

WHERE ARE THE HELPFUL BYSTANDERS? ECOLOGICAL NICHE AND VICTIMS' PERCEPTIONS OF BYSTANDER INTERVENTION

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This study explores an emergent area of bystander research by describing associations between bystander involvement and community or microsystemic support factors across different types of victimizations. A total of 1703 adults and adolescents were surveyed about bystander presence, bystander actions, and bystander safety across 9 forms of victimization. They were also surveyed about 3 community-level factors—collective efficacy, support for community youth, informal community support—and 2 microsystemic factors—social support and tangible family resources community and microsystemic support scores were not typically associated with bystander presence. Higher community and microsystemic support scores, particularly support for community youth, informal community support, and social support, were commonly associated with perceiving bystanders as helpful to the situation. Support scores, especially collective efficacy, were also associated with bystander

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safety for some victimization types. Our exploratory findings show a relationship between bystander helpfulness and characteristics of the victim's community and microsystem, especially for victimization types that are typically public, like peer aggression. © 2016 Wiley Periodicals, Inc.

Bystanders are witnesses to criminal or emergency events (witnesses, agents of informal social control, defenders), who, by their presence, have the ability to help victims, encourage perpetrators, or passively do nothing. A focus of study in social psychology decades ago, the topic has seen renewed interest because of the role bystanders may play in reducing the incidence of violence or of supporting victims and reducing harm (Banyard, 2011; Hamby, Weber, Grych, & Banyard, 2014; Swearer, Espelage, Vaillancourt, & Hymel, 2010). Being an active bystander to instances of victimization like bullying or sexual violence is complex (Pozzoli, Ang, & Gini, 2012; Pozzoli & Gini, 2010) and not without risk (Hamby, Weber, et al., 2014). In recognition of this complexity, Banyard (2011) describes variables across the social ecological model that may increase or decrease helpful bystander actions. This model describes how human behavior and development are influenced by variables within the individual and her or his immediate social context or microsystem (immediate social network such as family or peers), and the factors describe broader community settings including school, work, spiritual communities, neighborhoods (Bronfenbrenner, 2005).

To date, more research has focused on the innermost layers of this model, describing correlates of helping within the individual's personality, attitudes, and perceptions (Banyard, 2011). The current study explores variables related to immediate social networks (microsystem) and variables at the community layer of an individual's ecological niche. Further, we aimed to examine these variables from the perspective of victims of violence, rather than self-reports by bystanders of their own behavior or observations by researchers. Our goal was to understand links between a victims' description of their ecological niche and their perceptions of bystanders.

Existing Research on Community-Level Correlates of Bystander Involvement

Support for attending to community-, peer-, and family-level variables comes from several recent studies. In the bullying literature, researchers documented ways in which bystander or defending behavior occurs at higher levels when teachers model attitudes against bullying and model efficacy in responding, and when classroom peer contexts support actions against bullying (Pozzoli & Gini, 2010; Pozzoli et al., 2012). Peers tend to select friends who display similar levels of defending behavior (Rugieri, Friemel, Sticca, Perren, & Alsaker, 2013). Higher levels of perceived collective efficacy have been linked to greater bystander action (Edwards, Mattingly, Dixon, & Banyard, 2014). Sulkowski (2011) found that college students were more willing to report violence on campus to others to the extent that they felt trust and confidence in campus authorities.

Theoretically, these links have been explained through several different models. Leventhal and Brooks Gunn's "relationships and ties" model (2008) describes how social contexts affect individuals via their social support networks, which are linked to their sense of trust and their interpersonal connections. Research on social support documents strong associations between perceptions of the adequacy of one's social support and mental and physical health (Flannery, 1990; Thoits, 2011).

Other models (Putnam, 1995; Shinn & Toohey, 2003; Swisher, 2008) focus more on aspects of the community itself, including social capital and collective efficacy—what Leventhal and Brooks-Gunn (2008) label “norms and collective efficacy models.” The idea is that communities whose individuals have good local support networks and many relationships or interpersonal connections (via formal or informal organizations and gatherings) will form shared norms, will be able to harness human resources to work on common goals and solve problems, and will have increased ability to exercise informal social control over problem behaviors (Shinn & Toohey, 2003). These constructs are often operationalized by variables that include collective efficacy, neighborhood monitoring, and sense of community. To date, however, few studies have looked at these factors in relation to bystander intervention, particularly in relation to outcomes of bystander actions as perceived by victims.

Not only have studies of bystander action rarely examined the relationship between social support and community variables and bystander behavior, but bystander actions have been infrequently studied in relation to a wide array of victimization types. Thus, we know little about whether variables at the family, peer, and community levels are more or less important for different crimes. Victimitizations happen in both public and private spaces, but some forms of violence are more likely in each. For example, Hamby, Weber, et al. (2014) found rather comparable rates of bystander presence across different forms of peer- and caregiver-perpetrated victimization but low rates of bystanders for sexual violence. The relationship of support variables at the family, peer, or community level likely differs by the opportunities that network members in those different contexts have to intervene.

The Current Study

We used a victim-centered, incident-specific approach to describe bystander involvement across a range of interpersonal violence situations, including physical and psychological victimization. In addition to examining bystander presence we also examined two bystander outcomes, victims’ perceptions that bystanders were harmed in the situation, and victims’ perceptions that bystanders were helpful. Unlike many previous studies, which typically survey either children or adults, ours has the advantage of sampling both adolescents and adults.

We were interested in examining ecological correlates at the microsystem and community levels. At the microsystem level, we hypothesized that victims who reported greater social support and family resources would report more positive bystander outcomes. At the community level, we predicted that higher levels of collective efficacy, informal community support and community concern for youth would be related to greater bystander presence, particularly for more public forms of victimization, such as peer aggression, and better perceived bystander outcomes. These hypotheses were exploratory because a study of this particular nature has not been conducted before.

METHOD

Participants

Our sample was drawn from rural southeastern communities in the United States ($N = 1703$) who were part of a broader survey on character development and coping. Over one

third of the participants (35.8%) were male and nearly two-thirds (64.2%) were female. Participants ranged in age from 11 to 70 years (mean [M] = 29.3, standard deviation [SD] = 12.3). Those who indicated their race ($n = 1667$) were 76.7% European American, non-Hispanic; 10.5% African American, non-Hispanic; 7.0% Hispanic; 4.1% multiracial; 0.9% American Indian or Alaska Native, non-Hispanic; 0.5% Asian, non-Hispanic; and 0.4% Native Hawaiian or Pacific Islander. Over a third of participants indicated low-socioeconomic status by reporting use of public assistance such as food stamps or welfare (33.5%) or by reporting an annual household income below \$20,000 (35.2%).

Procedure

Recruitment of the majority of participants (83%) occurred at local community events, such as fairs and festivals, although some were recruited through word of mouth (13%) or other advertising, such as newspaper or mail (4%). These various, sometimes novel, strategies were useful in recruiting sectors of the population rarely sampled in psychology research. We endeavored to simplify language, to offer an easy-to-use interface, and to provide recorded audio and oral interview alternatives to reading the survey. Nevertheless, some individuals declined to participate or did not finish due to limited reading or computer skills, such that this sample is most representative of community members with at least a 6th-grade reading ability and some experience using a computer.

The overall completion rate was 86%, and average completion time was 57 minutes. Technical issues or time limitations at local events hindered the completion of some surveys. The survey was conducted with the Snap10 platform as a computer-assisted self-interview. An audio supplement was also available. Each participant was provided with information on local community resources and received a \$30 Walmart gift card. All procedures were approved by the institutional review board of the host institution.

Materials

The measures included in this study were part of a larger set of questionnaires assessing a wide range of constructs. Those used in the current analyses are described below.

Victimization. Nine forms of direct verbal and physical victimization were pulled from the Juvenile Victimization Questionnaire: Key Domains Short Form (JVQ; Finkelhor, Hamby, Ormrod, & Turner, 2005; Hamby, Finkelhor, Ormrod, & Turner, 2004). Established in a previous national sample (Finkelhor et al., 2005), construct validity was demonstrated with significant, moderate correlations with trauma symptoms. In the same sample, test-retest reliability showed an average kappa of .59 with 95% agreement across administrations, which indicate substantial reliability especially given the very low base rate for some items. The specific subtypes of victimization assessed using the JVQ are described below.

Peer-perpetrated victimization. Peer-perpetrated victimization was measured with six items. Three asked about relational victimization, such as “During your childhood, did any kids ever tell lies or spread rumors about you, or try to make others dislike you?” The other three asked about assault by a peer relative, assault by a nonrelated peer, and physical intimidation (“During your childhood, did any kids, even a brother or sister, pick on you by chasing you, grabbing you, or by making you do something you didn’t want to do?”).

Adult-perpetrated victimization. The screener question—physical assault by any adult—asked, “At any time in your life, did any grown-up ever hit or attack you on purpose?” One screener on victimization in the home assessed psychological and emotional abuse (“When you were a child, did you get scared or feel really bad because grown-ups called you names, said mean things to you, or said they didn’t want you?”). The other asked about physical assault by a caregiver (“Not including spanking on your bottom, during your childhood did a grown-up in your life hit you?”).

Bystander characteristics. Adapted from Planty (2002), three follow-up questions regarding bystanders were asked of participants who had experienced a particular victimization incident. The first asked, “Did any teen or grown-up see what happened to you, besides you and the person who did this?” Response options included family, friend/acquaintance, police, stranger, or no one. The next follow-up question asked, “Did anyone who saw what happened (1) Help in any way, (2) Make things worse, (3) Both help and make things worse, or (4) Didn’t help and didn’t make it worse?” This was dichotomized into a variable scores as “1” if the bystander exclusively helped and “0” for other responses. Finally, participants were asked, “Did any witness get hurt or threatened?” Follow-ups for caregiver-perpetrated victimizations were excluded for minors taking the survey.

Collective efficacy. A critical aspect of collective efficacy is the degree to which neighbors get along with one another and work to improve their neighborhood. We adapted the widely used Neighborhood Collective Efficacy index (Sampson, Raudenbush, & Earls, 1997) by shortening it from 10 to 4 items ($\alpha = .57$) and by changing the answer categories from a 5-point to a 4-point Likert scale. Two items measure informal social control: “My neighbors would take action if children were showing disrespect to an adult” and “My neighbors would take action if a fight broke out in front of their house.” The item on social cohesion measures disagreement with the statement, “People in my neighborhood generally don’t get along with each other.” The fourth item, on trust, measures agreement with the statement, “People in my neighborhood can be trusted.” The collective efficacy score was created by taking the mean across all items ($M = 3.215$, $SD = .630$).

Support for community youth. When assessing community support in a sample that includes both youth and adult victims, it is important to consider that support for youth can differ from community support for adults. To better suit our rural, low-income sample, we made minor wording edits (e.g., replacing “base leadership” with “community leaders”) to the two items used by the U.S. Air Force, to assess support for community youth (U.S. Air Force, 2011). Our adapted items ($\alpha = .70$) were “In this community, youth (between the ages of 10–18) are supported and valued by community leaders” and “In this community, youth (between the ages of 10–18) have interesting and meaningful ways to spend their time.” Response categories are rated on a 4-point Likert-type scale, ranging from 1 (*not true about me*) to 4 (*mostly true about me*). The Support for Community Youth score was created by taking the mean across all items ($M = 2.82$, $SD = .629$). Further research on the validity of this measure for this sample can be found in (Hamby, Thomas, Grych, & Banyard, under review).

Informal community support. Adapting the Air Force’s original eight-item scale (U.S. Air Force, 2011) we selected five items ($\alpha = .86$) that assess both intangible and tangible

means of communal support. We further adapted the wording on these items to better serve a community in which a sizeable portion of our participants has a low literacy level. The two items on intangible support measure agreement with the statements, “People in my neighborhood offer help to one another in times of need” and “People in my neighborhood talk to or visit with their neighbors.” The three tangible support items ask, “Where you live now, are there friends or neighbors who would . . . (1) “let you borrow *something* such as tools, chairs, or food,” (2) “give you a ride if you needed it,” and (3) “would take care of someone’s children in an emergency?” Response categories are rated on a 4-point Likert-type scale, ranging from “mostly true about me” to “not true about me.” The Informal Community Support score was created by taking the mean across all items ($M = 3.295$, $SD = .714$). Further research on the validity of this measure can be found in Hamby et al. (under review).

Social support. Perceived social support is an important interpersonal resource derived from one’s immediate social network and may promote resilience and coping during times of stress. The social support scale we used ($\alpha = .91$) is based on that used in the National Survey of Children’s Exposure to Violence (NatSCEV; Turner, Finkelhor, & Ormrod, 2010), in which it demonstrated good reliability and validity. On the original scale, four items on support from family asked, “My family really tries to help me,” “My family lets me know they care about me,” “I can talk about my problems with my family,” and “My family is willing to help me make decisions.” Three items on support from friends asked (1) “My friends really try to help me,” (2) “I can count on my friends when things go wrong,” and (3) “I can talk about my problems with my friends.”

To assess support from adult mentors, we added four additional items. Three items asked whether adults other than parents in one’s life right now (1) “care about my feelings and what happens to me,” (2) “would give me good suggestions and advice,” and (3) “would help me with practical needs like getting somewhere or help with a project.” The final item was asked only of participants older than 18 years old: “When I was a child, there were adults other than my parents who cared about me, gave me good advice, and helped me when I needed it.” The Social Support score was created by taking the mean across all items ($M = 3.364$, $SD = .671$).

Tangible family resources. Because family resources are an understudied area in resilience, we developed two brief items to assess tangible family resources, or the capacity one has to turn to family for short-term assistance (Hamby, Grych, & Banyard, 2013). The two items ($\alpha = .80$) state, “I could borrow more than \$100 from my parents or other family member if I needed it” and “I could borrow a car or get a ride from my parents or other family member if I needed it.” Response categories are rated on a 4-point Likert-type scale ranging from 1 (*not true about me*) to 4 (*mostly true about me*). The Tangible Family Resources score was created by taking the mean across all items ($M = 3.188$, $SD = 1.038$).

Demographics. Given that previous research found gender differences in bystander behavior (Banyard & Moynihan, 2011), gender was used as a covariate in the current analyses. Further, we used a cross sectional sample, such that we could not directly insure comparability between place of victimization and current place of residence (though it should be noted that the current rural sample is generally characterized by low residential mobility; even when addresses change, individuals often continue to reside in the same county).

Table 1. Correlations of Community, Microsystemic, and Victim Demographic Factors

	CE	SCY	ICS	SS	TFR	VS	VRM
CE (Collective Efficacy)	1						
SCY (Support for Community Youth)	.386***	1					
ICS (Informal Community Support)	.557***	.449***	1				
SS (Social Support)	.292***	.439***	.329***	1			
TFR (Tangible Family Resources)	.256***	.304***	.280***	.513***	1		
VS (Victim Sex)	.008	.030	-.007	.024	-.033	1	
VRM (Victim Residential Mobility)	-.046	-.033	-.067*	-.145***	-.100***	.055*	1

Note. CE = collective efficacy; SCY = support for community youth; ICS = informal community support; SS = social support; TFR = tangible family resources; VS = victim sex; VRM = victim residential mobility.

Only participants who had experienced at least 1 form of victimization were included in these analyses. Because of listwise deletion of data, *N* ranged from 1291 to 1374.

* $p < .050$. ** $p < .010$. *** $p < .001$.

Thus, we used a measure of residential stability to control for individuals having moved often and not being in one consistent community.

Data Analysis

All community support and microsystemic support variables were significantly correlated with each other (Table 1). However, given the exploratory nature of this study, we first conducted bivariate analyses separately for each ecological variable. For each of the nine forms of victimization, we ran bivariate regressions with the five ecological and two victim demographic variables as predictors of the three bystander variables (presence, help, and safety). Before conducting multivariate analysis, the aforementioned collinearity of the ecological support variables needed to be addressed. For this reason, we conducted a factor analysis, in which support for community youth, informal community support, and collective efficacy loaded onto factor, while social support and tangible family resources loaded onto another. For greater parsimony at the multivariate level, therefore, we created two sum scores based on ecological niche: community support (sum of support for community youth, informal community support, and collective efficacy *z*-scores) and microsystemic support (sum of social support and tangible family resources *z*-scores).

RESULTS

For analyses of bystander presence, the number of cases reflects the number of victimized participants; for analyses of bystander help and safety, the number of cases reflects the number of participants for whom a bystander was present during victimization.

Descriptive Characteristics of Bystanders

Bystanders were present for the majority (60–70%) of all victimizations. Although bystanders helped (25%–55%) more than they harmed the situation (4%–12%), they often did not affect it (26–50%). For more descriptive details on bystander presence, helping, and safety, see Hamby, Weber, et al. (2014).

Table 2. Bivariate Logistic Regressions of Bystander Presence and Community, Microsystemic, and Victim Demographic Factors

Victimization type		Collective Efficacy	Support for Community Youth	Informal Community Support	Social Support	Tangible Family Resources	Victim Sex	Victim Residential Mobility
Physical intimidation by peers ^a	OR	.725	.924	.855	1.107	.979	.807	1.025
	<i>p</i>	.955	.491	.180	.391	.789	.210	.775
Relational aggression by peers ^b	OR	.994	.901	.982	.890	.911	.953	1.253
	<i>p</i>	.958	.346	.415	.279	.212	.773	.006**
Social discrediting by peers ^c	OR	.838	.921	.842	1.118	.989	1.175	1.083
	<i>p</i>	.121	.413	.084	.271	.864	.269	.274
Social exclusion by peers ^d	OR	.801	.833	.835	1.058	.969	1.041	1.187
	<i>p</i>	.067	.096	.091	.620	.665	.803	.026*
Physical assault by peers ^e	OR	1.077	1.035	.938	1.340	1.168	.797	.902
	<i>p</i>	.553	.756	.562	.010*	.039*	.156	.241
Physical assault by Youth relatives ^f	OR	1.018	1.005	1.013	1.158	1.023	1.034	.917
	<i>p</i>	.898	.965	.914	.233	.781	.852	.369
Physical assault by adults ^g	OR	1.547	1.058	1.289	1.140	1.074	.895	1.280
	<i>p</i>	.008**	.681	.067	.378	.461	.632	.064
Physical assault by caregivers ^h	OR	1.133	1.144	1.244	1.149	.957	.723	.626
	<i>p</i>	.520	.475	.216	.481	.714	.273	.018*
Psychological abuse by caregivers ⁱ	OR	1.310	1.178	1.241	1.208	1.067	.979	1.563
	<i>p</i>	.169	.348	.206	.305	.573	.943	.005**

Note. OR = odds ratio.

^aN ranges from 657 to 694.

^bN ranges from 748 to 786.

^cN ranges from 912 to 959.

^dN ranges from 783 to 816.

^eN ranges from 741 to 777.

^fN ranges from 561 to 588.

^gN ranges from 329 to 353.

^hN ranges from 206 to 224.

ⁱN ranges from 237 to 254.

Bystander Presence

Bivariate logistic regressions were conducted, predicting bystander presence from each of the independent variables (Table 2). Over all, there were few significant associations between the support variables and bystander presence. However, for four of the nine victimization types, greater victim residential mobility (VRM) was associated with a 25.3% greater likelihood of a bystander being present during peer-perpetrated relational aggression, 18.7% greater likelihood during peer-perpetrated social exclusion, 56.3% greater likelihood during caregiver-perpetrated psychological abuse, and 38.4% lower likelihood of being present during caregiver-perpetrated physical assault. Only during adult-perpetrated physical assault was collective efficacy significantly associated with an increased likelihood (54.7%) of bystander presence. Only during peer-perpetrated physical assault were social support and tangible family resources significantly associated with an increased likelihood (34.0% and 16.8%, respectively) of bystander presence. Neither informal community support nor victim sex significantly predicted bystander presence for any victimization type.

We then computed multivariate logistic regressions using the two composite ecological niche variables and the demographic controls, and similar pattern of findings emerged (Table 3). Concordant with the bivariate regressions, greater victim

Table 3. Multivariate Regression of Bystander Presence and Community Support, Microsystemic Support, and Victim Demographic Factors

Victimization Type		Community Support Composite Score	Microsystemic Support Composite Score	Victim Sex	Victim Residential Mobility
Physical intimidation by peers N = 639	OR <i>p</i>	.937 .087	1.042 .492	.828 .287	1.056 .542
Relational aggression by peers N = 727	OR <i>p</i>	.980 .571	.967 .575	.956 .798	1.281 .003**
Social discrediting by peers N = 897	OR <i>p</i>	.948 .106	1.081 .136	1.266 .116	1.092 .242
Social exclusion by peers N = 762	OR <i>p</i>	.954 .183	1.045 .440	1.131 .456	1.228 .010**
Physical assault by peers N = 715	OR <i>p</i>	.960 .275	1.181 .005**	.848 .320	.958 .636
Physical assault by youth relatives N = 542	OR <i>p</i>	.978 .568	1.027 .682	1.088 .649	.897 .281
Physical assault by adults N = 317	OR <i>p</i>	1.088 .079	1.025 .747	.880 .601	1.225 .147
Physical assault by caregivers N = 204	OR <i>p</i>	1.056 .346	.938 .515	.834 .555	.654 .041*
Psychological abuse by caregivers N = 234	OR <i>p</i>	1.055 .356	1.090 .377	.990 .974	1.689 .002**

Note. OR = odds ratio.

residential mobility was associated with an increased likelihood (28.1%) of bystander presence during peer-perpetrated relational aggression, an increased likelihood (22.8%) during peer-perpetrated social exclusion, an increased likelihood (68.9%) during caregiver-perpetrated psychological abuse, and a decreased likelihood (35.6%) during caregiver-perpetrated physical assault. During physical assault by peers, increases in microsystemic support were associated with an 18.1% increased chance of bystander presence. Using multivariate analyses, this was the only victimization type for which a support factor was significantly associated with bystander presence.

Bystander Help

Bivariate regressions were conducted to explain variance in bystander help from each of the independent variables (Table 4). Ecological support factors, rather than victim demographics, were commonly associated with increased odds of help from bystanders. For eight of the nine victimization types, greater social support was significantly associated with an increased likelihood (80.0%–176.6%) of help from bystanders. Across seven forms of victimization, greater support for community youth was significantly associated with an increased likelihood (42.4%–113.8%) of bystander help. Greater informal community support was significantly associated with an increased likelihood (38.8%–102.4%) of bystander help for six victimization types. Across four forms of victimization, better tangible family resources were significantly associated with an increased likelihood (21.0%–33.9%) of bystander help. For three forms of victimization, greater collective efficacy was significantly associated with an increased likelihood (34.5%–63.2%) of help from bystanders. Victim demographics still showed some associations with bystander help: greater Victim Residential Mobility predicted a decreased likelihood (8.3%–26.6% less likely) of

Table 4. Bivariate Logistic Regressions of Bystander Helping and Community Support, Microsystemic Support, and Victim Demographic Factors

Victimization type		Collective Efficacy	Support Community Youth	Informal Community Support	Social Support	Tangible Family Resources	Victim Sex	Victim Residential Mobility
Physical intimidation by peers ^a	OR	1.632	1.896	1.884	2.157	1.113	1.195	.825
	<i>p</i>	.002**	.000***	.000***	.000**	.255	.382	.058
Relational aggression by peers ^b	OR	1.189	1.612	1.701	2.199	1.100	.902	.924
	<i>p</i>	.238	.001**	.000***	.000***	.280	.607	.421
Social discrediting by peers ^c	OR	1.345	1.712	1.388	2.075	1.272	.901	.797
	<i>p</i>	.031*	.000***	.008**	.000***	.004**	.563	.011*
Social exclusion by peers ^d	OR	.989	1.540	1.039	1.999	1.210	1.101	.755
	<i>p</i>	.939	.002**	.152	.001**	.038*	.630	.004**
Physical assault by peers ^e	OR	1.392	1.547	1.415	1.800	1.339	1.348	.927
	<i>p</i>	.020*	.001**	.004**	.000***	.001**	.090	.436
Physical assault by youth relatives ^f	OR	1.135	1.424	1.437	1.942	1.255	1.289	.744
	<i>p</i>	.441	.021*	.013*	.000***	.029*	.251	.012*
Physical assault by adults ^g	OR	1.080	1.260	1.447	1.811	1.273	1.348	.927
	<i>p</i>	.747	.228	.080	.011*	.085	.453	.037*
Physical assault by caregivers ^h	OR	1.440	.926	1.529	1.797	1.328	1.116	.760
	<i>p</i>	.213	.778	.129	.056	.111	.782	.220
Psychological abuse by caregivers ⁱ	OR	1.498	2.138	2.024	2.766	1.260	.393	1.295
	<i>p</i>	.188	.011*	.017*	.003**	.181	.017*	.306

Note. OR = odds ratio.

^aN ranges from 429 to 453.

^bN ranges from 502 to 527.

^cN ranges from 605 to 630.

^dN ranges from 515 to 536.

^eN ranges from 508 to 532.

^fN ranges from 346 to 365.

^gN ranges from 196 to 206.

^hN ranges from 124 to 132.

ⁱN ranges from 150 to 160.

help from bystanders. Only during caregiver-perpetrated psychological abuse was female victim sex significantly associated with a decreased likelihood (at 51.7% less likely) of bystander help.

Multivariate regressions using the composite ecological niche variables and both victim demographic variables (Table 5) confirmed that microsystemic support was significantly associated with an increased likelihood of help from bystanders for three victimization types: peer-perpetrated social exclusion (bystander help 21.7% more likely), peer-perpetrated physical assault (28.4%), and youth relative-perpetrated physical assault (27.7%). Community support was significantly associated with an increased likelihood of help from bystanders for two victimization types: peer-perpetrated physical intimidation (20.7%) and peer-perpetrated relational aggression (10.6%). The few associations between victim demographics and bystander help were inconsistent across victimization types: Greater victim residential mobility was significantly associated with decreased odds of help from bystanders of peer-perpetrated social exclusion (25.3% less likely) but with an increased likelihood of help for caregiver-perpetrated psychological abuse (84.8% more likely). Similarly, during peer-perpetrated physical assault, female victims were 47.5% more likely to receive help from bystanders (compared to male victims) but were 58.9%

Table 5. Multivariate Regression of Bystander Helping and Community Support, Microsystemic Support, and Victim Demographic Factors

Victimization Type		Community Support Composite Score	Microsystemic Support Composite Score	Victim Sex	Victim Residential Mobility
Physical intimidation by peers N = 420	OR <i>p</i>	1.207 .000***	1.067 .411	1.199 .403	.818 .064
Relational aggression by peers N = 493	OR <i>p</i>	1.106 .025*	1.131 .086	.957 .831	.970 .764
Social discrediting by peers N = 588	OR <i>p</i>	1.067 .116	1.226 .004	.939 .740	.828 .042
Social exclusion by peers N = 502	OR <i>p</i>	1.007 .877	1.217 .010**	1.060 .783	.757 .006**
Physical assault by peers N = 492	OR <i>p</i>	1.074 .089	1.284 .001***	1.475 .039*	.941 .556
Physical assault by youth relatives N = 341	OR <i>p</i>	.998 .962	1.277 .004**	1.350 .198	.789 .054
Physical assault by adults N = 189	OR <i>p</i>	1.00 .998	1.232 .072	.830 .571	.714 .085
Physical assault by caregivers N = 124	OR <i>p</i>	1.056 .508	1.263 .104	1.294 .540	.788 .330
Psychological abuse by caregivers N = 148	OR <i>p</i>	1.149 .140	1.324 .068	.401 .030*	1.848 .041*

Note. OR = odds ratio.

less likely to receive help from bystanders during caregiver-perpetrated psychological abuse.

Bystander Safety

Bivariate logistic regressions were run predicting bystander safety from each of the independent variables (Table 6). Across five of the nine forms of victimization, collective efficacy was significantly associated with an increased likelihood (18.4%–389.5%) of bystander safety. For both caregiver-perpetrated victimization types, informal community support was associated with an increased likelihood (126.6%, 156.9%) of bystander safety. Peer-perpetrated physical intimidation was the only victimization type for which social support was significantly associated with an increased likelihood (65.2%) and greater victim residential mobility with a decreased likelihood (38.7%) of bystander safety. No significant associations emerged between bystander safety and support for community youth, tangible family resources, or victim sex.

Multivariate regressions using the composite ecological niche variables and both victim demographic variables (Table 7) as predictors of bystander safety showed few significant associations. For both caregiver-perpetrated victimization types, community support was significantly associated with an increased likelihood of bystander safety (29.3% more likely for physical assault and 37.2% more likely for psychological abuse). Only for peer-perpetrated physical intimidation was greater residential mobility significantly associated with a decreased likelihood (35.4%) of bystander safety. Neither microsystemic support nor victim sex significantly predicted bystander safety for any victimization type.

Table 6. Bivariate Logistic Regressions of Bystander Safety and Community Support, Microsystemic Support, and Victim Demographic Factors

Victimization type		Collective Efficacy	Support Community Youth	Informal Community Support	Social Support	Tangible Family Resources	Victim Sex	Victim Residential Mobility
Physical intimidation by peers ^a	OR	1.569	1.038	1.262	1.652	1.194	1.474	.623
	<i>p</i>	.057	.872	.278	.023*	.241	.250	.019*
Relational aggression by peers ^b	OR	1.593	1.295	1.311	1.435	1.304	1.912	.890
	<i>p</i>	.068	.256	.227	.108	.087	.072	.547
Social discrediting by peers ^c	OR	1.238	.963	.975	1.045	1.252	1.341	.843
	<i>p</i>	.426	.882	.918	.865	.143	.416	.366
Social exclusion by peers ^d	OR	1.184	.857	1.030	1.635	.893	1.131	.756
	<i>p</i>	.042*	.642	.924	.091	.627	.795	.264
Physical assault by peers ^e	OR	1.707	1.155	1.267	1.507	1.185	.840	.879
	<i>p</i>	.042*	.575	.312	.112	.354	.657	.548
Physical assault by youth relatives ^f	OR	1.451	1.005	1.501	1.492	1.058	.873	.784
	<i>p</i>	.166	.984	.073	.097	.747	.725	.243
Physical assault by adults ^g	OR	1.965	1.303	1.191	1.112	1.212	1.379	1.181
	<i>p</i>	.028*	.261	.471	.695	.275	.437	.495
Physical assault by caregivers ^h	OR	2.411	.951	2.569	.990	1.241	.779	.780
	<i>p</i>	.007**	.883	.001**	.976	.305	.619	.420
Psychological abuse by caregivers ⁱ	OR	4.895	1.809	2.266	1.847	1.285	1.166	.557
	<i>p</i>	.000***	.052	.006**	.066	.265	.789	.197

Note. OR = odds ratio.

^aN ranges from 434 to 457.

^bN ranges from 501 to 526.

^cN ranges from 603 to 628.

^dN ranges from 509 to 530.

^eN ranges from 509 to 532.

^fN ranges from 347 to 365.

^gN ranges from 199 to 209.

^hN ranges from 125 to 133.

ⁱN ranges from 151 to 160.

DISCUSSION

A number of interesting findings emerged from this exploratory study of victims of interpersonal violence in rural southern communities. At the microsystem level, we hypothesized that victims who reported greater social support and family resources would report more positive bystander outcomes. At the community level, we predicted that higher levels of collective efficacy, informal community support and community concern for youth would be related to greater bystander presence, particularly for more public forms of victimization such as peer aggression, and better perceived bystander outcomes. Each of these hypotheses was partially supported. The findings depended on the bystander variable assessed. First, bystander presence was not significantly related to measures of support at either the informal network (family and friends) or community levels; instead, residential mobility was related to whether victims reported that a bystander was present. Surprisingly, mobility was more often associated with greater odds of a bystander being present. We might expect that more mobile individuals would be less known in their community and thus less likely to be helped.

Table 7. Multivariate Regression of Bystander Safety and Community Support, Microsystemic Support, and Victim Demographic Factors

Victimization type		Community Support Composite Score	Microsystemic Support Composite Score	Victim Sex	Victim Residential Mobility
Physical intimidation by peers N = 424	OR <i>p</i>	1.003 .968	1.184 .138	1.460 .276	.656 .040*
Relational aggression by peers N = 492	OR <i>p</i>	.990 .905	1.172 .196	1.809 .119	.852 .446
Social discrediting by peers N = 587	OR <i>p</i>	.953 .554	1.197 .135	1.361 .410	.830 .346
Social exclusion by peers N = 497	OR <i>p</i>	.993 .945	1.044 .795	1.284 .603	.712 .203
Physical assault by peers N = 492	OR <i>p</i>	1.061 .480	1.155 .311	.899 .796	.882 .589
Physical assault by youth relatives N = 342	OR <i>p</i>	1.022 .795	1.089 .529	.842 .671	.870 .514
Physical assault by adults N = 191	OR <i>p</i>	1.107 .248	1.125 .409	1.538 .318	1.315 .282
Physical assault by caregivers N = 125	OR <i>p</i>	1.293 .011*	.929 .677	.927 .893	.531 .112
Psychological abuse by caregivers N = 149	OR <i>p</i>	1.372 .005**	1.056 .769	.905 .879	.663 .385

Note. OR = odds ratio.

The second part of each hypothesis was supported in that the helpfulness of bystanders was associated as predicted with greater perceptions of microsystemic and community supports. Across victimization types, victim perceptions that the bystander was helpful were consistently associated with community-level support and support at the level of friends and family, though this was mainly for peer-perpetrated forms of violence rather than victimization by caregivers. For adult-perpetrated victimization, bystander safety was commonly associated with collective efficacy and informal community support. These findings are discussed in more detail below. Overall, the correlates were stronger for peer victimization rather than victimization by a caregiver. This is likely due to situational factors because victimization by a caregiver may be more likely to occur in the home in private contexts where bystanders are less available.

Interestingly, gender was not often a significant demographic correlate of bystander outcomes. Previous research from the point of view of the bystander showed that men and women often differ in how much they engage in bystander actions (Nicksa, 2014). Studies also find female victims more likely to be helped than men in some circumstances (Laner, Benin, & Ventrone, 2001). We found that across types of victimization, bystander presence and helpfulness was rarely associated with the victim's gender. Many studies of gender and bystanders use hypothetical scenarios. The current study used retrospective reports of situations from victims. Further research is needed on bystander behavior and gender that goes beyond imagined situations to documenting features of events that have happened in communities.

Bystander Presence

Overall, few of the variables in the current study were related to bystander presence. This suggests that the presence of absence of bystanders may be less related to social networks

and community cohesion variables but may be more governed by situational variables. Future research should examine what aspects of the situation, or perhaps even of the physical environment, might be related to bystander presence.

One variable, victim residential mobility, was related to bystander presence during some forms of victimization. However, the direction of this relationship differs by victimization type. For victimization by peers, greater mobility was associated with greater bystander presence for more relational aggression and exclusion experiences. It is likely that third variables need to be explored to explain this finding. Perhaps more mobile individuals move to more population dense areas with more opportunities for bystanders. These more fine-grained analyses of mobility were beyond the scope of data collected in the current study but could be a fruitful area for future inquiry. Perhaps individuals who are more mobile and less known in a community draw more attention from others who feel less inclined to respect privacy norms for those they do not know well when the victimization is in public. Recent bystander action research suggests that helping friends regarding victimization experiences is complicated, perhaps in part because victims and perpetrators often know one another and bystanders who know the victim may also be more likely to know the perpetrator (Bennett & Banyard, 2014). These situations may make bystanders less likely to take action.

Interestingly, for physical assault by a caregiver, perhaps a more private form of victimization, mobility was associated with lesser bystander presence, perhaps because neighbors are less likely to involve themselves in family violence among families who are less tied in to the community. Future research would benefit from qualitative questions or more detailed questions about victim's places of residence.

Bystander Help

All five of the support factors examined were related to help from bystanders for three to eight victimization forms at the bivariate level. Community support appears more commonly related to psychological victimization, whereas microsystemic support seemed more closely related to forms of physical assault. Both levels of support (microsystemic and community) were more significant in explaining variance in peer-perpetrated forms of victimization than family violence. This may have to do with the greater likelihood that peer violence and psychological victimization will occur in public, and in public settings if one has great family/friend or community support, someone will know you or know the peers and thus be able to offer some sort of helpful bystander action. Future research is needed to disentangle the extent to which greater support helps victims perceive bystander helpfulness and the extent to which support is an indicator that victims are surrounded by people who know how to help them and do so.

Interestingly, the finding that community support was associated with relational aggression and intimidation by peers is consistent with and extends literature on bullying, which notes the importance of school climate for bullying and defending behaviors (Rugierri et al., 2013; Sapouna, 2010). For these forms of victimization, perhaps it is school climate and collective efficacy that make the difference in helpful bystanders stepping in. For physical assaults, victims may need strong close social networks of friends and family members who are willing and able to step in to help in more potentially dangerous situations.

Bystander Safety

Although support for community youth, informal community support, and social support stand out as the primary community or microsystem characteristics associated with help from bystanders, collective efficacy stands out as the community characteristic most consistently associated with bystander safety, across psychological and physical victimizations, for both peer- and adult-perpetrated types at the bivariate level. One explanation for these associations is that perpetrators might take greater pains to keep a low profile in communities where neighbors watch out for each other. Another possibility is that bystanders in communities with greater collective efficacy are better educated on staying safe or have other community members who help them take action so that bystanders get less harmed. The composite indices performed less well in explaining variance in bystander safety. This may mean that only specific aspects of support are related to safety for bystanders. It may matter less if you have a strong microsupport system because perhaps those people are not around when victimization happens.

Further, there are differences between providing support and informal helping more generally, as may be assessed by the social support and support for community youth variables in this study, and taking action when victimization is happening (Banyard, in press). Thus, collective efficacy may be a construct that more closely measures a key community factor related to bystander action, rather than just helping more generally. It also may mean that bystander safety is better predicted by other variables not assessed in the current study, such as the types of actions bystanders choose to take. Future research is needed to better understand answers to these questions.

Limitations of the Study

The current study used self-report data, from the victims' perspective, and future efforts to include multiple informants or alternative data sources would be valuable. Although our large sample allowed us to collect data on a range of incidents, we had more statistical power for more common victimizations, such as relational aggression by peers and time limitations prevented us from asking details about more than one victimization incident.

Additionally, the sample was collected in a rural, southern part of the United States with less racial and ethnic diversity than other areas, so it will be important for future research to study bystander patterns in diverse communities. Past research finds differences by region (rural versus urban, for example) in helping behavior (Banyard, 2011). The current study had a broad age range of participants. Participants recalling victimizations from many years ago likely experienced memory lapses and inaccuracies. What is more, older participants in the sample may have grown up with different social norms in their community about whether it is appropriate to intervene when someone is disciplining their child or whether actions like hitting a child were seen as normative or a form of violence that should be addressed. Such norms likely created cohort effects within our sample that future research should address.

Finally, the current data are cross sectional and future research that more closely matches measurement of support perceptions to victimization timing is needed. While acknowledging these limitations, we note that these data provide some of the most detailed available information on bystander involvement in victimization and some of the first data on bystanders and the ecology in which victimization occurs.

Strengths of the Study

Although victimization is not a strictly urban problem, studies on bystanders in rural locations are less common. Researchers have recently found community-level differences in bystander action related to interpersonal violence (Edwards et al., 2014). The findings of the current study show that even with a cross sectional design, measures of support at the informal network and community levels explain variance particularly in bystander helpfulness as perceived by victims. These patterns were observed across forms of victimization, though some forms of victimization (relational aggression and intimidation by peers) that may be more likely in public settings like schools were more associated with community support variables. Helpful bystander action related to physical aggression was more likely in relation to family and friend support.

Research Implications

Our exploratory findings reveal hitherto unexamined relationships between bystander behavior and ecology-based support—a key component of the victimization setting that merits further study. For example, longitudinal studies could improve upon ours by establishing the causal direction of these associations. Future research could expand the level of detail on bystander involvement and effect, beyond the measures of bystander effect that we adopted from the NCVS. For example, the NCVS response option—“the bystander both helped and harmed”—may be ambiguous. This option could apply to situations in which one bystander aided the victim while another harmed the victim, but participants who reported this may have been referring to one bystander who did both. Further research would benefit from changing the wording or possibly from dividing the “both helped and harmed” category into two options.

Prevention, Clinical, and Policy Implications

Prevention programs targeting bystanders often focus on changing individuals’ behavior. However, the relationships between bystander behavior and community or microsystemic characteristics suggest that such prevention efforts might benefit from considering the context in which bystanders live. By understanding the extent of support in a particular community, such as a neighborhood or campus, prevention programs might better address that community’s needs.

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