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Community Actionists: Understanding Adult Bystanders to Sexual and Domestic Violence Prevention in Communities

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Abstract

Objectives—Researchers and practitioners are becoming increasingly aware that domestic and sexual violence (DSV) can be addressed at the community level by involving bystanders (or *actionists*, a term used to specify third parties who help as opposed to those who stand by). Since most research on DSV actionists has been conducted in secondary and higher educational contexts, little is known about actionist behaviors in towns and neighborhoods among adults. The current study examines how groups of actionists with differing levels of proactive and reactive behaviors related to DSV prevention vary in their community perceptions.

Methods—We surveyed 1,623 adults (age range = 18 and over; 95% White; 52% female) across four rural communities in New England using direct mail methods. We asked participants about their perceived opportunities for taking action in the face of acute DSV risk and about any such actions they had taken in their communities during the past year. We also asked about participants' perceptions of community prevention-related social norms. From this data, we calculated prevention action ratios that resulted in three groups of actionists: non-responders, occasional responders, and frequent responders.

Results—Individuals who more consistently responded to DSV reported positive perceptions of community social norms and processes. The most involved group of actionists had stronger perceptions of injunctive community norms.

Conclusions—Results suggest that prevention strategies that aim to change social norms among adults may enhance prevention outcomes in communities.

Keywords

bystander; sexual violence; domestic violence; social norms; community; prevention

Researchers and practitioners are increasingly examining the promise of bystander intervention (Banyard, 2015) as a means of reducing domestic and sexual violence (DSV).

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These two forms of violence often co-occur. Indeed, sexual intimate partner violence is a form of sexual assault. They share common risk and protective factors, and laypersons often see them as interchangeable (Edwards et al., 2016). Bystander intervention may help third parties who witness DSV risk take action to interrupt or prevent DSV (Banyard, 2015). To differentiate these more active third parties from those who do nothing, we use a newer term *actionist* (Rothman et al, 2019). Actionists can proactively shape community norms that support helping in DSV situations (Paul and Gray, 2011, Wee et al., 2016). Unlike “activists,” actionists are not necessarily involved in collective action but may engage in more private, individual behaviors to prevent DSV.

Many studies of responses to DSV typically examine reactive behaviors, such as interrupting a risky situation or helping a victim post-assault. The current study also highlights proactive behaviors (e.g., posting prevention messages online) that can take place at any time in the absence of DSV (Banyard, 2015). Research on DSV actionists has mainly taken place in educational settings with adolescent and young adult student samples rather than in geographic towns with adults (Hamby, 2016). In the current study, we document a range of actionist behaviors self-reported by a sample of adults in four towns. We explore how groups of actionists differ in their community perceptions.

Researchers use the term *community* in many ways: it can describe a school, a campus, a town, a neighborhood, a workplace or organization, or an online group of individuals who share common experiences. Often researchers use the term “community sample” for samples that are not drawn from specific organizations, but more broadly from people in the same geographical locations such as towns or neighborhoods (MacQueen et al., 2001). Community samples differ from, for example, college student samples, as they are typically much more diverse in age, income, and occupations in the community. Understanding the landscape of actionism among adults in towns is a key foundation for prevention work that moves beyond secondary schools or college campuses (Banyard et al., 2017). In the current study, we use the term “community” interchangeably with “town” to signal that our study sampled from a representative array of citizens who lived in one of four towns.

Prior researchers operationalized actionism in many different ways and we must note certain ongoing measurement limitations. The earliest measures asked only whether individuals performed any of a series of helpful behaviors. These focused mainly on actions to interrupt risk for violence or helping a survivor after an incident. A strength of such measures was ease of creating a summed composite score. However, researchers did not assess how frequently respondents performed a particular helpful behaviors and questions often confounded descriptions of the risky situation with descriptions of helpful actions offered (McMahon, Palmer, Banyard, Murphy, & Gidycz, 2017). Further, respondents were not screened for whether they had the opportunity to help, and scores of 0 could indicate no opportunity or lack of intervention, which complicates our ability to render meaningful results

Researchers have only assessed opportunity to intervene in research that is more recent. In these studies, participants indicated how often they have been in DSV situations (before, during, or after an incident). These serve as gateway questions. Researchers then

asked participants who indicated opportunity whether they tried to help (McMahon et al., 2017; Banyard et al, 2019). By adding opportunity questions, researchers can separate out participants who were not actionists because they never had the chance to be versus those who had the chance to be and did not intervene. However, researchers need to analyze different bystander situations separately, since each situation will draw from a slightly different sub-sample – those who reported opportunity. Collapsing across actionist events becomes more difficult.

In addition to reactive bystander action, proactive helping behaviors have rarely been investigated. Proactive behaviors are easier to assess because opportunity is not an obstacle. Presumably, anyone could choose to use social media to support prevention on any given day. Thus, all participants simply indicate frequency of these behaviors. Creating a summed composite of frequency of proactive behaviors is relatively straightforward and can include full samples of participants.

The situational model, as adapted to violence prevention research, posits that both internal individual and contextual group factors drive actionist behaviors in DSV (Banyard, 2015). People are more likely to act if they notice danger, feel responsible for stepping in, and perceive that they have the skills to help. There are additional complexities for DSV prevention. For example, women in student samples report more actionism than men perhaps because DSV is more salient to them and because gender norms may inhibit helping for men (Banyard & Moynihan, 2011; Leone et al., 2016)). Greater collective efficacy, defined as ways that community members work together on community improvement and create connections and belonging (Sampson et al., 1997), is linked to lower rates of crime and violence and greater DSV actionist behavior among adolescents and young adults (Edwards et al., 2015; Rothman et al., 2019). Indeed, social norms are a key social process as individuals look at the typical behavior of others (descriptive norms) or what they see as approved behavior (injunctive norms) in a community and shape their own attitudes and behavior accordingly (Rimal & Lapinski, 2015). To date, in the field of DSV, researchers measure social norms as peer support for the use of violence and coercion. New measures of social norms related to actionism exist (Banyard et al, 2019). We know essentially nothing about the relationships among these different types of social norms and actionist behaviors among adults in towns.

This community-based study is to our knowledge the first quantitative study of adult DSV response and prevention behaviors in non-educational communities using a comprehensive assessment of community correlates. It improves upon previous efforts by assessing frequencies of opportunity and action together.

Aim 1: Given the exploratory nature of this study, the first aim was to describe how often adults had the opportunity to be DSV actionists in different situations.

Aim 2: We sought to separate our sample into meaningful groups of actionists ranging from those who never acted when they had the chance to those who did so nearly all of the time. This is a newer approach to the problem of measuring actionism across multiple

opportunities to help (Rothman, 2019). The purpose was to examine what we learn by using this ordinal approach to describing proactive and reactive actionism.

Hypothesis 1: We hypothesized that participants with greater positive perceptions of community injunctive and social norms and perceptions of greater collective efficacy would engage in greater proactive behaviors to prevent DSV.

Hypothesis 2: We hypothesized that adults in the most frequent and consistent reactive actionism group would report higher perceptions of community collective efficacy, community cohesion, and descriptive and injunctive community norms supporting DSV prevention and response than adults in the other groups.

Method

Participants

Participants ($N=1,694$) were equally distributed across a convenience sample of four rural New England towns that were part of a matched control quasi-experimental outcome evaluation of a community-level prevention initiative. Leaders of the DSV crisis centers in two communities volunteered to convene a steering committee of community members to work with a national non-profit that implemented the prevention program. We approached the two other communities because each were demographically similar to one of the two prevention communities¹. We used demographic variables because town selection occurred prior to any research and thus other variables of interest to the current study were not available for matching communities. All data collection for this paper occurred prior to the implementation of the prevention program.

Using the White House Office of Management and Budget criteria, which defines “rural” as having a population less than 50,000, all four towns were rural micropolitan communities. One set of matched communities each had populations of about 13,000 citizens and had almost the exact same land area and population density (about 300 per square mile). According to census data, median income of the two towns was \$65,000 and \$46,000. The other pair of towns were larger in population (more than 20,000) with smaller land area. These towns were more similar to each other in median income based on the census (\$66,000 and \$55,000) but one had greater population density than the other (1100 per square mile versus 600). A different DSV crisis center served each of the four towns.

On average, participants reported having lived in their respective communities for 23 years. The median reported household income was \$51,000-\$75,999 (see Table 1 for full summary). We compared sample demographics to census data for the four communities, and results suggest that our sample is similar in terms of racial and ethnic composition and average household income, but that we had a slightly larger percentage of female respondents and older respondents (U.S. Department of Commerce, 2010).

¹It is beyond the scope of the current paper to describe in detail the prevention implementation and evaluation study. Recruitment for prevention participation occurred using a different process than this research. This is described in (Banyard et al, in preparation). While the prevention implementation involved extensive community participation, the research design was created by the researchers and did not use community participatory research methods.

Procedures

We used a modified Dillman (2014) method to direct mail households in the four communities. The University of New Hampshire Survey Center selected a representative sample of households using address-based sampling from the US Postal Service's Computerized Delivery Sequence File excluding traditional PO boxes, highway contract, seasonal, vacant, drops, and educational addresses. Samples drawn from each community (N=7,921) received a total of five mailings over three months. The first, second, and fourth mailing waves included a cover letter survey invitation, a survey packet, and a postage-paid return envelope. The cover letter asked that the adult (18 or older) in the household who had the most recent birthday complete the survey and do so in private.

We described the purpose of the study as understanding community and relationship problems. The prevention strategy was not mentioned since the aim was to recruit a random sample of community adults; involvement with future prevention programming utilized separate recruitment processes. The first mailing wave also included a \$1 bill incentive. The third and fifth mailing wave included only a reminder postcard. Given that the surveys were anonymous, we had no way of linking returned surveys to addresses; thus, consistent with the Dillman (2014) method, we sent the mailings to all addresses five times. After the first mailing, individuals were told to disregard the mailing if they had already returned the survey to avoid having any households respond twice. We received 1,708 returned for a response rate of 23%, of which 1,694 contained useable data.

Measures

A number of measures described below use the terms “domestic violence” and “sexual assault.” We defined these for participants on the first page of the survey as follows:

- “Domestic violence means physical, sexual, psychological, emotional abuse, and/or stalking that occurs in a current or former relationship.”
- “Sexual assault means unwanted sexual activity that occurs without an individual freely giving consent and can occur in any type of relationship.”

Community Cohesion—Our measure included five items from a larger, widely-used collective efficacy scale created and validated by Sampson et al. (1997). A sample item was “People in [town] can be trusted”. Participants responded to each item on a 4-point scale, ranging from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*). We averaged the items as an indicator of community cohesion. Scores ranged from 1 to 4, Mean = 2.81, SD = 0.46 (Cronbach's $\alpha = .82$).

Efficacy to Make Improvements—We used two items to measure perceptions that community is a place where individuals work together to make the community safer, adapted from the Collective Efficacy Scale (Sampson et al., 1997) and Neighborhood Youth Inventory (Chipuer et al., 1999). Participants responded to each item on a 4-point scale, ranging from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*). The two items were “The people in [town] can work together to prevent domestic violence and sexual assault, even when it takes a lot of time and effort” (Mean=2.97, SD=.59) and “People think we can make [town]

better even when people are busy and there isn't a lot of money" (Mean=2.85, SD=.62). In the current sample, internal reliability for these items was low (Cronbach's $\alpha = .47$) and thus we analyzed each item separately.

Injunctive Norms—All injunctive norms questions were adapted from previous work (Carlson & Worden, 2005; McDonnell et al., 2011) and began with 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*). For all norms measures we conducted tests for internal consistency using this sample and for convergent validity using a broader sample (Banyard, et al, 2019).

Personal Injunctive Norms: Our measure of beliefs that people in the community should talk to others about the unacceptability of DSV and intervene to stop it included five items. A sample item was "In [town] people should offer help when they hear or see a couple yelling, screaming, or physically fighting." We averaged items to create a single indicator of community personal injunctive norms for each participant. Scores ranged from 1 to 4, Mean = 3.37, SD = 0.49 (Cronbach's $\alpha = .82$).

Public Injunctive Norms: Our measure of beliefs that people in the community should support local organizations, events, or engage in activities designed to prevent DSV included three items. A sample item was "In [town] people should talk with friends, family, co-workers, and neighbors about domestic violence and sexual assault prevention." We averaged items to create a single indicator of community public injunctive norms for each participant. Scores ranged from 1 to 4, Mean = 3.32, SD = 0.57 (Cronbach's $\alpha = .82$).

Descriptive Norms—All descriptive norms questions were adapted from previous work (Carlson & Worden, 2005; McDonnell et al., 2011) and began with 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*) and were examined for reliability and validity using a broader sample (Banyard et al., 2019).

Individual Descriptive Norms: We adapted five statements to measure perceptions that people in the community demonstrate disapproval of DSV. A sample item was "In [town] people will go out of their way to help someone who experienced domestic violence or sexual assault." We averaged items to create a single indicator of direct individualized action descriptive norms for each participant, Mean = 2.75, SD = 0.47 (Cronbach's $\alpha = .83$).

Community Descriptive Norms: We included two statements in our measure of perceptions that people in the community support local organizations, events, or engage in activities designed to prevent DSV. 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." We averaged items to create single indicators of indirect public action descriptive norms for each participant, Mean = 2.82, SD = 0.55 (Cronbach's $\alpha = .74$).

Actionist Behaviors

There were 10 actionist behavior situations, five proactive and five reactive, described in detail below (see Table 2 for items). We chose items to maximize face validity by consulting with experts on community actionists and by reviewing qualitative research on what adults in communities say they will do to prevent DSV (Banyard et al., 2018; Wee et al., 2016). We labeled these as intervention and prevention behaviors because they cross opportunities for both primary and secondary prevention. Specifically, they include situations in which no DSV is happening, but actionists can model positive social norms and support for prevention (Banyard, Moynihan, Cares, & Warner, 2014). These are labeled *proactive prevention behaviors*. In addition, items include situations where harassment or abuse may already be taking place and actionists can react in some way to reduce harm. We call these *reactive intervention behaviors*.

Proactive Prevention Frequencies—Our measure of proactive prevention behaviors contained five items adapted from previous studies (Coker et al., 2011). An example item was “use social media or texting 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*). Given that these actions can be taken by anyone, without the presence of a risk for DSV, all participants who answered the questions were included in analyses. We created a mean score for overall frequency of proactive behaviors across the five situations, Mean=.40, SD=.61 with a range of 0–4, and Cronbach’s alpha of .80.

Opportunity to Intervene (Reactive)—We used five items in our measure of actionist opportunity adapted from a larger list of items in the Actionist 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, ranging from 0 (*0 times*) to 4 (*10 or more times*).

Reactive Intervention—Participants who indicated witnessing a particular opportunity to intervene were then asked how many times, if any, they had intervened. Participants responded to each item on a 5-point scale, ranging from 0 (*0 times*) to 4 (*10 or more times*). Participants could also indicate again that they had never had this particular opportunity. These responses were put together with the responses about opportunity to create measures of prevention action.

Reactive Intervention Ratios—Intervention action ratios were our score of how frequently individuals took each action they reported. This is a new approach to scoring behaviors that improves upon previous measures that have been limited in their ability to simultaneously consider opportunity to intervene and taking action (McMahon et al., 2017). We asked each person how many times they were in a specific situation that described DSV risk (range 0–4). We then asked how many times they did something to help or reduce the risk in that situation (range=0–4)². We then combined the amount of opportunity variable

²We used the coding that was presented to participants rather than recoding to midpoint of frequency categories. The effect is a slightly higher action ratio (the biggest extreme being $2/3=.67$ compared to $4/7.5=.53$ if recoding had been used. Because people are in a category rather than given a continuous score, this does not ultimately affect analyses.

with the amount of action taken to examine proportionally in how many situations they took action. This methodology may better capture the fact that people may be in a type of situation more than once and sometimes may act and other times may not.

Participants received a score for each specific type of action. Participants received a score only if they indicated having at least one opportunity to react to the risk of DSV. This score is a ratio of the number of times a participant reported intervening in a particular situation and the number of times the participant reported having an opportunity to intervene in a particular situation. Given that some behaviors (such as “Talk to a friend who told you he or she was being physically hurt by a boyfriend/girlfriend”) could be done more than once in a single incident or situation, some participant’s action ratios were in excess of 100%. We recoded these ratios to 100% for analysis purposes. Using the action ratio scores, we categorized each participant for each behavior as a Consistent Non-Actionist (Action Ratio = 0%), an Occasional Actionist (Action Ratio < 50%), or a Frequent Actionist (Action Ratio ≥ 50%). These cutoff points were chosen conceptually to represent individuals who never intervened, compared to those who did so some of the time or a great deal of the time, using 50% as a marker.

As previously discussed, conventional measures of actionism measure the number of types of behaviors as a count, regardless of how much opportunity a person has. This assumes that the most meaningful way to understand actionism is on a continuum. We believe, however, that a more meaningful division is between people who have opportunity but never act, those who act almost all the time, and those who are more occasional in their intervention behaviors. Prevention goals may then be measured less by whether an individual now performs 6 actions instead of 5, but rather whether he or she has been moved to the frequent actionist category.

Analysis Plan

For hypothesis 1, we used the full sample for analyses of proactive actionism since all participants theoretically had the opportunity to be proactive actionists. Linear regression was done to regress perceptions of community on the composite of proactive behaviors. Race was dichotomized as White or not given the limited diversity of the northern New England sample. Significantly correlated demographic variables (sex and age) were entered as a covariate in further analyses. Given that biological sex correlated with seven behaviors, we conducted additional chi-squared tests to determine the direction of these relations (see Table 2).

To address hypothesis 2 and examine differences between the reactive actionist groups on attitudes, we conducted five separate MANCOVAs, one for each reactive actionist situation and using demographic variables significant at the bivariate level as covariates. We modeled each of the five actionist situations separately, rather than entering all into a single model, because individuals could have different action ratios depending on the situation asked about and to address missing data/preserve sample size for each analysis, since only a small portion of individuals engaged in all ten behaviors. We conducted between-subject univariate *F* tests after examining each model and Tukey-HSD post hoc tests. We used only

the sub-sample of adults who reported ever having any opportunity to help for analyses of reactive actionism.

Using G*Power software and estimating sample size for a small effect size for MANOVA analyses using three groups and seven response variables, N=687 is needed to detect a small effect at an alpha level of .05. This threshold was met for the sample as a whole. However, given that reactive interventions could only be analyzed for participants with opportunity, those analyses were relatively underpowered. Given the exploratory nature of this study we computed all analyses as planned.

Results

Descriptive Statistics

The percentages of adults at each level of helping frequency, by situation, appear in Table 2. Across all five proactive behaviors, most adults were non-actionists. Women were more likely than men to have engaged in each proactive behavior at least some of the time. Overall, between ten and twenty percent of the sample reported having opportunities to help across the five reactive situations. For three reactive situations, the majority of adults with an opportunity to help reported being either Occasional or Frequent Actionists. A clear majority indicated being Frequent Actionists for only one reactive behavior (get help for a victim), while in the other two situations (confront a rape joke, help a drunk person get home) participants were nearly split in half between Non-Actionist and Occasional Actionist. The final two reactive situations were “intervene when you hear neighbors fighting” and “intervene when you see a couple fighting on the street.” The majority of adults with an opportunity to help were Non-Actionists, indicating that they never intervened in these situations. Sex differences were apparent for only two reactive behaviors, with women more likely to be frequent actionists.

Hypotheses 1: Community Perceptions and Proactive Prevention Action

Table 3 contains results of the linear regression to test the relationship between perceptions of community social processes and proactive behaviors to prevent DSV. Men and older participants were less likely to perform proactive behaviors. Both injunctive and descriptive norms variables were significant. Higher levels of personal and public injunctive norms, the sense that people should both publicly and privately respond to and prevent DSV, were associated with greater prosocial actionism. Greater perceptions of individualized descriptive norms, counter to our hypothesis, were related to lower prosocial actionism. The feeling that people will and do go out of their way to help survivors of DSV was associated with lesser proactive prevention behaviors. The broader community cohesion and collective efficacy indicators were not significant in explaining variance in prosocial behaviors.

Hypothesis 2: Community Perceptions and Reactive Prevention Action

Table 4 contains the results of five MANCOVAs testing helping behavior in reactive situations. There were statistically significant main effects of group for only two reactive actionist behaviors, providing some support for hypothesis 1. Controlling for sex, the multivariate result was significant regarding participants' action ratio for getting help for

a friend who had experienced DSV (*Wilk's Lambda* = 0.93, $F(14, 652) = 1.77$, $\eta^2 = 0.04$, $p < .05$) with a small to medium effect size (Richardson, 2011). Follow-up univariate *F* tests showed a significant difference between actionist frequency levels for personal injunctive norms. Compared to other groups, non-Actionists were less likely to feel that it was acceptable in their community to talk to others about DSV. Controlling for age, the multivariate result was also significant regarding participants' helping frequency for doing something to stop fighting when you hear yelling and screaming coming from someone's apartment (*Wilk's Lambda* = 0.92, $F(14, 636) = 1.92$, $\eta^2 = 0.04$, $p < .05$), a small to medium effect size. The multivariate result was also significant regarding participants' helping frequency for trying to stop a couple fighting in the street (*Wilk's Lambda* = 0.89, $F(14, 606) = 3.03$, $\eta^2 = 0.06$, $p < .01$), a medium effect. Follow-up between-group univariate *F* tests showed a significant difference between actionist frequency levels for collective efficacy, community cohesion, indirect public action descriptive norms, and community public injunctive norms. Frequent Actionists perceived greater community collective efficacy for improvement, stronger community cohesion, and greater indirect public action descriptive norms compared to Occasional Actionists. Non-Actionists perceived greater community-action oriented descriptive norms but lower community public injunctive norms compared to Occasional Actionists (but not Frequent Actionists).

We found partial support for hypothesis 2 as reactive prevention action groups frequently differed by perceptions of social norms, particularly injunctive norms. Frequent Actionists perceived that community members were more likely to, and should, perform public actions like support crisis centers to address DSV. However, broader community processes such as cohesion were not frequently different across reactive actionist groups except for immediate reactive domestic violence situations when actionists tried to stop fighting and intervening with a neighbor.

Discussion

The current study is one of the first quantitative examinations of actionist response and prevention behaviors in a non-urban and non-education-based setting. It used a new measurement and scoring method designed to improve upon previous methodological challenges (Bush et al., 2019). The situations assessed represent scenarios in which third parties can deescalate or intervene to interrupt DSV risk. Participants also indicated the extent to which they proactively modeled positive community norms and support for prevention. They reported similar rates of proactive prevention behaviors, like having conversations with friends and family or using social media, compared to studies of college students (Palmer, 2016). Prior research on actionists suggested that people are more likely to act when they perceive a clear emergency (Fischer et al., 2011). This effect may explain why proactive prevention behaviors occur less frequently.

However, in the current analyses, the "emergency" oriented situations (e.g., rape) also garnered fewer frequent actionists, perhaps because of safety concerns. Indeed, adults reported rather low levels of opportunity to engage in reactive prevention actions when there was risk for DSV. This is different from college and high school samples, where opportunity is often quite high (Palmer, 2016). This may reflect the more diverse age demographics in

towns as compared to college campuses. Adolescents and young adults are the highest risk groups for DSV and thus are likely to also have the most opportunities to help. College students, especially those on residential campuses, also live in close physical proximity to one another and high school students spend significant hours together in school. They thus are likely to have more opportunity to observe risky situations where they might have the chance to act. Residents of more rural and geographically separated towns like participants in the current study may live farther apart and thus have fewer chances to hear domestic violence at a neighbor's house. Future research should consider physical spaces as a variable that may affect actionism. For example, comparing rates of opportunity and helping in urban versus rural spaces where people live in closer or more separate physical proximity.

There was also variability in who actually stepped in when given the chance. Overall, adults who took more prosocial and reactive actions perceived community social processes, particularly injunctive social norms, more strongly. This is consistent with previous work that demonstrated that young adults who felt a strong sense of collective efficacy and influence in their community, and that their campus had stronger peer norms for helping, were more likely to have taken action related to DSV (Banyard et al., 2019; Edwards et al., 2014). Participants who reported higher proactive prevention behavior also perceived stronger positive descriptive social norms related to public behavior. These findings are consistent with other social norms research, which finds that risky behaviors like substance use are better predicted by descriptive than injunctive norms (Eisenberg et al., 2014) and research on college bystanders to sexual violence, which showed the importance of injunctive social norms (Hoxmeier, 2018). We were able to use the full sample of participants in these analyses and thus we also had the greatest statistical power to detect effects for these outcomes. It is interesting that individual descriptive norms were inversely related to prosocial actions. Perhaps individuals who perceive that many people in their community are already willing to help see less of a need for prosocial conversations and participation.

The role of perceptions of more general social processes like community cohesion varied by situation type and seemed less stable correlates of the reactive actionism measured here. This is likely due in part to problems with statistical power. While overall our sample was large, the sub-sample of participants with opportunity significantly reduced the sample for analyses on each of the reactive intervention behaviors. These analyses were each under the threshold $N=687$ established in the power analysis. Given the exploratory nature of this study, we elected to conduct analyses on the reactive behaviors. It is also the case that intervening in risky situations may be more influenced by immediate situational variables including perceptions of safety. Future studies with larger samples and additional variables may help provide more detail about significant social and situational processes. To date, DSV-related social norms research has focused more specifically on the acceptability of using coercion in a relationship rather than helping and actionism (Dardis et al, 2016). The field lacks studies of bystander norms and DSV on adult samples. The current study findings are consistent with recent work among college students in that more frequent actionists are those who perceive more positive norms related to helping. They are also consistent in finding variability in links between social norms and specific actionist behaviors, with some significantly related to behaviors and others not (Hoxmeier et al., 2018).

For the most part, demographic variables did not seem to impact whether actionists demonstrated reactive or proactive behaviors. One exception was gender; women were more likely than men to be “frequent actionists” across all five proactive behaviors and two of the five reactive behaviors. This finding is consistent with previous research with college students (Banyard & Moynihan, 2011) and suggests that actionist trainings may be especially needed for men.

Finally, the current study presents an innovation in the measurement and scoring of actionist behaviors. Consistent with recent work among college student samples, both reactive and proactive behaviors were measured (Palmer, 2016). Rather than treating actionism as a continuum, we examined it as an ordinal variable. From a prevention training standpoint, it is unclear whether increasing someone’s actionism by one or two behaviors creates significant community change. It is also not clear that such a continuum framework is helpful in assessing readiness for prevention (Moynihan et al., 2015). Separating actionists into groups to indicate those who never intervene when given the chance, those who usually intervene, and those who do so occasionally seemed to be a meaningful ordinal variable in the current study. These three groups often showed significant differences between one another on perceptions of community process variables believed to support helpful DSV intervention and prevention behaviors. The ordinal variables permitted a nuanced consideration and combination of more detailed measures of opportunity and helping than previously used measures (McMahon et al., 2017).

Limitations

The current sample was not racially diverse and thus generalizability to other communities is limited. Participants have lived in their communities for a long time; thus their behavior may be more influenced by norms and results may not generalize to more transient communities. The current findings warrant replication in studies of more mobile communities and those that can analyze community-level variables including mobility, socio-economic status, and rural versus urban contexts. While we were able to account for opportunity to act using frequency ratios, we were limited to a small number of specific helping situations and did not assess the type of helping that the actionist chose or the consequences of such actions. The proactive behavior analyses used the full sample of over 1600 participants and were well powered to detect effects. The reactive behavior analyses were restricted to the subsample of participants who had opportunity, which ranged from 126 to 384 participants. For reactive behaviors, such as responding to jokes or helping someone home from a bar, this created small and underpowered sample sizes for analyses. The cross-sectional nature of the data prohibited certainty about the direction of effects. Further, while we provided participants with broad definitions of domestic and sexual violence, participants’ interpretations of these definitions may have affected their answers. Finally, defining community is challenging. In the current study, we defined community as a geographic location, more specifically a town. Some actionist behaviors, particularly the proactive use of social media for prevention, take place online and are thus not confined to the geographic community that helped define our study. As prevention efforts move beyond a narrow focus on students in schools or college campuses, researchers should continue to grapple with

how best to define community and how those definitions impact our findings and prevention strategies.

Research Implications

Future research could use measures of collective efficacy gathered from independent raters, as well as data from a larger number of communities, to permit analysis of more aggregated measures of community perceptions (Sampson, 2002). Future research would benefit from separating instances of actionism related to domestic violence from that of sexual assault to see if treating both types of violence as separate constructs in norms measures is helpful. Research with more diverse communities in terms of race/ethnicity as well as rural/urban can help extend the generalizability of the current findings.

Prevention Implications

The ordinal grouping variables used to describe actionists could be useful for prevention programs. The current study found differences between the three groups on community perceptions. If future research finds differences between these groups on other variables that programs seek to change, such as barriers and facilitators to action, for example, then such groups could be the focus of different prevention program strategies. Tailoring prevention to people's incoming levels of actionism might improve prevention engagement and efficacy. More specifically, individuals with low to moderate levels of actionism, compared to high levels of actionism, may be most important to target in community-based prevention efforts.

Given the low rates of proactive prevention behaviors, training programs would benefit from more clear skill building around prevention actions that focus on changing social norms and building community cohesion. This can be challenging to do, though research suggests that activities like creating green spaces can be one way to promote positive community interactions, as can building community coalitions and organizations (Higgins et al., 2016; Ohmer, 2007). Further, communities should work to create resources and options for actionists to increase their safety when they observe high risk for DSV. For example, some communities have instituted crime reporting hotlines that access professional helpers without identifying the caller. Some safety apps being used on college campuses allow individuals (victims or bystanders) to access support from others at more of a distance and without drawing direct attention to themselves (Bloom et al., 2016).

The gender differences in helping suggest that prevention strategies may need to be implemented in spaces that are frequented by men. For example, at community gyms, children's sports teams (where men are often coaches), or barber shops (Cowen, 1982; Powers & Leli, 2018). This approach was used by Futures Without Violence #TeachEarly partnership with the Ad Council (2015) (<http://www.teachearly.org/>) to engage fathers in domestic violence prevention. The program focused on fathers mentoring youth. Fathers could train with their sons and daughters but also with one another to develop actionist skills. Other strategies that rely on engaging male community leaders (e.g., coaches, ministers) to informally equip other men with actionist skills could prove a useful prevention tool (Futures Without Violence, 2018). We note, however, that such strategies are useful only after further research assesses the safety and consequences of helping for actionists.

Finally, the findings that descriptive and injunctive norms were related to actionist behaviors to prevent DSV suggests that social norms prevention strategies may be useful in communities. A number of community-based programs are worth exploring. For example, crisis centers could partner with community businesses like marketing firms to develop and resource such efforts. Social norms messages could be sent out via social media, through public service announcements on radio, and through the presence of materials like posters in shopfronts on main streets. Prevention messaging to adults in communities has focused to date more on physical health concerns, and have proven widely successful. Innovations in engaging communities in DSV prevention might also yield impressive results.

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References

- Ad Council (2015). Press release accessed at <https://www.adcouncil.org/News-Events/Press-Releases/Ad-Council-and-Futures-Without-Violence-Launch-New-Campaign-to-Engage-Men-in-the-Effort-to-Prevent-Violence-Against-Women>.
- Banyard VL (2015). *Toward the next generation of bystander prevention of sexual and relationship violence: Action coils to engage communities*. Springer.
- Banyard VL, Edwards K, Moschella E, & Seavey K (2018). "Everybody's Real Close Knit:" Disconnections between helping victims of intimate partner violence and more general helping in rural communities. *Violence Against Women*, (online first). 10.1177/1077801218768714
- Banyard VL, Edwards KM, & Rizzo AJ (2019). What would the neighbors do? Measuring Sexual and Domestic Violence Prevention Social Norms Among Youth and Adults. *Journal of Community Psychology*, Online first.
- Banyard VL, Edwards KM, & Rizzo AJ, Greenberg P. (in preparation). *The Complexities of Violence Prevention Outside Schools and Campuses: A Mixed Methods Pilot Evaluation*.
- Banyard VL, Edwards KM, & Siebold WL (2017). Involving community in sexual violence prevention: Engaging bystanders. *The Wiley Handbook of Violence and Aggression*, 1–12.
- Banyard VL, & Moynihan MM (2011). Variation in bystander behavior related to sexual and intimate partner violence prevention: Correlates in a sample of college students. *Psychology of Violence*, 1(4), 287–301. 10.1037/a0023544
- Banyard VL, Moynihan MM, Cares AC, & Warner R (2014). How do we know if it works? Measuring outcomes in bystander-focused abuse prevention on campuses. *Psychology of Violence*, 4(1), 101–115. 10.1037/a0033470
- Banyard VL, Rizzo AJ, Bencosme Y, Cares AC, & Moynihan MM (2018). How Community and Peer Perceptions Promote College Students' Pro-Social Bystander Actions to Prevent Sexual Violence. *Journal of interpersonal violence*, 0886260518777557.
- Bloom T, Gielen A, & Glass N (2016). Developing an app for college women in abusive same-sex relationships and their friends. *Journal of homosexuality*, 63(6), 855–874. [PubMed: 26515797]
- Bush HM, Bell SC, & Coker AL (2019). Measurement of Bystander Actions in Violence Intervention Evaluation: Opportunities and Challenges. *Current Epidemiology Reports*, 6(2), 208–214. [PubMed: 32864294]
- Carlson BE, & Worden AP (2005). Attitudes and beliefs about domestic violence: Results of a public opinion survey: I. Definitions of domestic violence, criminal domestic violence, and prevalence. *Journal of Interpersonal Violence*, 20(10), 1197–1218. 10.1177/0886260505278530 [PubMed: 16162486]

- Chipuer HM, Pretty GH, Delorey E, Miller M, Powers T, Rumstein O, ... Laurent K (1999). The neighbourhood youth inventory: Development and validation. *Journal of Community & Applied Social Psychology*, 9(5), 355–368.
- Coker AL, Cook-Craig PG, Williams CM, Fisher BS, Clear ER, Garcia LS, & Hegge LM (2011). Evaluation of Green Dot: An active bystander intervention to reduce sexual violence on college campuses. *Violence Against Women*, 17(6), 777–796. 10.1177/1077801211410264 [PubMed: 21642269]
- Cowen EL (1982). Help is where you find it: Four informal helping groups. *American Psychologist*, 37(4), 385.
- Dardis CM, Murphy MJ, Bill AC, & Gidycz CA (2016). An investigation of the tenets of social norms theory as they relate to sexually aggressive attitudes and sexual assault perpetration: A comparison of men and their friends. *Psychology of Violence*, 6(1), 163.
- Dillman DA, Smyth JD, & Christian LM (2014). *Internet, phone, mail, and mixed-mode surveys: The tailored design method* (4th ed.). Hoboken, NJ: John Wiley & Sons.
- Edwards KM, Banyard VL, Moschella EA, & Seavey KM (2016). Rural Young Adults' Lay Theories of Intimate Partner Violence: A Qualitative Examination. *American journal of community psychology*, 58(3–4), 434–445. [PubMed: 27774617]
- Edwards KM, Mattingly MJ, Dixon KJ, & Banyard VL (2014). Community matters: Intimate partner violence among rural young adults. *American journal of community psychology*, 53(1–2), 198–207. [PubMed: 24473923]
- Edwards KM, Rodenhizer-Stämpfli KA, & Eckstein RP (2015). Bystander action in situations of dating and sexual aggression: A mixed methodological study of high school youth. *Journal of Youth and Adolescence*, 44(12), 2321–2336. [PubMed: 26048529]
- Eisenberg ME, Toumbourou JW, Catalano RF, & Hemphill SA (2014). Social norms in the development of adolescent substance use: A longitudinal analysis of the International Youth Development Study. *Journal of Youth and Adolescence*, 43(9), 1486–1497. [PubMed: 24633850]
- Fischer P, Krueger JI, Greitemeyer T, Vogrincic C, Kastenmüller A, Frey D, ... & Kainbacher, M. (2011). The bystander-effect: A meta-analytic review on bystander intervention in dangerous and non-dangerous emergencies. *Psychological Bulletin*, 137(4), 517. [PubMed: 21534650]
- Futures without Violence (2018). Website accessed at <https://www.futureswithoutviolence.org/engaging-men/coaching-boys-into-men/>
- Hamby S, Weber MC, Grych J, & Banyard VL (2016). What difference do bystanders make? The association of bystander involvement with victim outcomes in a community sample. *Psychology of Violence*, 6(1), 91.
- Hamby S & Grych J (2012). *The Web of Violence: Exploring Connections Among Different Forms of Interpersonal Violence and Abuse*. Springer Briefs in Sociology.
- Higgins BR, & Hunt J (2016). Collective efficacy: Taking action to improve neighborhoods. *NIJ Journal*, 277, 18–21.
- Hoxmeier JC, Flay BR, & Acock AC (2018). Control, norms, and attitudes: Differences between students who do and do not intervene as bystanders to sexual assault. *Journal of interpersonal violence*, 33(15), 2379–2401. [PubMed: 26772665]
- Leone RM, Parrott DJ, Swartout KM, & Tharp AT (2016). Masculinity and bystander attitudes: Moderating effects of masculine gender role stress. *Psychology of violence*, 6(1), 82. [PubMed: 29593932]
- MacQueen KM, McLellan E, Metzger DS, Kegeles S, Strauss RP, Scotti R, ... Trotter RT (2001). What is community? An evidence-based definition for participatory public health. *American Journal of Public Health*, 91(12), 1929–1938. 10.2105/AJPH.91.12.1929 [PubMed: 11726368]
- McDonnell KA, Burke JG, Gielen AC, O'Campo P, & Weidl M (2011). Women's perceptions of their community's social norms towards assisting women who have experienced intimate partner violence. *Journal of Urban Health*, 88(2), 240–253. 10.1007/s11524-011-9546-9 [PubMed: 21336504]
- McMahon S, Palmer JE, Banyard VL, Murphy M, & Gidycz CA (2017). Measuring bystander behavior in the context of sexual violence prevention: Lessons learned and new directions. *Journal of Interpersonal Violence*, 32(16), 2396–2418. [PubMed: 26149679]

- Moynihan MM, Banyard VL, Cares AC, Potter SJ, Williams LM, & Stapleton JG (2015). Encouraging responses in sexual and relationship violence prevention: What program effects remain 1 year later? *Journal of Interpersonal Violence*, 30(1), 110–132. 10.1177/0886260514532719 [PubMed: 24850763]
- Ohmer ML (2007). Citizen participation in neighborhood organizations and its relationship to volunteers' self-and collective efficacy and sense of community. *Social Work Research*, 31(2), 109–120.
- Palmer JE (2016). Recognizing the continuum of opportunities for third parties to prevent and respond to sexual assault and dating violence on a college campus. *Crime Prevention and Community Safety*, 18(1), 1–18.
- Paul LA, & Gray MJ (2011). Sexual assault programming on college campuses: Using social psychological belief and behavior change principles to improve outcomes. *Trauma, Violence, & Abuse*, 12(2), 99–109.
- Powers RA, & Leili J (2018). Bar training for active bystanders: evaluation of a community-based bystander intervention program. *Violence against women*, 24(13), 1614–1634. [PubMed: 29332525]
- Richardson JT (2011). Eta squared and partial eta squared as measures of effect size in educational research. *Educational Research Review*, 6(2), 135–147.
- Rimal RN, & Lapinski MK (2015). A re-explication of social norms, ten years later. *Communication Theory*, 25(4), 393–409.
- Rothman EF, Edwards KM, Rizzo AJ, Kearns M & Banyard V Perceptions of Community Norms and Youths' Reactive and Proactive Dating and Sexual Violence Bystander Action. *American Journal of Community Psychology*. 2019;63(1–2):122–134. [PubMed: 30779163]
- Sampson RJ, Raudenbush SW, & Earls F (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 277(5328), 918–924. [PubMed: 9252316]
- Sampson et al. , 2002. Assessing “neighborhood effects”: Social processes and new directions in research. *Annual Review of Sociology*, 28, 443–478.
- Stebly NM (1987). Helping behavior in rural and urban environments: A meta-analysis. *Psychological Bulletin*, 102(3), 346.
- U.S. Department of Commerce. (2010). Quick Facts U.S U.S. Census Bureau. Retrieved from <https://www.census.gov/quickfacts/table>
- Wee S, Todd MJ, Oshiro M, Greene E, & Frye V (2016). Modifiers of neighbors' bystander intervention in intimate partner violence: A concept mapping study. *Violence and Gender*, 3(1), 55–63. [PubMed: 27626038]

Table 1.

Demographics

	Sample	2010 Census
	% (n)	%
<u>Sex</u>		
Male	38% (633)	48%
Female	62% (1,050)	52%
<u>Age</u>		
18–29 years old	11% (182)	22%
30–44 years old	16% (265)	19%
45–64 years old	38% (634)	26%
65+ years old	35% (594)	14%
<u>Race</u>		
American Indian or Alaskan Native	0.4% (6)	0.1%
Asian	2.0% (30)	2%
Black or African American	0.7% (11)	1%
Native Hawaiian or Other Pacific Islander	0.0% (0)	0.0%
White	95% (1,595)	93%
Multi-racial	2% (40)	1%
<u>Hispanic ethnicity</u>		
Hispanic/Spanish/Latinx	2% (1,579)	
Not Hispanic/Spanish/Latinx	98% (1,579)	
		1%
<u>Race/Hispanic Ethnicity</u>		
		99%
Non-White or Hispanic	6% (103)	
White & Non-Hispanic	94% (1,500)	
		5%
<u>Relationship Status in Past Year</u>		
		95%
Not in Any Relationships	28% (470)	
In At Least One Relationship	72% (1,209)	
		n/a
<u>Household's Yearly Income</u>		
		n/a
Less than \$20,999	16% (262)	
\$21,000–50,999	28% (454)	
\$51,000–100,999	33% (543)	22%
\$101,000–150,999	15% (243)	27%
\$151,000 or more	8% (129)	31%
		12%
<u>Length of time as community resident</u>		
		7%
Less than half their life	64% (1,081)	

	Sample	2010 Census
	% (n)	%
Half or most of their life	36% (613)	

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Table 2.

Percentage of Participants who Engaged in Actionist Behavior in Past Year when They had the Opportunity to Do So, by Gender (N=1,683 or as noted)

	% with opportunity	% with opportunity who never intervened (0% actionist)	% with opportunity who intervened less than half the time (<50%, Reluctant actionist)	% with opportunity who intervened more than half the time (≥50%, Frequent actionist)	χ^2 , <i>p</i> -value comparing women to men
Reactive Actionist Behavior					
(1) Say to a person that it was not OK to joke about rape (or something else to indicate your displeasure with their comments)?	All 11% (192)	39% (74)	10% (19)	52% (99)	23.57**
	Male 9% (55)	65% (36)	5% (3)	29% (16)	
	Female 13% (137)	28% (38)	12% (16)	61% (83)	
(2) Get help for someone you know who had experienced sexual assault or domestic violence (offer them a place to stay, tell them about resources in the community)?	All 23% (384)	22% (86)	14% (55)	63% (243)	15.35**
	Male 17% (110)	35% (39)	14% (15)	51% (56)	
	Female 26% (273)	17% (47)	15% (40)	68% (186)	
(3) Did something when you heard fighting like yelling and screaming coming from someone's apartment, house, trailer (call 911, go over to see if the couple is OK) to stop the fighting?	All 22% (372)	60% (224)	17% (63)	23% (85)	2.99
	Male 20% (129)	64% (82)	19% (24)	18% (23)	
	Female 23% (241)	58% (140)	16% (39)	26% (62)	
(4) Tried to stop the fighting when you saw a couple on the street fighting like yelling and screaming?	All 20% (345)	79% (274)	6% (21)	14% (50)	0.61
	Male 18% (115)	82% (94)	5% (6)	13% (15)	
	Female 22% (229)	78% (179)	7% (15)	15% (35)	
(5) Offered to help get the drunk person home safely when you saw a drunk person being left behind by their friends at a social event or bar?	All 7% (126)	48% (61)	12% (15)	40% (50)	0.27
	Male 8% (51)	47% (24)	14% (7)	39% (20)	
	Female 7% (74)	50% (37)	11% (8)	39% (29)	
Proactive Actionist Behavior					
(1) Use social media or texting to show that domestic violence and sexual assault are not okay?	All 100% (1,652)	78% (1,282)	12% (196)	11% (174)	64.56**
	Male 100% (612)	88% (540)	6% (36)	6% (36)	
	Female 100% (1,029)	71% (732)	15% (159)	13% (138)	
(2) Talk with your friends or family members about things you all could do that might help stop domestic violence and/or sexual assault?	All 100% (1,655)	66% (1,092)	22% (362)	12% (201)	22.81**
	Male 100% (614)	73% (449)	17% (103)	10% (62)	

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(3) Talk with a spiritual or community or educational leader about the importance of violence prevention?	Female	100% (1,030)	62% (635)	25% (256)	13% (139)	7.30*
	All	100% (1,655)	83% (1,376)	10% (162)	7% (117)	
(4) Show your support in some way for the work of a domestic violence/sexual assault crisis center?	Male	100% (610)	86% (524)	9% (55)	5% (31)	32.73**
	Female	100% (1,034)	81% (841)	10% (107)	8% (86)	
(5) Organize or attend an event related to domestic violence and sexual assault awareness, education, or prevention?	All	100% (1,656)	63% (1,050)	24% (400)	12% (206)	24.37**
	Male	100% (612)	72% (441)	18% (113)	9% (58)	
	Female	100% (1,033)	58% (599)	28% (286)	14% (148)	
	All	100% (1,653)	84% (1,386)	12% (197)	4% (70)	
	Male	100% (612)	89% (546)	9% (55)	2% (11)	
	Female	100% (1,031)	81% (831)	14% (141)	6% (59)	

Table 3. Linear Regression Results for Actionist Consistency in Proactive Behaviors, by Community-level Variables

Independent Variables	R ² =.13***	B	SEB	β	t	p
Male		-.14	.03	-.11	-4.46	<.001
Age		-.00	.00	-.13	-5.04	<.001
Public Injunctive Norms		.17	.04	.15	4.50	<.001
Personal Injunctive Norms		.13	.04	.10	2.95	.003
Direct Individualized Descriptive Norms		-.19	.04	-.14	-4.46	<.001
Indirect Public Descriptive Norms		.15	.03	.14	4.55	<.001
Community Cohesion		.00	.04	.00	.04	n.s.
Town Improvement (single item)		.03	.03	.03	1.07	n.s.
Prevent DVSA (single item)		.03	.03	.03	1.03	n.s.

p<.001

Table 4. MANCOVA Results for Actionist Consistency in Reactive Behaviors, by Community-level Variables

	Non-Actionist Mean (SD)	Occasional Actionist Mean (SD)	Frequent Actionist Mean (SD)	F-ratio	df	Wilk's Lambda
(1) <i>Saw to a person that, it was not OK to joke about rape (or something else to indicate your displeasure with their comments)?^a</i>						
Town Improvement (single item)	2.83 (0.65)	2.79 (0.54)	2.84 (0.70)	0.85	14, 320	0.93
Prevent DVSA (single item)	3.06 (0.51)	3.26 (0.45)	3.14 (0.59)	0.59	3	
Community Cohesion	2.79 (0.37)	2.76 (0.30)	2.85 (0.50)	1.03	3	
Direct Individualized Descriptive Norms	2.59 (0.36)	2.59 (0.31)	2.72 (0.56)	0.65	3	
Indirect Public Descriptive Norms	2.60 ₂ (0.52)	2.92 ₁ (0.48)	2.80 (0.64)	1.81	3	
Public Injunctive Norms	3.31 (0.54)	3.58 (0.51)	3.47 (0.55)	5.85**	3	
Personal Injunctive Norms	3.48 (0.48)	3.68 (0.34)	3.61 (0.45)	4.94**	3	
				2.54	3	
(2) <i>Get help for someone you know who had experienced sexual assault or domestic violence (offer them a place to stay, tell them about resources in the community)?^d</i>						
Town Improvement (single item)	2.80 (0.55)	2.74 (0.68)	2.90 (0.62)	1.77*	14, 652	0.93
Prevent DVSA (single item)	2.89 (0.54)	2.95 (0.71)	3.07 (0.64)	1.36	3	
Community Cohesion	2.72 (0.41)	2.69 (0.42)	2.80 (0.49)	1.83	3	
Direct Individualized Descriptive Norms	2.71 (0.41)	2.59 (0.50)	2.68 (0.47)	1.77	3	
Indirect Public Descriptive Norms	2.77 (0.61)	2.74 (0.64)	2.80 (0.58)	1.14	3	
Public Injunctive Norms	3.29 (0.49)	3.46 (0.55)	3.45 (0.54)	3.64*	3	
Personal Injunctive Norms	3.30 _{2,3} (0.45)	3.53 ₁ (0.46)	3.56 ₁ (0.44)	4.05**	3	
				5.40**	3	
(3) <i>Did something when you heard fighting like yelling and screaming coming from someone's apartment, house, trailer (call them about resources in the community)?^e</i>						
Town Improvement (single item)	2.79 (0.60)	2.86 (0.69)	2.89 (0.71)	1.92*	14, 636	0.92
Prevent DVSA (single item)	3.00 (0.63)	2.81 (0.76)	3.00 (0.70)	0.64	3	
Community Cohesion	2.69 (0.47)	2.60 ₃ (0.50)	2.78 ₂ (0.56)	2.13	3	
Direct Individualized Descriptive Norms	2.62 (0.49)	2.53 ₃ (0.56)	2.74 ₂ (0.50)	3.14*	3	
Indirect Public Descriptive Norms	2.73 (0.57)	2.64 (0.60)	2.75 (0.60)	3.28*	3	
Public Injunctive Norms	3.29 ₃ (0.56)	3.40 (0.65)	3.52 ₁ (0.48)	1.58	3	
Personal Injunctive Norms	3.42 (0.45)	3.43 (0.61)	3.57 (0.43)	3.91**	3	
				1.68	3	

	Non-Actionist Mean (SD)	Occasional Actionist Mean (SD)	Frequent Actionist Mean (SD)	F-ratio	df	Wilk's Lambda
(4) Tried to stop the fighting when you saw a couple on the street fighting like yelling and screaming?						
Town Improvement (single item)	2.81 (0.63)	2.67 ₃ (0.86)	3.02 ₂ (0.55)	2.61**	14, 606	0.89
Prevent DVSA (single item)	2.97 (0.67)	2.86 (0.79)	3.18 (0.53)	4.48*	3	
Community Cohesion	2.73 (0.48)	2.50 ₃ (0.59)	2.94 ₂ (0.49)	2.64	3	
Direct Individualized Descriptive Norms	2.64 (0.49)	2.62 (0.54)	2.77 (0.65)	5.57**	3	
Indirect Public Descriptive Norms	2.77 ₂ (0.59)	2.39 _{1,3} (0.65)	2.92 ₂ (0.66)	2.70*	3	
Public Injunctive Norms	3.33 ₂ (0.55)	3.65 ₁ (0.56)	3.49 (0.56)	9.34**	3	
Personal Injunctive Norms	3.42 (0.48)	3.60 (0.55)	3.53 (0.58)	8.49**	3	
(5) Offered to help net the drunk person home safely when you saw a drunk person being left behind by their friends at a social event or bar?						
Town Improvement (single item)	2.71 (0.62)	2.53 (0.74)	2.84 (0.58)	2.44	3	0.88
Prevent DVSA (single item)	2.85 (0.69)	2.87 (0.64)	3.02 (0.85)	0.99	14, 196	
Community Cohesion	2.75 (0.44)	2.49 (0.56)	2.78 (0.59)	1.14	3	
Direct Individualized Descriptive Norms	2.68 (0.42)	2.38 (0.63)	2.75 (0.45)	0.89	3	
Indirect Public Descriptive Norms	2.70 (0.54)	2.60 (0.60)	2.67 (0.65)	1.37	3	
Public Injunctive Norms	3.23 (0.59)	3.29 (0.58)	3.29 (0.60)	1.75	3	
Personal Injunctive Norms	3.30 (0.47)	3.51 (0.35)	3.39 (0.55)	1.13	3	
				3.22*	3	
				5.07**	3	

* p<.05

** p<.01

1 = Significantly different from 0% Ratio Group

2 = Significantly different from <50% Ratio Group

3 = Significantly different from 50%+ Ratio Group

^a Sex used as covariate

^b Age used as covariate