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Perceptions of community norms and youths' reactive and proactive dating and sexual violence bystander action

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Abstract

There is enthusiasm for programs that promote bystander intervention to prevent dating and sexual violence (DSV). However, more information about what facilitates or inhibits bystander behavior in DSV situations is needed. The present cross-sectional survey study investigated whether youth perceptions of adults' behavior and community norms were associated with how frequently youth took action and intervened in DSV situations or to prevent DSV. Specifically, study hypotheses were that youths' perceptions of community-level variables, such as adults' willingness to help victims of DSV or prevent DSV, perceptions of community collective efficacy, and perceptions of community descriptive and injunctive norms disapproving of DSV and supporting DSV prevention, would be associated with how frequently youths took reactive and proactive bystander action. Participants were 2,172 students from four high schools in one New England state. ANOVA analyses found that descriptive norms were associated with all actionist behaviors, and perceptions of community cohesion were also consistently associated with them. Injunctive norms were associated, but less consistently, with actionist behaviors. Findings suggest that DSV-related social norms, and descriptive norms and community cohesion in particular, might be relevant to youth DSV bystander behavior.

Keywords

Collective efficacy; domestic violence; sexual assault; community norms; bystander; actionist

Researchers continue to document the concerning rates of and deleterious outcomes associated with dating and sexual violence (DSV) among high school students (Kann et al., 2016). As many as 20% of U.S. high school-attending girls, and 10% of boys, report experiencing physical or sexual dating violence in the past year (Vagi, Olsen, Basile, & Vivolo-Kantor, 2015), and approximately 94% will directly witness or hear about an incident of DSV in a given year (Edwards, Rodenhizer-Stämpfli, & Eckstein, 2015). Consequently,

the U.S. Centers for Disease Control and Prevention, researchers, and practitioner experts have issued repeated calls for effective primary prevention approaches, and particularly encouraged strategies that influence community norms and bystander behavior (Banyard, Weber, Grych, & Hamby, 2016; Basile et al., 2016; Rothman, Bair-Merritt, & Tharp, 2015; U.S. Centers for Disease Control and Prevention, 2016).

Historically, DSV primary prevention efforts primarily addressed “[victim] risk reduction, gender-role socialization, or provision of information and discussion of myths and facts about sexual assault” (Anderson & Whitson, 2005, pg. 385). However, in the 1990s practitioners, and then later researchers, began to explore the idea that bystanders could be motivated to intervene in cases of DSV and could influence community norms related to DSV (Banyard, Plante, & Moynihan, 2004; Berkowitz, 2002). Over the past few decades, programs such as Bringing in the Bystander®, Green Dot, and other bystander-focused programs have demonstrated that it is possible to influence individuals’ confidence in their capacity to intervene as bystanders, willingness to intervene as bystanders, and, in some evaluations, short-term DSV perpetration behavior (Banyard, Moynihan, & Crossman, 2009; Banyard, Moynihan, & Plante, 2007; Banyard et al., 2004; Coker et al., 2011, 2017; Cook-Craig et al., 2014; Storer, Casey, & Herrenkohl, 2016). The theoretical underpinning of these programs has been described in detail elsewhere (Coker et al., 2011). However, there is only “mixed evidence” that the bystander programs’ influence on participants’ willingness and confidence to intervene “translate into the actual uptake of active bystander behaviors” (Storer et al., 2016). In fact, numerous researchers have now suggested that while DSV bystander programs show promise, more information about what moderates the success of the programs is needed, and that their effectiveness will likely improve only when researchers understand more about what facilitates or inhibits bystander behavior in DSV situations more generally (Langhinrichsen-Rohling & Capaldi, 2012; Storer et al., 2016).

One way to understand better what encourages or inhibits bystander behavior is to parse the idea of “bystander behavior” in more detail. To date, most studies of bystander action focus on *reactive behaviors*, that is: actions that a person might take in the moment when they observe a situation that is high risk for DSV, such as creating a distraction to get a potential victim out of the situation (McMahon & Banyard, 2012). Yet increasingly, prevention efforts like Green Dot are working to also promote *proactive behaviors*, that is: actions that a person might take at any time to promote the normalization of healthy relationships, such as using social media to initiate discussions of healthy relationships or to express condemnation for coercion and violence. To date, few studies of DSV bystander behavior have treated these two different types of bystander behavior (*i.e.*, reactive and proactive) as distinct, which may mask differences between them.

Another way to enrich the available information about influences on bystander behavior is to consider factors other than individuals’ personality, psychology or personal history, and to investigate whether peer, family, community, institutional or other factors from “outer layers” of the social-ecological model might influence whether or not people take action as bystanders (Bronfenbrenner, 1979; Dahlberg & Krug, 2002; Rothman et al., 2015). For example, there is a rich literature demonstrating the importance of community-level factors such as collective efficacy on behaviors as diverse as civic engagement, responses to

violence, and partner violence (Berg, Coman, & Schensul, 2009; Collins, Neal, & Neal, 2014; Duncan, Duncan, Okut, Strycker, & Hix-Small, 2003; Emery, Jolley, & Wu, 2011; Wickes, Hipp, Sargeant, & Homel, 2013). Similarly, it has been demonstrated that community gender norms can influence sexual health (Schensul et al., 2015), that community norms, social control and social connection are associated with neighborhood crime (Henry, Gorman-Smith, Schoeny, & Tolan, 2014), and that community social norms may influence altruistic or helpful acts between residents (Mattis et al., 2009). In sum, there are a number of dimensions of community life that appear to influence what people think, feel and do, so a logical extension of the existing research would support the contention that individuals' perceptions of community norms would influence their DSV-related bystander behavior (Banyard, Edwards, & Siebold, 2017).

There are two types social norms that have been widely studied. Descriptive norms are typical behavior patterns in a community, with the expectation that people will behave in accordance with those patterns (Kitts & Chiang, 2008). Injunctive norms are perceptions about what kind of behavior is socially encouraged or discouraged (Kitts & Chiang, 2008). Some prior research has found that injunctive norms may have an influence on behavior even in situations where descriptive norms do not (Henry et al., 2000; Moon, Weick, & Uskul, 2018). Numerous prior studies have documented associations between youths' perceptions of injunctive norms and substance use (Nesi, Rothenberg, Hussong, & Jackson, 2017; Stanley, Swaim, & Dieterich, 2017) and aggression perpetration (Ajzen, 1991; Bosson, Parrott, Swan, Kuchynka, & Schramm, 2015; Hertzog & Rowley, 2014; Reyes, Foshee, Niolon, Reidy, & Hall, 2016). The robust relationship between perceptions of peers' expectations for behavior and individuals' actual behavior has been attributed to the human tendency to want to be perceived as behaving "normally"—that is, neither above or below the norm (Hertzog & Rowley, 2014; Schultz, Nolan, Cialdini, Goldstein, & Griskevicius, 2007). For this reason, behavior is easily shaped by perceptions of what other people in a social environment would consider usual. In fact, ensuring that youth make the correct assumptions about how their peers are behaving and what their peers expect of them with regard to substance use, violence, or bullying is believed to be a potentially powerful way to make changes in community norms with the ultimate goal of reducing violence (Perkins & Berkowitz, 1986; Perkins, Haines, & Rice, 2005).

The present analysis was designed to answer questions about perceptions of norms in communities and DSV-related bystander behavior among youth. The factors of interest were perceptions of norms related to the acceptability of DSV and how engaged the community is in taking action on DSV. More specifically, we measured youth's perceptions of three key community variables (and facets of these variables): (a) perceptions of adults' DSV helping attitudes and behaviors (specifically, town adult DSV victim support, town adult preventive helping, and town adult responsive helping); (b) perceptions of collective efficacy (specifically town collective efficacy to make improvements and community cohesion); and (c) perceptions of descriptive and injunctive norms (specifically, individual-oriented action descriptive norms, community-oriented action descriptive norms, community public injunctive norms, and community personal injunctive norms). Definitions of these key constructs are provided in Table 1. In addition, given that bystander is a term that was originally used to describe people who did nothing or were not active, we use the term

“actionist” in this paper to describe those who do engage in positive bystander behavior (Banyard, 2015). Because actionist behavior can be either proactive or reactive, and prior research has established that youth may behave proactively but not reactively (or vice versa), we developed separate queries about proactive and reactive actionist behavior (Frey, Newman, & Onyewuenyi, 2014). Therefore, using a sample of high school youth, we hypothesized the following:

Hypothesis 1: The majority of youth will report having engaged in actionist behavior when they were aware that they had an opportunity to do so.

Hypothesis 2: Perceptions of community norms intolerant of violence and promoting of actionist behaviors will be associated with more frequent reactive actionist behavior.

Hypothesis 3: Perceptions of community norms intolerant of violence and promoting of actionist behaviors will be associated with more frequent proactive actionist behavior.

Methods

Participants

Participants were 2,172 students from four high schools in small to mid-sized towns in one New England state. Student ages ranged from 13 to 19+ years, and the mean age was 15.9 ($SD = 1.23$). The majority of the participants were identified as White and Non-Hispanic (84%).

Procedures

Data Collection.—All research procedures were approved by the last author’s Institutional Review Board (IRB). This research is nested in a matched comparison evaluation of a community-level DSV prevention intervention. One component of the evaluation study involved collecting baseline data about perceptions of community norms related to DSV and self-reported actionist behavior from high school-attending youth. Youth completed paper-and-pencil baseline surveys in large groups facilitated by trained research assistants during normal school hours. Students received a small incentive (*e.g.*, a fruit snack) for participation.

Response Rate.—School district policy about whether active parental consent was needed for youth participation in research varied. Passive parental consent was obtained for three of the high schools, and at these schools the survey participation rates were 55% ($n=316$), 76% ($n=481$), or 71% ($n=984$). The participation rate for the one high school using active parental consent was 30% ($n = 391$). The demographics of those in the analytic sample are similar to those for high school youth in the state where the study took place overall (U.S. Centers for Disease Control and Prevention, 2017).

Measures

The nine variables used to characterize youth perceptions of community norms are defined in Table 1 and described here and more detailed psychometrics presented elsewhere (Current authors, under review).

Perceptions of Town Adults' Behavior.—Youths were asked about their perceptions of the likelihood that adults would engage in various prevention and helping behaviors related to DSV. These questions were preceded by the prompt “These questions ask your opinions about what adults in [Town] would do in situations involving domestic violence and sexual assault. When we say adults, we mean any adults who live in your town such as parents, neighbors, ministers, teachers, shop owners, coaches, etc.” Participants responded to each item on a 4-point scale, ranging from 1 (*No adults in [Town]*) to 4 (*All adults in [Town]*). There were three measure that assessed town adult behavior, as described below (1-3).

(1) Perceptions of Town Adult DSV Victim Support.: Our measure of perceptions that adults in town would help a DSV victim included two statements adapted from previously validated items from Banyard, Moynihan, Cares, and Warner (2014) and also validated using this sample (Banyard, Edwards, & Rizzo, in press). The statements were: “Comfort a teen who is a victim of domestic violence or sexual assault?” and “Try to get help for a teen who is being sexually, physically, or psychologically abusive towards another teen?” Internal reliability for these items was high (Cronbach’s $\alpha = .81$).

(2) Perceptions of Town Adult Preventive Helping.: We assessed youth perceptions that adults in town would take steps to prevent DSV from happening in the first place via three items adapted from Banyard et al. (2014) and validated using the present sample (Banyard, Edwards, et al., 2019). A sample item was: “Talk to other people about how to have healthy relationships?” Items were averaged to create a single indicator of town adult preventive helping. Internal reliability for these items was high (Cronbach’s $\alpha = .83$).

(3) Perceptions of Town Adult Responsive Helping.: Our measure of perceptions that adults in town would take steps to de-escalate DSV situations included four statements adapted from previously validated items from Banyard et al. (2014) and validated in the present sample (Banyard, Edwards, et al., 2019). A sample item is “Verbally tell a couple who is in a physical fight to stop fighting.” Items were averaged to create a single indicator of town adult responsive helping. Internal reliability for these items was high (Cronbach’s $\alpha = .79$).

(4) Perceptions of Town Collective Efficacy to Make Improvements.: Collective efficacy was operationalized as perceptions that the community is a place where individuals work together to make the town safer. We used two items adapted from the Neighborhood Support Scale (Sampson, Raudenbush, & Earls, 1997) and Neighborhood Youth Inventory (Chipuer et al., 1999). A sample item was “The people in [Town] can work together to prevent domestic violence and sexual assault, even when it takes a lot of time and effort.” Participants responded to each item on a 4-point scale, ranging from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*). Internal reliability for these items was less than ideal (Cronbach’s $\alpha = .57$). However, research indicates that measures with few items and/or poor internal consistency can be both valid and reliable (Lorber & Slep, 2018; Zimmerman et al., 2006). Given the exploratory nature of our research project and the fact that measures with less than ideal internal consistency were related in hypothesized directions to other constructs, we retained this measure in our analyses.

(5) Perceptions of Community Cohesion.: Community cohesion was operationalized as perceptions that a community is close-knit, and one where people share values and can be trusted. To assess this construct, we used five items from the Neighborhood Support Scale (Sampson et al., 1997). Sample items include “People in [Name of Town] can be trusted” and “People in [Town] generally get along with each other.” Participants responded to each item on a 4-point scale, ranging from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*). Internal reliability for these items was high (Cronbach’s $\alpha = .79$).

Perceptions of Descriptive Norms.—Perceptions of two types of descriptive norms were assessed. Both were preceded by the prompt “The next set of questions will ask you about what people in [Town] actually think or do. Make your best guess if you are not sure.” Participants responded to each item on a 4-point scale, ranging from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*). The perceptions of descriptive norms are described below (6-7).

(6) Perceptions of Individual-Oriented Action Descriptive Norms.: Our measure of perceptions that people in their community demonstrate disapproval of DSV included five statements adapted from previously validated items from McDonnell, Burke, Gielen, O’Campo, and Weidl (2011) and Carlson and Worden (2005), and also validated by our research team using this sample (Banyard, Edwards, et al., 2019). Sample items include “In [Town] people will go out of their way to help someone who experienced domestic violence or sexual assault,” and “In [Town] people will talk to young people they know about respect and healthy relationships.” Items were averaged to create a single indicator of individual-oriented action descriptive norms. Internal reliability for these items was high (Cronbach’s $\alpha = .80$).

(7) Perceptions of Community-Oriented Action Descriptive Norms.: Our measure of perceptions that people in their community support local organizations, events, or engage in activities designed to prevent DSV included two statements adapted from previously validated items from McDonnell et al. (2011) and Carlson and Worden (2005) and also validated by our research team using this sample (Banyard, Edwards, et al., 2019). The items were “In [Town] people will give money to or support local events hosted by the domestic violence and sexual assault crisis center,” and “In [Town] people will organize some type of event that raises awareness about domestic violence and sexual assault.” Internal reliability for these items was high (Cronbach’s $\alpha = .73$).

Perceptions of Injunctive Norms.—We assessed perceptions of injunctive norms via two questions that were both preceded by the prompt “The next set of questions will ask you what people in [Town] think other people in [Town] should do. In other words, how do people in [Town] expect other people in [Town] to act?” Participants responded to each item on a 4-point scale, ranging from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*). The perceptions of injunctive norms are described below (8-9).

(8) Perceptions of Community Public Injunctive Norms.: Community public injunctive norms were defined as beliefs that people in their community should support local organizations, events, or engage in activities designed to prevent DSV. Perceptions of these norms were assessed via three items from previously validated measures (Carlson &

Worden, 2005; McDonnell et al., 2011) and also validated by our research team using this sample (Banyard, Edwards, et al., 2019). Sample items include “In [Town] people should talk with friends, family, co-workers, and neighbors about domestic violence and sexual assault prevention,” and “In [Town] people should express and provide support for local crisis center work.” Items were averaged to create a single indicator of community public injunctive norms. Scores ranged from 1 to 4, (Mean = 3.21, $SD = 0.54$). Higher scores indicated youth perceptions that community public injunctive norms were more strongly in favor of supportive behaviors. Internal reliability for these items was high (Cronbach’s $\alpha = .83$).

(9) Perceptions of Community Personal Injunctive Norms.: Community personal injunctive norms were defined as beliefs that people in the community should talk to others about the unacceptability of DSV, and perceptions of them were assessed via five items from previously validated measures (Carlson & Worden, 2005; McDonnell et al., 2011). The scale was also validated using the present sample (Banyard, Edwards, et al., 2019). A sample item was “In [Town] people should offer help when they hear or see a couple yelling, screaming, or physically fighting.” Internal reliability for these items was high (Cronbach’s $\alpha = .83$).

Actionist Behavior.—Our measure of actionist behavior included opportunity to act in situations of observed DSV, specific actions taken in observed situations of DSV, and proactive actionist behaviors, all described below.

Opportunity to Act.: Our measure of bystander opportunity contained six items adapted from a larger list of 35 items in the Bystander Opportunity Scale (Coker et al., 2011). This shortened version assessed the number of times during the past year that the participant witnessed different risky or violent scenarios, such as “Heard another teen talking down to, harassing, or messing (not in a playful way) with someone else,” and “Have a friend tell you he or she was being physically hurt by a boyfriend/girlfriend.” Participants responded to each item on a 5-point scale, ranging from 0 (*0 times*) to 4 (*10 or more times*). A participant’s response to each item was then converted into a dichotomous variable, wherein 0 indicated never witnessing that particular opportunity in the past year and 1 indicated witnessing that particular opportunity at least once in the past year.

Reactions.: Participants who did indicate witnessing a particular opportunity to intervene were then asked how many times, if any, they had intervened, such as “How many times during the past year did you tell someone to stop talking down to, harassing, or messing (not in a playful way) with someone else?” Participants responded to each item on a 5-point scale, ranging from 0 (*0 times*) to 4 (*10 or more times*). The reaction frequencies were used to create a “reactive actionist consistency score” for each participant (see below).

Reactive Actionist Consistency.: There is still much debate in the field about how best to measure bystander action while accounting for opportunity to help and separating the type of situation from the strategy used to help (McMahon, Palmer, Banyard, Murphy, & Gidycz, 2015; McMahon, Palmer, Banyard, Murphy, & Gidycz, 2017). We described several specific actionist contexts that we know from previous research are prevalent in the lives of youth. We then asked how many opportunities the individual had to help in such a situation, and

how many times they actually helped. For example, an individual might have had 10 opportunities to “talk to a friend who told you he or she was being physically hurt by a boyfriend/girlfriend,” but only taken action 5 of those times. We calculated the ratio of how often individuals actually helped out of the number of times they had the opportunity to do so, and classified respondents as either “non-actionists,” meaning that they intervened zero times out of 1 opportunities, “reluctant actionists,” meaning that they intervened at least once and up to 49% of the times they had an opportunity, and “frequent actionists,” meaning that they intervened 50-100% of the times that they had an opportunity to do so. It was possible for participants to report intervening more times than they had opportunities. For example, one might talk to a friend who was being hurt by a partner multiple times, even if the friend was only aware of one specific opportunity to do so. In these cases, action ratios were in excess of 100% and we recoded these ratios to 100% for classification purposes.

Proactive Actionist Consistency.: Our measure of proactive actionist consistency contained five items adapted from previous studies (Coker et al., 2011). These items assessed the number of times during the past year the participant had taken action to talk about or otherwise spread awareness regarding domestic violence and sexual assault, for example: “Use social media or testing to show that domestic violence and sexual assault are not okay?” Participants responded to each item on a 5-point scale, ranging from 0 (*0 times*) to 4 (*10 or more times*). Proactive behaviors can be taken by anyone at any time—an opportunity is not needed to take action. Therefore, for proactive behaviors, we classified participants as Non-Actionist, Reluctant Actionist or Frequent Actionist for proactive behaviors based on whether they reported engaging in a behavior no times (Non-Actionist), one time (Reluctant Actionist), or two or more times (Frequent Actionist).

Analysis Plan

This analysis involved assessing the associations between participants’ helping consistency (Non-Actionist, Reluctant Actionist, or Frequent Actionist) for nine actionist behaviors (see Table 2 for list) and nine community perception variables (see Table 1 for definitions). To test hypothesis 1, we calculated the percentage of youth that reported being a Non-Actionist, Reluctant Actionist or Frequent Actionist for each of the nine behaviors. To test hypotheses 2 and 3, we conducted separate ANOVAs, using actionist group as the independent variable and each of the nine community perception variables as dependent variables (Tables 3 and 4). Due to the number of comparison tests being performed, a Bonferroni correction ($0.05/27 = 0.00185$) was applied for each of the nine perception of norms’ behavior clusters to address the potential for Type I error. A Cohen’s *d* was used to assess the standardized differences in perceptions of norms by actionist frequency group (Tables S2 and S3). Additionally, because there was some variation in perceptions by school, we also ran individual ANOVA models for each of the nine behaviors within each of the nine perceptions of norms, including gender and school as additional fixed factors. However, the results of the fixed effects ANOVAs (not shown) did not differ from the ANOVAs which did not include fixed effects. The results of bivariate models are presented to maintain brevity for the reader. Data were assumed to be missing at random (MAR), not missing completely at random (MCAR). Of note, although the number of years that youth had lived in their town was associated with some of the perceptions of norms, because it was not also associated

with any of the behavioral outcomes of interest we did not include it as a potential confounder in our analyses.

Results

Hypothesis 1: The majority of youth will engage in actionist behavior when they are aware that they have an opportunity to do so.

We found support for the hypothesis that the majority of youth engaged in actionist behavior when they had the opportunity. For example, the vast majority (85%) of youth reported that they had had an opportunity to tell someone to stop talking down to, harassing or messing with someone else in the past year, and of those 80% intervened at least one or more times in this type of situation (Table 2). Similarly, most youth (68%) had the opportunity to ask someone that looked upset at a party/dance or sports event if they were ok or needed help, and 73% of youth intervened helpfully at least once in those situations (Table 2). A smaller, but nonetheless substantial, percentage of youth reported having had the opportunity to speak up when they heard someone blaming a victim of DSV (43%, of which 67% took action), talk to a friend who told them that he or she was being physically hurt by a boyfriend or girlfriend (26%, of which 86% took action), speak up to someone who was bragging or making excuses for perpetrating rape (25%, of which 59% took action), or get help for a friend who had been forced to have sex or were physically hurt by a dating partner (26%, of which 50% took action).

There was an interaction between the respondents' sex and likelihood of actionist behavior for two reactive actionist behaviors and for all three proactive actionist behaviors (Table 2). In terms of reactive actionist behaviors, girls were more likely to be frequent actionists related to asking someone that looked upset if they needed help, but less likely to be frequent actionists on getting help for a friend because they had been forced to have sex or were physically hurt by a dating partner (Table 2). However, girls were more likely than boys to be frequent actionist on all three proactive actionist behaviors, including talking with friends about stopping DSV, using social media to object to DSV, and talking with friends about being in safe dating relationships (Table 2).

Hypothesis 2. Perceptions of community norms intolerant of violence and promoting of actionist behaviors will be associated with more frequent reactive actionist behavior.

The results of the ANOVA that assessed the relationship between reactive actionist consistency and perceptions of community norms revealed that two perceptions of norms were always associated with reactive actionist behavior, and these included individual-oriented action descriptive norms and community-oriented action descriptive norms (Table 3). In addition, three perceptions of norms (i.e., town adult responsive helping, community cohesion, town collective efficacy to make improvements, community cohesion) were associated with all but one of the reactive actionist behaviors ["ask someone that looked very upset at a party/dance/sports event if they were okay or needed help," and "tell someone to stop talking down to, harassing, or messing (not in a playful way) with someone else, respectively] (Table 3). One reactive actionist behavior was associated with all nine perceptions of community norms: "speak up when you heard someone blaming a victim of

domestic violence or sexual assault.” Moreover, two reactive actionist behaviors were associated with every perception of community norms except for the community injunctive norms, and these two were “speak up to someone who was bragging or making excuses for forcing someone to have sex with them,” and “get help for a friend because they had been forced to have sex or were physically hurt by a boyfriend or girlfriend” (Table 3). All of the reactive actionist behaviors were associated with at least six perceptions of norms. The magnitude of the effects tended to be small, with Cohen’s d ranging from 0.18 to 0.27 (Table S2), with the exception of “get help for a friend because they had been forced to have sex...” and perceptions of town adult responsive helping, where Cohen’s d ranged from 0.60-0.73 (Table S2). Only the injunctive norms were associated with fewer than four of the reactive actionist behaviors (Table 3). Gender was statistically significant in 43 of the 54 (80%) of the fixed effects ANOVAs (not shown).

Hypothesis 3. Perceptions of community norms will be associated with more frequent proactive actionist behavior.

The results of the ANOVA assessing relationships between proactive actionist consistency and perceptions of community norms revealed that six of the nine community norms were associated with all three proactive behaviors, and these were: town collective efficacy to make improvements, community cohesion, individual-oriented action descriptive norms, community-oriented action descriptive norms, community public injunctive norms and community personal injunctive norms (Table 4). Moreover, there was one behavior, “talk with your friends about being safe in dating relationships,” that was associated with all nine perceptions of community norms (Table 4). The magnitude of the effect, as assessed by Cohen’s d , ranged from 0.15 to 0.51, with the majority in the small-to-medium-sized effect (Table S3). Gender was statistically significant in all but one of the 27 ANOVAs in the proactive actionist behavior set (not shown).

Discussion

The purpose of this study was to understand how youths’ perceptions of community norms pertaining to helping and support were related to variation in DSV actionist behavior among a sample of high school students. One basic finding of this study was that one-quarter of the youth in this sample reported being an actionist (*e.g.*, finding out that a friend was physically or sexually hurt by a dating partner or hearing someone brag or make excuses about perpetrating rape). What is more, a majority of youth engaged in actionist behavior when they saw someone talking down to, harassing or messing with someone else, heard someone blaming a victim of DSV, saw someone who looked upset at a party or other event, or had a friend tell them that the friend was experiencing physical partner violence. This is a positive finding, suggesting that even without formal training, many high school students are already mobilizing as actionists and may be a ready source of popular opinion leaders for DSV prevention efforts in schools. It is also remarkable that sizable percentages of the current sample did *not* get help for a friend when they were told that the friend was experiencing DSV (74%), and did *not* speak up when someone was bragging or making excuses for forcing someone to have sex with them (75%). In other words, though the majority of youth had the inclination to provide help in most situations when they could take action, not all

did. Although we did not investigate the reasons why some youth did not take action, possibilities include that there were some who lacked the skills, resources, safety or motivation to do so (Edwards et al., 2015). Therefore, some students may benefit from further action skills training.

It was also noteworthy the girls were more likely than boys to engage in proactive behaviors. This is consistent with prior literature that find that girls are more likely to engage in bystander behavior or to think of a greater number of helping actions that they might take as bystanders (de la Caba-Collado, Lopez-Atxurra, & Bobowik, 2016; Jenkins, Fredrick, & Nickerson, 2018; Tamm & Tulviste, 2015), and may reflect the tendency for girls to feel greater sense of social responsibility (de la Caba-Collado et al., 2016; Sosik, Koul, & Cameron, 2017).

This study also found that some perceptions of community norms stood out as particularly consistently related: descriptive norms, community cohesion, and town collective efficacy. In essence, youth tended to behave in accordance with their perceptions of how other people behave in their community, which is consistent with the theory of planned behavior (Ajzen, 1991). The cohesiveness or “close-knitted-ness” of a community also appeared to be relevant to youth behavior, which is consistent with prior studies on these factors (DiClemente et al., 2018; Lenzi et al., 2012). It is not clear why injunctive norms, or perceptions that one should behave in a particular way, were less salient. One possible explanation is that injunctive norms may be more sensitive to reference group (Pek, Turner, Tucker, Kelloway, & Morrish, 2017). In the present study, the injunctive norm question referred to “people in this town,” rather than the potentially more salient reference group for youth which could be “friends”.

There were some actionist behaviors that were more likely to be related to perceptions of community norms. For example, youth were more likely to be frequent actionists about speaking up to people who were victim blaming or bragging about sexual aggression perpetration at high levels of various community norms. Conversely actions related to supporting distressed peers were related to fewer norms. Perhaps adults in the community are only a strong reference group for some students and not others, or that adults’ behavior isn’t as important to youth as peer behavior for some types of helping. Future studies with this age group should measure perceptions of peer norms as those may be stronger predictors of action than youth views of adult behavior (Barman-Adhikari, Craddock, Bowen, Das, & Rice, 2018).

Variation in frequency of actionist behavior relative to norms may also be related to whether the behavior in question was something relatively easy to do--such as posting on social media that DSV is not acceptable--or if the behavior was something that requires more courage or skill, such as asking someone if they needed help. These findings are similar to those of prior studies that have found that the likelihood that people will take action to prevent or intervene in DSV situations varies by context, such as the relationship between the individual and the victim or perpetrator (Bennett & Banyard, 2016; Bennett, Banyard, & Edwards, 2017).

This study was limited by several factors. First, the sample was not representative of all youth in the U.S. and results may not be generalizable to other geographic regions of the U.S., or in areas that are more culturally, racially and ethnically diverse than the particular towns where these data were collected. Second, this study did not utilize any observed characteristics of communities or aggregated data about them (*i.e.*, number of sexual assault arrests, number of restraining orders issued, presence or absence of particular laws or policies). Because youth in only four communities were enrolled in the study, the sample was not sufficient to attempt to study these type of variables and their possible association with either youth actionist behavior or youth perceptions of their community. However, understanding youth perceptions of community norms might nevertheless inform the development of prevention and bystander programming because youth perceptions of others' behavior are associated with how they act. Third, this was a cross-sectional study so the temporal sequencing between the perceptions of community norms variables and youth actionist behavior is unknown; in other words, it is possible that actionist behavior may impact perceptions of community norms, vice versa, or both may be true simultaneously. While we cannot make causal inferences based on these data, the strength of the associations is noteworthy because they provide a basis for continuing to pursue additional questions about the temporal order and causality. Fourth, we did not use a multi-level analytic approach. Youth were recruited from four different high schools in the state in which the research was conducted which is too few for analysis of individual behaviors nested within schools. Non-nested analyses stratified by school (not shown) did demonstrate the potential for variation by town, but the results of ANOVAs that included school as a fixed factor did not vary from the ANOVAs presented in Table 3. Another limitation was the less than ideal internal consistency detected in one of our measures. Finally, the cut-points we used to categorize respondents as non-actionist, reluctant- or frequent-actionists were based on what we thought would be meaningful for interpretation purposes (*i.e.*, taking no action, or taking action more or less than half the time), but alternate schemas for categorizing the frequency of action could be used.

Overall, the findings of this study suggest that youth perceptions of community norms are related to their behavior, and thus one might infer that altering youth perceptions may result in improvements in DSV prevention. However, additional research that concurrently investigates how community norms aggregated by town and youth's perceptions of other's attitudes and behaviors predict youth's engagement in DSV behaviors is an important next step in this line of research. The present study provides a foundation on which future research can build to provide even more clarity about the potential influence of community norms on youth DSV-related actionist behavior.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Table 1.**Definitions of Youth Perceptions of Community Norms**

Construct	Definition
(1) Town adult DSV victim support	The extent to which youth perceive adults in their town as willing to support victims of DSV
(2) Town adult preventive helping	The extent to which youth perceive adults in their town as taking steps to prevent DSV from happening in the first place
(3) Town adult responsive helping	The extent to which youth perceive adults in their town as taking steps to de-escalate DSV situations once they have happened
(4) Town collective efficacy to make improvements	The extent to which youth perceive their community to be a place where individuals work together to make the community a safer and better place to live
(5) Community cohesion	The extent to which youth perceive their community to be close-knit and where people share values and can be trusted
(6) Individual-oriented action descriptive norms	The extent to which youth perceive that people in their community demonstrate disapproval of DSV
(7) Community-oriented action descriptive norms	The extent to which youth perceive that people in their community support local organizations, events or engage in activities designed to prevent DSV
(8) Community public injunctive norms	The extent to which youth believe that people in their community should support local organizations, events, or engage in activities designed to prevent DSV
(9) Community personal injunctive norms	The extent to which youth believe that people in their community should directly engage in actions that help victims of DSV or stop perpetrators of DSV violence and that people in their community should talk to others about the unacceptability of DSV

Table 2.

Proportion of participants who engaged in actionist behavior in the past year when presented with the opportunity to do so, by sex and by frequency of taking action^a

	Students with Opportunity % (n)	Non-Actionist % (n)	Reluctant Actionist % (n)	Frequent Actionist % (n)	P-Value [*]
<u>Reactive actionist behavior</u>					
(1) Tell someone to stop talking down to, harassing, or messing (not in a playful way) with someone else?	All 85% (1821)	20% (298)	39% (586)	41% (617)	0.156
	Boys 83% (841)	22% (146)	38% (253)	40% (262)	
	Girls 86% (971)	18% (151)	39% (329)	42% (353)	
(2) Speak up when you heard someone blaming a victim of domestic violence or sexual assault?	All 43% (927)	33% (196)	20% (118)	47% (281)	0.610
	Boys 36% (370)	35% (79)	19% (42)	46% (104)	
	Girls 49% (550)	31% (115)	21% (76)	48% (176)	0.112
(3) Talk to a friend who told you he or she was being physically hurt by a boyfriend/girlfriend?	All 26% (552)	14% (63)	7% (30)	79% (346)	
	Boys 23% (228)	18% (32)	8% (13)	74% (128)	
	Girls 29% (322)	12% (31)	6% (17)	82% (217)	<0.001
(4) Ask someone that looked very upset at a party/dance/sports event if they were okay or needed help?	All 68% (1463)	27% (346)	25% (323)	48% (620)	
	Boys 61% (611)	33% (167)	22% (111)	45% (228)	
	Girls 75% (848)	23% (178)	27% (210)	50% (391)	0.057
(5) Speak up to someone who was bragging or making excuses for forcing someone to have sex with them?	All 25% (530)	42% (170)	19% (77)	40% (162)	
	Boys 20% (206)	46% (73)	13% (21)	41% (65)	
	Girls 29% (322)	39% (97)	23% (56)	38% (95)	0.037
(6) Get help for a friend because they had been forced to have sex or were physically hurt by a boyfriend/girlfriend	All 26% (552)	50% (191)	11% (41)	39% (148)	
	Boys 19% (196)	43% (58)	10% (13)	47% (64)	
	Girls 32% (355)	55% (133)	11% (28)	34% (83)	<0.001
<u>Proactive actionist behavior</u>					
(7) Talk with your friends about things you all could do that might help stop domestic violence and sexual assault	All n/a	73% (1566)	19% (397)	8% (182)	<0.001
	Boys	81% (815)	14% (145)	5% (50)	
	Girls	66% (743)	22% (252)	12% (131)	
(8) Use social media or texting to show that domestic violence and sexual assault are not okay?	All n/a	70% (1493)	17% (363)	13% (283)	<0.001
	Boys	82% (824)	11% (108)	7% (74)	
	Girls	59% (662)	23% (254)	19% (208)	

	Students with Opportunity % (n)	Non-Actionist % (n)	Reluctant Actionist % (n)	Frequent Actionist % (n)	P-Value [*]
(9) Talk with your friends about being safe in dating relationships	n/a	43% (915)	34% (720)	24% (508)	
	All				
	Boys	58% (581)	27% (271)	16% (157)	< 0.001
	Girls	29% (328)	40% (446)	31% (350)	

^a All percentages are based on those with complete response information

^{*} Chi-Square p-values for comparing the proportion of each sex in the three actionist groups

Table 3.
ANOVA Results for Consistency of Reactive Actionist Behavior, by Perceptions of Community Norms

	Non-Actionist Mean (SD)	Reluctant Actionist Mean (SD)	Frequent Actionist Mean (SD)	P-Value
1) Tell someone to stop talking down to, harassing, or messing (not in a playful way) with someone else?				
Town adult DSV victim support	2.52 (0.64)	2.55 (0.67)	2.55 (0.64)	0.827
Town adult preventive helping	2.21 (0.54)	2.24 (0.55)	2.30 (0.57)	0.056
Town adult responsive helping	2.40 ₃ (0.52)	2.47 (0.53)	2.52 ₇ (0.58)	0.029
Town collective efficacy to make improvements	2.86 (0.56)	2.87 (0.59)	2.91 (0.61)	0.279
Community cohesion	2.61 ₂ (0.44)	2.52 ₁ (0.47)	2.57 (0.49)	0.001
Individual-oriented action descriptive norms	2.51 ₃ (0.47)	2.51 ₃ (0.47)	2.61 _{1,2} (0.54)	<0.001
Community-oriented action descriptive norms	2.56 (0.62)	2.51 (0.58)	2.56 (0.62)	0.014
Community public injunctive norms	3.14 _{2,3} (0.56)	3.25 ₁ (0.52)	3.28 ₁ (0.54)	<0.001
Community personal injunctive norms	3.21 _{2,3} (0.53)	3.31 ₁ (0.47)	3.35 ₁ (0.52)	<0.001
2) Speak up when you heard someone blaming a victim of domestic violence or sexual assault?				
Town adult DSV victim support	2.36 (0.65)	2.41 (0.64)	2.45 (0.70)	<0.001
Town adult preventive helping	2.09 ₃ (0.59)	2.14 (0.58)	2.24 ₁ (0.62)	<0.001
Town adult responsive helping	2.31 (0.56)	2.32 (0.53)	2.45 (0.60)	<0.001
Town collective efficacy to make improvements	2.77 (0.62)	2.72 (0.61)	2.85 (0.73)	<0.001
Community cohesion	2.47 (0.51)	2.37 (0.51)	2.46 (0.53)	<0.001
Individual-oriented action descriptive norms	2.44 (0.54)	2.37 (0.54)	2.48 (0.59)	<0.001
Community-oriented action descriptive norms	2.43 (0.62)	2.43 (0.64)	2.52 (0.66)	<0.001
Community public injunctive norms	3.14 ₃ (0.56)	3.23 (0.55)	3.32 ₁ (0.63)	0.001
Community personal injunctive norms	3.21 ₃ (0.55)	3.24 (0.50)	3.35 ₁ (0.61)	0.031
3) Talk to a friend who told you he or she was being physically hurt by a boyfriend/girlfriend?				
Town adult DSV victim support	2.57 (0.66)	2.47 (0.67)	2.42 (0.69)	0.002
Town adult preventive helping	2.28 (0.70)	2.20 (0.67)	2.23 (0.62)	0.484
Town adult responsive helping	2.44 (0.64)	2.33 (0.53)	2.38 (0.59)	0.002
Town collective efficacy to make improvements	2.76 (0.62)	2.81 (0.71)	2.81 (0.64)	0.001
Community cohesion	2.40 (0.46)	2.18 (0.57)	2.40 (0.52)	<0.001
Individual-oriented action descriptive norms	2.51 (0.53)	2.32 (0.60)	2.46 (0.59)	<0.001

	Non-Actionist Mean (SD)	Reluctant Actionist Mean (SD)	Frequent Actionist Mean (SD)	P-Value
Community-oriented action descriptive norms	2.46 (0.56)	2.38 (0.70)	2.47 (0.63)	0.002
Community public injunctive norms	3.09 (0.60)	3.28 (0.58)	3.20 (0.60)	0.235
Community personal injunctive norms	3.14 (0.65)	3.21 (0.53)	3.28 (0.57)	0.130
4) Ask someone that looked very upset at a party/dance/sports event if they were okay or needed help?				
Town adult DSV victim support	2.52 (0.65)	2.55 (0.63)	2.59 (0.64)	0.323
Town adult preventive helping	2.21 ₃ (0.53)	2.21 ₃ (0.57)	2.33 _{1,2} (0.56)	0.005
Town adult responsive helping	2.47 (0.54)	2.42 ₃ (0.55)	2.52 ₂ (0.55)	0.071
Town collective efficacy to make improvements	2.89 (0.57)	2.83 ₃ (0.62)	2.97 ₂ (0.55)	0.001
Community cohesion	2.59 (0.47)	2.53 (0.51)	2.58 (0.43)	0.289
Individual-oriented action descriptive norms	2.52 ₃ (0.48)	2.48 ₃ (0.48)	2.62 _{1,2} (0.51)	<0.001
Community-oriented action descriptive norms	2.52 (0.61)	2.50 (0.58)	2.60 (0.59)	0.042
Community public injunctive norms	3.18 ₃ (0.54)	3.24 (0.51)	3.28 ₁ (0.56)	0.001
Community personal injunctive norms	3.26 ₃ (0.50)	3.32 (0.48)	3.36 ₁ (0.50)	<0.001
5) Speak up to someone who was bragging or making excuses for forcing someone to have sex with them?				
Town adult DSV victim support	2.48 (0.67)	2.34 (0.60)	2.42 (0.72)	0.001
Town adult preventive helping	2.09 (0.57)	2.18 (0.57)	2.19 (0.62)	<0.001
Town adult responsive helping	2.33 (0.49)	2.29 (0.60)	2.35 (0.64)	<0.001
Town collective efficacy to make improvements	2.74 (0.61)	2.74 (0.76)	2.76 (0.70)	<0.001
Community cohesion	2.47 (0.47)	2.38 (0.49)	2.38 (0.59)	<0.001
Individual-oriented action descriptive norms	2.44 (0.50)	2.34 (0.65)	2.44 (0.59)	<0.001
Community-oriented action descriptive norms	2.41 (0.60)	2.37 (0.67)	2.47 (0.70)	<0.001
Community public injunctive norms	3.21 (0.58)	3.20 (0.60)	3.27 (0.66)	0.604
Community personal injunctive norms	3.28 (0.51)	3.17 (0.61)	3.26 (0.64)	0.258
6) Get help for a friend because they had been forced to have sex or were physically hurt by a boyfriend or girlfriend?				
Town adult DSV victim support	2.39 (0.59)	2.38 (0.67)	2.50 (0.71)	0.001
Town adult preventive helping	2.15 (0.53)	2.13 (0.64)	2.26 (0.66)	0.006
Town adult responsive helping	2.42 ₂ (0.49)	2.05 _{1,3} (0.54)	2.40 ₂ (0.59)	<0.001
Town collective efficacy to make improvements	2.81 (0.59)	2.65 (0.81)	2.81 (0.66)	<0.001
Community cohesion	2.46 (0.48)	2.33 (0.56)	2.34 (0.48)	<0.001
Individual-oriented action descriptive norms	2.42 (0.48)	2.34 (0.59)	2.45 (0.62)	<0.001

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	Non-Actionist Mean (SD)	Reluctant Actionist Mean (SD)	Frequent Actionist Mean (SD)	P-Value
Community-oriented action descriptive norms	2.46 (0.55)	2.37 (0.65)	2.45 (0.67)	0.001
Community public injunctive norms	3.23 (0.49)	3.33 (0.66)	3.28 (0.69)	0.242
Community personal injunctive norms	3.34 (0.50)	3.38 (0.61)	3.25 (0.67)	0.208

Table 4.
ANOVA Results for Consistency of Proactive Actionist Behavior, by Perception of Community Norms

	Non-Actionist Mean (SD)	Reluctant Actionist Mean (SD)	Frequent Actionist Mean (SD)	P-value
<u>1) Talk with your friends about things you all could do that might help stop domestic violence and sexual assault?</u>				
Town adult DSV victim support	2.53 ₂ (0.66)	2.63 ₁ (0.62)	2.49 (0.71)	0.019
Town adult preventive helping	2.24 ₂ (0.56)	2.37 ₁ (0.57)	2.33 (0.66)	0.001
Town adult responsive helping	2.47 (0.57)	2.53 (0.53)	2.45 (0.59)	0.158
Town collective efficacy to make improvements	2.88 ₂ (0.56)	2.97 ₁ (0.59)	2.92 (0.70)	0.040
Community cohesion	2.59 ₃ (0.47)	2.59 ₃ (0.47)	2.47 _{1,2} (0.50)	< 0.001
Individual-oriented action descriptive norms	2.58 (0.50)	2.64 ₃ (0.51)	2.50 ₂ (0.57)	0.013
Community-oriented action descriptive norms	2.56 (0.60)	2.63 (0.55)	2.50 (0.70)	0.002
Community public injunctive norms	3.17 _{2,3} (0.49)	3.33 ₁ (0.56)	3.34 ₁ (0.70)	< 0.001
Community personal injunctive norms	3.24 _{2,3} (0.47)	3.37 ₁ (0.53)	3.37 ₁ (0.66)	< 0.001
<u>2) Use social media or texting to show that domestic violence and sexual assault are not ok?</u>				
Town adult DSV victim support	2.56 (0.66)	2.56 (0.63)	2.49 (0.68)	0.271
Town adult preventive helping	2.26 (0.56)	2.31 (0.57)	2.28 (0.62)	0.594
Town adult responsive helping	2.48 (0.57)	2.46 (0.52)	2.46 (0.58)	0.595
Town collective efficacy to make improvements	2.89 (0.55)	2.95 (0.58)	2.90 (0.66)	0.042
Community cohesion	2.60 ₃ (0.47)	2.57 (0.45)	2.49 ₁ (0.52)	< 0.001
Individual-oriented action descriptive norms	2.60 (0.50)	2.58 (0.47)	2.51 (0.58)	0.003
Community-oriented action descriptive norms	2.57 (0.60)	2.58 (0.57)	2.52 (0.66)	0.005
Community public injunctive norms	3.15 _{2,3} (0.49)	3.33 ₁ (0.52)	3.42 ₁ (0.66)	< 0.001
Community personal injunctive norms	3.23 _{2,3} (0.48)	3.37 ₁ (0.49)	3.43 ₁ (0.62)	< 0.001
<u>3) Talk with your friends about being safe in dating relationships?</u>				
Town adult DSV victim support	2.47 _{2,3} (0.66)	2.63 ₁ (0.61)	2.57 ₁ (0.70)	< 0.001
Town adult preventive helping	2.21 _{2,3} (0.57)	2.32 ₁ (0.53)	2.32 ₁ (0.60)	< 0.001
Town adult responsive helping	2.42 ₂ (0.58)	2.55 _{1,3} (0.52)	2.46 ₂ (0.58)	< 0.001
Town collective efficacy to make improvements	2.83 ₂ (0.58)	2.97 ₁ (0.51)	2.91 (0.63)	< 0.001
Community cohesion	2.58 ₂ (0.50)	2.64 _{1,3} (0.43)	2.51 ₂ (0.48)	< 0.001
Individual-oriented action descriptive norms	2.54 ₂ (0.52)	2.65 _{1,3} (0.45)	2.55 ₂ (0.54)	< 0.001

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	Non-Actionist Mean (SD)	Reluctant Actionist Mean (SD)	Frequent Actionist Mean (SD)	P-value
Community-oriented action descriptive norms	2.52 ₂ (0.62)	2.63 ₁ (0.56)	2.57 (0.62)	< 0.001
Community public injunctive norms	3.10 _{2,3} (0.51)	3.27 ₁ (0.49)	3.34 ₁ (0.58)	< 0.001
Community personal injunctive norms	3.16 _{2,3} (0.50)	3.35 ₁ (0.46)	3.40 ₁ (0.53)	< 0.001

1 = Statistically significantly different from non-actionist group

2 = Statistically significantly different from reluctant actionist group

3 = Statistically significantly different from frequent actionist group