to determine what, if any, backlash may have occurred as a result of the program. The results of this analysis show the percentages of the 2 groups that changed at least 1 *SD* improvement or worsening of scores on

the 3 attitudinal measures (rape myth acceptance, likelihood to help, and behavior efficacy) from pretest to posttest and for the behavior measure from pretest to 2-month follow-up. Using chi-square analyses, the differences for each of the 3 attitudinal outcome variables were significant with a greater percentage of program participants showing improvement and no backlash compared with the control group. For rape myth acceptance,  $\chi^{2(1)} = 6.75$  (program group  $n = 44$ , control group  $n = 77$ ) and  $p < .05$ , with 27.3% of the program group and 10.4% of the control group having scores that improved by at least 1 *SD*. For likelihood of helping,  $\chi^{2(1)} = 10.27$  (program group  $n = 44$ , control group  $n = 77$ ) and  $p < .01$ , with 27.3% of the program group and 6.5% of the control group having scores that improved by at least 1 *SD*. Finally, for bystander efficacy,  $\chi^{2(1)} = 7.07$  (program group  $n = 44$ , control group  $n = 77$ ) and  $p < .05$ , with 27.3% of the program group and 9.1% of the control group having scores that improved by at least 1 *SD*. Bystander behaviors were not measured at posttest given the short time span from program to posttest and concerns about insufficient opportunity for the behavior to be expressed. However, the difference was not significant between pretest and 2 months regarding actual bystander behaviors.

## COMMENT

Overall, the Bringing in the Bystander prevention program was effective in changing attitudes related to sexual assault among members of the athletic community on one campus. Program participants improved confidence and intention to act to end sexual and intimate partner violence. These results are consistent with earlier research examining the effectiveness of this program with other student groups.<sup>5,6</sup> The study extends earlier work to a highly visible campus group. It is especially promising that the program increased bystander confidence and intention to engage in bystander behaviors, because these are 2 key attitudinal correlates of bystander action.<sup>35</sup>

Findings from the current study about the program's effectiveness apply to athletes separate from other campus groups. Findings reported about both athletes and members of fraternities and or sororities in many previous studies confounded the interpretation of those findings.<sup>7,15,18</sup> It is also notable, given that previous research has mainly focused on prevention for male athletes, that we found the program effective for both male and female athletes. Results of the current study suggest that female athletes may also benefit from this prevention approach. Women National Collegiate Athletic Association (NCAA) athletes are a relatively understudied group but one with whom more programming ought to be conducted and evaluated using the bystander approach. There is some evidence that this research is beginning to happen.<sup>7</sup>

Another important finding is that very few program participants evidenced what we might describe as a backlash effect. That is, their scores on the 3 attitudinal variables did not worsen as a result of their involvement in the program. In fact, quite the opposite happened regarding the percentage of participants whose scores improved by at least 1 *SD* over

**TABLE 1. Means (Standard Deviations) for Outcome Measures by Group and Time Across 3 Data Collection Times (N = 98)<sup>a</sup>**

Outcome measures	Pretest		Posttest		2-Month Follow-up	
	Control (n = 62)	Program (n = 36)	Control (n = 62)	Program (n = 36)	Control (n = 62)	Program (n = 36)
Illinois Rape Myth Acceptance	28.19 (7.13)	26.50 (6.50)	27.45 (7.55)	23.25 (6.07)	27.64 (7.92)	24.00 (6.65)
Likelihood of Helping	45.05 (7.10)	45.83 (7.02)	45.21 (7.43)	49.00 (7.79)	45.39 (7.16)	49.55 (7.99)
Behavior Efficacy	74.40 (14.07)	77.04 (14.17)	74.93 (16.14)	84.19 (13.49)	74.70 (16.48)	85.63 (11.86)
Bystander Behaviors <sup>b</sup>	14.34 (5.55) <sup>c</sup>	13.31 (5.48) <sup>d</sup>			14.34 (7.65) <sup>c</sup>	14.43 (5.98) <sup>d</sup>

<sup>a</sup>N = 98 due to 68% retention rate across all 3 data collection times in the study.

<sup>b</sup>Compared at pretest and 2-month follow-up times as behaviors were not assessed on the posttest.

<sup>c</sup>n = 58.

<sup>d</sup>n = 35.

time.<sup>8</sup> The finding that there is little or no backlash on the part of participants may indicate that the program does not foster feelings of defensiveness or resistance. That is, because men are not approached as potential perpetrators and women are not approached as victims, the intensity of the improvement in their scores may reflect greater openness to the program's messages.

There were also some surprising results that did not fit with previous work. A disappointing finding was the lack of significant differences regarding actual bystander behaviors from pretest to 2-month follow-up. Perhaps there was not a sufficient length of time between assessments for program participants to have had the opportunity to engage in a significant number of behaviors. This speculation is somewhat supported by responses to a question about opportunity to use the specific bystander plans that program participants created in the program: 28% answered "yes," and the remaining participants answered that they had had no opportunity to use their plan. In future research, a longer follow-up time will better address the impact of the program on behavior.

In addition, there were no differences between groups over time on rape myth acceptance, an outcome found in some previous studies<sup>5</sup> but not others.<sup>7</sup> We speculate that in the sample in current study, this may be due to the large percentage (45%) of athletes who indicated that they had already received rape prevention training from the campus crisis center, thus producing a floor effect for this variable. Still, it is notable that when analyses moved beyond a comparison of means to analysis of intensity of change, a significantly higher percentage of program participants' rape myth scores decreased by at least 1 *SD*.

### Limitations, Implications, and Future Directions

The current exploratory study has a number of limitations. First, the sample size was relatively small, and we did not distinguish between participation in different sports (eg, what Messner<sup>39</sup> calls center and marginal sports), nor were we able to compare athlete with nonathlete populations as recommended by Humphrey and Kahn.<sup>17</sup> Secondly, although

the longer version of the program was presented, we do not know in what ways, if any, presenting it all in 1 day may have impacted the outcome variables. Increasingly, experts in the prevention field are calling for booster sessions over time to reinforce prevention messages. Thirdly, we had no way of knowing about or measuring possible conversations or other interactions that may have taken place between the program participants and other athletes on their teams. That is, we do not know if program participants shared what they had learned in the program with athletes in the control group, in a sense perhaps acting as "popular opinion leaders" to other members in their groups<sup>11</sup> and thereby possibly diminishing the differences between the 2 groups. Fourthly, that the sample was also comprised mainly of first and second year students also limits the ability to generalize the findings to all student athletes. Finally, the time available between posttest and follow-up surveys was limited by constraints of the length of the semester. We do not know if a longer time between surveys would have yielded differences between the program participants and control group with respect to engagement in bystander behaviors.

We find it encouraging, however, that almost 1 in 3 of the athletes who participated in the program said that they had used the personal plan of action (developed as part of the program) in the past 2 months. Based on the findings from research presented at the beginning of this article,<sup>1,2</sup> we know that sexual and intimate partner violence is an enormous problem on college campuses. That even a few more students, especially such highly visible ones, stepped in to stop sexual and intimate partner violence after experiencing the program is heartening. This finding also indicates that more programming may be needed for a larger number of athletes to increase and sustain changes in opposition to the peer/social norms that implicitly and explicitly support sexual and intimate partner violence.<sup>30</sup> Additionally, "booster" sessions may be necessary to encourage bystanders to sustain their endeavors to oppose social norms that support violence<sup>28</sup> and to undermine the manipulation of peers by undetected rapists.<sup>31</sup>

One of the goals of the current study was to learn more about prevention programming with women intercollegiate athletes who have been an understudied campus community in this regard. In the current study, we have made a step toward greater understanding of this group, but more research, most of which is beyond the scope of this study, remains to be done. More research is needed that compares their victimization rates to nonathletes, compares rates among the different types of sports in which athletes are engaged, and evaluates the effects of their participation in prevention programs.

### Conclusions

The bystander approach to prevention is a promising example of a practice for life skills coordinators who work with athletes to consider implementing. The program fits with the intent of the NCAA CHAMPS/Life Skills program initiated “to create a total development program for student-athletes.”<sup>40</sup> The bystander approach to prevention teaches participants ways to contribute to the overall betterment of their communities by learning safe means to prevent and intervene in sexual and intimate partner violence and by serving as prosocial models in this regard. Likewise, the program demonstrates a promising approach that fits in with calls from the ACHA toolkit,<sup>4</sup> the Centers for Disease Control and Prevention<sup>41</sup> and Casey and Lindhorst.<sup>34</sup> Finally, given that athletes can serve as popular opinion leaders similar to ones in other contexts,<sup>11</sup> they have the potential to help change the culture on college campuses (and elsewhere) from one that, by default, appears to endorse norms supportive of sexual and intimate partner violence to a culture that unmistakably opposes them.

### NOTE

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